

Bill Title: HB 624 - Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2026)

Hearing Date: 02/18/2026

Position: Support (FAV)

To: House Health Committee

From: Donna Ticknor, MD, Riva, MD 21140, District 33B

Date: 02/16/2026

Dear Chair Bagnall and Committee Members,

My name is Dr. Donna Ticknor. I am a resident of District 33B, Anne Arundel County. I have been a resident in Riva, Maryland for 8 years and previously a resident in Bowie, Maryland for 20 years. I practice medicine throughout the State of Maryland and have been a practicing physician for over 25 years. I am also a member of the American Psychiatric Association, Maryland Psychiatric Society, Physicians for National Health Plan- MD/DC Chapter and the Progressive Maryland Healthcare Taskforce. I am writing in support of HB 624 because I believe safe staffing saves lives and this bill is an important step towards protecting and improving the quality of health care in Maryland.

The Maryland [Safe Staffing Act of 2026](#) aims to improve hospital safety by requiring the establishment of clinical staffing committees with equal management-employee representation. These committees must create, implement, and annually update comprehensive staffing plans for patient units, with enforcement and public posting required by January 1, 2028.

Key Aspects of the 2026 Safe Staffing Legislation:

- Clinical Staffing Committees
- Plan Requirements
- Implementation & Compliance
- Public Transparency.

The legislation aims to address the state's severe staffing shortages and high emergency room wait times.

This legislation will address Maryland's long emergency room wait times by enabling frontline staff to participate in decision-making.

Maryland has the longest ER length of stay in the country. While blame for long wait times is sometimes attributed to overuse of the ER by patients, the actual number of ER visits per 1,000 population in Maryland is among the lowest in the U.S., according to Becker's Hospital Review. Meanwhile, under-staffed and overwhelmed ER medical staff try to care for emergency patients as best they can. Without a safe level of staffing in the ER, Maryland patients will continue to endure long and potentially life-threatening waits for emergency care.

My professional experience: While I am usually able to handle most psychiatric emergencies in the outpatient setting, nearly every time that I needed to send a patient to the ER for acute hospitalization in the last 5 years, it has taken at least 8 hours, and often longer, to get the patient evaluated and hospitalized, even when I have called the ER in advance of the patient arriving to provide the medical history and recommendation for hospitalization. I usually need to repeatedly call the patient and/or their family to convince them to remain in the ER and wait for their evaluation as they become more emotionally distressed while waiting in the overstimulating

ER environment. I have had several patients leave the ER against my medical advice because they, or their supporting families, cannot stand the wait, which requires me to devise inadequate safety and treatment plans with the patient's family and other outpatient clinicians. These patients usually worsen and often need to return to the hospital for an involuntary admission rather than a voluntary admission. An involuntary psychiatric hospitalization can lead to long term legal and social detriments that could have been avoided if the patient was hospitalized voluntarily in a less acute state. I am not alone in this experience. Most of my Maryland psychiatric and mental health colleagues have reported similar experiences trying to hospitalize their patients with acute psychiatric illness.

The staffing crisis is a root cause of healthcare worker burnout and resignations. As a psychiatrist, I treat and manage the mental health concerns of many professionals, including healthcare workers in several of the hospitals in Maryland. I have heard many firsthand accounts from my patients who are high functioning, dedicated nurses, doctors, social workers and other hospital workers who become emotionally burnt out from unmanageable, unsafe working conditions due to understaffing. Several of my patients, who work in Maryland hospitals, leave their positions to find other non-hospital healthcare positions and some have left the healthcare field entirely. This is a great loss for these dedicated professionals, and to Maryland, who benefit from their professional service.

This measure which passed overwhelmingly in 2024 and 2025 in the House of Delegates is a smart, proven approach (based on the experience of 9 other states) that fosters collaboration and centers hospital worker voices who have often been missing in stakeholder discussions on the healthcare workforce crisis. By mandating a process, Maryland will have a foundation for adequate data collection and a holistic lens of staffing conditions through worker perceptions.

For these reasons and more, I urge a **Favorable report on the Safe Staffing Act of 2026.**

Respectfully submitted,

Donna Ticknor, MD
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ABPN Board certified in Adult Psychiatry
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