

**Testimony of Nancijean Goudey  
Director of Emergency Services, Maine Medical Center  
In Strong Support of LD 1119**

**“An Act to Clarify the Criminal Justice Statutes with Regard to Assaults on Emergency  
Medical Services Persons”**

**April 21, 2023**

Good Morning Senator Beebe-Center, Representative Salisbury and members of the Joint Standing Committee on Criminal Justice and Public Safety, I am Nancijean Goudey, and I am the Director of Emergency Services for Maine Medical Center and urgent Care Plus. I am here in strong support of LD 1119.

This bill would clarify a law that was passed several years ago and makes it a felony to assault an Emergency Healthcare worker while performing emergency services. Unfortunately, the law is very narrowly constructed, and it does not apply to many situations in which our care team members are assaulted by patients, family members or visitors.

Over the past several years, and which has dramatically increased in the past 2 years, patients and visitors to ED's across Maine are demonstrating behaviors that are violent and intimidating toward our staff in staggering numbers.

Couple this with unprecedented verbal violence, and you can understand why our staff experience daily trauma that is influencing staff to leave the bedside in record numbers. Foul language is common place, however, more direct threats intimidate and frighten staff in ways that cannot be measured.

Examples include:

- “I hope your kids get kidnapped and raped.”
- “I know where you park. I have a gun. I’m going to follow you home and kill you and your family.”

These are actual quotes from patients, and these kinds of statements are made multiple times a day.

Additionally, physical violence has become commonplace. Our staff are bitten, hit, spat on, have urine and feces thrown on them, are strangled, punched and much, much more.

As just one example: One of our staff was interacting with a patient who had been in our care for a prolonged period of time while he was here awaiting placement for a behavioral health issue. Though he had a behavioral health diagnosis, a psychiatrist determined that he had capacity and was clearly able to differentiate right from wrong. Until this interaction, he had displayed no violence toward any staff here. On this occasion, the RN was having a conversation with the patient, who was participating calmly. She then leaned forward to place a blood pressure cuff on his arm (which she had asked permission to do and was granted). As she leaned toward him, he suddenly lunged up, grabbed her around the neck, threw her on the bed, and attempted to climb on top of her. Our Security officer, who was right outside the door during this interaction, immediately responded, attempting to disengage him from the RN. The patient turned on him, and began punching the officer about the head and

neck, causing him to fall to the floor. The patient jumped on top of him, continuing the battery. Other staff in the area immediately responded, and removed the patient from the officer.

The police were called, the patient was summonsed, but not arrested, and remained in our care—now for an even more prolonged time, because no in-state facility would accept him due to these behaviors.

It was made clear to us that the judicial system would not hold the individual accountable for his actions despite his demonstrated capacity both before, during and after the event. This bill would clarify that individuals who commit volitionally commit assaults should be charged arrested – not summonsed – and charged with a felony.

Other examples include staff who have been punched in the face (including me), glasses broken, black eyes and impaired vision experienced, attempted stabbings, strangulation, fear and emotional trauma experienced, yet no action taken because the officer stated they had to witness the assault first hand, or because it occurred within the hospital walls, would not be pursued by the DA because the assumption is that if the patient is in the hospital they cannot or will not be held accountable for their actions.

As a result, our staff feel little support from law enforcement and the judicial system. The typical response to a call for assistance is:

“If I didn’t see it, there’s nothing I can do”

“You don’t appear to have any injuries so there is nothing I can do”

“The DA is unlikely to pursue this, so there is no value in filing a report”

“There’s no point, the jail won’t take them anyway”

And, most commonly, “the patient is a mental health patient, they won’t be held responsible” (whether or not it is determined a mental health condition exists).

I need to be very, very clear. We DO NOT call for police assistance, or attempt to hold patients accountable for their actions if they do not have mental capacity to determine right from wrong. We do not call for the patient with dementia who slaps us, we do not call for patients who are acutely psychotic and do not know what they are doing.

We only call for those circumstances in which a patient or visitor makes a conscious and deliberate decision to attempt to harm us.

We understand that law enforcement personnel often feel constrained in their options as the current law does not provide clarity. However, the consequence of this is that certain members of the public feel free to abuse healthcare workers with impunity, and patients who would otherwise be transported to jail, whether from actions in the community or within our walls are instead, dropped off in ED’s where they remain among the most vulnerable in our communities.

This bill will clarify that being in a hospital Emergency Department does not create immunity from prosecution for assaultive behavior, and thus enable law enforcement and DAs to hold people accountable for their deliberate actions against health care workers.

Thank you for taking the time to listen. And thank you for your work to address violence in our health care settings. We are in the midst of a national staffing shortage, and the level of violence experienced by staff has exacerbated an already very challenging situation, which is driving committed professionals away from the bedside. As I have noted today, your efforts through this work is desperately needed to help us address the epidemic of violence in our hospitals.

I would be happy to answer questions.



