



988 Sustainability Fee Model Bill Template

2025

[The National Association of State Mental Health Program Directors (NASMHPD) developed this 988 Sustainability Fee Model Bill as a template to assist states in drafting legislation to implement a telecommunications fee-based funding mechanism for their 988 Suicide & Crisis Lifeline Centers. This template focuses on 988 funding sustainability to accompany the previous more comprehensive model bill templates NASMHPD published in 2022 (Core Model Bill), 2023 (Added: Parity, Health Equity, 988/911 Collaboration, Medicaid/Private Insurer Financing, and Children/Youth/Families) and 2024 (Updated: 988 Language, 988/911 Collaboration Definitions, and Parity Provisions) that were created to assist states in building out their 988 Suicide & Crisis Lifeline Centers and Core State Behavioral Health Crisis Services Systems.]

The draft bill provided is intended for informational purposes and does not constitute legal advice. It has been developed as a template for state policymakers and legal counsel to use as a framework to customize legislation that meets the needs of their state.

November 2024

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AN ACT concerning 988 Suicide & Crisis Lifeline Center Fees

For the purpose of improving the quality, access, and availability of behavioral health crisis services through sustainable sources of funding for 988 Suicide & Crisis Lifeline Centers, mobile crisis and outreach services and crisis stabilization services in order to save lives; recognizing that stigma, behavioral health equity, culture, linguistics, and neighborhood must be addressed in every response; and for the purpose of complying with the National Suicide Designation Action of 2020 and the Federal Communications rules adopted July 16, 2020 and October 17, 2024; assuring that all citizens and visitors of the State of XXXXX receive a consistent level of 988 and crisis behavioral health services no matter where they live, work, or travel in the state.

BY adding to/repealing/reenacting, with amendments, Article XX, Section XX, Annotated Code of XXXXX

DEFINITIONS

A. In this title the following words have the meanings indicated.

- (1) “911” [use existing state definition or if none use] is the three-digit telephone number to facilitate the reporting of an emergency requiring response by a public safety agency.
- (2) “988” means the universal telephone number within the United States designated by the Federal Communications Commission for the purpose of the National Suicide Prevention Lifeline program operating through the 988 Suicide & Crisis Lifeline (988 Lifeline), or its successor maintained by the Assistant Secretary for Mental Health and Substance Use under section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb-36c).
- (3) “988 Lifeline Crisis Centers” are a national network of local crisis centers that provide free and confidential emotional support to people in suicidal crisis, behavioral health crisis, or emotional distress 24 hours a day, 7 days a week in the United States. It is the national suicide prevention and mental health crisis hotline system

maintained by the Assistant Secretary for Mental Health and Substance Use under section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c).

- (4) "988 Administrator" means the Administrator of the National 988 Suicide & Crisis Lifeline system maintained by the Assistant Secretary for Mental Health and Substance Use under section 520E-3 of the Public Health Service Act. The Administrator oversees the administration of the 988 Lifeline system with expectations of clinical, technical and operational performance. The Lifeline administrator is responsible for leadership and coordination of 200+ individual state and locally funded crisis contact centers across the country. Each individual center is responsible for abiding by a series of requirements that include, but are not limited to, an accreditation process, insurance, a formal agreement with the Lifeline administrator, and a center liaison.
- (5) "988 Contact" means a communication with the 988 Suicide & Crisis Lifeline system within the United States or its successor via modalities offered, including call, chat, text or a transfer from peer-operated warmlines, other behavioral health crisis hotlines and emotional support lines.
- (6) "988 Fee" means the surcharge assessed on commercial landline, mobile service, prepaid wireless voice service, and interconnected voice over internet protocol (VoIP) service lines created under Section 3 authority for communication law, regulation, and technological innovation.
- (7) "988 Trust Fund" means the 988 Suicide & Crisis Lifeline program fund created under Section 2.
- (8) "Behavioral Health Crisis Services" are intensive services that are provided to address or prevent behavioral health symptoms, situations, or events that may negatively impact an individual's ability to function within their current family/caregiver and living situation, school, workplace, or community. Behavioral health crisis services are for anyone, anywhere, and at any time and can be provided in a variety of settings, including via text or telephone, face-to-face at an individual's home, or in the community.
- (9) "Behavioral Health Crisis System" is an organized set of structures, processes, and services in place to meet all types of urgent and emerging mental health and substance use needs in a defined population or community, effectively and efficiently. Essential elements of a behavioral health crisis system include 988 crisis lines that accept all calls and texts and provide support and referrals based on the needs of the individual or family member/caregiver; mobile crisis teams that respond to the location of need in the community; and crisis stabilization facilities that serve everyone who enters their doors from all referral sources. Comprehensive behavioral health crisis systems address recovery needs, significant

use of peers, and trauma-informed care; provide “suicide safer” care; ensure safety and security for staff and those in crisis; and involve collaboration with law enforcement and emergency medical services.

- (10) “Behavioral Health Equity” is the right to access high-quality and affordable behavioral healthcare services and supports for all populations, including Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, queer/questioning and intersex (LGBTQI+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.
- (11) “Behavioral Health Urgent Care” is an ambulatory setting that offers safe, voluntary, and time-limited services and supports to individuals experiencing behavioral health crisis. This setting is an alternative to the use of hospital emergency departments or more intensive crisis services.
- (12) “Community Mental Health Centers, and Certified Community Behavioral Health Clinics” are facilities as defined under Sec. 1913(c) of the Public Health Services Act and/or Section 223(d) of the Protecting Access to Medicare Act of 2014 (PAMA), and Community Behavioral Health Organizations as licensed and certified by relevant state agencies.
- (13) “Community Outreach Teams (COTs)” engage in outreach to communities and community members to support a variety of needs of individuals including behavioral health, physical care, housing, benefits, education, and employment. COTs do not provide on-demand crisis services. Instead, through outreach and engagement, COTs aim to promote wellness, resilience, recovery, self-advocacy, development of supports, and maintenance of community living skills. COTs can work effectively alongside MCTs to prevent crisis and provide wraparound supports to those in need. Some rural and under-resourced communities have created teams with dual roles of mobile crisis services and COTs. COTs can be especially helpful for follow-up care.
- (14) “Co-response” is a collaborative approach to behavioral health crisis developed in response to the need for local adaptation in which first responders, sometimes including law enforcement officers, are partnered with behavioral health professionals as an effective way to respond to behavioral health crises and other situations involving unmet behavioral health needs.
- (15) “Crisis Stabilization Services” reflect a range of models and care to support individuals through emergent and urgent behavioral health needs. Crisis stabilization services involve facility-, home-, and community-based services that provide access to care and stabilization for adults and youth in crisis. Crisis

stabilization services are delivered across a continuum of care that includes no barrier, low barrier, and referral-based services.

- (16) “Emotional Support Lines” focus on providing connection and wellness promotion. They are not hotlines; however, they are still expected to have the capacity to determine if referral to a crisis hotline or more intensive intervention is warranted. They are sometimes referred to as helplines. Emotional support lines are recognized for providing services such as active, empathetic listening, safety planning, rapport building, and crisis support and prevention planning. Prominent examples include SAMHSA’s National Helpline, the Alcohol and Drug Helpline, and the Alzheimer’s Association 24/7 Helpline.
- (17) “Federal Communications Commission” regulates interstate and international communications by radio, television, wire, satellite, and cable in all 50 states, the District of Columbia and U.S. territories. An independent U.S. government agency overseen by Congress, the Commission is the federal agency responsible for implementing and enforcing America’s communications law and regulations.
- (18) “[Health Insurance]” means [use definition in State’s insurance code.]
- (19) “Law Enforcement” describes a type of first responder agency and employee responsible for enforcing laws, maintaining public order, and managing public safety.
- (20) “Lived Experience” is personal knowledge about mental health, substance use, or co-occurring mental health and substance use disorders, treatment, and recovery gained through direct involvement as an individual with past or current mental health and/or substance use challenges.
- (21) “Mobile Crisis Team” means a multidisciplinary behavioral health team that includes at least one behavioral health care professional who is capable of conducting an assessment of the individual, in accordance with the professional’s permitted scope of practice under State law, and other professionals or paraprofessionals with appropriate expertise in behavioral health or mental health crisis response, including nurses, social workers, peer support specialists, and others, whose members are trained in trauma-informed care, de-escalation strategies, and harm reduction; that is able to respond in a timely manner and, where appropriate, provide screening and assessment; stabilization and de-escalation; and coordination with, and referrals to, health, social, and other services and supports as needed, and health services as needed; that maintains relationships with relevant community partners, including medical and behavioral.
- (22) “Other Behavioral Health Crisis Hotlines” include phone, text, and chat services that are not part of the 988 Lifeline network but that also provide support to people experiencing emotional distress and/or to third-party callers who are concerned

about another person. These hotlines typically fall into one or more of the following categories: Topically focused to a specific type of need or stressor; Focused on providing services to a specific population (i.e., a geographic catchment area); and targets the needs of individuals experiencing the types of emotional distress that are similar in scope to the 988 Lifeline but are not connected to the 988 Lifeline.

- (23) “Peer-operated Warmlines” provide ongoing phone, text, or chat support by an individual with lived experience. Calls are answered by trained peers who have lived experience with the type of mental health support the line is intended to provide. Peer-operated warmlines are typically local to the caller’s jurisdiction or state, though there also are national peer warmlines geared toward specific groups such as teens, older adults, and LGBTQI+ individuals.
- (24) “Peer Crisis Respites” are voluntary short-term programs offering rest and peer support in a home environment for individuals experiencing or recovering from a crisis.
- (25) “Respite Services” are short term relief services for primary caregivers.
- (26) “State” as defined herein includes the U.S. territories under 16 USC § 6602(9).
- (27) “State-Certified Peer Support Specialists” are individuals who are employed based on their personal lived experience of a crisis/suicide attempt or survivor and who have successfully completed a state-recognized peer support training program.
- (28) “Substance Abuse and Mental Health Services Administration (“SAMHSA”) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the Nation.
- (29) “Trauma-Informed Care” is a program, organization, or system that realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.
- (30) “Veterans Crisis Line” (VCL) means Veterans Crisis Line maintained by the Secretary of Veterans Affairs under Section 1720F(h) of Title 38, United States Code.

CREATION OF A 988 SUICIDE & CRISIS LIFELINE SYSTEM

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF XXXXX that the State of XXXXX shall, designate the [state mental health, public health, disability services, or behavioral health agency] to have primary oversight over the suicide prevention and crisis service activities and essential coordination with designated 988 Lifeline Crisis Center(s) to provide crisis

intervention services and crisis care coordination to individuals accessing the 988 Suicide & Crisis Lifeline program from any jurisdiction within [State] twenty-four hours a day, seven days a week:

The oversight and coordination of a 988 Suicide & crisis Lifeline System will be dependent upon design, implementation, and sustainability which will be achieved through the following essential infrastructure components:

Administrative Structure, Oversight, and Policy

- A. The designated 988 Lifeline Crisis Center(s) must have an active agreement with the 988 Administrator for participation with the Lifeline network.
- B. The designated 988 Lifeline center(s) shall have the authority to deploy crisis and outgoing services, including mobile crisis teams, and coordinate access to crisis receiving and stabilization services or other local resources as appropriate and consistent with any guidelines and best practices that may be established by the State and/or 988 Lifeline Administrator.
- C. Facilitation of the ongoing care needs of persons contacting the 988 Lifeline, the State or related public health authority by assuring active collaborations and coordination of service linkages between the designated center(s), mental health and substance use disorder treatment providers, local Community Mental Health Centers (including Certified Community Behavioral Health Clinics and Community Behavioral Health Centers), mobile crisis teams, and community-based as well as hospital emergency departments and inpatient psychiatric settings, establishing formal agreements and appropriate information sharing procedures where appropriate.
- D. The [State mental health, public health, disability services, or behavioral health agency], having primary oversight of suicide prevention and crisis service activities and essential coordination with designated 988 Lifeline Crisis Center(s), and working in concert with the 988 Lifeline, VCL, and other SAMHSA-approved networks (local 24-hour local crisis hotlines, the National Mental Health Hotline, and peer warmlines). Other behavioral health crisis hotlines play an important part in the crisis response system for the purposes of ensuring consistency of public messaging about 988 services.

Evaluation and Data

- E. The designated 988 Lifeline Crisis Center(s) must meet 988 Lifeline Program requirements and best practices guidelines for operational, performance and clinical standards.
- F. The following information and reporting are required by the [State Agency] or 988 Lifeline Center(s) to the organizations indicated:

- (1) The designated 988 Lifeline Crisis Center(s) must provide to the State of XXXXX including the [state mental health authority, public health, disability services, human services or the behavioral health agency] having primary oversight of suicide prevention, data and reports on crisis service activities and essential coordination, and data related to their participation in evaluations related to quality improvement activities, and other data and reports as required.

Financing and Sustainability

- G. The following information and reporting are required by the [State Agency] or 988 Lifeline Center(s) to the organizations indicated:
 - (1) The [state agency] will report revenue generated by the 988 telecommunications fees, fund deposits, expenditures and other related information as required to the [state legislature/general assembly] and to the Federal Communications Commission (FCC).

Communications and Public Engagement

- H. The State shall use its authority to promulgate rules and regulations to allow appropriate information sharing and communication between and across crisis and emergency response systems for the purpose of real-time crisis care coordination including, but not limited to, deployment of crisis and outgoing services and linked, flexible services specific to crisis response.
- I. The State or related public health authority shall assure active collaborations and coordination of service linkages between the designated center(s) and crisis receiving and stabilization services for individuals accessing the 988 Lifeline through appropriate information sharing regarding availability of services.
- J. The State of XXXXX related behavioral health authority shall work to build collaboration between and among the designated center(s) and key community stakeholders including residents, community groups, peer organizations, faith organizations, business owners, neighborhood leaders, and commission members.
- K. The designated 988 Lifeline Crisis Center(s) must provide follow-up services to individuals accessing the 988 Lifeline consistent with guidance and policies established by the 988 Lifeline Administrator.

Embedding Equity

- L. The designated 988 Lifeline Crisis Center(s) shall meet the requirements set forth by the State and/or 988 Lifeline Administrator for serving at-risk and specialized populations as identified by the State and/or SAMHSA including, but not be limited to, children, youth and young people, racially, ethnically, and linguistically diverse populations, rural individuals, veterans, American Indians, Alaskan Natives, and other high-risk populations as well as those with co-occurring substance use; provide culturally and linguistically competent care; and include training requirements and policies for transferring a 988

Lifeline contact to an appropriate specialized center or subnetworks within the 988 Lifeline network.

Optimizing Crisis Systems Through the Use of Technology

- M. The State or related public health authority and designated 988 Lifeline Crisis Center(s) shall utilize technology to enhance communication and coordination in the delivery of behavioral health crisis services, and for data collection, analysis and sharing.

Workforce Recruitment, Retention, and Support

- N. The State or related public health authority and designated 988 Lifeline Crisis Center(s) shall take action to identify and implement behavioral health crisis workforce strategies for recruitment, retention, and support of a variety of behavioral health professionals and a certified peer recovery workforce.

ESTABLISHING A 988 TRUST FUND

SECTION 2. BE IT ALSO ENACTED BY THE GENERAL ASSEMBLY OF XXXXX that the State of XXXXX shall establish a statewide 988 Trust Fund for the following purposes:

- A. To create and maintain a statewide 988 Lifeline system pursuant to the National Suicide Hotline Designation Act of 2020, the Federal Communication Commission’s rules adopted July 16, 2020, and October 17, 2024, and the *National Guidelines For A Behavioral Health Coordinated System Of Crisis Care*; and
- B. To support or enhance 988 services, including state designated 988 Lifeline Crisis Centers, and mobile crisis and outreach services in specified circumstances;
- C. The fund consists of:
 - (1) The statewide 988 telecommunications fee assessed on users under Section 3 of this Chapter;
 - (2) Appropriations made by the state [legislature/general assembly];
 - (3) Available federal funding that has been allocated by the state for the purposes of 988 Lifeline implementation;
 - (4) Grants and gifts intended for deposit in the fund;
 - (5) Interest, premiums, gains, or other earnings on the fund; and
 - (6) Monies from any other source deposited in or transferred to the fund.
- D. The fund shall be created and administered by the State Treasurer or the [state mental health, public health, disability services, or behavioral health agency] and money in the fund shall be expended to offset costs that are or can be reasonably attributed to:
 - (1) Implementing, maintaining, and improving the 988 Suicide & Crisis Lifeline including staffing and technological infrastructure enhancements necessary to achieve

- operational and clinical standards and best practices set forth by the State, [insert the State Agency] and/or 988 Lifeline Administrator;
- (2) Provision of acute behavioral health, crisis outreach, and receiving and stabilization services by directly responding to the 988 Suicide & Crisis Lifeline.
 - (3) Personnel for the 988 Suicide & Crisis Lifeline centers
- E. Money in the fund:
- (1) Does not revert at the end of any state fiscal year but remains available for the purposes of the fund in subsequent state fiscal years;
 - (2) Is not subject to transfer to any other fund or to transfer, assignment, or reassignment for any other use or purpose outside of those specified in Section 2; and
 - (3) Is continuously appropriated for the purposes of the fund; and
 - (4) To the extent that the 988 Suicide & Crisis Lifeline Centers are fully funded, the expansion and ongoing funding of mobile crisis teams and outreach teams.
 - (5) To the extent that the 988 Suicide & Crisis Lifeline Centers and the Mobile Crisis Teams are fully funded, remaining revenues in the Trust Fund shall be used for a wide variety of crisis receiving and stabilization services, including services provided by:
 - (i) Crisis stabilization settings
 - (ii) Residential settings
 - (iii) Additional Behavioral Health Stabilization Services and Supports
 - (iv) Peer crisis respite
 - (6) Mobile crisis teams must operate in compliance with rules adopted by the [state mental health, public health, disability services, or behavioral health agency].

988 TELECOMMUNICATION FEE

SECTION 3. BE IT ALSO ENACTED BY THE GENERAL ASSEMBLY OF XXXXX that the State of XXXXX, in compliance with the National Suicide Hotline Designation Act of 2020, shall establish a monthly statewide 988 telecommunications fee to support and sustain the 988 Suicide & Crisis Lifeline centers. The fee shall be imposed on each resident that is a subscriber of a [commercial landline telephone, mobile telephone and/or IP-enabled voice services, and a point-of-sale 988 fee on each purchaser of a prepaid telephone service], at a rate that provides for the robust creation, operation, and maintenance of a statewide 988 Suicide & Crisis Lifeline program and the continuum of crisis services provided pursuant to the *National Guidelines For A Behavioral Health Coordinated System Of Crisis Care*.

- A. The revenue generated by a 988 fee should be sequestered in a trust as specified in Section 2 to be obligated or expended only in support of 988 services, or enhancements of such services.

- B. Consistent with 47 U.S.C. § 251a, the revenue generated by a 988 fee must only be used to offset costs that are or will be reasonably attributed to:
 - (1) ensuring the efficient and effective routing and answering/handling of calls, chats and texts made to the 988 Suicide & Crisis Lifeline and to the designated 988 Lifeline center(s) including staffing and technological infrastructure enhancements necessary to achieve operational, performance and clinical standards and best practices set forth by the State and/or 988 Lifeline Administrator; and
 - (2) personnel and the provision of acute mental health services by directly responding to the 988 Suicide & Crisis Lifeline, and
 - (3) and for mobile crisis teams and/or crisis receiving and stabilization services as specified in Section 2.
- C. The revenue generated by 988 telecommunications fees may only be used for expenses that are not:
 - (1) reimbursed through Medicaid, Medicare, federal or state-regulated health insurance plans, disability insurers, and including, but not limited to, municipal or county programs or funding, not otherwise covered by another entity including but not limited to, municipal or county programs;
 - (2) a covered service by the individual's health coverage; and
 - (3) covered because the service recipient's name and health coverage information cannot be obtained or billed.
- D. 988 fee revenue shall be used to supplement, not supplant, any federal, state, or local funding for suicide prevention or behavioral health crisis services.
- E. The 988-telecommunication fee amount shall be adjusted annually based on the Consumer Price Index (CPI) which represents the rate of inflation and is determined by the Bureau of Labor Statistics (BLS) to provide for continuous operation, volume increases and maintenance.

MAXIMIZATION OF FEDERAL FUNDING THROUGH MEDICAID AND PARITY LAWS

SECTION 4. BE IT ALSO ENACTED BY THE GENERAL ASSEMBLY OF XXXXX that the State of XXXXX shall implement strategies to ensure that the behavioral health crisis service system is adequately funded, including mechanisms for reimbursement of behavioral health crisis response pursuant to Sections XXXXX and XXXXX of the XXXXXX Code, but not limited to:

- A. Ensuring that to the extent available any necessary federal approvals are obtained and federal financial participation is available and is not otherwise jeopardized, seeking to maximize all available federal funding sources for the purposes of behavioral health crisis services and administrative activities related to 988 implementation, including federal Medicaid reimbursement for services; federal

Medicaid reimbursement for administrative expenses, including the development and maintenance of information technology; and supporting implementation of the behavioral health crisis continuum through Medicaid and the Children’s Health Insurance Program (CHIP) through Section 5124 of the Consolidated Appropriations Act of 2023 (CAA, 2023); and federal grants

- B. Mandating the [department of insurance] and Medicaid behavioral managed health care to exercise their enforcement authority by verifying reimbursement to 988 centers for medically necessary behavioral health crisis services by health care service plans and disability insurers, pursuant to Section XXXX of the {health] Code and Section XXXX of the [insurance] Code and consistent with the requirements of the federal Mental Health Parity and Addiction Equity Act of 2008 (29 U.S.C. Sec. 1185a), the September 9, 2024 final rules implementing the nonquantitative treatment limitation (“NQTL”) comparative analyses requirements under the Mental Health Parity and Addiction Equity Act of 2008 (“MHPAEA”), in accordance with the amendments made to the law in 2021, and pursuant to the No Surprises Act (including 26 U.S. Code § 9816, 29 U.S. Code § 1185e, and 42 U.S. Code § 300gg-111) and its implementing regulations.