



LD 1119 An Act to Clarify the Criminal Statutes with Regard to Assaults on Emergency Medical Services Persons

Testimony in Support April 24, 2023

Senator Beebe-Center, Representative Salisbury and members of the Committee on Criminal Justice and Public Safety, my name Lisa Harvey-McPherson RN. I am here today providing testimony on behalf of Northern Light Health and our member organizations speaking in support of this bill. Northern Light Health member organizations include 10 hospitals located in southern, central, eastern and northern Maine, 8 nursing facilities, air and ground ambulance, behavioral health, addiction treatment, pharmacy, primary and specialty care practices and a state-wide home care and hospice program. Ninety three percent of Maine's population lives in the Northern Light Health service area. Northern Light Health is also proud to be one of Maine's largest employers with more than 10,000 employees statewide.

This bill is a unanimous recommendation from the Task Force to Study the Process for Bringing Criminal Cases in Situations of Violence Against Health Care Workers. Northern Light Health, Maine Health and the Maine Hospital Association worked with the legislature to pass the Resolve creating this task force.

Nurses, doctors and health care support personnel are experiencing incidents of violence from patients, family and visitors at an unprecedented rate. The injuries are serious including broken bones, concussions, loss of eyesight, and brutal assaults resulting in surgical intervention. Hospitals call law enforcement to report the assaults, our staff work with law enforcement to complete the police report and most of the time a crime is not charged by the local district attorney. Our staff are in physical pain and demoralized, they believe that law enforcement and the judiciary system is failing them. Hospital emergency departments are where the highest number of violent incidences occur. I have attached to my testimony Northern Light Health data that was provided to the task force during their discussions. Addressing this critical issue is a top priority for every hospital in the State of Maine.

Through the task force structure legislators, hospitals, doctors, nurses, law enforcement, district attorneys and the judiciary all worked together to understand the crisis of violence against health care workers. We discussed the current challenges and opportunities for law enforcement and district attorneys to bring through the courts charges when crimes are committed against our staff. This is the first time all of the necessary partners in this process worked together to make recommendations to address violence against health care workers.

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Inland Hospital
Maine Coast Hospital
Mayo Hospital
Mercy Hospital
Northern Light Health Foundation
Northern Light Laboratory
Northern Light Pharmacy
Sebastiack Valley Hospital



We all learned a lot in this process. We discussed best practice in a number of areas including data collection on violent incidences, information that law enforcement needs when responding to an emergency department call for help and collaborative communication that occurs with district attorneys and hospitals. The task force report makes recommendations in all of these areas.

The task force also spent time discussing the current law - assault on an emergency medical care provider. The law states that a person is guilty of assault on an emergency medical care provider if that person intentionally, knowingly or recklessly causes bodily injury to an emergency medical care provider while the emergency medical care provider is providing emergency medical care. This law was passed in 1997 and only covers emergency medical care providers while they are providing emergency medical care. The task force district attorneys briefed the group that this is a challenging law to charge an assault that has occurred harming hospital personnel in the emergency department.

Today we have security personnel in the emergency department who are assaulted by patients, but the law does not apply to this type of personnel. We also have incidences of violence against other emergency department personnel who are with the patient including: sitters who are with the patient for extended periods, dietary staff delivering a meal and housekeeping staff cleaning the room. Some nurses assaulted when in the general area of a violent patient. The acts of harm to these staff is significant but the law does not include them. While we see these individuals as part of our health care team providing services, the law does not.

Thus the bill before you today amends the law regarding assault in an emergency department to clarify that all hospital emergency room personnel are included. The bill states:

A person is guilty of assault in an emergency room if that person intentionally, knowingly or recklessly causes bodily injury to a person employed or contracted by a hospital licensed under Title 22, chapter 405 if the injury occurs in the hospital's designated emergency room.

We ask that you support this bill reflecting the unanimous recommendation of the task force.

Thank you.

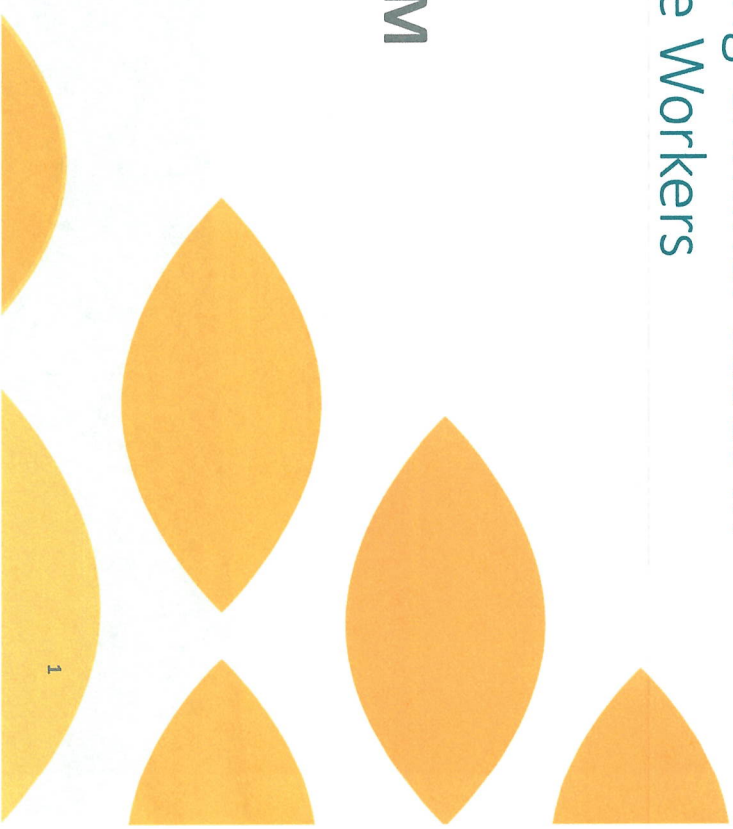


**Northern Light
Health**

**Northern Light Health
Task Force to Study the Process for Bringing Criminal Cases in
Situations of Violence Against Health Care Workers**

**Government Relations Update
Lisa Harvey-McPherson RN, MBA, MPPM
Vice President Government Relations**

Aug 3. 2022

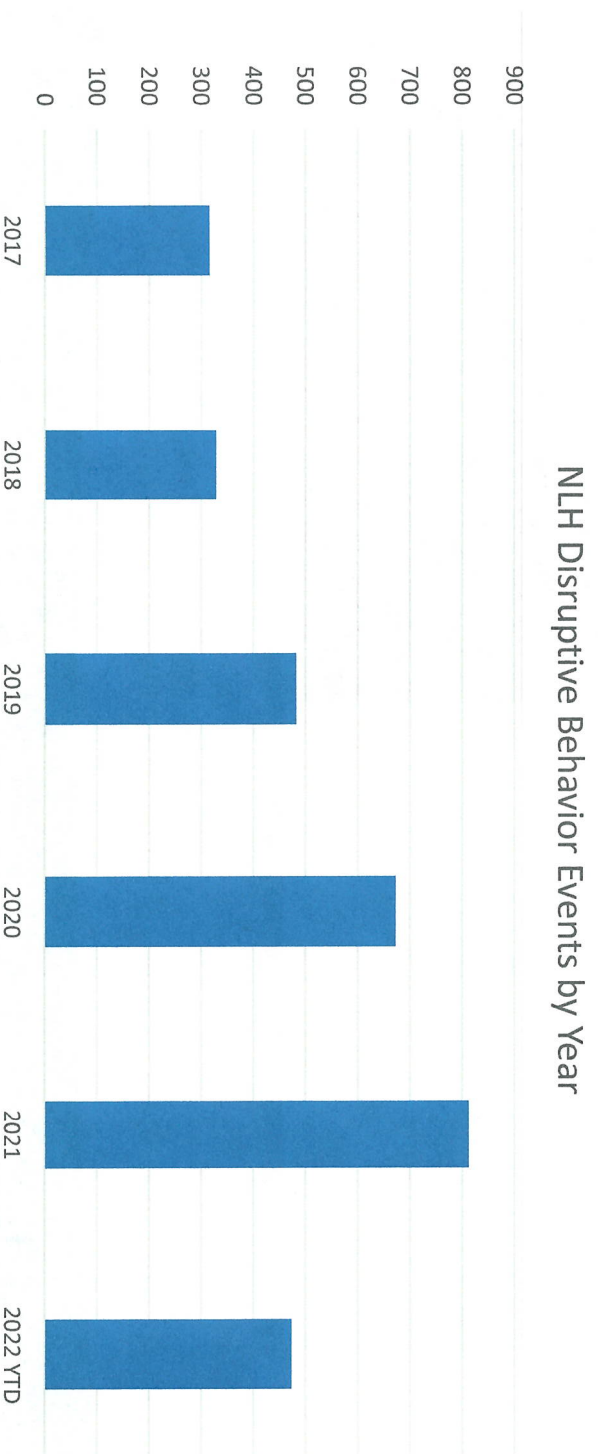


Overview

- Northern Light Health reporting is based on employee reports of disruptive behavior events by an aggressive patient that occur at our member organizations
- Events include assaults along with verbal and physical acts of aggression that do not result in bodily harm
- The data included in this presentation reflects all disruptive behavior events
- 99% of offenders in the data are patients, very few employee-to-employee occurrences. No visitor offenders were reported for the data set.
- Unless otherwise identified, data includes all member organizations

Disruptive Behavior Events by Year

- The average number of disruptive behavior events per month for the past 16 months is 70 events



Disruptive Events by Employee Category

- The following data reflects NLH disruptive behavior events by employee category in 2021. The events occurred in various departments including the emergency department

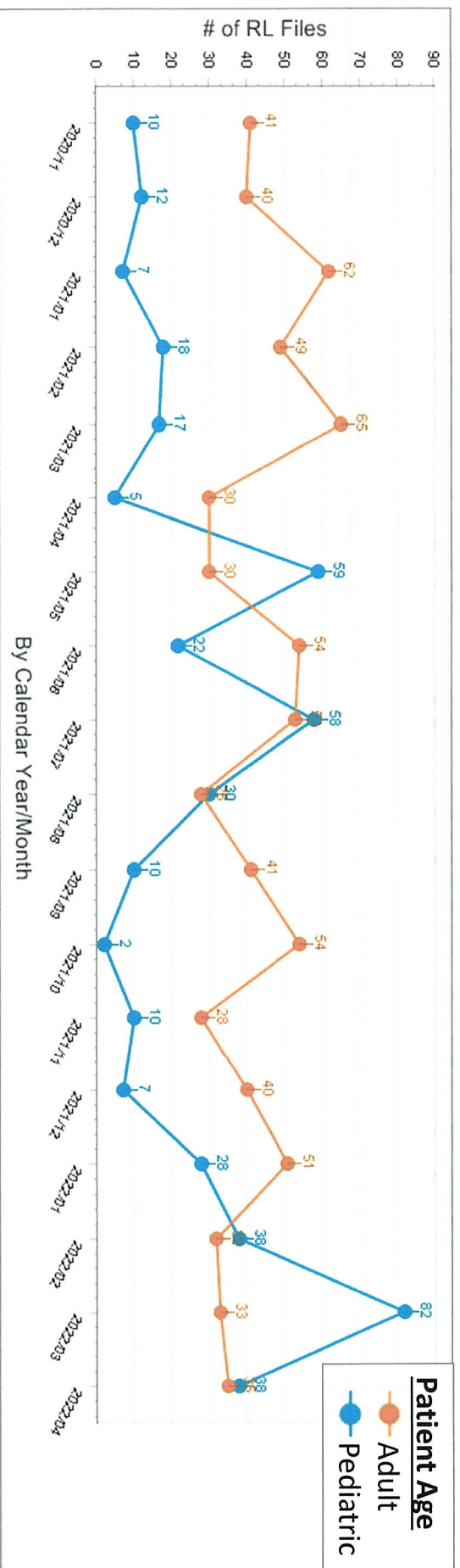
Job Title Not classified	24
Other Job Title	10
C.N.A	79
RN/STAFF/CLINICAL LEAD/CHARGE/ASST MGR NURSING	320
PHYSICIAN/PA/NP/ASST PHYSICIAN	22
PSYCH TECHS/OBSERVERS PATIENT AIDES/ED TECH	86
Security	35
Medical Asst	12
Respirator/Physical therapy/Radiology/Endo/sonography TECHs/Pharmacy and Phlebotomy	28
Paramedics/EMT	11
BEHAVIORAL HEALTH COORDINATORS/CLINICIANS/CARE MGMT	10
DIRECTOR/MGR SUPERVISOR CLINICAL AREAS (OUTPATIENT)	6
REGISTRATION/BILLING/PATIENT RELATIONS/ACCESS MGMT	29 *MOST ARE VERBAL ENCOUNTERS BY TELEPHONE SOME IN PERSON
UNIT COORDINATORS/SECRETARY	11

All NLH Emergency Departments: Disruptive Behavior Events by an Aggressive Patient

Grand Total: 1219

Event Date is within November, 2020 and April, 2022

Report Run: 05-25-2022 By: ALISON BUTLER



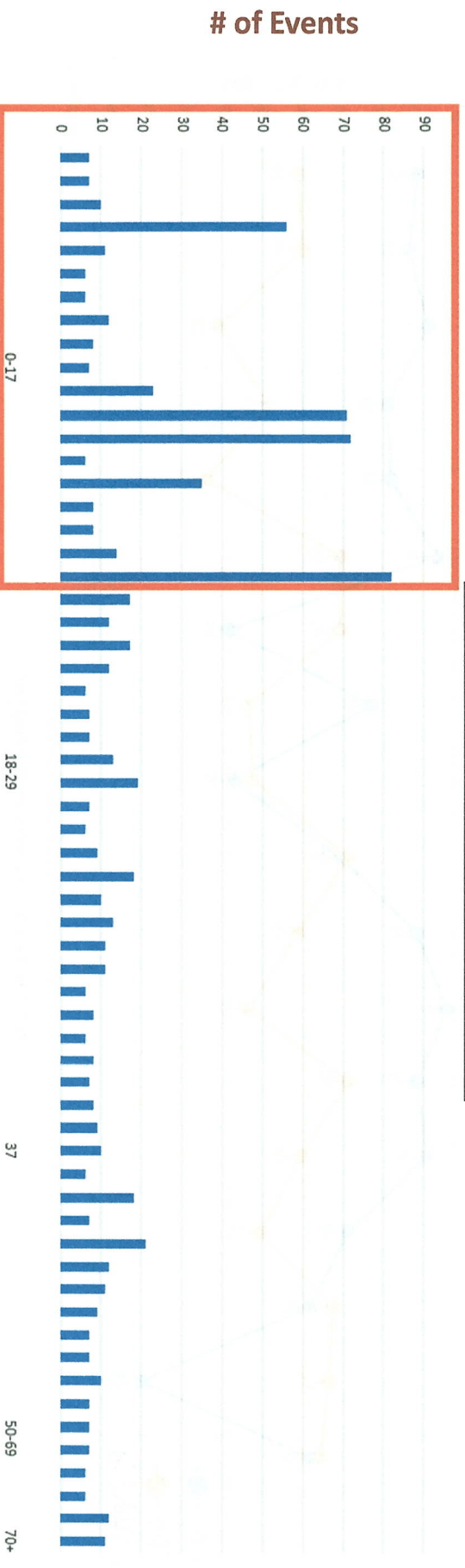
Key Points

- Patient is the aggressor
- Adult vs. Pediatric Patients
- There can be more than 1 event per aggressor

All NLH Emergency Departments: Disruptive Behavior Events by an Aggressive Patient

of Aggressive Events by Individual Patients Age Group

Filtered to patients with more than 5 events each



Each Bar Represents an Individual Patient – Grouped by Age Group

Key Points

- Age 0-17 highlighted by Orange square
- Fewer individual pediatric patients but with a higher likelihood of repeat events

NLH Calls to Law Enforcement for Disruptive Behavior Events by an Aggressive Patient

