



MedStar Health

9 State Circle, Ste. 303
Annapolis, MD 21401
C 410-916-7817
kimberly.routson@medstar.net

Kimberly S. Routson
Assistant Vice President,
Government Affairs - Maryland

HB 905 – Hospitals – Clinical Staffing Committees and Plans – Establishment

Position: **Oppose**

Senate Finance Committee

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MedStar Health is the largest healthcare provider in Maryland and the Washington, D.C. region. MedStar Health offers a comprehensive spectrum of clinical services through over 500 care locations, including 10 hospitals, 33 urgent care clinics, ambulatory care centers and an extensive array of primary and specialty care providers. As a not-for-profit healthcare system, MedStar Health is committed to its patient-first philosophy, emphasizing care, compassion, and clinical excellence, supported by a dedicated team of more than 35,000 physicians, nurses, and many other clinical and non-clinical associates.

HB 905 mandates that hospitals establish and maintain a clinical staffing committee responsible for implementing a clinical staffing plan. The committee's membership would include a certified nursing assistant, a dietary aide, an emergency room nurse, an environmental service worker, a resident, a staff physician, and a technician. Many of these roles are not clinical in nature and lack the knowledge and expertise required to make clinical decisions. Although heavily amended, the bill does not get at the root cause of workforce shortages, nor does it reflect the intricacies of hospital staffing. Furthermore, no comprehensive review of current hospital practices has been conducted to reflect the requirements of The Joint Commission or Centers for Medicare and Medicaid Services. MedStar Health use a collaborative Shared Governance model that provides a structure for shared decision making and the active engagement of nurses to impact patient outcomes, while creating a positive and inclusive work environment.

Flexibility is required to fulfill our mission as hospitals, as our operations are inherently dynamic. Nurse leaders need the ability to modify staffing levels based on patients' needs, acuity, and volume. Patient flow changes day to day and minute by minute, and a static plan would not account for these critical flexibilities. Nurses are best equipped to use their experience and judgment to determine the specific needs of patients and staff. The clinical staffing committee model could potentially pull providers away from crucial settings such as intensive care, behavioral health, and senior care areas to fulfill plan requirements. Nursing is constantly evolving to reflect science and technology, and this plan would stymie innovation and adoption of new technologies like telemedicine for patients – that can both decrease ED wait times and provide quality patient care.

HB 905 could limit health care access for patients and diminish individual patient needs by not allowing adjustments for variability among health care organizations. Ultimately, this legislation and the staffing committee model as proposed will exacerbate hospital ED throughput challenges. HB 905 limits hospitals' capacity management, leading to bottlenecks and potential bed and unit closures to meet rigid requirements.

Our goal as providers is to implement a nimble process that improves patient flow and hospital throughput to provide effective delivery of patient care. The clinical staffing committee and plan attempt to mandate ratios annually that will reduce access, increase inefficiencies, and be counterproductive to positive outcomes.

For the reasons above, MedStar Health and its Maryland hospitals, including MedStar Franklin Square Medical Center, MedStar Good Samaritan Hospital, MedStar Harbor Hospital, MedStar Montgomery Medical Center, MedStar Southern Maryland Hospital Center, MedStar St. Mary's Hospital and MedStar Union Memorial Hospital, urge an **unfavorable** report on **HB 905**.

It's how we treat people.