

Department of Legislative Services
Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 905

(Delegate White Holland, *et al.*)

Health and Government Operations

Finance

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 meets patient needs. 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 its effectiveness 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 plan. Specified individuals may submit a complaint and the committee must determine by a majority vote whether a complaint has been resolved. The bill expresses the intent of the General Assembly that, by July 1, 2029, and annually thereafter, the Maryland Hospital Association (MHA) must compile and provide specified reports. 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; (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 (6) a staff physician who is not a hospital employee or administrator; and (7) 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 consider (1) existing staffing levels; (2) methods to secure coverage needs as necessary; (3) existing gaps in staffing and how to address the gaps; (4) any available evidence-based staffing standards; and (5) a schedule for period review of the staffing plan.

In developing the plan, the clinical staffing committee must also 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, 2027, and annually thereafter, each hospital must implement the adopted clinical staffing plan and assign personnel to each patient care unit in accordance with the 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 and (2) ensure that a copy of the plan is available, on request, on each patient unit. 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

A registered nurse, licensed practical nurse, 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 it 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.

Reporting Requirement

Uncodified language expresses the intent of the General Assembly that, by July 1 each year, beginning in 2029, MHA must (1) compile reports provided by each hospital that summarize how the hospital's clinical staffing committee has addressed safe hospital staffing through the hospital's clinical staffing plan during the immediately preceding year and (2) provide the reports in a single transmittal to the Senate Finance Committee and the House Health and Government Operations Committee.

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: 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. The bill further 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 2027. 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. Thus, this analysis assumes that each hospital will post specified information by January 1, 2027, 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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