January 24, 2019

Honorable Chairwoman Marjorie Smith
House Judiciary Committee Room 208
36 North State Street
Concord, NH   03301

Dear Madam Chair and committee members

Thank you for the opportunity to testify today. My name is Kenneth Norton and I serve as Executive Director of NAMI NH, the National Alliance on Mental Illness. I also have family members with serious mental illness and co-occurring substance use disorder. On behalf of NAMI NH, I am here to speak in support of HB 552 .

I would like to make some general comments about mental health services as well as suicide and tie them into why NAMI NH believes the residents of New Hampshire will be better served by the state specifying that reviews for health care acquisitions and transactions include specific language regarding the impact the transaction will have on mental health care and substance use access to treatment.

NHH Waiting List
April 14, 2015 - December 31, 2018
Data Compiled by NAMI NH
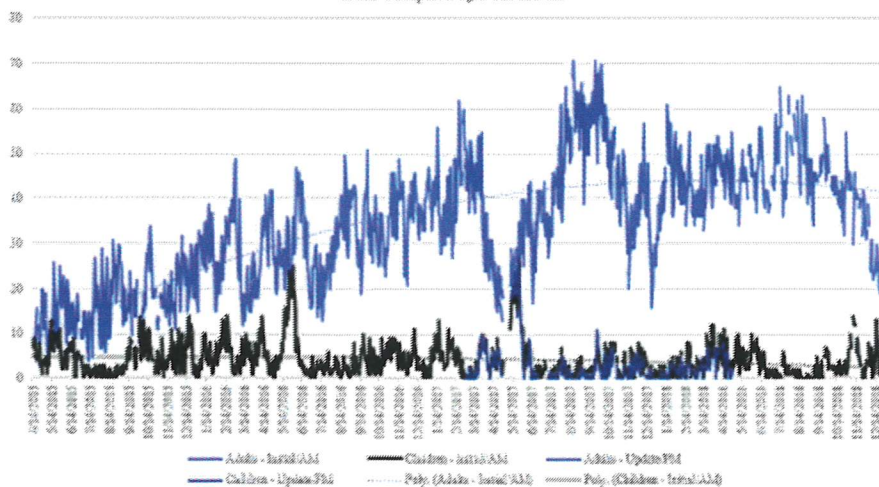
Governor Sununu has declared that New Hampshire is in the middle of a mental health crisis. One of the most visible symptoms of this crisis is the daily average of close to fifty adults and children in a mental health crisis who are being boarded in emergency departments waiting for an inpatient psychiatric bed. Some of these individuals wait weeks in conditions that can only be described as inhumane including small windowless rooms with nothing other than a bed or gurneys in hall ways. This practice is wrong medically, legally, ethically, morally and economically and yet it has become progressively worse. The average

number of people waiting tripled since April of 2015. There are a myriad of reasons and contributing factors to this problem. One of the factors is the reduction of inpatient hospital beds available for mental illness in New Hampshire. This includes both voluntary and involuntary beds as well as public and private hospitals.

Most of New Hampshire's regional hospitals are non-profit organizations with missions of providing health care for people in their region. Despite this, many hospitals apparently no longer consider "health care" to include mental health and they have left it to others to provide these services. One example of the impact of this is Concord Hospital which tends to be ground zero for people in a psychiatric crisis. Between 30-40% of the patients that walk into their emergency room in a psychiatric crisis are from outside of the Concord Hospital catchment area.

However the real burden has fallen to the state of New Hampshire with the underlying belief being that it is the state's responsibility to provide inpatient psychiatric treatment. General hospitals have reduced or eliminated their inpatient psychiatric capacity over the past few years which have been a significant contributing factor in New Hampshire's mental health crisis.

Another important point to consider is that like any other serious medical condition, mental illness can kill. Suicide rates are on the rise across all age groups and a recent report from the US Center for Disease Control noted that NH had one of the highest increase in rates among states. In NH, suicide is the second leading cause of death in NH ages 10-34, the third leading cause of death ages 35-44 and the fourth leading cause of death ages 45-54 and the 10th overall. The US Surgeon General has described suicide as a significant public health issue which is largely preventable.

NH Top Ten Leading Causes of Death 2012-2016

Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
					Age Groups						
1	Short Gestation 38	Unintentional Injury 10	Malignant Neoplasms 10	Malignant Neoplasms 14	Unintentional Injury 299	Unintentional Injury 591	Unintentional Injury 465	Malignant Neoplasms 979	Malignant Neoplasms 2,597	Heart Disease 10,426	Malignant Neoplasms 13,590
2	Congenital Anomalies 35	Congenital Anomalies ---	Unintentional Injury	Suicide	Suicide 115	Suicide 158	Malignant Neoplasms 209	Heart Disease 562	Heart Disease 1,250	Malignant Neoplasms 9,684	Heart Disease 12,424
3	Maternal Pregnancy Comp. 28	Homicide ---	Homicide ---	Unintentional Injury ---	Heart Disease 19	Malignant Neoplasms 74	Suicide 178	Unintentional Injury 486	Unintentional Injury 373	Chronic Low. Respiratory Disease 2,964	Unintentional Injury 3,647
4	Placenta Cord Membranes 15	Influenza & Pneumonia ---	Heart Disease ---	Benign Neoplasms ---	Malignant Neoplasms 17	Heart Disease 43	Heart Disease 114	Suicide 270	Chronic Low. Respiratory Disease 338	Cerebro-vascular 2,066	Chronic Low. Respiratory Disease 3,411
5	Circulatory System Disease 11	Malignant Neoplasms ---	Benign Neoplasms ---	Congenital Anomalies ---	Homicide 10	Congenital Anomalies 15	Liver Disease 46	Liver Disease 157	Diabetes Mellitus 257	Alzheimer's Disease 1,963	Cerebro-vascular 2,319
6	SIDS ---	Heart Disease ---	Cerebro-vascular ---	Influenza & Pneumonia ---	Diabetes Mellitus ---	Liver Disease 11	Diabetes Mellitus 22	Diabetes Mellitus 96	Liver Disease 257	Unintentional Injury 1,408	Alzheimer's Disease 2,001
7	Necrotizing Enterocolitis ---	Benign Neoplasms ---	Congenital Anomalies ---	Nephritis ---	Congenital Anomalies ---	Diabetes Mellitus ---	Homicide 16	Chronic Low. Respiratory Disease 83	Suicide 202	Diabetes Mellitus 1,118	Diabetes Mellitus 1,509
8	Neonatal Hemorrhage ---	---	Suicide ---	---	Cerebro-vascular ---	Homicide ---	Cerebro-vascular 15	Cerebro-vascular 65	Cerebro-vascular 159	Influenza & Pneumonia 1,002	Suicide 1,106
9	Respiratory Distress ---	---	---	---	Benign Neoplasms ---	Chronic Low. Respiratory Disease ---	Chronic Low. Respiratory Disease 13	Nephritis 24	Septicemia 81	Nephritis 759	Influenza & Pneumonia 1,102
10	Two Tied ---	---	---	---	Chronic Low. Respiratory Disease ---	Complicated Pregnancy ---	Congenital Anomalies ---	Septicemia 22	Viral Hepatitis 69	Parkinson's Disease 617	Nephritis 858

Emergency departments, hospitals and primary care providers are on the front lines for dealing with individuals at risk for suicide and as the last statistic indicates it is not just people coming to emergency departments with a stated mental health concern who are at risk. Yet lack of training and adequate screening means these people often go undetected and/or untreated. Relative to hospitals and mental health care, consider these statistics:
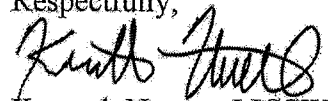
- The risk of a suicide attempt or death is highest within 30 days of discharge from an ED or inpatient psychiatric unit.
- Up to 70 percent of patients who leave the ED after a suicide attempt never attend their first outpatient appointment.
- Approximately 37% of individuals without a mental health or chemical dependency diagnosis who died by suicide make an ED visit within a year of their death.

It is important to note that hospitals are no long just that brick building on the hill. They now are health care systems and many own and control primary care and specialty provider practices in their regions. They are playing increasing roles in the treatment of mental health and substance use disorders as evidenced by the involvement in the Medicaid 1115 waiver Integrated Delivery Networks and the recent designation of hospitals as 6 of the 7 "hubs" in New Hampshire's new "hub and spoke" substance misuse and addiction service delivery system.

NAMI NH believes that hospitals and health care facilities need to promote integrated models of care including mental illness and addiction. For this reason, NAMI NH strongly supports HB 552 because it will give the state increased ability during the acquisition process to hold health care systems and hospitals accountable for providing *health care* to the whole person including mental illness and addiction and not just care for the neck down.

Please vote HB 552 as ought to pass. Thank you for your consideration, and I am happy to answer any questions which you have.

Respectfully,

Kenneth Norton, LICSW
Executive Director