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HB 1194 - Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2024)

House Health & Government Operations Committee

March 13, 2024

SUPPORT

Donna S. Edwards

President

Maryland State and DC AFL-CIO

Madame Chair and members of the Committee, thank you for the opportunity to provide testimony in support of HB 1194. My name is Donna S. Edwards, and I am the President of the Maryland State and DC AFL-CIO. On behalf of the 300,000 union members in the state of Maryland, I offer the following comments.

Patients and healthcare workers need safe staffing plans. Hospitals have pushed unsafe staffing levels to their limit in order to save money. HB 1194 creates a strong foundation for allowing the workers that are on the ground and see the direct impacts of staffing levels to be involved in creating the plans that will help keep patients safe. HB 1194 does not set staffing ratios itself but creates a framework to force these discussions and allow for the Health Services Cost Review Commission to provide oversight.

HB 1194 requires hospitals to establish clinical staffing committees. These committees are tasked with developing clinical staffing plans that establish guidelines and ratios, including nurse to patient ratios, based on patient needs. These committees must review and approve these plans and send them to the Health Services Cost Review Commission. HB 1194 does not limit or restrict the ability of unionized workers to collectively bargain and enforce higher standards on staffing, or limit hospitals from complying with higher standards in federal or local laws around staffing. In fact it firmly establishes worker participation in the Safe Staffing Committee and allows workers to collectively bargain how their seats are determined if they are unionized. Failure of a hospital to abide by its safe staffing plan can result in civil penalties.

Safe staffing ratios in healthcare have been a demand from patient advocates and workers for years. The American Nursing Association, a professional organization and not a union, stated, “Evidence shows appropriate nurse staffing contributes to improved patient outcomes and greater satisfaction for both patients and nurses. Addressing nurse staffing challenges supports our nurses, our patients, and our nation’s health and well-being.

Minimum nurse-to-patient ratios is one of many alternatives and solutions to achieve appropriate nurse staffing. The American Nurses Association (ANA) supports enforceable ratios as an essential approach to achieving appropriate nurse staffing.”¹

Academic research strongly supports safe staffing ratios. A study of ratios in Illinois found, “Patient-to-nurse staffing ratios on medical-surgical units ranged from 4.2 to 7.6 (mean=5.4; SD=0.7). After adjusting for hospital and patient characteristics, the odds of 30-day mortality for each patient increased by 16% for each additional patient in the average nurse’s workload (95% CI 1.04 to 1.28; p=0.006). The odds of staying in the hospital a day longer at all intervals increased by 5% for each additional patient in the nurse’s workload (95% CI 1.00 to 1.09, p=0.041). If study hospitals staffed at a 4:1 ratio during the 1-year study period, more than 1595 deaths would have been avoided and hospitals would have collectively saved over \$117 million.”²

For the future of our healthcare industry, we urge a favorable report on HB 1194.

¹ American Nurses Association, “Nurse Staffing.” March 8, 2024.

² Lasater, Karen B et al. “Patient outcomes and cost savings associated with hospital safe nurse staffing legislation: an observational study.” *BMJ open* vol. 11,12 e052899. 8 Dec. 2021, doi:10.1136/bmjopen-2021-052899