

Written Testimony Submitted to the
Maryland House Health Committee
By Greg Palmerton
HB 624: Hospitals - Clinical Staffing Committee and Plans -
Establishment
Safe Staffing Act of 2026
February 18, 2026
SUPPORT

Good afternoon Chair Bagnall, Vice Chair Cullison, and members of the House Health Committee. My name is Greg Palmerton and I am a Staff Nurse at a large academic teaching hospital in the State of Maryland. I have held my professional license and worked in the clinical setting for 8 years now, and for both my coworkers and the patients we serve, I ask for a favorable report to HB 624, the Safe Staffing Act of 2026.

I currently work in a cardiac intensive care unit, and to provide your committee with an idea of what the workday looks like in such a unit, I will give you an example of the type of patients we see and the care they require. Our patients often come to us in the setting of cardiogenic shock, post-arrest, end stage heart failure and pulmonary hypertension crisis. These disease presentations often require invasive monitoring of vital signs and pressures within the heart, titration of vasoactive medication within the scale of minutes, and management of machines that are literally sustaining the patient's cardiac function and output as well as their ventilation and oxygenation. The margin of error under these conditions is extremely low and requires the full attention of the nurse at all times. To manage these patients, nurses are required to have competency and yearly education on the devices and medications that we use. We have faced staffing shortages, like many other units, and these shortages strain our staff, and force us to spread out our experienced and specialized nurses to care for our patients while relying on supplemental staffing to aid us. At times the biggest hurdle is matching the correct nurse to the patient's unique and individual care and filling in the rest with available staff. We have also experienced situations that require our nurses to take on assignments that do not allow us the proper presence and focus on our patients due to the level of acuity or sheer number of patients assigned. I do not need to spell out the level of risk of harm that our patients can be exposed to due to such situations.

HB 624 has the ability to let our nurses work with hospital administration and management to come up with reasonable and patient focused staffing assignments. Safe and patient focused care should be a common ground that everyone from this committee to the hospital administration and staff support. With that said, it is the nurses that will spend 12 hours with the patient, carrying out life saving and heroic measures. I believe that we should have a say on how our units are staffed. We are not asking for our workdays to become easier, nor are we asking for less responsibility in our daily duty. We are asking to be able to carry out our duty to our patients in a safe and reasonable way, and to provide the level of excellence that anyone would want for themselves, their family or their friends. I can try to sway your endorsement to HB 624 with in-hospital statistics and figures, but instead I will use only a common fact. The fact is that almost everyone here today has been or will be a patient in a hospital at some time. Whether your time as a patient was when you were a newborn, faced an injury from a sport, experienced an accident or medical emergency, or as age catches up

to us, you will ultimately rely on the care of a nurse. With that fact, please consider that you would want your nurse to have both the ability and presence to give you the safest and best possible care. I again call on the committee to issue a favorable report for HB 624. Thank you.