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TO: The Honorable Dereck E. Davis, Chairman
Members, House Economic Matters Committee
The Honorable Tom Hucker

FROM: Joseph A. Schwartz, III
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DATE: February 27, 2013

RE: **SUPPORT** – House Bill 774 – *Labor and Employment – Health Care Facilities – Workplace Violence Prevention Program*

On behalf of MedChi, the Maryland State Medical Society (MedChi) and the Maryland Chapter of the American College of Emergency Physicians (MDACEP), we support House Bill 774.

Workplace violence, particularly in health care settings, is a challenging and complicated issue. It affects not only the health care worker who may be the subject of a violent act, but also the patient, the families of the patient and the worker, and the institution itself. It is a particularly challenging problem in the Emergency Department. House Bill 774 proposes to establish a framework for health care facilities to address workforce violence. It requires facilities to form a workforce violence prevention committee that is charged with developing a workforce violence prevention program for the institution. The Department of Labor, Licensing and Regulation is required to adopt regulations related to the requirements of the program.

Establishment of a workforce violence program in institutions will ensure that appropriate attention is placed on maximizing the safety and well-being of health care facility employees and health care practitioners who provide services to the institution's patients. Development of the program by a committee of employees will help ensure "buy-in" to the program by both the facilities' management and its workforce. Further, it will facilitate the ability to identify and address issues specific to that institution given the composition of the workforce violence prevention committee provided in the legislation.

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MedChi and MDACEP would like to note that other stakeholders involved in the discussion of this legislation, such as the Alzheimer's Association and representatives from the long term care and assisted living facility industry, have raised concerns about definitions within the legislation that may further stigmatize patients whose behavior, even if considered violent, is not intentional but rather related to their health care disease or disorder. These issues are of legitimate concern and MedChi and MDACEP urge the Committee to consider them in their deliberation on the bill to ensure the end product is the establishment of a structure to effectively address workforce violence without stigmatizing patients whose behavior is disease or disorder based.

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