

HOUSE BILL 905

J1

5lr2142
CF SB 720

By: Delegates White Holland, Bagnall, Guzzone, D. Jones, Kerr, Lopez, McCaskill, Phillips, Taveras, and ~~Woods~~ Woods, Pena-Melnyk, Cullison, Bhandari, Hill, S. Johnson, Kaiser, Martinez, Rosenberg, Woorman, and Ross

Introduced and read first time: January 31, 2025

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 1, 2025

CHAPTER _____

1 AN ACT concerning

2 **Hospitals – Clinical Staffing Committees and Plans – Establishment**
3 **(Safe Staffing Act of 2025)**

4 FOR the purpose of requiring certain hospitals licensed in the State to establish and
5 maintain a clinical staffing committee and to implement a clinical staffing plan;
6 requiring each clinical staffing committee to develop a clinical staffing plan; and
7 generally relating to hospitals and clinical staffing committees and plans.

8 BY adding to

9 Article – Health – General

10 Section 19–388 through 19–390 to be under the new part “Part XII. Clinical Staffing
11 Committees and Plans”

12 Annotated Code of Maryland

13 (2023 Replacement Volume and 2024 Supplement)

14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
15 That the Laws of Maryland read as follows:

16 **Article – Health – General**

17 **19–386. RESERVED.**

18 **19–387. RESERVED.**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



PART XII. CLINICAL STAFFING COMMITTEES AND PLANS.

19-388.

(A) (1) IN THIS PART THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) (I) "ANCILLARY MEMBER OF THE FRONTLINE TEAM" MEANS AN INDIVIDUAL WHOSE PRIMARY DUTIES INCLUDE SUPPORTING INDIVIDUALS WHO PROVIDE DIRECT PATIENT CARE.

(II) "ANCILLARY MEMBER OF THE FRONTLINE TEAM" INCLUDES:

- 1. A DIETARY WORKER;**
- 2. A PATIENT CARE TECHNICIAN; AND**
- 3. ANY OTHER NONLICENSED STAFF ASSISTING WITH PATIENT CARE.**

(3) "CLINICAL STAFFING COMMITTEE" MEANS A COMMITTEE ESTABLISHED BY A HOSPITAL IN ACCORDANCE WITH SUBSECTION (C) OF THIS SECTION.

(4) "CLINICAL STAFFING PLAN" MEANS A PLAN DEVELOPED UNDER SUBSECTION (D) OF THIS SECTION.

(B) THIS PART DOES NOT APPLY TO STATE HOSPITALS.

(C) (1) EACH HOSPITAL LICENSED UNDER THIS TITLE SHALL ESTABLISH AND MAINTAIN A CLINICAL STAFFING COMMITTEE THAT HAS EQUAL MEMBERSHIP FROM MANAGEMENT AND EMPLOYEES.

(2) EACH CLINICAL STAFFING COMMITTEE ESTABLISHED UNDER THIS PART SHALL INCLUDE AT LEAST ONE OF THE FOLLOWING INDIVIDUALS:

- (I) A CERTIFIED NURSING ASSISTANT;**
- (II) A DIETARY AIDE;**
- (III) AN EMERGENCY ROOM NURSE;**
- (IV) AN ENVIRONMENTAL SERVICE WORKER;**

(v) ~~1.~~ A RESIDENT, IF THE COMMITTEE IS IN A TEACHING HOSPITAL; ~~OR~~

~~2.~~ (VI) A STAFF PHYSICIAN, ~~IF THE COMMITTEE IS IN A HOSPITAL THAT IS NOT A TEACHING HOSPITAL~~ WHO IS NOT A HOSPITAL EMPLOYEE OR ADMINISTRATOR; AND

~~(VI)~~ (VII) A TECHNICIAN.

(3) A CLINICAL STAFFING COMMITTEE ESTABLISHED UNDER PARAGRAPH (1) OF THIS SUBSECTION MAY INCLUDE A PATIENT ADVOCATE.

(D) EACH CLINICAL STAFFING COMMITTEE SHALL DEVELOP A CLINICAL STAFFING PLAN ~~FOR THE HOSPITAL THAT ESTABLISHES THE APPROPRIATE NUMBER OF CLINICIANS NEEDED TO ADMINISTER QUALITY HEALTH CARE BY SETTING THAT MEETS PATIENT NEEDS.~~

(E) ~~(1) WHEN DEVELOPING A CLINICAL STAFFING PLAN, THE CLINICAL STAFFING COMMITTEE SHALL ESTABLISH, BASED ON THE PATIENT POPULATION OF THE HOSPITAL:~~

~~(I) SUGGESTED GUIDELINES OR RATIOS, MATRICES, OR GRIDS INDICATING HOW MANY PATIENTS SHOULD BE ASSIGNED TO EACH REGISTERED NURSE BY UNIT OR SETTING; AND~~

~~(II) THE NUMBER OF REGISTERED NURSES, LICENSED PRACTICAL NURSES, CERTIFIED NURSING ASSISTANTS, CERTIFIED MEDICINE TECHNICIANS, ENVIRONMENTAL SERVICE WORKERS, AND ANCILLARY MEMBERS OF THE DIRECT CARE TEAM THAT SHOULD BE PRESENT ON EACH UNIT DURING EACH SHIFT.~~

~~(2) TO THE EXTENT PRACTICABLE, THE GUIDELINES ESTABLISHED UNDER PARAGRAPH (1)(I) OF THIS SUBSECTION SHALL BE BASED ON NATIONAL EVIDENCE-BASED STANDARDS~~ WHEN DEVELOPING A CLINICAL STAFFING PLAN, THE CLINICAL STAFFING COMMITTEE SHALL CONSIDER:

(1) EXISTING STAFFING LEVELS;

(2) METHODS TO SECURE COVERAGE NEEDS AS NECESSARY;

(3) EXISTING GAPS IN STAFFING AND HOW TO ADDRESS THE GAPS;

(4) ANY AVAILABLE EVIDENCE-BASED STAFFING STANDARDS; AND

(5) A SCHEDULE FOR PERIODIC REVIEW OF THE STAFFING PLAN.

(F) ON OR BEFORE JULY 1 EACH YEAR, EACH HOSPITAL, THROUGH THE CLINICAL STAFFING COMMITTEE, SHALL CONDUCT A REVIEW OF THE CLINICAL STAFFING PLAN TO:

(1) EVALUATE THE EFFECTIVENESS OF THE CLINICAL STAFFING PLAN DURING THE IMMEDIATELY PRECEDING YEAR;

(2) UPDATE THE CLINICAL STAFFING PLAN TO ENSURE THAT THE CLINICAL STAFFING PLAN CONTINUES TO BE APPROPRIATE AND EFFECTIVE; AND

(3) DEVELOP A PROCESS FOR RECEIVING, RESOLVING, AND TRACKING COMPLAINTS RELATED TO THE CLINICAL STAFFING PLAN.

(G) IN DEVELOPING THE CLINICAL STAFFING PLAN, THE CLINICAL STAFFING COMMITTEE SHALL CONSIDER:

(1) THE AVERAGE NUMBER OF PATIENTS ON EACH UNIT ON EACH SHIFT DURING THE IMMEDIATELY PRECEDING YEAR AND RELEVANT INFORMATION REGARDING PATIENT DISCHARGES, POTENTIAL ADMISSIONS, AND TRANSFERS;

(2) THE AVERAGE LEVEL OF ACUITY FOR PATIENTS ON EACH UNIT ON EACH SHIFT DURING THE IMMEDIATELY PRECEDING YEAR AND THE CORRESPONDING LEVEL OF NURSING CARE REQUIRED; AND

(3) AN ESTIMATE OF THE APPROPRIATE COMBINATION OF SKILL, EXPERIENCE LEVEL, AND SPECIALTY CERTIFICATION OR TRAINING OF STAFF FOR EACH UNIT ON EACH SHIFT THAT IS REQUIRED TO ADEQUATELY PROVIDE CARE.

19-389.

(A) ON OR BEFORE JANUARY 1 EACH YEAR, BEGINNING IN ~~2026~~ 2027, EACH HOSPITAL SHALL:

(1) IMPLEMENT THE CLINICAL STAFFING PLAN ADOPTED UNDER § 19-388 OF THIS SUBTITLE; AND

(2) ASSIGN PERSONNEL TO EACH PATIENT CARE UNIT IN ACCORDANCE WITH THE CLINICAL STAFFING PLAN.

(B) A REGISTERED NURSE, A LICENSED PRACTICAL NURSE, AN ANCILLARY MEMBER OF THE FRONTLINE TEAM, OR AN APPLICABLE EXCLUSIVE

1 REPRESENTATIVE MAY SUBMIT A COMPLAINT TO THE CLINICAL STAFFING
2 COMMITTEE REGARDING ANY VARIATION WHERE PERSONNEL ASSIGNMENT IN A
3 PATIENT CARE UNIT IS NOT IN ACCORDANCE WITH THE ADOPTED CLINICAL
4 STAFFING PLAN.

5 (C) THE CLINICAL STAFFING COMMITTEE SHALL DETERMINE, BY A
6 MAJORITY VOTE, WHETHER A COMPLAINT HAS BEEN ADEQUATELY RESOLVED.

7 19-390.

8 (A) SUBJECT TO SUBSECTION (B) OF THIS SECTION, ON OR BEFORE
9 JANUARY 1 EACH YEAR, EACH HOSPITAL SHALL:

10 (1) POST IN A PUBLICLY ACCESSIBLE AND CONSPICUOUS AREA ON
11 EACH PATIENT UNIT THE CLINICAL STAFFING PLAN FOR THE UNIT AND THE ACTUAL
12 DAILY STAFFING FOR EACH SHIFT ON THE UNIT; AND

13 (2) ENSURE THAT A COPY OF THE CLINICAL STAFFING PLAN IS
14 AVAILABLE, ON REQUEST, ON EACH PATIENT UNIT; ~~AND~~

15 ~~(3) POST THE CLINICAL STAFFING PLAN ON THE HOSPITAL'S~~
16 ~~WEBSITE.~~

17 (B) IF A CLINICAL STAFFING PLAN FOR A UNIT IS AMENDED AFTER IT IS
18 IMPLEMENTED, THE HOSPITAL SHALL POST OR PROVIDE THE AMENDED CLINICAL
19 STAFFING PLAN FOR THE UNIT IN THE MANNER REQUIRED UNDER SUBSECTION (A)
20 OF THIS SECTION, IN A TIMELY MANNER.

21 SECTION 2. AND BE IT FURTHER ENACTED, That it is the intent of the General
22 Assembly that, beginning on or before July 1 each year, beginning in 2029, the Maryland
23 Hospital Association shall:

24 (1) compile reports provided by each hospital that summarize how the
25 hospital's clinical staffing committee has addressed safe hospital staffing through the
26 hospital's clinical staffing plan during the immediately preceding year; and

27 (2) provide the reports in a single transmittal, in accordance with § 2-1257
28 of the State Government Article, to the Senate Finance Committee and the House Health
29 and Government Operations Committee.

30 SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That each hospital shall
31 establish a clinical staffing committee as required under § 19-388 of the Health – General
32 Article, as enacted by Section 1 of this Act, on or before January 1, 2026.

1 SECTION ~~3~~ 4. AND BE IT FURTHER ENACTED, That each clinical staffing
2 committee shall develop a clinical staffing plan as required under § 19–388 of the
3 Health – General Article, as enacted by Section 1 of this Act, on or before July 1, 2026.

4 SECTION ~~4~~ 5. AND BE IT FURTHER ENACTED, That this Act shall take effect
5 October 1, 2025.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.