

February 18, 2026

The Honorable Senator Pam Beidle, Chair  
Senate Finance Committee  
Miller Senate Office Building, 3E  
Maryland General Assembly Annapolis, Maryland 21401

**RE: Opposition to SB 411 – Clinical Staffing Committees**

Chair Beidle and Members of the Senate Finance Committee:

Thank you for the opportunity to submit testimony in opposition to **SB 411 – Clinical Staffing Committees**. Luminis Health and hospitals across Maryland are deeply committed to safe, high-quality patient care and to supporting a strong, engaged healthcare workforce. However, SB 411 is unnecessary, duplicative of existing regulatory requirements, and would impose new operational burdens at a time of significant transition for hospitals statewide.

**About Luminis Health**

Luminis Health is a nonprofit regional health system serving Anne Arundel County, Prince George’s County, and the broader region. Our system includes three hospitals:

- **Luminis Health Anne Arundel Medical Center** – a comprehensive regional medical center providing acute care, surgical services, women’s and children’s health, and a high-volume emergency department.
- **Luminis Health Doctors Community Medical Center** – a key provider of medical-surgical care, behavioral health, and emergency services for northern Prince George’s County.
- **Luminis Health McNew Family Medical Center** – a dedicated behavioral health hospital offering inpatient psychiatric care and crisis stabilization.

Across these campuses, thousands of caregivers work every day to deliver safe, compassionate, and equitable care. SB 411 would directly affect our operations and our ability to remain responsive to the needs of the communities we serve.

**Existing Federal and Accreditation Requirements Already Regulate Staffing**

Hospitals already operate under extensive federal oversight governing staffing adequacy. Centers for Medicare & Medicaid Services (CMS) Conditions of Participation require hospitals to provide 24/7 nursing coverage, competency-based staffing, and individualized nursing care plans. Federal regulations also require the director of nursing to determine the types and numbers of nursing personnel necessary to ensure adequate coverage in all areas of the hospital. CMS enforces these requirements through regular surveys and audits, and non-compliance can result in significant penalties.

Accreditation standards have also become more stringent. The Joint Commission recently established staffing as a National Performance Goal, effective January 1, 2026. Hospitals will now be surveyed on staffing adequacy, and failure to meet these standards could jeopardize accreditation and, by extension, Medicare and Medicaid reimbursement.

Hospitals must retain flexibility to adjust staffing in real time during surges, disasters, and seasonal variation. Prescriptive staffing plans may limit innovative care models and flexible scheduling strategies that support recruitment, retention, and workforce well-being. Safe staffing is complex and requires professional nursing judgment that considers patient acuity, skill mix, experience, workflow, and available resources.

### **Maryland Hospitals Already Use Shared Governance and Strengthen Workforce Collaboration**

Maryland hospitals have long embraced shared governance models that elevate frontline nursing voices. In our state, 30% of acute care hospitals hold Magnet designation—three times the national average—and several others hold or are pursuing Pathways to Excellence designation. These programs prioritize shared decision-making and support for the nursing workforce.

Following the 2024 legislative session, the Maryland Hospital Association conducted a comprehensive review of staffing practices, regulatory requirements, and workforce support strategies. Luminis Health along other health systems and hospitals throughout the state voluntarily committed to strengthening collaboration between frontline clinical staff and leadership, while preserving the flexibility needed to meet the unique needs of their communities, cultures, and patient populations. Frontline staff input already informs staffing policies and has led to meaningful changes across the field.

### **AHEAD Implementation Requires Stability**

Luminis Health is currently navigating the AHEAD transition, one of the most significant operational and financial shifts in recent years. This period of uncertainty requires flexibility, collaboration, and focus. Imposing a new operational mandate, particularly one that duplicates existing structures, would be premature and counterproductive. We need stability to successfully implement AHEAD and continue delivering high-quality care.

### **Staffing Committees Will Not Address the Issues Raised by Proponents**

We share the concerns raised by proponents regarding workforce shortages, workplace violence, and emergency department throughput. These are real and urgent challenges. However, a mandated staffing committee structure will not resolve them. Addressing these issues requires targeted, evidence-based solutions, not additional administrative layers that divert time and resources away from patient care.

Luminis Health remains committed to working collaboratively with advocates, policymakers, and frontline staff to advance meaningful strategies that improve safety, retention, and patient care.

### **Conclusion**

Hospitals are already held to rigorous staffing standards, are actively strengthening shared governance, and are navigating major systemwide reforms. A new statutory mandate would be redundant, burdensome, and unlikely to address the real challenges facing the healthcare workforce. For these reasons, we respectfully urge an unfavorable report on SB 411.

Respectfully,



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