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*Legislative District 47*  
Prince George's County

PRESIDENT PRO TEMPORE

Executive Nominations Committee

Education, Energy and the  
Environment Committee



THE SENATE OF MARYLAND  
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**March 04, 2025**

**The Honorable Pamela G. Beidle**

**Chairwoman, Senate Finance Committee**

**3 East Miller Senate Office Building**

**11 Bladen Street Annapolis, MD 21401**

**RE: SB0720 Hospitals - Clinical Staffing Committees and Plans -  
Establishment (Safe Staffing Act of 2025)**

Position: **Favorable**

Chair Beidle and Members of the Committee,

**The Problem:**

- In recent years, hospitals across Maryland have faced significant challenges in maintaining adequate clinical and support staffing levels.
- Insufficient staffing can lead to increased workloads for healthcare providers, resulting in burnout, decreased job satisfaction, and, most critically, compromised patient care. Studies have shown that inadequate staffing correlates with higher patient morbidity and mortality rates, longer hospital stays, and increased readmission rates.<sup>1,2</sup>
- The absence of staffing guidelines without worker input exacerbates these issues, leading to variability in patient care quality across Maryland.

### What SB0720 does:

- The Safe Staffing Act of 2025 addresses these concerns by mandating that specified hospitals in Maryland establish and maintain their own clinical staffing committees. These committees are to be composed equally of management representatives and frontline employees, ensuring a balanced perspective in decision-making. The primary responsibilities of the clinical staffing committee include:
  - **Developing a Clinical Staffing Plan:** The committee at each hospital is tasked with formulating a plan that determines the appropriate number of clinical and support staff required to deliver quality healthcare in each unit or setting. This involves setting guidelines or ratios that specify patient assignments for registered nurses and other healthcare staff.
  - **Annual Review and Updates:** By July 1 each year, the committee must evaluate the effectiveness of the current staffing plan, make necessary adjustments to address any identified deficiencies, and establish a process for handling complaints related to staffing.
  - **Transparency Measures:** Hospitals are required to implement the staffing plan by January 1 each year and ensure that the plan is accessible to staff and the public, promoting transparency and accountability.

### How SB0720 helps:

- **Enhanced Patient Care:** By ensuring that staffing levels are tailored to the specific needs of each unit, patients are more likely to receive timely and effective care, reducing the risk of adverse outcomes.<sup>1,2</sup>
- **Improved Staff Well-being:** Adequate staffing alleviates excessive workloads, contributing to reduced burnout and higher job satisfaction among healthcare workers.
- **Safe Staffing Across Hospitals:** The requirement for all hospitals to develop and adhere to a clinical staffing plan that works for their hospital's needs introduces a standardized approach to staffing, minimizing disparities in patient care quality throughout Maryland.
- **Increased Transparency and Trust:** Making staffing plans publicly available fosters trust between healthcare institutions and the communities they serve, as patients and families can be assured of the hospital's commitment to quality care.
- **Other States:** Maryland is not the first to do this, eight states (CT, IL, NV, NY, OH, OR, TX, WA) require hospitals to have nurse staffing committees. Five states (IL, NJ, NY, RI, VT) require hospitals to publicly disclose or report their nurse-to-patient staffing ratios.<sup>3</sup>

**Senate Bill 720 is a proactive measure designed to tackle the critical issue of hospital staffing in Maryland. By instituting clinical staffing committees and mandating the**

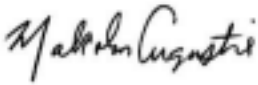
**development and maintenance of comprehensive staffing plans, this legislation aims to enhance patient outcomes, support healthcare professionals, and standardize care across Maryland.**

**Chair Beidle and members of the committee, I ask for your favorable report.**

1. Lasater KB, Aiken LH, Sloane D, et al. Patient outcomes and cost savings associated with hospital safe nurse staffing legislation: An observational study. *BMJ Open*. 2021;11(12):e052899. <https://bmjopen.bmj.com/content/11/12/e052899.full>. doi: 10.1136/bmjopen-2021-052899.

2. Lasater KB, Aiken LH, Sloane DM, et al. Is hospital nurse staffing legislation in the public's interest?: An observational study in new york state. *Medical care*. 2021;59(5):444–450. <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=n&CSC=Y&PAGE=fulltext&D=ovft&AN=00005650-202105000-00011>. doi: 10.1097/MLR.0000000000001519.

3. de Cordova PB, Rogowski J, Riman KA, McHugh MD. Effects of public reporting legislation of nurse staffing: A trend analysis. *Policy, politics & nursing practice*. 2019;20(2):92–104. <https://journals.sagepub.com/doi/full/10.1177/1527154419832112>. doi: 10.1177/1527154419832112.

Sincerely,  Senator Malcolm Augustine  
President Pro Tempore -- District 47 – Prince George's County