



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

**Testimony in Support of House Bill 905
Hospitals - Clinical Staffing Committees and Plans - Establishment
(Safe Staffing Act of 2025)**

Good afternoon Chair Peña-Melnyk, Vice Chair Cullison, and members of the House Health and Government Operations Committee. Thank you for the opportunity to present **HB 905 - Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2025)** for your consideration.

The House Health and Government Operations Committee continues its work in addressing Emergency Department (ED) wait times, healthcare workforce shortages, access to primary care, the rising costs of prescription drugs, and other issues that burdens our healthcare system. **HB 905 - Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2025)** presents an opportunity to improve the workplace environment, center voices of the direct care workforce in staffing decisions, and retain staff. HB 905 is a hybrid approach that will ensure each hospital can establish its own staffing committee, or reconstitute an existing staffing committee if one already exists, and tailor staffing plans according to their specific needs. This bill provides leeway, allowing hospitals to make changes to their plans at any time while simultaneously ensuring a framework of transparency and accountability. The healthcare sector experienced many setbacks during COVID-19 with high healthcare workforce shortages¹ due to high staff turnover, shifting care delivery models, and insufficient nursing pipelines². The Safe Staffing Act of 2025 will serve as a tool that aims to do the following:

- Requires hospitals to establish and maintain a clinical staffing committee that has equal membership from management and employees;
- Requires the clinical staffing committee to develop, review, evaluate, revise as appropriate, and create a process for receiving, resolving, and tracking complaints related to a clinical staffing plan.

¹

[https://health.maryland.gov/docs/SB%20440%20Ch.%20708%20\(2022\)%20%E2%80%93%202023%20Final%20Report%20%E2%80%93%20Commission%20to%20Study%20the%20Heal.pdf](https://health.maryland.gov/docs/SB%20440%20Ch.%20708%20(2022)%20%E2%80%93%202023%20Final%20Report%20%E2%80%93%20Commission%20to%20Study%20the%20Heal.pdf)

² <https://mhaonline.org/wp-content/uploads/2023/02/2022-State-of-Maryland-s-Health-Care-Workforce-Report.pdf>

The Issue

Hospitals all over Maryland are currently facing shortages across the board and more specifically, nursing shortages. According to a 2022 report from the Maryland Hospital Association, RNs, and LPNs are experiencing some of the highest vacancy rates among healthcare professionals at 25.4% and 37.7%, respectively.³ Factors such as burnout, feelings of being undervalued, and overwhelming workloads have been cited as being reasons for departures from the nursing profession.⁴

The Safe Staffing Act of 2025 may be a part of the solution in addressing the nurse staffing shortage and improve the workplace environment in hospitals. Research demonstrates that ample nurse staffing is crucial for quality care; and safe nursing conditions lead to improved patient outcomes.⁵ Furthermore, nurse staffing committees were found to satisfy all four key factors of nursing staffing: the use of nurse staffing evidence, cost to hospitals and state governments, political feasibility, and an analysis of the policy's effects on patient outcomes.⁶ These staffing committees provide an avenue for input from frontline workers in the planning process recognizing their expertise in addressing patient needs across various healthcare settings.⁷ As Maryland experiences ongoing patient growth, it is important that the state sustains and enhances the provision of high-quality healthcare services to effectively meet current and future demand.

Addressing Misconceptions

There are several misconceptions surrounding the aims of this bill such as the following:

- 1. Staffing plans are too rigid and can lead to bed closures and put patients at risk.**
 - *Flexibility:* This bill allows for flexibility and does not mandate staffing ratios or penalize hospitals for any staffing plan changes. These committees are free to make changes as they see fit.
- 2. There will be a lot of administrative burden placed on hospitals.**
 - *Collaborative:* Hospitals should aim to have joint labor and management committees to address care and staffing because it has proven effective in the past. The Maryland Hospital Association has agreed to set up joint safe lifting committees in 2007 and joint workplace violence committees in 2014.

³ <https://mhaonline.org/wp-content/uploads/2023/02/2022-State-of-Maryland-s-Health-Care-Workforce-Report.pdf>

⁴ <https://www.nursingworld.org/content-hub/resources/nursing-leadership/why-nurses-quit/>

⁵

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8428863/#:~:text=1%20Empirical%20studies%20have%20shown,increase%20nurse%20staffing%20in%20hospitals.>

⁶

<https://njccn.org/wp-content/uploads/2024/02/Nursing-Forum-2021-Bartmess-Nurse-staffing-legislation-Empirical-evidence-and-policy-analysis.pdf>

⁷ <https://pmc.ncbi.nlm.nih.gov/articles/PMC8428863/>

3. The state currently does enough work on addressing the healthcare staffing crisis.

- *Care Team Approach:* Existing state-led commissions have addressed the workforce shortage through loan repayment, sign-on bonuses, and improving the education pipeline, but the issue of understaffing, retention, and declining quality of care in hospitals still remains persistent. This bill recognizes that those closest to the problem are closest to the solutions and no one in the entire care team should be overlooked

4. The staffing crisis has many factors tied to it and hospitals are not to blame.

- Meaningful changes are prevented when there is inaction due to the complex staffing crisis. This bill will allow hospitals to take action to address the overlap of many factors.

The Opportunity

This bill presents an opportunity for our state to integrate the use of staffing committees, staffing plans, and reporting to better support our indispensable healthcare workers. This hybrid approach will establish staffing plans that are worker-driven, flexible, and publicly accessible. Furthermore, the bill ensures that our healthcare workforce is not overlooked in the decision-making process, enhances workplace safety, addresses staff turnover, and improves the overall quality of care.

I respectfully request a **FAVORABLE** report.

Thank you for your consideration,



Delegate Jennifer White Holland