

SENATE BILL REPORT

SB 5762

As Reported by Senate Committee On:
Ways & Means, February 9, 2026

Title: An act relating to increasing the statewide 988 behavioral health crisis response and suicide prevention line tax.

Brief Description: Increasing the statewide 988 behavioral health crisis response and suicide prevention line tax. [**Revised for 1st Substitute:** Concerning 988 crisis hotline funding and technology requirements.]

Sponsors: Senators Orwall, Dhingra, Nobles and Wilson, C..

Brief History:

Committee Activity: Ways & Means: 2/26/25; 2/06/26, 2/09/26 [DPS, w/oRec].

Brief Summary of First Substitute Bill

- Specifies the expenditures from the 988 Account must be prioritized for funding 988 call centers, and may be used to contract with an entity that provides crisis intervention and follow-up care to LGBTQ youth.
- Removes the requirement for the Department of Health and the Health Care Authority to develop technology platforms.
- Directs and is subject to appropriation, the Department of Health and the Health Care Authority to provide resources, data, and information to designated 988 contact hubs, regional crisis lines, and behavioral health administrative services organizations for use while responding to calls, texts, and chats; providing intervention follow-up care services; and tracking outcomes.

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Substitute Senate Bill No. 5762 be substituted therefor, and the

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substitute bill do pass.

Signed by Senators Robinson, Chair; Stanford, Vice Chair, Operating; Trudeau, Vice Chair, Capital; Frame, Vice Chair, Finance; Gildon, Ranking Member, Operating; Cleveland, Conway, Dhingra, Hansen, Hasegawa, Kauffman, Pedersen, Riccelli, Saldaña, Wagoner, Wellman and Wilson, C..

Minority Report: That it be referred without recommendation.

Signed by Senators Torres, Assistant Ranking Member, Operating; Schoesler, Ranking Member, Capital; Dozier, Assistant Ranking Member, Capital; Braun, Muzzall and Warnick.

Staff: Monica Fontaine (786-7341)

Background: National Suicide Prevention Hotline. In October 2020, Congress passed the National Suicide Hotline Designation Act of 2020 (Act) which designates the number 988 as the universal telephone number within the United States for the purpose of accessing the National Suicide Prevention and Mental Health Crisis Hotline system maintained by the National Suicide Prevention Lifeline and the Veterans Crisis Line. The Department of Health (DOH) must provide adequate funding for use of the state's crisis lifeline call centers once the 988 hotline number is established. The funding must be established at a level anticipated to achieve an in-state call response rate of at least 90 percent. The level of funding must be determined by considering call volume predictions, cost per call predictions provided by the National Suicide Prevention Lifeline (Lifeline), guidance on call center performance metrics, and necessary call center upgrades. The federal government, through the Substance Abuse and Mental Health Administration has provided funding for the operation of a specialized subnetwork for LGBTQ callers. Similar to the Spanish line, callers had the ability to select to be connected to staff with specialized experience. In 2025, the federal government terminated the subnetwork, and callers are no longer able to select access to those specialized services.

Statewide 988 Behavioral Health Crisis Response and Suicide Prevention Line Tax. In 2021, HB 1477 was enacted which established several changes to the behavioral health crisis system in response to the adoption of 988 as the phone number for the National Suicide Prevention and Mental Health Crisis Hotline. The bill established crisis call center hubs to provide crisis intervention services, case management, referrals, and connection to crisis system participants beginning July 1, 2024. The bill also charged the state with developing a new technology platform for managing communications with the 988 hotline and imposed a tax upon phone lines to support the activities. The Statewide 988 Behavioral Health Crisis Response and Suicide Prevention Line Tax (988 Tax) is imposed on all radio access lines, interconnected voice over Internet protocol (VoIP) service lines, and switched access lines.

A radio access line is a telephone number assigned to or used by a subscriber for two-way local wireless voice service from a radio communications company, including cellular

telephone service, personal communications services, and network radio access lines. A VoIP service line is a service that enables real-time, two way voice communications using a broadband connection. Switched access line means the telephone service line that connects a subscriber's main telephone or equivalent main telephone to the local exchange company's switching office. The 988 Tax amount for each of these lines is phased in so that the tax was increased from \$0.23 per line per month to \$0.40 per line per month beginning January 1, 2023.

Proceeds from the 988 Tax are deposited into the 988 Account, an appropriated account in the State Treasury. Money from the 988 Account may only be used for the routing of calls from the 988 Crisis Hotline to an appropriate crisis hotline center and for personnel and the provision of acute behavioral health, crisis outreach, stabilization services and follow-up case management. Cities and counties are prohibited from imposing a tax on radio access lines, VoIP service lines, or switched access lines for the purpose of routing calls made to the 988 Crisis Hotline to a crisis hotline center or crisis call center hub or for responding to 988 Crisis Hotline calls.

Behavioral Health Crisis Response System and Suicide Prevention Technologies. Under current law, DOH and the Health Care Authority (HCA) are directed to coordinate to develop the technology and platforms needed to manage and operate the behavioral health crisis response and suicide prevention system. The technologies must include: (1) a new technologically advanced behavioral health and suicide prevention crisis call center system platform for use in crisis call center hubs that has technology that is interoperable with other crisis and emergency response systems statewide, and (2) a behavioral health integrated client referral system that coordinates system information with the crisis call center hubs and behavioral health entities. The agencies were directed to designate a primary technology system to provide:

- access to real-time information relevant to the coordination of behavioral health crisis response and suicide prevention services, including real-time bed availability for all behavioral health bed types and real-time information relevant to the coordination of behavioral health crisis response and suicide prevention services;
- the means to request deployment of appropriate crisis response services and track local response through global positioning technology;
- the means to track the outcome of a 988 call to enable appropriate follow up, cross-system coordination, and accountability;
- a means to facilitate actions to verify and document whether the person's transition to follow up noncrisis care was completed and which services were offered;
- the means to provide geographically, culturally, and linguistically appropriate services to persons who are in high-risk populations or have a need for specialized services or accommodations; and
- consultation with tribal governments to ensure coordinated care in government-to-government relationships and access to dedicated services to tribal members.

Summary of Bill: The bill as referred to committee not considered.

Summary of Bill (First Substitute): Statewide 988 Behavioral Health Crisis Response and Suicide Prevention Line Tax Revenue. Uses of tax revenue are prioritized to fully fund 988 crisis hotline centers and designated 988 contact hubs. An additional use of tax revenue is added, allowing contracting with an entity to provide specialized crisis intervention, suicide prevention, and follow-up services for LGBTQ youth and young adults. Contracting for this purpose is permitted if, on or after January 1, 2025, the federal government discontinues or materially limits specialized crisis services for LGBTQ youth, including dedicated call routing or a specialized line option.

Behavioral Health Crisis Response System and Suicide Prevention Technologies. The responsibilities of DOH and HCA to develop technology platforms is removed. Subject to appropriation, HCA and DOH are directed to provide information, data and resources to 988 call centers, designated 988 contact hubs, regional crisis lines, and behavioral health administrative services organizations. DOH is directed to ensure these entities have sufficient resources to receive crisis intervention requests through phone calls, chats, and texts; and to coordinate the development of uniform data collection, reporting, and sharing standards. HCA is directed to provide information for use in crisis intervention and response, which may include:

- access to information relevant to the coordination of behavioral health crisis response and suicide prevention services, including real-time bed availability for all behavioral health bed types;
- information about less restrictive alternative orders or mental health directives;
- the means to track the outcome of a 988 call to enable appropriate follow up, cross-system coordination, and accountability;
- the means to verify and document whether the transition to follow-up care was completed and which services were offered;
- the means to provide geographically, culturally, and linguistically appropriate services to persons who are in high-risk populations or have a need for specialized services or accommodations; and
- consultation with tribal governments to ensure coordinated care in government-to-government relationships and access to dedicated services to tribal members.

HCA is directed to establish data-sharing guidelines to ensure entities can access confidential information.

Appropriation: The bill contains a section or sections to limit implementation to the availability of amounts appropriated for that specific purpose.

Fiscal Note: Requested on February 2, 2025.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Proposed Substitute (Ways & Means) (Regular Session 2025): PRO: Behavioral health organizations are engaged in the rollout of 988, and it is a key tool for individuals who need help. The services coordinated with 988 are extremely complex. This bill would ensure call centers have the support needed to maintain response rates. Being a counselor in these positions is difficult. The volume of the work increases and response rates need to be met, so call centers need to remain resourced.

CON: This doubles the tax on services after a recent increase. This bill would triple the original tax less than five years after implementation. More than 30 states have explored approaches to implementation, and only nine have used a new tax. One state has a higher tax rate than Washington and after this bill Washington would have the highest rate. There is a budget crisis and the Legislature needs to review expenditures before providing new money. The hotline provides a valuable service, but the benefit of the program is questionable. The tax earns \$100 million per biennium, and should not need to be raised so soon after the program has started operating. Funding for anything other than the call centers should not be funded with the tax. There is a lack of data to support the success of the 988 line. Children are able to use this line and access mental health services without parent consent. They are often taken to emergency rooms or mental health hospitals. This is another tax increase and should be considered with all of the additional tax increases being proposed this year. Washington is the fourth least affordable state in the nation, and this would make Washington even more expensive.

Persons Testifying (Ways & Means): PRO: Levi Van Dyke, Volunteers of America Western Washington; Brad Banks, Behavioral Health Administrative Services Organizations.

CON: Jeff Gombosky, CTIA - The Wireless Association; Rose Feliciano, TechNet; Jeff Pack, Me; Max Martin, Association of Washington Business; Mary Long, Conservative Ladies of Washington; Laurie Layne.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.

Staff Summary of Public Testimony On First Substitute (Ways & Means) (Regular Session 2026): PRO: The proposed substitute is focused on ensuring there is support for 988 call centers now that they have been designated. With the elimination of the specialized line for LGBTQ+ callers, existing funds will now be able to go to intervention and maintain access to care. These changes were out of state control. Callers on this specialized line made of 10 percent of calls, and one in five texts received were through the specialized line. Counselors respond to thousands of help seekers, and centers across the state are seeing increased volumes. Without resources, the system will be undermined and have longer wait times and less access to care. This will maintain a high quality, responsive system. The elements of the bill that refocus the technology requirements will allow for better connections between the parts of the system.

OTHER: It is appreciated that the line tax increases were removed. Things continue to add up on top of the 911 tax, and there will need to be additional ways to fund 911 because growth is not keeping up with taxes. The capacity of the revenue should be protected while still being supportive of 988.

Persons Testifying (Ways & Means): PRO: Brad Banks, Behavioral Health Administrative Services Organizations; Caron Cargill, Inseparable; Levi Van Dyke, Volunteers of America Western Washington.

OTHER: Katherine Mahoney, APCO-NENA.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.