

Department of Legislative Services
Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 905 (Delegate White Holland, *et al.*)
Health and Government Operations

Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2025)

This bill requires each hospital to establish and maintain a clinical staffing committee that has equal membership from management and employees. Each clinical staffing committee must develop a clinical staffing plan that establishes the appropriate number of clinicians needed to administer quality health care by setting. By January 1 each year, each hospital must implement the plan, assign personnel to each patient care unit in accordance with the plan, and post specified information about the plan. By July 1 each year, each clinical staffing committee must conduct a review of the plan to (1) evaluate the effectiveness of the plan during the immediately preceding year; (2) update the plan to ensure that it continues to be appropriate and effective; and (3) develop a process for receiving, resolving, and tracking complaints related to the clinical staffing plan. Specified individuals may submit a complaint and the committee must determine by a majority vote whether a complaint has been resolved. The bill does not apply to State hospitals.

Fiscal Summary

State Effect: None. The bill does not directly affect governmental finances or operations.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: “Ancillary member of the frontline team” means an individual whose primary duties include supporting individuals who provide direct patient care. “Ancillary

member of the frontline team” includes a dietary worker, patient care technician, and any other nonlicensed staff assisting with patient care.

Clinical Staffing Committee

Each clinical staffing committee must include at least one the following individuals: (1) a certified nursing assistant (CNA); (2) a dietary aide; (3) an emergency room nurse; (4) an environmental service worker; (5) a resident, if the committee is in a teaching hospital, or a physician, if the committee is not in a teaching hospital; and (6) a technician. A clinical staffing committee may include a patient advocate.

Clinical Staffing Plan

When developing a clinical staffing plan, the clinical staffing committee must establish, based on the patient population of the hospital (1) suggested guidelines or ratios, matrices, or grids indicating how many patients should be assigned to each registered nurse (RN) by unit or setting and (2) the number of RNs, licensed practical nurses (LPNs), CNAs, certified medicine technicians, environmental service workers, and ancillary members of the direct care team that should be present on each unit during each shift. To the extent practicable, the guidelines must be based on national evidence-based standards.

When developing a clinical staffing plan, the clinical staffing committee must consider (1) the average number of patients on each unit on each shift during the immediately preceding year and relevant information regarding patient discharges, potential admissions, and transfers; (2) the average level of acuity for patients on each unit on each shift during the immediately preceding year and the corresponding level of nursing care required; and (3) an estimate of the appropriate combination of skill, experience level, and specialty certification or training of staff for each unit on each shift that is required to adequately provide care.

Implementation of the Clinical Staffing Plan

By January 1 each year, beginning in 2026, each hospital must implement the adopted clinical staffing plan and assign personnel to each patient care unit in accordance with the clinical staffing plan. Each hospital must also (1) post in a publicly accessible and conspicuous area on each patient unit the plan for the unit and the actual daily staffing for each shift on the unit; (2) ensure that a copy of the plan is available, on request, on each patient unit; and (3) post the plan on the hospital’s website. If a plan for a unit is amended, the hospital must post or provide the amended plan for the unit in a timely manner.

Clinical Staffing Plan Complaints

An RN, LPN, ancillary member of the frontline team, or applicable exclusive representative may submit a complaint to the clinical staffing committee regarding any variation where personnel assignment in a patient care unit is not in accordance with the adopted clinical staffing plan. The clinical staffing committee must determine by a majority vote whether a complaint has been adequately resolved.

Current Law: “Hospital” means an institution that (1) has a group of at least five physicians who are organized as medical staff for the institution; (2) maintains facilities to provide, under the supervision of medical staff, diagnostic and treatment services for two or more unrelated individuals; and (3) admits or retains the individuals for overnight care.

Health Services Cost Review Commission

The Health Services Cost Review Commission (HSCRC) is an independent commission within the Maryland Department of Health charged with constraining hospital growth and establishing hospital rates to promote cost containment, access to care, equity, financial stability, and hospital accountability. HSCRC oversees acute and chronic care hospitals. HSCRC is responsible for implementing the Maryland Total Cost of Care model, the successor to the Maryland All-Payer Model Contract, under which it regulates hospital population-based revenues (commonly referred to as global budgets).

Additional Comments: The bill requires each hospital to implement the adopted clinical staffing plan and assign personnel in accordance with the plan by January 1 each year, beginning in 2026. Each hospital must also post specified information about the plan by January 1 each year and conduct a review of the plan by July 1 each year. However, uncodified language specifies that each hospital must establish a clinical staffing committee by January 1, 2026, and each clinical staffing committee must develop a clinical staffing plan by July 1, 2026. Thus, this analysis assumes that clinical staffing committees are established by January 1, 2026, the first clinical staffing plans are developed by July 1, 2026, and implemented by January 1, 2027 (including posting of specified information), and the first review of clinical staffing plans occurs by July 1, 2027.

Additional Information

Recent Prior Introductions: Similar legislation has been introduced within the last three years. See HB 1194 and SB 1020 of 2024.

Designated Cross File: SB 720 (Senators Augustine and Lam) - Finance.

Information Source(s): Maryland Department of Health; Department of Legislative Services

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