

HB 624 Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2026)

Position: *Informational*

February 18, 2026

Health Committee

I write today on behalf of National Nurses Organizing Committee-Maryland/National Nurses United (NNOC-MD). Our members appreciate the Health Committee addressing the critical issue of hospital staffing. While HB 624 aims to improve hospital staffing, registered nurses (RNs) know that the answer to safe RN staffing is legally mandated, numerical RN-to-patient ratios that limit the number of patients that can be assigned to an RN.

Safe RN-to-patient ratios improve patient care and save lives. RN staffing is critical for providing safe, effective, therapeutic health care to patients. Studies show that when RNs must care for too many patients at one time, patients are at higher risk of preventable medication errors;¹ avoidable complications, falls, and injuries;² pressure sores;³ increased length of hospital stay, higher numbers of hospital readmissions, and death.⁴ Indeed, numerous studies have shown that adopting RN-to-patient ratios save lives.⁵ A recent study found that if other states adopted California's minimum RN-to-patient ratio in hospital medical-surgical units, hospitals would not only reduce patient deaths but see significant cost savings due to a shorter length of stay.⁶ Crucially, RN-to-patient ratios reduce staffing disparities that contribute to racial disparities in care.⁷

Safe RN-to-patient ratios keep nurses at the bedside. The hospital industry claims that ratios are unattainable because of a so-called "nursing shortage." There is no shortage of RNs just a shortage of good nursing jobs. Over 1 million RNs with active licenses in the US are not working

¹ Phillips et al. (2021). *Nursing and patient safety*. AHRQ, U.S. H.H.S.

² Kim et al. (2022). Patient-level and organizational-level factors influencing in-hospital falls. *J of Advan. Nurs.*, 78(11), 3641-51.

³ Kim et al. (2022). Risk factors for newly acquired pressure ulcer and the impact of nurse staffing on pressure ulcer incidence. *J of Nur. Mgmt*, 30(5), O1-O9.

⁴ McHugh et al. (2021). Effects of nurse-to-patient ratio legislation on nurse staffing and patient mortality, readmissions, and length of stay: a prospective study in a panel of hospitals. *The Lancet*, 397(10288), 1905-13.

⁵ See, for example: Duffield et al. (2011). Nursing staffing, nursing workload, the work environment and patient outcomes. *Applied Nursing Research*, 24(4), 244-255. Kane et al. (2007). The association of registered nurse staffing levels and patient outcomes: Systematic review and meta-analysis. *Medical Care*. 45(12):1195-204. McHugh et al (2021). Effects of nurse-to-patient ratio legislation on nurse staffing and patient mortality, readmissions, and length of stay: a prospective study in a panel of hospitals. *The Lancet*, 397(10288), 1905-13. Penoyer. (2010, July). Nurse staffing and patient outcomes in critical care: a concise review. *Critical Care*, 38(7), 1521-1528.


⁶ Lasater et al. (2021). Patient outcomes and cost savings associated with hospital safe nurse staffing legislation: An observational study. *BMJ Open*, 11(12).

⁷ Brooks-Carthon et al. (2011). Quality of care and patient satisfaction in hospitals with high concentrations of black patients. *J. of Nurs. Scholar.*, 43(3), 301-10. Brooks-Carthon et al. (2021). Better nurse staffing is associated with survival for Black patients and diminishes racial disparities in survival after in-hospital cardiac arrests. *Medical care*, 59(2), 169. Lake et al (2018). Nursing care disparities in neonatal intensive care units. *Health Serv. Research*, 53, 3007-26.

as nurses, and unsafe staffing conditions created by hospital management are a top reason. After California implemented its RN-to-patient staffing ratios law, on-the-job injury and illness rates for RNs working in hospitals fell 31.6 percent.⁸ Moreover, nurses protected by California's RN staffing ratios law reported lower burnout, job dissatisfaction, and intent to leave compared to nurses living in other states.⁹ Finally, compared to states without legally mandated numerical registered nurse-to-patient ratios, California RNs report having more time to spend with patients and that hospitals are more likely to have enough RNs on staff to provide quality patient care.¹⁰

In closing, NNOC-MD thanks the committee for addressing hospital staffing.

Sincerely,



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⁸ Leigh et al. (2015). California's nurse-to-patient ratio law and occupational injury. *Int'l Archives of Occup. and Enviro. Health*, 88(4), 477–84.

⁹ Muir et al. (2025). Lower burnout among hospital nurses in California attributed to better nurse staffing ratios. *Policy, Politics, & Nurs. Practice*, 26(3).

¹⁰ Aiken et al. (2010). Implications of the California nurse staffing mandate for other states. *Health Services Research*. 45(4): 904-21, 917.