

**Written Testimony Submitted to the
Maryland Senate Finance Committee**

By: Michael Massey, MD

**SB 411: Hospitals – Clinical Staffing Committees and Plans – Establishment
Safe Staffing Act of 2026**

February 17, 2026

To the respectable Chair Beidle, Vice Chair Hayes, and members of the Senate Finance Committee, my name is Michael Massey, and I am a Resident Physician in both the hospital and clinic setting in the state of Maryland. I am writing on behalf of myself in strong support of SB 411, the Safe Staffing Act of 2026.

I work very closely with my nursing colleagues daily to provide the best possible patient care that we can. I rely on our nurses for so many crucial aspects of hospital care including being the closest point of contact and advocate for our patients when someone's health starts to deteriorate, drawing vital blood work, coordinating transportation to imaging, administering medications and much more.

What I want to emphasize in my letter is how dangerous our current nursing shortage is for the future of healthcare as it relates to burnout. Working in healthcare and as a nurse is already a high-intensity occupation that always demands 100% performance with long hours. In addition to the already demanding job, nurses are now expected to cover more patients per shift than previously promised when they were first hired due to staffing shortages. In fact, the Maryland Healthcare Workforce report found that 1 in 4 nursing positions throughout the entire state are vacant. Because of this, I have worked with nurses on the labor & delivery unit who were unsafely scheduled to cover more than one actively laboring patient.

I have also worked with another excellent nurse for two months now on a medical floor who on the day of me submitting this letter described how nursing shortages have impacted him. When he started nursing 3 years ago, his unit was well staffed and he never had to manage more than 4 patients at a time, which is the recommended number of patients for this floor's acuity, or how sick patients are on this floor. Over the past three years, the patients on this unit have progressively gotten higher in acuity on average, and it is now routine that he has to manage 5 patients and sometimes 6 due to nursing shortages. He said many of the nurses we worked with when he first started have left due to the stress of the job. He told me that it is really upsetting and disheartening having to work in these conditions, because he wants to provide excellent care and have his patients feel supported. However, with 5-6 patients, he constantly feels like patients and families believe he is ignoring them or he feels like he lets down the doctors he is working with to carry out the plan of care for a patient.

SB 411 would simply ask that hospitals set up a clinical staffing committee between management and the hospital employees to discuss a staffing plan to address patient needs. This is critical for the future of good quality healthcare in the state of Maryland, because without it, some of the best nurses I know, like the one whose story I shared, will eventually get burned out and leave the field like so many already have.

Best Regards,
Michael Massey, MD
Resident Physician
Family Medicine