



Date: April 1, 2025

To: Chair Beidle, Vice Chair Hayes and Senate Finance Committee Members

Reference: House Bill 905- Hospitals – Clinical Staffing Committee and Plans – (Safe Staffing Act of 2025)

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**Position: Unfavorable**

Dear Chair, Beidle and Senate Finance Committee Members,

On behalf of LifeBridge Health, we appreciate the opportunity to share our concerns with Senate Bill-720. LifeBridge Health is a regional health system our concern with the proposed bill is the impact that a prescriptive staffing approach without consideration for real-time best practices and current requirements will jeopardize patient safety and create more dissatisfaction among team members within our health system. The bill does not take into consideration ongoing challenges Maryland's hospitals are facing daily with increased need for services, capitated finances, significant workplace violence, and the ongoing shortage of health professionals including nurses.

The bill also includes reporting and posting provisions that give us serious safety concerns for both staff and patients. We continue to see a rise of workplace violence incidence thus posting public information that can aid in greater access to sensitive areas are a high security risk.

Hospitals are responsible for meeting staffing requirements of the Condition of Participation (and for any of the services that the hospital provides. CMS develops Condition of Participation (CoPs) and Conditions for Coverage that health care organizations must meet to participate in the Medicare and Medicaid programs. These regulations mandate that hospitals must have sufficient nursing staff, including registered nurses, to provide continuous nursing care to all patients, as outlined in the "Conditions of Participation" for hospitals under Medicare. corresponding regulation that outlines the staffing requirements for hospitals, specifically regarding the need for adequate numbers of licensed registered nurses, licensed practical nurses, and other personnel to provide 24-hour services, ensuring proper patient care within a hospital setting; defining the conditions under which a facility can be considered a Medicare-participating hospital.

In addition to CMS, the Joint Commission has staffing standards that outline the appropriate staffing levels based on patient acuity, which means hospitals must ensure sufficient staff are present to safely care for the complexity of their patient population, taking into account factors like patient needs, unit type, and clinical expertise required; this often translates to stricter staffing requirements in critical care units compared to general medical-surgical floors. All hospitals in Maryland maintain accreditation by the Joint Commission and surveyed on an ongoing basis along with the Maryland Office of Health Care Quality meeting the same standards.

**CARE BRAVELY**

LifeBridge Health participates in the data collection of nursing sensitive indicators in the National Database of Nursing Quality Indicators (NDNQI) which analyzes nursing outcomes, quality and patient safety data and staffing. This is a nationally recognized evidence-based practice that informs the decisions made on units. A local house-wide clinical staffing committee will not be in the same position to evaluate the detailed unit-based information that is already available to our unit-based nursing councils. Charge Nurses determine changes in staffing related to volume and acuity. There must be consistent communication through-out the shifts to determine staffing with real-time feedback from team members who contribute to the hospital throughput and management of patients including allied health professionals, nutrition, facilities management, and other clinical leaders.

LifeBridge Health incorporates a shared governance structure within our staffing practice model which is the center stone of engaging front line team members in decision making along with nurse leaders. The main principle of shared governance includes ownership, accountability, team building, leadership, innovation, and equity. Combining these key elements along with other national standards drive solution-based action planning for staffing and improvements.

Given the current requirements and best practices we feel that the legislation will impede on that progress, limit our ability to meet national standards, and risk patient safety. We do agree that staff engagement at all levels is critical, which is why we support the shared governance model. With these above reasons we request an **unfavorable report on House Bill 905**.

For more information, please contact:

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