

My name is Alex Anderson and I have been a nurse for almost 2 years in Maryland. I am writing in support of HB624 because I believe safe staffing saves lives and this bill is an important step towards protecting quality of care.

Short staffing compromises safe patient care, for example, not having enough time to explain discharge instructions because of pages and calls for your other patients, delays in patient medication administration, and feeling forced into “task mode” instead of practicing patient-centered care. All of these examples can lead to severe moral distress in nurses: feeling guilty after shifts for “not having enough time” to spend or care for patients. Physical and mental burnout is a result of short staffing that many nurses can feel and experience, including anxiety before work because of anticipation of having another unsafe assignment, skipping meals or bathroom breaks, staying late after your shift to finish charting because you didn’t have enough time during the 12 hours to finish. These issues can lead to nurses feeling undervalued and under appreciated at their jobs and create the internal conflict between personal well being and professional commitment.

The staffing crisis is the root cause of healthcare worker burnout and resignations. When direct care workers are part of staffing plans, we create collaborative and transparent processes for addressing the staffing crisis.

Maryland has the longest ER length of stay in the country. While blame for long wait times is sometimes attributed to overuse of the ER by patients, the actual number of ER visits per 1,000 population in Maryland is among the lowest in the U.S., according to Becker’s Hospital Review.

Meanwhile, under-staffed and overwhelmed ER medical staff try to care for emergency patients as best they can. Sadly, there is no end in sight to lengthy waits and no active attempt to fix this urgent problem in the near term. Without a safe level of staffing in the ER, Maryland patients will continue to endure long and potentially life-threatening waits for emergency care.

Staffing conditions are associated with adverse health outcomes for patients, including mortality and longer lengths of stay. If the health worker burnout crisis is not addressed, it will be increasingly difficult for patients to get care when they need it, health costs will rise, health disparities will increase, and it will be harder for Maryland to prepare for the next public health emergency.

This legislation offers an opportunity to track how staffing conditions impact hospital expenditure and quality of care. It’s important to note that this legislation does not mandate staffing ratios, nor does it force a hospital to make fiscal decisions that negatively impact quality of care. It ensures there is open and transparent dialogue between the state, hospital administrations, and direct care workers to address a crisis. Staffing committees allow each hospital to tailor staffing plans to its most pressing needs.

The house has passed this legislation the past two legislative sessions. This legislation is a sensible approach that fosters collaboration and centers hospital worker voices who have often been missing in stakeholder discussions on the healthcare workforce crisis. By mandating a

process, Maryland will have a foundation for adequate data collection and a holistic lens of staffing conditions through worker perceptions. For these reasons and more, I urge a favorable report on the Safe Staffing Act of 2026.

Sincerely,

Alexandra Anderson, aalexandersonn6@gmail.com

Testimony for SB 411

Safe Staffing Act of 2026

Before the Senate