



EMERGENCY NURSES  
ASSOCIATION

Maryland State Council  
Safe Practice, Safe Care.

To: Maryland Senate Finance Committee  
Senate Office Building  
Annapolis, MD 21401

From: Maryland State Council of the Emergency Nurses Association

Date: February 17, 2026

Re: **Opposition to SB0411- Hospitals- Clinical Staffing Committees and Plans- Establishment (Safe Staffing Act of 2026).**

Good afternoon, Chairwoman Pamela Beidle, Co-Chair Antonio Hayes, and Committee Members,

My name is Caroline Doyle, and I am here speaking on behalf of the Maryland Emergency Nurses Association in opposition to SB0411- Hospitals- Clinical Staffing Committees and Plans- Establishment (Safe Staffing Act of 2026).

I have been an emergency department nurse for 35 years and a hospital nursing supervisor/bed flow coordinator for 18 years at a busy Baltimore City hospital that serves a remarkably diverse patient population across the spectrum from well-insured to uninsured vulnerable populations. There is a constant flow of patients, from multiple jurisdictions, seeking emergency and medical care, as well as planned surgical procedures. Patient volume changes very quickly and acutely in any given minute, on any given day. Staffing needs are impacted by multiple variables including volume, acuity (how sick the patients are), and available trained staff for specialty units. Clinical unit leaders, nursing managers, directors, the CNO and nursing supervisors are acutely aware of the dynamics of the staffing needs and necessary resources and spend most of their days involved in ongoing conversations to ensure and maintain safe quality care.

While SB0411's intent is well-meaning, it is redundant to existing professional nursing and hospital staffing guidelines and practices that are already in place and being monitored and tracked on a continuous basis. SB0411 would add another burdensome administrative layer to already overwhelmed hospital systems. Here are some examples of existing staffing practices:

- **"The Joint Commission (TJC) standards** are the basis of an objective evaluation process that can help health care organizations measure, assess, and improve performance. The standards focus on important patient, individual, or resident care and organization functions that are essential to providing safe, high-quality care." TJC typically reviews these standards annually to promote continuous improvement in healthcare delivery. Clinical organizations accredited by TJC are tasked to develop policies and procedures addressing the various standards and goals and the various healthcare organizations will implement their approach to meet the general goal.

And now, "Effective January 1, 2026, Joint Commission introduced National Performance Goals (NPGs) that organize requirements that rise above into salient, measurable topics with clearly defined goals" (TJC). Goal 12 of the NPGs is that "The hospital is staffed to meet the needs of the patients it serves, and staff are competent to provide safe, quality care".

- Emergency Departments are unique units that require a special staffing approach, depending on size, location, population served, and designated trauma level. The **Emergency Nurses Association (ENA)** advocates that "safe emergency department (ED) staffing requires at least two RNs present at all times, with staffing based on patient acuity, volume, and skill mix rather than fixed rations". Raw patient counts are considered inadequate. ENA guidelines include core staffing guidelines and principles, as well as guidelines for managing surge/overcrowding, and are to be considered as guidance rather than imposition (ENA).
- The **American Nurses Credentialing Center (ANCC) Magnet model** mandates that staff and bedside nurses, through shared governance structures, are included and actively involved in decision-making which includes staffing. Decentralized decision-making, professional autonomy, and nursing leadership is

usually done through unit and hospital-based councils rather than just a top-down, non-nursing committee. Magnet hospitals are required to provide documentation on how they evaluate and adjust staffing to meet patient needs (ANCC).

For these reasons, the Maryland Emergency Nurses Association **opposes** SB0411 and respectfully requests an **unfavorable** report on the bill.

Respectfully submitted,

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References:

Adapted from The Joint Commission Website

(<https://jointcommission.org/en-us/standards/national-performance-goals>)  
& <https://jointcommission.org/en-us/standards/national-patient-safety-goals>

Adapted from the 2021 Emergency Nurses Association Staffing and Productivity in the Emergency Department Position Statement

(<https://www.ena.org/sites/default/files/2025-09/Staffing%20and%20Productivity%20in%20the%20Emergency%20Department.pdf>)

Adapted from 2023 Magnet Application Manual

(<https://www.nursingworld.org/nurses-books/2023-magnet-application-manual2/>)

