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**February 2, 2022**

**Support of HB 293 – Behavioral Health Crisis Response Services – 9-8-8 Trust Fund**

The Honorable Shane Pendergrass, Chair  
Health and Government Operations Committee  
Maryland House of Delegates  
6 Bladen Street, Room 241  
Annapolis, MD 21401

Chair Pendergrass, Vice-Chair Pena-Melnyk, and Esteemed Members of Health and Government Operations Committee:

House Bill 293 creates a trust fund for the national mental health crisis hotline, 9-8-8. This federal program provides mental health support for our most vulnerable populations seeking help during crisis twenty-four hours a day, seven days a week.

The National Suicide Designation Act of 2020 was signed on October 17, 2020. The legislation requires the Federal Communications Commission (FCC) to designate 9-8-8 as the universal telephone number for the national suicide prevention and mental health crisis hotline. Concurrently, the FCC required all telecommunication carriers and Voice over Internet Protocol (VoIP) providers to direct all 9-8-8 calls to the existing National Suicide Prevention Hotline by July 16, 2022.

According to the FCC, “An FCC staff report to Congress in 2019 proposed establishing 988 as an easy to remember three-digit code for the National Suicide Prevention Lifeline. Staff analyzed various options and determined 988 was the best option for increasing access to crisis resources and ensuring the fastest possible transition. Establishing the easy-to-remember 988 as the “911” for suicide prevention and mental health services will make it easier for Americans in crisis to access the help they need and decrease the stigma surrounding suicide and mental health issues.”

Since 2008, suicide has ranked the tenth leading cause of death in the United States. In 2019, an estimated 3.5 million people planned a suicide, 1.4 million suicide attempts, and 47,511 deaths by suicide in the United States. While programs like 9-8-8 can be a critical tool to lower the number of suicide deaths in our state and country, we must develop a short-term and long-term funding plan.

The National Suicide Prevention Lifeline answered more than 2.1 million calls in 2020, before the long-term effects of the pandemic and before the lifeline was taken nationwide. Places like the Pediatric Anxiety Treatment Center at Hall-Mercer (PATCH) in Society Hill have seen a nearly

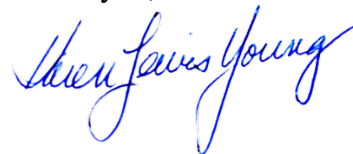
400% increase in referrals this year because of the pandemic. Our current funding mechanisms to support our statewide 2-1-1 program through the Mental Health Association (MHA) can and will be quickly overwhelmed by the influx of calls as communications companies rollout the 9-8-8 program. There are currently only six call centers in Maryland preparing to handle the unprecedented influx of calls.

For perspective, Wyoming Governor Mark Gordon has requested seven million dollars to implement their 9-8-8 program throughout the state. According to Megan Cole, director of the American Foundation for Suicide Prevention in Kentucky, “the 9-8-8 service is expected to increase call volumes by at least 30%,” she continues, “We already saw calls increase to the line throughout the pandemic, and not only the calls increased, but the intensity of the calls increased significantly.”

Our state must make adequate and guaranteed resources available for this program; otherwise, Marylanders will find themselves without access to potentially lifesaving support in their most vulnerable time of need. As reported by Reuters in a recent article regarding local call centers being overwhelmed, “Many times, calls received by the National Suicide Prevention Lifeline are routed to backup crisis centers connected to the national network because local centers can’t handle the volume. That can result in long wait times for callers seeking lifesaving help. When calls are re-routed to centers out-of-state, callers in crisis often wait two to three times longer, receive fewer linkages to effective local care, and are more likely to abandon their calls.”

The federal mandate requires our state to begin offering this service in July 2022. We cannot afford to allow our most vulnerable populations to rely on a service that will be understaffed and underprepared for this critical service. For these reasons, I urge you to support HB 293, and I request a favorable report.

Thank you,



Delegate Karen Lewis Young