

TO: The Honorable Pam Beidle, Chair
Finance

SB411
Unfavorable

FROM: Leslie Ford Weber, MPP
Associate Director, Maryland Government Affairs

DATE: February 13, 2026

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

Johns Hopkins opposes **SB411 - Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2026)**.

Clinical staffing committees are not the dominant model for addressing issues of patient safety and staff engagement in the United States. There are only eight states that have a clinical staffing committee law: Connecticut, Illinois, Nevada, New York, Ohio, Oregon, Texas, and Washington. Two other states (California and Massachusetts) have mandated nurse:patient ratios. In the testimony on a similar bill proposed in the 2025 session, proponents of the requirement to have clinical staffing committees asserted that states that have these requirements perform better than other states in important areas such as emergency department wait times, nursing vacancy rates and rates of workplace injuries.

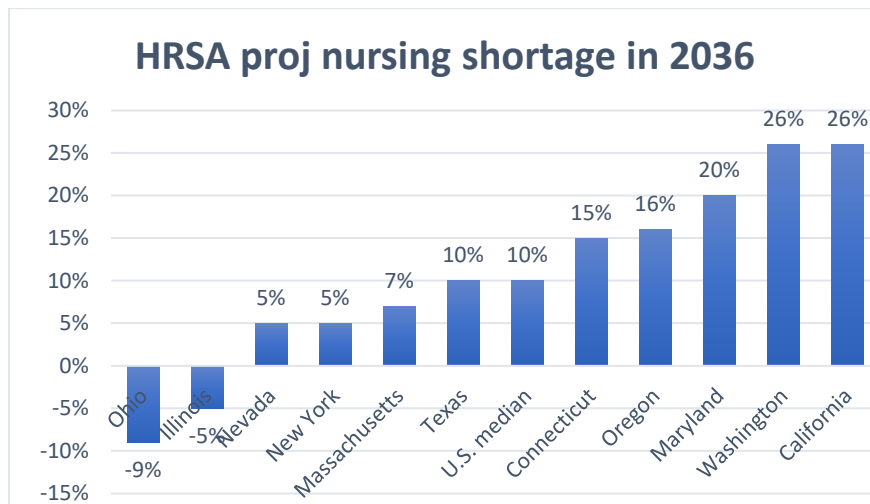
During the interim, I searched for evidence to support these claims and did not find it. Some states with committee requirements perform better when ranked against all other states and some perform worse. The same can be said for the other 40 states – including Maryland – that do not have these requirements. Some are performing above national medians, and some are performing below.

In short, nurse staffing committee requirements cannot be relied upon to ensure safe clinical care and will divert time, attention and resources away from other evidence-based measures.

Nursing Vacancy Rates

It is difficult to find state-by-state comparisons of current vacancy and retention rates. However, the federal Health Resources & Services Administration (HRSA) has published estimates of the projected nursing shortage in 2036. (See chart on the next page that also includes Maryland.)

Proponents of clinical staffing requirements assert that this is an important measure to recruit and retain nurses, but the available data does not provide strong evidence to support this claim. Of the 10 states studied, only six (or 60%) are projected to experience lower shortages than the projected national average of 10%. As a group, 28 (or 70%) of the remaining 40 states that do not have the requirement for either committees or ratios are expected to outperform the projected national average. Based on this data, it is a better strategy to avoid the committee structure if one is trying to manage the projected nursing shortage.



Emergency Department Visit Times

In January 2026, *Becker's* reported on data released by the Centers for Medicare and Medicaid (CMS) about visit times in the emergency departments in all 50 states and the District of Columbia in 2024. The median time in the U.S. was 161 minutes. As noted in the chart below, five of the states with either a clinical staffing committee law or mandated ratios performed above the national median and five performed below.



Workplace Injuries

It is also difficult to find reliable state-by-state comparisons of workplace injuries, including violent acts, in healthcare settings. In 2023, however, the Bureau of Labor Statistics reported incidence rates of nonfatal occupational injuries and illnesses in hospitals. This is a reasonable proxy.

On this measure, in fact, Maryland outperforms nine of the 10 states in the comparison group despite having neither required clinical staffing committees or ratios.



Hospitals in Maryland, including the four in the Johns Hopkins Health System, are committed to providing safe patient care and to supporting our employees. We are also committed to evidence-based practices.

The evidence for the program required by SB411 is not there.

Accordingly, Johns Hopkins respectfully requests an **UNFAVORABLE** committee report on SB411.

Thank you.