

**2025 HOUSE JUDICIARY**

**HB 1341**

# 2025 HOUSE STANDING COMMITTEE MINUTES

**Judiciary Committee**  
Room JW327B, State Capitol

HB 1341  
1/28/2025

A BILL for an Act to amend and reenact section 12.1-17-01 of the North Dakota Century Code, relating to simple assault; and to provide a penalty.

11:31 a.m. Chairman Klemin opened the hearing.

Members Present: Chairman Klemin, Vice-Chairman Karls, Vice-Chairman Vetter, Representatives Christianson, Henderson, Hoverson, Johnston, McLeod, Olson, Satrom, Tveit, VanWinkle, Wolff, Schneider

**Discussion Topics:**

- Hospital workers applicable to the bill
- Changes from previous versions of the bill
- State of mind of hospital patients

11:32 a.m. Representative Pat Heinert, North Dakota Representative for District 32, introduced the bill.

11:44 a.m. Tim Blasl, President of North Dakota Hospital Association, testified in favor and provided testimony #32016.

11:44 a.m. Lacy Armstrong, Adult Psychiatrist and Chief of the Behavioral Health Department at Sanford Bismarck, testified in favor.

**Additional written testimony:**

Katie Judah, Licensed Practical Nurse, submitted testimony in favor #32026.

Carolyn Espe, Registered Nurse, submitted testimony in favor #32060.

Marissa Weiland, Registered Nurse, submitted testimony in favor #31515.

Reece Floyd, Student Nurse, submitted testimony in favor #31970.

11:56 a.m. Chairman Klemin closed the hearing.

*Wyatt Armstrong, Committee Clerk*

**House Judiciary Committee**  
**Rep. Lawrence Klemin**  
**Jan. 28, 2025**  
**HB 1341**

Good morning, Chairman Klemin and members of the committee. My name is Marissa Weiland and I am asking you to **vote yes on HB 1341**. I have been a registered nurse for eight years and work in an acute care hospital.

My team is in charge of caring for some of the sickest patients admitted to the hospital. I am passionate about the healthcare profession and proud of the care we provide to patients and their families.

Unfortunately, violence in healthcare settings is increasing at a rate that is leaving healthcare workers at great risk for injury. I have been punched in the face, grabbed inappropriately, once being grabbed so tightly the patient's fingernails ripped through my skin. We are working hard to train our employees in crisis and violence de-escalation, installing metal detectors and hiring more security officers, but the number of nurses and allied staff being assaulted is still increasing.

We need your help. Though increasing the penalty for assaulting healthcare workers will not fix the problem, it most definitely will help.

My husband works in law enforcement and is protected by the higher penalty and I am grateful for that. Emergency workers, jail workers and State Hospital workers are protected by the higher penalty. Hospital workers caring for patients and their families should be included in that level of penalty. Just like the others included, we do not have the ability to stop doing our jobs when a patient hurts us and we do not have the ability to pick who we do and do not serve.

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 1341.

Please feel free to contact me with any questions.

Sincerely,  
Marissa Weiland  
701-391-3593

**House Judiciary Committee**  
**Rep. Lawrence Klemin, Chair**  
**Jan. 28, 2025**  
**HB1341**

Good morning, Chairman Klemin and members of the committee. My name is Reece Floyd and I have been a CNA since 2020 and am a current nursing student, on track to graduate in the spring of 2026.

Thank you for this opportunity to share my testimony in **support** of HB 1341.

Over the summer, I had the opportunity of working as a CNA on a Medical Surgical floor specializing in Orthopedics. On my first shift by myself, on my new unit, I had a patient who had come in for a standard hip replacement. Everything was going fine; we had a good relationship, they had verbalized many times that all of their needs were met and that they were very satisfied with their care. We reviewed the schedule for the next day, which included an early wake-up to get prepared for the doctors, PT, and OT to round in the morning in order to have them discharged by 1200. This patient had confirmed with me that they were okay with the schedule and ready to go home. Well, things changed around 0600 the following day. When I got them out of bed and into their recliner, they stated they were hungry. I informed them our cafeteria was not yet open and that their food would be delivered first at 0700 because they were an ortho patient, but I would be happy to grab them a snack to tide them over. The patient then proceeded to tell me that I “cared more about cleaning the room” than I cared about them. I stated that was not true and that I was sorry for the inconvenience of the cafeteria and that we would do our best to get their breakfast to them as soon as we could. The patient then proceeded to slam their recliner down with their legs, stood up, tearing off their wound vac in the process, grabbed a book off of the bedside table and threw it at me, striking me in the left arm.



They then grabbed their water cup and threw that at me as well. They began to yell many horrible words, actually swearing at me, and lunged forwards, trying to grab me as I exited the room. They continued, shouting that I was the worst CNA in the world and they hoped they would “never see my ugly face again” and that I should be fired. I filled out the required form about the incident and when I asked what the consequences would be for this patient, I was told that there would be a note made in the patient’s chart. That is all. Literally no repercussions for this assault.

I cried the entire drive home and almost didn’t go back to work. I had just completed my first semester of nursing school and tried to reason through if it was worth it for me to continue in school, knowing this was the behavior that was allowed in our healthcare facilities with no punishment or correction.

This is just one of the many violent situations I have experienced in my short 5 year career. I have seen my coworkers and bosses go through similar occurrences, many of them being a lot worse. I have seen wonderful nurses, CNA’s, LPN’s, and so many more choose to walk away from their careers because they are tired of no one standing up for them at work. We shouldn’t have to be scared to enter a patient’s room because we allow verbal and physical violence with no consequences. Patients continue to stay on the floors where our coworkers, who just got beat up and emotionally abused, and we have to continue working like nothing happened.

I wanted to write this to you today to ask for help for our healthcare workers; for myself, and my amazing classmates, and so many more people who don’t have the opportunity to speak up out of fear or retribution. We need reassurance that our lives are just as important as our work. We hope to feel supported and protected so we can do our jobs efficiently and continue to care for our patients the best way we can.

I thank you all for taking the time to hear my story and for your consideration. I appreciate everything you do for myself and our community!

Please feel free to reach out to me with any other questions.

Reece Floyd  
[Hoover00@icloud.com](mailto:Hoover00@icloud.com)  
(208) 809-0148



House Judiciary Committee  
Rep. Lawrence Klemin  
Jan. 28, 2025  
HB 1341

**To: Honorable Members of the Legislature**

**Subject: Strengthening Protections for Health Care Workers by Making Assault a Felony**

Chairman Klemin and members of the House 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.<sup>1</sup> 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.<sup>2</sup> 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

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

<sup>2</sup>The Challenge of Underreporting  
[https://wwwn.cdc.gov/WPVHC/Nurses/Course/Slide/Unit1\\_8](https://wwwn.cdc.gov/WPVHC/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.<sup>3</sup> 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 patient's

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<sup>3</sup> 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 violence<sup>4</sup>.

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

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<sup>4</sup> 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 2186<sup>5</sup>, 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.<sup>6</sup>

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. <sup>7</sup> It is not the Alzheimer's patient who is confused and disoriented because of their condition. Instead, we are looking for help holding individuals

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<sup>5</sup> <https://ndlegis.gov/api/assembly/56-1999/regular/bill-text/jaat0300.pdf>; <https://ndlegis.gov/assembly/68-2023/regular/documents/23-0584-01000.pdf>

<sup>6</sup> 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

<sup>7</sup> [https://wwwn.cdc.gov/WPVHC/Nurses/Course/Slide/Unit1\\_8](https://wwwn.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,

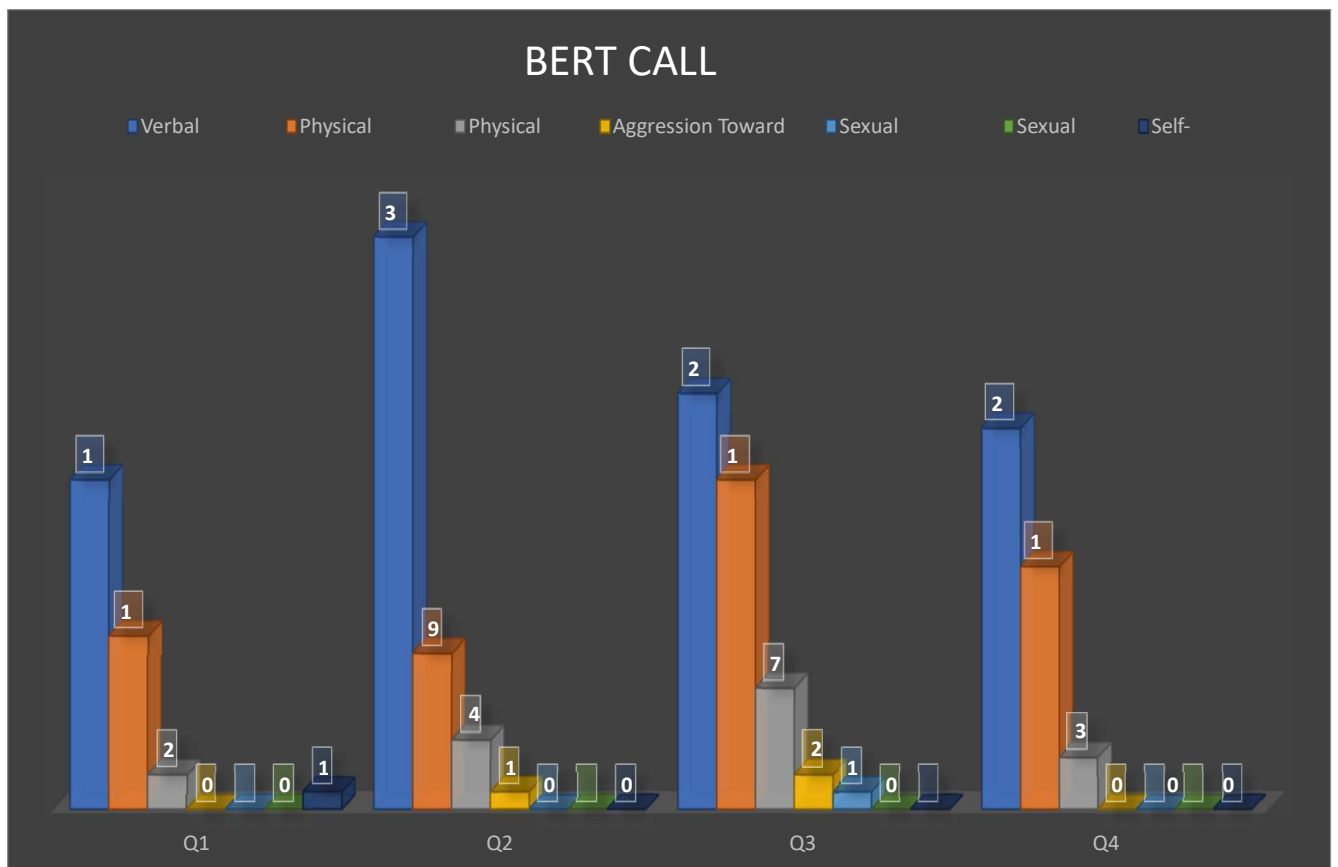
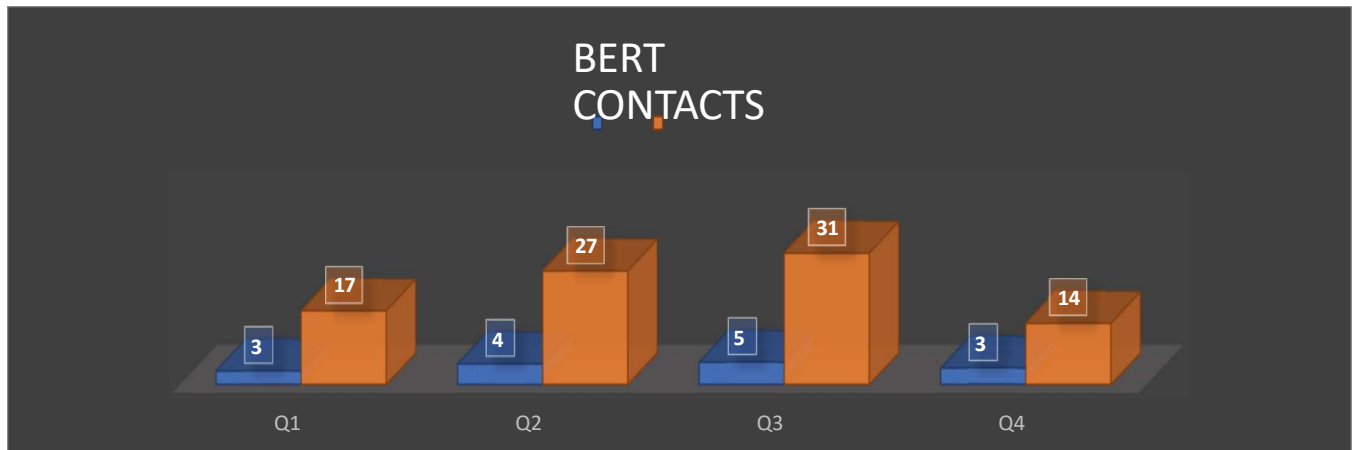
Angie Sersha  
VP General Counsel  
Sanford Bismarck

## APPENDIX

- 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

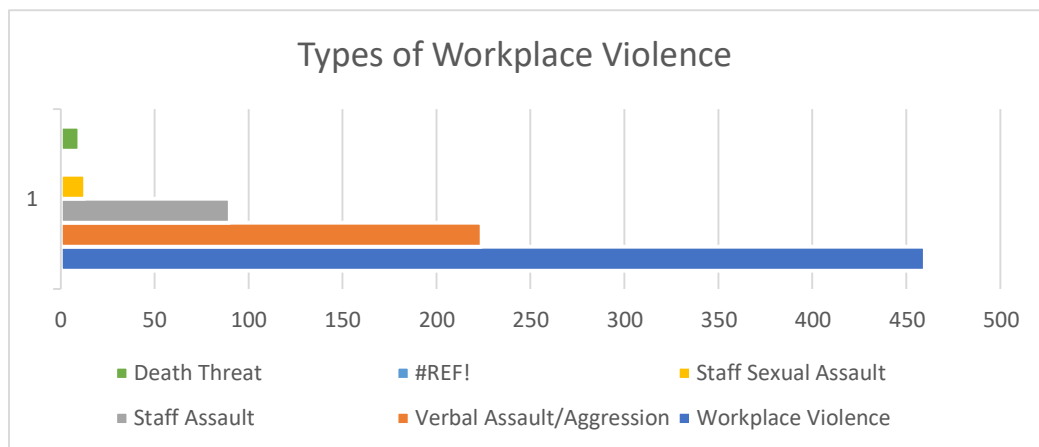


Sanford Bismarck Behavioral Emergency Response Team



### Sanford Bismarck 2024 Workplace Violence Totals

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Last Years WPV Totals	16	9	20	22	24	31	27	36	38	43	11
Workplace Violence	43	28	31	38	49	52	62	40	39	45	33
Verbal Assault/Aggression	17	17	16	19	25	29	24	21	15	26	15
Physical Aggression	4	2	4	6	7	12	17	7	4	9	11
Staff Assault	15	7	6	9	9	10	14	5	9	3	3
Officer Assault	0	0	0	0	2	2	1	0	0	1	0
Staff Sexual Assault				1	0	0	0	2	9	1	0
Sexual Inappropriate	3	2	4	0	3	3	3	2	1	2	0
Aggression to Property	1	0	1	1	1	2	3	2	7	3	0
Death Threat				1	2	2	1	1	3	0	0



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

## Sanford Bismarck Weapons Detection 2024

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

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

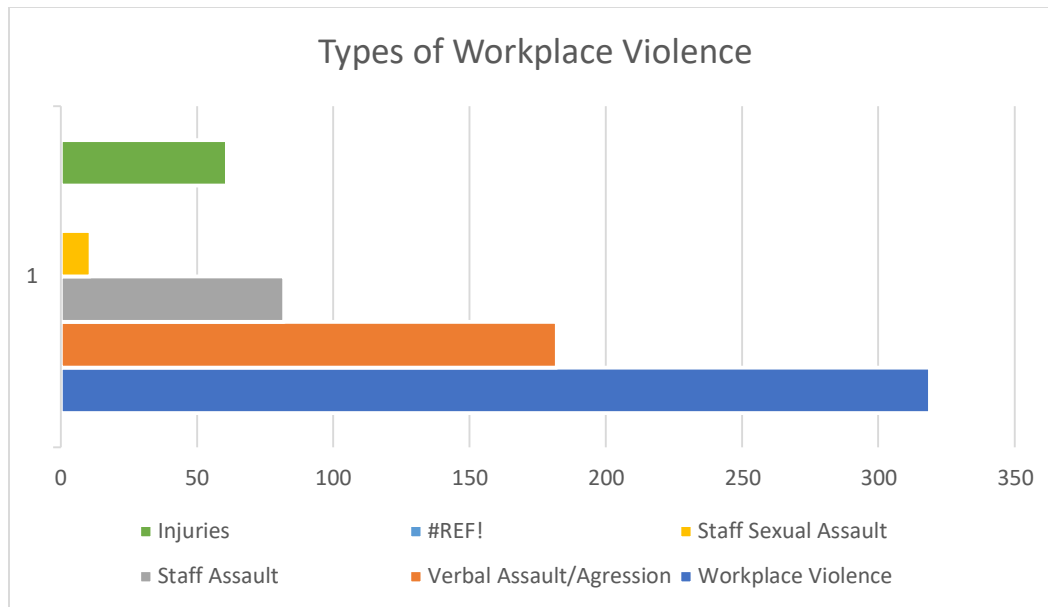
Total monthly	154	183	152	117	130	108	96	115	108	120	117
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<b>Year to Date totals</b>	<b>0</b>
Guns	30
Knives	1156
Others	214

## Sanford Bismarck Workplace Violence 2023

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

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



<b>Year to Date Totals</b>	<b>702</b>
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

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Last Year Totals</b>	75	69	110	152	245	405	129	112	69	48	37	37
Guns	0	0	2	2	2	1	1	0	0	3	9	4
Knives	36	32	41	36	46	52	58	56	47	51	151	162
Others	14	12	18	16	26	23	21	19	22	52	95	71
<b>Total monthly</b>	50	44	61	54	74	76	80	75	69	106	255	237
<b>Year to Date totals</b>												
Guns	24											
Knives	768											
Others	389											

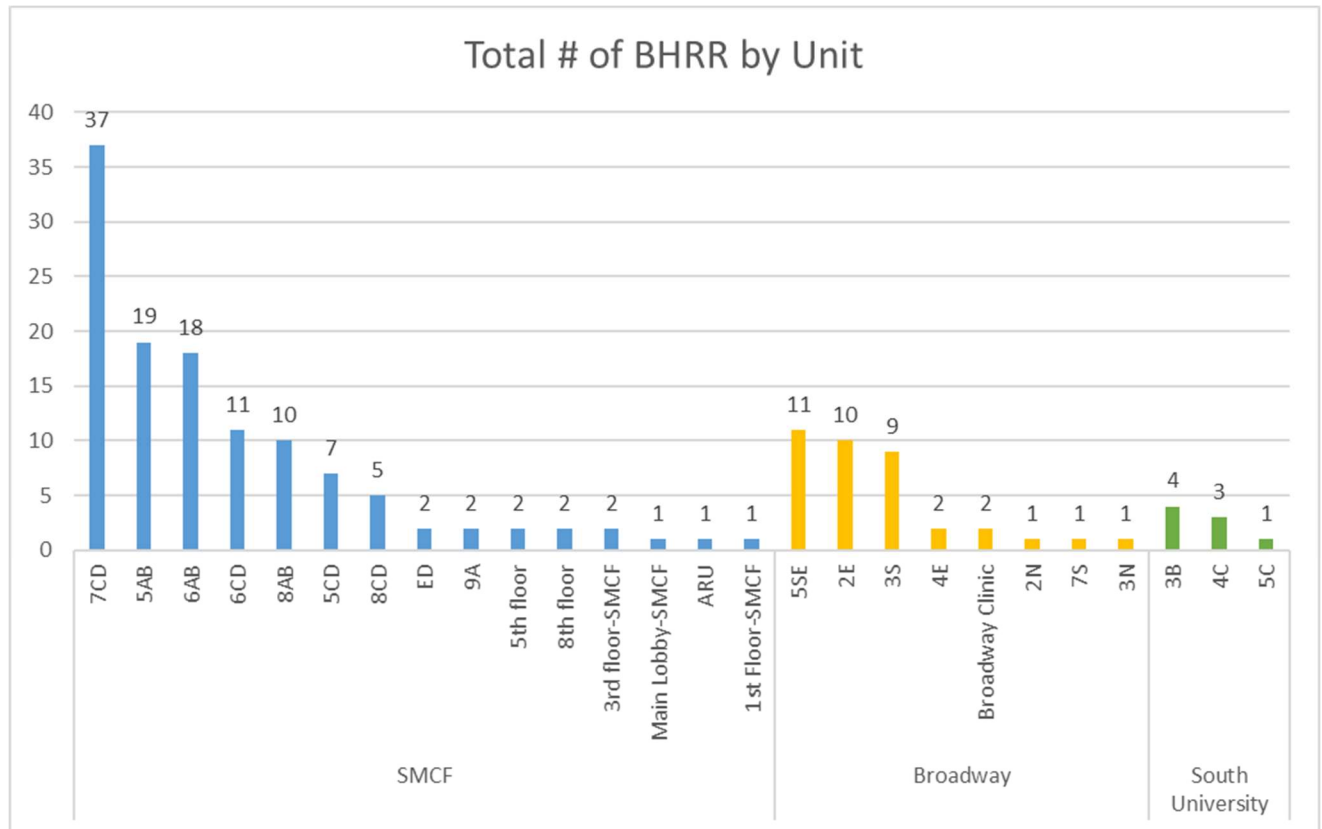
### Sanford Fargo 2024 Workplace Violence Totals

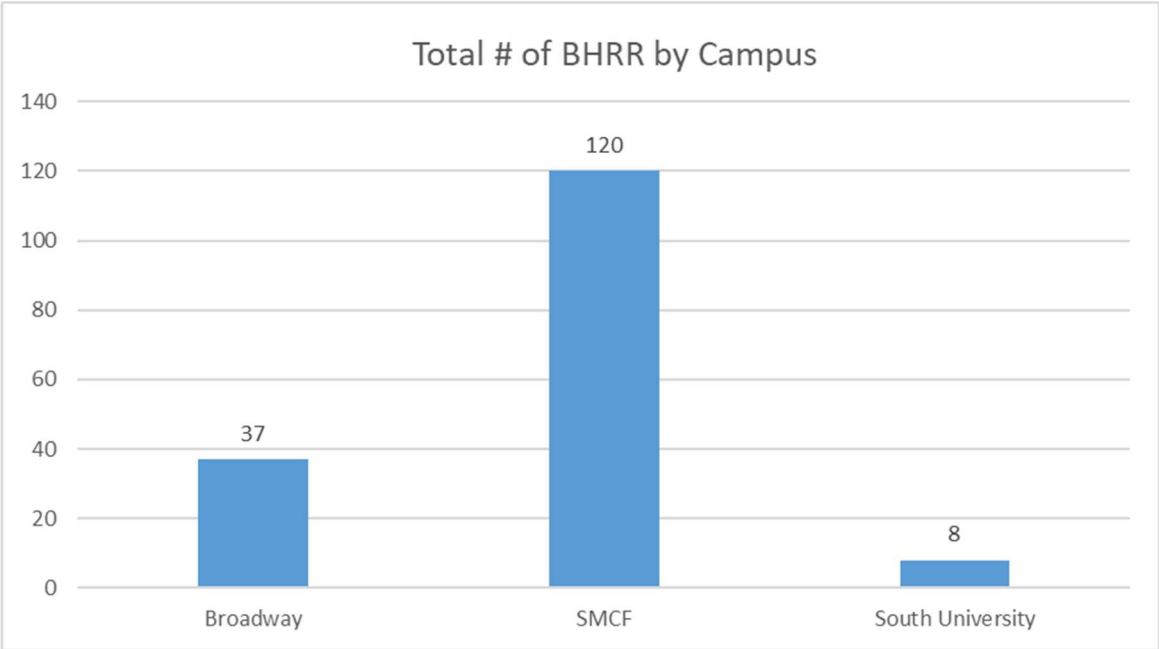
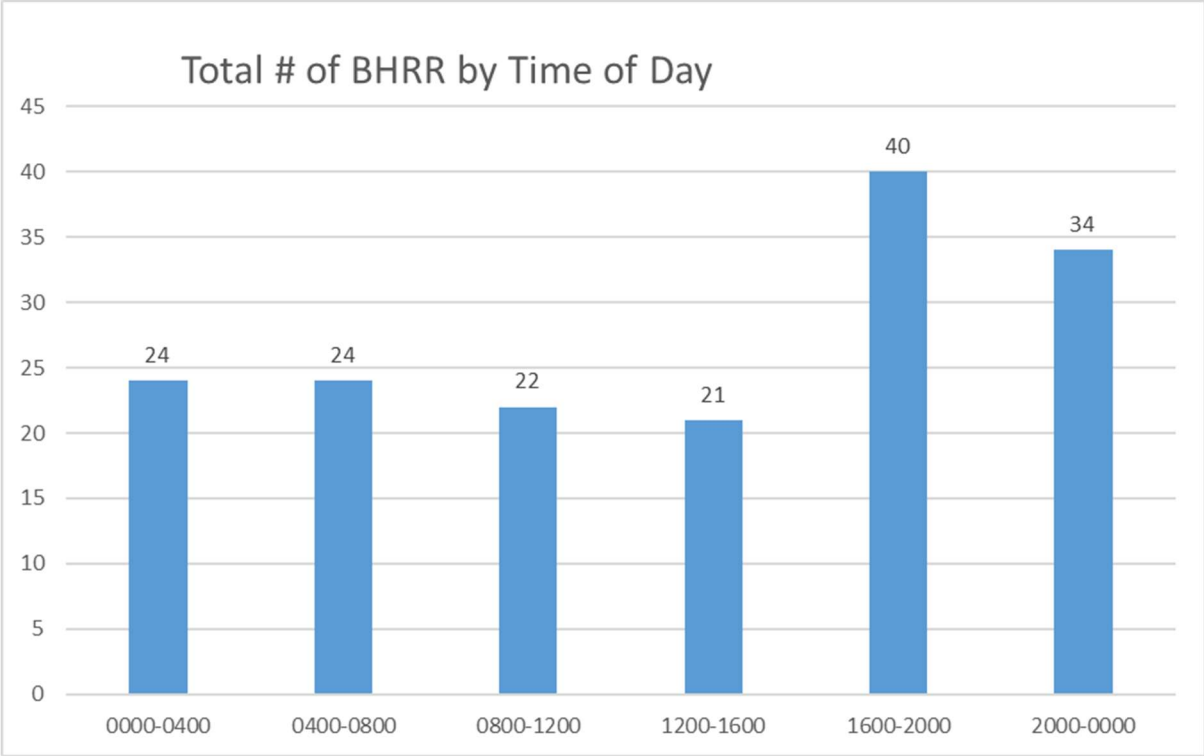
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
Last Year's WPV Totals	68	74	78	68	80	73	82	97	109	102	89	86	1006
Workplace Violence	83	100	81	92	76	88	104	108	112	106	93	97	1140
Verbal Assault	43	46	58	59	57	58	69	81	68	78	64	69	750
Physical Assault	40	54	23	33	19	30	35	27	44	28	29	28	390
Ambulatory	27	21	31	32	27	28	26	45	37	42	38	32	386
Inpatient	56	79	50	60	49	60	78	63	75	64	55	65	754

### Sanford Fargo 2023 Workplace Violence Totals

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
Last Year's WPV Totals	55	73	79	67	54	68	67	78	59	73	63	70	806

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





Sanford Fargo Weapons Detection 2024

**Year to Date  
totals**

Guns	50
Knives	1228
Others	906
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Persons scanned	244,696



**House Judiciary Committee****Rep. Lawrence Klemin, Chair****Jan. 28, 2025****HB 1341**

Chairman Klemin and Committee Members,

My name is Katie Judah and I am asking you to vote **yes on HB 1341**. I have been an LPN for 18 years and am currently working as a walk-in clinic nurse.

I am in strong support of House Bill 1341, the Healthcare Worker Assault Bill. This bill would provide critical legal protection for healthcare workers in hospital settings. However, as currently written, it does not appear to extend those protections to healthcare workers in facilities outside of hospitals.

For over 10 years, I have worked in urgent care and walk-in clinic settings, where I have both personally experienced and witnessed threats of violence against healthcare workers. On more than one occasion, I have encountered patients who became angry and aggressive when they were unable to receive the care or treatment they expected. My colleagues and I have faced verbal threats, physical intimidation, and, on several occasions, have needed to call security for assistance when patient frustrations escalated. There have also been instances when we requested security escorts to our vehicles after shifts because patients or family members were waiting for us in the parking lot.

I support HB 1341 because it will ensure that assault against a hospital worker will be charged as a Class C Felony. This sends a strong message that violence against healthcare workers in a hospital will not be tolerated. However, I believe that healthcare workers in urgent care centers, walk-in clinics, and other ambulatory clinics and care facilities should be afforded these same legal protections- as we, too, face the risk of violence in the healthcare workplace.

Thank you, Chairman Klemin and members of the committee, for your time, consideration, and service. **Please vote yes on HB 1341.**

Please feel free to contact me with any questions.

Sincerely,

Katie Judah

[Kjudah82@gmail.com](mailto:Kjudah82@gmail.com)

701- 208-1400

## House Judiciary Committee

Jan. 28, 2025

HB 1341

Good morning, Chairman Klemin and members of the committee. My name is Carolyn Espe and I am asking you to vote yes on HB 1341. I have been a registered nurse since 2015 and have worked in various nursing capacities since that time.

In my time working with patients, I have been assaulted and have witnessed others being assaulted on the unit. As others have testified, as nurses, we do not have the ability to choose our patients. We work with compassion to care for others and to encourage wellness. We recognize that there are boundaries and that there are patients who live with mental health disorders who may assault. However, as a healthcare provider, I do think it is important that we hold patients who assault accountable in the healthcare setting.

Not only have I witnessed the physical injury from patients who assault, but also, I witness the aftermath of my coworkers who live with mental health issues like anxiety and depression resulting from physical assault. I have witnessed one coworker lose chunks of hair (due to a patient who was assaultive numerous times during their hospital stay), one coworker who experienced enormous swelling to her right temple (when she was hit squarely in the head by a patient), and several coworkers who experienced assaults from one patient who lives with a serious mental health disorder and frequently visits our unit. She assaulted several staff and was not held legally accountable for her actions. Once she was discharged to the State Hospital, she assaulted staff and was discharged to jail. Finally, one coworker told me that if she did not go to employee health after being assaulted, she would not be able to apply for disability when she was diagnosed with Post-Traumatic Stress Disorder (PTSD) later in life. The serious issue of holding assaultive figures accountable is absolutely necessary.

Similar to Ms. Weiland, I have witnessed improvements to training, both in de-escalation techniques and in reading verbal cues. Regarding workplace violence, Sari et al. (2024) found that patient outcomes are less than appropriate when nurses feel they are not supported in pursuing the accountability of patients who assault. Ongoing violence (without consequences) generates fear Kafle et al. (2022). Furthermore, nurses may be encouraged not to report, which we know is underreporting, and this is exactly why we need you to vote yes on HB 1341.

Thank you for your time and your sincere attention to this House Bill.

Gratefully,

Carolyn Espe

# 2025 HOUSE STANDING COMMITTEE MINUTES

**Judiciary Committee**  
Room JW327B, State Capitol

HB 1341  
1/28/2025

A BILL for an Act to amend and reenact section 12.1-17-01 of the North Dakota Century Code, relating to simple assault; and to provide a penalty.

2:42 p.m. Chairman Klemin opened the hearing.

Members Present: Chairman Klemin, Vice-Chairman Karls, Vice-Chairman Vetter, Representatives Christianson, Henderson, Hoverson, Johnston, McLeod, Olson, Satrom, Tveit, VanWinkle, Wolff, Schneider

**Discussion Topics:**

- Effects of previous legislation on healthcare workers and patients
- Parody of treatment

2:42 p.m. Angela Sersha, Vice President and General Counsel at Sanford Bismarck, testified in favor.

2:57 p.m. Brittney Blake, Corporate Counsel for Altru Health System, testified in favor and provided testimony #32014.

3:17 p.m. Sherri Miller, Executive Director of the North Dakota Nurses Association, testified in favor and provided testimony #31988.

3:20 p.m. Courtney Koebele, Executive Director of the North Dakota Medical Association, testified in favor and provided testimony #31492.

3:23 p.m. Brad Peterson, Legal Director for Protection and Advocacy North Dakota, testified in opposition and provided testimony #31933.

3:33 p.m. Chairman Klemin closed the hearing.

*Wyatt Armstrong, Committee Clerk*



## **House Judiciary Committee**

### **HB 1341**

**January 28, 2025**

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 strongly supports HB 1341. The North Dakota Chapter of Emergency Physicians originally brought this issue to the association in 2014. Although they were already in a protected class under the statute, they were seeing a large increase in workplace assaults and wanted a higher level of penalty to apply to all healthcare workers.

The NDMA House of Delegates reviewed this issue and adopted a resolution to support 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 hospital worker.

Assaults against healthcare workers are rising. The federal government reports that healthcare 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). Healthcare accounts for nearly as many serious violent injuries as all other industries combined.

This law would make the punishment for assaulting a hospital worker 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 emergency medical services personnel.

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, hospital workers 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 1341.

Thank you.



## Protection & Advocacy Project

400 E. Broadway, Suite 409

Bismarck, ND 58501

701-328-2950

1-800-472-2670

TTY: 711

[www.ndpanda.org](http://www.ndpanda.org)



### House Judiciary Committee

House Bill 1341 - January 28, 2025

Testimony of Brad Peterson, P&A Legal Director

Greetings Chairman Klemin and members of the House Human Services Committee. I am Brad Peterson, the Legal Director at the North Dakota Protection and Advocacy Project (P&A). P&A is an independent state agency established in 1977 to assert and advance the human, civil, and legal rights of people with disabilities. The agency's programs and services seek to make positive changes for people with disabilities where we live, learn, work, and play.

P&A opposes HB 1341. HB 1341 amends the definition of simple assault 12.1-17-01(2)(a) to add hospital worker to the list of individuals who when victims of a willful or negligent assault automatically result in a person causing the assault to be charge with a class C felony instead of a class B misdemeanor.

P&A is concerned the expansion of 12.1-17-01(2)(a) will result in individuals with significant mental health or behavioral issues being charged with a felony simply because they were not fully aware of their surrounding environment such as a local emergency room or the North Dakota State Hospital. A person voluntarily seeking out help during an event should not be punished at a felony level as it would likely dissuade the individual from seeking emergency care resulting in the person becoming a danger to themselves and their community.

P&A also is concerned about the negative impact a felony conviction under 12.1-17-01(2) would have on an individual being able to secure certain services to ensure the individual receives services in the most integrated settings appropriate to their needs as envisioned in the Americans with Disabilities Act and Olmstead v. L.C.

Thank you for your time and consideration.

Brad Peterson  
Legal Director  
[brapeterson@nd.gov](mailto:brapeterson@nd.gov)



✧ 1912-2025 ✧

1515 Burnt Boat Drive

Suite C #325

Bismarck, ND 58503

701-335-6376

## Testimony in Support of House Bill 1341

House Judiciary Committee

Tuesday, January 28, 2025

Dear Chairman Klemin and Members of the House Judiciary Committee:

Good morning. My name is Sherri Miller, and I have been a registered nurse in North Dakota for almost 26 years. I am also the Executive Director of the North Dakota Nurses Association (NDNA). Thank you for the opportunity to testify today in **support of HB 1341**.

The NDNA is the only professional organization that represents all nurses in North Dakota. Our mission is to advance the nursing profession by promoting the professional development of nurses, fostering high standards of nursing practice, ensuring the safety and well-being of nurses in the workplace, and advocating for healthcare issues that affect both nurses and the public. We believe that NDNA is the leading voice for nurses in our state.

**U.S. healthcare workers experience workplace violence at a rate nearly four times higher than that of other industries.** They face threats such as being punched, slapped, scratched, choked, kicked, and inappropriately grabbed. This violence can occur in all patient care settings, not just in the emergency room.

To effectively address workplace violence, it is crucial that there be a zero-tolerance mindset toward this issue. We recognize the need for increased awareness and education on workplace violence prevention strategies, as well as the implementation of robust workplace violence prevention policies and procedures. **We also need legislation with stronger penalties for individuals who assault healthcare workers in the hospital.**

The NDNA collaborates with the American Nurses Association (ANA) to leverage their resources and expertise in tackling workplace violence. **The ANA Position Statement emphasizes that “a safe work environment promotes physical and psychological well-being. If members of the healthcare team do not feel safe, the work environment becomes vulnerable, compromising everyone’s safety.”**

High rates of workplace violence can lead to high turnover among healthcare workers, creating staffing shortages and impacting patient care. **Strong safety laws can help attract and retain top talent by demonstrating a commitment to worker well-being.**

We respectfully request that you **please vote yes on HB 1341**.

Thank you,

**Sherri Miller, BS, BSN, RN**

Executive Director

North Dakota Nurses Association

[directort@ndna.org](mailto:directort@ndna.org)

701-220-0788



**2025 House Bill no. 1341**  
**House Judiciary Committee**  
**Representative Klemin, Chairman**  
**January 28, 2025**

Chairman Klemin and Committee Members, my name is Brittney Blake and I am Corporate Counsel of Altru Health System. Like other health systems across the country and state, Altru has experienced an increase in violence toward our staff since 2020. When violence occurs at Altru, our small legal and security teams work together to help to deescalate situations and call law enforcement when necessary.

Altru stands in support of HB 1341 on behalf of our workforce and the dedicated employees who face violence by patients almost daily, for our nurses, our technicians, for our providers, and students.

Altru supports HB1342 to deter people from knowingly harming or attempting to harm our employees.

Prior to coming to Altru, I was a prosecutor in Grand Forks County. I prosecuted both criminal and civil cases, including civil commitments of patients at Altru. I am well aware of the incidents of violence involving patients experiencing mental health or chemical dependency crisis, as well as patients becoming agitated or violent due to dementia or a diabetic episode. Those are not the incidents of violence we are addressing through HB 1341. Altru stands to share that there are patients, especially since the pandemic, who knowingly assault our staff because they are upset with their care plan, or the wait, or their discharge time, or a handful of things.

We stand in support of this bill, as a clear message to health care workers at our organization, that we are committed to protecting our employees both current and future and to deter violence within our building.

Respectfully,

Brittney Blake

Altru Health System

# 2025 HOUSE STANDING COMMITTEE MINUTES

**Judiciary Committee**  
Room JW327B, State Capitol

HB 1341  
1/28/2025

A BILL for an Act to amend and reenact section 12.1-17-01 of the North Dakota Century Code, relating to simple assault; and to provide a penalty.

4:41 p.m. Chairman Klemin opened the hearing.

Members Present: Chairman Klemin, Vice-Chairman Karls, Vice-Chairman Vetter, Representatives Christianson, Henderson, Hoverson, Johnston, McLeod, S. Olson, Satrom, Tveit, VanWinkle, Wolff, Schneider

**Discussion Topics:**

- Positions that fall under the definition of hospital worker
- Parody of treatment

4:41 p.m. Representative McLeod moved a Do Pass.

4:41 p.m. Representative Schneider seconded the motion.

<b>Representatives</b>	<b>Vote</b>
Representative Lawrence R. Klemin	Y
Representative Karen Karls	Y
Representative Steve Vetter	N
Representative Nels Christianson	N
Representative Donna Henderson	N
Representative Jeff Hoverson	N
Representative Daniel Johnston	N
Representative Carrie McLeod	Y
Representative SuAnn Olson	Y
Representative Bernie Satrom	Y
Representative Mary Schneider	Y
Representative Bill Tveit	Y
Representative Lori VanWinkle	N
Representative Christina Wolff	Y

4:53 p.m. Motion Passed 8-6-0

4:54 p.m. Representative McLeod will carry the bill.

4:56 p.m. Chairman Klemin closed the hearing.

*Wyatt Armstrong, Committee Clerk*

**REPORT OF STANDING COMMITTEE**  
**HB 1341 ([25.0859.01000](#))**

**Judiciary Committee (Rep. Klemin, Chairman)** recommends **DO PASS** (8 YEAS, 6 NAYS, 0 ABSENT AND NOT VOTING). HB 1341 was placed on the Eleventh order on the calendar.

**2025 SENATE JUDICIARY**

**HB 1341**

# 2025 SENATE STANDING COMMITTEE MINUTES

## Judiciary Committee Peace Garden Room, State Capitol

HB 1341  
3/11/2025

A BILL for an Act to amend and reenact section 12.1-17-01 of the North Dakota Century Code, relating to simple assault; and to provide a penalty.

9:59 a.m. Chair Larson opened the hearing.

Members present:

Chair Larson, Vice Chairman Paulson, Senators: Castaneda, Cory, Luick, Myrdal, Braunberger.

### **Discussion Topics:**

- Assault classification for healthcare workers
- Hospital worker protection
- Workplace violence statistics
- De-escalation training programs
- Prosecutorial discretion in assault cases

9:59 a.m. Representative Heinert, District 32, introduced the bill.

10:06 a.m. Melissa Hauer, General Council, ND Hospital Association, introduced Angie Sersha.

10:06 a.m. Angie Sersha, North Dakota Hospital Association, testified in favor and submitted testimony #40181.

10:19 a.m. Sherri L. Miller, Executive Director, North Dakota Nurses Association, testified in favor and submitted testimony #40258.

10:23 a.m. Courtney Koebele, Executive Director, NDMA, testified in favor and submitted testimony #40139.

10:28 a.m. Brittney Blake, Lawyer, Altru, testified in favor and submitted testimony #39948.

10:38 a.m. Jaclyn Hall, Executive Director, ND Association for Justice, testified in opposition.

10:45 a.m. Bradley D. Peterson, Protection and Advocacy North Dakota, testified in opposition and submitted testimony #40213.

### **Additional written testimony:**

Penny M. Brieze, Director of Advocacy, North Dakota Nurses Association, submitted testimony in favor #40338.

Marissa Weiand, Registered Nurse, submitted testimony in favor #40280.

Kylie A. Vining, Director of Legislation & Education, NSAND, submitted testimony in favor #40317.

10:57 a.m. Chair Larson closed the hearing.

*Kendra McCann, Committee Clerk*

**2025 House Bill no. 1341**  
**Senate Judiciary Committee**  
**Representative Larson, Chairman**  
**March 11, 2025**

Chairman Larson and Committee Members, my name is Brittney Blake, and I am Corporate Counsel of Altru Health System. Like other health systems across the country and state, Altru has experienced an increase in violence toward our staff since 2020. Altru stands in support of HB 1341 on behalf of our workforce and the dedicated employees who face violence by patients almost daily, and ask that you give this bill a **Do Pass** recommendation.

When violence occurs at Altru, our small legal and security teams work together to help to deescalate situations and call law enforcement when necessary. Altru utilizes the AVADE de-escalation tools to prioritize the safety of all employees and patients. Altru supports HB 1341 to deter patients from knowingly harming or attempting to harm our employees. HB 1341 will act as another tool in our toolbox to deescalate patient violence.

Prior to coming to Altru, I was a prosecutor in Grand Forks County. I prosecuted both criminal and civil cases, including civil commitments of patients at Altru. I am well aware of the incidents of violence involving patients experiencing mental health or chemical dependency crisis, as well as patients becoming agitated or violent due to dementia or a diabetic episode. Those are not the incidents of violence we are addressing through HB 1341. Altru stands to share that there are patients, especially since the pandemic, who knowingly assault our employees.

We stand in support of this bill, as a clear message to health care workers at our organization, that we are committed to protecting our employees and students from violence within our buildings.

Respectfully,

Brittney Blake, Corporate Counsel

Altru Health System



**Senate Judiciary Committee**  
**HB 1341**  
**March 11, 2025**

Chair 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 strongly supports HB 1341. The North Dakota Chapter of Emergency Physicians originally brought this issue to the association in 2014. Although they were already in a protected class under the statute, they were seeing a large increase in workplace assaults and wanted a higher level of penalty to apply to all healthcare workers.

The NDMA House of Delegates reviewed this issue and adopted a resolution to support 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 hospital worker.

Assaults against healthcare workers are rising. The federal government reports that healthcare 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). Healthcare accounts for nearly as many serious violent injuries as all other industries combined.

This law would make the punishment for assaulting a hospital worker equal to the penalty for assaulting a law enforcement officer, an employee at the state hospital, a person engaged in a judicial proceeding, a volunteer firefighter, or emergency medical services personnel.

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, hospital workers 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 1341.

Thank you.



**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.<sup>1</sup> 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.<sup>2</sup> 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

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

<sup>2</sup> The Challenge of Underreporting, [https://wwwn.cdc.gov/WPVHC/Nurses/Course/Slide/Unit1\\_8](https://wwwn.cdc.gov/WPVHC/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.<sup>3</sup> 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 patient's

<sup>3</sup> 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 violence<sup>4</sup>.

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

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<sup>4</sup> 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 2186<sup>5</sup>, 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.<sup>6</sup>

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.<sup>7</sup> It is not the Alzheimer's patient who is confused and disoriented because of their condition. Instead, we are looking for help holding individuals

[5<https://ndlegis.gov/api/assembly/56-1999/regular/bill-text/jaat0300.pdf>](https://ndlegis.gov/api/assembly/56-1999/regular/bill-text/jaat0300.pdf);  
<https://ndlegis.gov/assembly/68-2023/regular/documents/23-0584-01000.pdf>

<sup>6</sup> 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

<sup>7</sup>[https://wwwn.cdc.gov/WPVHC/Nurses/Course/Slide/Unit1\\_8](https://wwwn.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.

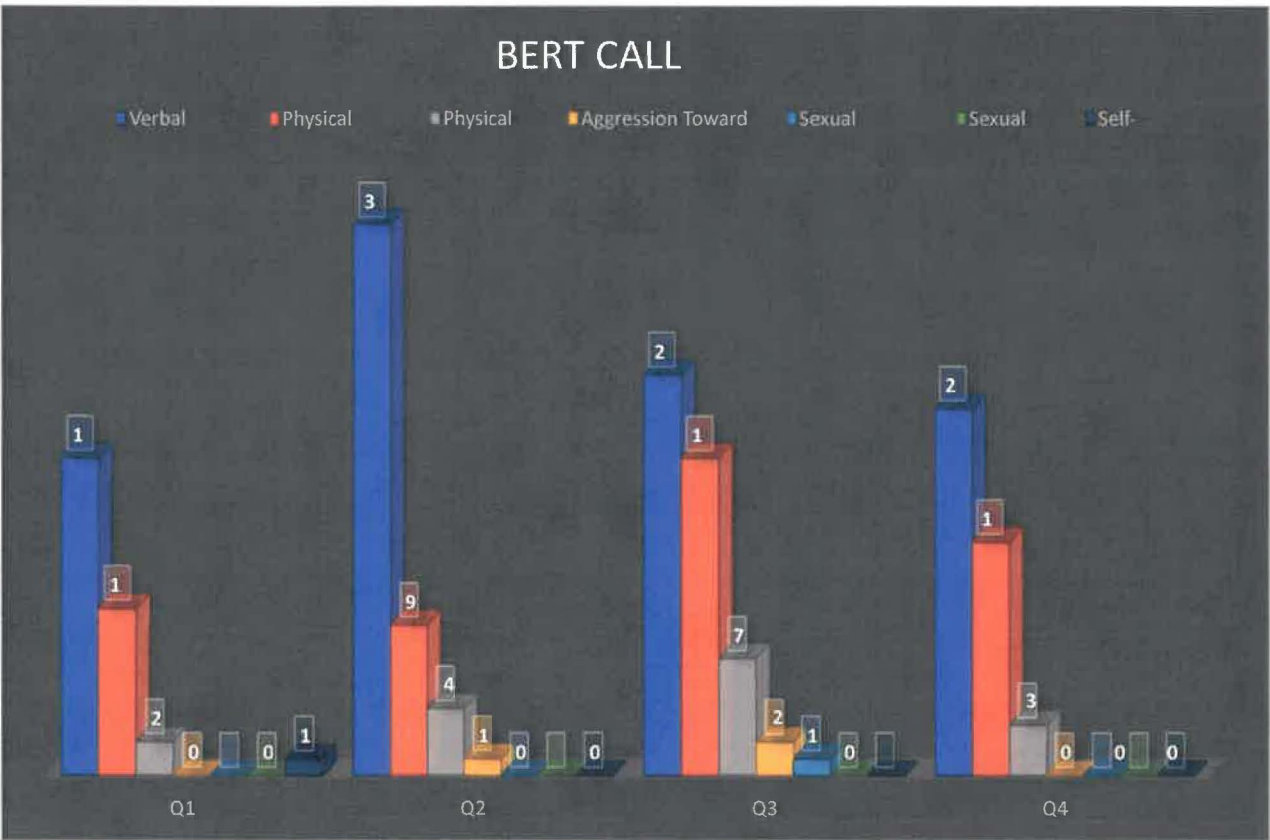
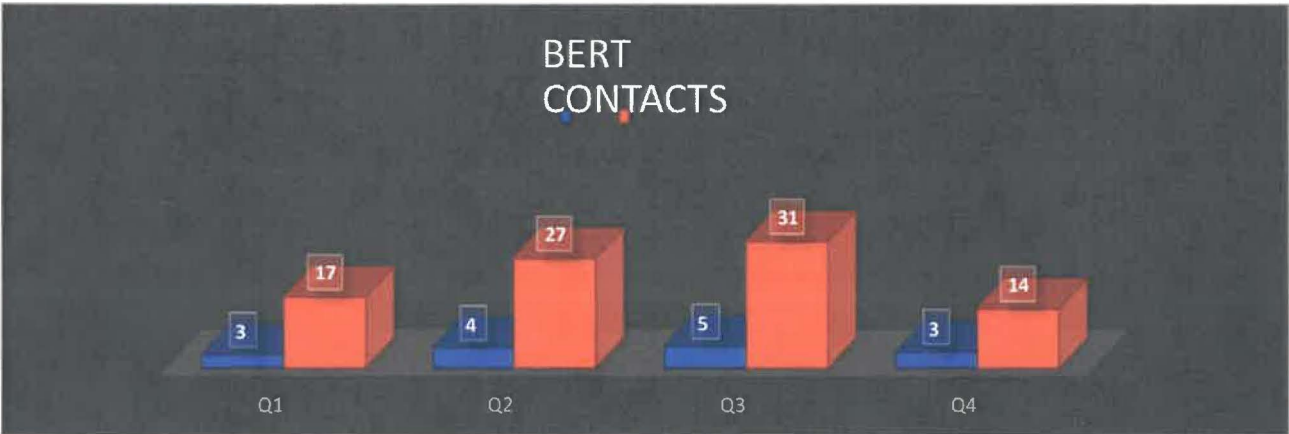
Sincerely,

Angie Sersha  
VP General Counsel  
Sanford Bismarck

## APPENDIX

- 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

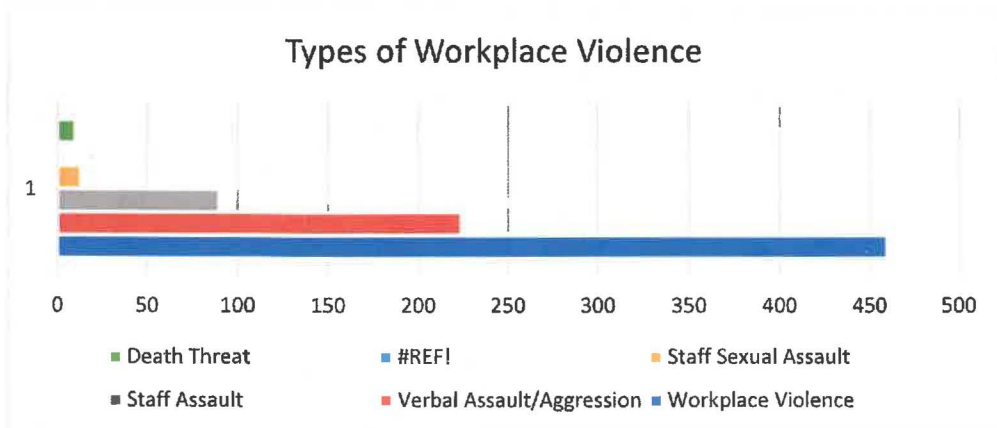
**Sanford Bismarck Behavioral Emergency Response Team**





### Sanford Bismarck 2024 Workplace Violence Totals

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Last Years WPV Totals	16	9	20	22	24	31	27	36	38	43	11
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				1	0	0	0	2	9	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				1	2	2	1	1	3	0	0
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**

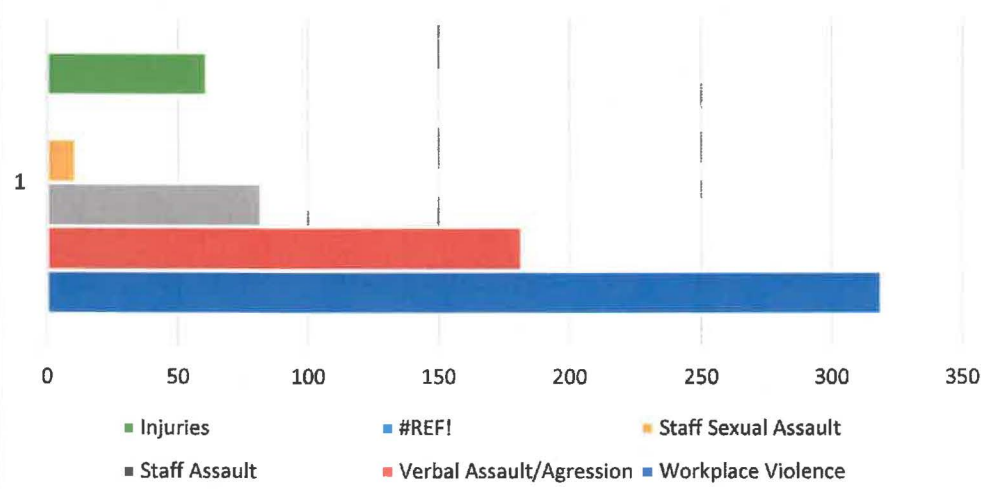
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
<b>Last Year Totals</b>	50	44	61	54	74	76	80	75	69	48	255
Guns	2	5	7	2	4	1	0	4	0	3	2
Knives	130	134	92	101	110	103	82	99	97	104	104
Others	22	44	53	14	16	4	14	12	11	13	11
<b>Total monthly</b>	154	183	152	117	130	108	96	115	108	120	117

<b>Year to Date totals</b>	0
Guns	30
Knives	1156
Others	214

**Sanford Bismarck Workplace Violence 2023**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Last Years WPV Totals</b>	14	31	33	17	19	15	18	14	19	43	11	13
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	11
Assault/Aggression												
Physical Aggression									4	3	4	
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		2
Aggression to Property	0	0	0	0	0	0	0	0	3	0	2	1
Injuries	4	2	4	4	9	8	6	4	8	12		

### Types of Workplace Violence



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

### Sanford Bismarck Weapons Detection 2023

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Last Year Totals</b>	75	69	110	152	245	405	129	112	69	48	37	37
<b>Guns</b>	0	0	2	2	2	1	1	0	0	3	9	4
<b>Knives</b>	36	32	41	36	46	52	58	56	47	51	151	162
<b>Others</b>	14	12	18	16	26	23	21	19	22	52	95	71
<b>Total monthly</b>	50	44	61	54	74	76	80	75	69	106	255	237
<b>Year to Date totals</b>												
<b>Guns</b>	24											
<b>Knives</b>	768											
<b>Others</b>	389											

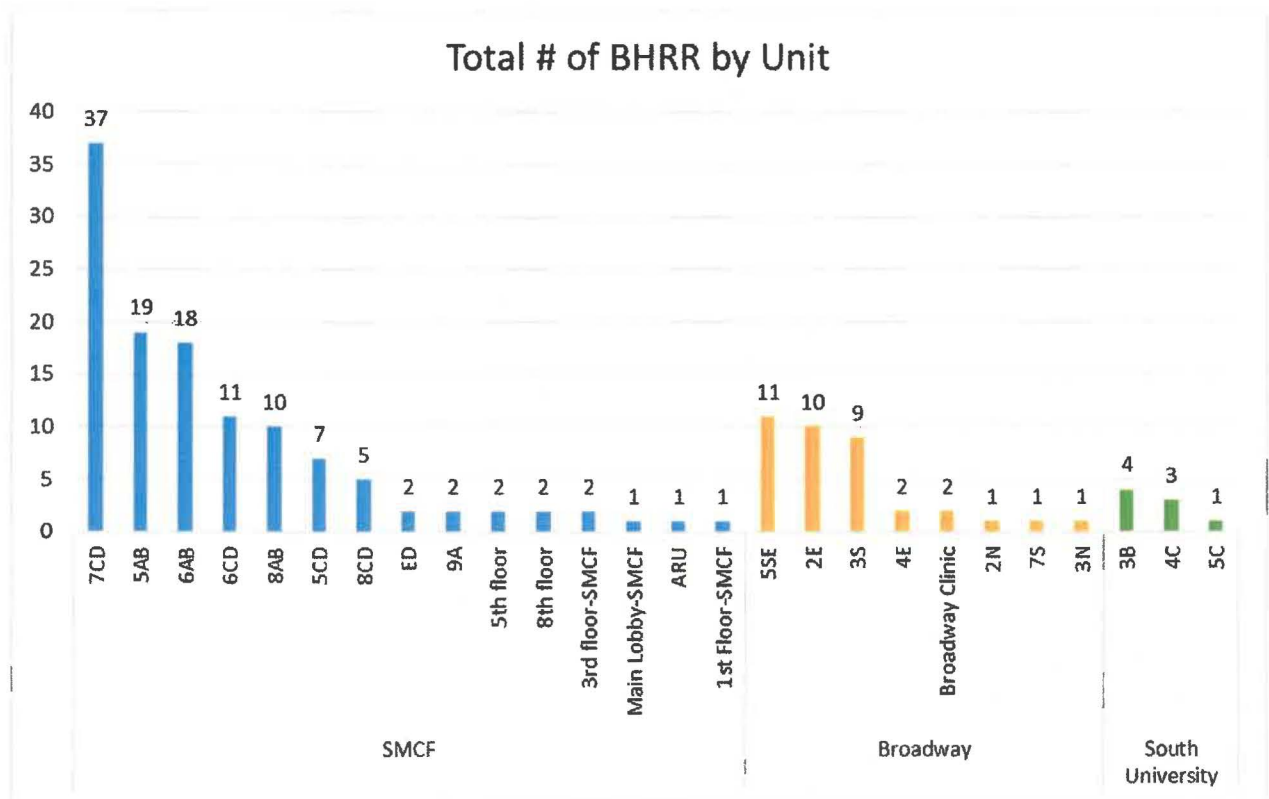
### Sanford Fargo 2024 Workplace Violence Totals

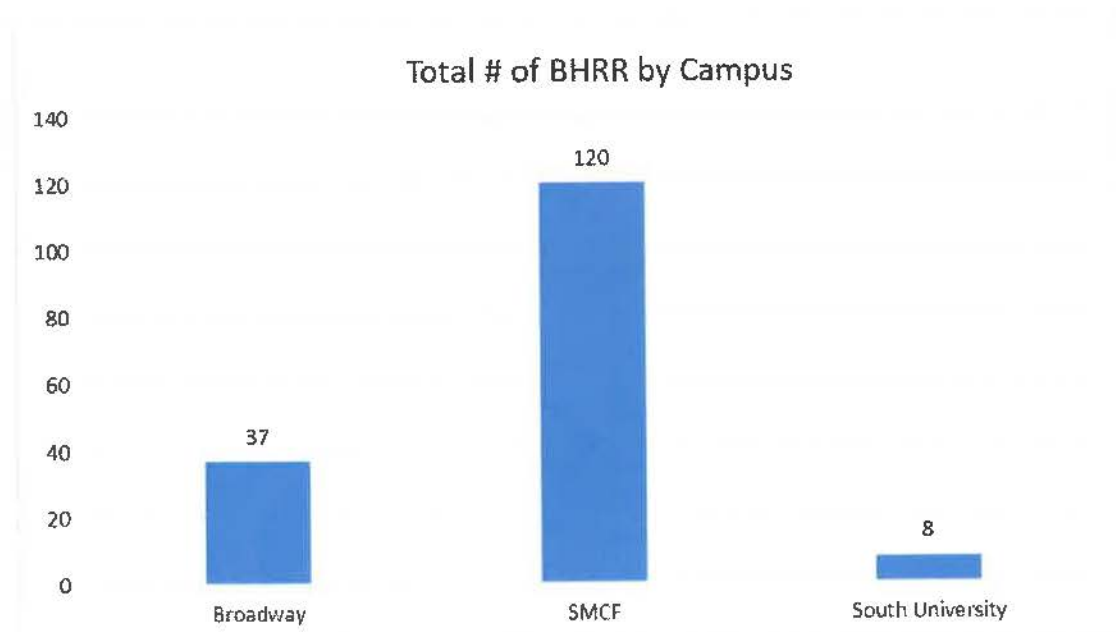
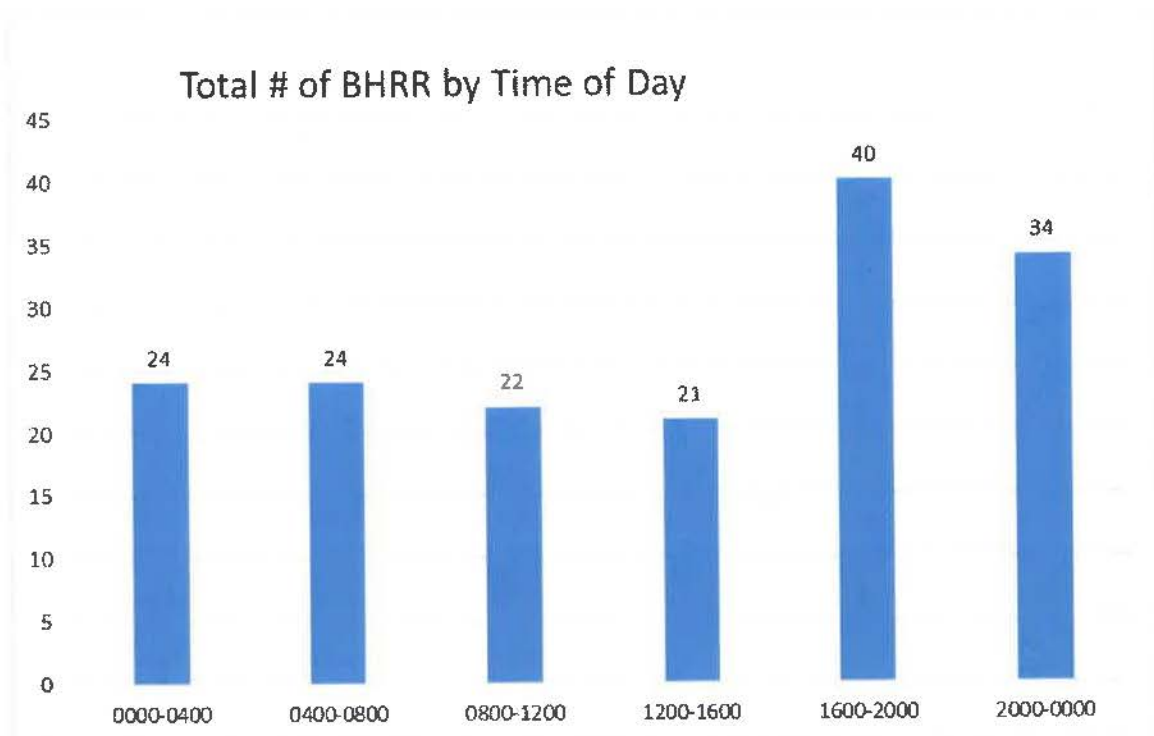
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
<b>Last Year's WPV Totals</b>	68	74	78	68	80	73	82	97	109	102	89	86	1006
<b>Workplace Violence</b>	83	100	81	92	76	88	104	108	112	106	93	97	1140
<b>Verbal Assault</b>	43	46	58	59	57	58	69	81	68	78	64	69	750
<b>Physical Assault</b>	40	54	23	33	19	30	35	27	44	28	29	28	390
<b>Ambulatory</b>	27	21	31	32	27	28	26	45	37	42	38	32	386
<b>Inpatient</b>	56	79	50	60	49	60	78	63	75	64	55	65	754

### Sanford Fargo 2023 Workplace Violence Totals

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
<b>Last Year's WPV Totals</b>	55	73	79	67	54	68	67	78	59	73	63	70	806

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





**Sanford Fargo Weapons Detection 2024**

**Year to Date  
totals**

Guns	50
Knives	1228
Others	906
<hr/>	
Persons scanned	244,696



## Protection & Advocacy Project

400 E. Broadway, Suite 409

Bismarck, ND 58501

701-328-2950

1-800-472-2670

TTY: 711

[www.ndpanda.org](http://www.ndpanda.org)



Senate Judiciary Committee

House Bill 1341-March 11, 2025

Testimony of Brad Peterson, P&A Legal Director

Greetings Chair Larson and members of the Senate Judiciary Committee. I am Brad Peterson, the Legal Director at the North Dakota Protection and Advocacy Project (P&A). P&A is an independent state agency established in 1977 to assert and advance the human, civil, and legal rights of people with disabilities. The agency's programs and services seek to make positive changes for people with disabilities where we live, learn, work, and play.

P&A opposes HB 1341. HB 1341 amends the definition of simple assault 12.1-17-01(2)(a) to add hospital worker to the list of individuals who when victims of a willful or negligent assault automatically result in a person causing the assault to be charge with a class C felony instead of a class B misdemeanor.

P&A is concerned the expansion of 12.1-17-01(2)(a) will result in individuals with significant mental health or behavioral issues being charged with a felony simply because they were not fully aware of their surrounding environment such as a local emergency room. A person voluntarily seeking out help during an event should not be punished at a felony level as it would likely dissuade the individual from seeking emergency care resulting in the person becoming a danger to themselves and their community.

P&A also is concerned about the negative impact a felony conviction under 12.1-17-01(2) would have on an individual being able to secure certain services to ensure the individual receives services in the most integrated settings appropriate to their needs as envisioned in the Americans with Disabilities Act and Olmstead v. L.C.



Thank you for your time and consideration.

Brad Peterson  
Legal Director  
[brapeterson@nd.gov](mailto:brapeterson@nd.gov)



◇ 1912-2025 ◇  
1515 Burnt Boat Drive  
Suite C #325  
Bismarck, ND 58503  
701-335-6376

**Senate Judiciary Committee  
Senator Larson, Chairman  
Testimony in Support of HB 1341  
Tuesday, March 11, 2025**

Dear Chairman Larson, Vice Chairman Paulson and Members of the Senate Judiciary Committee:

My name is Sherri Miller, and I have been a registered nurse in North Dakota for 26 years. I am also the Executive Director of the North Dakota Nurses Association (NDNA). Thank you for the opportunity to testify today in **support of HB 1341**.

The NDNA is the only professional organization that represents all nurses in North Dakota. Our mission is to advance the nursing profession by promoting the professional development of nurses, fostering high standards of nursing practice, ensuring the safety and well-being of nurses in the workplace, and advocating for healthcare issues that affect both nurses and the public. We believe that NDNA is the leading voice for nurses in our state.

Healthcare workers, including nurses, are facing an alarming reality: they experience workplace violence nearly four times more frequently than workers in any other industry. This includes physical assaults like punching, slapping, scratching, choking, kicking, and inappropriate grabbing, occurring across all patient care settings, not just emergency rooms.

To effectively address workplace violence, it is crucial that there be a zero-tolerance mindset toward this issue. We recognize the need for increased awareness and education on workplace violence prevention strategies, as well as the implementation of robust workplace violence prevention policies and procedures. **We also need legislation with stronger penalties for individuals who assault healthcare workers in the hospital.** The hospital setting creates a unique vulnerability for staff like nurses, who cannot abandon patients, even in difficult situations.

NDNA, in partnership with the American Nurses Association (ANA), emphasizes the critical link between safety and quality care. As the ANA position statement highlights, “a safe work environment is fundamental to the physical and psychological well-being of healthcare teams. When staff feel unsafe, patient safety is compromised.” High rates of workplace violence lead to significant turnover among healthcare workers, worsening staffing shortages and negatively affecting patient care. In contrast, robust safety laws indicate a commitment to worker well-being, which can help attract and retain skilled professionals.

We urge you to support HB 1341, a crucial step towards protecting our healthcare workforce. **Please vote yes on HB 1341.**

Thank you.

Sherri Miller, BS, BSN, RN | Executive Director  
North Dakota Nurses Association  
[director@ndna.org](mailto:director@ndna.org)

**Senate Judiciary Committee**  
**Senator Diane Larson, Chair**  
**March 11, 2025**  
**HB 1341**

Chair Larson and members of the Senate Judiciary Committee. My name is Marissa Weiand and I am asking you to **vote yes on HB 1341**. I have been a registered nurse for eight years and work in an acute care hospital.

My team is in charge of caring for some of the sickest patients admitted to the hospital. I am passionate about the healthcare profession and proud of the care we provide to patients and their families.

Unfortunately, violence in healthcare settings is increasing at a rate that is leaving healthcare workers at great risk for injury. I have been punched in the face, grabbed inappropriately, once being grabbed so tightly the patient's fingernails ripped through my skin. We are working hard to train our employees in crisis and violence de-escalation, installing metal detectors and hiring more security officers, but the number of nurses and allied staff being assaulted is still increasing.

We need your help. Though increasing the penalty for assaulting healthcare workers will not fix the problem, it most definitely will help.

My husband works in law enforcement and is protected by the higher penalty and I am grateful for that. Emergency workers, jail workers and State Hospital workers are protected by the higher penalty. Hospital workers caring for patients and their families should be included in that level of penalty. Just like the others included, we do not have the ability to stop doing our jobs when a patient hurts us and we do not have the ability to pick who we do and do not serve.

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 1341.

Please feel free to contact me with any questions.

Sincerely,  
Marissa Weiand  
701-391-3593

**Senate Human Services Committee**  
**Senator Lee, Chair**  
**Testimony in Support of HB 1341**  
**Tuesday, March 11, 2025**

Good morning, Chairman Lee, Vice Chairmen Weston, and Members of the Senate Human Committee. My name is Kylie Vining, and I am the Director of Legislation and Education for the Nursing Student Association of North Dakota. I have been a CNA since 2021, a phlebotomist since 2023, and am currently a nursing student on track to graduate in May of 2026.

Thank you for the opportunity to testify in **support** of HB 1341.

In the 4 years I have spent in healthcare, I have been unfortunate to experience violence towards myself, fellow CNA's, nurses, and countless other healthcare workers. Combined with the many stories I have heard from healthcare workers about their own traumatic experiences with patients and the physical scars they left behind has made me question many times whether healthcare is a field I want to risk my safety and mental health for.

Many of the stories I have to share involve patients slapping, punching, kicking, biting, spitting, and even trapping myself or other staff. One morning while working as a phlebotomist, I was training a new hire, and we entered a patients room to draw their labs. After asking permission to do so, the patient became severely agitated and began not only threatening to hit us but also started kicking their legs. They slapped my arm when I reached to remove possible weapons from their reach, swore, and threatened all staff around. All of this over the simple question of "Can we draw your blood for labs?"

On another occasion in the same hospital, I was paged to draw stat labs. Upon arriving to the patients room, I once again, simply asked if I could draw labs and after the patient gave me permission to do so, I explained I was putting a tourniquet on their arm, that it would be tight, and that it was not to harm them but to help me do my job more effectively. They voiced they understood, however, once I turned to get the rest of my supplies needed, they ripped the tourniquet off, threw it across the room, and began screaming insults at myself and other staff rushing into the room after hearing the yelling. They threw the call light across the room, just barely missing the nurse, and attempted to grab other objects to throw. After leaving the room, the nurses informed me this patient had punched one of them earlier and had tried to attack another.

Sadly, I have many stories that all end the same: nothing was done to reprimand the patient behind the behaviors. As a future nurse, my job description will be lengthy and hold much responsibility, but being assaulted and abused is not and should not be one of them. Personally, I do not want to enter a career where I simply have to forget about the abuse and trauma I go through and are overlooked because it's "part of my job description". This is a stigma and belief that should not be expected of nurses nor any other healthcare provider in the state of North Dakota.

As Director of Legislation and Education, it is my job to not only inform the nursing students of North Dakota of important legislative issues that can impact them, but to also represent them and be a voice for their concerns and fears. I can confidently say for the nursing students of North Dakota that this bill is vital to protecting our futures as nurses and the care we strive to provide to our present and future patients.

I ask of you to set a standard of behavior and respect expected of patients to protect my fellow nursing students and future colleagues by voting YES to HB 1341. Thank you for your time and your dedication to the state of North Dakota.

Please contact me with any questions or other concerns!

Kylie Vining  
Director of Legislation and Education  
Nursing Student Association of North Dakota  
Kylie.Vining@uj.edu  
(701) 330-1155



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 701-335-6376

**Senate Human Services Committee  
 Senator Lee, Chair  
 Testimony in Support of HCR 1341  
 Tuesday, March 11, 2025**

Good morning, Chairman Lee, Vice Chairman Weston, and Members of the Senate Human Services Committee. My name is Dr. Penny Briese, and I've been a registered nurse in North Dakota for 20 years and a nurse educator for 15 of those years. I am also the Director of Advocacy for the North Dakota Nurses Association (NDNA).

Thank you for the opportunity to testify in **support** of HCR 1341.

As a nurse educator, I see the young, shining faces of nurses in training on a daily basis. I witness their eagerness to learn and grow into nurses capable of caring for the sick and dying. I am, however, saddened that even at the level of nursing training, these young people have faced violence in their clinical settings. Recently, as the NDNA Director of Advocacy, I sent out a request for nursing student testimony about being assaulted. I received dozens of stories from these future nurses, many of whom described already being assaulted as Certified Nurses Assistants (CNAs) and how afterwards they struggled with the decision to even begin nursing school. One student stated they were so frightened by their encounter that they quit their CNA job. Another student related being so badly bruised from their violent encounter that they were embarrassed to go outside, lest someone ask them what happened. Can you imagine?

I have heard many stories from my nurse colleagues as well, stories of being slapped, kicked, groped, spat at, pinched, having things thrown at them, being cursed at and even having their lives threatened, and these were not the behaviors of patients suffering from dementia. We nurses are highly educated healthcare professionals and are more than able to tell the difference between the behaviors of a demented patient and someone who fully intends to do us harm. I, myself, being a retired Nationally Registered Emergency Medical Technician-Paramedic and ER nurse, have been assaulted in both arenas and I simply cannot find the logic behind the fact that, should I walk 100 feet down a hospital hallway from the ER to a patient's room and be assaulted, I would not have same protection under the law. This simply makes no sense to me. There must be repercussions for this kind of behavior directed towards healthcare providers who are simply doing their jobs. How are we going to attract and retain a solid nursing workforce in North Dakota if we continue to deny healthcare workers, including North Dakota's nursing students, the most basic protection afforded by law? Again, as a nurse educator, I look into the eyes of these young people, excited to begin their careers as nurses, and I am disheartened knowing that statistically, half of them will experience violence during their nursing careers.

So I ask you, on behalf of myself, my nursing colleagues, and the of the student nurses of North Dakota, please vote **YES** on HCR 1341. Thank you all for your consideration of this critical issue and for your service to North Dakotans.

Dr. Penny Briese, PhD, MS, BSN, RN, CHSE  
 Director of Advocacy  
 North Dakota Nurses Association  
 Associate Professor of Nursing and Simulation Lab Coordinator  
 University of Jamestown

# 2025 SENATE STANDING COMMITTEE MINUTES

## Judiciary Committee

Peace Garden Room, State Capitol

HB 1341

3/25/2025

A BILL for an Act to amend and reenact section 12.1-17-01 of the North Dakota Century Code, relating to simple assault; and to provide a penalty.

10:15 a.m. Chair Larson opened the hearing.

Members present:

Chair Larson, Vice Chairman Paulson, Senators: Castaneda, Cory, Luick, Myrdal, Braunberger.

### Discussion Topics:

- Definition and scope of hospital workers
- Patient care engagement criteria
- Enhanced penalties for assaults on healthcare workers

10:16 a.m. Chair Larson updated the committee on the background of the bill with concerns regarding special enhanced penalties to a C felony from a misdemeanor when assault is against specific people.

10:18 a.m. Representative Pat Heinert, District 32, answered committee questions and introduced a verbal proposed amendment provided by Britney Blake.

10:19 a.m. Britney Blake, Attorney, State of ND Courts, explained the verbal proposed amendment by adding after hospital worker adding comma "engaged in patient care" comma.

10:29 a.m. Committee discussed assault data and support harsher penalties for healthcare worker safety.

10:32 a.m. Committee members discussed working with hospital staff to draft a healthcare amendment and postpone finalizing the current bill.

10:35 a.m. Committee discussion on upcoming schedule.

10:35 a.m. Chair Larson closed the hearing.

*Kendra McCann, Committee Clerk*

# 2025 SENATE STANDING COMMITTEE MINUTES

## Judiciary Committee

Peace Garden Room, State Capitol

HB 1341

3/25/2025

A BILL for an Act to amend and reenact section 12.1-17-01 of the North Dakota Century Code, relating to simple assault; and to provide a penalty.

3:10 p.m. Chair Larson opened the hearing.

Members present:

Chair Larson, Vice Chairman Paulson, Senators: Castaneda, Cory, Luick, Myrdal, Braunberger.

### Discussion Topics:

- Definition of essential patient care
- Legislative intent regarding patient care
- Patient safety

3:11 p.m. Representative Pat Heinert, District 32, updated committee on amendments collaborated with previous testifiers.

3:14 p.m. Chair Larson passed gavel to Vice Chairman Paulson since she proposed amendment.

3:16 p.m. Senator Larson moved verbal amendment for line 20 after hospital worker insert comma and add "engaged in essential patient care" comma.

3:16 p.m. Senator Luick seconded.

Voice Vote- Motion Passed

3:18 p.m. Senator Larson moved a Do Pass as amended.

3:18 p.m. Senator Luick seconded the motion.

Senators	Vote
Senator Diane Larson	Y
Senator Bob Paulson	Y
Senator Ryan Braunberger	N
Senator Jose L. Castaneda	N
Senator Claire Cory	N
Senator Larry Luick	Y
Senator Janne Myrdal	N

Motion Failed 3-4-0.

3:19 p.m. Senator Cory moved a Do Not Pass as amended.



3:19 p.m. Senator Braunberger seconded the motion.

Senators	Vote
Senator Diane Larson	N
Senator Bob Paulson	Y
Senator Ryan Braunberger	Y
Senator Jose L. Casteneda	Y
Senator Claire Cory	Y
Senator Larry Luick	N
Senator Janne Myrdal	Y

Motion Passed 5-2-0.

3:23 p.m. Senator Castaneda will carry the bill.

3:24 p.m. Chair Larson closed the hearing.

*Kendra McCann, Committee Clerk*

Reconsidered HB 1341 on 3/26/2025.

March 25, 2025 3-25-25  
AGT (1-2)

Sixty-ninth  
Legislative Assembly  
of North Dakota

## PROPOSED AMENDMENTS TO

### HOUSE BILL NO. 1341

Introduced by

Representatives Heinert, Bosch, Lefor, McLeod, Meier, Porter

Senators Axtman, Cleary, Dever, Larson

- 1 A BILL for an Act to amend and reenact section 12.1-17-01 of the North Dakota Century Code,  
2 relating to simple assault; and to provide a penalty.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

4 **SECTION 1. AMENDMENT.** Section 12.1-17-01 of the North Dakota Century Code is  
5 amended and reenacted as follows:

6 **12.1-17-01. Simple assault.**

- 7 1. A person is guilty of an offense if that person:  
8 a. Willfully causes bodily injury to another human being; or  
9 b. Negligently causes bodily injury to another human being by means of a firearm,  
10 destructive device, or other weapon, the use of which against a human being is  
11 likely to cause death or serious bodily injury.  
12 2. The offense is:  
13 a. A class C felony when the victim is a peace officer or correctional institution  
14 employee acting in an official capacity, which the actor knows to be a fact; an  
15 employee of the state hospital acting in the course and scope of employment,  
16 which the actor knows to be a fact, and the actor is an individual committed to or  
17 detained at the state hospital pursuant to chapter 25-03.3; a person engaged in a  
18 judicial proceeding; or a member of a municipal or volunteer fire department or  
19 emergency medical services personnel unit, or emergency department worker or

- 1 | hospital worker, engaged in essential patient care, in the performance of the
- 2 | member's duties.
- 3 | b. A class B misdemeanor except as provided in subdivision a.

# 2025 SENATE STANDING COMMITTEE MINUTES

## Judiciary Committee Peace Garden Room, State Capitol

HB 1341  
3/26/2025

A BILL for an Act to amend and reenact section 12.1-17-01 of the North Dakota Century Code, relating to simple assault; and to provide a penalty.

10:36 a.m. Chair Larson opened the hearing.

Members present:

Chair Larson, Vice Chairman Paulson, Senators: Castaneda, Cory, Luick, Myrdal, Braunberger.

### Discussion Topics:

- Committee Action

10:36 a.m. Senator Cory moved to Reconsider.

10:37 a.m. Senator Castaneda seconded.

Senators	Vote
Senator Diane Larson	Y
Senator Bob Paulson	Y
Senator Ryan Braunberger	N
Senator Jose L. Castaneda	Y
Senator Claire Cory	Y
Senator Larry Luick	Y
Senator Janne Myrdal	N

Motion Passed 5-2-0.

10:39 a.m. Senator Cory moved a Do Pass as amended.

10:39 a.m. Senator Luick seconded the motion.

Senators	Vote
Senator Diane Larson	Y
Senator Bob Paulson	Y
Senator Ryan Braunberger	N
Senator Jose L. Castaneda	N
Senator Claire Cory	Y
Senator Larry Luick	Y
Senator Janne Myrdal	N

Motion Passed 4-3-0.

10:46 a.m. Chair Larson will carry the bill.

10:47 a.m. Committee discussion on upcoming schedule.

10:48 a.m. Chair Larson closed the hearing.

*Kendra McCann, Committee Clerk*

**REPORT OF STANDING COMMITTEE  
HB 1341**

**Judiciary Committee (Sen. Larson, Chairman)** recommends **AMENDMENTS** ([25.0859.01002](#)) and when so amended, recommends **DO PASS** (4 YEAS, 3 NAYS, 0 ABSENT OR EXCUSED AND NOT VOTING). HB 1341 was placed on the Sixth order on the calendar. This bill does not affect workforce development.