

David Souers
Friendship
LD 532

Senator Beebe-Center, Representative Hasenfus, and members of the committee. My name is David Souers. I live in Friendship. I attended this hearing on March 17, 2025. I found hearing testimony given both for and against to be compelling, which makes your decision more difficult. I am testifying neither for or against this bill to add some professional experience on the issues involved with this bill.

I am retired from thirty years of owning an architectural practice in healthcare projects. I worked closely with hospital staff in all areas of the healthcare facilities including nursing units. My daughter is a medical doctor in New Mexico where she is presently a hospitalist working in patient units. She has worked at four different hospitals in the last ten years, also in emergency medicine and out patient clinic care. During medical school and residency, she worked as an intern in emergency medicine and out patient care in Maine.

Patient and staff safety are very high priorities in hospitals. It does seem that patient violence against medical staff is increasing. I would not doubt the hospital data presented on this issue. My daughter however reports that the contributing factors include:

1. Patient mental state and conditions such as dementia, disorientation, anxiety, affects of medications, sundowner syndrome, low tolerances and deteriorating self control. These are not necessarily medical terms. My daughter advises that these patients would not be restrained nor corrected by punitive measures.
2. Some but not many patients without mental issues have become untrusting of medical services since Covid with the politicization of healthcare and express their anxiety and impatience with verbal or physical abuse aimed at staff. My daughter advises that these patients might not be restrained by severe punitive measures. Not that appropriate punishment shouldn't be available. This appears to be more of a societal issue of increasing loss of self restraint and lack of patience. But education of patients and staff should be promoted.
3. The most significant factors are staff shortages and limited training to effectively handle patients with mental issues and short fuses. Staffing limitations create greater risk for abuse or perceived abuse and violence affecting both patients and staff. This has become a problem across all healthcare systems and settings. My daughter recommends more advocacy and funding support to accomplish appropriate staffing. Addressing our healthcare services as adequately funded public services, and not as private profit centers nor managed by insurance carriers is the only way to improve staffing ability to safely handle and reduce violence.

I hope this brief review is helpful.