



Advancing Health Care Policy
for Mental Health and Addiction

February 14, 2020

The Honorable Ajit Pai
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

WC Docket No. 18-336

**Re: Implementation of the National Suicide Hotline Improvement Act of
2018 [47 CFR Part 52]**

Dear Secretary Pai,

The Association for Behavioral Health and Wellness (ABHW) appreciates the opportunity to comment on the Federal Communications Commission's (FCC) Implementation of the National Suicide Hotline Improvement Act of 2018 proposed rule (proposed rule). Our comments are outlined below.

ABHW is the trade association which serves as the national voice for payers that manage behavioral health insurance benefits. ABHW member companies provide coverage to approximately 200 million people in both the public and private sectors to treat mental health, substance use disorders (SUDs), and other behaviors that impact health and wellness.

ABHW members are committed to efforts related to suicide prevention. As the FCC's 2019 report to Congress states, suicide rates increased in 49 states between 1999 and 2016.¹ The report also summarizes that in 2017, more than 1.4 million adults attempted suicide and more than 47,000 people died by suicide.² Indeed, treating mental illness and SUDs plays a vital role in suicide prevention. Unfortunately, only 40% of those suffering from mental illness receive the treatment they need.³

¹ Federal Communications Commission, Report on the National Suicide Hotline Improvement Act of 2018, August 14, 2019, pg 1. <https://docs.fcc.gov/public/attachments/DOC-359095A1.pdf> (last visited January 30, 2020).

² *Id.*

³ Beaton, Thomas. *Employers Could See High Financial Returns for Mental Healthcare*, Health Payer Intelligence, September 13, 2018. <https://healthpayerintelligence.com/news/employers-could-see-high-financial-returns-for-mental-healthcare> (last visited January 30, 2020).

Public health experts believe suicide is preventable.⁴ To that end, the universally recognizable national number of 9-8-8 as a crisis line for mental health and suicide prevention laid out in the proposed rule is a commendable start and ABHW strongly supports this concept.

However, we believe problems may arise if the FCC does not make a long-term commitment to the crisis line. For example, calls routed to the existing Lifeline will then be routed to local crisis centers based on the caller's area code; however, if the area code does not match the individual's physical location, there may be confusion over where to direct the individual for services. So, in addition to swiftly putting the crisis line into place, it is equally important that the crisis line have adequate resources so that problems can be resolved and all Americans have access. Since demand will undoubtedly increase for services of the crisis line, there will need to be significant investment after the initial implementation to expand capacity and provide services consistently to mental health crises. To this end, we suggest the FCC explore collaborating with both providers and payers to structure the operational functionality of the crisis line.

Thank you for the opportunity to comment on this critical proposed rule. Please feel free to contact Deepti Loharikar, Director of Regulatory Affairs, at loharikar@abhw.org or (202) 449-7659 with any questions.

Sincerely,



Pamela Greenberg, MPP
President and CEO

⁴ Centers for Disease Control, *Preventing Suicide: A technical Package of Policy, Programs and Practices*, 2017, pg 10. <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf> (last visited January 30, 2020).