



February 4, 2026

Honorable Chairman David Rochefort
Senate Health and Human Services
State House Room 100
107 North Main St., Concord, NH 03301

RE: NAMI NH Support for SB 544

Dear Chairman Rochefort 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 SB 544, limiting changes to prescription drug formularies under health benefit plans.

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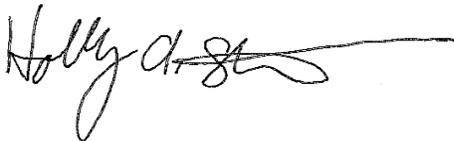
their medication visited the emergency department 74 percent more often than those who had no difficulties accessing their medications.ⁱ Rates of suicidal behavior and homelessness also rise among patients who report difficulties accessing their needed medication.ⁱⁱ These findings highlight why people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

Many individuals and employers choose a health plan based on the medications the formulary covers during the enrollment period. SB 544 would require that any medication on the formulary at the time of enrollment would remain there until the policy was up for renewal; ensuring that people with mental health conditions would not need to needlessly change medications because the one they are on is removed from the formulary during the plan year.

One small issue with the way the bill is currently worded may disallow a plan from adding new medications to the formulary during the plan year. We believe this is an easily fixable, unintended consequence and would recommend that rather than “modify” and “modification” the bill should use “remove” and “removal.” This would then only prohibit the removal of medications from the formulary and not prohibit any additions for medications that are new to the market. If remove is used rather than modify, we would also suggest including language prohibiting insurers from moving medications to higher cost tiers during the plan year.

With all this in mind, NAMI NH urges the committee to vote ought to pass on SB 544, with the suggested amended language.

Sincerely,



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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