



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

March 13, 2024

Testimony in Support of House Bill 1194
Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2024)

Good afternoon Chair Peña-Melnyk, Vice Chair Cullison and members of the House Health and Government Operations Committee. Thank you for the opportunity to present **HB 1194** for your consideration.

As a committee, we are working diligently during session and in the interim to address ER wait times, increase access to primary care, and strengthen our healthcare workforce. **HB 1194, The Safe Staffing Act of 2024**, presents a hybrid approach that will ensure each hospital can establish their own staffing committee, or reconstitute an existing staffing committee if it exists, and cater staffing plans based on their unique needs. This bill presents flexibility, allowing hospitals to update their plans at any time, while ensuring transparency and accountability. The COVID-19 pandemic exacerbated healthcare workforce shortages, with Maryland hospitals indicating in the [2022 State of Maryland's Health Care Workforce Report](#) critical staffing shortages in recent history due to high staff turnover, shifting care delivery models, and insufficient nursing pipelines. **HB 1194** is a tool that will accomplish the following:

- By January 1, 2025, each hospital licensed in the State to establish and maintain a clinical staffing committee with 50% of its membership including registered nurses (RNs), licensed practical nurses (LPNs), certified nursing assistants (CNAs), and ancillary members of the frontline team;
- On or before June 1 of each year, the staffing committee develop a staffing plan;
- As written, require the Health Services Cost Review Commission (HSCRC) to conduct investigations regarding alleged violations of certain provisions of this Act and take action, if they determine a violation has occurred.

This bill presents a significant opportunity for the legislature to bolster existing efforts, listen to those who provide direct care to patients, create safe working conditions for staff and patients, and retain the healthcare workforce.

The Issue

Maryland hospitals are experiencing a nurse shortage crisis. Among Maryland's hospital nursing workforce, RNs and LPNs experienced the highest vacancy rate among medical professions at the end of 2021, [25.4% and 37.7% respectively](#). The 2022 report indicates that 1 in 4 nursing positions are vacant, with 62% of surveyed Maryland Board of Nursing licensees and certificate

holders indicating that they thought about leaving nursing recently, due to feeling overworked, burned out, and unappreciated.

Additionally, adverse hospital events and injuries have increased. According to the Maryland Department of Health Office of Health Care Quality’s [FY 2022 Annual Report](#) on Maryland Hospital Patient Safety Program, key findings were reported such as a 52% increase in adverse events (832 adverse events), a 104% increase in Hospital-acquired pressure injuries (375 hospital acquired pressure injuries), a 9% increase in falls (148 falls), and a 106.4 % increase of surgical events (64 surgical events) with 59% due to retained foreign objects from FY 21 to FY 22.

The Safe Staffing Act of 2024 may address unsafe work environments and nurse staffing shortage among hospitals. In 2021, a study on nurse staffing legislation was conducted by [Bartmess, et al.](#) to provide a narrative review on “safe nursing staffing factors” and analyze nursing staffing legislation with “a patient-centric lens”. According to the study, nursing staffing committees satisfied all four nursing staffing factors: use of nurse staffing evidence, cost, political feasibility, and evaluation of the policy’s effects on patient outcomes. Furthermore, research has shown that nurse staffing committees “[provided nurses a voice when it came to patient care quality and safety](#)”; presented studies agree that nurse staffing committees is a promising solution when it comes to uplifting the voices of nurses. With a population of [6.2 million](#) people residing in Maryland and a projected population growth by [9% between 2021 and 2035](#), adequate and safe staffing is critically needed to provide quality health care services now and into the future.

Timeline



Sponsor Amendments

Conversations are ongoing with the Maryland Department of Health to identify the best entity to provide oversight and address other issues. Additionally, the Maryland Nurses Association presents proposed amendments that are considered friendly and believe they further strengthen the bill. The sponsor is open to working out any other issues that remain outstanding.

The Opportunity

As we look to the All-Payer Health Equity Approaches and Development (AHEAD) Model, **HB 1194** is a tool that will help hospitals meet performance measures for quality and health equity. Colorado, Illinois, Nevada, New York, Ohio, Oregon, Texas, and Washington, all require hospitals to have nurse staffing committees. California and Oregon have nurse-to-patient ratios, while Massachusetts has nurse-to-patient ratios for Intensive Care Units only. In comparison, states like Illinois, New York, Rhode Island, and Vermont, require hospitals to publicly disclose or report their nurse-to-patient staffing ratios in various ways. This is an opportunity for our state to be a leader and blend the use of staffing committees, staffing plans, and reporting together, which will better position our state to care for those who care so much for others. Overall, this hybrid approach will yield staffing plans that are worker-driven, flexible, and publicly available. This bill will ensure the voices and perspectives of our healthcare workforce are at the decision-making table, make improvements to workplace safety, address staff turnover, and improve how we deliver care.

I respectfully request a **FAVORABLE** report.

Thank you for your consideration,



Delegate Jennifer White Holland