

Act of 1959 (12 U.S.C. 1701q) and the location of Continuums of Care with high concentration of unsheltered homelessness.

(b) REMOVAL OF PERSONALLY IDENTIFIABLE INFORMATION.—In sharing the information required under subsection (a), the Secretary of Housing and Urban Development shall ensure that appropriate administrative and physical safeguards are in place to remove all personally identifiable information.

(c) CONSULTATION.—The Secretary of Housing and Urban Development shall consult with the Secretary of Health and Human Services promptly after the date of the enactment of this Act to provide for the sharing of the information required under subsection (a).

(d) LIMITATION.—Information shared pursuant to this Act shall not be shared beyond the Department of Health and Human Services or used for purposes beyond those intended in the Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. SHERMAN) and the gentleman from South Carolina (Mr. TIMMONS) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. SHERMAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on this legislation and to insert extraneous material thereon.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. SHERMAN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 6294, the Improving Emergency Disease Response via Housing Act, which will help the Federal Government better identify and serve populations particularly at risk from COVID-19.

This bill will require the Department of Housing and Urban Development, HUD, to share with the Department of Health and Human Services the locations of HUD senior housing properties and local continuums of care with high concentrations of people experiencing unsheltered homelessness. The bill also includes important protections to ensure people's privacy and to prevent the misuse of this information.

Early in this pandemic, we learned the devastating impact COVID-19 has on seniors. Seniors often have underlying health conditions, which make them particularly vulnerable to the virus. Making matters worse, many seniors live in large multifamily buildings, including HUD-subsidized properties, where the risk of contagion is particularly high.

This constellation of factors—close living quarters, advanced age, higher prevalence of underlying health conditions—puts this population at substantial risk for contracting and at a higher risk for dying from COVID-19.

According to The New York Times, as of last month, 40 percent of COVID-19-related deaths have occurred in senior communities, not just to those who have reached senior age but that subset

of seniors who live in these senior communities.

People experiencing homelessness are also particularly vulnerable to COVID-19 because they are disproportionately likely to have underlying conditions and because they often do not have the means to follow CDC guidelines around handwashing, social distancing, mask-wearing, et cetera.

People experiencing homelessness who contract COVID-19 are twice as likely to be hospitalized, two to four times as likely to require critical care, and two to three times as likely to die as others in the general public.

So, Mr. Speaker, I thank Mr. TIPTON for introducing this bill to help us better protect some of this country's most vulnerable people, and I reserve the balance of my time.

□ 1700

Mr. TIMMONS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 6294.

Back in the early days of COVID-19, the Republicans on the Committee on Financial Services anticipated some of the biggest threats the virus posed and moved to protect those who were most vulnerable. Representative TIPTON introduced H.R. 6294 so that the Department of Health and Human Services and the Department of Housing and Urban Development would be better able to coordinate and target treatment to folks like the elderly and the disabled. We knew that these were going to be the highest risk, most vulnerable populations affected by the pandemic and wanted to make sure States had all the tools they needed to protect these citizens.

Sadly, in some places, we saw the disastrous effect of what happened when local officials failed to act quickly to make sure our seniors were kept safe from the preventable spread of the pandemic. To ensure that we do not repeat such mistakes, H.R. 6294 would allow for data-sharing between HHS and HUD regarding the location of section 202 affordable housing properties while keeping residents' personal information protected.

Mr. Speaker, I commend Representative TIPTON for his leadership in this area, and I will miss working with him. This is a commonsense bill to cut through red tape and allow for greater assistance to vulnerable populations.

Mr. Speaker, I urge my colleagues to support it, and I yield back the balance of my time.

Mr. SHERMAN. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I, again, thank my colleague, Mr. TIPTON, for introducing this bill to help us better protect seniors and people experiencing homelessness from COVID-19.

We have lost too many people to this terrible virus. While it is important that we ensure the safety of those who are particularly vulnerable to the coronavirus, I hope that we can all

work together this month to provide a comprehensive response to this public crisis, modeled after the HEROES Act, which this House passed in May of this year.

Our constituents want us to act on major legislation, but in the meantime, it is good to pass this bill to help those who are particularly impacted by COVID.

Mr. Speaker, I urge my colleagues to join me in supporting this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. SHERMAN) that the House suspend the rules and pass the bill, H.R. 6294, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

NATIONAL SUICIDE HOTLINE DESIGNATION ACT OF 2020

Mr. McNERNEY. Mr. Speaker, I move to suspend the rules and pass the bill (S. 2661) to amend the Communications Act of 1934 to designate 9-8-8 as the universal telephone number for the purpose of the national suicide prevention and mental health crisis hotline system operating through the National Suicide Prevention Lifeline and through the Veterans Crisis Line, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2661

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "National Suicide Hotline Designation Act of 2020".

SEC. 2. FINDINGS.

Congress finds the following:

(1) According to the American Foundation for Suicide Prevention, on average, there are 129 suicides per day in the United States.

(2) To prevent future suicides, it is critical to transition the cumbersome, existing 10-digit National Suicide Hotline to a universal, easy-to-remember, 3-digit phone number and connect people in crisis with life-saving resources.

(3) It is essential that people in the United States have access to a 3-digit national suicide hotline across all geographic locations.

(4) The designated suicide hotline number will need to be both familiar and recognizable to all people in the United States.

SEC. 3. UNIVERSAL TELEPHONE NUMBER FOR NATIONAL SUICIDE PREVENTION AND MENTAL HEALTH CRISIS HOTLINE SYSTEM.

(a) IN GENERAL.—Section 251(e) of the Communications Act of 1934 (47 U.S.C. 251(e)) is amended by adding at the end the following:

“(4) UNIVERSAL TELEPHONE NUMBER FOR NATIONAL SUICIDE PREVENTION AND MENTAL HEALTH CRISIS HOTLINE SYSTEM.—9-8-8 is designated as the universal telephone number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating

through the National Suicide Prevention Lifeline maintained by the Assistant Secretary for Mental Health and Substance Use under section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c) and through the Veterans Crisis Line maintained by the Secretary of Veterans Affairs under section 1720F(h) of title 38, United States Code.”.

(b) **EFFECTIVE DATE.**—The amendment made by subsection (a) shall take effect on the date that is 1 year after the date of enactment of this Act.

(c) **REQUIRED REPORT.**—Not later than 180 days after the date of enactment of this Act, the Assistant Secretary for Mental Health and Substance Use and the Secretary of Veterans Affairs shall jointly submit a report that details the resources necessary to make the use of 9-8-8, as designated under paragraph (4) of section 251(e) of the Communications Act of 1934 (47 U.S.C. 251(e)), as added by subsection (a) of this section, operational and effective across the United States to—

(1) the Committee on Commerce, Science, and Transportation of the Senate;

(2) the Committee on Appropriations of the Senate;

(3) the Committee on Energy and Commerce of the House of Representatives; and

(4) the Committee on Appropriations of the House of Representatives.

SEC. 4. STATE AUTHORITY OVER FEES.

(a) **AUTHORITY.**—

(1) **IN GENERAL.**—Nothing in this Act, any amendment made by this Act, the Communications Act of 1934 (47 U.S.C. 151 et seq.), or any Commission regulation or order may prevent the imposition and collection of a fee or charge applicable to a commercial mobile service or an IP-enabled voice service specifically designated by a State, a political subdivision of a State, an Indian Tribe, or village or regional corporation serving a region established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.) for 9-8-8 related services, if the fee or charge is held in a sequestered account to be obligated or expended only in support of 9-8-8 services, or enhancements of such services, as specified in the provision of State or local law adopting the fee or charge.

(2) **USE OF 9-8-8 FUNDS.**—A fee or charge collected under this subsection shall only be imposed, collected, and used to pay expenses that a State, a political subdivision of a State, an Indian Tribe, or village or regional corporation serving a region established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.) is expected to incur that are reasonably attributed to—

(A) ensuring the efficient and effective routing of calls made to the 9-8-8 national suicide prevention and mental health crisis hotline to an appropriate crisis center; and

(B) personnel and the provision of acute mental health, crisis outreach and stabilization services by directly responding to the 9-8-8 national suicide prevention and mental health crisis hotline.

(b) **FEE ACCOUNTABILITY REPORT.**—To ensure efficiency, transparency, and accountability in the collection and expenditure of a fee or charge for the support or implementation of 9-8-8 services, not later than 2 years after the date of the enactment of this Act, and annually thereafter, the Commission shall submit to the Committees on Commerce, Science, and Transportation and Appropriations of the Senate and the Committees on Energy and Commerce and Appropriations of the House of Representatives a report that—

(1) details the status in each State, political subdivision of a State, Indian Tribe, or village or regional corporation serving a region established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et

seq.) of the collection and distribution of such fees or charges; and

(2) includes findings on the amount of revenues obligated or expended by each State, political subdivision of a State, Indian Tribe, or village or regional corporation serving a region established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.) for any purpose other than the purpose for which any such fees or charges are specified.

(c) **DEFINITIONS.**—In this section:

(1) **COMMERCIAL MOBILE SERVICE.**—The term “commercial mobile service” has the meaning given that term under section 332(d) of the Communications Act of 1934 (47 U.S.C. 332(d)).

(2) **COMMISSION.**—The term “Commission” means the Federal Communications Commission.

(3) **IP-ENABLED VOICE SERVICE.**—The term “IP-enabled voice service” shall include—

(A) an interconnected VoIP service, as defined in section 9.3 of the title 47 of the Code of Federal Regulations, or any successor thereto; and

(B) a one-way interconnected VoIP service.

(4) **STATE.**—The term “State” has the meaning given that term in section 7 of the Wireless Communications and Public Safety Act of 1999 (47 U.S.C. 615b).

SEC. 5. LOCATION IDENTIFICATION REPORT.

(a) **IN GENERAL.**—Not later than 180 days after the date of the enactment of this Act, the Federal Communications Commission shall submit to the appropriate committees a report that examines the feasibility and cost of including an automatic dispatchable location that would be conveyed with a 9-8-8 call, regardless of the technological platform used and including with calls from multi-line telephone systems (as defined in section 6502 of the Middle Class Tax Relief and Job Creation Act of 2012 (47 U.S.C. 1471)).

(b) **DEFINITIONS.**—In this section:

(1) **APPROPRIATE COMMITTEES.**—The term “appropriate committees” means the following:

(A) The Committee on Commerce, Science, and Transportation of the Senate.

(B) The Committee on Health, Education, Labor, and Pensions of the Senate.

(C) The Committee on Energy and Commerce of the House of Representatives.

(2) **DISPATCHABLE LOCATION.**—The term “dispatchable location” means the street address of the calling party and additional information such as room number, floor number, or similar information necessary to adequately identify the location of the calling party.

SEC. 6. REPORT ON CERTAIN TRAINING PROGRAMS.

(a) **SENSE OF CONGRESS.**—It is the sense of Congress that—

(1) youth who are lesbian, gay, bisexual, transgender, or queer (referred to in this section as “LGBTQ”) are more than 4 times more likely to contemplate suicide than their peers, with 1 in 5 LGBTQ youth and more than 1 in 3 transgender youth reporting attempting suicide;

(2) American Indian and Alaska Natives have the highest rate of suicide of any racial or ethnic group in the United States with a suicide rate over 3.5 times higher than the racial or ethnic group with the lowest rate, with the suicide rate increasing, since 1999, by 139 percent for American Indian women and 71 percent for men;

(3) between 2001 and 2015, the suicide death rate in rural counties in the United States was 17.32 per 100,000 individuals, which is significantly greater than the national average, and the data shows that between that same time period, suicide rates increased for all age groups across all counties in the United

States, with the highest rates and the greatest increases being in more rural counties; and

(4) the Substance Abuse and Mental Health Services Administration must be equipped to provide specialized resources to these and other high-risk populations.

(b) **REPORT.**—Not later than 180 days after the date of enactment of this Act, the Assistant Secretary for Mental Health and Substance Use shall submit to the Committee on Commerce, Science, and Transportation of the Senate, the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives a report that—

(1) details a strategy, to be developed in consultation with the Centers for Disease Control and Prevention, the National Institute of Mental Health, and organizations capable of providing nationwide suicide prevention and crisis services for LGBTQ youth, minorities, rural individuals, or other high-risk populations, for the Substance Abuse and Mental Health Services Administration to offer, support, or provide technical assistance to training programs for National Suicide Prevention Lifeline counselors to increase competency in serving high-risk populations; and

(2) includes recommendations regarding—

(A) the facilitation of access to services that are provided to specially trained staff and partner organizations for LGBTQ youth, minorities, rural individuals, and other high-risk populations; and

(B) a strategy for optimally implementing an Integrated Voice Response, or other equally effective mechanism, to allow National Suicide Prevention Lifeline callers who are LGBTQ youth, minorities, rural individuals, or members of other high-risk populations to access specialized services.

The **SPEAKER** pro tempore. Pursuant to the rule, the gentleman from California (Mr. MCNERNEY) and the gentleman from Montana (Mr. GIANFORTE) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. MCNERNEY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on S. 2661.

The **SPEAKER** pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. MCNERNEY. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, last Congress, the House took up the National Suicide Hotline Improvement Act, which directed the FCC to study and consider whether it is technically feasible to establish a three-digit number for calling the National Suicide Prevention Lifeline.

I am proud that today, during Suicide Prevention Month, the House is taking up the National Suicide Hotline Designation Act to expand our previous efforts. The legislation before us directs the FCC to designate “988” as the number for accessing the lifeline. The FCC, in response to our previous legislation, is already taking steps to accomplish this, but the legislation goes further.

Critically, this measure paves the way to create a sustainable funding stream for our suicide prevention call-takers, something that we desperately need. These seemingly small changes will make finding help immensely easier for Americans who are experiencing suicide or mental health crises.

The National Suicide Prevention Lifeline, which is accessible today by calling 1-800-273-TALK, received more than 2.2 million calls in 2018. As hard as it is to believe, that figure is expected to go up when 988 is fully implemented and becomes accessible to the public. But designating a short three-digit code that is easier to remember than a cumbersome 1-800 number is supposed to reach more people. That is the point. But that is also why it is so important that the lifeline be able to fund its operations.

Because of this legislation, it is likely that the lifeline will receive more calls and save more lives than it does today. Luckily, the lifeline has a proven track record, successfully deescalating almost 98 percent of interactions with callers experiencing suicidal or mental health crises.

We have no reason to expect different outcomes when the number changes to 988 because the bill ensures that the lifeline network call centers will have the resources necessary to handle the increase in volume that they are anticipating. It is undeniably one of the most effective tools at our disposal to address the crisis of suicide in America.

An analysis of 1,500 calls from just over 1,400 individuals showed that callers who utilized the lifeline's assistance were significantly more likely to feel less depressed, less suicidal, less overwhelmed, and more hopeful by the end of the call. It is clear that people who can access help when they need it have better outcomes than those who can't.

That is why our immediate goal with this legislation is to reach the people who need help but aren't getting it, and there are far too many folks who fit that description. More than 47,000 Americans died by suicide, and more than 1.4 million Americans attempted suicide in 2017. In 2018, 48,000 Americans died by suicide. Sadly, the numbers are even worse for certain at-risk populations.

More than 6,000 veterans died by suicide each year from 2008 to 2017. Young LGBTQ adults are four times more likely to contemplate suicide than their heterosexual peers, and 39 percent of LGBTQ youths reported seriously considering suicide in the past 12 months.

Mr. Speaker, that is why this bill ensures that the lifeline and the good people on the other end of the call have the tools and resources they need to reach people who need it the most.

Mr. Speaker, the National Suicide Hotline Designation Act is a necessary step to reducing suicide in the United States and will ultimately save lives. I

thank Representatives MOULTON and STEWART for drafting this measure and the Senate for introducing a companion bill.

Mr. Speaker, I also thank the chairs and ranking members of the Communications and Technology Subcommittee and the full Committee on Energy and Commerce for their bipartisan work to bring this measure to the floor. I look forward to the legislation passing the House today and its signature by the President.

Mr. Speaker, I reserve the balance of my time.

Mr. GIANFORTE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of the bill, S. 2661, the National Suicide Hotline Designation Act by Senators GARDNER, BALDWIN, MORAN, and REED. It is the Senate companion of legislation I introduced with Representatives STEWART, MOULTON, and EDDIE BERNICE JOHNSON.

It designates "988" as the universal telephone number for the National Suicide Prevention Lifeline system. This means no matter where you are in the country, just like when you call 911, when you call 988, you will be connected to mental health resources.

This legislation also authorizes States to collect a fee limited to supporting local crisis call centers that are affiliated with the national network or enhancement of such services. It also sets a 1-year deadline to complete technical upgrades to enable the number.

Mr. Speaker, I am glad we have been able to work together on this measure and others to improve the network of services that make up the suicide prevention lifeline and to educate Americans about suicide prevention. These bills are badly needed by a Nation working to emerge from an unprecedented health and economic crisis, and it is badly needed in Montana where, tragically, we have one of the highest rates of suicide in the country.

Mr. Speaker, I ask my colleagues to come together here today to advance these bills, and I reserve the balance of my time.

Mr. MCNERNEY. Mr. Speaker, I have no additional speakers, and I reserve the balance of my time.

Mr. GIANFORTE. Mr. Speaker, I yield 3 minutes to the gentleman from Utah (Mr. STEWART).

Mr. STEWART. Mr. Speaker, I thank my colleague from Montana, as well as others who have supported this.

Mr. Speaker, the sad reality is, here in the United States, we are in the middle of a tragedy. It is a tragedy that is particularly painful for our youth and our veterans, as so many of them have experienced suicide and left tragedies behind for them and their families.

If you are in the middle of a mental health crisis and you need help, if you are worried about one of your children, your son, a daughter, a roommate, a

friend, you need to know who to call. But the problem is, no one knows the number.

The second problem is, the number is different. If you are calling in Salt Lake City, it is a different number than if you are calling in New York or if you are calling from California or even another part of Utah.

This fixes it, which is why I rise to support the bill, S. 2661.

Mr. Speaker, I am so pleased, working with, again, my colleagues, that after 4 years of working on designating this three-digit number—legislation which, by the way, was based on something that we did in Utah about 4 years ago—we are finally going to pass this bill to do just that.

Imagine this: Every 11 minutes, somebody in the United States commits suicide—not attempts suicide, actually commits suicide—leaving behind devastation of broken hearts and broken families and friends. It used to be that if I spoke to a group of 100 and said, "How many of you have been impacted by someone you know or love and you care about who has attempted suicide or committed suicide?" 5 or 6 years ago, maybe a few hands would come up. Now, in those settings, almost everyone raises their hands.

That is good because we are more willing to acknowledge and recognize the problem and to discuss it. But the truth is, most of us have been affected in one way or another by someone we know, someone we care about.

It is heartbreaking, as I said, not only for the lives that are taken but the family and the friends who are left behind to mourn that terrible loss. Too many of us have been impacted by suicide and the very real need to do something about it, and this bill does.

By designating "988" as a nationwide hotline number, we increase the accessibility.

If your house is on fire, call 911.

If you need the police, call 911.

If you are in the middle of a mental health crisis, 988 is going to get you help. It is going to immediately give you someone to talk with and, in special cases where intervention is necessary, to give you that resource as well.

Mr. Speaker, I ask my colleagues here in the House, and I thank my colleagues in the Senate, to join with them in helping those people who need our help—the most vulnerable, again, as I started out by saying, particularly among our youth and our veterans.

Mr. GIANFORTE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I thank the gentleman from Utah for his leadership. I urge adoption of this, and I yield back the balance of my time.

Mr. MCNERNEY. Mr. Speaker, I thank the gentleman from Utah (Mr. STEWART) for his leadership on this issue. It is an issue that can affect families and tear them apart, and I appreciate the work.

The National Suicide Hotline Designation Act is a necessary step in reducing suicide in the United States and will ultimately save lives.

Mr. Speaker, I urge my colleagues to support this legislation, and I yield back the balance of my time.

Ms. JOHNSON of Texas. Mr. Speaker, today I rise in support of the National Suicide Hotline Designation Act, which I have led in the House with my colleagues Congressmen CHRIS STEWART, SETH MOULTON, and GREG GIANFORTE. I am so pleased that we are considering this critical legislation on the floor today, in honor of September as Suicide Prevention Month.

As a former chief psychiatric nurse, I have spent my legislative career advocating for more accessible mental health resources in our communities, especially considering the significant needs in these difficult times. The Centers for Disease Control and Prevention reported that in late June, 40 percent of American adults struggled with mental health or substance abuse during the COVID-19 pandemic. Specifically, it reported that communities of color, essential workers, younger adults, and unpaid caregivers had disproportionately worse mental health outcomes and elevated suicidal ideation.

This is exactly why I am determined to pass this bill, as it directs the Federal Communications Commission to designate 9-8-8 for the national suicide prevention and mental health crisis hotline system. It also provides the necessary state funding guidance, federal reporting, and specialized service training to effectively implement the new dialing code. This three-digit phone number—instead of a full ten-digit number—is much easier to remember, especially when you or a loved one are in a crisis and in need of help. As such, this redesigned and upgraded suicide prevention lifeline will save lives.

As the country's mental health and suicide crises have worsened during the COVID-19 pandemic, Congress has an urgent responsibility to fulfill the promise of 9-8-8 and develop a modern mental health and suicide prevention crisis hotline system. I am especially proud of the efforts in this legislation to support communities at higher risk of suicide, including veterans and LGBTQ youth. This new system will include the Veterans Crisis Line to specifically support veterans seeking mental health support. The bill also authorizes states to collect a fee designated solely to supporting local crisis call centers affiliated within the national network, which includes the Suicide and Crisis Center of North Texas in my district. This provision will ensure that the local call centers experiencing increased call volume due to the more accessible dialing code will have the financial resources needed to expand their operations and serve all who are seeking help.

We must not allow the tragedies of this coronavirus to be compounded by preventable losses of life due to mental health distress. As a former mental health professional, I am proud to support the passage of the National Suicide Hotline Designation Act, and I thank my colleagues for their collaboration on such a critical and timely effort. I urge my colleagues to vote in favor of this bill.

□ 1715

The SPEAKER pro tempore. The question is on the motion offered by

the gentleman from California (Mr. MCNERNEY) that the House suspend the rules and pass the bill, S. 2661.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

DIRECTING FEDERAL COMMUNICATIONS COMMISSION TO ISSUE REPORTS AFTER ACTIVATION OF DISASTER INFORMATION REPORTING SYSTEM

Mr. MCNERNEY. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5918) to direct the Federal Communications Commission to issue reports after activation of the Disaster Information Reporting System and to make improvements to network outage reporting, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5918

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. REPORTS AFTER ACTIVATION OF DISASTER INFORMATION REPORTING SYSTEM; IMPROVEMENTS TO NETWORK OUTAGE REPORTING.

(a) REPORTS AFTER ACTIVATION OF DISASTER INFORMATION REPORTING SYSTEM.—

(1) PRELIMINARY REPORT.—

(A) IN GENERAL.—Not later than 6 weeks after the deactivation of the Disaster Information Reporting System with respect to an event for which the System was activated for at least 7 days, the Commission shall issue a preliminary report on, with respect to such event and to the extent known—

(i) the number and duration of any outages of—

(I) broadband internet access service;

(II) interconnected VoIP service;

(III) commercial mobile service; and

(IV) commercial mobile data service;

(ii) the approximate number of users or the amount of communications infrastructure potentially affected by an outage described in clause (i);

(iii) the number and duration of any outages at public safety answering points that prevent public safety answering points from receiving emergency calls and routing such calls to emergency service personnel; and

(iv) any additional information determined appropriate by the Commission.

(B) DEVELOPMENT OF REPORT.—The Commission shall develop the report required by subparagraph (A) using information collected by the Commission, including information collected by the Commission through the System.

(2) PUBLIC FIELD HEARINGS.—

(A) REQUIREMENT.—Not later than 8 months after the deactivation of the Disaster Information Reporting System with respect to an event for which the System was activated for at least 7 days, the Commission shall hold at least 1 public field hearing in the area affected by such event.

(B) INCLUSION OF CERTAIN INDIVIDUALS IN HEARINGS.—For each public field hearing held under subparagraph (A), the Commission shall consider including—

(i) representatives of State government, local government, or Indian Tribal governments in areas affected by such event;

(ii) residents of the areas affected by such event, or consumer advocates;

(iii) providers of communications services affected by such event;

(iv) faculty of institutions of higher education;

(v) representatives of other Federal agencies;

(vi) electric utility providers;

(vii) communications infrastructure companies; and

(viii) first responders, emergency managers, or 9-1-1 directors in areas affected by such event.

(3) FINAL REPORT.—Not later than 12 months after the deactivation of the Disaster Information Reporting System with respect to an event for which the System was activated for at least 7 days, the Commission shall issue a final report that includes, with respect to such event—

(A) the information described under paragraph (1)(A); and

(B) any recommendations of the Commission on how to improve the resiliency of affected communications or networks recovery efforts.

(4) DEVELOPMENT OF REPORTS.—In developing a report required under this subsection, the Commission shall consider information collected by the Commission, including information collected by the Commission through the System, and any public hearing described in paragraph (2) with respect to the applicable event.

(5) PUBLICATION.—The Commission shall publish each report, excluding information that is otherwise exempt from public disclosure under the rules of the Commission, issued under this subsection on the website of the Commission upon the issuance of such report.

(b) IMPROVEMENTS TO NETWORK OUTAGE REPORTING.—Not later than 1 year after the date of the enactment of this Act, the Commission shall conduct a proceeding and, after public notice and an opportunity for comment, adopt rules to—

(1) determine the circumstances under which to require service providers subject to the 9-1-1 regulations established under part 9 of title 47, Code of Federal Regulations, to submit a timely notification, (in an easily accessible format that facilitates situational awareness) to public safety answering points regarding communications service disruptions within the assigned territories of such public safety answering points that prevent—

(A) the origination of 9-1-1 calls;

(B) the delivery of Automatic Location Information; or

(C) Automatic Number Identification;

(2) require such notifications to be made; and

(3) specify the appropriate timing of such notification.

(c) DEFINITIONS.—In this section:

(1) AUTOMATIC LOCATION INFORMATION; AUTOMATIC NUMBER IDENTIFICATION.—The terms “Automatic Location Information” and “Automatic Number Identification” have the meaning given those terms in section 9.3 of title 47, Code of Federal Regulations, or any successor regulation.

(2) BROADBAND INTERNET ACCESS SERVICE.—The term “broadband internet access service” has the meaning given such term in section 8.1(b) of title 47, Code of Federal Regulations, or any successor regulation.

(3) COMMERCIAL MOBILE SERVICE.—The term “commercial mobile service” has the meaning given such term in section 332(d) of the Communications Act of 1934 (47 U.S.C. 332(d)).

(4) COMMERCIAL MOBILE DATA SERVICE.—The term “commercial mobile data service” has the meaning given such term in section 6001 of the Middle Class Tax Relief and Job Creation Act of 2012 (47 U.S.C. 1401).

(5) COMMISSION.—The term “Commission” means the Federal Communications Commission.

(6) INDIAN TRIBAL GOVERNMENT; LOCAL GOVERNMENT.—The terms “Indian Tribal government” and “Indian Tribal Government” have the meaning given those terms in section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121).

(7) INTERCONNECTED VOIP SERVICE.—The term “interconnected VoIP service” has the meaning given such term in section 3 of the Communications Act of 1934 (47 U.S.C. 153).