AN ACT concerning Health and Human Services Referral System – Modifications

FOR the purpose of repealing the limit on the number of call centers that may be approved by 2–1–1 Maryland to provide certain services; repealing certain provisions of law establishing and governing the Health and Human Services Referral Board in the Maryland Department of Health; requiring the Department, rather than the Board, in consultation with 2–1–1 Maryland, as appropriate, to take certain actions related to 2–1–1 Maryland; replacing the Board with the Department as the entity for which funding is subject to the availability of certain funds; providing that certain funding is subject to audit by the Office of Legislative Audits; requiring the Department to conduct a certain cost analysis and report the results to the Governor, the General Assembly, and the chair of the Board of Directors of 2–1–1 Maryland on or before a certain date; making conforming changes; and generally relating to modifications to the Health and Human Services Referral System.

BY repealing and reenacting, with amendments, Article – Health – General
Section 24–1201 through 24–1203, 24–1205, and 24–1206
Annotated Code of Maryland
(2019 Replacement Volume)

BY repealing
Article – Health – General
Section 24–1204
Annotated Code of Maryland
(2019 Replacement Volume)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

24–1201.

(a) In this subtitle the following words have the meanings indicated.

[(b) “Board” means the Health and Human Services Referral Board.]
[c] (B) “Health and Human Services Referral System” means telephone service that automatically connects an individual dialing the digits 2–1–1 to an established information and referral answering point.

[d] (C) “2–1–1” means the abbreviated dialing code assigned by the Federal Communications Commission for consumer access to community information and referral services.

[e] (D) “2–1–1 Maryland” means the Maryland Information Network, 2–1–1 Maryland, a 501(c)(3) corporation in the State.

[f] (E) “2–1–1 Maryland call center” means a nonprofit agency or organization designated by 2–1–1 Maryland to provide 2–1–1 services.

24–1202.

(a) The General Assembly:

(1) Recognizes the importance of a statewide information and referral system for health and human services;

(2) Recognizes that an integrated telephone system would provide a single source for information and referral to health and human services, community preparedness, and crisis information and could be accessed toll free from anywhere in Maryland, 24 hours a day, 365 days a year;

(3) Acknowledges that the three–digit number, 2–1–1, is a nationally recognized and applied telephone number which may be used for information and referral and eliminates delays caused by lack of familiarity with health and human service numbers and by understandable confusion in circumstances of crisis; and

(4) Recognizes a demonstrated need for an easy to remember, easy to use telephone number that will enable individuals in need to be directed to available community resources.

(b) The [purposes] PURPOSE of this subtitle [are] IS to:

(1) Establish] ESTABLISH the three–digit number, 2–1–1, as the primary information and referral telephone number for health and human services in the State[; and

(2) Establish a board to oversee the 2–1–1 Maryland call centers and the operation of a statewide Health and Human Services Referral System in the State].

24–1203.
(a) Except as provided in subsection (d) of this section, an agency or organization shall be approved by 2–1–1 Maryland as a 2–1–1 Maryland call center in order to provide 2–1–1 services in the State.

(b) No more than five call centers may be approved by 2–1–1 Maryland to provide 2–1–1 telephone services in the State.

(c) When approving a 2–1–1 service provider, 2–1–1 Maryland shall consider:

(1) The ability of the proposed 2–1–1 service provider to meet the national 2–1–1 standards recommended by:

   (i) The Alliance of Information and Referral Systems and adopted by the National 2–1–1 Collaborative; or

   (ii) An equivalent entity;

(2) The financial stability of the proposed 2–1–1 service provider;

(3) Any community support for the proposed 2–1–1 service provider;

(4) Any experience that the proposed 2–1–1 service provider has with other information and referral services;

(5) The degree to which the county in which the proposed call center is to be located has dedicated substantial resources to the establishment of a single telephone source for non–emergency inquiries regarding county services; and

(6) Any other criteria that 2–1–1 Maryland considers appropriate.

[(d)] (C) If a unit of the State that provides health and human services establishes a public information telephone line or hotline, the unit shall consult with 2–1–1 Maryland about using the 2–1–1 system to provide public access to information.

[24–1204.

(a) There is a Health and Human Services Referral Board in the Maryland Department of Health.

(b) The Board shall consist of the following members:

(1) One member of the Senate of Maryland, appointed by the President of the Senate;
(2) One member of the House of Delegates, appointed by the Speaker of the House;

(3) The Secretary of Human Services, or the Secretary’s designee;

(4) The Secretary of Health, or the Secretary’s designee;

(5) The Secretary of Information Technology, or the Secretary’s designee;

(6) The Secretary of Aging, or the Secretary’s designee;

(7) A representative of the Office of Homeland Security, appointed by the Governor;

(8) A representative of 2–1–1 Maryland, Inc., appointed by the Board of Directors of 2–1–1 Maryland;

(9) A representative of each 2–1–1 Maryland call center, appointed by the call center;

(10) A representative of the Maryland Child Care Resource Network, appointed by the Governor;

(11) A representative of the Maryland State Association of United Ways, appointed by the Governor; and

(12) Two members of the public with experience in telecommunications, appointed by the Governor.

(c) (1) The term of a member is 4 years.

(2) At the end of a term, a member continues to serve until a successor is appointed and qualifies.

(3) If a vacancy occurs after a term has begun, a successor shall be appointed to represent the organization or group in which the vacancy occurs.

(4) A member who is appointed after a term has begun serves only for the rest of the term and until a successor is appointed and qualifies.

(5) A member may not serve more than two consecutive full terms.

(d) The Board shall determine the time and place of the meetings and may adopt rules for the conduct of the meetings.
(e) A majority of the Board members constitutes a quorum for transacting business at any meeting and action by a majority of Board members present at the meeting shall be an act of the Board.

(f) Each year, the Board shall elect from among the members:

(1) A chair and vice chair; and

(2) Any other officer the Board requires.

(g) Each member of the Board:

(1) Serves without compensation; but

(2) Is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(h) The Maryland State Association of United Ways shall provide staff to the Board.

(i) The composition of the Board as to the race and gender of its members shall reflect the composition of the population of the State.


(a) The [Board] DEPARTMENT shall, IN CONSULTATION WITH 2–1–1 MARYLAND, AS APPROPRIATE:

(1) Maintain public information available from State agencies, programs, and departments that provide health and human services;

(2) Support projects and activities that further the development of 2–1–1 Maryland;

(3) Examine and make recommendations to maximize the use of information technology in making 2–1–1 services available throughout the State;

(4) Evaluate the performance of each 2–1–1 Maryland call center;

(5) Make recommendations to 2–1–1 Maryland regarding the quality of service provided by call centers or the performance of call centers when issues related to service quality and performance are presented to the [Board] DEPARTMENT; AND

(6) Make recommendations regarding corrective action to be taken by a call center, as appropriate; and
(7) Develop policies and procedures governing conflict of interest standards for Board members.

(b) On or before December 31, 2005, and every year thereafter, the [Board] DEPARTMENT, IN CONSULTATION WITH 2–1–1 MARYLAND, shall report to the Governor and, subject to § 2–1257 of the State Government Article, to the General Assembly on the activities performed under subsection (a) of this section.


Funding for the [Board] DEPARTMENT'S IMPLEMENTATION OF THIS SUBTITLE is subject to [the]:

(1) THE availability of appropriated funds; AND

(2) AUDIT BY THE OFFICE OF LEGISLATIVE AUDITS UNDER § 2–1220 OF THE STATE GOVERNMENT ARTICLE.

SECTION 2. AND BE IT FURTHER ENACTED, That, on or before December 1, 2020, the Maryland Department of Health shall:

(1) conduct a cost analysis of the 2–1–1 services provided in the State under Title 24, Subtitle 12 of the Health – General Article that includes a determination regarding the amount of funding required to:

(i) fully support a statewide 2–1–1 hotline;

(ii) continue to use 2–1–1 as the primary information and referral number in the State; and

(iii) increase enforcement of the requirement under § 24–1203(c) of the Health – General Article, as enacted by Section 1 of this Act, for a unit that provides health and human services to consult with 2–1–1 Maryland if the unit establishes a public information telephone line or hotline; and

(2) report the results of the cost analysis to the Governor, the General Assembly, in accordance with § 2–1257 of the State Government Article, and the chair of the Board of Directors of 2–1–1 Maryland.

SECTION 2–3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2020.

Enacted under Article II, § 17(c) of the Maryland Constitution, May 8, 2020.