

Amendment to SB 480-FN

1 Amend the bill by replacing all after the enacting clause with the following:

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3 1 New Section; Managed Care Law; Prior Authorization for Physical Therapy and Occupational
4 Therapy; When Required. Amend RSA 420-J by inserting after section 6-e the following new section:

5 420-J:6-f Prior Authorization for Physical Therapy and Occupational Therapy; When Required.

6 I. A health carrier shall not require prior authorization for physical therapy and
7 occupational therapy, as defined in RSA 328-A:2, XI and RSA 326-C:1, IV, respectively, for the first
8 visit of each new episode of care. Health carriers may require prior authorization following the
9 covered person's first visit. Each health carrier shall provide prior authorization for physical
10 therapy and occupational therapy, if medically necessary based on the evaluation of the patient at
11 the initial visit, for not less than 8 treatments before requiring additional review for medical
12 necessity, unless otherwise specified in the plan sponsor's contract with the health carrier. For
13 purposes of this section, "new episode of care" means treatment for a new condition or treatment for
14 a recurring condition for which an enrollee has not been treated within the previous 60 days.

15 II. This section shall not limit the right of a health carrier to deny a claim when an
16 appropriate prospective or retrospective review concludes that the health care services or treatment
17 rendered were not medically necessary.

18 2 Effective Date. This act shall take effect January 1, 2027.

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AMENDED ANALYSIS

The bill prohibits health carriers from requiring prior authorization for the first physical or occupational therapy visit in any new episode of care, and mandates approval of at least 8 medically necessary treatments after the initial evaluation before further review. This bill also preserves insurers' ability to deny claims deemed not medically necessary.