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.

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.

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