



Maryland
Hospital Association

House Bill 905- Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2025)

MHA Position: *Oppose*
April 1, 2025
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 House Bill 905.

Hospitals must adhere to accreditation and regulatory standards to ensure patient safety, quality care, and a supportive work environment for health care professionals. The Centers for Medicare & Medicaid Services (CMS) establishes Conditions of Participation (CoPs) that hospitals must meet to receive Medicare and Medicaid funding. These requirements include *24/7 nursing coverage* as outlined in 42 CFR §482.23, *competency-based staffing*, and *individualized nursing care plans* for each patient. Specifically, §482.23(a) and §482.23(b) require that the director of nursing service be responsible for determining the types and numbers of nursing personnel and staff necessary to provide adequate coverage and nursing care in all areas of the hospital. CMS enforces compliance through regular surveys and audits, with potential penalties for non-compliance.

Furthermore, the Joint Commission (TJC) sets staffing standards and assesses compliance in collaboration with the Maryland Office of Health Care Quality. TJC standards direct the implementation of hospital-wide plans for nursing care, treatment, and services, ensuring that these plans are informed by *patient needs and acuity and nurse competency levels*. They also emphasize *collaboration with the health care team, flexibility* within these plans, and *continuous quality improvement* through on-site reviews and assessments.

All Maryland hospitals adhere to CMS and TJC regulatory and accreditation standards. Additionally, several hospitals are recognized by the American Nurses Credentialing Center (ANCC) for nursing excellence either through a Magnet designation, which acknowledges superior nursing practices and patient outcomes or the Pathway to Excellence program, which recognizes supportive and healthy practice environments that meet certain standards. Both these certifications involve a rigorous approval process that requires hospitals to meet the highest standards of practice, including establishing a secure and confidential complaint reporting process, collecting nurse-sensitive quality indicators, practicing shared decision-making, and providing

professional development opportunities. Research indicates that hospitals with Magnet and Pathway recognition experience^{1,2}

- Lower nurse dissatisfaction and burnout
- Higher job satisfaction rates
- Lower RN turnover
- Greater productivity and teamwork
- Improved patient satisfaction

While only 9.8% of all hospitals in the nation have received a Magnet designation, in Maryland nearly 40% of our acute hospitals hold a Magnet designation or have been recognized under the Pathway to Excellence program.

Shared Governance Models

In upholding the accreditation standards detailed above, Maryland hospitals actively engage frontline staff in decision-making processes through a model known as shared governance. Shared governance is a collaborative leadership model that empowers nurses and frontline healthcare staff to actively participate in the decision-making process, shaping policies, clinical practices, and patient care initiatives³. This model allows nurses and other health care professionals to engage in a full spectrum of decision-making, from everyday staffing considerations to larger-scale initiatives such as reviewing patient safety policies, clinical practice improvements, and professional development opportunities.

Examples of shared governance models in Maryland hospitals

One hospital has implemented a Nursing Collaborative Governance Structure that involves participation from direct care nurses and nurse leaders. The hospital-level coordinating council oversees nursing practice, quality and safety improvement, professional development, and evidence-based practice and research, in addition to facilitating implementation of system-wide initiatives (See Figure 1).

¹American Nurses Credentialing Center. 2020. "About Pathway." ANA. 2020. <https://www.nursingworld.org/organizational-programs/pathway/overview/>

² American Nurses Credentialing Center. 2023. "Why Become Magnet?" ANA. 2023. <https://www.nursingworld.org/organizational-programs/magnet/about-magnet/why-become-magnet/>

³ Creative Health Care Management. "Shared Governance: What It Is and What It Is Not." *Creative Health Care Management*, March 11, 2020. <https://chcm.com/shared-governance-what-it-is-and-what-it-is-not/>.

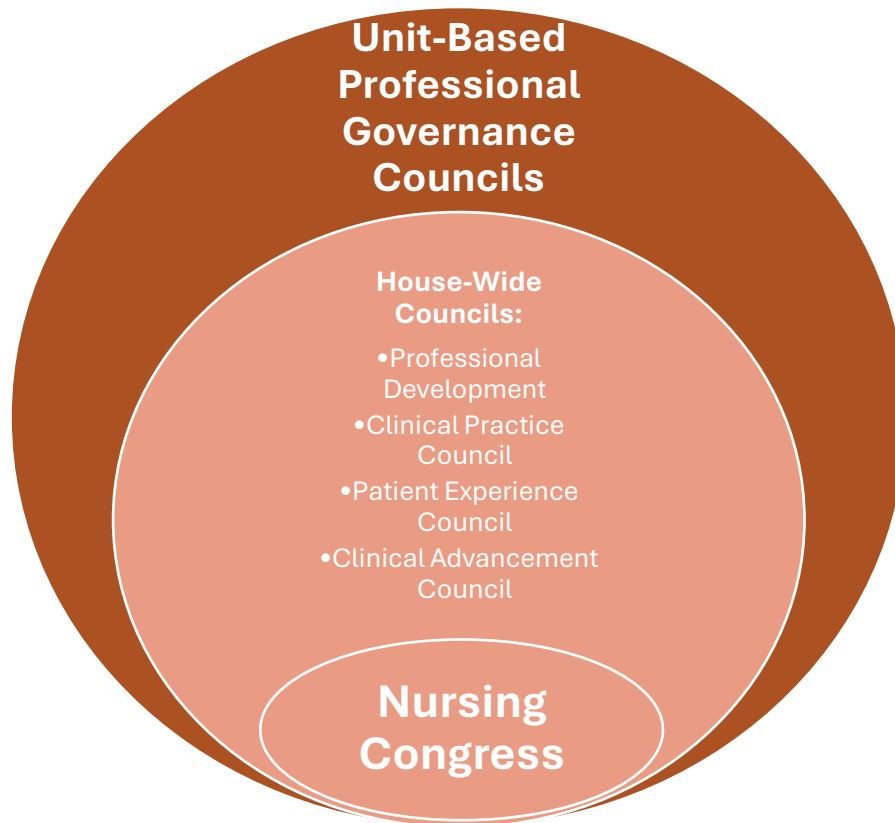
Fig 1. A shared governance structure that includes issue-specific councils



Another hospital employs a tiered governance structure, engaging nurses at multiple levels (see Figure 2):

- Unit-level decision making and practice initiatives (patient transportation and staffing),
- Hospital-wide council that is tasked with decisions on professional development, clinical advancement, and patient experiences, and
- Nursing Congress, a governing body comprised of front-line nurse representatives elected by peers to participate in decision-making that affects nursing activities at the hospital

Fig 2. A tiered shared governance structure employed in one hospital



Across Maryland hospitals, shared governance serves as the overarching framework that drives participatory decision-making and informs many best practices to support clinical staffing efficiency, patient safety, and resource optimization such as:

- **Daily Safety Huddles**, which include patient flow coordinators, senior leaders, managers, charge nurses, physicians, and other service members, and provide a venue for discussion and collaboration on safety concerns, risk events, staffing concerns, and other important patient safety updates
- **Unit-level frontline staffing committees**, comprising nurses, patient care technicians and unit support coordinators, provide year-round recommendations on staffing and support needs.
- **Shared Leadership Councils and Unit Practice Councils** where staff can present proposals to advance patient care and facility operations. Accepted proposals inform the creation of action plans or taskforces/committees to guide implementation. For instance, at one hospital, leaders, direct-care nurses, doctors, and ancillary staff shared their ideas for reduction improvements in hospital throughput and patient experience. This resulted in the creation of an *Expediting Team* and *Departure Lounge* to increase capacity through improved patient flow.

- **Using innovative staffing solutions** tools such as ‘Precision Staffing’ use a documentation driven weight-based algorithmic approach to create a workload score. The score allows staff to see equity in their group assignments and encourages teamwork throughout the organization by allocating resources based on identified care needs.

While all hospitals align with the fundamental principles of shared governance, each institution tailors its model to fit its unique organizational structure, workforce dynamics, and patient care priorities. Hospitals need dexterity and real-time flexibility to accommodate their unique, complex, evolving circumstances.

As with other states, Maryland has also been facing an acute shortage of health care professionals. Career advancement has frequently been cited by nursing staff as their reason for quitting, closely followed by personal circumstances. A 2022 report by the Maryland Hospital Association highlighted several other reasons behind nurses’ decision to quit the workforce, including aging/early retirement, competitive wages from other industries, alternatives, and accelerated burnout following the pandemic. However, turnover and vacancy rates among nursing staff have both fallen by approximately 10% since the pandemic. This may be attributable to targeted efforts by hospitals and policymakers to improve the workforce pipeline and alleviate shortages. For instance, 10 hospitals operate their own academies to train certified nursing assistants that help recruit and integrate new personnel into the workforce.

HB 905, despite the amendments, fails to account for everyday staffing realities across our hospitals, does not align with our accreditation mandates, and does nothing to address the root causes of staffing shortages. We believe there needs to be a concerted effort to document the best practices and initiatives hospitals are already implementing to address staffing challenges, and collaborate with stakeholders on effective, evidence-based solutions that can strengthen our workforce.

For these reasons, we request an *unfavorable* report on HB 905.

For more information, please contact:

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