



February 2, 2022

The Honorable Tony Cardenas
U.S. House of Representatives
Washington, DC 20515

Dear Congressman Cardenas:

On behalf of the American College of Physicians, I am writing to share our support for your legislation, the 9-8-8 National Suicide Prevention Lifeline Implementation Act that would provide resources needed to improve the nation's mental health crisis system for behavioral health treatment. Our nation is in the midst of a public health crisis as the number of people in need of mental and behavioral health care has risen sharply since the COVID-19 pandemic. We look forward to the introduction of this legislation and urge its passage in the 117th Congress.

The American College of Physicians is the largest medical specialty organization and the second largest physician membership society in the United States. ACP members include 161,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions like diabetes, heart disease and asthma.

The workload of internal medicine physicians has increased dramatically over the past two years, not only from the health impact of COVID-19 but from an increased number of patients with behavioral health disorders. According to the Centers for Disease Control (CDC), last year more than 100,000 people died of [drug overdoses](#) and the rate of [suicides](#) has increased by 35 percent from 1998 to 2018. The 988 Suicide Prevention Lifeline Implementation Act takes important steps to address this public health crisis by providing additional resources to launch and modernize a 988 mental health hotline to respond to the needs of individuals in crisis, provides additional funding for states to implement new treatment programs for behavioral health, and improves access to and coverage of mental health and substance use disorder crisis response services.

We are pleased that this legislation would authorize \$100 million for a new pilot program for communities to create, or enhance existing, mobile crisis response teams composed of licensed counselors, clinical social workers, physicians, EMTs, crisis workers, and/or peers to respond to

people in crisis. These teams would provide immediate stabilization and referral to community-based mental health services and supports; peer and provider navigation teams that address high risk individuals; and in home crisis stabilization teams that may provide care for a more extended period.

The 9-8-8 National Suicide Prevention Lifeline Implementation Act would also establish a protocol panel to make recommendations on training and protocol for 911 dispatchers in responding to individuals experiencing a psychiatric crisis. The panel shall consider topics including connecting 911 callers to crisis care services instead of responding with law enforcement officers; integrating 988 system into 911 or transferring calls; and identifying callers with mental health distress and evaluating the level of need.

These provisions are consistent with our policy paper concerning [Understanding and Addressing Disparities and Discriminations in Law Enforcement and Criminal Justice Affecting the Health of At-Risk Persons and Populations](#) that recommends policymakers understand, address, and implement evidence-based solutions to systemic racism, discrimination, and violence in criminal justice and law enforcement policies and practices because they affect the physical health, mental health, and well-being of those disproportionately affected because of their personal identities. ACP supports the study, implementation, and funding of alternative models that deploy social workers and other mental health professionals specially trained in violence interruption, mediation, homelessness outreach, and mental health, who are ancillary to law enforcement, when their intervention would be more appropriate and effective than law enforcement intervention alone.

We are supportive of a provision of this legislation that would provide \$240 million to upgrade the National Suicide Prevention Hotline (9-8-8 call number) with resources for specialized services for LGBTQ individuals, people of color and other underserved populations. This section is consistent with our policy addressed in our paper on [Understanding and Addressing Discrimination in Health Care](#) that calls for funding to be continued and increased for programs and initiatives that work to increase the number of physicians and other health care professionals providing care for racial and ethnic communities historically underserved and disenfranchised.

ACP appreciates that this legislation would authorize \$10 million for a behavioral health crisis coordinating office under the direct control of the Assistant Secretary of Mental Health and Substance Use. This funding would be used to support technical assistance, data analysis, and evaluation functions to develop a crisis care system to establish nationwide standards with the objective of expanding the capacity of and access to crisis care services. ACP recommends that priority for funding be given to programs that a review of the evidence shows have been effective in promoting critical public health objectives such as initiatives to prevent and treat illnesses relating to alcohol, drug, and other substance abuse, including abuse of prescription drugs.

Although ACP policy does not specifically endorse a Behavioral Health Crises Coordinating Office, our policy does support specifically integrating behavioral health in the context of

primary care and increased access to mental health services. We released a policy paper concerning the [Integration of Care for Mental Health, Substance Abuse, and other Behavioral Health Conditions into Primary Care](#) that recommends that public and private health insurance payers, policymakers, and primary care and behavioral health care professionals work toward removing payment barriers that impede behavioral health and primary care integration. Stakeholders should also ensure the availability of adequate financial resources to support the practice infrastructure required to effectively provide such care.

ACP has joined with eight major medical societies to establish a [Behavioral Health Integration Collaborative](#) to cultivate effective and sustainable integration of behavioral and mental health care into primary care practices. The collaborative is focused on ensuring that primary care practices act as a trusted partner to ensure that patients can overcome obstacles that prevent them from meeting their mental and behavioral health needs. This collaborative could act as a trusted resource for the Behavioral Health Crisis Coordinating Office that would be established by this legislation to provide evidence-based materials and best practices on behavioral health integration into primary care practices.

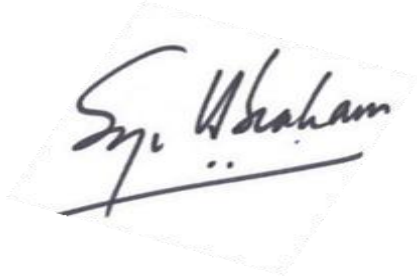
We support provisions in this legislation that would expand access to and oversight of mental health and substance use disorder crisis response services through the establishment of continuum of care standards in responding to behavioral or mental health crisis. This bill provides coverage of behavioral health crisis services for all patients enrolled in public or private plans. It would require coverage of crisis response services under Medicaid and makes crisis response services an essential health benefit under ACA as well as mandate coverage from group health plans. It would also appropriate funds for block grants to support crisis response services infrastructure.

We believe that ensuring access to mental health services is imperative. Mental health services should be readily available to those in need throughout their lives or through the duration of their conditions. Ensuring an adequate availability of psychiatric beds and outpatient treatment for at-risk individuals seeking immediate treatment for a condition that may pose a risk of violence to themselves or others should be a priority. The ACA and mental health parity laws address many enduring behavioral health coverage problems and have improved coverage for individuals in need of treatment for substance use disorders but gaps in coverage may persist for those with serious mental health conditions in need of crisis response services. This legislation will help to close the gaps in mental health coverage for those enrolled in public and private plans.

This legislation would increase the capacity of federal programs used to train mental health professionals and expand National Health Service Corps eligibility to include professionals providing crisis management services at crisis call centers, mobile crisis teams, crisis receiving and stabilization programs. We are supportive of this measure and believe that physicians and other health professionals should be trained to respond to patients with mental illness who might be at risk of injuring themselves or others.

We appreciate your leadership to address this public health crisis in behavioral health and your effort to reduce the incidences of suicides and drug overdoses. We believe that this legislation should attract bipartisan support as Democrats and Republicans have united in efforts to enact policies to improve the mental health of our citizens especially during this pandemic. Please feel free to contact Brian Buckley, Senior Associate for Legislative Affairs at bbuckley@acponline.org if you have any questions regarding this letter.

Sincerely,

A handwritten signature in black ink, reading "George M. Abraham", is enclosed in a light gray dashed-line rectangular box. The signature is written in a cursive style with a horizontal line underneath.

George M. Abraham, MD, MPH, MACP, FIDSA
President