CONCURRENCE IN SENATE AMENDMENTS
AB 1540 (Mark González)
As Amended August 27, 2026
2/3 vote. Urgency.

SUMMARY

Requires the *California Health and Human Services Agency (CalHHS) to annually determine whether an adequate specialized LGBTQ+ suicide prevention hotline is activated by the federal government. Specifies the factors CalHHS should consider when determining adequacy. Permits, if the federal government has not activated an adequate hotline, CalHHS* 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. *Requires the provisions of this bill to be implemented only if the Office of Emergency Services (CalOES) obtains and maintains the necessary federal approvals to enable a press 3 function for calls and CalHHS determines that other federal funding sources are not jeopardized. Requires CalHHS and CalOES, within 12 months of receiving approval from the federal government, to ensure press 3 technologies exist, and requires CalHHS to identify and contract with a qualified entity or entities that meet specified criteria.* Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment.

Senate Amendments

1) Replace the requirement for the state to apply to the federal government to enable the press 3 function for calls originating in California with a requirement for CalHHS to annually assess the whether an adequate specialized LGBTQ+ hotline has been activated by the federal government, and permit CalHHS to apply to the federal government to implement a state-level network if an adequate network has not been activated by the federal government.

2) Require CalHHS to consider the following factors when assessing whether an adequate specialized network has been activated:

   a) An individual identifying as LGBTQ+ may access the press 3 option;

   b) Federal guidance does not limit or discourage any individual identifying as LGBTQ+ from accessing the press 3 option;

   c) LGBTQ+ specialized organizations that have historically served, or may serve, LGBTQ+ individuals are not prohibited from operating or supporting the press 3 option; and,

   d) Any other factor the agency considers relevant to evaluating the adequacy of press 3 operations.

3) Requires the provisions of this bill to be implemented only if CalOES obtains and maintains the necessary federal approvals to enable a press 3 function for calls and CalHHS determines that other federal funding sources are not jeopardized.

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 *previously* 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. *The TBL was not included in the June Health Trailer Bill***.**

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 three 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.

Arguments in Opposition
SFV Alliance 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 Senate Appropriations Committee:

1) *Unknown one-time and ongoing General Fund costs, likely high hundreds of thousands, for CalHHS for reporting requirements, advisory group facilitation, and serving as lead for the statewide governance group.*

2) *Unknown ongoing costs, likely low hundreds of thousands, for the Emergency Medical Services Authority for state administration (988 State Suicide and Behavioral Health Crisis Services Fund).*

3) *Unknown ongoing costs, likely low millions, for CalOES to establish and maintain the statewide interoperability platform (988 State Suicide and Behavioral Health Crisis Services Fund).*

4) *Unknown ongoing costs, potentially hundreds of thousands, for DHCS for state administration (988 State Suicide and Behavioral Health Crisis Services Fund).*

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

ASSEMBLY FLOOR: 64-8-8
YES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Connolly, Davies, Elhawary, Flora, Fong, Gabriel, Garcia, Gipson, Jeff Gonzalez, Mark González, Haney, Harabedian, Hart, Irwin, Jackson, Kalra, Krell, Lee, Lowenthal, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Michelle

Rodriguez, Rogers, Blanca Rubio, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
NO: DeMaio, Ellis, Hadwick, Johnson, Macedo, Patterson, Sanchez, Tangipa
ABS, ABST OR NV: Castillo, Chen, Dixon, Gallagher, Hoover, Lackey, Celeste Rodriguez, Ta

UPDATED

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