



July 18th, 2025

Chair Cindy Friedman
Joint Committee on Health Care Financing
State House, Room 313
24 Beacon St
Boston, MA 02133

Chair John Lawn
Joint Committee on Health Care Financing
State House, Room 236
24 Beacon St
Boston, MA 02133

Re: Support for S.1403 - An Act relative to reducing administrative burden

Dear Chair Friedman, Chair Lawn, and Honorable Members of the Committee,

On behalf of the National Alliance on Mental Illness of Massachusetts (NAMI Mass), I write to express our strong support for **S.1403** *An Act relative to reducing administrative burden*.

NAMI Mass is a grassroots nonprofit organization comprised of individuals with mental health conditions, their families, and caregivers. Our mission is to ensure that all people affected by a mental health condition receive the support they need when they need it. Through our Compass Helpline, we assist thousands of individuals and families each year in navigating the complex mental health system, including the often confusing and burdensome processes imposed by health insurers. We are consistently hearing from people across the state who are struggling to access timely care due to insurance barriers like prior authorization. These firsthand accounts give us a clear and urgent understanding of how administrative delays are directly harming people's mental health and undermining their recovery.

One of the most significant barriers to accessing timely mental health treatment is the administrative and insurance-related delays that stand between individuals and the care they are seeking. One key barrier is the prior authorization (PA) process that requires providers to obtain advance approval from an insurer before delivering certain medications or services.

According to a study conducted by the American Medical Association (AMA)¹, 94% of physicians report that PA delays necessary care, and 82% say it can at least sometimes lead to patients abandoning recommended treatment. Alarming, nearly 1 in 3 physicians report that PA criteria are rarely or never based on clinical evidence². More than 1 in 4 physicians have

¹ American Medical Association. 2022 AMA Prior Authorization (PA) Physician Survey. American Medical Association, 2023, <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>.

² Ibid.

experienced a case in which PA contributed to a serious adverse event for a patient in their care³. We know that in mental health care, where time is of the essence, delays can be devastating, leading to worsened symptoms and hospitalizations.

The burden of PA also affects providers. Navigating these requirements takes time away from direct patient care and places additional financial strain on practices, many of which are already under pressure due to uncertainty around Medicare, and more recently Medicaid, reimbursement and staffing shortages⁴. One third of physicians report that PAs are often or always denied, and while some appeal these decisions, many do not have the time, staff, or resources to do so⁵—especially when patients cannot afford to wait.

S.1403 would meaningfully improve the PA process for both patients and providers by directly addressing barriers that delay or disrupt timely access to mental health care. By prohibiting PA for generic medications and treatments with a strong clinical track record or low denial rates, the bill would reduce unnecessary delays in care that often worsen symptoms and increase the risk of crisis for individuals with a mental health condition. Critically, it ensures greater continuity of care by establishing a minimum one-year duration for approved PAs and requiring insurers to honor existing PAs for at least 90 days after a patient switches health plans. These provisions would help prevent harmful gaps in treatment during insurance transitions, which can be destabilizing for those managing ongoing mental health needs.

The bill further promotes transparency and accountability by requiring insurers to report data on approvals, denials, appeals, and wait times. It also directs the Health Policy Commission to evaluate how PA requirements affect patient access, provider burden, and overall health care costs. These data-driven measures would shed light on how administrative processes are impacting real-world outcomes and could help inform future reforms. Additionally, the bill prohibits insurers from retroactively denying claims for care that has already been preauthorized, so that patients are protected from unexpected financial liability, and mandates that patients are notified of any new PA requirements in advance.

To improve timeliness and efficiency, the bill requires insurers to respond to urgent care requests within 24 hours—a vital safeguard for individuals experiencing a psychiatric crisis. It also requires insurers to use standardized forms and electronic systems for PA submissions, streamlining the process, reducing administrative burnout, and allowing providers to spend more time on patient care.

Collectively, these reforms represent a crucial step toward a more equitable, responsive, and person-centered mental health care system. Receiving timely and continued access to mental

³ Ibid.

⁴ Ibid.

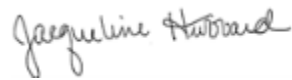
⁵ Ibid.

health care is essential for individuals living with mental health conditions, because gaps in care can worsen mental health symptoms and undermine stability and recovery. In many cases, accessing this care is a matter of life or death, and not being able to overcome administrative hurdles on both the physician and patient sides should not determine if someone can receive the treatment or service they need.

For these reasons, I urge you to report favorably on S.1403 to remove administrative burdens to accessing timely and critical mental health care for all Massachusetts residents without unnecessary delays or disruptions.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Jacqueline Hubbard".

Jacqueline Hubbard, Esq.
Deputy Director of Policy, Advocacy, and Communications
NAMI Massachusetts