

**Department of Legislative Services**  
Maryland General Assembly  
2024 Session

**FISCAL AND POLICY NOTE**  
**First Reader**

House Bill 1253

(Delegate Metzgar, *et al.*)

Health and Government Operations

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**Health Care Facilities - Access to Telephones**

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This bill requires each “health care facility,” by January 1, 2025, to implement a program to provide each individual admitted to the health care facility with reasonable access to a telephone. Each program must, among other things, ensure that a telephone is provided in the individual’s room or in a private area that is accessible to the individual. If an individual’s access to a telephone is limited, the health care facility must (1) document the limitation and include the documentation as a permanent part of the individual’s record; (2) specify the circumstances, duration, and any other relevant factors contributing to the limitation; and (3) review the limitation at regular intervals while the limitation is in effect. If a limitation on telephone access is prolonged or may impact patient care, the health care facility must obtain written acknowledgement from the individual that a valid medical need exists for the restriction.

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**Fiscal Summary**

**State Effect:** General fund expenditures for the Maryland Department of Health (MDH) increase by an indeterminate but potentially significant amount beginning in FY 2025, as discussed below. Revenues are not affected.

**Local Effect:** The bill is not anticipated to materially affect local government finances or operations.

**Small Business Effect:** Potential meaningful.

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## Analysis

**Bill Summary:** “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; and (5) a nursing home.

The program to provide each individual admitted to a health care facility with reasonable access to a telephone must:

- ensure that each individual admitted to the health care facility is informed of the availability of a telephone for private use;
- ensure that a telephone is provided in the individual’s room or in a private area that is accessible to the individual;
- ensure that the telephone is maintained on a regular basis and functioning;
- ensure that the telephone is capable of making outgoing and receiving incoming local and long-distance calls;
- ensure that the telephone is accessible for use by an individual with a hearing impairment and (1) is hearing-aid compatible or (2) provides an adequate range of volume; and
- establish a clear and understandable process for an individual to request other assistive communication technology based on the individual’s specific communication needs.

### Current Law:

#### *Hospitals*

“Hospital” means an institution that (1) has a group of at least five physicians who are organized as medical staff for the institution; (2) maintains facilities to provide, under the supervision of medical staff, diagnostic and treatment services for two or more unrelated individuals; and (3) admits or retains the individuals for overnight care.

“Limited service hospital” means a health care facility that (1) is licensed as a hospital on or after January 1, 1999; (2) changes the type or scope of health care services offered by eliminating the facility’s capability to admit or retain patients for overnight hospitalization; (3) retains an emergency or urgent care center; and (4) complies with the regulations adopted by the Secretary of Health.

### *Related Institutions*

“Related institution” means an organized institution, environment, or home that (1) maintains conditions or facilities and equipment to provide domiciliary, personal, or nursing care for two or more unrelated individuals who are dependent on the administrator, operator, or proprietor for nursing care or the subsistence of daily living in a safe, sanitary, and healthful environment and (2) admits or retains the individuals for overnight care.

Maryland regulations require certain access to a telephone for individuals in certain institutions. Residents of a residential treatment center have the right to make and receive telephone calls in accordance with the center’s policy (COMAR [10.07.04.22](#)). Limited private inpatient facilities must have a telephone in the residence where residents can make calls and speak privately (COMAR [10.07.16.12](#)). A resident of an assisted living program has the right to have reasonable access to the private use of a common use telephone within the facility (COMAR [10.07.14.35](#)). Regulations further specify the number and location of telephones is determined by the licensed capacity of the assisted living facility. Patients residing in a hospice house have the right to have reasonable access to the private use of a telephone within the facility (COMAR [10.07.22.16](#)).

### *Nursing Homes*

“Nursing home” means a facility (other than a facility offering domiciliary or personal care) which offers nonacute inpatient care to patients suffering from a disease, chronic illness, condition, disability of advanced age, or terminal disease requiring maximal nursing care without continuous hospital services and who require medical services and nursing services rendered by or under the supervision of a licensed nurse together with convalescent, restorative, or rehabilitative services.

Under Maryland regulations (COMAR [10.07.09.08](#)), a resident of nursing facility has the right to reasonable access to the private use of a telephone. Each resident of a comprehensive care facility or an extended care facility must have access at any reasonable time to a telephone where the resident may speak privately.

**State Fiscal Effect:** Under the bill, a health care facility must provide each individual admitted to the facility with reasonable access to a telephone and document any limitation of each patient’s telephone access. Health care facilities must provide and maintain a telephone in each individual’s room or in a private area that is accessible to the individual and ensure the telephones are accessible for use by an individual with a hearing impairment. The extent to which patients are currently provided reasonable access to telephones cannot be readily determined.

MDH advises that the cost to install a telephone in each individual patient room in all 11 State health care facilities is approximately \$10.2 million in fiscal 2025 for installation costs alone, as well as additional expenditures associated with oversight and maintenance. MDH advises that these telephones likely need to meet anti-ligature requirements, which includes specific telephone devices and mounting kits.

As the bill specifies that a phone must be provided in an individual's room *or* in a private area that is accessible to the individual, telecommunications costs increase by a lesser amount. However, MDH cannot readily determine how many telephones may need to be installed to meet the bill's requirements.

**Small Business Effect:** Small business health care facilities may experience administrative costs to document any patient limitation to telephone access and associated complaints. To the extent small business health care facilities must purchase telephones, expenditures increase accordingly.

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### **Additional Information**

**Recent Prior Introductions:** Similar legislation has not been introduced within the last three years.

**Designated Cross File:** SB 813 (Senator Salling) - Finance.

**Information Source(s):** Maryland Department of Health; Department of Legislative Services

**Fiscal Note History:** First Reader - March 11, 2024  
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