

testimony.pdf

Uploaded by: Aliyah Briscoe

Position: FAV

I am Aliyah, a Maryland emergency PCT speaking on behalf of myself.

I am in favor of SB568 because as a healthcare worker who comes in everyday to assist the public I don't think it's justified to be threatened at work and to be attacked without that individual having serious consequences. Working in the emergency department has its challenges like all other units but to be spat on by a person, to have urine thrown at you, and to be bashed in the head enough where you need over forty stitches is criminal and should be treated as such. Some of you on the panel who are reading my testimony today may have children who are healthcare workers. Wouldn't you want this bill to be passed in order to keep them safe while they are at work? I am someone's child and my co-workers have children of their own that they'd like to come home too unharmed. Verbal and physical assaults/threats cause many disruptions within the working environment. They slow down work production, if someone on staff gets injured enough to have to go home early then the unit would be understaffed and patient care would come to a halt due to not having the necessary amount of staff needed to make the unit run efficiently. Threats can also cause distress to other patients for they could get caught in the crossfire and could potentially become injured as well. Many patients who have gotten violent with the staff I've seen nurses not wanting to assist that patient anymore because who wants to work in an environment like that? If the threats continue to interfere with our work and the patients care then who will want to continue coming to any hospital knowing their safety is jeopardized.

Thank you,

Aliyah Briscoe.

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Amy Godat testimony SB568.pdf

Uploaded by: Amy Godat

Position: FAV

I am Amy Godat, a Maryland Emergency nurse speaking on behalf of myself.

I am in favor of SB568 because emergency physicians and nurses experience significantly higher rates of verbal abuse and threats than any other professionals, and this interferes with our ability to care for our patients. These threats occur daily and multiple times a day and impact all the patients in the ED. Threats can also quickly escalate into physical assault.

I recently was a victim of an attack. The reason for visit was hyperglycemia. She had been cooperative throughout the visit. We had set up a place for her to go and had got her prescriptions. As I began going over the instructions, the patient quickly turned aggressive and loud in speech. She was refusing to discuss discharge and continued to state she needed to stay. I asked the physician to come into the room to help explain the plan of care, which the physician did immediately. As we both calmly spoke, we explained what was done and what the results were, and that the patient did not warrant or need admission. The patient continued to get angrier and more demanding, and the verbal aggression suddenly became physical—the patient abruptly got off the stretcher and chased both the physician and me. I fell backwards, hitting my head and back against an EKG machine and my right side on the floor. I open my eyes to sit up and see the patient on top of the physician.

This attack left the ED short both a nurse AND physician. My co-workers, who witnessed the act had to take over the care of my patients including the patient that attacked. They already had full patient loads themselves. This bill is about **THREATS and interfering with care**, I am asking that legislature to be clear that this interference is not permissible, and that there are consequences for endangering the lives of others.

I returned to work after being cleared by Occupational Health purposely because I did not want this patient to take away from me something I love to do...I love my job, and especially now Baltimore needs some love. But many nurses, instead of returning, are leaving either the emergency department setting or the profession all together.

I have pain everyday as a result of this incident, I am in PT for my right knee

As for the patient, she was discharged 2 days later, free to go without any restrictions.

Amy F. Godat

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Caroline Doyle SB 568 Threats first Responders ver

Uploaded by: Caroline Doyle

Position: FAV



EMERGENCY NURSES
ASSOCIATION

Maryland State Council
Safe Practice Safe Care

To: Maryland Senate Judiciary Proceedings Committee 2021
Miller Senate Office Building
Bladen St., Annapolis, MD 21401

From: Caroline Doyle, BSN, RN, CEN
Immediate Past President, Metro Baltimore Chapter
Maryland State Council of the Emergency Nurses Association

Date: March 14, 2023

Re: **SB 568 Criminal Law-Threat Against State or Local Official – First Responder**
FAVORABLE Oral and written testimony

Good afternoon, Chairman Smith, Vice Chair Waldestreicher, and Committee members,

My name is Caroline Doyle, and I am testifying on behalf of The Maryland Emergency Nurses Association in favor of SB 598 Criminal Law-Threat Against State or Local Official – First Responder.

The National Institute for Occupational Safety and Health defines workplace violence as "violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty." OSHA further reports that even if no physical injury takes place, threats, abuse, hostility, harassment, and other forms of verbal violence can cause significant psychological trauma and stress.¹ Verbal violence often quickly escalates into physical violence. Both types can significantly interfere with saving lives. One simply cannot give CPR to a patient in cardiac arrest and deescalate a loved one who is spewing cuss words and insults and threatening to kill us. At least one team member must stop doing their job to deal with the threat.

As the charge nurse in a large emergency department in Southwest Baltimore along the I-695 and I-95 corridors, I can attest that threats and physical violence directed towards emergency physicians, emergency nurses, and other first responders have increased in frequency and severity over the past three years. This increase has occurred nationally and is being called a national epidemic.²

Threats against first responders in Maryland have been worsened due to Maryland having the longest ER wait times to see a doctor of any state in the nation.³ Maryland is also suffering from a severe shortage of healthcare workers, as documented in the Maryland Hospital Association's 2022 State of Maryland's Health Care Workforce Report.⁴ The long waits for care

make patients and their family members angry and they act out. Threats and violence towards emergency physicians and emergency nurses are one of the documented reasons why first responders have either changed specialties or have just flat-out quit the profession.

Thank you in advance for your favorable review of SB 568 review. Being able to address threats to safety in real time will help the citizens and first responders in Maryland.

Sincerely,

Caroline Doyle
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References

1. https://www.osha.gov/dsg/hospitals/workplace_violence.html
2. Udoji, Mercy. (2020) When an epidemic of violence against health care workers meets a pandemic. Kevinmd.com.
<https://www.kevinmd.com/blog/2020/09/when-an-epidemic-against-health-care-workers-meets-a-pandemic.html>
3. Maryland Matters. December 8, 2022. Opinion: How can we reduce ER wait times in Maryland hospitals?
<https://www.marylandmatters.org/2022/12/08/opinion-how-can-we-reduce-er-wait-times-in-maryland-hospitals/#:~:text=According%20to%20recent%20data%20from,time%20greater%20than%20200%20minutes.>
4. Maryland Hospital Association. 2022 State of Maryland's Health Care Workforce Report.
<https://www.mhaonline.org/docs/default-source/default-document-library/2022-state-of-maryland-s-health-care-workforce-report.pdf>

Emily Pepin SB 568 Testimony.pdf

Uploaded by: Emily Pepin

Position: FAV

Date: March 14, 2023

To: Senate Judicial Proceedings Committee
Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Re: SB 568 Criminal Law-Threat Against State or Local Officer – First Responder

My name is Emily Pepin, I am a Maryland ER Nurse who works in South Baltimore City, Brooklyn Park. I am speaking on behalf of myself. I am in favor of SB 568.

Emergency nurses and physicians, and other first responders are punched, kicked, stabbed, and threatened daily. Some first responders have died from their injuries, and if they don't die, they suffer physical or emotional trauma that drives them away from emergency services. Threats make us scared to walk to our cars after work. Threats make us afraid that a discharged angry patient will linger in the parking lot. This is the behavior we endure while working long hours in an already stressful critical care setting.

My coworkers and I are yelled at, cussed at, and threatened daily. In triage, patients are treated by acuity, not time of arrival. A non-critical woman became upset with me because she had to wait for a few hours. A man then decided to join her and became hostile towards me. He threatened to fight and hurt me physically. While being removed by Security, the patient said he would be back with weapons to harm the ED.

Just last week we had a patient state he was going to "shoot up" the ER. Another discharged patient chased me down the hall. Fortunately, another patient, my coworkers and manager, helped stop the patient. Another patient told me he hoped I got pregnant and miscarried. Threatening events have occurred while we were intubating a two-year old in respiratory failure, and when we were giving CPR and intubating a three-year old. These life-saving actions require several emergency nurses and a physician. When a threatening patient is simultaneously demanding our attention, it distracts us. It interferes with the care of these critical patients.

Think, how would you feel if your child, spouse, or family member was sick in the ER & needed life-saving treatment and there were not enough nurses to help. How would that impact the care given and the health of your loved one? It would delay care and could cause us to make errors. That is exactly what happens when first responders are threatened. Time and attention are taken away from that critical patient.

While a peace order can be obtained after someone threatens to come back and harm us, we can use SB 568 during the actual event. It is simple. If threats and abuse from patients are tolerated, care and length-of-stays worsen, and there will be less first responders.

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SB 568 Testimony.pdf

Uploaded by: Erika Hightower

Position: FAV

Testimony of Erika Higtower

In Support of SB 568

March 13, 2023

Good afternoon Senators and Committee members. I am Erika Higtower, a Maryland Emergency Nurse speaking on behalf of myself in favor of SB 568. Since starting my nursing career approximately 18 months ago, I've been physically assaulted twice, and verbally abused more times than I can count. While providing patient care, I've been called racial slurs and other profanities; I've also been sexually harassed by a patient. I'm currently not able to work due to an injury sustained when I was assaulted in November of 2022. I'm currently awaiting surgery for this injury and I expected to return to work in 4-6 months. This means I will have lost almost a year of my professional life- from being able to provide altruistic care to those in need. Additionally, this injury has changed my personal life as my dominant hand remains partially disabled.

I've witnessed patients threaten to wait outside for my colleagues, to return back to the facility to inflict violence, and I've even witnessed patients threaten to use medical equipment as a weapon. Furthermore, my colleagues and I are responsible for documenting patients' belongings. We've had many incidents where nurses have had to confiscate knives and illegal drugs from patients and turn it into security. There is an unceasing list of inappropriacy first responders endure and it's terrifying. These threats not only affect staff, but other patients as well. While security is usually present in the Emergency Department, the emotional toll remains overbearing. A sense of helplessness shadows each threat and causes mental and emotional distress. Patients who have a history of violence are currently identified by a red flag alert in their chart. While this brings awareness to the staff, it doesn't hold the patient accountable for their actions.

The emergency room and its staff are considered the first line of care for many patients. It's our responsibility to protect and care for them. It's hard to protect our patients when we're not protected from threats ourselves. First responders deserve better protection. I love caring for patients and their families, but I feel powerless to the violence we are subjected to. I'm testifying in favor of SB 568 as it provides legal consequences that will hopefully discourage patients from abusing first responders. I'm presently coping with an injury sustained from workplace violence and anticipate this bill will prevent another nurse from experiencing this distress. Thank you.

Sincerely,

Erika Hightower, BSN, RN

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Lisa Fischer_ Written testimony_ SB 568_ 3-14-2023

Uploaded by: Lisa Fischer

Position: FAV

To: Senate Judicial Proceedings Committee

Re: Favorable review of **SB 568 Criminal Law – Threat Against State or Local Official – First Responder**.

Dear Chairman Smith, Vice Chair Waldstreicher, Senator Folden and committee members,

Thank you for considering my testimony in favor of **SB 568 Criminal Law – Threat Against State or Local Official – First Responder**. My name is Lisa Fischer and I have been an emergency room nurse for 18 years. I currently work at a 21-bed stand-alone emergency center in Montgomery County, about 10 miles from the main hospital. On December 28, 2022, I was attacked by a patient and suffered a black eye and facial laceration that required three stitches (see below). I also needed a CT scan to look for broken bones in my face.

The reason this patient attacked me is because I told her I couldn't get her something to eat. She had been in the ED approximately 20 minutes, and attacked me before I even finished triaging her. When I explained that I couldn't get her food as she requested, this patient stood up, cocked back her arm, and punched me in the face. She then yelled at me, blocked my exit from the triage room, picked up a chair and advanced toward me with intent to injure me further. Fortunately, one of my co-workers interrupted the attack. The patient then went to the waiting room bathroom and began throwing small items out the bathroom door toward the waiting room full of patients. Several of the other ED patients commented to ED staff that they felt terrified of this patient. After several minutes, police arrived and arrested the patient.

This patient was charged with assault in the second degree, which is a misdemeanor. The patient spent the night she was arrested in jail and posted bond the next day. She then failed to appear in court for the criminal charges as well as for several peace order court dates. I went to court four times for the criminal case and peace orders. One of these times, I had to take unscheduled time off work and leave the ED short staffed in order to appear.

Unfortunately, patient threats and violence against healthcare workers where I work are not uncommon. Within the month following my attack, a visitor threw an ice pack at a physician's head and pointed his fingers shaped like a gun at the staff saying he was going to

“come back and smoke [us]” when he felt his girlfriend wasn’t being seen quickly enough. Staff does not feel safe. We are constantly on alert in case we hear an incident where a co-worker needs help. Our facility has only one security guard, so clinical staff has to respond when a threatening or violent situation occurs until police can arrive. This takes nurses, physicians and other staff away from caring for patients and puts staff in danger of being injured.

Patient and visitor behavior has deteriorated in recent years. Patient and visitor expectations for emergency departments are often not realistic, especially for non-emergency conditions. People seem to feel justified in yelling at and threatening healthcare staff if their demands aren’t met. Many of our staff members have left for other facilities and some have gotten out of emergency medicine and nursing all together for self-preservation. One of the staff members at the facility where I work has decided to retire after 16 years of service directly due to the incident described earlier in this testimony.

Healthcare workers deserve the same protection under the law as other critical public service jobs. We are first responders. We run in to help others, without knowing anything about them. We rescue. When patients threaten us or hurt us, they delay care. Delays can mean the difference between life and death, especially in cardiac arrests, strokes, heart attacks, trauma, and sepsis. Threats of violence should not be tolerated because they can, and do, quickly escalate into physical violence, like I experienced. First responders, firefighters, EMTs, Paramedics, Emergency physicians and emergency nurses need this protection so we can continue to serve those who need us.

On behalf of all of us on the front lines in Maryland, please give SB 568 a favorable review. Thank you for your time and consideration.

Respectfully,
Lisa Fischer, BSN, RN, CEN
Assistant Nurse Manager
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Photo of injury after patient assault on ED nurse.

Lisa Tenney_ SB 568 Threats first Responders verba

Uploaded by: Lisa Tenney

Position: FAV



EMERGENCY NURSES
ASSOCIATION

Maryland State Council
Safe Practice Safe Care

To: Maryland Senate Judiciary Proceedings Committee
Miller Senate Office Building
Bladen St., Annapolis, MD 21401

Date: March 14, 2023

Re: **SB 568 Criminal Law-Threat Against State or Local Official – First Responder**
FAVORABLE Oral and written testimony

Good day, Chairman Smith, Vice Chair Waldestreicher, and Committee members,

My name is Lisa Tenney, and I am testifying on behalf of The Maryland Emergency Nurses Association in favor of SB 598 Criminal Law-Threat Against State or Local Official – First Responder.

The question of the day is why should first responders receive special protection under the law, alongside state and local officials, when threatening behavior interferes with our ability to do our job? The answer is “time.”

Firefighters, paramedics, EMTs, other rescue squad members, emergency physicians, and emergency nurses run in and save lives. We are the ones who come to the rescue of Maryland’s adult and pediatric citizens when they are victims of fire, trauma, and life-threatening surgical and medical emergencies. Our success in saving them or at least minimizing a resulting disability often depends on response “time.” Every second counts.

- In a heart attack, blood flow needs to be restored to the heart muscles.
- In a stroke, blood flow needs to be restored to brain tissue.
- Limiting tourniquet time to two hours to stop bleeding saves lives and limbs.
- In trauma, that “golden hour” of getting a trauma patient to definitive care, provides the patient with the best chance of survival with good neurological outcomes.
- When someone is not breathing, permanent brain damage can occur in 4 minutes, with death in 4 to 10 minutes. Time matters.

Interference by threatening people when first responders are trying to save lives, causes delays in care and response times. At least one caregiver is taken away from the patient to manage the threatening person, who must try to deescalate the threat and remove the person from the scene. The person causing the interference needs to be held accountable. SB 598 will accomplish this in real time.

Thank you in advance for a favorable bipartisan review.

Sincerely,

Lisa Tenney

Lisa Tenney BSN, RN, CEN, CPHRM, FAEN
Chair, Government Affairs
Maryland Emergency Nurses Association
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Megan Bunn_ SB 568 Threats_ verbal and written tes

Uploaded by: Megan Bunn

Position: FAV

Date: March 14, 2023

To: Maryland Senate Judiciary Proceedings Committee 2021
Miller Senate Office Building
Bladen St., Annapolis, MD 21401

Re: SB 568 Criminal Law – Threat Against State or Local Official – First Responder
Favorable written and virtual testimony

As an emergency nurse, who serves the citizens of Maryland, I am testifying IN FAVOR of this amendment to protect the sanction of proving care. Being an emergency nurse has proven to be dangerous and we must take threats seriously.¹

I hold active peace orders against patients because they have threatened the safety of me and my family. One patient threatened to kill me and my son (the fact I am a mother is personal information that was not shared with them). After hearing the threat, I looked into their chart to find the patient lived a block away from me.

After being administratively discharged due to behavior issues, another patient of mine threatened to return to the hospital to “take care of this bitch.” This patient returned to the hospital later that day. Thankfully, he was denied access. It was later revealed that this patient had existing warrants for his arrest for violence against healthcare workers and peace order violations. This incident is proof that these threats are real and should be treated as such.

In a third incident, a patient punched me in the face and bruised my jaw. Another patient kicked me in the chest while I was transferring him to a stretcher. I am verbally harassed on a weekly basis by patients who are dissatisfied with their care. Violence towards me and my coworkers interferes with safe and effective care. It has also caused us to lose staff amidst a severe nursing shortage in Maryland and nationwide.

The process of obtaining a peace order is traumatizing. Like other nurses, I work at different ERs within a Baltimore health system and need to file my own peace orders so I am covered wherever I go. Attending weekly court visits only to discover the offender has not been served or is a no-show, takes time and wears on my mental health. Because the process is arduous and frustrating, many assaults against like colleagues go unreported allowing the perpetrator the opportunity to come back and threaten and hurt others.

I save lives for a living; mine deserves to be protected so I can continue to serve Maryland citizens. SB 568 will provide real time misdemeanor sanctions for threats that occur against first responders.

Megan Bunn
Address 101 N Ellwood Ave. Baltimore, MD, 21224
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¹ See attached Workplace Violence Infographic from Emergency Nurses Association



Workplace Violence in Emergency Departments

Prevalence of Workplace Violence in Health Care/Emergency Departments

Workers in the **health care** sector make up about



50%
of all victims of workplace assault.¹

In 2018, the rate of **serious injuries** related to workplace violence was **6x** higher for hospital workers than for all other private sector workers in the U.S.²



Studies show that **emergency nurses** and other personnel in the ED experience a **violent event** about

once every 2 months.³



From 2011–2018, the rate of **nonfatal workplace violence** against health care workers **grew** by

63%²



ED workers are exposed to **significant rates** of **physical** and **verbal abuse**. Under-reporting of workplace violence in the ED is common and contributes to the difficulty in accurately tracking violence.^{4,5}



31%

About 31 percent of hospital RNs said that they faced an increase in workplace violence during the pandemic.⁶



Impact of Workplace Violence on Nurses, Patients and U.S. Health Care System

Emergency nurses are more likely to experience **acute stress** than other nurses.



1/3 of emergency nurses reported they had considered **leaving** the profession **due to workplace violence.**⁷

The estimated **cost of workplace violence** in health care is

\$4.2 billion annually.⁸



1. Occupational Safety and Health Administration (OSHA), US Department of Labor [osha.gov](https://www.osha.gov)
2. U.S. Bureau of Labor Statistics. (n.d.). Fact sheet | workplace violence in healthcare, 2018 | April 2020. U.S. Bureau of Labor Statistics. Retrieved March 21, 2022, from <https://www.bls.gov/iif/oshwc/foi/workplace-violence-healthcare-2018.html>
3. Kowalenko T et al. Prospective study of violence against ED workers. (2015). American Journal of Emergency Medicine - 21 (2), 197-205
4. Taylor & Rew, A systematic review of the literature: workplace violence in the emergency department (2010). Journal of Clinical Nursing
5. Gacki-Smith et al. Violence against nurses working in US emergency departments (2009). Journal of Nursing Administration
6. National Nurses United Survey. NNJ unionized nurse members and non-union nurses in the U.S. and Puerto Rico (June 1-July 21, 2021).
7. Gacki-Smith et al. Violence against nurses working in US emergency departments (2009). Journal of Nursing Administration
8. Gallant-Roman M. Strategies and Tools to reduce workplace violence (2008). AADHN Journal

ENA Government Relations: gov@ena.org

SB568 Written Testimony.pdf

Uploaded by: Shannon Graf

Position: FAV

My name is Dr. Shannon Graf. I have been practicing emergency medicine in the state of Maryland for the past 10 years. I am speaking on behalf of myself. I am in favor of SB568. As a victim of workplace violence (I was recently physically assaulted, choked, and beaten during a shift) I know first-hand that emergency physicians and nurses experience unacceptably high rates of verbal threats and abuse. These threats, which can quickly escalate to physical assaults (as I experienced in my case), interfere with our ability to care for our other patients, create disruption and delays that lead to longer wait times, and lead to burnout and attrition of experienced physicians and nurses. Maryland already leads the nation by having the longest ED wait times to see a provider, and the exodus of experienced nurses from the bedside has created a staffing crisis at many Maryland emergency departments. Workplace violence is commonly cited as a reason for this attrition. Furthermore, physicians and nurses who have suffered assaults often need to take time off to recover, have surgery, or attend physical therapy, creating even more personnel gaps, and increasing direct and indirect costs.

Emergency physicians and nurses want to provide effective, safe, and efficient care for patients, but in order to do so, we need to practice in a setting free from threats of violence and physical harm. Suffering verbal threats and physical assaults is not “part of the job description” – this line of thinking is insulting and defeatist. And, as evidenced by staff attrition, nurse vacancy rates, and ED wait times, we need to do better. SB568 is a small step towards protecting those of us on the front lines by creating a consequence for verbal and written threats. As a result, disruption and delays caused by workplace violence will decrease, Maryland EDs will retain more experienced physicians and nurses, and the ED will be a safer place for our patients.

Shannon Graf, MD
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MCPA-MSA_ SB 568-Criminal Law – Threat Against Sta

Uploaded by: Andrea Mansfield

Position: FWA



Maryland Chiefs of Police Association Maryland Sheriffs' Association



MEMORANDUM

TO: The Honorable William Smith, Jr., Chair and
Members of the Judicial Proceedings Committee

FROM: Darren Popkin, Executive Director, MCPA-MSA Joint Legislative Committee
Andrea Mansfield, Representative, MCPA-MSA Joint Legislative Committee
Natasha Mehu, Representative, MCPA-MSA Joint Legislative Committee

DATE: March 14, 2023

RE: **SB 568 Criminal Law – Threat Against State or Local Official – First Responder**

POSITION: **SUPPORT WITH AMENDMENT**

The Maryland Chiefs of Police Association (MCPA) and the Maryland Sheriffs' Association (MSA) **SUPPORT SB 568 WITH AMENDMENTS**. First responder means a firefighter, emergency medical technician, a paramedic, a rescue squad member, and nurse or doctor who provides emergency services.

The intentional act of targeting and threatening individuals because they serve in a public safety profession is horrifying. However, one profession has been left out of this bill - law enforcement officers. Law enforcement officers experience this same type of treatment routinely and such incidents have been on the rise. In some cases officers have been singled out, targeted and assassinated, simply because of who they are and what they do.

To address this oversight, MCPA and MSA request SB 568 be amended to include law enforcement officers.

On page 2 of the bill following line 3, insert the following:

(VI) "LAW ENFORCEMENT OFFICER" HAS THE MEANING STATED IN 3-201 OF THIS ARTICLE.

For these reasons MCPA and MSA **SUPPORT SB 568 WITH AMENDMENTS** and urge a **FAVORABLE** Committee Report as amended.

SB568 testimony.pdf

Uploaded by: Robert Phillips

Position: FWA

MARYLAND STATE FIREMEN'S ASSOCIATION

REPRESENTING THE VOLUNTEER FIRE, RESCUE, AND EMS PERSONNEL OF MARYLAND.



Robert P. Phillips

Chair

Legislative Committee

17 State Circle

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SB568: Criminal Law – Threat Against State or Local Official – First Responder

My name is Robert Phillips and I am the Legislative Committee Chair for the Maryland State Firefighters Association (MSFA)

I wish to present testimony of favorable with an amendment on **Senate Bill SB568: Criminal Law – Threat Against State or Local Official – First Responder**

The MSFA feels that this is a good bill but would like to make it a great bill by including the first person in the first responder list, the 9-1-1 dispatcher / call taker. These dispatcher/call takers are the first to interact with the public and also face the wrath of the same public when events do not go the way some expect them to. We feel that the dispatchers/call takes should deserve the same protections as all other "first responders".

I thank the committee for their time and attention to this important bill and ask that you vote favorable with our suggested amendment on Senate Bill 568.

I will be glad to answer any questions, as my contact information is listed above and welcome any further inquiries you might have.

19 - SB 568 - JPR - MBON - LOI.docx.pdf

Uploaded by: State of Maryland (MD)

Position: INFO



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 14, 2023

The Honorable William C. Smith, Jr.
Chair, Senate Judicial Proceedings Committee
2 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 568 – Criminal Law – Threat Against State or Local Official – Letter of Information

Dear Chair Smith and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of information for Senate Bill (SB) 568 – Criminal Law – Threat Against State or Local Official – First Responder. This bill includes first responders within the scope of certain prohibitions against making or delivering threats to take the life of, kidnap, or cause physical injury to certain officials.

The Board believes the definition of “first responder” should be further expanded to encompass more health occupations that perform emergency or similar services. The phrase “nurse or doctor” remains ambiguous and could include direct – entry and/or advanced practitioners. The definition should instead be replaced with health care provider who is licensed or certified under the Health Occupations Article and who provides emergency services. This updated category would include certified nursing assistants, patient care technicians, and other providers who practice within the acute care and emergency settings.

For the reasons discussed above, the Maryland Board of Nursing respectfully submits this letter of information for SB 568.

I hope this information is useful. For more information, please contact Ms. Iman Farid, Health Planning and Development Administrator, at iman.farid@maryland.gov or Ms. Rhonda Scott, Deputy Director, at (410) 585 – 1953 (rhonda.scott2@maryland.gov).

Sincerely,

Gary N. Hicks
Board President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.