

Amendment to SB 97

1 Amend part I of the bill by replacing it with the following:

2
3 1 New Section; Primary Care Referral Parity. Amend RSA 420-J by inserting after section 6-e
4 the following new section:

5 420-J:6-f Referrals and Orders from Certified Direct Primary Care Providers. The department
6 shall review direct primary care agreements submitted by direct primary care providers and shall
7 certify the first 10 which it determines to be fully compliant with the provisions of RSA 329:1-e. A
8 health benefit plan under this chapter shall not deny or reduce payment for any health care service
9 covered under an enrollee's health plan based solely on the basis that the enrollee's referral was
10 made by a certified direct primary care provider who is not a member of the carrier's provider
11 network, provided it would have covered the same services if ordered by an in-network provider,
12 subject to the following limitations:

13 I. No payment shall be made to the certified direct primary care provider for primary care
14 services covered by the direct primary care agreement pursuant to RSA 329:1-e, II(f).

15 II. An insurer shall not apply a deductible, coinsurance, or copayment greater than the
16 applicable deductible, coinsurance, or copayment that would apply to the same health care service if
17 the service was referred or ordered by an in-network participating primary care provider.

18 III. An insurer may require the direct primary care provider to file a written attestation or a
19 copy of the certified direct primary care agreement to demonstrate that the provider is a direct
20 primary care provider.

21 IV. Health care services may be subject to utilization review by the insurer.

22 V. The covered person shall retain the right to choose direct primary care on an elective,
23 self-pay basis; no entity regulated under this chapter shall prohibit a certified direct primary care
24 provider from continuing care on an elective, self-pay basis.

25 VI. Direct primary care providers shall not be required to contract as participating providers
26 in any network.

27 VII. On or before October 1, 2025, the insurance department shall report to the joint
28 legislative oversight committee on health and human services, established in RSA 126-A:13, relative
29 to any change in expenses to insurers and any resultant changes in insurance rates attributable to
30 this section, as well as any other impacts of direct primary care on the insurance market or health
31 care coverage.

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2 Repeal. RSA 420-J:6-f, relative to referrals and orders from certified direct primary care providers, is repealed.

3 Effective Date.

I. Section 2 of this act shall take effect January 1, 2027.

II. The remainder of this act shall take effect January 1, 2022.

Amend Part II of the bill by replacing section 1 with the following:

1 New Section; Pharmacy Benefits Managers; Prohibited Acts. Amend RSA 402-N by inserting after section 4 the following new section:

402-N:4-a Prohibited Acts. A pharmacy benefit manager shall not, either directly or indirectly:

I. Prohibit an in-network retail pharmacy from:

(a) Mailing or delivering a prescription drug to an enrollee as an ancillary service of the in-network retail pharmacy provided that confirmation of delivery is obtained.

(b) Charging a shipping or handling surcharge to an enrollee who requests that the in-network retail pharmacy mail or deliver a prescription drug to the enrollee as an ancillary service provided the enrollee receives a disclosure from the in-network retail pharmacy regarding any surcharge to be charged to the patient for the delivery of a prescription drug, including that the surcharge may not be reimbursable by the plan sponsor or pharmacy benefit manager.

(c) Offering the ancillary services described in subparagraph I(a) to an enrollee.

II. Charge an enrollee who uses an in-network retail pharmacy that offers to mail or deliver a prescription drug to an enrollee as an ancillary service a surcharge for the delivery of a prescription drug or copayment that is higher than the surcharge or copayment the enrollee would pay if the enrollee used an in-network retail pharmacy that does not offer to mail or deliver a prescription drug to an enrollee as an ancillary service.

III. For purposes of this section, a retail pharmacy shall not include a "mail-order pharmacy" as defined in RSA 318:1, VII-b.