

**Committee:** Senate Finance Committee

Bill Number: SB 720– Hospitals – Clinical Staffing Committees and Plans – Establishment

(Safe Staffing Act of 2025)

**Date:** March 4, 2025

**Position:** Information Only

The Maryland Nurses Association is pleased to provide testimony regarding Senate Bill 720, the "Safe Staffing Act of 2025." MNA supports the goals of SB 720 – to ensure adequate staffing in hospitals for quality patient care. We believe this bill is a significant step towards improving patient care and safety. However, we respectfully offer the following amendments to enhance the effectiveness of this legislation.

## The Clinical Staffing Committee Should Include Direct Care Nurses

The composition of the clinical staffing committee under SB 720 is unbalanced, favoring employees without direct patient care. The composition under SB 720 is as follows:

- certified nursing assistant,
- dietary aides,
- emergency room nurses,
- environmental service workers,
- residents (in a teaching hospital)
- physicians, (if a non-teaching hospital) and a
- technician

While certified nursing assistants, dietary aides, and environmental service workers all play vital roles in patient care, direct care nurses have a more comprehensive understanding of patient needs, and the challenges faced in hospital settings. Although the bill requires one emergency room nurse, ER nurses are often not hospital employees but rather employees of contractors. Greater involvement of direct care nurses in the committee will further the goal of SB 720, ensuring adequate staffing levels that result in quality healthcare

## **Suggested Amendments to Committee Composition:**

The hospital employees on the clinical staffing committee shall be comprised of

- 3 members of direct care nurses who are employees of the Hospital.
- 1 certified nursing assistant,
- 1 dietary aide, and
- 1 environmental service worker.

The above suggested amendments are based on the current Illinois statute that requires at least 50% of the clinical staffing committee be comprised of direct care nurses. The Illinois statute is largely focused on collecting data to analyze quality of care as it relates to staffing ratios. MNA believes that this is the appropriate approach and will help Maryland improve patient care.

In conclusion, the Maryland Nurses Association supports SB 720 with the proposed amendments.

We believe that these changes will strengthen the bill and better achieve its intended outcomes.

Thank you for your time and consideration.

If you have any questions, please contact MNA's lobbyist, William Kress, Esquire at bill@kresshammen.com.