



Testimony on HB905/SB720
The Safe Staffing Act of 2025
Position: **FAVORABLE**

To Madame Chair and Members of the Committee,

My name is Kongit Nega and I have worked as a registered nurse at a hospital in Maryland for 21 years. I am also a member of 1199SEIU United Healthcare Workers East, which represents more than 10,000 members in Maryland and Washington, DC. I'm asking you to issue a favorable report on HB905/SB720: Safe Staffing Act of 2025.

As a medical-surgical nurse, I see patients who have come from the emergency department, the intensive care unit (ICU), and the post-anesthesia care unit (PACU) among others. When we work short staffed, we might not be able to see one patient for four hours. During that time, their condition can change, and it might be necessary to send them back to the ICU, so it's important to maintain a safe nurse to patient ratio. Ideally, each nurse will only have four patients a shift, but we often have six patients, which makes it more difficult for us to give quality care. It's common for us to be short staffed two or three days in a row.

A lot of nurses are hired and quit soon after because they see how short-staffed we are. Working short is emotionally and physically draining; it causes your whole body to ache. Even when I feel exhausted, I don't call out sick, because I don't want my colleagues to work short.

Other workers, like patient care technicians (PCTs) are also short-staffed, which affects RNs, too. I support the Safe Staffing Act of 2025 because working short is a safety issue, and it's important that workers have a place to voice their concerns.

In Unity,

Kongit Nega