

Testimony SB 813.pdf

Uploaded by: Cornelia Bright Gordon

Position: FAV



**MARYLAND
LEGAL AID**

Advancing
**Human Rights and
Justice for All**

Senate Bill 813

Health Care Facilities - Access to Telephones

In the Finance Committee, Hearing on March 7, 2024

Position: FAVORABLE

Maryland Legal Aid submits its written and oral testimony on SB 813 at the request of Senator Salling.

Maryland Legal Aid (MLA) asks that the Committee report **favorably and pass** SB 813, which requires health care facilities, including skilled nursing facilities and hospitals, to ensure residents have reasonable access to a telephone in their rooms.

MLA is a non-profit law firm that provides free legal services to the State's low-income and vulnerable residents. Our twelve offices serve residents in each of Maryland's 24 jurisdictions and handle a range of civil legal matters, including representation of adults residing in skilled nursing facilities and hospitals, in cases relating to health care access, long-term care, evictions from skilled nursing facilities, and guardianship.

As the nature of healthcare changes, including private equity investment, skilled nursing facilities and assisted living facilities are cutting costs in ways that negatively impact residents' basic daily care, as well as their privacy and connection to support systems. One common cost reduction measure is the lack of telephone access in a resident's room. Older adults are becoming more confident with technology, but a great many of our low-income clients neither have email nor a cell phone. A room telephone is frequently their only method of communication method with the outside world – even if only to file complaints to the government about their care.

MLA regularly provides representation to residents in skilled nursing and assisted living facilities who lack access to a telephone. This lack of telephone access interferes with access to private attorney-client communication. All attorneys who represent people in nursing and assisted living facilities are very careful to observe protocols relating to attorney-client privilege. Sometimes, however, we receive telephone calls from potential clients from a facility nurse's station, which is a public-facing location. One of our clients wanted to have a telephone call relating to his eviction appeal rights, but only had access to a roommate's cell phone. A confidential, reliable telephone connection between client and attorney is important to protect a client's rights; including, for example, averting an order of guardianship. Even our potential clients frequently face a very hard choice between waiving confidential communications and the inability to speak over the telephone at all. For these reasons, MLA staff drive long distances, all over the state, in order to effectively communicate with our clients and potential clients.

Maryland Legal Aid strongly urges the Committee to issue a FAVORABLE report and PASSAGE of SB 813. If you have any questions, please contact Cornelia Bright Gordon, cbgordon@mdlaborg.

NASW Maryland - 2024 SB 813 FAV - Access to Teleph

Uploaded by: Karessa Proctor

Position: FAV

**Testimony Before the Senate Finance Committee
February 7, 2024**

Senate Bill 813 – Health Care Facilities - Access to Telephones

**** Support ****

On behalf of the National Association of Social Workers, Maryland Chapter (NASW-MD) Committee on Aging, we would like to express our support for Senate Bill 813 - Health Care Facilities- Access to Telephones.

As social workers who serve older adults in nursing homes, we support this bill because it will require nursing homes to provide residents reasonable access to a telephone. Entering a nursing home can be a stressful time for a resident and their loved ones. They are struggling with a change in health status and are in unfamiliar surroundings. Family may be unable to be there due to distance or the time of day. New admissions may come to the nursing home in the late evening or even through the night. A phone call from a familiar person or the ability to call a loved one might make all the difference in the resident settling in during the admission.

For residents, having regular access to those who are important to them, is essential for their well-being. This was especially evident during COVID when visitors were not allowed in nursing homes. The phone calls or Face Times reduced anxiety and brought comfort to both residents and their concerned family members.

The Code of Federal Regulations, Title 42 –Requirements for States and Long Term Care Facilities 483.10 reads “the facility must protect and facilitate that resident’s right to communicate with individuals and entities within and external to the facility, including the reasonable access to a telephone, including TTY and TDD services.” The regulations require that residents have a place where telephone calls can be made without being overheard.

Even with a federal regulation, some nursing homes still do not meet this requirement. The reasons are varied. Residents may change rooms, and phones do not always follow. Some nursing homes do not have enough telephones for each resident to have their own, while in others, each bed does not have a phone line or jack. For a long time, installing a phone was an additional expense that not every nursing home resident could afford.

(over)

In nursing homes that provide residents with phones upon request, there might be a delay in maintenance staff installing a phone. A resident might be offered the use of a cell phone, but that requires them to ask already busy staff to take the time to bring the phone to them. Family members might be told to call the nurses' station when they want to speak with their loved one, but there is not always someone there to answer the call, or if they do, they may not have the time to stop what they are doing to take the phone to a resident's room.

Currently, residents are allowed to have cell phones in nursing homes at their own expense, which is an imperfect solution. Cell phones can be difficult to maintain in nursing homes because they need to be charged, and they are small and easy to misplace.

Residents of nursing homes and their loved ones need to be able to talk to each other. For many residents, their only means of communication with the outside world is their phone. Staying engaged with those who are important is a crucial part of addressing feelings of isolation. For a variety of reasons, some nursing homes find it difficult to be sure residents have reasonable access to a telephone. Senate Bill 813 would mean that, in every Maryland nursing home, residents can expect that access to a phone will be provided.

We ask that you support SB 813.

Respectfully,

Karessa Proctor, BSW, MSW
Executive Director, NASW-MD

SB0813-FIN-FAV.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

SB0813

March 7, 2024

TO: Members of the Senate Finance Committee

FROM: Nina Themelis, Director of Mayor's Office of Government Relations

RE: Senate Bill 813 – Health Care Facilities – Access to Telephones

POSITION: FAVORABLE

Chair Beidle, Vice Chair Klausmeier, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 813.

SB 813 requires that health care facilities (including nursing homes) ensure that individuals admitted to the facility have access to telephones. It requires the phones to be provided in the patient or resident's room, and that they must be accessible to persons with hearing impairments. This expands upon requirements of the Nursing Home Bill of Rights, versions of which are incorporated in both federal and State laws and regulations. Under the Nursing Home Bill of Rights, nursing home residents have the right to make phone calls, but phone privacy is not necessarily assured. SB 813 is important for supporting quality of life and safety of people staying in nursing homes and other health care facilities.

The Baltimore City Long Term Care Ombudsman program, based in the Baltimore City Health Department Division of Aging, acts as an advocate for residents of Baltimore's 28 nursing homes. Through our work, we know that one of the biggest risk factors for nursing home residents is their isolation from family and friends. Not only can isolation negatively impact quality of life – it can also impact physical health. According to the Centers for Disease Control and Prevention, social isolation increases risk of dementia by 50%, stroke by 32%, and heart disease by 29%.ⁱ Passing SB 813 will assure that these residents have convenient and private access to phones with accessibility features, which will be critical in addressing the dangers of isolation.

For these reasons, the BCA respectfully requests a **favorable** report on SB 813.

ⁱ Centers for Disease Control and Prevention. (2023). Health Risks of Social Isolation and Loneliness. Retrieved from <https://www.cdc.gov/emotional-wellbeing/social-connectedness/loneliness.htm>

Brian Benajmin Police Report.pdf

Uploaded by: Seth Miller Miller

Position: FAV

Incident Number: P1900221608

Incident Date	Call Source	Incident Started	Call Received Time	Route Closed Time	Time Offered
2019-07-03 22:02:34	911	2019-07-03 21:59:22		2019-07-03 22:58:16	

1st Unit Dispatched	1st Unit Enroute	1st Unit Arrived	Agency Id	Status	Latitude	MAP
2019-07-03 22:04:03	2019-07-03 22:04:38	2019-07-03 22:12:11	P	Closed	39.07411074	MAP
					-77.16046656	

Location	Common Place	Location Description	Location Name	Alt Location	City
1235 POTOMAC VALLEY RD(SNF)	MAP		POTOMAC VALLEY NH (SNF)	AtLoc	ROCKVILLE

Apartment	Building	Floor	Subdivision	District	Beat	PRA
115			RO	1D	1A1	258

Create User Id	Create User	Editing User Id	Initial Alarm Level	Initial Inc Type Code	Initial Inc Type	Initial Inc Type Desc
15944	SAMANTHA SIMPSON	16128		ASLTO	ASSAULT	ASSAULT

Incident Status Desc	Alarm Level	Inc Type Code	Inc Type	Incident Type Desc	Priority
Inactive incident		ASLTO	ASSAULT	ASSAULT	3

Reporting District	Report Number	Agency	Report Number Assigned By	Report Number Inserted

Caller Name	Last	First	Middle	Phone

Caller Address	Caller Apartment	Caller Building	Caller City	Phone Call Type
	MAP			

Primary Unit Agency	Primary Unit	Primary Ofc Agency	Primary Ofc ID	Primary Ofc Badge #	Primary Ofc
P	5C22	P	5539		STEVEN MALKO(RPD)

Disposition	Disposition Desc	All Comments
24131	24131- DISORDERLYCONDUCT	<p>2019-07-03 22:02:34 15944: Pers 2</p> <p>Clothing: gown</p> <p>2019-07-03 22:02:34 15944: CAD RESPONSE: ASLTO IF INJURIES, CONFERENCE FIRE RESCUE DISPATCH LEVEL: 106B05 PROBLEM: ONE OF RESIDENTS ADMITED TO HITTING ANOTHER RESD WHEN THEY FOUND THAT RESD BLEEDING IN THEIR ROOM</p> <p>PERSON 1 INFO -- DESCRIPTION: VICTIM -- RACE: -- SEX: -- AGE: -- CLOTHING: GOWN -- NAME: -- DOB:</p> <p>PERSON 2 INFO -- DESCRIPTION: SUSPECT -- RACE: -- SEX: -- AGE: -- CLOTHING: BLK SHI -- NAME: -- DOB:</p> <p>1. CALLER ON SCENE. 2. 2ND PTY CALLER ON SCENE. 3. PAST INCIDENT. 4. SUSP/VEH NOT IN AREA. 5. ASSAULT 6. VICT DESC: 7. NO MEDICAL NEEDED.</p>

2019-07-03 22:02:34 15944: Pers 3

Clothing: blk shi

2019-07-03 22:32:55 16128: 5C12 EVENT #]

Units

Unit 1 of 2

Call Sign	Vehicle ID	Officer 1 ID	Ofc 1 Badge	Ofc 1	Officer 2 ID	Ofc 2 Badge	Ofc 2
5C12	55174	5582		DAVID TROGOLO(RPD)			

Trip #	Disposition	Disposition Desc	Status	Primary Unit ?	User ID
1			C	N	16128

Received Time to:

Dispatch	00:05:24
Enroute	00:05:30
On Scene	00:12:49

Hangup Time to:

Dispatch	
Enroute	
On Scene	

Create Time to:

Dispatch	00:02:12
Enroute	00:02:18
On Scene	00:09:37
Cleared	00:39:37

Dispatch Time to:

Enroute	00:00:06
On Scene	00:07:25
Cleared	00:37:25

EnrouteTime to:

On Scene	00:07:19
Cleared	00:37:19

On Scene To Cleared	00:30:00
Enroute Hospital To Arrive Hospital	
Arrive Hospital To Cleared	

Unit 2 of 2

Call Sign	Vehicle ID	Officer 1 ID	Ofc 1 Badge	Ofc 1	Officer 2 ID	Ofc 2 Badge	Ofc 2
5C22	55182	5539		STEVEN MALKO(RPD)			

Trip #	Disposition	Disposition Desc	Status	Primary Unit ?	User ID
1	24131	24131-DISORDERLYCONDUCT	C	Y	16128

Received Time to:

Dispatch	00:04:41
Enroute	00:05:16
On Scene	00:13:40

Hangup Time to:

Dispatch	
Enroute	
On Scene	

Create Time to:

Dispatch	00:01:29
Enroute	00:02:04
On Scene	00:10:28
Cleared	00:55:42

Dispatch Time to:

Enroute	00:00:35
On Scene	00:08:59
Cleared	00:54:13

EnrouteTime to:

On Scene	00:08:24
Cleared	00:53:38

On Scene To Cleared	00:45:14
Enroute Hospital To Arrive Hospital	
Arrive Hospital To Cleared	

People

Roles	Last Name	First Name	Middle Name	Build	Hair Color	Eye Color	Gender
VICTIM							M

Phone	Address	City	Apartment
		MAP	

Dr License	License St	Contact	Primary Caller ?	Active
			No	Yes

Roles	Last Name	First Name	Middle Name	Build	Hair Color	Eye Color	Gender
SUSPECT							M

Phone	Address		City	Apartment
		MAP		

Dr License	License St	Contact	Primary Caller ?	Active
			No	Yes

Roles	Last Name	First Name	Middle Name	Build	Hair Color	Eye Color	Gender
INITIAL CALLER							

Phone	Address		City	Apartment
		MAP		

Dr License	License St	Contact	Primary Caller ?	Active
		Yes	Yes	Yes

Vehicles

History

Timestamp	User ID	Console/ Device ID	Transaction Type	Transaction Description
2019-07-03 21:59:21	15944	CAD011	CALL ASSOC	Call Associated:
2019-07-03 22:02:34	15944	CAD011	PREM/HAZ	Prem/Haz Check: 1235 POTOMAC VALLEY RD
2019-07-03 22:02:34	15944	CAD011	INC CREATE	Incident Created: Location: 1235 POTOMAC VALLEY RD(SNF) Latitude: 39.07411074 Longitude -77.16046656 City: ROCKVILLE Cross Streets: NEW MARK ESP / MARCUS CT Incident Type: ASLTO Priority: 3
2019-07-03 22:02:34	15944	CAD011	PER INFO	Person 1 Added: FirstName: MiddleName: LastName:

2019-07-03 22:02:34	15944	CAD011	PER INFO	Person 2 Added: FirstName: MiddleName: LastName:
2019-07-03 22:02:34	15944	CAD011	CMNTS	
2019-07-03 22:02:34	15944	CAD011	PER INFO	Person 3 Added: FirstName: MiddleName: LastName:
2019-07-03 22:02:34	15944	CAD011	CMNTS	
2019-07-03 22:02:34	15944	CAD011	CMNTS	<p>Comments: CAD RESPONSE: ASLTO IF INJURIES, CONFERENCE FIRE RESCUE DISPATCH LEVEL: 106B05 PROBLEM: ONE OF RESIDENTS ADMITED TO HITTING ANOTHER RESD WHEN THEY FOUND THAT RESD BLEEDING IN THEIR ROOM</p> <p>PERSON 1 INFO -- DESCRIPTION: VICTIM -- RACE: -- SEX: -- AGE: -- CLOTHING: GOWN -- NAME: -- DOB:</p> <p>PERSON 2 INFO -- DESCRIPTION: SUSPECT -- RACE: -- SEX: -- AGE: -- CLOTHING: BLK SHI -- NAME: -- DOB:</p> <p>1. CALLER ON SCENE. 2. 2ND PTY CALLER ON SCENE. 3. PAST INCIDENT. 4. SUSP/VEH NOT IN AREA. 5. ASSAULT 6. VICT DESC: 7. NO MEDICAL NEEDED.</p>
2019-07-03 22:02:34	15944	CAD011	INC CREATE	Jurisdiction: Area: 1D, Beat: 258, Sector: 1A1
2019-07-03 22:02:36	15944	CAD011	NOTIF	Notification Associated: -----

INCIDENT DETAILS

LOCATION:

Location: 1235 POTOMAC VALLEY RD(SNF)

Loc Name: POTOMAC VALLEY NH (SNF)

Loc Descr:

City: ROCKVILLE

Building:

Subdivision: RO

Floor:

Apt/Unit: 115

Zip Code: 20850

Cross Strs: NEW MARK ESP / MARCUS CT

Area: 1D

Sector: 1A1

Beat: 258

Map Book:

INCIDENT:

Inc #: 00221608

Inc #: P1900221608

Priority: 3

Inc Type: ASSAULT

Descr: ASSAULT

Mod Circum:

Created: 10:02:34 PM 7/3/2019

Caller:

Phone:

UNITS DISPATCHED:

PERSONNEL DISPATCHED:

COMMENTS:

CAD RESPONSE: ASLTO IF INJURIES, CONFERENCE FIRE RESCUE

DISPATCH LEVEL: 106B05

PROBLEM: ONE OF RESIDENTS ADMITED TO HITTING ANOTHER RESD
WHEN THEY FOUND THAT RESD BLEEDING IN THEIR ROOM

PERSON 1 INFO

				-- DESCRIPTION: VICTIM -- RACE: -- SEX: -- AGE: -- CLOTHING: GOWN -- NAME: -- DOB: PERSON 2 INFO -- DESCRIPTION: SUSPECT -- RACE: -- SEX: -- AGE: -- CLOTHING: BLK SHI -- NAME: -- DOB: 1. CALLER ON SCENE. 2. 2ND PTY CALLER ON SCENE. 3. PAST INCIDENT. 4. SUSP/VEH NOT IN AREA. 5. ASSAULT 6. VICT DESC: 7. NO MEDICAL NEEDED. ----- PREMISE HAZARD: TYPE TITLE Inner/Outer PROX ADDRESS PREPLAN 1235 POTOMAC VALLEY 500/1000 1235 POTOMAC VALLEY RD, ROCKVILLE
2019-07-03 22:02:45	16128	CAD042	REC	Fixed: [PAT] 3C22#[PAT] 5C22, 5C12, 3C12, 3C33
2019-07-03 22:02:46	16128	CAD042	REC	Preferred: [PAT] 4A12 (2:06)#[PAT] 5C22 (2:27), 8E22 (2:36), 5C12 (2:44), 3C22 (5:11)
2019-07-03 22:04:03	16128	CAD042	DPTCH	Dispatch: P/5C22
2019-07-03 22:04:03	16128	CAD042	PRIM UNIT	Primary Unit: Primary:: P/5C22 (NULL)
2019-07-03 22:04:03	16128	CAD042	UNIT STAT	Unit Status: NoNeedDisplay: False, UnitStatusChange: DSP (CLR)

Timestamp	User ID	Console/ Device ID	Transaction Type	Transaction Description
2019-07-03 22:04:03	16128	CAD042	UNIT MGMT	Unit Location: Apartment: : 115, City: : ROCKVILLE, Loc Name:: POTOMAC VALLEY NH (SNF), Location:: 1235 POTOMAC VALLEY RD(SNF), Subdivision: : RO, Zip Code: : 20850
2019-07-03 22:04:03	16128	CAD042	DPTCH	Dispatch: AlarmLevel: 0, AssignedUnitsWithOfficers: P/5C22 (Officers: P/MALKO(RPD) STEVEN), DispatchedTime: 2019-07-03 22:04:03
2019-07-03 22:04:03	16128	CAD042	INC STAT	Incident Status: IncStatName: Active (Pending)
2019-07-03 22:04:38	5539	PR0026	UNIT STAT	Unit Status: Submitted:: 2019-07-03 22:04:37, UnitStatusChange: ENR (DSP)
2019-07-03 22:04:46	16128	CAD042	DPTCH	Dispatch: P/5C12
2019-07-03 22:04:46	16128	CAD042	UNIT STAT	Unit Status: NoNeedDisplay: False, UnitStatusChange: DSP (CLR)
2019-07-03 22:04:46	16128	CAD042	UNIT MGMT	Unit Location: Apartment: : 115, City: : ROCKVILLE, Loc Name:: POTOMAC VALLEY NH (SNF), Location:: 1235 POTOMAC VALLEY RD(SNF), Subdivision: : RO, Zip Code: : 20850
2019-07-03 22:04:46	16128	CAD042	DPTCH	Dispatch: AlarmLevel: 0, AssignedUnitsWithOfficers: P/5C12 (Officers: P/TROGOLO(RPD) DAVID), DispatchedTime: 2019-07-03 22:04:46
2019-07-03 22:04:46	16128	CAD042	REC	Not Requested: Recommendations not requested
2019-07-03 22:04:52	5582	PR0027	UNIT STAT	Unit Status: Submitted:: 2019-07-03 22:04:51, UnitStatusChange: ENR (DSP)
2019-07-03 22:12:11	5582	PR0027	UNIT STAT	Unit Status: Submitted:: 2019-07-03 22:12:11, UnitStatusChange: ONS (ENR)
2019-07-03 22:13:02	5539	PR0026	UNIT STAT	Unit Status: Submitted:: 2019-07-03 22:13:02, UnitStatusChange: ONS (ENR)
2019-07-03 22:32:55	16128	CAD042	CMNTS	Comments: 5C12 EVENT #
2019-07-03 22:33:04	16128	CAD042	TIMEOUT	Unit Timeout Reset: Timeout Value:: 30
2019-07-03 22:33:04	16128	CAD042	TIMEOUT	Unit Timeout Reset: Timeout Value:: 30
2019-07-03 22:42:11	5582	PR0027	FREE UNIT	Unit Freed: P/5C12
2019-07-03 22:42:11	5582	PR0027	UNIT STAT	Unit Status: UnitStatusChange: CLR (ONS)
2019-07-03 22:42:11	5582	PR0027	UNIT MGMT	Unit Location: Apartment: : NULL (115), City: : NULL (ROCKVILLE), Loc Name:: NULL (POTOMAC VALLEY NH (SNF)), Location:: NULL (1235 POTOMAC VALLEY RD(SNF)), Subdivision: : NULL (RO), Zip Code: : NULL (20850)
2019-07-03 22:58:16	5539	PR0026	INC UPDT	Disposition: Dispo:: 24131

Timestamp	User ID	Console/ Device ID	Transaction Type	Transaction Description
2019-07-03 22:58:16	5539	PR0026	INC UPDT	Disposition: DispoFields: 24131, UnitIDFields: P/5C22
2019-07-03 22:58:16	5539	PR0026	FREE UNIT	Unit Freed: P/5C22
2019-07-03 22:58:16	5539	PR0026	UNIT STAT	Unit Status: UnitStatusChange: CLR (ONS)
2019-07-03 22:58:16	5539	PR0026	UNIT MGMT	Unit Location: Apartment: : NULL (115), City: : NULL (ROCKVILLE), Loc Name:: NULL (POTOMAC VALLEY NH (SNF)), Location:: NULL (1235 POTOMAC VALLEY RD(SNF)), Subdivision: : NULL (RO), Zip Code: : NULL (20850)
2019-07-03 22:58:16	5539	PR0026	INC STAT	Incident Status: IncStatName: Closed (Active)

Testimony of Seth B. Miller on Phones.pdf

Uploaded by: Seth Miller Miller

Position: FAV

Madam Chair and Committee:

I'm Seth Miller.

Thank you for your service.

Senator Salling thank you for introducing this bill at my request.

I was a patient at Potomac Valley Nursing and Wellness. The name changed. It was a dump. They renovated. My experiences are not unique my ability as a younger patient to testify is. My first night, I was in a room with three other men. One got up and battered a paraplegic. Without full use of three of my limbs, I could not help. It could've been me. The two were separated. The nurse on duty would not call the police. I told her she would call the police or I would call the state. Police report attached. The next night my roommate was slapped by a staff member. I called the police with my iPhone.

Increased patient phone access will be an incentive for staff and patients alike to behave. Phone access will be a strong deterrent. I am no expert in combatives, but I think in a space that small with response times what they are a victim using the phone during an actual attack is unlikely. A land would be tougher to neutralize than a mobile phone.

Patients would be able to communicate with outside doctors as well as family. I can only imagine how isolated patients must have become during Covid.

SB 813 Access to Telephones in Hospitals.pdf

Uploaded by: Emma Holcomb

Position: FWA



Empowerment. Integration. Equality.

1500 Union Ave., Suite 2000, Baltimore, MD 21211
Phone: 410-727-6352 | Fax: 410-727-6389
www.DisabilityRightsMD.org

Maryland Senate Finance Committee – Bill Hearing
Thursday, March 7, 2024 1:00 PM
Written Testimony in Support of Senate Bill 813 with Amendments

Disability Rights Maryland (DRM) is the state-designated Protection and Advocacy agency, authorized under federal law to protect and advocate for the rights of individuals with disabilities. DRM works with individuals with disabilities who are admitted to state hospitals, private hospitals, and other inpatient healthcare facilities on issues related to abuse, neglect, and rights violations while they are admitted.

The ability of our clients to consistently contact us is a significant barrier to our advocacy. If hospitals do not provide consistent private phone access to all of their patients, patients may have difficulty contacting their families and their advocates. The families of patients and patient advocates can also have an extremely difficult time contacting patients while they are hospitalized. Senate Bill 813 would require that all hospitals in Maryland provide in-room phones to individuals admitted to all units of the hospital. Consistent availability of private, in-room phones in all units of a hospital would significantly improve the ability of patients to advocate for themselves and stay connected to their families. The bill also requires that each hospital establish a clear process for individuals to request assistive communication technology based on their individual communication needs, helping to ensure that individuals who need communications accommodations can still advocate for themselves and communicate with their friends and families while they are hospitalized.

Disability Rights Maryland supports the following amendment to the bill:

Article – Health – General 15 19–353.1. 16

(A) IN THIS SECTION, “HEALTH CARE FACILITY” MEANS:

(1) A HOSPITAL;

(2) A SPECIAL HOSPITAL;

~~(2)~~ **(3)** A LIMITED SERVICE HOSPITAL;

~~(3)~~ **(4)** A RELATED INSTITUTION;

~~(4)~~ **(5)** AN INPATIENT FACILITY THAT IS ORGANIZED PRIMARILY TO ASSIST IN THE REHABILITATION OF DISABLED INDIVIDUALS THROUGH AN INTEGRATED PROGRAM OF

MEDICAL AND OTHER SERVICES PROVIDED UNDER COMPETENT PROFESSIONAL SUPERVISION; OR

~~(5)~~ **(6)** A NURSING HOME, AS DEFINED IN § 19–1401 OF THIS TITLE.

While we believe that “hospital” as used in the bill should be read to include all facilities defined as hospitals in MD Health-Gen Code § 19-307(a)(1) (classifying hospitals as general hospitals, special hospitals, special rehabilitation hospitals, and limited service hospitals), including “special hospitals” in the bill will ensure that there is no confusion that special hospitals are covered by the bill and have to comply with its requirements. § 19-307(a)(1) defines a hospital as a special hospital:

(ii) As a special hospital if the hospital:

1. Defines a program of specialized services, such as obstetrics, mental health, tuberculosis, orthopedy, chronic disease, or communicable disease;
2. Admits only patients with medical or surgical needs within the program; and
3. Has the facilities for and provides those specialized services;

This amendment would align the bill with the language of § 19-307(a)(1) and ensure that behavioral health hospitals and other special hospitals are explicitly covered by the bill, preventing any confusion in the future about those hospitals’ obligations to provide phones for their patients. For these reasons, Disability Rights Maryland urges a favorable report on Senate Bill 813, with amendments.

Please contact Em Holcomb, Staff Attorney at Disability Rights Maryland, with any questions. I can be reached at emh@disabilityrightsmd.org or 443-692-2536.

FREE OF CHARGE AMENDMENT.pdf

Uploaded by: johnny salling

Position: FWA



SB0813/953025/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

13 FEB 24
14:28:04

BY: Senator Salling
(To be offered in the Finance Committee)

AMENDMENT TO SENATE BILL 813
(First Reading File Bill)

On page 2, after line 10, insert:

“(II) ENSURE THAT THE HEALTH CARE FACILITY DOES NOT CHARGE AN INDIVIDUAL OR A MEMBER OF THE INDIVIDUAL’S FAMILY FOR ACCESS TO OR THE USE OF A TELEPHONE;”;

and in lines 11, 13, 15, 17, and 21, strike “(II)”, “(III)”, “(IV)”, “(V)”, and “(VI)”, respectively, and substitute “(III)”, “(IV)”, “(V)”, “(VI)”, and “(VII)”, respectively.

On page 3, in line 12, strike “(B)(2)(VI)2” and substitute “(B)(2)(VII)2”.

TELECOMMUNICATION DEVICE AMENDMENT.pdf

Uploaded by: johnny salling

Position: FWA



SB0813/363829/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

05 MAR 24
14:20:30

BY: Senator Salling
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 813
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, after “**Telephones**” insert “**and Telecommunication Devices**”; in line 5, after “telephone” insert “**and, under certain circumstances, a telecommunication device**”; and in line 6, after “telephone” insert “**and telecommunication device**”.

AMENDMENT NO. 2

On page 1, strike line 16 in its entirety and substitute:

“(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “HEALTH CARE FACILITY” MEANS:;

and in lines 17, 18, 19, and 20, strike “(1)”, “(2)”, “(3)”, and “(4)”, respectively, and substitute “(I)”, “(II)”, “(III)”, and “(IV)”, respectively.

On page 2, in line 3, strike “(5)” and substitute “(V)”; after line 3, insert:

“(3) “TELECOMMUNICATION DEVICE” MEANS:

(I) A TEXT-BASED COMMUNICATION DEVICE;

(II) TDD/TT/TTY;

(III) AN AMPLIFIER;

(IV) A VIDEO RELAY SERVICE;

(V) A CAPTIONED TELEPHONE;

**(VI) A VIDEOPHONE WITH A PORTABLE STAND OR FIXED
INSTALLATION;**

(VII) A PUFF BLOW DEVICE;

(VIII) A BRAILLE-TTY DEVICE; OR

**(IX) TELECOMMUNICATIONS EQUIPMENT FOR THE MOBILITY
DISABLED.”;**

in line 6, strike “A” and substitute “:

(I) A”;

in the same line, after “TELEPHONE” insert “**;**AND

**(II) IF THE INDIVIDUAL IS DEAF, DEAFBLIND, HARD OF
HEARING, SUFFERING FROM HEARING LOSS, OR HAS A DISABILITY THAT
PREVENTS THE USE OF A STANDARD TELEPHONE, A TELECOMMUNICATION
DEVICE”;**

after line 7, insert:

“(I) ENSURE THAT A MEMBER OF THE STAFF OF THE HEALTH CARE FACILITY CONDUCTS AN ASSESSMENT TO IDENTIFY AND ADDRESS THE COMMUNICATION NEEDS FOR EACH INDIVIDUAL ADMITTED TO THE HEALTH CARE FACILITY;”;

in lines 8, 11, 13, and 15, strike “(I)”, “(II)”, “(III)”, and “(IV)”, respectively, and substitute “(II)”, “(III)”, “(IV)”, and “(V)”, respectively; in line 9, after “TELEPHONE” insert “AND TELECOMMUNICATION DEVICE”; in line 11, after “TELEPHONE” insert “AND, IF REQUIRED, A TELECOMMUNICATION DEVICE”; in lines 13 and 15, in each instance, strike “IS” and substitute “AND TELECOMMUNICATION DEVICE ARE”; strike in their entirety lines 17 through 20, inclusive, and substitute:

“(VI) ENSURE THAT THE TELEPHONE IS USABLE WITH ALL FORMS OF TELECOMMUNICATION RELAY SERVICES;

“(VII) ENSURE THAT INDIVIDUAL ROOMS HAVE ACCESS TO HIGH-SPEED INTERNET WITH SUFFICIENT BANDWIDTH TO SUPPORT VIDEO COMMUNICATION, INCLUDING VIDEOPHONES AND VIDEO REMOTE INTERPRETING;

“(VIII) ENSURE THAT STAFF MEMBERS OF THE HEALTH CARE FACILITY RECEIVE ANNUAL TRAINING ON THE USE OF TELECOMMUNICATION DEVICES, INCLUDING TRAINING REGARDING HOW TO ACCESS TECHNICAL SUPPORT;

“(IX) ENSURE THAT CONTACT INFORMATION FOR TECHNICAL SUPPORT FOR TELEPHONES AND TELECOMMUNICATION DEVICES IS READILY AVAILABLE AND ACCESSIBLE WITHIN THE HEALTH CARE FACILITY; AND”;

in line 21, strike “(VI)” and substitute “(X)”; in line 25, after “MEMBER” insert “, LEGAL GUARDIAN, OR REPRESENTATIVE”; and in line 28, after “TELEPHONE” insert “OR TELECOMMUNICATION DEVICE”.

On page 3, in line 7, after “TELEPHONE” insert “OR TELECOMMUNICATION DEVICE”; in line 9, after “ACKNOWLEDGMENT” insert “THAT A VALID MEDICAL NEED EXISTS FOR THE RESTRICTION”; in the same line, strike “THE” and substitute “:

(I) THE”;

strike beginning with “THAT” in line 9 down through “RESTRICTION” in line 10 and substitute “;OR

(II) IF THE INDIVIDUAL IS UNABLE TO PROVIDE WRITTEN CONFIRMATION DUE TO A PHYSICAL OR MENTAL CONDITION, A FAMILY MEMBER, LEGAL GUARDIAN, OR REPRESENTATIVE OF THE INDIVIDUAL”;

and in line 12, strike “(B)(2)(VI)2” and substitute “(B)(2)(X)2”.

WRITTEN TESTIMONY.pdf

Uploaded by: johnny salling

Position: FWA

JOHNNY RAY SALLING
Legislative District 6
Baltimore County

Budget and Taxation Committee

Public Safety, Transportation,
and Environment Subcommittee



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Finance Committee
Senator Pamela Beidle
Senator Katherine Klausmeier
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

To the Chair, Vice Chair, and esteemed Members of the Finance Committee:

I express my gratitude for permitting me to address Senate Bill 813 Health Care Facilities – Access to Telephones, also cross-filed as House Bill 1235.

This bill will require all medical care facilities throughout the state to provide a land line free of charge to its patients, so they are able to make outgoing calls and receive incoming calls from outside their respective medical facilities. I believe this bill will offer several benefits for patients.

In critical situations, a landline provides a reliable means of communication during emergencies. Patients can quickly and easily reach out to medical staff, security, or other emergency services, ensuring a prompt response in urgent situations.

A landline in patient rooms facilitates communication between patients and their caregivers or health care providers. It allows patients the privacy to discuss sensitive information, ask questions about their treatment plan, and receive updates on their medical condition. This enhances the overall quality of patient care.

Some patients may have physical disabilities or medical conditions that make it challenging to use mobile phones. A landline with accessible features, such as large buttons or hearing aid compatibility, ensures that communication remains inclusive and accessible to all patients.

Unlike mobile phones, which may have varying signal strengths in different areas of a medical facility, landlines offer consistent connectivity. This reliability is crucial for patients who may need to stay in touch with their loved ones or healthcare providers without the risk of dropped calls or poor reception.

I would like to also have on record that I have submitted an amendment to ensure that having access to a telephone will be free of charge to the patients and their families.

I have submitted another amendment to broaden the bill's scope to encompass all telecommunication devices, including video phones and video remote interpreting, to ensure inclusivity for the deaf, hard of hearing, and blind communities in our state. This amendment will also include yearly training for staff of these facilities to learn how to use these telecommunication devices.

To ensure accessibility for the deaf, hard of hearing, and blind, the bill now requires high-speed bandwidth in all medical facilities for compatibility with various telecommunication devices.

In summary, providing free landlines in patient rooms contributes to better emergency response, improves patient-caregiver communication, ensures accessibility for individuals with disabilities, enhances privacy and confidentiality, and offers consistent connectivity. These factors collectively contribute to an improved overall experience for patients in medical facilities.

I appreciate your time and the opportunity to testify on this matter, and I respectfully request a favorable report on Senate Bill 813.

Sincerely,

A handwritten signature in red ink, appearing to read "Johnny Ray Salling". The signature is written in a cursive style.

Senator Johnny Ray Salling

MDAD SB 813 Written Testimony Phone Access.docx-2.

Uploaded by: MDAD President MDAD President

Position: FWA



Maryland Association of the Deaf
Written Testimony
SB 813 – Health Care Facilities – Access to Telephones
Thursday, March 7, 2024

President

Tina Joyner

As you may be aware, there are approximately 1.2 million Deaf, DeafBlind, and Hard of Hearing (D/DB/HH) individuals living in the State of Maryland. The Maryland Association of the Deaf (MDAD) is a statewide organization that protects and promotes the interests of accessibility, equity, and quality of life for those D/DB/HH Marylanders. We are advocating for the passage of SB 813 sponsored by Senator Salling regarding Health Care Facilities – Access to Telephones.

Vice President

Jacob Leffler

Secretary

Tiasha Bera

This bill will ensure that telephones are accessible in the health care facilities. MDAD requests that the bill has the amendment to reflect our needs using technologies and telecommunication devices.

Treasurer

Allysa Dittmar

MDAD has heard stories where facilities do not provide these devices or they are working due to no high speed internet for these devices. We use videophone or video remote interpreting which requires high speed internet. The amendment that we propose will solve this issue. It is important to MDAD that all facilities are accessible and for us to make phone calls to our family and friends.

Board Members

Vikki Porter

Jennifer Ajifowoke

Blaise Delahoussaye

Tori Reeves

Thelma Schroeder

RECOMMENDED CHANGES, ADDITIONS, AND OMITTANCE:

Article – Health – General

19–353.1.

(A) IN THIS SECTION, “HEALTH CARE FACILITY” MEANS:

- (1) A HOSPITAL;
- (2) A LIMITED SERVICE HOSPITAL;
- (3) A RELATED INSTITUTION;
- (4) AN INPATIENT FACILITY THAT IS ORGANIZED PRIMARILY TO ASSIST IN THE REHABILITATION OF DISABLED INDIVIDUALS THROUGH AN INTEGRATED PROGRAM OF MEDICAL AND OTHER SERVICES PROVIDED UNDER COMPETENT PROFESSIONAL SUPERVISION; OR
- (5) A NURSING HOME, AS DEFINED IN § 19–1401 OF THIS TITLE.

(B) “TELECOMMUNICATION DEVICES” MEANS:

(1) TEXT-BASED COMMUNICATION, SUCH AS SMS OR TEXT RELAY SERVICES;

(2) TDD/TTY

(3) AMPLIFIERS

(4) VIDEO RELAY SERVICES;

(5) CAPTIONED TELEPHONES

(6) VIDEOPHONES, WITH PORTABLE STANDS OR FIXED INSTALLATION WITHIN THE PATIENT'S ROOM

(7) PUFF BLOW DEVICES

(8) BRAILLE-TTY DEVICES

(9) EQUIPMENT FOR THE MOBILITY DISABLED;

(C) "INDIVIDUAL WITH DIFFICULTY MEANS A PERSON WITH A DISABILITY THAT PREVENTS THEM FROM USING A STANDARD TELEPHONE"

(D) ~~(B)~~ (1) ON OR BEFORE JANUARY 1, 2025, EACH HEALTH CARE FACILITY SHALL IMPLEMENT A PROGRAM TO PROVIDE EACH INDIVIDUAL ADMITTED TO THE HEALTH CARE FACILITY WITH REASONABLE ACCESS TO A TELEPHONE AND TELECOMMUNICATION DEVICES FOR INDIVIDUALS WHO ARE DEAF, DEAFBLIND, HARD OF HEARING, INDIVIDUALS WITH HEARING LOSS, OR INDIVIDUALS WITH DIFFICULTY AS SET FORTH IN SECTION (C)(2)(II)."

(2) THE PROGRAM SHALL:

(I) ENSURE THAT EACH INDIVIDUAL ADMITTED TO THE HEALTH CARE FACILITY IS INFORMED OF THE AVAILABILITY OF A TELEPHONE AND TELECOMMUNICATION DEVICES FOR PRIVATE USE;

(II) ENSURE THAT A TELEPHONE, AND FOR DEAF, DEAFBLIND, HARD OF HEARING INDIVIDUALS, INDIVIDUALS WITH HEARING LOSS AND INDIVIDUALS WITH DIFFICULTY, TELECOMMUNICATION DEVICES THAT FACILITATE COMMUNICATION, ~~IS~~ ARE PROVIDED IN THE INDIVIDUAL'S ROOM:

(III) ENSURE THAT THE TELEPHONE AND TELECOMMUNICATION DEVICES ARE ~~IS~~ MAINTAINED ON A REGULAR BASIS AND FUNCTIONING.

(IV) ENSURE THAT THE TELEPHONE IS CAPABLE OF MAKING OUTGOING AND RECEIVING INCOMING LOCAL AND LONG-DISTANCE CALLS;

(V) ENSURE THAT THE TELEPHONE IS ACCESSIBLE FOR USE BY **DEAF, DEAFBLIND, HARD OF HEARING** ~~AN~~ **INDIVIDUALS, INDIVIDUALS WITH HEARING LOSS, AND INDIVIDUALS WITH DIFFICULTY** ~~A HEARING IMPAIRMENT~~ AND:

- A. IS HEARING-AID COMPATIBLE; **AND OR**
- B. PROVIDES AN ADEQUATE RANGE OF VOLUME, INCLUDING AMPLIFIED SOUND OPTIONS AND ADJUSTABLE TONE AND VOLUME SETTINGS;

(VI) ENSURE THAT THE TELEPHONE IS USABLE WITH ALL FORMS OF TELECOMMUNICATIONS RELAY SERVICES.

(VII) ENSURE HIGH-SPEED INTERNET WITH SUFFICIENT BANDWIDTH TO SUPPORT VIDEO COMMUNICATION INCLUDING VIDEOPHONES AND VIDEO REMOTE INTERPRETING;

(VIII) ESTABLISH A CLEAR AND UNDERSTANDABLE PROCESS FOR:

- A. AN INDIVIDUAL TO REQUEST OTHER ASSISTIVE COMMUNICATION TECHNOLOGY **OR TELECOMMUNICATIONS RELAY AND/OR ASSOCIATED EQUIPMENTS** BASED ON THE INDIVIDUAL'S SPECIFIC COMMUNICATION NEEDS;
- B. AN INDIVIDUAL OR A FAMILY MEMBER OF THE INDIVIDUAL TO FILE A COMPLAINT REGARDING THE PROGRAM ESTABLISHED UNDER THIS SECTION;

(E)(e) (1) IF, FOR ANY REASON, AN INDIVIDUAL'S ACCESS TO A TELEPHONE IS LIMITED, INCLUDING FOR DEAF, DEAFBLIND, HARD OF HEARING INDIVIDUALS, INDIVIDUALS WITH HEARING LOSS, OR INDIVIDUALS WITH DIFFICULTY, THE HEALTH CARE FACILITY SHALL:

(I) DOCUMENT THE LIMITATION AND INCLUDE THE DOCUMENTATION AS A PERMANENT PART OF THE INDIVIDUAL'S RECORD;

(II) SPECIFY THE CIRCUMSTANCES, DURATION, AND ANY OTHER RELEVANT FACTORS CONTRIBUTING TO THE LIMITATION; AND

(III) REVIEW THE LIMITATION AT REGULAR INTERVALS WHILE THE LIMITATION REMAINS IN EFFECT.

(2) IF A LIMITATION ON TELEPHONE ACCESS IS PROLONGED OR MAY IMPACT PATIENT CARE, THE HEALTH CARE FACILITY SHALL OBTAIN

WRITTEN ACKNOWLEDGMENT FROM THE INDIVIDUAL THAT A VALID MEDICAL NEED EXISTS FOR THE RESTRICTION.

(F)Ⓡ EACH HEALTH CARE FACILITY SHALL DOCUMENT AND MAINTAIN EACH COMPLAINT FILED UNDER SUBSECTION (B)(2)(VI)2 OF THIS SECTION AND THE RESOLUTION OF THE COMPLAINT.

(G) EACH STAFF MEMBER OF THE HEALTH CARE FACILITY SHALL RECEIVE ANNUAL TRAINING ON THE USE OF TELECOMMUNICATION DEVICES, INCLUDING HOW TO ACCESS TECHNICAL SUPPORT FOR TROUBLESHOOTING PURPOSES. CONTACT INFORMATION FOR TECHNICAL SUPPORT SHALL BE MADE READILY AVAILABLE AND ACCESSIBLE WITHIN THE HEALTH CARE FACILITY.

MDAD looks forward to favorable with amendments on SB 813.

Thank you,

MDAD Board of Directors

SB 0813 SLTCOP 3.6.24.pdf

Uploaded by: Stevanne Ellis

Position: FWA

Bill: SB 0813 Health Care Facilities – Access to Telephones

Position: Support with Amendments

Date: March 6, 2024

The Maryland Long-Term Care Ombudsman program advocates for residents in nursing homes and assisted living facilities in Maryland including residents that reside in continuing care retirement communities. Ombudsmen work to resolve complaints that can have adverse effects on the quality of care, safety, health, and quality of life of the citizens that reside in these facilities. In Maryland, ombudsmen provide these services to the over 50,000 citizens that live and receive services in nursing homes and assisted living facilities.

I think most of us take having a telephone for granted. This bill will enable residents to have a phone in their room. What does this mean for the resident? Currently, in many cases, there is not a phone in the resident's room, which means that resident must use a facility phone to make calls. The resident must make arrangements with the staff to use a phone. Often the "arrangement" is to use a phone at the nurses' station, common area, or in one of the staff members' offices. There are issues related to privacy and confidentiality when calls are made at the nurses' station and often it is very difficult for a resident to schedule a time to use the phone in a private space. This significantly limits the individual's access to a phone. For residents that cannot leave their room or do not get out of bed neither of these options or possible. Then they don't have the ability to use a phone at all. For Individuals that have hearing loss and other disabilities, neither of these options are solutions.

For many of us, a phone is like an appendage. You may be thinking to yourself – a telephone means a cell phone. For many residents of long-term care facilities, this is a technology that they are either unfamiliar with, unable to afford, or unable to physically operate. A phone provides an element of freedom and can help combat loneliness. A phone allows access to advocacy and support. Phones can even save lives when a call for medical assistance is needed, and a staff member is not available or is unresponsive.

Now that we've established a fraction of the benefits of having a phone, let me elucidate some of the reasons why phones should be private and available to the individual rather than being "reasonably accessible."

Social isolation has always been an issue in long-term care settings. Telephones provide a connection to the outside world and help maintain the resident's connection with family and friends. Mental health and other health care services can be accessed by making or receiving a phone call.

When there are issues at the facility, the resident can communicate with staff at the facility about those issues. For instance, when call bells are not working or not being answered by staff in a timely manner. Having a telephone in the room allows conversations to be held in privacy rather than be overheard by others in a public place like the nurses' station. Additionally, the noise and activity level at the nurses' station or in other common areas can make communication on the phone very difficult.

Having a landline can make connecting with Alexa or Echo possible. This can be very helpful for those with visual impairments. Additionally, some buildings have limited, spotty, or no cell phone service available.

Having a phone allows residents to speak with advocates, discharge planners, religious institutions, and other organizations. Some residents may need to take care of personal business, pay bills, or order food; a telephone will make that possible. For family and friends of residents, it provides peace of mind knowing that they call their spouse, mother, father, sister, brother, family member or friend residing in long-term care setting to talk with them on a regular basis.

I am also asking for an amendment so that residents would not be charged for the use of a land line whether the resident is there for a brief period of time, or it is their home. Many residents have a very fixed income. Paying for phone service when only receiving a personal needs allowance is often prohibitive.

How often do you use your phone? Do you want to share your phone with the person next to you? Raise your hand if you have a phone on you right now. In

thinking about this bill, I know that I have often taken telephone use for granted. Do you take it for granted? For this reason, I am supporting this bill with amendments. I believe every long-term care resident should have a phone in their room and not have to share the phone with their roommate.

I am requesting a favorable report for this bill with amendments.

I respectfully ask for my comments to be considered.

Sincerely,

Stevanne Ellis

Maryland State Long-Term Care Ombudsman

10 - SB 813 -FIN-MDH- LOC.pdf

Uploaded by: Jason Caplan

Position: UNF



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 7, 2024

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building

RE: Senate Bill 813 – Health Care Facilities – Access to Telephones – Letter of Concern

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of concern for Senate Bill (SB) 813 – Health Care Facilities – Access to Telephones.

SB 813 requires health care facilities to implement a program to provide each individual admitted to a health care facility with reasonable access to a telephone. Specifically, a health care facility would also be required to inform each individual admitted to the facility that a telephone is available for use, ensure that a telephone is provided in each individual's room, and ensure that the telephone is maintained regularly. The telephones provided must be able to make outgoing calls, receive incoming local and long-distance calls, and be accessible for use by an individual with a hearing impairment. In addition, a health care facility would also be required to have a process in place to allow an individual to request other assistive communication technology based on their specific communication needs.

While the Department supports access to telephones for many patients, we have concerns regarding the application of these requirements to certain facilities and units. The Maryland Department of Health Healthcare System consists of 11 facilities that serve populations, including those who are forensically involved and those that may have intellectual and developmental disabilities. Currently, the Healthcare System provides individuals with telephone access in a designated area that is consistent with the facilities policies to prioritize the safety of personnel and individuals, while ensuring that the individual maintains a treatment regimen. Providing the populations served in these facilities with 24/7 telephone access in their individual rooms would create significant operational challenges and would interfere in the facility's ability to create and maintain a therapeutic environment as well as interrupt individuals' participation in treatment.

The Department has particular safety concerns associated with telephone access in facilities that serve individuals who are forensically involved. For example, some individuals within the facilities have been committed due to making threats or have been involved in criminal activity prior to admission to the

hospital. Providing telephone access in an individual's room could increase the likelihood that criminal activity continues after admission, and would present safety concerns for members of the public, Healthcare System staff, and other individuals. Further, the populations served by the Healthcare System frequently place false 9-1-1 calls. Providing telephone access in an individual's room could also increase the frequency of this act, causing additional operational challenges.

The costs of meeting the requirements of this legislation are significant. Because of the populations served in the Healthcare System facilities, there are numerous special considerations that need to be taken into account when installing telecommunication equipment. To implement this legislation's requirements, the Healthcare System has estimated that it will need to purchase and install 1,500 telephones that meet anti-ligature requirements and specifications. The total cost to purchase the telephones and install the proper telecommunications network would be \$10,155,300. Also, due to anti-ligature requirements and other licensure and accreditation standards, the Healthcare System is required to select a specific telephone that does not contain a handheld receiver, thereby requiring all telephone conversations to take place over an open speaker, limiting an individual's privacy.

Because of licensure and accreditation requirements, the Healthcare System may be unable to implement all of the capabilities required by SB 813, including other assistive communication technology. It should also be noted that due to the age and structure of some of the facilities, installation of anti-ligature telephones may not be possible. Further, implementation of SB813 as written could impact Centers for Medicare and Medicaid Services (CMS) certification of facilities and, therefore, federal funding. Specifically, 10 of the 11 facilities within the Healthcare System are certified by CMS which has regulations limiting individuals' access to telephones. Implementing SB813's requirements could go against CMS regulations and jeopardize the facilities certification and ability to provide patient treatment.

If you would like to discuss this further, please contact Sarah Case-Herron, Director of Governmental Affairs, at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Laura Herrera Scott", is written over a faint outline of the state of Maryland.

Laura Herrera Scott, M.D., M.P.H.
Secretary

IL Written Testimony SB 813 of 2024.pdf

Uploaded by: Chris Kelter

Position: INFO



SB 813: Health Care Facilities – Access to Telephones

Testimony of Maryland Centers for Independent Living

LETTER OF INFORMATION

Senate Finance Committee, March 7, 2024

Centers for Independent Living (CIL) are created by federal law. CILs work to enhance civil rights and community services for people with disabilities. There are seven CILs throughout Maryland, operated by and for people with disabilities. At least 51% of CIL staff and Board members are people with disabilities. CILs provide Information and Referral, Advocacy, Peer Support, Independent Living Skills training, and Transition Services to individuals in their communities.

The Independent Living Network submits this written testimony as a letter of information for SB 813.

SB 813 provides that a telephone must be made available to individuals admitted to specified health care facilities. Among other things, SB 813 provides that the telephone must be accessible for use by an individual with a hearing impairment and establishes that there is a process to request assistive communication technology.

Individuals that are not disabled may take for granted the connectivity provided by smartphones, mobile devices and modern communication networks. However, individuals with physical or developmental disabilities do not have that luxury. It has been estimated that nearly 15% of the world's population has a physical or developmental disability that restricts the use of telephones and mobile devices when accessing modern communication networks.

Connectivity is more important than ever, which is why it is critical that telephones for individuals with disabilities are easy to use and appropriate for their disability. For an individual with physical disabilities a telephone that requires fine motor skills and acute vision may be extremely difficult or nearly impossible to use. For an individual with a cognitive disability a telephone that requires memory, attention, and reading skills would increase the difficulty of operating the telephone.

The scope of the disability and the person's cognitive level are critical to the use of a telephone or assistive communication device. Depending on the type and severity of the physical disability, the actual requirements of a telephone will vary. For example, a telephone for an individual with

blindness or low vision will be equipped with braille keypads, a telephone for an individual with a hearing impairment or is deaf will be equipped with flashing visual ringers, and a telephone for an individual with cerebral palsy might feature oversized buttons. Additional features such as a simple and consistent user interface, limited setup issues, streamlined operational menus, voice activation features, ergonomically accessible hardware design, easy to read displays, adjustable sound levels and lighted “ringers” are all important to accessibility.

We appreciate the consideration of these comments.

For further information contact:

Chris Kelter, Executive Director
Accessible Resources for Independence
ckelter@airnow.org
443-713-3914

SB0813_LOI_LifeSpan_Health Care Fac. - Access to T

Uploaded by: Danna Kauffman

Position: INFO



*Keeping You Connected...Expanding Your Potential...
In Senior Care and Services*

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
Senator Johnny Ray Salling

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
Christine K. Krone
410-244-7000

DATE: March 7, 2024

RE: **LETTER OF INFORMATION** – Senate Bill 813 – *Health Care Facilities – Access to Telephones*

On behalf of the LifeSpan Network, a senior care provider association in Maryland representing nursing facilities, assisted living providers, continuing care retirement communities, medical adult day care centers, senior housing communities, and other home and community-based services, we provide this **letter of information** on Senate Bill 813, which mandates access to telephone use in health care facilities.

Federal and State regulations for both nursing facilities and assisted living programs govern access to a telephone. These regulations are enforceable by the Office of Health Care Quality as well as the federal Center for Medicaid and Medicare Services. The provisions are below.

NURSING HOME REGULATIONS

Section 483.10(g) Information and communication.

(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense.

(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to:

- (i) A telephone, including TTY and TDD services;
- (ii) The internet, to the extent available to the facility; and
- (iii) Stationery, postage, writing implements and the ability to send mail.

“Reasonable Access” means that telephones, computers and other communication devices are easily accessible to residents and are adapted to accommodate resident’s needs and abilities, such as hearing or vision loss.

Section 483.10(f)(11)

Items and services that may be charged to residents' funds. Paragraphs (f)(11)(ii)(A) through (L) of this section are general categories and examples of items and services that the facility may charge to residents' funds if they are requested by a resident, if they are not required to achieve the goals stated in the resident's care plan, if the facility informs the resident that there will be a charge, and if payment is not made by Medicare or Medicaid:

- (A) Telephone, including a cellular phone.

10.07.09.08 Resident's Rights and Services.

C. A resident has the right to:

- (19) Reasonable access to the private use of a telephone;

ASSISTED LIVING REGULATIONS

10.07.14.55 Telephones.

A. An assisted living program with a licensed capacity of one to eight beds shall provide:

- (1) At least one land line telephone for common use; and
- (2) A posting next to the telephone that contains the telephone numbers for the local police department, fire department, and relief personnel.

B. An assisted living program with a licensed capacity of nine to 16 beds shall provide at least one common-use telephone. If there are nine or more residents that do not have private telephones in their own rooms, the assisted living program shall provide a second common-use telephone.

C. An assisted living program with a licensed capacity of 17 or more beds shall provide:

- (1) Wiring in each resident's room that would allow a resident to use the resident's own private telephone; and
- (2) An adequate number of telephone lines and common-use telephones to accommodate those residents who do not have private telephones installed in their rooms.

DEFINITION –

- (18) "Common-use telephone" means a telephone:
 - (a) That is within the facility;
 - (b) That is accessible to residents;
 - (c) That is located so that residents can have private conversations; and
 - (d) With which residents can make local calls free of charge.