



March 17, 2022

The Honorable Tony Cárdenas
U.S. House of Representatives
Washington, D.C. 20515

Dear Representative Cárdenas:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 133,500 family physicians and medical students across the country, I write in support of your legislation *9-8-8 Implementation Act*.

Mental health concerns are highly prevalent in the United States and are one of the most pervasive causes of disease and disability worldwide. The COVID-19 pandemic has exacerbated existing issues with anxiety, depression, and post-traumatic stress disorder amid a growing shortage of mental health and behavioral health providers.ⁱ Today, 139 million Americans live in mental health professional shortage areas.ⁱⁱ Roughly two-thirds of primary care physicians are unable to connect their patients to outpatient mental health services.ⁱⁱⁱ This results in the need for primary care physicians to assume a leading role in the management of mental health care services.^{iv} Primary care physicians serve as primary managers of psychiatric disorders in one-third of their patient panels and two-thirds of patients with depression receive treatment for their depression in the primary care setting.^v Primary care physicians are also more likely to be the main source of physical and mental health care for patients with lower socioeconomic status and for those with co-morbidities.^{vi}

Primary care physicians and behavioral health providers work to ensure appropriate management of mental health concerns so that a patient does not reach a point of crisis. However, the shortage of primary care physicians and behavioral health providers, as well as exacerbated mental health conditions, has led to an immediate need for investments into our crisis response system. On July 16, 2022, the 9-8-8 dialing code will be available nationwide to route callers to the National Suicide Prevention Lifeline. The AAFP applauds Congress' action to implement this lifesaving resource, but many states have raised concerns about how to handle increased demand of crisis services.

Your legislation would make necessary investments into behavioral health crisis services by authorizing funding for a new Behavioral Health Crisis Coordinating Office and increasing funding for the National Suicide Prevention Lifeline. Your legislation also prioritizes care coordination by making investments into a pilot program for communities to create or enhance crisis response teams that include physicians, counselors, EMTs, peer responders, and other team members with the skills and background to support individuals in crisis. To this end, your bill also directs the Department of Health and Human Services to establish standards for a behavioral health crisis continuum of care, which should include physicians in tune with the needs of their communities.

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Appropriate implementation of your legislation will not only save lives but also help more people receive needed mental health or substance use disorder treatment and reduce the number of people entering the judicial system when their needs can be more appropriately addressed in the health care system. The AAFP's [Policing Standards](#) position paper details the need to ensure appropriate crisis interventions. Police response to situations involving people with mental or behavioral health disorders has increased dramatically in recent years. Uncertain policing practices related to mental health, combined with consistent shortages and underfunding of mental health services, have led to a significant overrepresentation of individuals with mental health conditions in jails and prisons across the country. In fact, 37% of people incarcerated in state and federal prisons and 44% of people held in local jails were informed by a medical health professional that they have a mental health disorder.

This legislation will also expand existing Certified Community Behavioral Health Clinics (CCBHCs) across the U.S. and authorize them to partner with 9-8-8 dispatch teams. CCBHCs continue to be a vital source of behavioral health care for many communities. However, the AAFP is concerned by recent reports of low care coordination with outside clinicians like primary care physicians. The AAFP strongly recommends that extension of the CCBHC program emphasize the required care coordination and include a mechanism for ensuring patients are connected with necessary primary care resources in their community.

Thank you for the opportunity to express our support for this legislation. For additional questions, please reach out to Erica Cischke, Director, Legislative and Regulatory Affairs at ecischke@aafp.org.

Sincerely,

A handwritten signature in black ink that reads "Ada D. Stewart, MD". The signature is written in a cursive, flowing style.

Ada D. Stewart, MD, FAAFP
Board Chair, American Academy of Family Physicians

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- ⁱ Kaiser Family Foundation. (n.d.). *The Implications of COVID-19 for Mental Health and Substance Use* | KFF. Retrieved January 31, 2022, from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>
- ⁱⁱ Health Resources Services Administration. (2022). Health Professional Shortage Areas (HPSA). (Accessed 2/1/2022). <https://data.hrsa.gov/topics/health-workforce/shortage-areas>
- ⁱⁱⁱ Cunningham PJ. Beyond Parity: Primary Care Physicians' Perspectives On Access To Mental Health Care. *Health Aff.* 2009;28(3):w490-w501.
- ^{iv} Xierali IM, Tong ST, Petterson SM, Puffer JC, Phillips RL, Bazemore AW. Family physicians are essential for mental health care delivery. *J Am Board Fam Med.* 2013;26(2):114-115.
- ^v Xierali IM, Tong ST, Petterson SM, Puffer JC, Phillips RL, Bazemore AW. Family physicians are essential for mental health care delivery. *J Am Board Fam Med.* 2013;26(2):114-115.
- ^{vi} Jetty, A., Petterson, S., Westfall, J. M., & Jabbarpour, Y. (2021). Assessing Primary Care Contributions to Behavioral Health: A Cross-sectional Study Using Medical Expenditure Panel Survey: <https://doi.org/10.1177/21501327211023871>