



House Bill 1341
Senate Judiciary Committee
Senator Diane Larson, Chairman
March 11, 2025

To: Honorable Members of the Legislature
Subject: Strengthening Protections for Health Care Workers by Making Assault a Felony

Chairman Larson and members of the Senate Judiciary Committee,
Thank you for the opportunity to speak before you today. My name is Angie Sersha, and I am Vice President and General Counsel for Sanford Bismarck, here to speak in favor of HB 1341 making the assault of health care workers a felony.

I've worked for Sanford for about 8 years, but prior to that I did not work in healthcare. Like many people, my contact with healthcare and healthcare workers was that of a consumer. I had a notion that people behave the way I do when I go to an appointment or they behave the way I did when I've been treated in or supported family and friends in the hospital. Once I moved into a job within healthcare, I learned how wrong I was about that. It was shocking to see the number of workplace violence issues that occurred in the hospital and the steady increase in frequency of violence against healthcare workers at the hospital. In fact, U.S. healthcare workers experience workplace violence at rate of almost four times that of other industries.¹ Workplace violence is defined as any act of aggression in which a person(s) seeks to hurt or intimidate another. This ranges from physical assault, emotional or verbal abuse or threatening, or coercive or harassing behaviors. It is shocking to hear healthcare workers are slapped, punched, scratched, choked, kicked and grabbed inappropriately in all care settings throughout the hospital. Even more shocking is the traditional underreporting and many healthcare workers' feelings that this violence is just part of their job.² With that in mind, many direct efforts to mitigate workplace violence and/or precursor heightened situations leading to workplace violence have been the focus by healthcare providers nationwide.

Speaking of my experience with Sanford specifically, our frontline staff completes Management of Aggressive Behavior (MOAB) training, there has been the establishment of specialized behavioral health response teams to respond to urgent escalating behaviors, the establishment

¹<https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00642>

²The Challenge of Underreporting, <https://www.cdc.gov/PPVHC/Nurses/Course/Slide/Unit1.8>

of standing committees to review and assess workplace violence issues to ensure we have a root cause to see if something more can be done for interventions in the future, Sanford specifically has developed workflows for security to facilitate and support employees that do choose to make a report to law enforcement as well as training provided to staff to let them know that they do not have to accept workplace violence and that there are supports in place for them when it occurs. There has also been investment in increased security staff and a weapons detection system. I'd like to speak to each of these hospital instituted interventions.

Regarding MOAB, staff are trained on the principles, techniques, and skills needed to recognize, reduce, and manage anxious, aggressive, or violent behavior in the workplace. De-escalation techniques are taught as well as physical self-defense tactics. It's an all-encompassing program intended to support and provide tools for our staff in order to defend themselves if de-escalation techniques fail and it becomes necessary. A majority of escalating behavior can be addressed with MOAB techniques.

From there, we have specialized behavioral response teams. At Sanford Bismarck, it is referred to as the Behavioral Emergency Response Team (BERT) team, while Sanford Fargo it is referred to as the Behavioral Health Rapid Response Team (BHRR). The concept of these specialized behavioral response support teams is not new to healthcare. These specialized teams have successfully been implemented throughout numerous healthcare settings including our Sanford facilities. Literature actively supports the creation and implementation of BERT/BHRR like teams/resources to support not only behavioral health in the medical setting, but also support workplace violence prevention through helping patients and staff work through escalating stress and the tensions people face during medical and acute crises.³ For this reason, a workgroup of Patient Safety, Security, and Behavioral Health Professionals created the BERT Team in Bismarck with a go-live in September 2023, while Sanford Fargo stood up its BHRR team in September of 2021.

For a successful implementation and maintenance of a specialized behavioral response program – resources, workflows, and education must align prior to go-live. Implementation work focused on addressing real world concerns from providers, nurses, and CNAs who work on the units and deal with workplace violence and high stress patients. After reviewing literature and workflows from other locations, it was standard to have one intervention session by the specialized behavioral health unit. Sanford has adjusted the response team to include a minimum of two visits, the initial call and a minimum of one follow up the next shift. This was done for two reasons, the team believed that true behavioral change, clinical support, and therapeutic coping skills would not be learned in one session and this allows the rounding response Nurse & Security Team member to provide continual support across shifts, days, and fluctuations in the patients

³ Behavioral Emergency Response Team: Implementation Improves Patient Safety, Staff Safety, and Staff Collaboration; <https://pubmed.ncbi.nlm.nih.gov/28372033/>
Understanding Best Practices in Implementation of Behavioral Emergency Response Teams Through a Scoping Review; <https://pubmed.ncbi.nlm.nih.gov/35918889/>

mood/circumstances throughout their stay. Following up gives the response teams the ability to reinforce behavior expectations, provide therapeutic support to not only the patient, but also the variable staff caring for them.

In 2024, Sanford Bismarck's response team had 173 initial calls and 913 follow-up visits. Meanwhile, for Sanford Fargo in 2024, they had 165 calls to their team across their three campuses. Since initiating these specialized response teams, reporting indicates frontline staff feels that additional support and resource throughout the hospital. With the elevated focus of patient centered care, therapeutic relationship building, and therapeutic boundary setting we have seen an increased awareness of staff workplace violence interventions and mitigation of those instances of workplace violence⁴.

The implementation of workplace violence committees have also been integral in addressing workplace violence. These committees include front line staff and are responsible for the overseeing of strategies to prevent staff harm. This includes, but is not limited to, evaluating event trends and individual events that caused serious harm, approving education and action plans to reduce and prevent harm events towards staff. Their work has included:

- Recommendations to tweak processes and policies,
- Messaging with posters to remind visitors, patients and staff that there is zero tolerance for workplace violence
- Healthcare workers are here to help and not harm,
- Review and recommend prevention equipment or information systems to leadership,
- Ensure processes to report events and injuries and follow up for support to victims including physical and psychological care

Increased resources for security and weapons detection have also provided another mechanism for Sanford to intervene before a matter can escalate to an occurrence of workplace violence. With the tool of weapons detection, at Sanford Bismarck, year to date as of November 2024, the weapons detection has found 30 guns, 1,156 knives and 214 other types of weapons, such as stun-guns, tasers, mace & pepper spray, bats, hammers, brass knuckles, etc. For Sanford Fargo in 2024, the total was 50 guns, 1,228 knives and 906 other types of weapons. Having this proactive conversation to turn weapons away at the door helps eliminate the possibility of those weapons being used against staff, other patients or visitors.

So why am I here and why should simple assault include all healthcare workers in the hospital? My short answers are parity of treatment and the hope for reduction of occurrences. Workplace violence does not cease at the borders of the emergency room; and anecdotally healthcare has

⁴ See Exhibit A; Distinction between aggression and assault: aggression; physical action on top of verbal – such as pacing toward staff, posturing at staff, or property – but not connecting or following through vs. assault – physically touching/connecting with staff (hit, kick, spit, etc.).

seen a reduction in workplace violence in those instances where the legislature has heightened the penalties.

Regarding parity, we are looking at parity for those workers that are providing frontline care but may not be in the emergency room. I have been asked by many nurses on floors that do not work in our emergency room to explain why when there is an assault the same behavior is a felony in the emergency room but not when it happens down the hall or on another floor of the hospital? I have explained that we enjoy limited laws and laws will always try to draw a rational line that will reflect society and the behaviors that as a society we wanted deterred. Simple assault has been addressed through legislation to heighten penalties historically when there was a continued spike in assaults as seen with emergency workers, including EMS and emergency department workers, correctional and police officers, and employees of the state hospital. The legislature rightly answered the call when society was reflecting these needs. Much like the employees currently protected, the remaining staff throughout the hospital are in a position where they also run to service and potential danger rather than away from it and cannot just choose not to answer that call to duty. Today's society reflects the need for that expansion again to protect all of the employees working throughout the hospital. I want to leave this committee with some data regarding assaults with bodily fluids. It was in 1999 that this body initiated SB 2186⁵, making it a felony to those who knowingly cause bodily fluid to come into contact with police and correctional officers. It was later, in 2017 healthcare was added to this umbrella of protection. Sanford Bismarck's numbers went from a high of 42 back in 2011, with a steady decrease since 2017 when there were 29 to just 1 last year. Meanwhile, Fargo's occurrences fluctuated but there has also been the same concerted efforts Sanford system wide to encourage reporting to account for increases in occurrences.⁶

My final points are healthcare remains committed to do whatever it can to mitigate workplace violence, but today we ask for the legislature's help again to answer the call of the reality of some of the patients in healthcare today. Hospital workers operate in unpredictable environments. They are serving patients and families who may be experiencing anxiety, distress or anger and they put themselves at risk to help others in difficult, traumatic and life-threatening situations but I want to be clear, we aren't talking about those individuals who due to their health condition or treatment do not know what they are doing.⁷ It is not the Alzheimer's patient who is confused and disoriented because of their condition. Instead, we are looking for help holding individuals

<https://ndlegis.gov/api/assembly/56-1999/regular/bill-text/aa0300.pdf>.

<https://ndlegis.gov/assembly/68-2023/regular/documents/23-0584-01000.pdf>

⁶ Bodily Fluid Incidents Sanford Bismarck: 2010 - 38; 2011 - 42; 2012 - 32; 2013 - 39; 2014 - 35; 2015 - 27; 2016 - 33; 2017 - 29; 2018 - 25; 2019 - 5; 2020 - 1; 2021 - 3; 2022 - 1; 2023 - 3; 2024 - 1; Bodily Fluid Incidents Sanford Fargo: 2014—2; 2015—1; 2016—2; 2017—2; 2018—2; 2019—2; 2020 - 3; 2021 - 3; 2022 - 7; 2023 - 15; 2024 - 20

⁷<https://www.cdc.gov/WPVHC/Nurses/Course/Slide/Unit1.8>: In a survey of emergency room nurses, 76% said their decision to report would be based on whether the patient was perceived as being responsible for their action. Violence Against Nurses, NACNEP 5th Report

who know what they are doing and have them be held to account at parity with their emergency room and emergency worker counterparts and their state hospital counterparts. I urge you to support this vital legislation. Hospital employees have been asking for and need protection throughout the hospital, and our society benefits when we ensure their safety. Please stand with those who stand on the front lines of our health system. By passing this law, you will be helping to ensure that health care remains a viable and safe career path for those who dedicate themselves to healing and caring for others.

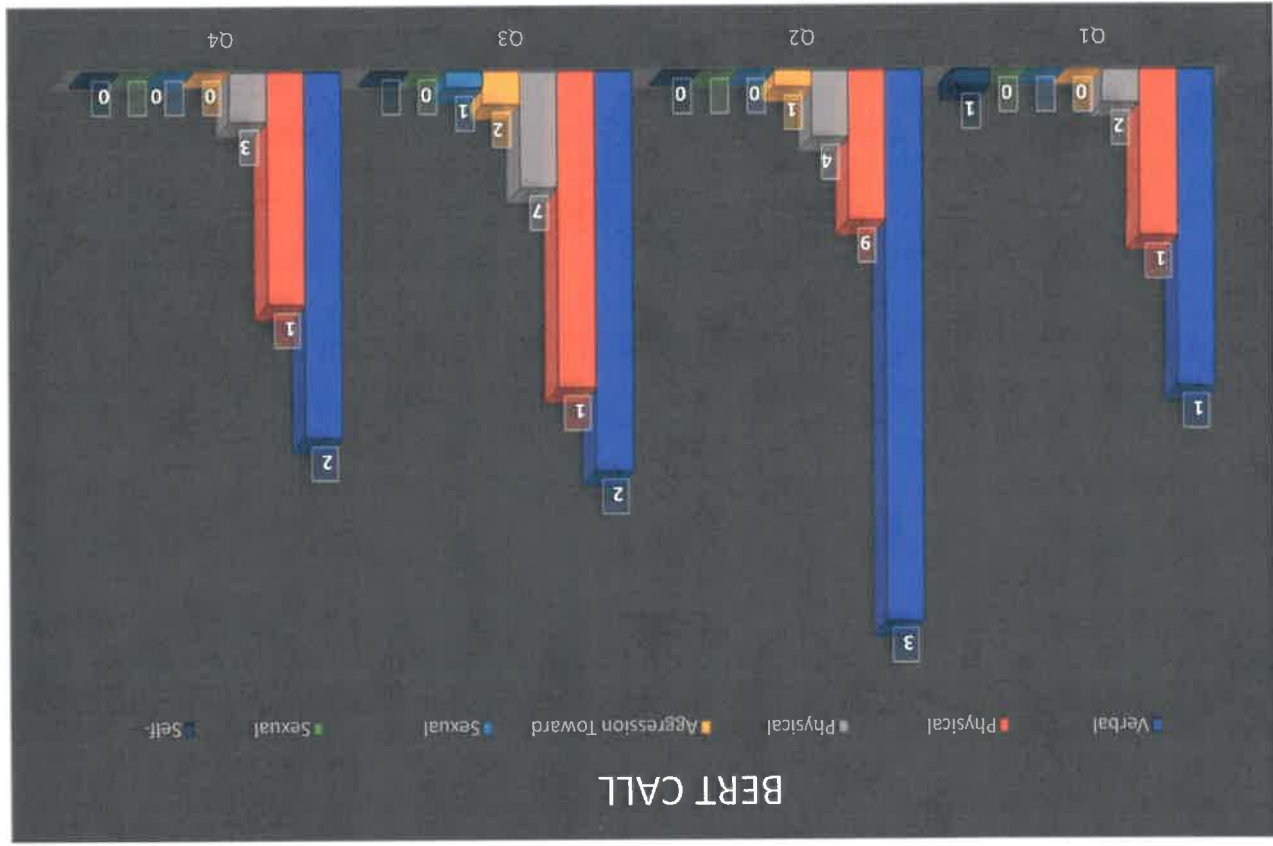
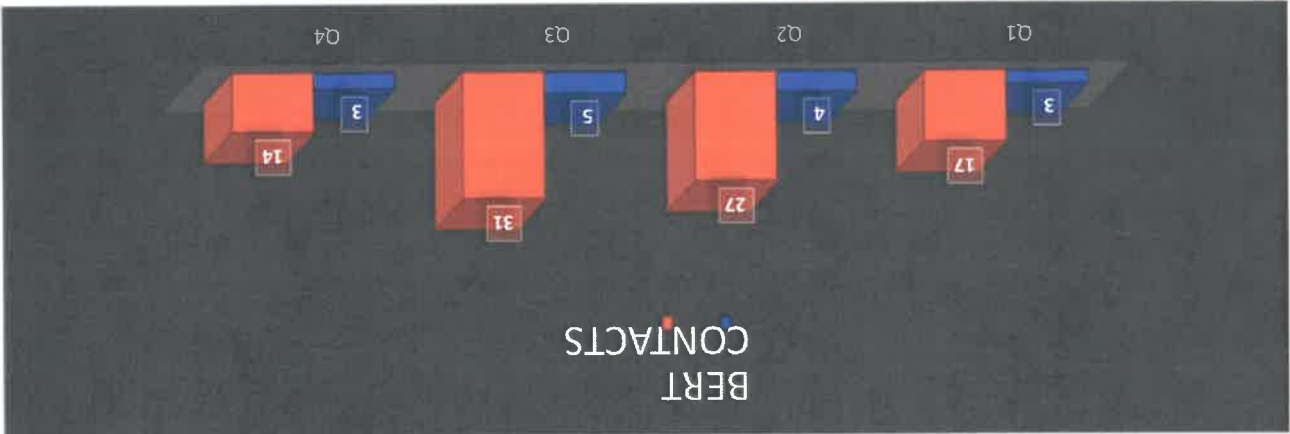
Thank you for your time and consideration.

Sincerely,

Angie Sersha
VP General Counsel
Sanford Bismarck

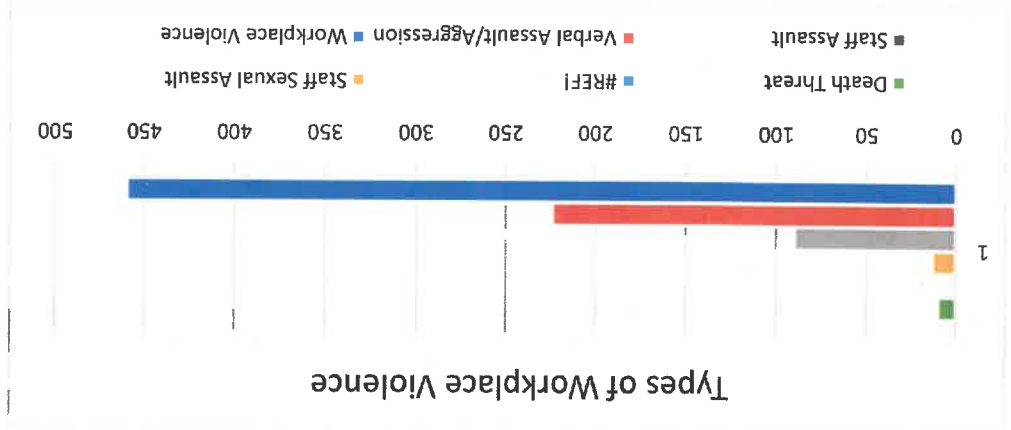
- BERT Annual Trend Report – Sanford Bismarck
- Sanford Bismarck Workplace Violence 2023
- Sanford Bismarck Workplace Violence through November 2024
- BERT Annual Trend Report – Sanford Fargo
- Sanford Fargo Workplace Violence 2023
- Sanford Fargo Workplace Violence 2024

APPENDIX



Sanford Bismarck 2024 Workplace Violence Totals

Last Years WPV Totals	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Workplace Violence	43	28	31	38	49	52	62	40	39	45	33
Verbal	17	17	16	19	25	29	24	21	15	26	15
Assault/Aggression	4	2	4	6	7	12	17	7	4	9	11
Physical Aggression	15	7	6	9	9	10	14	5	9	3	3
Staff Assault	0	0	0	0	2	2	1	0	0	1	0
Officer Assault	0	0	0	0	2	2	0	0	0	1	0
Staff Sexual Assault	3	2	4	0	3	3	3	2	1	2	0
Sexual Inappropriate	1	0	1	1	1	2	3	2	7	3	0
Aggression to Property											
Death Threat											



Year to Date Totals (Nov 2024)	930
Workplace Violence	460
Verbal	224
Assault/Aggression	83
Physical Aggression	90
Staff Assault	6
Officer Assault	13
Staff Sexual Assault	23
Sexual Inappropriate	21
Aggression to Property	10
Death Threat	

Sanford Bismarck Weapons Detection 2024

Last Year Totals											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
50	44	61	54	74	76	80	75	69	48	255	

Total monthly											
Guns	2	5	7	2	4	1	0	4	0	3	2
Knives	130	134	92	101	110	103	82	99	97	104	104
Others	22	44	53	14	16	4	14	12	11	13	11
	154	183	152	117	130	108	96	115	108	120	117

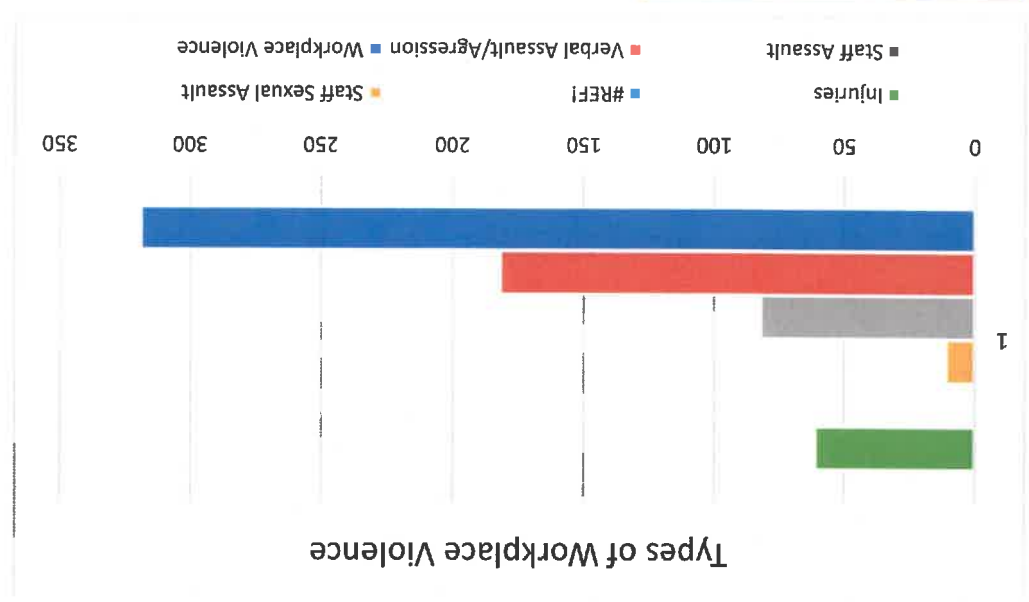
Year to Date totals	
Guns	30
Knives	1156
Others	214

Sanford Bismarck Workplace Violence 2023

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
14	31	33	17	19	15	18	14	19	43	11	13
Last Years WPV Totals											

Workplace Violence	16	9	20	22	24	31	27	36	38	30	40	26
Verbal	8	1	15	18	12	20	18	25	16	14	20	--
Assault/Aggression												
Physical Aggression												
Staff Assault	6	3	1	3	8	8	6	9	8	12	12	6
Officer Assault	0	1	4	1	2	2	2	2	0	0		
Staff Sexual Assault	2	1	1	1	0	0	1	0	3	1	1	
Sexual Inappropriate					2	2	2	2	4	0	0	2
Aggression to Property	0	0	0	0	0	0	0	0	3	0	0	1
Injuries	4	2	4	4	9	8	6	4	8	12		

Year to Date Totals	702
Workplace Violence	319
Verbal Assault/Aggression	182
Physical Aggression	13
Staff Assault	82
Officer Assault	14
Staff Sexual Assault	11
Sexual Inappropriate	14
Aggression to Property	6
Injuries	61



Sanford Bismarck Weapons Detection 2023

Last Year Totals											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
75	69	110	152	245	405	129	112	69	48	37	37

	Year to Date totals											
	Total monthly	50	44	61	54	74	76	80	75	69	106	255
Guns	0	0	2	2	2	1	1	0	0	3	9	4
Knives	36	32	41	36	46	52	58	47	51	151	162	
Others	14	12	18	16	26	23	21	19	22	52	95	71

Guns	24											
Knives	768											
Others	389											

Sanford Fargo 2024 Workplace Violence Totals

Last Year's WPV Totals											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
68	74	78	68	80	73	82	97	109	102	89	86

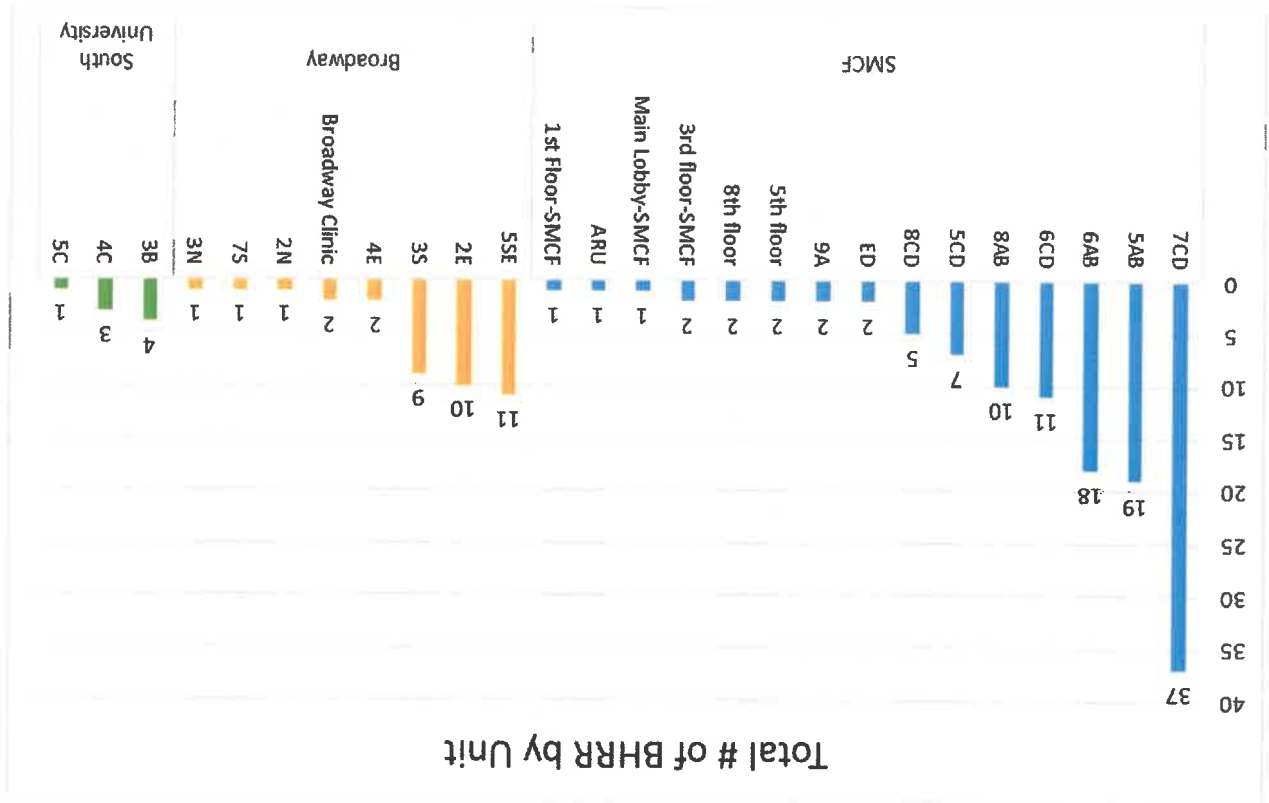
Workplace Violence	83	100	81	92	76	88	104	108	112	93	97	1140
Verbal Assault	43	46	58	59	57	58	69	81	68	78	64	69
Physical Assault	40	54	23	33	19	30	35	27	44	28	29	390
Ambulatory	27	21	31	32	27	28	26	45	37	42	38	32
Inpatient	56	79	50	60	49	60	78	63	75	64	55	65

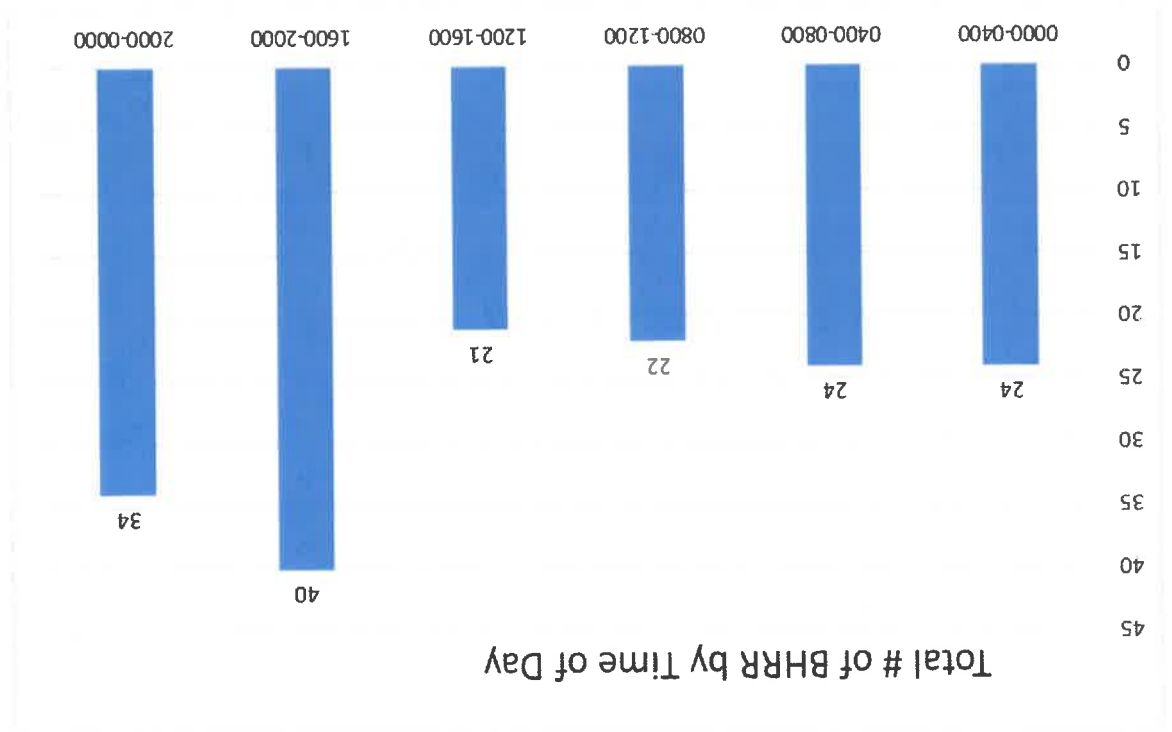
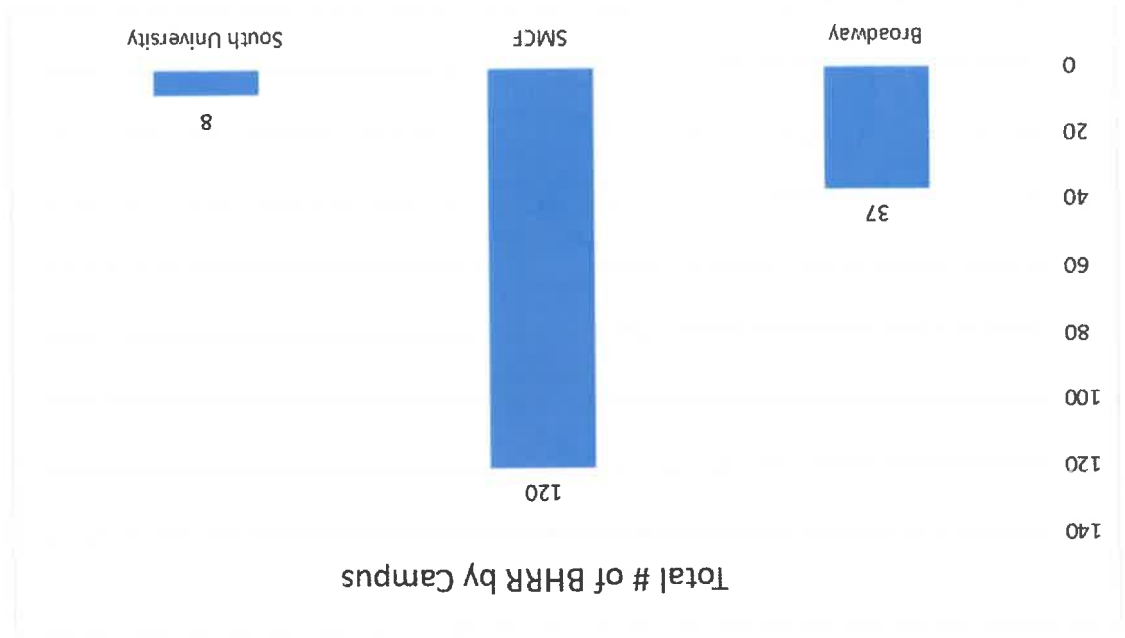
Sanford Fargo 2023 Workplace Violence Totals

Last Year's WPV Totals											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
55	73	79	67	54	68	67	78	59	73	63	70

TOTAL	806
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Workplace Violence	Verbal Assault	Physical Assault	Ambulatory	Inpatient
68	41	27	18	50
74	41	33	18	56
78	44	34	28	50
68	44	24	20	48
80	44	36	36	44
73	42	31	27	46
82	52	30	28	54
97	54	43	23	74
109	66	43	28	81
102	47	55	30	72
89	41	48	19	70
86	55	31	30	56
1006	571	435	305	701





Sanford Fargo Weapons Detection 2024

Year to Date totals	
Guns	50
Knives	1228
Others	906
Persons scanned	
	244,696

