



Maryland  
Hospital Association

**House Bill 1194 - Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2024)**

**Position: *Oppose***

March 13, 2024

House Health & Government Operations Committee

**MHA Position**

On behalf of the Maryland Hospital Association’s (MHA) member hospitals and health systems, we appreciate the opportunity to comment in opposition of House Bill 1194.

HB 1194 places additional staffing burdens on hospitals without solving the underlying problem of workforce shortages. In Maryland, hospitals have vacancies across professions including clinicians, clinical support, and ancillary staff. Vacancies for support staff like technicians have reached 17% with nurse vacancies exceeding 12%. Despite retention bonuses, loan assistance repayment, sign-on bonuses, workplace improvements, and other benefits, hospitals are still severely short staffed.

As written, HB 1194 would require staffing committees to implement mandated staffing plans by unit for all staff. However, due to these critical workforce shortages, hospitals may not be able to meet the requirements without limiting services.

Additionally, hospitals are concerned the proposed legislation will worsen hospital throughput challenges and increase emergency department length of stay. Through initiatives like the Emergency Department Dramatic Improvement Effort (EDDIE) program and Hospital Throughput Performance Improvement Initiative, Maryland hospitals have worked to improve hospital throughput and address patient flow. Hospitals continue to collaborate with local and state agencies and private and public partners to ensure Marylanders experience quality care promptly. If implemented, this bill could undermine ongoing efforts by restricting hospital staffing—resulting in ED overcrowding and bed closures.

Moreover, hospitals believe staffing mandates will negatively impact patient experience and patient care. Hospital staff need flexibility to adjust to the acuity of patients. Similarly, a patient’s condition may change—requiring hospital staff to respond immediately. Staffing limitations prevent hospitals from having the necessary real-time elasticity to care for the evolving conditions of patients, which, in turn, could lead to worse health outcomes for patients.

For more information, please contact:  
Brandon Floyd, Analyst, Policy  
Bfloyd@mhaonline.org