

Department of Legislative Services
Maryland General Assembly
2026 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

Senate Bill 411

(Senator Augustine, *et al.*)

Finance

Health

Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2026)

This bill requires each hospital to comply with the staffing standards of the accreditation body that accredits the hospital and the federal Centers for Medicare and Medicaid Services (CMS) Conditions of Participation (CoPs). Each hospital must establish and maintain a clinical staffing committee that has (1) three managers and two employees, if the hospital has 150 or fewer licensed beds or (2) five managers and four employees, if the hospital has 151 or more licensed beds. The chief nurse executive of each hospital must produce a draft clinical staffing plan and submit it to the clinical staffing committee. Using the draft plan, each clinical staffing committee must finalize a clinical staffing plan that meets patient needs. Each hospital must provide the clinical staffing plan to staff on request. The bill does not apply to State hospitals. The bill may not be construed to require a hospital to take actions that are inconsistent with CMS CoPs or accreditation standards.

Fiscal Summary

State Effect: The bill does not directly affect governmental operations or finances.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary:

Clinical Staffing Committee

Each clinical staffing committee may include: (1) a certified nursing assistant; (2) a dietary aide; (3) a licensed nurse; (4) an environmental service worker; (5) a medical resident, if the committee is in a teaching hospital; (6) a staff physician who is not a hospital employee or administrator; (7) a technician; or (8) an employee whose duties include patient advocacy.

Clinical Staffing Plan

When finalizing a clinical staffing plan, the clinical staffing committee must consider (1) existing staffing levels; (2) methods to secure coverage needs as necessary; (3) existing gaps in staffing and how to address the gaps; (4) any available evidence-based staffing standards; (5) a schedule for periodic review of the staffing plan; (6) appropriate skill mix and competency of staff; (7) standards required by CMS CoPs and the accreditation body that accredits the hospital; (8) the average number of patients of the hospital during the immediately preceding year and relevant information regarding patient discharges, potential admissions, and transfers; (9) the average level of acuity for patients of the hospital during the immediately preceding year and the corresponding level or nursing care required; and (10) an estimate of the appropriate combination of skill, experience level, and specialty certification or training of staff that is required to adequately provide care to patients of the hospital.

Implementation of the Clinical Staffing Plan

By July 1, 2028, and annually thereafter, each hospital must implement the finalized clinical staffing plan and assign personnel to each patient care unit in accordance with the plan.

Current Law: “Hospital” means an institution that (1) has a group of at least five physicians who are organized as medical staff for the institution; (2) maintains facilities to provide, under the supervision of medical staff, diagnostic and treatment services for two or more unrelated individuals; and (3) admits or retains the individuals for overnight care.

CMS [Conditions of Participation](#) (CoPs) are required for hospitals participating in Medicare.

Additional Comments: Uncodified language specifies that each hospital must establish a clinical staffing committee by July 1, 2027, and each hospital must implement a clinical staffing plan by July 1, 2028.

Additional Information

Recent Prior Introductions: Similar legislation has been introduced within the last three years. See HB 905 and SB 720 of 2025 and HB 1194 and SB 1020 of 2024.

Designated Cross File: HB 624 (Delegate White Holland, *et al.*) - Health.

Information Source(s): Maryland Department of Health; Department of Legislative Services

Fiscal Note History: First Reader - February 12, 2026
jg/jc Third Reader - April 11, 2026
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