Bill Title: HB0624: Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2026)
Position: FAVORABLE
To: House Health Committee
Hearing Date: Wednesday, February 18, 2026

Dear Chair Bagnall and Members of the House Health Committee:

My name is Yvette Delph and I am a retired physician living in Silver Spring, District 19. I am a member of Progressive Maryland's Health Care Task Force. I respectfully request that you support HB0624, the Safe Staffing Act of 2026, and thank you for your support of similar legislation over the past two years. It is vital for Maryland's hospitals to improve their quality of healthcare, minimize morbidity and mortality, and reduce Emergency Room wait times (ERWT).

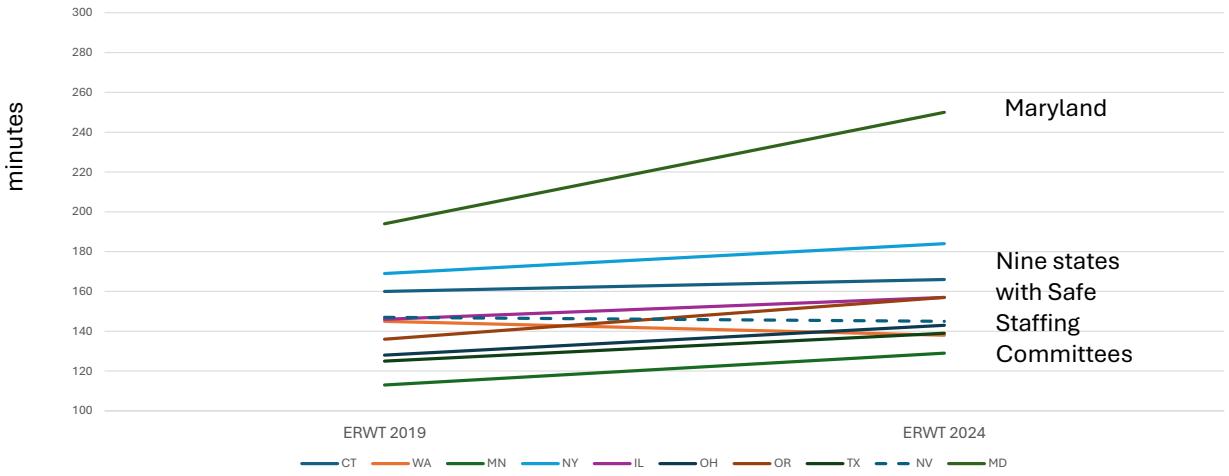
The input of healthcare workers is essential to adequately addressing the staffing crisis and other challenges that hospitals face in providing quality care. HB0624 mandates each State-licensed hospital to create a clinical staffing committee to develop and implement a clinical staffing plan that meets patient needs, including appropriate levels and expertise of clinical care staff for each care unit and each shift. Every year, clinical staffing plans would be evaluated, updated, reported to the Maryland Health Care Commission, and posted publicly.

As a caregiver, I took someone to the emergency room of a hospital in Montgomery County. After a 5-hour wait, he was seen, denied an ultrasound to check for gall bladder problems, and discharged. He had emergency surgery 36 hours later at a hospital in Washington, DC. A partly gangrenous gall bladder was removed.

For the past 10 years, Maryland has had the longest ERWT among all 50 states—even though the number of ER visits per 1,000 population in Maryland is among the lowest in the United States, according to Becker's Hospital Review. As shown in the graph on the next page, data from the Center for Medicare & Medicaid Services reveals that between 2019 and 2024, Maryland's ERWT increased much more steeply than the nine states with Safe Staffing Committees (Connecticut, Illinois, Minnesota, Nevada, New York, Ohio, Oregon, Texas, and Washington). In that period, Maryland's ERWT increased from 195 to 250 minutes, while the nine states saw increases from 110-170 to 130-185 minutes, with some states lowering their ERWT.

Hospital Safe Staffing Committees are a proven approach that places those with the greatest experience and insight into the problem in the position to develop, implement,

Increase in ER Wait Times in Maryland vs. States with Safe Staffing Committees*



*Data from the Center for Medicare & Medicaid Services

and evaluate meaningful solutions. This legislation will provide Maryland with a means of obtaining objective data to develop effective strategies to improve healthcare and meet patients' needs. For these reasons and more, I urge a favorable report on HB0624, the Safe Staffing Act of 2026.

Sincerely,

Yvette Delph, MBBS, DA