

My name is Diane Nemett, I live in Baltimore County and I have been a health care provider for over 50 years. Because of a life-threatening medical event, my husband had six emergency room visits and hospitalizations in the past 10 months. I am writing in support of **SB 411- the Safe Staffing Act of 2026**. I believe that direct care workers should be at the table of addressing the staffing crisis. Safe staffing saves lives and saves money. This bill is an important step toward protecting quality care for patients.

Maryland has the longest ER length of stay in the country!! This is not due to overuse of the ER by patients as the actual number of ER visits per 1000 population in Maryland is among the lowest in the US, according to Becker's Hospital Review. Meanwhile, under-staffed and overwhelmed ER medical staff try to care for emergency patients as best they can. Without a safe level of staffing in the ER, Maryland patients will continue to endure long and potentially life-threatening waits for emergency care. With rising costs of health insurance, the demand will likely get worse when patients don't have insurance for primary care. The staffing crisis is a cause of healthcare worker burnout and resignations which ultimately increases costs and decreases quality of care when permanent, experienced workers need to be replaced by temporary and private service providers.

SB411 creates staffing committees at each hospital that ensure the entire care team is at the table to address hospital-wide challenges in providing safe and timely care. Committees will work together to submit staffing plans that include recommendations and staffing data on an annual basis to the Maryland Healthcare Commission. The reports will be posted on their website. Most of the basic administrative infra-structures already exist to support this.

This legislation, which passed the House the past two years, is a sensible approach that fosters collaboration and the input of hospital worker voices which have often been missing in stakeholder discussions on the healthcare worker 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. Maryland patients deserve this.

Sincerely,
Diane Nemett
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