

# Senate Commerce Committee

*Aaron Jones 271-2609*

**HB 1554-FN**, requiring insurance carriers to provide peer-to-peer review at any stage of prior authorization and mandating disclosure of reviewer credentials.

**Hearing Date:** April 7, 2026

**Time Opened:** 11:43 a.m.

**Time Closed:** 12:07 p.m.

**Members of the Committee Present:** Senators Birdsell and Fenton

**Members of the Committee Absent :** Senators Innis, Ricciardi, Murphy and Reardon

**Bill Analysis:** This bill requires insurance carriers to provide peer-to-peer review at any stage of prior authorization, establishes qualifications for reviewing providers, and requires disclosure of such information to the treating provider.

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**Sponsors:**

Rep. Miles

Rep. Nagel

Rep. Kuttab

Rep. Mary Murphy

Rep. Kofalt

Sen. McGough

Sen. Prentiss

Sen. Gannon

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**Who supports the bill:** Representative Julie Miles, Representative Janet Lucas, Representative Nancy Murphy, Sam Hawkins (NAMI NH), Shaun Thomas (NHSOMS), Cory Stone, Katelyn Van Doorn, Coleen Barry, Betty LaFleur, Patricia Taylor, Ann Hotchkiss, Barbara Bryce, Stephanie Osborne, Nancy Donahue, Janet Samuels, Francis Hayes, Celia Oliver, William Copeland Jr., Stefanie Griffin (NH Psychological Association), Karen Chase, Suzanna Derynioski, Sheila Donahue, Richard Osborne

**Who opposes the bill:** Sabrina Dunlap (Anthem BCBS), Cam Lapine (Cigna), Paula Rogers (AHIP), Sharon Racusin, Joan Lang, Jane Gottschalk, Priscilla Benson, Nancy Miles, Shirley Montgomery, Ellen Lynch, Patricia Button, Judith Lam, Isabeth Gross, Letitia Ufford, Diane Arsenault, Marilyn Kelly, Margaret Jernstedt

**Who is neutral on the bill:** Michelle Heaton (NH Insurance Department)

**Summary of testimony presented in support:**

### ***Representative Julie Miles***

- Representative Miles said this bill would strengthen the clinical integrity of prior authorization by ensuring when medical necessity is questioned, a treating clinician can speak directly with a qualified clinical peer.
- While existing statute refers to peer-to-peer reviews, Representative Miles said there are significant gaps that can cause delays and unnecessary denials.
- This bill would guarantee peer-to-peer access at any stage of prior authorization, including after an appeal has begun. A reviewer would need to be actively licensed, practice in the same or a similar specialty, and be qualified to assess the service under review. It also would require disclosure of the reviewer's name, licensure, issuing state, and NPI to the consulting provider.
- While plans may already provide peer-to-peer review, Representative Miles said providers and patients are directed into an external review or grievance process. This administrative process can be slow, paperwork intensive, and burdensome for individuals who are elderly or suffering from urgent or emergent illnesses.
- During peer-to-peer consultations, about 80 percent of requested treatments or procedures receive approval.
- This bill would not change prior authorization, mandate approvals, or duplicate processes.
- Often, Representative Miles said early clinical dialogue prevents prolonged appeals and reduces system-wide costs.
- This bill would not undo the reforms passed in SB 561-FN; instead, it would address who conducts the review, when it must be available, and how transparency is ensured.
- Currently, access to peer-to-peer review can be cut off, particularly if an appeal has been initiated.
- When a treating physician's judgment has been overridden, Representative Miles said patients deserve a timely clinical conversation, not delay tactics.

### ***Sam Hawkins, NAMI NH***

- Prior authorization requirements are common for individuals who receive mental health care. This includes authorization for certain medications and higher-level treatments as well as traditional psychotherapy.
- Mr. Hawkins said finding the right medication regimen can be a long and challenging process.
- Delays in prior authorization and utilization review can negatively impact an individual's outcome, cause them to cycle in and out of hospitals and emergency rooms, and impact their families.

### **Summary of testimony presented in opposition:**

***Sabrina Dunlap, Senior Director of Government Relations, Anthem Blue Cross Blue Shield***

- Ms. Dunlap believed this bill was premature and unnecessary because the health insurance companies already worked with stakeholders to make balanced reforms to prior authorization in 2024.
- Since SB 561-FN recently went into effect, and the Department was in the process of rulemaking, Ms. Dunlap said it made sense to let the process play out.
- This bill would introduce new definitions around timing. Under existing law, a peer-to-peer review must be done within 2 days. This bill, however, would require it within 5 days.
- Ms. Dunlap said the definition for clinical peers followed industry norms and federal definitions. If changed, it could potentially complicate existing law.

***Cam Lapine, on behalf of Cigna***

- Page 13 of INS 2002.08 established the regulations around peer-to-peer review.
- RSA 420-J:5, II requires that a “review shall be conducted by or in consultation with a health care professional in the same or similar specialty who typically treats the medical condition, performs the procedure, or provides the treatment at issue in the appeal...”. This already requires that during an appeal, for example, an individual with a gastrointestinal issue is not sent to a foot doctor.

**Neutral Information Presented:**

***Michelle Heaton, Director of Life and Health, New Hampshire Insurance Department***

- SB 561-FN became effective on January 1, 2025, and it made substantial changes to prior authorization and how it is conducted.
- Prior authorization is when an individual must seek approval prior to receiving treatment or accessing a certain service like a prescription or a procedure. This is used for patient care as well as cost containment. If there are less costly or more effective options available, those are tried first.
- Ms. Heaton said the Department is in the process of implementing SB 561-FN, and they have begun rulemaking on utilization review.
- Data reporting was submitted on April 1st, and it will be posted on the Department website. The data collected focused on carrier-specific metrics on prior authorization, such as timing as well as approval and denial rates.
- If an individual is looking to get access to a service or surgery, their carrier will submit a prior authorization request that outlines the reasons why they are a candidate for it. A carrier will review it, and they will ensure the patient meets the clinical guidelines for approval. Based on the preliminary data, Ms. Heaton said an overwhelming majority of requests are approved.

- When a request has been denied, a carrier must put the reason for the denial in writing. Once it is received by a provider and a covered individual, the decision can be appealed. When it is appealed, a brand-new reviewer in the insurance company will look at the request. If a decision is overturned, an individual will have access to the requested service. If the appeal is denied, an individual can go to external review, which is conducted by an independent entity. Once an external review has been completed, there are no further appeals available.
- If an issue is not life-threatening, prior authorization must be processed by a carrier within 14 days. If there is an appeal, 30 days are given to make a determination. If immediate care is needed, a decision and any appeal must be made within 72 hours.
- SB 561-FN allowed a peer-to-peer review to occur at any point until an appeal has been filed.
- Ms. Heaton said providers prefer peer-to-peer reviews because there are cases that are complex and it is more efficient to have a phone call with a colleague.
- This bill would expand peer-to-peer review at any stage, including the initial determination, the appeals process, or during external review. Ms. Heaton said this could have unintended consequences, such as administrative burdens. It could be quicker to receive an external review than trying to set up a peer-to-peer review.

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Date Hearing Report completed: April 13, 2026