

2023 HOUSE JUDICIARY

HB 1121

2023 HOUSE STANDING COMMITTEE MINUTES

Judiciary Committee
Room JW327B, State Capitol

HB 1121
1/10/2023

Relating to assault on a health care facility employee; and to provide a penalty.

Chairman Klemin opened the hearing on HB 1121 at 10:00 AM. Members present: Chairman Klemin , Vice Chairman Karls, Rep. Bahl, Rep. Christensen, Rep. Cory, Rep. Henderson, Rep. S. Olson, Rep. Rios, Rep. S. Roes Jones, Rep. Satrom, , Rep. Schneider, Rep. VanWinkle, Rep. Vetter

Discussion Topics:

- Include medical facilities.
- Hospital's being proactive.
- DOCR capacity.

Rep. Heinert: Introduced the bill. No written testimony

Tim Blasl, ND Hospital Association: Introduced DJ Campbell. No written testimony.

DJ Cambell, Executive Director of Human Resources, Sanford Health: Testimony #12758

Gail Peterson: In support. Testimony # 12569

Glenda Block: No written testimony.

Courtney Koebele: In Support. Testimony # 12687

Marnie Walth, Government Relations for Sanford Health introduces Alexandra Martinez, RN with Sanford Health Testimony #12678

Steven Hall: DOCR Director: Neutral. Testimony # 12699

Additional written testimony:

Jackson Lofgren, District 35: Testimony #12729

Dr. Penny Briese, RN; University of Jamestown. Testimony #12718

Daniel Hunnisett, Altru Health System: Testimony # 12695

Sherri Miller, BSN, RN, ND Nurses Association: Testimony # 12719

Closed the hearing at 10:51 AM.

Delores Shimek, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Judiciary Committee
Room JW327B, State Capitol

HB 1121
1/10/2023

Relating to assault on a health care facility employee; and to provide a penalty.

2:05 PM Chairman Klemin opened the hearing on HB 1121.

Members present: Chairman Klemin, Vice Chairman Karls, Representatives Bahl, Christensen, Cory, Henderson, S Olson, Rios, Roes Jones, Satrom, Schneider, VanWinkle, and Vetter

Discussion Topics:

- Assault
- Felony definitions
- Bodily injury definition
- Serious bodily injury definition
- Healthcare provider and teacher problems
- Simple assault

Rep. VanWinkle moved a Do Not Pass seconded by Rep. Vetter

Representatives	Vote
Representative Lawrence R. Klemin	N
Representative Karen Karls	N
Representative Landon Bahl	N
Representative Cole Christensen	Y
Representative Claire Cory	Y
Representative Donna Henderson	Y
Representative SuAnn Olson	N
Representative Nico Rios	Y
Representative Shannon Roers Jones	Y
Representative Bernie Satrom	N
Representative Mary Schneider	N
Representative Lori VanWinkle	Y
Representative Steve Vetter	Y

Roll call vote: 7 Yes 6 No 0 Absent Motion carried.

Carrier: Rep. Shannon Roers Jones

2:35 pm Chairman Klemin closed the hearing.

Delores Shimek, Committee Clerk

REPORT OF STANDING COMMITTEE

HB 1121: Judiciary Committee (Rep. Klemin, Chairman) recommends **DO NOT PASS** (7 YEAS, 6 NAYS, 0 ABSENT AND NOT VOTING). HB 1121 was placed on the Eleventh order on the calendar.

2023 SENATE JUDICIARY

HB 1121

2023 SENATE STANDING COMMITTEE MINUTES

Judiciary Committee
Peace Garden Room, State Capitol

HB 1121
3/21/2023

A bill relating to assault on a health care facility employee; and to provide a penalty.

2:35 PM Chairman Larson opened the meeting.
Chairman Larson and Senators Myrdal, Luick, Estenson, Sickler, Paulson and Braunberger are present.

Discussion Topics:

- Medical staff safety
- Doctors
- Nursing staff

2:35 PM Representative Heinert introduced the bill.

2:44 PM Courtney Koebele, Executive Director, North Dakota Medical Association, testified in favor of the bill and provided written testimony #26065, #26155.

3:01 PM Melissa Hauer, General Counsel, North Dakota Hospital Association, introduced DJ Campbell.

3:01 PM DJ Campbell, Executive Director of Human Resources for Sanford Health Bismarck, testified in favor of the bill and provided written testimony #26068.

3:20 PM Gail Pederson testified in favor of the bill and provided written testimony #26029.

3:30 PM Sherri Miller, Executive Director, North Dakota Nurses Association, testified in favor of the bill and provided written testimony #26018.

3:41 Glenda Block spoke in favor of the bill.

3:47 PM Marnie Walth, Sanford Health, introduced Alex Martinez.

3:50 PM Alexandra Martinez, ICU Nurse, testified in favor of the bill and provided written testimony #25998.

Additional written testimony:

Rick Becker #26031
Steven Hall #25945

4:04 PM Chairman Larson closed the public hearing.

Rick Schuchard, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Judiciary Committee
Peace Garden Room, State Capitol

HB 1121
3/22/2023

A bill relating to assault on a health care facility employee; and to provide a penalty.

9:40 AM Chairman Larson opened the meeting.

Chairman Larson and Senators Myrdal, Luick, Estenson, Sickler, and Braunberger are present. Senator Paulson is absent.

Discussion Topics:

- Committee action

9:41 AM Senator Estenson moved to Do Not Pass the bill. The motion was seconded by Senator Myrdal.

9:44 AM Roll call vote was taken.

Senators	Vote
Senator Diane Larson	Y
Senator Bob Paulson	AB
Senator Jonathan Sickler	Y
Senator Ryan Braunberger	Y
Senator Judy Estenson	Y
Senator Larry Luick	Y
Senator Janne Myrdal	Y

Motion passes 6-0-1.

Senator Estenson will carry the bill.

This bill does not affect workforce development.

9:45 AM Chairman Larson closed the meeting.

Rick Schuchard, Committee Clerk

REPORT OF STANDING COMMITTEE

HB 1121: Judiciary Committee (Sen. Larson, Chairman) recommends **DO NOT PASS** (6 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1121 was placed on the Fourteenth order on the calendar. This bill does not affect workforce development.

TESTIMONY

HB 1121

January 10, 2023

Thank You Chairman Klemin and Judicial committee members for the work you are doing and allowing me to speak today. My name is Gail Pederson, District 24. I am here to speak in favor of House Bill 1121, relating to assault on a health care facility employee. I am a Special Practice RN, Board Certified Holistic Nurse and Cannabis Nurse educator and consultant. I was honored to be named North Dakota Legendary Nurse for Advocacy by the ND Center for Nursing in 2019.

My most recent “punch the clock” position, semi retiring after 42 years in August, was taking care of aging religious sisters at Maryvale convent near Valley City. The first time I drew all of the sisters’ blood for lab, I joked....Well, at least I know you aren’t drunk, I don’t think you’ll swear at me and I doubt you will take a swing at me....And we laughed. We laughed! This is nothing to laugh about.

I worked in a small town ER for 21 years. The installation of the “Panic Button” directly to 911 when the unit was remodeled many years ago ushered in a new reality. Fortunately, the only time I ever used it was when I accidentally leaned in to it. Our police officers can come fast, but not fast enough.

I am a member of the American Cannabis Nurses Association and on their Government Policy and Advocacy committee. There are more than a handful of nurses across the country whose stories I personally know. They cannot work after a patient assault. These professionals are now major advocates for Cannabis as Medicine. They suffer mostly from closed head injuries, the dangerous head butt! Results are brain fog, cognitive disabilities, PTSD, anxiety, chronic and acute pain. It is life changing.

While I have no first person experience with workplace violence, what I do have is an open ear for other nurses across the state who have reached out to me with a connection on social media. Their despair over the state of health care throughout the pandemic is dramatic. While I never heard of physical injury, The abusive language and threatening stances were there. Who is to say it couldn’t escalate. Should that even be tolerated. Is it in any other business? Moral injury has taken place, the spirit of our health care professionals has been broken. We need to protect them. Adding Health Care facility employees to HB 1121 should be a given. Please vote favorably for the amendment. Thank you. I stand for questions.

Gail Pederson, SPRN, HN-BC
Be Well Healing Arts, PLLC
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House Judiciary Committee
Rep. Lawrence Klemin
Jan. 10, 2023
HB 1121

Good morning, Chairman Klemin and members of the committee. My name is Alexandra Martinez. I am a registered nurse and I work in Sanford Fargo Medical Center's intensive care unit (ICU). Thank you for this opportunity to testify in support of HB 1121.

Let me start by telling you that nursing has always been my dream. I wasn't able to attend nursing school until I was 27. I was excited to work at Sanford Medical Center when I graduated. I joined the neuro/surgical nursing unit for one year and then advanced to the ICU eight months ago. I love my job. I enjoy taking care of our patients and I am grateful to be part of an amazing team of caregivers.

My world changed when a patient I was helping chose to kick me in the head. I was part of a team removing this patient's breathing tube. He was awake and we had explained the procedure to him. As we began the process, he punched one of my co-workers and managed to roll on his side to kick me in the head. I blacked out and fell to the ground.

When I woke up, I was outside the room and immediately felt pain in my face, my ribs and my hip. A neuro exam confirmed I had a concussion, but because I am pregnant, I decided against x-rays of my torso.

The nausea and headaches that followed are now gone, but the physical pain and the fear this will happen again is still there. I'm not able to do the physical activities I used to do and I am not myself. I am scared to go back and I cannot help but question if I should leave healthcare and return to my desk job where it is safer.

The majority of our patients are wonderful people who appreciate the support caregivers provide, but the number of patients who aim to hurt us seems to be increasing.

When I was asked to share my story with you, I asked if there was a chance the increased penalty could apply to the man that kicked me. I understand that cannot happen, but I am grateful for the opportunity to help change the law for other healthcare workers going forward.

Thank you for your consideration. On behalf healthcare workers in our state who take care of patients and their families when they need us most, I am asking you to vote yes on HB 1211.

Please feel free to contact me with any questions.

Sincerely,

Alexandra Martinez

Ajmartinez905@gmail.com

619-246-5997



**House Judiciary Committee
HB 1121
January 10, 2023**

Chairman Klemin and Committee Members, I am Courtney Koebele and I serve as Executive Director for the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

The North Dakota Medical Association is in strong support of HB 1121. This issue was originally brought to the medical association by the North Dakota Chapter of Emergency Physicians in 2014. Although they were already in a protected class under the statute, they were seeing a large increase in assaults in the workplace and wanted a higher level of penalty to apply to all health care workers. The NDMA House of Delegates reviewed this issue and adopted a resolution to move forward in supporting legislation to protect all healthcare providers.

Currently, North Dakota law provides for an assault classification of Class C Felony when the victim is:

1. a peace officer or correctional institution employee acting in an official capacity, which the actor knows to be a fact;
2. an employee of the state hospital acting in the course and scope of employment, which the actor knows to be a fact, and the actor is an individual committed to or detained at the state hospital pursuant to chapter 25-03.3;
3. a person engaged in a judicial proceeding; or
4. a member of a municipal or volunteer fire department or emergency medical services personnel unit or an emergency department worker in the performance of the member's duties.

This bill would add to that list a victim employed or contracted by a health care facility, which the actor knows to be a fact, and the assault occurs on the health care facility property.

Assaults against healthcare workers are rising. The federal government reports that health care workers are four times more likely to experience workplace

violence than employees in all other industries. In 2020, the healthcare and social assistance industry reported a 40% increase in injury and illness cases which continues to be higher than any other private industry sector – 806,200 cases (2020 Survey of Occupational Injuries and Illnesses, BLS). In fact, healthcare accounts for nearly as many serious violent injuries as all other industries combined.

This law would make the punishment for assaulting a healthcare provider equal to the penalty for assaulting a law enforcement officer, employee at the state hospital, a person engaged in a judicial proceeding, volunteer firefighter, or EMT.

This will send a clear message that we are serious about protecting the professionals who make it their life's work to protect others. Identical to the currently protected professional individuals, healthcare providers are obligated to offer assistance, therefore, we believe the same protections should be in place.

For the above stated reasons, we request your support for HB 1121.

Thank you.

Ref: HB 1121

Members of the House Judiciary Committee,

It comes with great urgency that I implore you to recommend House Bill 1121 and report favorably for final passage.

Workplace violence within healthcare has become a nationwide problem; and our state's healthcare systems are not immune from such events. Healthcare workers have been facing verbal and physical abuse from the people they serve for years, with little to no legislation to support the healthcare worker after experiencing an assault.

As a healthcare security professional leading teams who protect those who care for our patients, in my opinion it is imperative to curb the increasing rates of workplace violence against healthcare workers. Here at Altru Health System, we have seen rates of workplace violence continue to increase from 2021, through 2022.

In 2021, there were 315 reported physical or verbal incidents of workplace violence by patients or visitors of the health system against healthcare workers. 102 of those incidents, 32%, were physical assaults against healthcare workers and 27 of those resulted in physical injury.

In 2022, there were 399 reported physical or verbal incidents of workplace violence by patients or visitors of the health system against healthcare workers. 137 of those incidents, 34%, were physical assaults against healthcare workers and 48 of those resulted in physical injury, double from the year prior.

Many of the physical assaults referenced and recorded were not just patients swatting at arms of nurses, but rather were nose breaking, urine and feces throwing, bites breaking the skin, and concussion giving levels of assault. These are the types of assaults that are causing healthcare workers to reconsider their decisions to work within healthcare. In fact, in 2022, 10 of the 48 reported injuries due to workplace violence were severe enough to result in Workforce Safety Insurance claims.

Additionally, there were 13 blood/bodily fluid exposures in 2022 that were associated to workplace violence, and cost the organization over \$13,000.

Violence should not be tolerated in any setting, but especially within a setting meant to heal and care for patients. Increasing violence against healthcare workers may increase the labor shortage in nursing related fields. Current legislation does not deter this behavior from occurring; there is not a severe enough punishment for the offender. Increasing violence and injuries lead to increased costs to employers, and insurance companies.

It is time to protect those who protect others. It is time to enhance the existing legislation to protect all healthcare workers in all healthcare settings.

Respectfully,



Daniel Hunnisett, CHSS

Manager | Security

Chair | IAHS Upper Midwest Chapter

Altru Health System | Grand Forks, ND

701.780.5708 phone | 701.864.0254 cell | dhunnisett@altru.org

Pronouns: he, him, his



Workplace Violence Statistics - Introduction

OSHA defines workplace violence as: Any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide.

Workplace violence can be categorized into 4 types:

Type 1: Criminal Intent	Type 2: Customer/Client	Type 3: Worker-to-Worker	Type 4: Domestic Violence
Criminal intent workplace violence incidents is when the perpetrator has no relationship with the targeted establishment and the primary motive is theft. This type is generally a robbery, shoplifting or trespassing incident that turns violent. The biggest targets of criminal intent violence are workers who exchange cash, work late hours or work alone. In health care settings Type 1 violence occurs less frequently compared to other types of violence.	During a customer/client workplace violence incident, the perpetrator is a customer or client of the employer and the violence often occurs in conjunction with the worker's normal duties. The occupations with the highest risk for customer/client violence are healthcare and social service workers whom are four times more likely to be a victim than the average private sector employee, according to the Bureau of Labor Statistics.	This type of workplace violence incident is generally perpetrated by a current or former employee, and the motivating factor is often interpersonal or work-related conflicts, or losses and traumas. The group highest at risk for this type of workplace violence incident is managers and supervisors.	Domestic violence in the workplace oftentimes is perpetrated by someone who is not an employee or a former employee. This type of incident is frequent because the abuser knows exactly where his/her spouse will be during work hours. Women are targeted much more frequently than men, and the risk of violence increases when one party attempts to separate from the other.

We also classified the workplace violence event by the means that the individual used committing an act of workplace violence, or the interventions used by staff:

Verbal/Verbal Direction	Physical/Physical Intervention	Assault
Verbal abuse or verbal threats used against an individual. Staff may have used verbal direction as an intervention.	An individual may have used physical intimidation or other actions that may not have reached the level of assault. This action is outside of the medical process. Staff may have used physical intervention measures to prevent situation escalating.	The act of an assault used against an individual.

2021 Workplace Violence Statistics - Yearly Overview

		<u>OSHA WPV TYPE</u>				
<u>2021 TOTAL</u>		<u>1-Criminal Intent</u>	<u>2-Customer/Client</u>	<u>3-Worker to Worker</u>	<u>4-Domestic Violence</u>	<u>TOTALS</u>
<u>Incident Type</u>	<u>Verbal Direction</u>	2	129	1	6	138
	<u>Physical Intervention</u>	0	84	0	2	86
	<u>Assault</u>	0	102	0	4	106
	<u>TOTALS</u>	2	315	1	12	330

Injuries Due To Workplace Violence: 27

2022 Workplace Violence Statistics - Yearly Overview

		<u>OSHA WPV TYPE</u>				
<u>2022 TOTAL</u>		<u>1-Criminal Intent</u>	<u>2-Customer/Client</u>	<u>3-Worker to Worker</u>	<u>4-Domestic Violence</u>	<u>TOTALS</u>
<u>Incident Type</u>	<u>Verbal Direction</u>	6	121	2	5	134
	<u>Physical Intervention</u>	1	141	1	0	143
	<u>Assault</u>	1	137	0	6	144
	<u>TOTALS</u>	8	399	3	11	421

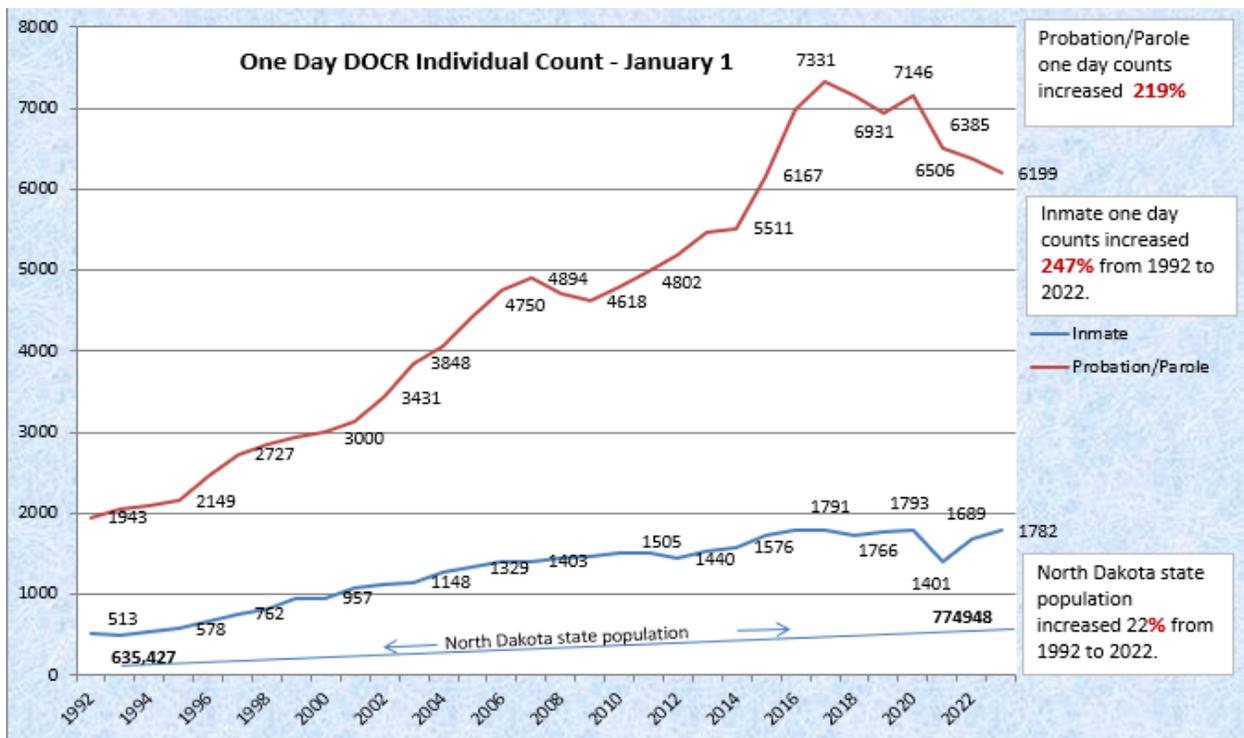
Injuries Due To Workplace Violence: 48

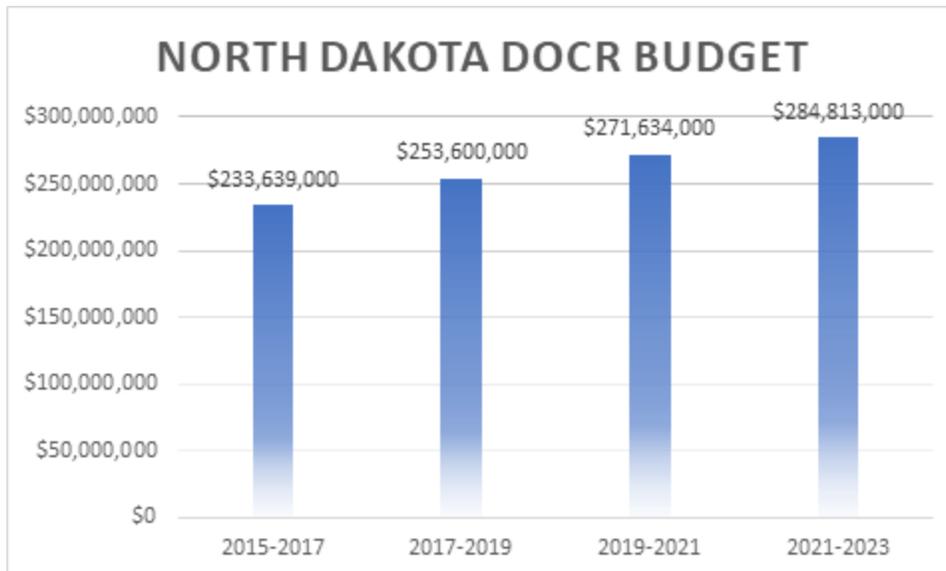
**HOUSE JUDICIARY COMMITTEE
REPRESENTATIVE LAWRENCE KLEMIN, CHAIRMAN
JANUARY 10, 2023**

**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.

Testimony House Bill 1121 – IN SUPPORT
Judiciary Committee
Sixty-Eighth Legislative Assembly of North Dakota

Tuesday, January 10, 2023

Dear Chairman Klemin and Members of the Judiciary Committee:

As I rise this morning and prepare for my day as a Nurse Educator, it is once again with a heavy heart as I am all too familiar with the world into which I will soon be sending these bright, eager young nurses. Every day in America, nurses are assaulted on the job; we are subjected to slaps, pinches, punches, bodily fluids being spat or flung at us, and even verbal abuse and threats on our very lives and the lives of our families. This abuse comes not only from patients, but also from family members who take out their frustrations on the nurse whose only desire is to care for their loved one. Since the outbreak of COVID-19, these abuses and attacks have only increased and it is a frequent occurrence for me to receive an email or text from a former student, frustrated and considering leaving the field of nursing because of an attack and asking for my counsel.

As a Registered Nurse who has spent the majority of her life serving in healthcare in rural North Dakota, in Oakes, LaMoure, Edgeley and Jamestown, I remember being taken aback when I transitioned from a medic on the ambulance to being an Emergency Room nurse, both positions where I was fully protected by the law, to working bedside hospital and long-term healthcare. Suddenly, I wasn't protected. And the transition from ER to bedside was nothing more than a walk down the hospital hallway. This is unfathomable and it must be resolved.

Yesterday, January 9th, was Nurses Day at the Capitol and throughout the day, many of you were able to interact with nurses and nursing students from across the state. When introducing your esteemed colleagues, Senator Kristin Roers and Representative Karen Rohr, I asked that the students in attendance stand up and be recognized. I then asked those who felt that they had already, as student nurses, been subject to physical and verbal assault; my heart sunk as over half of them once again rose to their feet.

But this morning, as I rise and ready myself for the work of preparing the next generation of nurses who will be caring for me, caring for you and your loved ones, I do so with hope. Because those nursing students were there yesterday. They have put their trust in all of you, as our state legislators, to answer their plea for full protection under the law. Please listen to them and to all of us who serve as nurses in North Dakota as we ask you to pass HB 1121: the Healthcare Worker Assault bill. You have the power to protect us so that we can care for the citizens of North Dakota.

Thank You.



Dr. Penny Briese, RN
Associate Professor of Nursing
Simulation Lab Coordinator
University of Jamestown



Testimony House Bill 1121 – IN SUPPORT
Judiciary Committee
Sixty-Eighth Legislative Assembly of North Dakota

Tuesday, January 10, 2023

Dear Chairman Klemin, and Members of the Judiciary Committee:

As a Registered Nurse of almost twenty-four years in North Dakota and the Executive Director of the North Dakota (NDNA) Nurses Association, I am writing to you in support of HB 1121, relating to assault on a health care facility employee.

The mission of the North Dakota Nurses Association is specific to nurses and that is to advance the nursing profession by promoting professional development of nurses, fostering high standards of nursing practice, promoting the safety and well-being of nurses in the workplace, and by advocating on health care issues affecting nurses and the public.

While workplace violence is not uncommon, *it is 5 times more prevalent in the health care industry.* Violence against health care workers has worsened during the pandemic. In a recent 2022 survey of 2,500 hospital nurses, 48% reported having experienced violence in the workplace, a *31% increase since just last year.* Although anyone working in a hospital or health care facility may become a victim of violence, nurses and other staff directly involved in patient care are at higher risk.

NDNA is a constituent state of the American Nurses Association (ANA), and their position statement reads, "a safe work environment promotes physical and psychological well-being. If members of the health care team do not feel safe, the work environment is left vulnerable, and everyone's safety is compromised."

Amending the current statute in the North Dakota Century Code is an important protection for all health care workers (whatever setting they are working in), including the nurses we represent. We respectfully urge you to support this legislation.

Sincerely,

Sherri Miller, BSN, RN
Executive Director
North Dakota Nurses Association

January 10, 2023
Testimony to the **House Judiciary Committee**
By Jackson J. Lofgren
Testimony in Opposition to H.B. 1121

Chairman Klemin and Members of the House Judiciary Committee:

My name is Jackson Lofgren and I reside in District 35. I have had the pleasure of practicing law in North Dakota for sixteen years. The first seven years of my career was spent working as a Special Assistant Attorney General and Assistant Morton County State's Attorney. For the last nine years I have been in private practice in Bismarck. My law practice is focused almost entirely on criminal defense. I am a past president of the North Dakota Association of Criminal Defense Lawyers. **I oppose H.B. 1121.**

There have been several prior attempts to make it a felony to commit simple assault on a health care worker. Doing some quick research, I was able to find S.B. 2268 from the 2021 session and S.B. 2193 from the 2015 session. These bills failed for good reason.

I do not deny health care workers must deal with difficult people. They have to deal with people who are stressed, under the influence of drugs, and those who suffer from mental illness. But, this bill does not help anything. A person in a drug induced blackout or a schizophrenic person is not going to know or care about the level of offenses in the Century Code. What is the criminal justice system supposed to do with an elderly person in the nursing home who is suffering from dementia and becomes aggressive with staff? If this bill passes the assumption will be they should be taken from the nursing home to the county jail because now the offense is a felony.

This is also a slippery slope. If you make it a felony to commit simple assault on a health care worker some other group will be here next session asking for enhanced criminal penalties.

For these reasons I urge you to vote **DO NOT PASS** on House Bill 1121.

Thank You,

Jackson J. Lofgren

Jackson J. Lofgren

House Judiciary Committee

Rep. Lawrence Klemin

Jan. 10, 2023

HB 1121

Good morning, Chairman Klemin and members of the committee. My name is DJ Campbell and I am the Executive Director of Human Resources for Sanford Health Bismarck. Thank you for the opportunity to share information with you today on this important topic.

I am here today to ask for your support of HB 1121. The purpose of this legislative change is to make it a felony if an individual assaults healthcare workers when those individuals are working within their scope of duties within a healthcare facility.

The law in its current state protects healthcare workers in an emergency department or as part of an emergency medical services personnel unit. It also includes as a felony an act where bodily fluids are made to come into contact with a healthcare worker. We are so grateful for these protections, but I'm asking that we send a message that those providing healthcare on the front lines, whether in an emergency department or elsewhere within a healthcare facility, are treated equally when it comes to being on the receiving end of workplace violence. In addition to emergency department personnel, the current statute specifically protects all employees of the state hospital, a person engaged in judicial proceedings and a member of a municipal or volunteer fire department. We are asking that the same protection be given to all healthcare facility personnel across the state.

When we think about the care provided in a healthcare facility, we often think of positive stories of a baby being born, or a loved one going into surgery, or a friend being treated after an accident. We see these types of stories in our social media feeds or we hear these shared by friends and family. When I started with Sanford over two years ago, these are the stories I expected to see and hear. What you don't always hear about are the stories of care provided for individuals due to substance abuse, feuding family members that interfere with patient care, providing care for individuals with a criminal background and even providing care to individuals that were injured while committing a crime.

There may be a belief that assaults on healthcare workers is not commonplace, or that a felony is too severe a penalty for a patient coming to a hospital in need of care. I'm here to tell you that, unfortunately, nurses are four times more likely to be assaulted than any other private industry employees according to the Occupational Safety and Health Administration. Beyond nursing staff, those in the security services and other frontline healthcare roles, such as lab personnel or nutritional services or really any employee within healthcare that comes into contact with patients, family members or visitors are unfortunately at risk for workplace violence.

seeing a decrease much like we did after the increased penalty related to the intentional contact with bodily fluids.

We saw a noticeable decline in bodily fluid contacts after the legislature in 2017 made that behavior a felony. From 2010-2018, the numbers for bodily fluid contacts ranged anywhere from 25-42/year. However, in 2018 we had 25, in 2019 we had 5, in 2020 and 2021 we had 1 and last year we had none. This is a steady decrease since that legislative change showing the felony designation works.

Post-Covid, among a number of other societal factors, has caused a large disruption in the healthcare workforce. Safety plays a critical component in the well-being and engagement of our teams and impacts the retention of our current staff as well as attracting new staff. Annually, we conduct an employee experience survey allowing staff to lead the development of our culture. In the survey, we received a number of comments pertaining to workplace violence when we asked if workloads can be managed safely. One employee answered, "A safe workload depends on a patient's actions. We have training on a regular basis, but it seems patients are being more violent lately."

On another question, when we asked if Sanford Health provides enough support for mental and physical wellbeing, another employee answered, "I do not feel trained or equipped to handle the violence we are seeing on our unit. Also, it is not even a crime to assault nursing staff on our floor, and Sanford needs to get on law makers to change this. So, the physical wellbeing is completely out the window--Sanford earns a 0 here." There are limits to what we can do alone, which is why I stand before you today.

Lastly, I also want to be clear that we do not take reporting a patient lightly. When an assault occurs, there are discussions to identify what happened and why. If the situation is attributable to a patient's underlying condition, we do not make a report. It is only when behavior is purely that, bad behavior, we recommend staff make a report. We need the support of this legislative body affirming that this behavior is unacceptable and is punishable by a felony.

In closing, while I may not be a frontline worker, I have the honor of working with them every day. I get to see their passion, resilience, joy, frustration, heartbreak and fear. Rain or shine or even 2 feet of snow, they show up every day to serve the patients that desperately need them. They do more than care for these patients; they get to know them, they comfort them in their time of need and they make them feel safe. We respectfully request that this legislature make healthcare workers feel safe by ensuring that all members of the team providing care in a healthcare facility are treated the same and willful assaults on them by patients, family and visitors may be considered a felony.

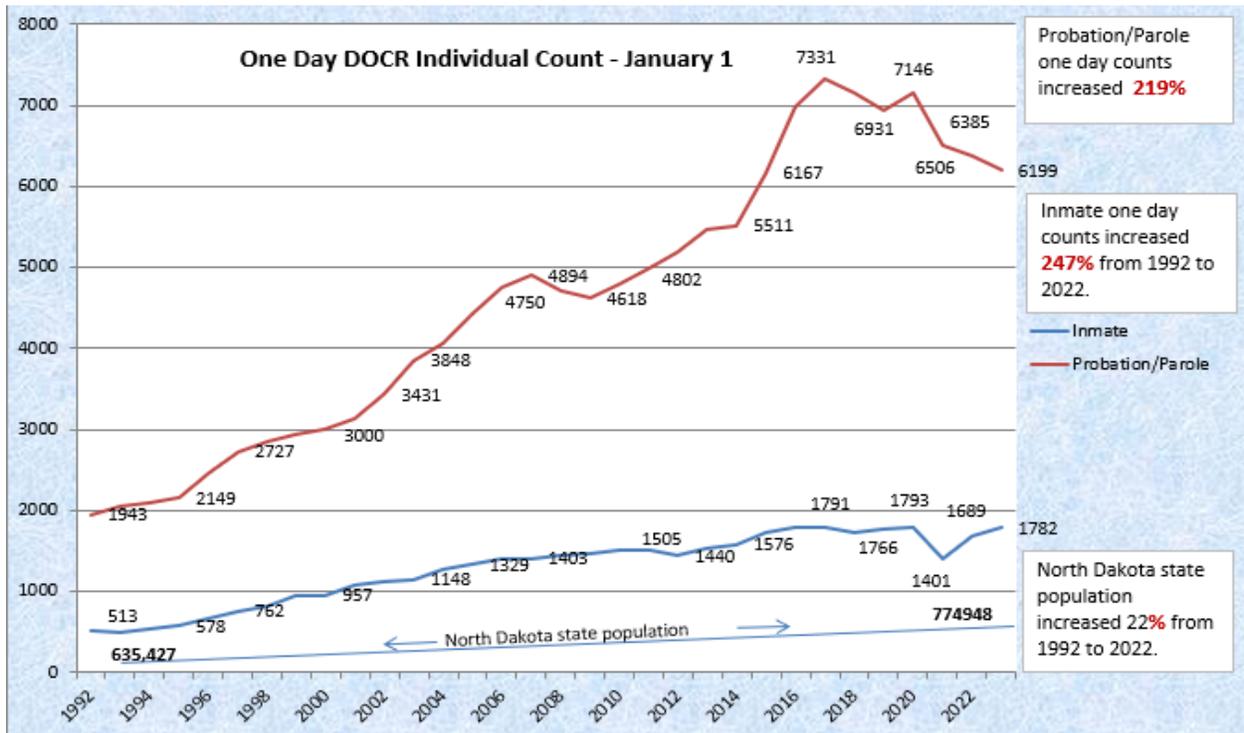
I would be happy to answer any questions. Thank you for your time and your consideration.

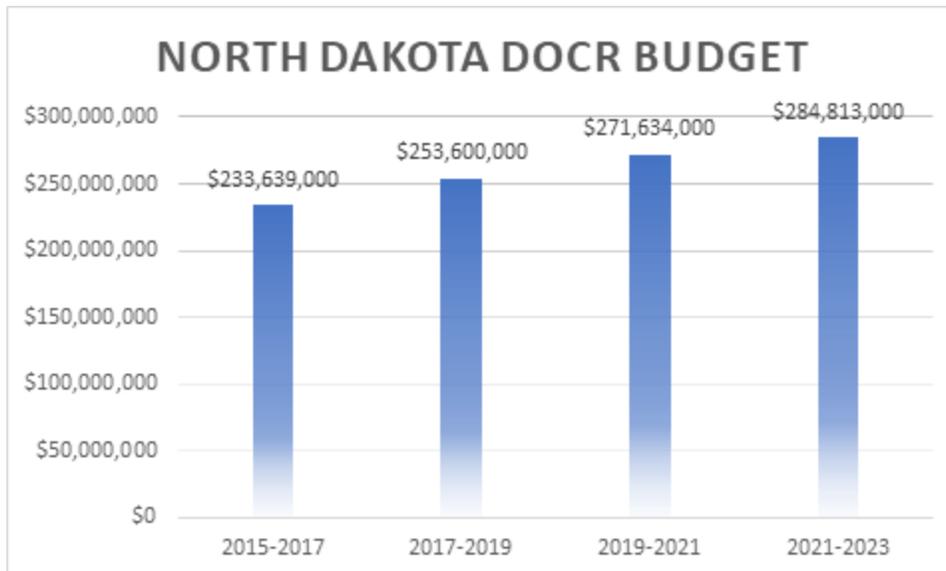
**SENATE JUDICIARY COMMITTEE
SENATOR DIANE LARSON, CHAIRWOMAN
March 21, 2023**

**STEVEN D. HALL, DIRECTOR OF TRANSITIONAL PLANNING SERVICES, NORTH
DAKOTA DEPARTMENT OF CORRECTIONS & REHABILITATION
PRESENTING TESTIMONY HB 1121**

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 providing written testimony 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. It may be worthwhile to obtain data on how many people have been charged and convicted under this statute since inception in 2017, whether it's helping to reduce certain behavior as intended, what the frequency is of criminal assaults on health care workers in this state, how many incidents go unreported and how the law will be applied. One health care worker may dismiss the assault as being due to the

individual's medical situation and another may file a complaint for the same behavior. If such a policy is adopted, we would 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 does the DOCR condone 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.



**Senate Judiciary Committee
Senator Diane Larson, Chair
March 21, 2023
HB 1121**

Good morning, Chair Larson and members of the committee. My name is Alexandra Martinez. I am a registered nurse and I work in Sanford Fargo Medical Center's intensive care unit (ICU). Thank you for this opportunity to testify in support of HB 1121.

Let me start by telling you that nursing has always been my dream. I wasn't able to attend nursing school until I was 27. I was excited to work at Sanford Medical Center when I graduated. I joined the neuro/surgical nursing unit for one year and then advanced to the ICU eleven months ago. I love my job. I enjoy taking care of our patients and I am grateful to be part of an amazing team of caregivers.

My world changed when a patient I was helping chose to kick me in the head. I was part of a team removing this patient's breathing tube. He was awake and we had explained the procedure to him. As we finished the process, he grabbed my co-worker and managed to kick me in the head. I fell to the ground and blacked out.

When I woke up, I was outside the room. That week, I started to feel pain in my head, wrist, ribs, and hip. A neuro exam confirmed I had a concussion and because I am pregnant I could not have an x-ray.

The side effects from the concussion and pain are still ongoing and the fear this will happen again is still there. I'm not able to do the physical activities I used to do and I am not myself. I am scared to go back and I cannot help but question if I should leave healthcare and return to my desk job where it is safer.

The majority of our patients are wonderful people who appreciate the support caregivers provide, but the number of patients who aim to hurt us seems to be increasing.

When I was asked to share my story with you, I asked if there was a chance the increased penalty could apply to the man that kicked me. I understand that cannot happen, but I am grateful for the opportunity to help change the law for other healthcare workers going forward.

Thank you for your consideration. On behalf of healthcare workers in our state who take care of patients and their families when they need us most, I am asking you to vote yes on HB 1211.

I would be happy to answer any questions.

Sincerely,

Alexandra Martinez

Ajmartinez905@gmail.com

619-246-5997



Testimony House Bill 1121 – IN SUPPORT
Senate Judiciary Committee

Tuesday, March 21, 2023

Chairman Larson and Members of the Senate Judiciary Committee:

My name is Sherri Miller, and I am a registered nurse in North Dakota – District 30. I have worked in healthcare for almost twenty-five years, and I have been the Executive Director of the North Dakota Nurses Association (NDNA) since 2018. I am here today on behalf of NDNA to ask you to support HB 1121, relating to assault on a healthcare facility employee.

The mission of the North Dakota Nurses Association is to advance the nursing profession by promoting the professional development of nurses, fostering high standards of nursing practice, promoting the safety and well-being of nurses in the workplace, and advocating on healthcare issues affecting nurses and the public. The NDNA Advocacy Platform has workplace safety as a top priority.

While workplace violence is not uncommon in general, it is 5 times more prevalent in the healthcare industry. In speaking with student nurses in the state last month, I heard a sad story of being verbally, physically, and sexually assaulted all in one eight-hour shift. One individual reported she was the only CNA working at the time, was discouraged to report it, and that she could not press charges.

Violence against healthcare workers has worsened during the pandemic. Nurses make up the largest portion of the healthcare professionals. In a recent 2022 survey of 2,500 hospital nurses, 48% reported having experienced violence in the workplace, a 31% increase since the year before. Although anyone working in a hospital or healthcare facility may become a victim of violence, nurses and other staff directly are at higher risk because they provide the most direct care to patients, but they're not always prepared to defend themselves. Nurses specifically are often the first healthcare staff to interact with patients and sometimes the only health professional a patient will ever see.

NDNA is a constituent state of the American Nurses Association (ANA), and their position statement reads, *"a safe work environment promotes physical and*



psychological well-being. If members of the healthcare team do not feel safe, the work environment is left vulnerable, and everyone's safety is compromised."

Amending the current statute in the North Dakota Century Code is an important protection for all healthcare workers (whatever setting they are working in). They provide care, support, and treatment for the sick, the injured and the dying and support their families and communities. They need this protection.

We respectfully request your support of this legislation.

Sincerely,

Sherri Miller, BSN, RN
Executive Director
North Dakota Nurses Association

January 10, 2023

Thank You Chairman Larson and Judicial committee members for the work you are doing and allowing me to speak today. My name is Gail Pederson, from District 24 in Valley City. I am here to speak in favor of House Bill 1121, relating to the assault on a health care facility employee. I am a Special Practice RN, Board Certified Holistic Nurse, Cannabis Nurse educator and consultant. I was honored to be named North Dakota Legendary Nurse for Advocacy by the ND Center for Nursing in 2019, both for my advocacy of nursing and my cannabis activism since medical cannabis became legal in 2016.

My most recent “punch the clock” position, semi retiring after almost 43 years, was taking care of aging religious sisters at Maryvale convent near Valley City. After working in a small town hospital ER, the first time I drew all of the sisters’ blood for lab, I joked....Well, at least I know you aren’t drunk, I don’t think you’ll swear at me and I doubt you will take a swing at me....And we laughed. We laughed! This is nothing to laugh about. Health care workers have come under an onslaught of verbal and physical attacks over the last 3 years. Our penalties must be severe enough for people to pay attention to what they are doing and the consequences they face.

I am a member of the American Cannabis Nurses Association and on their Government Policy and Advocacy committee. There are more than a handful of cannabis nurses across the country whose stories I personally know. They cannot work after a patient assault. These professionals are now major advocates for cannabis as medicine. They suffer mostly from Musculoskeletal and closed head injuries, the dangerous head butt being particularly harmful, results are brain fog, cognitive disabilities, PTSD, anxiety, chronic and acute pain. It is life changing.

Over the last few years, I have had an open ear for other nurses across the state who have reached out to me via social media. Their despair over the state of health care throughout the pandemic is dramatic. My written testimony in the house stated I had not heard of serious physical injury. The morning of my testimony, I received this from a nurse in the western part of the state. It was only included in my video testimony.

“This is what happened to me. I was checking the IV pump medications the patient was receiving. Suddenly, I felt a sharp blow to my right lateral rib cage. I’m on the ground and my breath is knocked out of me. My patient had lifted her leg and kicked me from her bed. My patient is muttering “bitch, you deserved it.” At that moment, I’m thankful she is too ill to move quickly. I’m choking back tears because I didn’t do a damn thing to her. This patient assaulted two other co-workers before the shift was over. I suffered a pulmonary contusion. Law enforcement charged her with three counts of misdemeanor assault. She was pissed because she wanted her cell phone, which we did not have. (She was hospitalized because she was in diabetic ketoacidosis, nothing wrong with her mind.) She has a long history of violence. The police knew her well and have arrested her several times before for a variety of charges through the years. Our facility puts all their employees through MOAB training. I did have to use it during the night when she was assaulting my other co-worker and I was so thankful for the training. She will get the three misdemeanor charges but they will mean nothing to her, given her background. Just another day of getting away with being a bully.”

The debate in the house hearing was that we are creating a special class of people. Don’t we have that already by separating out the protected class of people of emergency management? Then it was “where does it end?” We have heard that by adding the bodily fluids clause, there has been a reduction in incidents. It works to deter people. Shouldn’t those of us that may not have a choice of caring for a violent patient have the same protections?

The abusive language and threatening stances are here. Should that even be tolerated? Is it in any other business? As a holistic nurse, caring for the mind, body and spirit of my patients, I can't NOT take care of them.

You've hear of "burn out". Moral injury, to me, is a better definition. The spirit of our health care professionals has been broken. The least we can do is physically protect them. Adding health care facility employees to HB 1121 should be a given. Please vote favorably for the amendment. Thank you. I stand for questions.

Gail Pederson, SPRN, HN-BC
Be Well Healing Arts, PLLC
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Senate Judiciary committee
HB 1121 03/21/2023

Please vote for a Do Not Pass.

Our simple assault statute is already quite unjust. This bill expands the injustice.

Recently the legislature, in an effort to show support for special vocational classes, such as "Frontline workers" and law enforcement, created a specially severe penalty for simple assault to those special vocations.

Simple assault is when "bodily injury" occurs. Century code defines bodily injury as, "any impairment of physical condition, including physical pain." Yes, even a hard slap on the wrist is bodily injury by definition.

Currently if one does this to most people it is a class B misdemeanor, maximum of 30 days in jail. But do it to a special vocational class, and you're looking at 5 years in jail.

"Regular" Assault is when substantial bodily injury occurs, defined as, "a substantial temporary disfigurement, loss, or impairment of the function of any bodily member or organ."

This is a Class A misdemeanor (class C felony if done to a child under 12), 1 year in jail.

Aggravated assault is for serious bodily injury, defined as, "bodily injury that creates a substantial risk of death or which causes serious permanent disfigurement, unconsciousness, extreme pain, permanent loss or impairment of the function of any bodily member or organ, a bone fracture, or impediment of air flow or blood flow to the brain or lungs."

This is a Class C felony, again 5 years in jail.

Please put this into perspective.

Slap up a Dairy Queen worker and you may get 30 days in jail. Slap up an E.R. doctor, or police officer, and you may get 5 years in jail. This is patently unjust.

If one beats the living hell out of another human being, bringing them nearly to death, they are looking at the same penalty as for simply slapping a volunteer firefighter.

Please tell me in what world this makes sense. There must be a better way to show support for these professions than blindly vote for for every bill that is so-called Pro-this or Pro-that.

HB1121 wants to expand the special professions to include anyone working at any kind of health care facility.

So, slap a janitor at a medical clinic; get 5 years in jail. Slap the same janitor at his other job at an office building; get 30 days in jail.

Why in the world stop there. ER docs are special. So are firefighters and police officers. So are nurses.Aren't teachers? Who isn't special? Where does this end?

Also, let me remind this very committee that just a few weeks ago, you voted for presumed mandatory minimums for this exact crime. So now EVERYBODY gets to go to jail.

Lastly, I ask that when you hear stories of terrible assaults, consider whether they are the simple assaults this bill deals with or if they are the more serious Assaults or Aggravated Assaults.

The BEST thing to do would be to amend this bill to remove ALL of the special vocations from the current simple assault statute, and correct a very obvious error made a few years ago.



**Senate Judiciary Committee
HB 1121
March 20, 2023**

Chairman Larson and Committee Members, I am Courtney Koebele and I serve as Executive Director for the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

The North Dakota Medical Association is in strong support of HB 1121. This issue was originally brought to the medical association by the North Dakota Chapter of Emergency Physicians in 2014. Although they were already in a protected class under the statute, they were seeing a large increase in assaults in the workplace and wanted a higher level of penalty to apply to all health care workers. The NDMA House of Delegates reviewed this issue and adopted a resolution to move forward in supporting legislation to protect all healthcare providers.

Currently, North Dakota law provides for an assault classification of Class C Felony when the victim is:

1. a peace officer or correctional institution employee acting in an official capacity, which the actor knows to be a fact;
2. an employee of the state hospital acting in the course and scope of employment, which the actor knows to be a fact, and the actor is an individual committed to or detained at the state hospital pursuant to chapter 25-03.3;
3. a person engaged in a judicial proceeding; or
4. a member of a municipal or volunteer fire department or emergency medical services personnel unit or an emergency department worker in the performance of the member's duties.

This bill would add to that list a victim employed or contracted by a health care facility, which the actor knows to be a fact, and the assault occurs on the health care facility property.

Assaults against healthcare workers are rising. The federal government reports that health care workers are four times more likely to experience workplace

violence than employees in all other industries. In 2020, the healthcare and social assistance industry reported a 40% increase in injury and illness cases which continues to be higher than any other private industry sector – 806,200 cases (2020 Survey of Occupational Injuries and Illnesses, BLS). In fact, healthcare accounts for nearly as many serious violent injuries as all other industries combined.

This law would make the punishment for assaulting a healthcare provider equal to the penalty for assaulting a law enforcement officer, employee at the state hospital, a person engaged in a judicial proceeding, volunteer firefighter, or EMT.

This will send a clear message that we are serious about protecting the professionals who make it their life's work to protect others. Identical to the currently protected professional individuals, healthcare providers are obligated to offer assistance, therefore, we believe the same protections should be in place.

For the above stated reasons, we request your support for HB 1121.

Thank you.



2023 House Bill 1121
Senate Judiciary Committee
Senator Diane Larson, Chairman
March 21, 2023

Good afternoon, Chairman Larson and members of the Senate Judiciary Committee. My name is DJ Campbell and I am the Executive Director of Human Resources for Sanford Health Bismarck. I am here to testify on behalf of the North Dakota Hospital Association (NDHA) which represents hospitals and health care systems across the state. Thank you for the opportunity to share information with you today on this important topic.

I am here today to ask for your support of HB 1121. The purpose of this legislative change is to make it a felony if an individual assaults healthcare workers when those individuals are working within their scope of duties within a healthcare facility.

The law in its current state protects healthcare workers in an emergency department or as part of an emergency medical services personnel unit. It also includes as a felony an act where bodily fluids are made to come into contact with a healthcare worker. We are so grateful for these protections, but I'm asking that we send a message that those providing healthcare on the front lines, whether in an emergency department or elsewhere within a healthcare facility, are treated equally when it comes to being on the receiving end of workplace violence. In addition to emergency department personnel, the current statute specifically protects all employees of the state hospital, a person engaged in judicial proceedings and a member of a municipal or volunteer fire department. We are asking that the same protection be given to all healthcare facility personnel across the state.

When we think about the care provided in a healthcare facility, we often think of positive stories of a baby being born, or a loved one going into surgery, or a friend being treated after an accident. We see these types of stories in our social media feeds or we hear these shared by friends and family. When I started with Sanford over two years ago, these are the stories I expected to see and hear. What you don't always hear about are the stories of care provided for individuals due to substance abuse, feuding family members that interfere

with patient care, providing care for individuals with a criminal background and even providing care to individuals that were injured while committing a crime.

There may be a belief that assaults on healthcare workers is not commonplace, or that a felony is too severe a penalty for a patient coming to a hospital in need of care. I'm here to tell you that, unfortunately, nurses are four times more likely to be assaulted than any other private industry employees according to the Occupational Safety and Health Administration. Beyond nursing staff, those in the security services and other frontline healthcare roles, such as lab personnel or nutritional services or really any employee within healthcare that comes into contact with patients, family members or visitors are unfortunately at risk for workplace violence.

All healthcare professionals have a duty to serve every patient that comes into our facility regardless of their illness, history, or past intentions. This is the same duty that police officers, firefighters, and emergency personnel have while also receiving added protection as stated in the current legal statute. Licensed healthcare workers are prohibited from discontinuing care of any patient with the consequence of potentially losing their ability to practice as outlined in their respective Code of Ethics documents. Given this fact, all other employees who support health care delivery are, in turn, required to provide care for any patient within the facility which puts them at risk as well. That is a significant difference from other professions in the general workforce where services can be denied or halted if customers become aggressive, let alone violent.

Since the onset of the pandemic, violence against hospital employees has increased from both patients and their family members and visitors. National studies indicate that 44% of nurses report experiencing physical violence and 68% report experiencing verbal abuse during the pandemic (Source: AHA). Workplace violence has severe consequences for the entire health care system. Not only does it cause physical and psychological injury for health care workers, but workplace violence and intimidation make it more difficult for nurses, doctors and other clinical staff to provide quality patient care. It is difficult to provide attentive care when staff members are afraid for their personal safety, distracted by disruptive patients and family members, or traumatized from prior violent interactions. In 2022 alone, Sanford Health locations within North Dakota had over 1000 safety events reported by staff in the areas of verbal assaults, physical assaults, sexual assaults and death threats.

As assaults have become more frequent and more violent, we are working to protect our workforce in as many ways as we can. We have invested in training and providing tools for staff to protect themselves and de-escalate situations. In an effort to educate patients and support staff, we have created a workplace violence campaign that includes posters to inform our patients we are here to care for them and asking them to refrain from workplace violence. In addition, we have invested in more security staff and a weapon detection system as well as de-escalation training for all staff because this training works. One specific training, Management of Aggressive Behavior (MOAB) training, presents principles, techniques, and skills for recognizing, reducing, and managing violent and aggressive behavior

both in and out of the workplace. These measures have helped, but I believe the support of this legislature making assaults on healthcare workers a felony will be instrumental in seeing a decrease much like we did after the increased penalty related to the intentional contact with bodily fluids.

We saw a noticeable decline in bodily fluid contacts after the legislature in 2017 made that behavior a felony. From 2010-2018, the numbers for bodily fluid contacts ranged anywhere from 25-42/year. However, in 2018 we had 25, in 2019 we had 5, in 2020 and 2021 we had 1 and last year we had none. This is a steady decrease since that legislative change showing the felony designation works.

Post-COVID, among a number of other societal factors, has caused a large disruption in the healthcare workforce. Safety plays a critical component in the well-being and engagement of our teams and impacts the retention of our current staff as well as attracting new staff. Annually, we conduct an employee experience survey allowing staff to lead the development of our culture. In the survey, we received a number of comments pertaining to workplace violence when we asked if workloads can be managed safely. One employee answered, "A safe workload depends on a patient's actions. We have training on a regular basis, but it seems patients are being more violent lately."

On another question, when we asked if Sanford Health provides enough support for mental and physical wellbeing, another employee answered, "I do not feel trained or



equipped to handle the violence we are seeing on our unit. Also, it is not even a crime to assault nursing staff on our floor, and Sanford needs to get on law makers to change this. So, the physical wellbeing is completely out the window--Sanford earns a 0 here." There are limits to what we can do alone, which is why I stand before you today.

Lastly, I also want to be clear that we do not take reporting a patient lightly. When an assault occurs, there are discussions to identify what happened and why. If the situation is attributable to a patient's underlying condition, we do not make a report. It is only when behavior is purely that, bad behavior, we recommend staff make a report. We need the support of this legislative body affirming that this behavior is unacceptable and is punishable by a felony.

In closing, while I may not be a frontline worker, I have the honor of working with them every day. I get to see their passion, resilience, joy, frustration, heartbreak and fear. Rain or shine or even two feet of snow, they show up every day to serve the patients that desperately need them. They do more than care for these patients; they get to know them, they comfort them in their time of need and they make them feel safe. We respectfully request that this legislature make healthcare workers feel safe by ensuring that all members of the team providing care in a healthcare facility are treated the same and willful assaults on them by patients, family and visitors may be considered a felony.

Please give the bill a **Do Pass** recommendation. I would be happy to answer any questions. Thank you for your time and your consideration.

DJ Campbell,
Executive Director Human Resources
Sanford Health Bismarck
DJ.Campbell@SanfordHealth.org
701-323-8984

Assaults against healthcare workers rising at alarming rates

Please protect healthcare workers by voting YES on HB 1121: Healthcare worker assault bill

HB 1121: Healthcare Worker Assault Bill equalizes the penalties for assaulting a healthcare worker in a healthcare setting.

- Currently, it is a class C felony to knowingly assault a healthcare worker, but ONLY in a hospital emergency room.
- HB 1121 would include healthcare workers throughout a healthcare facility.

What's happening to healthcare workers?

- Healthcare workers are assaulted every day and the number of incidents is growing.
- They are punched, slapped, scratched, pinched and grabbed inappropriately. This happens in all patient care settings, not just the emergency room.
- National studies indicate that 44% of nurses report experiencing physical violence and 68% report experiencing verbal abuse during the pandemic. (Source: American Hospital Association)

Workforce: The Great Resignation

- The mass exodus of workers in recent years has hit few industries harder than healthcare. In 2021, nearly 1.7 million workers quit their healthcare jobs—equivalent to almost 3% of the healthcare workforce each month¹. Workforce violence and burnout have exasperated workforce shortages.
- A N.D. Hospital Association survey on workforce found North Dakota hospitals have 1,300 openings.

Holding violent individuals accountable

- The healthcare industry is a hands-on environment and there are always going to be patients who become violent through no fault of their own – mental health issues, dementia or reacting to a medication. That is not what this bill is about.
- HB 1211 creates a pathway to holding accountable the small minority of individuals or family members who knowingly choose to assault a healthcare provider.

Please help protect healthcare providers by voting **YES on HB 1121**.
Thank you!



¹ https://www.bls.gov/news.release/jolts.t04.htm#jolts_table4.f.2