

Criminal Procedure – Victims and Witnesses-Restrictions on Release of Personal Information HB 76 House Judiciary

Position - Support

The University of Maryland Medical System ("UMMS") supports House Bill 76, Criminal Procedure – Victims and Witnesses-Restrictions on Release of Personal Information. UMMS is a thirteen member hospital and health system that employs more than 28,000 people.

House Bill 76 would protect a victim, victim's representative or witness by not releasing their phone number and address.

This bill is an important measure to promote the safety and well-being of individuals across the state and especially in high – volume, high – pressure healthcare settings. Complex medical issues and stress and trauma – related symptoms can combine to make healthcare settings a landscape rife with abuse towards its workers. Increasingly, sad tales are illustrated in the media of attacks and threats against hospital personnel by disgruntled patients and families. Workplace violence significantly impacts all health care workers. (Phillips, 2016) According to the Bureau of Labor Statistics, 27% of fatalities in healthcare and social service settings in 2013 were due to assaults and violent acts. (OSHA, 2015) The incidence of workplace violence in healthcare settings is on the rise and is pervasive:

According to the Occupational Safety and Health Administration (OSHA), approximately 75 percent of nearly 25,000 workplace assaults reported annually occurred in health care and social service settings and workers in health care settings are four times more likely to be victimized than workers in private industry. The National Crime Victimization Survey showed health care workers have a 20 percent higher chance of being the victim of workplace violence than other workers. Bureau of Labor Statistics (BLS) data show that violence-related injuries are four times more likely to cause health care workers to take time off from work than other kinds of injuries. The Joint Commission's Sentinel Event data show 68 incidents of homicide, rape, or assault of hospital staff members over an eight-year period.

Alarmingly, the actual number of violent incidents involving health care workers is likely much higher because reporting is voluntary. Researchers at Michigan State University



estimated that the actual number of reportable injuries caused by workplace violence, according to Michigan state databases, was as much as three times the number reported by the BLS, which does not record verbal incidents.

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Unfortunately, the staff in our health system are not immune to workplace violence. Nor are these types of incidences limited to emergency rooms or psychiatry departments. Also unfortunate is the underreporting that occurs because of a belief that reporting these crimes will have no impact or that there will be a negative impact on the reporter in the form of retaliation or harassment.

Medical professionals and healthcare personnel, especially in hospitals, are extremely vulnerable. Hospital workers have a public schedule and work in an environment that is open to the public. Victims are very frightened and may not press charges for fear of escalating an aggressor's behavior. One known deterrent to participating with the criminal justice process that could interrupt this dangerous cycle, is a fear of retaliation. Retaliation is a real and possible outcome, especially if the victim or witness' identifying information is included in documents that become public record

This bill may mitigate and interrupt the cycle of retaliatory violence, protect a witness from becoming a secondary victim and build trust between victims and the judiciary system. This legislation will provide needed, additional protections for victims of workplace violence, and strengthen layers and measures of protection for victims leading to empowerment and safety in their communities and workplaces

For these reasons, the University of Maryland Medical System urges a favorable report.

Respectfully Submitted,

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