



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

February 21, 2025

The Honorable Joseline A. Peña-Melnyk
Chair, House Health and Government Operations Committee
Room 241, House Office Building
Annapolis, Maryland 21401

RE: House Bill (HB) 1070 – Maryland Department of Health - Access to Telephones - Study – Letter of Information

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for House Bill 1070 – Maryland Department of Health - Access to Telephones - Study. HB 1070 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.

HB 1070 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 HB 1070. 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