

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

March 13, 2024

The Honorable Joseline A. Peña-Melnyk Chair, House Health and Government Operations Committee Room 241, House Office Building

RE: House Bill 1253 – 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 House Bill (HB) 1253 – Health Care Facilities – Access to Telephones.

HB 1253 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 HB 1253, 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 HB 1253 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 HB 1253'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,

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

Secretary