

SB 480-FN - AS INTRODUCED

2026 SESSION

26-2040

05/09

SENATE BILL        **480-FN**

AN ACT            limiting certain prior authorization requirements for physical therapy, occupational therapy, and similar rehabilitative services.

SPONSORS:        Sen. Prentiss, Dist 5; Sen. Rosenwald, Dist 13; Sen. Fenton, Dist 10; Sen. Watters, Dist 4; Sen. Birdsell, Dist 19; Sen. Avard, Dist 12; Sen. Perkins Kwoka, Dist 21; Sen. Lang, Dist 2; Sen. Gannon, Dist 23; Sen. Pearl, Dist 17; Sen. Sullivan, Dist 18; Sen. Innis, Dist 7; Sen. Rochefort, Dist 1; Sen. Altschiller, Dist 24

COMMITTEE:      Health and Human Services

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ANALYSIS

This bill prohibits health carriers from requiring prior authorization for the first 12 visits of physical or occupational therapy, or similar services, for each new episode of care, defined as a new condition or one not treated in the past 60 days. However, claims can still be denied if the treatment was not medically necessary.

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Explanation:      Matter added to current law appears in ***bold italics***.  
Matter removed from current law appears ~~[in brackets and struckthrough.]~~  
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Twenty-Six*

AN ACT            limiting certain prior authorization requirements for physical therapy, occupational therapy, and similar rehabilitative services.

*Be it Enacted by the Senate and House of Representatives in General Court convened:*

1            1 New Section; Managed Care Law; Prior Authorization for Rehabilitative or Habilitative  
2 Services; When Required. Amend RSA 420-J by inserting after section 6-e the following new section:

3            420-J:6-f Prior Authorization for Rehabilitative or Habilitative Services; When Required.

4            I. A health carrier shall not require prior authorization for rehabilitative or habilitative  
5 services, including, but not limited to, physical therapy services and occupational therapy services,  
6 for the first 12 visits of each new episode of care. For purposes of this section, "new episode of care"  
7 means treatment for a new condition or treatment for a recurring condition for which an enrollee has  
8 not been treated within the previous 60 days.

9            II. This section does not limit the right of a health carrier to deny a claim when an  
10 appropriate prospective or retrospective review concludes that the health care services or treatment  
11 rendered were not medically necessary.

12            2 Effective Date. This act shall take effect 60 days after its passage.

**SB 480-FN- FISCAL NOTE  
AS INTRODUCED**

AN ACT limiting certain prior authorization requirements for physical therapy, occupational therapy, and similar rehabilitative services.

**FISCAL IMPACT:**

<b>Estimated State Impact</b>				
	<b>FY 2026</b>	<b>FY 2027</b>	<b>FY 2028</b>	<b>FY 2029</b>
<b>Revenue</b>	\$0	Indeterminable Increase (not provided by agency)	Indeterminable Increase (not provided by agency)	Indeterminable Increase (not provided by agency)
<i>Revenue Fund(s)</i>	General Fund			
<b>Expenditures*</b>	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			
<b>Appropriations*</b>	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			

\*Expenditure = Cost of bill

\*Appropriation = Authorized funding to cover cost of bill

<b>Estimated Political Subdivision Impact</b>				
	<b>FY 2026</b>	<b>FY 2027</b>	<b>FY 2028</b>	<b>FY 2029</b>
<b>County Revenue</b>	\$0	\$0	\$0	\$0
<b>County Expenditures</b>	\$0	Indeterminable	Indeterminable	Indeterminable
<b>Local Revenue</b>	\$0	\$0	\$0	\$0
<b>Local Expenditures</b>	\$0	Indeterminable	Indeterminable	Indeterminable

**METHODOLOGY:**

This bill amends RSA 420-J to prohibit health carriers from requiring prior authorization for the first 12 visits of physical therapy, occupational therapy, or similar rehabilitative or habilitative services for each new episode of care. A “new episode of care” is defined as treatment for a new condition or a condition not treated within the previous 60 days. Health carriers may still deny claims if treatment is determined not to be medically necessary.

The Insurance Department states this bill will have an indeterminable impact on state General Fund revenues. The Department notes that prior authorization is a widely used cost-control measure in both public and private health insurance plans. Eliminating prior authorization for

the first 12 visits of these services may lead to an increase in the total number of claims and overall costs for this category of treatment. These increased costs could, in turn, lead to higher insurance premiums and a corresponding increase in Insurance Premium Tax revenue to the state. The Department states the magnitude of this impact cannot be estimated without detailed claims data and analysis of utilization patterns.

To the extent counties and municipalities purchase group health insurance, they could see an increase in their health insurance premiums.

**AGENCIES CONTACTED:**

Insurance Department