



Maryland  
Hospital Association

March 13, 2024

To: The Honorable Joseline Peña-Melnyk, Chair, House Health & Government Operations  
Committee

Re: Letter of Support with Amendments - House Bill 1253 - Health Care Facilities – Access to  
Telephones

Dear Chair Peña-Melnyk:

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of House Bill 1253 with amendments. While we support the intent of the bill and giving certain patients reasonable telephone access, we are concerned that a prescriptive, one-size-fits-all approach ignores the different types of patients that hospitals serve.

HB 1253 proposes to require all health care facilities, including hospitals, to provide all patients with reasonable access to telephones, which includes a telephone in the patient's room or access to a private area with a phone. Any limitation to telephone access must be documented in the patient's record, and if the limitation is prolonged, the health care facility must obtain written acknowledgment from the patient. While well-intentioned, the proposal assumes that all patients can—and should—have access to a telephone. This assumption, however, may result in consequences that range from an unnecessary administrative burden to serious patient harm.

For example, some hospitals operate neonatal intensive care units. As the name suggests, these specialty units provide care for newborns who do not, and cannot, operate a telephone. Providing telephone access to, or requiring written acknowledgment from, a newborn would be impractical. Furthermore, many hospitals care for behavioral health patients. For certain behavioral health patients, access to a telephone creates ligature risks. For these patients, it is not sufficient that the phone line in the patient's room be disabled because the telephone itself can be used to inflict self-harm or endanger hospital staff.

These are two examples of unique patient populations that need special dispensation, and a hospital may have many more. Instead of a statute mandating telephone access for all patients, hospitals should be allowed to customize facility rules to best serve their existing patients and retain the flexibility to evolve to accommodate future patients. We therefore respectfully request that hospitals and limited service hospitals be removed from the definition of "health care facility."

We appreciate the Committee's consideration and look forward to working with stakeholders to move this issue forward.



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