

Testimony for SB 411
Safe Staffing Act of 2026
Position: **FAV**

Date: 02/13/2026

SB 411: Dear Chair Beidle and Members of the Senate Finance Committee,

Introduction:

My name is Dr. Donna Ticknor and I have been a resident in Riva, Maryland for 8 years and previously a resident in Bowie, Maryland for 20 years. I am also a member of the American Psychiatric Association, Maryland Psychiatric Society, Physicians for National Health Plan, MD/DC Chapter and the Progressive Maryland Healthcare Taskforce. I have been a practicing physician for over 25 years. I am writing in support of SB 411 because I believe safe staffing saves lives and this bill is an important step towards protecting quality of care.

Maryland has the longest ER length of stay in the country. While blame for long wait times is sometimes attributed to overuse of the ER by patients, the actual number of ER visits per 1,000 population in Maryland is among the lowest in the U.S., according to Becker's Hospital Review. Meanwhile, under-staffed and overwhelmed ER medical staff try to care for emergency patients as best they can. Without a safe level of staffing in the ER, Maryland patients will continue to endure long and potentially life-threatening waits for emergency care.

While I am usually able to handle most psychiatric emergencies in the outpatient setting, nearly every time that I have needed to send a patient to the ER for hospitalization in the last 5 years, it has taken at least 8 hours, and often longer, to get the patient evaluated and hospitalized, even when I have called the ER in advance of the patient arriving to provide the medical history and recommendation for hospitalization. I usually need to repeatedly call the patient and/or their family to convince them to remain in the ER and wait for their evaluation as they become more emotionally distressed waiting in the overstimulating ER environment. I have had several patients leave the ER against my medical advice because they cannot stand the wait, requiring me to put together inadequate safety and treatment plans with the patient's family and other clinicians. These patients usually worsen and eventually need to return to the hospital for an involuntary admission rather than a voluntary admission. An involuntary psychiatric hospitalization can lead to long term legal and social detriments that could have been avoided if the patient was hospitalized voluntarily in a less acute state. I am not alone in this experience. Most of my Maryland psychiatric colleagues and mental health clinicians have reported similar experiences with their patients/clients.

The staffing crisis is the root cause of healthcare worker burnout and resignations. As a psychiatrist, I treat and manage the mental health concerns of healthcare workers in several of the hospitals in Maryland. I have heard many firsthand accounts from my patients who are high functioning, dedicated nurses, doctors, social workers and other hospital workers who become emotionally burnt out from unmanageable, unsafe working conditions due to understaffing. Several of my patients, who work in Maryland hospitals, leave their positions to find other non-

hospital healthcare positions and some have left the healthcare field entirely. This is a great loss for these dedicated professionals, and to Maryland, who benefit from their professional service.

This measure which passed overwhelmingly in 2024 and 2025 in the House of Delegates is a smart, proven approach (based on the experience of 9 other states) that fosters collaboration and centers hospital worker voices who have often been missing in stakeholder discussions on the healthcare workforce crisis. By mandating a process, Maryland will have a foundation for adequate data collection and a holistic lens of staffing conditions through worker perceptions. For these reasons and more, I urge a favorable report on the Safe Staffing Act of 2026.

Sincerely,

Donna Ticknor, MD
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Licensed to practice medicine in Maryland and DC
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