

Senate Bill 411 – Hospitals – Clinical Staffing Committees and Plans – Establishment

POSITION: Oppose

February 17, 2026

Senate Finance Committee

Karen A. McQuillan, MS, RN, CNS-BC, CCRN, CNRN, TCRN, FAAN, Lead Clinical Nurse Specialist at the University of Maryland Medical Center respectfully submits this letter **OPPOSING** Senate Bill 411.

I have had the privilege of caring for patients at the R Adams Cowley Shock Trauma Center at the University of Maryland Medical Center for nearly 40 years and I currently serve as the co-chair of the University of Maryland Medical System Nurse Practice Council. The University of Maryland Medical System Nurse Practice Council is a forum composed of frontline nurses and nurse leaders from throughout the Medical System that meet monthly to approve clinical guidelines and policies, recommend changes to improve patient care, and provide feedback on changes proposed by other disciplines that impact nursing.

I can assure you that I and all my nursing colleagues recognize that appropriate staffing is vital for provision of safe and effective care to our patients and is important to nurses' wellbeing. Evidence has shown that benefits of enhanced staffing are contingent on the health of the work environment. Professional Governance, a framework where frontline nursing staff partner with nurse leaders to make decisions about clinical practice fostering accountability and improved patient outcomes is one way a healthy work environment is promoted.

One aspect of professional practice that is enjoyed by nurses in many hospitals is staff led shared scheduling or self-scheduling. For example, all hospitals that have received Magnet or Pathway designation, recognition for nurse excellence, innovation, empowering nurses, and quality patient care, have shared or self-scheduling. Scheduling committees or councils develop nurse scheduling guidelines for the unit or department on which they work, and these guidelines are agreed upon by all the nursing staff on the unit. Nurses can always submit suggested changes to the guidelines for consideration by simply bringing up the recommendation with the Scheduling Committee chair, the nurse manager, or at a unit Shared Governance meeting. Nurses then submit desired schedules based on those staff designed guidelines. This gives nurses a voice in their schedule. Nurses may determine which days or shift times they desire to work. This flexibility allows nurses to continue their education, care for their family members, and/or attend important events. Creating a workplace that fosters this work/life balance assists in attracting and retaining a nursing workforce amid an ongoing shortage of nurses. Once staff-scheduling committee leaders ensure staffing numbers are appropriate to fulfill the established ratios for the unit the schedule is posted.

All staffing guidelines developed are based upon national standards and guidelines established by professional organizations, such as the American Association of Critical Care Nurses and the American Nurses Association. Staffing patterns may vary among member organizations at the University of Maryland Medical System based on differences in patient acuity. The type and acuity of patients is considered when determining nurse: patient ratios but also evaluated when ensuring nurse competencies match the needs of patients on the unit.

Voting for Senate Bill 411 would threaten to eliminate the scheduling flexibility that nurses find essential to maintaining a work/ life balance that fosters nurse wellbeing and retention. Also, standards for nurse scheduling already required by the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC) would make this Bill duplicative and unnecessary.