

Marylanders for Patient Rights

MARYLANDERS FOR PATIENT RIGHTS REQUESTS A FAVORABLE REPORT ON HB624 Hospitals - Clinical Staffing Committees and Plans – Establishment The Safe Staffing Act of 2026

Marylanders for Patient Rights is the largest patient advocacy coalition in the state, with 23 groups and a collective membership of over a million. Our coalition has joined with healthcare workers and community organizations to form the **Patient-Worker Collaborative** and **Caring Across Maryland** in support of the Safe Staffing Act of 2026, HB624. Maryland urgently needs to address the **hospital short staffing crisis**.

Maryland has had the longest ER wait time (ERWT) out of 50 states for over ten years, with a state average wait time over four hours. **Maryland patients lack reliable, timely emergency care.** This problem will never be solved without safe staffing. **Nine other states have already passed a Safe Staffing Act, and Maryland should, too.**

During discussions on last year's Safe Staffing Bill, Senate Finance Chair Pamela Beidle posed a very interesting question: How did the ERWTs in the nine states with Safe Staffing Committees compare to Maryland's ERWTs? I have now done that analysis, and my results are shown on powerpoint graph on the next page.

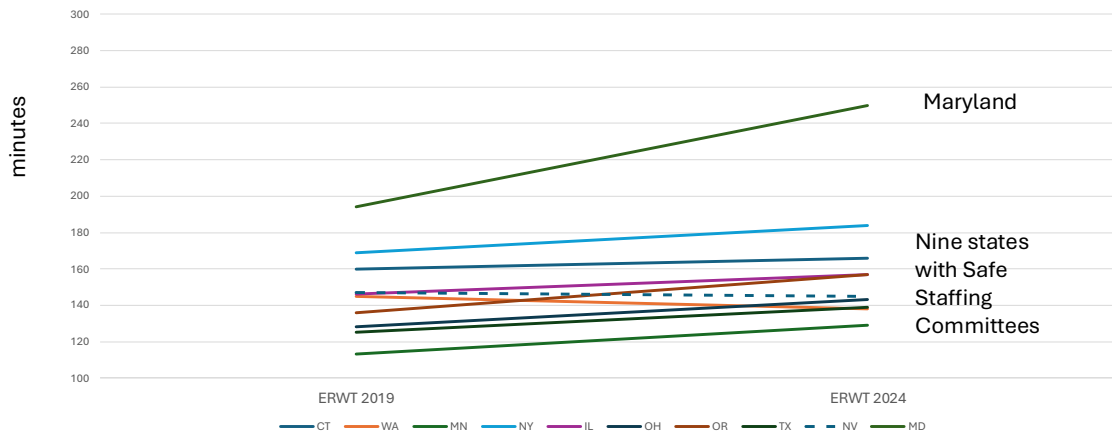
Analytical Methods: For comparison to Maryland, I used ER wait time (ERWT) data from the Centers for Medicare and Medicaid Services (CMS) from the following nine states with Safe Staffing Committees: Connecticut, Illinois, Minnesota, New York, Nevada, Ohio, Oregon, Texas, and Washington. These states are diverse both geographically and politically. To look at the rate of change of ERWT, I chose time points from 2019 and 2024 to avoid any confounding influences of the pandemic.

Results: The differences between Maryland and the nine states with safe staffing committees are clear. During the study period, Maryland ERWT increased from 194 minutes to 250 minutes—almost an hour more ERWT. In comparison, ER wait times in states with Safe Staffing Committees increased by an average of only ten minutes, and two states actually **decreased** their ERWT during this period. During the five-year period, the average national ERWT for all 50 states increased 28 min.

In other words, Maryland's ERWT was significantly worse than average, while the nine states were significantly better than average.

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



*Data from the Center for Medicare & Medicaid Services

HB624 simply requires that each hospital form a Safe Staffing Committee to develop guidelines for a staffing plan. The committee must be at least **50% direct care workers**, so the committee can benefit from their knowledge and experience. This approach will improve both quality of care and working conditions by improving communication.

MHA opposes HB624 by using false claims that the bill mandates nurse:patient ratios or lacks flexibility. This is simply not true. Instead, HB624 requires experienced employees and managers to talk to each other about safe staffing and develop guidelines. We responded to their criticisms last year by deleting 2/3 of the bill, now down to five essential pages.

Without a safe level of staffing the ER, Maryland patients will continue to suffer long and potentially life-threatening waits for emergency care or leave without the treatment they need. Please submit a [favorable report for HB624](#) and help keep our patients and health care workers safe. Thank you.

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