



Maryland
Hospital Association

February 21, 2020

To: The Honorable Delegate Luke Clippinger, Chairman
House Judiciary Committee

From: Jennifer Witten, Vice President, Government Affairs
Maryland Hospital Association

Re: Letter of Information- House Bill 1302 - Criminal Law - Felony Second-Degree Assault -
Emergency Medical Care Workers

Dear Chairman Clippinger:

On behalf of the Maryland Hospital Association's (MHA) 61 member hospitals and health systems, we appreciate the opportunity to comment on House Bill 1302. Maryland's hospitals care for millions of people each year, treating 2.3 million in emergency departments and delivering more than 67,000 babies. The 108,000 people they employ are [caring for Maryland](#) around-the-clock every day.

The Occupational Safety and Health Administration estimates 25,000 assaults are reported in the workplace annually, 75% of which occur in the health care or social service setting.ⁱ A survey by the American College of Emergency Physicians found 47% of emergency physicians reported being physically assaulted at work, and 71% witnessed an assault.ⁱⁱ Violence in the workplace leads to increased staff turnover, lost productivity, absenteeism, deterioration of employee morale, and burnout.ⁱⁱⁱ

We appreciate the intent of HB 1302, which seeks to elevate the severity of harming an emergency medical care worker. However, incidences of violence can occur throughout the hospital. A 2019 MHA survey showed behavioral health, medical surgical, labor and delivery, and critical care units were also affected by violence.

Comprehensively addressing workplace violence requires a diverse, multidisciplinary group of stakeholders to think through innovative solutions. Instead of using a felony as a legal remedy, for example, it may be worthwhile to explore alternatives. The Kentucky state legislature, for example, passed a bill to establish a fourth-degree assault charge for violence against an emergency department worker. This allows a police officer to arrest and remove an individual if he or she causes harm in the emergency department, even if the police officer does not witness the event.^{iv,v}

We appreciate the bill sponsor and the chairman's attention to this critical issue and look forward to working together to protect our health care workers and provide a safe, healing environment for patients, staff, visitors, and the community.

For more information, please contact:
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ⁱ The Joint Commission. (April 17, 2018). Sentinel Event Alert: Physical and Verbal Violence Against Health Care Workers. www.jointcommission.org/-/media/tjc/idev-imports/topics-assets/workplace-violence-prevention-implementing-strategies-for-safer-healthcare-organizations/sea_59_workplace_violence_4_13_18_finalpdf.pdf

ⁱⁱ American College of Emergency Physicians. (September, 2018). 2018 ACEP Emergency Department Violence Poll Results. www.acep.org/administration/violence-in-the-emergency-department-resources-for-a-safer-workplace/

ⁱⁱⁱ Milliman Research Report. (July 26, 2017). Cost of Community Violence to Hospitals and Health Systems: Report for the American Hospital Association. www.aha.org/system/files/2018-01/community-violence-report.pdf

^{iv} Kentucky Hospital Association (n.d.). Violent Emergency Department Incident Sparks Legislative Change. www.kyha.com/assets/docs/EventDocs/2019/Presentations/WorkplaceViolence.pdf

^v KRS 431.005 apps.legislature.ky.gov/law/statutes/statute.aspx?id=45761