



March 12, 2025

Honorable Chairman Kenneth Weyler  
House Finance Committee  
Legislative Office Building Room 210-11  
11 North State St., Concord, NH 03301

RE: NAMI NH Testimony on HB 1 and HB 2

Dear Chairman Weyler 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 testify on HB 1 and HB 2, making appropriations for the expenses of certain departments of the state for fiscal years ending June 30, 2026 and June 30, 2027.

It's no secret that, for years, New Hampshire has been facing a mental health crisis. One in five adults and one in five youth aged 6-17 experience a mental illness each year in New Hampshire. More than half of people with a mental health condition in the U.S. did not receive any treatment in 2021. Of the 70,000 adults in New Hampshire who did not receive needed mental health care, 41.7% did not because of cost, and those who are able to afford care often wait months for an initial outpatient appointment – leading to worsening in their condition and contributing to the crisis we are facing. The most visible symptom of this broad crisis is the emergency department boarding of individuals in a mental health crisis while awaiting an inpatient bed. Yesterday 31 adults and 3 children were waiting for a psychiatric inpatient bed, most of them were boarding in emergency departments around our state. Despite the steady progress of the Mission Zero initiative, more needs to be done to ensure we are able to get to and sustain zero people waiting in emergency departments. In addition to lengthy waits for inpatient beds, on any given day, there are

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upwards of 60 individuals who are ready to discharge from New Hampshire Hospital (NHH), but are unable to do so as there is simply no place for them to go.

One of the root causes of this crisis is New Hampshire's ongoing workforce shortage. As a result, people needing mental health treatment have difficulty accessing services that will support them in their community, allowing them to get the right treatment at the right place, and at the right time. When individuals are able to access adequate community-based services, they are less likely to need costly inpatient care to manage their mental illness.

While Granite Staters face challenges accessing the care they need, at the same time, our community mental health system faces challenges sustainably providing services. The state's ten Community Mental Health Centers (CMHCs) provide necessary services to every Granite Stater – regardless of their ability to pay. The importance of these services cannot be overstated. However, the growing and ongoing burden of uncompensated care subjects CMHCs to financial instability and uncertainty.

Another issue exacerbating the mental health crisis is the lack of appropriate and affordable housing in our state. New Hampshire is in need of step-up and step-down units; supportive housing; residential treatment facilities; and additional individual and single-family housing units. Through adequate housing opportunities, people would be better equipped to discharge from NHH, opening up capacity and thus reducing the number of people boarding in EDs. Increased housing availability would also go a long way in addressing our workforce crisis.

While there has been significant investment and much accomplished in the implementation of NH's 10 Year Mental Health Plan, we know that it is vital that we expand and enhance that work to address the needs of all Granite Staters impacted by mental illness and suicide. It is imperative that this budget provide sustainable funding and investment in the following systems and services to address our ongoing mental health, workforce, and housing crises:

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- the community mental health system, including adequate reimbursement for uncompensated care;
- robust, affordable housing options, including supportive housing and step-up step-down units;
- the Children’s System of Care;
- Mission Zero and efforts to eliminate emergency department boarding;
- continued implementation of the 10-year mental health plan;
- 988 and the entire behavioral health crisis system;
- intensive reentry services for justice involve individuals; and
- competency restoration.

Only a comprehensive approach will fully address the mental health crisis that Granite Staters are currently facing.

Additionally, there are several proposed changes to the Medicaid program in the HB 2 as introduced, including assessing premiums on certain beneficiaries and raising co-payments on prescription drugs. As the largest payer of mental health and substance use disorder services, Medicaid is a lifeline for almost two hundred thousand Granite Staters. Through Medicaid coverage, people with mental health conditions can access critical services like psychotherapy, inpatient treatment, prescription medications, and crisis care.

According to the Kaiser Family Foundation “[p]remiums serve as a barrier to obtaining and maintaining Medicaid and CHIP coverage among low-income individuals.”<sup>1</sup> The states that have instituted premiums for Medicaid have seen significant (16-25%) coverage losses due to failure to pay premiums.<sup>2</sup> Additionally, even relatively small levels of cost sharing in the range of \$1 to \$5 are associated with reduced use of health care. This includes necessary services.<sup>3</sup> Cost-sharing is also associated with worse health outcomes and increased

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<sup>1</sup> The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings, KFF Issue Brief, June 2017.

<sup>2</sup> Understanding the Impact of Medicaid Premiums & Cost-Sharing: Updated Evidence from the Literature and Section 1115 Waivers, Madeline Guth, Meghana Ammula, and [Elizabeth Hinton](#). September 9, 2021.

<sup>3</sup> The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings, KFF Issue Brief, June 2017.

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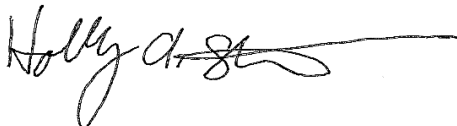
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financial burden.<sup>4</sup> In one study, after the implementation of copays for prescription drugs, utilization significantly declined.<sup>5</sup> In another study, for individuals with schizophrenia, for every \$1 increase in the prescription copayment, there was a reduction in the amount of medication fills.<sup>6</sup> Further, when parents have health insurance, their children are more likely to be insured.<sup>7</sup>

Implementing policies that increase costs on Medicaid beneficiaries or create barriers to coverage would disproportionately harm people with mental health and substance use conditions and disconnect individuals and families from needed care. The changes to the Medicaid program suggested in HB 2 will only lead to decreases in coverage for both adults and children, interruptions in treatment, increases in health care costs, and a worsening of the mental health crisis overall. Therefore, NAMI NH urges House Finance to exercise caution when considering any changes to New Hampshire's Medicaid program, and instead prioritize protecting ongoing access to standard and expanded Medicaid.

In summary, it is imperative that House Finance builds a budget that fully addresses the mental health crisis we are currently in and uses extreme caution when considering changes to the Medicaid program that include increased cost sharing for beneficiaries.

Sincerely,



Holly A. Stevens, Esq.

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<sup>4</sup> Understanding the Impact of Medicaid Premiums & Cost-Sharing: Updated Evidence from the Literature and Section 1115 Waivers, Madeline Guth, Meghana Ammula, and Elizabeth Hinton. September 9, 2021.

<sup>5</sup> Hartung DM, Carlson MJ, Kraemer DF, Haxby DG, Ketchum KL, Greenlick MR. Impact of a Medicaid copayment policy on prescription drug and health services utilization in a fee-for-service Medicaid population. *Med Care*. 2008 Jun;46(6):565-72. doi: 10.1097/MLR.0b013e3181734a77. PMID: 18520310.

<sup>6</sup> Impact of Medicaid prescription copayments on use of antipsychotics and other medications in patients with schizophrenia, *Journal of Medical Economics*, Jalpa A Doshi, Pengxiang Li, Sunita Desi & Steven C. Masrcus, 24 August 2017.

<sup>7</sup> Expanding Medicaid for Parents Improves Coverage and Health for Both Parents and Children, Jessica Schubel, June 14, 2021

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