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TESTIMONY ON SB#0720 - POSITION: FAVORABLE
Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2025)

TO: Chair Beidle, Vice Chair Hayes, and members of the Finance Operations Committee

FROM: Richard Keith Kaplowitz

My name is Richard Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of/ SB#/0720, Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2025)

Maryland has had the worst emergency room wait time among 50 states for the past eight years, according to data from the Centers for Medicare and Medicaid Services. While the average ER wait time in Maryland is over four hours, many patients who need emergency care may wait as long as 24 hours to receive care. Long ER wait times are more than just an inconvenience; they measurably increased risk for patients, especially those who are elderly or vulnerable.

We need to have right-size ER staffing, particularly nurses and technicians, to reflect the number of ER patients. It is very predictable that in the winter, the number of ER patients will rise when flu, COVID-19 and RSV — respiratory syncytial virus — are at their peak; clearly, more ER staff will be needed at that time.

Maryland is 36th out of 50 states in the number of nurses per 1,000 population, according to Becker Hospital Review. By my observations, and those of others, the current ratio of nurses to patients in the ER can be as low as 1 nurse to 15 patients. It should be closer to 1:4, which is the target in states like California with mandated nurse-patient ratios.

Short-staffing leads to burnout and retention problems: 39% of nurses who left the profession cited overwork and stress as the reason. According to the Becker Hospital Review, Maryland ranked only 45th out of 50 states for salaries of registered nurses, adjusted for cost of living.

Hospitals should recruit new ER medical staff by offering competitive salaries and livable wages and support a work environment where workers are not under constant stress from short staffing. Chronic short staffing is a fixable problem.¹

¹ <https://marylandmatters.org/2024/12/05/how-to-fix-marylands-long-emergency-room-wait-times/>

- The Safe Staffing Bill will establish **safe staffing committees** at each hospital that will help to address the chronic short staffing of hospital Emergency Rooms and other critical departments.
- The committees will include **50% direct care workers**--the medical staff in the front lines who have the knowledge needed to ensure safe staffing for patients.
- Each staffing committee will develop a **clinical staffing plan** which will establish guidelines for appropriate staffing, based on the number of patients and their acuity.
- Each hospital will review the staffing plan annually to evaluate effectiveness and make updates and **post the clinical staffing plan on the hospital websites**, allowing for **transparency** for health care consumers.

This bill, recognizing Maryland has a crisis, would require certain hospitals licensed in the State to establish and maintain a clinical staffing committee and to implement a clinical staffing plan. It would mandate that each clinical staffing committee exists and is required to develop a clinical staffing plan. It sets a specific time for that action, requiring by July 1 each year, each hospital, through the clinical staffing committee, to conduct a review of the clinical staffing plan for certain purposes. It then requires that by January 1, 2026, each hospital to implement a clinical staffing plan and assign personnel in accordance with the plan.

I respectfully urge this committee to return a favorable report on SB0720.