



Maryland State Council
Safe Practice Safe Care

To: Maryland House Judiciary Committee 2021
House Office Building, Room 101
6 Bladen St., Annapolis, MD 21401

Chair, Luke Clippinger and Vice Chair, Vanessa Atterbeary
Delegate Lauren Arian, Delegate Sandy Bartlett, Delegate Jon Cardin, Delegate Frank Conaway, Delegate Dan Cox, Delegate Charlotte Crutchfield, Delegate Debra Davis, Delegate Wanika Fisher, Delegate Robin Grammar, Delegate Michael Griffith, Delegate Jazz Lewis, Delegate Lesley Lopez, Delegate Michael Malone, Delegate Susan McComas, Delegate David Moon, Delegate Jesse Pippy, Delegate Emily Shetty, Delegate Ron Watson, Delegate Nicole Williams

From: Lisa Tenney, BSN, RN, CEN, CPHRM
Chair, Government Affairs Committee
Maryland State Council Emergency Nurses Association

Date: March 2, 2021

Re: Maryland Emergency Nurses Association requests a FAVORABLE vote on
House Bill 1110 Criminal Law-Felony Second-Degree Assault-Emergency Medical Care
Workers

Good afternoon Chairman Clippinger, Vice Chair Atterbeary, and members of the Maryland House Judiciary Committee,

My name is Lisa Tenney, and I am testifying on behalf of The Maryland Emergency Nurses Association.

Workplace Violence (WPV) against emergency nurses and healthcare workers is a National Epidemic. OSHA (The Occupational Safety and Health Administration) found that (between 2002 and 2013) US healthcare workers were 4 times more likely to suffer from serious WPV incidents than for all other workers in the US.

In ENA and ACEP (American College of Emergency Physicians) studies, it was found that:

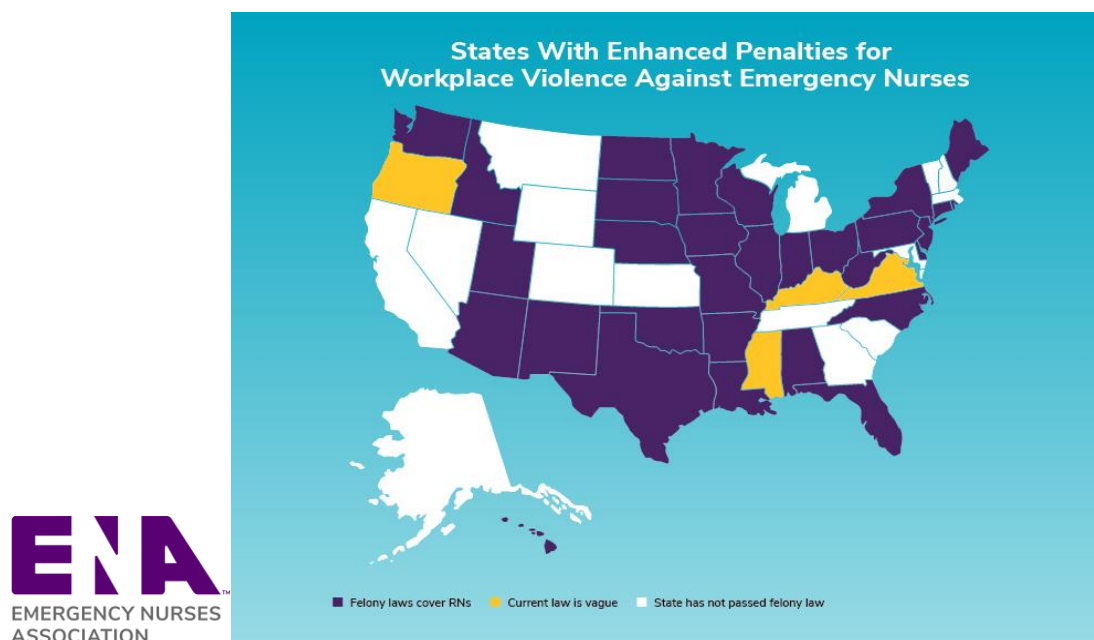
- 100% of ED nurses reported verbal abuse.
- 82% of ED nurses and 75% of ED physicians reported physical assault.
- 80% of physicians said ER violence harmed patient care. Of those, more than 1/2 said patients have been physically harmed.

EDs experience higher rates of Violence for many reasons:

- ERs are open 24 hours a day, seven days a week.
- Under EMTALA, (the Emergency Medical Treatment and Labor Act), ERs are required to stabilize and treat all patients.
- Increased gang activity in urban areas and inner cities.
- Opioid crisis, Alcohol use and other drugs of abuse.
- More private citizens arming themselves.
- ERs are being used by law enforcement to “medically clear” violent criminals before taking them to jail.
- MD lacks adult and pediatric psychiatric inpatient beds and outpatient treatment options.
- Hospital Regulators, CMS, and The Joint Commission, have imposed strict guidelines on handling violent patients in a healthcare facility. Security guards have limited powers.
- MD has one of the highest ER waiting times in the nation. Waiting is frustrating. Patients and visitors often become verbally aggressive and physically assaultive.
- In 2017, The Joint Commission reported that the 7th most common sentinel event in hospitals was a “criminal event.”

While MD passed a healthcare workplace violence PREVENTION bill in 2014, we have yet to join 30 other states in making it a felony to harm an ED healthcare worker. Adding ED workers to §3-203 is a logical step in the continuum of care: from law enforcement and/or EMS, to the ED.

HB 1110 will prioritize patient and staff safety in Maryland's EDs. A favorable report will send a message of "Zero Tolerance for ED violence." Thank you.



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