



Maryland  
Hospital Association

March 5, 2021

To: The Honorable Dereck E. Davis, Chair, House Economic Matters Committee

Re: Letter of Concern- House Bill 923 - Labor and Employment - Worker Safety and Health - Injury and Illness Prevention Program

Dear Chair Davis:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on House Bill 923.

Hospitals' top priority is the safety and well-being of their workforce, who are essential to fulfill the mission of care. Hospitals have gone to extraordinary lengths to support their staff during the pandemic, including ensuring access to supplies when the global supply chain broke down and providing wellness and resiliency support, childcare and transportation assistance, meals, lodging, and more. However, supporting and ensuring the safety of health care workers is not limited to the pandemic.

Health care facilities are subject to multiple state and federal requirements to keep patients and associates safe. Many of these are unique to the health care setting.

Under state law, every health care facility is required to have a workplace safety committee, comprised of equal representation of managerial and non-managerial employees. These committees must establish workplace safety programs that include an annual assessment identifying hazards and conditions that can lead to workplace injuries, a process for reporting and responding to workplace injuries, and regular workplace safety training for health care workers.<sup>1</sup>

To qualify for accreditation by The Joint Commission (TJC), organizations are required to have processes to manage, evaluate, monitor, analyze, and improve the safety and security of their environment. TJC expects health care entities to conduct ongoing environment of care risk assessments, which of course include employee safety. The assessments and results stemming from hospitals' risk prevention strategies are to be reported to their multi-disciplinary environment of care committee. Then, the plan or process can be adjusted as needed. Hospitals are routinely surveyed to ensure they comply with these standards, and any adverse findings threaten their participation in the Medicare and Medicaid programs.

In addition to these requirements, health care facilities, like all employers, are required by the Occupational Safety and Health Administration (OSHA) to keep a record of serious work-related

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<sup>1</sup> [mgaleg.maryland.gov/mgaweb/Laws/StatuteText?article=gle&section=5-1101&enactments=False&archived=False](http://mgaleg.maryland.gov/mgaweb/Laws/StatuteText?article=gle&section=5-1101&enactments=False&archived=False)

injuries and illnesses. This data is used by employers, workers, and OSHA to evaluate the safety of the workplace, understand industry hazards, and implement worker protections to reduce and eliminate hazards—preventing future workplace injuries and illnesses. This data needs to be maintained by the organization and must be provided to OSHA whenever requested.

The breadth of HB 923 does not, as introduced, recognize the highly regulated nature of hospitals and health systems. Any additional requirements in state law should be aligned with requirements currently in place to strengthen and reinforce the intent without unduly burdening health care facilities with duplicative or potentially conflicting standards. We appreciate the conversations we have had with the bill sponsor and advocate. We look forward to working with them on this critically important issue.

For more information, please contact:  
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