

**HB 2349**



**HAWAII MEDICAL ASSOCIATION**

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**Friday, March 12, 2010, 3:15 PM, Conference Room 016**

To: COMMITTEE ON HEALTH  
Senator David Y. Ige, Chair  
Senator Josh Green, M.D., Vice Chair

From: Hawaii Medical Association  
Gary A. Okamoto, MD, Legislative Co-Chair  
Linda Rasmussen, MD, Legislative Co-Chair  
April Donahue, Executive Director  
Lauren Zirbel, Government Affairs  
Dick Botti, Government Affairs

Re: HB2349 RELATING TO VIOLENCE AGAINST HEALTH CARE PERSONNEL

In Support

Chairs & Committee Members:

Hawaii Medical Association supports HB2349 Relating to Violence Against Health Care Personnel.

By clarifying that the classification "emergency medical service providers" includes physicians, physician's assistants, nurses, and nurse practitioners in a hospital emergency room, this measure acknowledges the value of protecting these health care providers from assault and terroristic threatening.

The personnel in our hospital emergency rooms care for the people of Hawaii who are often the most vulnerable, and it is vital that they be allowed to provide this care free from harm.

Thank you for the opportunity to testify.

**OFFICERS**

President - Robert Marvit, MD President-Elect - Morris Mitsunaga, MD Secretary - Thomas Kosasa, MD  
Immediate Past President - Gary Okamoto, MD Treasurer - Stephen Kemble, MD Executive Director - April Donahue

Testimony of  
John M. Kirimitsu  
Legal and Government Relations Consultant

Before:  
Senate Committee on Health  
The Honorable David Y. Ige, Chair  
The Honorable Josh Green, M.D., Vice Chair

March 12, 2010  
3:15 pm  
Conference Room 016

**Re: HB 2349, HD1 Relating to Violence Against Health Care Personnel**

Chair Ige and committee members thank you for this opportunity to provide testimony on this bill regarding violence against emergency medical personnel.

**Kaiser Permanente supports this bill.**

Kaiser Permanente supports this bill to protect emergency medical services personnel in the workplace, and establish strong legal precedence against potential attackers for causing these injuries to medical personnel.

Violence against healthcare personnel appears to be on the rise. According to a U.S. Department of Labor, Bureau of Statistics, healthcare workers experience violent assaults at a rate four times higher than average, and it is even worse for emergency personnel at a rate of more than twelve times the national average. U.S. Department of Labor, Bureau of Statistics, [Injuries, illness and fatalities](#). (Accessed February 2008).

By its very nature, the emergency department is a place of high stress for the patient and the emergency medical staff. Emergency department workers routinely find themselves at increased risk of violence due to the high volatility of the emergency patient population, with an increasing number of patients and visitors using drugs and alcohol, or having psychiatric disorders or dementia, that make them more prone to violence. The type of violence, ranging from verbal to violent physical attacks, is becoming all too common, which negatively impacts the emergency medical personnel through a common misconception that this type of violence is just part of the job.

To help deter these violent and abusive acts against emergency medical personnel, legislation is needed to protect emergency medical providers from unnecessary violence, and afford them a safe haven to perform their job of providing quality care to the high risk emergency patient population.

Thank you for your consideration.



## HAWAII GOVERNMENT EMPLOYEES ASSOCIATION

AFSCME Local 152, AFL-CIO

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The Twenty-Fifth Legislature, State of Hawaii  
Hawaii State Senate  
Committee on Health

Testimony by  
Hawaii Government Employees Association  
March 12, 2010

H.B. 2349, H.D. 1 – RELATING  
TO VIOLENCE AGAINST  
HEALTH CARE PERSONNEL

The Hawaii Government Employees Association, AFSCME Local 125, AFL-CIO supports the purpose and intent of H.B. 2349, H.D. 1 – Relating to Violence Against Health Care Personnel. This extends protection from assault and terroristic threatening to emergency room personnel.

The intent of H.B. 2349, H.D. 1 is to amend Section 707-711, Hawaii Revised Statutes, to include emergency room personnel such as physicians, physician's assistants, nurses or nurse practitioners, who provide medical services in the emergency room of a hospital. Ensuring the safety and well-being of health care providers in the course of the performance of their duties are necessary in order for them to provide effective and emergent care to the people of Hawaii. Individuals who intentionally or knowingly commit harm to health care providers should be held accountable for their violent behaviors.

We appreciate the opportunity to submit our testimony in support of H.B. 2349, H.D. 1.

Respectfully Submitted,

Nora A. Nomura  
Deputy Executive Director



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SENATE COMMITTEE ON HEALTH  
Senator David Ige, Chair

Conference Room 016  
March 12, 2010 at 3:15 p.m.

**Supporting HB 2349 HD 1.**

The Healthcare Association of Hawaii represents its member organizations that span the entire spectrum of health care, including all acute care hospitals, as well as long term care facilities, home care agencies, and hospices. Thank you for this opportunity to testify in support of HB 2349 HD 1, which expands the category of emergency medical services workers who are protected by the law that increases penalties for terroristic threatening or violence against them.

Health care workers in general face a high level of risk of work-related assaults and threats stemming from several factors. For example, handguns and other weapons are now more prevalent among patients, their families, and friends. Drugs and money at hospitals make them likely robbery targets. An increasing number of acute and chronically mentally ill patients are now being released from hospitals without follow-up care because they have the right to refuse medicine and can no longer be hospitalized involuntarily unless they pose an immediate threat to themselves or others. Finally, potentially long waits in emergency or clinic areas may lead to patient frustration over an inability to obtain services promptly.

In our society, people who are employed in certain types of jobs, such as police and firefighters, are given special protections because they serve a public need and because they face a high level of risk in the line of duty. There is increasing recognition that, for the same reasons, health care workers should be given similar protections. Relative to all other types of health care workers, emergency medical services personnel face a higher level of risk for violence.

In 2007 the Legislature recognized the heightened risk faced by emergency medical services personnel by passing Act 79, which increased penalties for terroristic threatening or violence against mobile intensive care technicians and emergency medical technicians. HB 2349 HD 1 expands the types of health care workers who are covered, to include physicians, physician's assistants, nurses, and nurse practitioners who provide emergency care.

For the foregoing reasons, the Healthcare Association supports HB 2349 HD 1.



# THE QUEEN'S MEDICAL CENTER

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Senator David Y. Ige, Chair  
Senator Josh Green, M.D., Vice Chair  
**COMMITTEE ON HEALTH**

March 12, 2010 – 3:15 p.m.  
State Capitol, Conference Room 016

**Re: HB 2349, HD1 – Relating to Violence Against Health Care Personnel**

Chair Ige, Vice Chair Green and Members of the Committee,

My name is Cindy Kamikawa, Chief Nurse Executive for The Queen's Medical Center (Queen's) **testifying in strong support of HB 2349, HD1** which extends protection from assault and terroristic threatening to emergency room personnel.

The prevention of workplace violence has emerged as an important safety issue in hospitals. According to the Emergency Nurses Association and the American College for Emergency Physicians, occurrences in healthcare violence are on the rise, and hospital emergency rooms have become the most prevalent location for violence in a health care setting. Nationally, thousands of non-fatal assaults on hospital workers have occurred. Studies have shown that between 35% and 80% of hospital staff have been physically assaulted at least once and that nurses are at increased risk for violence while on duty.

The Legislature has extended protections similar to those sought in this measure to correctional, educational, and other service providers. Emergency room personnel are routinely exposed to unstable patients with drug or alcohol impairment, or suffering from psychiatric disorders. Verbal and physical threats to health care personnel extend into the waiting areas as well. The Queen's Medical Center Emergency Department is the largest and busiest Emergency Department in the State, with approximately 50,000 visits a year. This additional protection will ensure a safer environment for health care personnel and patients.

We urge you to pass this measure and thank you for the opportunity to testify.

**Testimony  
in the matter of  
HB 2349 HD1  
Friday, 12 March 2010, 1515 hrs.  
Room 016, The Capitol**

HB 2349, HD1

(HSCR466-10)

Testimony

Status

RELATING TO VIOLENCE AGAINST HEALTH CARE  
PERSONNEL.

Extends protection from assault and terroristic threatening to  
emergency room personnel. Effective January 21, 2008.

**Senators Ige and Green, honored Members of the Committee on Health:**

I am William Haning, M.D., testifying as a physician licensed in the State of Hawai'i whose duties include service in the Emergency Department of The Queen's Medical Center, as well as service in the past as an emergency physician for 16 years. I am not testifying on behalf of the School of Medicine in which I am a Professor.

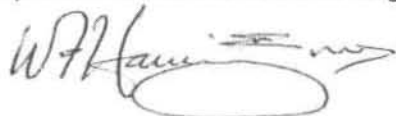
**I emphatically support passage of HB2349, HD1.**

This bill's intent of providing increased protection to those who work in the State's hospital emergency departments (EDs) is validated by the increasingly hostile environment faced by physicians and their co-workers. Psychiatric physicians and psychiatric resident physicians have been particularly subject to assault, an observation I make from both supervision and from personal experience. The compassion required of health care professionals in these settings is provided in spite of danger and contempt, conditions accelerated by the use of drugs such as methamphetamine and alcohol. The prevalence of drug and alcohol use by patients in these settings can run from 40% in the general population, to in excess of 70% in the trauma and psychiatric patient populations. When added to physical injury, disorientation, pain, confusion, and anger, this frequently yields behavior that is not merely interruptive of needed care but also dangerous to all involved.

Providing additional sanctions and consequences for ED assault ensures that, in the uncommon circumstance that a worker prefers charges, those charges are taken seriously and acted-upon. It is likely that many patients who are so severely-deranged as to not respond to persuasion will not be prevented from causing injury by this Act, alone. But where this bill has its greater utility is in reducing intimidation and threatening behavior from those who would use the EDs to their own ends, including access to controlled medication, those whose voluntary behaviors are antisocial and exploitative.

Please recognize the impracticality of guards, protective clothing, and restraints in these settings. ED personnel are vulnerable by virtue of their very willingness to engage, and help. You serve them by providing the additional shield of statutory consequences.

Thank you for considering this testimony in your deliberations, and I will make myself available for questions at the time of the hearing.



William F. Haning, III, M.D., FASAM, DFAPA  
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