

## House Bill 905- Hospitals - Clinical Staffing Committees and Plans - Establishment

**Position:** *Oppose*

April 1, 2025

Senate Finance Committee

Chairwoman Beidle, Vice Chair Hayes, and members of the Senate Finance Committee:

On behalf of Sheppard Pratt, we appreciate the opportunity to comment in opposition of House Bill 905.

As the nation's largest private, nonprofit provider of mental health, substance use, special education, developmental disability, and social services, Sheppard Pratt provides care through more than 380 sites and 160 programs across Maryland. We are consistently ranked in the top 10 psychiatric providers in the country and have long-standing, evidence-informed systems in place to guide safe and responsive staffing.

Sheppard Pratt has well-established, dynamic processes for determining appropriate staffing levels based on real-time patient acuity—not static ratios. We employ a flexible, integrated approach that includes:

- **Daily interdisciplinary safety huddles** to identify unit-level needs, staffing concerns, and acuity trends.
- An **acuity-based staffing model**—not just patient volume—to inform nurse-to-patient assignments.
- A **centralized nursing staffing office**, led by a senior director and workforce manager, to deploy float pool resources as needed.
- **Routine 24-hour cycle meetings** between house supervisors, nursing leaders, and admissions teams to match staffing capacity with admissions and discharges.
- A **shared governance structure**, where frontline team members help shape staffing decisions.
- Senior nursing leaders who **review and adjust schedules daily** to proactively address potential gaps.
- Strategic efforts to “overhire” based on predictive need and workforce retention.

These systems are responsive, clinically grounded, and adapted to the behavioral health context—where patient acuity can change rapidly and unpredictable behavioral escalations demand an agile staffing model.

While we appreciate the bill's intent to elevate the role of clinical staff in decision-making, HB 905 mandates a rigid, centralized staffing committee structure that does not reflect the operational complexity or pace of hospital care delivery. A one-size-fits-all approach risks undermining the safety-focused, collaborative models already in place at organizations like ours.

Moreover, HB 905 does not address the underlying root cause of staffing challenges: the ongoing health care workforce shortage. Rather than advancing flexible, sustainable solutions to bolster recruitment, retention, and career development, this bill imposes new layers of governance and documentation without enhancing real-time staffing capacity.

Sheppard Pratt is committed to supporting our nursing and clinical teams—and to working collaboratively with policymakers on meaningful workforce solutions. For the reasons above, we respectfully request an **unfavorable report** on HB 905.