MARYLAND STATE & D.C. AFL-CIO
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**SB 411 - Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2026)**

**Senate Finance Committee**

**February 17, 2026**

**SUPPORT**

**Donna S. Edwards**

**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 411. On behalf of 700 affiliated unions, 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 411 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 411 requires hospitals to establish clinical staffing committees responsible for developing clinical staffing plans that consider such factors as existing staffing levels, coverage needs, staffing standards, and plans to address existing staffing gaps. This ensures that staffing plans are driven by those with direct care experience. Additionally, this legislation promotes adaptability in these clinical staffing plans by requiring each hospital to evaluate the plan and periodically update it to maintain their effectiveness and continue to meet the needs of their staff and patients.

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 by the National Library of Medicine, lower levels of nurse staffing are associated with compromised nursing care. Expecting a single nurse to tend to so many patients puts them in a tough position, not allowing them to deliver quality care effectively or efficiently, which impacts both their well-being and the patients' well-being. Additionally, in a policy brief published by the

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Center for Health Outcomes and Policy Research at the University of Pennsylvania, they reported that there was a 7% increased risk of patient mortality when adding additional patients to a nurse's workload.

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 may have been avoided and hospitals would have collectively saved over $117 million."

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 411.