



MedStar Health

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**SB 720 – Clinical Staffing Committees and Plans – Establishment
(Safe Staffing Act of 2025)**

Position: ***Oppose***
Senate Finance Committee
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MedStar Health is the largest healthcare provider in Maryland and the Washington, D.C. region. MedStar Health offers a comprehensive spectrum of clinical services through over 400 care locations, including 10 hospitals, 33 urgent care clinics, ambulatory care centers and an extensive array of primary and specialty care providers. As a not-for-profit healthcare system, MedStar Health is committed to its patient-first philosophy, emphasizing care, compassion, and clinical excellence, supported by a dedicated team of more than 35,000 physicians, nurses, and many other clinical and non-clinical associates.

SB 720 mandates that hospitals establish and maintain a clinical staffing committee responsible for implementing a clinical staffing plan. The bill requires each committee to have equal representation from management and employees. The committee's membership would include a certified nursing assistant, a dietary aide, an emergency room nurse, an environmental service worker, a resident or physician, and a technician. The committee must establish a plan specifying the number of nurses, licensed nurses, nurse assistants, etc. needed to provide patient care on each unit during a working shift. The plan must be posted in the hospital and on its website. The committee must be created, and plans implemented by July 2026 with a review conducted each year.

Flexibility is required to fulfill our mission as hospitals, as our operations are inherently dynamic. Nurse leaders need the ability to modify staffing levels based on patients' needs, acuity, and volume. Patient flow changes day to day and minute by minute, and a static plan would not account for these critical flexibilities. Nurses are best equipped to use their experience and judgment to determine the specific needs of patients and staff. The clinical staffing committee model could potentially pull providers away from crucial settings such as intensive care, behavioral health, and senior care areas to fulfill plan requirements. Nursing is constantly evolving to reflect science and technology, and this plan would stymie innovation and adoption of new technologies like telemedicine for patients – that can both decrease ED wait times and provide quality patient care.

Although the legislation purports to address workforce shortages, it does little to move the needle on recruiting and retaining professionals. SB 720 could limit health care access for patients and diminish individual patient needs by not allowing to adjust for variability among health care organizations. Ultimately, this legislation and the staffing committee model as proposed will exacerbate hospital ED throughput challenges. SB 720 limits hospitals' capacity management, leading to bottlenecks and potential bed and unit closures to meet staffing plan requirements.

Flexibility is important to implementing a nimble plan that improves patient flow and hospital throughput, in turn, providing effective delivery of patient care. The clinical staffing committee and plan model will attempt in the future to mandate ratios that will reduce access, increase inefficiencies, and be counterproductive to positive patient outcomes.

For the reasons above, MedStar Health urges an ***unfavorable*** report on **SB 720**.

It's how we treat people.