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Feb. 24, 2026

Maryland General Assembly
Legislative Services Building
90 State Circle, Annapolis, MD 21401

House Health and Government Operations Committee
Re: House Bill 931 – Nursing Homes – Medical Directors – Requirements
Position: Support with Amendment
Hearing Date: February 26, 2026

Chair Bagnal, Vice Chair Cullison, and Members of the Committee:

Thank you for the opportunity to provide testimony on House Bill 931.

I am writing in support of HB 931 and its goal of strengthening clinical leadership and accountability in Maryland's nursing homes. However, I respectfully urge the Committee to amend the bill to remove or modify the provision limiting a physician from serving as a medical director for more than two facilities.

Support for Certification and Transparency

HB 931 takes important steps to improve quality in nursing homes by requiring designated medical directors to hold an approved medical director certification or be actively working toward such certification. Nursing home residents are among the most medically complex and vulnerable individuals in our health care system. Ensuring that medical directors have specialized training and expertise in post-acute and long-term care medicine will help improve quality oversight, regulatory compliance, and resident outcomes.

Additionally, the bill's requirement that the Maryland Department of Health maintain an online directory of nursing home medical directors promotes transparency and accountability. Families, residents, and stakeholders deserve to know who is responsible for clinical leadership within their facilities. Public access to this information strengthens trust in the system.

Concern Regarding the Two-Facility Limit

While I strongly support the certification and transparency provisions of HB 931, I have concerns about the provision prohibiting a physician from serving as a designated medical director for more than two licensed nursing homes.

Maryland, like many states, faces workforce shortages in long-term care. Recruiting experienced physicians to serve as nursing home medical directors is already challenging, particularly in rural or underserved areas. An arbitrary two-facility cap could unintentionally reduce access to qualified medical leadership, especially for facilities that rely on shared medical directors across systems or geographic regions.

Not all facilities are the same in size, complexity, or staffing structure. Some experienced and highly qualified medical directors are fully capable of effectively overseeing more than two facilities without compromising quality. A rigid numerical limit does not account for these differences and may create unintended operational and financial burdens for nursing homes.

Recommendation

I respectfully urge the Committee to amend HB 931 by removing the two-facility limitation. With this amendment, HB 931 would meaningfully strengthen nursing home clinical leadership without creating unintended workforce challenges.

Thank you for your consideration of this important legislation.

Respectfully submitted,

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