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December 9, 2019

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The Honorable Cory Gardner  
United States Senate  
354 Russell Senate Office Building  
Washington, D.C. 20510

The Honorable Tammy Baldwin  
United States Senate  
709 Hart Senate Office Building  
Washington, D.C. 20510

The Honorable Jerry Moran  
United States Senate  
521 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Jack Reed  
United States Senate  
728 Hart Senate Office Building  
Washington, D.C. 20510

Dear Senators Gardner, Baldwin, Moran, and Reed,

The American Psychiatric Association (APA), the national medical specialty society representing more than 38,500 psychiatrists who treat mental health disorders, including substance use disorders, would like to thank you for introducing S. 2661, the National Suicide Hotline Designation Act of 2019. Suicide is the 10th leading cause of death in the United States. The suicide rate across our nation increased by 33 percent between 1999 and 2017. It is vital that our nation take meaningful action to reverse this worrisome trend and more effectively facilitate suicide prevention efforts. S. 2661 would build upon the 2019 recommendations by the Federal Communications Commission (FCC) and designate 9-8-8 as an emergency number for Americans experiencing mental health emergencies.

As APA stated in our December 2018 letter to the FCC, we strongly support the creation of a new 3-digit dialing code for mental health emergencies. In the 115<sup>th</sup> Congress, APA also supported the National Suicide Hotline Improvement Act of 2017, which required the FCC to investigate the feasibility of a 3-digit code and assess the effectiveness of the National Suicide Prevention Lifeline. Quick access to appropriate care in a crisis can reverse suicidal ideation and save lives.

In 2015, without a three-digit number, suicide and self-injury cost the United States \$69 billion, according to the Center for Disease Control and Prevention (CDC) Data & Statistics Fatal Injury Report of 2017. While we have seen many advances in evidence-based research methods that identify individuals at-risk for suicide, our communities still need a three-digit dialing code that is easy to recall in a crisis. The 9-8-8 number will likely save costs and valuable emergency medicine resources by allowing hotline staff to answer calls and connect individuals to proper assistance, providing an alternative to emergency room visits and other options which are currently first choices for treatment in these mental health emergencies. As APA stated in our

December 2018 letter to the FCC, implementation of S. 2661 will improve access to appropriate care and could reduce the prevalence of psychiatric boarding that is plaguing our emergency departments by directing patients to more timely and targeted suicide crisis care.

We also wish to recognize the bill's requirement for a joint report from the Substance Abuse and Mental Health Administration and the Veterans Administration that details the resources necessary to implement a 9-8-8 number that is fully operational and effective across the United States. Clear fiscal estimates will facilitate a better understanding about the resources needed to implement, support, and sustain the hotline. It is essential that all Americans, no matter where they live, have access to the live-saving services that a fully national hotline is intended to provide.

The APA supports you in your effort to pass S.2661. Please do not hesitate to let us know how we can be a resource as you continue your work on this important issue.

Sincerely,

A handwritten signature in black ink that reads "Saul Levin" followed by "MD, MPA" in smaller letters. There is a horizontal line under the name "Saul".

Saul Levin, MD, MPA, FRCP-E, FRCPsych  
CEO and Medical Director