

HB 1656-FN - AS INTRODUCED

2026 SESSION

26-3056
07/08

HOUSE BILL ***1656-FN***

AN ACT relative to insurance coverage for pelvic health therapy.

SPONSORS: Rep. Beauchemin, Hills. 3; Rep. Colby, Merr. 9; Rep. Lucas, Graf. 7; Rep. Mandelbaum, Rock. 21; Rep. Tellez, Hills. 40; Sen. Perkins Kwoka, Dist 21

COMMITTEE: Commerce and Consumer Affairs

ANALYSIS

This bill:

- I. Requires insurers to offer pelvic health insurance coverage.
- II. Requires insurers to report on data regarding pelvic health treatment and care.
- III. Requires the insurance department to publish an annual report relative to insurer data concerning pelvic health insurance coverage.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 relative to insurance coverage for pelvic health therapy.

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

1 1 Statement of Findings. The general court hereby finds that:

2 I. Pregnancy, childbirth, gynecologic conditions, pelvic surgeries, menopause, and aging
3 commonly cause pelvic-floor dysfunction.

4 II. Conservative pelvic-floor physical therapy (PFPT) and supervised pelvic-floor muscle
5 training (PFMT) are evidence-based first-line treatments that improve symptoms, quality of life, and
6 often reduce need for surgeries related to pelvic-floor dysfunction.

7 III. Leading clinical guidelines and recent systematic reviews recommend supervised PFMT
8 programs of approximately 8–12 weeks as a first-line care for stress or mixed urinary incontinence
9 and support PFPT for fecal incontinence, pelvic organ prolapse conservative management, pelvic
10 pain and sexual pain disorders.

11 IV. Coverage expansion for such treatment would promote prevention and speedy recovery,
12 reduces downstream costs, and improves maternal mental health.

13 2 New Chapter; Pelvic Health Insurance Coverage. Amend RSA by inserting after chapter 420-
14 Q the following new chapter:

15 CHAPTER 420-R

16 PELVIC HEALTH INSURANCE COVERAGE

17 420-R:1 Definitions. In this chapter:

18 I. "Pelvic floor physical therapy" means assessment and treatment by a licensed physical
19 therapist or other licensed clinician with pelvic-health training addressing pelvic floor muscle
20 function, bladder/bowel training, manual therapy, biofeedback, therapeutic exercise, education and
21 behavioral interventions.

22 II. "Covered diagnoses" means urinary incontinence, fecal incontinence, pelvic organ
23 prolapse, diastasis recti, pelvic girdle pain, dyspareunia, pelvic pain, vulvodynia, rehab after
24 cesarean or vaginal birth, and peri or menopausal pelvic dysfunction.

25 III. "Prehabilitation" means targeted pelvic floor physical therapy prior to pelvic surgery to
26 optimize functional status and reduce postoperative morbidity.

27 420-R:2 Baseline Coverage.

28 I. Notwithstanding any other provision of law to the contrary, all health insurance plans in
29 this state shall include pelvic-floor physical therapy (PFPT) as a covered rehabilitative benefit. No
30 plan subject to this chapter shall categorically exclude coverage for PFPT.

1 II. Initial evaluations shall be covered without prior authorization when ordered by an
2 authorized provider.

3 III. Notwithstanding any other provision of law to the contrary, insurers shall allow direct
4 access to pelvic-health physical therapy in compliance with this chapter.

5 IV. Co-pays and deductibles for services under this chapter shall be no less favorable than
6 those for other physical therapy services.

7 420-R:3 Diagnosis-Specific Coverage. Insurers shall provide coverage for the following:

8 I. Initial assessments and supervised pelvic-floor physical therapy (PFPT) programs for the
9 following diagnoses:

10 (a) Stress urinary incontinence (SUI), urgency urinary incontinence (UUI), and mixed
11 urinary incontinence (MUI);

12 (b) Fecal incontinence;

13 (c) Pelvic organ prolapse (POP);

14 (d) Diastasis recti abdominis (DRA) and abdominal separation-related dysfunction;

15 (e) Pelvic girdle pain;

16 (f) Dyspareunia, pelvic pain syndromes, and vulvodynia;

17 (g) Rehabilitation after cesarean or vaginal birth, including perineal tear repair follow-
18 ups; and

19 (h) Pelvic-floor dysfunction related to menopause.

20 II. One initial comprehensive evaluation.

21 III. Twelve weeks of supervised PFPT:

22 IV. For postpartum patients with perineal tears, immediate postpartum PFPT visits.

23 V. Therapeutic exercises, biofeedback, vaginal or rectal manual therapy, myofascial release,
24 neuromuscular retraining, bladder or bowel retraining, behavior modification, education, pelvic
25 girdle stabilization, and scar mobilization after cesarean or perineal repair.

26 VI. Telehealth or group sessions for diagnoses or services under paragraphs I-V where
27 appropriate.

28 VII. An extension for services offered under paragraphs I-VI for up to 12 months where
29 medically necessary. For chronic or recurrent conditions, coverage may be extended where clinicians
30 request authorization for an additional 12 months of coverage, provided that authorization is
31 resubmitted every 3 months.

32 420-R:4 Prehabilitation and Post-Surgical Rehabilitation Coverage.

33 I. For patients scheduled for pelvic reconstructive surgery, continence surgery, major
34 gynecologic surgery, or colorectal/anal sphincter repair, insurers shall cover no more than 6
35 preoperative pelvic-floor physical therapy (PFPT) sessions, to be delivered within 4 to 12 weeks
36 before surgery, that are focused on education about pelvic-floor optimization, toileting strategies,
37 pre-op strengthening, and functional training.

1 II. After any pelvic surgery, insurers shall cover post-op PFPT packages, initial post-op
2 evaluation, and no more than 12 sessions in the first 12 weeks for education regarding complex or
3 prolonged post-op surgery recovery, with an additional 24 sessions in a 12-month period if deemed
4 medically necessary.

5 III. Insurers shall encourage bundled payment programs where prehabilitation, surgery,
6 and post-op rehabilitation are coordinated to incentivize better outcomes and fewer readmissions.

7 420-R:5 Credentialing; Cost; and Reporting.

8 I. Covered pelvic-floor physical therapy (PFPT) services shall be provided by licensed
9 physical therapists with documented competency in pelvic health.

10 II. No blanket bans on internal vaginal/rectal assessments shall be allowed under this
11 chapter.

12 III. Prior authorization shall only be required after an initial covered package and shall be
13 conducted within 7 business days for non-urgent authorizations and within one business day for
14 urgent authorizations.

15 IV. Telehealth and group supervised pelvic floor muscle training classes shall be treated by
16 in the same manner as in-person classes, when clinically appropriate.

17 V. Insurers shall deliver group sessions, tele-rehab, and early intervention models under
18 this chapter in a cost-effective manner.

19 VI. Notwithstanding any other provision of law to the contrary, insurers shall report
20 annually to insurance department and the department of health and human services data on:

21 (a) The number of PFPT-related episodes authorized;

22 (b) The number of PFPT-related diagnoses,

23 (c) The average number PFPT sessions used;

24 (d) Patient outcome measures, where available;

25 (e) Surgical rates for PFPT-related diagnoses; and

26 (f) The time between a PFPT-related diagnoses referral and a first appointment.

27 420-R:6 Annual Report. The insurance department shall prepare and publish on or before
28 October 1 of each year an annual report evaluating access, utilization, disparities, cost offsets, and
29 such other PFPT-related matters as the insurance department shall determine.

30 420-R:7 Rulemaking. The insurance department may adopt rules, pursuant to RSA 541-A,
31 relative to in-network provider credentialing and educating providers about this chapter.

32 3 Effective Date. This act shall take effect July 1, 2027.

**HB 1656-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT relative to insurance coverage for pelvic health therapy.

FISCAL IMPACT:

Estimated State Impact				
	FY 2026	FY 2027	FY 2028	FY 2029
Revenue	\$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			
Expenditures*	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			
Appropriations*	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			

*Expenditure = Cost of bill

*Appropriation = Authorized funding to cover cost of bill

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

METHODOLOGY:

This bill requires insurers to cover pelvic-floor physical therapy services, to report utilization and outcomes data to the Insurance Department and Department of Health and Human Services, and requires the Department to publish an annual report.

The Insurance Department states the financial impact of this bill is indeterminable. Although rehabilitative therapy is already an essential health benefit in New Hampshire, to the extent the bill requires coverage beyond what is currently provided, premiums could increase, resulting in an indeterminable increase in Insurance Premium Tax revenue. The Department notes that the Affordable Care Act requires states to defray mandate costs in the individual and small group qualified health plan markets and an actuarial mandate study would be required to determine a

more precise impact. There may also be initial administrative and implementation costs for carriers.

To the extent counties and municipalities purchase health insurance, they may experience increased premium costs.

AGENCIES CONTACTED:

Insurance Department