



Maryland
Long-Term Care
Ombudsman Program

Date: February 25, 2026

Bill Number: **HB 931**

Bill Title: Health Care Facilities – Nursing Homes – Medical Director Requirements

Committee: Health

Office of the State Long-Term Care Ombudsman Position: FAVORABLE

The Maryland Office of the State Long-Term Care Ombudsman Program thanks the Chair and Members of the Committee for the opportunity to submit testimony in strong support of House Bill (HB) 931 – Health Care Facilities – Nursing Homes – Medical Director Requirements.

Thank you for the opportunity to submit written testimony regarding House Bill 931. As the State Long-Term Care Ombudsman for Maryland, I am writing in strong support of HB 931, which strengthens standards for medical directors in nursing homes in order to protect residents' health, safety, and quality of life.

The Long-Term Care Ombudsman Program is charged under federal and state law with advocating for residents of nursing homes and assisted living facilities, addressing their complaints, and promoting policies that improve their care and rights. Every year, ombudsmen across Maryland visit facilities thousands of times and resolve thousands of resident complaints, many of which involve concerns that are directly affected by the quality and consistency of medical oversight.

HB 931 is an important, targeted response to those concerns. The bill requires nursing home medical directors to hold an approved medical director certification, to meet ongoing training and competency standards, and to limit the number of facilities they can cover at one time. These provisions align with emerging best practices and federal expectations for the role of the medical director in overseeing quality of care and quality assurance processes in skilled nursing facilities.

From the vantage point of the Ombudsman Program, problems that residents and families report—such as delays in physician assessment, inconsistent follow-up on changes in condition, medication-related issues, and inadequate coordination of care—often reflect systemic gaps in clinical leadership rather than the actions of individual frontline staff. A qualified and engaged medical director is critical to:

- Ensuring timely medical evaluation and intervention when residents' conditions change.
- Leading quality assurance and performance improvement activities focused on reducing avoidable hospitalizations, falls, pressure injuries, and infections.
- Setting expectations and standards for attending practitioners and facility staff.
- Integrating evidence-based geriatric and long-term care practices into daily operations.

By requiring certification and clear limits on how many nursing homes a physician can serve as medical director, HB 931 helps ensure that the medical director is both competent and sufficiently present to fulfill these responsibilities. When a medical director is spread too thin across multiple facilities or lacks specialized training in long-term care, residents are more likely to experience fragmented, reactive, and lower-quality care.

The Ombudsman Program's experience confirms that facilities with strong, stable clinical leadership generally have fewer serious complaints, better communication with residents and families, and more consistent adherence to residents' rights and care plans. Strengthening the medical director role is therefore a practical and evidence-informed way to improve resident outcomes and align with Maryland's broader goal of enhancing quality in long-term care settings.

I respectfully urge the Committee to give HB 931 a favorable report. Maryland's nursing home residents—many of whom are medically fragile, live with multiple chronic conditions, and depend on these facilities for all aspects of their daily care—deserve the assurance that their care is guided by qualified, accountable medical leadership.

Thank you for your consideration and for your commitment to protecting Marylanders who live in long-term care. I am available to answer any questions or provide additional information on how HB 931 will support improved quality of care from the perspective of the Long-Term Care Ombudsman Program.

Respectfully submitted,

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