

Testimony in support of SB 1020 - Hospitals – Clin

Uploaded by: Alonzo Washington

Position: FAV

ALONZO T. WASHINGTON
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Finance Committee



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

**Testimony in support of SB 1020 - Hospitals – Clinical Staffing Committees and Plans –
Establishment (Safe Staffing Act of 2024)**

Clinical staffing is one of the most urgent issues our state faces. Our essential workers are routinely being burned out by the sheer quantity of patients, long hours, and stressful shifts day after day. Moreover, our nurses are forced to face these poor working conditions for relatively low pay and during chronic understaffing. A study by the Journal of the American Medical Association found that this overstaffing drastically reduces job satisfaction, increases burnout, and overall worse quality work.

This issue is not only one of workers but a universal one. Overworked nurses are more likely to provide a lower quality of service, commit more errors, and create longer waiting times for patients seeking urgent care. Now more than ever, it is imperative that nurses voices are heard. Workers should be empowered to make decisions in times of crisis, where it has been clear that the current methods of staffing are only leading to a troublesome shortage.

Similar legislation in other states have been found to have a profound impact on worker satisfaction and retention, where workers feel as if their workplace has improved transparency, better conditions, and less turnover. Most importantly, hospitals did not see a rise in costs, as similar measures often led to a re-working of schedule rather than an increase in hours for workers.

Every person deserves a workplace that values their input, and this legislation will help our nurses have an impactful voice in their workplace. No essential worker should be suffering from burnout for our health, and thus we must provide them with as much care as they provide us. Furthermore, quality healthcare is a right that every Marylander should enjoy, and we cannot let current staffing shortages and confusion get in the way of that right.

For these reasons, I respectfully request a favorable committee report on SB 1020.

Antonia Brooks HB1194_SB1020 Testimony FAV.pdf

Uploaded by: Brige Dumais

Position: FAV



Testimony on HB1194/SB1020

Safe Staffing Act of 2024

Position: **FAV**

Madam Chair and Members of the Committee,

My name is Antonia Brooks. I'm a Physical Medicine Rehabilitation Technician II in the Intensive Care Unit at a hospital, and a member of 1199SEIU United Healthcare Workers East. I work short staffed at least twice a week. There are long emergency department wait times, and patients are being treated in the hallways because there aren't rooms available. I am a healthcare worker because I care about people, and I believe access to healthcare is a human right. Short staffing delays that right. I urge a **favorable** report on HB1194 / SB1020: The Safe Staffing Act of 2024. This bill will improve patient care, reduce emergency department wait times, and increase worker morale.

I treat 24 patients per day, helping them walk and sit up, and providing respiratory assistance. I work alongside the doctors, nurses, and therapists. On days we are short staffed, I assist in other areas too. That means I spend half as much time with my patients on short days. Treatments that patients are supposed to receive daily often get postponed because of short staffing.

We are short staffed because healthcare workers are underpaid and overworked. High patient volume and running from building to building is exhausting. Workers are quitting soon after being hired because they are required to take on work outside of the job description they were hired for. Some describe the hiring process as false advertising.

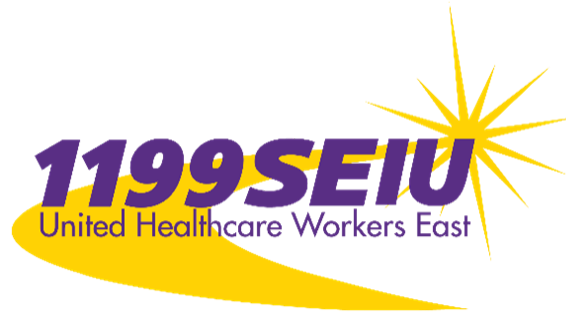
Right now, when workers bring our concerns about short staffing to management, their responses seem performative because the problem isn't getting better. The Safe Staffing Act of 2024 will change that by giving workers like me an opportunity to bring our solutions to the table. I'm excited to volunteer to serve on my hospital's safe staffing committee when this bill passes! Please vote YES on HB1194 / SB1020. Thank you.

In Unity,
Anotnia Brooks

Debra K HB1194SB1020 FAV Testimony.pdf

Uploaded by: Brige Dumais

Position: FAV



Testimony on HB1194/SB1020
Safe Staffing Act of 2024
Position: **FAV**

Madam Chair and Members of the Committee,

My name is Debra K. I'm a Patient Care Technician at a hospital, and a member of 1199SEIU United Healthcare Workers East. I urge a **favorable** report on HB1194/SB1020: Safe Staffing Act of 2024 because I can't remember the last time I had sufficient staffing at work. Workers and our patients deserve better.

I work 12 hour shifts, serving 14 patients at a time. I help them with things like drinking, eating, hygiene, and getting in and out of bed. I monitor vital signs and perform EKGs. I also deliver food to patients in isolation with infectious diseases. Being compassionate to my patients is what I love about the work that I do.

Short staffing is hard mentally, emotionally, and physically. When we work short, patients have to wait for care. Staffing shortages are so severe that Maryland has the longest Emergency Department wait times in the country! And that's just to get your foot in the door, there's more waiting on the other side. So, patients get frustrated. I've been cursed at and I've had things thrown at me. Some days, I think about giving up.

Two weeks ago I had a patient who was calling for a tech for 12 HOURS, but there was only one tech working the night shift, so no one ever came to help her. 12 hours with no water. 12 hours unable to move. 12 hours! I helped her take a shower and calmed her down. Feeling cared for transformed her, and seeing how happy she became brought me joy too. But, those moments are rare because we always have to be on to the next task.

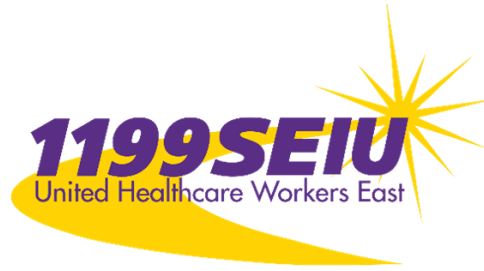
I want to be able to keep the CARE in healthcare. That is why we need the Safe Staffing Act! Every hospital needs a committee to make a safe staffing plan, and half the committee must be workers. We are the ones who live the short staffing crisis everyday. Therefore, we are the ones with the solutions. I'll be the first worker at my hospital to sign up for our Committee. Please vote YES on this bill. Thank you.

In Unity, Debra K.

Dee Helmick HB1194_SB1020 Testimony FAV.pdf

Uploaded by: Brige Dumais

Position: FAV



Testimony on HB1194/SB1020

Safe Staffing Act of 2024

Position: **FAV**

Madam Chair and Members of the Committee,

My name is Dee Helmick. I am a Patient Transporter at a hospital and a member of 1199SEIU United Healthcare Workers East. Patient Transporters literally keep the hospital operations moving, but our department is severely understaffed. We are in dire need of a legislative solution, so I urge you to issue a **favorable** report on HB1194/SB1020: Safe Staffing Act of 2024.

Short staffing creates dangerous working conditions. Recently I pulled my groin while moving a patient. I had to beg and yell for help, but no one was around to come to my aid. There are days when I get home from work and crawl around my house because my body can't stand up anymore. I'm developing back issues. A few weeks ago I got COVID with symptoms. A manager told me I still needed to come to work and instructed me to "just wear a mask and try not to cough." If a manager gets sick, they are allowed to stay home.

Patient Transporters discharge patients in hazardous weather conditions, but management won't purchase jackets for our uniforms or let us wear our own jackets. I've had to work shifts completely drenched because we don't have raincoats or time to change into dry clothing. So it's not surprising that people in my department are getting sick and calling out frequently. Management bought themselves nice jackets while telling workers they couldn't get us jackets – even though we're the ones who stand in the rain and snow – due to "budget shortages."

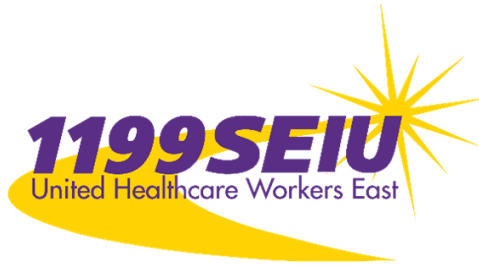
This culture of disrespect cultivated by management contributes to short staffing in our hospital. The Safe Staffing Act will foster a collaborative environment where workers are respected by requiring that we are 50% of the safe staffing committee. No one cares more about safe staffing than workers do. Vote YES on this bill.

In Unity, Dee Helmick

Fabaya Pollard HB1194_SB1020 Testimony FAV.pdf

Uploaded by: Brige Dumais

Position: FAV



Testimony on HB1194/SB1020

Safe Staffing Act of 2024

Position: **FAV**

Madam Chair and Members of the Committee,

My name is Fabaya Pollard. I'm an Environmental Service Staff (EVS) worker at a hospital, and a member of 1199SEIU United Healthcare Workers East. Hospitals are short staffed every day. It doesn't matter what department or shift, everyone is working short. This is unsustainable. We are human beings and we need to have safe work environments. Therefore, I urge a **favorable** report on HB1194 / SB1020: The Safe Staffing Act of 2024.

EVS is essential. We maintain sanitary environments, which is very important for patients' and workers' safety. I work from 7:00am to 3:30pm. I'm responsible for sanitizing four floors including common areas, pharmacies, employee break rooms, and bathrooms. There are only two EVS workers in my building on my shift, so when one of us calls out, the other is responsible for all 10 floors. When night shift workers call out, my shift is responsible for completing their unfinished tasks as well.

Our work is literally back-breaking. There aren't enough workers to empty trash cans on a regular basis so the trash bags are getting too heavy from being overstuffed. Workplace injuries are increasing because of this. Then workers have to call out, making the short staffing even worse. I was out on workers comp for a whole month because I sprained my back lifting a heavy bag, and I'm still in physical therapy.

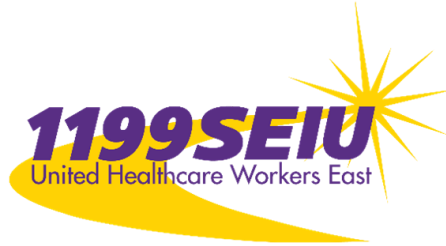
There is a high worker turnover rate because we are overworked and disregarded by management when we raise concerns about short staffing. The Safe Staffing Act of 2024 can help fix these problems by giving us a voice. A committee that is at least 50% workers will ensure the safe staffing plan is a success when implemented. We all have a part to play in ending the short staffing crisis, so we should all have the opportunity to craft the hospital safe staffing plan together. Please vote YES on this bill.

In Unity, Fabaya Pollard

Lashai Simms HB1194_SB1020 Testimony FAV.pdf

Uploaded by: Brige Dumais

Position: FAV



Testimony on HB1194/SB1020
Safe Staffing Act of 2024
Position: **FAV**

Madam Chair and Members of the Committee,

My name is LaShai Simms. I'm a Patient Transporter at a hospital and a member of 1199SEIU. Patient Transporters usually work 10-12 hour shifts moving patients and equipment throughout the hospital, but because of short staffing, some of us are regularly working 16 hour shifts. We have 4-6 workers scheduled per shift, but most days only 2-3 workers show up. It's been like this for months. I urge a **favorable** report on HB1194/SB1020: Safe Staffing Act of 2024.

Our jobs are physically demanding. Workplace injuries are common in my department because we are always moving quickly. We have less than 21 minutes per patient. When a task comes in, we have one minute to accept it, five minutes to get to the patient, and fifteen minutes to get the patient where they need to go. Then we repeat that cycle for 12 hours on average. My feet hurt constantly. There is never any time to sit down and we have to ask permission to go to the restroom. When we do get to use the restroom, we are only given five minutes. Our bodies are breaking down because of short staffing. That is one of the reasons so many workers frequently call out sick, which makes short staffing worse. It's a vicious cycle.

Management does not take our concerns about short staffing seriously. Workers are under constant surveillance, we are shamed when we need to take a break, we are underpaid, and we were recently told to *not* report positive COVID tests to Occupational Health.

We need the Safe Staffing Act of 2024 because it gives workers a voice in addressing the short staffing crisis. Our voices matter! This bill will help us create a healthy and safe working environment by making sure a safe staffing plan is drafted by a committee that is 50% workers. Please vote YES on HB1194 / SB1020.

In Unity, LaShai Simms

SB 1020 1199 SEIU Safe Staffing Act.pdf

Uploaded by: Brige Dumais

Position: FAV



Testimony for SB 1020
Safe Staffing Act of 2024
Before the Senate Finance Committee
March 14th, 2024
Position: **FAV**

Dear Chair Beidle and Members of the Committee:

My name is Ricarra Jones, and I am the political director of 1199SEIU United Healthcare Workers East in Maryland/DC. 1199SEIU is the largest healthcare union in the nation, and here in Maryland we have over 10,000 members working in hospitals, long term care settings, and federally qualified health centers. 1199SEIU proudly supports SB 1020. Our members' experiences show that administrative decisions can have a major impact on patient quality of care. This legislation creates a worker-driven process at each hospital in the state to address staffing conditions that can improve the quality of patient care.

The healthcare workforce shortage is not due to the lack of nurses but the lack of nurses willing to endure unsafe staffing conditions and burnout, issues that have worsened since the start of the COVID-19 pandemic. This legislation offers a holistic approach to addressing workplace systems that cause unsafe and unnecessarily challenging working conditions that lead to high worker turnover. Right now, workers are telling us that they need more support. Hospital workers are more likely than workers in any other in-patient setting to name burnout as a reason for leaving their occupations¹. **Poor staffing conditions are also associated with higher mortality rates and longer lengths of stay for patients².** If the health worker burnout crisis is not addressed, it will be increasingly difficult for patients to get care when they need it, health costs will rise, health disparities will increase, and it will be harder for Maryland to prepare for the next public health emergency.

Effective staffing plans can be potentially cost-effective for hospitals that rely heavily on contracted staffing agencies for staff. Travel nurses filled a much-needed gap in staffing that hospitals faced during the pandemic. But these temporary workers, contracted by large private equity backed corporations, often receive significantly higher pay than permanent staff nurses, costing the hospitals much more³. Now that the need for immediate support from travel nurses is less dire, 1199SEIU believes that investing in a permanent workforce through higher wages and adequate staffing will improve worker retention and quality of patient care.

With Maryland's unique Total Cost of Care financing model, this legislation offers an opportunity to track how staffing conditions impact hospital expenditure and quality of care. It's important to note that this legislation does not mandate staffing ratios, nor does it force a hospital to make fiscal decisions that negatively impact quality of care. It ensures there is open and transparent dialogue between the state, hospital administrations, and direct care workers to

address a crisis. Staffing committees allow each hospital to tailor staffing plans to its most pressing needs.

When direct care workers are part of staffing plans, they can create collaborative and transparent processes for addressing the staffing crisis. Oregon recognized that its original staffing committee bill was too weak, and in 2015, the state amended the legislation to enhance nurse engagement in the committee, increase transparency in decision-making, and improve state oversight and enforcement. Research shows that Oregon's enhanced law had a positive impact on the availability of LPN and NAP staff. While more research is needed, states considering staffing committee legislation approach would do well to examine the transparency and effectiveness of existing staffing committees⁴.

1199SEIU believes that transparency and considering worker input will lead to more effective decision making in hospitals. The Commission to Study the Healthcare Workforce Crisis final report highlighted the importance of collecting adequate data on wages, retention, and staffing conditions. The Safe Staffing Act of 2024 will ensure that the Maryland Department of Health will have accurate and timely data on staffing at each hospital in the state.

This bill allows Maryland to be a healthcare policy leader, along with nine other US states, by blending staffing committees, staffing plans, and public reporting to improve the way we deliver care. It will yield staffing plans that address workplace safety, staff retention, and patient care. For these reasons and more, 1199SEIU urges a favorable report on SB 1020. If you have any questions, please email me at ricarra.jones@1199.org.

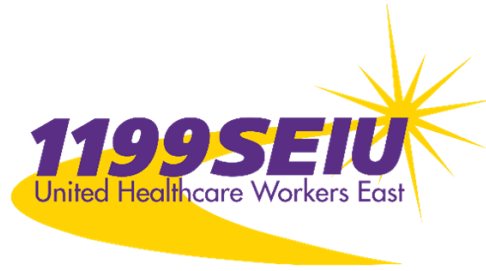
Sincerely,

Ricarra Jones
Political Director
1199 SEIU United Healthcare Workers East

Shaniqa Covington HB1194_SB1020 Testimony FAV.pdf

Uploaded by: Brige Dumais

Position: FAV



Testimony on HB1194/SB1020

Safe Staffing Act of 2024

Position: **FAV**

Madam Chair and Members of the Committee,

My name is Shaniqua Covington. I'm a Unit Operating Room Associate at a hospital, and a member of 1199SEIU United Healthcare Workers East. Hospital workers do this job because we want to make a positive difference in people's lives. We CARE. It's hard to see our patients hurting due to chronic short staffing. So I am speaking out, and urging you to issue a **favorable** report on HB1194/SB1020: Safe Staffing Act of 2024.

I position patients for surgery, transport specimens, body parts, and labs to and from the operating room, and support the surgeons and nurses. Support staff like me are the backbone of the hospital. We are often the only ones that patients get to have casual conversations with. Doctors and nurses are clinical, while we get to ask the patient how they are feeling, what they think of the weather, and anything else that helps the patient feel comfortable. We also advocate for our patients.

The Operating Room is short staffed every day. We frequently delay or reschedule surgeries, which is particularly burdensome on patients who travel long distances to our hospital. Wait times to receive care, medication, and test results have increased as a result of short staffing. This impacts patients greatly. When a patient sits for too long in one position because there aren't enough workers, they are at a higher risk of developing bed sores, falling, and contracting pneumonia.

This bill is the tool we need to fix short staffing because it requires that 50% of the safe staffing committee be workers. We are the ones on the frontlines of the short staffing crisis. We are the ones with the solutions.

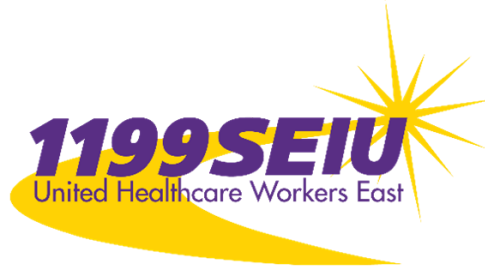
Anyone could end up in the hospital. You'd want your hospital to have a Safe Staffing Committee if you did. Please vote YES on this bill so we can end the short staffing crisis.

In Unity,
Shaniqua Covington

Sheldon Gooch HB1194_SB1020 Testimony FAV.pdf

Uploaded by: Brige Dumais

Position: FAV



Testimony on HB1194/SB1020

Safe Staffing Act of 2024

Position: **FAV**

Madam Chair and Members of the Committee,

My name is Sheldon Gooch. I'm a cook at a hospital and a member of 1199SEIU United Healthcare Workers East. My department is responsible not only for preparing food for patients, but also for running the food retail operations in the hospital. We currently have over 10 vacancies in my department, and we work short staffed daily. On some days it is so severe that we have one worker doing the work of five people. I urge a **favorable** report on HB1194/SB1020: Safe Staffing Act of 2024.

Short staffing is only getting worse because management keeps insisting that we continue to "scale up" and add more retail operations while there aren't even enough workers to cover the current inpatient and retail operations. Management's focus on constant "growth" despite worker shortages is problematic for workers and for hospital patients. Workers are experiencing burnout and calling out of work frequently to care for our own mental health, but many of us don't have any sick time left to recover from burnout. Turnover is high in my department because working short staffed everyday is untenable. We frequently have to close retail operations because of short staffing, meaning that outpatients and guests aren't able to get food that day.

Nutritional aids are responsible for delivering food to inpatients and they are short staffed too. That means patients have to wait so long to get their food that it is cold when it arrives, and the food needs to be sent back to us in the kitchen to be remade, doubling our workload.

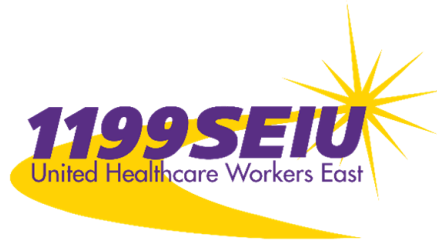
We need The Safe Staffing Act of 2024 to be implemented as soon as possible. Hospital workers are at a breaking point. With a safe staffing committee that is 50% workers, we would be able to recommend hospitals cease the bad practice of seeking exponential retail growth without adequate staffing for existing operations. We could also recommend changes to the hiring process so that it can be more streamlined instead of taking so long to onboard new workers to fill vacancies. Please vote YES on this bill. Thank you.

In Unity, Sheldon Gooch

Vernetta Melvin HB1194_SB1020 Testimony FAV.pdf

Uploaded by: Brige Dumais

Position: FAV



Testimony on HB1194/SB1020

Safe Staffing Act of 2024

Position: **FAV**

Madam Chair and Members of the Committee,

My name is Vernetta Melvin. I'm a member of 1199SEIU and an Administrative Associate (AA) in the Gastrointestinal, Genito, & Urinary Unit at a hospital. In my role, I feel how pervasive the hospital short staffing crisis is. I take calls from patients who need assistance, interact with patients' family members, coordinate care with all job classifications, enter data, admit and discharge patients, and arrange patient transportation. My department, and all the departments I coordinate with, are chronically short staffed. I urge a **favorable** report on HB1194/SB1020: Safe Staffing Act of 2024.

At least one department in my unit is running short staffed every day. When my AA department is short, Charge Nurses have to take on AA duties in addition to running the unit, assisting Registered Nurses and caring for their own patients. When the Patient Care Technicians (PCTs) are short, AAs step in to assist with tasks like bringing patients blankets and ice. Of course I am happy to help the patients, but when AAs are pulled away from our desks, coordination of the unit stops because no one is there to take calls. We can't be in two places at once.

Patient safety is our number one goal as healthcare workers! Due to short staffing, especially in the PCT department, my hospital had a drastic increase in patient falls. Patients aren't receiving pain medication on time. I've seen patients lay in bed for hours waiting to be cleaned up. Some patients who need to be supervised by PCTs 24/7 need to be restrained because there isn't anyone available to sit with them. The bottom line is patients are suffering.

Short staffing makes my job emotionally stressful. I receive a lot of verbal abuse from patients and their family members who feel they are being neglected. I've lost track of how many times I've been cursed out. I try to explain to them that I am their messenger, not their enemy, but all that frustration gets directed at me.

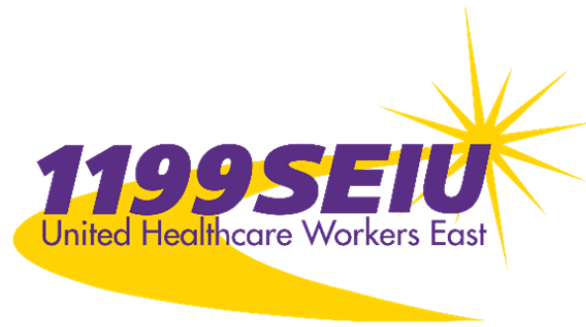
The Safe Staffing Act of 2024 will lead to safer, better, more effective healthcare. This is an issue that impacts every Marylander, because anyone could find themselves in a hospital bed. Please vote YES on this bill. Thank you.

In Unity, Vernetta Melvin

Vitjitua Meize HB1194_SB1020 Testimony FAV.pdf

Uploaded by: Brige Dumais

Position: FAV



Testimony on HB1194/SB1020
Safe Staffing Act of 2024
Position: **FAV**

Madam Chair and Members of the Committee,

My name is Vitjitua Meize. I'm a Patient Transporter at a hospital and a member of 1199SEIU United Healthcare Workers East. I am a young, able bodied person with a lot of experience in physically demanding labor like working in warehouses. I never had physical injuries while working in warehouses. Since I have started working short staffed in the hospital, I have injured my knee and my back numerous times. Understaffing is getting worse every day. Legislators, we need YOUR help. I urge a **favorable** report on HB1194/SB1020: Safe Staffing Act of 2024.

I decided to start working at a hospital instead of warehouses because I care about people. Helping patients gives me a sense of purpose. The impact that workforce shortages in my department have on patients is heartbreaking. Their health is at risk because they have to wait longer to be transported for testing and procedures. Timing really matters in the hospital. Last week, my department was two hours behind because of short staffing. When you are waiting to get a procedure or a test that could save your life, waiting an additional two hours can have severe consequences.

Working as a Patient Transporter is physically and mentally draining. A lot of us are burning out. I worry about the impact that has on patients, because when workers are exhausted they are more likely to make mistakes and can't move as quickly. I support the Safe Staffing Act of 2024 because it will improve the quality of care for our patients. Please vote YES on this life saving bill. Thank you.

In Unity,

Vitjitua Meize

SB 1020 - Hospitals – Clinical Staffing Committees

Uploaded by: Donna Edwards

Position: FAV



MARYLAND STATE & D.C. AFL-CIO

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**SB 1020 - Hospitals - Clinical Staffing Committees and Plans - Establishment
(Safe Staffing Act of 2024)
Senate Finance Committee
March 14, 2024**

SUPPORT

**Donna S. Edwards
President
Maryland State and DC AFL-CIO**

Madame Chair and members of the Committee, thank you for the opportunity to provide testimony in support of SB 1020. My name is Donna S. Edwards, and I am the President of the Maryland State and DC AFL-CIO. On behalf of the 300,000 union members in the state of Maryland, I offer the following comments.

Patients and healthcare workers need safe staffing plans. Hospitals have pushed unsafe staffing levels to their limit in order to save money. SB 1020 creates a strong foundation for allowing the workers that are on the ground and see the direct impacts of staffing levels to be involved in creating the plans that will help keep patients safe. SB 1020 does not set staffing ratios itself but creates a framework to force these discussions and allow for the Health Services Cost Review Commission to provide oversight.

SB 1020 requires hospitals to establish clinical staffing committees. These committees are tasked with developing clinical staffing plans that establish guidelines and ratios, including nurse to patient ratios, based on patient needs. These committees must review and approve these plans and send them to the Health Services Cost Review Commission. SB 1020 does not limit or restrict the ability of unionized workers to collectively bargain and enforce higher standards on staffing, or limit hospitals from complying with higher standards in federal or local laws around staffing. In fact it firmly establishes worker participation in the Safe Staffing Committee and allows workers to collectively bargain how their seats are determined if they are unionized. Failure of a hospital to abide by its safe staffing plan can result in civil penalties.

Safe staffing ratios in healthcare have been a demand from patient advocates and workers for years. The American Nursing Association, a professional organization and not a union, stated, "Evidence shows appropriate nurse staffing contributes to improved patient outcomes and greater satisfaction for both patients and nurses. Addressing nurse staffing challenges supports our nurses, our patients, and our nation's health and well-being."

Minimum nurse-to-patient ratios is one of many alternatives and solutions to achieve appropriate nurse staffing. The American Nurses Association (ANA) supports enforceable ratios as an essential approach to achieving appropriate nurse staffing.”¹

Academic research strongly supports safe staffing ratios. A study of ratios in Illinois found, “Patient-to-nurse staffing ratios on medical-surgical units ranged from 4.2 to 7.6 (mean=5.4; SD=0.7). After adjusting for hospital and patient characteristics, the odds of 30-day mortality for each patient increased by 16% for each additional patient in the average nurse’s workload (95% CI 1.04 to 1.28; p=0.006). The odds of staying in the hospital a day longer at all intervals increased by 5% for each additional patient in the nurse’s workload (95% CI 1.00 to 1.09, p=0.041). If study hospitals staffed at a 4:1 ratio during the 1-year study period, more than 1595 deaths would have been avoided and hospitals would have collectively saved over \$117 million.”²

For the future of our healthcare industry, we urge a favorable report on SB 1020.

¹ American Nurses Association, “Nurse Staffing.” March 8, 2024.

² Lasater, Karen B et al. “Patient outcomes and cost savings associated with hospital safe nurse staffing legislation: an observational study.” *BMJ open* vol. 11,12 e052899. 8 Dec. 2021, doi:10.1136/bmjopen-2021-052899

SB 1020- NY 1199 member.pdf

Uploaded by: Johnine Gunsalus

Position: FAV



Testimony for SB 1020
Safe Staffing Act of 2024
Before the Senate Finance Committee
March 14th
Position: **FAV**

Dear Chair Beidle and members of the Committee:

My name is Johnine Gunsalus and I have been a nurse for 35 years in New York. As a healthcare worker who is part of a clinical staffing committee, I am testifying in support of SB 1020. In 2021, New York passed the Safe Staffing Committees legislation and since then, healthcare workers have been key voices in tangible and effective solutions to staffing issues in the hospital.

Before this legislation, I was like many of the healthcare workers in Maryland and in the nation working understaffed, burnt out, disappointed by the inadequate care patients were receiving due to hospital management decisions on staffing., and left out of the discussions to address the healthcare workforce crisis. SB 1020 gives workers a transparent process to come up with strategies and solutions named by workers who know the issue personally.

Our clinical staffing committee meets monthly to report back on staffing conditions, complaints, issues, and work together to find solutions. It's not just about staffing ratios, but also about addressing issues that certain positions might have due to their assignments and unit protocols. The staffing committees holds all stakeholders accountable to making meaningful changes that truly improve the care we deliver.

This legislation will foster true collaboration between hospital management and healthcare workers. I feel more empowered and happier in my position by being a part of the staffing committee because I know that my perspective is considered to help create better jobs for co-workers and better care for my patients.

With Maryland's all-payer model, it is poised perfectly to adopt The Safe Staffing Act of 2024 and connect staffing to quality of care. I urge this committee to issue a favorable report on SB 1020. I am happy to answer any questions you might have at johnine.gunsalus@1199delegate.org.

Sincerely,

Johnine Gunsalus

1199 SEIU Delegate

Buffalo, New York

Kathleen - SB1020.pdf

Uploaded by: Loraine Arikat

Position: FAV

Madam Chair and Members of the Committee,

I am a nurse in a hospital. Over the last few months, my place of work has not had a resource nurse. The workers on my floor have had to send staff to other floors due to a shortage of nurses and techs. I am tired of working short, and I think it's important that workers have a say in staffing plans to address this issue. I urge you to issue a favorable report on HB1194/SB1020: Safe Staffing Act of 2024.

When we are working short staffed, patients do not receive high quality care because we are just trying to keep up with passing medications and rechecking patient assessments. I was in the middle of passing a medication when I heard a RAT call and ran to help. As we were wrapping the RAT up, I turned to the nursing supervisor and told him, "Don't you dare think of filling my empty bed any time soon, because I have not had a chance to chart one note"! This was at about 2 pm, and I had not had the chance to chart a single note. He told me that he understood, and that it was not him pushing to immediately fill beds, it was upper administration. He said upper administration was trying to get bedded (held over) patients out of the emergency department faster. That's why as soon as a bed opened up, management would try to move the patient.

The nursing supervisor said he understood that floor nurses are getting burned out and that he attempted to explain this to the administration. He then told me that upper administration went so far as to put medical and surgical patients into the ICU just to get them out of the ED. He tried to tell administration that this was a bad way to fill the ICU beds, because if there were an emergency, on the floor how would they get the patient into the ICU? This nursing supervisor also shared his concern that he would be fired because he disagreed with management and because he was letting the floor nurses know what was going on. Whistleblowers should NOT be fired but protected to standing up and doing the right thing.

My concerns in both areas all fall back to the concern for patient safety. I do not understand why upper administration are not more concerned about patient safety. I understand they want to bring in money for the hospital, but if we don't keep patients safe, the possibility of a lawsuit is real. This is why it's necessary for workers to have a say in staffing plans. Once again, I urge a favorable report on this legislation and thank you for your time.

Kathleen Jones
860-383-9005
kjmdysbeds@aol.com

SB 1020 - Lucy.pdf

Uploaded by: Loraine Arikat

Position: FAV



SB 1020: Safe Staffing Act of 2024

Before the Senate Finance Committee

March 14th

Position: **FAV**

Dear Chair Beidle and members of the committee:

My name is Lucy Caulker Nelson, and I am a resident of Maryland's 4th congressional district. I have been a healthcare worker for over two decades, and I am submitting this testimony to express my support for SB 1020, also known as the Safe Staffing Act of 2024. I want to express my gratitude to all the sponsors of this bill for recognizing the hard work and dedication of healthcare workers in our state.

The past few years have been incredibly challenging for healthcare workers in Maryland, both mentally and physically, due to chronic understaffing. This has had a severe impact on the quality of care we are able to provide to our patients. Adequate nursing and support staff are essential for any healthcare organization, and unfortunately, we have been facing a shortage. Nurses and technicians are forced to take on heavy patient loads, making it difficult to meet the basic needs of sick patients. Patients are experiencing longer wait times for treatment and assistance with daily care. This situation is alarming because it compromises patient safety.

Hospitals with understaffed environmental and nutrition staff are not able to provide a clean and healing environment for patients. Additionally, the burnout among nursing staff has led to many leaving the field. When patients do not receive the necessary care, they are more likely to be readmitted to the hospital. This bill is crucial in ensuring patient safety and addressing the issue of healthcare worker burnout.

The people of Maryland deserve quality healthcare services, and this can only be achieved by providing adequate staffing that is not overwhelmed by heavy workloads. As healthcare workers, we show up every day to take care of our patients, and all we ask is for the necessary resources to do our job safely.

I urge you all to consider the impact of this bill on yourself, your family, and your neighbors as you vote. We all want the best care for ourselves and our loved ones when we are sick, and that can only be possible with sufficient staffing that is not exhausted from taking on multiple responsibilities.

Thank you all for your attention and consideration.

Sincerely,

Lucy Caulker Nelson

Testimony in support of SB1020.pdf

Uploaded by: Richard KAP Kaplowitz

Position: FAV

SB1020_RichardKaplowitz_FAV

3/14/2024

Richard Keith Kaplowitz
Frederick, MD 21703

TESTIMONY ON SB#/1020 - POSITION: FAVORABLE

Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2024)

TO: Chair Beidle, Vice Chair Klausmeier and members of the Finance Committee
FROM: Richard Keith Kaplowitz

My name is Richard Keith Kaplowitz. I am a resident of District 3. I am submitting this testimony in favor of SB#/1020, Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2024)

This bill is an attempt to ensure our hospitals in Maryland are adequately staffed or have a plan actively being pursued to do so to reduce waiting times in Emergency Rooms and improve the delivery of health services to Marylanders.

It will grant to the Health Services Cost Review Committee power to conduct investigations of violations of this act and take actions to remedy discrepancies and failures it identifies in staffing in clinical settings.

This bill will strengthen the ability of the appropriate agency to deal with creation of safe staffing in our health facilities. It will provide tools to be used by hospitals in formulating plans that meet the requirements for that staffing that will pass muster when examined. If Maryland is to have the world class health system that delivers best-in-care results to Marylanders this bill is an important milestone to achieving that objective.

I respectfully urge this committee to return an favorable report on SB#/1020

SB1020_Marylanders for Patient Rights_fav.pdf

Uploaded by: Anna Palmisano

Position: FWA

Marylanders for Patient Rights

Marylanders for Patient Rights Requests a Favorable Report with an Amendment on SB1020

Marylanders for Patient Rights is a leading advocacy coalition for patients in our state, and we recommend a favorable report on SB1020, with an amendment.

For the last eight consecutive years, Maryland has had the unfortunate distinction of ranking the worst in ER wait time and the lowest in hospital patient satisfaction in 50 states. These alarming data, compiled by the Centers for Medicare and Medicaid Services, clearly show that the Maryland hospital system is failing the communities of patients that rely on their local hospitals for timely, quality care.

Understaffing has been a critical issue in declining quality of patient care in Maryland. In addition to long waits, understaffing can lead to medical errors. For example, when my husband was very ill with COVID, our local Maryland ER had two frantic nurses trying to manage 35 patients. My husband was accidentally injured by one of those nurses and left the ER with a large bandage covering his entire right arm. They assured us that “in three or four days, you can probably remove the bandage.” He left the ER considerably worse than he came in.

Yet, chronic understaffing is a fixable problem. Across the USA, other states are taking innovative approaches to improve patient care by addressing staffing issues. Nine states (CT, IL, NV, NY, OH, OR, TX, WA, and CO) require hospitals to have nurse staffing committees. Including frontline medical staff in planning allows for a “reality check” on what constitutes appropriate staffing, particularly for our most vulnerable patients such as those in ICU and the ER.

SB1020 requires hospitals to establish and maintain a clinical staffing committee that will develop a clinical staffing plan. Importantly, at least 50% of the membership of the staffing committee must be composed of registered nurses, LPNs, certified nursing assistants, and other members of the frontline team. The bill also describes a process for oversight by the Health Services Cost Review Commission.

Amendment: Marylanders for Patient Rights proposes a small, but important, amendment. On page 11, Section 19-398, Lines 27-30 describe convening a stakeholder workgroup which will review an annual report concerning clinical staffing. Our amendment will add patient advocacy groups to the stakeholder workgroup. After all, as patients, we are the ultimate stakeholders when it comes to health care.

We ask for a favorable report on SB1020 with this amendment.

Thank you,

A C Palmisano

Anna C. Palmisano, Ph.D, Director
Marylanders for Patient Rights
palmscience@verizon.net

3 - SB 1020 - FIN - MDH - LOSWA (1).pdf

Uploaded by: Jason Caplan

Position: FWA



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 14, 2024

The Honorable Pamela Beidle
Chair, Senate Finance Committee
Room 241, House Office Building
Annapolis, Maryland 21401

RE: Senate Bill 1020 – Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2024) – Letter of Support with Amendments

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments for Senate Bill (SB) 1020 – Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2024).

Senate Bill 1020 - Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2024) requires each hospital licensed in Maryland to establish and maintain a clinical staffing committee and implement a clinical staffing plan. This bill will require the Health Services Cost Review Commission to conduct investigations regarding alleged violations of certain provisions of this Act, and be authorized to take specific actions if the Commission determines a violation has occurred.

While the Department supports the goals of safe staffing, we are respectfully requesting amendments to exempt the Department’s Healthcare System facilities from this bill and are working with the sponsors on the appropriate administering agency. . The Department’s Healthcare System consists of 11 facilities, and operates four major service lines: inpatient adult psychiatric, long term care, intellectual disabilities, as well as Regional Institutes for Children and Adolescents. The Healthcare System is bound to the Joint Commission and the Centers for Medicare and Medicaid Services (CMS) regulations. CMS does not allow external stakeholders to participate in staffing determinations. Determination of hospital policy by external stakeholders would violate CMS regulations, and could jeopardize federal funding.

Additionally, we are working with the sponsors to determine the best department or agency to oversee the regulatory process as well as the scope of oversight. The Department appreciates the collaboration of the sponsor on this bill and will support SB 1020 with appropriate amendments.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at, Sarah.Case-Herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "LH Scott", is placed over a faint outline of the state of Maryland.

Laura Herrera Scott, M.D., M.P.H.
Secretary

2024 MNA SB 1020 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FWA



Committee: Senate Finance Committee

Bill Number: Senate Bill 1020 - Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2024)

Hearing Date: March 14, 2024

Position: Support with Amendments

The Maryland Nurses Association (MNA) supports *Senate Bill 1020 – Hospital – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2024)* with some minor amendments. The bill requires hospitals to develop and implement safe staffing plans

Need for Safe Staffing Strategies in Hospital Settings

Maryland is facing an increased need for health professionals in all settings. There are not enough individuals to fill vacancies in every health profession, including nurses, physicians, and behavioral health professions. The need for more health professionals in hospital settings is particularly pronounced. According to the Maryland Hospital Association, there was a vacancy rate of 37.7% for licensed practical nurses and 25.4% for registered nurses in 2022.ⁱ While the vacancy rate may have dropped since the survey, the Maryland Commission to Study the Health Care Workforce Crisis found that Maryland has been slower than other states in rebuilding the health professional workforce after the pandemic.ⁱⁱ

MNA members consistently report on the toll of health professional shortages on their ability to adequately care for patients. Their experiences are not just anecdotal, as the peer-reviewed research has identified the connection between lower numbers of health professional staff and poor patient outcomes.^{iii, iv} Research also confirms that staffing shortages negatively impact the health of health professionals leading to physical and mental health issues.^v

SB 1020 Proposes a Collaborative Approach to Address Staffing Levels

Maryland is undertaking multiple strategies to address health professional shortages. Many of these strategies are longer-term, as increasing the number of health professionals requires years in planning and implementation. We need shorter-term solutions to keep health care practitioners from leaving their professions.

In a survey of more than 18,000 registered nurses in 2023, AMN Healthcare found that 30% of nurses were considering leaving the profession. Of those respondents who worked in hospital settings, 36% planned to remain in nursing, but that they wanted to leave hospital-based employment.^{vi}

SB 1020 proposes a collaborative solution by involving direct care nurses, other clinical staff, and ancillary team members in the development and implementation of a safe staffing plan at each hospital. Achieving and maintaining safe staffing levels is a complex, long-term process. Involving direct care staff from the beginning will bolster buy-in from nurses and other staff. If nurses and other direct care staff feel that they are part of crafting policies and solutions to address staffing shortages, they may be less likely to leave healthcare overall or hospital settings in particular.

SB 1020 Builds Upon Precedent in Maryland Law

In 2013, the Maryland General Assembly enacted *Senate Bill 483 - Labor and Employment – Nursing Homes and Health Care Facilities – Workplace Violence Prevention Safety Assessment and Safety Program*. The 2013 legislation required hospitals and nursing homes to establish committees to address workplace violence prevention and intervention policies. SB 1020 builds upon the existing law by recognizing that hospitals may utilize these existing committee in addressing staffing levels. MNA supports linking these efforts, as addressing work place violence directly impacts the retention of nurses and other staff.

Conclusion

MNA asks for a favorable report on this legislation. We have attached several minor amendments. We would be pleased to work with the sponsor, Committee, and other stakeholders on this legislation. If we can be of further assistance, please contact Robyn Elliott at relliott@policypartners.net.

MNA Requested Amendments for SB 1020

Amendment 1 – Recognizing Certified Medical Technicians

On page 3 in line 20, insert “CERTIFIED MEDICINE TECHNICIAN” after “CERTIFIED NURSING ASSISTANT.”

Explanation: We believe it is the intent to include all licensed and certified staff. Certified medicine technicians (CMTs) play an important role in the hospital setting.

Amendment 2 – Recognizing Direct Care Staff

There are several references to “frontline” staff through the bill. We suggest replacing “FRONTLINE” with “DIRECT CARE”.

Explanation: We believe it is the bills intent to ensure that at least 50% of the committee is comprised of staff who have direct patient contact. We think that the term “direct care” may be better understood by health care professionals.

Amendment 2 – Role of Nursing Associations

On page 11 in line 28, insert “NURSES ASSOCIATIONS” after “HOSPITAL ASSOCIATIONS”.

Explanation: The addition of “nurses associations” would help bring additional nursing perspectives.

ⁱ <https://www.mhaonline.org/docs/default-source/default-document-library/2022-state-of-maryland-s-health-care-workforce-report.pdf>

ⁱⁱ

[https://health.maryland.gov/docs/SB%20440%20Ch.%20708%20\(2022\)%20E2%80%93%202023%20Final%20Report%20E2%80%93%20Commission%20to%20Study%20the%20Heal.pdf](https://health.maryland.gov/docs/SB%20440%20Ch.%20708%20(2022)%20E2%80%93%202023%20Final%20Report%20E2%80%93%20Commission%20to%20Study%20the%20Heal.pdf)

ⁱⁱⁱ <https://www.ncbi.nlm.nih.gov/books/NBK493175/>

^{iv} <https://insight.kellogg.northwestern.edu/article/what-happens-to-patient-care-when-there-are-not-enough-nurses>

^v <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9912424/>

^{vi} <https://www.amnhealthcare.com/amn-insights/nursing/surveys/2023/>

SB1020 - Hospitals - Clinical Staffing Committees

Uploaded by: Andrew Nicklas

Position: UNF



March 14, 2024

To: The Senate Finance Committee
From: Adventist HealthCare
Re: SB1020 Hospitals – Clinical Staffing Committees and Plans

Position: OPPOSE

Adventist HealthCare respectfully opposes SB1020. Maryland hospitals face many challenges impacting patient care, and we must ensure hospitals continue to have the flexibility, resources, and ability to innovate as we work to ensure continued access to care for our patients.

Hospitals in Maryland and across the country are facing a workforce crisis. An estimated 1 in 4 nursing positions in the state are vacant and the shortfall is growing as we anticipate needing an additional 14,000 nurses and over 9,000 LPNs by 2035. The crisis goes beyond nursing, impacting doctors and medical specialists across the board. The workforce crisis only exacerbates inpatient and post-acute capacity challenges facing Maryland hospitals which in turn fuel throughput issues leading to extended wait times in emergency rooms. Facing these issues requires hospitals to be flexible and innovative as we work to ensure continued access to care for our patients. Adhering to strict staffing ratios will hamper our ability to respond in real time to last-minute staffing changes and fluctuations in patient demand.

If hospitals are unable to meet demands for care because they must adhere to predetermined staffing levels, more Maryland patients will be stuck in emergency rooms waiting for care. With limited access, more patients will be forced to either delay care or travel outside the state seeking treatment. Delaying care drives poor health outcomes and seeking care out of state adds increased costs to the Maryland system as care is often more expensive outside the state.

Adventist HealthCare values our team members and is proud to have been declared a best place to work by both Forbes and The Washington Post. We are committed to continuing to work to improve the care environment for our patients and staff. We also will continue working with stakeholders, including our elected official partners, to build a strong healthcare workforce. To ensure continued access to care as we do this important work, we respectfully request a negative report on SB1020.



2024.03.11_BrandonFloyd_Testimony_InfoSupportingVa

Uploaded by: Brandon Floyd

Position: UNF

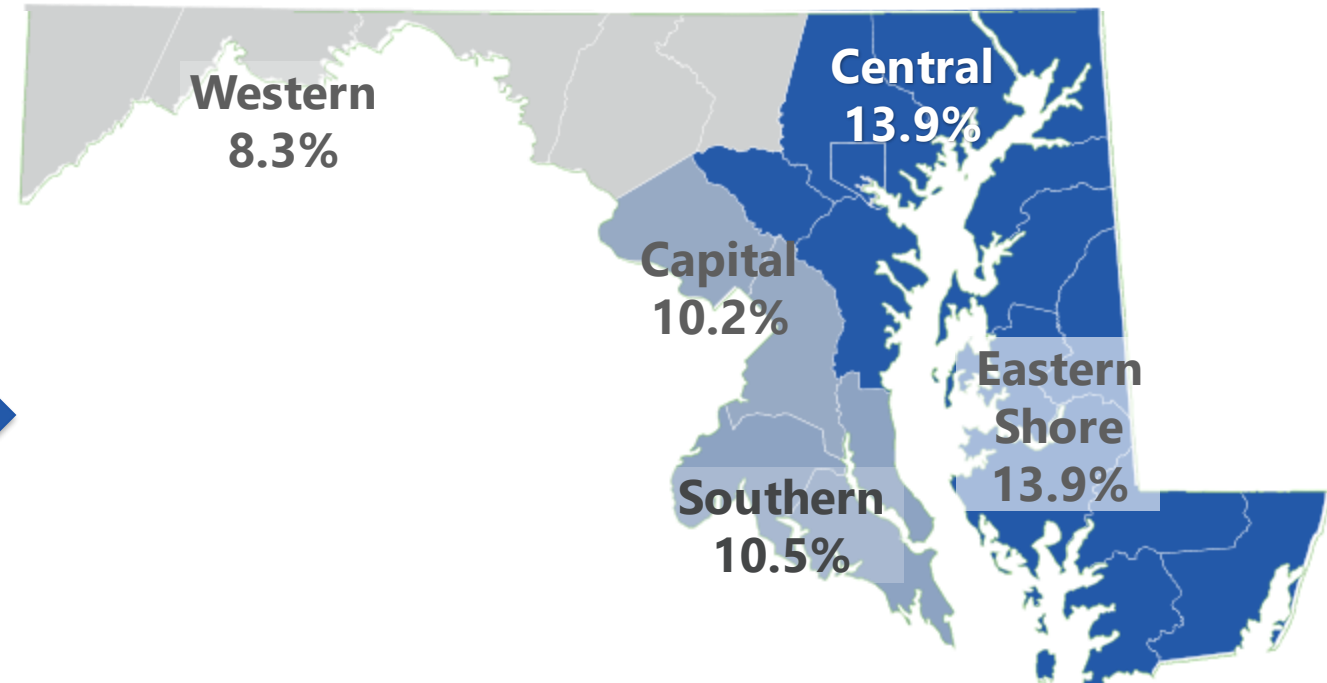
HOSPITAL EMPLOYEE VACANCIES – Q4 2023

Top 10 Hospital Occupations by Vacancy Rate

as of 12/31/2023

Licensed Practical Nurses	36.6%
Surgical Technicians	17.7%
Sterile Processing Technicians	16.6%
Food Preparation Workers	13.6%
Dietitians & Nutritionists	13.0%
Registered Nurses	12.6%
Radiology Technicians	12.4%
Nurse Practitioner	12.0%
Nursing Assistive Personnel	10.4%
Laboratory Technicians	9.2%
Overall Vacancy Rate	9.1%

Registered Nurse Vacancies by Region



SB 1020 - Hospitals Clinical Staffing Committees

Uploaded by: Brandon Floyd

Position: UNF



Maryland
Hospital Association

Senate Bill 1020 - Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2024)

Position: *Oppose*
March 14, 2024
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association’s (MHA) member hospitals and health systems, we appreciate the opportunity to comment in opposition of Senate Bill 1020.

SB 1020 places additional staffing burdens on hospitals without solving the underlying problem of workforce shortages. In Maryland, hospitals have vacancies across professions including clinicians, clinical support, and ancillary staff. Vacancies for support staff like technicians have reached 17% with nurse vacancies exceeding 12%. Despite retention bonuses, loan assistance repayment, sign-on bonuses, workplace improvements, and other benefits, hospitals are still severely short staffed.

As written, SB 1020 would require staffing committees to implement mandated staffing plans by unit for all staff. However, due to these critical workforce shortages, hospitals may not be able to meet the requirements without limiting services.

Additionally, hospitals are concerned the proposed legislation will worsen hospital throughput challenges and increase emergency department length of stay. Through initiatives like the Emergency Department Dramatic Improvement Effort (EDDIE) program and Hospital Throughput Performance Improvement Initiative, Maryland hospitals have worked to improve hospital throughput and address patient flow. Hospitals continue to collaborate with local and state agencies and private and public partners to ensure Marylanders experience quality care promptly. If implemented, this bill could undermine ongoing efforts by restricting hospital staffing—resulting in ED overcrowding and bed closures.

Moreover, hospitals believe staffing mandates will negatively impact patient experience and patient care. Hospital staff need flexibility to adjust to the acuity of patients. Similarly, a patient’s condition may change—requiring hospital staff to respond immediately. Staffing limitations prevent hospitals from having the necessary real-time elasticity to care for the evolving conditions of patients, which, in turn, could lead to worse health outcomes for patients.

For more information, please contact:
Brandon Floyd, Analyst, Policy
Bfloyd@mhaonline.org