Maryland
Hospital Association

Senate Bill 411 - Hospitals - Clinical Staffing Committees and Plans - Establishment

Position: *Oppose*
February 17, 2026
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in strong opposition of Senate Bill 411.

Maryland hospitals are deeply concerned about the unintended consequences SB 411 could have on hospitals, their employees, and the patients they care for. A singular, hospital-wide clinical staffing committee is an outdated, prescriptive approach that does not serve patients or the clinical workforce. This concept does not align with the dynamic and flexible structure required to meet the fluctuating staffing needs based on patient acuity and staff skill mix. This bill would increase administrative burdens, disrupt hospital day-to-day operations, and duplicate hospitals' governance structures without any positive impact on patient safety or staff well-being.

Maryland Hospital Fieldwide Commitments
During the 2025 interim, MHA studied how staffing decisions are made, the current regulations that guide these decisions, and ways that hospitals are supporting their workforce, culminating in a report that has been shared with the Finance and Health committees.

MHA member hospitals voluntarily committed to adopt actions that enhance collaboration between frontline clinical staff and hospital leadership, while allowing flexibility for individual hospitals to implement these actions in a manner that is appropriate to their unique culture, organizational structure, and patient population.

Maryland hospitals commit to:

- Include efforts to continuously improve staff engagement and work-life balance as part of the hospital's annual operating plans
    - Engage frontline clinical staff in developing staffing plans and policies
    - Create and promote forums for frontline clinical staff to discuss issues and share feedback
    - Establish metrics to ensure accountability and foster a collaborative working environment

- Continue to build and promote programs and supports to prioritize staff well-being and value
- Provide opportunities for career progression, mentorship, and professional development
- Provide a readily available, anonymous system to solicit staff feedback
- Participate in forums hosted by the Maryland Hospital Association to share progress on implementation of these efforts

Hospitals agree on the need to account for frontline staff perspectives/suggestions when developing staffing policies and plans. Their suggestions and feedback have, in fact, directly informed changes and initiatives that many hospitals have implemented. For example, expanded weekend huddles, improved safety feedback, resource nurse for off-hours, revised charge nurse model, violence prevention and support.

Joint Commission Accreditation Requirements

Maryland hospitals must maintain accreditation through a Maryland Department of Health-approved organization, such as the Joint Commission, to be licensed to operate.[1] The Joint Commission sets staffing standards and assesses compliance in collaboration with the Maryland Office of Health Care Quality (OHCQ). The Joint Commission standards direct the implementation of hospital-wide plans for nursing care, treatment, and services, ensuring that these plans are informed by patient needs and acuity and nurse competency levels. They also emphasize collaboration with the health care team, flexibility within these plans, and continuous quality improvement through on-site inspections.

Joint Commission National Performance Goal on Staffing

SB 411 conflicts with the national advocacy work of the American Nurses Association and other leading nursing advocacy groups, which established the Joint Commission's new National Performance Goal on staffing. The American Nurses Association and other leading nursing advocacy groups advocated for this change through the National Nurse Staffing Task Force.[2] Instead of staffing committees, they advocated for a more sophisticated approach that requires hospital leadership to evaluate staffing adequacy, competency alignment, and workload. For the first time, the Joint Commission elevated nurse staffing from a national patient safety goal to a national performance goal. This was recognized as a "defining moment for nursing."[3] This change formally links staffing oversight to accreditation, performance improvement, and governance accountability and means that hospitals will be inspected to ensure staffing adequacy.

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[1] Pages - 10.07.01.07.aspx

[2] Nursing World, American Nurses Association Celebrates Inclusion of Nurse Staffing in Joint Commission's National Performance Goals, Oct. 13, 2025

[3] Becker's Hospital Review, 'Defining moment' for nursing: Joint Commission recognizes staffing as quality component," Erica Cerutti, Oct. 14, 2025

Executive leaders and governing boards now must actively monitor staffing metrics, understand staffing-related risks, and ensure appropriate resource allocation. Hospitals will now be inspected by the Joint Commission to evaluate whether hospital leadership receives regular staffing reports, responds to trends, and integrates staffing considerations into strategic planning. A Joint Commission inspection surveyor can arrive at a hospital unannounced or with only short notice provided.[4]

AHEAD Model Transition & Federal Changes

At a time when Maryland hospitals are navigating significant regulatory change through the transition to the AHEAD Model and preparing for potential strain on our health care system stemming from federal H.R. 1. SB 411 would add substantial administrative burden without improving patient care. Hospitals are already operating in a complex and evolving environment that requires flexibility, clinical judgment, and the ability to respond quickly to shifting patient needs.

Maryland hospitals have additional concerns about SB 411:

Scope: The bill does not apply to all Maryland hospitals, only privately-owned hospitals. Exempting state-operated hospitals creates an unfair standard for Maryland hospitals that are otherwise held to the same state licensing and accreditation requirements. This indicates the bill's impact on patient safety, quality of care, and staff wellbeing is not significant enough to merit inclusion of state hospitals, which serve the most vulnerable Marylanders.

Governance Structure and Committee Composition: The bill requires a singular, hospital-wide clinical staffing committee with equal membership from management and employees inclusive of nonclinical staff such as dietary aides and environmental service workers. This structure presents several concerns that would conflict with hospitals' current governance structures.

Hospitals value the voice and insight of frontline staff and have governance structures in place to facilitate this feedback loop. Over half of Maryland's acute care hospitals either have the Magnet designation, Pathways to Excellence designation, or are pursuing one or the other in the next two years. These designations prioritize shared governance and support for the workforce.

The inclusion of non-clinical staff is concerning because the purpose of the committee is to develop clinical staffing plans. Accreditation and regulatory standards require clinical hospital

[4] Hospital Accreditation Survey Activity Guide 2025

leaders—particularly CNOs or directors of nursing—to create and maintain staffing plans that balance patient needs, safety requirements, and budgetary realities.

Reporting Requirements: The bill requires, beginning July 1, 2030, that hospitals report to the Maryland Health Care Commission (MHCC) summarizing how the hospital's clinical staffing committee addresses safe staffing through the hospital's clinical staffing plan during the immediately preceding year. It is unclear what value this requirement brings to MHCC, hospital staff, or the patients they care for.

Staffing plans are and should be dynamic to meet the ever-changing needs of the patient population and clinical workforce skill mix within the unit. Posting a static plan will become outdated the moment it is posted, especially in high volume, unpredictable patient units like the emergency department and maternal health units.

Conclusion

Maryland's hospital employees are the heart of health care. They bring skill, compassion, and commitment to caring for the more than 4.9 million people we serve each year. Hospitals share the goal of SB 411 to ensure safe staffing environments. However, this bill does not achieve these goals. Rigid, one-size-fits-all staffing mandates, like the ones proposed by SB 411, risk undermining the very workforce we all support. They limit hospitals' ability to adjust staffing based on patient acuity, seasonal surges, unit design, workforce availability, and community-specific challenges.

To protect access to care and support the teams at the heart of health care, we respectfully request an unfavorable report on SB 411.

For more information, please contact:
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