Written Testimony

Senate Bill 411 – Hospitals - Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2026)

Senate Finance Committee

February 17, 2025

On behalf of Sheppard Pratt, Maryland's largest nonprofit behavioral health system and a provider of inpatient psychiatric hospital services across the state, we respectfully submit this testimony in opposition to Senate Bill 411.

While we share the goal of ensuring safe, high-quality patient care and strong workforce support, SB 411 is unnecessary, duplicative of existing federal and accreditation requirements, and would impose rigid operational mandates that do not reflect the complexity of psychiatric hospital care or the realities of Maryland's current health care labor market.

Staffing Oversight is Already Extensively Regulated

Hospitals in Maryland are already subject to comprehensive federal and accreditation staffing standards.

Under 42 CFR §482.23, hospitals must maintain:

- 24/7 registered nurse coverage,
- Competency-based staffing,
- Individualized nursing care plans for each patient,
- Nursing leadership responsible for determining appropriate staffing levels.

CMS surveys and audits enforce compliance, with serious penalties for noncompliance. Additionally, the director of nursing is already legally responsible for determining appropriate staffing numbers and skill mix to ensure safe and adequate patient care.

Additionally, beginning January 1, 2026, staffing adequacy became a National Performance Goal. Hospitals must now demonstrate executive leadership and governing board oversight of staffing models, ensure staffing decisions are acuity-based, and incorporate staffing adequacy into quality and performance improvement monitoring. Failure to comply jeopardizes accreditation status and, in turn, Medicare and Medicaid reimbursement. SB 411 would layer an additional statutory governance structure on top of an already strengthened regulatory framework.

SB 411 Imposes a Rigid Governance Structure That Undermines Flexibility

SB 411 mandates that:

- Equal membership between management and employees on staffing committees,
- Specific required staff categories (CNA, dietary aide, ER nurse, EVS worker, resident, staff physician, technician),
- Majority-vote complaint resolution,
- Mandatory public posting of staffing plans and daily staffing assignments.

While collaboration is important, staffing decisions must remain dynamic, clinically driven, and responsive to real-time acuity, census fluctuations, and emergency conditions.

Psychiatric hospitals, in particular, operate in environments where:

- Patient acuity can change rapidly,
- Safety considerations (including ligature risk mitigation and behavioral escalation) require specialized staffing approaches,
- Interdisciplinary staffing models differ significantly from medical/surgical settings.

In addition, Maryland hospitals are preparing for expanded leave requirements, including Safe and Sick Leave and the forthcoming FAMLI program. These policies, while important for workforce support, will increase extended absences and short-notice call-outs. SB 411 assumes predictable workforce availability and would convert legally protected leave usage into potential staffing variances, exposing hospitals to compliance risk for circumstances beyond their control.

Mandating a specific committee structure and formal voting processes may inadvertently slow operational responsiveness in high-risk behavioral health settings.

Staffing Committees Will Not Solve Workforce Shortages

We agree with proponents that Maryland hospitals face serious challenges:

- Workforce shortages,
- Burnout,
- Workplace violence,
- Emergency department boarding,
- Behavioral health capacity strain.

However, creating mandatory staffing committees will not address:

- National nurse pipeline shortages,
- Competition for specialized psychiatric staff,
- Reimbursement pressures affecting hospital financial stability,

- The operational strain caused by ED boarding and inadequate step-down placements.

Maryland continues to experience persistent vacancy rates across nursing and allied health roles, reflecting structural pipeline constraints rather than internal governance deficiencies. A statutory committee model does not create new clinicians, expand nursing school capacity, or resolve interstate workforce competition.

These issues require targeted workforce investment, pipeline development, safety infrastructure, and reimbursement reform, not structural committee mandates.

Public Posting Requirements Raise Operational Concerns

SB 411 requires posting:

- Unit-level staffing plans,
- Actual daily staffing for each shift,
- Annual public reporting to MHCC.

For psychiatric hospitals, public posting of detailed staffing information may raise safety and security considerations, particularly in units serving individuals with serious mental illness, forensic status, or high-risk behavioral conditions.

Transparency must be balanced with patient and staff safety.

Sheppard Pratt strongly supports:

- Safe staffing,
- Workforce well-being,
- Collaborative governance,
- Accountability and transparency.

However, SB 411 is:

- Redundant with federal and accreditation standards,
- Operationally rigid,
- Unlikely to address the root causes of workforce strain and workforce supply constraints.

We respectfully urge an unfavorable report on Senate Bill 411.

We remain committed to working with the Committee, frontline staff, labor advocates, and regulators to advance meaningful, evidence-based solutions that strengthen Maryland's hospital workforce and protect patient safety.