

Department of Legislative Services
 Maryland General Assembly
 2025 Session

FISCAL AND POLICY NOTE
First Reader

Senate Bill 69 (Senator Salling)
 Finance

Maryland Department of Health - Access to Telephones - Study

This bill requires the Maryland Department of Health (MDH) to study and make recommendations on the feasibility of installing and maintaining landline telephone systems in assisted living facilities, psychiatric facilities, and nursing homes. By September 30, 2026, MDH must report its findings and recommendations to the Senate Finance Committee and the House Health and Government Operations Committee.

Fiscal Summary

State Effect: MDH general fund expenditures increase by as much as \$1.19 million in FY 2026 to hire consultants to complete the required study, as discussed below. Revenues are not affected.

(in dollars)	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	1,190,000	0	0	0	0
Net Effect	(\$1,190,000)	\$0	\$0	\$0	\$0

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

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

Small Business Effect: Minimal.

Analysis

Bill Summary: In conducting the study, MDH must:

- for each type of specified facility (1) examine the existing state of telephone accessibility, including the availability, privacy, and usability of the telephone

provided, if any; (2) evaluate the cost and logistics related to providing landline telephones in individual rooms or communal spaces, as specified; (3) assess the practical benefits for residents and staff, as specified; and (4) identify potential barriers to providing a landline telephone, as specified;

- identify any circumstances under which a resident's access to a landline telephone may require limitation, including for safety, medical and mental health, and behavioral and security needs;
- identify and assess any potential alternatives to providing landlines telephones;
- present a comparative analysis of costs, including any differences between public and private facilities;
- identify available and potential federal, State, and local funding options; and
- consult with specified stakeholders and entities.

Current Law: The Office of Health Care Quality within MDH oversees and licenses health care facilities in the State, including assisted living facilities, nursing homes, and psychiatric facilities.

An assisted living program is a residential or facility-based program that provides housing and supportive services, supervision, personalized assistance, health-related services, or a combination of such services that meets the needs of individuals who need assistance with the activities of daily living. Generally, psychiatric facilities are inpatient facilities that provide evaluation, care, or treatment for individuals who have mental health disorders. A nursing home is a facility that offers nonacute 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.

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 common use telephone within the facility (COMAR [10.07.22.16](#)).

State Fiscal Effect: Under the bill, MDH must study and make recommendations on the feasibility of installing and maintaining landline telephone systems in assisted living facilities, psychiatric facilities, and nursing homes and report its findings and recommendations by September 30, 2026.

MDH advises that approximately 1,922 facilities must be evaluated prior to the bill's September 30, 2026 reporting deadline, including (1) 1,650 licensed assisted living facilities; (2) 222 licensed nursing homes; (3) 6 licensed residential treatment centers (of which 2 are State owned and operated and 4 are privately owned and operated); (4) 7 licensed limited private inpatient facilities; and (5) 37 hospitals with psychiatric units (of which 5 are State owned and operated and 32 are privately owned and operated). Additionally, it is unclear if licensed residential group homes overseen by the Behavioral Health Administration fall within the scope of the bill, as it is unclear which facilities are considered psychiatric facilities.

MDH advises that it does not have the expertise to complete the study or determine the feasibility of installing and maintaining telephone systems in mostly private facilities as required by the bill. Thus, MDH anticipates hiring consultant services at an estimated total cost of up to \$1.2 million in fiscal 2026, including approximately \$740,000 to study private sector facilities and an additional \$450,000 to review MDH facilities. This estimate reflects labor costs, travel and lodging, reimbursable expenses, and generation of a final report.

This estimate does not include any costs associated with installing and maintaining landline telephone systems in the facilities specified under the bill or reflect any available and potential federal, State, and local funding options.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years; however, legislation with similar provisions has been proposed. For example, see SB 813 and HB 1253 of 2024.

Designated Cross File: None.

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

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