



MedStar Health

9 State Circle, Ste. 303
Annapolis, MD 21401
C 410-916-7817
kimberly.routson@medstar.net

Kimberly S. Routson
Assistant Vice President,
Government Affairs - Maryland

HB 624 – Hospitals - Clinical Staffing Committees and Plans – Establishment

Position: **Oppose**

House Health Committee

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MedStar Health is the largest healthcare provider in the Maryland and Washington, D.C. region. MedStar Health offers a comprehensive spectrum of clinical services through over 500 care locations, including 10 hospitals, 33 urgent care clinics, ambulatory care centers, and an extensive array of primary and specialty care providers. As a not-for-profit healthcare system, MedStar Health is committed to its patient-first philosophy, emphasizing care, compassion, and clinical excellence, supported by a dedicated team of more than 35,000 physicians, nurses, and many other clinical and non-clinical associates.

House Bill 624 requires every licensed Maryland hospital, except state facilities, to establish a clinical staffing committee composed equally of management and employees. The committee must include representatives from nursing, dietary, environmental services, technicians, and a non-employee physician. The committee must write, and annually review, a unit-specific staffing plan that considers current levels, coverage gaps, patient acuity and evidence-based standards. Beginning January 1, 2028 hospitals must implement the plan and staff accordingly. Hospital employees may file committee-level complaints over noncompliance with the plan and resolution of complaints is determined by majority vote. Each unit must publicly post its approved and daily actual staffing numbers and provide copies on request. Starting July 1, 2030 hospitals must file annual reports with the MHCC to be published online.

Flexibility is essential to fulfilling our mission as hospitals, given the inherently dynamic nature of our operations. Patient needs, acuity, and volume change minute by minute. To appropriately respond to constantly changing conditions, clinical leaders rely on the expertise of frontline staff. MedStar Health nursing follows a collaborative shared governance model, with seven professional councils that bring focus to various nursing roles across the organization—clinical nurses, nurse educators, informatics specialists, nurse leaders, and researchers. This model empowers staff to actively engage in the decision-making process, shaping policies, clinical practices, and patient care initiatives. Hospital level nursing teams also huddle daily, sometimes multiple times a day, to connect on emerging needs and future staffing. System-wide nurse leaders huddle daily to review capacity across all MedStar hospitals.

The American Nurses Credentialing Center (ANCC) is a subsidiary of the American Nurses Association. The ANCC recognizes hospitals for nursing excellence through Magnet Status, which acknowledges superior nursing practices and patient outcomes, and the Pathway to Excellence program, which recognizes supportive and healthy practice environments that meet certain standards. MedStar Franklin Square Medical Center, MedStar Harbor Hospital, MedStar Montgomery Medical Center and MedStar St. Mary's Hospital have all achieved Magnet Status. MedStar Southern Maryland Hospital Center has achieved Pathway to Excellence designation. These national recognitions underscore MedStar Health's commitment to shared decision-making practices, professional development, patient safety and staff wellbeing.

In addition to the rigorous review processes that come with Magnet Status and Pathways to Excellence, hospital staffing is highly regulated by CMS as a condition to receive Medicare and Medicaid funding. These requirements include 24/7 nursing coverage, competency-based staffing, and individualized nursing care plans for each patient. Notably, CMS requires that the director of nursing service be responsible for determining the types and numbers of nursing personnel and staff necessary to provide adequate coverage

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and nursing care in all areas of the hospital. CMS enforces compliance through regular surveys and audits, with potential penalties for non-compliance.

Since last session, The Joint Commission made staffing a National Performance Goal. Now, hospitals will be surveyed on metrics related to staffing adequacy. Failure to comply would jeopardize accreditation which could jeopardize reimbursement from federal payers like Medicare and Medicaid. With this shift, HB 624 would be duplicative and redundant. The Joint Commission goal provides the necessary flexibility for hospitals to comply with staffing needs, with significant consequences for noncompliance.

In concert with MHA, MedStar Health hospitals have 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. Each of our seven Maryland hospitals is distinctive, and these commitments will allow staffing needs to remain aligned with specific hospital needs, patient acuity and nursing expertise.

For the reasons stated above, MedStar Health urges an *unfavorable* report on **HB 624**.