NAMI New Hampshire
National Alliance on Mental Illness

April 15, 2026

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

RE: NAMI NH testimony on SB 544

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.

NAMI NH previously supported SB 544 as introduced; however, we are presently neutral on the bill as it came out of the Senate. Following the passage of the bill in the Senate, we have been working with the insurers on an amendment to return the bill back to the spirit of the original bill. I have attached the suggested language to my written testimony.

The proposed amendment would create a carve out for enrollees who are actively taking a medication to have continued coverage of the medication until the end of the contract year if their plan removes the medication from the formulary. This would be accomplished by automatically approving an applied-for exception under the existing exception process and by requiring the commercial insurers to make their affected members aware of the exception process. In conversations following SB 544's initial hearing, some commercial insurers have expressed a willingness to entertain implementing this mechanism to ensure their members are able to remain on medications when they are removed from a formulary.

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.

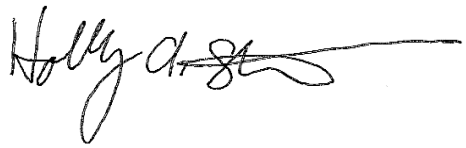
Importantly, different kinds of psychiatric medications are often not interchangeable, and providers must be able to select the most appropriate, clinically indicated medication for their patients. Even within similar types of medications, each is unique in their mechanisms of action and affect each 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 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. With this in mind, an enrollee on a specific medication on the formulary at the time of enrollment should be able to remain on the medication until the policy is renewed; ensuring that people with mental health conditions are not made to needlessly change medications because the one they are on is removed from the formulary during the plan year. As such, NAMI NH urges the committee to consider amending the bill so that it will be more consistent with the original intent of the bill.

Sincerely,



Holly A. Stevens, Esq.

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[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.