

## *Marylanders for Patient Rights*

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### **Marylanders for Patient Rights Requests a Favorable Report with an Amendment on HB1194**

Marylanders for Patient Rights is a leading advocacy group for patients in our state, and we recommend a favorable report on HB1194, with an amendment.

For the last eight consecutive years, Maryland has had the unfortunate distinction of ranking the worst in ER wait time and the lowest in hospital patient satisfaction in 50 states. These alarming data, compiled by the Centers for Medicare and Medicaid Services, clearly show that the Maryland hospital system is failing the communities of patients that rely on their local hospitals for timely, quality care.

Understaffing has been a critical issue in declining quality of patient care in Maryland. In addition to long waits, understaffing can lead to medical errors. For example, when my husband was very ill with COVID, our local Maryland ER had two frantic nurses trying to manage 35 patients. My husband was accidentally injured by one of those nurses and left the ER with a large bandage covering his entire right arm. They assured us that “in three or four days, you can probably remove the bandage.” He left the ER considerably worse than he came in.

Yet, chronic understaffing is a fixable problem. Across the USA, other states are taking innovative approaches to improve patient care by addressing staffing issues. Nine states (CT, IL, NV, NY, OH, OR, TX, WA, and CO) require hospitals to have nurse staffing committees. Including frontline medical staff in planning allows for a “reality check” on what constitutes appropriate staffing, particularly for our most vulnerable patients such as those in ICU and the ER.

HB1194 requires hospitals to establish and maintain a clinical staffing committee that will develop a clinical staffing plan. Importantly, at least 50% of the membership of the staffing committee must be composed of registered nurses, LPNs, certified nursing assistants, and other members of the frontline team. The bill also describes a process for oversight by the Health Services Cost Review Commission.

Amendment: Marylanders for Patient Rights proposes a small, but important, amendment. On page 11, Section 19-398, Lines 27-30 describe convening a stakeholder workgroup which will review an annual report concerning clinical staffing. Our amendment will add patient advocacy groups to the stakeholder workgroup. After all, as patients, we are the ultimate stakeholders when it comes to health care.

We ask for a favorable report on HB1194 with this amendment.

Thank you,

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