NAMI New Hampshire
National Alliance on Mental Illness

January 28, 2026

Honorable Chairman David Rochefort
Senate Health and Human Services
State House Room 100
107 North Main St., Concord, NH 03301

RE: NAMI NH Support for SB 646

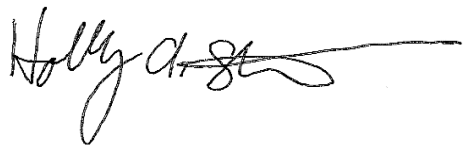
Dear Chairman Rochefort and Committee Members:

Thank you for the opportunity to testify today. My name is Holly Stevens, and I am the Director of Public Policy at NAMI New Hampshire, the National Alliance on Mental Illness. NAMI NH is a non-profit, grassroots organization whose mission is to improve the lives of all people impacted by mental illness and suicide through support, education and advocacy. On behalf of NAMI NH, I am here today to speak in favor of SB 646 relative to mental health standards of care.

Pursuant to the language of SB 646, functional support services would be required to be covered by commercial insurance. Like support services for medical-surgical issues (ie. home health nursing, occupational therapy, physical therapy), functional support services prevent readmissions to the hospital. In fact, in many cases, when a person is conditionally discharged from New Hampshire Hospital, they are mandated to accept and work with functional support services. If a person refuses to engage with these services, their conditional discharge can be revoked leading to rehospitalization. Allowing commercial insurers to continue not to pay for these services flies in the face of parity and could set up a situation where a commercially insured person on a conditional discharge is re hospitalized simply because they can't afford to pay out of pocket for functional support services. I have attached a document written by Dr. Fetter of New Hamshire Hospital regarding this issue and explaining it in more detail.

Simply put, SB 646 ensures that essential mental health services are paid for by all commercial insurance carriers to meet the needs of New Hampshire's most vulnerable people. Therefore, NAMI NH urges the committee to vote ought to pass on SB 646.

Sincerely,



Holly A. Stevens, Esq.

Testimony to the DOI Behavioral Health Advisory Committee

Jeffrey C. Fetter, MD

Dartmouth Health

October 21, 2025

PSYCHIATRIC HOSPITALIZATION

In rulemaking for SB 561 passed last session, we encourage considering the American Psychiatric Association Position Statement on Level of Care Determinations for Acute Psychiatric Treatment with the aim of focusing UR resources on patients with high need and complexity, rather than universal application.

Define Behavioral Crisis as an Urgent Circumstance

Note that SB 561 VI (b) reads "in urgent circumstances, health carriers requiring prior authorization of a health care service shall approve or deny authorization and notify the covered person and covered person's heath care provider of the determination as expeditiously as the covered person's medical condition requires…" A behavioral crisis is a medical condition which requires approval faster than 72 hours.

We ask that the administrative rules state that a need for psychiatric hospitalization is a condition which requires exemption from prior authorization for initiation of the treatment.

Restrictions on Prior Authorization Should Be Applied to Psychiatric Admissions

We note SB 561 Section IX. (a) states health carriers cannot revoke, limit, condition or restrict a prior authorization within 60 days.

We ask that administrative rules indicate that carrier must apply this section to psychiatric hospitalization as they do to medical-surgical care.

Guidelines for Utilization Review

New York State Guiding Principles for Review and Approval of Clinical Review Criteria for Mental Health Services, based on Insurance Law 4902 and Public Health Law 4902, provides language that would be a basis of complying with APA recommendations.

Here the Guiding Principles are quoted in part, edited for length:

The following guiding principles shall apply to OMH's review and approval of clinical review criteria submitted by UR agents pursuant to the Insurance and Public Health Law.

1. The State will only approve clinical review criteria for mental health services that are comparable to and are not applied more stringently than criteria for medical or surgical services withing the same categorical classification of services.
2. The state will review criteria used to determine inpatient treatment for mental health conditions for both adults and children…Criteria or policies containing any of the following requirements whether explicitly stated, implied, or used in practice will not be approved:
    a. Requirement for prior authorization for admissions to inpatient mental health care for adults or children presenting in hospital emergency departments and determined by an emergency department physician to need inpatient care to stabilize and treat an emergency condition.
    b. Requirement that providers demonstrate or provide evidence that an adult or child presents an imminent danger to self or others as a prerequisite for approving admission to or continued inpatient mental health care. Absence of imminent danger must not preclude admission or continued inpatient care, although presence of imminent danger must be sufficient for admission or continued inpatient care.
    c. Requirement that providers demonstrate or provide evidence of the adult or child's active participation in treatment and/or benefit from treatment for authorization of continued care in any setting;
    d. Requirement that all inpatient treatment for mental health conditions is subject to concurrent utilization review unless the insurer demonstrate it also requires concurrent review for all continued inpatient medical or surgical care.

The NY State Office of Mental Health states that it strongly disagrees that inappropriate and overutilization of mental health inpatient services, which was a concern 20-30 years ago, remains a valid concern. Low reimbursement rates have insured that hospitals have no incentives to provide more mental health inpatient care than is necessary. We believe this assessment applies in New Hampshire as well.

A benefit of limiting UR processes is that payer administrative costs will decrease, offsetting potential clinical costs, but we do not believe clinical costs will increase, because prior authorization and concurrent review do not address the key drivers of psychiatric admission decisions and length of stay.

APA's position statement further recommends that these criteria be available for public review.

We ask that the administrative rules for SB 561 explicitly state that carriers' UR guidelines be made available for public review, and that the Department consider issuing public guidance regarding acceptable parameters of such guidelines. We strongly recommend including 1. and 2a, b, c and d. above in such guidance, in accord with state and federal parity law.

FUNCTIONAL SUPPORT SERVICES

Individualized Resliliency and Recovery Oriented Services (IROS) including both evidence-based practices delivered in accordance with the Illness Management and Recovery Evidence Based Practice Kit (IMR and EBSE) and Functional Support Services (FSS) are not covered by commercial insurance, but are a cornerstone of the treatment offered by community mental health centers and other behavioral health agencies.

New Hampshire's community mental health centers reported uncompensated care of $1.8m in FY21 and at least $3.4m in FY25.

In NH, a patient on a Conditional Discharge from NH Hospital will be required to take their medication, and attend appointments including IROS to ensure their mental illness does not decompensate to the point that they again become dangerous.

> *Hundreds of NH residents are currently court-ordered to participate in services that the courts and DHHS consider medically necessary mental health care, but commercial insurance will not cover.*

If they do not attend, patients can be and often are recommitted to an involuntary psychiatric facility by law enforcement officers.

New Hampshire DHHS Rule He-M 426 defines IROS as a specific set of services including but not limited to FSS, IMR, family support, and medication support.

New Hampshire DHHS Rule He-M 426 defines FSS as "medically necessary individual and group interventions that support optimal functioning and enhance resiliency, recovery, and integration in the community." It further describes types of FSS as individual therapeutic behavioral services, crisis intervention, family support services, medication support services, and group behavioral services. In practice, this service amounts to making sure that patients adjusting to life outside the hospital are getting food, are going to their appointments, are taking care of themselves when their mental illness is still in the way.

Medication support (CMHC staff who make sure patients take their medications) in particular is important for patients with severe mental illness who do not believe they have an illness or have cognitive limitations that make them miss their medications.

These are the core activities of a CMHC that keep a patient with severe mental illness out of hospitals.

Medicaid Managed Care Organizations such as Centene's NH Healthy Families division do cover all these services. However, a patient would lose coverage by getting a job and enrolling in Centene's commercial Ambetter plans.

Not to cover these services is analogous to covering surgery for a patient's car accident, but not covering the home care, physical therapy, and occupational therapy that keep them from atrophying and losing function, and aim to get them back to their life.

These issues play out with children as well, though somewhat differently. The arguments above regarding FSS apply to children's mental health services. In addition though, commercial insurance carriers have justified not covering FSS for children by stating they do not cover bundled services such as Fast Forward, an evidence-based practice that includes FSS.

Excluding bundled services as a class would systematically exclude services like Chronic Care Management (CCM for medical conditions, CPT 99487, 99489, 99490, 99497, 99498), or HCPCS Co-Management (G9038), which they do not exclude (See Anthem Chronic Care Management and Advanced Care Planning Feb 2019, and Reimbursement Policy Update 7/1/25). If they cover bundled outpatient medical services, they should cover bundled outpatient mental health services. Moreover New Hampshire Hospital bills a bundled rate, which commercial insurers do cover, so there are examples of bundled mental health services as well.

These services are out of network for all commercial insurance carriers in New Hampshire, based on the argument that they have equivalent in-network services. However, the specific programs they refer to are not evidence-based, and not equivalent.

DHHS has defined IROS services including FSS as medically necessary in rule. NH mental health law has made participating in them conditions of freedom for individuals who pose a potentially serious likelihood of danger to themselves or others. They are comparable in form and function to rehabilitation for physical care. They should be covered by commercial insurance as a matter of state and federal parity compliance.

Position Statement on Level of Care Determinations for Acute Psychiatric Treatment [psychiatry.org]

Guiding Principles for the Review and Approval of Clinical Review Criteria for Mental Health Services