



February 17, 2026

Honorable Chairman John Hunt
House Commerce and Consumer Affairs
1 Granite Place, Room 229
Concord, NH 03301

RE: NAMI NH Support for HB 1554

Dear Chairman Hunt 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 HB 1554, requiring insurance carriers to provide peer-to-peer review at any stage of prior authorization and mandating disclosure of reviewer credentials.

When it comes to mental health, prior authorization requirements may exist for any number of treatments. Most commonly, these are required for medications, or a higher level of care such as residential or intensive outpatient treatment. Still, at times prior authorization is required even for traditional psychotherapy.

Getting the right treatment at the right time in the right place is essential to treating mental illness. With proper treatment, individuals with mental health conditions can lead productive, happy lives. Prior authorizations only serve as a barrier to people getting medically necessary care, thus hindering people's ability to thrive in their communities.

More specifically, finding the right medication regimen can be a long and challenging process; however, proper medication can be an essential part of treatment for people living with mental health conditions. New advances in psychiatric medications, and their combination with other services and supports, allow individuals with mental illness to lead healthy and productive lives.

Importantly, different kinds of psychiatric medications are often not interchangeable, and providers must be able to select the most appropriate, clinically indicated medication for their patients. Even within similar types of medications, each is unique in their mechanisms of action and affect each person and their range of symptoms differently.

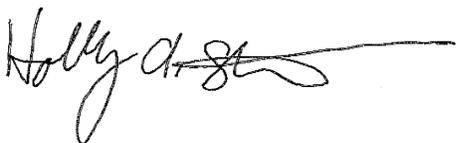
Individuals with mental health conditions who are unable to access the most appropriate, clinically indicated psychiatric medication and other intensive, medically necessary care experience higher rates of emergency department visits, hospitalizations, and utilization of other health services. Rates of suicidal behavior and homelessness also rise among patients who report difficulties accessing their needed medication.¹ These findings highlight why people with mental illness need easy access to the treatments that work for them.

Find Help, Find Hope.

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Prior authorization requirements are a cumbersome process that creates a barrier to a person receiving medically necessary treatments and medications. Usually, a provider must submit a written request for prior authorization. If that is denied, then the provider can request a peer-to-peer review of the treatment or medication. This process could be much smoother if the provider could request a peer-to-peer review at the beginning of the process or at any time during the process when the provider believes it would be useful. Therefore, NAMI NH urges the committee to vote ought to pass on HB 1554.

Sincerely,

A handwritten signature in black ink, appearing to read "Holly A. Stevens", with a long horizontal flourish extending to the right.

Holly A. Stevens, Esq.

¹ Mościcki, Eve K., ScD, MPH, et al, "Suicidality Is Associated With Medication Access Problems in Publicly Insured Psychiatric Patients," *J Clin Psychiatry* 2010;71(12):1657-1663; Moscicki, Eve & West, Joyce & Duffy, Farifteh & Rae, Donald & Rubio-Stipec, Maritza & Regier, Darrel. (2010), Gaps in continuity of care: Homelessness and incarceration among Medicaid psychiatric patients.

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