LIFEBRIDGE HEALTH®

CARE BRAVELY

Date: February 18, 2026
To: Chair Bagnall and Members of the House Health Committee
Re: House Bill 624 – Hospitals – Clinical Staffing Committees and Plans
Position: Unfavorable

Dear Chair, Bagnall and Members of the Committee:

On behalf of LifeBridge Health, a regional health system serving Central Maryland, we respectfully request an unfavorable report on House Bill 624. LifeBridge Health shares the Committee's commitment to ensuring safe, high-quality patient care and supporting our nursing workforce. However, HB 624 establishes a prescriptive statutory staffing framework that conflicts with existing federal requirements, newly enhanced national accreditation standards, and the evidence-based, acuity-driven staffing models currently in place across Maryland hospitals.

Effective January 1, 2026, The Joint Commission elevated nurse staffing to a National Performance Goal (NPG 12), further strengthening national oversight of how hospitals determine and evaluate nurse staffing in acute care settings. Under NPG 12, accredited hospitals must:

- Utilize a formal, evidence-based methodology to determine nurse staffing based on patient acuity, complexity, and care needs.
- Incorporate real-time clinical judgment in staffing adjustments.
- Engage frontline nurses in the staffing evaluation process.
- Continuously monitor, evaluate, and improve staffing effectiveness using quality and safety data.

All Maryland acute care hospitals maintain Joint Commission accreditation and are inspected on an ongoing basis. These enhanced national standards create a uniform, enforceable framework that ensures staffing decisions are data-driven, acuity-based, and continuously evaluated for quality and safety outcomes. By codifying a rigid committee and plan structure in statute, HB 624 risks creating conflicting requirements that could undermine compliance with NPG 12 and federal Conditions of Participation (CoPs) under the Centers for Medicare & Medicaid Services (CMS). CMS regulations already require hospitals to maintain recommended number of licensed nurses and other personnel to provide 24-hour care consistent with patient needs and complexity.

A legislatively mandated, house-wide staffing committee model cannot replicate the granularity of unit-based, acuity-driven decision-making that occurs continuously at the bedside. Staffing must remain flexible and responsive to rapidly changing clinical conditions, emergency department surges, seasonal respiratory illness patterns, and specialty-specific care needs.

Staffing levels are evaluated at the departmental level with the visibility from the frontline up to the executive level. We hold a daily safety huddle to review staffing levels across all departments—clinical and ancillary support services, including transport, environmental services, and dietary workers. We utilize a "stoplight" format providing clear, transparent visibility into staffing concerns, allowing for quick realignment of resources, and ensuring that all departments are adequately staffed to meet the current

needs of the hospital. We utilize daily shift huddles as an essential part of our staffing process. These huddles allow frontline team members such as nurses, techs, administrative associates, and other ancillary team members to receive updates about staffing levels, patient needs, and any potential issues affecting care delivery. These huddles also provide an opportunity for team members to offer input on staffing adjustments and workflow changes based on their firsthand knowledge of patient needs.

In addition to daily staffing evaluations, we conduct comprehensive monthly and annual reviews of patient volumes, using flexible budget models that allow us to adjust staffing levels based on fluctuating needs across service lines. This review process ensures that we can appropriately scale our workforce to meet patient demand throughout the year. Annual volumes are assessed to identify trends and anticipate changes in patient care needs, allowing us to adjust to needs.

Clinical team members must develop clinical staffing plans. These decisions require specific knowledge and expertise to ensure patient safety. While we fully support engaging front line staff in these decisions, clinical staffing should be determined by clinical personnel while non-clinical staff can inform non-clinical staffing. LifeBridge Health recognizes the importance of engaging our frontline team members in making staffing decisions. A healthy work environment is essential for both patient safety and staff satisfaction. At our facility, we believe that Professional Governance is a cornerstone of creating such an environment. By fostering a culture of empowerment and inclusiveness, we ensure that both clinical and non-clinical team members are supported, heard, and involved in decision-making processes that directly impact their work and patient care. Our professional governance unit-based councils are open forums for all team members' participation and involvement.

HB 624 includes reporting and posting provisions that raise operational and security concerns. Hospitals across Maryland continue to experience rising incidents of workplace violence. Publicly posting detailed staffing information or internal operational data may unintentionally increase safety risks for both staff and patients.

LifeBridge Health supports strong nurse and staff engagement, transparency, and evidence-based staffing. We have embedded these principles within our shared governance model and align fully with CMS Conditions of Participation and The Joint Commission's enhanced National Performance Goal on nurse staffing. For these reasons, we believe HB 624 is unnecessary, duplicative of strengthened federal and national accreditation requirements, and risks impairing hospitals' ability to staff patient care units dynamically and safely. **Accordingly, we respectfully request an unfavorable report on House Bill 624.**

Amanda Shrout, DNP, RN, CCNS, CEN, EBP-C, CENP
Vice President, Patient Care Services and Chief Nursing Officer
Sinai Hospital| Grace Medical Center| Baltimore 410-601-9409 ashrout@lifebridgehealth.org

Jennifer Witten-Vice President Government Relations 505-688-3495 jwitten@2@lifebridgehealth.org

Sinai Hospital of Baltimore District 41
Grace Medical Center Baltimore District 40
Northwest Hospital Baltimore County District 10 & 11
Carroll Hospital District 5 & 42