

Maryland Catholic Conference_FAV_SB69.pdf

Uploaded by: Diane Arias

Position: FAV



January 21, 2025

Senate Bill 69
Maryland Department of Health - Access to Telephones - Study
Senate Finance Committee

Position: Favorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 69 requires the Maryland Department of Health to study the feasibility of installing and maintaining a telephone system in assisted living facilities, psychiatric facilities, and nursing homes; and requiring the Maryland Department of Health to report its findings and recommendations to certain committees of the General Assembly by September 30, 2026.

This legislation highlights the importance of ensuring residents in nursing homes, assisted living facilities, and psychiatric hospitals have access to telephones. Many individuals in these settings, particularly the elderly, often lack private telephones, leaving them disproportionately affected by limited communication options. Telephones are essential tools for residents to maintain connections with healthcare providers, family members, and friends—especially for those who lack private transportation or are geographically distant from loved ones. Access to telephones is not just a matter of convenience; it is critical for mental health and emotional well-being. Social connections fostered through regular communication have been shown to increase happiness, reduce loneliness, and promote mental resilience. For older residents, particularly those facing isolation, these interactions can dramatically improve their quality of life.

Landline telephones remain operational during power outages, ensuring that residents can access emergency services when needed.¹ Landlines are simpler and more familiar to older individuals compared to cell phones, reducing the need for facility staff to teach residents how to use modern devices. Around half of Maryland households aged 65 and older continue to use

¹ <https://www.adultalternativecare.com/elder-care-should-seniors-get-a-landline-again/#:~:text=Landline%20phones%20work%20in%20any,if%20there%20is%20no%20electricity.>

landlines, indicating the importance of this communication method among the elderly population.² If this study identifies gaps in telephone access across nursing homes, assisted living facilities, and psychiatric hospitals, the findings will provide critical recommendations for future legislation. Addressing these gaps is essential to ensure that vulnerable populations have the infrastructure they need for safety, connection, and independence.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **SB 69**.

Thank you for your consideration.

² <https://www.communityphone.org/landline/md>

WRITTEN TESTIMONY.pdf

Uploaded by: johnny salling

Position: FAV

JOHNNY RAY SALLING
Legislative District 6
Baltimore County

Budget and Taxation Committee

Public Safety, Transportation,
and Environment Subcommittee



James Senate Office Building
11 Bladen Street, Room 321
Annapolis, Maryland 21401
410-841-3587 • 301-858-3587
800-492-7122 Ext. 3587
JohnnyRay.Salling@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

January 21, 2025

Finance Committee
Chair Senator Pamela Beidle
Vice Chair Senator Antonio Hayes
3 Miller East Office Building
Annapolis, MD 21401

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

Thank you for allowing me to testify on Senate Bill 69, Maryland Department of Health - Access to Telephones – Study.

This bill will require the Maryland Department of Health to conduct a study to determine the feasibility of each resident having access to a phone who are patients in psychiatric and assisted living facilities and nursing homes. The study will assess the potential cost of installing and maintaining telephone systems in these facilities, including but not limited to labor, equipment, and installation.

The study will also investigate the benefits of patients having access to telephones including but not limited to social interaction and access to support services, such as attorneys, personal physicians, and social workers.

The study will include interested parties such as representatives from assisted living facilities, psychiatric facilities, and nursing homes; advocacy organizations for seniors, individuals with disabilities, 10 and individuals with mental health illnesses; and residents and their families.

Current Federal and State code dictate that a patient in a long-term care facility must have reasonable rights to telephone access. Certain stipulations only guarantee a minimum of two common use phones throughout the facility for all the residents to use. This does not guarantee that every resident will have access to use a telephone every day, nor does it guarantee the privacy promised in the Resident's Bill of Rights.

State code also says that a resident is only guaranteed a phone jack and adequate wiring for a direct land line in their room. The physical phone itself must be provided by the patient or their family. In critical situations, a landline provides reliable communication during emergencies, so they may easily reach out to medical staff, security, or other emergency services.

A landline in patient rooms will help maintain confidential communication between patients and their caregivers or health care providers. It would also improve the overall quality of patient care which can contribute to positive experiences for patients in medical facilities.

I have had a discussion with representatives from the Department of Health and am happy to add any amendments they deem necessary to reduce the fiscal note, such as eliminating psychiatric care facilities from the bill, or turning the study into a work group. I am currently waiting on their input, which is why I have not made amendments to the bill yet.

I appreciate your time and the opportunity to testify on this matter, and I respectfully request a favorable report on Senate Bill 69.

Sincerely,

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

Senator Johnny Ray Salling

SB 69 - FIN - MDH - LOI.pdf

Uploaded by: Maryland State of

Position: FAV



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

January 21, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill (SB) 69 – Maryland Department of Health - Access to Telephones - Study – Letter of Information

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for Senate Bill 69 – Maryland Department of Health - Access to Telephones - Study.

SB 69 requires the Maryland Department of Health (MDH) to conduct a study to determine the feasibility of installing and maintaining a telephone system in nursing homes, assisted living facilities, and psychiatric facilities, inclusive of MDH facilities. The bill also requires MDH to report findings and recommendations to the General Assembly by September 30, 2026.

SB 69 has broad statewide implications as it applies to private sector and state-owned facilities, including 1,650 assisted living facilities, 13 psychiatric facilities, 37 hospitals with psychiatric units, and 222 nursing homes.

Of note, there are telephone requirements already required of nursing homes in CFR 483.10(g)(6) which states, *“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.”* Further, COMAR 10.07.09.08(19) *Resident's Rights and Services* requires nursing homes *“Reasonable access to the private use of a telephone.”* COMAR 10.07.14.56 requires assisted living facilities to have access to telephones, specified by size of facility and states, *“A. An assisted living program with a licensed capacity of one to eight beds shall provide:*

- (1) At least one common-use telephone for residents; and (2) A posting next to the common-use telephone or in a conspicuous location that contains the telephone numbers for the local police department and fire department.*
- 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) That each resident's room accommodates the use of the resident's own private telephone; and

(2) An adequate number of common-use telephones to accommodate those residents who do not have private telephones installed in their rooms.

Similarly, Health Gen. 10-702 (b), the current law that applies to hospitals that have psychiatric units requires: “(b) *Each individual in a facility shall have reasonable access to a telephone. However, an individual may not telephone anyone who has given the facility written notice of being unwilling to be telephoned.*”

The financial costs of meeting the requirements of this bill are significant. The Office of Health Care Quality (OHCQ), which is the MDH agency that conducts licensure, certification, and survey activities to determine compliance with minimum standards outlined in federal and State law, has no expertise in evaluating and making recommendations for the installation and maintenance of telephone landlines. Therefore OHCQ would have to bring on consultants for a total estimated cost of \$809,490. This estimate assumes that the contractor will develop a method for collecting the data required by the bill, compiling and organizing that data, and preparing the report. MDH assumes that the onsite work and associated costs necessary for the facilities to respond to the information requests will be borne by the facilities. Both state-owned and private psychiatric facilities have special needs populations (i.e. schizophrenia, forensically involved); the consultant team must include clinical expertise so that the study design captures important details such as ligature risks, false calls to 9-1-1, and existing state and federal rules.

Specific to the MDH Healthcare System costs, there are eleven facilities that serve special populations, including those who are forensically involved and those who may have intellectual and developmental disabilities. All eleven facilities would be studied by the requirements of SB 69. Currently, within MDH assisted living and nursing homes, patients often have a personal cellphone, access to a provided mobile phone, or a room with a telephone designated for privacy, consistent with existing state and federal requirements.

Overall, the combined fiscal impact of this bill to MDH would be \$1,267,345: \$809,490 borne by OHCQ to undertake the assessments and complete the final report with recommendations for all private facilities and \$457,855 to conduct the onsite inspections and data collection by MDH for the State-owned facilities.

Understanding that the fiscal impacts of this bill are significant, MDH would appreciate the opportunity to discuss this bill with the sponsor. If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,



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

SB069_Fav with Amendments_DRM.pdf

Uploaded by: Randi Ames

Position: FWA

Maryland Senate Finance Committee – Bill Hearing
Senate Bill 069: Maryland Department of Health - Access to
Telephones - Study
Tuesday, January 21, 2025, 3:00 PM
Position: Support 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 psychiatric facilities and that reside at assisted living facilities and nursing facilities, on issues related to abuse, neglect, and rights violations. We appreciate the inclusion of psychiatric hospitals in this study, as access to phones is a significant barrier to our ability to communicate with our clients and other patients who contact us that are admitted to psychiatric facilities.

Many times, patients and residents of the three settings to be studied under Senate Bill 069 must rely on telephones at nurses' stations or other high traffic, congregate areas, which do not provide privacy and may not always be readily accessible for residents who require assistance with transferring out of bed, ambulating through the facility, dialing a phone, etc. This lack of privacy and accessibility makes it difficult to contact our clients in these settings and typically requires us to travel to the facility to meet with our clients, at times just to get basic information needed to begin an investigation, when a telephone call would suffice. Additionally, the lack of privacy can be a barrier for a client or potential client to access assistance or share facts and information, for example when they are reporting on abuse, neglect or rights violations perpetrated by staff at these facilities.

The lack of private, accessible telephones within these facilities is also a barrier to appropriate health care. (e.g. smart phone apps for monitoring diabetes and accessing medical records) and to the

ability of patients to communicate with family and friends. The isolation caused by the barriers to communication with family, friends, and advocates can be detrimental to the physical and mental well-being of patients.

The proposed study under Senate Bill 069 may also assist nursing facilities and psychiatric facilities with coming into compliance with their respective patients' rights requirements (COMAR 10.07.09.08; Health-Gen. § 10-702 (b)) that require these facilities to provide patients with reasonable access to private use of a telephone and the ability to communicate with individuals and services within and outside the facility, by providing potential funding opportunities and programs. Assisted living facility residents have a similar right to privacy in using a common use telephone, which the nature of such a congregate setting is unlikely to provide. All three types of facilities, whether privately or publicly funded and operated, can benefit from partnering with the Maryland Department of Health, given its statewide authority and resources, in implementing any potential action plans or recommendations that are the result of this study.

Proposed Amendments

1. **Section 1(b)(3)** identify and assess any potential alternatives to providing landline telephones, including:
 - i. Cellular phones;
 - ii. Tablets; and
 - iii. Assistive technology with communication features.
 - iv. Identify potential federal, State, or local programs that provide free or reduced cost cellular phones, tablets, or assistive technology with communication features.
 - v. Provide a comparative cost analysis with funding sources identified under section 1(b)(5).

Assisting patients at facilities in obtaining personal communication devices will help ensure they have reliable access to a means to communicate with people outside of the facility and

that they are able to communicate privately. There are numerous programs that provide free or reduced cost cellular phones, tablets, and assistive technology based on factors such as a person's age, disability, or income (e.g. [USA.gov USAC Lifeline Support](#), [SafeLink Wireless](#), [EASY.wireless](#), etc.) These programs can help reduce the potential cost to the state that landlines alone would create, and facilities already have staff, such as social workers and activities directors, that can assist patients with applying for these programs. Finally, assisting patients with obtaining personal communication devices will mitigate the risks of social isolation and aid in the patient's successful discharge to the community or transfer to a different facility since they will be able to maintain their ability to communicate with family, friends, advocates, and medical providers.

For these reasons, DRM strongly supports Senate Bill 069 and urges a favorable report.

Respectfully,

Randi A. Ames, Esq.
Managing Attorney
Disability Rights Maryland
1500 Union Ave., Suite 2000
Baltimore, MD 21211
Direct: 443-692-2506
RandiA@DisabilityRightsmd.org

SB69_SethMiller_FWA

Uploaded by: Seth Miller

Position: FWA

Madam Chair and Committee:

Seth Miller FWA.

Thank you for your service.

Senator Salling, thank you for taking up this cross when my former Senator did not.

I made one site increase staff after waiting two hours to be taken off a bed pan. It would cost less to get ladies who took care of me help than defend a Complaint. I had my iPhone.

Senator Salling, talked about his father falling out of bed in urine. The Senator is a better man than I am. I am not an attorney, but would litigate.

At Potomac Valley Nursing and Rehab, I did not have full use of three of four limbs. I saw a paraplegic roommate attacked by a third roommate my first night. When the nurse did not want to call police, I threatened to call the

state. Report Attached. The next night he was slapped by staff. I called police with my iPhone.

I discharged before Covid. During Covid staff did not isolate positives and accepted negatives. 10 admitted negative contracted Covid. Five died. MDH fined the site. See attached.

If MDH listened when I complained about attacks on my friend, the team would have gotten it together and those five would be alive.

Patient-provider communication will nip problems in the bud and cut costs. See attached. The fiscal note is for state sites.

Private places poorly treat patients with Marylanders' money through Medicaid, Medicare, and exchange.

Per Governor Moore's October call for patients to self-advocate, I want this study and non-forensic patients in private sites given phones if possible under USAC or the

Universal Service Access Company of the FCC. Bills for phone and cable cause constituent complaints. Look at your bills. You pay a tax for this. Sites should make up the difference with right of action and attorneys fees by OAG, MDH, patients, providers, families, and insurance.

I paid premiums by phone. Inpatient and insurance are natural enemies. Iron sharpens iron.

I do not want what happened to my roommate Brian Benjamin to happen to anyone else. Would you want your loved one treated like this. Remember your oaths of office.

Testimony of Seth B. Miller SB0069 4-43pm.pdf

Uploaded by: Seth Miller

Position: FWA

Madam Chair and Committee:

Seth Miller FWA.

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SB0069_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*

Senate Finance Committee

January 21, 2025

Senate Bill 69 – *Health Care Facilities – Access to Telephones – Study*

LETTER OF INFORMATION

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 69, which requires the Department of Health to conduct a study on the feasibility of installing and maintaining landline telephone systems in assisted living facilities, psychiatric facilities, and nursing homes and report back to the General Assembly by September 30, 2026, on its findings and recommendations.

During the 2024 Session, Senate Bill 813 was introduced. If passed, the bill would have had significant financial implications. It required each “health care facility” to implement a program to provide each individual admitted to the facility with reasonable access to a telephone by January 1, 2025. This would have ensured that a telephone was provided in the individual’s room unless certain circumstances were demonstrated. The bill, due to the 11 State facilities owned by the State, had a fiscal note of \$10.2 million.

The underlying issue, access to telephones, is already addressed in Federal and State regulations for nursing facilities and assisted living programs. These regulations are enforceable by the Office of Health Care Quality (OHCQ) and, for nursing homes, the federal Center for Medicaid and Medicare Services. We advise that the issue is the lack of enforceability of the current regulations, not the need for new regulations. If a resident is being denied access, then OHCQ has both the responsibility and the tools for enforcement.

The provisions regarding telephones are below.

NURSING HOME REGULATIONS

Federal Section 483.10(g) Information and communication.

(6) The resident has the right to have reasonable access to 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.

Federal 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.

State COMAR 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.