



September 29, 2026

Dawn I. Tierney
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301
dawn.i.tierney@dhhs.nh.gov

VIA Email Only

RE: NAMI NH Comments on the Section 1115(a) Research and Demonstration Waiver for the Granite Advantage Health Care Program Premiums

Dear Ms. Tierney:

Thank you for the opportunity to provide comments on the Section 1115(a) Research and Demonstration Waiver for the Granite Advantage Health Care Program Premiums. NAMI New Hampshire 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. We write today with concerns regarding the impact of this policy on individuals enrolled in the Granite Advantage program to which premiums would apply.

NAMI NH has concerns regarding the burden and potential complexities of paying monthly premiums, especially for people who may not have bank accounts, stable housing, those who are working, caring for a family or who are heavily involved in treatment because of active symptoms. Under the waiver, enrollees whose income is over 100% of the Federal Poverty Level (FPL) will be subject to monthly premiums. We fear many people will lose coverage, not because of their ability to afford or pay the premium, but because of the cumbersome process of making monthly payments in combination with the aforementioned challenges we know members of our community face.

We are troubled by NH Department of Health and Human Services (DHHS) projections that 2,840 people of the 7,100 people to which this demonstration will apply will lose their coverage, estimating that "30% to 50% of people subject to the premiums will be non-compliant." We have further concerns with the premium structure increasing relative to household size, regardless of how many people in the household are actually enrolled in the program. Under this proposed premium model, all enrollees will pay the maximum legally allowed cap of 5% of their income for their Medicaid benefit, rather than just some paying the full 5% of their income.

Reflecting on 40 Years: Continuing Our Journey to Hope, Help, and Health

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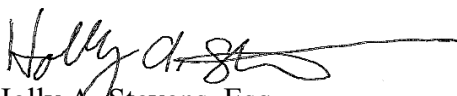
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With these concerns in mind, NAMI NH submits the following questions:

1. Why does the base premium increase with family size, regardless of how many members of the family are enrolled in the Granite Advantage program? Why does this approach differ from models currently used in commercial insurance where premiums are determined based on how many household members are enrolled in the program?
2. How did the department determine the numbers of individuals that premiums will apply to and expected losses of coverage following implementation?
3. If implemented, what payment methods will the department accept, and do these methods consider the varying circumstances that might apply to enrollees' ability to pay?
4. How will a person be notified if they miss a payment, and how will they be notified leading up to and at the point of if the termination of coverage?
5. If someone loses their coverage, are they immediately able to reapply? In these circumstances, would a person have to pay the arrearage before they qualify for coverage again?
6. What is the anticipated administrative cost associated with implementing and collecting the premiums? How does the department plan to manage the increase in work volume given the current hiring freeze? What portion of administrative costs does the department expect will be paid for by the federal government?
7. Federal H.R. 1 provides for cost sharing at the point of service in the form of copayments. Knowing that people are more apt to be able to pay a small amount at the point of service, has the department considered and calculated the number of individuals it would expect to lose coverage under the copayment model?
8. Federal H.R. 1 prohibits cost sharing for primary care, mental health care and substance use disorder care. Under the proposed policy, how will the department determine whether someone is only availing themselves of these three types of services and nothing more, and will those enrollees still be charged a premium? If so, how does this approach comport with the requirements and spirit of H.R. 1?

We appreciate your time and attention. Careful consideration of the above questions will be critical to mitigating coverage loss and ensuring ongoing access to essential mental health services here in New Hampshire.

Sincerely,


Holly A. Stevens, Esq.
Director of Public Policy