



HB25 – Catastrophic Health Emergencies – Health Care Providers – Definition and Immunity (Maryland Health Care Heroes Protection Act) - **SUPPORT**  
House Judiciary Committee – February 3, 2021  
Testimony of Martha D. Nathanson, Vice President, Government Relations and Community Development, LifeBridge Health

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I am writing in strong SUPPORT of House Bill 25 – Catastrophic Health Emergencies – Health Care Providers – Definition and Immunity (Maryland Health Care Heroes Protection Act). LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County, and; Grace Medical Center in Baltimore (formerly Bon Secours Hospital).

Hospitals and our health care providers are the frontlines of this unprecedented public health crisis. Our employees consistently perform heroically in their daily activities targeted to saving lives. pandemic. They see the advertisements by plaintiff attorneys and wonder if they will be targeted in a lawsuit simply because they stretched beyond their customary duties to assist in providing care to patients during a time when hospitals and medical facilities were under great strain.

HB25 amends Maryland’s existing public health immunity statute by extending liability protections to all frontline health care workers facing work in an environment in which the rules governing practice and the science itself were changing on a weekly and sometimes daily basis. This bill does not create blanket immunity for any participants in the health care system, nor does it remove a plaintiff’s ability to file a claim. It updates *existing* liability protections to address the extraordinary reach of this public health crisis, as well as addressing future public health emergencies.

At LifeBridge we have been flexible and innovative in addressing the challenges of this pandemic. For example, when personal protective equipment (PPE) was not readily available nationwide and for that matter internationally, we set up a factory-like operation to produce our own face masks and gowns, redeploying furloughed employees to this enterprise. When in-person medical appointments were cancelled due to State-mandated closures, we employed telehealth and other means of patient communication. During this time, when we faced intermittent staff shortages, due either to providers being stricken with the disease or to the volume of patients, we asked providers to work in areas outside of their normal roles. While patient safety was always paramount and no one was asked to do anything for which they were not qualified by training, there is always an inherent risk in such situations. These and other responsive actions create potential legal vulnerabilities, and our heroes – yes, they are truly the heroes of these dark days - need protection to cover their actions taken in good faith in this catastrophic health emergency.

For all of the above reasons, we urge the Committee to give HB25 a **FAVORABLE** report.

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