



February 17, 2026

Honorable Chairman John Hunt
House Commerce and Consumer Affairs
1 Granite Place, Room 229
Concord, NH 03301

RE: NAMI NH Support for HB 1638

Dear Chairman Hunt 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 speak in favor of HB 1638, creating a bypass mechanism for health insurer step therapy protocols when medically necessary.

Though finding the right medication regimen can be a long and challenging process, proper medication can be an essential part of treatment for people living with mental health conditions. New advances in psychiatric medications, and their combination with other services and supports, allow individuals with mental illness to lead healthy, happy, and productive lives.

Importantly, different kinds of psychiatric medications are often not interchangeable, and providers must be able to select the most appropriate, clinically indicated medication for their patients. Even within similar types of medications, each is unique in their mechanisms of action and affect each person and their range of symptoms differently. Patients will respond differently to medications at the start of and throughout their treatment and often require multiple trials and many months to find an appropriate regimen that stabilizes their condition.

Individuals with mental health conditions who are unable to access the most appropriate, clinically indicated psychiatric medication experience higher rates of emergency department visits, hospitalizations, and utilization of other health services. A study by Joyce West, Ph.D. in *General Hospital Psychiatry* analyzed Medicaid data from ten states and found that psychiatric patients who reported access problems with

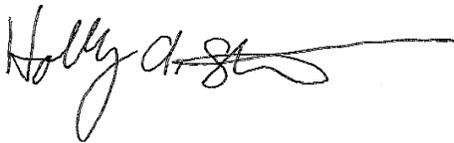
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their medication visited the emergency department 74 percent more often than those who had no difficulties accessing their medications.ⁱ Rates of suicidal behavior and homelessness also rise among patients who report difficulties accessing their needed medication.ⁱⁱ These findings highlight why people with mental illness need continued access to the medications that work for them.

Step therapy can be a danger to the health and well-being of the person taking the medication, and result in a worsening of symptoms and undermining the decisions made between individuals and their health care providers. Instead, policies should maintain access to provider-recommended medications and should specifically prohibit step therapy for psychiatric medications, or, at a minimum, establish a clear override exception mechanism such as the one in HB 1638. Therefore, NAMI NH urges the committee to vote ought to pass on HB 1638.

Sincerely,

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

Holly A. Stevens, Esq.

ⁱ West, Joyce C., Ph.D., M.P.P., et al, "Medication Access and Continuity: The Experiences of Dual-Eligible Psychiatric Patients During the First 4 Months of the Medicare Prescription Drug Benefit," *Am J Psychiatry*; 164:789-796, May 2007.

ⁱⁱ Mościcki, Eve K., ScD, MPH, et al, "Suicidality Is Associated With Medication Access Problems in Publicly Insured Psychiatric Patients," *J Clin Psychiatry* 2010; 71(12):1657-1663; Moscicki, Eve & West, Joyce & Duffy, Farifteh & Rae, Donald & Rubio-Stipec, Maritza & Regier, Darrel. (2010), Gaps in continuity of care: Homelessness and incarceration among Medicaid psychiatric patients.

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