

UNFAVORABLE on SB 956

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This session has the last shown a number of bills for workplace violence. This bill, SB0700 is little late to the party and is not needed. There are other bills more suitable. I urge an UNFavorable for this SB0700 bill.

The points highlighted in the bill & testimony don't tell a truthful picture of workplace needs. The bill's narrative and details omit important differences between workplace hazards, injuries & deaths. What is also omitted is how - just 2 years ago, at the behest of the Maryland hospital community - a "workplace domestic violence" bill was passed after 20 years of the bill mired in its obtuse notion that companies can file domestic violence pleadings ON BEHALF of their employees [HB0289](#). So, regardless the intellectual and legal stretch of Annapolis permitting the private sector to draw nigh into the "nanny-State" , [HB0289](#) was passed in 2021.

It seems that when a number of these bills- mostly identical and also competing for attention as Session draws down- folly like this must be the result of some federal funding issue. What poor legislators are those who feel good policy in Maryland is defined by corrupt, D.C Swamp officials State bribes. All the more so because the bill simply doesn't reflect actual dangers and lethality statistics in the workplace.

By far and by exponential factors, men suffer workplace trauma, injuries, violence and death in the workplace.

Hospital threats and awkward scenes can NOT be legislated out of existence when the 3rd highest level of deaths in America happens in hospitals.

<https://pubmed.ncbi.nlm.nih.gov/28186008/#:~:text=Recent%20studies%20of%20medical%20errors,third%20leading%20cause%20of%20death>

So I object to a bill which will ignore established death rates, ignore the relation that causes when distraught family and friends attempt to intercede on behalf their sick or dying hospital patient, and then create a narrative based on fantasy...namely that assaults happen in ALL jobs and focus on healthcare workers is an anti-worker bias and a poor history of dealing with palliative care in a timely manner.

Want patients to be less agitated at hospitals? Draft legislation that eliminates rampant mistakes, drug abuse and data mismanagement in hospitals and urgent care facilities.

According to the Journal of Clinical Nursing, TWENTY [20] PERCENT of **nurses are DRUG ADDICTS**.

<https://www.addictioncenter.com/addiction/medical-professionals/#:~:text=Medical%20Professionals%20Substance%20Abuse%20Statistics&text=According%20to%20the%20Journal%20of,addiction%20to%20drugs%20or%20alcohol.&text=1%20in%2010%20physicians%20will,lives%2C%20mirroring%20the%20general%20population> .

This isn't complicated folks. Industry makes caring decisions with far greater speed and acuity than simpleton, financial return-on-investment or “feel-happy” healthcare standards.

<https://www.datapine.com/kpi-examples-and-templates/healthcare>

Which is to say, instead of being concerned with metrics in hospitals which pulse-check patients' satisfaction with hospital outcomes, these “feel-happy” hospitals and urgent care facilities should actually - gasp - **deliver** satisfactory outcomes.

Of particular relevance, if one is to infer any need or timeliness for this bill related to violence, is that - as shared in testimony this Monday in HGO Committee during Dan Cox's [HB1379](#) - hospitals are inciting this violence by heartless & capricious hospital policies which ignore longstanding hospital/ healthcare policy [Luke9]

While thankful for the opportunity to flesh out this yet-unmet, palliative care need disregarded by the Hospital Industry, it is easy to see why patients & Marylanders suffer from misdirection in Maryland's hospitals and urgent care facilities -- HGO. You should be thankful (& praying) for the upcoming change in committee leadership in 2023.

I cannot state any plainer what a Godless, lying, anti-American, anti-science cluster of ignorance & propaganda your dug-in colleagues on HGO stink up Bladen Street. I am hopeful my bill assignments next Session stay solidly in the more objective fact-based Judiciary Committees. But I digress....

ALREADY IGNORED

There have been a number of similar bills which have been reviewed and not furthered this Session. Others include <https://mgaleg.maryland.gov/mgaweb/legislation/details/SB0298>

and Ciliberti's [HB1154](#), which is a disciplined approach toward extending the limited categories of public service employees to nurses/medical employees interacting with the public meriting law which covers their vulnerable backs (not to be extended to, say, janitors & hospital valets & cafeteria ladies

I urge an UNFavorable for this needless, bureaucrat-laden effort in SB0700.

humbly offered

~vince