



988 Geolocation Report — National Suicide Hotline Designation Act of 2020

**Prepared by the:
Wireline Competition Bureau**

**Submitted to the:
Senate Committee on Commerce, Science, and Transportation
Senate Committee on Health, Education, Labor and Pensions
House of Representatives Committee on Energy and Commerce**

April 15, 2021

I. INTRODUCTION

Rapid access to suicide prevention and mental health crisis intervention services is more critical than ever before, with suicide rates growing and the COVID-19 pandemic exacerbating economic, health, and social strains in our society. According to the Centers for Disease Control and Prevention (CDC), the suicide rate in this country increased by 33% from 1999 to 2019, and suicide is now the tenth leading cause of death in the United States.¹ To help Americans in crisis access suicide prevention and mental health support services, the federal government established the National Suicide Prevention Lifeline (Lifeline), which can presently be reached by dialing 1-800-273-8255 / 1-800-273 (TALK).²

In response to this growing crisis, the Commission took action to ease access to suicide prevention and crisis intervention services and decrease the stigma surrounding suicide and mental health crises. On July 17, 2020, the Commission designated 988 as the new, nationwide, 3-digit phone number for the Lifeline.³ Our rules 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, 2022.⁴ Implementation of the new 988 dialing code by covered providers across the telecommunications industry is well underway.⁵

In October 2020, Congress enacted the National Suicide Hotline Designation Act of 2020, which, among other things, requires the Commission to produce a report “that examines the feasibility and cost of including an automatic dispatchable location that would be conveyed with a 9-8-8 call, regardless of the technological platform used.”⁶ In November 2020, we sought public comment on these issues to inform our findings and recommendations.⁷ And at our request, the North American Numbering Council discussed this topic at its meeting on February 4, 2021, a conversation that further informs our analysis.⁸

¹ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, “Preventing Suicide” Fact Sheet, at 1 (2021), <https://www.cdc.gov/suicide/pdf/preventing-suicide-factsheet-2021-508.pdf>.

² See generally National Suicide Prevention Lifeline, *National Suicide Prevention Lifeline*, <https://suicidepreventionlifeline.org/> (last visited Mar. 16, 2021).

³ See *Implementation of the National Suicide Hotline Improvement Act of 2018*, WC Docket No. 18-336, Report and Order, 35 FCC Rcd 7373, 7385-92, paras. 28-36 (2020) (*988 Report and Order*).

⁴ 47 CFR § 52.200.

⁵ See Press Release, AT&T, 988 Three Digit Number Approved for National Suicide Prevention Hotline - Mandatory 10-Digit Local Dialing Coming to Your Area Code (Feb. 2021), <https://www.att.com/idpassets/images/support/home-phone/988-Legacy-2021-tagged.pdf>; Press Release, T-Mobile, T-Mobile Makes 988 Emergency Lifeline’s Critical Mental Health Support Services Immediately Available to Customers (Nov. 20, 2020), <https://investor.t-mobile.com/news-and-events/t-mobile-us-press-releases/press-release-details/2020/T-Mobile-Makes-988-Emergency-Lifelines-Critical-Mental-Health-Support-Services-Immediately-Available-to-Customers/default.aspx>; Press Release, Verizon, Verizon reaches milestone with new connection to National Suicide Prevention Hotline (Dec. 21, 2020), <https://www.verizon.com/about/news/verizon-milestone-national-suicide-prevention-hotline>.

⁶ National Suicide Hotline Designation Act of 2020, Pub. L. No. 116-172. The term “dispatchable location” means “the street address of the calling party and additional information such as room number, floor number, or similar information necessary to adequately identify the location of the calling party.” *Id.*

⁷ See *Wireline Competition Bureau Invites Comment on Costs and Feasibility of Providing Location Information for 988 Calls and Clarifies 988 Implementation Date*, WC Docket No. 18-336, Public Notice, 35 FCC Rcd 13043 (WCB 2020) (*Public Notice*).

⁸ See *FCC Announces the Next Meeting of the North American Numbering Council*, CC Docket Nos. 92-237 and 18-336, Public Notice, 35 FCC Rcd 15005 (WCB 2021); 988 Geolocation Open Council Discussion, North American Numbering Council (NANC) Meeting (Feb. 4, 2021) (*Feb. 4, 2021 NANC Meeting*), available at <https://www.fcc.gov/news-events/events/2021/02/north-american-numbering-council-meeting>.

At its April open meeting, the Commission will consider a Further Notice of Proposed Rulemaking proposing to mandate that providers connect texts to the Lifeline.⁹

As directed by Congress, this Report examines the benefits, technical feasibility, and potential costs of transmitting 988 calls with dispatchable location information, i.e., “the street address of the calling party and additional information such as room number, floor number, or similar information necessary to adequately identify the location of the calling party.”¹⁰ Based on our analysis of the record, we conclude that transmitting geolocation information, including dispatchable location information, with 988 calls would have significant benefits.

We therefore recommend the establishment of a multi-stakeholder advisory committee, with experts tasked with developing detailed recommendations on how to address several challenging matters that must be resolved to make transmitting dispatchable location with 988 calls feasible. We recommend that this advisory committee address issues including: (1) legal and policy considerations regarding consumer privacy and legal authority with respect to mandating transmission of location information, including dispatchable location information, with 988 calls; (2) technical implementation standards for providers, including fixed, mobile, and over-the-top providers; and (3) cost recovery and/or funding requirements for providers, the Lifeline, the Veterans Crisis Line, and individual local crisis centers. Working group participants should include representatives from handset manufacturers, telephone service providers, Public Safety Answering Points (PSAPs) and 911 system service providers, the Lifeline and its local crisis centers, the Veterans Crisis Line and its call centers, mental health services organizations, federal agencies, and state and local governments. By convening a multi-stakeholder group with varied expertise, we anticipate that it will be possible to progress toward consensus recommendations to Congress and/or the Commission on potential legislation and/or regulatory actions that could specifically address the challenging issues that arise in connection with including dispatchable location information with 988 calls.

II. BACKGROUND

The most recent data paints a stark picture of the impact of suicide on American communities.¹¹ The suicide rate declined slightly in 2019, but suicide still claimed the lives of more than 47,500 Americans in 2019.¹² In 2019, “12 million American adults seriously thought about suicide, 3.5 million planned a suicide attempt, and 1.4 million attempted suicide.”¹³

Suicide also continues to disproportionately impact at-risk populations. For example, the 2020 National Veteran Suicide Prevention Annual Report found that the number of Veterans who committed suicide slightly increased in 2018 over 2017, despite a drop in the overall Veteran population.¹⁴ And recent polling among youth and individuals ages 13-24 indicates that 35% of LGBTQ youth feel “much more lonely” since the COVID-19 pandemic began “compared to 22% of cisgender/straight youth.”¹⁵

⁹ Press Release, FCC, FCC Announces Tentative Agenda for April Open Meeting (Apr. 1, 2021), <https://docs.fcc.gov/public/attachments/DOC-371278A1.pdf>.

¹⁰ National Suicide Hotline Designation Act of 2020, § 3(b)(2).

¹¹ The Trevor Project, The Trevor Project Research Brief: Evidence on Covid-19 Suicide Risk and LGBTQ Youth, at 1-2 (2021) (The Trevor Project Research Brief), <https://www.thetrevorproject.org/wp-content/uploads/2021/01/COVID-19-and-LGBTQ-Youth-January-2021.pdf>.

¹² Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, “Preventing Suicide” Fact Sheet, at 1 (2021), <https://www.cdc.gov/suicide/pdf/preventing-suicide-factsheet-2021-508.pdf>.

¹³ *Id.*

¹⁴ U.S. Dept. of Veterans Affairs, Veterans Health Administration, Office of Mental Health and Suicide Prevention, National Veteran Suicide Prevention Annual Report, at 3-4 (2020), <https://www.mentalhealth.va.gov/docs/data-sheets/2020/2020-National-Veteran-Suicide-Prevention-Annual-Report-11-2020-508.pdf>.

¹⁵ The Trevor Project Research Brief at 1-2.

A. 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) oversees and partially funds the Lifeline, a national network of approximately 180 crisis centers linked by a toll free number, presently 1-800-273-8255 (TALK), which is available free of charge "to people in suicidal crisis or emotional distress at any time of the day or night."¹⁶ The Lifeline also is the access number for the Veterans Crisis Line, which is overseen by the Department of Veterans Affairs (VA) and offers Service Members, Veterans, and their families "supportive, timely, high quality crisis intervention services" on a 24/7 basis, nationwide.¹⁷ Callers can reach the Veterans Crisis Line when calling the Lifeline by pressing option 1.¹⁸ The Veterans Crisis Line consists of three call centers located in Canandaigua, New York; Atlanta, Georgia; and Topeka, Kansas.¹⁹ Vibrant Emotional Health (Vibrant) administers the Lifeline, and calls can be made from anywhere in the United States and are routed to the closest certified local crisis center,²⁰ which is determined by the caller's area code and exchange.²¹ In the event of high call volume, a disruption in service, or if the call originates from an area not covered by a Lifeline call center, the call will instead be routed to a backup center.²² 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."²³

B. Expanding Access to the Lifeline through the 988 Dialing Code

The National Suicide Hotline Improvement Act of 2018. With the National Suicide Hotline Improvement Act of 2018, Congress tasked the Commission with examining the feasibility of establishing a simple and easy-to-remember 3-digit dialing code to be used for a national suicide prevention and mental health crisis hotline system.²⁴ Pursuant to this direction and having coordinated closely with SAMSHA and the VA, the Wireline Competition Bureau issued a report to Congress recommending adoption of 988 as the 3-digit code.²⁵ After issuing a rulemaking proposal and seeking public input,²⁶ in July 2020, the Commission designated 988 as the 3-digit number to reach the Lifeline.²⁷

¹⁶ 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* Vibrant Emotional Health Comments at 1; 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"). 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. SAMHSA Report at 3-5.

¹⁷ 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).

¹⁸ In 2007, SAMHSA and the VA partnered to establish 1-800-273-8255 (TALK) as the access point for the Veterans Crisis Line. SAMHSA Report at 3; *see also* VA Report at 4.

¹⁹ VA Report at 4.

²⁰ SAMHSA Report at 4-5.

²¹ Vibrant Emotional Health Comments at 1-2.

²² SAMHSA Report at 5.

²³ *Id.*

²⁴ National Suicide Hotline Improvement Act of 2018, Pub. L. No. 115-233, 132 Stat. 2424 (2018).

²⁵ 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>.

²⁶ *Implementation of the National Suicide Hotline Improvement Act of 2018*, WC Docket No. 18-336, Notice of Proposed Rulemaking, 34 FCC Rcd 12562 (2019).

²⁷ *988 Report and Order*, 35 FCC Rcd at 7375, para. 4.

In the *988 Report and Order*, the Commission required covered providers to make needed upgrades and bear the costs of any network changes necessary to ensure that users can dial 988 to reach the Lifeline by July 16, 2022.²⁸

The National Suicide Hotline Designation Act of 2020. On October 17, 2020, the National Suicide Hotline Designation Act of 2020 was signed into law.²⁹ The National Suicide Hotline Designation Act of 2020 designated 988 “as the universal telephone number within the United States for the purpose of . . . the National Suicide Prevention Lifeline,” with designation becoming effective one year after enactment.³⁰ It further directed the Commission to submit, within 180 days of enactment, a report “that examines the feasibility and cost of including an automatic dispatchable location that would be conveyed with a 9-8-8 call, regardless of the technological platform used and including with calls from multi-line telephone systems.”³¹

On November 19, 2020, the Wireline Competition Bureau issued a Public Notice that sought comment on these issues.³² In response to the Public Notice, we received comments from numerous stakeholders, including those representing mental health advocates and counselors, service provider trade associations, public safety stakeholders, and others.³³ Although commenters universally expressed support for 988 and improving the methods by which mental health crisis intervention can be achieved, some expressed concerns about how dispatchable location information could be obtained and whether it should be transmitted with a 988 call.³⁴ These commenters raise a variety of issues, including technical challenges involved with conveying location information to and from Lifeline call centers,³⁵ the financial burdens imposed on covered providers to implement geolocation abilities for calls to the Lifeline and emergency services,³⁶ and costs to consumers, including potential risks to privacy.³⁷ Additionally, at a February 4, 2021 meeting of the North American Numbering Council, members discussed the potential benefits of dispatchable location for 988 calls and expressed concerns about whether and how such location information would be used, the technical complexities involved, and the costs posed.³⁸ Several members suggested convening stakeholders to discuss these challenges in greater depth.³⁹

C. Routing Calls to the Lifeline at Present

In the *988 Report and Order*, the Commission required central routing of calls dialed to 988 to the existing Lifeline number (1-800-273-8255) because it found that such routing would be the most

²⁸ *Id.* at 7375-76, 7413, paras. 4, 69.

²⁹ National Suicide Hotline Designation Act of 2020, Pub. L. No. 116-172.

³⁰ *Id.* § 3(a)–(b).

³¹ *Id.* § 5(a). The statute states that the term “multi-line telephone systems” is “defined in section 6502 of the Middle Class Tax Relief and Job Creation Act of 2012 (47 U.S.C. 1471).” *Id.*

³² *Public Notice*, 35 FCC Rcd 13043. In addition, we clarified that the National Suicide Hotline Designation Act of 2020 did not affect the implementation date set by the *988 Report and Order*. *Id.*

³³ Commenters include, for example, Vibrant Emotional Health, Mental Health America, the Trevor Project, and American Association of Suicidology; CTIA, USTelecom, and NCTA; and Boulder Regional Emergency Telephone Service Authority and the American Association of Poison Control Centers.

³⁴ *See, e.g.*, Boulder Regional Emergency Telephone Service Authority Comments at 20; CTIA Comments at 6-7; Mitel Cloud Services Comments at 3; Trevor Project Comments at 2; USTelecom Comments at 9.

³⁵ *See, e.g.*, USTelecom Comments at 4-5.

³⁶ *See, e.g.*, CTIA Reply at 4; Boulder Regional Emergency Telephone Service Authority Comments at 17; USTelecom Reply at 2-3.

³⁷ *See, e.g.*, Mitel Cloud Services Comments at 3; Lumen Reply at 5.

³⁸ *Feb. 4, 2021 NANC Meeting*.

³⁹ *Id.*

efficient means to establish a national suicide prevention hotline.⁴⁰ The Commission explained that routing to the Lifeline’s toll free number provided “considerable benefits” both for covered providers and the Lifeline itself, which would enable faster implementation, lower costs to maintain 988 routing, and better Lifeline service.⁴¹ Thus, when 988 is implemented, calls made to 988 will route similarly to those made to the Lifeline’s toll free number.

Currently, when an individual calls the Lifeline’s toll free number, the originating service provider conveys the area code and exchange via the caller’s phone number.⁴² The Lifeline or Veterans Crisis Line then routes the call to the appropriate call center, which the Lifeline selects based on the caller’s area code.⁴³ This practice, however, often results in a routing mismatch since over 80% of all calls made to the Lifeline are from wireless phones, and callers often dial 988 from outside the area code associated with their cell phone number.⁴⁴ For example, a call made from North Carolina using a wireless phone number that includes an area code associated with San Francisco, California will be routed as though the caller is in San Francisco.⁴⁵ The limitations of this routing system are particularly relevant given that Americans are increasingly “retaining their wireless number even as they may move across the country.”⁴⁶ According to Vibrant, such routing mismatches affects the quality of care individuals receive.⁴⁷ Vibrant explains that local call centers are more “knowledgeable about local resources” and their counselors are better able to build trust through greater familiarity with “their community’s unique stressors, including local events and recognizable locations.”⁴⁸

D. 911 Geolocation

In discussing the benefits and challenges of geolocation information being conveyed with calls to 988, many commenters look to the existing 911 systems and their access to dispatchable location information.⁴⁹ Some commenters posit that currently available 911 capabilities could be leveraged⁵⁰ or serve as a model for the Lifeline.⁵¹ Other commenters, however, express concern that building the infrastructure and technologies used in 911 systems, particularly for mobile networks and handsets, took many years as well as investment of significant resources.⁵²

Understanding how geolocation information is obtained and used in a 911 call provides useful insight into the complexities of including dispatchable location information when a caller dials 988. In the wireline context, when an individual dials 911, a wireline carrier’s selective router receives the call,

⁴⁰ *988 Report and Order*, 35 FCC at 7395, para. 42.

⁴¹ *Id.*

⁴² *See* Vibrant Emotional Health Comments at 2.

⁴³ Vibrant Emotional Health Reply at 4. This contrasts with when a caller dials 911, where the service provider initially routes the call. USTelecom Comments at 3-4.

⁴⁴ Vibrant Emotional Health Comments at 2. Similarly, upwards 90% of all 911 calls in some areas are dialed from wireless devices. Boulder Regional Emergency Telephone Service Authority Comments at 12 n.12; *see also* American Association of Poison Control Centers Comments at 2.

⁴⁵ *See* American Association of Poison Control Centers Comments at 2.

⁴⁶ Vibrant Emotional Health Comments at 2.

⁴⁷ *Id.*

⁴⁸ Vibrant Emotional Health Reply at 3-4.

⁴⁹ *See, e.g.*, Boulder Regional Emergency Telephone Service Authority Comments; CTIA Comments; Intrado Comments; USTelecom Comments.

⁵⁰ *See* Intrado Comments at 3; Utah Department of Human Services Comments at 1.

⁵¹ *See* Association of Public-Safety Communications Officials International, Inc. Comments at 2-3.

⁵² *See, e.g.*, CTIA Comments at 4; USTelecom Comments at 3.

which then queries a selective routing database to determine which Public Service Answering Point (PSAP) serves the caller's geographic area.⁵³ The selective router then forwards the call to the appropriate PSAP,⁵⁴ which acts as the terminating party.⁵⁵ In addition to forwarding the call to the correct PSAP, most 911 systems feature Enhanced 911 (E911) capabilities, which enable the PSAP call taker to receive the caller's call back number, or Automatic Numbering Information (ANI).⁵⁶ The PSAP then submits the caller's ANI to an Automatic Location Identification (ALI) database to obtain the caller's physical address,⁵⁷ which typically has been verified by comparison to a Master Street Address Guide for the jurisdiction.⁵⁸

Calls to 911 made through fixed interconnected VoIP services route similarly. Pursuant to rules adopted by the Commission, fixed interconnected VoIP providers require their subscribers to provide a registered location, typically in the form of a street address.⁵⁹ When a subscriber dials 911, the VoIP provider queries a database using the caller's registered location to determine the appropriate PSAP to contact.⁶⁰ The provider then delivers the call to the selective router serving that PSAP.⁶¹

Mobile and non-fixed VoIP services present a more complicated scenario. In a typical mobile call flow, a handset that dials 911 goes into an "emergency mode" to collect all necessary data to provide the most accurate location information possible to the wireless network.⁶² The provider delivers this information directly to a PSAP. By default, carriers route mobile 911 calls based on the location of the cell tower receiving the call,⁶³ which serves as the address for ALI purposes.⁶⁴ A caller, however, may be some distance from the cell tower receiving the call, meaning the information obtained is necessarily imprecise.⁶⁵ Further, a cell tower's service area may include more than one PSAP, and as such, "a certain

⁵³ *Framework for Next Generation 911 Deployment*, PS Docket No. 10-255, Notice of Inquiry, 25 FCC Rcd 17869, 17875, para. 14 (2010); *Inquiry Concerning 911 Access, Routing, and Location in Enterprise Communications Systems*, PS Docket No. 17-239, Notice of Inquiry, 32 FCC Rcd 7923, 7938, Appx. A, para. 2 (2017) (*911 Access, Routing, and Location Notice of Inquiry*).

⁵⁴ *911 Access, Routing, and Location Notice of Inquiry*, 32 FCC Rcd at 7938, Appx. A, para. 2.

⁵⁵ In calls made to the Lifeline, meanwhile, the Lifeline itself acts as the terminating party and it, not the service provider, routes the call to the appropriate call center. USTelecom Comments at 3-4.

⁵⁶ *Framework for Next Generation 911 Deployment*, 25 FCC Rcd at 17875, para. 13.

⁵⁷ *Id.* at 17875, para. 14.

⁵⁸ *911 Access, Routing, and Location Notice of Inquiry*, 32 FCC Rcd at 7938, Appx. A, para. 2.

⁵⁹ 47 CFR § 9.11(a)(2)(i)-(iv), (4)(i)-(ii); see also *Implementing Kari's Law and Section 506 of Ray Baum's Act; Inquiry Concerning 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, 6725-26, Appx. A (2019) (*Implementing Kari's Law Report and Order*); *911 Access, Routing, and Location Notice of Inquiry*, 32 FCC Rcd at 7938, Appx. A, para. 4; *Framework for Next Generation 911 Deployment*, 25 FCC Rcd at 17876-77, para. 16.

⁶⁰ *911 Access, Routing, and Location Notice of Inquiry*, 32 FCC Rcd at 7938, Appx. A, para. 4.

⁶¹ *Id.*

⁶² CTIA Comments at 2.

⁶³ *Location-Based Routing for Wireless 911 Calls*, PS Docket No. 18-64, Notice of Inquiry, 33 FCC Rcd 3238, 3240, para. 7 (2018).

⁶⁴ Boulder Regional Emergency Telephone Service Authority Comments at 10.

⁶⁵ *Location-Based Routing for Wireless 911 Calls*, 33 FCC Rcd at 3240, para. 7.

number of 9-1-1 calls received over a cellular-system antenna . . . will be routed to the wrong PSAP.”⁶⁶ Problematically, a cellular tower or antenna may serve more than one city, county, or even state.⁶⁷

This process of default routing based on the cell site that received a call is known as “Phase I Location.”⁶⁸ To more accurately pinpoint the location of the caller’s device, its “Phase II Location,” i.e., its geographic coordinates, is needed.⁶⁹ Determining the Phase II Location of the caller varies depending on the technology used⁷⁰ and takes time, such that the process sometimes does not complete.⁷¹

Additionally, beginning in 2015, the Commission through a series of orders adopted requirements for indoor location accuracy to include vertical, or “z-axis,” information with 911 calls delivered by Commercial Mobile Radio Service (CMRS) providers.⁷² Such z-axis information must be accurate to, in indoor environments, within 3 meters above or below the handset for 80% of wireless E911 calls made from z-axis capable devices, and when available, the CMRS must also provide floor level information.⁷³ Nationwide CMRS providers in the top 25 cellular market areas were required to deploy either dispatchable location⁷⁴ or z-axis technology by April 3, 2021.⁷⁵ Nationwide CMRS providers must deploy this capacity in the top 50 markets by April 3, 2023, and in all cellular market areas by April 3, 2025.⁷⁶ Non-nationwide CMRS providers have an additional year to meet these deadlines.⁷⁷ Further, by January 6, 2022, all CMRS providers must provide dispatchable location information with wireless E911 calls if technically feasible and cost effective for them to do so.⁷⁸

Currently, the United States is in the process of transitioning from the public-switched-telephone-network-based architecture of legacy 911 to Next Generation 911 (NG911).⁷⁹ NG911 is a more advanced

⁶⁶ Boulder Regional Emergency Telephone Service Authority Comments at 11.

⁶⁷ *Id.*

⁶⁸ *911 Access, Routing, and Location Notice of Inquiry*, 32 FCC Rcd at 7938, Appx. A, para. 3.

⁶⁹ *Id.*

⁷⁰ Handset-based location technology “requires the use of special location-determining hardware and/or software in a portable or mobile phone” and “may also employ additional location-determining hardware and/or software in the CMRS network and/or another fixed infrastructure.” 47 CFR § 9.3. Network-based location technology, meanwhile, “employs hardware and/or software in the CMRS network and/or another fixed infrastructure, and does not require the use of special location-determining hardware and/or software in the caller’s portable or mobile phone.” *Id.*

⁷¹ Boulder Regional Emergency Telephone Service Authority Comments at 10-11.

⁷² *See Wireless E911 Location Accuracy Requirements*, PS Docket No. 07-114, Sixth Report and Order and Order on Reconsideration, 35 FCC Rcd 7752, 7753-54, paras. 5-6 (2020) (*Wireless E911 Location Accuracy Requirements Order*).

⁷³ 47 CFR § 9.10(i)(2)(ii)(H).

⁷⁴ Our rules define “dispatchable location” as “a location delivered to the PSAP with a 911 call that consists of the validated street address of the calling party, plus additional information such as suite, apartment or similar information necessary to adequately identify the location of the calling party.” 47 CFR § 9.3.

⁷⁵ 47 CFR § 9.10(i)(2)(ii)(C)-(E). Three major carriers have filed petitions seeking an 18-month extension of this deadline. Acting Chairwoman Rosenworcel recently announced that the Commission’s Enforcement Bureau is conducting an inquiry into wireless providers’ compliance with these rules. *See* Press Release, FCC, FCC Acting Chairwoman Announces Inquiry into Wireless Providers’ Compliance with 911 Location Accuracy Rules (Apr. 2, 2021), <https://docs.fcc.gov/public/attachments/DOC-371322A1.pdf>.

⁷⁶ *Id.*

⁷⁷ 47 CFR § 9.10(i)(2)(ii)(F).

⁷⁸ 47 CFR § 9.10(i)(2)(ii)(G).

⁷⁹ Intrado Comments at 1.

Internet Protocol (IP)-based architecture that includes an expanded array of emergency communications services,⁸⁰ including the ability to automatically provide a dispatchable location via Session Initiation Protocol (SIP) headers that are conveyed with a call.⁸¹ As of 2019, 33 states have adopted a statewide NG911 plan, with varying levels of maturity in their implementation.⁸² This transition has required costly “upgrades to [PSAP] systems, equipment and cybersecurity capabilities,” straining funding for 911 and PSAPs.⁸³ Thus, although some commenters observe that NG911 may be leveraged or provide a model for attaching dispatchable location information with a 988 call,⁸⁴ others express concern about whether doing so would be feasible from a technical and cost perspective.⁸⁵

III. DISCUSSION

The record demonstrates that requiring covered providers to transmit dispatchable location (or other geolocation) information with 988 calls to the Lifeline could provide significant potential benefits for callers seeking life-saving assistance.⁸⁶ However, as indicated above, the various systems used to gather and transmit dispatchable location information for 911 calls are rapidly evolving, which may complicate efforts to establish similar capabilities for calls to 988. The record also reveals that such a requirement would present important legal issues for consideration, including those surrounding the privacy of caller information, as well as raise concerns regarding technical complexity and potential costs.⁸⁷ In light of these issues, we agree with the broad consensus that the appropriate next step is to convene a working group that would enable stakeholders to work toward consensus on these complex legal, technical, and cost issues and recommend next steps, including potential legislation and/or action by the Commission.⁸⁸

A. Potential Benefits

In response to the *Public Notice*, a broad range of commenters commend the Commission for its actions to implement the 988 3-digit dialing code for the Lifeline⁸⁹ and assert that benefits of transmitting geolocation data associated with 988 calls to the Lifeline include (1) ensuring proper routing of calls to

⁸⁰ *Framework for Next Generation 911 Deployment*, 25 FCC Rcd at 17877, para. 18.

⁸¹ USTelecom Comments at 3; Telnix Comments at 1.

⁸² 911.gov, National 911 Annual Report: 2019 Data at 8 (2019), https://www.911.gov/pdf/National_911_Annual_Report_2019_Data.pdf.

⁸³ Boulder Regional Emergency Telephone Service Authority Comments at 17.

⁸⁴ *See, e.g.*, Intrado Comments at 1; Telnix Reply at 1-2.

⁸⁵ *See, e.g.*, CTIA Comments at 3-4; USTelecom Reply at 2-3.

⁸⁶ *See, e.g.*, American Association of Suicidology Comments at 1; American Foundation for Suicide Prevention Comments at 1-2.

⁸⁷ *See, e.g.*, USTelecom Reply at 2-3.

⁸⁸ *See* Intrado Comments at 5 (recommending workshops or similar forums to continue technical and cost feasibility discussions); NCTA Reply at 2 (recommending a NANC working group report); NCTA Reply at 2 (recommending creation of an industry forum); CTIA Comments at 5; Presentation of Charter, 988 Geolocation Open Council Discussion, *Feb. 4, 20201 NANC Meeting* at Timestamp 1:16:04; Presentation of Comcast, *Feb. 4, 2021 NANC Meeting* at Timestamp 1:21:47 (supporting a forum of experts to consider complex issues); Presentation of Vibrant, *Feb. 4, 2021 NANC Meeting* at Timestamp 1:26:26 (suggesting it would be beneficial to have discussions about the technical options given that 988 and 911 are not the same); Presentation of Veterans Crisis Line, *Feb. 4, 2021 NANC Meeting* at Timestamp 1:32:00 (agreeing with the need for additional information and review).

⁸⁹ *See, e.g.*, Intrado Comments at 1; American Foundation for Suicide Prevention Comments at 1; Mitel Cloud Services Comments at 2; Lumen Reply at 1; Vibrant Emotional Health Comments at 1.

the geographically appropriate Lifeline call center; and (2) enabling timely and accurate dispatch of emergency services to an at-risk caller.⁹⁰ We discuss each of these two benefits in turn below.

More Accurate Routing. According to mental health and crisis counseling experts, getting the caller to the geographically appropriate local crisis center is key to the Lifeline’s approach to providing life-saving services to those in need of public health and safety resources.⁹¹ As several commenters contend, routing to the closest available local crisis center can help counselors respond to cultural and economic factors that often vary across different regions.⁹² The American Association of Suicidology agrees, arguing that “[i]ndividuals receive better support when connected with their local community’s crisis center,” in part because “[c]risis counselors who are more familiar with their community’s unique stressors . . . may be able to build a trusting connection with callers more quickly.”⁹³

In addition, counselors in local crisis centers are often better able to refer the caller to local resources that could provide the support that particular caller needs. Dispatch of emergency services is not required for the vast majority of calls,⁹⁴ but crisis counselors may wish to refer callers to other kinds of support services, which can vary significantly across different regions.⁹⁵ For example, the American Association of Suicidology explains that “[l]ocal centers are . . . able to provide connections to and knowledge of local resources and services, including follow-up care that reduces the risk of suicidality in individuals in crisis.”⁹⁶ Vibrant expands on this idea, further explaining that “[i]f a caller is in need of crisis outreach and/or stabilization services in their community, local centers are most capable of seamlessly connecting them to mobile crisis teams or whatever crisis response/care services are in their area.”⁹⁷ Vibrant also states that being able to provide appropriate local alternative crisis response services to the caller can conserve public resources by averting the unnecessary use of law enforcement,

⁹⁰ See Crisis Response Network Comments at 1; APCO Comments at 1-2; Mental Health America Comments at 1; National Alliance on Mental Illness Comments at 1-2; American Association of Suicidology Comments at 1; *see also* Mental Health America Comments at 2 (explaining that an additional benefit is “accurately determining how many calls are being placed within each state, to adequately fund 988 call centers and crisis response”). Separate brief comments were filed in support of the use of geolocation for the Lifeline by various mental health professionals and other individuals. *See generally* Kathy Allen Comments; Kelsey Edwards Comments; Emma Foster Comments; Dennis Gillan Comments; Janet Kittams Comments; Amanda Knick Comments; Lucinda Mercer Comments; Lauren Ochs Comments; Mandy St. Aubyn Comments; and Joanna Wright Comments.

⁹¹ See Vibrant Emotional Health Comments at 2.

⁹² See Crisis Response Network Comments at 1.

⁹³ American Association of Suicidology Comments at 2-3; *see also* National Alliance on Mental Illness Comments at 2.

⁹⁴ See Vibrant Emotional Health Reply at 3; National Alliance on Mental Illness Comments at 1.

⁹⁵ See Janet Kittams Comments at 1 (arguing that location-based routing would allow staff of the Helpline Center in Sioux Falls, South Dakota, to better serve callers because “[o]ur resource database of mental health services provides critical information for all areas of the state, but we do not have access to resources for other states”); Mental Health America Comments at 1 (“Providing location information for 988 calls will help ensure that individuals will be routed to the local crisis center nearest to their physical location, keeping the important linkages to local care resources.”).

⁹⁶ American Association of Suicidology Comments at 2-3; *see also* American Foundation for Suicide Prevention Comments at 1-2 (“Location identification capacity improves routing [and] ensures more localized responses.”); Mental Health America Comments at 1 (“All individuals experiencing a behavioral health crisis should receive equitable, appropriate, localized, and representative behavioral health care wherever they are, separate from emergency medical or law enforcement interventions.”); National Alliance on Mental Illness Comments at 2 (“Many callers will need to be connected with follow-up care after a call to 988, and local call centers are in the best position to facilitate these connections so callers are connected to necessary care.”).

⁹⁷ Vibrant Emotional Health Reply at 1; *see also* Intrado Comments at 2-3; American Foundation for Suicide Prevention Comments at 1; Integral Care Comments at 1.

emergency medical services, or other emergency department resources.⁹⁸ No commenters dispute that routing 988 calls based on more precise location data would make it possible to more accurately route calls to the appropriate local crisis centers, saving time, resources, and potentially lives.

By contrast, routing calls based on the area code of the caller, as the Lifeline does today, suffers from drawbacks that can, in some cases, limit the mental health resources and emergency services available to the at-risk caller, when time may be of the essence. In particular, when an at-risk caller seeks help from the Lifeline using his or her wireless phone, the call will be routed to the crisis center based on the area code of the number assigned to that handset and not to the closest local crisis center. As a result, a caller in need of crisis assistance could be connected to a center thousands of miles from the location where the caller needs help. No commenter disputes that more precise location data associated with most 988 calls could make it possible to more accurately route calls to the crisis centers, saving time, resources, and potentially lives.

Emergency Services Dispatch. A potential benefit of routing geolocation with 988 calls would be to automatically locate a caller in crisis for dispatch of mobile crisis teams or emergency services to intervene in an imminent life-threatening event. While commenters acknowledge that most crisis hotline calls can be resolved without resorting to dispatch of emergency services or mobile crisis response teams,⁹⁹ they also explain that location information can improve the effectiveness of this type of emergency response when it is required.¹⁰⁰ For example, Mental Health America states that “[i]ncluding geolocation capacity in 988 . . . ensures that mobile behavioral health crisis services are dispatched quickly to callers in cases where the caller is at imminent risk and is unable to provide their location.”¹⁰¹ Similarly, the National Alliance on Mental Illness argues that “[g]eolocation information is critical to reduce delays in identifying the physical location of people needing immediate in-person help and would help save lives.”¹⁰² Vibrant agrees, stating that, when a counselor decides that a caller needs emergency services, “the lack of accurate location information . . . affects how rapidly the response occurs, whether they show up at the right location, or whether they show up at all.”¹⁰³

B. Privacy and Legal Authority

Despite the potential benefits discussed above, implementation of dispatchable location (or other geolocation) capabilities for 988 calls raises important privacy-related policy and legal authority issues. Specifically, commenters raise significant concerns regarding appropriate protections for the privacy of users’ geolocation information, whether the transmission of geolocation data in this context would be consistent with the existing legal framework, and whether the Commission has the authority to mandate the transmission of geolocation for 988 calls by various communications providers.¹⁰⁴ On balance, we

⁹⁸ See Vibrant Emotional Health Reply at 1; see also Boulder Regional Emergency Telephone Service Authority Comments at 17.

⁹⁹ See National Alliance on Mental Illness Comments at 1 (“While the vast majority of crisis calls can be resolved with effective crisis call centers, some crises are more severe and require in-person assistance through a mobile crisis team—or a stay in a crisis stabilization unit.”).

¹⁰⁰ See, e.g., Association of Public-Safety Communications Officials International Comments at 1-2; Helpline Center Comments at 1; Intrado Comments at 1-2; Mental Health America Comments at 1-2; National Alliance on Mental Illness Comments at 1-2; The Trevor Project Comments at 1-2; Utah Department of Human Services Comments at 2; Volunteers of America Western Washington Comments at 1-2.

¹⁰¹ Mental Health America Comments at 1-2 (stating that “SAMHSA’s National Guidelines for Behavioral Health Crisis Care specify that minimum expectations for operating a regional call center include implementing GPS-enabled technology to connect callers to crisis mobile team services in their local region”).

¹⁰² See National Alliance on Mental Illness Comments at 1.

¹⁰³ Vibrant Emotional Health Reply at 4.

¹⁰⁴ See, e.g., Boulder Regional Emergency Telephone Service Authority Comments at 30; CTIA Comments at 5-6; Mitel Cloud Services Comments at 3; Trevor Project Comments at 2; USTelecom Comments at 9.

recognize the potential benefits for both accurate call routing to crisis centers and timely, accurate dispatch of emergency response in the often life-threatening situations that the Lifeline regularly encounters.¹⁰⁵ At the same time, we recommend detailed examination by a multi-stakeholder advisory committee of experts to more precisely identify the circumstances in which inclusion of dispatchable geolocation will prove particularly beneficial. That way, stakeholders will be able to deliberatively examine a full menu of options, including not only a binary choice between complete implementation or no implementation at all, but also partial or phased implementation based on circumstances in which benefits are greatest.

Privacy. Proponents of geolocation for 988 calls make a strong case for the benefit of geolocation information to facilitate routing calls to local call centers with staff who are most likely to be helpful and in dispatching emergency services in the small percentage of cases where immediate intervention is required to stop imminent harm to the caller or others. At the same time, the public generally is entitled to a strong expectation of privacy with regard to call-related information. As many commenters note, obtaining and using precise geolocation information for dispatch purposes (currently available only for 911 calls) presents a difficult tradeoff between privacy of callers by revealing their physical location and the need to dispatch emergency services when, for example, a caller's life is endangered, a person endangers the lives of others, or when a call disconnects for an unknown reason.¹⁰⁶

Callers to 911 services call specifically for the purpose of having emergency services routed to their locations. The Commission has nevertheless consistently recognized the privacy interest of protecting location information. For that reason, the Commission's recently adopted wireless 911 location accuracy requirements for vertical, or "z-axis," location information explicitly provides that "CMRS providers and the location vendors upon which they rely may only use 911 location information for 911 purposes, except with prior express consent or as required by law."¹⁰⁷

In contrast to 911 callers, who are usually seeking an immediate, location-specific medical or police response, callers to the Lifeline may not want to reveal their physical location. As a result, some commenters have raised concerns that the conveyance of geolocation information with 988 calls could undermine the benefits of the Lifeline by dissuading at-risk and vulnerable populations from using the service in a time of need, out of fear of embarrassment, aversion to intervention by authorities, or other similar reasons.¹⁰⁸ Other commenters who advocate for implementing geolocation capabilities for 988 believe that using callers' geolocation information may be necessary for crisis response but still recognize the caller's critical interest in maintaining privacy and thus support strong privacy protections.¹⁰⁹

Although we recognize that the use of geolocation information with 988 calls likely would result in some benefits, the record is not sufficiently developed with regard to the privacy expectations of callers to the Lifeline, how potential users of the Lifeline could or should be notified or educated about the

¹⁰⁵ See Mitel Cloud Services Comments at 2-3 (contending that the Commission should consider whether such a requirement would impose burdens on the Lifeline without commensurate benefit); USTelecom Reply at 2.

¹⁰⁶ See American Foundation for Suicide Prevention Comments at 2; Boulder Regional Emergency Telephone Service Authority Comments at 20. We note, however, that these privacy considerations may not pertain to the use of less precise geolocation information for routing purposes.

¹⁰⁷ See *Wireless E911 Location Accuracy Requirements Order*, 35 FCC Rcd at 7776, para. 54; 47 CFR § 9.10(h)(4).

¹⁰⁸ See Mitel Cloud Services Comments at 3; see also Lumen Reply at 5 (stating that privacy expectations of 988 callers need to be considered); VON Coalition Reply at 2; CTIA Comments at 6-7; Boulder Regional Emergency Telephone Service Authority Comments at 20; CTIA Reply at 7; Presentation of Charter, *Feb. 4, 2021 NANC Meeting* at Timestamp 1:18:20 (suggesting that the Commission should consider expectations of privacy in 988 context). *But see* Vibrant Emotional Health Comments at 3 (explaining that the public expects Lifeline to include emergency assistance similar to 911).

¹⁰⁹ See American Foundation for Suicide Prevention Comments at 2 (supporting geolocation for 988 but emphasizing that the failure to guarantee privacy could damage 988 and discourage help-seeking); Trevor Project Comments at 2; Mental Health America Comments at 2; National Alliance on Mental Illness Comments at 2.

privacy tradeoff if geolocation is implemented for 988 in the future, or the extent to which any increased hesitation by at-risk users could offset its benefits. With a more robust record, including input from relevant experts across the stakeholder community, Congress and/or the Commission could determine whether this compromise of personal privacy is appropriate for 988 calls. In addition, because critical details of a technical solution to transmit geolocation data with 988 calls require further collaboration and development, we do not believe that the current record provides a sufficient basis for the Commission to assess how to put in place sufficient technical, legal, and operational safeguards to protect callers' geolocation information from unlawful disclosure.¹¹⁰

There are also important outstanding questions about whether existing law permits service providers to transmit geolocation information with 988 calls.¹¹¹ Section 222 of the Communications Act, as amended, imposes a duty on all telecommunications carriers, among other things, to protect the confidentiality of proprietary information of customers.¹¹² Specifically, section 222 provides legal protections for customer proprietary network information (CPNI), including geolocation information. Its protections limit a carrier's use, disclosure, or sharing of individually identifiable CPNI without a customer's consent. Importantly, section 222 includes some critical exceptions for emergency services. Section 222(d) provides, in relevant part:

(d) EXCEPTIONS.—Nothing in [section 222] prohibits a telecommunications carrier from using, disclosing, or permitting access to customer proprietary network information obtained from its customers, either directly or indirectly through its agents—

* * *

(4) to provide call location information concerning the user of a commercial mobile service (as such term is defined in section 332(d)) or the user of an IP-enabled voice service (as such term is defined in section 7 of the Wireless Communications and Public Safety Act of 1999 (47 U.S.C. 615b))—

(A) to a public safety answering point, emergency medical service provider or emergency dispatch provider, public safety, fire service, or law enforcement official, or hospital emergency or trauma care facility, in order to respond to the user's call for emergency services;

(B) to inform the user's legal guardian or members of the user's immediate family of the user's location in an emergency situation that involves the risk of death or serious physical harm; or

(C) to providers of information or database management services solely for purposes of assisting in the delivery of emergency services in response to an emergency.

47 U.S.C. § 222(d). The public safety and emergency medical services exemption of section 222(d) may be broad enough to encompass the transmission of geolocation information with 988 calls.¹¹³ However, unlike calls to 911, where the caller is usually asking for emergency services to be dispatched to a specific

¹¹⁰ See Vibrant Emotional Health Reply at 2 (explaining that communications with Lifeline Crisis Centers are confidential and Centers must have policies on privacy and data retention to ensure confidentiality); Intrado Comments at 4 (suggesting a "988 ESINet" with the capability to transfer calls to PSAPs with geolocation without disclosing that information to the local crisis center); Vibrant Emotional Health Comments at 5-6.

¹¹¹ See NTCA Reply at 4 (questioning whether public safety exception of section 222 would apply); USTelecom Comments at 8-9; USTelecom Reply at 3; VON Coalition Reply at 2; CTIA Comments at 5; CTIA Reply at 7. *But see* Volunteers of America Western Washington Comments at 2 (suggesting that local crisis centers could be designated as PSAPs).

¹¹² 47 U.S.C. § 222(a).

¹¹³ The applicability of section 222 could turn on the nature of any Commission-imposed requirement, whether the 988 system provides a way to obtain the caller's approval for sharing information, evidence about whether callers intend to share their location information, and any amendments that Congress might consider to clarify the public safety exception.

location, most calls to the Lifeline are seeking counseling and assistance, not an immediate physical response. The current record does not provide sufficient information about the reasonable expectations of callers to the Lifeline to analyze the applicability of that exception to calls to 988.

We also recognize that certain communications providers are afforded protection under state and federal laws from civil liability for release of subscriber information to certain emergency service entities, including PSAPs, related to emergency calls.¹¹⁴ The record does not shed light on the question of whether potential civil liability for 988 calls would fall within the scope of current state and federal liability protections applicable to 911.¹¹⁵

Legal Authority. The record lacks significant discussion of Commission legal authority to require transmission of dispatchable geolocation with 988 calls. In the absence of legislation, if the Commission were to seek to impose on covered providers regulatory obligations to transmit dispatchable location (or other geolocation) information with 988 calls, it must identify existing sources of legal authority. Such sources may vary depending on whether they impose obligations on providers of fixed wireline services, CMRS, fixed and non-fixed VoIP services, and/or multi-line telephone systems.¹¹⁶ We note that it is an open question whether certain sources of legal authority used to regulate geolocation capabilities for 911 service may be available to the Commission in the context of 988 calls.¹¹⁷ Finally, we note that transmission of geolocation information with 988 calls would be dependent on the cooperation of entities beyond the jurisdiction of the Commission, including government agencies, states, localities, and local call centers.¹¹⁸ A multi-stakeholder forum would be able to develop a clear, consensus view on the Commission's existing legal authority and, if appropriate, recommend legislation to Congress; and it could provide insight into the legal and regulatory structures that would best facilitate cooperation among the many stakeholders that would share an oversight role with respect to transmission, receipt, and use of 988 calls that include dispatchable geolocation information.

¹¹⁴ 47 U.S.C. § 615(a):

A wireless carrier, IP-enabled voice service provider, or other emergency communications provider, and their officers, directors, employees, vendors, and agents, shall have immunity or other protection from liability in a State of a scope and extent that is not less than the scope and extent of immunity or other protection from liability that any local exchange company, and its officers, directors, employees, vendors, or agents, have under Federal and State law (whether through statute, judicial decision, tariffs filed by such local exchange company, or otherwise) applicable in such State, including in connection with an act or omission involving the release to a PSAP, emergency medical service provider or emergency dispatch provider, public safety, fire service or law enforcement official, or hospital emergency or trauma care facility of subscriber information related to emergency calls, emergency services, or other emergency communications services.

¹¹⁵ See CTIA Comments at 4; Presentation of Charter, *Feb. 4, 2021 NANC Meeting* at Timestamp 1:16:23 (arguing that originating providers should have the same liability protection as for 911).

¹¹⁶ Multi-line telephone systems (MLTS) refer to networked telephone systems, such as those often found in hotels, college campuses, or office buildings, wherein a user must dial a digit, code, prefix or post-fix, in order to reach an outbound line. In the 911 context, Congress enacted specific legislation, known as Kari's Law, to facilitate direct access to 911 from MLTS without dialing additional digits. See Kari's Law Act of 2017, Pub. L. No. 115-127, 132 Stat. 326 (2018) (codified at 47 U.S.C. § 623) (Kari's Law). The Commission recently adopted rules to implement Kari's Law. See *Implementing Kari's Law Report and Order*, 34 FCC Rcd 6607.

¹¹⁷ For example, RAY BAUM's Act specifically applies to 911 calls. See *Implementing Kari's Law Report and Order*, 34 FCC Rcd at 6611-12, paras. 11-12; see also Section 506 of the Repack Airwaves Yielding Better Access for Users of Modern Services Act of 2018 (RAY BAUM'S Act), Pub. L. No. 115-141, 132 Stat. 348, 1095 (codified at 47 U.S.C. § 615 note).

¹¹⁸ For example, transmission of dispatchable location information with 988 calls could require coordination between the Lifeline and its individual crisis centers, which would receive and process location information, and PSAPs, which would receive location information from the Lifeline network. In addition, establishing this capability would likely require funding by states and localities, as discussed below. See *infra* Parts C and D.

C. Technical Challenges

The record reflects uncertainty as to the extent to which including dispatchable location information for 988 calls is technically feasible for covered providers, particularly mobile carriers and VoIP providers.¹¹⁹ As explained in the record, many different entities participate in the collection and transmission of location information, and the strategies used to determine the geolocation of a caller vary depending on the underlying technology used to make a call. Further, geolocation information can be used for two important but somewhat distinct purposes: (1) to route the caller to the closest crisis center, and (2) to locate individuals for emergency services dispatch. Of significant concern to commenters is whether the Lifeline and its call centers have the infrastructure necessary to receive and route location information, as well as a lack of interoperability with the 911 system and local PSAPs to, for example, transmit that information to PSAPs.¹²⁰ Commenters also caution that requiring that covered providers do so simultaneously with 988's implementation could create delays.¹²¹

Commenters observe that “[a]s a threshold matter, it is unclear whether location information associated with 9-8-8 calls should be delivered to the national Lifeline or its affiliated local crisis centers, or whether such information will need to be passed through to local PSAPs when dispatch of emergency services are deemed necessary.”¹²² If such information is delivered to the Lifeline itself, then the Lifeline would need customer premises equipment (CPE) “capable of receiving location information,” as well as “the ability to determine subsequent routing destinations based on the caller’s location, including the appropriate local Lifeline call center and potentially a PSAP serving the caller.”¹²³ Lifeline call centers, in turn, would need CPE capable of receiving such information, the ability to translate that information into “actionable data,”¹²⁴ and the means to identify and contact the appropriate PSAP.¹²⁵ Currently, without such CPE, “a 988 counselor or call center will have no idea . . . which [PSAP] can dispatch First Responders to [the] caller’s location.”¹²⁶ Notably, while there are only approximately 180 Lifeline call centers and three Veterans Crisis Line call centers, there are over 6,000 PSAPs across the United States.¹²⁷

The challenges involved in sending dispatchable location information also vary depending on the technology used by the caller, e.g., legacy wireline phones, phones consisting of multi-phone telephone systems, wireless handsets, and fixed or non-fixed VoIP services.¹²⁸ In the 911 context, wireless and non-fixed VoIP 911 calls present particular challenges due to the mobile nature of the caller.¹²⁹ Such issues would need to be addressed with 988 as well, complicated by the fact that 988 “is not currently part of the ‘emergency mode’ call flow within a mobile wireless handset or network,” making it likely that there will “be many unknown technical issues that will need to be considered, including whether existing handsets are capable of supporting any new 9-8-8 calling features.”¹³⁰

¹¹⁹ See, e.g., USTelecom Reply at 2-3.

¹²⁰ See, e.g., Mitel Cloud Services Comments at 3; CTIA Comments at 4; USTelecom Comments at 4-5.

¹²¹ See, e.g., Mitel Cloud Services Comments at 5-6.

¹²² CTIA Comments at 2; see also USTelecom Comments at 6.

¹²³ USTelecom Comments at 6; see also CTIA Comments at 3; VON Coalition Reply at 2; NCTA Reply at 2-3.

¹²⁴ Mitel Cloud Services Comments at 2.

¹²⁵ USTelecom Comments at 5.

¹²⁶ Boulder Regional Emergency Telephone Service Authority Comments at 3.

¹²⁷ USTelecom Comments at 5.

¹²⁸ *Id.*

¹²⁹ See National Alliance on Mental Illness Comments at 1.

¹³⁰ CTIA Reply at 3-4.

In a hypothetical call flow made from a wireless handset to 988, a mobile provider would route the call to the existing toll free number, presently 1-800-273-8255 (TALK). At this stage, only the phone number, which contains the caller's area code and exchange, is sent by the mobile provider to the Lifeline, which the Lifeline then uses to route the call.¹³¹ Currently, no further information is transmitted by the mobile provider to the Lifeline or to its individual call centers. A lack of more precise geolocation information than an area code can, as explained above, create routing mismatches. According to Vibrant, however, only "coarse location data (e.g. city, state or zip code) is required for routing purposes, and an exact position would only be required for dispatching emergency services"—a particularly important point given that "[u]nnecessary delays with linking individuals in crisis to lifesaving, local resources" should be avoided.¹³² Thus, although Phase II Location information, i.e., the caller's precise geographic coordinates, may be unnecessary for call-center routing, Phase I Location information—which can provide a rough approximation of the caller's location based on proximity to the cell site they use—can assist in connecting callers with call centers that are better able to assist them due to their knowledgeability about local issues and resources.¹³³

Further, solutions that would include 988 in the current 911 "emergency mode" call flow could still necessitate numerous changes. These potential changes could include defining 988 as a new emergency destination for routing in the handset, configuring device-based hybrid location systems to match 988 as an emergency number, modification of the carriers' networks to accept 988 as a new emergency number, and "changes to the Gateway Mobile Location Center . . . [and] Location Retrieval Function . . . with additional emergency number and routing databases associated with 988," as well as "modification of the current [VoIP] call flow to the VoIP Positioning Center . . . for acceptance of 988 and location query."¹³⁴

Developing solutions in the wireline and fixed VoIP context may be simpler by comparison to mobile.¹³⁵ Commenters explain that "[w]hen someone subscribes to wireline telephone service, the telephone number assigned to the service at the premises, and the street address and unit number (if any) of the premises . . . [are] entered into an [ANI/ALI] database."¹³⁶ This is also true for some VoIP services that are installed at a fixed location.¹³⁷ Such numbers therefore have a fixed, searchable location. However, while in the 911 context "location information . . . is typically associated with a customer's dedicated line," translating a 988 call "into a toll-free call destined to the Lifeline complicates this process because similar location information is not typically signaled with a toll-free call."¹³⁸ Consequently, "[r]equiring such information be included may necessitate development work, and the nature and extent of the requisite development work" would need to be "thoroughly evaluated."¹³⁹ Commenters

¹³¹ Vibrant Emotional Health Reply at 4. Alternatively, if the caller dials 1, then the call is routed to a Veterans Crisis Line center.

¹³² Vibrant Emotional Health Reply at 4.

¹³³ *Id.* at 3-4.

¹³⁴ Intrado Comments at 5.

¹³⁵ *But see* NCTA Reply at 2 n.7 (observing that "technical issues may be particularly acute for wireless and traditional TDM-based wireline service providers").

¹³⁶ Boulder Regional Emergency Telephone Service Authority Comments at 10; *see also 911 Access, Routing, and Location Notice of Inquiry*, 32 FCC Rcd at 7938, Appx. A, para. 4.

¹³⁷ *Id.*

¹³⁸ USTelecom Comments at 5.

¹³⁹ *Id.*

nevertheless suggest that landline and fixed VoIP providers may need less time to devise solutions compared to mobile.¹⁴⁰

Finally, multi-line telephone systems (MLTS) present another distinct calling scenario with unique challenges for transmission of geolocation information.¹⁴¹ Comments generally did not address MLTS. We believe a multi-stakeholder panel of experts would be well-positioned to determine any specific changes that would be necessary and advisable to ensure that these systems are capable of providing dispatchable location information for 988 calls.

In any given scenario, numerous changes may need to be made on the part of covered providers, handset manufacturers, the Lifeline, and PSAPs. At least one service provider suggests that they do not currently have the capability to transmit dispatchable location information with 988 calls and could require the assistance of third-party vendors to do so.¹⁴² Originating service providers may need to configure their systems to, for example, transmit ANI with 988 calls.¹⁴³ And because the Lifeline functions as the terminating party, the originating voice service provider would not know whether, when, and how the Lifeline routes the call to a specific call center, or whether any location information would be transferred along with that call.¹⁴⁴ Call centers, meanwhile, would “need the capability to interconnect with an address provider database (similar to local 911 ALI databases) if they were attempting to locate the caller” themselves.¹⁴⁵ And if the Lifeline call center chose to transfer the call to a PSAP, the call center “would need to have the technical capability in place to transfer the ANI received with the underlying call.”¹⁴⁶

Some commenters suggest that currently available 911 infrastructure, particularly that used for NG911 systems,¹⁴⁷ could be leveraged to provide dispatchable location information for 988 calls.¹⁴⁸ Intrado, an advocate of such a solution, argues that the best route for transmitting dispatchable location would be to mirror production of the NG911 i3 architecture, an all-IP-based emergency services communications system,¹⁴⁹ the development of which could be accomplished with its ongoing rollout for NG911.¹⁵⁰ They observe that, currently, a 988 call-center counselor would need to verbally confirm the caller’s location and then transfer the call to the appropriate PSAP, which may result in call complications or call abandonment.¹⁵¹ By moving to an i3 architecture, Intrado claims that the Lifeline could “easily route on, access and transmit dispatchable location to the PSAP with a simple mouse click” and that Lifeline counselors would not need to make “manual determination[s] of caller location and PSAP

¹⁴⁰ See, e.g., CTIA Comments at 5 (“[T]he provision of dispatchable location information will differ significantly based on whether the call is originated over a fixed or mobile technology, as well as whether the underlying network technology (e.g., VoIP”); Mitel Cloud Services Comments at 4-5 (requesting at least one year for implementing a solution for fixed services versus two years for non-fixed services).

¹⁴¹ See Mitel Cloud Services Comments at 4; see also *Implementing Kari’s Law Report and Order*, 34 FCC Rcd at 6655, paras. 137-139 (discussing dispatchable location information requirements for MLTS in the 911 context).

¹⁴² Mitel Cloud Services Comments at 3.

¹⁴³ Boulder Regional Emergency Telephone Service Authority Comments at 16.

¹⁴⁴ USTelecom Comments at 4.

¹⁴⁵ *Id.* at 4-5.

¹⁴⁶ *Id.* at 5.

¹⁴⁷ See, e.g., Intrado Comments at 1; Telnyx Reply at 1-2.

¹⁴⁸ Boulder Regional Emergency Telephone Service Authority Comments at 17.

¹⁴⁹ *Framework for Next Generation 911 Deployment*, 25 FCC Rcd at 17877, para. 18.

¹⁵⁰ Intrado Comments at 3.

¹⁵¹ *Id.* at 2.

transfer.”¹⁵² Commenters in agreement assert that “[t]he needed technology to pass real-time location information already exists and multiple carriers already offer it at no additional cost” and that “[t]hese commercially available solutions allow end users to pre-populate an address, including floor or suite number . . . , and leverage geolocation coordinates for nomadic services to provide real-time location information.”¹⁵³ Further, the use of such a system could be “tailored to account for and balance the privacy risk to consumers” by, for example, limiting what is viewable by Lifeline call-center counselors.¹⁵⁴

However, other commenters observe that “enabling location information with 988 calls is not as simple as leveraging the existing 911 network,” which is itself “in the process of transitioning from legacy 911 networks to” NG911.¹⁵⁵ Even supporters of such an approach acknowledge that “[l]egacy wireline switches or areas that are not connected to i3 [NG911] networks” would need to be “excluded from consideration of dispatchable location for 988.”¹⁵⁶ They also recognize that “reaching this i3 end state for 988 requires industry consensus” and “sufficient time and resources,” including a staggered rollout after 988’s implementation date of July 16, 2022, as well as cost-recovery or funding mechanisms.¹⁵⁷ While some commenters believe that any geolocation solution should be forward looking and future-proofed,¹⁵⁸ there is also skepticism that patterning a geolocation solution for 988 after NG911 is feasible.¹⁵⁹ Other commenters worry that “addressing novel 9-8-8 challenges may divert resources from Congress’s and the Commission’s goals with respect to encouraging the transition to Next Generation 9-1-1,”¹⁶⁰ with many states and territories still relying on legacy location technology.¹⁶¹

Attaching dispatchable location information with a 988 call would be a multi-step process requiring the participation of different parties, including the originating service provider, the Lifeline, the individual call centers, and PSAPs. Each of these groups face different challenges and possess unique expertise, particularly those that have been involved in the development of 911 call routing. In convening these and other stakeholders—such as mental health advocates and handset manufacturers—we expect that these groups would be able to identify the best method for transmitting dispatchable location information, what specific problems each of these groups would face in implementing such a solution, and how to solve those problems.

D. Costs

The record reflects a high degree of uncertainty about costs that would be incurred by the various parties—including service providers, Lifeline call centers, the Lifeline, and the Veterans Crisis Line—to successfully implement dispatchable location (or other geolocation) for use in call routing to local crisis centers or for dispatch of emergency response to an at-risk caller’s location. As discussed above, various technical obstacles would need to be overcome to successfully implement geolocation with 988 calls.¹⁶² The costs associated with use of automatic location information are almost entirely dependent on the

¹⁵² *Id.* at 2-3.

¹⁵³ Telnix Comments at 1.

¹⁵⁴ Intrado Comments at 4.

¹⁵⁵ USTelecom Reply at 2-3.

¹⁵⁶ Intrado Comments at 5 n.8; *see also* USTelecom Reply at 2.

¹⁵⁷ Intrado Comments at 4-5.

¹⁵⁸ *See* NCTA Reply at 2; Intrado Comments at 5 n.8.

¹⁵⁹ *See* Lumen Comments at 3-5.

¹⁶⁰ CTIA Comments at 4.

¹⁶¹ 911.gov, National 911 Annual Report: 2019 Data at 65-66 (2019), https://www.911.gov/pdf/National_911_Annual_Report_2019_Data.pdf.

¹⁶² *See supra* Section III.C.

technical solutions used. The 911 calling environment has been developed for a unique purpose over many decades through accretive processes and through collaboration between many parties involved with completing calls, including handset manufacturers, service providers, 911 systems service providers, other 911 service vendors, and PSAPs. To develop automatic location information for 988, it would be necessary to determine which systems to import, and how, or whether to develop different systems. For instance, would 988 be developed to match where 911 is today, or where it is going in the future? Until these technical issues are closer to resolution, evaluating costs is highly speculative and contingent.¹⁶³ No reasonably firm estimation of costs exists in the current record.

With further evaluation of the issues by expert stakeholders, interested parties may be able to estimate costs on a reasonable basis after evaluating whether and how to adapt the 911 system for 988.¹⁶⁴ Until solutions are identified, it is difficult to ascertain firm cost estimates because there are unknown variables with respect to what investments and expenses would be necessary for the Lifeline's infrastructure and any needed changes for local call centers. Discussion of costs in the current record is inconclusive, at times inconsistent, and insufficiently detailed to be the basis for sound policymaking. We note that cost estimates for 988 could be significantly lower than actual costs of implementation for the 50-year-old 911 system due to efficiencies that could be captured by leveraging the existing 911 system and as a result of quickly evolving technology, particularly in the location technology incorporated into wireless handsets.¹⁶⁵

Commenters have identified a variety of potential network upgrades and new systems that may be required for the Lifeline and local crisis call centers. For example, some commenters identify significant potential costs for SAMHSA and the VA in installing new infrastructure to properly convey location information with a 988 call to the appropriate call center and/or PSAP.¹⁶⁶ Moreover, a significant question remains about the impact of receiving location information on local call centers, and the funding that would be required to support them.¹⁶⁷ Some commenters contend that local crisis call centers may need specialized customer premises equipment capable of receiving and transmitting location information as well as the ability to contact the appropriate PSAPs.¹⁶⁸ Vibrant, however, disputes that any changes

¹⁶³ See USTelecom Comments at 7; Lumen Reply at 2; Utah Department of Human Services Comments at 1; CTIA Comments at 3 (asserting that “new standards, operating procedures, and technologies may also need to be developed”).

¹⁶⁴ See USTelecom at 7 (“According to the Commission, it costs at least \$5 billion a year to provide 911/E911 service.”) (citing *Twelfth Annual Report to Congress on State Collection and Distribution of 911 and Enhanced 911 Fees and Charges*, Federal Communications Commission (Dec. 8, 2020)); *id.* at 8 (citing estimates that expanding NG911 capabilities for all PSAPs may cost \$9-12 billion); CTIA Reply at 4 (suggesting that upgrade costs would be “extremely high”).

¹⁶⁵ See Boulder Regional Emergency Telephone Service Authority Comments at 17 (“In the long-term, the spreading of fixed costs over 988 as well as 9-1-1 calls may reduce service costs.”).

¹⁶⁶ Vibrant Emotional Health Reply at 4 (“With geolocation routing, the current routing database would be replaced enabling the routing to be performed based on the approximate location of the caller.”). We note that the mandate from Congress is to provide a report on the use of Dispatchable Location, a defined term, but Vibrant describes its need more generically as geolocation and indicates that it is seeking two fields, which do not satisfy the definition of “Dispatchable Location.” See Vibrant Emotional Health Reply at 4.

¹⁶⁷ See Intrado Comments at 5 (explaining that significant changes to systems of carriers, vendors, and call centers might be needed and it “may involve a significant initial investment”); NTCA Reply at 4 (contending that cost on the part of local call centers could be substantial).

¹⁶⁸ See USTelecom Comments at 7; Telnix Reply at 2; Lumen Reply at 3; VON Coalition Reply at 2; CTIA Comments at 3; *see also* Boulder Regional Emergency Telephone Service Authority Comments at 15 (arguing that ability to locate and transfer calls to the appropriate PSAP is critical).

would be needed for local crisis call centers because the Lifeline handles call routing.¹⁶⁹ Insofar as call centers must incur costs, disparate technological capabilities across centers could exacerbate costs in some areas. Additional training for routing calls and accessing new databases to handle location information effectively and securely may also be necessary. Moreover, it remains unclear how much of the 911 system could be leveraged to achieve the policy goals here and the extent of additional investments and expenses that would be required for the critical parties involved in delivery of geolocation information with 988 calls, such as handset manufacturers, service providers, 911 systems service providers, other 911 service vendors, and any government agencies involved with call taking or response.¹⁷⁰

Assuming the existing 911 system could be leveraged to provide the same or similar geolocation functionality for 988 calls, commenters raise several additional issues related to costs.¹⁷¹ As noted above, a system for delivering geolocation based entirely or in part on the 911 system requires many disparate entities working together.¹⁷² All of these parties must interconnect seamlessly with negligible delay to route the call correctly, connect it, and deliver real-time geolocation data using interoperable industry standards. Developing the 911 ecosystem over more than five decades has required significant investments by all parties involved, which in turn requires funding for the work of these public and private entities. Despite decades of history, funding for 911 continues to be a challenge in some places.¹⁷³ Commenters note that any solution would likely require cities, counties, and/or states to obtain 988 cost recovery that may not currently be authorized under state law and might ultimately require federal funding.¹⁷⁴ Commenters further note that upgrades or new systems needed for 988 geolocation services could further strain or divert the funding of public safety agencies currently implementing NG911 and

¹⁶⁹ See Vibrant Emotional Health Reply at 4 (“Technically, Lifeline crisis centers will not need to make adjustments to receive calls routed to them via geolocation. . . . [C]risis centers within the Lifeline network would not need to undergo any upgrades, changes to infrastructure or require installation of Customer Premises Equipment (CPE) as the routing logic is handled by Lifeline prior to the call delivery.”).

¹⁷⁰ See Mitel Cloud Services Comments at 3-4; Boulder Regional Emergency Telephone Service Authority Comments at 4 (explaining that 911 emergency dispatchers use a variety of systems during a dispatch such as the 911 telephone system, computer-aided dispatch systems, GIS map layers, aerial photographs and pictometry, public safety agency records systems, and state bureau of investigations and FBI databases).

¹⁷¹ See Boulder Regional Emergency Telephone Service Authority Comments at 16 (“BRETSA is under no illusions that the leveraging of the 9-1-1 system and SSP systems to provide 988, and provide for transfer of calls and incident information between 988 call centers and ECCs will be an ‘easy fix.’ It will likely require development of new technical capabilities and system, and require some time and cost to implement. But it may be the most efficient and cost-effective means of enabling such call transfers and incident reporting.”).

¹⁷² The various entities involved include handset manufacturers, service providers, 911 system service providers, other 911 service vendors, and the agency receiving the calls (PSAPs, in the case of 911 calls). See Vibrant Emotional Health Reply at 5 (acknowledging that the need for collaboration among many stakeholders at the local, state and federal levels); USTelecom Comments at 2.

¹⁷³ See generally *911 Fee Diversion; New and Emerging Technologies 911 Improvement Act of 2008*, PS Docket Nos. 20-291, 09-14, Notice of Proposed Rulemaking, FCC 21-25 (Feb. 17, 2021).

¹⁷⁴ See Boulder Regional Emergency Telephone Service Authority Comments at 17 (advocating for federal funding for development of GIS data for use by 988 and 911); Intrado Comments at 5; Advancing Health Care Policy for Mental Health and Addiction Comments at 2; see also USTelecom at 3, 8 (arguing that further study is required, to include a new funding mechanism to support all stakeholders); Lumen Reply at 4-5 (supporting a cost-recovery mechanism for telecommunications stakeholders). We note that the National Suicide Hotline Designation Act of 2020 contains a provision allowing states and other governmental entities to collect fees to support the proper routing of 988 calls. See National Suicide Hotline Designation Act of 2020, Pub. L. No. 116-172, 134 Stat. 832 § 4 (2020).

Emergency Services IP networks (ESInets).¹⁷⁵ Finally, some commenters note that additional significant investment would be needed in the entire wireless ecosystem, including network equipment, handsets, and operating systems.¹⁷⁶ Ultimately, these costs would be borne by consumers and taxpayers, and therefore, policymakers must ensure that any proposed system is sufficiently funded such that investments by some parties in the ecosystem are not stranded or wasted if other essential partners in the chain are unable to obtain adequate funding. For these reasons, we recommend further study to develop the record on possible technical solutions and their potential costs, including possible gaps in funding that could jeopardize the success of any future regulatory requirements for geolocation of 988 calls.¹⁷⁷

IV. RECOMMENDATIONS

Over the course of the past few years, working in concert with SAMSHA and the VA, the Commission has taken numerous actions to support the critical work of the Lifeline, most notably through designating and requiring implementation of 988. We recognize the important benefits that dispatchable location (or other geolocation) information could have on the overall effectiveness of 988 as a means to reach and serve all individuals who may be at risk of suicide. The record of this proceeding, however, demonstrates that requiring providers to transmit dispatchable location (or other geolocation) information with 988 calls raises important privacy and legal issues, is technically complex, and could impose significant costs. Effective use of such location data could require substantial investments and expenditures, including by parties beyond the authority of the Commission. The record developed in response to our *Public Notice* in this proceeding has helped us begin to identify these important issues but is insufficient to resolve them at this time. We recommend that the Commission take a collaborative approach with all relevant stakeholders to develop an effective and efficient path to advance the goals of the National Suicide Hotline Designation Act of 2020.

Therefore, based on the record in this proceeding, Congress may want to consider requiring the establishment of a federal multi-stakeholder advisory committee, which would include as members representatives of relevant federal agencies and state and local actors, affected industry leaders, mental health experts and advocates, and technical experts that would work to develop detailed recommendations to Congress and/or the Commission on potential legislation or regulatory actions that could specifically address how best to proceed with respect to dispatchable location information for calls to 988. We recommend creation of a new federal advisory committee, rather than incorporating this issue into the work of an existing advisory committee, due to the importance of the issues; the unique combination of areas of expertise of needed participants; and complex nature of the issues, which likely would necessitate

¹⁷⁵ See Boulder Regional Emergency Telephone Service Authority Comments at 17; CTIA Comments at 4. An Emergency Services IP network (ESInet) “is an IP-based network used by the PSAP and other agencies that may be involved in responding to an emergency.” *Framework for Next Generation 911 Deployment*, 25 FCC Rcd at 17878, para. 20.

¹⁷⁶ See CTIA Comments at 4; CTIA Reply at 4; Presentation of CTIA, *Feb. 4, 2021 NANC Meeting* at Timestamp 1:11:02 (explaining that geolocation will require standards, testing and potentially new devices).

¹⁷⁷ See Intrado Comments at 5 (recommending workshops or similar forums to continue technical and cost feasibility discussions); NCTA Reply at 2 (recommending a NANC working group report); NCTA Reply at 2 (recommending creation of an industry forum); CTIA Comments at 5; Presentation of Charter, *Feb. 4, 2021 NANC Meeting* at Timestamp 1:16:04 (recommending an industry forum to find consensus solutions); Presentation of Comcast, *Feb. 4, 2021 NANC Meeting* at Timestamp 1:21:47 (supporting a forum of experts to consider complex issues); Presentation of Vibrant, *Feb. 4, 2021 NANC Meeting* at Timestamp 1:26:26 (suggesting it would be beneficial to have discussions about the technical options given that 988 and 911 are not the same); Presentation of Veterans Crisis Line, *Feb. 4, 2021 NANC Meeting* at Timestamp 1:32:00 (agreeing with the need for additional information and review); see also Letter from Kristine Hackman, Vice President, Policy & Advocacy, USTelecom, to Marlene Dortch, Secretary, FCC, Docket No. 18-336 (filed March 3, 2021) (suggesting that the Commission “could engage a series of roundtables” as it has done with “other topics of public importance,” or “request that The Alliance for Telecommunications Industry Solutions (‘ATIS’) initiate a feasibility study”).

multiple focused working groups.¹⁷⁸ By bringing together relevant experts for careful deliberation, a task force could generate consensus and a cohesive approach to weighing whether action is warranted and addressing the complex and interrelated privacy, legal, technical, and cost challenges identified in this report.

V. CONCLUSION

Ensuring that all Americans have rapid access to suicide prevention and mental health crisis intervention services is more critical than ever before. The FCC remains steadfastly committed to this important goal—indeed, at its next open meeting, the Commission will consider a Further Notice of Proposed Rulemaking proposing to mandate that providers connect texts to the Lifeline.¹⁷⁹ The establishment of geolocation capabilities for voice calls to 988 raises challenging issues related to consumer privacy, legal authority, technical implementation, and cost allocation; however, if properly addressed, the benefits to establishing this functionality are likely to be significant. For this reason, we recommend Congress consider convening a wide array of expert stakeholders to address these issues, working collaboratively towards the shared objective of facilitating access to the lifesaving resources provided by the Lifeline. We thank Congress for the opportunity to prepare this report and for its leadership on this vital public health initiative.

¹⁷⁸ See Federal Advisory Committee Act, Pub. L. No. 92-463, 86 Stat. 770 (Oct. 6, 1972), *codified, as amended*, at 5 U.S.C. App. 2.

¹⁷⁹ Press Release, FCC, FCC Announces Tentative Agenda for April Open Meeting (Apr. 1, 2021), <https://docs.fcc.gov/public/attachments/DOC-371278A1.pdf>.