

Testimony for HB624  
**Safe Staffing Act of 2026** Position:  
**FAV**

Dear Chair Bagnall and Members of the House Health Committee:

My name is Regenia Ramsey-Outlaw, and I am a consultant and advocate for mental health initiatives and programs, disease prevention, and health promotion. I am also a member of the American Public Health Association's (APHA) Mental Health Section and MdPHA (APHA's Maryland affiliate). I live in Anne Arundel County and have ties to communities in Montgomery County, Prince George's County, and Baltimore. I am writing in support of HB 624 because of the rising patient-to-staff ratio in Maryland hospitals and healthcare facilities, which undermines patient care quality, staff morale, and self-care. I believe the Safe Staffing Act of 2026 saves lives, and this bill is an important step toward protecting the quality of patient care.

HB 624 creates staffing committees at each hospital to ensure the entire care team is at the table to address hospital-wide challenges in providing safe, timely care. Committees will work together to submit, on an annual basis, a staffing plan that includes recommendations and staffing data to the Maryland Healthcare Commission. The reports will be posted on the Maryland Health Care Commission's website.

**Poor staffing conditions are associated with adverse health outcomes for patients, including mortality and longer lengths of stay.** Patients are affected by management decisions that lead to understaffing, resulting in unsafe patient-to-staff ratios that directly harm patients and families. Understaffing reshapes the entire care experience, often increasing risk, suffering, and long-term harm. Overall, research shows that higher nurse staffing is associated with fewer preventable deaths and complications, shorter hospital stays, and improved recovery. However, each additional patient assigned to a nurse beyond optimal levels significantly increases the risk of preventable mortality, patient readmissions, and hospital-acquired infections. A higher patient-to-nurse ratio is associated with greater nurse burnout, increased stress, and a 12% to 16% rise in patient mortality rates.<sup>1</sup>

**Maryland has the longest ER length of stay in the country.** As the caregiver for my 87-year-old father with lung cancer and other health issues, including dementia, I've spent countless hours in the emergency rooms with him over the years. At times, I've waited up to 6 hours due to staff shortages, which I believe contributed to delays in his lung cancer diagnosis and treatment. In addition, I have witnessed staff unable to provide adequate care due to a lack of training and or time, including administering his IVs and inserting a catheter. This has resulted in

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<sup>1</sup> Karen B Lasater, Linda H Aiken, Douglas Sloane, Rachel French, Brendan Martin, Maryann Alexander, Matthew D McHugh. (2021). Patient outcomes and cost savings associated with hospital safe nurse staffing legislation: an observational study. *NIH/ National Library of Medicine/ BMJ Open* (1), page 6.

my father's lack of trust in the healthcare system, making it more difficult for him to get the care he needs to preserve his quality of life.

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This legislation, which passed the House in the past two years, is a sensible approach that fosters collaboration and centers the voices of hospital workers, who have often been missing from stakeholder discussions on the healthcare workforce crisis. By mandating a process, Maryland will establish a foundation for adequate data collection and a holistic view of staffing conditions through workers' perceptions. For these reasons and more, I urge a favorable report on the Safe Staffing Act of 2026.

*Sincerely,*  
Regenia Ramsey-Outlaw

