



Date: March 11, 2025

To: Chair Clippinger, Vice Chair Bartlett, and Judiciary Committee

Reference: House Bill 1308- Crime of Violence - Educational Facilities, Medical Facilities, and Places of Worship - Penalty (Sacred Places Safety Act)

Position: FAVORABLE

Dear Chair, Clippinger and Committee Members:

On behalf of LifeBridge Health, we appreciate the opportunity to comment and express our support for House Bill 1308. 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 providing hope and services for trauma survivors in Baltimore City.

Our staff members already have stressful and demanding work environments. The incidence of threats of violence and violence add to the stressful and, at times, dangerous work environment. Given the federal uncertainty additional protections and guidance provided at the state level are critical. The ongoing assaults and incidences detract from the time and attention necessary to care for our patients safely. These acts taken out on staff are more intentional and aggressive than ever. Hospitals, specifically Emergency Departments, are unique in that, due to EMTALA and other regulatory requirements, we must ensure that a patient is safe to discharge prior to removing them from the Emergency Department, even when their behavior is intentionally violent against the team attempting to care for them.

Care team members do not come to work to experience violence or feel unsafe. Nurses become nurses to care for others, yet, each day, their personal safety is being intentionally violated by those they are trying to care for. Our healthcare team members experience intentional threats of violence on a regular, escalating basis. A nurse recently shared that a family member of a patient who was clinically declining threatened violence against them if the patient passed away. The team member described feeling scared to continue caring for the patient and feared what would happen if she were unsuccessful in keeping the patient alive.

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 team members, patients and visitors staff deserve our protections 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 HB1308. Thank you for your consideration.

Jennifer Witten, M.B.A.

Vice President, Government Relations & Community Development

jwitten2@lifebridgedhealth.org

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