



**Testimony of Miranda Chadbourne, RN
Program Manager for Workplace Violence Prevention, MaineHealth
in Strong Support of LD 532 “An Act to Protect Health Care Workers by
Addressing Assaults in Health Care Settings”
March 17, 2025**

Senator Beebe-Center, Representative Hasenfus, and members of the Criminal Justice and Public Safety Committee, my name is Miranda Chadbourne, Program Manager for Workplace Violence Prevention at MaineHealth, and I am here today to testify in strong support of LD 532 “An Act to Protect Health Care Workers by Addressing Assaults in Health Care Settings.”

I’m a Board-Certified Critical Care Nurse, and the Program Manager for MaineHealth’s Workplace Violence Prevention Program. I also act as a subject matter expert for the Maine Hospital Association’s Workplace Violence Prevention Subcommittee. I am also a survivor of health care related violence, having been assaulted for 45 minutes by a patient I was caring for in an intensive care unit.

Two years ago, I stood before this Committee in support of LD 1119, which clarified an existing Maine statute and made clear that it is a felony to assault any health care worker in the Emergency Department. This was a unanimous recommendation of the Task Force to Study the Process for Bringing Criminal Cases in Situations of Violence Against Health Care Workers (formed by Resolve, Chapter 173) and was signed into law by the Governor in July 2023.

Today, I stand before this Committee asking that you expand that statute to cover all health care workers, regardless of the setting in which they are providing care. Very importantly, LD 532 seeks to expand responsibility to those people who **intentionally, knowingly, and recklessly** cause bodily injury to a health care worker.

In my role, I’ve reviewed over 7,500 health care violence events, and helped over 4,000 people gain access resources following the violence they experienced while working in MaineHealth hospitals. Forty-five percent of those events involve physical violence towards an employee, and nearly half occurred outside of the Emergency Department.

I’d like to provide two examples of events which occurred in MaineHealth facilities in the last year, outside of the Emergency Department, and by patients who had no active behavioral health crisis or impairments.

I interviewed a woman who had been punched in the face by a patient. The assault resulted in facial fractures. She was out of work for months and ultimately required re-assignment. This event occurred in an oncology inpatient unit. The patient was angry that she had woken him up.

I am currently working on a case where a nurse was providing medication to a patient in a shared hospital room. The second patient on the other side of the room wanted her attention. She asked him to wait until she was done, and that she would come to help him next. He didn’t wait, but got out of his bed, walked over to her, grabbed her by the ponytail and yelled, “No! I need your attention now!” She

was out of work for 2 days for a sprained neck. At first, he denied his actions, and then later agreed, but only that he had pulled a little piece of her hair.

So, how big is this problem? Here are some current statistics:

Due to the crisis facing our long-term care system, Maine Medical Center – Portland was forced to open a 42-bed nursing unit, dedicated to patients who are medically cleared for discharge, but for whom no safe discharge disposition is available. Last week, I reviewed The Transitional Care Unit's patient census. There were 36 patients admitted and 11 were identified for having a high risk for violence.

During the month of February, Maine Medical Center – Portland cared for 1,181 patients who demonstrated violent behaviors – that's 2 violent events per hour. These events ranged from vulgarity, threats, and physical and sexual assault.

In 2024, alone, MaineHealth's Employee Health Department assessed 688 employees for injuries sustained while providing direct care to a violent patient. This resulted in 3,528 days our team members were on light duty, and 715 days of lost time. 134 of these injuries reported to OSHA.

Health Care Violence doesn't only impact health care teams, but it scares our community preventing people from accessing the care they need. As MaineHealth continues to fortify our workplace violence prevention tools, we ask our Patient Advocacy Groups how these interventions have impacted them. With each improvement, we are told that they feel more safe accessing care.

Stopping health care violence is a matter public health. Health care violence is a major contributing factor towards compassion fatigue, job dissatisfaction, and resignation. With the projected health care needs Maine will experience over the next ten years, a concerted effort must be made to not only protect health care workers, but to also hold violent individuals accountable for the crimes they have committed. This bill offers more ways to protect our health care teams, so our Maine's patients can receive the best care possible.

Thank you for your time, and I would be happy to answer questions.