

FCC FACT SHEET^{*}
Implementation of the National Suicide Hotline Improvement Act of 2018
Report and Order – WC Docket No. 18-336

Background: Rapid access to suicide prevention and mental health crisis intervention services has never been more critical for Americans. Since 2008, suicide has ranked as the tenth leading cause of death in the United States. Suicide claimed the lives of more than 48,000 Americans in 2018, resulting in about one death every 11 minutes. Suicide also disproportionately impacts various at-risk populations. For instance, more than 20 Veterans die by suicide every day. LGBTQ young adults, ages 18 to 25, contemplate suicide at a rate almost four times higher than heterosexual young adults, and last year it was estimated that more than 500,000 LGBTQ youth would attempt suicide. By 2015, suicide rates among teenage girls hit a 40-year high, and between 1999 and 2014, the rate of suicide committed by girls ages 10 to 14 tripled. A 2019 study found that self-reported suicide attempts among African-American teens increased by 73% between 1991 and 2017. And a 2020 study showed that college students who are deaf or hard of hearing are twice as likely to consider or attempt suicide than students without hearing loss. Suicide rates are also higher in rural America and among Native Americans.

To help Americans in crisis access suicide prevention and mental health support services, the federal government has established a National Suicide Prevention Lifeline (1-800-273-8255/1-800-273-TALK). In recognition of the need to improve access to this potentially life-saving resource, Congress passed the National Suicide Hotline Improvement Act of 2018, which tasked the FCC with examining and reporting on the technical feasibility of designating a simple, easy-to-remember, 3-digit dialing code for a national suicide prevention and mental health crisis hotline. In August 2019, FCC staff—in consultation with the Assistant Secretary of Health and Human Services for Mental Health and Substance Abuse, the Secretary of Veteran Affairs, and the North American Numbering Council—released a report recommending the use of 988 as the 3-digit code. Following the FCC Staff Report, the Commission proposed in December 2019 to designate 988 as the 3-digit code for the National Suicide Prevention Lifeline.

What the Order Would Do:

- Designate 988 as the 3-digit dialing code for the national suicide prevention and mental health crisis hotline.
- Require voice service providers to transmit calls initiated by dialing 988 to the National Suicide Prevention Lifeline.
- Require voice service providers to implement 988 by July 16, 2022.
- To ensure that calls to 988 go through, require all covered providers to implement 10-digit dialing in areas that both use 7-digit dialing and use 988 as the first 3 numbers in 7-digit phone numbers.

988 is **not** currently active. While the transition to 988 takes place, Americans who need help should continue to contact the Lifeline by calling 1-800-273-8255 (1-800-273-TALK) and through [online chats](#).

^{*} This document is being released as part of a “permit-but-disclose” proceeding. Any presentations or views on the subject expressed to the Commission or to its staff, including by email, must be filed in WC Docket No. 18-336, which may be accessed via the Electronic Comment Filing System (<https://www.fcc.gov/ecfs/>). Before filing, participants should familiarize themselves with the Commission’s ex parte rules, including the general prohibition on presentations (written and oral) on matters listed on the Sunshine Agenda, which is typically released a week prior to the Commission’s meeting. See 47 CFR § 1.1200 *et seq.*

Before the
Federal Communications Commission
Washington, D.C. 20554

In the Matter of
Implementation of the National Suicide Hotline
Improvement Act of 2018
WC Docket No. 18-336

REPORT AND ORDER*

Adopted: []

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* This document has been circulated for tentative consideration by the Commission at its July 2020 open meeting. The issues referenced in this document and the Commission’s ultimate resolution of those issues remain under consideration and subject to change. This document does not constitute any official action by the Commission. However, the Chairman has determined that, in the interest of promoting the public’s ability to understand the nature and scope of issues under consideration, the public interest would be served by making this document publicly available. The FCC’s ex parte rules apply and presentations are subject to “permit-but-disclose” ex parte rules. See, e.g., 47 C.F.R. §§ 1.1206, 1.1200(a). Participants in this proceeding should familiarize themselves with the Commission’s ex parte rules, including the general prohibition on presentations (written and oral) on matters listed on the Sunshine Agenda, which is typically released a week prior to the Commission’s meeting. See 47 CFR §§ 1.1200(a), 1.1203.

I. INTRODUCTION

1. Now, more than ever, Americans need rapid access to suicide prevention and mental health crisis intervention services. According to the Centers for Disease Control and Prevention (CDC), the suicide rate in this country increased by 35% from 1999 to 2018,¹ and suicide is now the tenth leading cause of death in the United States.² Suicide claimed the lives of more than 48,000 Americans in 2018, resulting in about one death every 11 minutes.³ And each year, many more Americans think about or attempt suicide. In 2018, 10.7 million adults in the United States seriously thought about suicide, 3.3 million made a plan for suicide, and 1.4 million attempted suicide.⁴

2. Suicide also disproportionately impacts various at-risk populations. For example, more than 20 Veterans die by suicide every day⁵ and between 2008 and 2017, the number of Veteran suicides exceeded 6,000 each year.⁶ LGBTQ young adults (ages 18-25) contemplate suicide at a rate more than four times higher than heterosexual young adults;⁷ and more than 1.8 million LGBTQ youth between the ages of 13 and 24 seriously consider suicide each year.⁸ Suicide is also the second most common cause of death among teenagers and young adults,⁹ and the rate of suicide for youth aged 10-24 increased by 56% from 2007 to 2017.¹⁰ By 2015, suicide rates among teenage girls hit a 40-year high;¹¹ and between 1999 and 2014, the rate of suicide committed by girls ages 10 to 14 tripled.¹² A 2019 study also found

¹ Holly Hedegaard et al., *Increase in Suicide Mortality in the United States, 1999-2018*, National Center for Health Statistics (NCHS) Data Brief No. 362, at 1 (Apr. 2020), <https://www.cdc.gov/nchs/data/databriefs/db362-h.pdf>.

² Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, “Preventing Suicide” Fact Sheet, at 1 (2020), https://www.cdc.gov/violenceprevention/pdf/Suicide-factsheet_508.pdf.

³ *Id.*

⁴ Substance Abuse and Mental Health Administration, Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health at 3 (2019), <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>.

⁵ See Letter from Senator Tammy Baldwin and Senator Dan Sullivan, U.S. Senate Commerce Committee, to Hon. Ajit Pai, Chairman, FCC, WC Docket No. 18-336, at 2 (dated July 18, 2019) (Sen. Baldwin and Sen. Sullivan July 18, 2019 Letter).

⁶ U.S. Dept. of Veterans Affairs, Veterans Health Administration, Office of Mental Health and Suicide Prevention, National Veteran Suicide Prevention Annual Report, at 3 (2019), https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf.

⁷ Amy Green et al., *Suicidality Disparities by Sexual Identity Persist from Adolescence into Young Adulthood*, The Trevor Project (Feb. 6, 2020), <https://www.thetrevorproject.org/2020/02/06/suicidality-disparities-by-sexual-identity-persist-from-adolescence-into-young-adulthood/>.

⁸ Amy Green et al., *National Estimate of LGBTQ Youth Seriously Considering Suicide*, The Trevor Project (June 27, 2019), https://www.thetrevorproject.org/trvr_press/national-estimate-of-lgbtq-youth-seriously-considering-suicide/.

⁹ Sally C. Curtin, M.A. and Melonie Heron, Ph.D., *Death Rates Due to Suicide and Homicide Among Persons Aged 10-24: United States, 2000-2017*, NCHS Data Brief No. 352, at 5 (Oct. 2019), <https://www.cdc.gov/nchs/data/databriefs/db352-h.pdf>.

¹⁰ *Id.* at 1.

¹¹ Centers for Disease Control and Prevention, *Quick Stats: Suicide Rates for Teens Aged 15-19 Years, by Sex—United States, 1975-2015*, Morbidity and Mortality Weekly Report (Aug. 4, 2017), <https://www.cdc.gov/mmwr/volumes/66/wr/mm6630a6.htm>.

¹² Sally C. Curtin, M.A., et al., *Increase in Suicide in the United States, 1999-2014*, NCHS Data Brief No. 241, at 1 (Apr. 2016), <https://www.cdc.gov/nchs/products/databriefs/db241.htm>.

that self-reported suicide attempts among black teens increased by 73% between 1991 and 2017.¹³ And a 2020 study showed that college students who are deaf or hard of hearing are twice as likely to consider or attempt suicide than students without hearing loss.¹⁴ Suicide rates are also higher among Native Americans as well as rural Americans. According to the CDC, American Indians/Alaska Natives have the highest rates of suicide of any racial or ethnic group in the United States, and the rates of suicide among this population have been increasing since 2003.¹⁵ And in 2017, the suicide rate for the most rural counties in the country was nearly double the rate for the most urban counties.¹⁶

3. Moreover, the societal, health, and economic impact of the ongoing COVID-19 pandemic is likely exacerbating suicide and mental health concerns in the United States.¹⁷ For example, the American Association of Suicidology reports that in a recent survey of over 350 mobile crisis teams, crisis residential programs, and crisis call centers across the country, “[a]lmost half (49%) of all respondents reported an increase in call volume since the onset of COVID-19, with some stating they are receiving double the usual volume.”¹⁸

4. To help Americans in crisis access suicide prevention and mental health support services, the federal government has established the National Suicide Prevention Lifeline, which can be reached by dialing 1-800-273-8255 / 1-800-273 (TALK).¹⁹ Both Congress and the Commission have recognized the need to ease access to this potentially life-saving resource by designating a shorter, “easy-to-remember, 3-dialing code” for the Lifeline.²⁰ In August 2019, pursuant to Congress’ direction in the National Suicide

¹³ See Lisa Rapaport, *Suicide attempts rising among black teens*, Reuters (Oct. 16, 2019), <https://www.reuters.com/article/us-health-teens-suicide-idUSKBN1WV2CO> (citing Michael A. Lindsey, Ph.D. et al., *Trends of Suicidal Behaviors Among High School Students in the United States: 1991-2017*, Pediatrics (Nov. 2019), <https://pediatrics.aappublications.org/content/pediatrics/early/2019/10/10/peds.2019-1187.full.pdf>).

¹⁴ Meghan L. Fox, Psy.D, Tyler G. James, MS, CHES, and Steven L. Barnett, MD, *Suicidal Behaviors and Help-Seeking Attitudes Among Deaf and Hard-of-Hearing College Students*, American Association of Suicidology Journal, Volume 50, Issue 2, pp. 387-396 (Apr. 2020).

¹⁵ Centers for Disease Control and Prevention, *Suicides Among American Indian/Alaska Natives – National Violent Death Reporting System, 18 States, 2003-2014*, Morbidity and Mortality Weekly Report (Mar. 2, 2018), <https://www.cdc.gov/mmwr/volumes/67/wr/mm6708a1.htm#>.

¹⁶ See Holly Hedegaard et al., *Suicide Mortality in the United States, 1997-2017*, NCHS Data Brief No. 330, at 1 (Nov. 2018), <https://www.cdc.gov/nchs/data/databriefs/db330-h.pdf>; see also Letter from Brandon E. Presley, Commissioner, Northern District, Miss. Public Service Commission, to Hon. Ajit Pai, Chairman, FCC, WC Docket No. 18-336, at 1 (dated Feb. 26, 2020) (Mississippi PSC Letter) (expressing concern about how the suicide rates are affecting the health and welfare of rural communities throughout Mississippi and across the nation).

¹⁷ See Letter from American Association of Suicidology et al., to Marlene H. Dortch, Secretary, FCC, WC Docket 18-336, at 1 (filed Apr. 21, 2020) (American Association of Suicidology et al. *Ex Parte*); see also The National Suicide Prevention Lifeline, *Emotional Well Being During the COVID-19 Outbreak*, <https://suicidepreventionlifeline.org/current-events/supporting-your-emotional-well-being-during-the-covid-19-outbreak/> (last visited June 22, 2020).

¹⁸ The report analyzed the responses of over 350 crisis providers, including 147 Mobile Crisis Teams, 130 Crisis Residential Programs, and 93 Crisis Call Centers across the county. See American Association of Suicidology, Press Release, *New Report From Leading Mental Health Organizations Reveals Impact Of COVID-19 On Behavioral Health Crisis Services* (Apr. 13, 2020), <https://suicidology.org/2020/04/13/covid-crisis-services/>.

¹⁹ See generally National Suicide Prevention Lifeline, <https://suicidepreventionlifeline.org/> (last visited June 22, 2020).

²⁰ See Press Release, Stewart and Hatch Introduce Bill to Improve National Suicide Prevention Hotline (May 3, 2017), <https://stewart.house.gov/media-center/press-releases/stewart-and-hatch-introduce-bill-to-improve-national-suicide-prevention>; National Suicide Hotline Improvement Act of 2018, Pub. L. No. 115-233, 132 Stat. 2424 (2018) (Suicide Hotline Improvement Act); *Implementation of the National Suicide Hotline Improvement Act of 2018*, WC

Hotline Improvement Act of 2018,²¹ FCC staff reported on the technical feasibility of designating such a number for a national suicide prevention and mental health crisis hotline and recommended that the Commission initiate a rulemaking proceeding to consider designating 988 as that number.²² Four months later, we did exactly that, unanimously voting to launch this rulemaking.²³ Today, we take the next step in making 3-digit access to a national suicide prevention and mental health crisis hotline a reality. Specifically, we designate 988 as the 3-digit number to reach the Lifeline, and require all telecommunications carriers, interconnected voice over Internet Protocol (VoIP) providers, and one-way VoIP providers (together, “covered providers”) to make any network changes necessary to ensure that users can dial 988 to reach the Lifeline by July 16, 2022. We believe that the rules we adopt today will help ensure ubiquitous deployment of 988, thereby easing access to suicide prevention and crisis intervention services, decreasing the stigma surrounding suicide and mental health crises, and ultimately saving lives.

II. BACKGROUND

5. *The National Suicide Prevention Lifeline and the Veterans Crisis Line.* The Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA) funds the Lifeline, which is a national network of approximately 170 crisis centers linked by a toll free number, 1-800-273-8255 (TALK), and is “available to people in suicidal crisis or emotional distress at any time of the day or night.”²⁴ Calls to the Lifeline from anywhere in the United States are routed to the closest certified local crisis centers according to the caller’s area code, and “[s]hould the closest center be overwhelmed by call volume, experience a disruption in service, or if the call is from a part of the state not covered by a Lifeline crisis center, the system automatically routes callers to a backup center.”²⁵ Trained Lifeline counselors “assess callers for suicidal risk, provide crisis counseling, crisis intervention, engage emergency services when necessary, and offer referrals to mental health and/or substance use services.”²⁶ In addition to taking calls, 26 crisis centers answer online chats on a 24/7 basis.²⁷ In 2018, “the Lifeline answered a total of 2,205,487 calls, with an average of 183,790 calls per month,” and the Lifeline responded to 102,640 crisis chats, with an average of 8,553 chats per month.²⁸ The Lifeline does not currently offer text service.²⁹

(Continued from previous page) _____

Docket No. 18-336, Notice of Proposed Rulemaking, 34 FCC Rcd 12562 (2019) (*Suicide Prevention Hotline Notice of Proposed Rulemaking or Notice*).

²¹ See generally Suicide Hotline Improvement Act.

²² See Wireline Competition Bureau and Office of Economics and Analytics, Report on the National Suicide Hotline Improvement Act of 2018, (Aug. 14, 2019), <https://docs.fcc.gov/public/attachments/DOC-359095A1.pdf> (FCC Staff Report).

²³ Notice, 34 FCC Rcd at 12563-64, para. 2.

²⁴ The Substance Abuse and Mental Health Services Administration Report to the Federal Communications Commission, WC Docket No. 18-336, CC Docket No. 92-105, at 3, 5 (Feb. 7, 2019) (SAMHSA Report); see also National Suicide Prevention Lifeline, <https://suicidepreventionlifeline.org/our-crisis-centers/> (explaining that the Lifeline “is made up of an expansive network of over 170 local- and state-funded crisis centers located across the United States”).

²⁵ SAMHSA Report at 5.

²⁶ *Id.*

²⁷ *Id.*

²⁸ *Id.*

²⁹ See National Suicide Prevention Lifeline, <https://suicidepreventionlifeline.org/talk-to-someone-now/> (providing a directory of contact options, including toll free numbers and chat services).

6. In 2007, SAMHSA and the Veterans Administration (VA) partnered to establish 1-800-273-8255 (TALK) as the access point for the Veterans Crisis Line.³⁰ Callers can reach the Veterans Crisis Line by pressing option 1; Veterans can also access the Veterans Crisis Line via text at 838255 and via online chat by visiting www.veteranscrisisline.net.³¹ The Veterans Crisis Line “is comprised of 3 linked call centers in Canandaigua, New York, Atlanta, Georgia, and Topeka, Kansas,” and it collaborates with a network of over 400 Suicide Prevention Coordinators, which are located at VA facilities across the country.³² Following completion of a call to the Veterans Crisis Line, an electronic consult may be submitted to the Suicide Prevention Coordinator located closest to the Veteran, and the Veteran’s local Suicide Prevention Coordinator will respond to this consult within 24 business hours.³³ Since its launch in 2007, “the Veterans Crisis Line has answered more than 3.8 million calls,” and since launching chat services in 2009 and text services in 2011, the Veterans Crisis Line has “answered more than 439,000 chats and nearly 108,000 texts.”³⁴ “Staff have forwarded more than 640,000 referrals to local VA Suicide Prevention Coordinators on behalf of Veterans to ensure continuity of care with Veterans local VA providers.”³⁵

7. *Suicide Hotline Improvement Act.* In the Suicide Hotline Improvement Act of 2018, Congress directed the Commission, in coordination with the Assistant Secretary of Health and Human Services for Mental Health and Substance Use and the Secretary of Veterans Affairs, to (1) analyze the effectiveness of the existing Lifeline, including how well it is working to address the needs of Veterans; and (2) examine the feasibility of designating a simple, easy-to-remember, 3-digit dialing code to be used for a national suicide prevention and mental health crisis hotline system.³⁶ The Suicide Hotline Improvement Act also required the Commission, in conducting its feasibility analysis, to (1) consider each of the current N11 dialing codes (i.e., 211, 311, 411, 511, 611, 711, 811, and 911), as well as other simple, easy-to-remember, 3-digit dialing codes (non-N11 codes);³⁷ (2) consult with the North American Numbering Council (NANC); and (3) review reports provided by SAMHSA and the VA.³⁸ The statute further directed the Commission to submit a report to Congress recommending whether a particular N11 dialing code or other 3-digit dialing code should be used for a national suicide prevention and mental health crisis hotline system.³⁹

8. *SAMHSA Report.* In its report to the Commission, SAMHSA discussed empirical evidence that has “shown good results regarding effectiveness of the Lifeline,” including “reduction of suicidal ideation⁴⁰ and hopelessness, improved suicide risk assessment, response to callers at imminent

³⁰ SAMHSA Report at 3.

³¹ U.S. Dept. of Veterans Affairs, Veterans Health Administration, Report to the Federal Communications Commission, WC Docket No. 18-336, CC Docket No. 92-105 at 4 (Feb. 7, 2019) (VA Report).

³² *Id.*

³³ *Id.*

³⁴ *Id.*

³⁵ *Id.*

³⁶ Suicide Hotline Improvement Act, § 3(a)(1)(A)-(B).

³⁷ *Id.* § 2. An N11 dialing code is an abbreviated dialing code that consists of three digits, the first of which may be any digit other than a 1 or 0 and the last two of which is a 1 (e.g., 211 and 911).

³⁸ *Id.* § 3(a)(2)(A)(i)-(iii); *see also id.* § 3(b)(1).

³⁹ *Id.* § 3(b)(1)-(2).

⁴⁰ The CDC defines suicidal ideation as “thinking about, considering, or planning for suicide.” *See, e.g.,* Alex E. Crosby et al., *Self-Directed Violence Surveillance: Uniform Definitions and Recommended Data Elements*, Centers for Disease Control, at 11 (Feb. 2011), <https://www.cdc.gov/violenceprevention/pdf/Self-Directed-Violence-a.pdf>.

risk, and improved follow up.”⁴¹ For instance, “data from 1,507 monitored calls from 1,140 suicidal individuals across 17 Lifeline crisis centers showed that callers were significantly more likely to feel less depressed, less suicidal, less overwhelmed and more hopeful by the end of calls” handled by Lifeline counselors trained in Applied Suicide Intervention Skills Training.⁴² Additionally, an evaluation of crisis centers’ experience providing follow-up services to 550 Lifeline callers “revealed that 79.6 percent of callers interviewed 6-12 weeks after their crisis call reported that the follow-up calls stopped them from killing themselves (53.8 percent a lot, 25.8 percent a little).”⁴³ These callers “said follow-up gave them hope, made them feel cared about, and helped them connect to further mental health resources” and they “also reported that the initial crisis calls stopped them from killing themselves (76.2 percent a lot, 18.7 percent a little).”⁴⁴

9. In its report, SAMHSA concluded that designating an N11 code for a national suicide prevention and mental health crisis hotline “has the potential to play a key role in improving national crisis intervention and suicide prevention efforts[,] if the launch of a new number is accompanied by efforts to develop a more coordinated crisis system with greater capacity and access to sophisticated data and technology systems, and an ongoing commitment to data driven quality improvement.”⁴⁵ SAMHSA explained that the “arguments in favor of an N11 national number . . . appear to fall in two categories.”⁴⁶ The first “is the assertion that an N11 number would be easier to remember than a 10 digit number, and that this would lead to more people who are in need of help being able to access it.”⁴⁷ The second “is the need for what has been called ‘a 911 for the brain.’”⁴⁸ That is, “the combination of the N11 number and the message that mental health crises and suicide prevention are of equivalent importance to medical emergencies would, over time, bring needed parity and could result in additional attention and resources to improve typical local psychiatric crisis services throughout the nation.”⁴⁹ The SAMHSA Report did not address the potential impact of designating a non-N11 3-digit code on suicide prevention and crisis intervention efforts.

10. *VA Report.* In its report to the Commission, the VA explained that the Veterans Crisis Line “has expanded the ability to respond to Veterans’ needs by increasing the amount of call centers and responders, drastically lowering the amount of calls unable to be answered by the primary system, decreasing the time to respond once received, and decreasing the rate of calls abandoned.”⁵⁰ For example, since the expansion of its crisis call centers in 2016, “the [Veterans Crisis Line’s] ability to respond to demand has significantly increased,”⁵¹ Specifically, “[c]alls are no longer routinely routed to the contracted back-up center due to inability to respond,” and in fact, “the rollover rate went from 39.16% of calls offered in FY 2016 to 0.16% of calls offered in FY 2018.”⁵² In assessing caller satisfaction, the VA

⁴¹ SAMHSA Report at 8; *see also id.* at 6-8.

⁴² *Id.* at 8.

⁴³ *Id.*

⁴⁴ *Id.*

⁴⁵ *Id.* at 11-12.

⁴⁶ *Id.* at 12.

⁴⁷ *Id.*

⁴⁸ *Id.*

⁴⁹ *Id.*

⁵⁰ VA Report at 3.

⁵¹ *Id.* at 11.

⁵² *Id.*

further found that, for FY 2018, over 95% of callers surveyed “stated that they would call the [Veterans Crisis Line] again for help” if they were in crisis.⁵³

11. *NANC Report*. Pursuant to the Suicide Hotline Improvement Act’s directive that the FCC consult with the NANC in conducting its feasibility analysis, the Commission’s Wireline Competition Bureau requested that the NANC study three options for designating a 3-digit code to be used for a national suicide prevention and mental health crisis hotline system—expanding an existing N11 code, repurposing an existing N11 code, and using a new non-N11 code.⁵⁴

12. In response, the NANC first analyzed the advantages and disadvantages of expanding or repurposing each existing N11 code.⁵⁵ To date, the Commission has assigned six of the N11 codes for the following nationwide uses: 211, for community information and referral services; 311, for non-emergency police and other governmental services; 511, for traveler information services; 711, for the Telecommunications Relay Service; 811, for notice of excavation activities; and 911, for emergencies.⁵⁶ The remaining N11 codes, 411 and 611, have not been permanently assigned by the Commission, but are used for directory assistance and wireline and wireless carrier customer service and repair, respectively.⁵⁷

13. In its report, the NANC considered expanding the 211 code as a viable option because 211 is already used for crisis calling in some U.S. markets.⁵⁸ It noted that “[a]llowing 211 operators to act as a first line of defense in suicide prevention calls might alleviate the pressure on 911 call takers and allow the caller to obtain assistance for other non-suicide related services in addition to mental health referrals.”⁵⁹ But the NANC also recognized disadvantages to expansion of the 211 code, such as

⁵³ *Id.* at 9.

⁵⁴ See Letter from Kris Anne Monteith, Chief, FCC Wireline Competition Bureau, to Travis Kavulla, Chair, North American Numbering Council, WC Docket No. 18-336, CC Docket No. 92-105 (dated Feb. 22, 2019).

⁵⁵ See Report and Recommendation on the Feasibility of Establishing a 3-Digit Dialing Code for a National Suicide Prevention and Mental Health Crisis Hotline from Travis Kavulla, Chair, North American Numbering Council, to Kris Anne Monteith, Chief, FCC Wireline Competition Bureau, WC Docket No. 18-336, CC Docket No. 92-105, at 6-19 (May 10, 2019) (NANC Report).

⁵⁶ See *The Use of N11 Codes and Other Abbreviated Dialing Arrangements*, CC Docket No. 92-105, First Report and Order and Further Notice of Proposed Rulemaking, 12 FCC Rcd 5572 (1997) (assigned 311 for non-emergency police and other governmental services); *The Use of N11 Codes and Other Abbreviated Dialing Arrangements*, CC Docket No. 92-105, Second Report and Order, 15 FCC Rcd 15188 (2000) (assigned 711 for telephone relay services for the hearing impaired); *The Use of N11 Codes and Other Abbreviated Dialing Arrangements*, CC Docket No. 92-105, Third Report and Order and Order on Reconsideration, 15 FCC Rcd 16753 (2000) (assigned 211 for community information and referral services and 511 for traveler information services); *The Use of N11 Codes and Other Abbreviated Dialing Arrangements*, CC Docket No. 92-105, Fourth Report and Order and Third Notice of Proposed Rulemaking, 15 FCC Rcd 17079 (2000) (assigned 911 as the national emergency number); *The Use of N11 Codes and Other Abbreviated Dialing Arrangements*, CC Docket No. 92-105, Sixth Report and Order, 20 FCC Rcd 5539 (2005) (assigned 811 for providing advanced notice of excavation activities to underground facility operators).

⁵⁷ NANC Report at 10, 13. The codes “011” and “111” are unavailable because “0” and “1” are used for switching and routing purposes. See, e.g., *The Use of N11 Codes and Other Abbreviated Dialing Arrangements*, CC Docket No. 92-105, Third Report and Order and Order on Reconsideration, 15 FCC Rcd 16753, 16753 n.1 (2000); see also Alliance for Telecommunications Industry Solutions, Inc. (ATIS), Numbering and Dialing Plan within the United States (ATIS-0300076), at 9-10 (Dec. 2008), [https://access.atis.org/apps/group_public/download.php/46548/ATIS-0300076\(2008-12\).pdf](https://access.atis.org/apps/group_public/download.php/46548/ATIS-0300076(2008-12).pdf).

⁵⁸ NANC Report at 7.

⁵⁹ *Id.*

requiring callers in crisis to navigate an interactive voice response system, and the potential training deficit of individuals answering 211 calls.⁶⁰

14. The NANC considered repurposing the 511 code; in so doing, the NANC noted that technological advances, such as smartphone applications and in-vehicle navigation systems, may be diminishing the need for access to 511 traveler information services,⁶¹ and that it is not used as heavily as most other N11 codes.⁶² However, the NANC also recognized that 511 is deployed in approximately 67% of states today, so repurposing it would require extensive customer re-education and costs to states and localities to remove or replace roadway signage where 511 is advertised.⁶³

15. Additionally, the NANC evaluated repurposing the 611 code; in so doing, it considered the heavy usage of 611 today and the impact of such usage on repurposing the code for a national suicide prevention and mental health hotline system.⁶⁴ In particular, based on data collected from approximately 34 service providers during a 3-month period (December 1, 2018 to February 28, 2019), the NANC found that more than 74 million calls were made to 611.⁶⁵ While this data collection is not necessarily representative of the totals for the entire industry, it is informative for understanding the relative volume and estimating a floor for the total volume for each N11 code. Extrapolating these results on an annual basis indicates that at least 297 million calls are made to 611 each year:

N11 Code	Total Calls: Dec. 1, 2018 to Feb. 28, 2019	Estimated Total Annual Calls⁶⁶	Percentage of Total N11 Calls
611	74,163,403	296,653,612	48.81%
911	43,974,408	175,897,632	28.94%
411	17,793,381	71,173,524	11.71%
311	6,405,646	25,622,584	4.22%
211	4,406,436	17,625,744	2.90%
511	3,398,581	13,594,324	2.24%
811	1,383,094	5,532,376	0.91%
711	406,943	1,627,772	0.27%
Total	151,931,892	607,727,568	100.00%

Accordingly, the NANC determined that repurposing 611 could take many years to implement—more than any other N11 code—and would require significant and lengthy re-education efforts.⁶⁷ In addition, the 611 code would need to sit idle for an extended period of time to further educate customers who may continue to call 611 for customer service or repair purposes after such use is discontinued—a step that

⁶⁰ *Id.*

⁶¹ *Id.* at 12.

⁶² *Id.*

⁶³ *Id.*

⁶⁴ *Id.* at 13-14.

⁶⁵ *See id.* at 20.

⁶⁶ Estimates based on total calls made from December 1, 2018 through February 28, 2019 multiplied by four quarters.

⁶⁷ NANC Report at 14.

would be critical to prevent the crisis hotline from receiving high volumes of misdirected calls and delaying crisis calls from being answered.⁶⁸

16. In its report, the NANC next analyzed the advantages and disadvantages of designating a new non-N11, 3-digit dialing code for purposes of a national suicide prevention and mental health crisis hotline.⁶⁹ In examining the advantages of a wholly unique 3-digit code, the NANC noted that such a code prevents the need to “age” an existing N11 code, which should reduce the overall implementation timeline.⁷⁰ The NANC found that a new non-N11 3-digit dialing code should also simplify consumer education campaigns and therefore expedite the rollout of the hotline.⁷¹ In particular, the NANC considered 988 because it is not currently assigned as an area code, and there are fewer corresponding 988 central office code assignments across the United States than some of the other codes the NANC considered, which minimizes the number of switches that would need development work.⁷²

17. Ultimately, the NANC recommended expanding the 211 code beyond providing community services to include crisis and suicide prevention services,⁷³ stating that is technically feasible and would be the most expedient and beneficial in providing easy access to suicide prevention and mental health crisis support services.⁷⁴ However, the NANC also recommended that, if a single-purpose code is preferred, a new 3-digit dialing code—preferably 988—could be deployed for the use of a national suicide prevention and mental health crisis hotline.⁷⁵ The NANC did not recommend repurposing an existing N11 code at this time; however, it noted that if one must be repurposed, the 511 code would be the best option in part because there are many alternatives to obtain traveler information, and the 511 code would be the most expeditiously repurposed with the least impact on users.⁷⁶ Finally, the NANC recommended that the Commission issue a Notice of Proposed Rulemaking before adopting any final order designating a 3-digit dialing code.⁷⁷

18. *Public Comments on the Suicide Hotline Improvement Act and the North American Numbering Council Report.* In preparation for the FCC’s report, the Commission’s Wireline Competition Bureau sought public comment on the issues that had to be addressed pursuant to the Suicide Hotline Improvement Act and on the recommendations in the NANC Report.⁷⁸ The Bureau received over 1,600

⁶⁸ *Id.*

⁶⁹ *Id.* at 25-26.

⁷⁰ *Id.* at 26. “Aging” refers to the practice of making a number that has been in use unavailable for reassignment to another end user or customer, or in this case, unavailable for its new purpose, for a specified period of time. See Alliance for Telecommunications Industry Solutions *National Suicide Hotline Improvement Act Public Notice Comments*, CC Docket No. 92-105, WC Docket No. 18-336 at 3-4 (filed Dec. 10, 2018) (explaining that “[n]umber assignment practices have historically required that any repurposed or reclaimed number sit unused for some time to avoid system and consumer confusion” and that “repurpos[ing] an existing N11 code” would require “the designated N11 code to sit unused for a period of time” to “provide time for educational efforts to be implemented to ensure that any existing users of that code are informed of its new use”).

⁷¹ NANC Report at 26.

⁷² *Id.* at 41.

⁷³ See *id.* at 3, 44; see also SAMHSA Report at 16 (explaining that 40 of the Lifeline crisis centers are currently blended 211/crisis centers that provide both information and referral services and crisis response services).

⁷⁴ NANC Report at 3, 7-8, 22, 25, 40, 44-45.

⁷⁵ *Id.* at 3, 25-26, 41-42.

⁷⁶ *Id.* at 3-4, 12-13, 39-40.

⁷⁷ *Id.* at 44.

⁷⁸ See *Wireline Competition Bureau Invites Comments on Implementation of the National Suicide Hotline Improvement Act of 2018*, WC Docket No. 18-336 et al., Public Notice, 33 FCC Rcd 11129, 11129 (WCB Nov. 8,

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comments, with overwhelming support for the designation of a 3-digit code for a national suicide prevention and mental health crisis hotline system.⁷⁹ Commenters argued that a 3-digit code would drastically improve access to the appropriate care⁸⁰ and “help reduce the pervasive stigma associated with mental health challenges.”⁸¹ The majority of commenters advocated for a code dedicated solely for the purpose of a national suicide prevention and mental health crisis hotline system—rather than a dual or multi-purpose code—to provide callers with rapid access to trained counselors.⁸²

19. Although there was widespread agreement in the record that the FCC should designate a 3-digit dialing code for the suicide prevention and mental health crisis hotline system, there was no consensus among commenters on which code should be designated. Commenters generally discussed one or more of the following codes as potential options for a national suicide prevention and mental health crisis hotline system: 211,⁸³ 511,⁸⁴ 611,⁸⁵ and 988.⁸⁶ Some commenters further argued for the need for specialized hotline services for higher-risk populations, including LGBTQ youth and Veterans.⁸⁷ Such specialized services could include establishing an interactive voice response system “to a group that has

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2018) (*Act Public Notice*); *Wireline Competition Bureau Invites Comments on NANC Recommendations on Implementing the National Suicide Hotline Improvement Act of 2018*, WC Docket No. 18-336 et al., Public Notice, 34 FCC Rcd 3261 (WCB May 17, 2019) (*NANC Report Public Notice*).

⁷⁹ See, e.g., Integral Care of Travis County *Act Public Notice* Comments at 1; National Alliance on Mental Illness of Oregon *Act Public Notice* Comments at 1; Lines for Life *Act Public Notice* Comments at 2; see also, e.g., American Psychiatric Association *Act Public Notice* Comments at 1-2 (explaining that a 3-digit dialing code “would improve access to appropriate care and could reduce the prevalence of psychiatric boarding that is plaguing our emergency departments”); American College of Emergency Physicians *Act Public Notice* Comments at 1-2 (same); People Encouraging People, Inc. *Act Public Notice* Comments at 2; Idaho Suicide Prevention Hotline *Act Public Notice* Comments at 1 (supporting “adoption of a 3 digit number to simply, broadly and effectively promote access to crisis mental health and suicide prevention services”).

⁸⁰ See, e.g., American Psychiatric Association *Act Public Notice* Comments at 1-2; Idaho Suicide Prevention Hotline *Act Public Notice* Comments at 1.

⁸¹ People Encouraging People, Inc. *Act Public Notice* Comments at 2.

⁸² See, e.g., Oregon Council for Behavioral Health *Act Public Notice* Comments at 2; see also National Alliance on Mental Illness of Oregon *Act Public Notice* Comments at 1; American Psychiatric Association *Act Public Notice* Comments at 1-2.

⁸³ See, e.g., 2-1-1 Broward *NANC Report Public Notice* Comments at 1 (supporting the expansion of 211); see also Alliance of Information and Referral Systems *NANC Report Public Notice* Comments at 3-4; 211 Tampa Bay Cares *NANC Report Public Notice* Comments at 2; IMPACT Alcohol and Other Drug Abuse Services, Inc. *Act Public Notice* Comments at 1.

⁸⁴ See, e.g., Carolyn Levitan *NANC Report Public Notice* Comments at 1; see also American Foundation for Suicide Prevention *NANC Report Public Notice* Comments at 3 (supporting 611 or 511); Centerstone *NANC Report Public Notice* Comments at 2 (same).

⁸⁵ Crisis Now *NANC Report Public Notice* Comments at 1; see also National Action Alliance for Suicide Prevention *Act Public Notice* Comments at 1-2; Utah Department of Health Services *NANC Report Public Notice* Comments at 1.

⁸⁶ See, e.g., Clay Smyth *NANC Report Public Notice* Comments at 1; Kimberly Huynh *Act Public Notice* Comments at 1; Didi Hirsch Mental Health Services *NANC Report Public Notice* Comments at 1 (supporting 988 if 611 is not designated).

⁸⁷ See, e.g., The Trevor Project *Act Public Notice* Comments at 2 (advocating “solutions for giving the best quality care to callers of the Lifeline, specifically for the at-risk LGBTQ youth population,” and arguing that such solutions will help the Lifeline “handle increased capacity” and “address[] one of the highest risk populations in the country”); Sen. Baldwin and Sen. Sullivan July 18, 2019 Letter at 2 (“[W]e believe there is further opportunity to provide specialized services to Veterans by making sure they get immediate access to the care they need.”).

the resources and expertise to best serve [LGBTQ youth]” and “for specialty partners across all at-risk groups to assist SAMHSA in conducting further trainings to increase the ability for existing counselors to best service callers.”⁸⁸

20. *FCC Staff Report*. On August 14, 2019, the FCC’s Wireline Competition Bureau and Office of Economics and Analytics (the Bureaus) submitted its report to Congress.⁸⁹ The FCC Staff Report considered each of the existing N11 codes and found that an existing N11 code should not be used for a national suicide prevention and mental health crisis hotline.⁹⁰ First, the Bureaus explained that expanding the use of 211, currently used for community services and referral services, could create confusion and additional delays for callers in crisis, subjecting callers with urgent mental health needs to a complex phone tree.⁹¹ Second, the Bureaus concluded that repurposing 511 would harm public safety by eliminating states’ and localities’ current use of 511 to notify drivers of public-safety related alerts, including road conditions during emergencies and AMBER alerts.⁹² Third, the Bureaus found that 611, which provides access to customer repair offices or customer service, retains significant call volumes—receiving at least 297 million calls per year—and repurposing such a widely-used code would create substantial, avoidable delays in implementing a 3-digit dialing code for a national suicide prevention and mental health crisis hotline.⁹³ Moreover, the Bureaus expressed concern that repurposing 611 would result in a crisis hotline being inundated with misdirected callers seeking other information, causing confusion, delay—and potentially lost lives—if a caller in need could not speak with a counselor quickly.⁹⁴ The Bureaus further found that repurposing other N11 codes—311 (used for non-emergency police services), 411 (used for directory assistance services), 711 (used by persons with hearing or speech disabilities to make or receive telephone calls), 811 (used for notice of excavation activities), and 911 (used for emergency response)—would not be in the public interest because of those numbers’ importance to public safety, public assistance, and persons with disabilities and because of their wide usage.⁹⁵

21. Having examined the feasibility of existing N11 codes, the FCC Staff Report next examined the use of a non-N11 3-digit code for a national suicide prevention and mental health crisis hotline. The Bureaus agreed with the NANC that a non-N11 3-digit code has several advantages, including that (1) “[u]se of a wholly unique 3-digit code prevents the need to age an existing N11 code prior to repurposing,” which “should reduce the overall implementation timeline”; and (2) “[c]onsumer education campaigns would be simplified compared to the repurposing or expanded use of an existing N11 code,” as such campaigns “would be exclusively focused on” the suicide prevention and mental health crisis hotline, thereby expediting rollout of the hotline.⁹⁶

⁸⁸ Sen. Baldwin and Sen. Sullivan July 18, 2019 Letter at 2; *see also* The Trevor Project *Act Public Notice* Comments at 2 (“[W]e recommend the NSPL transfer appropriate calls to The Trevor Project either via immediate transfer from a menu of options or via warm transfer after speaking to an NSPL counselor. Alternatively, The Trevor Project could be contracted to train NSPL counselors so that LGBTQ individuals can receive the specialized care that’s needed in times of crisis.”).

⁸⁹ *See generally* FCC Staff Report.

⁹⁰ *Id.* at 9-15.

⁹¹ *Id.* at 10.

⁹² *Id.* at 12.

⁹³ *Id.* at 13.

⁹⁴ *Id.*

⁹⁵ *Id.* at 14.

⁹⁶ *Id.* at 15 (quoting NANC Report at 26).

22. After finding that a unique, non-N11 3-digit code is more advantageous than expanding or repurposing existing N11 codes, the FCC Staff Report agreed with the NANC's recommendation of 988, as a single-purpose, non-N11 3-digit code for a national suicide prevention and mental health crisis hotline for several reasons.⁹⁷ First, 988 is not currently assigned as a geographic area code and as such, using 988 would not require repurposing an existing area code.⁹⁸ Second, 988 has fewer corresponding central office code assignments across the U.S. than some other codes that the NANC considered, and as a result, wireline switches can more easily detect 988 as a new, non-N11 3-digit code.⁹⁹

23. The FCC Staff Report also acknowledged the NANC's finding that "the 988 code is not without technical and operational concerns."¹⁰⁰ The NANC explained that currently, it is unlikely that a non-N11 3-digit dialing code, such as 988, can be deployed ubiquitously across all networks¹⁰¹ because "[s]ome wireline switches may be unable to support any new 3-digit dialing code that is not an N11 code."¹⁰² The FCC Staff Report estimated that a relatively small percentage of legacy switches cannot accommodate the 988 code currently.¹⁰³ Further, because a U.S. telephone number consists of three basic parts (a three-digit Numbering Plan Area, known as the area code (NPA); a three-digit Central Office code (NXX); and a four-digit line number),¹⁰⁴ areas that use 7-digit dialing—*i.e.*, callers in those areas do not first enter an area code or NPA—that also have 988 as the NXX code must implement a dialing delay to distinguish between 988 calls intended for a national suicide prevention and mental health crisis hotline and a 7-digit telephone call.¹⁰⁵ The Bureaus concluded that these technical and operational concerns associated with a non-N11 code such as 988 could be more easily and quickly addressed and resolved than any re-education efforts related to repurposing a N11 code and that for switches that can support 988, configuration and software upgrades could be implemented fairly quickly.¹⁰⁶ Moreover, the cost-benefit analysis conducted by FCC Staff concluded that the life-saving benefits of designating 988 for such a hotline are likely to outweigh the costs of implementation.¹⁰⁷ In all, the FCC Staff Report found designating 988 to be the fastest path to implementation of a 3-digit dialing code for a national suicide prevention and mental health crisis hotline.¹⁰⁸

24. For all of these reasons, the FCC Staff Report recommended that the Commission initiate a rulemaking to designate a 3-digit dialing code for a national suicide prevention and mental health crisis hotline system, and that the Commission consider designating 988 as the dialing code for this important purpose.¹⁰⁹

⁹⁷ FCC Staff Report at 15.

⁹⁸ *Id.*

⁹⁹ *Id.*

¹⁰⁰ *Id.*

¹⁰¹ *Id.* at 3.

¹⁰² *Id.* at 26.

¹⁰³ *Id.* at 15.

¹⁰⁴ See Alliance for Telecommunications Industry Solutions, Inc. (ATIS), Numbering and Dialing Plan within the United States (ATIS-0300076), at 7-8 (Dec. 2008), [https://access.atis.org/apps/group_public/download.php/46548/ATIS-0300076\(2008-12\).pdf](https://access.atis.org/apps/group_public/download.php/46548/ATIS-0300076(2008-12).pdf).

¹⁰⁵ See FCC Staff Report at 15; see also NANC Report at 26.

¹⁰⁶ FCC Staff Report at 15.

¹⁰⁷ *Id.* at 16-17.

¹⁰⁸ *Id.*

¹⁰⁹ *Id.* at 18.

25. *Notice of Proposed Rulemaking.* On December 12, 2019, consistent with the FCC Staff Report’s recommendation, we initiated this rulemaking to designate 988 as a 3-digit dialing code for a national suicide prevention and mental health crisis hotline.¹¹⁰ We proposed to require all telecommunications carriers and interconnected VoIP providers to transmit calls initiated by dialing 988 to the current toll free access number for the Lifeline, and to implement any necessary network changes within 18 months.¹¹¹ We also sought comment on numerous issues relating to ubiquitous nationwide deployment of 988, including whether the proposed implementation timeframe should be shorter, longer, or include a phased approach; how to route 988 calls; how to address dialing concerns in certain geographic areas; and the costs of implementation.¹¹² We also encouraged stakeholders to work directly with SAMHSA, the VA, and Congress to “foster collaboration and coordination of efforts to increase the overall effectiveness of the Lifeline, including any specialized hotline services for at-risk populations such as Veterans and LGBTQ youth.”¹¹³

26. In response to the *Notice*, we received numerous comments from various stakeholders across different sectors, including mental health organizations, providers of suicide prevention and crisis intervention services, telecommunications carriers and other voice service providers, and members of the general public. Commenters overwhelmingly support designation of a 3-digit number, and specifically 988, to reach the Lifeline. They urge the Commission to adopt an implementation timeframe that ensures deployment of 988 without dialing delays or gaps in coverage as quickly as possible.¹¹⁴

III. DISCUSSION

27. With this Report and Order, we designate 988 as the 3-digit number for the Lifeline. We also address implementation of 988 in detail. In particular, based on the record, we require all covered providers to fully implement 988 in their networks by July 16, 2022. We conclude that the benefits of implementing 988 far exceed the costs.

A. Designation of 988 as the 3-Digit Dialing Code for the National Suicide Prevention Lifeline

28. We first adopt our proposal to designate a 3-digit dialing code for a national suicide prevention and mental health crisis hotline system.¹¹⁵ The record reflects that Americans in crisis are in need of an easy-to-remember number to access the Lifeline’s potentially life-saving resources.¹¹⁶ And the

¹¹⁰ *Notice*, 34 FCC Rcd at 12563-64, para. 2.

¹¹¹ *Notice*, 34 FCC Rcd at 12576-77, 12580, paras. 33, 36, 45. We also specifically sought comment on including one-way VoIP providers as well. *Id.* at 12576, para. 33.

¹¹² *See generally Notice.*

¹¹³ *Notice*, 34 FCC Rcd at 12572, paras. 24.

¹¹⁴ *See, e.g.*, Mental Health Awareness of Greater Dallas Comments at 1; National Association of State Mental Health Program Directors Comments at 1; National Alliance on Mental Illness Comments at 2; The Trevor Project Comments at 5; Voice on the Net Coalition Comments at 1; Verizon Comments at 2-3; AT&T Comments at 4-5; USTelecom Comments at 6-7; American Association of Suicidology Reply at 1; AT&T Reply at 4.

¹¹⁵ *Notice*, 34 FCC Rcd at 12573, at para. 26.

¹¹⁶ *See, e.g.*, Equality North Carolina Comments at 1 (“This future hotline number will be more accessible and easy to remember for callers in a moment of crisis.”); Mary Catherine Bengé Comments at 1 (“Such a code would make it easier for millions of Americans to access timely and effective crisis intervention services.”); GCI Communication Corp. (GCI) Reply at 5 (“The three-digit number will make it far easier for those in need to receive essential suicide prevention and crisis intervention assistance.”); Mental Health America Reply at 2 (“We believe that designating a 3-digit number is critically important for ensuring people are connected to life-saving crisis resources when they need them most.”); Men’s Health Network Comments at 2 (“One lesson we have learned from the launch of 911 is that simple numbers can reach quick, wide acceptance, and are easily remembered – and save lives.”); Letter from The Trevor Project et al., to Hon. Mike Doyle, Chairman, and Hon. Bob Latta, Ranking Member, Subcomm. on

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record overwhelmingly reflects support from a wide variety of stakeholders and from many members of the public for designating a 3-digit dialing code for this important purpose. Indeed, over 1,100 commenters expressed support for our proposal.¹¹⁷ We agree with LGBT Technology Partnership that “[t]he establishment of this number will undoubtedly help individuals in crisis get access to help and resources more efficiently and with less barriers than current systems.”¹¹⁸ Commenters, including mental health organizations and crisis/counseling centers, agree that designating a 3-digit dialing code will increase, simplify, and improve access to the Lifeline;¹¹⁹ enhance public awareness of mental health services;¹²⁰ and reduce the stigma surrounding suicide and mental health issues.¹²¹ As SAMHSA

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Communications and Tech., U.S. House Energy and Commerce Comm., WC Docket 18-336, at 1 (dated Mar. 9, 2020) (“Transitioning the Lifeline’s current ten-digit number to a three-digit hotline will encourage help-seeking and likely increase the volume of calls to Lifeline member centers, enabling us to save more lives.”); Lauren Conaboy et al. Comments at 3 (filed on behalf of Centerstone) (Centerstone Comments) (explaining that “a designated 3-digit number would increase access to mental health services” for at-risk groups); Telecommunications for the Deaf and Hard of Hearing, Inc. et al. Comments at 5 (supporting an “easy to recall 3-digit dialing code”); Helen Nelson Comments at 1 (explaining that a “national 3-digit number for a suicide prevention hotline” would ease access for low-income senior and disabled adults who find it difficult to “dial lengthy phone numbers for various hotline numbers”).

¹¹⁷ See, e.g., Mental Health, Addiction and Recovery Services Board of Lorain County Comments at 1 (endorsing a 3-digit dialing code and recommending the FCC “vote to accept the plan and devote all necessary resources to making its implementation successful”); Alliance for Information and Referral Systems Comments at 1 (supporting “three-digit dialing accessibility for crisis and suicide prevention”); Ruohwa Dai Comments at 1 (“A 3-digit number should be available to every community and have the resources to provide help to every American who needs it.”); David Coombs Comments at 1 (“Persons who are acutely suicidal can more easily remember a 3 digit number and type it in.”); Mary Kornick Comments at 1 (“Having a 3-digit emergency number for suicide for everyone to remember can and will save lives.”); Dr. Nicholas Smith Comments at 1 (supporting “the establishment of a three (3) digit number to contact the National Suicide Prevention Hotline”); Myra Wilkey Comments at 1 (“The three digit number will make it easier for people to reach out for help.”); SAMHSA Reply at 1 (supporting the FCC’s “designation of a national 3 digit number for suicide prevention linked to the National Suicide Prevention Lifeline”); USTelecom Comments at 1 (supporting “federal efforts to establish a 3-digit, nationwide, dialing code for mental health crisis intervention”); CenturyLink Reply at 1 (agreeing that the record “demonstrat[es] the large scale public benefits that would result from establishing a 3-digit, nationwide, dialing code for mental health crisis intervention”); CTIA Reply at 1 (“The record reflects overwhelming recognition of the critical need to make it easier for people in crisis to reach the Lifeline, and the benefits of creating a nationwide three-digit dialing code to do so.”).

¹¹⁸ LGBT Technology Partnership Comments at 3.

¹¹⁹ See, e.g., National Alliance on Mental Illness Comments at 1; National Association of State Mental Health Program Directors Comments at 1; Movement Disorders Policy Coalition Comments at 2; AT&T Comments at 1-2; Equality North Carolina Comments at 1; Alliance for Information and Referral Systems Comments at 1; Lisa Quinn-Lee, PhD Comments at 1; Mary Catherine Bengé Comments at 1; Telecommunications for the Deaf and Hard of Hearing, Inc. et al. Comments at 5; WestCare Foundation Comments at 1; Telecommunications Bureau of Puerto Rico Reply at 2; CenturyLink Reply at 2-3.

¹²⁰ See, e.g., Mental Health America Comments at 2; Entercom Communications Corp. Comments at 2-3; Men’s Health Network Comments at 2; Movement Disorders Policy Coalition Comments at 2; CenturyLink Reply at 2-3.

¹²¹ See, e.g., Centerstone Comments at 2 (“Establishing a ubiquitous, recognizable national number for mental health and suicide prevention will be a transformative step for our nation’s public health by making crisis resources more accessible, by addressing the deeply entrenched stigma associated with mental health conditions, and by saving lives.”); see also Robert Hopper Comments at 1; Movement Disorders Policy Coalition Comments at 1-2; Mental Health America Comments at 2; GCI Reply at 5; Kate Thayer, *The 911 for Suicide Help: Experts Say a 3-digit Hotline Number would Reduce Stigma, Save Lives*, Chicago Tribune (Jan. 8, 2020), <https://www.chicagotribune.com/lifestyles/ct-life-988-suicide-hotline-20200108-yabfxejczbekpkazw5voy652wy-story.html> (“An easy-to-remember, three-digit number similar to 911 for those contemplating suicide could save

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explains, designating a 3-digit code to reach the Lifeline would send “the message that mental health crises and suicide prevention are of equivalent importance to medical emergencies,” and “would, over time, bring needed parity and could result in additional attention and resources to improve typical local psychiatric crisis services throughout the nation.”¹²² Further, the record reflects that a 3-digit dialing code has the potential to “become as ubiquitous as 911”¹²³ and align the importance and level of care of crisis services with the same urgency as 911 emergency services.¹²⁴ For all of these reasons, we adopt our proposal to designate a 3-digit dialing code for a national suicide prevention and mental health crisis hotline system. We also note that no commenter opposes designation of a 3-digit number for this important purpose.

29. We next adopt our proposal to specifically designate 988 as the 3-digit dialing code for a national suicide prevention and mental health crisis hotline system, and to require that service providers transmit all calls initiated by an end user dialing 988 to the current toll free access number for the Lifeline.¹²⁵ The record reflects widespread support in favor of 988,¹²⁶ and we conclude that designating

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lives . . . but it also represents a symbolic shift in a still stigmatized world — that mental health emergencies are just as important as physical ones.”).

¹²² SAMHSA Report at 12 (discussing the benefits of designating an N11 number). These benefits apply equally to a non-N11 number.

¹²³ Entercom Communications Corp. Comments at 2-3.

¹²⁴ See WestCare Foundation Comments at 1 (explaining that ubiquitous, timely, and effective crisis intervention services can “help get people in crisis to the appropriate level of care in the community of mental health and addiction concerns by aligning crisis services for these issues with other emergency services for things like fires, automobile accidents, and social service referrals”); GCI Reply at 5 (explaining that a 3-digit dialing code will “place mental health resources at the same priority we deliver for services like fire and rescue”); Movement Disorders Policy Coalition Comments at 2 (“Conversion of the current mental health emergency line to an easy-to-remember three-digit number is a productive step in promoting widespread recognition of mental health as equally important as physical health.”).

¹²⁵ See Notice, 34 FCC Rcd at 12573, para. 27.

¹²⁶ See, e.g., John H. Madigan Comments at 1 (filed on behalf of American Foundation for Suicide Prevention) (American Foundation for Suicide Prevention Comments) (“Transitioning the Lifeline’s current ten digit phone number (1-800-273-8255) to 988 will simplify access to crisis services for individuals in these moments of crisis.”); Lisa Quinn-Lee, PhD Comments at 1 (explaining that 988 “will allow people to easily remember the number”); Andrews Community Counseling Center Comments at 1 (urging “the designation of the 9-8-8 dialing code to connect the millions of Americans living with mental health conditions and suicidal thoughts with the services they need”); Centerstone Comments at 2 (supporting the designation of 988 as a “ubiquitous, recognizable national number for mental health and suicide prevention”); Mental Health America Comments at 2 (“By designating 988 as the 3-digit Lifeline and promoting it widely to the public to get help, fewer people will use 911 to find behavioral support, allowing for an earlier, appropriate mental health response and limiting the number of people who are needlessly involved in the criminal justice system because of a mental health crisis.”); Men’s Health Network Comments at 2 (explaining that “988 can gain the same wide acceptance” as 911); Board of Douglas Cnty. Comm’rs Comments at 1 (explaining that the digits, 9-8-8, “can serve to signal the exigency that 911 evokes”); Shane Megonigle Comments at 1 (stating that 988 “is important to deterring suicide”); Ass’n of Women’s Health, Obstetric, & Neonatal Nurses Comments at 1 (explaining that “[d]esignating a shorter, easier to remember code is an important step in connecting individuals in crisis with support and resources,” and that “[a]ttention to mental health care is essential in supporting healthy families”); Andrews Community Counseling Center Comments at 1 (supporting the designation of 988); Mental Health Liaison Group Comments at 1 (supporting 988 and urging quick implementation “with minimal confusion for the public”); Centerstone Comments at 2 (supporting 988 dedicated solely for mental health and suicide prevention); Board of Douglas Cnty. Comm’rs Comments at 1 (explaining that 988, “due to the ease of remembering it, will result in more people seeking help”); Entercom Communications Corp. Comments at 2 (supporting 988 because it will allow easier access to the Lifeline); LGBT Technology Partnership Comments at 3 (supporting 988 as “it will undoubtedly help individuals in crisis”).

988 is preferable to other 3-digit numbers and is the easiest and fastest path to ubiquitous deployment of a short, easy-to-remember dialing code for the Lifeline.

1. Designating a Wholly Unique 3-Digit Dialing Code vs. an Existing N11 Code

30. We find that designating a wholly unique 3-digit number such as 988 is superior to designating an existing N11 number. *First*, a unique 3-digit code obviates the need to “age” an existing N11 code. As NCTA and GCI explain, repurposing an existing N11 code would involve a “significant delay” because “these numbers would have to be taken out of service and aged for some period of time before they could begin to be used for the suicide prevention hotline.”¹²⁷ Aging an existing N11 code would be necessary “to avoid system and consumer confusion” and “provide time for educational efforts to be implemented” for the code’s new purpose.¹²⁸ 988 does not require aging and thus its use will reduce the overall implementation timeline. *Second*, consumer education campaigns for 988 will be simpler and likely more effective than those needed for repurposing or expanding an existing N11 code.¹²⁹ The record reflects that consumer education campaigns would likely need to be longer if we were to repurpose an existing N11 code instead of designating 988 because, among other things, “in addition to informing the public about the new, shorter number for the Lifeline, “existing callers of the [N11] number would also have to be informed that it is no longer available for its current purpose.”¹³⁰ By contrast, consumer education campaigns for 988 will be simplified because such campaigns will be *exclusively* focused on the suicide prevention and mental health crisis hotline, thereby expediting 3-digit access to the hotline.¹³¹ *Third*, we find that using a wholly unique 3-digit code like 988 will be less disruptive to existing users and service providers.¹³² All of the existing N11 codes receive at least 1.6 million or more calls per year, and most receive tens of millions of calls or more annually.¹³³ Repurposing any of these heavily used numbers would thus require significant time and resources.¹³⁴ As Mental Health America explains, given that existing N11 numbers “are being utilized for other national, state, and local priorities . . . repurposing those numbers for crisis use will cause confusion or delays to needed services, depending on the existing utilization of the [N]11 number.”¹³⁵ At the same time, the crisis hotline would be inundated with misdirected callers seeking other information, causing confusion and delay for those callers, and

¹²⁷ NCTA Comments at 4; GCI Reply 10-11; *see also* ATIS Comments at 2 (explaining that “creating a new, easily recognizable three-digit code (using repeating or sequential numbers) could potentially be implemented more quickly and with less risk of confusion than repurposing an N11 code”).

¹²⁸ *See Notice*, 34 FCC Rcd at 12568-69 n.73.

¹²⁹ FCC Staff Report at 15 (citing NANC Report at 26).

¹³⁰ NCTA Comments at 4 (explaining that with repurposing an existing N11 code, “some callers would not be aware that the purpose of the N11 number had changed” thereby “blocking the ability of callers in crisis to access the help they need”); *see also* GCI Reply at 10-11.

¹³¹ *See* FCC Staff Report at 14 (citing NANC Report at 26); National Alliance on Mental Illness Comments at 1 (explaining that “988, as opposed to an N11 number, will eliminate the need to re-educate consumers about the purpose of the designated number”).

¹³² *See Notice*, 34 FCC Rcd at 12573-74, para. 28; FCC Staff Report at 15.

¹³³ *See Notice*, 34 FCC Rcd at 12568, para. 13; FCC Staff Report at 6-7.

¹³⁴ *See* Verizon Comments at 1-2 (explaining that designating 988 can “improv[e] consumers’ access to suicide prevention and mental health crisis resources, while minimizing the disruption to communications networks”); NANC Report at 43 (estimating that implementation time would likely be quicker for 988 than repurposing an N11 code).

¹³⁵ *See* Mental Health America Comments at 2; *see also* National Alliance on Mental Illness Comments at 1 (explaining that call center resources would be needed to “redirect callers who [would] dial the three digit [N11 code] for other purposes” besides suicide prevention and mental health crisis intervention).

potentially lost lives if a caller in need cannot speak with a counselor quickly.¹³⁶ *Finally*, we find that designating a wholly unique 3-digit code such as 988 is preferable to any of the specific N11 codes, as discussed below.

31. *Expanding 211.* Based on the record, we decline to expand 211 beyond providing community information and referral services to include suicide prevention and mental health crisis services. We find that establishing a single-purpose 3-digit code will be more effective and easier to implement than expanding 211. In particular, the record reflects widespread support for a code dedicated *solely* for the purpose of a national suicide prevention and mental health crisis hotline system instead of a multi-purpose code, such as 211, that risks callers in crisis navigating a complex phone tree and experiencing confusion and delay to access trained crisis counselors.¹³⁷ As SAMHSA explains:

First, the national suicide prevention number should have a single purpose, as does the current number 800-273-TALK (8255). . . . Utilizing the same number for both round-the-clock suicidal crisis response, as well as for non-crisis information and referral, would be problematic . . . Second, not all 211 centers have crisis center capacity. . . . This would mean in order to avoid 211 callers in suicidal crisis from being directed to a 211 center that did not have the capacity to respond to their crisis, it would be necessary to have a recorded response tree where callers would first have to press 1 or 2 to be connected to the Lifeline and then press one again to be connected to the veteran crisis line. This could potentially mean a 10-15 second delay in response time for millions of calls. The alternative would be a longer and more confusing single recorded message that could lead to the Veterans Crisis Line being flooded with non-[V]eterans crisis calls.¹³⁸

The record indicates that expanding 211, or other N11 codes, will cause “confusion or delays[.]”¹³⁹ inhibiting “the ability of callers in crisis to access the help that they need.”¹⁴⁰ Vibrant Emotional Health,

¹³⁶ FCC Staff Report at 13; *see also* NCTA Reply at 3-4 (supporting 988 and SAMHSA’s opposition to expanding 211 “because it would reduce the quality of and overburden the current capacity of crisis or community services offered, resulting in increased hold times and delayed crisis intervention, and create confusion as to the purpose of the dialing code”).

¹³⁷ *Notice*, 34 FCC Rcd at 12569-70, para. 16 & n.76; *see also* NANC Report at 8 (explaining that if the Commission were to expand the use of 211, callers in crisis “may have less timely access” to a counselor, who also may not be adequately trained to handle or transfer such a call); FCC Staff Report at 10; *see, e.g.*, United Way Utah *NANC Report Public Notice* Comments at 1 (suggesting that with or without an IVR system, which creates a lag time in connecting callers to counselors, expanding 211 “create[s] a time gap that can mean life or death”); Joe Hurlbert *NANC Report Public Notice* Comments at 7 (dated May 28, 2019) (explaining that IVR systems in an expanded 211 would impair the existing system and subject callers in crisis to a phone tree); Rebecca Taft *NANC Report Public Notice* Comments at 1 (explaining that callers already get overwhelmed and hang up due to the current amount of telephone prompts and wait times when calling 211); Shannon Pullen *NANC Report Public Notice* Comments at 1; *see also* SAMHSA Report at 16 (stating that calling a crisis number “should result in rapid response and the number should be widely recognized as a crisis number, these are not typically characteristics associated with 211 as a number”).

¹³⁸ SAMHSA Reply at 1.

¹³⁹ Mental Health America Comments at 2; SAMHSA Reply at 1.

¹⁴⁰ NCTA Comments at 4; GCI Reply at 11-12 (explaining that expanding 211 “would require callers in desperate situations to navigate a potentially cumbersome phone tree” and “repurposing 211 would direct non-suicide-related calls to the [Lifeline].”); *see also, e.g.*, FCC Staff Report at 10 (concluding that 211 is not appropriate for a nationwide suicide prevention hotline because it could create confusion and additional delays to callers in crisis); American Foundation for Suicide Prevention *NANC Report Public Notice* Comments at 2 (“[I]ncluding mental health and suicide crisis calls within the collection of services that 211 provides belittles the public health emergency that our country is suffering.”); Centerstone *NANC Report Public Notice* Comments at 2 (expanding 211 instead of designating a 3-digit hotline would cause user confusion and coordination problems); Crisis Now *NANC*

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which administers the Lifeline for SAMHSA, asserts that an expansion of 211 would be ineffective for such a hotline, explaining that a single-purpose, 3-digit dialing code would “provide a platform that can be more easily integrated in society and enhance public awareness about the different functions of each distinct three-digit number.”¹⁴¹

32. We find that expanding 211 would lead to unnecessary complications, delaying implementation and risking confusion by Americans seeking urgent help. SAMHSA has previously explained that although “the number 211 is associated with information and referral, [it] does not communicate that this number is a number that suicidal people or their families can call at any time of the day or night for immediate crisis intervention.”¹⁴² Moreover, as the NANC explained, even with 20 years of operation, 211 “is not ubiquitously deployed across networks, is not managed by a sole operator, and the services offered may not be consistent among operators.”¹⁴³ Additionally, as The Trevor Project points out, “a 211 designation would require re-training of 211 operators.”¹⁴⁴ Further, SAMHSA’s past experience using one hotline for a dual purpose is instructive here. Specifically, in the aftermath of Hurricane Katrina, SAMHSA used the Lifeline for disaster relief efforts in addition to suicide prevention,¹⁴⁵ and SAMHSA observed that the callers trying to obtain disaster relief were confused as to why they were directed to call a suicide hotline.¹⁴⁶

33. For all of these reasons, we find unpersuasive assertions from some commenters that because 211 already offers community services, including crisis and suicide prevention services in some areas, it would allow for an easier and faster nationwide implementation than 988.¹⁴⁷ We similarly reject legacy carriers’ arguments that we should designate 211 because (1) legacy switches can already accommodate all N11 codes, including 211, which would minimize the number of switches these carriers would need to upgrade or replace; (2) software for 211 already exists; and (3) expanding 211 would not require transition to 10-digit dialing.¹⁴⁸ As discussed below, we estimate that only 12% of switches nationwide will need to be upgraded or replaced to accommodate software and programming changes to

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Report Public Notice Comments at 1 (expanding 211 “would merely exacerbate an already fragmented set of workarounds for mental health crisis”); Equality North Carolina *NANC Report Public Notice* Comments at 1 (expanding 211 subjects callers in crisis to delayed access to experienced assistance or increased wait times).

¹⁴¹ Vibrant Emotional Health *Act Public Notice* Comments at 7-8; *see also* Vibrant Emotional Health Comments at 1-2 (supporting the designation of 988 for the Lifeline).

¹⁴² SAMHSA Report at 16; *see also* National Alliance on Mental Illness Reply at 1 (asserting that “[e]xpanding the purpose of 2-1-1 would create confusion as the intent of an information and referral line is markedly different than a mental health a suicide prevention hotline”).

¹⁴³ NANC Report at 7.

¹⁴⁴ The Trevor Project Comments at 4.

¹⁴⁵ SAMHSA Report at 17.

¹⁴⁶ SAMHSA Report at 17.

¹⁴⁷ *See* AT&T Comments at 2-3, 8; ATIS Comments at 3-4; USTelecom Comments at 9, 12-13, 16-17; CenturyLink Reply at 1-2.

¹⁴⁸ USTelecom Comments at 9 (asserting that because software for 211 already exists, unlike for 988, “211 will not require unique switch programming, nor is it dependent upon switch type, software version, [or] dialing plan”); *see also* AT&T Comments at 2-3 (asserting that 211 requires “few technical hurdles, no switch upgrades, [and] no conversions to mandatory 10-digit dialing”); CenturyLink Reply at 1-2 (asserting that “telephone switching equipment already easily recognizes [211] as an instruction to route a call to a pre-designated number or platform”); ATIS Comments at 9 (asserting that service providers would be able to identify and implement 211 in unserved areas more quickly).

implement 988 routing.¹⁴⁹ Further, a transition to 10-digit dialing is necessary to accommodate 988 in less than 27% (87 out of 329) of geographic area codes nationwide.¹⁵⁰ While technical implementation of 211 likely would be easier and faster for carriers with legacy switches in areas where seven-digit dialing presents a barrier to 988 implementation, the serious problems arising from expanding 211's role undercut these technical advantages. More importantly, expanding 211's role risks confusion and delay for callers to the Lifeline, putting Americans' lives at avoidable risk.¹⁵¹ We see no purpose in designating a 3-digit code that would likely undermine, rather than improve, the Lifeline's effectiveness.

34. *Repurposing or Expanding Other N11 Codes.* We also decline to repurpose or expand any of the other existing N11 codes (311, 411, 511, 611, 711, 811, 911) for a national suicide prevention and mental health crisis hotline. In the *Notice*, we sought comment on the findings in the FCC Staff Report that (1) repurposing 511 would endanger public safety because the code enables drivers to receive information on road conditions during emergencies and information relating to AMBER and other public-safety alerts; (2) repurposing 611—an N11 code that receives at least 297 million calls annually—could result in a hotline inundated with misdirected calls and increased risk of caller confusion, delay, and loss of life if access to a counselor is not readily available; and (3) expanding or repurposing 311, 411, 711, 811, and 911, is not feasible and/or desirable.¹⁵² The record reflects no arguments suggesting that we should expand or repurpose any of these N11 codes, and the few commenters who address the issue suggest the opposite.¹⁵³ We thus affirm the FCC Staff Report's findings that repurposing or expanding other N11 codes is not feasible, and would create confusion and significant delays to callers in crisis,¹⁵⁴ as each code is widely-used and already serves an important purpose.¹⁵⁵

¹⁴⁹ USTelecom initially argued that designating 988 instead of employing an N11 number would require numerous switch replacements. *See* USTelecom Comments at 8, 10 (asserting that “988 Will Require More Equipment to be Replaced than N11 Alternatives” and stating that implementation may require “hundreds or thousands of simultaneous legacy switch replacements”). It has since altered that position, however, and now states that so long as we adopt 10-digit dialing rather than a dialing delay (which we do below), then its members could accomplish 988 implementation with less costly switch upgrades and translations, rather than through replacement. *See* Letter from Kristine Hackman, Vice President, Policy and Advocacy, USTelecom, to Marlene H. Dortch, Secretary, FCC, WC Docket 18-336, at 4 (filed June 2, 2020) (USTelecom June 2 *Ex Parte*).

¹⁵⁰ *See* North American Numbering Plan Administrator, NPA database, *available at* https://www.nationalnanpa.com/nanpl/npa_report.csv; *see also* USTelecom June 2 *Ex Parte* at Appendix B.

¹⁵¹ SAMHSA Reply at 1; NCTA Comments at 4; GCI Reply at 11-12 (explaining that expanding 211 “would require callers in desperate situations to navigate a potentially cumbersome phone tree”); *see also, e.g.*, FCC Staff Report at 10 (concluding that 211 is not appropriate for a nationwide suicide prevention hotline because it could create confusion and additional delays to callers in crisis); Equality North Carolina *NANC Report Public Notice* Comments at 1; NANC Report at 8; United Way Utah *NANC Report Public Notice* Comments at 1; Rebecca Taft *NANC Report Public Notice* Comments at 1; Shannon Pullen *NANC Report Public Notice* Comments at 1 (“[W]hen people take the brave step of reaching out for help, they need direct access without having to navigate a complex phone tree, wait on hold, be transferred multiple times, or tell their stories more than once.”).

¹⁵² *Notice*, 34 FCC Rcd at 12574-75, para. 29.

¹⁵³ *See, e.g.*, ATIS Comments at 4 (recognizing that “[e]ven with extensive and prolonged customer education over multiple years . . . [611] could still be inundated with misdirected calls that could prevent callers intending to reach the hotline from speaking to a counselor quickly”); Voice on the Net Coalition Comments at 2 (stating that it “would not support repurposing the 611 code” because of the heavy usage of 611 today and the impact of such usage on a crisis hotline); Telecommunications for the Deaf and Hard of Hearing, Inc. et al. Comments at 3 (explaining that “[b]ecause TRS calls are answered by a live communications assistant, extensive revisions to the 711 system would need to be made that ultimately could be detrimental to TRS users that rely on the system for basic communications”).

¹⁵⁴ FCC Staff Report at 11-14.

¹⁵⁵ *Id.* at 14.

2. Designating 988 vs. Other Non-N11 Codes

35. Consistent with the NANC and FCC Staff Reports, we find that 988 has technical advantages over other non-N11 3-digit numbers. As we explained in the *Notice*, 988 is not currently assigned as a geographic area code and therefore does not suffer the same problems as repurposing an existing area code.¹⁵⁶ Moreover, for a switch to detect a new, non-N11 3-digit code, it helps if the code is not comprised of the leading digits (often called the “prefix”) of a local number,¹⁵⁷ and 988 has fewer corresponding central office code assignments across the U.S. than other codes the NANC considered, making it less disruptive to adopt than those other codes.¹⁵⁸ None of the comments we received on the *Notice* cause us to depart from these views. For example, while ATIS points out that designating 988 as the 3-digit dialing code for the Lifeline bars it from being used as an area code and therefore “results in millions of numbers being made unavailable” for use by consumers,¹⁵⁹ this is surely no reason to forego choosing 988. The NANC, in consultation with North American Numbering Plan Administrator, has already found that one area code such as 988 going unused is unlikely to materially affect number exhaust.¹⁶⁰ In fact, excluding 988, there are 248 currently unassigned area codes, representing *billions* of potentially available phone numbers.¹⁶¹

36. For all of the foregoing reasons, we find that 988 remains the best choice as the 3-digit dialing code for the Lifeline.

B. Implementation of 988

1. Providers Subject to 988 Implementation Requirements

37. In the *Notice*, we proposed requiring that *all* telecommunications carriers and interconnected VoIP providers implement 988 by transmitting all calls initiated by an end user dialing 988 to the current toll free access number for the Lifeline.¹⁶² We also specifically sought comment on including one-way VoIP providers.¹⁶³ As we explained, our proposed requirement would thus apply to

¹⁵⁶ *Notice*, 34 FCC Rcd at 12573-74, para. 28; *see also* FCC Report at 15; NANC Report, Appendix B (showing that the North American Numbering Plan Administrator recommended to the NANC “the assignment of an Easily Recognizable NPA Code,” which “due to the unique digit pattern (N22, N33 . . . N88), have been used as non-geographic codes, and have been used to identify services rather than geographic areas”).

¹⁵⁷ *Notice*, 34 FCC Rcd at 12573-74, para. 28 & n.112; FCC Report at 15.

¹⁵⁸ *Notice*, 34 FCC Rcd at 12573-74, para. 28; FCC Report at 15.

¹⁵⁹ ATIS Comments at 2-3.

¹⁶⁰ NANC Report at 26.

¹⁶¹ North American Numbering Plan Administrator, Annual Report 2019, Attach. 1, *available at* https://nationalnanpa.com/reports/2019_NANPA_Annual_Report.pdf. Most in-use area codes are decades from “exhaustion,” or running out of numbers, and the projected North American Numbering Plan exhaust date is beyond 2049. *Id.* at Attachs. 6, 7.

¹⁶² *Notice*, 34 FCC Rcd at 12576, para. 33.

¹⁶³ *Id.* (“We specifically seek comment on including one-way interconnected VoIP providers as well.”) (citing *Implementing Kari’s Law and Section 506 of RAY BAUM’S Act; 911 Access, Routing, and Location in Enterprise Communications Systems; Amending the Definition of Interconnected VoIP Service in Section 9.3 of the Commission’s Rules*, PS Docket Nos. 18-261, 17-239, GN Docket No. 11-117, Report and Order, 34 FCC Rcd 6607, 6683, para. 198 (2019) (expanding, for purposes of the Commission’s 911 rules, the definition of interconnected VoIP service in section 9.3 of the Commission’s rules to mean a service that permits end users generally to terminate calls to the public switched telephone network)). While the *Notice* used the term “one-way interconnected VoIP,” here we use the term “one-way VoIP” with the same intended meaning. While there is no substantive difference in meaning, we expect “one-way VoIP” to be clearer and more precise because we have only expanded the definition of interconnected VoIP to include one-way VoIP in the specific context of our 911 rules and because, outside of the 911 context, we have most typically used the term “one-way VoIP.” *See, e.g., Connect*

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those providers that access the public switched telephone network (PSTN) on an interconnected basis to reach all Americans.¹⁶⁴ No party opposed our proposal to require implementation by all telecommunications carriers and interconnected VoIP providers, and no commenter directly addressed our proposal to include one-way VoIP providers.

38. We adopt our proposal to require all telecommunications carriers¹⁶⁵ and interconnected VoIP providers¹⁶⁶ to implement 988 in their networks.¹⁶⁷ We also require one-way VoIP providers to implement 988.¹⁶⁸ One-way VoIP services differ from their two-way counterparts in that they can either initiate outbound calls terminating to PSTN or receive calls originating from the PSTN, but not both.¹⁶⁹ Applying our rules here to one-way VoIP aligns with our application of our rules to one-way VoIP providers in a number of other contexts, including the recent *Caller ID Authentication Report and Order*.¹⁷⁰ As is true for the caller ID authentication framework, the 988 dialing code must be ubiquitously deployed to maximize its benefits.¹⁷¹ The FCC Staff Report, for example, observed, “suicide does not discriminate by geographic region, and to be effective, any code designated for a national suicide and mental health crisis hotline must be ubiquitously deployed.”¹⁷² SAMHSA, USTelecom, and other

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America Fund et al., WC Docket No. 10-90 et al., Report and Order and Further Notice of Proposed Rulemaking, 26 FCC Rcd 17663, 18006-07, para. 941 (2011) (*USF/ICC Transformation Order*); *Rural Call Completion*, WC Docket No. 13-39, 28 FCC Rcd 16154, 16166 para. 21 (2013); *Rural Call Completion*, WC Docket No. 13-39, 33 FCC Rcd 4199, 4201 para. 5 (2018).

¹⁶⁴ *Notice*, 34 FCC Rcd at 12576, para. 33.

¹⁶⁵ 47 U.S.C. § 153(51) (“The term ‘telecommunications carrier’ means any provider of telecommunications services, except that such term does not include aggregators of telecommunications services (as defined in section 226 of this title).”).

¹⁶⁶ 47 U.S.C. § 153(25); 47 CFR § 9.3 (defining “Interconnected VoIP Service”).

¹⁶⁷ See Appendix A, Rule 47 CFR § 52.200.

¹⁶⁸ We do not require one-way VoIP providers to add the capacity to dial 988 if their customers cannot initiate any calls using telephone numbers. See Appendix A, Rule 47 CFR § 52.200(b) (applying to “all calls *initiated* by an end user *dialing* 988”).

¹⁶⁹ See 47 U.S.C. § 153(36) (defining “non-interconnected VoIP service”); see also *Contributions to the Telecommunications Relay Services Fund*, CG Docket No. 11-47, Report and Order, 26 FCC Rcd 14532, 14536-37, para. 7 (2011).

¹⁷⁰ See *Call Authentication Trust Anchor*, WC Docket Nos. 17-97, 20-67, Report and Order, Further Notice of Proposed Rulemaking, 35 FCC Rcd 3241, 3259-61, paras. 39-43 (2020) (*Caller ID Authentication Report and Order and FNPRM*) (applying rules related to the STIR/SHAKEN framework to interconnected VoIP providers, including one-way VoIP providers, based on the TRACED Act and, independently, on our section 251(e) numbering authority); see also *Implementing Section 503 of RAY BAUM’S Act, Rules and Regulation Implementing the Truth in Caller ID Act of 2009*, WC Docket Nos. 18-335, 11-39, Second Report and Order, 34 FCC Rcd 7303, 7313-14, paras. 24-26 (2019) (*Truth in Caller ID Second Report and Order*); *Implementing Kari’s Law Order*, 34 FCC Rcd at 6683, para. 198 (expanding, for purposes of the Commission’s 911 rules, the definition of interconnected VoIP service in section 9.3 of the Commission’s rules to mean a service that permits end users generally to terminate calls to the public switched telephone network); *USF/ICC Transformation Order*, 26 FCC Rcd at 18028-29, paras. 973-974 (clarifying that one-way VoIP providers are prohibited from blocking voice traffic to or from the PSTN).

¹⁷¹ FCC Staff Report at 15 & n.135; see also *Caller ID Authentication Report and Order*, 35 FCC Rcd at 3259-60, para. 39.

¹⁷² FCC Staff Report at 15 & n.135.

commenters have echoed this finding, arguing that 988 should be deployed “ubiquitously across all networks.”¹⁷³

39. Requiring one-way VoIP providers to implement 988 is also consistent with our recent expansion of the scope of our 911 rules to include one-way VoIP services.¹⁷⁴ We observed that, “from a 911 perspective, outbound-only interconnected VoIP services are functionally equivalent to landlines and other interconnected devices that connect to the PSTN and are 911-capable,” and therefore treating them differently would “breed consumer confusion, particularly when a caller is seeking help in a time of crisis.”¹⁷⁵ These same consumer expectations and the exigent nature of a call made to the Lifeline inform our decision to obligate one-way VoIP service providers to implement 988. Suicide and mental health crises are an emergency like any other.¹⁷⁶ An individual in crisis capable of calling 911 via a one-way VoIP service should similarly expect that a call to 988 will go through.

40. We find that section 251(e)(1) of the Act provides authority for us to apply the requirements we adopt today to all covered providers. In the *Notice*, we proposed that section 251(e)(1) gives us the authority to “designate 988 as the 3-digit dialing code for a national suicide and mental health crisis hotline system, and to require providers of telecommunications and interconnected Voice over Internet Protocol (VoIP) services to take appropriate and timely action to implement this requirement.”¹⁷⁷ No commenter appears to dispute these conclusions. Section 251(e)(1) of the Act grants the Commission “exclusive jurisdiction over those portions of the North American Numbering Plan that pertain to the United States” and provides that numbers must be made “available on an equitable basis.”¹⁷⁸ This provision gives the Commission “authority to set policy with respect to all facets of numbering administration in the United States”¹⁷⁹ and has been invoked by the Commission in previous rulemakings designating national 3-digit dialing codes.¹⁸⁰ In addition, as we explained in the *Notice*, our numbering authority allows us to apply numbering-related requirements to interconnected VoIP providers using telephone numbers.¹⁸¹ We also find that section 251(e)(1) equally gives us authority to extend our 988

¹⁷³ SAMHSA Reply at 1; USTelecom Comments at 3; *see also, e.g.*, CenturyLink Reply at 1; CTIA Reply at 1; Mental Health Awareness of Greater Dallas Comments at 1 (arguing that our proposal will help ensure that “no gaps in coverage [exist] that can leave people in crisis without care”).

¹⁷⁴ *See Implementing Kari’s Law Order*, 34 FCC Rcd at 6683, para. 198.

¹⁷⁵ *Id.* at 6677, para. 187.

¹⁷⁶ SAMHSA Report at 12; Movement Disorders Policy Coalition Comments at 2; Westcare Foundation Comments at 1; Ruohwa Dai Comments at 1; Mary Catherine Bengé Comments at 1.

¹⁷⁷ *Notice*, 34 FCC Rcd at 12575, para. 31.

¹⁷⁸ 47 U.S.C. § 251(e)(1).

¹⁷⁹ *Implementation of the Local Competition Provisions of the Telecommunications Act of 1996 et al.*, CC Docket No. 96-98 et al., Second Report and Order and Memorandum Opinion and Order, 11 FCC Rcd 19392, 19512, para. 271 (1996).

¹⁸⁰ *See The Use of N11 Codes and Other Abbreviated Dialing Arrangements*, CC Docket No. 92-105, Third Report and Order and Order on Reconsideration, 15 FCC Rcd 16753, 16777, para. 48 (2000) (relying on section 251(e)(1) authority to designate 211 for community information and referral services and 511 for traveler information services); *The Use of N11 Codes and Other Abbreviated Dialing Arrangements*, CC Docket No. 92-105, First Report and Order and Further Notice of Proposed Rulemaking, 12 FCC Rcd 5572, 5616, paras. 81-83 (1997) (relying on section 251(e)(1) authority to assign 311 as the national code for access to non-emergency police and other governmental services and to assign 711 as the national code for access to Telecommunications Relay Services).

¹⁸¹ *Notice*, 34 FCC Rcd at 12575, para. 32 n.125; *see also Numbering Policies for Modern Communications et al.*, Report and Order, 30 FCC Rcd 6839, 6878, para. 78 (2015) (explaining that “the obligation to ensure that numbers are available on an equitable basis is reasonably understood to include not only how numbers are made available but

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rules to one-way VoIP services that provide callers with access to the PSTN.¹⁸² One-way VoIP services connect to the PSTN and therefore make use of numbering resources in a manner similar to two-way interconnected VoIP providers, which brings them within the scope of our section 251(e) authority.¹⁸³

2. Routing 988 Calls

41. In the *Notice*, we raised the issue of whether to route calls made to the 988 dialing code to a centralized destination or to localized call centers.¹⁸⁴ Specifically, we proposed requiring covered providers to route 988 calls to 1-800-273-8255 (TALK), the current toll free access number for the Lifeline and the Veterans Crisis Line.¹⁸⁵ Alternatively, we sought comment on requiring covered providers to route 988 calls directly to a local Lifeline or Veterans Crisis Line call center.

42. We adopt our proposal to require all covered providers to route 988 calls to 1-800-273-8255 (TALK).¹⁸⁶ In the *Notice*, we explained that routing 988 calls to the existing toll free number for the Lifeline was likely to “provide the most efficient means to establish 988 as a national suicide prevention hotline.”¹⁸⁷ The record overwhelmingly supports this conclusion.¹⁸⁸ Our centralized routing approach has considerable benefits both for the covered providers that must route 988 calls and for the Lifeline itself. The record shows that together, these benefits will allow for faster implementation of the 988 dialing code, lower costs to maintain 988 routing, and better Lifeline service.¹⁸⁹ For example, USTelecom states that “routing [988] calls to one, national number will ease the burden of routing calls once the network switches are programmed” and will also “allow the Lifeline platform provider with the flexibility to modify the underlying routing based upon the resource demand of their call centers.”¹⁹⁰ AT&T further explains that not only does centralized routing present a more streamlined solution to directing 988 calls, it will also “present a lower risk of misdirected calls than routing to different numbers for individual calls centers,” resulting in greater system reliability for the Lifeline.¹⁹¹ Similarly, Vibrant Emotional Health, the administrator of the Lifeline, explains that centralized routing “will optimize service cost efficiencies and effectiveness” of the Lifeline, including improving network resilience, data collection, and quality control, and providing the Lifeline with the “flexibility to design specialized routing for self-identifying groups, such as veterans, Spanish speakers, or LGBTQ youth.”¹⁹² And PRS CrisisLink, a Lifeline crisis

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to whom, and on what terms and conditions” and that section 251(e)(1) therefore allows the Commission “to extend to interconnected VoIP providers both the rights and obligations associated with using telephone numbers”).

¹⁸² See *Notice*, 34 FCC Rcd at 12576, para. 33 (seeking comment on application of our rules to one-way VoIP providers). No commenter has addressed this issue in the record.

¹⁸³ See, e.g. *Truth in Caller ID Second Report and Order*, 34 FCC Rcd at 7313-14, paras. 24-26; *Caller ID Authentication Report and Order*, 35 FCC Rcd at 3260-61, para. 42.

¹⁸⁴ *Notice*, 34 FCC Rcd at 12577-78, paras. 36-40.

¹⁸⁵ *Id.* at 12577, para. 36.

¹⁸⁶ See Appendix A, 47 CFR § 52.200(b). We note that covered providers are required to transmit the calling party number when routing calls to 988 in accordance with our call delivery requirements. See 47 CFR § 64.1601.

¹⁸⁷ *Notice*, 34 FCC Rcd at 12577, para. 36.

¹⁸⁸ See, e.g., ATIS Comments at 6; AT&T Comments at 3; CenturyLink Reply at 8; National Alliance on Mental Illness Comments at 2-3; PRS Crisis Link Comments at 1; The Trevor Project Comments at 5; USTelecom Comments at 17-18; Verizon Comments at 2; Vibrant Emotional Health Comments at 2-3.

¹⁸⁹ See, e.g., ATIS Comments at 6; CenturyLink Reply at 8; National Alliance on Mental Illness Comments at 2-3.

¹⁹⁰ USTelecom Comments at 17-18. USTelecom also notes that, for service providers, centralized routing of 988 calls will “reduce inter-carrier compensation concerns” and “streamline and standardize the switch programming process” which will decrease costs for initial implementation and ongoing maintenance. *Id.*

¹⁹¹ AT&T Comments at 3, 9.

¹⁹² Vibrant Emotional Health Comments at 2-3.

center in Virginia, states that “a centralized routing structure increases the capacity of the Lifeline when compared to a response provided only at a local level.”¹⁹³

43. We also find that routing calls to one number will help ensure that callers who are deaf, hard of hearing, deafblind, or who have speech disabilities can access the Lifeline consistent with sections 225 and 255 of the Act.¹⁹⁴ The Lifeline is currently available to users of telecommunications relay services (TRS) through 1-800-273-8255 (TALK), and TRS users will continue to be able to access the Lifeline through these services upon implementation of the 988 dialing code.¹⁹⁵ Similarly, existing Commission rules require Internet-based TRS providers to ensure that callers using Video Relay Service, Internet Protocol Relay, and Internet Protocol Captioned Telephone Service reach the Lifeline by dialing 988 upon its implementation.¹⁹⁶ Upon implementation of the 988 dialing code by covered providers, TRS and Internet-based TRS users will be able to substitute 988 for 1-800-273-8255 (TALK) and continue to reach the services they need.¹⁹⁷

44. Although some commenters note that the alternative approach of routing calls directly to local crisis centers may have some benefits as well,¹⁹⁸ we find that the benefits of centralized routing greatly exceed those of localized routing. In particular, we believe that centralized routing to a single number will be far faster to implement and will simplify the administration of the Lifeline.¹⁹⁹

¹⁹³ PRS CrisisLink Comments at 1.

¹⁹⁴ See generally 47 U.S.C. §§ 225 (Telecommunications services for hearing-impaired and speech-impaired individuals), 255 (Access by persons with disabilities); see also Telecommunications for the Deaf and Hard of Hearing, Inc. et al. Comments at 2 (urging the Commission to “ensure that such code is available to deaf, hard of hearing, late-deafened, DeafBlind, speech-disabled and deaf and mobile-disabled callers, consistent with Section 255 of the Communications Act and the Commission’s rules implementing Section 225”).

¹⁹⁵ See Telecommunications for the Deaf and Hard of Hearing, Inc. et al. Comments at 4 (urging the Commission to ensure that 988 calling is compatible with TRS). In addition, the Lifeline maintains a separate TTY number, as well as an online chat portal, which will likewise remain available. See Suicide Prevention Lifeline, *Deaf, Hard of Hearing, Hearing Loss*, <https://suicidepreventionlifeline.org/help-yourself/for-deaf-hard-of-hearing/> (last visited June 22, 2020).

¹⁹⁶ Internet-based TRS includes Video Relay Service (VRS), Internet Protocol Relay (IP Relay), and Internet Protocol Captioned Telephone Service (IP CTS). See 47 CFR § 64.601(a)(18) (defining Internet-based TRS). VRS and IP Relay providers are required to route and deliver all calls, which will include calls to 988. See 47 CFR § 64.611(a)(2) (requiring VRS and IP Relay providers to route and deliver all of a user’s inbound and outbound calls); see also 47 CFR § 64.604(a)(3)(ii) (“Relay services shall be capable of handling any type of call normally provided by telecommunications carriers unless the Commission determines that it is not technologically feasible to do so.”). IP CTS providers are subject to the routing obligation when such providers are the underlying VoIP provider for their service. 47 CFR § 64.604(a)(3)(ii); see also Appendix A, Rule 47 CFR § 52.200 (requiring VoIP providers to implement 988 in their networks).

¹⁹⁷ Users of speech-to-speech services and TTY-based TRS will still dial 711 first to connect to a communications assistant who will complete the call to the Lifeline. TTY users may also dial 800-799-4889 for a TTY-to-TTY direct connection to the Lifeline. See Suicide Prevention Lifeline, *Deaf, Hard of Hearing, Hearing Loss*, <https://suicidepreventionlifeline.org/help-yourself/for-deaf-hard-of-hearing/> (last visited June 22, 2020).

¹⁹⁸ See Boulder Regional Emergency Telephone Service Authority Comments at 2-3; Telecommunications Bureau of Puerto Rico Reply at 3-4.

¹⁹⁹ For instance, Boulder Regional Emergency Telephone Service Authority supports centralized routing, noting that it “appears it can be more readily implemented” compared to localized routing and should provide the Lifeline with “greater staffing efficiency to assure that a call-taker will be available for each call.” Boulder Regional Emergency Telephone Service Authority Comments at 2. Boulder Regional Emergency Telephone Service Authority reaches this conclusion even though it acknowledges that localized routing may have the benefit of ensuring that counselors are familiar with the caller’s area, and may make it easier for callers to identify with their crisis counselor and for emergency services to be dispatched if needed. *Id.* at 2-3.

45. Finally, we address the Telecommunications Bureau of Puerto Rico's request that we require calls to 988 originating in Puerto Rico to be routed directly to the current suicide prevention call center in Puerto Rico as opposed to 1-800-273-8255 (TALK).²⁰⁰ In support of its request, the Telecommunications Bureau of Puerto Rico explains that for local residents, "the ability to converse in Puerto Rican Spanish, including the use of particular idioms unique to Puerto Rico, will facilitate . . . crisis call counselors in assisting those calling for help," and that while the Lifeline uses an interactive voice response system to direct calls either to the Veterans Crisis Line or the Spanish Line, "[d]ialing through an automatic system that is in English is not the preferred method to help the at-risk population in Puerto Rico."²⁰¹ Although we are sympathetic to the concerns raised by the Telecommunications Bureau of Puerto Rico, we decline to require direct local routing to the current suicide prevention call center in Puerto Rico at this time. We find that the benefits that the Telecommunications Bureau of Puerto Rico identifies could be achieved without the added costs (including likely delays in 988 implementation) that non-centralized routing would entail. In particular, while the Lifeline does not currently have a crisis center in Puerto Rico,²⁰² SAMSHA invites crisis centers to seek certification to participate in the Lifeline network.²⁰³ If SAMHSA were to approve a local crisis center located in Puerto Rico, then under the Lifeline's current routing procedures, calls to 988 originating from a Puerto Rico area code could be directed to that local crisis center rather than to a Lifeline crisis center outside of Puerto Rico. We therefore encourage stakeholders in Puerto Rico to work with SAMHSA to bring a local crisis center in Puerto Rico into the Lifeline network.²⁰⁴

3. Dialing in Certain Geographic Areas

46. In the *Notice*, we sought comment on how to address 988 implementation in areas of the country that currently permit 7-digit dialing and also use 988 as a central office code. In these areas, 988 are the first three digits of some 7-digit local phone numbers (988-XXXX), meaning that "a switch would need to distinguish between calls made to the suicide prevention and mental health crisis hotline and the assigned 988 central office code."²⁰⁵ This issue primarily affects wireline networks with legacy switching infrastructure since most wireless and VoIP services already require 10-digit dialing and tend to use newer switch hardware and software.²⁰⁶ The *Notice* estimated that, as of September 2019, there were "95 area codes that both still use 7-digit dialing and have assigned 988 as an NXX prefix,"²⁰⁷ and sought comment on mandatory 10-digit dialing and use of a dialing delay as two solutions for implementing 988 as a 3-digit dialing code in these areas. According to current information, there are 90 areas codes that

²⁰⁰ See Telecommunications Bureau of Puerto Rico Reply at 3-4.

²⁰¹ See *id.* at 2-4.

²⁰² See Suicide Prevention Lifeline, Our Crisis Centers, <https://suicidepreventionlifeline.org/our-crisis-centers/> (last visited June 22, 2020).

²⁰³ See Suicide Prevention Lifeline, Our Network, <https://suicidepreventionlifeline.org/our-network/> (last visited June 22, 2020).

²⁰⁴ See Telecommunications Bureau of Puerto Rico Reply at 2-3 (explaining that "the government of Puerto Rico has a Puerto Rico Suicide Prevention and Mental Health crisis center offered by la Administración de Servicios de Salud Mental y Contra la Adicción (ASSMCA), entitled Línea PAS (800-981-0023)," and arguing that the ASSMCA Línea PAS crisis center "should be designated as the first [local] crisis center within the orbit of the National Suicide Prevention Lifeline and [SAMHSA] to handle calls from Puerto Rico").

²⁰⁵ *Notice*, 34 FCC Rcd at 12578, para. 41.

²⁰⁶ See AT&T Comments at 3; CITA Reply at 2; Voice on the Net Coalition Comments at 1; see also NANC Report at 42.

²⁰⁷ *Notice*, 34 FCC Rcd at 12579, para. 41. However, we note that ATIS, in its comments in response to the *Notice*, states that "[a]s of February 5, 2020, there are 92 affected area codes in which there is 7-digit dialing and 988 is in use as an NXX code . . ." ATIS Comments at 7 n.19.

both still use 7-digit dialing and have assigned 988 as an NXX prefix, three of which are already in transition to 10-digit dialing and will complete implementation by the end of 2021.²⁰⁸

47. As we explained in the *Notice*, “[o]ne solution is the introduction of a dialing delay after 988 is entered—the switch would recognize that the caller is dialing 988 rather than a local 988-XXXX number when no digits are entered after 988. The downside with such an approach, as the NANC has noted, is that such a dialing delay ‘could result in the caller terminating the call because he thinks the call failed, or [result in] unrelated calls being routed to the hotline when a 7 digit number is dialed too slowly.’”²⁰⁹ Alternatively, “requiring 10-digit dialing would enable the switches to distinguish between calls made to the national suicide prevention hotline system and those made to a number beginning with a 988 prefix. With 10-digit dialing, a caller must first input the 3-digit area code before entering a 7-digit number. Thus, an individual attempting to call a 988-XXXX number would first have to input the area code (i.e., XXX-988-XXXX), avoiding the problem of calling the hotline in error.”²¹⁰

48. To facilitate efficient implementation of 988 and to make reaching 988 as easy as possible for Americans across the country, we require covered providers to implement 10-digit dialing in areas that both use 7-digit dialing and 988 as an NXX prefix.²¹¹ The record generally supports the use of 10-digit dialing, rather than a dialing delay, and we agree with commenters who favor 10-digit dialing. In particular, the record demonstrates that 10-digit dialing will be “the simpler, easier, and less costly approach for 988 implementation” and will provide 988 callers with a more reliable connection to the resources they need when compared with a dialing delay.²¹² Implementation of 10-digit dialing will ensure that callers in crisis are able to dial 988 and obtain a connection to the Lifeline without unnecessary delay, and without the confusion and frustration that may result from a dialing delay, as we discuss further below.²¹³ Moreover, 10-digit dialing has the potential to avoid misdirected calls to the Lifeline, which will conserve scarce resources that are better spent helping callers in need.²¹⁴

49. By contrast, the record reflects that dialing delays present a number of technical and logistical challenges, making their use a less desirable solution for routing 988 calls.²¹⁵ As an initial matter, several commenters note that dialing delays may not be supported by some switches at all.²¹⁶ If we were to mandate use of a dialing delay, these switches may have to be replaced entirely, which would

²⁰⁸ See North American Numbering Plan Administrator, NPA database, *available at* https://www.nationalnanpa.com/nanpl/npa_report.csv; see also USTelecom June 2 *Ex Parte* at Appendix B.

²⁰⁹ *Notice*, 34 FCC Rcd at 12578-79, para. 41.

²¹⁰ *Id.* at 12579, para. 42. The Commission has previously mandated 10-digit dialing “in cases of area-code relief, which involves establishing a new area code for a geographic region after the existing area code runs out of NXX prefixes.” *Id.* at para. 44.

²¹¹ See Appendix A, 47 CFR § 52.200(c). An NXX prefix is also called a central office code. See ATIS, Numbering and Dialing Plan within the United States (ATIS-0300076), at 7-8 (Dec. 2008), [https://access.atis.org/apps/group_public/download.php/46548/ATIS-0300076\(2008-12\).pdf](https://access.atis.org/apps/group_public/download.php/46548/ATIS-0300076(2008-12).pdf). In a 10-digit number, (XXX) YYY-ZZZZ, the NXX code is the three digits labeled “YYY.”

²¹² See USTelecom June 2 *Ex Parte* at 3. USTelecom explains that “it has become clear that 988 could be implemented through switch translations and upgrades in areas with 10-digit dialing,” the costs of which are “significantly less than the switch replacements contemplated” in the *Notice*. *Id.* at 2.

²¹³ See ATIS Comments at 6-7; AT&T Comments at 4-5; USTelecom Comments at 6-7. *But see* TGM Consulting Reply at 4 (“I urge the Commission not to mandate a dialing plan solution. Let service providers decide how they will implement 988.”).

²¹⁴ See NANC Report at 26; Verizon Comments at 2-3.

²¹⁵ See ATIS Comments at 6-7; AT&T Comments at 4-5; USTelecom Comments at 6-7.

²¹⁶ See, e.g., ATIS Comments at 6-7, Verizon Comments at 2-3.

add unnecessary costs to the implementation of 988 by service providers.²¹⁷ In addition, for those switches that do support use of a dialing delay, the length of the supported delay may vary widely.²¹⁸ AT&T, for example, indicates that for its network, “some . . . legacy wireline switches accommodate a delay of relatively short duration (i.e., 4 seconds or 6 seconds), whereas other AT&T switches accommodate a longer delay (i.e., 14 seconds).”²¹⁹ We agree with commenters who argue that, because of this variability, use of a dialing delay for routing 988 calls risks confusion and misdirected calls.²²⁰ As the NANC Report found, routing 988 calls with a dialing delay could result in nonemergency calls being misdirected to the Lifeline if, for example, a 7-digit number is dialed too slowly.²²¹ And, as Verizon argues, this could in turn “adversely affect[] the availability of hotline resources to callers in critical need.”²²² While dialing delays that are too short could lead to a significant number of calls being misdirected to 988, longer dialing delays could also hinder access to the Lifeline,²²³ if, for example, a caller were to terminate a 988 call before the dialing delay elapsed, thinking the call had failed. As AT&T argues, the use of a dialing delay to route 988 calls “would inevitably lead some 988 callers in crisis to terminate the call.”²²⁴ This risk is particularly acute for the longer delays that would be required by some legacy switches, which could lead to inconsistent access to 988 service across different areas of the country.²²⁵ As the American Association of Suicidology indicates, given the critical nature of the crisis counseling service offered by the Lifeline, any length of delay in connecting a call may be detrimental.²²⁶ We therefore agree with those who argue that use of a dialing delay to route 988 calls could have “unavoidable adverse impacts” for the Lifeline.²²⁷

50. Because 10-digit dialing will be simpler to implement and better for callers than a dialing delay, we reject GCI’s argument that we should defer to the judgment of state regulators as to which option is most appropriate in particular states.²²⁸ To support its request, GCI argues that in Alaska “it would make little sense to mandate 10-digit dialing” because 988 is employed as a wireless NXX in only one rate area in Alaska.²²⁹ But GCI does not offer any specific reasons to support its conclusions

²¹⁷ AT&T Comments at 4-5; USTelecom *Ex Parte* at 2.

²¹⁸ We note that at least one provider has already opted to implement 988 on a voluntary basis, using a dialing delay of 10 seconds. *See* Sonic Telecom Comments at 1. We encourage any service providers considering early implementation of 988 to coordinate their efforts with Commission staff, SAMHSA, and the VA.

²¹⁹ AT&T Comments at 4-5; *see also, e.g.*, ATIS Comments at 6-7; USTelecom Comments at 7.

²²⁰ *See* American Association of Suicidology Reply at 1; ATIS Comments at 6-7; AT&T Comments at 4-5; Verizon Comments at 2-3; USTelecom Comments at 6-7.

²²¹ NANC Report at 26.

²²² Verizon Comments at 2-3.

²²³ *See* USTelecom Comments at 6-7.

²²⁴ AT&T Comments at 4-5.

²²⁵ *See* USTelecom Comments at 6-7.

²²⁶ *See* American Association of Suicidology Reply at 1 (arguing that “dialing delays would be untenable for a hotline to connect individuals in crisis as quickly as possible and would be harmful and confusing for callers attempting to access 988”).

²²⁷ *See* USTelecom Comments at 6-7; AT&T Reply at 2-3; American Association of Suicidology Reply at 1.

²²⁸ GCI Reply at 5-9. For these same reasons, we also disagree with arguments by TGM Consulting that the choice between 10-digit dialing and a dialing delay should be left to individual carriers. *See* TGM Consulting Comments at 4.

²²⁹ GCI Reply at 6.

regarding the comparative benefits of 10-digit dialing and a dialing delay in Alaska.²³⁰ Its brief, general claims that 10-digit dialing is costly and confusing to consumers run contrary to the extensive evidence in the record discussed above.²³¹ We expect that implementing a dialing delay in some parts of the country and 10-digit dialing in others is likely to heighten the risk of failed attempts to reach 988 in dialing delay areas because individuals from outside those areas are unlikely to realize that a dialing delay is necessary. Based on the foregoing analysis, we conclude that we should adopt a uniform nationwide policy requiring 10-digit dialing in areas in which 988 is an NXX code. We note, however, that parties may seek a waiver of our rules for good cause shown,²³² and state public utility commissions or other interested parties may file a waiver petition if they wish to offer specific evidence why 10-digit dialing is inappropriate for a particular geographic area.

51. *Administration.* We are confident that covered providers and the North American Numbering Plan Administrator, a neutral administrator of numbering resources shared by the 20 member countries of the North American Numbering Plan,²³³ will be able to efficiently implement 10-digit dialing in the 87 area codes where it is necessary. Providers have already converted to 10-digit dialing in the geographic areas encompassed by 77 area codes.²³⁴ The Commission has granted authority to state public utility commissions to implement 10-digit dialing in cases of area-code relief, which involves establishing a new area code for a geographic region that is fast approaching exhaust.²³⁵ In a typical case, when an area code is approaching number exhaust, the North American Numbering Plan Administrator, acting with the input of and on behalf of affected carriers, petitions the state to implement 10-digit dialing and add a new area code, typically “overlaid” on the existing one.²³⁶ The state commission then adopts an

²³⁰ GCI asserts that “Alaska providers thus could implement a dialing delay of no more than a few seconds,” GCI Reply at 6, but it does not specify whether it bases this assertion on a specific assessment of the switches in use in Alaska. Nor does it provide any analysis or evidence to support its assertion that a dialing delay could be “tailored by network engineers” in Alaska to “minimiz[e] the risk of unintentional calls to the . . . Lifeline.” *Id.* at 7.

²³¹ See GCI Comment at 7-8 (asserting that a dialing delay “serves the public interest by avoiding the many costs of mandatory ten-digit dialing, which is confusing to consumers, disruptive to businesses, and, as explained by numerous commenters, takes a lot of lead time to implement”).

²³² See 47 CFR § 1.3. The Commission may exercise its discretion to waive a rule where the particular facts make strict compliance inconsistent with the public interest. *Northeast Cellular Telephone Co. v. FCC*, 897 F.2d 1164, 1166 (D.C. Cir. 1990) (*Northeast Cellular*). In considering whether to grant a waiver, the Commission may take into account considerations of hardship, equity, or more effective implementation of overall policy on an individual basis. *WAIT Radio v. FCC*, 418 F.2d 1153, 1159 (D.C. Cir. 1969).

²³³ See North American Numbering Plan Administrator, About the North American Numbering Plan, https://nationalnanpa.com/about_us/index.html (last visited June 22, 2020).

²³⁴ See North American Numbering Plan Administrator, Annual Report 2019, at 13-15, available at https://nationalnanpa.com/reports/2019_NANPA_Annual_Report.pdf (showing 77 active overlays in the U.S. states and Puerto Rico as of 2019). Providers routinely manage 10-digit dialing transitions in multiple area codes simultaneously. For example, in 2001, providers transitioned eleven area codes to 10-digit dialing. More recently, providers transitioned 7 area codes to 10-digit dialing in 2017. See Letter from Kristine Hackman, Vice President, Policy and Advocacy, USTelecom, to Marlene H. Dortch, Secretary, FCC, WC Docket 18-336, at 3-4 (filed June 22, 2020) (USTelecom June 22, 2020 *Ex Parte*).

²³⁵ See Notice, 34 FCC Rcd at 12579, para. 44; see also 47 U.S.C. § 251(e)(1) (granting the Commission “exclusive jurisdiction over those portions of the North American Numbering Plan that pertain to the United States”); 47 CFR § 52.19 (allowing states to resolve matters involving the introduction of new area codes within their states, subject to certain direction and limitations).

²³⁶ See, e.g., Petition of Neustar Inc., on Behalf of the South Carolina Telecommunications Industry, For Approval of NPA Relief Plan for the 803 NPA, Docket No. 2018-35-C (filed Jan. 25, 2018); Petition of the North American Numbering Plan Administrator on Behalf of the New York Telecommunications Industry for Relief of the 518 NPA, Case No. 16-C-0297 (filed May 16, 2016). In an area code “overlay,” a new area code is opened in the same geographic area as the area code requiring relief. With an overlay, consumers can keep their area code and

(continued....)

order that sets forth an implementation schedule.²³⁷ Of the seven such orders for which implementation is ongoing (encompassing 9 area codes), six set forth a 13-month implementation schedule, and one sets forth an approximate 9-month implementation schedule.²³⁸ The 13-month implementation schedules each allocate six months for carriers to prepare their networks for 10-digit dialing and the new area code; six months of consumer education and “permissive” 10-digit dialing, in which affected consumers may employ either 7- or 10-digit dialing; and one additional month at the end of the transition period to activate the new area code.²³⁹

52. We direct covered providers to coordinate their implementation of 10-digit dialing in the 87 area codes at issue with the North American Numbering Plan Administrator. We expect implementation to proceed faster than in the cases of adding a new area code discussed above. Because we direct 10-digit dialing in these 87 area codes pursuant to our exclusive jurisdiction, no initiating state public utility commission action is needed. The last step in implementing 10-digit dialing to add a new area code—the one month period for activating the new code—is not necessary because these transitions do not involve a new area code. We also believe that the 6-month permissive dialing period could be shortened to facilitate meeting the two-year deadline for 988 implementation across all of the area codes and because there are likely to be synergies in terms of consumer education when transitioning multiple areas. We expect that economies of scale and lessons learned regarding the logistical and technical processes for the transitions will reduce the time necessary to both prepare and execute transitions to 10-

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telephone number while numbers from the new area code may be assigned to new telephone customers or those adding additional lines. See North American Numbering Plan Administrator, Area Code Relief, Frequently Asked Questions at 7, available at https://www.nationalnanpa.com/relief_planning/FAQs_Area_Code_Relief.pdf. The other possible solution to address running out of numbers in an area code—a geographic area code split—has not been employed since 2007. See *Petition of the North American Numbering Plan Administrator on Behalf of the New Mexico Telecommunications Industry for Relief of the 505 NPA*, Final Order Adopting NPA Relief Plan for 505 NPA, Case No. 06-00141-UT (Nov. 9, 2006) (establishing an area code split for the 505 area code).

²³⁷ See, e.g., *Application of the North American Numbering Plan Administrator, on behalf of the California Telecommunications Industry, for Relief of the 909 Numbering Plan Area*, Decision Granting Request for an All-Service Area Code Overlay in the 909 Numbering Plan Area, (June 13, 2019) (*California 909 Numbering Plan Area Order*); *General Investigation into the Exhaust of the 405 NPA: Application of the North American Numbering Plan Administrator on Behalf of the Oklahoma Telecommunications Industry*, Final Order, Order No. 7076261 (Jan. 8, 2020) (*Oklahoma 405 Numbering Plan Area Order*); *Somos, Inc., in its Role as North American Numbering Plan Administrator Petition for Approval of Numbering Plan Area Relief Planning for the 814 Numbering Plan Area*, Order, Docket No. P-2018-3004265 (Apr. 30, 2020) (*Pennsylvania 814 Numbering Plan Area Order*).

²³⁸ See *California 909 Numbering Plan Area Order* at 2 (establishing a 13-month implementation timeframe); *Oklahoma 405 Numbering Plan Area Order* at 7 (same); *Pennsylvania 814 Numbering Plan Area Order* at 10-11 (same); *Petition of North American Numbering Plan Administrator on behalf of the Florida Telecommunications Industry, for Approval of Relief Plan for the Exhaust of the 850 Area Code*, Order Granting All-Services Overlay as the Area Code Relief Plan for the 850 Area Code, Order No. PSC-2019-0471-FOF-TP at 5 (Nov. 6, 2019) (same); *Petition of North American Numbering Plan Administrator on Behalf of the Florida Telecommunications Industry, for Approval of Consensus Decision to Recommend to the Commission an All-Services Overlay as the Form of Relief for the 813 Numbering Plan Area*, Order Approving All-Services Distributed Overlay as the Area Code Relief Plan for the 813 Area Code, Order No. PSC-2020-0098-PAA-TP at 5 (Apr. 10, 2020) (same); *Petition of the North American Numbering Plan Administrator (NANPA) (Neustar, Inc.) on Behalf of the South Carolina Telecommunications Industry for Relief for the 803 Numbering Plan Area*, Order Granting Relief in the 803 NPA, Order No. 2018-498, Docket No. 2018-35-C at 2 (July 26, 2018) (same); *Petition of the North American Numbering Plan Administrator, on behalf of the Texas Telecommunications Industry, for Relief for the 214/469/972 Numbering Plan Area*, Order, Project No. 48765 at 2-5 (Feb. 27, 2020) (establishing an approximate 9-month implementation timeline).

²³⁹ See, e.g., *Pennsylvania 814 Numbering Plan Area Order* at 10 (outlining the steps for the 13-month implementation timeframe).

digit dialing in these area codes. We expect that covered providers, in coordination with the North American Numbering Plan Administrator, will be able to develop a standard implementation plan that addresses both outreach and staging, which covered providers will be able to use in many, if not most, areas. Additionally, we anticipate that consumer education planning and outreach to consumers and affected businesses and government agencies can be accomplished more quickly and simply than in cases of a new area code, as the move to 10-digit dialing does not involve the introduction of new area codes or switching telephone numbers for consumers or others. In addition, outreach can begin right away, and be done in tandem with technical implementation, further compressing the timeframe for transitioning to 10-digit dialing in these areas. We also expect less education to be necessary than in years past because, by now, even in areas in which legacy carriers make 7-digit dialing available, most consumers are familiar with and accustomed to 10-digit dialing with their mobile devices, as well as in visiting one or more of the many areas throughout the country in which 10-digit dialing is mandatory. For all of these reasons, we disagree with USTelecom's reliance on previous 10-digit transition timeframes to claim that a "set timeline of less than 5 years to transition to 10-digit dialing is most likely not feasible."²⁴⁰

53. We recognize that covered providers may need to implement 10-digit dialing on a staggered basis within the time available.²⁴¹ We direct the North American Numbering Plan Administrator to develop, based on input from covered providers, an implementation schedule that will allow all covered providers to meet the transition deadline in an efficient manner that best accounts for the challenges each covered provider faces. We direct the North American Numbering Plan Administrator to communicate the schedule, once established, to state public utility commissions in states in which 10-digit dialing will be necessary so that they can address any specific consumer education and outreach measures they deem appropriate.²⁴²

4. Implementation Timeframe for Ubiquitous Deployment of 988

54. In the *Notice*, we proposed requiring that covered providers implement 988 in their networks within 18 months of publication of the final order in the Federal Register.²⁴³ Alternatively, we sought comment on whether we should adopt a shorter or longer timeframe for implementation such as one year or two years.²⁴⁴ Additionally, we asked whether we should consider the size of a carrier's network, including the need to simultaneously replace multiple legacy switches, when determining the appropriate implementation timeline.²⁴⁵ We further sought comment on whether the use of legacy-switch technology warranted a phased-in approach to implementation, and if so, how such an approach should work.²⁴⁶

55. For ubiquitous implementation of 988, covered providers must overcome two primary hurdles that drive our need to provide time for implementation. *First*, such providers must implement 10-digit dialing in the 87 area codes that continue to permit 7-digit dialing and also use 988 as a central office code. As discussed above, transitioning to 10-digit dialing involves both the technical work needed to implement 10-digit dialing as well as educating consumers about the transition.

56. *Second*, such providers must reprogram, upgrade, translate, or replace those switches that would not otherwise support 988 as a 3-digit dialing code. While covered providers can simultaneously

²⁴⁰ USTelecom June 22, 2020 *Ex Parte* at 4.

²⁴¹ See ATIS Comments at 7.

²⁴² Cf., e.g., *California 909 Numbering Plan Area Decision* (detailing public education program requirements).

²⁴³ *Notice*, 34 FCC Rcd at 12580, para. 45.

²⁴⁴ *Id.* at 12580, para. 46.

²⁴⁵ *Id.*

²⁴⁶ *Id.*

work to implement 10-digit dialing and make necessary changes to switches,²⁴⁷ we recognize that some legacy providers face a higher logistical burden in areas that require both steps. Our deadline is constrained by those legacy providers because many non-legacy voice services already require 10-digit dialing and use newer switch hardware and software in which implementing 988 is straightforward and swift.²⁴⁸

57. We set a uniform implementation deadline of July 16, 2022, to allow sufficient time—but no more time than necessary—for covered providers to meet the challenges of implementing 10-digit dialing in 87 area codes and of making necessary changes to their switches.²⁴⁹ Our guiding principle in setting this deadline is to minimize the time for 988 implementation to help address the growing epidemic of suicide in this country as quickly as possible. We agree with the American Association of Suicidology that it “is crucial that the three-digit hotline be made available as readily as possible” because “[i]ncidences of mental health conditions and suicide rates are increasing every year.”²⁵⁰ Similarly, we agree with The Trevor Project that “[t]he longer the delay the more likely it is we will lose individuals who don’t know where to access help, or who will not be able to remember a 10-digit number in a moment of crisis, but who would remember 988 after an effective public education campaign.”²⁵¹ And our cost-benefit analysis below shows that the benefits of implementing 988 greatly outweigh the costs—swift implementation will allow Americans to reap those benefits sooner. For these reasons, it is paramount that providers establish 3-digit access to the Lifeline as quickly as possible.

58. We find that July 16, 2022, provides sufficient time for all covered providers to implement both 10-digit dialing and any necessary changes to their switches. As to 10-digit dialing,

²⁴⁷ We asserted in the *Notice* that “any transition to 10-digit dialing could likely be achieved *in parallel* with the other work to implement 988.” *Notice*, 34 FCC Rcd at 12579-80, para. 44. No party has submitted evidence to the contrary.

²⁴⁸ In the *Notice*, we estimated that approximately 88% of the nation’s switches can today accommodate 988, and nothing in the record suggests otherwise. *Notice*, 34 FCC Rcd at 12576, para. 34. Therefore, the vast majority of providers could easily implement 988. See AT&T Reply at 4 (“Commenters agree that wireless carriers and VoIP providers can easily implement 988 into their networks using business as usual processes”); CTIA Reply at 2 (“[S]ome service providers, such as mobile wireless and IP-based voice services, face relatively few challenges”); Verizon Comments at 3-4 (“Verizon can implement 988 throughout its wireless footprint, across its interconnected VoIP services, and throughout much of its local service territory, likely in the 18-24 months period the Commission has typically allowed to implement new N11 codes nationwide.”).

²⁴⁹ Under our precedent, we have the flexibility to set a deadline that is most appropriate to the particular 3-digit code at issue. We have set implementation deadlines in the past ranging from six to 24 months. See *The Use of N11 Codes and Other Abbreviated Dialing Arrangements*, CC Docket 92-105, Sixth Report and Order, 20 FCC Rcd 5539, 5552, para. 32 (2005) (*N11 Codes Sixth Report and Order*) (setting 24-month deadline for 811); *The Use of N11 Codes and Other Abbreviated Dialing Arrangements*, CC Docket No. 92-105, First Report and Order and Further Notice of Proposed Rulemaking, 12 FCC Rcd 5572, 5615, para. 84 (1997) (assigning 311 for nonemergency police and other governmental services and setting an implementation timeframe of six months from when a telecommunications services provider receives a request from an entity to use 311 for access to nonemergency police and other government services in a particular jurisdiction); *The Use of N11 Codes and Other Abbreviated Dialing Arrangements*, CC Docket No. 92-105, Second Report and Order, 15 FCC Rcd 15188, 15203, para. 30 (2000) (assigning 711 for telephone-relay services for the hearing impaired with an implementation timeframe of one year); *The Use of N11 Codes and Other Abbreviated Dialing Arrangements*, CC Docket No. 92-105, Fifth Report and Order, 16 FCC Rcd 22264, 22272, para. 15 (2001) (generally providing a maximum of nine months for implementation of 911).

²⁵⁰ American Association of Suicidology et al. Comments at 1; see also National Association of State Mental Health Program Directors Comments at 1; National Alliance on Mental Illness Comments at 2 (calling for “rapid implementation as the need for immediate implementation of a 3-digit crisis line is undeniable,” and urging the FCC to require “telecommunications carriers to move as expeditiously as possible”).

²⁵¹ The Trevor Project Comments at 5.

covered providers must transition 87 areas codes to 10-digit dialing, far more than the 9 for which transitions are currently underway over staggered 13-month periods (9 months in one case). Given the time it has taken in the past to implement 10-digit dialing to add a new area code over an existing one, we are persuaded covered providers will need significant time to devise and enact a plan for prompt implementation across so many areas.²⁵² At the same time, as discussed above, we expect carriers to be able to speed 10-digit dialing implementation significantly compared to the past because of the economies of scale and lessons learned from implementing across numerous areas at once, ability to compress the typical implementation schedule by performing consumer education simultaneously with technical work, elimination of the need for initial state action to begin the 10-digit dialing process, extensive industry experience in implementing such transitions, and elimination of the work typically needed to implement a new area code when implementing 10-digit dialing. Taking into account these differences compared to 10-digit dialing implementation in the past, we find that setting a deadline of July 16, 2022, allows sufficient time for carriers to meet the challenges of implementing 10-digit dialing in 87 area codes, and we reject commenters' assertions based solely on past timelines that the need to transition to 10-digit dialing in some areas of the country justifies a longer (or significantly longer) implementation timeframe.²⁵³

59. We also observe that moving forward to 10-digit dialing at an intensified pace furthers long-standing industry goals. Over twenty years ago, ATIS's Industry Numbering Committee, an open forum to address and resolve industry-wide numbering issues, recommended moving to a uniform 10-digit dialing plan, citing reduced customer confusion—particularly in today's mobile society—and support for a consistent, fair, and equitable competitive environment as the benefits.²⁵⁴ The recommendation specifically highlighted that 10-digit dialing should be implemented “as the opportunity presents itself.”²⁵⁵ Today's Order is consistent with these long-accepted industry goals, and in fact will help the industry move forward expeditiously while also helping to realize the important life-saving benefits of nationwide deployment of a 3-digit code for the Lifeline.

60. With respect to the second gating step for ubiquitous 988 implementation—enabling switches to route calls to 988 to the Lifeline—we similarly conclude that the deadline we set of July 16, 2022 is sufficient but no more than necessary. We recognize that translating and upgrading or replacing legacy switches in use by legacy carriers—up to 12% of those in use in the country²⁵⁶—to accommodate a

²⁵² USTelecom June 22, 2020 *Ex Parte* at 5 n.1 (citing Letter from CenturyLink to Marlene H. Dortch, Secretary, FCC, WC Docket No. 18-336, at 3 (filed Apr. 9, 2020) (CenturyLink Apr. 9, 2020 *Ex Parte*) (stating that CenturyLink predicts that switch translations would need to be performed for approximately 4,500 switches, totaling at least 20,000 hours of switch-translation time)); NCTA Reply at 2 (“Implementing an effective solution, such as transitioning these areas to 10-digit dialing, may require the Commission to extend its proposed 18-month timeframe for implementation of 988 as the suicide hotline number.”); CenturyLink Apr. 9, 2020 *Ex Parte* at 3 (claiming that “even if [the] run-rate [of transitioning to 10-digit dialing within an NPA] were dramatically increased to unprecedented levels as part of an initiative to enable 988 in these 95 NPAs,” this process would still take “well beyond the NPRM’s stated 18-month goal”); Letter from Vonda Long-Dillard, Associate Director, Federal Regulatory Relations, AT&T, to Marlene H. Dortch, Secretary, FCC, WC Docket 18-336, at 2-3 (filed June 22, 2020).

²⁵³ See AT&T Comments at 5-6 (asserting that a transition to mandatory 10-digit dialing normally takes about one year and that it would in fact “take multiples of the standard one-year timeframe to implement 988”); ATIS Comments at 7 (observing that an average overlay “typically takes 13 months” and that “implementing ten-digit dialing in all affected area codes would take significantly more time . . . because providers do not have the resources to do all implementations simultaneously”).

²⁵⁴ ATIS, ATIS Standard—0300059, Uniform Dialing Plan (July 31, 1998), at 14, [https://access.atis.org/apps/group_public/download.php/46528/ATIS-0300059\(1998-07\).pdf](https://access.atis.org/apps/group_public/download.php/46528/ATIS-0300059(1998-07).pdf).

²⁵⁵ *Id.*

²⁵⁶ *Notice*, 34 FCC Rcd at 12576, para. 34. We estimated in the *Notice* that about 6,000 switches need upgrading or replacement. *Id.* Commenters did not dispute this estimate. *Cf.* USTelecom Comments at 8-9 (explaining that an

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new 3-digit, non-N11 poses significant challenges. Legacy carriers have voiced concerns about upgrading or replacing legacy switches, which may need to be done across geographically large swaths of providers' networks and would require extensive planning and testing.²⁵⁷ These commenters point to a lack of personnel trained in upgrading legacy switches and the need for technicians to replace them.²⁵⁸ USTelecom explains, however, that it "has become clear that 988 could be implemented through switch translations and upgrades in areas with 10-digit dialing," the costs for which "are significantly less than the switch replacements contemplated" in the *Notice*.²⁵⁹ Further, carriers with legacy switches have represented that they have been in the midst of an IP transition involving extensive updates to their TDM-based networks, technology that they have repeatedly claimed will be obsolete very soon.²⁶⁰ Indeed, USTelecom states that its members "have invested billions of dollars to facilitate an IP transition already."²⁶¹ We therefore believe, consistent with providers' oft-repeated statements on progress made in

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analysis of the state of members' networks was ongoing); NTCA—The Rural Broadband Association Comments, WC Docket Nos. 17-97, 20-67, at 3 (filed May 15, 2020) (noting that 93% of its members have IP-enabled switches within their networks). However, given the time that has elapsed since the publication of the April 2019 data relied on in the *Notice* and ongoing progress and investment by legacy carriers in the IP transition, we expect that this estimate may overstate the number of switches that require upgrades. *See* NCTA Reply at 4-5.

²⁵⁷ *See, e.g.*, AT&T Comments at 5 ("[T]he switch translations, switch upgrades, potential switch replacements, and other associated work required to support mandatory 10-digit dialing and 988 are much too extensive to be planned, completed, and tested in such a compressed timeline."); USTelecom Comments at 9-10 ("Carriers with more legacy switches across a wide geographic area will require additional time if transitioning to a non-N11 number, especially if it requires replacing rather than just reprogramming switches. . . . Replacing legacy switches for any reason is a non-trivial exercise requiring a careful balance of technical and economic factors. Planning for multiple, simultaneous switch replacements on an accelerated timeline would only exacerbate those costs and time.").

²⁵⁸ *See, e.g.*, ATIS Comments at 7 ("[S]ervice providers simply do not have the necessary personnel to make all necessary network changes and upgrades at one time."); AT&T Comments at 6-7 ("[S]witch translations, upgrades, and replacements are performed by limited groups of trained technicians. Human capital is not fungible for this work."); AT&T Reply at 5 ("These challenges lead to a consensus that 988 implementation, and the consequent transition to mandatory 10-digit dialing in certain areas, cannot be implemented simultaneously in all affected area codes across the country."); CenturyLink Reply at 6 (agreeing with ATIS's comments); USTelecom Comments at 10 ("[T]here are simply not enough legacy switch engineers in existence in the labor market to plan and execute hundreds or thousands of simultaneous legacy switch replacements in a compressed timeline of 18[] months.").

²⁵⁹ USTelecom June 2 *Ex Parte* at 2-3. Given USTelecom's explanation that switch translations are both simpler and faster than the initially-contemplated switch replacements, we are unsure whether legacy carriers' concerns regarding technicians remain relevant.

²⁶⁰ USTelecom Comments at 9.

²⁶⁰ *See, e.g.*, USTelecom Comments, WC Docket No. 17-84, at 21-22 (rec. June 15, 2017) ("Legacy networks that rely on copper and TDM technology are fast becoming relics, serving fewer and fewer telecommunications users as newer broadband services and technologies systematically replace them."); CenturyLink Comments, GN Docket No. 12-353, at 2 (rec. Jan. 28, 2013) ("TDM networks are increasingly becoming obsolete, with equipment and software for TDM-based voice services sometimes unavailable."); Letter from Robert W. Quinn, Jr., Senior VP Federal Regulatory and Chief Privacy Officer, AT&T, to Marlene H. Dortch, Secretary, FCC, GN Docket 13-5, at 2 (filed Jan. 21, 2014) (AT&T Jan. 21, 2014 Letter) ("The reality is that TDM is a rapidly obsolescing, narrow band technology that does not translate to a broadband world. All networks, services, and customers will have to make a transition to Internet Protocol and the FCC should lead that effort."); NCTA Reply at 4 ("These same companies have been touting the importance of Internet Protocol (IP)-based services and the IP transition for nearly a decade.").

²⁶¹ USTelecom Comments at 9; *see also* NCTA Reply at 4; CenturyLink Comments, GN Docket No. 12-353, at 2 (rec. Jan. 28, 2013); USTelecom Comments, GN Docket No. 12-353, at 1-2 (rec. Jan. 28, 2013); AT&T Jan. 21, 2014 Letter at 2; AT&T Comments, WC Docket No. 17-84, at 5-6 (rec. Jan. 17, 2018) ("[C]onsumers have abandoned legacy voice services in droves, transitioning instead to VoIP and mobile services (which, themselves, are rapidly transitioning to IP)."); USTelecom Comments, WC Docket No. 17-84, at 16-18 (rec. July 17, 2017) ("Because the transition to wireless and fiber facilities and technologies is already well underway, and consumers

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transitioning legacy networks, that a July 16, 2022 deadline provides sufficient time to require all covered providers to upgrade and translate switches on their network.

61. We also find the implementation timeframe we establish will benefit those covered providers for which implementation will require the most technical work, as they are the most likely to benefit from improvements to their networks. An IP-based network, in addition to allowing 10-digit dialing and implementation of short codes such as 988, provides improved network performance and speed, efficiency, reliability, scalability, and security,²⁶² making innovative protective technologies such as caller ID authentication available.²⁶³ Taking incremental steps toward an IP-based network is likely to ease the path to future upgrades, benefitting carriers and the public alike.²⁶⁴

62. *Single Deadline.* In setting an implementation timeframe, we consider the advantages and disadvantages of establishing a single deadline versus a phased-in approach with multiple deadlines (e.g., based on the type of service provider) to accommodate those providers that may need more time to implement 988 in their networks. Weighing these factors, we find that rollout of 988 will be most effective if we set a single implementation deadline so that stakeholders can clearly and consistently communicate to the American public when 988 will be universally available.²⁶⁵ While a phased-in approach could allow us to set a shorter deadline for some providers,²⁶⁶ it risks failed attempts to reach 988 by callers who are likely to be unaware of the details of staggered regulatory deadlines or the technical intricacies of the telephone system on which they rely. Confusion about what number to call

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have already rapidly adopted these technologies in overwhelming numbers, the Commission should not hold up the transition to accommodate a very small number of consumers.”); *see also* Letter from Michael Romano, Senior Vice President, NTCA, to Marlene H. Dortch, Secretary, FCC, CG Docket 17-59 et al., at 1-2 (filed Jan. 16, 2020) (“Indeed, NTCA noted that a recent survey indicated that 93 percent of its members have IP-enabled switches within their networks . . .”).

²⁶² *Business Data Services in an Internet Protocol Environment et al.*, WC Docket Nos. 16-143, 05-25 et al., Report and Order, 32 FCC Rcd 3459, 3470-71, para. 23 (2017). Additionally, IP-based networks typically use soft switches, which “are economically desirable because they offer significant savings in procurement, development, and maintenance. Such devices feature vastly improved economies of scale compared to switches based on specialized hardware.” *Connect America Fund et al.*, WC Docket 10-90 et al., 26 FCC Rcd 17663, 17759, para. 253 n.411 (2011).

²⁶³ *Petition of USTelecom for Forbearance Pursuant to 47 U.S.C. Section 160(c) to Accelerate Investment in Broadband and Next-Generation Networks*, WC Docket No. 18-141, Memorandum Opinion and Order, 34 FCC Rcd 6503, 6508, para. 9 (2019).

²⁶⁴ *But cf.* USTelecom Comments at 8 (asserting that “it is unclear whether upgrading switches to accommodate 988 would have “significant offsetting benefits beyond the immediate context of [the 988] proceeding”).

²⁶⁵ *See, e.g.*, Mental Health America Reply at 1-2 (“We encourage the FCC to determine an appropriate timeline for universal implementation of 988, which we will support based on their expertise. In establishing the timeline, however, MHA urges the agency to ensure universal access to the new 988 number without dialing delays or any gaps in coverage, regardless of how long implementation takes.”); Equality North Carolina Comments at 2 (“We urge the FCC to ensure national accessibility to 988, without dialing delays or gaps in coverage.”); *see also* National Association of State Mental Health Program Directors Comments at 1 (“There will need to be an interim period not only to make the necessary technological changes, but also to ensure there is adequate public education regarding the move to the new number.”).

²⁶⁶ American Association of Suicidology et al. *Ex Parte* at 2 (“Public comments to the FCC have indicated that wireless carriers and VoIP providers could easily implement 988 in their networks within the FCC’s 18-month timeline. The FCC should not unnecessarily delay designation of a life-saving public health resource for concern of a minority of outdated legacy switches.”) *But cf. id.* (“It is crucial that any national crisis hotline be universally accessible, and we urge the FCC to support swift upgrades to legacy wireline switches to complete 988 coverage . . .”).

could be disastrous for individuals and, in the aggregate, could erode trust in the Lifeline.²⁶⁷ As one of the parties advocating for a phased-in approach concedes, “[n]on-uniform access to 988 will confuse callers and be a detriment to accessing crisis services.”²⁶⁸ Requiring voice service providers to implement 988 by different deadlines poses exactly this risk. And commenters advocating for an 18-month deadline for most voice service providers and a later (unspecified) deadline for legacy wireline carriers do not explain how public education campaigns could be effectively conducted to ensure that customers of “wireless, VoIP, and non-legacy wireline networks” know about the availability of the new, shorter Lifeline number at the 18-month mark while also ensuring that customers of legacy wireline networks know that they should *not* call that number yet.²⁶⁹ This reality is compounded by the fact that a consumer may purchase both mobile wireless phone service and legacy wireline home phone service (including from the same company, such as AT&T or Verizon) and may have the expectation that if 988 works on one of their phones, it will work on the other. Although we recognize that some providers may implement 988 before the deadline we set, we anticipate less consumer confusion with a single widely known “available-no-later-than” date, accompanied by coordinated, national consumer education campaigns. We also expect and encourage providers to coordinate with Commission staff, SAMHSA, and the VA before moving forward with early adoption, which will further facilitate clear and informative public education campaigns.

63. We therefore decline to adopt a technology-based, phased-in implementation approach as some commenters urge.²⁷⁰ We recognize that many of the legacy switches that require upgrading to implement 988 may reside in states with rural legacy networks.²⁷¹ And while we understand that networks in rural areas in particular may pose more acute challenges due to issues such as weather and physical remoteness, the record also demonstrates that the need to ease access to life-saving suicide-prevention resources is also particularly acute in rural and remote areas.²⁷² As we have previously explained, “suicide does not discriminate by geographic region, and to be effective, any code designated for a national suicide prevention and mental health crisis hotline system must be ubiquitously

²⁶⁷ See CTIA Comments at 4 (“To avoid consumer confusion and ensure suicide prevention call centers are prepared to receive traffic, CTIA encourages the Commission to adopt an implementation deadline that is reasonably feasible for all telecommunications providers to meet, regardless of the speed by which wireless and other providers may be able to implement 988 on their networks.”). See also Entercom Comments at 3 (“Entercom supports rules that would put the three-digit code into service as expeditiously as possible, while limiting any confusion and misdirected calls.”).

²⁶⁸ USTelecom June 2 *Ex Parte* at 1 (quoting American Foundation for Suicide Prevention Comments at 1); see also Equality North Carolina Comments at 2.

²⁶⁹ See American Association of Suicidology et al. *Ex Parte* at 2 (“Deploying 988 operations across wireless, VoIP, and non-legacy wireline networks would allow significant public access to the hotline. It is crucial that any national crisis hotline be universally accessible, and we urge the FCC to support swift upgrades to legacy wireline switches to complete 988 coverage while ensuring areas without immediate 988 access receive special communications to access the existing 1-800-273-8255 crisis hotline number.”); USTelecom June 2 *Ex Parte* at 5 (asserting that USTelecom’s phased-in approach—which would result in an estimated 97% of households with 988 availability within 18 months but would only “make 988 available state-wide in 14 states” at that time—would “provide predictability for 988 public education campaigns because the mental health community would know when specific areas and states would have 988 ubiquitously available”).

²⁷⁰ See, e.g., ATIS Comments at 4-5; AT&T Comments at 2, 6-7; CenturyLink Comments at 3-5; USTelecom Reply at 7-8; cf. American Association of Suicidology et al. *Ex Parte* at 2.

²⁷¹ See North American Numbering Plan Administrator, Annual Report 2019, Attach. 5, available at https://nationalnanpa.com/reports/2019_NANPA_Annual_Report.pdf. Many of the area codes that are affected are largely rural.

²⁷² See, e.g., GCI Reply at 4 (“The rate of suicide in Alaska is approximately double the national average, and suicide rates in rural Alaska communities are even higher.”); Comm’r Presley Letter at 1; NCHS *Suicide Mortality in the United States, 1997-2017* at 1, <https://www.cdc.gov/nchs/data/databriefs/db330-h.pdf>.

deployed.”²⁷³ A phased-in approach would risk delaying 3-digit access to some of the areas of the country that need it most. As Mental Health America explains, “[i]n establishing the timeline,” the Commission “must ensure universal access to the new 988 number,” even if implementation takes longer, to avoid “excluding certain rural jurisdictions or other populations from having access.”²⁷⁴

64. We also decline to adopt a phased-in approach on the basis that “service providers simply do not have the necessary personnel to make all necessary network changes and upgrades at one time.”²⁷⁵ We account for these challenges by ensuring adequate time for the transition, rather than by foregoing the benefits of a single deadline.

65. *Declining Additional Delay.* We decline requests for an unspecified amount of time for implementation. Setting an indefinite timeframe for providing 3-digit access to potentially life-saving resources would be contrary to the public interest. The lack of regulatory certainty would also risk public confusion, hinder preparation by parties involved with operating the Lifeline, sharply reduce the incentive for carriers to upgrade their networks promptly, and complicate planning and budgeting for all parties involved. Moreover, none of the carriers requesting this delay offers a concrete plan to ensure ubiquitous deployment of 988 in a timely manner. USTelecom’s plan would only establish a deadline for 97% of households, leaving the others—mostly in rural areas—waiting indefinitely.²⁷⁶ AT&T argues that the Commission should “avoid a premature implementation schedule” and proposes that the Commission solicit “input on the appropriate implementation schedules that begins 36 months *after* [designation of 988] is set.”²⁷⁷ Similarly, the Alliance for Telecommunications Industry Solutions asserts that it is “premature” to establish an implementation deadline before first determining where 988 calls will be routed, whether 10-digit dialing will be mandated, and other “key decisions.”²⁷⁸ But that is the very purpose of this notice-and-comment rulemaking proceeding. We recognize that, according to some commenters, the original 18-month deadline proposed in the *Notice* provided insufficient time for implementation; thus, we have provided additional time accordingly.²⁷⁹ We refuse, however, to kick the proverbial can down the road or establish an effectively unenforceable rule when American lives are at stake.

66. We also reject arguments that the possible need to bolster the Lifeline’s resources is a reason to establish a lengthier deadline. Notably, neither SAMHSA nor the VA have suggested that they require additional time to prepare with necessary and approved funding, resources, and support to handle increased demand. We reject arguments to the contrary by parties that, unlike SAMHSA and the VA,

²⁷³ *Notice*, 34 FCC Rcd at 12576, para. 33 (quoting FCC Staff Report at 15).

²⁷⁴ See Mental Health America Comments at 3 (“Although we fully agree on designating 988 for eased memory recall of the Lifeline, MHA is uncertain of the feasibility of the 18-month timeline proposed for implementation and defer to the agency to consider other comments to determine the most appropriate timeline for readiness. In establishing the timeline, however, MHA urges the agency to ensure universal access to the new 988 number, regardless of how long implementation takes. By excluding certain rural jurisdictions or other populations from having access, we will certainly see disparities take a toll.”).

²⁷⁵ ATIS Comments at 7; see also, e.g., AT&T Comments at 2-4, 6; ATIS Comments at 4-5; CenturyLink Reply at 6-7; USTelecom Reply at 1-2.

²⁷⁶ USTelecom June 2 *Ex Parte* at 4-5.

²⁷⁷ AT&T Reply at 7-8 (emphasis added); see also AT&T Comments at 7 (proposing that the Commission issue an Order with the final 3-digit dialing solution and then issue a further notice that could seek input into costs, cost recovery, and potential timelines for legacy wireline networks to phase-in 988).

²⁷⁸ ATIS Comments at 8.

²⁷⁹ Based on the foregoing analysis, we decline requests to adopt the 18-month deadline proposed in the *Notice*. See American Association of Suicidology et al. *Ex Parte* at 1; National Alliance on Mental Illness Comments at 2; National Association of State Mental Health Program Directors Comments at 1; Trevor Project Comments at 5.

are not well-positioned to evaluate the Lifeline's needs.²⁸⁰ While additional resources may need to be devoted to the Lifeline to ensure a smooth transition, USTelecom's recommendation that "the implementation timeline for 988 should only be triggered once [SAMHSA] . . . or another appropriate federal entity can certify that the Lifeline call centers have adequate network, staffing, and back-up capabilities to handle the anticipated increase in call volume"²⁸¹ ignores the fact that these same entities have expressed no reservations about preparedness in an 18-month timeframe as proposed in the *Notice*, let alone a deadline of July 16, 2022. We therefore reject suggestions to establish a lengthier deadline based on the need to prepare the Lifeline for a potential increase in calls.

5. Cost Recovery

67. In the *Notice*, we proposed that all service providers bear their own costs of implementing 988 in their networks.²⁸² We adopt this proposal. As we explained in the *Notice*, this approach encourages affected entities to make any needed upgrades efficiently and avoids unnecessary administrative costs.²⁸³ Unlike previous numbering proceedings in which the Commission established a cost recovery mechanism, here no shared industry costs such as central or regional numbering databases or third-party administrators are necessary to implement 988.²⁸⁴ Rather, the costs incurred are provider-specific, as each service provider determines a solution to route its 988 calls to 1-800-273-8255 (TALK), which will vary significantly by individual provider. In addition, it is typical in non-numbering matters for providers to comply with Commission rules without a specific cost recovery mechanism. We note that our decision does not preclude service providers from reflecting any increased costs incurred as a result of 988 implementation in their rates charged to end users.²⁸⁵

68. We therefore disagree with commenters who argue that we should provide a mechanism for carriers to recover their costs associated with the implementation of the 988 dialing code.²⁸⁶ For

²⁸⁰ Verizon, for example, asserts that "hotline centers will need to ensure that they have the inbound calling and CPE capacity to handle the additional traffic that will result from the 988 code," and "[i]mplementation deadlines that occur well before" any such efforts may mean that "consumers can[not] realize the benefits, and could confuse customers about whether 988 is genuinely available." Verizon Comments at 3; *see also* AT&T Reply at 7 ("[A]n implementation deadline for service providers that does not align with the ability of the Lifeline (and mental health call centers where it routes calls) to receive and handle the expected call volume would be counterproductive and inefficient.").

²⁸¹ USTelecom Reply at 9-10.

²⁸² *Notice*, 34 FCC Rcd at 12580, para. 47.

²⁸³ *Id.*; *see also* Board of Douglas Cnty. Comm'rs Comments at 2 (opposing a recovery mechanism).

²⁸⁴ *See, e.g., Telephone Number Portability*, CC Docket No. 95-116, RM 8535, Third Report and Order, 13 FCC Rcd 11701, 11738-11778, paras. 68-146 (1998). The Commission divided the costs for local number portability into (1) shared costs; (2) carrier-specific costs directly related to providing number portability; and (3) carrier-specific costs not directly related to providing number portability. The Commission established an industry-wide cost recovery mechanism for the shared costs of number portability, which included the costs of administering the regional databases. *Id.* Because no shared industry costs such as central or regional numbering databases or third-party administrators are necessary to implement 988, we conclude that the numbering administration requirement of section 251(e)(2) does not apply. As explained in the *Notice*, the Commission is only required to apply section 251(e)(2) in situations involving some type of numbering administration arrangement. *Notice*, 34 FCC Rcd at 12580, para. 47; *see also Caller ID Authentication Report and Order and FNPRM*, 35 FCC Rcd at 3261, para. 42, n.159. No commenter disputes this proposed finding in the *Notice*.

²⁸⁵ Moreover, we recently issued a Notice of Proposed Rulemaking in a separate proceeding in which we proposed providing carriers with pricing flexibility nationwide for voice services. *See Eliminating Ex Ante Pricing Regulation and Tariffing of Telephone Access Charges*, WC Docket No. 20-71, Notice of Proposed Rulemaking, 25 FCC Rcd 3165, 3177, para. 36 (2020).

²⁸⁶ *See, e.g., USTelecom Comments* at 15-16; CenturyLink Reply at 7-8.

example, USTelecom argues that we should provide a cost recovery mechanism because “[w]hen imposing new abbreviated dialing codes in the past, the Commission has allowed states to regulate cost recovery for telecommunications providers in most instances.”²⁸⁷ The examples cited by USTelecom, related to the designation of N11 codes, do not support the proposition that we must designate a cost recovery mechanism in this proceeding. It is true that, in designating 311 as a nationwide number for non-emergency services, we noted that telecommunications service providers might incur costs to enable 311, and that “states would regulate cost recovery in most instances.”²⁸⁸ Critically however, as the Commission explained, this was appropriate because “311 calls, like 911 calls, are typically intrastate” and the nature and “[f]unding of 311 service . . . is a local issue.”²⁸⁹ Similarly, the 211, 511, and 811 designations referenced by USTelecom involved providing callers direct access to local resources administered by states and localities.²⁹⁰ Here, however, we are establishing a 3-digit code for reaching the nationwide toll free number of the Lifeline, a resource administered by the federal government. Under these circumstances, the argument that we should defer to the states regarding cost recovery mechanisms is far less compelling.

69. USTelecom further argues that a cost recovery mechanism is warranted because “[r]equiring carriers to bear the costs of mandated implementation of 988 while also urging carriers to deploy SHAKEN/STIR authentication . . . compounds the financial impact, consuming scarce capital resources and lessening carriers’ ability to invest in broadband.”²⁹¹ And CenturyLink contends that we should authorize a cost recovery mechanism because “the vast majority of 988 implementation costs will be borne by the legacy wireline companies.”²⁹² We recognize that carriers with significant legacy infrastructure may incur higher costs in implementing 988 than other voice service providers.²⁹³ However, this does not suggest that we should provide a mechanism to recover those costs. To the contrary, a recovery mechanism would risk undesirable distortions because, as we observed in the *Notice*, any costs borne by telecommunications carriers and VoIP providers will be proportional to the size and quality of their networks.²⁹⁴ As discussed above, the switch translations or upgrades necessary to implement 988 are likely to largely coincide with those required for the transition to IP-based services. For this reason, the carriers that would be the most likely to need to spend more on upgrades in the absence of today’s rules—those with large networks with older infrastructure—will be the same providers that must spend more in order to implement 988.

70. Finally, we remind carriers that “upgrades to legacy switches will have significant offsetting benefits beyond the immediate context of this proceeding, such as providing consumers with the benefits of more advanced, IP-based services as well as new business opportunities for providers.”²⁹⁵ Given these significant benefits to carriers, we conclude that the costs associated with implementing 988

²⁸⁷ USTelecom Comments at 15.

²⁸⁸ *The Use of N11 Codes and Other Abbreviated Dialing Arrangements*, CC Docket No. 92-105, First Report and Order, 12 FCC Rcd 5572, 5598, para. 42 (1997).

²⁸⁹ *Id.*

²⁹⁰ *See N11 Codes Sixth Report and Order*, 20 FCC Rcd at 5539-40, paras. 1-3; *The Use of N11 Codes and Other Abbreviated Dialing Arrangements*, CC Docket No. 92-105, Third Report and Order, 15 FCC Rcd 16753, 16759, 16769, paras. 9, 28 (2000).

²⁹¹ USTelecom Comments at 15-16.

²⁹² CenturyLink Reply at 7-8.

²⁹³ *See* AT&T Comments at 3; CTIA Reply at 2; Voice on the Net Coalition Comments at 1; NANC Report at 42.

²⁹⁴ *Notice*, 34 FCC Rcd at 12581, para. 47.

²⁹⁵ *Id.* at 12583, para. 57; *see also* NCTA Reply at 4-5 (“The importance of IP-based networks is made very clear in the current proceeding, as well as in other important consumer-focused initiatives of the Commission, such as efforts to stop robocalls.”).

should be borne by service providers.²⁹⁶ And, as we noted above, our decision today does not preclude carriers or providers from adjusting their rates to end users to account for these costs if necessary.

C. Assessing the Benefits and Costs of Designating and Implementing 988

71. We are convinced that designating and implementing 988 will enable Americans to more easily access proven, life-saving suicide prevention and mental health crisis services, and the benefits of our actions today far surpass the costs of implementation. In the *Notice*, we estimated that if the new 988 dialing code could deter just one out of every one thousand suicides and suicide attempts, “the estimated benefit of \$2.4 billion in present value over the course of ten years will exceed the estimated, one-time \$367 million in present value implementation cost to service providers.”²⁹⁷ We sought comment on this preliminary conclusion.²⁹⁸ Based on the record and updated 2018 data from the CDC, we continue to estimate that a 0.1% reduction in suicide mortality will create \$2.4 billion in present value benefits over the course of ten years.²⁹⁹ This benefit alone far exceeds the estimated present value costs of implementation, which remains \$367 million. We also recognize that there are other significant benefits to 988 beyond a reduction in mortality, including cost savings for medical care and public safety, further indicating that the benefits of our action today greatly outweigh the costs.

1. Benefits

72. Estimates indicate that “nearly one-half of the American public has been impacted by suicide.”³⁰⁰ The Lifeline and Veterans Crisis Line provide critical and proven services that save lives,³⁰¹ and expanding access to these services through the implementation of 988—an easy-to-remember, 3-digit dialing code—will save lives. In the *Notice*, we provided a range of estimated reductions in suicides resulting from the implementation of 988, and estimated that even a small reduction, a 0.1% decline in suicides, would save \$451 million annually.³⁰² We explained that estimating a precise reduction in suicide incidence is difficult and we therefore proposed to evaluate plausible suicide-reduction scenarios.³⁰³ No commenters directly addressed our range of estimated reductions in suicides,³⁰⁴ and we see no reason to depart from our estimates in the *Notice*. There, we assigned mortality reductions a monetary value based on the value of a statistical life (VSL), a measure of the collective willingness to

²⁹⁶ See Board of Douglas Cnty. Comm’rs Comments at 2.

²⁹⁷ *Notice*, 34 FCC Rcd at 12581, para. 50.

²⁹⁸ *Id.*

²⁹⁹ 1,344 more persons died by suicide in 2018 than in 2017. See Holly Hedegaard et al., *Increase in Suicide Mortality in the United States, 1999-2018*, National Center for Health Statistics (NCHS) Data Brief No. 362, at 2 (Apr. 2020), <https://www.cdc.gov/nchs/data/databriefs/db362-h.pdf> (NCHS Increase in Suicide Mortality in the United States, 1999-2018).

³⁰⁰ American Association of Suicidology Reply at 1-2.

³⁰¹ SAMHSA Report at 8; Centerstone Comments at 1 (“[W]hen callers in the midst of suicide ideation connected with trained counselors at the National Suicide Prevention Lifeline, more than 90 percent of suicide ideation and attempts were prevented.”).

³⁰² *Notice*, 34 FCC Rcd at 12583, para. 54.

³⁰³ See *id.* at 12582, para. 53; see also FCC Staff Report at 16 (explaining that “we cannot precisely measure the costs and benefits of designating 988 relative to the existing Lifeline, based on the information available”).

³⁰⁴ Vibrant Emotional Health, which administers the Lifeline, states that our overall proposed ten-year benefit estimate of \$2.4 billion “yielded reasonable conclusions for savings,” implying support for the 0.1% figure that formed part of that calculation. Vibrant Emotional Health Comments at 4. The only commenter to address the reduction estimates directly, The Trevor Project, simply acknowledged our 0.1% reduction estimate. See The Trevor Project Comments at 5.

pay to avoid a marginal increase in the risk of premature death.³⁰⁵ Multiplying the number of saved lives corresponding to various suicide prevention scenarios by the VSL yields a range of annual benefits corresponding to the suicide reductions achieved.³⁰⁶ We evaluate the most modest suicide reduction scenario of 0.1% to provide the most conservative estimate of benefits.³⁰⁷

73. In 2018, 48,344 Americans died by suicide, and an estimated 1.4 million attempted suicide.³⁰⁸ This is an increase in suicides of 1,344 compared to the 2017 CDC data used for the estimate in the *Notice*.³⁰⁹ For every expected life saved, the VSL is equal to \$9.6 million.³¹⁰ If the 988 dialing code deters one out of every 1,000 Americans who would otherwise die by suicide, we estimate the annual benefit would be approximately \$461 million. The present value of this benefit over ten years, using a 7% discount rate, is approximately \$2.4 billion.³¹¹ Vibrant Emotional Health, the only commenter to address the issue, supports the \$2.4 billion estimate of benefits attributable to suicide reduction.³¹²

³⁰⁵ *Wireless Emergency Alerts*, PS Docket Nos. 15-91, 15-94, Second Report and Order, 33 FCC Rcd 1320, 1345-46, para. 43, nn.177-78 (2018) (*Wireless Emergency Alerts Second Report and Order*); see also Memorandum from Molly J. Moran, Acting General Counsel, and Carlos Monje, Assistant Secretary for Transportation Policy, Office of the Secretary of Transportation, Department of Transportation, Guidance on Treatment of the Economic Value of a Statistical Life (VSL) in U.S. Department of Transportation Analyses – 2016 Adjustment (Aug. 8, 2016) (Department of Transportation 2016 VSL Memorandum), <https://www.transportation.gov/sites/dot.gov/files/docs/2016%20Revised%20Value%20of%20a%20Statistical%20Life%20Guidance.pdf>.

³⁰⁶ *Notice*, 34 FCC Rcd at 12583, para. 53, Table 2 (identifying estimated annual benefits from suicide reductions based on a 10%, 1%, and 0.1%).

³⁰⁷ *Id.* at 12582, para 53. It is unnecessary to consider other scenarios yielding a higher reduction because the benefits of a 0.1% reduction greatly outweigh the costs.

³⁰⁸ [NCHS](https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetTabsSect8pe2018.htm) Increase in Suicide Mortality in the United States, 1999-2018 at 2; see also Substance Abuse and Mental Health Administration, National Survey on Drug Use and Health, at Table 8.56B, <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetTabsSect8pe2018.htm> (last visited June 22, 2020).

³⁰⁹ Based on 2018 CDC data, a marginal decline of 0.1% would save 48 people. Multiplied by the VSL, this results in an estimated annual benefit of \$461 million (48*\$9.6 million). This estimate is higher than our earlier \$451 million estimate of the annual benefit due to the increase in total suicides from 2017 to 2018. In 2018, 1,344 more persons died by suicide than in 2017. If our actions would save 0.1% of this change, that would be 1.34 lives. This rounds to a single life saved. Multiplied by the VSL, the resulting value of the one-person increase in mortality is \$9.6 million. Over ten years, the present value of the mortality reduction using 2017 suicides is \$2.352 billion vs. \$2.404 billion using 2018 suicides. Both figures round to \$2.4 billion.

³¹⁰ *Wireless Emergency Alerts Second Report and Order*, 33 FCC Rcd at 1345-46, para. 43, n.177-78. The Department of Transportation currently estimates that the statistical value of a single life is \$9.6 million. See Memorandum from Polly Trottenberg, Under Secretary for Policy, Office of the Secretary for Transportation, and Robert S. Rivkin, General Counsel, Department of Transportation, Guidance on Treatment of the Economic Value of a Statistical Life in U.S. Department of Transportation Analyses (Feb. 28, 2013), http://www.dot.gov/sites/dot.gov/files/docs/VSL_Guidance_2013.pdf (last visited June 22, 2022); see also Department of Transportation 2016 VSL Memorandum; *Wireless Emergency Alerts*, PS Docket Nos. 15-91, 15-94, Report and Order and Further Notice of Proposed Rulemaking, 31 FCC Rcd 11112, 11169, para. 90 (2016).

³¹¹ We use a 7% discount rate throughout, consistent with Office of Management and Budget guidance. See OMB, Circular A-4, *Regulatory Analysis*, Section E(8) Discount Rates, Real Discount Rates of 3 Percent and 7 Percent, (Sept. 17, 2003), https://obamawhitehouse.archives.gov/omb/circulars_a004_a-4/ (“[A] real discount rate of 7 percent should be used as a base-case for regulatory analysis. The 7 percent rate is an estimate of the average before-tax rate of return to private capital in the U.S. economy. It is a broad measure that reflects the returns to real estate and small business capital as well as corporate capital. It approximates the opportunity cost of capital, and it is the appropriate discount rate whenever the main effect of a regulation is to displace or alter the use of capital in the private sector.”). When the proposed regulation primarily affects private consumption, OMB recommends a lower discount rate of 3%. See *id.* OMB encourages regulatory analyses to present net benefits using both 3% and

(continued....)

74. We agree with commenters that the overall benefits of designating and implementing a 3-digit dialing code are broader than the direct benefits of saving lives.³¹³ Vibrant Emotional Health contends that the benefits of reducing suicides and suicide attempts also include “cost savings from averted suicide attempts and de-escalation of suicidal distress.”³¹⁴ These benefits include decreased burdens on public health and safety emergency services as well as on the family and those closest to the impacted individual.³¹⁵ We agree that these are additional benefits of designating and implementing a 3-digit dialing code. Since quantifying these additional benefits is not necessary to show that the benefits far outweigh the costs, we do not quantify them in our cost benefit calculation.³¹⁶ Similarly, we recognize commenters’ claims that implementing 988 will confer other benefits that will appear as cost savings elsewhere in the public safety system, and ultimately in federal, state and local government budgets.³¹⁷ When crisis services are unavailable, at-risk individuals are often taken by police to local jails, consuming

(Continued from previous page) _____

7%. *Id.* For our analysis here, however, the lower 3% discount would only increase the net benefits. For the sake of simplicity and to be conservative, we calculate net benefits using the 7% discount rate.

³¹² *Cf.* Vibrant Emotional Health Comments at 4-5 (arguing that while we should consider other categories of benefits, we “properly cited the effectiveness of the Lifeline in reducing suicidality, and [our] application of VSL (Value of Statistical Life) cost-estimates related to reducing suicides directly yielded reasonable conclusions for savings”).

³¹³ *See* Vibrant Comments at 4-5 (asserting there are “several significant factors which amplify the potential public health and safety value of 988 service”); *see also* National Alliance on Mental Illness Comments at 2 (arguing that the Commission’s “analysis only considered the cost benefit related to suicide prevention and did not consider costs and savings related to mental health crises”); Centerstone Comments at 3 (stating that “investments in 9-8-8 have the potential to yield significant cost savings to other public health infrastructure”).

³¹⁴ Vibrant Emotional Health Comments at 4.

³¹⁵ These benefits are conceptually and causally different from the VSL. Medical treatment cost is the direct, aggregate, out-of-pocket cost of treating self-inflicted wounds. Lost-productivity cost is the indirect cost measured by the aggregate lost-earnings caused by self-inflicted wounds. The VSL measures neither lost earnings nor medical costs. The VSL is defined as the marginal rate of substitution between income and mortality risk, which intuitively measures the rate at which individuals are willing to trade money for the reduced risk of death. The VSL does not measure the value of life, but rather the individual’s willingness to pay to reduce risk.

³¹⁶ We estimate based on the most recent data available from the CDC, if only 0.1% of suicides are averted by the 988 code, then nearly \$795 million dollars in medical treatment and lost productivity costs would be saved annually. CDC estimates that the 41,149 suicides in 2013 cost the U.S. economy almost \$51 billion in medical treatment and value of lost work. *See* Curtis Florence et al., *Estimated Lifetime Medical and Work-Loss Costs of Fatal Injuries—United States*, 2013, *Mortality and Morbidity Weekly Report* 64, No. 38 (Oct. 2, 2015), <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6438a4.htm>. Suicide attempts—non-fatal self-harm injuries—resulted in nearly \$12 billion in medical and work-loss costs in 2013 (\$11.9 billion is the sum of \$11.3 billion in medical and work-loss costs for persons whose self-harm injuries required hospitalization and \$627 million in medical and work-loss costs for persons treated for self-harm injuries in a hospital emergency room and then released). Together, the total cost of suicides and suicidal attempts was approximately \$63 billion (CDC estimates that the 41,149 suicides in 2013 cost the U.S. economy almost \$51 billion in medical treatment and value of lost work). Adjusting to 2018 dollars and accounting for changes to the suicide rate, we estimate total work-loss and medical costs were approximately \$79.5 billion. We believe this estimate is understated given the effectiveness of crisis counselors in reducing suicides and expected increases in calls to the Lifeline from 988 implementation. *Notice*, 34 FCC Rcd at 12582, para. 52; Centerstone Comments at 1; The Trevor Project Comments at 5. Because we did not specifically seek comment on these estimates in the *Notice* and because it is not necessary to include these estimates to show that the benefits of 988 far outweigh the costs, we exclude these estimates from our cost benefit calculation out of an abundance of caution.

³¹⁷ *See* American Association of Suicidology Comments at 1; Centerstone Comments at 3; Vibrant Emotional Health Comments at 4-5.

costly police services and jail beds.³¹⁸ By connecting at-risk individuals to counselors instead, a 988 code could spare the economy this cost. As several commenters note, diverting individuals in crisis away from emergency services that have higher costs would result in significant savings.³¹⁹ While we are unable to estimate benefits of our actions in preventing these losses, it is unnecessary since our benefit estimates already far outweigh the costs of 988 implementation.

2. Costs

75. In the *Notice*, we estimated that service providers would incur one-time outlays to update switches and replace legacy equipment of \$367 million in present value.³²⁰ We sought comment on the accuracy of these estimates and whether providers would face other costs. We received support for our proposal,³²¹ and no commenter offers detailed information that causes us to deviate from our proposed cost estimate. We therefore adopt our proposed \$367 million cost estimate.

76. In its comments, USTelecom argued that the *Notice* underestimates implementation costs because it “failed to account for the fact that switch replacement will typically also require reconfiguration or construction of facilities to connect that switch.”³²² USTelecom has since altered its position and states that with 10-digit dialing, switch replacement is not necessary.³²³ Instead, it states that “988 could be implemented through switch translations and upgrades in areas with 10-digit dialing,” so that “[w]hile carriers will still incur costs associated with these switch translations and upgrades, they are significantly less than the switch replacements contemplated in the *Suicide Hotline NPRM*.”³²⁴ USTelecom has not quantified the costs it now expects, nor did it quantify the costs for reconfiguration or construction that it originally identified. Based on USTelecom’s latest assertions, we now expect that our cost estimate is overstated by a significant amount.³²⁵ Nevertheless, because we lack record evidence on

³¹⁸ See National Alliance on Mental Illness Comments at 2. On the costs of arrests and incarceration, see also Steve Aos and Elizabeth Drake, *WSIPP’s Benefit-Cost Tool for States: Examining Policy Options in Sentencing and Corrections*, Washington State Institute for Public Policy at 28-31 (Aug. 2010), http://www.wsipp.wa.gov/ReportFile/1071/Wsipp_WSIPP-s-Benefit-Cost-Tool-for-States-Examining-Policy-Options-in-Sentencing-and-Corrections_Full-Report.pdf (estimates denominated in 2009 dollars were revised upward into 2018 dollars); Christopher Murray, *Process Evaluation of Breaking the Cycle*, Pierce County Performance Audit Committee, at September 24, 2009), Appendix A, 40-47 (Sept. 24, 2009), <https://www.co.pierce.wa.us/DocumentCenter/View/1341/2009---Breaking-the-Cycle> (estimates denominated in 2009 dollars were revised upward into 2018 dollars).

³¹⁹ See, e.g., Centerstone Comments at 3; American Association of Suicidology Comments at 1.

³²⁰ *Notice*, 34 FCC Rcd at 12581, para. 50. This estimate was assumed to be incurred one year into the future and was discounted back to present day using the 7% discount rate. Estimated costs included \$300 million for upgrading and replacing switches and \$92.5 million for translation updates.

³²¹ See Telecommunications for the Deaf and Hard of Hearing, Inc. et al. Comments at 6; cf. Vibrant Emotional Health Comments at 3-5 (supporting proposed conclusion that the benefits of our proposal greatly outweigh the costs); NCTA Reply at 5-6 (arguing the Commission would need to obtain cost data from incumbent phone companies if it was to “even consider jettisoning 988 in favor of a sub-optimal policy result through the repurposing of 211”).

³²² USTelecom Comments at 13.

³²³ USTelecom June 2 *Ex Parte* at 2.

³²⁴ *Id.*

³²⁵ *Notice*, 34 FCC Rcd at 12583, para. 57 n.178 (“For the approximately 4,750 switches with a direct upgrade path to IP, we expect a relatively low cost of approximately \$30,000 per switch. We estimate an average per switch replacement cost of \$100,000 for the approximately 1,400 switches without a clear upgrade path. Upgrading or replacing all switches, therefore, would cost (\$100,000 x 1,400 full upgrades =) \$140 million and (\$30,000 x 4,750 field upgrades =) \$142.5 million, for a total cost of \$282.5 million which we round up to \$300 million.”).

which to base a different cost calculation, and because a lower cost figure is unnecessary to show that the estimated benefits far exceed the estimated costs, we adopt our proposed \$367 million cost estimate.³²⁶

77. We also note that switch upgrades or replacements necessary for 988 implementation will provide an added cost savings by reducing future upgrade and maintenance costs. We could add these future savings, which we do not quantify, to our estimate of total benefits.

78. Finally, we recognize several commenters expressed concern that additional funding for crisis call centers will be needed to successfully implement 988.³²⁷ We agree that both call volumes and costs are likely to increase with the transition to 988, but we are confident that our federal partners, with necessary and approved funding, resources, and support to handle increased demand, will be well-positioned to assist the additional Americans who are able to reach needed help because of our adoption of 988 in light of their support for this proceeding.³²⁸ The relatively small added cost to the Lifeline of each additional call is greatly outweighed by the benefit flowing from the possibility that the call may have saved a life. Given the gulf between the benefits and costs we have quantified, it is highly unlikely that the additional costs arising from handling an increased call volume would lead overall costs to exceed the enormous benefits of using 988 as a 3-digit, easy-to-remember number to reach the Lifeline.³²⁹

D. Other Issues

79. We are pleased to have the opportunity we take today, in our capacity as the federal regulator of our nation's communications networks, to contribute to the Lifeline's effectiveness as a resource for suicide prevention and mental health crisis services. Our role, however, is limited—we cannot and do not wish to usurp the role of our federal partners or others in operating the Lifeline itself. In response to the *Notice*, some commenters raised other issues that, while important, are best addressed in the first instance by others and, in some cases, reach beyond our jurisdiction. We briefly discuss these issues below. We encourage interested parties to work with our federal partners, SAMHSA and the VA, as well as other stakeholders to increase the overall effectiveness of the Lifeline and the Veterans Crisis Line, and we note that we are able to revisit these issues in the future if appropriate.

80. *Texting to 988.* In the *Notice*, we sought comment on whether and how to “account for the fact that Americans, particularly younger Americans, increasingly rely on texting to communicate.”³³⁰ Numerous mental health experts that commented in the record emphasize the importance of texting as a medium by which some individuals, particularly members of certain vulnerable communities such as young people, low-income individuals, members of the LGBTQ community, and individuals who are

³²⁶ If we assumed that the \$30,000 per switch upgrade cost proposed in the *Notice* applied to the switches that we proposed concluding would require replacement or upgrade, that would yield 6,150 switches x \$30,000 = \$184.5 million in upgrade costs; and adding translation updates would yield total estimated cost of \$251.5 million. But it is not clear from the record whether it is correct to assume that the upgrade cost would apply uniformly to the switches we proposed concluding would require replacement.

³²⁷ See American Foundation for Suicide Prevention Comments at 2; Equality North Carolina Comments at 2; Zero Suicide International/Crisis Now Comments at 1-2; Vibrant Emotional Health Comments at 3-4.

³²⁸ See SAMHSA Reply; SAMHSA Report at 6-8, 19-20; see also VA Report at 4 (describing the Veterans Crisis Line's commitment to providing world-class suicide prevention and crisis intervention services to Veterans, Service members, and their families).

³²⁹ Accepting SAMHSA's estimated additional call volume costs of \$50 million annually, see SAMHSA Report at 20, increases the net present value of total costs over ten years by \$351 million (assuming the call volume increase occurs instantly at the inception of the hotline in Year 1). The over \$2 billion in net benefits estimated above is more than sufficient to offset this increased cost. If the increase in call volume occurs with a lag as the 988 code is implemented, the present value of increased-call-volume costs decreases, thereby increasing the net benefit.

³³⁰ *Notice*, 34 FCC Rcd at 12573, para. 27.

deaf and hard of hearing, may wish to obtain crisis counseling.³³¹ We are pleased that several text-based options are available nationwide, including a short-code to reach the Veterans Crisis Line (838255) and the Crisis Text Line (741741), a private non-profit service that offers “a free, 24/7 . . . crisis texting service to the public”³³² and that has “over 27,000 trained Crisis Counselors in the U.S.” and has “exchanged over 130 million text messages with people in crisis since . . . August 2013.”³³³

81. At the same time, we agree with the Crisis Text Line and CTIA, which argue that it would be premature for us to take action regarding text-to-988 capability in this Order.³³⁴ The Lifeline currently lacks an integrated text service.³³⁵ As CTIA argues, the “crucial issue for deployment of text-to-988 will be mental health crisis centers’ election, and technical ability, to receive and respond to messages in text medium.”³³⁶ We do not have the authority to require the Lifeline and its crisis centers to develop the technical capability to accept and respond to texts. We also do not wish to usurp the role of SAMHSA, which has the mental health expertise to determine how best to allocate the Lifeline’s resources to assist Americans in need. In the absence of integrated texting capability, we do not see how the benefits of imposing a mandate on covered providers to enable “texts to nowhere” would exceed the costs. We therefore defer consideration of mandating text-to-988 at this time so that we could revisit the issue promptly should the Lifeline develop integrated texting.³³⁷ At present, we encourage Americans who wish to obtain mental health crisis counseling via text and chat to use existing resources provided by SAMHSA, which provides a chat portal on the Lifeline website;³³⁸ the VA, which offers veterans both an

³³¹ See, e.g., Mental Health America Comments at 2-3; Pivotal Ventures Comments at 1; Crisis Text Line Reply at 2; National Association of Crisis Organization Directors Comments at 1; Entercom Communications Corp. Comments at 3; National Alliance on Mental Illness Comments at 4; Madison Jacobs Comments at 1; American Association of Suicidology Comments at 2; Telecommunications for the Deaf and Hard of Hearing, Inc. et al. Comments at 8-9.

³³² See VA Report at 4; Crisis Text Line Comments at 2-3. Several commenters attest to the Crisis Text Line’s success. See American Association of Suicidology Comments at 2; Dr. Patil Comments at 1; National Alliance on Mental Illness Comments at 4.

³³³ See Crisis Text Line Comments at 2-3. The Lifeline also offers a chat service on its website. Suicide Prevention Lifeline, *Lifeline Chat*, <https://suicidepreventionlifeline.org/chat/> (last visited June 22, 2020).

³³⁴ See CTIA Reply at 4-5; Crisis Text Line Comments at 1 (arguing that the Commission should “not prematurely include texting in its proposal, in the absence of a fuller record on the landscape, infrastructure required, and impact of doing so”). But see American Association of Suicidology Comments at 2; Anjana Rajan Comments at 1; Entercom Communications Corp. Comments at 3; Madison Jacobs Comments at 1 (urging implementation of text-to-988 capability to better serve young and LGBTQ individuals); Mental Health America Comments at 2-3; National Alliance on Mental Illness Comments at 4; National Association of Crisis Organization Directors Comments at 1; Telecommunications for the Deaf and Hard of Hearing, Inc. et al. Comments at 9 (noting the importance of text-based communication for individuals who are deaf and hard of hearing).

³³⁵ See Suicide Prevention Lifeline, *Directory*, <https://suicidepreventionlifeline.org/talk-to-someone-now/> (last visited June 22, 2020).

³³⁶ CTIA Reply at 4-5.

³³⁷ We also decline at this time the Boulder Regional Emergency Telephone Service Authority’s request that we act to ensure that the Lifeline can access caller location information for the purpose of handing off calls to local Public Safety Answering Points. See Boulder Regional Emergency Telephone Service Authority Comments at 7 (arguing that it is “essential that the technical requirements involved in designating 9-8-8 . . . include those necessary . . . for Hotline counselors to transfer[] calls to the PSAP serving the caller’s location”). Transmission of call location information is a technically complicated issue that we cannot resolve on the record before us. Further we do not wish to unduly delay or complicate implementation of 988 and the life-saving benefits it offers to Americans in crisis.

³³⁸ See Suicide Prevention Lifeline, *Directory*, <https://suicidepreventionlifeline.org/talk-to-someone-now/> (last visited June 22, 2020).

online chat service and a text service accessible by dialing 838255;³³⁹ or the Crisis Text Line, a private non-profit service that offers a free, 24/7 crisis texting service to the public.³⁴⁰

82. *Direct Video Calling to 988.* Some commenters urge us to require the deployment of a direct American Sign Language (ASL) suicide prevention hotline for individuals who are deaf or hard of hearing to interact with the Lifeline without the need for an interpreter.³⁴¹ We encourage the deployment of direct communications solutions for individuals with disabilities and have adopted several policies to provide sign language users with access to enhanced options for point-to-point communications.³⁴² We decline, however, to mandate deployment of a direct ASL suicide prevention hotline because we lack authority over the functions or administration of the Lifeline and because our rules facilitate rather than mandate direct video calling. We emphasize that the Lifeline is available to users of TRS, and TRS users will be able to reach the Lifeline via 988. The Lifeline also maintains a separate TTY number, as well as an online chat portal.³⁴³

83. *Funding for the Lifeline Network.* Some commenters raise concerns about whether the Lifeline network and individual call centers have sufficient capacity and funding to meet the increased demand that will likely result from the establishment of the 988 dialing code.³⁴⁴ While these issues fall outside of our jurisdiction, we note that our federal partners are aware that “increased community crisis center capacity would be necessary to answer the anticipated significant increase in call volume.”³⁴⁵ And with our adoption of a July 16, 2022 deadline, they will have additional time to prepare for such an increase. We also encourage stakeholders to work with Congress during this period to ensure appropriate funding for the Lifeline.

³³⁹ See VA Report at 4.

³⁴⁰ See *id.*; Crisis Text Line Comments at 2-3.

³⁴¹ See Telecommunications for the Deaf and Hard of Hearing, Inc. et al. Comments at 10-11.

³⁴² See, e.g., *Structure and Practices of the Video Relay Service Program; Telecommunications Relay Services and Speech-to-Speech Services for Individuals with Hearing and Speech Disabilities*, CG Docket Nos. 10-51 and 03-123, Report and Order and Further Notice of Proposed Rulemaking, 34 FCC Rcd 3396, 3398-99, para. 5 (2019) (stating that point-to-point video supports the purposes of section 225 more directly than relay services) (*Direct Video Calling Order*). We recently adopted rules to facilitate consumer support call centers in implementing direct video calling and enabling sign language users to communicate directly with signing call center representatives. 47 CFR § 64.615; *Direct Video Calling Order*, 34 FCC Rcd at 3403-08, paras. 11-21 (adopting rules to certify qualified direct video entities and grant access to the TRS Numbering Directory to support direct video communications).

³⁴³ See Suicide Prevention Lifeline, *Deaf, Hard of Hearing, Hearing Loss*, <https://suicidepreventionlifeline.org/help-yourself/for-deaf-hard-of-hearing/> (last visited June 22, 2020).

³⁴⁴ See, e.g., American Association of Suicidology Comments at 2 (“For this reason, AAS strongly encourages lawmakers to include provisions for appropriate financial resources to fund this suicide prevention-specific service at scale.”); American Association of Suicidology Reply at 2 (“Many crisis centers are underfunded and understaffed.”); American Foundation for Suicide Prevention Comments at 2; Centerstone Comments at 3; Equality North Carolina Reply at 2 (“Additional funding and resources for 988 call centers is important to enable them to respond to increased call volume and provide the best possible service to callers.”); Letter from The Trevor Project et al., to Hon. Mike Doyle, Chairman, and Hon. Bob Latta, Ranking Member, Subcomm. on Communications and Tech., U.S. House Energy and Commerce Comm., WC Docket 18-336, at 1 (dated Mar. 9, 2020); Mental Health America Comments at 2; National Alliance on Mental Illness Comments at 3 (“NAMI recognizes that FCC cannot appropriate resources for the establishment of the 9-8-8 system. However, believe that it is vital to ensure that there is a menu of funding options, including federal, state and local government support, to adequately implement 9-8-8 and sustain its vital services.”); National Association of Crisis Organization Directors Comments at 1-2; PRS CrisisLink Comments at 1-2; USTelecom Comments at 3-5.

³⁴⁵ SAMHSA Reply at 1.

IV. PROCEDURAL MATTERS

84. *Paperwork Reduction Act of 1995 Analysis.* This document does not contain proposed information collection(s) subject to the Paperwork Reduction Act of 1995 (PRA), Public Law 104-13. In addition, therefore, it does not contain any new or modified information collection burden for small business concerns with fewer than 25 employees, pursuant to the Small Business Paperwork Relief Act of 2002, Public Law 107-198, *see* 44 U.S.C. 3506(c)(4).

85. *Final Regulatory Flexibility Analysis.* As required by the Regulatory Flexibility Act of 1980,103 the Commission has prepared a Final Regulatory Flexibility Analysis (FRFA) of the possible significant economic impact on small entities of the policies and rules, as proposed, addressed in this *Report and Order*. The FRFA is set forth in Appendix B. The Commission will send a copy of this *Report and Order*, including the FRFA, to the Chief Counsel for Advocacy of the Small Business Administration (SBA).

86. *Congressional Review Act.* [The Commission will submit this draft Report and Order to the Administrator of the Office of Information and Regulatory Affairs, Office of Management and Budget, for concurrence as to whether this rule is “major” or “non-major” under the Congressional Review Act, 5 U.S.C. § 804(2).] The Commission will send a copy of this Report and Order to Congress and the Government Accountability Office pursuant to 5 U.S.C. § 801(a)(1)(A).

87. *People with Disabilities.* To request materials in accessible formats for people with disabilities (braille, large print, electronic files, audio format), send an e-mail to fcc504@fcc.gov or call the Consumer & Governmental Affairs Bureau at (202) 418-0530 (voice), 202-418-0432 (tty).

88. *Contact Person.* For further information about this rulemaking proceeding, please contact Michelle Sclater, Competition Policy Division, Wireline Competition Bureau, at (202) 418-0388 or michelle.sclater@fcc.gov.

V. ORDERING CLAUSES

89. Accordingly, IT IS ORDERED that, pursuant to authority found in sections 1, 4(i) and 4(j), 201, 225, 251, 255, 303(g), 303(r), and 332(c) of the Communications Act as amended, 47 U.S.C. Sections 151, 154(i), 154(j), 201, 225, 251, 255, 303(g), 303(r), and 332(c) this Report and Order IS ADOPTED.

90. IT IS FURTHER ORDERED that, pursuant to sections 1.4(b)(1) and 1.103(a) of the Commission’s rules, 47 CFR §§ 1.4(b)(1), 1.103(a), this Report and Order SHALL BE EFFECTIVE 30 days after publication in the Federal Register.

91. IT IS FURTHER ORDERED, that the North American Numbering Plan Administrator SHALL ASSIGN 988 as a national abbreviated dialing code to be used exclusively for access to the national suicide prevention and mental health crisis hotline system maintained by the Assistant Secretary for Mental Health and Substance Use and the Secretary of Veterans Affairs as of the effective date of this Report and Order.

92. IT IS FURTHER ORDERED that Part 64 of the Commission’s rules IS AMENDED as set forth in Appendix A.

93. IT IS FURTHER ORDERED that the Commission SHALL SEND a copy of this Report and Order to Congress and to the Government Accountability Office pursuant to the Congressional Review Act, *see* 5 U.S.C. § 801(a)(1)(A).

94. IT IS FURTHER ORDERED that the Commission's Consumer and Governmental Affairs Bureau, Reference Information Center, SHALL SEND a copy of this Report and Order, including the Final Regulatory Flexibility Analysis (FRFA), to the Chief Counsel for Advocacy of the Small Business Administration.

FEDERAL COMMUNICATIONS COMMISSION

Marlene H. Dortch
Secretary

APPENDIX A**Final Rules**

The Federal Communications Commission amends part 52 of Title 47 of the Code of Federal Regulations as follows:

PART 52 – NUMBERING

1. The authority citation for part 52 is amended to read as follows:

Authority: 47 U.S.C. §§ 151, 152, 153, 154, 155, 201-205, 207-209, 218, 225-227, 251-252, 271, 303, 332, unless otherwise noted.

2. Amend part 52 by adding subpart E to read as follows:

Subpart E - Universal Dialing Code for National Suicide Prevention and Mental Health Crisis Hotline System

Sec. 52.200. Designation of 988.

3. Add section 52.200 to read as follows:

§ 52.200 Designation of 988 for a National Suicide Prevention and Mental Health Crisis Hotline.

(a) 988 is established as the 3-digit dialing code for a national suicide prevention and mental health crisis hotline system maintained by the Assistant Secretary for Mental Health and Substance Use and the Secretary of Veterans Affairs.

(b) All covered providers shall transmit all calls initiated by an end user dialing 988 to the current toll free access number for the National Suicide Prevention Lifeline, presently 1-800-273-8255 (TALK).

(c) All covered providers shall complete 10-digit dialing implementation in areas that use 7-digit dialing and have assigned 988 as a central office code as defined in §52.7(c) by July 16, 2022.

(d) All covered providers shall complete all changes to their systems that are necessary to implement the designation of the 988 dialing code by July 16, 2022.

(e) For purposes of complying with the requirements of this section,

(1) the term “covered provider” means any telecommunications carrier, interconnected VoIP provider, or provider of one-way VoIP.

(2) the term “one-way VoIP”—

(A) means a service that—

(i) enables real-time, two-way voice communications;

(ii) requires a broadband connection from the user’s location;

(iii) requires Internet protocol-compatible customer premises equipment; and

(iv) permits users generally to receive calls that originate on the public switched telephone network or to terminate calls to the public switched telephone network.

(B) does not include any service that is an interconnected VoIP service.

Appendix B

Final Regulatory Flexibility Analysis

1. As required by the Regulatory Flexibility Act of 1980, as amended (RFA),¹ an Initial Regulatory Flexibility Analysis (IRFA) was incorporated into the Notice of Proposed Rulemaking (*Notice*), released December 2019.² The Commission sought written public comments on the proposals in the *Notice*, including comment on the IRFA. No comments were filed addressing the IRFA. Because the Commission amends its rules in this Report and Order (*Order*), the Commission has included this Final Regulatory Flexibility Analysis (FRFA). This present FRFA conforms to the RFA.³

A. Need for, and Objectives of, the Rules

2. Pursuant to the Suicide Hotline Improvement Act of 2018, the *Notice* proposed to designate 988 as the 3-digit dialing code for a national suicide and mental health crisis hotline system.⁴ The *Notice* proposed to require all telecommunications carriers and interconnected voice over Internet protocol (VoIP) providers to transmit calls initiated by dialing 988 to the current toll free access number for the National Suicide Prevention Lifeline, and to implement such changes within 18 months.⁵

3. Pursuant to these objectives, the *Order* adopts changes to the Commission's rules to: (1) designate 988 as the 3-digit dialing code for a national suicide prevention and mental health crisis hotline system maintained by the Assistant Secretary for Mental Health and Substance Use and the Secretary of Veterans Affairs; (2) require all telecommunications carriers, interconnected voice over Internet Protocol (VoIP) providers, and one-way VoIP providers (together, "covered providers") to transmit all calls initiated by an end user dialing 988 to the current toll free access number for the National Suicide Prevention Lifeline, presently 1-800-273-8255 (TALK); (3) require all covered providers to complete 10-digit dialing implementation in areas that use 7-digit dialing and have assigned 988 as a central office code; (4) require all covered providers to complete all changes to their systems that are necessary to implement the designation of the 988 dialing code by July 16, 2022. These modifications advance the goals of the Suicide Hotline Improvement Act of 2018 and the Commission's goal of addressing the growing suicide dilemma facing our country.

B. Summary of Significant Issues Raised by Public Comments in Response to the IRFA

4. There were no comments filed that specifically addressed the proposed rules and policies presented in the IRFA.

C. Response to Comments by the Chief Counsel for Advocacy of the Small Business Administration

5. Pursuant to the Small Business Jobs Act of 2010, which amended the RFA, the Commission is required to respond to any comments filed by the Chief Counsel for Advocacy of the Small Business Administration (SBA), and to provide a detailed statement of any change made to the proposed rules as a result of those comments.⁶

¹ See 5 U.S.C. § 603. The RFA, see 5 U.S.C. § 601-612, has been amended by the Small Business Regulatory Enforcement Fairness Act of 1996 (SBREFA), Pub. L. No. 104-121, Title II, 110 Stat. 857 (1996).

² *Implementation of the National Suicide Hotline Improvement Act of 2018*, WC Docket No. 18-336, Notice of Proposed Rulemaking, 34 FCC Rcd 12562 (2019) (*Notice*).

³ See 5 U.S.C. § 604.

⁴ See *Notice*, 34 FCC Rcd at 12563-64, para. 2.

⁵ *Notice*, 34 FCC Rcd at 12576-77, 12580, paras. 33, 36, 45. The Commission also specifically sought comment on including one-way VoIP providers as well. *Id.* at 12576, para. 33.

⁶ See 5 U.S.C. § 604(a)(3).

6. The Chief Counsel did not file any comments in response to the proposed rules this proceeding.

D. Description and Estimate of the Number of Small Entities to Which the Rules Will Apply

7. The RFA directs agencies to provide a description of and, where feasible, an estimate of the number of small entities that may be affected by the final rules adopted pursuant to the *Order*.⁷ The RFA generally defines the term “small entity” as having the same meaning as the terms “small business,” “small organization,” and “small governmental jurisdiction.”⁸ In addition, the term “small business” has the same meaning as the term “small-business concern” under the Small Business Act.⁹ A “small-business concern” is one which: (1) is independently owned and operated; (2) is not dominant in its field of operation; and (3) satisfies any additional criteria established by the SBA.¹⁰

8. *Small Businesses, Small Organizations, Small Governmental Jurisdictions.* Our actions, over time, may affect small entities that are not easily categorized at present. We therefore describe here, at the outset, three broad groups of small entities that could be directly affected herein.¹¹ First, while there are industry-specific size standards for small businesses that are used in the regulatory-flexibility analysis, according to data from the SBA’s Office of Advocacy, a small business in general is an independent business having fewer than 500 employees.¹² These types of small businesses represent 99.9% of all businesses in the United States, which translates to 30.2 million businesses.¹³

9. Next, the type of small entity described as a “small organization” is generally “any not-for-profit enterprise which is independently owned and operated and is not dominant in its field”¹⁴ Nationwide, as of March 2019, there were approximately 356,494 small organizations based on registration and tax data filed by nonprofits with the Internal Revenue Service (IRS).¹⁵

⁷ See 5 U.S.C. § 603(b)(3).

⁸ See 5 U.S.C. § 601(6).

⁹ 5 U.S.C. § 601(3) (incorporating by reference the definition of “small-business concern” in the Small Business Act, 15 U.S.C. § 632). Pursuant to 5 U.S.C. § 601(3), the statutory definition of a small business applies “unless an agency, after consultation with the Office of Advocacy of the Small Business Administration and after opportunity for public comment, establishes one or more definitions of such term which are appropriate to the activities of the agency and publishes such definition(s) in the Federal Register.”

¹⁰ See 15 U.S.C. § 632.

¹¹ See 5 U.S.C. § 601(3)-(6).

¹² See SBA, Office of Advocacy, “Frequently Asked Questions About Small Business,” <https://s3.amazonaws.com/advocacy-prod.sba.fun/wp-content/uploads/2017/08/04125711/Frequently-Asked-Questions-Small-Business-2018.pdf> (August 2018).

¹³ See *id.*

¹⁴ 5 U.S.C. § 601(4).

¹⁵ Data from the Urban Institute, National Center for Charitable Statistics (NCCS) reporting on nonprofit organizations registered with the IRS was used to estimate the number of small organizations. Reports generated using the NCCS online database indicated that as of August 2016 there were 356,494 registered nonprofits with total revenues of less than \$100,000. Of this total, 326,897 entities filed tax returns with 65,113 registered nonprofits reporting total revenues of \$50,000 or less on the IRS Form 990-N for Small Exempt Organizations and 261,784 nonprofits reporting total revenues of \$100,000 or less on some other version of the IRS Form 990 within 24 months of the August 2016 data release date. See <http://nccsweb.urban.org/tablewiz/bmf.php> where the report showing this data can be generated by selecting the following data fields: Show: “Registered Nonprofit Organizations”; By: “Total Revenue Level (years 1995, Aug to 2016, Aug)”; and For: “2016, Aug” then selecting “Show Results.”

10. Finally, the small entity described as a “small governmental jurisdiction” is defined generally as “governments of cities, counties, towns, townships, villages, school districts, or special districts, with a population of less than fifty thousand.”¹⁶ U.S. Census Bureau data from the 2012 Census of Governments¹⁷ indicates that there were 90,056 local governmental jurisdictions consisting of general purpose governments and special purpose governments in the United States.¹⁸ Of this number, there were 37,132 general purpose governments (county,¹⁹ municipal, and town or township²⁰) with populations of less than 50,000, and 12,184 special-purpose governments (independent school districts²¹ and special districts²²) with populations of less than 50,000. The 2012 U.S. Census Bureau data for most types of governments in the local government category shows that a majority these governments have populations of less than 50,000.²³ Based on this data, we estimate that at least 49,316 local-government jurisdictions fall in the category of “small governmental jurisdictions.”²⁴

11. *Wired Telecommunications Carriers.* The U.S. Census Bureau defines this industry as “establishments primarily engaged in operating and/or providing access to transmission facilities and infrastructure that they own and/or lease for the transmission of voice, data, text, sound, and video using wired communications networks. Transmission facilities may be based on a single technology or a combination of technologies. Establishments in this industry use the wired telecommunications network

¹⁶ 5 U.S.C. § 601(5).

¹⁷ See 13 U.S.C. § 161. The Census of Government is conducted every five (5) years compiling data for years ending with “2” and “7.” See also Census Bureau, *Census of Government*, <https://factfinder.census.gov/faces/affhelp/jsf/pages/metadata.xhtml?lang=en&type=program&id=program.en.COG>.

¹⁸ See U.S. Census Bureau, *2012 Census of Governments, Local Governments by Type and State: 2012 - United States — States*, <https://factfinder.census.gov/bkmk/table/1.0/en/COG/2012/ORG02.US01>. Local governmental jurisdictions are classified in two categories: general purpose governments (county, municipal and town or township) and special purpose governments (special districts and independent school districts).

¹⁹ See U.S. Census Bureau, *2012 Census of Governments, County Governments by Population-Size Group and State: 2012 - United States — States*, <https://factfinder.census.gov/bkmk/table/1.0/en/COG/2012/ORG06.US01>. There were 2,114 county governments with populations less than 50,000.

²⁰ See U.S. Census Bureau, *2012 Census of Governments, Subcounty General-Purpose Governments by Population-Size Group and State: 2012 - United States — States*, <https://factfinder.census.gov/bkmk/table/1.0/en/COG/2012/ORG07.US01>. There were 18,811 municipal and 16,207 town and township governments with populations less than 50,000.

²¹ See U.S. Census Bureau, *2012 Census of Governments, Elementary and Secondary School Systems by Enrollment-Size Group and State: 2012 - United States — States*, <https://factfinder.census.gov/bkmk/table/1.0/en/COG/2012/ORG11.US01>. There were 12,184 independent school districts with enrollment populations less than 50,000.

²² See U.S. Census Bureau, *2012 Census of Governments, Special District Governments by Function and State: 2012 - United States — States*, <https://factfinder.census.gov/bkmk/table/1.0/en/COG/2012/ORG09.US01>. [The U.S. Census Bureau data did not provide a population breakout for special district governments.](#)

²³ See U.S. Census Bureau, *2012 Census of Governments, County Governments by Population-Size Group and State: 2012 - United States — States*, <https://factfinder.census.gov/bkmk/table/1.0/en/COG/2012/ORG06.US01>; U.S. Census Bureau, *2012 Census of Governments, Subcounty General-Purpose Governments by Population-Size Group and State: 2012 - United States — States*, <https://factfinder.census.gov/bkmk/table/1.0/en/COG/2012/ORG07.US01>; U.S. Census Bureau, *2012 Census of Governments, Elementary and Secondary School Systems by Enrollment-Size Group and State: 2012 - United States — States*, <https://factfinder.census.gov/bkmk/table/1.0/en/COG/2012/ORG11.US01>. [While U.S. Census Bureau data did not provide a population breakout for special district governments, if the population of less than 50,000 for this category of local government is consistent with the other types of local governments, then the majority of the 38,266 special district governments have populations of less than 50,000.](#)

²⁴ *Id.*

facilities that they operate to provide a variety of services, such as wired telephony services, including VoIP services, wired (cable) audio and video programming distribution, and wired broadband internet services. By exception, establishments providing satellite television distribution services using facilities and infrastructure that they operate are included in this industry.”²⁵ The SBA has developed a small-business size standard for Wired Telecommunications Carriers, which consists of all such companies having 1,500 or fewer employees.²⁶ Census data for 2012 shows that there were 3,117 firms that operated that year and that of this total, 3,083 operated with fewer than 1,000 employees.²⁷ Thus, under this size standard, the majority of firms in this industry can be considered small.

12. *Local Exchange Carriers (LECs)*. Neither the Commission nor the SBA has developed a size standard for small businesses specifically applicable to local exchange services. The closest applicable NAICS Code category is Wired Telecommunications Carriers.²⁸ Under the applicable SBA size standard, such a business is small if it has 1,500 or fewer employees.²⁹ U.S. Census Bureau data for 2012 shows that 3,117 firms operated for the entire year.³⁰ Of that total, 3,083 operated with fewer than 1,000 employees.³¹ Thus under this category and the associated size standard, the Commission estimates that the majority of local exchange carriers are small entities.

13. *Incumbent LECs*. Neither the Commission nor the SBA has developed a small-business size standard specifically for incumbent local exchange services. The closest applicable NAICS Code category is Wired Telecommunications Carriers.³² Under the applicable SBA size standard, such a business is small if it has 1,500 or fewer employees.³³ U.S. Census Bureau data for 2012 indicates that 3,117 firms operated the entire year.³⁴ Of this total, 3,083 operated with fewer than 1,000 employees.³⁵ Consequently, the Commission estimates that most providers of incumbent local exchange service are small businesses that may be affected by our actions. According to Commission data, 1,307 Incumbent Local Exchange Carriers reported that they were incumbent local exchange service providers.³⁶ Of this

²⁵ U.S. Census Bureau, *NAICS Code Description*, <https://www.naics.com/naics-code-description/?code=51731>.

²⁶ 13 CFR § 121.201 (NAICS Code 517311). The Wired Telecommunications Carrier category formerly used the NAICS code of 517110. As of 2017, the U.S. Census Bureau definition shows the NAICS Code as 517311 for Wired Telecommunications Carriers. See U.S. Census Bureau, *2017 NAICS Definition*, <https://www.census.gov/cgi-bin/sssd/naics/naicsrch?code=517311&search=2017>.

²⁷ See U.S. Census Bureau, *American Fact Finder* (Jan. 08, 2016) http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ECN_2012_US_51SSSZ2&prodTtype=table.

²⁸ See 13 CFR § 121.201 (NAICS Code 517311).

²⁹ *Id.*

³⁰ See U.S. Census Bureau, *2012 Economic Census of the United States*, Table No. EC1251SSSZ5, *Information: Subject Series - Estab & Firm Size: Employment Size of Firms: 2012* (517110 Wired Telecommunications Carriers), https://factfinder.census.gov/bkmk/table/1.0/en/ECN/2012_US/51SSSZ5//naics~517110.

³¹ *Id.*

³² See 13 CFR § 121.201 (NAICS Code 517311).

³³ *Id.*

³⁴ See U.S. Census Bureau, *Information: Subject Series - Estab & Firm Size: Employment Size of Firms: 2012*, https://factfinder.census.gov/bkmk/table/1.0/en/ECN/2012_US/51SSSZ5//naics~517110.

³⁵ *Id.*

³⁶ See *Trends in Telephone Service*, Federal Communications Commission, Wireline Competition Bureau, Industry Analysis and Technology Division at Table 5.3 (Sept. 2010) (*Trends in Telephone Service*).

total, an estimated 1,006 have 1,500 or fewer employees.³⁷ Thus, using the SBA's size standard, the majority of incumbent LECs can be considered small entities.

14. Competitive Local Exchange Carriers (Competitive LECs), Competitive Access Providers (CAPs), Shared-Tenant Service Providers, and Other Local Service Providers. Neither the Commission nor the SBA has developed a small-business size standard specifically for these service providers. The most appropriate NAICS Code category is Wired Telecommunications Carriers. Under that size standard, such a business is small if it has 1,500 or fewer employees.³⁸ U.S. Census Bureau data for 2012 indicate that 3,117 firms operated during that year.³⁹ Of that number, 3,083 operated with fewer than 1,000 employees.⁴⁰ Based on these data, the Commission concludes that the majority of Competitive LECs, CAPs, Shared-Tenant Service Providers, and Other Local Service Providers are small entities. According to Commission data, 1,442 carriers reported that they were engaged in the provision of either competitive local exchange services or competitive access provider services.⁴¹ Of these 1,442 carriers, an estimated 1,256 have 1,500 or fewer employees.⁴² In addition, 17 carriers have reported that they are Shared-Tenant Service Providers, and all 17 are estimated to have 1,500 or fewer employees.⁴³ Additionally, 72 carriers have reported that they are Other Local Service Providers.⁴⁴ Of this total, 70 have 1,500 or fewer employees.⁴⁵ Consequently, based on internally researched FCC data, the Commission estimates that most providers of competitive local exchange service, competitive access providers, Shared-Tenant Service Providers, and Other Local Service Providers are small entities.

15. We have included small incumbent LECs in this present RFA analysis. As noted above, a "small business" under the RFA is one that, *inter alia*, meets the pertinent small-business size standard (e.g., a telephone communications business having 1,500 or fewer employees) and "is not dominant in its field of operation."⁴⁶ The SBA's Office of Advocacy contends that, for RFA purposes, small incumbent LECs are not dominant in their field of operation because any such dominance is not "national" in scope.⁴⁷ We have therefore included small incumbent LECs in this RFA analysis, although we emphasize that this RFA action has no effect on Commission analyses and determinations in other, non-RFA contexts.

16. *Interexchange Carriers (IXCs)*. Neither the Commission nor the SBA has developed a definition for Interexchange Carriers. The closest NAICS Code category is Wired Telecommunications Carriers.⁴⁸ The applicable size standard under SBA rules is that such a business is small if it has 1,500 or

³⁷ *Id.*

³⁸ See 13 CFR § 121.201.

³⁹ See U.S. Census Bureau, *Information: Subject Series - Estab & Firm Size: Employment Size of Firms: 2012*, https://factfinder.census.gov/bkmk/table/1.0/en/ECN/2012_US/51SSSZ5//naics~517110.

⁴⁰ *Id.*

⁴¹ See *Trends in Telephone Service*, at Table 5.3.

⁴² *Id.*

⁴³ *Id.*

⁴⁴ *Id.*

⁴⁵ *Id.*

⁴⁶ 5 U.S.C. § 601(3).

⁴⁷ Letter from Jere W. Glover, Chief Counsel for Advocacy, SBA, to William E. Kennard, Chairman, FCC (filed May 27, 1999). The Small Business Act contains a definition of "small business concern," which the RFA incorporates into its own definition of "small business." 15 U.S.C. § 632(a); 5 U.S.C. § 601(3). SBA regulations interpret "small business concern" to include the concept of dominance on a national basis. 13 CFR § 121.102(b).

⁴⁸ See 13 CFR § 121.201.

fewer employees.⁴⁹ U.S. Census Bureau data for 2012 indicate that 3,117 firms operated for the entire year.⁵⁰ Of that number, 3,083 operated with fewer than 1,000 employees.⁵¹ According to internally developed Commission data, 359 companies reported that their primary telecommunications service activity was the provision of interexchange services.⁵² Of this total, an estimated 317 have 1,500 or fewer employees.⁵³ Consequently, the Commission estimates that the majority of interexchange service providers are small entities.

17. *Local Resellers.* The SBA has developed a small-business size standard for Telecommunications Resellers that includes Local Resellers.⁵⁴ The Telecommunications Resellers industry comprises establishments engaged in purchasing access and network capacity from owners and operators of telecommunications networks and reselling wired and wireless telecommunications services (except satellite) to businesses and households.⁵⁵ Establishments in this industry resell telecommunications; they do not operate transmission facilities and infrastructure. Mobile virtual network operators (MVNOs) are included in this industry.⁵⁶ Under the SBA's size standard, such a business is small if it has 1,500 or fewer employees.⁵⁷ U.S. Census Bureau data for 2012 shows that 1,341 firms provided resale services during that year.⁵⁸ Of that number, all operated with fewer than 1,000 employees.⁵⁹ Thus, under this category and the associated small-business size standard, the majority of these resellers can be considered small entities. According to Commission data, 213 carriers have reported that they are engaged in the provision of local resale services.⁶⁰ Of these, an estimated 211 have 1,500 or fewer employees.⁶¹ Consequently, the Commission estimates that the majority of Local Resellers are small entities.

18. *Toll Resellers.* The Commission has not developed a definition for Toll Resellers. The closest NAICS Code category is Telecommunications Resellers. The Telecommunications Resellers industry comprises establishments engaged in purchasing access and network capacity from owners and operators of telecommunications networks and reselling wired and wireless telecommunications services (except satellite) to businesses and households. Establishments in this industry resell telecommunications; they do not operate transmission facilities and infrastructure. Mobile virtual

⁴⁹ *Id.*

⁵⁰ See U.S. Census Bureau, *Information: Subject Series - Estab & Firm Size: Employment Size of Firms: 2012*, https://factfinder.census.gov/bkmk/table/1.0/en/ECN/2012_US/51SSSZ5//naics~517110.

⁵¹ *Id.*

⁵² See *Trends in Telephone Service*, at Table 5.3.

⁵³ *Id.*

⁵⁴ See 13 CFR § 121.201; NAICS Code 517911.

⁵⁵ U.S. Census Bureau, *2012 NAICS Definition*, NAICS Code 517911 "Telecommunications Resellers," <https://www.census.gov/cgi-bin/sssd/naics/naicsrch?input=517911&search=2017+NAICS+Search&search=2017>.

⁵⁶ *Id.*

⁵⁷ 13 CFR § 121.201 (NAICS Code 517911).

⁵⁸ See U.S. Census Bureau, *Information: Subject Series - Estab & Firm Size: Employment Size of Firms: 2012*, https://factfinder.census.gov/bkmk/table/1.0/en/ECN/2012_US/51SSSZ5//naics~517911.

⁵⁹ *Id.*

⁶⁰ See *Trends in Telephone Service*, at Table 5.3.

⁶¹ *Id.*

network operators (MVNOs) are included in this industry.⁶² The SBA has developed a small-business size standard for the category of Telecommunications Resellers.⁶³ Under that size standard, such a business is small if it has 1,500 or fewer employees.⁶⁴ Census data for 2012 shows that 1,341 firms provided resale services during that year. Of that number, 1,341 operated with fewer than 1,000 employees.⁶⁵ Thus, under this category and the associated small-business size standard, the majority of these resellers can be considered small entities. According to Commission data, 881 carriers have reported that they are engaged in the provision of toll resale services.⁶⁶ Of this total, an estimated 857 have 1,500 or fewer employees.⁶⁷ Consequently, the Commission estimates that the majority of toll resellers are small entities.

19. *Other Toll Carriers.* Neither the Commission nor the SBA has developed a definition for small businesses specifically applicable to Other Toll Carriers. This category includes toll carriers that do not fall within the categories of interexchange carriers, operator service providers, prepaid calling card providers, satellite service carriers, or toll resellers. The closest applicable NAICS Code category is for Wired Telecommunications Carriers as defined above. Under the applicable SBA size standard, such a business is small if it has 1,500 or fewer employees.⁶⁸ Census data for 2012 shows that there were 3,117 firms that operated that year. Of this total, 3,083 operated with fewer than 1,000 employees.⁶⁹ Thus, under this category and the associated small-business size standard, the majority of Other Toll Carriers can be considered small. According to internally developed Commission data, 284 companies reported that their primary telecommunications service activity was the provision of other toll carriage.⁷⁰ Of these, an estimated 279 have 1,500 or fewer employees.⁷¹ Consequently, the Commission estimates that most Other Toll Carriers are small entities.

20. *Wireless Communications Services.* This service can be used for fixed, mobile, radiolocation, and digital audio broadcasting satellite uses. The Commission defined “small business” for the wireless communications services (WCS) auction as an entity with average gross revenues of \$40 million for each of the three preceding years, and a “very small business” as an entity with average gross

⁶² U.S. Census Bureau, *2012 NAICS Definition*, <https://www.census.gov/cgi-bin/sssd/naics/naicsrch?input=517911&search=2012+NAICS+Search&search=2012> (NAICS 517911 Telecommunications Resellers).

⁶³ 13 CFR § 121.201 (NAICS Code 517911).

⁶⁴ *Id.*

⁶⁵ U.S. Census Bureau, *American Fact Finder* (Jan. 08, 2016), http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ECN_2012_US_51SSSZ2&prodType=table.

⁶⁶ *Trends in Telephone Service*, at Table 5.3.

⁶⁷ *Id.*

⁶⁸ 13 CFR § 121.201 (NAICS Code 517110).

⁶⁹ See U.S. Census Bureau, *American Fact Finder* (Jan. 08, 2016), http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ECN_2012_US_51SSSZ2&prodType=table.

⁷⁰ *Trends in Telephone Service*, at Table 5.3.

⁷¹ *Id.*

revenues of \$15 million for each of the three preceding years.⁷² The SBA has approved these small-business size standards.⁷³

21. *Wireless Telephony.* Wireless telephony includes cellular, personal communications services, and specialized mobile radio telephony carriers. The closest applicable SBA category is Wireless Telecommunications Carriers (except Satellite),⁷⁴ and under the most appropriate size standard for this category, such a business is small if it has 1,500 or fewer employees.⁷⁵ For this industry, U.S. Census Bureau data for 2012 shows that there were 967 firms that operated for the entire year.⁷⁶ Of this total, 955 firms had fewer than 1,000 employees and 12 firms had 1000 employees or more.⁷⁷ Thus, under this category and the associated size standard, the Commission estimates that a majority of these entities can be considered small. According to Commission data, 413 carriers reported that they were engaged in wireless telephony.⁷⁸ Of these, an estimated 261 have 1,500 or fewer employees and 152 have more than 1,500 employees.⁷⁹ Therefore, more than half of these entities can be considered small.

22. *All Other Telecommunications.* The “All Other Telecommunications” category is comprised of establishments primarily engaged in providing specialized telecommunications services, such as satellite tracking, communications telemetry, and radar station operation.⁸⁰ This industry also includes establishments primarily engaged in providing satellite terminal stations and associated facilities connected with one or more terrestrial systems and capable of transmitting telecommunications to, and receiving telecommunications from, satellite systems.⁸¹ Establishments providing Internet services or voice over Internet protocol (VoIP) services via client-supplied telecommunications connections are also included in this industry.⁸² The SBA has developed a small-business size standard for All Other Telecommunications, which consists of all such firms with annual receipts of \$ 35 million or less.⁸³ For this category, U.S. Census Bureau data for 2012 shows that there were 1,442 firms that operated for the entire year.⁸⁴ Of those firms, a total of 1,400 had annual receipts less than \$25 million and 42 firms had

⁷² *Amendment of the Commission’s Rules to Establish Part 27, the Wireless Communications Service (WCS)*, GN Docket No. 96-228, Report and Order, 12 FCC Rcd 10785, 10879, para. 194 (1997).

⁷³ See Letter from Aida Alvarez, Administrator, SBA, to Amy Zoslov, Chief, Auctions and Industry Analysis Division, Wireless Telecommunications Bureau, FCC (filed Dec. 2, 1998) (*Alvarez Letter 1998*).

⁷⁴ 13 CFR § 121.201 (NAICS Code 517210).

⁷⁵ *Id.*

⁷⁶ U.S. Census Bureau, *2012 Economic Census of the United States*, Table EC1251SSSZ5, Information: Subject Series: Estab and Firm Size: Employment Size of Firms for the U.S.: 2012 NAICS Code 517210 (rel. Jan. 8, 2016). https://factfinder.census.gov/bkmk/table/1.0/en/ECN/2012_US/51SSSZ5//naics~517210.

⁷⁷ *Id.* Available census data do not provide a more precise estimate of the number of firms that have employment of 1,500 or fewer employees; the largest category provided is for firms with “1000 employees or more.”

⁷⁸ See *Trends in Telephone Service*, at Table 5.3.

⁷⁹ *Id.*

⁸⁰ See U.S. Census Bureau, *2017 NAICS Definitions*, NAICS Code “517919 All Other Telecommunications,” <https://www.census.gov/cgi-bin/sssd/naics/naicsrch?input=517919&search=2017+NAICS+Search&search=2017>.

⁸¹ *Id.*

⁸² *Id.*

⁸³ See 13 CFR § 121.201 (NAICS Code 517919).

⁸⁴ U.S. Census Bureau, *Information: Subject Series - Estab and Firm Size: Receipts Size of Firms for the United States*, https://factfinder.census.gov/bkmk/table/1.0/en/ECN/2012_US/51SSSZ4//naics~517919.

annual receipts of \$25 million to \$49,999,999.⁸⁵ Thus, the Commission estimates that the majority of “All Other Telecommunications” firms potentially affected by our action can be considered small.

E. Description of Projected Reporting, Recordkeeping, and Other Compliance Requirements for Small Entities

23. The *Order* modifies the Commission’s rules to require implementation of 988 as the 3-digit dialing code for a national suicide prevention and mental health crisis hotline by July 22, 2022. The final rules adopted in the *Order* do not contain any new or additional reporting, recordkeeping, or other compliance obligations.

F. Steps Taken to Minimize the Significant Economic Impact on Small Entities, and Significant Alternatives Considered

24. The RFA requires an agency to describe any significant, specifically small business, alternatives that it has considered in reaching its approach, which may include the following four alternatives (among others): “(1) the establishment of differing compliance or reporting requirements or timetables that take into account the resources available to small entities; (2) the clarification, consolidation, or simplification of compliance and reporting requirements under the rules for such small entities; (3) the use of performance rather than design standards; and (4) an exemption from coverage of the rule, or any part thereof, for such small entities.”⁸⁶

25. The final rules adopted in this *Order* require that all covered providers to transmit all calls initiated by an end user dialing 988 to the current toll-free access number for the National Suicide Prevention Lifeline, presently 1-800-273-8255 (TALK). Because “suicide does not discriminate by geographic region, and to be effective, any code designated for a national suicide and mental health crisis hotline must be ubiquitously deployed,”⁸⁷ the Commission cannot exempt entities from or delay the implementation of 988. However, we do not believe the actions in this *Order* will overly burden small carriers or providers.

G. Report to Congress

26. The Commission will send a copy of the *Order*, including this FRFA, in a report to be sent to Congress pursuant to the Congressional Review Act.⁸⁸ In addition, the Commission will send a copy of the *Order*, including this FRFA, to the Chief Counsel for Advocacy of the SBA. A copy of the *Order* and FRFA (or summaries thereof) will also be published in the Federal Register.⁸⁹

⁸⁵ *Id.*

⁸⁶ 5 U.S.C. § 603(c)(1)-(4).

⁸⁷ *Supra* para. 22.

⁸⁸ *See* U.S.C. § 801(a)(1)(A).

⁸⁹ *See* 5 U.S.C. § 604(b).