

**Written Testimony Submitted to the  
Maryland House Health Committee  
By Rachel Crockett  
HB 624: Hospitals – Clinical Staffing Committees and Plans – Establishment  
Safe Staffing Act of 2026  
February 18, 2026  
SUPPORT**

Good afternoon Chair Bagnall, Vice Chair Cullison, and members of the House Health Committee. My name is Rachel Crockett and I am a registered nurse in the state of Maryland. For both my coworkers and the patients we serve, I ask for a favorable report to HB 624, the Safe Staffing Act of 2026.

I've worked in an ICU in a Maryland hospital for 6 years. I've worked countless dayshifts, nightshifts, overtime shifts, weekends, and holidays. I've worked shifts with a fully-staffed, well-experienced team by my side, as well as with skeleton crew teams during darkest days of the COVID-19 pandemic. I have been a charge nurse leading my staff through an emergency that ended up saving a life, and I have been alone at bedside holding someone's hand as they passed away. In my work, staffing plays a huge role in my ability to do my best.

In an ICU, patients need constant time and close attention. The thing that I worry the most about when we are short staffed is safety. There are a lot of elements to patient safety but I'll give 1 example: medication administration.

I give a lot of medications that are very dangerous, such as different forms of adrenaline, chemotherapy, or various types of sedatives. Every shift, I take time to monitor my patients vitals to make sure they are stable enough to receive medications. I take time to study the potential side effects of medications I'm giving by looking at clinical references. I educate patients and families on the medicines they receive. I may ask another nurse to verify a weight-based dose. When we have minimal staffing, this process is rushed. Shortcuts are taken. Verification is skipped so that the task can be completed to keep up with the day. Education is rushed and patients are expected to trust me blindly. If the unit is short staffed, all the nurses are busy, so when I ask for a second pair of eyes on a dose, that other nurse might not be thorough in their verification either. This is so dangerous and can lead to medication errors, causing our patients harm. When we have good staffing, I have time between tasks to be thorough.

When administration dictates how many nurses should staff a unit on a given day, it is based on numbers and profit. It is not based on the nurses experience or input. I know as a charge nurse how many nurses I feel is adequate to keep the unit afloat, but this number is typically 2 or 3 more nurses than what admin deems is appropriate, or in their eyes, the bare minimum to get the job done. So when I've asked in the past to be able to staff more nurses on the unit on a given shift, I'm told that my request is "not necessary." We need enough staff to provide an extra hand so we have time to be thorough in our tasks, and to be able to help our coworkers as well.

HB 624 can help nurses have a say when it comes to staffing. All we want is for hospitals to meet with us so we can create staffing plans. Staffing affects us every single day. The nurses have the experience to know exactly what we need. Our motivation is simple: we want to keep our patients safe. We are not asking for more money, more benefits, or anything of that matter. We just want to be able to engage with management to give us the resources that we need to keep our patients safe and healthy. Any opposition to this bill demonstrates a troubling thought: who would want to ignore us, when we just want to keep patients safe?

I hope, senators, for the sake of yourselves and your constituents, that you listen to my experience and ponder my words as you deliberate the bill.

For these reasons, I again call on the committee to issue a favorable report for HB 624. Thank you.