



Date: April 2, 2024

To: Chair Smith, Vice Chair Waldstreicher and the Judicial Proceedings Committee

Reference: Senate Bill 1158- Crime of Violence - Educational Facilities, Medical Facilities, and Places of Worship - Penalty (Sacred Places Safety Act)

**Position: FAVORABLE**

Dear Chair Smith and Committee Members:

On behalf of LifeBridge Health, we appreciate the opportunity to comment on Senate Bill 1158.

LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Hebrew Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County; Grace Medical Center (formerly Bon Secours Hospital), a freestanding medical facility in West Baltimore; and Center for Hope a center of excellence focused on provided hope and services for trauma survivors in Baltimore City.

Threats of violence and acts of violence are increasing in both occurrence and severity in the health care setting. Hospitals, physician offices, pharmacies, clinics, and other sites are open to the public and should be places of refuge and service for individuals who are sick and seeking medical care. According to the Occupational Safety and Health Administration (OSHA), approximately 75 percent of workplace assaults reported annually occurred in health care settings. Violence-related injuries are four times more likely to cause health care workers to take time off from work than other kinds of injuries, thereby indirectly hampering provision of patient care. The experience of workplace violence has not only physical consequences, but personal, emotional, and professional consequences as well.

LifeBridge Health continuously enhances its processes to prevent workplace violence to protect employees, patients, and visitors. For example, we use electronic systems for reporting and tracking incidents, implement zero tolerance policies, provide training on de-escalation techniques, install expensive surveillance technology and access control systems, add off-duty & special police officers to our rolls, and in high-risk areas, disseminate personal wearable safety alarms, among other interventions.

All personnel are subject to threats in the health care setting, not only clinical personnel such as physicians, nurses, and therapists, but also patient transporters, admissions, financial counselors, food service, environmental services, social workers, security officers, patient advocates, and many others. Threats occur from patients, families, and visitors. For example, visitors who don't want to leave when visiting hours end threaten and/or assault clinical and security staff. Family members threaten to kill a surgeon or nurse who treat a gunshot patient if the patient dies.

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Patients or visitors threaten staff transporting a patient for a procedure, or a patient advocate trying to console them. Even security personnel dispatched to assist staff have been threatened. We want to ensure that places that provide critical healthcare services for patients and staff are safe.

Our clinicians cannot work in fear while attempting to save lives. Our organization has taken violence prevention seriously and put processes in place to prevent this violence from occurring, but it is not enough. Our staff- nurses, providers, security, administrative team members- require your support to halt the threats of violence and intentional violence we experience every day.

For all the above stated reasons, we request a Favorable Report for SB1158.

For more information, please contact:

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