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**LD 629 Resolve, To Establish the Task Force To Study Improving Safety
and Provide Protection from Violence for Health Care Workers in
Hospitals and Mental Health Care Providers**

Testimony in Support of Sponsor Amendment

March 23, 2021

Northern Light Health
Acadia Hospital
A.R. Gould Hospital
Beacon Health
Blue Hill Hospital
C.A. Dean Hospital
Eastern Maine Medical Center
Home Care & Hospice
Inland Hospital
Maine Coast Hospital
Mercy Hospital
Northern Light Health Foundation
Sebasticook Valley Hospital

Senator Claxton, Representative Meyer and members of the Health and Human Services Committee, my name is Lisa Harvey-McPherson RN, I am here today providing testimony on behalf of Northern Light Health and our member organizations to speak in support of the sponsor's amended version 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 over 12,000 employees statewide.

One of the highest priorities at Northern Light Health is keeping our patients, families and staff members safe and secure at all of our health service locations. Northern Light Health does not tolerate episodes of workplace violence against our workforce. Each member organization maintains a workplace violence prevention program that includes the process for responding to an emergent situation and addressing behaviors dealing with episodes of workplace violence. Our system wide Workplace Violence Prevention Committee, which includes nurses and other employees, works to reduce and mitigate the effects of violence. The committee is engaged in ensuring that our approach to preventing workplace violence is proactive and effective.

Despite our zero-tolerance commitment and proactive approaches supporting the safety of our employees incidences of patients or family members assaulting our staff do occur. Assault on hospital personnel assisting in an emergency is a Class C crime. When this crime occurs, it is often difficult for our staff to file charges against individuals that the employee has cared for. This is understandable, our health care professionals come from a culture of caring and compassion, filing an assault charge against a patient is simply not something any of us ever envisioned as part of our professional responsibility. We understand the challenge this creates for our staff and we have developed a program called "You Report, We Support". Through this program our employees understand that managers and leaders in their health care setting will support employees when they are assaulted to file a claim against the individual committing the criminal act. Support is emotional support, allocating space for law

enforcement to interview our staff, commitment to support our employees throughout the legal proceedings. Despite all of this work, we understand that not all employees will report crimes of assault to law enforcement. We are also aware that when employees do take a very big step forward to report, charges are not always filed by law enforcement or the district attorney.

We have discussed internally our interest in the hospital reporting the crime on behalf of an employee and providing all related information that we have on the assault crime but we are not clear if the case can be pursued with the hospital representing the interest of the employee. This is where the amendment to this bill will have important impact.

The amendment establishes a task force representing hospitals, local law enforcement, district attorneys and the judiciary to review the process by which criminal law cases may be brought related to incidences of violence in hospitals, where patients or individuals related to patients assault hospital or medical staff. This is a critical next step in our work to advance zero tolerance for violent acts committed against our employees in the workplace.

I ask for your help and support to pass the amended version of this bill.

Thank you.

§752-C. Assault on an emergency medical care provider

1. 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.

[PL 1997, c. 470, §1 (NEW).]

2. As used in this section, "emergency medical care provider" includes hospital personnel assisting in an emergency and emergency medical services persons, defined in Title 32, section 83, subsection 12, but does not include a firefighter as defined in section 752-E, subsection 2.

[PL 2015, c. 471, §1 (AMD).]

3. Assault on an emergency medical care provider is a Class C crime.

[PL 1997, c. 470, §1 (NEW).]

SECTION HISTORY

PL 1997, c. 470, §1 (NEW). PL 2015, c. 471, §1 (AMD).

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