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**SB 411 - Hospitals - Clinical Staffing Committees and Plans – Establishment
(Safe Staffing Act of 2026)
Senate Finance Committee
February 17, 2026
FAVORABLE**

Good afternoon, Chair Beidle, Vice Chair Hayes, and members of the Senate Finance Committee. Thank you for the opportunity to submit testimony in support of Senate Bill 411, the Safe Staffing Act of 2026. We thank Senators Augustine, Hettleman, Kramer, and McCray for sponsoring this important legislation.

My name is Sara Westrick, Advocacy Director for AARP Maryland, and we are a proud member of the Caring Across Maryland Coalition, which has identified SB 411 as one of its priorities for the legislative session.

AARP Maryland is one of the largest membership-based organizations in the state, with approximately 850,000 members. We represent the interests of Maryland's over 50 population. AARP brings the lived experiences, concerns, and priorities of our members to the discussion table, ensuring that policy decisions reflect the needs of older adults.

Why AARP Maryland Supports SB 411

SB 411 requires hospitals to establish clinical staffing committees with equal representation from management and frontline staff. The committee must include workers who understand patient needs firsthand, including certified nursing assistants, dietary aides, technicians, nurses, environmental services workers, and residents.

By empowering frontline clinicians, Maryland ensures staffing plans are grounded in real-world patient care conditions. In addition, giving employees a real voice in staffing decisions improves morale and retention, which are critical to addressing the chronic understaffing experienced at many Maryland hospitals.

Each staffing committee must evaluate and update the plan each year based on the previous year's events. The committees must also develop a process for receiving, resolving, and tracking complaints when staffing does not match the plan. These provisions ensure that staffing plans are living documents, not check-the-box exercises.

SB 411 creates statewide consistency without imposing rigid ratios, and there are no mandated minimum staffing ratios. Instead, the act requires hospitals to develop evidence-based staffing

plans tailored to each unit. This approach respects hospital differences while ensuring every facility uses a structured, data-driven process.

Similarly, the gradual implementation of the bill gives time to help ensure success. Hospitals will have the time needed to prepare and implement the provisions.

Conclusion

We believe that safe staffing saves lives and improves patient outcomes, and better staffing reduces medical errors, shortens hospital stays, and improves quality of care. By passing SB 411, Maryland will join other states that have successfully implemented similar staffing regulations, resulting in improved patient outcomes and better working conditions for health care professionals.

For these reasons, we respectfully urge a favorable report on Senate Bill 411.

If you have any questions, please contact Sara Westrick at swestrick@aarp.org or by calling 410-310-0374.