

Chair Bagnall, Vice Chair Cullison, and Members of the Committee,

My name is Quinn Collins, executive Director for Nursing Strategy and Integration at the Johns Hopkins Health System.

I am writing to request an unfavorable report on HB 624, Safe Staffing Act of 2026.

This bill suggests that mandated staffing committees will create a safer work environment for clinical staff. Clinical staffing committees have not shown to positively impact safe patient care in the states where they are mandated. Evidence from national nursing leadership organizations shows they do not improve outcomes, but they *do* negatively impact hospital throughput by forcing hospitals to close beds, divert patients, and/or delay delivery of care when staffing minimums cannot be met. This ultimately reduces access for the very communities we serve.

The mandates in this bill would also worsen an already critical issue: ED crowding. When inpatient beds close due to a unit's inability to meet a rigid staffing plan, and not creatively and safely staff the unit via alternative care delivery models which will provide equally safe care to the patients, throughput is negatively impacted and the emergency departments comes to a halt. This leads to longer wait times, increased boarding, negative patient experiences, and increased risk of workplace violence—a risk that rises sharply in crowded ED environments.

It is important to note that as of January 1, 2026, this bill is duplicative. The Joint Commission now measures a hospitals compliance with National Performance Goal 12, which specifically requires organizations to continuously evaluate staffing adequacy, ensure competency, and holds nurse executives directly accountable for staffing oversight. This national regulatory framework provides strong, independent accountability without the rigidity of legislated staffing formulas.

An important objection to this bill is the lack of flexibility, innovation, and professional judgement for which it allows. During surges, infectious outbreaks, mass casualty events, or seasonal fluctuations, hospitals must be able to adjust staffing rapidly. Fixed numeric plans make it harder—not easier—to respond to crises and to use innovative models such as team nursing and virtual nursing. Safe staffing requires professional clinical judgment, not a formula. Nurses evaluate acuity, complexity, skill mix, layout, and technology in real time. A rigid ratio cannot capture that complexity and risks shifting decision-making away from frontline nurses and leaders who best understand patient needs.

Recruitment and retention depend heavily on care models that support nurse well-being and autonomy. Mandated plans would restrict these tools at a time when retaining nurses is more important than ever.

For these reasons, I respectfully urge an unfavorable report on HB 624.