



## Senate Bill 411

Date: February 17, 2026

Committee: Finance

**Position: Unfavorable**

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Founded in 1968, the Maryland Chamber of Commerce (the Chamber) is the leading voice for business in Maryland. We are a statewide coalition of more than 7,000 members and federated partners, and we work to develop and promote strong public policy that ensures sustained economic growth for Maryland businesses, employees, and families.

Senate Bill 411 (SB 411) would require hospitals to establish staffing committees and adopt prescriptive staffing-related processes.

The Chamber supports high-quality patient care and a strong health care workforce, but SB 411 is unnecessary and duplicative of existing oversight, and it would impose new operational requirements on hospitals at a time of significant financial and regulatory strain.

Hospital staffing is already extensively regulated. Federal Centers for Medicare & Medicaid Services (CMS) Conditions of Participation require 24/7 nursing coverage, competency-based staffing, and individualized nursing care plans, with compliance enforced through surveys and audits and backed by significant penalties, including loss of reimbursement. In addition, the Joint Commission has adopted staffing as a National Performance Goal effective January 1, 2026, meaning hospitals will now be surveyed directly on staffing adequacy as part of accreditation.

Maryland hospitals are also national leaders in shared governance and workforce engagement. Nearly one-third of the state's acute care hospitals hold Magnet designation, well above the national average, and others have achieved or are pursuing Pathways to Excellence designation. These frameworks already prioritize frontline staff involvement in staffing decisions and workforce support. Hospitals have also completed a recent, comprehensive review of staffing practices and governance structures and shared those findings with the general assembly.

While workforce shortages, workplace violence, and emergency department crowding are real challenges, a mandated staffing committee will not resolve these issues. Instead, it risks adding administrative burden without improving patient outcomes or workforce stability.

Hospitals are currently navigating major delivery-system reforms, including the transition to the AHEAD model, alongside ongoing workforce shortages and financial pressures. We believe that it is not the right time to impose a rigid, one-size-fits-all operational mandate.

For these reasons, the Maryland Chamber of Commerce respectfully requests an **unfavorable report** on SB 411.