

**TO:** The Honorable Pam Beidle, Chair  
*Finance*

**SB411**  
**Unfavorable**

**FROM:** Ron Langlotz, DNP, RN, NEA-BC  
*Vice President of Nursing / Chief Nursing Officer*

**DATE:** February 16, 2026

**RE: SB411: Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2026)**

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Johns Hopkins Howard County Medical Center opposes **SB411: Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2026)** which is before your committee.

This bill isn't necessary and will divert time, attention and resources away from solving critical challenges facing my hospital. Advocates argue that implementing clinical staffing committees could alleviate wait times in the emergency department. However, in our hospital, we face multiple significant challenges. Not only do we lack adequate physical space for patients, but we also contend with a 20% deficit in access to primary care providers in our county. This shortage directly impacts our emergency room, where there has been an alarming 18-20% rise in patients seeking primary care services. These factors contribute directly to prolonged wait times and hinder access to emergency services for those in need. Simply forming a staffing committee will not address these critical issues. To reduce wait times and improve access to care, we need additional patient beds and greater access to primary care.

Similarly, proponents assert that establishing clinical staffing committees will deter workplace violence, but I disagree. Aggressive behaviors and the demonstrated lack of civility by some of our patients or their family members are outside the control of the hospital and reflect larger breakdowns in our society. I will further note that the required posting of staffing plans on individual care units will make it more likely for violence to occur by making it easier for people with bad intentions to identify less busy times and the composition of the care teams.

Most importantly, requiring my hospital to establish a house-wide clinical staffing committee will interfere with our longstanding shared governance structure that engages frontline staff on a regular basis to make decisions about the care environment in each nursing area.

Johns Hopkins Howard County Medical Center is actively working toward MAGNET recognition and hosted the appraisers for the Magnet Recognition Program earlier this month.

Since the early 2000s, our hospital has implemented various hospital-based and unit-based nurse staffing councils to strengthen our staffing strategies. Each of our 15 inpatient and ambulatory units has a unit-based staffing council or scheduling committee. These committees are developed with direct input from bedside nurses, who provide feedback to ensure balanced schedules that account for both experience and adequate staffing levels. Supported by unit leadership, our scheduling committees undergo careful review to ensure we have the necessary resources to provide high-quality patient care.

This collaborative effort is aimed at achieving better patient outcomes, enhancing employee satisfaction, and optimizing operational processes to allow for real-time adjustments to meet patient needs. To further support these efforts, Johns Hopkins Howard County Medical Center conducts two additional daily staffing sessions at 5:15 AM and 5:15 PM for all inpatient units, ensuring that adequate resources are available throughout each day.

Lastly, I also draw your committee's attention to The Joint Commission's National Performance Goal (NPG) 12 which became effective on January 1, 2026. All Maryland hospitals have to be accredited by The Joint Commission and follow their rigorous, evidence-based frameworks to address operational and safety matters. NPG12 requires hospitals to be "staffed to meet the needs of the patients it serves, and staff are competent to provide safe, quality care." Standing up clinical staffing committees is not a part of the required framework in NPG12. Rather, the accreditation body charges me, as the nurse executive, with the duty to direct the implementation of a nurse staffing plan and to document the "types and numbers of nursing and other staff necessary to provide nursing care for all areas of the hospital."

Accordingly, Howard County Medical Center respectfully requests an **UNFAVORABLE** committee report on SB411.