



Date: April 1, 2025

To: Chair Beidle, Vice Chair Hayes and Senate Finance Committee Members

Reference: House Bill 905- Hospitals – Clinical Staffing Committee and Plans – (Safe Staffing Act of 2025)

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## **Opposition Letter Against House Bill-905**

Position: **Oppose**

Dear Chair Beidle and Senate Finance Committee Members,

On behalf of Carroll Hospital, I appreciate the opportunity to comment in opposition to House Bill 905, which mandates the establishment of clinical staffing committees and plans within hospitals. While we understand and share the goal of improving staffing levels and patient care, we believe this bill, as written, does not adequately address the complexities involved in hospital staffing and could inadvertently hinder hospitals' ability to provide the best care to patients.

Carroll Hospital has a comprehensive and well-established process for determining appropriate staffing levels tailored to the needs of our patients. We have a staffing office and manager that review staffing, acuity, patient flow, and other logistics related to patient care frequently throughout the day. At Carroll Hospital, we recognize the critical importance of involving frontline team members in staffing decisions. Our staffing team also meets with charge nurses from every unit to discuss any clinical concerns that impact staffing or patient care. This collaborative, inclusive approach empowers our staff—those who are most familiar with patient care—to contribute directly to staffing decisions. This is the key to balancing clinical expertise with the realities of day-to-day patient care needs. These processes are designed to meet the ever-changing demands of patient care, in alignment with national guidelines and requirements from organizations such as The Joint Commission and the Centers for Medicare and Medicaid Services. In addition, we leverage other organizations such as Leapfrog and Nursing Database of Nursing Quality Indicators (NDNQI) to benchmark like units nationally. These well-established entities focus on patient safety and clinical outcomes, and our current practices are informed by their evidence-based standards.

The clinical staffing plans at Carroll Hospital are reviewed and adjusted regularly—sometimes multiple times a day—to respond to real-time changes in patient volumes, acuity levels, available beds, and clinical staff capacity. The flexibility to respond to dynamic, fluctuating conditions is paramount. Unfortunately, the bill's requirement for a centralized staffing committee would add a layer of bureaucracy and rigidity, reducing our ability to make quick, informed adjustments to staffing plans based on these real-time demands.

Furthermore, clinical staffing decisions should remain in the hands of those with the specific expertise to make them—clinical team members. While non-clinical staff can provide valuable input regarding non-clinical staffing concerns, we believe the decisions about patient care and clinical staffing must be driven by those who understand the intricacies of healthcare delivery. The complexity of patient care cannot be effectively addressed by a committee without clinical expertise or the ability to adapt quickly to the changing healthcare environment.

At Carroll Hospital, we are dedicated to strengthening our workforce and advancing the quality of healthcare across Maryland. However, we are concerned that HB 905 does not address the underlying factors contributing

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to workforce shortages, such as recruitment and retention strategies, and could result in less flexibility and more administrative burden, detracting from our primary focus—patient care.

For these reasons, I respectfully request an unfavorable report on House Bill 905.

Sincerely,

Leigh Chapman MS, RN, CIC

Chief Nurse Officer & Vice President of Patient Care Services

Carroll Hospital Center, A LifeBridge Health Center

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