



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

**Testimony in Support of House Bill 624
Hospitals - Clinical Staffing Committees and Plans - Establishment
(Safe Staffing Act of 2026)**

Good afternoon Chair and members of the House Health Committee. Thank you for the opportunity to present **HB 624 - Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2026)** for your consideration.

The House Health Committee has consistently and tirelessly worked to strengthen Maryland's Healthcare system and I urge this committee to continue that mission today. Currently Maryland's hospitals are facing a staffing crisis. Healthcare workers' voices are going unheard while patients continue to endure the longest wait times in the country. **The Safe Staffing Act of 2026** presents an opportunity to improve the workplace environment, center the voices of the direct care workforce in staffing discussion, and support staff retention.

As revised for 2026, HB 624 would establish safe staffing committees with equal representation from management and employees, including environmental service workers, support staff, nurses, physicians, and one patient advocate. These committees are responsible for developing, reviewing, and revising clinical staffing plans and for creating a process to receive, track, and address staffing related concerns. This bill does not require staffing plans to include specific clinician to patient numbers, staffing ratios, or evidence based numerical standards. The Safe Staffing Act functions primarily as a collaborative planning tool. It is intended to encourage dialogue between workers and management, rather than impose specific staffing requirements.

The Issue

The healthcare sector experienced many setbacks during COVID-19 with high healthcare workforce shortages¹ due to high staff turnover, shifting care delivery models, and insufficient nursing pipelines². Hospitals all over Maryland are currently facing shortages across the board and more specifically, nursing shortages. According to a 2022 report from the Maryland Hospital

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[https://health.maryland.gov/docs/SB%20440%20Ch.%20708%20\(2022\)%20%E2%80%93%202023%20Final%20Report%20%E2%80%93%20Commission%20to%20Study%20the%20Heal.pdf](https://health.maryland.gov/docs/SB%20440%20Ch.%20708%20(2022)%20%E2%80%93%202023%20Final%20Report%20%E2%80%93%20Commission%20to%20Study%20the%20Heal.pdf)

² <https://mhaonline.org/wp-content/uploads/2023/02/2022-State-of-Maryland-s-Health-Care-Workforce-Report.pdf>

Association, RNs, and LPNs are experiencing some of the highest vacancy rates among healthcare professionals at 25.4% and 37.7%, respectively.³ Factors such as burnout, feelings of being undervalued, and overwhelming workloads have been cited as being reasons for departures from the nursing profession.⁴

Additionally, Maryland continues to have the longest ED wait time out of the 50 states for the past 10 years, with the average being 10 hours. These delays are a public risk, due to longer stays in emergency departments being associated with increased patient mortality and worse outcomes.

The Safe Staffing Act may be one part of a broader approach to addressing staffing shortages and improving workplace conditions. Research demonstrates that adequate nurse staffing is essential for quality care and improved patient outcomes. While the bill no longer requires staffing plans to be tied to specific staffing numbers, other than being 50% direct care workers, these committees provide an avenue for input from frontline workers in the planning process. Thus recognizing their expertise in addressing patient needs across various healthcare settings.⁵ As Maryland experiences ongoing patient growth, it is important that the state sustains and enhances the provision of high-quality healthcare services to effectively meet current and future demand.

Addressing Misconceptions

There are several misconceptions surrounding the aims of this bill such as the following:

- 1. Staffing plans are too rigid and can lead to bed closures and put patients at risk.**
 - *Flexibility:* HB 624 does not mandate staffing ratios, numerical staffing requirements, or penalties for staffing plan changes. Hospitals retain full flexibility to modify staffing plans as operational needs change. The law remains a voluntary compliance framework with little to no enforcement.
- 2. There will be a lot of administrative burden placed on hospitals.**
 - *Collaborative:* Hospitals should aim to have committees to address care and staffing because it has proven effective in the past. The Maryland Hospital Association has agreed to set up joint safe lifting committees in 2007 and joint workplace violence committees in 2014.
- 3. The state currently does enough work on addressing the healthcare staffing crisis.**
 - *Care Team Approach:* Existing state-led commissions have addressed the workforce shortage through loan repayment, sign-on bonuses, and improving the education pipeline, but the issue of understaffing, retention, and declining quality of care in hospitals still remains persistent. This bill recognizes that those closest

³ <https://mhaonline.org/wp-content/uploads/2023/02/2022-State-of-Maryland-s-Health-Care-Workforce-Report.pdf>

⁴ <https://www.nursingworld.org/content-hub/resources/nursing-leadership/why-nurses-quit/>

⁵ <https://pmc.ncbi.nlm.nih.gov/articles/PMC8428863/>

to the problem are closest to the solutions and no one in the entire care team should be overlooked.

4. The staffing crisis has many factors tied to it and hospitals are not to blame.

- *Responsibility:* Meaningful changes are prevented when there is inaction due to the complex staffing crisis. This bill will allow hospitals to take action to address the overlap of many factors.

The Opportunity

HB 624 presents an opportunity to formalize staffing committees statewide and improve transparency through mandatory reporting to a state agency with public posting. The hybrid approach will establish staffing plans that are worker-driven, flexible, and publicly accessible. Furthermore, the bill ensures that our healthcare workforce is not overlooked in the decision-making process, enhances workplace safety, addresses staff turnover, and improves the overall quality of care.

I respectfully request a **FAVORABLE** report.

Thank you for your consideration,

A handwritten signature in black ink, appearing to read 'JWH', with a stylized flourish at the end.

Delegate Jennifer White Holland