



April 16, 2025

Honorable Chairman Wayne MacDonald
House Health, Human Services, and Elderly Affairs Committee
Legislative Office Building Room 201
33 N State St., Concord, NH 03301

RE: NAMI NH Opposition to SB 134

Chairman MacDonald and Committee Members:

Thank you for the opportunity to testify today. My name is Sam Hawkins, and I represent NAMI NH, 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 speak in opposition to SB 134, relative to work requirements under the state Medicaid program.

The New Hampshire Granite Advantage Health Care Program, New Hampshire's Medicaid Expansion program, provides crucial health coverage for tens of thousands of low-income Granite Staters. This program is integral for providing access to treatment for many New Hampshire individuals and families impacted by mental health conditions. Medicaid is the largest payer for mental health and substance use condition services, providing health coverage to more than one in four American adults with a serious mental illness.¹ NAMI New Hampshire is seriously concerned that the work requirements proposed to be enforced through SB 134 would have a grave impact on access to care for Granite Staters with a mental illness without increasing employment rates.

It is critical to emphasize that Medicaid already goes a long way in supporting employment for its beneficiaries by providing access to treatment and medications that enable people to work and engage with their communities.² Further, research indicates that many Medicaid beneficiaries are already working. "Prior to the pandemic, the majority (63%) of non-dual (i.e., not also enrolled in Medicare), non-SSI, nonelderly Medicaid adults were already working full or part-time. Among those not working, most were not working due to caregiving (12%), illness or disability (10%), or school attendance (7%). Many of these reasons would likely qualify as exemptions from work requirement policies in most states, leaving just 7% of Medicaid adults (who reported that they were retired, unable to find work, or were not working for another reason) to whom work requirement policies could be directed."²

Find Help, Find Hope.

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Having a serious mental illness can make it harder to get and stay employed. This fact, combined with other challenges that those enrolled in Granite Advantage may have, such as a lack of transportation, insufficient internet access, and caregiving responsibilities, as well as the fact that many of the jobs Medicaid enrollees end up in are low-wage with highly variable schedules, it could be immensely difficult to meet the work requirements laid out in statute. Even considering relevant exceptions, the reporting requirements may add a significant burden to the already challenging schedules and circumstances that Medicaid enrollees may find themselves in.

A review of Arkansas's brief waiver implementation from June 2018 through March 2019 shows evidence that more than 18,000 people lost coverage.² "Although Arkansas's program included safeguards intended to protect coverage for people with disabilities and others who should not have been subject to the requirements from losing coverage, few people used these safeguard measures relative to the number who lost coverage. Among those who accessed "good cause" exemptions, the vast majority did so due to disability/other health issues or technical issues, primarily related to reporting. This difficulty with reporting underscores that Arkansas' administrative processes presented barriers to eligible people retaining coverage including and beyond those with disabilities. Lack of computer literacy and internet access among enrollees created barriers to setting up online accounts as well as ongoing reporting. Research indicates that enrollees in Arkansas were unaware of or confused by the new work and reporting requirements, which did not provide an additional incentive to work beyond economic pressures."²

Failure to keep up with reporting will likely lead to people losing their coverage, or may discourage people from pursuing coverage altogether due to the burden. In this case, individuals who would be able and willing to work and engage with their communities through the access to treatment that Medicaid provides are likely to lose coverage, leading to a worsening of their condition and an increased likelihood that they will not be working. With all of this in mind, enforcing Medicaid work requirements is likely to decrease the amount of individuals covered under the program, leading to adverse outcomes such, including the potential to become unhoused, hospitalized, or incarcerated, without actually increasing employment rates or community engagement. For these reasons, NAMI NH urges the committee to vote Inexpedient to Legislate for SB 134.

Sincerely,



Samuel C. Hawkins

¹*Medicaid Expansion*, NAMI: <https://www.nami.org/advocacy/policy-priorities/improving-health/medicaid-expansion/>

²*An Overview of Medicaid Work Requirements: What Happened Under the Trump and Biden Administrations?*, KFF: <https://www.kff.org/medicaid/issue-brief/an-overview-of-medicaid-work-requirements-what-happened-under-the-trump-and-biden-administrations/>