TO: The Honorable Thomas Mac Middleton, Chairman
     Members, Senate Finance Committee
     The Honorable Kathy Klausmeier

FROM: Joseph A. Schwartz, III
      Pamela Metz Kasemeyer
      J. Steven Wise

DATE: March 7, 2013

RE: SUPPORT — Senate Bill 804 — 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 Senate Bill 804.

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. Senate Bill 804 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.
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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