



March 5, 2025

Honorable Chairman Jess Edwards
Finance Division III
Legislative Office Building Room 210-11
33 N State St., Concord, NH 03301

RE: NAMI NH Comments on DHHS Medicaid Presentation

Chairman Edwards and Committee Members:

Thank you for the opportunity to write to you 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 present the following comments regarding proposed changes to NH's Medicaid program.

NAMI NH believes that all people deserve accessible, affordable, and comprehensive health care, including mental health care. Access to health insurance coverage is essential for people with mental illness to access mental health care and successfully manage their condition. 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. Implementing policies that increase cost burden 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.

According to the Kaiser Family Foundation “[p]remiums serve as a barrier to obtaining and maintaining Medicaid and CHIP coverage among low-income individuals.” Additionally, even relatively small levels of cost sharing in the range of \$1 to \$5 are

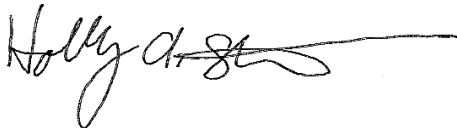
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associated with reduced use of care. This includes necessary services.¹ Cost-sharing is also associated with worse health outcomes and increased financial burden.² In one study, after the implementation of copays for prescription drugs, utilization significantly declined.³ In another study, for individuals with schizophrenia, for every \$1 increase in the prescription co-payment, there was a reduction in the amount of medication fills.⁴ Further, when parents have health insurance, their children are more likely to be insured,⁵ ensuring access to care for the entire family.

The changes to the Medicaid program suggested by the Governor in HB 2 will only lead to decreases in coverage for both adults and children, decreases in adherence to treatment, and increases in health care costs overall. Therefore, NAMI NH urges Finance Division III to exercise caution when considering any changes in cost sharing and premiums for New Hampshire's Medicaid program.

Sincerely,

A handwritten signature in black ink, appearing to read "Holly A. Stevens". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Holly A. Stevens, Esq.

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

² 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.

³ 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.

⁴ 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. Marcus, 24 August 2017.

⁵ Expanding Medicaid for Parents Improves Coverage and Health for Both Parents and Children, Jessica Schubel, June 14, 2021