



Testimony for SB 720
Safe Staffing Act of 2025
Before the Senate Finance Committee
March 4th
Position: **FAV**

Dear Chair Peña Melnyk and members of the Committee:

My name is Nadine Williamson, and I am the Executive Director of the RN Division of 1199 SEIU. I'm also a Registered Nurse. In 2021, I was part of a team of union members, hospital providers, and legislators who helped craft New York's Safe Staffing Committee legislation and I continue to lead our union's effort to improve patient care by improving hospital staffing. I fully support Maryland's effort to improve care through the Safe Staffing Act of 2025.

Throughout my career as a nurse and a union leader, I have advocated front-line caregivers have a voice in how care is delivered. It is my experience that front-line staff have a level of expertise from delivering care on a daily basis and hospitals and nursing homes can deliver better care when this expertise is incorporated into daily operations.

I have also long advocated for labor-management collaboration, and when both workers and management have improving care as their north star, they can improve outcomes and workforce satisfaction.

In many ways, the hospital staffing committee legislation is based on this approach. It places front-line workers and managers on equal footing and requires them to listen to each other, hear their concerns, and work towards a mutually agreed upon plan. It assumes that both workers and managers have insights that can help develop staffing plans that can improve outcomes, recruitment and retention.

This approach requires that both management and workers listen to each other, collaborate, make compromises, and acknowledge the challenges that both sides experience.

In hospitals where there is a history of labor-management collaboration around problem solving, the law has made improvements. Workers feel like their concerns are being heard, management is acting in good faith, the committee is tackling complaints, and there have been staffing and retention improvements.

Again, when both sides have as their north star improving care and listen to each other, the law works.

The challenge comes where hospitals have no history of labor management collaboration or where there are contentious relations. The law may say workers and management have to sit together and create a consensus plan, but that does not mean it will happen. Unfortunately, we have many examples where challenges in the staffing committees mirror larger conflict in the hospital.

We knew this could happen in New York, and our law gives employers the power to implement plans where committees do not reach consensus. Additionally, there are challenges with enforcement when employers do not follow the plan.

Despite these challenges, we still think staffing committees is the right approach. It takes a care team approach, involves multiple stakeholders, and gives everyone a stake in the plan's success.

I hope Maryland will join New York with this approach to improving care and recognize that good labor-management collaboration is hard and takes time. I would encourage Maryland stakeholders to recognize this and build in good labor-management training to your process.

I would also encourage the committees to not attempt to solve every problem at once. Your legislation calls for plans to be evaluated and updated every year, and this gives you the opportunity to start small, establish trust, and learn how to work together. It can be done, I've done it myself, and I've seen how transformative this approach has been.

I wish Maryland luck and we in New York are ready to lend a hand.

Sincerely,

Nadine Williamson

ED of RN Division, 1199 SEIU United Healthcare Workers East

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