



Bill Title: Senate Bill 941, Department of Housing and Community Development - Severe Health and Safety Risk Properties - Intervention Plan

Committee: Judicial Proceedings Committee

Date: March 11, 2026

Position: Unfavorable

This testimony is offered on behalf of the Maryland Multi-Housing Association (MMHA). MMHA is a professional trade association established in 1996, whose members consist of owners and managers of more than 214,000 rental housing homes in over 1015 apartment communities. Our members house over 571,000 residents of the State of Maryland. MMHA also represents over 270 associate member companies who supply goods and services to the multi-housing industry.

Senate Bill 941 (“SB 941”) enables the Department of Housing and Community Development, Office of Landlord and Tenant Affairs (“OLTA”) in conjunction with the Attorney General to develop a plan to identify severe health and safety risk properties in the State. Additionally, they are tasked with creating a plan to provide effective interventions to mitigate predatory, noncompliant, and negligent actions by landlords of multi-unit rental properties in the State. This plan and their recommendations must be submitted to the Governor and the Maryland General Assembly on or before August 31, 2027.

From our lens, SB 941 tasks OLTA and the Attorney General to build an entirely new bureaucracy to “identify” the very properties that local jurisdictions already flag for “predatory landlord practices.” It imposes a menu of duplicative sanctions: fines, investigative cost recovery, mandatory tenant escrow, repair timelines, mandatory relocation plans, and more. This duplicity invites a new layer of conflicting standards, dueling penalties, and more litigation making it that much more difficult for landlords to navigate compliance standards.

Local code-enforcement offices already have the duty and the tools (civil penalties, criminal citations, receivership, license revocation, and, where conditions are truly dangerous, emergency condemnation) necessary to compel immediate remediation of health-and-safety violations. At the same time, Maryland’s decades-old Rent Escrow Law (Real Property § 8-211) gives every tenant a clear, expedited court remedy: rent is placed in escrow until a judge is satisfied that violations have been cured. These two systems - one driven by trained inspectors, the other by tenants themselves - have proven sufficient to identify and correct “severe health and safety risk properties” without adding a new State layer.

The bill’s definition of a “severe health and safety risk property” is also sweeping, subjective, and overly broad which will likely lead to the unintended consequence of implicating more landlords than the egregious actors that the Sponsors intend to address with this legislation. For an example, the bill highlights any property that “routinely” fails to meet “basic” standards,



or that has “repeated cycles of violations.” A single over-worked county inspector who files multiple notices on an aging, yet occupied, multi-unit rental property could trigger State intervention - even when local enforcement timelines have not yet run and even when no judge has found any violation to be dangerous. In practice, the bill risks turning routine code enforcement into a State-run “name-and-shame” list, chilling investment in older but desperately needed workforce housing.

Lastly, this bill sunsets in eighteen months - long enough to create new regulations, case-by-case adjudications, and litigation exposure, but too short to demonstrate measurable public-health benefits. Thus, landlords will be left defending themselves in two forums (local and State) for the same alleged defect, while taxpayers foot the bill for a redundant enforcement structure. If the General Assembly wishes to accelerate remediation of unsafe rental housing, we believe the better path is to ensure that every local jurisdiction has adequate inspection staff and that resources are made available to tenants (that they can easily access) of the powerful Rent Escrow remedy that already exists. It is for these reasons that MMHA respectfully urges the Committee to issue an unfavorable report on SB 941.

Please contact Aaron Greenfield at agreenfield@mmhaonline.org or Ashley Clark at ashley.clark@mdlobbyist.com with any questions or concerns.