



Date: March 28, 2025

To: The Honorable Pamela Beidle, Chair, Senate Finance Committee
Senate Finance Committee

RE: **Letter of Opposition to House Bill 905** - Clinical Staffing Committees and Plans - Establishment
Senate Finance Committee Hearing April 1, 2025

Dear Chair Beidle:

On behalf of Ascension Saint Agnes Hospital, we appreciate the opportunity to comment in **opposition to House Bill 905**.

Ascension Saint Agnes (St. Agnes) has a long history of providing holistic care to a diverse population of over 400,000 residents of the southwest segment of the Baltimore metropolitan area, with a special commitment to serving those most vulnerable and living in poverty. We are a fully accredited, full-service 251 bed teaching hospital offering, each year, Emergency Department services to approximately 80,000 patients and Inpatient care for approximately 15,000 patients.

To ensure we have adequate staffing to meet the needs of this significant volume of patients, St. Agnes has well-established processes for determining appropriate staffing levels:

- Each unit has a staffing grid based on the number of patients and acuity, and the availability and experience of clinical staff;
- Each staffing grid is adjusted at a minimum of every 12 hours based on both patient volume as well as acuity;
- Staffing is adjusted at the early morning daily bed board huddle;
- Staffing may also be adjusted at the late morning hospital safety huddle, and then
- Staffing may be adjusted again at the afternoon nurses staffing meeting.

Our shared governance structure includes front-line staff that help make the staffing assignments and also communicate with the nursing supervisor to adjust whenever the unit or patients' needs change. The charge RN or any front line staff member is empowered to communicate the need for staffing adjustments. This collaborative approach ensures that those directly involved in patient care have a voice in determining appropriate staffing levels and ensures an environment of patient safety.

These processes are informed by The Joint Commission and Centers for Medicare and Medicaid Services. These organizations establish requirements and national guidelines which prioritize patient safety and positive clinical outcomes.

Hospitals need real-time flexibility to respond to and accommodate complex, evolving circumstances. A single, centralized staffing committee lacks the dexterity needed to respond in real time to volume changes and care demands.

Additionally, clinical staffing plans must be developed by clinical team members. These decisions require specific knowledge and expertise to ensure patient safety. We firmly believe that clinical staffing should be guided by clinical personnel while non-clinical staff can inform non-clinical staffing.

Ascension Saint Agnes Hospital is deeply committed to supporting our workforce and to collaborating on solutions that strengthen our workforce and advance health care in Maryland. We are concerned that HB 905 fails to reflect the complexities of hospital staffing and does not address the root cause of workforce shortages.

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

Thank you,

A handwritten signature in black ink, appearing to read 'Of' followed by a horizontal line.

Olivia D. Farrow, Esq.
Vice President, External Affairs