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TO: House Health Committee
FROM: LeadingAge Maryland
SUBJECT: House Bill 931, Health Care Facilities - Nursing Homes - Medical Director Requirements
DATE: February 26, 2026
POSITION: Favorable with Amendment

LeadingAge Maryland requests a favorable with amendment report for House Bill 931, Health Care Facilities - Nursing Homes - Medical Director Requirements.

LeadingAge Maryland is a community of more than 150 not-for-profit aging services organizations serving residents and clients through continuing care retirement communities, affordable senior housing, assisted living, nursing homes and home and community-based services. Members of LeadingAge Maryland provide health care, housing, and services to more than 20,000 older persons each year.

LeadingAge Maryland appreciates the opportunity to provide comments on House Bill 931, which proposes new requirements related to certification and appointment of nursing home medical directors. We strongly support the intent of this legislation — ensuring that medical directors are highly qualified, meaningfully engaged in their facilities, and actively contributing to quality clinical oversight in long-term care settings. Strong medical leadership is essential to resident safety, interdisciplinary collaboration, and continuous quality improvement.

We support the concept of medical director certification, including credentials such as the Certified Medical Director (CMD), which promote ongoing education, clinical excellence, and consistent standards for medical leadership. LeadingAge Maryland also agrees that medical directors should be appropriately engaged in the communities and facilities they serve to help elevate standards of care across Maryland.

Amendment Requested – Strike the Two-Facility Cap

While we support the overall goals of House Bill 931, we respectfully request an amendment to strike the provision limiting a medical director to serving no more than two nursing homes. Specifically, we request striking page 2, lines 22-23.

A strict numerical cap does not account for the significant variation in nursing home size, complexity, and resident acuity. Facilities range from small 20-bed homes to campuses with 200 or more beds. A flat limit treats all facilities as identical, without regard to scale, staffing infrastructure, or clinical intensity. In practice, one larger facility may require more time and oversight than multiple smaller facilities combined.

In addition, it is not clear how many Certified Medical Directors are currently practicing in Maryland or how evenly they are distributed geographically. Imposing a rigid two-facility limit could unintentionally strain workforce capacity, particularly in rural or underserved regions where the pool of available physicians is already limited. Other states take a more flexible approach. For example, Florida permits a medical director to serve up to ten facilities, recognizing workforce realities while maintaining accountability standards.

Most importantly, the focus should remain on engagement and effectiveness — not on an arbitrary numerical threshold. If the goal is to ensure meaningful involvement and quality oversight, there may be alternative mechanisms to achieve that objective, such as clearly defined participation standards, time commitments, reporting requirements, or performance-based accountability measures.

LeadingAge Maryland fully supports the bill's intent to strengthen medical leadership and promote high-quality care. With the amendment to remove the two-facility cap, House Bill 931 can better balance quality goals with workforce realities and ensure continued access to strong clinical leadership across Maryland's diverse long-term care settings.

For these reasons, LeadingAge Maryland respectfully requests a favorable report with amendment for House Bill 931.