UNIVERSITY of MARYLAND MEDICAL SYSTEM

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

POSITION: Oppose
April 1, 2025
Senate Finance Committee

The University of Maryland Medical System (UMMS) respectfully submits this letter of opposition to House Bill 905 – Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2025) on behalf of the following member hospitals and health systems: University of Maryland Medical Center, UM Capital Region Health, UM Charles Regional Medical Center, UM Shore Regional Health, UM Upper Chesapeake Health, UM Baltimore Washington Medical Center, UM St. Joseph's Medical Center, UM Rehabilitation and Orthopaedic Institute, and Mt. Washington Pediatric Hospital[1].

UMMS provides primary, urgent, emergency and specialty care at 12 hospitals and more than 150 medical facilities across the state. The UMMS network includes academic, community and specialty hospitals that together provide 25% of all hospital-based care in Maryland. Our acute care and specialty hospitals are located in 13 counties and Baltimore City, and serve urban, suburban and rural communities.

House Bill 905 ("HB 905") requires a hospital to establish a clinical staffing committee – consisting of equal membership from management and employees – to develop and implement mandated clinical staffing plans, by unit, for all staff. The clinical staffing committee must include a broad range of clinical and non-clinical staff, including certified nursing assistants, dietary aides, emergency room nurses, environmental service workers, residents or physicians, and technicians. The clinical staffing plans must be reviewed and amended on at least an annual basis, and the adopted plan must be posted in a conspicuous area in each patient unit of the hospital. If the plan is amended at any time, the amended plan must likewise be posted in a conspicuous area in each patient unit in a timely manner.

HB 905 was heavily amended in the House, and therefore is in a different posture than the cross-file, SB 720, which was considered by the Finance Committee earlier this month. However, the core components of the bill remain, including: (1) mandating clinical staffing committees in each hospital, (2) mandating that the clinical staffing committee include non-clinical staff who lack clinical training and experience, and (3) requiring that the clinical staffing plan be amended and posted publicly each time there is a change to the plan, which can occur several times each day based on a variety of factors. Critically, the amendments do not address the central concerns raised by UMMS and other hospitals: (1) the legislation was drafted without any review or

[1] Mt. Washington Pediatric Hospital is co-owned by UMMS and Johns Hopkins Medicine.

analysis of the current laws, regulations, and accreditation requirements governing clinical staffing in hospitals, or best practices for clinical staffing in Maryland or nationwide, or (2) State hospitals are exempt from the bill and its provisions.

Ensuring safe and effective staffing is critical in healthcare settings. While we understand that the intent of this bill is to support hospital staff, it introduces significant challenges that ultimately do not serve the best interest of patients, hospitals or healthcare professionals, and places significant additional administrative burdens on hospitals without improving employee safety or patient care.

Hospitals already have well-established processes for determining appropriate staffing levels, guided by nationally recognized accrediting bodies such as The Joint Commission (TJC), the Centers for Medicare and Medicaid Services (CMS), and the American Nurses Credentialling Center (ANCC) Magnet Recognition Program. These organizations set rigorous requirements to ensure safe, effective, and high-quality patient care and routinely conduct accreditation visits to ensure standards are being met. Through these national standards and internal health system policies, UMMS has implemented much of what the bill seeks to mandate, including collaboration between nurse leaders and nurse team members to ensure adequate and safe staffing. Furthermore, at several of our member hospitals, employee categories covered by the bill already have collectively bargained rights governing workplace conditions and staffing.

HB 905 introduces new regulatory requirements that will divert resources away from direct patient care and place unnecessary strains on hospital operations. Rather than improving patient safety, these additional regulatory requirements could reduce operational efficiency and limit hospitals' ability to ability to respond flexibly to patient needs. For example, Section 19-390 of the bill would require a hospital's clinical staffing committee to post a clinical staffing plan on or before January 1 of each year and require the plan to be amended and re-posted each time there is a change to it. Hospital staffing plans are based on the number of patients, types of medical conditions, number of beds, and innumerable other factors that change on a daily or even hourly basis. Given the wide range of factors that must be considered in a clinical staffing plan, and how frequently those factors change, hospitals must adopt and amend staffing plans 4-6 times per day. In addition, staffing plans necessarily look different for each unit and category of staff. Requiring a pre-determined standing committee of staff to be responsible for developing and posting a staffing plan each time there is any change is not feasible given the real-time changes and demands of clinical settings.

Another concern with HB 905 is its exclusion of state hospitals. If mandating staffing committees and staffing plans is in the best interests of staff and patients, then the requirements should be applied to all hospitals. By applying these mandates only to certain hospitals while exempting others, the bill creates an inequitable system. All patients deserve the same standard of care, regardless of where they receive treatment. This exemption undermines the bill's intent and creates an unfair burden on non-state hospitals, which must comply with additional regulations. In response to this concern being raised in the House, the Maryland Department of Health stated in a subcommittee work session that State hospitals were already subject to CMS requirements for staffing. However, **all** hospitals in the State are subject to the same CMS regulations governing staffing and patient care.

Many proponents of the bill have identified mandated clinical staffing committees and clinical staffing plans as a mechanism to address workforce shortages. As the committee is aware, the healthcare workforce shortage is a serious and growing issue, with an estimated 1 in 4 nursing positions in the state currently vacant. More healthcare professionals, including nurses, are desperately needed, but this is a national issue and clinical staffing committees, or clinical staffing plans will not help with employee recruitment or retention. The shortage of healthcare professionals is most directly connected with an aging workforce and an inability of nursing, medical, and other professional schools to graduate enough healthcare professionals to meet current workforce demands. Moreover, states that have adopted mandated clinical staffing committees and clinical staffing plans continue to face the same workforce shortages.

UMMS is taking significant step to address the workforce shortage and ensure adequate staffing. Across the health system, we have created several innovative programs that support training, recruitment, and retention of nurses and other healthcare professionals in Maryland. For example, the UMMS Academy of Clinical Essentials (ACE) initiative and Community College Tuition Reimbursement Program combined have resulted in the training and recruitment of 800 new nurses over the past two years. Requiring hospitals to adhere to inflexible staffing plans will not assist our expanding efforts to recruit and retain nurses and other healthcare professionals.

While the goal of ensuring appropriate staffing levels is laudable, HB 905 fails to address this issue in a fair, effective, and evidence-based manner. HB 905 disrupts this well-functioning system without clear evidence that it would lead to better outcomes. This approach does not reflect the complexities of hospital operations or patient care. The exclusion of state hospitals creates inequities, the bill imposes unnecessary administrative burdens, and hospitals are already following nationally recognized standards to ensure proper staffing.

For these reasons, the University of Maryland Medical System opposes HB 905, and respectfully requests an ***unfavorable*** report on the bill.

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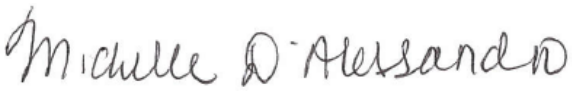

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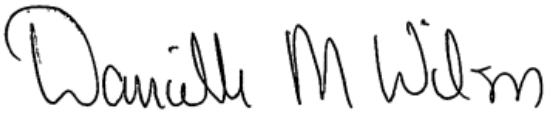

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