

S. 2661, National Suicide Hotline Designation Act of 2020

As passed by the Senate on May 13, 2020

By Fiscal Year, Millions of Dollars	2020	2020-2025	2020-2030
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	0	*	not estimated
Statutory pay-as-you-go procedures apply?	No	Mandate Effects	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2031?	No	Contains intergovernmental mandate?	Yes, Under Threshold
		Contains private-sector mandate?	Yes, Under Threshold
* = between zero and \$500,000.			

Summary of Legislation

S. 2661 would designate 9-8-8 as the universal telephone number for suicide prevention and mental health assistance in the United States. People who call 9-8-8 would be routed to the National Suicide Prevention Lifeline maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) or the Veterans Crisis Line maintained by the Department of Veterans Affairs (VA).

The act would require the following reports to the Congress:

- SAMHSA and VA on the level of resources necessary to bring the 9-8-8 system into operation;
- SAMHSA on its plans to support training for National Suicide Prevention Lifeline counselors, and its technology strategy to better serve lesbian, gay, bisexual, transgender, or queer youth and other high risk populations; and
- The Federal Communications Commission (FCC) on the feasibility and cost of automatically transmitting a caller's location to operators when 9-8-8 is called, and, two years after enactment, on how states are collecting and spending fees that support 9-8-8 services.

Estimated Federal Cost

Using information from the affected agencies, CBO estimates that implementing the act would, on net, cost less than \$500,000 over the 2021-2025 period. CBO estimates that it would cost the FCC \$3 million to complete its required reports. However, because the FCC is authorized to collect regulatory fees in an amount sufficient to offset its annual appropriation, CBO expects that the change in net discretionary spending by the FCC would be negligible, assuming appropriation action consistent with that authority. CBO estimates that it would cost SAMHSA and VA less than \$500,000 to issue its required reports.

Because the FCC issued a final rule on July 16, 2020, that designated 9-8-8 as the National Suicide Prevention Hotline, CBO anticipates that any costs incurred by FCC, SAMSHA, and VA to establish the hotline would arise under current law.

Mandates

S. 2661 would impose an intergovernmental mandate as defined by the Unfunded Mandates Reform Act (UMRA) by setting the structure for fees levied by state, local, and tribal governments on voice and mobile service providers to support the national suicide prevention and mental-health crisis hotline. Because those intergovernmental entities do not currently levy such fees, the mandate would impose no costs on those entities, and thus not exceed the threshold established in UMRA (\$84 million in 2020, adjusted annually for inflation).

If the FCC increases annual fee collections to offset the costs to implement provisions in the act, S. 2661 would increase the cost of an existing mandate on entities required to pay those fees. Using information from the FCC, CBO estimates that the incremental cost of the mandate would be small, and well below the threshold for private-sector mandates established in UMRA (\$168 million, adjusted annually for inflation).

The CBO staff contacts for this estimate are David Hughes (for the FCC), Katherine Young (for SAMHSA), Ann E. Futrell (for VA), and Rachel Austin (for mandates). The estimate was reviewed by H. Samuel Papenfuss, Deputy Director of Budget Analysis.