

**U.S. House of Representatives Committee on Energy and Commerce
Subcommittee on Communications and Technology
Hearing Entitled “Legislative Hearing on 4 Telecommunications Bills”**

Responses to Questions for the Record of Mr. John H. Madigan Jr.

The Honorable Marsha Blackburn

1. As I mentioned in my opening statement, suicide is the 10th leading cause of death in Tennessee, where over two times as many people die by suicide annually than by homicide. On average, one person dies by suicide every 8 hours in the state. That’s simply devastating. It would be incredibly impactful if we could play even a small part in saving lives simply by creating a dedicated 3-digit number. Can you talk more about how a suicide hotline will help?

The current National Suicide Prevention Lifeline (1-800-273-8255) provides free and confidential support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. By increasing the access to lifesaving resources for vulnerable individuals, the National Suicide Prevention Hotline significantly reduces emotional distress and suicidality in callers. The use of the hotline has more than tripled since 2010, with 2 million calls answered last year alone. Lifeline standards, trainings and practices of its national network of local call centers are designed to effectively de-escalate persons in suicidal crises, reduce risk for callers in crisis and ensure that they receive the most appropriate, least invasive care that supports their health, safety and well-being. SAMHSA-funded evaluations indicate that Lifeline member centers are effectively de-escalating persons in suicidal crisis whom might otherwise be diverted to emergency services. Abbreviated dialing codes are easier to remember, faster to dial, and with nearly 12 million Americans experiencing suicidal thoughts annually, increased access to quality crisis services will save lives.

The Honorable Adam Kinzinger

1. In recent months, I’ve had a number of meetings with community health centers in my district in Illinois. They tell me they’re seeing a big increase in demand for mental health care and behavioral health services. It’s safe to say that in many rural communities, there is an inadequate amount of health services, that is especially so with respect to mental health. Healthcare providers are trying to bridge the gaps in mental health care services. But addressing the lack of these services in rural America is a long-term challenge that will need to be confronted with a multi-pronged approach – including the use of technology and telemedicine.

- a. Have you seen evidence that an improved National Suicide Hotline will help rural populations?
- b. How would this approach benefit districts like mine?

A National Suicide Hotline, just like the National Suicide Prevention Lifeline, will reduce the burden on emergency rooms, police, emergency responders, and behavioral healthcare providers who often step in during escalated emotional crises. When these resources are stretched thin – as is the case in many rural areas – the Lifeline’s local crisis centers provide a safety net. Many 911 centers report a high volume of non-suicidal callers with mental health issues that would more effectively and efficiently be assisted on a mental health hotline, and nearly half of the Lifeline’s highest-risk callers are professionally and effectively de-escalated without utilizing emergency services.