



Maryland
Hospital Association

Senate Bill 720- Hospitals - Clinical Staffing Committees and Plans - Establishment (Safe Staffing Act of 2025)

Position: *Oppose*

March 4, 2025

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in opposition of Senate Bill 720.

Maryland hospitals have well-established processes for determining appropriate staffing levels. This is an essential process that occurs in every hospital across the country. It's simply part of delivering patient care. These processes are informed by The Joint Commission, Centers for Medicare and Medicaid Services, and clinical specialty organizations for units like the neonatal intensive unit and emergency departments. These organizations establish requirements and national guidelines which prioritize patient safety and positive clinical outcomes.

Soliciting staff feedback on staffing decisions is important to Maryland hospital leaders. Most Maryland hospitals already have staffing committees in place. These committees are at the unit level because each hospital unit serves different patient populations, with different acuity levels, requiring different levels of care. Many of these committees follow a shared governance model that prioritizes the involvement of frontline clinical staff in staffing decisions. Those that do not have another variation or means of engaging staff and soliciting input. This collaborative approach ensures that those directly involved in patient care have a voice in determining appropriate staffing levels.

Hospital staffing plans are regularly reviewed and updated—several times a day in some cases—to account for fluctuating patient acuity and needs, patient volumes, and to account for the availability and experience of nursing and other clinical staff. Hospitals need real-time flexibility to respond to and accommodate complex, evolving circumstances. Mandating a uniform clinical staffing committee structure and process will disrupt existing effective practices and overlook the unique dynamics of individual hospitals. Plans can quickly become obsolete depending on patient acuity, volume, and staff experience. A single, centralized staffing committee lacks the dexterity needed to respond in real time to volume changes and care demands.

Additionally, hospitals must ensure that staffing decisions are developed appropriately. Clinical staffing plans are, and must be, developed by clinical team members. These decisions require specific knowledge and expertise in order to ensure patient safety. While we fully support engaging front line staff in these decisions, clinical staffing should be guided by clinical personnel while non-clinical staff can inform non-clinical staffing.

Notably, the legislation does not apply to state-owned hospitals. This raises a number of questions as to why this proposal would be appropriate for private hospitals and not apply to state-owned facilities.

Maryland hospitals are deeply committed to supporting our workforce and ensuring high-quality care 24/7/365. We are concerned that SB 720 fails to reflect the complexities of hospital staffing and does not address the root cause of workforce shortages. Maryland hospitals are committed to collaborating on solutions that strengthen our workforce and advance health care in Maryland.

For these reasons, we request an *unfavorable* report on SB 720.

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