



**Committee:** House Health and Government Operations Committee

**Bill Number:** House Bill 1194 - Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2024)

**Hearing Date:** March 13, 2024

**Position:** Support with Amendments

---

The Maryland Nurses Association (MNA) supports *House Bill 1194 – Hospital – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2024)* with some minor amendments. The bill requires hospitals to develop and implement safe staffing plans

### **Need for Safe Staffing Strategies in Hospital Settings**

Maryland is facing an increased need for health professionals in all settings. There are not enough individuals to fill vacancies in every health profession, including nurses, physicians, and behavioral health professions. The need for more health professionals in hospital settings is particularly pronounced. According to the Maryland Hospital Association, there was a vacancy rate of 37.7% for licensed practical nurses and 25.4% for registered nurses in 2022.<sup>i</sup> While the vacancy rate may have dropped since the survey, the Maryland Commission to Study the Health Care Workforce Crisis found that Maryland has been slower than other states in rebuilding the health professional workforce after the pandemic.<sup>ii</sup>

MNA members consistently report on the toll of health professional shortages on their ability to adequately care for patients. Their experiences are not just anecdotal, as the peer-reviewed research has identified the connection between lower numbers of health professional staff and poor patient outcomes.<sup>iii, iv</sup> Research also confirms that staffing shortages negatively impact the health of health professionals leading to physical and mental health issues.<sup>v</sup>

## **HB 1194 Proposes a Collaborative Approach to Address Staffing Levels**

Maryland is undertaking multiple strategies to address health professional shortages. Many of these strategies are longer-term, as increasing the number of health professionals requires years in planning and implementation. We need shorter-term solutions to keep health care practitioners from leaving their professions.

In a survey of more than 18,000 registered nurses in 2023, AMN Healthcare found that 30% of nurses were considering leaving the profession. Of those respondents who worked in hospital settings, 36% planned to remain in nursing, but that they wanted to leave hospital-based employment.<sup>vi</sup>

HB 1194 proposes a collaborative solution by involving direct care nurses, other clinical staff, and ancillary team members in the development and implementation of a safe staffing plan at each hospital. Achieving and maintaining safe staffing levels is a complex, long-term process. Involving direct care staff from the beginning will bolster buy-in from nurses and other staff. If nurses and other direct care staff feel that they are part of crafting policies and solutions to address staffing shortages, they may be less likely to leave healthcare overall or hospital settings in particular.

## **HB 1194 Builds Upon Precedent in Maryland Law**

In 2013, the Maryland General Assembly enacted *Senate Bill 483 - Labor and Employment – Nursing Homes and Health Care Facilities – Workplace Violence Prevention Safety Assessment and Safety Program*. The 2013 legislation required hospitals and nursing homes to establish committees to address workplace violence prevention and intervention policies. HB 1194 builds upon the existing law by recognizing that hospitals may utilize these existing committee in addressing staffing levels. MNA supports linking these efforts, as addressing work place violence directly impacts the retention of nurses and other staff.

## **Conclusion**

MNA asks for a favorable report on this legislation. We have attached several minor amendments. We would be pleased to work with the sponsor, Committee, and other stakeholders on this legislation. If we can be of further assistance, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

## MNA Requested Amendments for HB 1194

### Amendment 1 – Recognizing Certified Medical Technicians

On page 3 in line 20, insert “CERTIFIED MEDICINE TECHNICIAN” after “CERTIFIED NURSING ASSISTANT.”

*Explanation: We believe it is the intent to include all licensed and certified staff. Certified medicine technicians (CMTs) play an important role in the hospital setting.*

### Amendment 2 – Recognizing Direct Care Staff

There are several references to “frontline” staff through the bill. We suggest replacing “FRONTLINE” with “DIRECT CARE”.

*Explanation: We believe it is the bills intent to ensure that at least 50% of the committee is comprised of staff who have direct patient contact. We think that the term “direct care” may be better understood by health care professionals.*

### Amendment 2 – Role of Nursing Associations

On page 11 in line 28, insert “NURSES ASSOCIATIONS” after “HOSPITAL ASSOCIATIONS”.

*Explanation: The addition of “nurses associations” would help bring additional nursing perspectives.*

---

<sup>i</sup> <https://www.mhaonline.org/docs/default-source/default-document-library/2022-state-of-maryland-s-health-care-workforce-report.pdf>

<sup>ii</sup> [https://health.maryland.gov/docs/SB%20440%20Ch.%20708%20\(2022\)%20E2%80%93%202023%20Final%20Report%20E2%80%93%20Commission%20to%20Study%20the%20Heal.pdf](https://health.maryland.gov/docs/SB%20440%20Ch.%20708%20(2022)%20E2%80%93%202023%20Final%20Report%20E2%80%93%20Commission%20to%20Study%20the%20Heal.pdf)

<sup>iii</sup> <https://www.ncbi.nlm.nih.gov/books/NBK493175/>

<sup>iv</sup> <https://insight.kellogg.northwestern.edu/article/what-happens-to-patient-care-when-there-are-not-enough-nurses>

<sup>v</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9912424/>

<sup>vi</sup> <https://www.amnhealthcare.com/amn-insights/nursing/surveys/2023/>