

# **senate er testimony.pdf**

Uploaded by: Alexandra Fraser

Position: FAV

## Urging a favorable report for SB720 , the Safe Staffing Act of 2025

I am writing today to urge passage of SB720, the Safe Staffing Act of 2025.

I am a long time MD resident and a former health researcher. I am currently a Unitarian Universalist minister.

I have recently experienced an oddly long visit to the ER at Shady Grove Adventist. On February 11 of this year my GP called to tell me that a routine lab result was worrisome. She told me to go to the ER and that she would have a fax awaiting me at the ER explaining the situation and requesting IV fluids. I got there at about 11:30 on a Tuesday. I was released close to 6 hours later having gotten the redo of the lab work (and results) and the IV fluids and I got an xray, which determined that I had walking pneumonia. Even the docs were apologizing for slow turnaround on my visit. I am grateful for the ER team discovering my pneumonia. And it was a very long visit for a mid-day low traffic time of day. Maryland can do better.

Had HB905 been in place, my experience would have been quite different:

- Because the Safe Staffing Bill will establish safe staffing committees comprised of direct care workers and others at each hospital the portion of the delay in my experience would be minimized.
- Adventist's staffing committee would have developed a clinical staffing plan would have established guidelines for appropriate staffing, based on the number of patients and their acuity.

We can do better!

*Rev. Dr. Alex Fraser*

503 Mannakee St. Rockville MD 20850

# **SB720 Marylanders for Patient Rights\_fav.pdf**

Uploaded by: Anna Palmisano

Position: FAV

## *Marylanders for Patient Rights*

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### **MARYLANDERS FOR PATIENT RIGHTS REQUESTS A FAVORABLE REPORT ON SB720 Hospitals - Clinical Staffing Committees and Plans – Establishment The Safe Staffing Act of 2025**

Marylanders for Patient Rights is the largest patient advocacy coalition in the state, with 23 groups and a collective membership over a million.

Our coalition has joined with healthcare workers and community organizations to form the **Patient-Worker Collaborative** in support of the Safe Staffing Act of 2025, SB720. Maryland urgently needs to address the **hospital short staffing crisis**.

Maryland has had the longest ER wait time out of 50 states for over nine years, with a state average wait time over four hours (see attached chart for individual hospitals). **Maryland patients lack reliable, timely emergency care.** This problem will never be solved without safe staffing. **Nine other states have already passed a Safe Staffing Act.**

When my 75 year old husband was seriously ill with COVID, I observed two nurses at my local hospital being overwhelmed with about 35 ER patients. He left without treatment after we waited 5 hours. During that time, he was accidentally injured by one of the two nurses, so he left with a large bandage the entire length of his right arm. It became clear to me that an understaffed ER was more dangerous than taking him home.

I started working on the ER wait time issue three years ago after getting an email from a woman who waited **31 hours** in the Carroll Hospital ER with her father who had dementia. I have been a caregiver for a family friend with dementia, and I can only imagine how extremely difficult that was.

Bruce Hartung, President of the Maryland Continuing Care Residents Association, told me that some residents at his retirement community in Montgomery Co. are lining up drivers to take them to Northern Virginia if they need emergency care, because of the lengthy wait times in their local hospitals. Compared to Montgomery Co., Fairfax Co. has a two hour shorter ER wait time and almost 30% more staffed beds.

**It's about safe staffing. Marylanders shouldn't have to go to another state for emergency care.**

So, why are we the worst? What is different about Maryland?

## ***Marylanders for Patient Rights***

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Data from *Becker's Hospital Review* show that compared to 50 other states Maryland is:

46<sup>th</sup> in staffed beds

36<sup>th</sup> in nurses per 1000 population

45<sup>th</sup> in nurses' salaries, adjusted for cost of living.

Medical staff have been frustrated by having the **knowledge, but not the voice**, in fixing the short-staffing crisis. SB720 simply requires that each hospital form a safe staffing committee to develop guidelines for a staffing plan. The committee must be at least **50% direct care workers**, so the committee can benefit from their knowledge and experience.

Guidelines will be flexible enough so that the committee can make adjustments based on need. This approach will improve both quality of care and working conditions. Hospitals have precedents in successful management-worker committees on Violence in the Workplace, and Safe Lifting.

However, **MHA opposes SB720 by using false claims** that the bill mandates nurse:patient ratios or lacks flexibility. This is simply not true. Instead, SB720 requires experienced employees and managers to talk to each other about safe staffing and develop guidelines. We have responded to their criticisms last year by deleting 2/3 of the bill, now down to five essential pages.

**Without a safe level of staffing the ER, Maryland patients will continue to suffer long and potentially life-threatening waits for emergency care, or leave without the treatment they need.**

Please submit a favorable report for SB720, and help keep our patients and workers safe. Thank you.

**AC Palmisano**

Anna Palmisano, Ph.D, Director  
Marylanders for Patient Rights  
[palmscience@verizon.net](mailto:palmscience@verizon.net)

## ***Marylanders for Patient Rights***

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<b>Hospital</b>	<b>ER Wait Time, Minutes*</b>
Northwest	367
MedStar Franklin Square	364
Holy Cross Silver Spring	346
Adventist White Oak	346
Grace Medical	301
Johns Hopkins Bayview	300
MedStar Southern Maryland	296
UMMC	293
Holy Cross Germantown	275
Doctor's Community Hospital	270
UM BWMC	270
Johns Hopkins Hospital	269
MedStar St. Mary's	265
UM St. Joseph	263
UM Upper Chesapeake	263
Frederick	261
UM Capital Regional	260
Howard Co. Medical Center	258
St. Agnes	256
Mercy Medical	256
Adventist Ft. Washington	249
Western Maryland Regional	244
MedStar Good Sam	237
Anne Arundel Medical Center	235
GBMC	230
UM Midtown	228
Meritus	227
UM Charles Regional	225
Suburban	222
Carroll	215
Adventist Shady Grove	214
MedStar Union	214
MedStar Montgomery	213
Calverthealth Med Center	210
UM Harford	205
MedStar Harbor	198
Sinai	183
Tidal Health Peninsula Regional	175

## ***Marylanders for Patient Rights***

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UM Shore at Easton	174
UM Shore at Chestertown	173
Garrett Regional	147
Atlantic	131
average (mean)	246
average (median)	228
*Source: CMS Hospital Compare	

numbers reflect those discharged from the  
ER

# **Andre Johnson HB905SB720 FAV.pdf**

Uploaded by: Brige Dumais

Position: FAV





Testimony on HB905/SB720  
*The Safe Staffing Act of 2025*  
Position: **FAVORABLE**

To Madame Chair and Members of the Committee,

My name is Andre Johnson. I've worked at a hospital for 26+ years and am currently working in the Environmental Service Department. Short staffing is present at every level of our hospital, impacting everyone from EVS to nurses, general staff, transporters, and nutrition workers. Patient care should be the number one goal of every hospital, but short staffing is hurting the quality of care. I support HB905/SB720: The Safe Staffing Act and urge a **favorable** report.

The whole care team contributes to the wellness of the patients. My department keeps the hospital clean, which is important for reducing the spread of infections. Years ago, my department had over 730 workers. As of last year, we had around 400. Around five people call out every day. Workers do our best, but one person can only do so much: hospitals are meant to function as a team setting, and we can't work as a team when we are so understaffed.

Short staffing is dangerous because there is so much pressure on the workers. We put our own health at risk, and stress kills. Workers still have to feed our families, and that fact is used as a tool to manipulate us into working in unsafe conditions. We do multiple jobs all at once because management knows we don't have the luxury to just quit and start something new. Our families depend on us.

I remember seeing a worsening in the short staffing crisis before COVID. During the worst of the pandemic, I saw my coworkers put their lives, and their families' lives, in danger to do what they loved: making people well again. Hospital management saw it was operating understaffed during COVID, but years later, they still haven't done anything to fix it. The hospital I work at used to be proactive, now it's reactive. Safe staffing committees would change that so we can implement real solutions.

Passing the Safe Staffing Act would require hospitals to be transparent about staffing levels. Right now, it feels like management is trying to hide the reality that we are short-staffed. Our vacation requests are frequently denied, and when we ask why, we are told that it's because of short staffing. But that isn't our fault—we work hard and deserve our PTO. The onus should be on management to staff our workplace appropriately so that we have the benefits and protections that we are owed. How can we maintain high value work performance when we can't even take a break and are burned out from being overworked? It's like a tire stuck in the mud, spinning its wheels but not going anywhere.

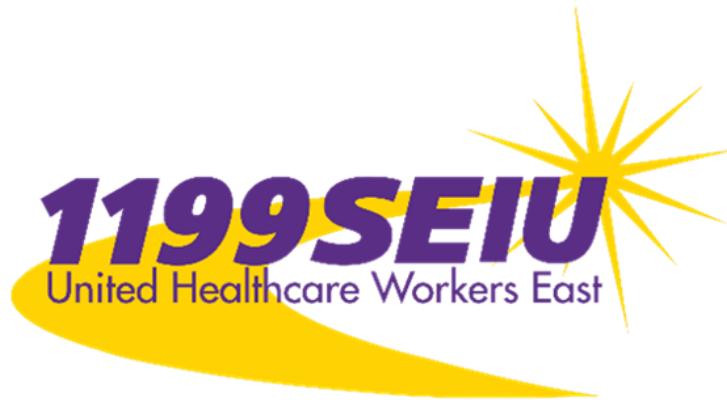
I was raised to be a fighter and to stick up for people who need help. These are values I have shared with my children and grandchildren as well. I can see right now that my coworkers and I are being taken advantage of by hospital management, facing dangerous staffing shortages that make our jobs borderline impossible and negatively impact patient care. That's why I would absolutely volunteer to be on the safe staffing committee when this bill becomes law. Please vote YES. Thank you.

In Unity, Andre Johnson

# **Antonia Brooks SB720 Testimony FAV.pdf**

Uploaded by: Brige Dumais

Position: FAV



Testimony on SB720  
*The Safe Staffing Act of 2025*  
Position: **FAVORABLE**

To Madame Chair and Members of the Committee,

My name is Antonia Brooks. I'm a Physical Medicine Rehabilitation Tech II in the Intensive Care Unit, and a member of 1199SEIU. I am a healthcare worker because I care about people, and I believe healthcare is a human right. Short staffing delays that right. I urge a favorable report on SB720: The Safe Staffing Act.

At my hospital, there are long emergency department wait times and patients are being treated in the hallways. I work short staffed at least twice a week. I treat 24 patients per day, helping them walk and sit up, and providing respiratory assistance. On days we are short, I assist in other areas as well, so I spend half as much time with my patients on those days. Treatments that patients are supposed to receive daily often get postponed.

We are short staffed because healthcare workers are underpaid and overworked. High patient volume and running from building to building is exhausting. New workers quit soon after being hired when they are asked to take on work outside of the job description. Some call the hiring process false advertising.

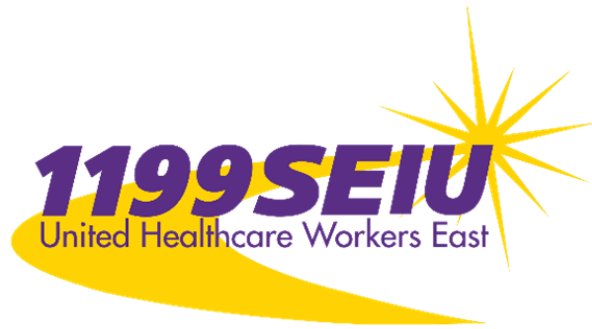
When workers bring our concerns about staffing to management, they act like they are listening, but they don't use our suggestions, so the problem isn't getting solved. The Safe Staffing Act will change that by giving workers like me a real opportunity to bring our solutions to the table. I'm excited to volunteer to serve on a safe staffing committee when this bill passes! Please vote YES on SB720. Thank you.

In Unity, Antonia Brooks

# **Fabaya Pollard HB905SB720 FAV.pdf**

Uploaded by: Brige Dumais

Position: FAV



Testimony on HB905/SB720  
*The Safe Staffing Act of 2025*  
Position: **FAVORABLE**

To Madame Chair and Members of the Committee,

My name is Fabaya Pollard. I'm an Environmental Service Staff (EVS) worker at a hospital, and a member of 1199SEIU United Healthcare Workers East. Hospitals are short staffed every day. It doesn't matter what department or shift, everyone is working short. This is unsustainable. We are human beings and we need to have safe work environments. Therefore, I urge a favorable report on HB905/SB720: The Safe Staffing Act of 2025.

EVS is essential. We maintain sanitary environments, which is very important for patients' and workers' safety. I work from 7:00am to 3:30pm. I'm responsible for sanitizing four floors including common areas, pharmacies, employee break rooms, and bathrooms. There are only two EVS workers in my building on my shift, so when one of us calls out, the other is responsible for all 10 floors. When night shift workers call out, my shift is responsible for completing their unfinished tasks as well. Our work is literally back-breaking. There aren't enough workers to empty trash cans on a regular basis so the trash bags are getting too heavy from being overstuffed. Workplace injuries are increasing because of this. Then workers have to call out, making the short staffing even worse.

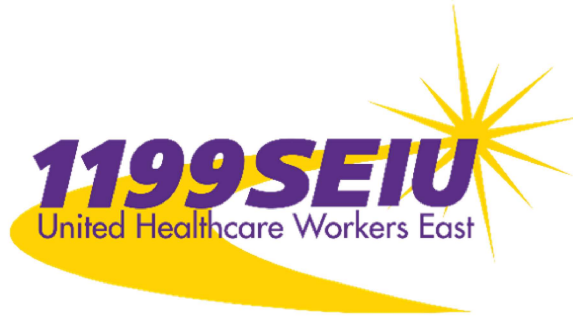
I was out on workers comp for a whole month because I sprained my back lifting a heavy bag, and I'm still in physical therapy. There is a high worker turnover rate because we are overworked and disregarded by management when we raise concerns about short staffing. The Safe Staffing Act can help fix these problems by giving us a voice. A committee that is at least 50% workers will ensure the safe staffing plan is a success when implemented. We all have a part to play in ending the short staffing crisis, so we should all have the opportunity to craft the hospital safe staffing plan together. Please vote YES on this bill.

In Unity, Fabaya Pollard

# **Lucy Caulker Nelson SB720 Testiony FAV.pdf**

Uploaded by: Brige Dumais

Position: FAV



Testimony on SB720  
*The Safe Staffing Act of 2025*  
Position: **FAVORABLE**

To Madame Chair and Members of the Committee,

My name is Lucy Caulker-Nelson. I am a Wound Care Technician and have worked at a hospital for 25 years. The number one consequence of short staffing is delayed patient care. In wound care, any delay leads to an increased risk of infection and sepsis, which can be life threatening. Because of short staffing in my hospital, there has been an increase in workplace injuries and adverse mental health outcomes for healthcare workers. Therefore, I urge a **favorable** report on SB720: The Safe Staffing Act of 2025.

Short staffing is a crisis at the hospital where I work. There are only two wound care technicians for the hospital, and every other department is short-staffed too. Patient Care Technicians are working 1:16, Medical-Surgical Nurses are working 1:6, and Intensive Care Unit Nurses are working 1:3. It's difficult to monitor and properly care for patients in a critical care environment with so few workers. We are overwhelmed, and patients must wait for basic but necessary things like a glass of water. With short staffing, it's much harder to monitor and take preventative actions before a patient becomes "code blue," meaning the patient is experiencing a life-threatening emergency.

If one department is short, it creates a domino effect that impacts everyone else. For example, when the kitchen is short, meals don't go out on time, so direct care workers need to delay giving patients their medications that are required to be taken with food. Workers are asked to take on the work of other titles in addition to our own work to cover the gaps. The workforce at my hospital is like a revolving door. There are plenty of new workers that come in, but most of them quit before their probation period is over, and many quit within a few days. Young workers see how burned and overburdened the current staff is and get frustrated because hospital management is not receptive to workers' ideas for how to fix this problem, so they quit. To fill the gaps in the healthcare workforce, workers' voices need to be heard!

If your loved one ended up in the hospital, you'd want to know that there were enough workers to care for them. Patients deserve much better and healthcare workers deserve to be treated as human beings. The Safe Staffing Act recognizes that healthcare is a team effort. It seeks to address staffing on a hospital-wide level and includes workers from the whole care team. That is what we need to achieve for workforce retention, improve working conditions, and maintain high quality care. Please vote YES on this bill. Thank you.

In Unity,

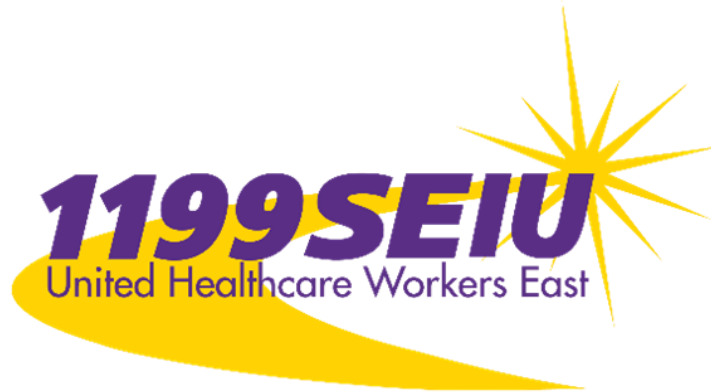
Lucy Caulker-Nelson

# **Rita Crosby SB720 Testimony FAV.pdf**

Uploaded by: Brige Dumais

Position: FAV





Testimony on SB720  
*The Safe Staffing Act of 2025*  
Position: **FAVORABLE**

To Madame Chair and Members of the Committee,

My name is Rita Crosby. I am a Cook at a Long-Term Acute Care Hospital. Short staffing is a problem in my workplace, and the only thing management has done to try to fix it is put out a suggestion box. I urge a **favorable** report on the Safe Staffing Act of 2025 because workers voices must be heard.

Short staffing leads to more short staffing. I am so tired from doing what used to be two people's jobs all by myself that I actually have to take more sick days and personal days now to recover from being overworked. I am entitled to the benefits I earned, and I need to take care of my health, but I know that when I call out other workers face the same burden that I am calling out to heal from.

My coworkers and I asked management to purchase cushioned floor mats to help our bodies be in less pain from the long days of laboring on our feet. Management said they would purchase them, but we would have to clean them ourselves, which adds more to our workload when we are already stretched so thin. In the end, the cushioned floor mats never arrived. What I learned from this experience of bringing my ideas to management is that they will 1) try to convince me it is a bad idea even though I know what I need to do my job well and 2) never actually follow through on their commitment. That is why we need the Safe Staffing Act. Please vote YES on this bill. Thank you.

In Unity, Rita Crosby

# **SB 720 Safe Staffing\_1199SEIU\_FAV.pdf**

Uploaded by: Brige Dumais

Position: FAV



Testimony for SB 720  
**Safe Staffing Act of 2025**  
*Before the Senate Finance Committee*  
March 4<sup>th</sup>, 2025  
Position: **FAV**

Dear Chair Beidle and Members of the Senate Finance Committee:

My name is Ricarra Jones, and I am the political director of 1199SEIU United Healthcare Workers East in Maryland/DC. 1199SEIU is the largest healthcare union in the nation, and here in Maryland we have over 10,000 members working in hospitals, long term care settings, and federally qualified health centers. 1199SEIU proudly supports SB 720. Our members' experiences show that administrative decisions can have a major impact on patient quality of care. This legislation creates a worker-driven process at each hospital in the state to address staffing conditions that can improve the quality of patient care.

**The healthcare workforce shortage is not due to the lack of nurses but the lack of nurses willing to endure unsafe staffing conditions and burnout, issues that have worsened since the start of the COVID-19 pandemic.** This legislation offers a holistic approach to addressing workplace systems that cause unsafe and unnecessarily challenging working conditions that lead to high worker turnover. Right now, workers are telling us that they need more support. Hospital workers are more likely than workers in any other in-patient setting to name burnout as a reason for leaving their occupations.

**Poor staffing conditions are also associated with higher mortality rates and longer lengths of stay for patients.** If the health worker burnout crisis is not addressed, it will be increasingly difficult for patients to get care when they need it, health costs will rise, health disparities will increase, and it will be harder for Maryland to prepare for the next public health emergency.

**Effective staffing plans can be potentially cost-effective for hospitals that rely heavily on contracted staffing agencies for staff.** Travel nurses filled a much-needed gap in staffing that hospitals faced during the pandemic. But these temporary workers, contracted by large private equity backed corporations, often receive significantly higher pay than permanent staff nurses, costing the hospitals much more<sup>3</sup>. Now that the need for immediate support from travel nurses is less dire, 1199SEIU believes that investing in a permanent workforce through higher wages and adequate staffing will improve worker retention and quality of patient care.

**With Maryland's unique Total Cost of Care financing model, this legislation offers an opportunity to track how staffing conditions impact hospital expenditure and quality of care.** It's important to note that this legislation does not mandate staffing ratios, nor does it force a hospital to make fiscal decisions that negatively impact quality of care. It ensures there is open and transparent dialogue between the state, hospital administrations, and direct care workers to address a crisis. Staffing committees allow each hospital to tailor staffing plans to its most pressing needs.

**When direct care workers are part of staffing plans, they can create collaborative and transparent processes for addressing the staffing crisis.** Oregon recognized that its original staffing committee bill was too weak, and in 2015, the state amended the legislation to enhance nurse engagement in the committee, increase transparency in decision-making, and improve state oversight and enforcement. Research shows that Oregon's enhanced law had a positive impact on the availability of LPN and NAP staff. While further research is needed, states that are considering staffing committee legislation approach would do well to examine the transparency and effectiveness of existing staffing committees<sup>4</sup>.

**1199SEIU believes that transparency and considering worker input will lead to more effective decision making in hospitals.** The [Commission to Study the Healthcare Workforce Crisis](#) final report highlighted the importance of collecting adequate data on wages, retention, and staffing conditions. The Safe Staffing Act of 2025 will ensure that the Maryland Department of Health will have accurate and timely data on staffing at each hospital in the state.

This bill allows Maryland to be a healthcare policy leader, along with nine other US states, by blending staffing committees, staffing plans, and public reporting to improve the way we deliver care. It will yield staffing plans that address workplace safety, staff retention, and patient care. For these reasons and more, 1199SEIU urges a favorable report on SB 720. If you have any questions, please email me at [ricarra.jones@1199.org](mailto:ricarra.jones@1199.org).

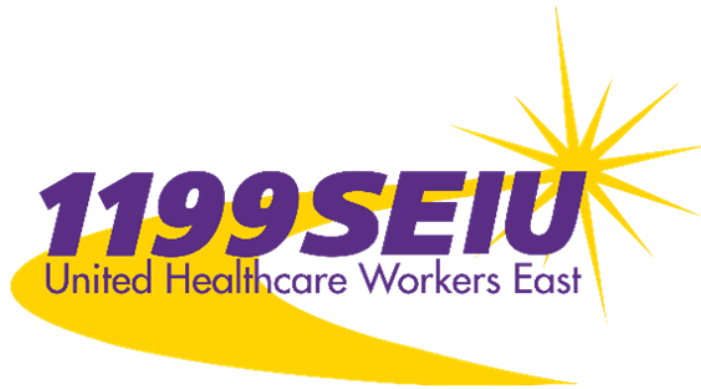
Sincerely,

Ricarra Jones  
Political Director  
1199 SEIU United Healthcare Workers East

# **Shaniqua Covington HB905SB720 FAV.pdf**

Uploaded by: Brige Dumais

Position: FAV



Testimony on HB905/SB720  
*The Safe Staffing Act of 2025*  
Position: **FAVORABLE**

To Madame Chair and Members of the Committee,

My name is Shaniqua Covington. I'm a Unit Operating Room Associate at a hospital, and a member of 1199SEIU United Healthcare Workers East. Hospital workers do this job because we want to make a positive difference in people's lives. We CARE. It's hard to see our patients hurting due to chronic short staffing. So I am speaking out, and urging you to issue a favorable report on HB905/SB720: Safe Staffing Act of 2025.

I position patients for surgery, transport specimens, body parts, and labs to and from the operating room, and support the surgeons and nurses. Support staff like me are the backbone of the hospital. We are often the only ones that patients get to have casual conversations with. Doctors and nurses are clinical, while we get to ask the patient how they are feeling, what they think of the weather, and anything else that helps the patient feel comfortable. We also advocate for our patients. The Operating Room is short staffed every day. We frequently delay or reschedule surgeries, which is particularly burdensome on patients who travel long distances to our hospital. Wait times to receive care, medication, and test results have increased as a result of short staffing. This impacts patients greatly. When a patient sits for too long in one position because there aren't enough workers, they are at a higher risk of developing bed sores, falling, and contracting pneumonia.

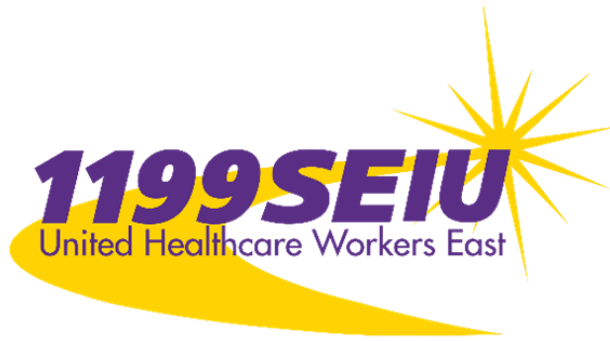
This bill is the tool we need to fix short staffing because it requires that 50% of the safe staffing committee be workers. We are the ones on the frontlines of the short staffing crisis. We are the ones with the solutions. Anyone could end up in the hospital. You'd want your hospital to have a Safe Staffing Committee if you did. Please vote YES on this bill so we can end the short staffing crisis.

In Unity, Shaniqua Covington

# **Sheldon Gooch HB905SB720 Testimony FAV.pdf**

Uploaded by: Brige Dumais

Position: FAV



Testimony on HB905/SB720  
*The Safe Staffing Act of 2025*  
Position: **FAVORABLE**

To Madame Chair and Members of the Committee,

My name is Sheldon Gooch. I'm a cook at a hospital and a member of 1199SEIU United Healthcare Workers East. My department is responsible not only for preparing food for patients, but also for running the food retail operations in the hospital. We currently have over ten vacancies in my department, and we work short staffed daily. On some days it is so severe that we have one worker doing the work of five people. I urge a favorable report on HB905/SB720: Safe Staffing Act of 2025.

Short staffing is only getting worse because management keeps insisting that we continue to "scale up" and add more retail operations while there aren't even enough workers to cover the current inpatient and retail operations. Management's focus on constant "growth" despite worker shortages is problematic for workers and for hospital patients. Workers are experiencing burnout and calling out of work frequently to care for our own mental health, but many of us don't have any sick time left to recover from burnout.

Turnover is high in my department because working short staffed every day is untenable. We frequently have to close retail operations because of short staffing, meaning that outpatients and guests can't get food that day. Nutritional aids are responsible for delivering food to inpatients, and they are short staffed too. That means patients have to wait so long to get their food that it is cold when it arrives, and the food needs to be sent back to us in the kitchen to be remade, doubling our workload.

We need The Safe Staffing Act to be implemented as soon as possible. Hospital workers are at a breaking point. With a safe staffing committee that is 50% workers, we would be able to recommend hospitals cease the bad practice of seeking exponential retail growth without adequate staff for existing operations. We could also recommend changes to the hiring process so that it can be more streamlined instead of taking so long to onboard new workers to fill vacancies. Please vote YES on this bill. Thank you.

In Unity,



Sheldon Gooch

# **Shirley Randolph SB720 Testimony FAV.pdf**

Uploaded by: Brige Dumais

Position: FAV



Testimony on SB720  
*The Safe Staffing Act of 2025*  
Position: **FAVORABLE**

To Madame Chair and Members of the Committee,

My name is Shirley Randolph. I am a Cook at a Long-Term Acute Care Hospital. I support the Safe Staffing Act and urge a **favorable** report because my department is short staffed every day, and the Safe Staffing Act allows workers like me to help fix this problem.

Short staffing puts a burden on our bodies and minds. I used to volunteer to do overtime, but I don't do that anymore because I am so overworked on my regular shift that I am completely exhausted. Long hours of being on your feet and lifting things really add up when you are doing the work all by yourself.

My coworkers and I don't talk to management about the struggles we are facing, because we are afraid they will try to retaliate against us. I'm excited about the Safe Staffing Act because it would actually encourage workers to freely share our ideas without fear. It is important that we have a real voice. Please vote YES on this bill. Thank you.

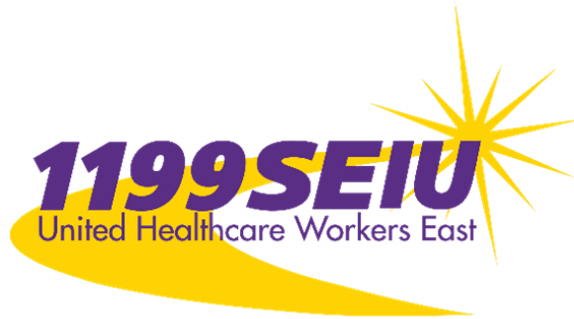
In Unity,

Shirley Randolph

# **Vitjiua Mieze HB905SB720 FAV.pdf**

Uploaded by: Brige Dumais

Position: FAV



Testimony on HB905/SB720

*The Safe Staffing Act of 2025*

Position: **FAVORABLE**

To Madame Chair and Members of the Committee,

My name is Vitjitua Meize. I'm a Patient Transporter at a hospital and a member of 1199SEIU United Healthcare Workers East. I am a young, able bodied person with a lot of experience in physically demanding labor like working in warehouses. I never had physical injuries while working in warehouses. Since I started working short staffed in the hospital, I have injured my knee and my back numerous times. Understaffing is getting worse every day. Legislators, we need YOUR help. I urge a favorable report on HB905/SB720: Safe Staffing Act of 2025.

I decided to start working at a hospital instead of warehouses because I care about people. Helping patients gives me a sense of purpose. The impact that workforce shortages in my department have on patients is heartbreaking. Their health is at risk because they have to wait longer to be transported for testing and procedures. Timing really matters in the hospital. Last week, my department was two hours behind because of short staffing. When you are waiting to get a procedure or a test that could save your life, waiting an additional two hours can have severe consequences.

Working as a Patient Transporter is physically and mentally draining. A lot of us are burning out. I worry about the impact that has on patients, because when workers are exhausted they are more likely to make mistakes and can't move as quickly. I support the Safe Staffing Act because it will improve the quality of care for our patients. Please vote YES on this life saving bill. Thank you. In

Unity, Vitjitua Meize

# **SEIU Local 500 Testimony SB 720 - 2025.pdf**

Uploaded by: Christopher Cano

Position: FAV



Testimony - Hospitals - Clinical Staffing Committees and Plans - Establishment  
(Safe Staffing Act of 2025)

Favorable

Senate Finance

March 4, 2025

Christopher C. Cano, MPA

Director of Political & Legislative Affairs, SEIU Local 500

Honorable Chairwoman Beidle and Members of the Senate Finance Subcommittee:

We at SEIU Local 500, represent over 23,000 workers in Maryland. We wish to express our strong support of Senate Bill 720, the Safe Staffing Act of 2025. This bill is essential to ensuring that Maryland hospitals provide timely and effective care by establishing clinical staffing committees and requiring hospitals to implement clear, evidence-based staffing plans.

Rather than dive into the merits of the bill on the basis of public policy, conveying a personal experience will better underscore the urgent need for this legislation. Not long ago, my pregnant wife and I spent over 16 hours waiting in a Maryland emergency room before receiving the care we desperately needed. We arrived in distress, seeking medical attention, but the overwhelming shortage of staff left us sitting in uncertainty and fear. I watched as exhausted nurses and hospital staff stretched themselves impossibly thin, trying to care for too many patients at once. While they did their best, it was clear that the system was failing—not just us, but the hardworking healthcare professionals who were unable to keep up with the demand.

No patient, especially those in urgent medical situations, should have to endure such prolonged waiting times due to staffing shortages. And, no healthcare worker should have to operate under conditions that compromise their ability to provide safe, effective care. Senate Bill 720 offers a proactive solution by ensuring that hospitals maintain appropriate staffing levels based on patient needs. By requiring hospitals to develop and implement clinical staffing plans, this legislation will improve patient care, reduce wait times, and support the healthcare professionals who are the backbone of our medical system.

We urge this committee to pass SB 720 with a favorable report and take a critical step toward improving hospital conditions for both patients and providers.

Thank you for your time and consideration.

Christopher C. Cano, MPA  
Director of Political & Legislative Affairs  
SEIU Local 500



# **SB 720 - Hospitals - Clinical Staffing Committees**

Uploaded by: Donna Edwards

Position: FAV



# MARYLAND STATE & D.C. AFL-CIO

AFFILIATED WITH NATIONAL AFL-CIO

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**Donna S. Edwards**

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**SB 720 - Hospitals - Clinical Staffing Committees and Plans - Establishment  
(Safe Staffing Act of 2025)  
Senate Finance Committee  
March 4, 2025**

**SUPPORT**

**Donna S. Edwards  
President  
Maryland State and DC AFL-CIO**

Madame Chair and members of the Committee, thank you for the opportunity to submit testimony in support of SB 720. My name is Donna S. Edwards, and I am the President of the Maryland State and District of Columbia AFL-CIO. On behalf of Maryland's 300,000 union members, I offer the following comments.

Patients and healthcare workers need safe staffing plans. Hospitals have pushed unsafe staffing levels to their limit in order to save money. SB 720 creates a strong foundation by aligning Maryland with nine other states (CT, CO, IL, NV, NY, OH, OR, TX, WA) in ensuring hospitals develop safe staffing plans that include direct care workers to reflect the unique and evolving needs of their patients. This legislation creates a framework to force these discussions that highlight the voices of those on the ground seeing the direct impacts of staffing levels while enhancing accountability within our healthcare system.

SB 720 requires hospitals to establish clinical staffing committees. The purpose of these committees is to develop clinical staffing plans to establish guidelines and ratios, including clinician to patient ratios, based on patient needs to improve quality care, ensuring that staffing plans are driven by those with direct care experience. This legislation also holds hospital administrators accountable to implementing their plans by requiring hospitals to publicly post their clinical staffing levels, promoting transparency to both patients and workers.

Safe staffing ratios in healthcare have been a demand from patient advocates and workers for years, dating back to before the COVID-19 pandemic. As highlighted in a study done by the University of Pennsylvania School of Nursing's Center for Health Outcomes and

Policy Research (CHOPR), one of the leading causes of burnout in nurses is “the chronic stress caused by patient overload,” due to improper nurse-to-patient ratios.<sup>1</sup> Expecting a single nurse to tend to so many patients puts them in a precarious position, not allowing them to deliver quality care effectively or efficiently, which impacts both their well-being and the patients’ well-being.

Additionally, academic research strongly supports safe staffing ratios. A study of ratios in Illinois found, “Patient-to-nurse staffing ratios on medical-surgical units ranged from 4.2 to 7.6 (mean=5.4; SD=0.7). After adjusting for hospital and patient characteristics, the odds of 30-day mortality for each patient increased by 16% for each additional patient in the average nurse’s workload (95% CI 1.04 to 1.28; p=0.006). The odds of staying in the hospital a day longer at all intervals increased by 5% for each additional patient in the nurse’s workload (95% CI 1.00 to 1.09, p=0.041). If study hospitals staffed at a 4:1 ratio during the 1-year study period, more than 1595 deaths would have been avoided and hospitals would have collectively saved over \$117 million.”<sup>2</sup>

A flexible, collaborative, and patient/worker-centered approach to hospital staffing is essential to the future of our healthcare industry and prioritizing the needs and well-being of our dedicated workforce.

For these reasons, we urge a favorable vote on SB 720.

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<sup>1</sup> Hoag Levins, “How Inadequate Hospital Staffing Continues to Burn Out Nurses and Threaten Patients.” University of Pennsylvania Leonard Davis Institute of Health Economics. January 2023.

<sup>2</sup> Lasater, Karen B et al. “Patient outcomes and cost savings associated with hospital safe nurse staffing legislation: an observational study.” *BMJ open* vol. 11,12 e052899. 8 Dec. 2021, doi:10.1136/bmjopen-2021-052899

# **PM Written Testimony SB 720 2.19.2025.pdf**

Uploaded by: Erica Puentes

Position: FAV



**Bill Title:** SB720 - Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2025)

**Position:** Support (FAV)

**To:** Senate Finance Committee

**From:** Erica Puentes, Progressive Maryland Legislative Coordinator on behalf of Progressive Maryland

**Date:** March 4, 2025

Dear Chair Beidle and Members of the Senate Finance Committee:

Progressive Maryland is pleased to offer **a favorable testimony in support of SB720-- Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2025)**. Progressive Maryland (PM) is a statewide grassroots group working for a more robust, equitable and patient centered healthcare system. PM is proud to be part of the Patient Worker Collaborative, a coalition representing more than a million Marylanders, that has come together to raise concerns about emergency room wait times and the ongoing hospital staffing shortage that contributes to them.

Like all of you, we regularly hear stories from our members about very long and frustrating wait times in emergency rooms. During a recent member call, one of our members shared a story about waiting in the Hopkins ER from 5:00 p.m. until 9:00 a.m. the following day—an exhausting 16-hour wait before a doctor finally saw him. Given the critical staffing shortage in hospitals and the need for more nurses, the Safe Staffing Act of 2025 offers an excellent remedy to what is ailing our emergency rooms. Creating safe staffing conditions will help our hospitals recruit and retain the workforce they need to meet Marylander's needs.

This legislation gives hospitals clear guidance to develop nurse staffing committees and staffing plans that will better serve the goals of staff retention, workplace safety, and most importantly, patient care. It's not acceptable for our state to have the worst ER wait time record in the country year after year. SB720 will allow Maryland to join nine other U.S. states who have taken steps to create blended staffing committees, staffing plans, and public reporting requirements to improve the way we deliver care.

**Progressive Maryland urges a favorable report on SB720.**

## **SB720 Safe Staffing Jackie.pdf**

Uploaded by: Jacqueline (Jackie) MacMillan

Position: FAV

TESTIMONY ON SB720  
SAFE STAFFING ACT OF 2025  
POSITION: FAVORABLE

Hon. Chair Beidle, Vice Chair Hayes, and Members of the Finance Committee

I am writing to support SB720, the Hospital Safe Staffing Committees bill, which addresses Maryland's long-running hospital staffing crisis.

Enacting SB720 would help protect hospital patients and healthcare workers, increase transparency and accountability, and improve job satisfaction and retention. Involving direct care workers in the creation of staffing plans is a commonsense step toward achieving better hospital care in Maryland.

Nurses and technicians play a critical role in our safety, comfort, and recovery in the hospital, at those moments when we are most vulnerable. SB720 would help make sure that these direct care staff are adequately supported, so that they can support us when we need them.

I respectfully urge a favorable report on SB720.

Jacqueline MacMillan  
Baltimore, MD

# **HB905SB720 Johnine Gunsalus\_NY\_FAV.pdf**

Uploaded by: Johnine Gunsalus

Position: FAV





Testimony for HB 905/SB 720  
**Safe Staffing Act of 2025**  
Position: **FAV**

Dear Chair Peña Melnyk and members of the Committee:

My name is Johnine Gunsalus and I have been a nurse for 35 years in New York. As a healthcare worker who is part of a clinical staffing committee, I am testifying in support of HB 905. In 2021, New York passed the Safe Staffing Committees legislation and since then, healthcare workers have been key voices in tangible and effective solutions to staffing issues in the hospital.

Before this legislation, I was like many of the healthcare workers in Maryland and in the nation working understaffed, burnt out, disappointed by the inadequate care patients were receiving due to hospital management decisions on staffing, and left out of the discussions to address the healthcare workforce crisis. The Safe Staffing Act gives workers a transparent process to come up with strategies and solutions named by workers who know the issue personally.

Our clinical staffing committee meets monthly to report back on staffing conditions, complaints, issues, and work together to find solutions. It's not just about staffing ratios, but also about addressing issues that certain health care workers might have due to their assignments and unit protocols. The staffing committee holds all stakeholders accountable for making meaningful changes that truly improve the care we deliver.

This legislation will foster true collaboration between hospital management and healthcare workers. I feel more empowered and happier in my position by being a part of the staffing committee because I know that my perspective is considered to help create better jobs for co-workers and better care for my patients.

With Maryland's all-payer model and preparing for the AHEAD model, it is poised perfectly to adopt The Safe Staffing Act of 2025 and connect staffing to quality of care. I urge this committee to issue a favorable report on HB 905/SB72-. I am happy to answer any questions you might have at [johnine.gunsalus@1199delegate.org](mailto:johnine.gunsalus@1199delegate.org). Please see our staffing committee's annual report below.

Sincerely,

Johnine Gunsalus

1199 SEIU Delegate

Buffalo, New York

Attachment to Johnine Gunsalus Testimony:

**Clinical Staffing Committee (CSC) Update**

New York State passed safe staffing legislation that required each hospital to develop Clinical Staffing Committees (CSC). Your Oishei Children's Hospital (OCH) Committee consists of staff from each unit/job title (registered nurses, medical assistants, unit secretaries, surgical technologists and obstetrical technologists), OCH president, chief nursing officer, nurse leaders, labor organizers and delegates, director of finance and chief operating officer.

This was a historic event in New York State, and we are proud of the OCH CSC for working together in partnership with labor and management to come to an agreement by June 2022 for safe staffing ratios.

- CSC meets monthly. The members of the committee have open discussions daily in real time about staffing
- Staffing levels are evaluated each month including vacancies, disabilities, orients and agency
- Monthly review of any complaint forms submitted
- Formulated plan to resolve subcommittees that are working on solutions for all substantiated complaints

#### Accomplishments:

- This committee has worked on **increasing staff**, including MAs and unit secretaries, across the hospital to meet ratios
- Added RN positions in EMU to help decrease the use of pediatric float pool (PFP) to provide better coverage house-wide for nursing
- Added in 11 a.m. to 11:30 p.m. medical assistant (MA) on J10 and J11
- Changed unit secretary shift length in NICU to provide consistent coverage per agreed upon staffing plan
- Added a short shift position in PACU for MA coverage
- We have worked diligently to make sure the ancillary team members are an **equal part** of the clinical care team
- We agreed and executed on bringing the NICU POD from **8 beds down to 6**. With this, we moved two Phillips monitors back into the NICU proper
- Added unit secretary in Labor and Delivery 11 a.m. to 11 p.m.
- Increase in staff from 2022 to 2024
  - RN – 532.14 to **582.96**
  - MA – 65.20 to **88.59**
  - Unit Secretary – 14.47 to **16.93**
  - Surgical Technologists – 26.02 to **29.36**
  - OB technologist have stayed steady with **11.03**
  - This represents a total increase of more than **79** positions

# **SB 720\_MD Center on Economic Policy\_FAV.pdf**

Uploaded by: Kali Schumitz

Position: FAV



MARCH 4, 2025

# Maryland Must Take Steps To Address Excessive ER Wait Times

## Position Statement Supporting Senate Bill 720

*Given before the Senate Finance Committee*

A well-staffed healthcare system benefits Maryland's economy by reducing healthcare costs associated with prolonged hospital stays and preventable medical complications. SB 720 is a crucial step toward improving healthcare access, ensuring patient safety, and addressing workforce shortages that negatively impact both healthcare providers and patients in Maryland. **The Maryland Center on Economic Policy urges this committee to support SB 720 because when healthcare workers are supported, patient outcomes improve, and hospitals function more efficiently.**

Maryland currently has the longest emergency room wait times in the nation, with patients experiencing delays that lead to unnecessary deaths, worsening of health conditions, and increased strain on families. The adverse consequences of prolonged ER wait times have been well-documented by numerous studies and professional health organizations, including the American Medical Association. Furthermore, many Maryland hospitals have not received acceptable safety grades, highlighting the urgent need for systemic improvements.

One of the primary causes of these excessive wait times is inadequate hospital staffing at all levels, including physicians, nurses, physician assistants, social workers, pharmacists, transporters, housekeeping, and emergency medical services. The lack of sufficient staff contributes to moral distress, burnout, and high turnover rates, further exacerbating hospital operational inefficiencies.

SB 720 seeks to define, increase, and improve staffing levels in Maryland's hospitals, ensuring that healthcare professionals can provide timely and quality care. This aligns with the Maryland Center on Economic Policy's support for policies that reduce economic and health disparities. Addressing workforce shortages and improving hospital staffing will create a more equitable healthcare system, ensuring that all Marylanders, regardless of socioeconomic background, have access to timely and effective medical care.

From an equity perspective, low-income communities and communities of color are disproportionately affected by long ER wait times and hospital safety concerns. This legislation is a necessary step toward addressing these disparities, promoting health equity, and improving outcomes for all residents.

A well-staffed healthcare system benefits Maryland's economy by reducing healthcare costs associated with prolonged hospital stays and preventable medical complications. When healthcare workers are supported, patient outcomes improve, and hospitals function more efficiently. SB 720 is a step towards addressing Maryland's hospital workforce shortages, improving patient safety, and promoting a healthier and more equitable state for all

residents. For these reasons, **The Maryland Center on Economic Policy urges a favorable report on SB 720.**

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## **Equity Impact Analysis: Senate Bill 720**

### *Bill Summary*

SB 720 is a crucial step toward improving healthcare access, ensuring patient safety, and addressing workforce shortages that negatively impact both healthcare providers and patients in Maryland.

### *Background*

Maryland currently has the longest emergency room wait times in the nation, with patients experiencing delays that lead to unnecessary deaths, worsening of health conditions, and increased strain on families. The adverse consequences of prolonged ER wait times have been well-documented by numerous studies and professional health organizations. Furthermore, many Maryland hospitals have not received acceptable safety grades, highlighting the urgent need for systemic improvements.

One of the primary causes of these excessive wait times is inadequate hospital staffing at all levels, including physicians, nurses, physician assistants, social workers, pharmacists, transporters, housekeeping, and emergency medical services. The lack of sufficient staff contributes to moral distress, burnout, and high turnover rates, further exacerbating hospital operational inefficiencies.

### *Equity Implications*

From an equity perspective, low-income communities and communities of color are disproportionately affected by long ER wait times and hospital safety concerns. This legislation is a necessary step toward addressing these disparities, promoting health equity, and improving outcomes for all residents.

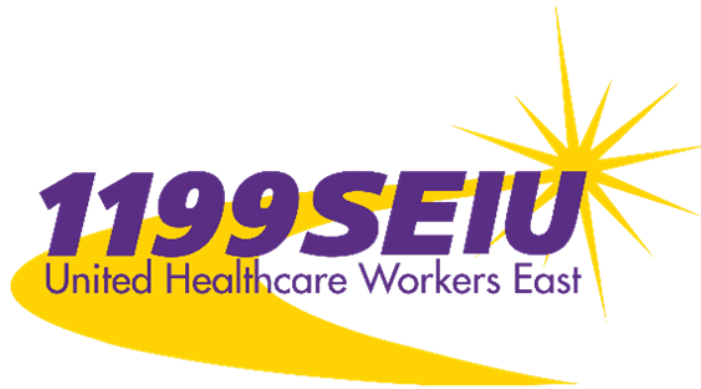
### *Impact*

Senate Bill 720 will likely **improve racial, health and economic equity** in Maryland.

# **Kiesha Everett HB905SB720 FAV.pdf**

Uploaded by: Leyla Adali

Position: FAV



Testimony on HB905/SB720  
*The Safe Staffing Act of 2025*  
Position: **FAVORABLE**

To Madame Chair and Members of the Committee,

My name is Kiesha Everett, and I work as a Geriatric Nursing Assistant at a hospital in Maryland. I'm also a member of 1199SEIU United Healthcare Workers East. Today, I'm asking you to issue a favorable report on HB905/SB720: Safe Staffing Act of 2025.

I've worked as a GNA for thirteen years, and in recent years short staffing has become a much bigger problem than it was when I started in this line of work. I quit my last job at a different hospital because short staffing made it impossible for me to do my job effectively.

The first few weeks of my current job were better, but sure enough, I'm working short again. Recently, I was the only GNA assigned to 22 patients in the psychiatric unit. I'm a "float", which means that I work across multiple units. There should never be 22 patients to one GNA in any circumstance.

When I work short staffed, I don't have enough time to give to each resident. But at the same time, taking a longer time to get to a resident creates a cycle in which I have to spend more time in each resident's room because their needs pile up. A ten-minute visit might become a 25-minute visit. This also means that I'm eating lunch at 3 pm on some days or putting off going to the bathroom myself.

A lot of people don't want to work this job because the pay is unacceptable. If you pay, then we will show up. But it's not right to ask someone to give residents baths and showers and ensure that they eat while offering them \$16 an hour. It leaves a lot of people fed up and questioning why they shouldn't quit GNA work entirely.

I support this bill because having safe staffing committees at hospitals will allow workers to make their voices heard. Management needs to be fair and listen to us when we explain what we need to succeed at work. Please vote YES on this bill so we can end the short staffing crisis.

In Unity,

Kiesha Everett



# **Kongit Nega HB905SB720 FAV.pdf**

Uploaded by: Leyla Adali

Position: FAV



Testimony on HB905/SB720  
*The Safe Staffing Act of 2025*  
Position: **FAVORABLE**

To Madame Chair and Members of the Committee,

My name is Kongit Nega and I have worked as a registered nurse at a hospital in Maryland for 21 years. I am also a member of 1199SEIU United Healthcare Workers East, which represents more than 10,000 members in Maryland and Washington, DC. I'm asking you to issue a favorable report on HB905/SB720: Safe Staffing Act of 2025.

As a medical-surgical nurse, I see patients who have come from the emergency department, the intensive care unit (ICU), and the post-anesthesia care unit (PACU) among others. When we work short staffed, we might not be able to see one patient for four hours. During that time, their condition can change, and it might be necessary to send them back to the ICU, so it's important to maintain a safe nurse to patient ratio. Ideally, each nurse will only have four patients a shift, but we often have six patients, which makes it more difficult for us to give quality care. It's common for us to be short staffed two or three days in a row.

A lot of nurses are hired and quit soon after because they see how short-staffed we are. Working short is emotionally and physically draining; it causes your whole body to ache. Even when I feel exhausted, I don't call out sick, because I don't want my colleagues to work short.

Other workers, like patient care technicians (PCTs) are also short-staffed, which affects RNs, too. I support the Safe Staffing Act of 2025 because working short is a safety issue, and it's important that workers have a place to voice their concerns.

In Unity,

Kongit Nega

# **VC HB905SB720 FAV.pdf**

Uploaded by: Leyla Adali

Position: FAV



Testimony on HB905/SB720  
*The Safe Staffing Act of 2025*  
Position: **FAVORABLE**

To Madame Chair and Members of the Committee,

I work as a patient care technician at a hospital in Maryland and am a member of 1199SEIU United Healthcare Workers East, which represents more than 10,000 members in Maryland and Washington, DC. Today, I'm asking you to issue a favorable report on HB905/SB720: Safe Staffing Act of 2025.

I've been at the hospital I work at for fourteen years now. In my role as a PCT, I change and feed patients, take them for walks and to the bathroom, and administer EKGs. I also assist nurses.

Short staffing is a serious problem at my workplace. Sometimes I'm the only tech on the floor with 16 patients, but the ratio that we're supposed to maintain is one to eight. When we work short staffed, we're expected to maintain the same high level of care as when we have a more favorable ratio.

When you're short staffed, everyone needs help at the same time, and you only have two hands. You have to keep rushing, and you can't take your time with a patient. I don't feel like I'm putting my best foot forward when I'm trying to help somebody while rushing to help the next person, and it doesn't leave me time to listen to patients. Some patients want to talk to their PCT because there isn't anyone else around for them to talk to. I'd like to be able to listen to them, but there isn't enough time.

I love my job because I like taking care of people, and that's why I'm holding out hope and telling myself that it's going to get better. But when I'm short staffed, it puts me in a different mood, leaving me stressed and tired. When we try to tell management what we need, they say that they're working on hiring more staff. I see new staff sometimes, but many don't stay for very long. I support this legislation because having safe staffing committees at hospitals will allow workers to have a seat at the table and communicate to management what we need to end the staffing crisis. Please vote YES on the Safe Staffing Act of 2025.

In Unity, VC

# **EMDMaryland Safe Staffing Act Testimony FAV.pdf**

Uploaded by: Lindsey Muniak

Position: FAV



# END MEDICAL DEBT MARYLAND

Testimony on HB905/SB720  
*The Safe Staffing Act of 2025*  
Position: **FAVORABLE**

To Madame Chair and Members of the Committee,

End Medical Debt Maryland is a coalition of consumer protection organizations, labor unions, civil rights groups, and patient advocates united in our efforts to end medical debt in Maryland. We represent 400,000+ Marylanders working to end the devastating impacts of medical debt and to hold our nonprofit hospitals accountable to their legal obligations to provide healthcare as a public good. We urge a **favorable** report on HB905/SB720: The Safe Staffing Act of 2025.

Medical debt correlates with food insecurity, inability to cover the cost of utilities, and housing instability. These factors can lead to worsening health outcomes in the long run, potentially contributing to further medical debt. Typically, patients are charged for their length of stay in a hospital. **When hospitals are chronically understaffed and patients are left waiting to receive care, their hospital bill can increase.**

The average hospital stay in Maryland is \$14,200. This is unaffordable for everyday working people. **Patients shouldn't have to pay more because hospital management fails to recruit and retain staff.**

**Patients shouldn't have to pay more because hospital management fails to recruit and retain staff.**

The Safe Staffing Act of 2025 will create a shared governance structure for each hospital to craft a safe staffing plan that centers the voices of workers and patients. This is a best practice for worker recruitment and retention, and gives patients advocates a necessary seat at the table for creating staffing guidelines. Please vote YES on this bill. Thank you.

In Solidarity,

End Medical Debt Maryland

# **SB 720 Patient Worker Collaborative Testimony\_FAV.**

Uploaded by: Loraine Arikat

Position: FAV





## SB 720

### The Safe Staffing Act of 2025

Before the Senate Finance Committee

March 4, 2025

Position: **FAVORABLE**

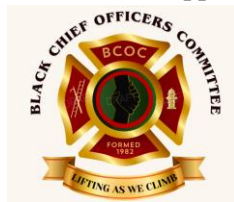
The Patient Worker Collaborative is a new coalition of patients and their family members, healthcare workers, and community partners working to pass the Safe Staffing Act of 2025 in the Maryland General Assembly. Collectively, our coalition represents over 1 million Marylanders who are concerned about and affected by the hospital short staffing crisis. This legislation has broad support from patients, physicians of MedChi, emergency responders of the Black Chief Officers Committee, NAACP, Marylanders for Patient Rights, 1199SEIU, Chesapeake Physicians for Social Responsibility, and all the organizations listed below.

Many Maryland hospitals face critical staffing shortages, leading to high staff turnover and burnout, longer emergency room wait times, and reduced quality of care. Research shows that staffing challenges cause not only emergency room wait but also delay in care leading to poor outcomes.

Maryland patients need the Safe Staffing Act of 2025 to address the staffing crisis. Here's how it benefits patients and care workers:

- **Improves the quality** of patient care, working conditions for the care team, and **reduces ER wait times**.
- **Fosters collaboration** between care workers, employers, and patients.
- **Collects and shares data** on worker retention, challenges, and outcomes of staffing strategies.
- **Enhances recruitment and retention** of healthcare workers.

We urge the committee to vote YES on SB 720 and support better patient outcomes and healthcare workers !



# **Formal Written Testimony SB0720.pdf**

Uploaded by: Malcolm Augustine

Position: FAV

MALCOLM AUGUSTINE  
*Legislative District 47*  
Prince George's County

PRESIDENT PRO TEMPORE

Executive Nominations Committee

Education, Energy and the  
Environment Committee



THE SENATE OF MARYLAND  
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Malcolm.Augustine@senate.state.md.us

**March 04, 2025**

**The Honorable Pamela G. Beidle**

**Chairwoman, Senate Finance Committee**

**3 East Miller Senate Office Building**

**11 Bladen Street Annapolis, MD 21401**

**RE: SB0720 Hospitals - Clinical Staffing Committees and Plans -  
Establishment (Safe Staffing Act of 2025)**

Position: **Favorable**

Chair Beidle and Members of the Committee,

**The Problem:**

- In recent years, hospitals across Maryland have faced significant challenges in maintaining adequate clinical and support staffing levels.
- Insufficient staffing can lead to increased workloads for healthcare providers, resulting in burnout, decreased job satisfaction, and, most critically, compromised patient care. Studies have shown that inadequate staffing correlates with higher patient morbidity and mortality rates, longer hospital stays, and increased readmission rates.<sup>1,2</sup>
- The absence of staffing guidelines without worker input exacerbates these issues, leading to variability in patient care quality across Maryland.

### What SB0720 does:

- The Safe Staffing Act of 2025 addresses these concerns by mandating that specified hospitals in Maryland establish and maintain their own clinical staffing committees. These committees are to be composed equally of management representatives and frontline employees, ensuring a balanced perspective in decision-making. The primary responsibilities of the clinical staffing committee include:
  - **Developing a Clinical Staffing Plan:** The committee at each hospital is tasked with formulating a plan that determines the appropriate number of clinical and support staff required to deliver quality healthcare in each unit or setting. This involves setting guidelines or ratios that specify patient assignments for registered nurses and other healthcare staff.
  - **Annual Review and Updates:** By July 1 each year, the committee must evaluate the effectiveness of the current staffing plan, make necessary adjustments to address any identified deficiencies, and establish a process for handling complaints related to staffing.
  - **Transparency Measures:** Hospitals are required to implement the staffing plan by January 1 each year and ensure that the plan is accessible to staff and the public, promoting transparency and accountability.

### How SB0720 helps:

- **Enhanced Patient Care:** By ensuring that staffing levels are tailored to the specific needs of each unit, patients are more likely to receive timely and effective care, reducing the risk of adverse outcomes.<sup>1,2</sup>
- **Improved Staff Well-being:** Adequate staffing alleviates excessive workloads, contributing to reduced burnout and higher job satisfaction among healthcare workers.
- **Safe Staffing Across Hospitals:** The requirement for all hospitals to develop and adhere to a clinical staffing plan that works for their hospital's needs introduces a standardized approach to staffing, minimizing disparities in patient care quality throughout Maryland.
- **Increased Transparency and Trust:** Making staffing plans publicly available fosters trust between healthcare institutions and the communities they serve, as patients and families can be assured of the hospital's commitment to quality care.
- **Other States:** Maryland is not the first to do this, eight states (CT, IL, NV, NY, OH, OR, TX, WA) require hospitals to have nurse staffing committees. Five states (IL, NJ, NY, RI, VT) require hospitals to publicly disclose or report their nurse-to-patient staffing ratios.<sup>3</sup>

**Senate Bill 720 is a proactive measure designed to tackle the critical issue of hospital staffing in Maryland. By instituting clinical staffing committees and mandating the**

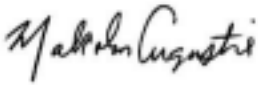
**development and maintenance of comprehensive staffing plans, this legislation aims to enhance patient outcomes, support healthcare professionals, and standardize care across Maryland.**

**Chair Beidle and members of the committee, I ask for your favorable report.**

1. Lasater KB, Aiken LH, Sloane D, et al. Patient outcomes and cost savings associated with hospital safe nurse staffing legislation: An observational study. *BMJ Open*. 2021;11(12):e052899. <https://bmjopen.bmj.com/content/11/12/e052899.full>. doi: 10.1136/bmjopen-2021-052899.

2. Lasater KB, Aiken LH, Sloane DM, et al. Is hospital nurse staffing legislation in the public's interest?: An observational study in new york state. *Medical care*. 2021;59(5):444–450. <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=n&CSC=Y&PAGE=fulltext&D=ovft&AN=00005650-202105000-00011>. doi: 10.1097/MLR.0000000000001519.

3. de Cordova PB, Rogowski J, Riman KA, McHugh MD. Effects of public reporting legislation of nurse staffing: A trend analysis. *Policy, politics & nursing practice*. 2019;20(2):92–104. <https://journals.sagepub.com/doi/full/10.1177/1527154419832112>. doi: 10.1177/1527154419832112.

Sincerely,  Senator Malcolm Augustine  
President Pro Tempore -- District 47 – Prince George's County

# **SB720 Safe Staffing EconActionFAV.pdf**

Uploaded by: Marceline White

Position: FAV



Testimony to the Senate Finance Committee  
SB720 Safe Staffing Act  
**Position: Favorable**

March 4, 2024

The Honorable Pam Beidle, Chair  
3 East, Miller Senate Office Building  
Annapolis, MD 21401  
cc: Members, Senate Finance Committee

Chair Beidle and Members of the Committee:

Economic Action Maryland (formerly the Maryland Consumer Rights Coalition) is a statewide coalition of individuals and organizations that advances economic rights and equity for Maryland families through research, education, direct service, and advocacy. Our 12,500 supporters include consumer advocates, practitioners, and low-income and working families throughout Maryland.

We are here in strong support of SB720 the Safe Staffing Act. Maryland hospitals face the most critical staffing shortage in recent history due to high staff turnover, shifting care delivery models, and poor working conditions for low pay.

Chronic stress is one of the main drivers of high turnover. Chronic stress experienced by nursing staff also leads to poor patient outcomes, long wait times, and the potential need for additional tests or interventions due to short-staffing and stress. As a result, patients may have higher healthcare bills and more medical debt. The current model harms healthcare workers and patients.

SB720 addresses these issues by requiring Maryland hospitals to create staffing committees comprised of 50% direct care workers that represent the entire care team. This will allow patients and management to collaborate. Research has shown that these sorts of joint staffing committees have led to less turnover and better patient outcomes. Nine other states have similar staffing committees and Maryland should embrace this critical effort and do the same.

For all these reasons, we support SB720 and urge a favorable report.

Best,

Marceline White  
Executive Director

2209 Maryland Ave · Baltimore, MD · 21218 · 410-220-0494  
info@econaction.org · www.econaction.org · Tax  
ID 52-2266235

Economic Action Maryland is a 501(c)(3) nonprofit organization and your contributions are tax deductible to the extent allowed by law.



# **SB 720 - FAV - ALZ Association.pdf**

Uploaded by: Megan Peters

Position: FAV



**Bill:** SB 720 - Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2025)

**Committee:** Finance

**Position:** Favorable

**Date:** March 4, 2025

On behalf of the 127,200 Marylanders living with Alzheimer's disease and their 247,000 caregivers, the Alzheimer's Association supports SB 720 - Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2025). This bill will establish hospital safe staffing committees, composed of 50% direct care workers, at each hospital that will help drive solutions to staffing and safety issues.

The Alzheimer's Association works with healthcare systems, including hospital settings, to address the rising costs of dementia care and improve patient care and outcomes. SB 720 can further the mission of improving patient care and outcomes through offering an approach to addressing staffing conditions and burnout that contribute to high staff turnover and impacts on patient care.

Poor staffing conditions are associated with higher mortality rates and longer lengths of stay for patients. Longer lengths of stay for patients with dementia can be especially devastating as this is a significant change from their routine and can lead to increased confusion. Staffing conditions and staff burnout must be addressed – if they are not, we know it will be increasingly difficult for patients to get care when they need it, health costs will rise, and health disparities will increase.

A staffing committee, like the one proposed in SB 720, ensures there is open and transparent dialogue between the state, hospital administrations, and direct care workers to address a staffing crisis. Staffing committees allow each hospital to tailor staffing plans to its most pressing needs, and SB 720 does not mandate staffing ratios or force a hospital to make fiscal decisions that negatively impact quality of care.

SB 720 is important legislation that will strengthen our healthcare workforce at hospitals and improve the quality of care for Marylanders. The Alzheimer's Association urges a favorable report on SB 720. Please contact Megan Peters, Director of Government Affairs at [mrpeters@alz.org](mailto:mrpeters@alz.org) with any questions.

# **Testimony for SB 720 High Note Consulting 3-4-2025**

Uploaded by: Michael Dalto

Position: FAV

# H↑GH NOTE CONSULTING

Testimony for SB 720  
**Safe Staffing Act of 2025**  
Before the Senate Finance Committee  
March 4, 2025  
Position: **FAV**

Dear Chair Beidle and Members of the Committee:

My name is Michael Dalto and I am President of a small human service consulting business in Maryland.

My customers include many Marylanders with disabilities who must regularly receive hospital services. I hear reports of their receiving inadequate treatment due to insufficient hospital staffing levels.

I also have a son who is employed as a Certified Nursing Assistant (CNA). My son regularly reports to me the impact of high patient-to-CNA ratios on the quality of care for patients and on the stress, health and morale of my son and his coworkers. Not surprisingly, high ratios correlate with substandard care and poor health outcomes for patients, and declines in health and morale of health care workers. Workers who deliver direct care to patients obviously understand better than anyone else the impact of their working conditions on their lives and the lives of their patients. The Safe Staffing Act of 2025 recognizes that direct care workers should have a major voice in recommending staffing levels that meet the needs of patients and help retain workers.

I urge you to issue a favorable report on SB 720. Thank you.

Sincerely,

Michael Dalto, President  
High Note Consulting, LLC

# **The Safe Staffing Bill.pdf**

Uploaded by: Missy Wallace

Position: FAV

Hello, I hope this correspondence finds you well. I'm writing to you regarding The Safe Staffing Act. I understand that this bill will be heard soon and I would like to share with you my thoughts and feelings on the matter.

I can speak about the negative impact of the lack of timely, reliable emergency care due to short staffing. I've gone to the emergency room several times over the years, and I was unable to be seen in a timely manner for my concerns *almost every single time*. This doesn't just apply to being seen by a physician, but also applies to being called to have my vitals taken, so that I could, eventually, be seen by a physician. In fact, at the time of this writing, I've only been seen in a timely manner, and provided with reliable care, in an emergency room, *twice*. *And in both of those instances*, my mother and I chose to go a hospital that was located at a great distance from our residence, because the hospitals in close vicinity to us have been the settings of negative experiences with wait times and treatment. My mother, who has *always* been with me at the emergency room, has experienced distress, frustration, and even anger as she's sat with me while I waited to be seen, often times while I was under significant distress and/or in severe pain. She's had the displeasure of repeatedly asking, across several hours, if and when I'd be seen by a doctor. And every time she would do this, she was given one of two answers, the first being that I was "next in line" but no estimated wait time would be provided, and the second being, "I'm sorry, we're working as fast as we can, but we're short staffed." (The latter most response having some variation, depending on the choice of words, but the terms 'short staffed' were consistently mentioned.) And many times, even upon being seen, I wasn't provided with adequate care, likely because the doctors had to rush along in tending to each patient just to ensure that *everyone* who needed care would be seen. The wait times have been so long that there have been occasions where I'd go to the emergency room at midday or in the early evening, and I wouldn't be discharged until the early morning hours of the subsequent day.

My mother had a negative experience as well, almost three years ago, when she was a victim of a nearly fatal car accident. Her vehicle was hit by a driver speeding through a red traffic light. *By the grace of God, my mother survived the collision*. However, when she was taken to the emergency room for treatment, she was subjected to a long waiting period before she was seen by anyone. Worse yet, she didn't receive proper attention and care once she was seen. She wasn't

provided with a CAT scan, and she was released just hours after being admitted, instead of being held for observation overnight to monitor her condition. Though I remained composed, I was internally outraged on her behalf, because I was worried her injuries could have been worse than could be perceived by sight alone, and I feared she could have additional complications in the future because of the lack of care she received. *I felt her health and her life were being disregarded*, as a direct result of the staffing shortage (among other factors). That wasn't the kind of experience I wanted my mother, or anyone else, to have, especially after enduring a traumatic ordeal that could have resulted in death.

This has burdened the qualified and hard-working men and women who already serve within the healthcare industry, just as much as it has burdened anyone seeking care in an emergency room. As a result of these experiences (among others regarding the healthcare industry), I'm reluctant to seek medical attention. I don't have confidence in the healthcare system's ability to provide prompt, reliable care, let alone by qualified individuals who have compassion, integrity, competence, patience, empathy, and a desire to help others. No one should feel forced to choose between receiving tardy and lacking care in an emergency room due to short staffing, and going without medical attention at great personal risk to their health and/or safety. *Something must change*. The Safe Staffing Bill is the starting point for change. The Safe Staffing Bill can help hospitals improve how they meet the needs of anyone who comes to an emergency room seeking help. It can also improve the quality of care people receive, and foster trust between communities and hospitals. Without this bill and other measures like it, I worry that people will continue to fall through the cracks and be deprived of care and resources that *every human being is entitled to*. This isn't a matter of politics or ideologies. This is about respecting the dignity of every human being, which means ensuring they have access to timely, reliable care under the most pressing, stressful, and frightening circumstances. As a society, we must value life, and we must value life to such a degree that we are willing to take action that safeguards and improves the quality of life for our fellow human beings. The cost of not taking action to do so is too grave and would be an injustice for future generations to bear.

Sincerely,

Missy Wallace

# **Testimony of Nadine Williams, EVP, 1199SEIU Maryla**

Uploaded by: Nadine Williamson

Position: FAV





Testimony for SB 720  
**Safe Staffing Act of 2025**  
*Before the Senate Finance Committee*  
March 4th  
Position: **FAV**

Dear Chair Peña Melnyk and members of the Committee:

My name is Nadine Williamson, and I am the Executive Director of the RN Division of 1199 SEIU. I'm also a Registered Nurse. In 2021, I was part of a team of union members, hospital providers, and legislators who helped craft New York's Safe Staffing Committee legislation and I continue to lead our union's effort to improve patient care by improving hospital staffing. I fully support Maryland's effort to improve care through the Safe Staffing Act of 2025.

Throughout my career as a nurse and a union leader, I have advocated front-line caregivers have a voice in how care is delivered. It is my experience that front-line staff have a level of expertise from delivering care on a daily basis and hospitals and nursing homes can deliver better care when this expertise is incorporated into daily operations.

I have also long advocated for labor-management collaboration, and when both workers and management have improving care as their north star, they can improve outcomes and workforce satisfaction.

In many ways, the hospital staffing committee legislation is based on this approach. It places front-line workers and managers on equal footing and requires them to listen to each other, hear their concerns, and work towards a mutually agreed upon plan. It assumes that both workers and managers have insights that can help develop staffing plans that can improve outcomes, recruitment and retention.

This approach requires that both management and workers listen to each other, collaborate, make compromises, and acknowledge the challenges that both sides experience.

In hospitals where there is a history of labor-management collaboration around problem solving, the law has made improvements. Workers feel like their concerns are being heard, management is acting in good faith, the committee is tackling complaints, and there have been staffing and retention improvements.

Again, when both sides have as their north star improving care and listen to each other, the law works.

The challenge comes where hospitals have no history of labor management collaboration or where there are contentious relations. The law may say workers and management have to sit together and create a consensus plan, but that does not mean it will happen. Unfortunately, we have many examples where challenges in the staffing committees mirror larger conflict in the hospital.

We knew this could happen in New York, and our law gives employers the power to implement plans where committees do not reach consensus. Additionally, there are challenges with enforcement when employers do not follow the plan.

Despite these challenges, we still think staffing committees is the right approach. It takes a care team approach, involves multiple stakeholders, and gives everyone a stake in the plan's success.

I hope Maryland will join New York with this approach to improving care and recognize that good labor-management collaboration is hard and takes time. I would encourage Maryland stakeholders to recognize this and build in good labor-management training to your process.

I would also encourage the committees to not attempt to solve every problem at once. Your legislation calls for plans to be evaluated and updated every year, and this gives you the opportunity to start small, establish trust, and learn how to work together. It can be done, I've done it myself, and I've seen how transformative this approach has been.

I wish Maryland luck and we in New York are ready to lend a hand.

Sincerely,

Nadine Williamson

ED of RN Division, 1199 SEIU United Healthcare Workers East

[Nadine@1199.org](mailto:Nadine@1199.org)

# **Testimony in support of SB0720 - Hospitals - Clini**

Uploaded by: Richard KAP Kaplowitz

Position: FAV

Richard Keith Kaplowitz  
Frederick, MD 21703-7134

**TESTIMONY ON SB#0720 - POSITION: FAVORABLE**  
**Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2025)**

**TO:** Chair Beidle, Vice Chair Hayes, and members of the Finance Operations Committee

**FROM:** Richard Keith Kaplowitz

**My name is Richard Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of/ SB#/0720, Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2025)**

Maryland has had the worst emergency room wait time among 50 states for the past eight years, according to data from the Centers for Medicare and Medicaid Services. While the average ER wait time in Maryland is over four hours, many patients who need emergency care may wait as long as 24 hours to receive care. Long ER wait times are more than just an inconvenience; they measurably increased risk for patients, especially those who are elderly or vulnerable.

We need to have right-size ER staffing, particularly nurses and technicians, to reflect the number of ER patients. It is very predictable that in the winter, the number of ER patients will rise when flu, COVID-19 and RSV — respiratory syncytial virus — are at their peak; clearly, more ER staff will be needed at that time.

Maryland is 36th out of 50 states in the number of nurses per 1,000 population, according to Becker Hospital Review. By my observations, and those of others, the current ratio of nurses to patients in the ER can be as low as 1 nurse to 15 patients. It should be closer to 1:4, which is the target in states like California with mandated nurse-patient ratios.

Short-staffing leads to burnout and retention problems: 39% of nurses who left the profession cited overwork and stress as the reason. According to the Becker Hospital Review, Maryland ranked only 45th out of 50 states for salaries of registered nurses, adjusted for cost of living.

Hospitals should recruit new ER medical staff by offering competitive salaries and livable wages and support a work environment where workers are not under constant stress from short staffing. Chronic short staffing is a fixable problem.<sup>1</sup>

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<sup>1</sup> <https://marylandmatters.org/2024/12/05/how-to-fix-marylands-long-emergency-room-wait-times/>

- The Safe Staffing Bill will establish **safe staffing committees** at each hospital that will help to address the chronic short staffing of hospital Emergency Rooms and other critical departments.
- The committees will include **50% direct care workers**--the medical staff in the front lines who have the knowledge needed to ensure safe staffing for patients.
- Each staffing committee will develop a **clinical staffing plan** which will establish guidelines for appropriate staffing, based on the number of patients and their acuity.
- Each hospital will review the staffing plan annually to evaluate effectiveness and make updates and **post the clinical staffing plan on the hospital websites**, allowing for **transparency** for health care consumers.

This bill, recognizing Maryland has a crisis, would require certain hospitals licensed in the State to establish and maintain a clinical staffing committee and to implement a clinical staffing plan. It would mandate that each clinical staffing committee exists and is required to develop a clinical staffing plan. It sets a specific time for that action, requiring by July 1 each year, each hospital, through the clinical staffing committee, to conduct a review of the clinical staffing plan for certain purposes. It then requires that by January 1, 2026, each hospital to implement a clinical staffing plan and assign personnel in accordance with the plan.

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**I respectfully urge this committee to return a favorable report on SB0720.**

# **SB 720 FAV for AAUW MD.pdf**

Uploaded by: Roxann King

Position: FAV



**Testimony of American Association of University Women of Maryland**

**to the**

**Maryland General Assembly  
Senate Finance Committee**

**in support of**

**Senate Bill 720: Clinical Staffing Committees and Plans – Establishment  
(The Safe Staffing Act of 2025)**

February 28, 2025

Submitted by Roxann King, co-Vice President, Public Policy, AAUW Maryland  
2535 Painter Court, Annapolis, MD 21401

The American Association of University Women Maryland (AAUW Maryland) strongly supports 2025 SB 720. Founded in 1881, AAUW's approximately 170,000 members and 1,000 branches nationwide are leaders in gender equity research, advocacy, and education. In Maryland, our members and supporters, and college and university partners are strong advocates for laws that promote the well-being of women and families.

We are concerned with SB 720 because it relates to emergency room wait time. We supported that bill in 2023 and so far, see nothing happening. Maryland continues to be ranked worst in the nation for the ninth consecutive year, for emergency room wait times, despite a hospital supervised committee being appointed to study this problem by the 2023 Maryland General Assembly. This is also despite several Maryland hospitals being rated among the best in the nation this year. This issue is important to many of our members, who are definitely aging and using hospitals more.

The committee on staffing found two main culprits that were responsible for the emergency room delays: under staffing and too few beds. This bill addresses hospital understaffing. In my testimony in 2023, I related how my friend Cheryl Menke went to the Anne Arundel Medical Center emergency room at her doctor's direction for a pint of blood. Three days in a row she was told there was an eight hour wait. The third day she arrived at 8 p.m., stayed, and was seen finally at 5 a.m. the next morning. By the time she was seen, she had three pulmonary embolisms, needed three pints of blood, and was hospitalized for a week.

Another AAUW friend new to the area, Susan Crawford, related to me an October 2023 incident involving her husband Jay nearly cutting off a finger while using a table saw. The nearest hospital was University of Maryland Baltimore-Washington Medical Center, where they arrived at 3 p.m. on a Saturday. Around five o'clock they asked if someone would look at his finger, because it was bleeding a lot and they did not want to lose it. They were offered more paper towels. They were taken to a room and sat for another hour. Someone came in, looked at it and took pictures. At around 8:30, the night doctor came in and offered to cut it off. No orthopedics doctor was available and no ambulance was available for transfer to MedStar in Baltimore. At 9:30, ambulance transport was still unavailable. Shortly after deciding he would have to spend the night, at 10:30 they finally agreed that the couple could drive themselves to MedStar. Paperwork was sent and by 11:30 an orthopedics hand surgeon at MedStar was taking care of the hand. Later, at CVS for a vaccine, the nurse administering the vaccine related to Susan that she had quit working in the emergency room at BWMC because of the stress from understaffing.

This problem is fixable. Virginia does so much better than Maryland with similar resources. Please fix it. Demand accountability for safe staffing by Maryland's highly rated hospitals.

**AAUW MD urges that you provide a favorable report on Senate Bill 720, Clinical Staffing and Committees – Establishment (The Safe Staffing Act of 2025).**



# **2025\_SB720\_BIAMD\_Favorable.pdf**

Uploaded by: Ruth Carlock

Position: FAV



**Date: February 28, 2025**

**Hearing Date: March 4, 2025**

**Committee: Heath & Government Operations**

**Bill: SB 0720 Safe Staffing Act of 2025**

**Position: In Favor and Request Favorable Report Submitted by:**

**Ruth Carlock**

**Brain Injury Association of Maryland 2200**

**Kernan Dr.**

**Baltimore MD 21207**

**Dear Chair Beidle and Members of the Senate Finance Committee:**

My name is Ruth Carlock, and I am from the Brain Injury Association of Maryland (BIAMD). BIAMD is a non-profit organization that is the voice of those affected by brain injury through advocacy, education, and research. I am submitting this testimony in strong support of Senate Bill 720; the Maryland Clinical Staffing Standards Act of 2025. This critical legislation aims to establish enforceable staffing standards in Maryland hospitals, ensuring adequate patient care and support for healthcare professionals. A recent study by the Maryland General Assembly Hospital Throughput Work Group showed that the state of Maryland had the worst hospital wait times out of all 50 states. SB 0720 represents a multifaceted strategy to address this issue by focusing on a collaborative care team approach that remains flexible on how hospitals can manage this crisis and reduce patient risk and wait times.

The BIAMD has witnessed firsthand the profound impact that staffing shortages and clinician burnout have on patients, particularly those who have sustained brain injuries. Individuals recovering from brain injuries require intensive, specialized, and often prolonged rehabilitation services. The success of their recovery heavily depends on consistent, personalized care provided by a dedicated team of healthcare professionals. This legislation offers a way for these hospitals to reduce burnout with a plan to address safety concerns. This legislation allows hospitals to create individualized plans to address the specific issues of each hospital much sooner than top-down legislation could achieve.

However, chronic understaffing and the resultant burnout among clinicians pose significant challenges to delivering such care. Research indicates that burnout is prevalent among professionals in brain injury rehabilitation settings, often stemming from factors such as emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment. These factors are exacerbated by high patient loads, insufficient resources, and the emotional toll of managing complex patient needs.

A study exploring the experiences of support staff in traumatic brain injury rehabilitation centers highlighted several themes contributing to burnout, including the unique challenges of brain injury rehabilitation, emotional experiences associated with treatment, and organizational factors leading to stress. Participants expressed feelings of helplessness due to the slow progress often observed in rehabilitation and the necessity for repetitive interventions. Such conditions not only affect the well-being of healthcare providers but also compromise the quality of patient care.

Right now, one in four nursing positions are vacant, and this crisis only stands to get worse with an aging nursing population and decreasing graduating rates of new nurses in the state. With numerous studies showing the link between excess nurse to patient ratios leading to worse patient outcomes and increases the number of unnecessary deaths. With The Health Services Cost Review Commission showing some patients waiting up to 20 hours to receive emergency care.

Moreover, the unpredictable nature of brain injuries requires healthcare professionals to exercise a high degree of creativity and adaptability in treatment planning. This demand, coupled with organizational stressors like scheduling pressures and extensive documentation requirements, further contributes to burnout and reduces the time clinicians can devote to direct patient care.

Implementing the staffing standards proposed in SB 720 would address these critical issues by:

- **Ensuring Adequate Staffing Levels:** By mandating appropriate clinician-to-patient ratios, hospitals can provide the necessary time and resources for each patient, particularly those with complex conditions like brain injuries.
- **Reducing Clinician Burnout:** Adequate staffing alleviates excessive workloads, allowing healthcare professionals to maintain their well-being, which is essential for delivering high-quality care.
- **Improving Patient Outcomes:** Consistent and personalized care from well-supported clinicians leads to better rehabilitation outcomes for brain injury patients, facilitating their recovery and return to daily life.

Investing in appropriate clinical staffing is not only a moral obligation but also a strategic decision that will benefit Maryland's healthcare system in the long term. I urge this committee to issue a favorable report on SB 720 and support its passage to ensure that Maryland hospitals uphold the highest standards of patient care and workplace safety.

Thank you for your consideration.

Citations:

1. Block, H., Bellon, M., Hunter, S.C. *et al.* Barriers and enablers to managing challenging behaviours after traumatic brain injury in the acute hospital setting: a qualitative study. *BMC Health Serv Res* **23**, 1266 (2023). <https://doi.org/10.1186/s12913-023-10279-z>
2. Chambers-Baltz S, Knutson D, Chwalisz K, Canby A, Kane T. The experiences of support staff in a traumatic brain injury rehabilitation center. *Rehabil Psychol*. 2023 Feb;68(1):53-64. doi: 10.1037/rep0000475. Epub 2022 Nov 28. PMID: 36442015.
3. Norman, A., Holloway, M., Dean, J., Patterson, A., Needham-Holmes, B., Curro, V., Andrews, C., Feltham-White, P. and Clark-Wilson, J. (2024) 'Working Within a Perfect Storm: The Current UK Care Crisis in Community Neurorehabilitation', *Journal of Long Term Care*, 0(), p. 464–475. Available at: <https://doi.org/10.31389/jltc.336>.
4. Powell MA, Oyesanya TO, Scott SD, Allen DH, Walton A. Beyond Burnout: Nurses' Perspectives on Chronic Suffering During and After the COVID-19 Pandemic. *Global Qualitative Nursing Research*. 2024;11. doi:[10.1177/23333936241271271](https://doi.org/10.1177/23333936241271271)
5. Wang, J., Wang, W., Laureys, S. *et al.* Burnout syndrome in healthcare professionals who care for patients with prolonged disorders of consciousness: a cross-sectional survey. *BMC Health Serv Res* **20**, 841 (2020). <https://doi.org/10.1186/s12913-020-05694-5>
6. Schlenz KC, Guthrie MR, Dudgeon B. Burnout in occupational therapists and physical therapists working in head injury rehabilitation. *Am J Occup Ther*. 1995 Nov-Dec;49(10):986-93. doi: 10.5014/ajot.49.10.986. PMID: 8585598.
7. Wittig PG, Tilton-Weaver L, Patry BN, Mateer CA. Variables related to job satisfaction among professional care providers working in brain injury rehabilitation. *Disabil Rehabil*. 2003 Jan 21;25(2):97-106. PMID: 12554384.

<https://mhaonline.org/wp-content/uploads/2024/05/maryland-general-assembly-hospital-throughput-work-group-final-report-march-2024.pdf>

# **SB720 - PJC - Support.pdf**

Uploaded by: Sam Williamson

Position: FAV



Building a Just Society

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**SB720: Hospitals - Clinical Staffing Committees and Plans - Establishment**  
**(Safe Staffing Act of 2025)**

**Senate Finance Committee, March 4, 2025**

**Position: FAVORABLE**

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization that seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Workplace Justice Project works to expand and enforce the right of low-wage workers to receive an honest day's pay for an honest day's work. **The PJC supports SB720, which would establish safe staffing committees for Maryland's hospitals.**

Maryland has the longest Emergency Department (ED) wait times of any state in the country.<sup>1</sup> As the Maryland Health Services Commission identified, understaffing is one of the key factors that increases our ED stay lengths.<sup>2</sup> Staffing turnover is caused by working conditions and workload/staffing ratios.<sup>3</sup> Unless we act, Maryland's staffing shortages will continue to worsen.<sup>4</sup>

It is vital that we give workers opportunities to provide input on staffing ratios and other staffing concerns. Without input from frontline staff, Maryland will continue to see understaffing in our hospitals, and Maryland patients will continue to suffer the consequences. When one additional patient is added to the average nurse workload, odds of death increase for all patients, and odds of death are particularly elevated for Black patients.<sup>5</sup> Maryland patients deserve equitable and sufficient nursing care, and hospital workers deserve sustainable working conditions.

For these reasons, the PJC **SUPPORTS SB720** and urges a **FAVORABLE** report. Should you have any questions, please call Sam Williamson at 410-625-9409 ext. 234.

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<sup>1</sup> Health Management Associates, *Maryland General Assembly Hospital Throughput Work Group Final Report* (Mar. 2024), p.7, <https://mhaonline.org/wp-content/uploads/2024/05/maryland-general-assembly-hospital-throughput-work-group-final-report-march-2024.pdf>.

<sup>2</sup> Briefing on AHEAD Model Implementation and Emergency Department Wait Times, Senate Finance Committee (Jan. 21, 2025), P.20, [https://mgaleg.maryland.gov/meeting\\_material/2025/fin%20-%20133819452036704332%20-%20Briefing%20Materials%20-%20AHEAD-EDWaitTimes%2001-21-25.pdf](https://mgaleg.maryland.gov/meeting_material/2025/fin%20-%20133819452036704332%20-%20Briefing%20Materials%20-%20AHEAD-EDWaitTimes%2001-21-25.pdf).

<sup>3</sup> NSI Nursing Solutions, Inc., *2024 NSI National Health Care Retention & RN Staffing Report* (Mar. 2024), P.6 [https://www.nsinursingsolutions.com/documents/library/nsi\\_national\\_health\\_care\\_retention\\_report.pdf](https://www.nsinursingsolutions.com/documents/library/nsi_national_health_care_retention_report.pdf).

<sup>4</sup> Global Data, *Maryland Nurse Workforce Projections: 2021-35* (June 2022), p. 28 <https://mhaonline.org/wp-content/uploads/2024/05/Maryland-Nurse-Workforce-Projections-GlobalData.pdf>.

<sup>5</sup> J. Margo Brooks, et al., *Nursing Staffing and Postsurgical Outcomes in Black Adults*, J. Am. Geriatrics Soc., Vol. 60, Issue 6, p.1078-84 (2012), <https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.2012.03990.x>.

# **SB0720-Fav Testimony POLICY FOUNDATION INC (S Benn**

Uploaded by: Sarahia Benn

Position: FAV



## **Policy Foundation of Maryland**

**Committee:** Finance

**Testimony on:** SB0720 - Clinical Staffing Committees and Plans -  
Establishment (Safe Staffing Act of 2025)

**Sponsor(s):** Senator Augustine, Senator Lam

**Organization:** Policy Foundation INC., End Medication Debt Coalition

**Person Submitting:** Sarahia Benn (CEO/President) PFOM

**Position:** Favorable

**Hearing Date:** March 4, 2025

Dear Chair Beidle and Members of the Senate Finance Committee:

Thank you for allowing testimony today in support of SB0720. Policy Foundation INC. is a grassroots organization focused on State and County level legislation and policies that impacts Black, Brown, Marginalized, low income communities and Veterans affairs. Medical and healthcare legislation is of massive importance to these communities particularly due to how impacted these communities have been historically and currently particularly in for multiply residents in rural areas.

The healthcare system in Maryland, like many across the nation, is in crisis. Overburdened healthcare workers, especially nurses, are leaving the profession at alarming rates due to unsafe staffing levels, burnout, and the overall lack of support. This crisis worsened after the COVID-19 pandemic, and it continues to jeopardize both the well-being of workers and patients. Unsafe staffing conditions directly correlate with poorer patient outcomes, longer stays, and in some cases, unnecessary fatalities. These are not just statistics; these are lives disrupted and communities harmed.

SB 720 provides a solution by creating a worker-driven process at hospitals across Maryland to address staffing conditions. Importantly, this bill doesn't impose rigid staffing ratios, but instead fosters collaboration among hospital administrations, workers, and the state to craft tailored staffing plans. Workers, who are on the front lines of patient care, will have a say in these plans, ensuring that solutions are not only feasible but effective. This level of collaboration is key to addressing the root causes of worker burnout and improving patient outcomes.





A critical component of this bill is its focus on data transparency and accountability. By requiring hospitals to provide accurate staffing information to the Maryland Department of Health, SB 720 will ensure that staffing conditions are regularly monitored, making it possible to track how these conditions impact both worker retention and the quality of care. This data-driven approach will empower the state to take proactive measures to address any shortfalls and improve overall healthcare delivery.

From an economic perspective, SB 720 is a cost-effective solution. Maryland's healthcare model, particularly its Total Cost of Care financing system, is uniquely positioned to benefit from this legislation. By investing in a permanent workforce rather than relying on costly temporary staffing agencies, Maryland can reduce the financial burden on hospitals and ensure that funds are used more efficiently. Permanent staff offer the stability and continuity needed to improve care quality, reduce turnover, and enhance workforce morale.

SB 720 will also ensure that hospitals are prepared for future public health emergencies. By establishing a more resilient and well-supported healthcare workforce, Maryland can better respond to unforeseen challenges and mitigate the effects of future crises. We cannot afford to wait any longer to take action—this bill provides a blueprint for building a healthier, more sustainable healthcare system for all Marylanders.

This bill will protect both workers and patients, improve the quality of care, and ensure that Maryland remains a leader in healthcare policy.

For these reasons, I urge an **FAVORABLE REPORT** on **SB0720**.

Respectfully submitted,

Sarahia Benn  
(Policy Foundation of Maryland, End Medical Debt Coalition)

**(Dedicated to Black History All Year Round)**

“Rarely, if ever, are any of us healed in isolation. Healing is an act of communion.”

—[Bell Hooks](#), poet, activist

# **SB 720HospitalsSafe Staffing Act of 2025.FAV.AARP.**

Uploaded by: Tammy Bresnahan

Position: FAV



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**SB 720 Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2025)**  
**Senate Finance Committee**  
**March 4, 2025**  
**FAVORABLE**

Good afternoon, Chair Beidle and Members of the Senate Finance Committee. My name is Tammy Bresnahan; I am the Senior Director of Advocacy for AARP Maryland. I am submitting this testimony on behalf of AARP Maryland who represents over 850,000 members in strong support of SB 720, the Safe Staffing Act of 2025. This critical legislation, which mandates the establishment of clinical staffing committees and plans in hospitals, is necessary to ensure the safety and well-being of both patients and healthcare workers. We thank Senator Augustine for his leadership on SB 720.

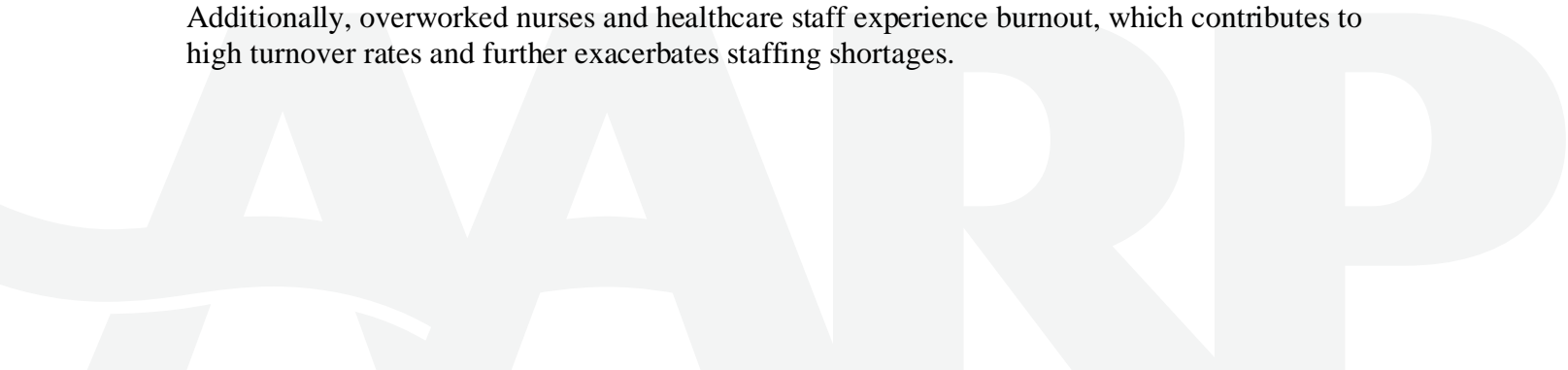
As an organization that advocates for the health and safety of older Americans, AARP recognizes the urgent need for SB 720. Across our state, hospital emergency rooms and critical care departments are experiencing chronic understaffing, placing undue strain on healthcare workers and putting patients at risk. Ensuring adequate staffing levels is essential to delivering high-quality, timely, and effective medical care.

**SB 720 Offers a Viable Solution by:**

- Establishing safe staffing committees in every hospital, ensuring that direct care workers—those on the front lines of patient care—have a voice in staffing decisions.
- Requiring that at least 50% of committee members be direct care workers, bringing essential, firsthand expertise to the development of safe staffing plans.
- Mandating the creation of a clinical staffing plan, based on patient numbers and acuity, to promote effective and responsive patient care.
- Requiring annual reviews of staffing plans to assess their effectiveness and implement necessary updates, ensuring continuous improvement.
- Promoting transparency by mandating that each hospital publicly post its clinical staffing plan, allowing patients and families to make informed healthcare decisions.

**Protecting Patients and Supporting Healthcare Workers**

AARP firmly believes that safe staffing levels are a fundamental component of quality healthcare. When hospitals are understaffed, patients—particularly older adults—face increased risks, including longer wait times, medication errors, and preventable complications. Additionally, overworked nurses and healthcare staff experience burnout, which contributes to high turnover rates and further exacerbates staffing shortages.



By passing SB 720, Maryland will join other states that have successfully implemented similar staffing regulations, resulting in improved patient outcomes and better working conditions for healthcare professionals. The bill is supported by a coalition of patient advocacy groups, reflecting a broad consensus that safe staffing is essential to our healthcare system.

**Conclusion**

We respectfully urge Committee to pass SB 720 to protect our patients, safeguard our healthcare workers, and strengthen the integrity of our hospital systems. Thank you for your time and consideration. If you have any questions, please feel free to contact me at [tbresnahan@aarp.org](mailto:tbresnahan@aarp.org) or by calling 410-302-8451.

# **AFT FAV SB 720-- Safe Staffing Act.pdf**

Uploaded by: Todd Reynolds

Position: FAV

**Written Testimony Submitted to the  
Maryland Senate Finance Committee  
SB 720: Hospitals – Clinical Staffing Committees and Plans – Establishment  
Safe Staffing Act of 2025  
March 4, 2025  
SUPPORT**

Good afternoon Chair Beidle, Vice Chair Hayes, and members of the Senate Finance Committee. AFT-Maryland is the certified bargaining representative for the hundreds of doctors who are Residents and Fellows at the University of Maryland Medical Center in Baltimore, as well as a number of nursing professionals at the state and local levels. On their behalf, we call on this committee to issue a favorable report to SB 720.

It should be of no surprise to anyone in our state that, due high turnover, burnout, and poor working conditions, our hospitals are severely understaffed. This fact indeed has a negative impact on the quality-of-care our patients receive in Maryland. One-in-four nursing positions are vacant in Maryland, and studies show that these high vacancy rates have lead to a 7% raise in the risk of death by a patient in our state. Maryland has, unfortunately, the longest ER wait times in the nation, with patients often waiting 20 hours or more to receive emergency care, due largely to staffing issues.

HB 905 asks that hospitals establish a committee, comprising 50% direct care workers, that would attempt to create a plan to address these staffing concerns and ensure staff-driven decisions for better care. By establishing safe staffing practices, we in Maryland can begin to reduce turnover and reliance on temporary staffing, lowering overall hospital costs. We can better retain experienced nurses, attract those who left the field, and bring students into the profession. HB 905 follows legislation in other states that have been successful in reversing staffing shortages: States like Oregon show that involving nurses in staffing decisions leads to lower turnover and better patient outcomes. But perhaps most importantly, we can improve the quality of care for the people of Maryland and save more lives when we require hospitals to include their front line staff on a staffing plan.

Again, for these reasons, AFT-Maryland calls on the committee to issue a favorable report for HB 905. Thank you.

## **Letter of Support - Testimony Safe Staffing Act 20**

Uploaded by: Wala Blegay

Position: FAV



# THE PRINCE GEORGE'S COUNTY COUNCIL

**WALA BLEGAY**  
**Council Member, District 6**

February 28, 2025

**RE:** Statement from Councilwoman Wala Blegay in Support of the Safe Staffing Act of 2025

As a former attorney for the DC Nurses Association for eight years, I had the privilege of representing and advocating for the dedicated nurses who form the backbone of our healthcare system. I saw firsthand how safe staffing saves lives. I worked directly with nurses who were overworked and overwhelmed due to high patient ratios—leading to burnout, high turnover, and ultimately, the critical nursing shortage we face today.

I have personally advocated for safe staffing legislation before the DC Council because I know that when nurses are stretched too thin, patient care suffers. Studies have consistently shown that inadequate nurse-to-patient ratios result in higher rates of burnout, decreased job satisfaction, and an increased risk of patient mortality. According to research published in the Journal of the American Medical Association, each additional patient over four per nurse carries a 23% risk of burnout and a 7% increase in patient deaths within 30 days of admission.

Here in Maryland, we are experiencing one of the worst healthcare staffing shortages in history. One in four nursing positions remains vacant, and our state holds the unfortunate distinction of having the longest emergency room wait times in the country, with patients waiting up to 20 hours for care.

As Chair of the Emergency Room Wait Time Task Force in Prince George's County, I have spent the past year reviewing every emergency room in our county. In every single emergency department, staffing shortages have been a major issue. When hospitals are understaffed, wait times skyrocket, emergency rooms become overcrowded, and both patients and healthcare workers suffer. Our findings have made it abundantly clear: solving the healthcare crisis starts with ensuring we have enough nurses at the bedside.

That is why I wholeheartedly support the Safe Staffing Act of 2025, sponsored by Delegate Jennifer White-Holland and Senator Malcolm Augustine. This legislation takes a critical step toward solving the crisis by establishing hospital safe staffing committees, ensuring that nurses and other frontline healthcare workers have a voice in staffing decisions. No one-size-fits-all model can address the complexities of patient care, but by empowering direct care workers to create staffing plans based on real-time needs, this bill will improve both patient outcomes and nurse retention.

Safe staffing isn't just about working conditions—it's about saving lives. By addressing burnout and turnover, we can attract nurses back to the field, improve care quality, and make our hospitals safer for everyone. This

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**[www.princegeorgescountymd.gov](http://www.princegeorgescountymd.gov)**





## THE PRINCE GEORGE'S COUNTY COUNCIL

**WALA BLEGAY**  
**Council Member, District 6**

legislation is a cost-effective solution that will stabilize our healthcare workforce, reduce ER wait times, and ensure Marylanders receive the timely, high-quality care they deserve.

I urge your support of the Safe Staffing Act—because when we support our nurses, we protect our patients.

Sincerely,  
Wala Blegay

A handwritten signature in black ink, appearing to read "Wala Blegay", with a long, sweeping flourish extending to the right.

Prince George's County Council  
District 6

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# **Senate Bill (SB) 720- Safe Staffing Act of 2025 .p**

Uploaded by: William Reid

Position: FAV

**Testimony in Support of Senate Bill (SB) 720: Safe Staffing Act of 2025 by Dr. William Reid**  
**Finance Committee**  
**Position: Support**  
**March 4, 2025**

Good afternoon, Chair, Vice Chair, and Finance Committee members. My name is William Reid, and I reside in Frederick, Maryland. I serve as an Executive Board Member of the Rural Maryland Council, a leader and board member of Progressive Maryland, and the Chair of Frederick Progressives. Today, I provide written testimony to **support SB 720 (The Safe Staffing Act of 2025)**, requiring Maryland hospitals to establish clinical staffing committees and implement staffing plans to ensure safe and effective patient care.

**SB 720** addresses chronic short-staffing issues in many Maryland hospitals, particularly emergency rooms and critical care departments. By creating staffing committees comprising 50% direct care workers and knowledgeable medical staff, SB 720 ensures that those on the frontlines have a voice in setting safe and effective staffing levels. Each committee will develop a clinical staffing plan tailored to the hospital's patient population, including clear guidelines on how many patients should be assigned per nurse and the appropriate number of support staff per shift. To maintain hospital accountability, they must review and update their staffing plans annually, evaluating their effectiveness and making necessary improvements. Additionally, these plans will be posted on hospital websites, increasing transparency for healthcare consumers and holding institutions accountable for safe staffing levels. SB 720 also ensures that staffing plans consider patient acuity levels, discharge and admission rates, and healthcare providers' necessary skills and experience, all critical factors in delivering high-quality care. Furthermore, hospitals must establish a process for receiving and addressing complaints related to staffing concerns, ensuring continuous improvement and patient safety.

**SB 720** is essential for protecting both patients and healthcare workers. Overburdened staff cannot provide the level of care patients deserve, and understaffing leads to burnout, higher turnover rates, and worse health outcomes. The Safe Staffing Act of 2025 is necessary to ensure that Maryland hospitals remain places of healing, not harm. I urge you to **support SB720** and take decisive action to protect Maryland's patients and frontline healthcare workers. Let's build a healthcare system prioritizing safety, transparency, and accountability.

# **SB0720\_FWA\_MedChi, MDACEP, MDACOG\_Hospitals - Clin**

Uploaded by: Danna Kauffman

Position: FWA

Senate Finance Committee

March 4, 2025

Senate Bill 720 – *Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2025)*

**POSITION: SUPPORT WITH AMENDMENT**

On behalf of MedChi, The Maryland State Medical Society, the Maryland Chapter of the American College of Emergency Physicians, and the Maryland Section of The American College of Obstetricians and Gynecologists, we submit this letter of support with amendment for Senate Bill 720.

This bill requires that each hospital establish and maintain a clinical staffing committee with equal membership from management and employees. The committee must develop a clinical staffing plan for the hospital that specifies the appropriate number of clinicians needed to administer quality health care by setting. The plan must be reviewed and updated annually.

It is well-documented that Maryland has the country's longest emergency department (ED) wait times. A major contributing factor is the boarding of patients. The American College of Emergency Physicians defines a boarded patient as “a patient who remains in the emergency department after the patient has been admitted or placed into observation status at the facility, but has not been transferred to an inpatient or observation unit.”<sup>1</sup> “Boarding of admitted patients in the ED represents a hospital-wide failure and contributes to lower quality of care, decreased patient safety, reduced timeliness of care, reduced patient satisfaction, an increased number of patients leaving without being seen, and increased mortality.”<sup>2</sup>

To address boarding and other issues affecting the availability of health care services, hospitals should have staffing plans, such as required in Senate Bill 720, that ensure the availability of sufficient health care and support personnel to meet increased patient needs throughout the entire hospital. The above-referenced organizations request an amendment to ensure that a physician who is not a hospital employee or administrator is included on the clinical staffing committee, regardless of whether the hospital is a teaching hospital. With this amendment, we urge a favorable vote.

**For more information call:**

Danna L. Kauffman  
J. Steven Wise  
Andrew G. Vetter  
Christine K. Krone  
410-244-7000

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<sup>1</sup> Policy Statement, *Definition of Boarded Patient*, American College of Emergency Physicians, September 2018, <https://www.acep.org/siteassets/new-pdfs/policy-statements/definition-of-boarded-patient.pdf>

<sup>2</sup> Policy Statement, *Boarding of Admitting and Intensive Care Patients in the ED*, February 2023, <https://www.acep.org/siteassets/new-pdfs/policy-statements/boarding-of-admitted-and-intensive-care-patients-in-the-emergency-department.pdf>

# **NPAM Support with ammendments SB 720.pdf**

Uploaded by: Malinda Duke

Position: FWA



*"Advocating for Nurse Practitioners since 1992"*

**Bill:** SB 720 Safe Staffing Act of 2025

**Position:** Support with Amendments

Dear Chair Beidle, Vice Chair Hayes, and members of the Committee,

On behalf of the Nurse Practitioner Association of Maryland (NPAM), representing over 860 members and the 8000 Nurse Practitioners that practice in Maryland, and we **support with amendments SB 720 Safe Staffing Act of 2025**

We commend the sponsors for their efforts in addressing this important issue relating to staffing and as providers who often work in hospital settings, we respectfully request an amendment to include a **nurse practitioner on the clinical staffing committee**.

Nurse practitioners (NPs) play a crucial role in delivering high-quality healthcare services, have advanced clinical training, and are able to practice independently in Maryland.

For these reasons, we respectfully request you **support this bill with our amendments**. If you have any questions, please feel free to contact me at NPAMexecdir@gmail.com

Sincerely,

*Malinda D. Duke CRNP-PC*

Malinda D. Duke MS, CRNP-PC, CDCES  
Executive Director

# **SB 720- Hospitals - Safe Staffing Act of 2025.pdf**

Uploaded by: Andrew Nicklas

Position: UNF





Maryland  
Hospital Association

**Senate Bill 720- Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2025)**

**Position: *Oppose***

March 4, 2025

Senate Finance Committee

**MHA Position**

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in opposition of Senate Bill 720.

Maryland hospitals have well-established processes for determining appropriate staffing levels. This is an essential process that occurs in every hospital across the country. It's simply part of delivering patient care. These processes are informed by The Joint Commission, Centers for Medicare and Medicaid Services, and clinical specialty organizations for units like the neonatal intensive unit and emergency departments. These organizations establish requirements and national guidelines which prioritize patient safety and positive clinical outcomes.

Soliciting staff feedback on staffing decisions is important to Maryland hospital leaders. Most Maryland hospitals already have staffing committees in place. These committees are at the unit level because each hospital unit serves different patient populations, with different acuity levels, requiring different levels of care. Many of these committees follow a shared governance model that prioritizes the involvement of frontline clinical staff in staffing decisions. Those that do not have another variation or means of engaging staff and soliciting input. This collaborative approach ensures that those directly involved in patient care have a voice in determining appropriate staffing levels.

Hospital staffing plans are regularly reviewed and updated—several times a day in some cases—to account for fluctuating patient acuity and needs, patient volumes, and to account for the availability and experience of nursing and other clinical staff. Hospitals need real-time flexibility to respond to and accommodate complex, evolving circumstances. Mandating a uniform clinical staffing committee structure and process will disrupt existing effective practices and overlook the unique dynamics of individual hospitals. Plans can quickly become obsolete depending on patient acuity, volume, and staff experience. A single, centralized staffing committee lacks the dexterity needed to respond in real time to volume changes and care demands.

Additionally, hospitals must ensure that staffing decisions are developed appropriately. Clinical staffing plans are, and must be, developed by clinical team members. These decisions require specific knowledge and expertise in order to ensure patient safety. While we fully support engaging front line staff in these decisions, clinical staffing should be guided by clinical personnel while non-clinical staff can inform non-clinical staffing.

Notably, the legislation does not apply to state-owned hospitals. This raises a number of questions as to why this proposal would be appropriate for private hospitals and not apply to state-owned facilities.

Maryland hospitals are deeply committed to supporting our workforce and ensuring high-quality care 24/7/365. We are concerned that SB 720 fails to reflect the complexities of hospital staffing and does not address the root cause of workforce shortages. Maryland hospitals are committed to collaborating on solutions that strengthen our workforce and advance health care in Maryland.

For these reasons, we request an *unfavorable* report on SB 720.

For more information, please contact:

Andrew Nicklas, Senior Vice President, Government Affairs & Policy  
Anicklas@mhaonline.org

# **LBH UNFAV Senate Bill 720- Hospitals – Clinical St**

Uploaded by: Jennifer Witten

Position: UNF



Date: March 4, 2025

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

Reference: Senate Bill 720- Hospitals – Clinical Staffing Committee and Plans – Establishment

(Safe Staffing Act of 2025)

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**Position: Unfavorable**

Dear Chair, Beidle and Senate Finance Committee Members,

On behalf of LifeBridge Health, we appreciate the opportunity to share our concerns with Senate Bill-720. LifeBridge Health is a regional health system our concern with the proposed bill is the impact that a prescriptive staffing approach without consideration for real-time best practices and current requirements will jeopardize patient safety and create more dissatisfaction among team members within our health system. The bill does not take into consideration ongoing challenges Maryland's hospitals are facing daily with increased need for services, capitated finances, significant workplace violence, and the ongoing shortage of health professionals including nurses.

The bill also includes reporting and posting provisions that give us serious safety concerns for both staff and patients. We continue to see a rise of workplace violence incidence thus posting public information that can aid in greater access to sensitive areas are a high security risk.

Hospitals are responsible for meeting staffing requirements of the Condition of Participation (and for any of the services that the hospital provides. CMS develops Condition of Participation (CoPs) and Conditions for Coverage that health care organizations must meet to participate in the Medicare and Medicaid programs. These regulations mandate that hospitals must have sufficient nursing staff, including registered nurses, to provide continuous nursing care to all patients, as outlined in the "Conditions of Participation" for hospitals under Medicare. corresponding regulation that outlines the staffing requirements for hospitals, specifically regarding the need for adequate numbers of licensed registered nurses, licensed practical nurses, and other personnel to provide 24-hour services, ensuring proper patient care within a hospital setting; defining the conditions under which a facility can be considered a Medicare-participating hospital.

In addition to CMS, the Joint Commission has staffing standards that outline the appropriate staffing levels based on patient acuity, which means hospitals must ensure sufficient staff are present to safely care for the complexity of their patient population, taking into account factors like patient needs, unit type, and clinical expertise required; this often translates to stricter staffing requirements in critical care units compared to general medical-surgical floors. All hospitals in Maryland are accredited by the Joint Commission and surveyed on an ongoing basis along with the Maryland Office of Health Care Quality meeting the same standards.

**CARE BRAVELY**

LifeBridge Health participates in the data collection of nursing sensitive indicators in the National Database of Nursing Quality Indicators (NDNQI) which analyzes nursing outcomes, quality and patient safety data and staffing. This is a nationally recognized evidence-based practice that informs the decisions made on units. A local house-wide clinical staffing committee will not be in the same position to evaluate the detailed unit-based information that is already available to our unit-based nursing councils. Charge Nurses determine changes in staffing related to volume and acuity. There must be consistent communication through-out the shifts to determine staffing with real-time feedback from team members who contribute to the hospital throughput and management of patients including allied health professionals, nutrition, facilities management, and other clinical leaders.

LifeBridge Health incorporates a shared governance structure within our staffing practice model which is the center stone of engaging front line team members in decision making along with nurse leaders. The main principle of shared governance includes ownership, accountability, team building, leadership, innovation, and equity. Combining these key elements along with other national standards drive solution-based action planning for staffing and improvements.

Given the current requirements and best practices we feel that the legislation will impede on that progress, limit our ability to meet national standards, and risk patient safety. We do agree that staff engagement at all levels is critical, which is why we support the shared governance model. With these above reasons we request an unfavorable report on Senate Bill 720.

For more information, please contact:

Jennifer Witten, M.B.A.

Vice President, Government Relations & Community Development

[jwitten2@lifebridgedhealth.org](mailto:jwitten2@lifebridgedhealth.org)

Mobile: 505-688-3495

# **SB 720 - Safe Staffing Act of 2025 - MedStar Healt**

Uploaded by: Kimberly Routson

Position: UNF



MedStar Health

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Annapolis, MD 21401  
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kimberly.routson@medstar.net

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

**SB 720 – Clinical Staffing Committees and Plans – Establishment  
(Safe Staffing Act of 2025)**

Position: ***Oppose***  
Senate Finance Committee  
March 4, 2025

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 400 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.

SB 720 mandates that hospitals establish and maintain a clinical staffing committee responsible for implementing a clinical staffing plan. The bill requires each committee to have equal representation from management and employees. The committee's membership would include a certified nursing assistant, a dietary aide, an emergency room nurse, an environmental service worker, a resident or physician, and a technician. The committee must establish a plan specifying the number of nurses, licensed nurses, nurse assistants, etc. needed to provide patient care on each unit during a working shift. The plan must be posted in the hospital and on its website. The committee must be created, and plans implemented by July 2026 with a review conducted each year.

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.

Although the legislation purports to address workforce shortages, it does little to move the needle on recruiting and retaining professionals. SB 720 could limit health care access for patients and diminish individual patient needs by not allowing to adjust for variability among health care organizations. Ultimately, this legislation and the staffing committee model as proposed will exacerbate hospital ED throughput challenges. SB 720 limits hospitals' capacity management, leading to bottlenecks and potential bed and unit closures to meet staffing plan requirements.

Flexibility is important to implementing a nimble plan that improves patient flow and hospital throughput, in turn, providing effective delivery of patient care. The clinical staffing committee and plan model will attempt in the future to mandate ratios that will reduce access, increase inefficiencies, and be counterproductive to positive patient outcomes.

For the reasons above, MedStar Health urges an ***unfavorable*** report on **SB 720**.

**It's how we treat people.**

# **SB720 Safe Staffing Act of 2025 JH Unfavorable.pdf**

Uploaded by: Leslie Weber

Position: UNF



**TO:** The Honorable Pamela Beidle  
*Chair, Finance*

**SB720**  
**Unfavorable**

**FROM:** Leslie Ford Weber  
*Associate Director, Maryland Government Affairs*

**DATE:** February 28, 2025

**RE: SB720: Hospitals – Clinical Staffing Committee and Plans – Establishment (Safe Staffing Act of 2025)**

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Johns Hopkins opposes **SB720: Hospitals – Clinical Staffing Committee and Plans – Establishment (Safe Staffing Act of 2025)**.

There are many pressing challenges to Maryland's hospitals that this committee has discussed including constrained finances, increased volume surges, insufficient bed capacity, ED wait times, workplace violence, and the ongoing shortage of nurses and other health professionals. The measure proposed in this bill would not make a meaningful impact towards addressing those challenges.

*More specifically, proponents for this bill assert that requiring clinical staffing committees will improve emergency department wait times in Maryland. However, in the nine states that require clinical staffing committees, there is no correlation. Based on data reported by Becker's, five of those nine states are in the half of states with the longest wait times and four have wait times shorter than the median.*

*The proponents will also tell you that clinical staffing committees will reduce violence against healthcare workers. Again, however, there is no data to support this. The Bureau of Labor Statistics has grouped states into four tiers based on the rate of days away from work, job restriction or transfers (DART) because of cases of workplace violence. Five of the nine states with clinical staffing committee requirements are in the tier with the highest rates; two are in the second tier; and there is one each in the lowest two tiers.*

*This bill is unnecessary.* There are longstanding best practices of shared governance that already engage front line staff in making key decisions about staffing patient care units at our four Johns Hopkins Health System hospitals in Maryland and many others in the state.

Shared governance is the way we provide our staff with a voice in all aspects of patient care. This practice model includes bringing together management and unit staff as members on councils charged with regularly evaluating practice standards, professional development, quality improvement, informatics, and research. These councils are unit- and hospital-based as well as existing on a system level where staff and leadership from each hospital meet to problem solve and discuss best practices with each other. This model ensures that front line clinical staff have a voice and participate in shared decision making regarding their practice and work environment.

Johns Hopkins hospitals utilize nationally-recognized evidence-based data sources to inform the resource allocation decisions made for each patient care unit throughout the hospital. As many Maryland hospitals do, we submit data to the National Database of Nursing Quality Indicators (NDNQI) who analyzes patient quality and safety. In addition to NDNQI, we also work with Vizient, and the Labor Management Institute to assess our staffing plans compared to established national benchmarks in every specialty care area within the hospital. A house-wide multidisciplinary clinical staffing committee would be less effective in evaluating the detailed unit-based nursing staffing data that is available to our unit-based nursing councils or staffing committees that perform this function today.

The plans that are in place today provide ongoing guidance for our care teams. At each of our hospitals, nurse leaders along with charge nurses on each unit, convene twice daily to review patient census and acuity, and together, make real-time adjustments to resources available on each unit. These can include deploying float team members, short-term agency hires, and the charge nurses. This is far more effective in meeting patient needs than the production of an annual document that is reviewed a year later for its effectiveness.

Adding this administrative burden will divert attention from addressing the direct needs for healthcare services in our communities and supporting our highly skilled workforce.

Accordingly, Johns Hopkins respectfully requests an **UNFAVORABLE** committee report on HB905.

# **SB 720 - LOO - UMMS.pdf**

Uploaded by: Will Tilburg

Position: UNF

**Senate Bill 720 – Hospitals – Clinical Staffing Committees and Plans – Establishment  
(Safe Staffing Act of 2025)**

**POSITION: Oppose**

March 4, 2025

Senate Finance Committee

The University of Maryland Medical System (UMMS) respectfully submits this letter of opposition to Senate Bill 720 – Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2025).

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.

Senate Bill 720 (“SB 720”) 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.

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.

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**UNIVERSITY OF MARYLAND MEDICAL SYSTEM**

**University of Maryland Medical Center • University of Maryland Medical Center Midtown Campus •**

**University of Maryland Rehabilitation and Orthopaedic Institute • University of Maryland Baltimore Washington Medical Center •**

**University of Maryland Shore Regional Health – University of Maryland Shore Medical Center at Easton -**

**University of Maryland Shore Medical Center at Chestertown - University of Maryland Shore Medical Center at Dorchester –**

**University of Maryland Shore Emergency Center at Queenstown •**

**University of Maryland Charles Regional Medical Center • University of Maryland St. Joseph Medical Center •**

**University of Maryland Upper Chesapeake Health System – University of Maryland Upper Chesapeake Medical Center -**

**University of Maryland Harford Memorial Hospital •**

**University of Maryland Capital Region Health – University of Maryland Bowie Health Center –**

**Mt. Washington Pediatric Hospital**

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 Credentialing 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.

SB 720 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 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 SB 720 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.

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, SB 720 fails to address this issue in a fair, effective, and evidence-based manner. SB 720 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 SB 720, and respectfully requests an *unfavorable* report on the bill.

For more information, please contact:  
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## **SB720\_MNA\_INFO**

Uploaded by: Bill Kress

Position: INFO



**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

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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

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