

Date of Hearing: April 15, 2026

ASSEMBLY COMMITTEE ON COMMUNICATIONS AND CONVEYANCE

Tasha Boerner, Chair

AB 2093 (Bauer-Kahan) – As Amended March 26, 2026

**SUBJECT:** State 988 advisory group

**SUMMARY:** Extends the date at which the California Health and Human Services Agency (CHHSA) is authorized to disband the 9-8-8 advisory group from January 1, 2025, to January 1, 2030. Requires the advisory group to meet once per quarter until December 31, 2029.

**EXISTING LAW:**

- 1) Designates the 3-digit telephone number “9-8-8” as the national suicide prevention and mental health crisis hotline pursuant the National Suicide Hotline Designation Act of 2020 (NSHD). (Public Law No: 116-172)
- 2) Defines “988” to mean the three-digit telephone number designated by the Federal Communications Commission for the purpose of connecting individuals experiencing a behavioral health crisis with the national suicide prevention and mental health crisis hotline system in accordance with Section 52.200 of Title 47 of the Code of Federal Regulations. [Government Code (GOV) § 53123.1.5 (a)]
- 3) Defines “988 center” to mean a center operating on a county or regional basis in California and participating in the National Suicide Prevention Lifeline network to respond to statewide or regional 988 calls. [GOV § 53123.1.5 (b)]
- 4) Defines “National Suicide Prevention Lifeline” or “988 Suicide & Crisis Lifeline” to mean the national network of local crisis hotline centers that provide free and confidential support to people in suicidal crisis or other behavioral health crisis 24 hours per day, seven days per week via a toll-free telephone hotline number that receives calls made through the 988 system, maintained by the Assistant Secretary for Mental Health and Substance Use under Section 520E-3 of the Public Health Service Act, Section 290bb-36c of Title 42 of the United States Code. [GOV § 53123.1.5 (e)]
- 5) Requires CHHSA to, no later than December 21, 2024, create a set of recommendations to support the five-year implementation plan for the 988 hotline, convene a state 988 advisory group for purposes of advising CHHSA on the set of recommendations to support the five-year implementation plan, and to post regular updates on the CHHSA internet website regarding the implementation of 988 until December 31, 2029. Permits CHHSA to disband the advisory group after January 1, 2025. [GOV § 53123.3]
- 6) Establishes the 988 State Suicide and Behavioral Health Crisis Services Fund and deposits funds through a surcharge on telephone access lines (currently set at \$0.05 through calendar year 2026 by the Governor’s Office of Emergency Services (OES)) up to maximum of \$0.30 per access line. [GOV § 53123.4 (a), (b)]

- 7) Authorizes OES, in consultation with the State Department of Health Care Services (DHCS), to adopt regulations regarding how 988 funds received must be disseminated to support the operations of the 988 system and related behavioral health crisis services. [GOV § 53123.4 (c)]
- 8) Requires OES to require an entity seeking moneys available through the 988 fund to annually file an expenditure and outcomes report containing specified information, including, among other things, the number of individuals served, the outcomes for individuals served, if known, and measures of system performance, including capacity, wait times, and the ability to meet demand for services. [GOV § 53123.4 (d)]

**FISCAL EFFECT:** Unknown. This bill has been keyed fiscal by the Legislative Counsel.

**COMMENTS:**

- 1) *Double referral and committee jurisdiction.* This bill was first considered in the Assembly Health Committee, which has primary jurisdiction over health care policy, the Health and Human Services Agency, and related considerations. Accordingly, this analysis will primarily focus on issues related to Communications & Conveyance Committee jurisdiction such as surcharges imposed on telephone access lines and related considerations.
- 2) *Purpose of this bill.* The author cites the need to continue full implementing the 988 system as the reason for this bill. According to the author “AB 988 passed with broad bipartisan support because all communities struggle to assist people in mental health crisis. It is imperative that the 988 system achieves its original goals of interoperability and teamwork across the departments tasked with 988 implementation. Continued assistance and oversight are key to making success a reality. The failure of this program is not an option- the lives of Californians depend on it.”
- 3) *988 Federal Legislative and Administrative History.* The National Suicide Hotline Designation Act of 2020 (NSHD) designated 9-8-8 as the new three-digit number for the national suicide prevention and mental health crisis hotline. The NSHD requires the Federal Communications Commission (FCC) to designate 9-8-8 as the universal telephone number for a national suicide prevention and mental health crisis hotline. The NSHD also authorized states to impose a fee on telephone users to fund the 9-8-8 hotlines within the states.

Federally, the 988 system is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), which operates the backbone of the 988 system through the National Suicide Prevention Lifeline network. In their role, SAMHSA is involved in approving 988 centers across the country that wish to participate in the National Suicide Prevention Lifeline network.

- 4) *988 State Legislative and Administrative History.* In California, AB 988 (Bauer-Kahan. Chapter 747, Statute of 2022) – The Miles Hall Lifeline and Suicide Prevention Act - established and implemented the statutory structure for California’s 988 systems and state 988 centers, in compliance with the federal requirements. Under the scheme, OES administers the 988 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. The surcharge is then assessed on end-user access lines, such as a cellphone or home phone line.

The California Health and Human Services Agency (HHS) is tasked with the comprehensive implantation of the 988 center, including center oversight.

Under existing law, the 988 surcharge was capped at \$0.08 per access line per month in the first two calendar years of enactment (2023 and 2024); in Fiscal Years 2022-2023, the \$0.08 surcharge fee generated \$44.3 million. Beginning January 1, 2025, the surcharge fee was reduced to \$0.05. The revenues generated from the surcharge are deposited in the 988 Fund to be used for purposes specified in existing law. Existing law requires that the funds be prioritized first to fund 988 centers operations but also authorizes the funds to be used upon appropriation by the Legislature for purposes outline within the Miles Hall Lifeline and Suicide Prevention Act. Under this bill, an entity selected by the California Health and Human Services Agency (HHS) would need to be qualified as a 988 center under state law. Therefore, this bill does not propose an expansion of allowable uses for the 988 Fund as under existing law the first priority for the 988 fund is to pay for 988 centers.

- 5) *What's the problem with existing law?* According to the author, the implementation of California's 988 system has room for improvement, Despite the 988 program's strong bipartisan support and popularity, full implementation of the program has been hampered by frequent staff changes at responsible agencies, a lack of interoperability between 988 and 911, and a lack of agreement between responsible agencies regarding funding. To address the shortcomings, this bill proposes extending the sunset of the 988 advisory group tasked with advising on implementation. Under existing law, the advisory group supports a five-year implementation plan for the 988 system and also advises on what actions can be taken under existing law or may require additional legislation to address. Notably, according to the HHS website a representative of the Office of Emergency Services is a member of the working group. Given the known challenges with 988 implementation, and the legislative attention on this topic, extending the sunset of the advisory group is reasonable.
- 6) Recent/related legislation.
  - a. AB 1540 (Gonzalez) would require OES to request the federal Substance Abuse and Mental Health Services Administration to restore the "press 3" option to route calls originating in California to specialized LGBTQ+ services, and OES and CHHSA to implement within 12 months of approval. AB 1540 is pending in the Assembly Communications and Conveyance Committee.
  - b. AB 988 (Mathis), Chapter 460, Statutes of 2023, requires an entity receiving funds from the 988 State Suicide and Behavioral Health Crisis Services Fund to report on the number of individuals served who self-identified as veterans or active military personnel, if known.
  - c. AB 118 (Committee on Budget), Chapter 42, Statutes of 2023, made several changes relevant to 988. Requires a health care service plan or health insurer that is contacted by a 988 center, mobile crisis team, or other provider of behavioral health crisis services to, within 30 minutes of initial contact, either authorize post-stabilization care or inform the provider that it will arrange for the prompt transfer of the enrollee's care to another provider. Revised the statutory definition of 988, requires

CHHSA to create recommendations to support the five-year implementation plan, authorizes the Legislature to consider additional uses for 988 revenue based on CHHSA and 988 policy advisory group recommendations, and more.

- d. AB 988 (Bauer Kahan), Chapter 747, Statutes of 2022, established the 988 Crisis Hotline Center for the purpose of connecting individuals experiencing a mental health crisis with suicide prevention and mental health services, as specified. Requires OES to require an entity seeking funds from the 988 Fund to annually file an expenditure and outcomes report.

**REGISTERED SUPPORT / OPPOSITION:**

**Support**

Steinberg Institute  
The Miles Hall Foundation

**Opposition**

None on file.

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