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**SB 720 - Hospitals - Clinical Staffing Committees and Plans - Establishment
(Safe Staffing Act of 2025)
Senate Finance Committee
March 4, 2025**

SUPPORT

**Donna S. Edwards
President
Maryland State and DC AFL-CIO**

Madame Chair and members of the Committee, thank you for the opportunity to submit testimony in support of SB 720. My name is Donna S. Edwards, and I am the President of the Maryland State and District of Columbia AFL-CIO. On behalf of Maryland's 300,000 union members, I offer the following comments.

Patients and healthcare workers need safe staffing plans. Hospitals have pushed unsafe staffing levels to their limit in order to save money. SB 720 creates a strong foundation by aligning Maryland with nine other states (CT, CO, IL, NV, NY, OH, OR, TX, WA) in ensuring hospitals develop safe staffing plans that include direct care workers to reflect the unique and evolving needs of their patients. This legislation creates a framework to force these discussions that highlight the voices of those on the ground seeing the direct impacts of staffing levels while enhancing accountability within our healthcare system.

SB 720 requires hospitals to establish clinical staffing committees. The purpose of these committees is to develop clinical staffing plans to establish guidelines and ratios, including clinician to patient ratios, based on patient needs to improve quality care, ensuring that staffing plans are driven by those with direct care experience. This legislation also holds hospital administrators accountable to implementing their plans by requiring hospitals to publicly post their clinical staffing levels, promoting transparency to both patients and workers.

Safe staffing ratios in healthcare have been a demand from patient advocates and workers for years, dating back to before the COVID-19 pandemic. As highlighted in a study done by the University of Pennsylvania School of Nursing's Center for Health Outcomes and

Policy Research (CHOPR), one of the leading causes of burnout in nurses is “the chronic stress caused by patient overload,” due to improper nurse-to-patient ratios.¹ Expecting a single nurse to tend to so many patients puts them in a precarious position, not allowing them to deliver quality care effectively or efficiently, which impacts both their well-being and the patients’ well-being.

Additionally, academic research strongly supports safe staffing ratios. A study of ratios in Illinois found, “Patient-to-nurse staffing ratios on medical-surgical units ranged from 4.2 to 7.6 (mean=5.4; SD=0.7). After adjusting for hospital and patient characteristics, the odds of 30-day mortality for each patient increased by 16% for each additional patient in the average nurse’s workload (95% CI 1.04 to 1.28; p=0.006). The odds of staying in the hospital a day longer at all intervals increased by 5% for each additional patient in the nurse’s workload (95% CI 1.00 to 1.09, p=0.041). If study hospitals staffed at a 4:1 ratio during the 1-year study period, more than 1595 deaths would have been avoided and hospitals would have collectively saved over \$117 million.”²

A flexible, collaborative, and patient/worker-centered approach to hospital staffing is essential to the future of our healthcare industry and prioritizing the needs and well-being of our dedicated workforce.

For these reasons, we urge a favorable vote on SB 720.

¹ Hoag Levins, “How Inadequate Hospital Staffing Continues to Burn Out Nurses and Threaten Patients.” University of Pennsylvania Leonard Davis Institute of Health Economics. January 2023.

² Lasater, Karen B et al. “Patient outcomes and cost savings associated with hospital safe nurse staffing legislation: an observational study.” *BMJ open* vol. 11,12 e052899. 8 Dec. 2021, doi:10.1136/bmjopen-2021-052899