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TO: The Honorable Pamela Beidle
Chair, Finance

SB720
Unfavorable

FROM: Leslie Ford Weber
Associate Director, Maryland Government Affairs

DATE: February 28, 2025

RE: **SB720: Hospitals – Clinical Staffing Committee and Plans – Establishment (Safe Staffing Act of 2025**)

Johns Hopkins opposes **SB720: Hospitals – Clinical Staffing Committee and Plans – Establishment (Safe Staffing Act of 2025)**.

There are many pressing challenges to Maryland's hospitals that this committee has discussed including constrained finances, increased volume surges, insufficient bed capacity, ED wait times, workplace violence, and the ongoing shortage of nurses and other health professionals. The measure proposed in this bill would not make a meaningful impact towards addressing those challenges.

More specifically, proponents for this bill assert that requiring clinical staffing committees will improve emergency department wait times in Maryland. However, in the nine states that require clinical staffing committees, there is no correlation. Based on data reported by Becker's, five of those nine states are in the half of states with the longest wait times and four have wait times shorter than the median.

The proponents will also tell you that clinical staffing committees will reduce violence against healthcare workers. Again, however, there is no data to support this. The Bureau of Labor Statistics has grouped states into four tiers based on the rate of days away from work, job restriction or transfers (DART) because of cases of workplace violence. Five of the nine states with clinical staffing committee requirements are in the tier with the highest rates; two are in the second tier; and there is one each in the lowest two tiers.

This bill is unnecessary. There are longstanding best practices of shared governance that already engage front line staff in making key decisions about staffing patient care units at our four Johns Hopkins Health System hospitals in Maryland and many others in the state.

Shared governance is the way we provide our staff with a voice in all aspects of patient care. This practice model includes bringing together management and unit staff as members on councils charged with regularly evaluating practice standards, professional development, quality improvement, informatics, and research. These councils are unit- and hospital-based as well as existing on a system level where staff and leadership from each hospital meet to problem solve and discuss best practices with each other. This model ensures that front line clinical staff have a voice and participate in shared decision making regarding their practice and work environment.

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Johns Hopkins hospitals utilize nationally-recognized evidence-based data sources to inform the resource allocation decisions made for each patient care unit throughout the hospital. As many Maryland hospitals do, we submit data to the National Database of Nursing Quality Indicators (NDNQI) who analyzes patient quality and safety. In addition to NDNQI, we also work with Vizient, and the Labor Management Institute to assess our staffing plans compared to established national benchmarks in every specialty care area within the hospital. A house-wide multidisciplinary clinical staffing committee would be less effective in evaluating the detailed unit-based nursing staffing data that is available to our unit-based nursing councils or staffing committees that perform this function today.

The plans that are in place today provide ongoing guidance for our care teams. At each of our hospitals, nurse leaders along with charge nurses on each unit, convene twice daily to review patient census and acuity, and together, make real-time adjustments to resources available on each unit. These can include deploying float team members, short-term agency hires, and the charge nurses. This is far more effective in meeting patient needs than the production of an annual document that is reviewed a year later for its effectiveness.

Adding this administrative burden will divert attention from addressing the direct needs for healthcare services in our communities and supporting our highly skilled workforce.

Accordingly, Johns Hopkins respectfully requests an **UNFAVORABLE** committee report on HB905.