Senate Health and Human Services Committee

Sophie Walsh 271-3469

SB 480-FN, limiting certain prior authorization requirements for physical therapy, occupational therapy, and similar rehabilitative services.

Hearing Date: January 28, 2026

Time Opened: 9:41 a.m. **Time Closed**: 10:51 a.m.

Members of the Committee Present: Senators Rochefort, Avard, Birdsell, Prentiss and Long

Members of the Committee Absent: None

Bill 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.

Sponsors:

Sen. Prentiss	Sen. Rosenwald	Sen. Fenton
Sen. Watters	Sen. Birdsell	Sen. Avard
Sen. Perkins Kwoka	Sen. Lang	Sen. Gannon
Sen. Pearl	Sen. Sullivan	Sen. Innis
Sen. Rochefort	Sen. Altschiller	

Who supports the bill: 108 people signed in support of the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

Who opposes the bill: 5 people signed in opposition to the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

Who is neutral on the bill: 2 people signed in neutral on the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

Summary of testimony presented:

Senator Sue Prentiss, Senate District 5

- This bill would limit the use of prior authorization requirements by health insurance providers for both physical and occupational therapy.

- This bill would disallow insurers from requiring prior authorization for the first 12 visits of each new episode, with an episode defined as the treatment of a new condition or a condition not treated within the last 60 days.
- The bill would retain the right of insurers to deny claims after review and to refuse to cover services deemed not medically necessary.
- The intent of the bill is to reduce administrative barriers, treatment delays, and unnecessary paperwork that can interfere with timely patient care and recovery.
- This bill would feature no appropriations to or from the state.
- Senator Prentiss explained that there is often fear that mandates for health plans will introduce downward pressure and increase costs.
- She stated that this bill could save costs both for patients and insurance providers. She hopes to coordinate the details of the bill with insurance providers to find a middle ground on the number of visits without prior authorization.
- Senator Prentiss expressed her support for those that have had to wait long periods before or between care, and related her personal experiences when she faced delays in accessing physical therapy.
- While orthopedic issues often only require physical therapy, many patients are unable to opt for that route due to prior authorization issues, instead being forced to engage with costly surgeries. Senator Prentiss emphasized that the bill would reduce the costs for the insurer and the patient by giving the patient an easier time opting into physical therapy before other, costlier treatments.
- Senator Prentiss acknowledged that there may be costs associated with this effort and emphasized that she looks forward to finding a middle ground with stakeholders.
- Senator Rochefort encouraged that Senator Prentiss continue to work with health insurance providers and Senator Prentiss said it is a pleasure to work both with those representing the health insurance providers and those concerned with the patient care side of the matter.

Michelle Heaton, New Hampshire Insurance Department

- Ms. Heaton stated that there may be some unintended consequences associated with this bill.
- She presented a hypothetical scenario in which a patient might go to a physical therapy session, only for a carrier to later find that it was not medically necessary and deny the claim. She expressed that there are many nuances that need to be worked out.
- Ms. Heaton referenced SB 561, which took effect on January 1st. This bill streamlined the process for prior authorization by compelling insurance providers to approve or deny claims within 14 days if not urgent, and 72 hours if

urgent. If the carrier fails to act on it, it becomes approved. This also opened up peer-to-peer review for insurance providers to talk to a professional about the request, which would also streamline the process.

- The first set of data mandated by SB 561 will be available on February 1st, 2026, and made available to the public.
- The Insurance Department has been working to rewrite their utilization review rules and streamline the process further.
- Senator Rochefort asked that the Department coordinate with Senator Prentiss, which Ms. Heaton said she would be willing to do. He also commented that there was a chance that some changes could be incorporated into the rulemaking process instead of the legislation.
- Senator Birdsell shared her personal experience and explained that it had taken her 8 weeks to be approved for physical therapy and that she had been in a great deal of pain during that time. She questioned why someone would be against going into physical therapy when it can have such positive results for patients.
- Ms. Heaton replied that, in some cases, doctors might be against physical therapy before a clear diagnosis to prevent exacerbating the issue. She also commented that SB 561 has transparency features that clarified many of the reasons for prior authorization results. She explained that there are often other issues at play, like workforce shortages or issues with referrals.
- Ms. Heaton emphasized that the Department is committed to working with stakeholders to figure out how to reduce barriers while assuring appropriate protections remained in place.

Mark Mailloux, American Physical Therapy Association – New Hampshire

- Mr. Mailloux explained that the prior authorization process is often a difficult ordeal for patients, who are forced to wait weeks for authorization in a process that can frequently repeat after the certain number of authorized visits are completed. He stressed that this is a daily occurrence in his experience.
- Evidence shows that 85-90% of all physical therapy episodes are completed within 12 visits.
- There are complications that can occur when patients do not receive the physical therapy that they need, including a greater risk for disability, further medical treatments, and higher downstream costs.
- Mr. Mailloux emphasized that current administrative burdens pose a greater cost. National analysis' estimate that utilization management adds tens of billions in costs across the health care system annually.
- New Hampshire already experiences constraints on care, like workforce shortages and long travel times, with the administrative burdens only compounding things.

Amanda Packard, American Physical Therapy Association – New Hampshire

- Ms. Packard expressed that this legislation would help to care for and protect the residents of New Hampshire.
- The administrative cost of prior authorization often exceeds the cost of the care delays.
- Physical therapy can reduce opioid use, reduce injections and surgeries, and reduce disability and work absences.
- The delays caused by prior authorization can cause up to 83% of patients to abandon their physical therapy.
- Ms. Packard said that 12 visits was not a blank check, but rather guardrails against future downstream costs.
- Sudden injury that requires physical therapy can happen to anyone, and in such case, having care be interrupted can be highly detrimental.
- Senator Prentiss asked how many years Ms. Packard has been practicing physical therapy. Ms. Packard answered that she has done so for 26 years.
- Senator Prentiss asked if it was her experience that 26 years ago an individual experiencing a difficult fall or orthopedic injury would often be sent directly to an orthopedic doctor and potentially to surgery, when they are now more likely to be referred to physical therapy. Ms. Packard responded that this was accurate.
- Senator Prentiss inquired about the figure claiming that 83% of patients experiencing delays in physical therapy authorization opt to abandon treatment.
- Ms. Packard explained that it was from a survey conducted by the American Physical Therapy Association in 2025 and that the survey could be provided for the Committee.
- Senator Avard asked whether there was a definite cost benefit to this bill, given downstream costs as a result of physical therapy delays.
- Ms. Packard answered that there was, and that physical therapy generally has some of the highest downstream cost avoidance results in medicine. She claimed that this came from the potential avoidance of further injury or complications.
- Senator Avard sought to clarify the situation of an individual who has already had physical therapy authorized for a few sessions who then had to seek further authorization for future sessions.
- Ms. Packard commented that in such a situation, a patient might be sent to a new physical therapist due to scheduling difficulties and said that this was not positive patient care.
- Senator Avard asked whether Ms. Packard felt that any of the issues might be mitigated by rule changes within the Insurance Department.
- Ms. Packard commented that any attempts at transparency were positive, and that she would be interested to see the results of that rule change. She added

that past trends around this issue have been negative and that this bill feels like a safeguard for patients.
- Senator Avard sought Ms. Packard's thoughts on whether the bill was fully responding to the issue. Ms. Packard replied that the 12-visit minimum within the bill was very important to the issue, citing the statistic given by Mr. Mailloux.

Tracie Adams, American Physical Therapy Association – New Hampshire
- Ms. Adams recounted how, as a physical therapist in North Carolina, patients would be authorized for 4 visits, after which treatment would be halted due to prior authorization issues.
- A survey conducted by the Association in New Hampshire revealed that 90% of physical therapists who answered reported delays in initiating care.
- 41% of outpatient therapy practices reported that while waiting on prior authorizations, the patients had suffered a fall or injury.
- 80% of outpatient practices surveyed reported having to appoint one staff member solely to dealing with prior authorizations. Ms. Adams stressed that this is a particular issue for smaller or rural practices that might be understaffed.
- Ms. Adams said she appreciates that this bill would take away some of the administrative burden that makes treating patients difficult.
- Senator Prentiss asked whether Ms. Adams has seen a shift in the number of new physical and occupational therapists, or in their practice patterns.
- Ms. Adams responded that they had lost some therapists and that it was slower getting new therapists into the workforce. She added that it was sometimes difficult attracting therapists to New Hampshire.
- Senator Prentiss asked whether the stress of the workforce issue compounds the situation with managing how long patients have to wait for care. Ms. Adams emphasized that it was part of the issue.
- Senator Long asked if there were authorizations that gave 4-6 days, and then offer extensions if necessary.
- Ms. Adams answered that she was not familiar with any such authorizations. She clarified that usually a patient is given a certain number of visits and then a reevaluation is required to receive another 4-6 days and a second authorization.
- Senator Long clarified who defines the number of visits authorized, and Ms. Adams responded that it was the insurance company.

Lynne Maloney, Monadnock Community Hospital & American Physical Therapy Association – New Hampshire

- Ms. Maloney mentioned that a local carrier made a change in their site of service last July in response to the legislation that entered effect that year.
- She commented that one of the goals is to move patients away from the higher cost care in hospitals and towards private practices. She added that two thirds of the state is rural and that there is not always a private practice reasonably available to patients.
- When patients are given the option of going to a private practice, they are often given 12 visits with that practice. Ms. Maloney explained that patients in her area often do not have that option and are instead given only 5 visits at a hospital.
- The administrative burden of this particular situation is all conducted manually, and cannot be done online. The third-party vendor that Ms. Maloney's practice engages with does not have the process set up to be conducted online.
- Ms. Maloney noted that she was constantly having to add more staff every two months to keep up with the difficult process of securing prior authorization.
- Senator Long asked if there was data showing urban and rural time frames.
- Ms. Maloney answered that she did not have that data, and that she could only offer her personal experiences.

Myles Morneault, Littleton Regional Healthcare
- Littleton is also in the situation that rural practices in New Hampshire find themselves in.
- Mr. Morneault commented that many physical therapists are overworked as a result of the excess of paperwork and meetings that they are compelled to schedule in order to secure prior authorization. He added that this is time when they could be working with their patients or taking needed time away from their work.

Sabrina Dunlap, Anthem Blue Cross Blue Shield
- Anthem has had conversations with Senator Prentiss on this topic and is committed to working with stakeholders to focus on this issue.
- Ms. Dunlap stated that she is speaking in opposition to this bill as written due to its interference with Anthem's current utilization management program for physical therapy, which is tailored to each patient's individual needs.
- The process for submitting prior authorization begins after the first visit and usually results in between 4 and 30 approved visits. Ms. Dunlap stated that this was a largely digital process that does not usually require the upload of any clinical documentation.

- She said the issues with bills like this is that it is essentially a cap on prior authorization, as the bill would require carriers to incorporate the cost of 12 visits into every member's plan.
- A similar bill was passed in Maine, which resulted in a significant increase in costs. Analysis of Maine's data found that there had been no reduction in the rate of high-cost interventions like surgeries and pain injections despite the increased physical therapy services offered to members in Maine.
- A significant number of New Hampshire residents have self-insured plans, and this legislation does not affect those individuals.
- Ms. Dunlap stated that the turnaround times for authorization are very fast, and emphasized that the Anthem does not want to see disruptions to care.
- Ms. Dunlap flagged some of the language used in the bill, such as "including but not limited to", which she said is too vague and open to interpretation.
- She noted that the effective date would be difficult for carriers to implement.
- Senator Birdsell asked why it might be that rural hospitals only receive 5 authorized visits, and Ms. Dunlap said that she was not aware of this issue and that it may not apply to Anthem.
- Senator Prentiss asked for clarification of the issue with the language for "including but not limited to."
- Ms. Dunlap explained that the primary issue was the prior specification in that sentence of rehabilitative or habilitative services and the short list of services following the "including but not limited to" language.
- Senator Long asked what qualified as "fast" for Anthem's prior authorization process.
- Ms. Dunlap replied that it was often within minutes online, and that it was usually much faster than the required 7-14 days.
- Senator Prentiss inquired about Anthem's dynamic utilization process, and asked if other companies use a similar system.
- Ms. Dunlap replied that she was uncertain but assumed that the other major carriers use a similar system.

Paula Rogers, America's Health Insurance Plans

- Ms. Rogers had a personal experience with physical therapy similar to those of others. Physical therapy had been chosen over costlier treatments and likely saved her insurer greatly.
- There has been a lot of work done over the last two years on prior authorization and authority.
- The bill relating to prior authorization that became law at the beginning of last year is now required and insurance companies are reporting its effects.
- Ms. Rogers noted that it is possible that the reason for the delays in prior authorization may rest with workforce issues.

- Ms. Rogers emphasized that continued dialogue needs to occur. It's likely that this communication could establish a better understanding between the interested parties, and Ms. Rogers expressed her desire to be involved with that process.

Danielle Amero, New Hampshire Occupational Therapy Association

- Physical and occupational therapists are bound by ethical obligation to provide medically necessary treatment.
- Ms. Amero shared her personal experience about having issues scheduling physical therapy after surgery and dealing with prior authorization barriers.
- Ms. Amero also spoke to the issues addressed previously with the peer-to-peer system. She stated that there are many workforce issues related to rescheduling patients and that she had also heard of therapists having to take their lunch breaks to assist patients with that process.

Peter Bragdon, Harvard-Pilgrim

- Mr. Bragdon stated that he is speaking in opposition to the bill as written on account of the language used being too broad and open to interpretation.
- Mr. Bragdon clarified that the primary issue was in lines 4 and 5 and noted concern with the habilitative and rehabilitative services required. He emphasized that the language of "including but not limited to" could cause other issues in the future relating to new treatments.

Cam Lapine, Cigna

- Mr. Lapine addressed Senator Prentiss' earlier question about the dynamic review system at Anthem. Cigna employs a similar process to Anthem. A physical therapy evaluation is considered medically necessary for the evaluation of physical impairment. A patient is compelled to visit with their provider to assess their situation and determine how many visits might be required.
- Senator Prentiss asked if there was a cap placed on the number of visits authorized after an initial evaluation, and Mr. Lapine said he would get back to the Committee with an answer.

Michelle Heaton, New Hampshire Insurance Department

- Senator Rochefort asked about the new rules being drafted as a result of SB 561.
- Ms. Heaton explained that the new rules have already been drafted and will be published soon.

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Date Hearing Report completed: February 1, 2026