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### Workplace Violence Prevention for Nurses and Healthcare Workers in the State of Maine A Health Policy Initiative

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**Workplace Violence Prevention for Nurses and Healthcare Workers in the State of Maine**  
**A Health Policy Initiative**

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DNP Project Submission: May 1, 2022

“Work injuries and illnesses can affect every aspect of life for workers and their families. A safe and healthy workplace not only protects workers from injury and illness, but it can also lower injury/illness costs, reduce absenteeism and turnover, increase productivity and quality, and raise employee morale. In other words, safety is good for business. Plus, protecting workers is the right thing to do”.

Maine Department of Labor

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**Abstract**

Background: Health care workplace violence is a pervasive and persistent problem, underreported, and when reported it is tolerated, excused, or ignored. Prior to the pandemic, the “normal” demands of a stressful workplace for a resilient nurse might include short staffing, a lack of resources, violence, bullying, and disruptive behaviors from patients or families. Since the pandemic, the rates of increasing healthcare violence can be attributed to several factors such as, delays in care and services, reducing admissions and procedures, consistent understaffing, a lack of adequate mental health services, increased violence against women, limited or no visitor policies, low security coverage, an increase in substance abuse during the pandemic and in the context of the current volatile and violent society: increased firearms. These ongoing issues and many others provide an opportunity for patient and visitor agitation and violence. The specific aim of this Doctorate of Nursing Practice (DNP) health policy initiative is to collaborate with Nurse Leaders, legislators, and stakeholders in Maine to improve workplace safety for health care workers, which will support nurses and nursing practice leading to better patient outcomes and safer communities. Methods: The Center for Disease Control and Prevention’s (CDC) Health Policy Analysis and Evidence process was the guiding framework utilized for the research and implementation of this health policy initiative. Results: The health policy proposal was presented to American Nurses Association of Maine leadership, and a Nurse leader in the state legislature to support this workplace safety initiative in healthcare facilities in Maine. A failed workplace safety proposal in the 129<sup>th</sup> legislative did not pass, and a subsequent law created barriers to safety and stakeholder collaboration resulting in significant increases in workplace violence and tragedy within the state. During the 130<sup>th</sup> legislative session, a bill to establish a workplace violence task force bill was introduced to

study violence in healthcare and during the short session, a second bill was approved to finance the task force study.

**Limitations:** The ability to move forward with the taskforce agenda and testimony was contingent on a funding vote. At the time of this project, the pandemic continued which created delays in the task force funding vote to address more important initiatives. Additionally, the 2022 spring legislative session was considerably shorter due to 2022 being an election year. Due to timing of the task force funding, the work would not begin until the new legislative session in January 2023.

**Conclusion:** The establishment of a funded workplace violence task force for healthcare workers in Maine is critical for safe nursing practice and optimal patient outcomes. Nationally, laws established to protect caretakers should not be lost on Maine legislators. The result of weak policy and stakeholder inaction resulted in tragedy and has allowed Maine's health care professionals to continue working at risk. Testimony and evidence from stakeholders across the state should ensure lawmakers from both parties are educated about what truly is at stake. All stakeholders should come to a consensus about what constitutes a safe healthcare setting, establish safe guidelines with law enforcement to keep communities and patients safe.

**Key words:** workplace violence, legislative initiatives, Maine law, state law, safety standards in healthcare, nursing safety, patient outcomes.

**A Health Policy Initiative:**  
**Workplace Violence Prevention for Nurses and Healthcare Workers in the State of Maine**

**Introduction**

Workplace violence in healthcare is an important public health issue and a growing concern. Workplace violence has been defined by the Occupational Safety and Health Administration (OSHA) as “any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. Workplace violence in healthcare ranges from threats and verbal abuse to physical assaults and even homicide. It can affect and involve employees, clients, customers, and visitors” (Workplace Violence - Overview Occupational Safety and Health Administration, n.d.). According to OSHA, in 2018 approximately 75 percent of the reported workplace assaults took place in health care and social service settings (Joint Commission Issues Alert on Violence Prevention in the Health Care Workplace, 2018).

Everytown for Gun Safety is a nonprofit organization founded and supported by mayors, moms, teachers, survivors, gun owners, students, and everyday Americans to conduct research, collect firearm statistics and to provide evidence-based data to advocate for common sense gun laws and safer communities (About Everytown, n.d.). Everytown statistical data for the state of Maine (EveryStat.org) indicated a 45% increase in firearm deaths from 2010 to 2019 compared to a national increase of 17%, with 40% of these fatalities occurring in the state’s most rural areas (Gun Violence in Maine, 2021, Maine Gun Numbers Tell a Stark Story. New Caucus Committed to Changing Them., 2021). Additional firearm statistics indicate Maine’s mortality rate from guns, when calculated as a percentage of the population is the highest of all the New England states (Gun Violence in Maine, 2021, Maine Gun Numbers Tell

a Stark Story. New Caucus Committed to Changing Them., 2021). In September 2021, the Federal Bureau of Investigation (FBI) released national homicide data from 2020, indicating homicides related to gun violence increased to 76%, a 3% increase from the previous year (FBI, 2021).

During the early months of the COVID – 19 pandemic, frontline healthcare workers were celebrated as “healthcare heroes” (Gamble, 2021). Healthcare staff and frontline workers selflessly risked their lives, working long shifts, short staffed and with limited resources as the numbers of infected patients exponentially multiplied. The Center for Disease Control (CDC) surveyed 26,000 healthcare workers in March and April 2020, and approximately 6,500 of the surveys indicated the healthcare workers felt threatened or unsafe in their work environment (Gamble, 2021). As the battle to control the pandemic continued into 2021, public health guidelines continued to be confusing and polarizing. US News and World Report reported healthcare professionals across the nation were being harassed and receiving death threats (Gamble, 2021). Comments such as “I’m going to get my gun” or “you should be executed for crimes against humanity” at immunization clinics have been documented as healthcare workers continued to tirelessly care for patients and work to make communities safer (Gamble, 2021). The Bureau of Labor Statistics indicate the number of violent incidents involving health care workers is likely three times higher than what is reported annually because healthcare workers consider workplace violence as “part of their job” (New Workplace Violence Prevention Recommendations: The Joint Commission, n.d., & Workplace Violence in Healthcare, 2018, n.d.; Vuleta, B., 2021).



### **Problem Description**

The World Health Organization defines a vulnerable population as “the degree to which a population, individual, or organization is unable to anticipate, cope with, resist, and recover from the impacts of disasters.” (Moore & Thal, 2021). The current political environment, statewide and nationally combined with the turbulence in healthcare makes it easy to classify nurses, healthcare workers and social service workers as a vulnerable population. Resilience, the ability to navigate and manage stressful conditions or crises, is the adjective often used to describe today's nurse. Prior to the pandemic, the “normal” demands of a stressful workplace for a resilient nurse might include short staffing, a lack of resources, violence, bullying, and disruptive behaviors from patients or families. Since the pandemic, these issues are now magnified (Khazan, 2022; Moore & Thal, 2021). The Joint Commission (TJC), in response to the dramatic increase in reported workplace violence incidents, developed “new and revised standards which will provide a framework to guide hospitals in developing effective workplace violence prevention systems, including leadership oversight, policies and procedures, reporting systems, data collection and analysis, post-incident strategies, training, and education to decrease workplace violence” (Workplace Violence Prevention | The Joint Commission, n.d.). In addition to expanding the responsibilities and accountability of an accredited healthcare organization, TJC has expanded the definition of workplace violence and all the stakeholders protected under this new mandate. TJC's accreditation manual defines workplace violence as “an act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors

of concern involving staff, licensed practitioners, patients, or visitors” (Workplace Violence Prevention | The Joint Commission, n.d.).

The Maine Gun Safety coalition published data from a poll of 500 Maine voters in both of the state’s congressional districts indicating bipartisan support for stronger gun laws (New Poll Shows Broad Bipartisan Support for Red Flag Laws and Universal Background Checks in Maine, 2019). The Maine state legislature can continue to support their constituents with common-sense legislation to keep hospitals and healthcare facilities safe for all workers and the people in their care.

### **Available Knowledge**

To support the concerns regarding workplace safety for nurses and healthcare professionals, as firearm sales increase and the polarizing rhetoric regarding the mitigation strategies for the SARS-COV-2 virus continue, an integrative review of the literature and current events began in August 2021 and continued through April 1, 2022. The literature search was done utilizing PubMed, and the Cumulative Index to Nursing and Allied Health Literature (CINAHL) for systematic reviews and meta-analyses between 2014 and 2021. The key words utilized included “firearm violence and hospitals” or “violence in healthcare” or “workplace violence and nursing”. Inclusion criteria: English language, published between 2014 to the present, systematic reviews or meta-analyses, and full-text articles. Exclusion criteria: non-English text, published before 2014, clinical or observational studies, and non-full text articles. The data base search produced 87 items from PubMed and CINAHL.

In addition to searching data bases, an extensive search was done to obtain current events regarding workplace violence in or near healthcare facilities, new healthcare legislation

related to healthcare/hospital workplace safety and firearm safety. The current events search was done utilizing the Atlantic, The Washington Post, The New York Times, Becker Hospital Review, US News and World Report, National Public Radio (NPR), CBS News, Boston, NBC News Maine, CBS News Maine, The Bangor Daily News and The Portland Press Herald. Statistical data regarding firearms was obtained from the Center for Disease Control (CDC), the Bureau of Labor Statistics (BLS), Everytown, The Brady Campaign to Prevent Gun Violence, and The Giffords Law Center to Prevent Gun Violence. The current events search produced 43 items. The review of the literature and current events was organized into four subcategories. These categories are workplace violence against healthcare workers, significance of firearms and violence, firearm legislative initiatives, and firearm legislative initiatives in Maine.

Workplace violence against healthcare workers is not a new concept, however in recent years, Massachusetts and New Hampshire have had acts of violence, some with firearms that have drawn national attention and made violence in hospitals a mainstream topic. In July 2013, an agitated patient in a Manchester, New Hampshire emergency room beat two emergency room staff with a large blunt object originally thought to be a firearm. One of the healthcare professionals was treated and released from the hospital, however, the other employee, suffering from severe head trauma, was airlifted to Boston for life saving interventions (Hospital Workers Attacked by Patient in Manchester, 2013). In December 2014, a New Hampshire man walked into his wife's hospital room early one morning and fatally shot her then killed himself in front of the staff. The president of the hospital later made a public statement. He began "a very sad and horrific event took place" in the intensive care unit. The hospital president stated the hospital does have a policy banning firearms but provided no

further details regarding how the firearm was brought into the building (Heslam and Johnson, 2014). In January 2015, a Boston surgeon was shot and killed at work by a deceased patient's family member (Kalter and Stout, 2015). In September 2017, a man fatally shot his mother in the intensive care unit at Dartmouth-Hitchcock Medical Center (DHMC) in Lebanon, New Hampshire. The shooting was witnessed by a family member and the patient's 23-year-old nurse, who hid behind medical equipment and called 911 (CBS News, Boston, 2017; New Hampshire Public Radio Staff, 2017). In a news conference shortly after the incident, the state Attorney General (AG) reported that the shooter's sole purpose for visiting the hospital was to kill his mother. The AG was not able to give an answer when questioned about how the shooter was able to get into the hospital but indicated signs at the building entrances alert patients and members of the public to the "no weapons" policy (CBS News, Boston, 2017; New Hampshire Public Radio Staff, 2017). Follow up reporting indicated the State Police and the AG stated Dartmouth Hitchcock Medical Center (DHMC), and other hospitals are "challenged with the need to strike a balance between offering a comfortable environment for patients and visitors to receive health care and the need to keep everyone safe" (CBS News, Boston, 2017; New Hampshire Public Radio Staff, 2017). On October 5, 2021, the Portland, Maine police were called after shots were fired on the Maine Medical Center campus near the parking garage. At 5pm, as medical office staff and patients were leaving for the day, they were ushered past precaution tape as the Portland Police Department Crime Scene Unit collected evidence and took statements from witnesses. The evening news indicated no injuries reported and a suspect was in custody. A spokesperson for Maine Medical Center indicated the incident did not impact the operation of the hospital. The suspect arrested was charged with possession of a firearm which is illegal for a felon, additional drug charges and reckless conduct with a

dangerous weapon. No further reporting or commentary on this incident was done (Blanchard and Bard, 2021). On February 18, 2022, WGME News 13 Maine covered a demonstration by nurses employed at Maine Medical Center. The reporter cited data obtained from Maine Medical Center indicating the hospital saw “172 workplace violence incidents in January of 2022 that involved combative contact compared to 51 incidents in January of 2021, a 230 percent increase in just one year” (Lampariello, 2022). A nurse interviewed during the protest provided some commentary; "I think you would find it hard not to find someone that has either been physically pinched, scratched, bit, spit at or punched. Some of my nurse coworkers will carry it with them the rest of that whole day. They have trouble taking care of their other patients" (Lampariello, 2022). Over the past decade, violence against healthcare workers occurs daily. The American Nurses' Association indicate as many as 1 in 4 nurses across the nation are assaulted every day, with only 20%-60% of these assaults being reported (American Nurses Association, n.d.; Phillips, 2016; Quigley, 2021).

The National Institute for Occupational Safety and Health (NIOSH), a division of The Center for Disease Control (CDC), the U.S. Department of Health & Human Services and the U.S. Department of Justice have categorized workplace violence into four major headings, based on the relationship with the perpetrator, the workplace and the victims (Table 1) (Panetta, G, 2021; Phillips, 2016; Types of Workplace Violence | WPVHC | NIOSH, n.d.; Workplace Violence Issues in response, 2003). The categories are type 1: Violent acts by criminals who have no other connection with the workplace other than criminal intent. The criminal is carrying a firearm and/ or other weapons, increasing the likelihood that the victim will be killed or seriously wounded. This type of violence usually affects taxi drivers, late night gas station or retail clerk (Panetta, G, 2021; Phillips, 2016; Types of Workplace Violence |

WPVHC | NIOSH, n.d.; Workplace Violence Issues in response, 2003). The second category of workplace violence is type 2. This violence is directed at employees by customers, clients, patients, students, inmates, or any others for whom an organization provides services. This type of violent act is most common in the health care setting. The perpetrator is in a situation in which there is a relationship with the business and becomes violent while being served by the business, for example, a nurse in the emergency room being physically assaulted by an intoxicated patient (Panetta, G, 2021; Phillips, 2016; Types of Workplace Violence | WPVHC | NIOSH, n.d.; Workplace Violence Issues in response, 2003). Workplace Violence type 3 is classified as violence against coworkers, supervisors, or managers by a present or former employee. An unfortunate example of this type of violence is a fired employee, returning to the workplace seeking revenge or acting out in anger. The last type of workplace violence is type 4. This violent act is committed in the workplace by someone who doesn't work there, but has a personal relationship with an employee, such as an abusive spouse or domestic partner (Panetta, G, 2021; Phillips, 2016; Types of Workplace Violence | WPVHC | NIOSH, n.d.; Workplace Violence Issues in response, 2003).

**Table 1**

Types of Workplace Violence	
Descriptions	Examples
<ul style="list-style-type: none"> <li>TYPE 1: Violent acts by criminals who have no other connection with the workplace other than criminal intent.</li> </ul>	An individual with criminal intent commits an armed robbery on a taxi driver or a late-night gas station.
<ul style="list-style-type: none"> <li>TYPE 2: Violence directed at employees by customers, clients, patients, students, inmates, or any others for</li> </ul>	A nurse in the emergency room being physically assaulted by an intoxicated patient.

<p>whom an organization provides services **** <i>Most Common in Healthcare</i></p>	
<ul style="list-style-type: none"> <li>• TYPE 3: Violence against coworkers, supervisors, or managers by a present or former employee</li> </ul>	<p>A fired employee, returning to the workplace seeking revenge or acting out in anger at a former supervisor.</p>
<ul style="list-style-type: none"> <li>• TYPE 4. This violent act is committed in the workplace by someone who doesn't work there, but has a personal relationship with an employee</li> </ul>	<p>An abusive spouse or domestic partner assaults their spouse at work.</p>

(Phillips, 2016; Types of Workplace Violence | WPVHC | NIOSH, n.d.; Workplace Violence Issues in response, 2003).

The Bureau of Labor statistics (BLS) indicates that the majority of assaults occur in the service industries. The largest number of the reported injuries caused by violence in healthcare organizations are almost equal to the number of injuries in all of the other industries combined (Quigley et al., 2021).

The Occupational Safety and Health Administration (OSHA) currently estimates that 1.7 million service workers are injured in the United States annually. The largest demographic of victims are health care workers. The violent acts are by patients, family members, and coworkers (Quigley et al., 2021). Research studies indicate workplace violence against hospital workers threatens employee health and safety, is associated with decreased productivity, quality patient outcomes and increased numbers of staffing turnover (Arnetz, 2022; Arnetz et al., 2017). Additionally, research studies suggest that healthcare workers exposed to violence

from their patients have become more cautious and guarded in their work, which has been associated with decreased quality of care (Arnetz, 2022; Arnetz et al., 2017).

In 2019, data from the BLS indicated “the rate of non-fatal occupational injuries and illnesses from violence by a person in the private health care and social assistance industry, requiring days away from work, was more than 4 times that in all private industries combined (13.6 vs. 2.9 per 10,000 full-time workers” (Byron et al., 2021; Phillips, 2016; U.S. Bureau of Labor Statistics, 2020a). The BLS and NIOSH have calculated statistical data by gender, race, and geography to help to illustrate the significance of violence in the healthcare workforce (Vuleta, B., 2021). The BLS and NIOSH report that 80% of victims of workplace violence or sexual assault are female. The service-providing industries, such as healthcare and homecare predominantly employ women. The BLS cites death for women due to firearm violence in the workplace is 19% compared to men which is a rate of less than 8% (Vuleta, B., 2021). The BLS and the NIOSH report 78% of workplace violence victims are White, African American victims make up 9% and Hispanic victims are 8% overall. Dill and Duffy (2022), recently published research focused on racism and the healthcare workforce. The study indicates Black women are the largest group of healthcare workers in nursing homes and long-term care facilities. These healthcare settings are the lowest paid, most understaffed, and under-resourced, “leading to greater risk and exposure to injury or infection,” (Dill & Duffy, 2022). What is important to note, are several studies that indicate minorities are less likely to report violence in the workplace due to fears of workplace retaliation, shame, job loss, or fears of deportation for themselves or their family, (Arnetz, 2022; Baron et al., 2021; Quigley et al., 2021; Vuleta, B., 2021). Approximately, 80% of emergency physicians report that incidents of workplace violence impacts the quality of patient care, and affects patients, leaving them



injured or worse. Logistically, an incidence of violence in the emergency room will cause an increase in wait times and delayed patient care while staff is diverted to manage the violent incident (Arnetz et al., 2017; Phillips, 2016; Quigley et al., 2021). Annually, the BLS indicates only 3% of workplace violence incidents had legal charges filed. It should be noted that almost half of the offenders in healthcare workplace violence incidents are people under the influence of drugs or alcohol and studies indicate pursuing legal action in these cases might be more harmful (Arnetz et al., 2017; Phillips, 2016; Vuleta, B., 2021).

In 2020, our nation was faced with the perfect storm; a deadly pandemic, economic collapse, and a contested election (Fisher et al., 2021). In the fall of 2021, as the country anticipated the re-opening of schools and businesses, polarizing arguments of civil right protections and virus mitigation have escalated fears and the growing need for self-defense (Dutheil et al., 2021). At the same time, the Federal Bureau of Investigation (FBI) officially released statistical data compiled from law enforcement agencies, which indicated 2020 was the year of record firearm purchases and firearm deaths (Thebault et al., 2021). During the nation's quarantine, only essential basics were allowed to be purchased, and the National Rifle Association (NRA) lobbied and litigated to have firearms considered a basic essential during the pandemic (Dutheil et al., 2021). Research consistently has demonstrated a strong correlation between the access of firearms and death, whether the deaths are "accidental or intentional" (Levinson, 2020). Gun ownership and the risk of death for a woman as a result of intimate partner violence (IPV) increases 5 times and suicide 3 times with access to firearms (Dutheil et al., 2021, Gun Violence and COVID-19 in 2020, 2021; Guns and Violence Against Women, 2022). The federal Stay-at-Home mandate in March 2020 increased social isolation, and increased firearm access resulting in a 30% increase of unintentional shooting deaths by

children in 2020 (Gun Violence and COVID-19 in 2020, 2022). What cannot be calculated are the long-term consequences of the increase in firearm purchases, and resulting increases in firearm violence (Dutheil et al., 2021, Gun Violence and COVID-19 in 2020, 2021). Hospitals and healthcare facilities traditionally considered a safe place, have had increases in violence every year since the early 1990's (Arnetz, 2022; Bureau Labor Statistics, 2020; Stempniak, 2017).

The pandemic has exacerbated workplace safety concerns and introduced additional safety risks that healthcare organizations are struggling to manage. The rates of increasing healthcare violence can be attributed to several factors such as, delays in care and services, reducing admissions and procedures, consistent understaffing, a lack of adequate mental health services, increased violence against women, limited or no visitor policies, low security coverage, an increase in substance abuse during the pandemic and in the context of the current volatile and violent society: increased firearms (Arnetz, 2022; Larkin, 2021; Rege, 2017). These ongoing issues and many others provide an opportunity for patient and visitor agitation and violence. All of the precipitous factors of gun violence before the pandemic, such as racial, social, economic, and healthcare inequities have been magnified during the pandemic (Larkin, 2021; Rege, 2017; Stempniak, 2017).

Health care workplace violence is a pervasive and persistent problem, underreported, and when reported it is tolerated, excused, or ignored (Arnetz, 2022; Phillips, 2016). TJC, beginning January 1, 2022, is mandating a new set of workplace violence prevention standards which apply to all hospitals and critical access hospitals seeking Joint Commission accreditation (Table 2) (Arnetz, 2022). TJC violence prevention standards include “two Environment of Care (EC), one Human Resource (HR), and one Leadership (LD) standard, and

a total of 5 new elements of performance (EP) requirements” (Arnetz, 2022; Workplace Violence Prevention | The Joint Commission, n.d.).

**Table 2.** Overview of the Joint Commission Workplace Violence (WPV) Prevention Standards

Domain	Standards	Requirements	Description
Environment of Care (EC)	EC.02.01.01	EP17	Annual worksite analysis and management of risks
	EC.04.01.01	EP1	Continuous data monitoring and reporting
		EP6	Risks related to WPV
Human Resources (HR)	HR.01.05.08	EP29	Staff education and training
Leadership (LD)	LD.03.01.01	EP9	WPV prevention program

(Arnetz, 2022; Workplace Violence Prevention | The Joint Commission, n.d.).

There are complex factors that are involved in organizational safety and policy decision making especially when considering workplace violence related to firearms (Blando et al., 2021). The Centers for Medicare & Medicaid Services (CMS) discourages the use of weapons of any kind, by any staff member even when restraining a violent patient. The recommended practice should be to involve law enforcement (Blando et al., 2021). In 2017, OSHA issued a directive which is contradictory to CMS policy. The OSHA policy identifies healthcare as a high-risk industry for injury and because of this the employer is subject to the OSHA General Duty Clause violation (OSHA’s General Duty Clause | WPVHC | NIOSH, n.d.). This clause states that if an injury occurs within the facility, and the facility did not attempt to prevent the injury with reasonable control measures, then the organization is violating OSHA standards. The General Duty Clause requires employers to have safeguards and “reasonable control

measures in place”, however OSHA does not offer specific guidelines about the management of workplace violence (Arnetz, 2022). In addition to trying to navigate the contradictory regulatory mandates, the organization can be considered liable for failing to protect patients and staff from violence and liable for acting when safety for staff and patients is challenged (Blando et al., 2021). Hospitals and healthcare settings that promote public health and safety, are challenged with balancing the customer- centric business model, and whether the presence of metal detectors or armed security guards change that perception. Blando et al. (2021) indicate many organizations do post inconspicuous signage indicating it’s firearm and weapons policies, however, more often the organization chooses to forego the use of any stronger safety measures, despite data indicating staff and visitors prefer safety devices and security which demonstrates the organization’s commitment to safety (Blando et al., 2021). Blando et al. (2021) surveyed hospitals and healthcare facilities to assess their methods and strategies to address violence, firearms, and other weapons (Blando et al., 2021). The study data indicated that in addition to increasing safety and security protocols more organizations are arming the security staff with firearms, tasers and pepper spray. The study found the organizations with the more aggressive security measures including the presence of law enforcement were trauma centers, psychiatric units, and nursing homes (Blando et al., 2021). Blando et al., (2021) noted consistent safety and legal concerns healthcare organizations needed to address when establishing safety protocols (Blando et al., 2021). “Healthcare professionals and healthcare staff spend one third of their life working, to promote health and safety as well as facing increased daily stressors, especially now, workplace violence should not be part of the job” (Blando et al., 2021).

In 2020, health care workers were saluted for saving lives in the midst of the pandemic outbreak. Now the same workers are given panic buttons in the workplace and are discouraged from wearing their scrubs in public to prevent against harassment and ensure their safety and the safety of their families (Gamble, 2021; Gonzalez, 2021). A US News and World Report article published the survey responses of 5,000 nurses by National Nurses United, an umbrella organization of nurses unions. The survey indicated 30 % of nurses reported violence in the workplace due to factors such as staff shortages and visitor restrictions which was an increase of 10% in less than 6 months (Gamble, 2021; Khazan, 2022). As the divide throughout the country grows regarding vaccines, alternative therapeutics, mask mandates and who is right, nurses and first line healthcare workers indicate the pandemic healthcare crisis has caused people to behave badly in multiple ways (Gamble, 2022; Gamble, 2021). The US News and World Report article reports nurses caring for admitted patients, sometimes several from one family and near death also need to manage angry relatives blaming them for letting their loved ones die. Sadly, the aggression, hostility, and fear, adding to the stress of a very demanding job are causing severe staffing shortages due to nurses just deciding enough is enough (Gamble, 2022; Gamble, 2021).

On February 22, 2021, a bipartisan group of U.S. House lawmakers, led by Representative Joe Courtney (D-Connecticut) reintroduced the Workplace Violence for Health Care and Social Service Workers Act. H.R. 1195. The bill was passed by the House of Representatives along party lines on April 19, 2021. This bill is currently waiting for action in the U.S. Senate. The current bill, H.R. 1195, was first introduced by the Congressman in 2013

after the tragic Sandy Hook shooting, in Newtown Connecticut, which is in his district (Drupal, 2021). In 2013, Congressman Courtney requested the Government Accountability Office (GAO) analyze the trends of workplace violence within the healthcare industry and identify how legislative action and OSHA could address the issue. The GOA report from 2016 found the rates of violence for healthcare workers were 12 times higher than the rates for the national workforce, and 70% of all nonfatal workplace assaults were found to be in the healthcare and social assistance sectors (Drupal, 2021). Upon the bill's passage in the House, Representative Courtney stated: "Healthcare and social workers have been waiting for years to have their safety taken seriously while they're working hard to ensure everyone else's,". "Passage of our bill is an important step forward in this effort to curb workplace violence, but it can't be the last "(Joe Courtney for Congress, n.d.). This bill is supported by numerous nursing organizations including the American Nurses Association (ANA), the Emergency Nurses Association (ENA) and the American Organization for Nursing Leadership (AONL). The bill would direct OSHA to issue industry standards in the health industry to develop plans to protect workers. What should be noted, is the AONL, which developed guiding principles to mitigate violence in the workplace to promote safety, improve the effectiveness of nursing practice, patient care and ensure patient outcomes is a subsidiary of the American Hospital Association (AHA) (National Nurses United, 2021; Wray et al., 2014).

The American Hospital Association (AHA) describes itself as "the national organization that represents and serves all types of hospitals, health care networks, and their patients and communities. Through representation and advocacy, the AHA ensure members' perspectives and needs are heard and addressed in national health policy, legislation, judiciary, and regulatory debates" (About the AHA, n.d.). HR 1195 is a bare minimum for meaningful

legislative action according to many professional nursing organizations. However, the AHA lobby, backed by healthcare organization dollars is strongly opposed to this bill as they have been for the past 3 sessions of Congress. The AHA lobby, sent a letter to the Senate (2021) as HR1195 bill was crossing Capitol Hill. The letter states:” hospitals, having implemented programs and specific policies to address workplace violence, do not believe that the OSHA standards required by H.R. 1195 are warranted since hospitals already strive to prevent violence in the workplace” (Hospitals Against Violence | AHA, 2021). The extensive letter continues, stating safety mandates would create prohibitive costs on America’s hospitals, particularly on those in rural and underserved areas and jeopardize patient care during the deadliest public health emergency in 100 years” (Hospitals Against Violence, AHA, 2021). The strong influence from the AHA, may prohibit the bill to be brought to the floor of the Senate this session as it has previously. However, failure to address common sense safety regulations and accountability allows for the healthcare industry, during a period of record profits, to be complicit in the workplace violence and empowers individuals with weapons including firearms to continue to potentially cause harm (Gould, 2018).

In 1996, the Dickey Amendment was inserted into the federal government omnibus spending bill, which resulted in a ban on any firearm safety and prevention research by the Center for Disease Control (CDC). The National Rifle Association (NRA) lobbied for the Dickey Amendment. In December 2019, Congress voted to allocate \$25 million for gun violence research. The funding was split evenly between the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention. The bill was passed on the seventh anniversary of the Sandy Hook Elementary School massacre that killed 20 first graders in Newtown, Connecticut (American Journal of Nursing, 2020).

In northern New England, legislators in Vermont, New Hampshire and Maine have been working to address workplace violence and firearm safety with a variety of different legislative initiatives. The state of Vermont's Senate introduced S.30, an initiative to prohibit firearms in hospitals and childcare centers. The bill passed through the Senate and Vermont's House judiciary committee passed a significantly weaker version of S.30 with a majority of 7-4. The House version of S.30 prohibits the possession of firearms in hospitals, (childcare centers ultimately were excluded) with some exceptions and issues a fine of \$ 250.00. The punishment for a firearm in a hospital is considered unlawful mischief, a significant reduction in the punishment for the offense originally introduced by the Vermont senate. S.30 addresses firearm transfers, background checks and protections for healthcare workers should they report an individual with the potential to be a danger to themselves or the community (Vermont House Committee on the Judiciary, 2022). S.30 was vetoed by the Governor on February 22, 2022. On March 11, 2022, the Governor's veto was overridden by the state legislature on a roll call; Yeas = 21 votes and Nays = 9 votes (LegiScan | VT Search | for S0030, 2022). S.30, summarized as "An act relating to prohibiting possession of firearms within hospital buildings" shall take effect on July 1, 2022 (Vermont S0030 | 2021-2022 | Regular Session, 2022).

The state of New Hampshire's bill, HB1017, was an initiative to ensure workplace safety for essential workers. Although the New Hampshire Nursing Association was working to support and expand the language to specifically include healthcare workers as essential workers, the bill was ultimately voted "inexpedient to legislation" meaning it will need to be re-introduced next session. Unfortunately, comments regarding the vote results alluded to retribution for the public health mask mandates (DiNapoli, 2022). In July 2021, the Governor signed an amendment to the state's Reckless Conduct Law, HB 195, which clarifies that



showing off a firearm, whether holstered or not, does not constitute reckless or threatening behavior. Instead, the new law, effective September 1, 2021, was considered a necessary extension of the state's 2017 "constitutional carry" law (DeWitt et al., 2021). The constitutional carry law allows anyone who is legally allowed to possess a firearm to carry one, anyplace allowed by law, whether concealed or out in the open (DeWitt et al., 2021).

In the state of Maine, firearm related deaths increased 45% from 2010 to 2019, and deaths nationally increased 17%. In 2019, Maine's firearm mortality rate as a percentage of its population was higher than every other New England state. According to FBI background data statistics, more than 70,000 Mainers purchased firearms between March and August of 2020. This was a 69% increase from the previous year. However, Maine law does not require background checks for firearm sales at gun shows or private sales, so the number of purchased firearms could be higher and data from the state is not consistently available for accurate trending (Everytown Research - Every Stat, 2021).

In May 2021, a 2-year-old boy picked up a loaded and unsecured firearm on a bedside table. The child accidentally shot both of his parents, fortunately the injuries were non-life threatening. According to the Gun Violence archive (2021), 5,500 children across the US were injured or killed by firearm violence (Perez Muir, 2021). After the accidental shooting, gun safety advocates and the Gun Safety Caucus in Maine, urged the state legislature to pass legislation to limit children accessing firearms (Every Town for Gun Safety, 2021). The 130<sup>th</sup> Maine state legislature (2021) enacted "LD 759, which would expand the state's existing child endangerment statute to include those who leave unsecured firearms around children to prevent the owner of a firearm from leaving a weapon loaded in a place the person knows, or should know, a child is likely to access it" (130th Lists of Bills | Maine State Legislature, 2021). The

130<sup>th</sup> Maine state legislature (2021) enacted “LD 1392, an act directing the Maine Center for Disease Control and Prevention to collect and annually release “public health data regarding certain fatalities and hospitalizations “(130th Lists of Bills | Maine State Legislature, 2021). It should be noted that Maine’s new firearm laws, which went into effect in September 2021 are components of HR1195, currently in the U.S. Senate.

The state of Maine has a yellow flag law which passed with bipartisan support and significant compromise in 2019. This law, enacted in 2020, provides law enforcement with a process to temporarily remove firearms from people who potentially may cause harm to themselves or others. The compromise for legislators and gun advocates has resulted in increased risk for healthcare professionals. During the legislative negotiations of this law, the gun lobby, the Maine Hospital Association, the legislature, the Maine Department of Health and Human Services, and the state Justice Department issued their perspective on rights and safety. Law enforcement was not part of the original legislative work committee resulting in the creation of significant barriers to ensure healthcare workers and public safety. The result of inaction and poor collaborative efforts by all stakeholders resulted in a preventable tragedy in this author’s greater community. Communities depend on their hospitals and staff to care for them. Now is the time for Maine’s legislators make a legislative statement supporting the state’s healthcare personnel by ensuring workplace safety.

### **Rationale**

The nursing profession has been named “America’s Most Trusted” for a 20th consecutive year in “Gallup’s annual Most Honest and Ethical Professions Poll” (Senior, 2022). Not only are America’s nurses the largest group of healthcare professionals but they are

the most trusted and valued than any other helping profession, which includes physicians, elementary school teachers, and pharmacists (Senior, 2022). Milstead and Short (2019), write nursing is not simply a form of altruism, but instead is a collective of many actions that focus on actual health problems or the potential for health problems in an individual, a group, or a community (Milstead & Short, 2019).

Senator Edward Kennedy influential in the passage of the Affordable Care Act, called healthcare advocacy “The cause of my life” (Schiff, 2010). Senator Kennedy stated, “nurses are America’s largest group of health professionals, yet they have never played a proportionate role in helping to shape health policy” (Milstead and Short, 2019; Schiff, 2010). Maine Nursing (2016) indicates nurses are needed to be leaders in the public to change attitudes about practice, advocacy, and public health (Hart et al., 2016). Nurses, by the nature of their work are uniquely positioned to ask questions, collaborate to develop solutions, and establish relationships to inform policymakers (Milstead and Short, 2019).

The Center For Disease Control (CDC) defines policy: as a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions” (CDC, 2019). The Center for Disease Control and Prevention’s (CDC) 2019 Health Policy Analysis and Evidence process was the framework utilized to guide this policy project through the legislative change process.

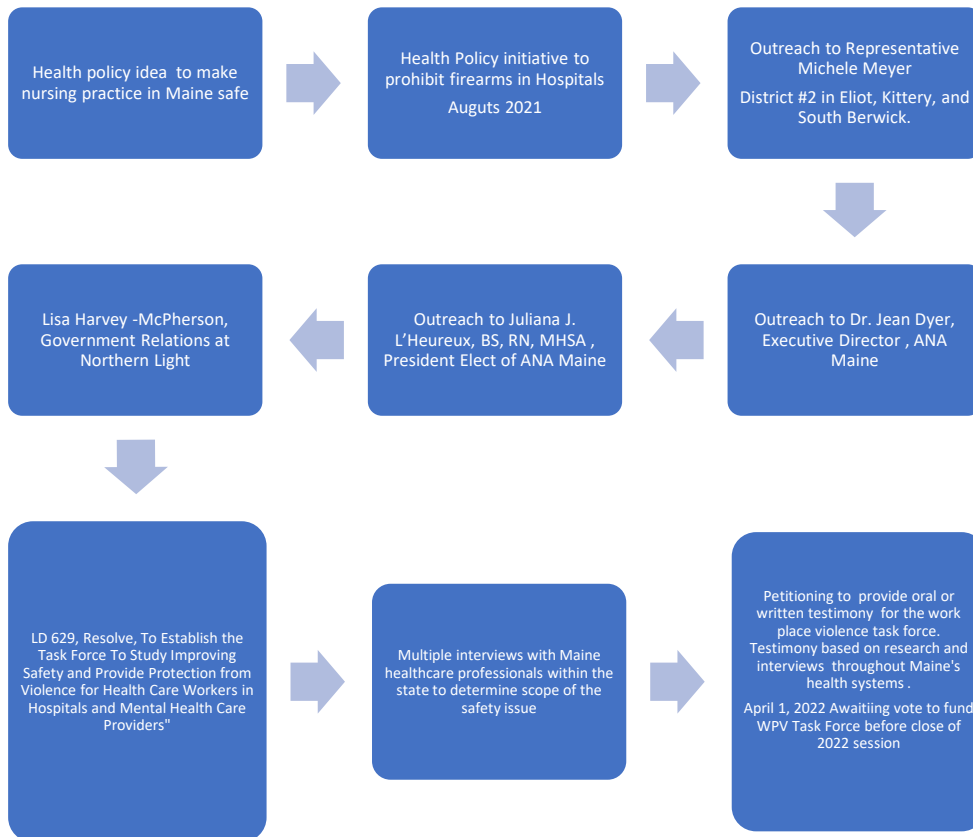
### **Specific Aims**

Since the COVID-19 pandemic, the acts of violence against healthcare workers has dramatically increased. Healthcare organizations across the nation have found it necessary to post signage requesting kindness and patience for the staff (Gooch and Plescia, 2022). Some organizations have had to provide staff with panic buttons, increase security, lockdown patient

care units and seek legal action against threats of violence, violent protesters, and violent attacks (Gooch, 2022; Khazan, 2022). The specific aim of this Doctorate of Nursing Practice (DNP) health policy initiative is to collaborate with Nurse Leaders, legislators, and stakeholders in Maine to improve workplace safety for health care workers, which will support nurses and nursing practice leading to better patient outcomes and safer communities.

### Methods

The method of this initiative began with a commonsense idea to advocate for nursing safety, patient safety and to improve practice. As the needs of all of Maine’s healthcare workers became apparent the context and scope of the original idea grew. The following flow chart demonstrates the project’s sequence of events.



## Context

As a scholarly demonstration of the evidence-based outcomes of the Doctor of Nursing Practice (DNP) program, the methods utilized for this policy initiative is an integration of evidence-based knowledge, theory, quality research and to contribute to improvements in public health, professional practice, and health reform through engagement with health policy (Lowry, 2019). For this health policy change initiative, the guiding framework of the CDC's Health Policy Analysis and Evidence process was used. The comprehensive process assisted with identification, conceptualization, development and will assist with the future plans for adoption, implementation, and evaluation (CDC, 2019). The CDC Policy Process includes "five specific domains (problem identification, policy analysis, strategy and policy development, policy enactment, and policy implementation). The Policy Process also includes two overarching domains that are interwoven with the five specific domains: stakeholder engagement and education, and evaluation" (CDC, 2019). See Appendix Figure 2 for an illustration of the policy process framework.

### First Domain

The first domain of the analytical framework is problem identification and engaging stakeholders to discuss their possible support of the identified problem. During this stage of the framework, preliminary goals, objectives, and timelines are established within the work group (Milstead & Short, 2019). This DNP project work group is committed to workplace safety, the positive impact to nursing practice and patient safety, which this policy initiative could ultimately accomplish. This DNP project team includes University of New Hampshire faculty mentor: Dr. Marcy Doyle, professional nursing practice mentor: Dr. Jean Dyer, the Executive

Director of the American Nurses Association, Maine, professional nursing practice mentor Juliana L'Heureux, President- Elect of the American Nurses Association, Maine, and Representative Michele Meyer. Representative Meyer represents Maine's District #2 and serves as the House Chair of the Joint Standing Committee on Health and Human Services. Representative Meyer is a Registered Nurse that has worked to ensure workplace safety in the state of Maine and was instrumental in the passage of the firearm protection laws; LD 759 and LD 1392, passed into law July 2021. Representative Meyer was the first project team mentor and is committed to sponsoring this bill.

To accurately understand the scope of the significant safety gaps and barriers in workplace safety for Maine's nurses and others employed in healthcare, there is a need to go back to the 129<sup>th</sup> Session of the Maine Legislature (2019-2020) and review testimony and laws passed which ultimately compromised safety for Maine's healthcare professionals in their place of employment as well as the safety of the public at large.

The first workplace violence legislative initiative was LD 1199, An Act To Protect the Safety of Health Care Workers. This bill provided "that an assault on a health care practitioner while that health care practitioner is providing medical care or an assault on a hospital employee or person working for a hospital on a contractual basis while that employee or person is performing duties related to the provision of care for a patient or a prospective patient is a Class C crime" (SP0374, LD 1199, Item 1, An Act To Protect the Safety of Health Care Workers, n.d.). LD 1199 was well intentioned, however the documentation and testimony supporting the healthcare workers was not strong enough and oppositional testimony was considered by legislators to be better legally. Testimony during hearings heavily defended patients with Mental Health (MH) or Substance Use Disorders (SUD), individuals suffering

from Post-Traumatic Stress Disorder (PTSD), as well as veiled suggestions of legal consequences with “labels” alluding to discrimination, and the increasing costs incurred for incarceration. The Maine Association of Criminal Defense Lawyers (MACDL) strongly opposed LD 1199, indicating “unnecessary changes to an existing law (rarely used), covers the crime of assault on a healthcare worker and should therefore remain unchanged” (McKee, 2019). Conversely, testimony submitted from the Maine Medical Association, by an RN JD offered testimony, strongly in support of LD1199 (Michaud, 2019). The testimony in support of LD1199 from a physician and chair of Emergency Medicine at Maine Medical Center, provided a firsthand account of the realities of everyday patient care and healthcare worker violence. He indicated the acts of violence against the frontline staff creates more daily risk and challenges to safely to do their job. The committee was provided evidence-based statistics by TJC and professional literature indicating healthcare workers often put our own safety and health at risk to help a patient. The physician addressed the fears and post-traumatic stress a healthcare professional may experience after having been assaulted and the distrust of future patients and families that remains. Additionally, a second trauma might occur after a healthcare worker makes the decision to take legal steps and the District Attorney (DA) declines to move forward with pressing charges. This denial confirms the victim’s (healthcare worker) feelings of fear, no value or of not worthy enough to have this matter legally pursued (Nguyen et al., 2021). Other testimony described Maine’s behavioral healthcare system as “broken”, requiring rebuilding and the ongoing challenges of the opioid crisis. “Medical professionals know there is a difference between a vulnerable patient and someone knowingly and recklessly causing harm to healthcare workers. The testimony by the Maine Medical physician concluded with: “it is not our intent to press charges against vulnerable patients, but instead, our intent is to raise

awareness that there are consequences for patients that intentionally, knowingly or recklessly commit an act of violence against the very same people that are providing medical care” (Baumann, 2019). The spokesperson for the Maine Hospital Association, stated; “We must seek other ways to deter the much too high rate of assault on people who have dedicated themselves to serving others” (Austin, 2019). Testimony from Maine’s National Alliance on Mental Illness (NAMI) suggested an option for workplace violence was “equipping health care workers with the necessary skillset to appropriately respond to someone experiencing hallucinations or is triggered” (Mehnert, 2019). The NAMI speaker indicated healthcare workers need better education as way to address the issue of violence to healthcare workers (Mehnert, 2019).

Senate Republican Dana Dow addressed the standing joint committee regarding LD1199. In her testimony, she cited statistics of assaults both verbal and physical increasing over the past year (2018-2019). She indicated a deterrent with significant consequences (like a felony) should be a way to stop the violence. The MACDL strongly countered with” the felony charge should be off the table”. Testimony from a Representative from Porter Maine indicated neither oppose or support for LD 1199 but added “this bill, if approved, will likely not test well in the courts, and be struck down, as it is written, wasting the time and money exhausted to initiate it. The legislature chose “ought not pass” for LD1199 and offered no solutions to support the state’s healthcare workers. It should be noted there was no testimony from law enforcement regarding violence in a healthcare setting, violence against healthcare workers or law enforcement’s role in prevention or assistance.

The 129<sup>th</sup> Session of the Maine Legislature successfully passed the Yellow Flag Law as previously mentioned. A Red Flag Law, legal in nineteen states and the District of Columbia



allows a family member or a member of law enforcement to petition the court to temporarily remove weapons from an individual that may be at risk of harming themselves or others (Everytown Research - Every Stat, n.d.; Gray, 2021). In 2019, Maine's lawmakers rejected a Red Flag initiative despite supporters indicating the bill would allow concerned family members or police to prevent injury and tragedy. Strong opposition by sports groups and the gun lobby declared the bill to be unconstitutional by taking away rights and ignoring the issues of mental health (Gray, 2021). As a compromise, legislators passed Maine's Yellow Flag Law, which begins by law enforcement taking an individual into custody, however the law has a clause mandating the individual be brought to a hospital emergency room and a medical practitioner must evaluate the mental health and stability of the individual. The medical provider must sign off on the request to remove the weapons (Gray, 2021). An article by The Portland Press Herald (August 2021) indicate it is unclear how many yellow flag applications across the state are never legally completed because no medical professional will sign off on the firearm removal request (Gray, 2021). The state's hospitals including the three largest hospital systems – Maine Health, Central Maine Healthcare and Northern Light Health are quoted as saying during the law's negotiation process, their collective concerns about resources, the law's specialty requirements and safety were not heard (Gray, 2021). A spokesperson for Maine Medical, when interviewed about this issue stated an emergency department is not an appropriate area to evaluate an individual with mental health concerns and law enforcement or others should not have these individuals transported there. As a consequence, Maine's healthcare systems are refusing to evaluate the people in question because they have stated concerns about the lack of support and have experienced lockdowns from threats of retaliation (Gray, 2021). Similarly, law enforcement, considered excluded from

the Yellow Flag law planning refuse to work with communities and healthcare on this issue. The gaps in communication and significant barriers created by stakeholders preventing the intended implementation of this law, became very clear after a preventable tragedy occurred in Wells Maine.

In February 2021, a concerned family member called the Wells Maine police department, regarding their brother-in-law, who had expressed a desire to kill himself while intoxicated on multiple occasions. The concerned family member reported the Wells police officer that answered the phone, stated they couldn't do anything because doctors didn't want to cooperate with police (using the 'Yellow Flag' law enacted in 2020). The individual in question did not receive a welfare check by law enforcement. Three weeks after the initial phone call, the man in question shot another man and then himself. When the press interviewed the Wells Police Department, a spokesperson stated the call was not recorded and denied the public records request for notes from that conversation. Now that there are civil charges being considered, the police department will not comment (Gray, 2021).

#### Second Domain:

The second domain of the CDC's Health Policy Analysis and Evidence process is policy analysis. The domain of policy analysis consists of three steps:” 1) identify and describe policy options, 2) assess policy options, and 3) prioritize policy options. In this domain, the process involves identification of the current problem by a synthesis of all the data and entities. The second component of this domain is the feasibility of policy change and the budgetary impact of the policy “(CDC, 2019).

After the Wells tragedy, the multifaceted barriers to safety became very evident for state legislators. The joint committee of Health and Human service in consultation with state healthcare system representatives, the Maine Hospital Association, the Maine Service Employee Union, representation from the psychiatric, substance and addiction, and mental health organizations, legal representatives, and law enforcement it was determined that the legislature needed to review workplace safety for healthcare staff and prioritize the concerns of healthcare workers, especially regarding protection from violence and retaliation.

On March 1, 2021, the state House of Representatives voted on HP 465 (Appendix 3) and referred the bill to the Committee on Health and Human Services. The initiative reads: “To Resolve, To Establish the Task Force To Study Improving Safety and Provide Protection from Violence for Health Care Workers in Hospitals and Mental Health Care Providers” (130<sup>th</sup> Maine Legislature, 2021).

On March 23, 2021, the House Committee on Health, and Human Services, chaired by Representative Meyer, scheduled a hearing to determine stakeholder support or opposition to the formation of a task force to investigate workplace violence for healthcare workers. Testimony from stakeholders supporting the formation of the Workplace Violence (WPV) task force had provided testimony for LD1199 in 2019. The Director of Government Affairs, for Maine Health, testified, providing a verbatim speech, given by the medical director of their emergency room two years prior. The same representative for the MHA testified, citing similar needs to address safety two years prior but indicated “the issue (s) we want to explore are what options exist for hospitals when there has been an assault on hospital grounds, typically against an employee? In this scenario, victim does not technically press charges, the local DA decides whether or not to prosecute”. Collectively, all of the stakeholders need to better understand the

thinking of police, DAs, and judges. The policy a hospital(s) will ultimately adopt will be made after consulting with staff, however, in order to have that conversation, we need to know all of the options” (Austin, 2021). The Maine Hospital Association believes that convening a task force to discuss this issue is the best way forward” (Austin, 2021). Additionally, the MHA representative did state the need to address a “discreet issue”, introduced in a closed-door meeting. What this author suspects was discussed is the disconnect with healthcare, the legal system, law enforcement and why a telehealth system was not initiated by any of the stakeholders to safely evaluate at risk individuals with firearms and the liabilities because of the inaction. Testimony from the Government Relations Representative for Northern Light Health, a registered nurse, gave a concise explanation of what initiatives and policies their system has developed to protect employees under the law and the realities the employees face when attempting to file charges after an act of violence. As noted in previous testimony “healthcare professionals come from a perspective of caring and compassion and the decision to file charges is not taken lightly” (Harvey- McPherson, 2021). The Northern Light Health representative, Lisa Harvey McPherson RN, discussed in their testimony, the safety gaps in the current law, which helped to clarify the MHA statements. “Healthcare professionals who are threatened, assaulted verbally or physically by patients, families, or visitors, are provided no protection to themselves or family, as they are required by state and federal law to provide their full names and personal demographic information to their attacker (the accused) through the DA (who ultimately files the charges) (Austin, 2021). According to the Northern Light Health representative, fear is why charges are not filed or filed and withdrawn and why healthcare practitioners do not want to evaluate individuals with firearms due to the safety risk to themselves, their families, and the workplace. Currently, healthcare organizations are

concerned about retaliation within the organization but assume no liability and are not legally required to provide protection for their employees in court even though the assault or threats occurred during work time (Cabilan, 2021).

Testimony given two years ago for LD1199 (129th Maine Legislature, 2019), was again provided by the same organizations representing, MH, SUD, NAMI, and the American Civil Liberty Union (ACLU). Two years ago, the issue of a felony charge, associated costs and discrimination were their documented issues for opposing LD1199. Although they acknowledged the issue of violence against healthcare workers as significant, no solutions or alternatives to address the issue were offered except staff education. Additionally, the ACLU, was very select highlighting the phrasing of current law which allows for different interpretations of “caring for” and “providing care for”. During an informational interview (with this author), the Northern Light Health representative cited examples of violent acts against healthcare workers not legally “counted” as violence or not enforceable because the victim was not actually putting their hands on the patient but had been working in the area or walking by. Current state law allows Emergency Room medical staff better protections than staff in the other areas of the hospital, however an act to be classified as violent and punishable must be witnessed by a law enforcement official. Testimony in March 2021 from stakeholders representing MH and SUDs spoke on the importance of establishing a new task force and acknowledged the resources to manage addiction and mental health patients in crisis is lacking in Maine (Shaughnessy, 2021; Taylor & Potenza, 2021). Unfortunately, each stakeholder involved assumed no accountability, claiming to be waiting for the other to set up an adequate assessment process. As a result, other than finger pointing and assessing blame, nothing was established to address these safety concern issues.

The House Committee on Health and Human Services requested a legislative cost study estimate for the establishment of the workplace violence task force. The preliminary fiscal impact statement estimated funding required for the taskforce, to be \$ 2,750.00. (Appendix 4). The establishment of the task force to comprehensively review the issues of violence and safety in healthcare and mental health services throughout the state will be voted on during the short legislative session of January 5, 2022-April 20, 2022 (130th Maine Legislature, LD 1073 LR 347(01), 2021) (Appendix, Figure 4).

### Third Domain

The third domain of the CDC's Health Policy Analysis and Evidence process is the development of a strategy identifying and developing a new policy process to initiate, operate, enact, and implement a successful policy solution (CDC, 2019).

With a legislative vote in support of HP 465, task force members will be appointed in a bipartisan and comprehensive manner, representing all stakeholders. Milstead and Short (2019) indicate health policymaking is complex, dynamic, and imperfect, with the most successful endeavors having had a structured and organized implementation process, successful policy development or change (Milstead & Short, 2019). The following is Sec. 2. of HP465 indicating the task force's designated membership requirements:

“Task force membership. Resolved: That, notwithstanding Joint Rule 2 353, the task force consists of 9 members appointed as follows: 1. Two members of the Senate appointed by the President of the Senate, including 4 members from each of the 2 parties holding the largest number of seats in the Legislature; 2. Two members of the House of Representatives appointed by the Speaker of

the House, including members from each of the 2 parties holding the largest number of seats in the Legislature; 3. Two members who are representatives of entities knowledgeable about or involved in providing hospital, medical or mental health services, appointed by the President of the Senate; 4. Two members who are representatives of entities knowledgeable about or involved in providing hospital, medical or mental health services, appointed by the Speaker of the House; and 5. One member representing law enforcement officers, appointed by the Speaker of the House. The task force shall also invite 2 members of the judicial branch and 2 members representing district attorneys designated by the Chief Justice of the Supreme Judicial Court to serve as members of the task force” (130th Maine Legislature, LD 465, 2021) (Appendix, Figure 3).

The taskforce hearings are public facing, meaning the public would be given the opportunity to view the proceedings with the possibility that the Chair entertains public comment at some point (s) in the process (Meyer, 2022). Nurses, as policy makers, are able to offer personal stories that help to underscore the issues, inequities and injustices that illustrate the current state of affairs legislators are addressing. Nurses as credible storytellers, “make the problem more personal to the policy makers” (Milstead & Short, 2019). This author will be submitting testimony as a DNP student, a hands-on healthcare worker and a resident in the state of Maine (Appendix figure 5). Important framework milestones for this domain are aligned with the objectives, goals, and expectations of the taskforce. The CDC’s framework highlights the importance of thorough evaluation of findings from this domain, which” can inform policy enactment and implementation”. Task force interviews, testimony and public

input at large will providing important information about how the policy had failed previously and where amendments in current law can improve workplace safety and improve conditions for nursing practice and improve patient outcomes (CDC, 2019).

#### Fourth Domain

The fourth domain includes following the established or outlined processes, (Maine state law, task force criteria) for getting a policy enacted or passed. This domain includes monitoring similar or existing policy locally or nationally, which may be used to influence, inform, or evaluate the new policy's legitimacy and applicability for enactment (CDC, 2019).

In addition to legislative initiatives addressing workplace violence for healthcare professionals in northern New England, states across the country are introducing similar initiatives to keep healthcare workplaces and staff safe. The new law passed in Vermont (S.30) and the other initiatives across the country could serve as an established example for the state of Maine to follow (Gooch and Plescia, 2022).

On January 28, 2022, after a nurse in Louisiana was severely assaulted going to her car in a hospital parking garage, the president and CEO of the victim's employer, personally called on the state legislature to make violence against healthcare workers a felony. Lawmakers in Oregon are considering HB 4142, "which would make it a crime of assault in the third degree for a person to injure a hospital worker while the worker is performing official duties intentionally, knowingly, or recklessly physically. The punishment would be a maximum of five years in prison, a \$125,000 fine, or both" (Gooch and Plescia, 2022). On March 22, 2022, the Governor of Utah signed into law HB 32. Utah's new law states: "related to the assault of an owner, employee or contractor of a healthcare facility while performing their duties. Under



the legislation, “assault or a threat of violence against such workers would increase penalties for assault or threats of violence against healthcare facility workers from a class A misdemeanor to a third-degree felony if the perpetrator "acts intentionally or knowingly" and the attack "causes substantial bodily injury " (Gooch, 2022; Gooch and Plescia, 2022).

Lawmakers in Maryland are considering HB 0267, which would “make it illegal for someone to threaten a public health official with the intent to intimidate, interfere with or impede that worker from fulfilling official duties”. The individual, if convicted “would be guilty of a misdemeanor and could be imprisoned for up to 90 days, a fine of up to \$500 or both” (Gooch and Plescia, 2022). Michigan lawmakers are considering two bills: HB 5682 and HB 5084, which would significantly improve workplace safety for healthcare professionals in emergency rooms. HB 5682, states “if someone assaults an emergency room worker, and the assault happened while the worker was performing official duties, the individual would be guilty of a misdemeanor with maximum punishment of 93 days, a \$1,000 fine, or both. If an individual “assaults an emergency room worker without a weapon and inflicts serious harm without the intent to kill would be punishable to a maximum one year in prison, a \$2,000 fine, or both”. If an individual assaults an emergency room worker with a dangerous weapon without the intent to murder could receive up to four years in prison, a \$4,000 fine, or both” (Gooch and Plescia, 2022). HB 5084 states “an employer would be able to post signage indicting “assault of a person allowed to perform their duties, who works in an emergency room is a felony” (Gooch and Plescia, 2022). On March 23, 2022, the Governor of Wisconsin signed an amendment to the 2019 Wisconsin Act 97, enacted in 2020, which expands the state’s workplace violence laws. The new law “will make it a felony to commit battery against or threaten a healthcare worker or family members of healthcare workers; if the battery or threat is in response to an

action taken by the healthcare provider in his or her official capacity, or in response to something that happened at the healthcare facility” (Gooch, 2022). If convicted, the violators could potentially be sentenced to three years in prison, followed by three years of supervised probation and a stiff fine of up to \$10,000, or both” (Gonzalez, 2021; Gooch, 2022). On March 25, 2022, the Colorado legislature signed into law; HB22-1041 “Privacy Protections For Protected Persons” (Gooch, 2022; Privacy Protections For Protected Persons, 2022). In this legislative initiative, Colorado not only expands their definition of protected persons to include all healthcare workers but expands the definition of assault to include doxxing. Doxxing is the term used when an individual publishes private information of a protected person via the internet. These deliberate acts encourage the potential for threats, harassment, assault or worse (Gooch, 2022; Lagasse, 2022). Colorado’s definition of a protected persons now includes “child representatives, code enforcement officers, health-care workers, mortgage servicers, office of the respondent parents’ counsel and its staff members and contractors” (Privacy Protections For Protected Persons, 2022). New Jersey’s state assembly is considering similar legislation before the end of the 2022 short session (Lagasse,2022). It should be noted many of these initiatives across the nation are in the first stages of the legislative process. The Vermont’s new law had been more comprehensive when originally introduced, including stronger penalties, similar to many other states’ legislative initiatives. Similarly, Maine’s LD1199, the 2019 workplace violence bill, was voted “ought not to pass” included several of the penalties included currently in the multiple state initiatives. How these bills are debated and ultimately progress through the legislative process will be important to watch, as it demonstrates that this issue is pervasive, increasing and needs to be addressed at a state and national level.

## Fifth Domain

The fifth domain is policy implementation. This domain includes the critical components of “translating the enacted policy into operational practice, monitoring uptake of the policy, identifying indicators and metrics to evaluate the implementation and impact of the policy, and coordinating resources and building capacity to implement the policy” (CDC, 2019). The components of this domain were not considered or implemented in the “Yellow Flag Law” resulting in disorganization, poor coordination, inaction and ultimately tragedy.

Once the task force findings are voted on and implemented, evaluation of the ultimate task force initiative should be done as designated by a new statute. The CDC advises the evaluation of the statute should continue in an ongoing cycle of quality improvement, to ensure the intended outcomes are maintained. If intended outcomes are not maintained or require amending, appropriate actions can be taken to improve effectiveness (CDC, 2019).

### **Ethical Considerations/Protection of Human Subjects and Funding**

There was no risk to vulnerable communities by researching and conducting this healthcare policy initiative. This healthcare policy initiative did not require the University of New Hampshire (UNH) Internal Review Board (IRB) approval prior to initiation. This author did not receive any specific funding for this health policy initiative.

### **Discussion**

Research indicates violence in the workplace creates significant threats to the health, safety, and well-being of nurses and all health care professionals. Additionally, violence in the healthcare workplace has negative consequences on productivity, safe practice, retention of

staff and the quality of care they provide (Arnetz, 2022). Addressing the safety concerns of Maine's nurses and other healthcare professionals requires a legislative initiative to eliminate established barriers which are harmful to Maine's healthcare workforce, patients, and public safety.

### **Summary**

This DNP policy project was guided by the CDC's Health Policy Analysis and Evidence Process theoretic framework. The CDC's circular framework plays an important role in the identification of public health policy, the analysis of gaps in the evidence which supports current policy and indicates evidence – based options to create positive change (CDC, 2019). The circular framework demonstrates not a linear progression through the five domains but instead suggests the evolution of change may require engagement and re-engagement through the domains to educate and update stakeholders throughout the policy process (CDC, 2019).

The five domains of the CDC's Health Policy Analysis and Evidence process consisted of problem identification, policy analysis, strategy and policy development, policy enactment, and policy implementation (CDC, 2019). The majority of the work for this DNP health policy initiative occurred within domains I, II and III due to the limitations of timing and the legislative vote for task force funding. However, as the project developed, research allowed for the fluid progression into the fourth domain which includes monitoring similar or existing policy locally or nationally. The continuous policy analysis may be used to influence, inform, or evaluate a new policy's legitimacy and applicability for enactment (CDC, 2019). The ongoing updates and education of the DNP project committee, who are strong nurse leaders in Maine, are positioned to advocate for and influence positive policy change.

### **Limitations**

The most significant limitation to this policy initiative was time. The ability to move forward with the taskforce agenda and testimony was contingent on a funding vote. Once the funding is secured, the timing to appoint the appropriate task force members needs to be considered. At the time of this project, the pandemic continued which created delays in the task force funding vote to address more important initiatives. Additionally, the 2022 spring legislative session is considerably shorter, ending in April instead of through July. The short spring session happens every other year due to the need for legislators to campaign for the state primary in September and state elections in November. At the conclusion of the legislative session, April 20, 2022, the WPV task force and funding legislation was not brought up for a vote. The WPV task force bill will need to be reintroduced during the 131<sup>st</sup> legislative session beginning in January 2023.

Despite workplace violence initiatives across New England and the country, should the majority party, currently democratic, change in the next election, the fate of this initiative, the safety of healthcare workers and the public would be in question.

### **Conclusion**

Doctor of Nursing Practice (DNP) prepared nurses are informed and are a critical component to the building, strengthening, and sustaining of healthcare systems locally and across the nation (Bryant, 2012). Despite shortages, nurses remain the largest and most trusted professionals in the United States. The true value of healthcare professionals, especially nurses and the need for their safety has become a mainstream topic and legislative priority at the state and federal level. The nature of the current political landscape and changes in governmental

leadership consistently present significant challenges for the nursing profession (Bryant, 2012; Milstead & Short, 2019). To promote sound health policy, which will ensure workplace safety and optimal patient outcomes nurse advocates must continue to be engaged in the healthcare policy process even though such involvement takes significant time, energy and may not always be successful with the first attempt (Bryant, 2012).

The establishment of a funded workplace violence task force for healthcare workers in Maine is critical for safe nursing practice and optimal patient outcomes. Nationally, laws established to protect caretakers should not be lost on Maine legislators. The result of weak policy and stakeholder inaction resulted in tragedy and has allowed Maine's health care professionals to continue working at risk. Testimony and evidence from stakeholders across the state should ensure lawmakers from both parties are able to recognize what truly is at stake. All of the stakeholders can come to a consensus about what constitutes a safe healthcare setting, establish safe guidelines with law enforcement to keep communities and patients safe. Lastly, this initiative, other than the cost of funding the taskforce for clerical organization does not require the need for costly materials or diverting other funding, it can be easily managed within the state's legal, law enforcement and healthcare infrastructure. What is required is a legislative commitment declaring hospitals and healthcare organizations throughout Maine should be and remain a safe place.

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Appendix

FIGURE 1: The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram, illustrates results of screening and selecting articles for final analysis.

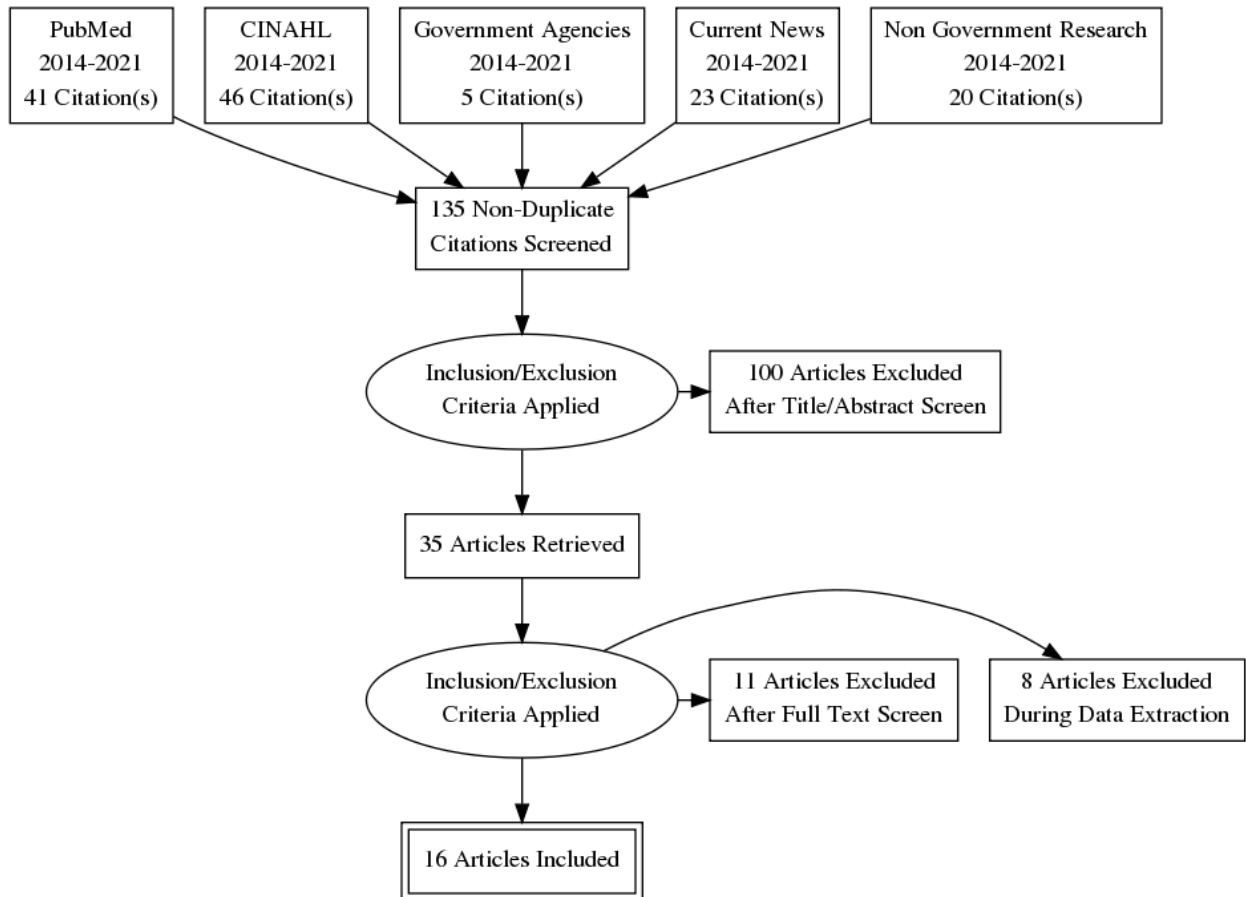


Figure 2: CDC Health Policy Analysis and Evidence Process Framework (CDC, 2019).





Figure 3:

**130th MAINE LEGISLATURE  
FIRST REGULAR SESSION-2021**

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**Legislative Document      No. 629**

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H.P. 465      House of Representatives, March 1, 2021

**Resolve, To Establish the Task Force To Study Improving Safety and Provide Protection from Violence for Health Care Workers in Hospitals and Mental Health Care Providers**

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Received by the Clerk of the House on February 25, 2021. Referred to the Committee on Health and Human Services pursuant to Joint Rule 308.2 and ordered printed pursuant to Joint Rule 401.

A handwritten signature in cursive script that reads "R B. Hunt".

ROBERT B. HUNT

Clerk

Presented by Representative RISEMAN of Harrison.

Cosponsored by Representatives: BAILEY of Gorham, DOUDERA of Camden, EVANGELOS of Friendship, PLUECKER of Warren, RECKITT of South Portland, WARREN of Scarborough.

Printed on recycled paper

**1 Sec. 1. Task force established. Resolved:** That the Task Force To Study 2 Improving Safety and Provide Protection from Violence for Health Care Workers in 3 Hospitals and Mental Health Care Providers, referred to in this resolve as "the task force,"

4 is established.

5 **Sec. 2. Task force membership. Resolved:** That the task force consists of 9 6 members appointed as follows:

7 1. Two members of the Senate appointed by the President of the Senate, including 8 members from each of the 2 parties holding the largest number of seats in the Legislature.

9 2. Three members of the House of Representatives appointed by the Speaker of the 10 House, including members from each of the 2 parties holding the largest number of seats 11 in the Legislature.

12 3. Two members who are representatives of entities knowledgeable about or involved 13 in providing hospital, medical or mental health services, appointed by the President of the

14 Senate; and

15 4. Two members who are representatives of entities knowledgeable about or involved 16 in providing hospital, medical or mental health services, appointed by the Speaker of the

17 House.

18 **Sec. 3. Chairs. Resolved:** That the first-named Senate member is the Senate chair 19 and the first-named House of Representatives member is the House chair of the task force.

20 **Sec. 4. Appointments; convening of task force. Resolved:** That all 21 appointments must be made no later than 30 days following the effective date of this

22 resolves. The appointing authorities shall notify the Executive Director of the Legislative 23 Council once all appointments have been completed. After appointment of all members, 24 the chairs shall call and convene the first meeting of the task force. If 30 days or more after 25 the effective date of this resolve a majority of but not all appointments have been made, the 26 chairs may request authority and the Legislative Council may grant authority for the task 27 force to meet and conduct its business.

28 **Sec. 5. Duties. Resolved:** That the task force shall review case studies related to 29 violence or assault cases in health care and mental health care hospitals and facilities and 30 current security practices and develop a plan to improve future security for health care 31 workers and mental health care providers.

32 **Sec. 6. Staff assistance. Resolved:** That the Legislative Council shall provide 33 necessary staffing services to the task force, except that Legislative Council staff support 34 is not authorized when the Legislature is in regular or special session.

35 **Sec. 7. Report. Resolved:** That, no later than December 1, 2021, the task force 36 shall submit a report that includes its findings and recommendations, including suggested 37 legislation, for presentation to the Second Regular Session of the 130th Legislature.

## SUMMARY

39 This resolve establishes the Task Force To Study Improving Safety and Provide

40 Protection from Violence for Health Care Workers in Hospitals and Mental Health Care

Figure 4



Approved: 05/22/21

**130th MAINE LEGISLATURE****LD 1073      LR 347(01)****Resolve, Establishing the Commission To Research Effective Strategies and Efficiencies of Legislatures****Preliminary Fiscal Impact Statement for Original Bill****Sponsor: Sen. Stewart of Aroostook****Committee: State and Local Government****Fiscal Note Required: Yes**

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**Preliminary Fiscal Impact Statement**

Legislative Cost/Study

**Legislative Cost/Study**

The general operating expenses of this study are projected to be \$2,250 in fiscal year 2021-22. The Legislature's budget for the 2022-2023 biennium includes \$10,000 in fiscal year 2021-22 and \$10,000 in fiscal year 2022-23 for the costs of legislative studies, as well as \$21,260 of balances carried over from prior years for this purpose. Whether these amounts are sufficient to fund all studies will depend on the number of studies authorized by the Legislative Council and the Legislature. The additional costs of providing staffing assistance to the study during the interim can be absorbed utilizing existing budgeted staff resources.

**Fiscal Detail and Notes**

Any additional costs to the Governor's Office and to the Judicial Branch to serve on the Commission To Research Effective Strategies and Efficiencies of Legislatures are expected to be minor and can be absorbed within existing budgeted resources.

Figure 5

**Public Testimony for Workplace Violence Task Force.**

Testimony of At-Large Public member; Supporting LD 629 – Resolve, To Establish the Task Force To Study Improving Safety and Provide Protection from Violence for Health Care Workers in Hospitals and Mental Health Care Providers.

Good Morning, Senator Claxton, Representative Meyer and members of the Health and Human Services Committee, my name is Gretchen Forsley, I am a Doctor of Nursing Practice student at The University of New Hampshire, a registered nurse caring for patients at the bedside, a member of the Maine chapter of the American Nurses' Association and a resident of the state of Maine. I am submitting testimony on behalf of Maine's nurses and frontline healthcare workers.

Workplace violence in healthcare is an important public health issue and a growing concern. Workplace violence, defined by the Occupational Safety and Health Administration (OSHA) as "any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. Workplace violence in healthcare ranges from threats and verbal abuse to physical assaults and even homicide. It can affect and involve employees, clients, customers, and visitors"

During the early months of the COVID – 19 pandemic, frontline healthcare workers were celebrated as "healthcare heroes". Healthcare staff and frontline workers selflessly risked their lives, working long shifts, short staffed and with limited resources as the numbers of infected patients exponentially multiplied. The Center for Disease Control (CDC) surveyed 26,000 healthcare workers across the country in March and April 2020, and approximately 6,500 of the surveys indicated the healthcare workers felt threatened or unsafe in their work environment. As

the battle to control COVID -19 continued into 2021, public health guidelines continued to be confusing and polarizing. US News and World Report reported healthcare professionals across the nation were being harassed and receiving death threats. The Bureau of Labor Statistics indicate the number of violent incidents involving health care workers is likely three times higher than what is reported annually because healthcare workers consider workplace violence as “part of their job”.

The COVID-19 crisis has exacerbated the workplace safety concerns the state legislature had attempted to address two years ago. This pandemic and healthcare crisis introduced additional safety risks that our healthcare professionals are struggling to manage. The rates of increasing healthcare violence can be attributed to several factors such as, delays in care and services, reducing admissions and procedures, consistent understaffing, a lack of adequate mental health services, increased violence against women, limited or no visitor policies, low security coverage, an increase in substance abuse during the Covid -19 epidemic and in the context of the current volatile and violent society: increased firearms within Maine. These ongoing issues and many others provide an opportunity for patient and visitor agitation and violence. All of the precipitous factors of violence before the pandemic, such as racial, social, economic, and healthcare inequities have been magnified during this pandemic.

Prior to the COVID-19 pandemic, the “normal” demands of a stressful workplace for a resilient nurse might include short staffing, a lack of resources, violence, bullying, and disruptive behaviors from patients or families. Many workers, including myself, have walked past picketers shouting out comments such as “I’m going to get my gun”, “murderer” or “you should be executed for crimes against humanity”. Nurses and healthcare workers are discouraged from wearing their scrubs in public to prevent against harassment and ensure their safety and the



safety of their families. Sadly, the hostility and fear, adding to the stress of a very demanding job are causing severe staffing shortages due to nurses just deciding enough is enough.

Research studies indicate workplace violence against hospital workers threatens employee health and safety, is associated with decreased productivity, quality patient outcomes and increased numbers of staffing turnover. Additionally, research studies suggest that healthcare workers exposed to violence from their patients have become more cautious and guarded in their work, which has been associated with decreased quality of care. This research data was confirmed by Maine's nurses. On February 18, 2022, WGME News 13 Maine covered a demonstration by nurses employed at Maine Medical Center. The reporter cited data obtained from Maine Medical Center indicating the hospital saw "172 workplace violence incidents in January of 2022 which involved combative contact compared to 51 incidents in January of 2021. This is a 230 percent increase in just one year. A nurse interviewed for the report provided the following commentary: "I think you would find it hard not to find someone that has either been physically pinched, scratched, bit, spit at or punched. Some of my nurse coworkers will carry it with them the rest of that whole day. They have trouble taking care of their other patients".

As stated in this committee's previous workplace violence testimony, research indicates approximately, 80% of emergency physicians report that incidents of workplace violence impacts the quality of patient care, and affects patients, leaving them injured or worse. Logistically, an incidence of violence in the emergency room will cause an increase in wait times and delayed patient care while staff is diverted to manage the violent incident. It should be noted the Bureau of Labor Statistics indicates annually, only 3% of workplace violence incidents had legal charges filed.

In the fall of 2021, as the country anticipated the re-opening of schools and businesses, polarizing arguments of civil right protections and virus mitigation escalated fears and the growing need for self-defense. At the same time, the Federal Bureau of Investigation (FBI) officially released statistical data compiled from law enforcement agencies, which indicated 2020 was the year of record firearm purchases and firearm deaths. Research consistently has demonstrated a strong correlation between the access of firearms and death, whether the deaths are accidental or intentional. In the state of Maine, firearm related deaths increased 45% from 2010 to 2019, and during that time deaths nationally increased 17%. In 2019, Maine's firearm mortality rate as a percentage of its population was higher than every other New England state. According to FBI background data statistics, more than 70,000 Mainers purchased firearms between March and August of 2020. This was a 69% increase from the previous year. However, Maine law does not require background checks for firearm sales at gun shows or private sales, so the number of purchased firearms could be higher. (Everytown Research - Every Stat, 2021).

Despite shortages, nurses remain the largest and most trusted professionals in the United States. The true value of healthcare professionals, especially nurses and the need for their safety has become a mainstream topic and legislative priority across the country.

On January 28, 2022, after a nurse in Louisiana was severely assaulted going to her car in a hospital parking garage, the president and CEO of the victim's employer, personally called on the state legislature to make violence against healthcare workers a felony. Lawmakers in Oregon are considering a bill "which would make it a crime of assault in the third degree for a person to injure a hospital worker while the worker is performing official duties intentionally, knowingly, or recklessly physically. The punishment would be a maximum of five years in prison, a \$125,000 fine, or both". On March 22, 2022, the Governor of Utah signed into law HB 32.

Utah's new law states: "related to the assault of an owner, employee or contractor of a healthcare facility while performing their duties. Under the legislation, "assault or a threat of violence against such workers would increase penalties for assault or threats of violence against healthcare facility workers from a class A misdemeanor to a third-degree felony if the perpetrator "acts intentionally or knowingly" and the attack "causes substantial bodily injury ". Lawmakers in Maryland are considering HB 0267, which would "make it illegal for someone to threaten a public health official with the intent to intimidate, interfere with or impede that worker from fulfilling official duties". The individual, if convicted "would be guilty of a misdemeanor and could be imprisoned for up to 90 days, a fine of up to \$500 or both". Michigan lawmakers are considering two bills: HB 5682 and HB 5084, which would significantly improve workplace safety for healthcare professionals in emergency rooms. HB 5682, states "if someone assaults an emergency room worker, and the assault happened while the worker was performing official duties, the individual would be guilty of a misdemeanor with maximum punishment of 93 days, a \$1,000 fine, or both. If an individual "assaults an emergency room worker without a weapon and inflicts serious harm without the intent to kill would be punishable to a maximum one year in prison, a \$2,000 fine, or both". If an individual assaults an emergency room worker with a dangerous weapon without the intent to murder could receive up to four years in prison, a \$4,000 fine, or both". HB 5084 states "an employer would be able to post signage indicting "assault of a person allowed to perform their duties, who works in an emergency room is a felony". On March 23, 2022, the Governor of Wisconsin signed an amendment to the 2019 Wisconsin Act 97, enacted in 2020, which expands the state's workplace violence laws. The new law "will make it a felony to commit battery against or threaten a healthcare worker or family members of healthcare workers; if the battery or threat is in response to an action taken by the healthcare

provider in his or her official capacity, or in response to something that happened at the healthcare facility”. If convicted, the violators could potentially be sentenced to three years in prison, followed by three years of supervised probation and a stiff fine of up to \$10,000, or both”. On March 25, 2022, the Colorado legislature signed into law; HB22-1041 “Privacy Protections For Protected Persons”. In this legislative initiative, Colorado not only expands their definition of protected persons to include all healthcare workers but expands the definition of assault to include doxxing. Doxxing is the term used when an individual publishes private information of a protected person via the internet. These deliberate acts encourage the potential for threats, harassment, assault or worse. Colorado’s definition of a protected persons now includes “child representatives, code enforcement officers, health-care workers, mortgage servicers, office of the respondent parents' counsel and its staff members. New Jersey’s state assembly is considering similar legislation. It should be noted many of these initiatives across the nation are in the first stages of the legislative process.

In July 2021, the Vermont state Senate introduced S.30, an initiative to prohibit firearms in hospitals and childcare centers. By February 1, 2022, the Vermont’s House judiciary committee passed a significantly weaker version of S.30. The House version of S.30 prohibits the possession of firearms in hospitals, with some exceptions and issues a fine of \$ 250.00. The punishment for a firearm in a hospital is considered unlawful mischief, a significant reduction in the punishment for the offense originally introduced by the Vermont senate. S.30 addresses firearm transfers, background checks and protections for healthcare workers should they report an individual with the potential to be a danger to themselves or the community. On March 11, 2022, the Vermont legislature overrode the Governor’s veto of S.30. The new law will take effect July 1, 2022. Vermont’s new law had been more comprehensive when originally

introduced, including protections for childcare centers and stronger penalties, similar to many other states' legislative initiatives. Similarly, Maine's LD1199, the 2019 workplace violence bill, was voted "ought not to pass" included several of the penalties included currently in the multiple state initiatives. How these bills are debated and ultimately progress through the legislative process will be important to watch, as it demonstrates that this issue is pervasive, increasing and needs to be addressed at a state and national level.

The 130<sup>th</sup> Maine state legislature worked to pass legislation to improve public safety and the safety of children with stricter firearm requirements. It should be noted that Maine's new firearm laws, which went into effect in September 2021 are components of the Workplace Safety bill: HR1195, currently in the U.S. Senate. Maine's yellow flag law, enacted in 2020, provides law enforcement with a process to temporarily remove firearms from people who potentially may cause harm to themselves or others. Unfortunately, the compromise for legislators and gun advocates to pass this law and ineffective collaboration of all stakeholders has only resulted in increased risk for healthcare professionals, public safety and resulted in a preventable tragedy in this author's greater community.

Nurses have been named "America's Most Trusted" professionals for a 20th consecutive year in "Gallup's annual Most Honest and Ethical Professions Poll. Not only are Nurses the largest group of healthcare professionals but are the most trusted and valued than any other helping profession, which includes physicians, elementary school teachers, and pharmacists. The role of a nurse incorporates many actions that focus on actual health problems or the potential for health problems in an individual, a group, or a community. Nurses, by the nature of their work are uniquely positioned to ask questions, collaborate to develop innovative solutions, and establish relationships to inform policymakers. Maine's healthcare professionals and healthcare

staff spend one third of their life working to promote health and safety. Workplace violence should not be a part of their job.

This is an opportunity for the state legislature to make sure it is not.

Thank you.

I am happy to answer any questions.