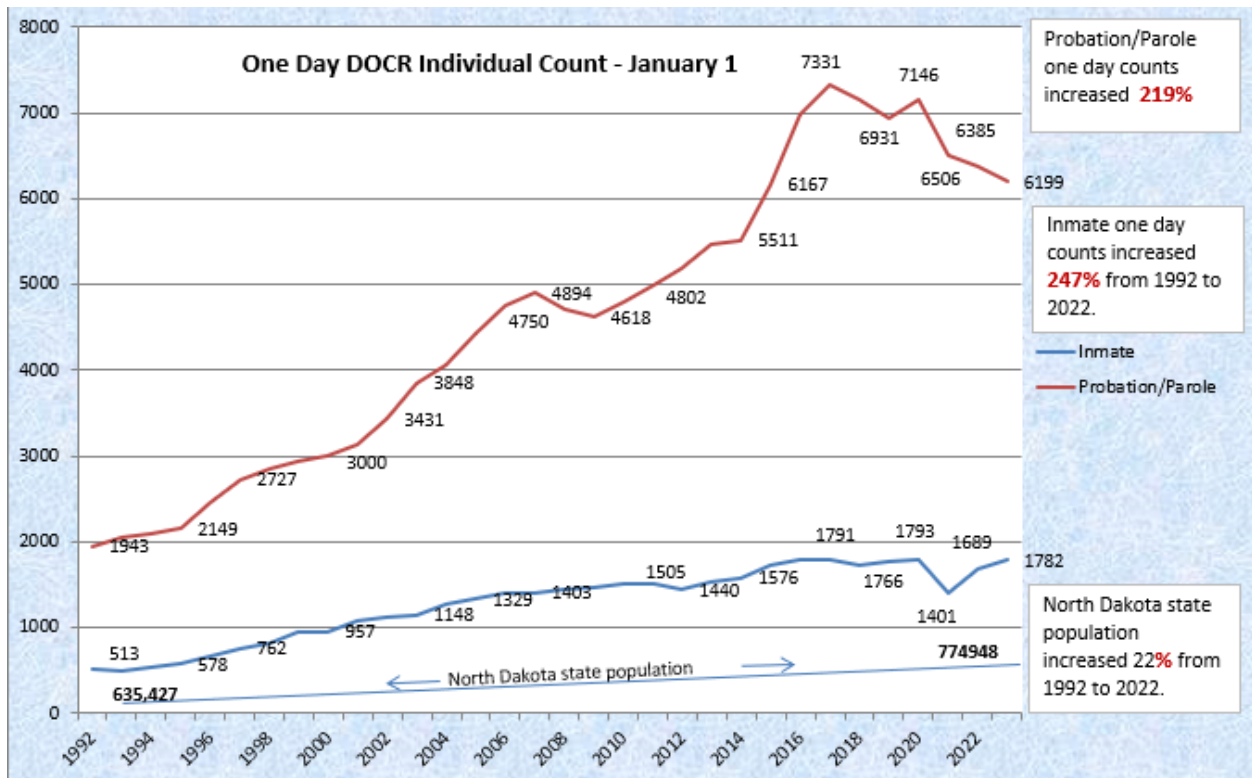


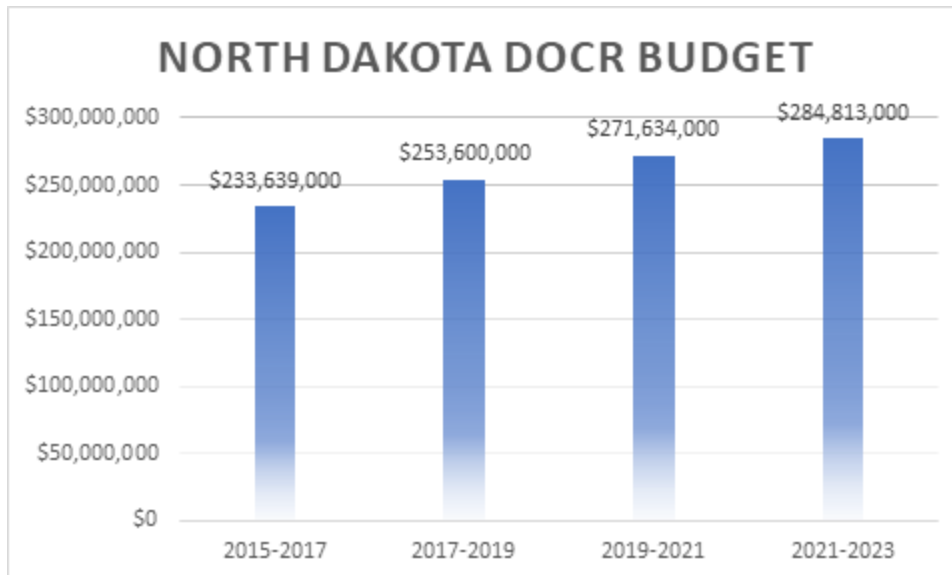
**HOUSE JUDICIARY COMMITTEE  
 REPRESENTATIVE LAWRENCE KLEMIN, CHAIRMAN  
 JANUARY 10, 2023**

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 STEVEN D. HALL, DIRECTOR OF TRANSITIONAL PLANNING SERVICES, NORTH  
 DAKOTA DEPARTMENT OF CORRECTIONS & REHABILITATION  
 PRESENTING TESTIMONY RE: HB1121**

My name is Steven Hall and I am the Director for Transitional Planning Services, a division of North Dakota Department of Corrections and Rehabilitation (DOCR). I am here to testify neutral on behalf of the department on HB 1121.

The department has generally sought to educate policymakers on criminal penalty expansion or enhancements. We are not aware of any evidence that carving out and enhancing a criminal penalty to a class C Felony for simple assault on a health care facility worker will result in a reduction in assaults on healthcare facility workers in this state. It is these types of enhancements that incrementally contribute to





the growth in not only corrections but our broader criminal justice system. It also has life-long implications to those convicted of a Felony. The very reason the person has sought or is need of healthcare could be the issue that contributes to the assault.

According to the data of the [National Inventory of Collateral Consequences of Conviction](#), ND has 542 collateral consequences to a conviction compiled in century and administrative code. During the 2017 legislative session, SB 2216 had a provision to bring simple assault on a healthcare facility worker to the C Felony level. Ultimately that provision was removed; however, in the final passage of the bill it did bring healthcare facility workers into the Contact by Bodily Fluids statute in [NDCC 12.1-17-11](#), which includes a provision of a class C felony if the individual knowingly causes the contact and is a class A misdemeanor if the individual recklessly causes the contact. Do we know how many people have been charged and convicted under this statute since inception in 2017? Is it helping reduce the behavior because isn't that what we ultimately want to happen? Do we have any data on the frequency of criminal assaults on healthcare workers in this state? What occurs that goes unreported? How will this be managed? One healthcare worker may dismiss the assault as being do to the

individual's medical situation and another may file a complaint for the same behavior. If you impose such a policy, I'd encourage you to establish some performance measures and notice requirements that could be revisited by future legislatures. I want to be clear that by no means are we condoning these types of behaviors.

In closing we understand the concerns of the medical community and the incredible work they do for all of us. We also respect your decision and will execute our responsibilities accordingly. If you have any questions, I'd be glad to try and answer them.