



Testimony for SB 411  
**Safe Staffing Act of 2026**  
Before the Senate Finance Committee  
February 17<sup>th</sup>, 2026  
Position: **FAV**

Dear Chair Beidle and Members of the Committee:

My name is Ricarra Jones, and I am the political director of 1199SEIU United Healthcare Workers East in Maryland/DC. 1199SEIU is the largest healthcare union in the nation, and here in Maryland we have over 10,000 members working in hospitals, long term care settings, and federally qualified health centers. 1199SEIU proudly supports SB 411. Our members' experiences show that administrative decisions without oversight and worker input can have a major impact on patient quality of care.

**SB 411 is collaborative, flexible, and timely.** It ensures each hospital establishes a staffing committee with half the committee made up of the diverse care team needed for patient care: physician, resident physician if in a teaching hospital, ER nurse, certified nursing assistant, environmental service worker, dietary aide, and a technician. Staffing committees are responsible to address patient safety challenges due to staffing, process for resolving ongoing challenges, and submitting an annual staffing plan. Staffing Committees will submit their annual reports to the Maryland Health Care Commission.

**The healthcare workforce shortage is not due to the lack of nurses but the lack of nurses willing to endure unsafe staffing conditions and burnout, issues that have worsened since the start of the COVID-19 pandemic.** This legislation offers a holistic approach to addressing workplace systems that cause unsafe and unnecessarily challenging working conditions that lead to high worker turnover. Right now, workers are telling us that they need more support. Hospital workers are more likely than workers in any other in-patient setting to name burnout as a reason for leaving their occupations.

**With Maryland's unique healthcare financing model and the new AHEAD model, this legislation offers an opportunity to track how staffing conditions impact hospital expenditure and quality of care.** It's important to note that this legislation is flexible. It does not mandate staffing ratios, nor does it force a hospital to make fiscal decisions that negatively impact quality of care. It ensures there is open and transparent dialogue between the state, hospital administrations, direct care workers, and patients to address a crisis. Staffing committees allow each hospital to tailor staffing plans to meet its most pressing needs.

**When direct care workers are part of staffing plans, they can create collaborative and transparent processes for addressing the staffing crisis.** Oregon recognized that its original staffing committee bill was too weak, and in 2015, the state amended the legislation to enhance nurse engagement in the committee, increase transparency in decision-making, and improve state oversight and enforcement.

Research shows that Oregon's enhanced law had a positive impact on the availability of LPN and NAP staff. While further research is needed, states that are considering staffing committee legislation approach would do well to examine the transparency and effectiveness of existing staffing committees<sup>4</sup>.

**Poor staffing conditions are also associated with higher mortality rates and longer lengths of stay for patients.** If the health worker burnout crisis is not addressed, it will be increasingly difficult for patients to get care when they need it, health costs will rise, health disparities will increase, and it will be harder for Maryland to prepare for the next public health emergency.

**Effective staffing plans can be potentially cost-effective for hospitals that rely heavily on contracted staffing agencies for staff.** Travel nurses filled a much-needed gap in staffing those hospitals faced during the pandemic. But these temporary workers, contracted by large private equity backed corporations, often receive significantly higher pay than permanent staff nurses, costing the hospitals much more<sup>3</sup>. Now that the need for immediate support from travel nurses is less dire, 1199SEIU believes that investing in a permanent workforce through higher wages and adequate staffing will improve worker retention and quality of patient care.

**1199SEIU believes that transparency and considering worker input will lead to more effective decision making in hospitals.** The [Commission to Study the Healthcare Workforce Crisis](#) final report and HSCRC's interim report for [ED Wait Time Reduction Commission](#) highlighted the importance of collecting adequate data on wages, retention, and staffing conditions. The Safe Staffing Act of 2025 will ensure that State policy makers and regulators will have accurate and timely data on staffing at each hospital in the state in addition to how hospitals incorporate care team recommendations.

This bill allows Maryland to be a healthcare policy leader, along with nine other US states, by blending staffing committees, staffing plans, and public reporting to improve the way we deliver care. It will yield staffing plans that address workplace safety, staff retention, and patient care. For these reasons and more, 1199SEIU urges a favorable report on SB 411. If you have any questions, please email me at [ricarra.jones@1199.org](mailto:ricarra.jones@1199.org).

Sincerely,

Ricarra Jones  
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1199 SEIU United Healthcare Workers East