



April 7, 2026

Honorable Chairman Daniel Innis
Senate Commerce Committee
State House Room 100
107 N Main St., Concord, NH 03301

RE: NAMI NH Support for HB 1554

Chairman Innis and Committee Members:

On behalf of NAMI NH, the National Alliance on Mental Illness, I write in support of HB 1554, requiring insurance carriers to provide peer-to-peer review at any stage of prior authorization and mandating disclosure of reviewer credentials.

Within mental health care specifically, prior authorization requirements may exist for any number of treatments. Most commonly, these are required for certain medications or treatment within a higher level of care such as residential or intensive outpatient. Still, at times, prior authorization can even be required for traditional psychotherapy.

Access to the right treatment, at the right time, in the right place is essential to treating mental illness. With proper treatment, individuals living with mental health conditions can lead happy, fulfilling, productive lives within their community. Burdensome prior authorizations only serve as a barrier to necessary care, thus hindering people's ability to recover and thrive.

More specifically, finding the right medication regimen can be a long and challenging process; however, effective medication can be an essential part of treatment for some 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

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accessing their needed medication.¹ These findings highlight why people with mental illness need easy access to the treatments that work for them, and providers must have the flexibility to prescribe the medication they know will be most effective for their client.

Prior authorization requirements are a cumbersome process that creates a barrier to a person receiving medically necessary treatments and medications. In many instances, a mental health provider must submit a written request for prior authorization for new treatments. If that is denied, which is not uncommon, then the provider can request a peer-to-peer review of the treatment or medication. 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, it would reduce burden on providers and, most importantly, connect people with the most effective treatment when they need it. For these reasons, NAMI NH urges the committee to support HB 1554.

Sincerely,

A handwritten signature in cursive script that reads "Sam Hawkins".

Sam Hawkins

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; Mościcki, 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.