

ASSEMBLY THIRD READING  
AB 1540 (Mark González)  
As Amended March 19, 2026  
2/3 vote. Urgency.

## SUMMARY

This bill would require the Office of Emergency Services (OES) to request the federal government authorize a function to allow California callers to dial 988 and press "3" to be automatically routed to a specialized call center specializing in LGBTQ+ suicide prevention services. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment.

## COMMENTS

The 988 Lifeline is made up of a network of over 200 independently owned and operated local centers. There are currently eleven 988 call centers in California, down from 13 when 988 launched in 2022. To be a part of the network in California, an entity must meet both state and federal requirements. Beginning in 2022, under a pilot program, pressing "3" would direct a caller to an LGBTQ+ specific crisis line. The federal administration ended support for the "press 3" option on July 17, 2025, eliminating the program nationwide. During the April 21, 2026 hearing of the U.S. Senate Appropriations Committee, Secretary of Health and Human Services Robert F. Kennedy, Jr. was asked if he would commit to restoring specialized support for the LGBTQ+ community and he responded, "We're working on getting it up now."

*Need for LGBTQ+ Specific Resources.* In addition to the data highlighted by the author above, the Trevor Project reports in its 2024 National Survey on the Mental Health of LGBTQ+ Young People that 39% seriously considered attempting suicide in the past year, including 46% of transgender and nonbinary young people. LGBTQ+ youth of color reported higher rates than white peers. More than 1 in 10 (12%) of LGBTQ+ young people attempted suicide in the year prior. LGBTQ+ young people who reported living in very accepting communities attempted suicide at less than half the rate of those who reported living in very unaccepting communities. A 2023 article published in *Transgender Health* titled "Association of Gender Identity Acceptance with Fewer Suicide Attempts Among Transgender and Nonbinary Youth" found that transgender and nonbinary youth report more than four times greater rates of suicide attempts compared with their cisgender peers. Gender identity acceptance from others can reduce the risk for these youth. A 2024 scoping review published in the *Journal of Adolescence* found that key protective factors for LGBTQ+ suicide prevention include self-affirming strategies, adult/peer support, at-school safety, access to inclusive healthcare, family connectedness, positive coming out experiences, gender-affirming services, and LGBTQ+ inclusive policies and legislation.

*Surcharge.* 988 fees were capped at \$0.08 per access line per month in the first two calendar years of enactment (2023 and 2024); in fiscal year (FY) 2022-2023, the \$0.08 surcharge fee generated \$44.3 million. Beginning January 1, 2025, the surcharge fee was reduced to \$0.05. OES oversees the Fund and the process to calculate the surcharge fee based on appropriations made by the Legislature and access line data from service providers. OES calculates the surcharge rate and communicates the surcharge requirement to California Department of Tax and Fee Administration by October 1st each year.

*Single Button Press Options.* According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), after calling 988, a caller can bypass menu options and be immediately connected to a crisis counselor by pressing "0." Pressing "1" will direct the caller to the veteran crisis line. Pressing "2" will direct the caller to Spanish-speaking counselors. These options predate the establishment of 988 and also directed callers under the legacy 10-digit phone number to reach the crisis hotline. In December 2025, the Los Angeles County Board of Supervisors directed the County's Department of Mental Health to develop a proposal for a local "Press 3" pilot program. In September 2025, bipartisan bills were introduced in both the United States (U.S.) House of Representatives and the U.S. Senate to restore the press 3 option with funding, but neither has moved forward as of March 9, 2026. Washington State operates the Native & Strong Lifeline - the first program of its kind in the nation dedicated to serving American Indian and Alaska Native people. This line is reachable by dialing 988 in Washington and pressing "4." California's 988 implementation plan highlighted that representatives from Native American communities shared that, for many members of their communities, embedding equity in the 988 system means having dedicated Native-led and operated 988 services. It cites Washington's dedicated line as a potential blueprint.

*Call routing.* The network was designed to connect callers with local crisis centers, by using a phone system that routes calls based on the caller's phone number. If the caller does not press 1 (to be routed to the Veteran's Crisis Line) or 2 (to be routed to the Spanish sub-network), the phone system will route the call to the closest crisis center in the Lifeline network. According to SAMHSA, when a person calls 988 from a phone using a carrier that has implemented georouting (including the major carriers AT&T, T-Mobile, and Verizon), unless they select one of the specialized services offered through the national network, they will be connected to a nearby crisis call center. Callers who use a wireless carrier for which georouting is not active will be connected to the nearest 988 crisis call center based on the defined location of the first six digits (area code and prefix) of the caller's phone number, regardless of the actual location of the caller. According to the Federal Communications Commission (FCC), georouting connects cell phone callers to the closest 988 contact center to the caller's physical location and differs from geolocation in that it does not provide a precise location of the caller, allowing callers to maintain their location privacy. Calls that are not answered locally within a set amount of time get answered by 988's national back up network. Each crisis center picks their coverage area (which can be defined by zip code, area code, county, or even state), and their hours of operation.

*California partnership with the Trevor Project.* Following SAMHSA's announcement ending support and funding for the press 3 option, Governor Newsom announced a partnership with The Trevor Project and the California Health and Human Services Agency (CalHHS) to provide the state's 988 crisis counselors enhanced competency training from experts, ensuring better attunement to the needs of LGBTQ+ youth, on top of the specific training they already receive. The Governor later announced that more than 1,000 crisis counselors would be offered this new training beginning in December 2025 through March 2026.

*Trailer Bill Language (TBL).* The Administration has posted proposed TBL that, according to the Department of Health Care Services (DHCS), would establish a process and standard criteria for entities to apply for approval as "designated 988 centers." Additionally, DHCS proposes language to provide authority for DHCS to establish standards to oversee and govern the performance of designated 988 centers, including staffing requirements, training requirements, clinical and triage protocols for behavioral health services, measures to assess the quality of 988 services, and performance requirements. According to DHCS, without explicit statutory

authority, it cannot adequately designate, fund, or oversee designated 988 centers, align with national standards and best practices for ensuring trauma-informed, person-centered, and culturally responsive care, and achieve the goals set forth by the 988 policy advisory group.

The TBL also provides DHCS with the authority to oversee the funding of 988 centers, designated 988 centers, and mobile crisis teams for staffing necessary to provide 988 and mobile crisis services. It would also require OES, in consultation with DHCS, to allocate and distribute funds to 988 centers and designated 988 centers for the acquisition of technology and equipment as appropriated by the Legislature.

### **According to the Author**

We have seen decades of hard-fought rights and services rolled back under this federal administration, including access to this proven lifesaving hotline. The author states that we will not stand by as our youth are pushed into crisis, lost to suicide, and forgotten, and with this bill, California affirms its commitment and ensures we will not abandon our young people. It is heartbreaking to see a lifeline that received 1.5 million contacts over 3 years, and 70,000 contacts per month, ripped away over political talking points. The author notes that, according to the Federal Bureau of Investigation, schools were the third most common location for reported hate crimes against LGBTQ+ youth, with incidents more than doubling between 2018 and 2022. Further, the Centers for Disease Control found that 20% of surveyed students who identified as gay, lesbian, or bisexual reported having attempted suicide, compared to 6% of their heterosexual peers. This rate jumps to nearly 26% for transgender high school students. The author concludes that our youth are in crisis. We are not pushing an agenda; we are trying to save lives.

### **Arguments in Support**

The California Alliance of Children and Family Services (CA Alliance) is a co-sponsor of this bill and states that LGBTQ+ youth experience increased rates of suicidal ideation and death by suicide, in part because they are at a heightened risk for discrimination and harassment due to their queer identity. As a result, LGBTQ+ youth are more than four times likely to attempt suicide compared to their heterosexual peers, with higher rates for LGBTQ+ youth of color. In addition, estimates find that at least one LGBTQ+ youth attempts suicide nationally every 45 seconds. The CA Alliance notes the "Press 3" option was a critical subnetwork for LGBTQ+ youth, as illustrated by the fact that it received 73,000 calls from California and represented 9% of all California 988 calls from July 2024 to June 2025. The CA Alliance argues that this bill addresses this crisis by re-establishing the program cut by the federal administration, and it will enable LGBTQ+ youth to access targeted suicide prevention services, saving thousands of lives.

Equality California (EQCA) is also a co-sponsor of this bill and states in support that in the past year, 35% of LGBTQ+ youth seriously considered suicide and 11% attempted suicide, with even higher rates among transgender and nonbinary youth. At the same time, half of LGBTQ+ youth who wanted mental health care were unable to access it, underscoring the urgent need for specialized crisis services. EQCA argues that the elimination of the LGBTQ+ youth subnetwork has left thousands of vulnerable young people without access to counselors trained to support them during moments of crisis. At a time when LGBTQ+ youth are facing unprecedented political attacks and growing mental health challenges, removing affirming support services only deepens the harm.

The California Behavioral Health Planning Council (CBHPC) supports this bill stating that during the 10-month pilot phase and subsequent two-year implementation of the nationally dedicated crisis line to support LGBTQ+ youth and young people by the 988 Suicide and Crisis Lifeline—formerly the National Suicide Prevention Lifeline—nearly 1.6 million calls were made. Service utilization demonstrated consistent growth, with the crisis line averaging 69,000 monthly calls during the final full months of service (March 2025 to June 2025) prior to its mid-July sunset. CBHPC argues that LGBTQ+ youth remain disproportionately at risk for mental health challenges, suicidal thoughts, and suicide attempts.

The California School-Based Health Alliance (CSHA) argues in support of this bill that, in California, the LGBTQ+ youth line received 73,000 calls from July 2024 to June 2025, representing 9% of all calls to the subnetwork. CSHA notes that from May 2024 to April 2025, the LGBTQ+ line received 680,127 calls nationwide, representing approximately 14% of the 5,153,905 calls that 988 received during that period, reflecting the critical need for this specialized resource. While the broader 988 system provides essential support, LGBTQ+ youth face elevated risks of depression, suicide, and crisis due to factors such as family rejection, bullying, discrimination, and social isolation. CSHA states research shows LGBTQ+ youth are more likely to seek help, trust counselors, and remain engaged when connected to trained professionals who understand their experiences and provide culturally competent care.

### **Arguments in Opposition**

Our Duty-USA opposes this bill stating that it is doing exactly what the Federal government has said that it cannot. Our Duty argues that this bill is designed to use federal funds that it receives for the Suicide hotline 998, and silo calls off to the Trevor Project. Our Duty argues that if the goal is truly suicide prevention, there are established suicide hotlines that focus specifically on crisis intervention without incorporating other ideological content. Our Duty opposes what it sees as the sexualization of children through public education.

SFV Alliance also opposes this bill and states that it is another example of LGBTQ+ exceptionalism. SFV Alliance states that this bill allocates a set of money for one group of people for suicide prevention but not anybody else, and it creates a pathway to a sub network of people that are to only serve the LGBTQ+ community. SFV Alliance argues having a special line for LGBTQ+ people, makes it like they are outcast, not like normal people, that they need special treatment for their suicidal thoughts when they are just everyday people with challenges that makes them think suicide is the answer. Counseling somebody who is suicidal is the same no matter what age, race, sex, sexuality or identity as long as you can communicate with the person in an empathetic way that creates a supportive environment for them to be listened to without judgment, to be told that they are worthy and their life is precious and that they deserve to live, to hear that they are struggling, and communicate that it would be devastating to their family and friends if they were gone. SFV Alliance concludes this bill is counterproductive, segregating, and can be harmful by isolating children and adults alike.

Californians United for Sex-Based Evidence in Policy and Law (CAUSE) opposes this bill and states that, because suicide is vitally important, California's precious and limited resources should be focused on areas proven impactful in preventing suicide. CAUSE argues that The Trevor Project is the only possible applicant under this bill's criteria that is currently based in California, and lists several of CAUSE's concerns with the organization. CAUSE states that claims that suicide is "epidemic" in any particular group, and that group is essentially destined

for suicide, is a form of glorification. CAUSE concludes that it believes all in need deserve effective, safe, professional mental health support, and this bill does not provide for this.

## FISCAL COMMENTS

According to the Assembly Appropriations Committee, the author, along with other Assemblymembers, has requested augmentation of the 988 State Suicide and Behavioral Health Crisis Services Fund (988 Fund) for CalHHS and OES to access up to \$5 million for fiscal year (FY) 2026-27, and up to \$2.6 million per year thereafter, to implement the provisions of this bill. The 988 Fund contains revenues generated by the 988 surcharge on end-user access lines, such as cell phone or home phone lines.

OES estimates initial costs of \$1.79 million and \$791,000 ongoing for three positions. Costs will depend on the number of 988 centers established to meet statewide demand. OES states initial costs would include one-time expenses of up to \$1 million for telecommunications infrastructure. These costs would be part of the budget allocation requested by the author.

## VOTES

### ASM HEALTH: 12-3-1

**YES:** Bonta, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Patel, Rogers, Schiavo, Sharp-Collins, Stefani

**NO:** Johnson, Patterson, Sanchez

**ABS, ABST OR NV:** Chen

### ASM COMMUNICATIONS AND CONVEYANCE: 7-0-2

**YES:** Boerner, Bonta, Caloza, Krell, Lowenthal, Rogers, Blanca Rubio

**ABS, ABST OR NV:** Hoover, Castillo

### ASM APPROPRIATIONS: 11-1-3

**YES:** Wicks, Aguiar-Curry, Calderon, Caloza, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache

**NO:** Tangipa

**ABS, ABST OR NV:** Hoover, Dixon, Ta

## UPDATED

VERSION: March 19, 2026

CONSULTANT: Logan Hess / HEALTH / (916) 319-2097

FN: 0002878