

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

In the Matter of)
)
Implementation of the National) WC Docket No. 18-336
Suicide Hotline Act of 2018)

Relating to the
Notice of Proposed Rulemaking
Issued February 9, 2025

Reply Comments of

**Electronic Privacy Information Center and
Wildflower Alliance**

April 18, 2025

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Comments

I. 988 is Not 911 and Should Not Be Treated Like 911

The Wireline Competition Bureau (Bureau) should reject arguments premised on efficiencies or other benefits achieved by leveraging existing 911 technological infrastructure to develop georouting for 988. Help-seekers contacting 988 have different expectations than help-seekers contacting 911. The Bureau itself acknowledged this in its April 2021 report: “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.”¹ The very next year this point was reiterated at the Commission’s 988 Geolocation Forum: “Many people, when they call the Lifeline, they are calling it because they believe it to be a confidential and safe place. And also, an alternative to 911. When you hear 911—or when I hear 911—we think immediately: police.”²

Per a 2024 poll cited to by National Alliance on Mental Illness (NAMI) in its initial comment in this proceeding, more than 40% of respondents would not feel safe calling 911 on behalf of a loved one and more than 60% were afraid the police may hurt their loved one.³ Respondents clearly indicated that they would both feel more comfortable contacting a 988 counselor and feel more uncomfortable contacting a 911 operator.⁴ Apart from the risks of

¹ FCC, 988 Geolocation Report – National Suicide Hotline Designation Act of 2020 at 11-12 (2021), <https://docs.fcc.gov/public/attachments/DOC-371709A1.pdf> [hereinafter “988 Geolocation Report”].

² Keris Jân Myrick, Co-Director, The Mental Health Strategic Impact Initiative/ S2i, Forum on Geolocation for 988, available at @FCC, YouTube (uploaded May 25, 2022), <https://youtu.be/HjHXXPGEuus?t=11965>.

³ NAMI/Ipsos Poll – Summer 2024 Tracking, A Survey of the American general population (ages 18+) at 10 (July 2024), (61% agree that “I would be afraid the police may hurt my loved one or me while responding to a mental health crisis”) <https://www.nami.org/wp-content/uploads/2024/07/NAMI-Ipsos-Summer-2024-Tracking-Poll-Topline.pdf> [hereinafter “NAMI/Ipsos Poll”]; *see id.* (45% agree that “If my loved one was having a mental health crisis I would not feel safe calling 911 for help”).

⁴ *See id.* at 6. (noting that, in response to “if you or a loved one needed support during a mental health crisis or emergency, how comfortable, if at all, would you feel going to each of the following for assistance?”, 72% of

immediate physical harm as a result of 911 or police involvement, 69% of respondents further noted that people with mental health conditions face discrimination in their everyday life⁵ (*not* merely at *some* point in their lives). This further underscores the importance of privacy, anonymity, and autonomy in determining whether emergency help is dispatched for 988 help-seekers, which may not align with the priorities of individuals contacting 911.

These recent NAMI/Ipsos survey results are consistent with the aforementioned 2021 FCC report, in which the Commission cited to comments by the American Foundation for Suicide Prevention and American Association of Suicidology emphasizing how vitally important it is that the Commission not conflate what a 911 caller needs and expects with what a 988 caller needs and expects.⁶

II. There is Strong Support in the Record for Continued Emphasis on Privacy and Security, But It Remains Unclear Which Legal Authorities Protect Help-Seeker Data and How

The Bureau must continue to prioritize the privacy and confidentiality of help-seekers, and the security of help-seeker data. Many commenters responding to the Bureau's text-to-988

respondents felt at least somewhat comfortable going to a 988 counselor but only 56% going to a 911 operator, and only 13% of respondents felt 'not very comfortable' or 'not comfortable at all' going to a 988 counselor as compared with 34% feeling uncomfortable going to a 911 operator for assistance).

⁵ See *id.* at 9 ("people with mental health conditions face discrimination in their everyday life").

⁶ See 988 Geolocation Report at 8 n.86 (citing to Comment of American Association of Suicidology at 1 (Dec. 21, 2020), <https://www.fcc.gov/ecfs/search/search-filings/filing/1221756312530>; Comment of American Foundation for Suicide Prevention at 1-2 (Dec. 28, 2020), <https://www.fcc.gov/ecfs/search/search-filings/filing/1228889316969>).

georouting notice have already emphasized this point.⁷ Indeed, the primacy of these issues were consistently and loudly voiced during earlier proceedings in this same docket.⁸

Despite this, no other commenters have yet seemed to identify legal frameworks that will ensure this data will be protected. In fact, the Boulder Regional Emergency Telephone Service Authority seemed to imply that HIPAA will not protect the data: “988 caller privacy is ultimately more dependent upon the ethical conduct of the 988 counselors assisting the callers through one-on-one conversations, in which the caller may disclose identifying information as well as medical and mental health information.”⁹ Vibrant’s confidentiality policy describes the efforts it undertakes, but simultaneously seems to disclaim user privacy as largely outside of its control:

The data platform that Vibrant makes available to each contact center treats all communications as highly sensitive personal information and is secured according to the HIPAA Security Rule. Vibrant sets baseline privacy and security standards for network contact centers through a network agreement. All contact centers are independent organizations that decide their own privacy and security policies.¹⁰

The lack of uniform restrictions on storage and use of data, and data about the calling device, means that even Vibrant does not necessarily know what individual crisis centers are doing or how help-seeker data is used and shared. This in turn makes meaningful help-seeker consent to storage and use of their data, including georouting data, implausible at best, especially as the help-seeker does not have a realistic opportunity to make an informed choice as to which crisis

⁷ See, e.g., Comment of National Alliance on Mental Illness- Reimagine Crisis Response, WC 18-336 at 2 (Apr. 3, 2025), <https://www.fcc.gov/ecfs/search/search-filings/filing/1040305280871> [hereinafter “NAMI Comment”]; Comment of Association for Behavioral Health and Wellness (ABHW) at 2 (Apr. 3, 2025), <https://www.fcc.gov/ecfs/search/search-filings/filing/10403948514935>; Comment of Vibrant Emotional Health at 1-3 (Apr. 3, 2025), <https://www.fcc.gov/ecfs/search/search-filings/filing/10403274001811>; Comment of CTIA at 3 (Apr. 3, 2025), <https://www.fcc.gov/ecfs/search/search-filings/filing/10403175985731>.

⁸ See, e.g., Reply Comment of Electronic Privacy Information Center, WC 18-336 at 7-8 (Jul. 29, 2024), <https://www.fcc.gov/ecfs/search/search-filings/filing/10729418918342> (citing to comments by more than a dozen different organizations underscoring the overwhelming and consistent message that privacy and security of 988 caller data should be paramount) [hereinafter “EPIC Call Georouting Reply Comment”].

⁹ Comment of Boulder Regional Emergency Telephone Service Authority, WC 18-336 at 5 (Apr. 3, 2025), <https://www.fcc.gov/ecfs/search/search-filings/filing/104030912628808>.

¹⁰ “988 Lifeline Confidentiality”, <https://988lifeline.org/confidentiality/> (last visited Apr. 17, 2025).

center their time-sensitive outreach is directed. When these facts become known in the help-seeker community, they raise doubts about whether the 988 service can be trusted. When the service is not trusted, it tends to be avoided, which would be a serious unintended consequence. Per the Ipsos poll NAMI cited in its comments, it is more important to 988 help-seekers that their call remains anonymous than that they are connected to a crisis center in their state or local area.¹¹

We urge the Bureau, working with other entities as necessary, to establish clear safeguards upon which help-seekers can rely to ensure that their data will be protected—and to establish that there will be meaningful consequences if it is not.

III. If the Commission Must Move Forward with Georouting, FIPS Code Seems the Least Privacy-Invasive Among Undesirable Options

We reiterate that georouting should not be utilized and agree that a help-seeker voluntarily providing their zip code is the most privacy-protective and autonomy-preserving option.¹² This a commonsense approach. Moreover, studies have shown both that autonomy can be a protective factor that reduces suicide risk¹³ and that coercion—including perceived

¹¹ See NAMI Comment at 2 (citing to NAMI/Ipsos Poll); NAMI/Ipsos Poll at 18 (“To what extent, if at all, would each of the following make you more or less likely to contact the 988 Suicide & Crisis Lifeline for yourself or another person in a mental health, substance abuse, or suicide crisis?”, 52% indicated “being connected to a person who is from your state or local area” where 63% indicated “your identity being anonymous to the person answering you”). We further note that 49% indicated “police would *not* respond to the scene of a crisis” (*emphasis added*) as something that would make them more likely to contact 988. See *id.*

¹² See Comment of Electronic Privacy Information Center and Wildflower Alliance, WC 18-336 at 4-5 (Apr. 3, 2025), <https://www.fcc.gov/ecfs/search/search-filings/filing/10404180439152>. Last year, EPIC supported georouting for callers on the condition that the Commission implement commonsense safeguards including but not necessarily limited to: prohibiting the use of geolocation data, prohibiting carriers from sharing 988-related data even if the subscriber opted in to sharing their customer proprietary network information (CPNI), and ensuring small carriers and vendors have adequate cybersecurity protections for 988 data. See EPIC Call Georouting Reply Comment at 1. The Commission did not explicitly indicate agreement on any of these points, although its agreement may have been implicit.

¹³ See, e.g., Julien S. Bureau, BSc, et al, *Self-Determination: A Buffer Against Suicidal Ideation*, Suicide and Life-Threatening Behavior 42(4) 377, 379-80, 388 (Aug. 2012), <https://www.lrcs.uqam.ca/wp-content/uploads/2017/04/Self-determination-a-buffer.pdf> (noting that for individuals with higher internalized or

coercion—leads to worse outcomes for the patient in the long-term and can be detrimental to a patient’s treatment in the immediate term.¹⁴ (Coercion is a predictable outcome of non-consensual emergency interventions.) By letting the help-seeker decide when they provide their zip code and what zip code to provide, the 988 system is strengthening autonomy and avoiding perceived coercion. This is an added benefit to the target population even beyond the development of trust in the 988 system itself. Further, similarly easy-to-remember resources like 211 already exist whereby a help-seeker can be connected with local mental health services without any threat of involuntary intervention.¹⁵

However, if the Bureau must move forward with an automated georouting solution, proposals to use FIPS codes seem to be the least terrible among automated options.¹⁶

IV. Conclusion

We appreciate the Bureau’s continued attention to the privacy and security of help-seeker data.

intrinsic motivation, as opposed to individuals acting in response to external pressures, there is greater resilience against suicidal ideation resulting from exposure to negative life events, and further hypothesizing that autonomy-preserving approaches such as motivational interviewing can serve as a protective factor against suicidal ideation).

¹⁴ See, e.g., Debora Martinez, et al., *Satisfaction and Perceived Coercion in Voluntary Hospitalisations: Impact of Past Coercive Experiences*, *Psychiatric Quarterly* (93) 971, 972 (Oct. 2022), <https://link.springer.com/article/10.1007/s11126-022-10005-8> (citing to several studies that have highlighted the “multiple harmful effects of perceived coercion”, with negative impacts on the patient’s quality of life as well as their clinical course, and noting that there may be an association between a patient’s perception of their past compulsive admission and the risk of re-hospitalization).

¹⁵ See, e.g., “Dial 211 for Essential Community Services”, <https://www.fcc.gov/consumers/guides/dial-211-essential-community-services> (last visited Apr. 18, 2025).

¹⁶ See, e.g., Comment of CX360, Inc., WC 18-336 at 16-17 (Apr. 3, 2025), <https://www.fcc.gov/ecfs/search/search-filings/filing/10403758615117>. We do not necessarily endorse CX360’s products or services, merely the granularity of data they propose collecting for text-to-988 georouting, again re-iterating that no such automated data collection is actually necessary and so the Commission should not authorize nor require it.

Respectfully submitted, April 18, 2025.

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