

June 7, 2022

## Bipartisan Bill Seeks Protections for Health Care Workers against Violence

*AHA urges hospital leaders to enlist their representatives as bill cosponsors*

Reps. Madeleine Dean, D-Pa., and Larry Bucshon, M.D., R-Ind., today introduced the Safety from Violence for Healthcare Employees (SAVE) Act of 2022, legislation that would extend to health care workers federal protections against workplace violence, similar to those afforded to aircraft and airport employees.

“Workers who dedicate themselves to saving lives deserve a safe environment – free of violence and intimidation – in which to deliver care,” said AHA President and CEO Rick Pollack. “The surge in assaults against the health care workforce cannot continue and we must do everything we can to protect them. Our workforce is enduring historic levels of stress and violence as they continue to provide compassionate, quality care throughout the pandemic. Hospitals and health systems are committed to ensuring a safe work environment for our employees. We will not let up in ensuring that all hospital and health system workers feel safe in the vital work they perform.”

### TAKE ACTION

It is important that the field enlist their representatives in the House to support this legislation, beginning with co-sponsorship of the bill.

**[Click to send a message urging support and co-sponsorship for the Safety from Violence for Healthcare Employees \(SAVE\) Act of 2022.](#)**

AHA’s suggested messages can be easily sent to your representative via our Voter Voice tool. Hospitals and health systems are encouraged to share the below link with their employees and community in an effort to reiterate to Congress that such legislation is swiftly needed to ensure health care workers are afforded peace of mind as they care for patients and their surrounding communities.

In your messages to your elected leaders:

- **Ask** your Member of Congress to cosponsor this legislation
- **Share** your hospital’s experience with workplace violence
- **Reiterate** the importance of establishing a safe work environment for front-line health care workers upon whom communities nationwide rely for their medical care

### RESOURCES

- [Bill language](#)

- [AHA fact sheet](#)

### **FURTHER QUESTIONS**

If you have further questions, please contact AHA at 800-424-4301.

## The Issue

Since the beginning of the COVID-19 pandemic, the health care field has experienced an increase in workplace violence. The pandemic has placed significant stress on the entire health care system, and unfortunately, in some situations, patients, visitors and family members have attacked health care staff and jeopardized our workforce's ability to provide care. Hospitals, health systems and their employees have expressed a strong interest in the enactment of a federal law that would protect health care workers from violence and intimidation, just as current federal law protects airline and airport workers.

## Background

Hospitals and health systems have long had robust protocols in place to detect and deter violence against their team members. Since the onset of the pandemic, however, violence against hospital employees has markedly increased — and there is no sign it is receding.

Day after day, the media reports about patients or family members physically or verbally abusing hospital staff. For example, a patient recently grabbed a nurse in Georgia by the wrist and kicked her in the ribs.<sup>1</sup> A nurse in South Dakota was thrown against a wall and bitten by a patient.<sup>2</sup> A medical student in New York who came from Thailand was called “China Virus,” kicked, and dragged to the ground, leaving her hands bleeding and legs bruised.<sup>3</sup>

Data supports these news reports. Recent studies indicate, for example, that 44% of nurses reported experiencing physical violence and 68% reported experiencing verbal abuse during the COVID-19 pandemic. Workplace violence has severe consequences for the entire health care system. Not only does violence cause physical and psychological injury for health care workers, workplace violence and intimidation make it more difficult for nurses, doctors and other clinical staff to provide quality patient care. Nurses and physicians cannot provide attentive care when they are afraid for their personal safety, distracted by disruptive patients and family members, or traumatized from prior violent interactions. In addition, violent interactions at health care facilities tie up valuable resources and can delay urgently needed care for other patients. Studies show that workplace violence reduces patient satisfaction and employee productivity, and increases the potential for adverse medical events.

## AHA Take

Despite the incidence of workplace violence and its harmful effects on our health care system, no federal law protects health care employees from workplace assault or intimidation. By contrast, there are federal laws on the books criminalizing assault and intimidation against airline employees, and Attorney General Merrick Garland recently directed Department of Justice prosecutors to prioritize prosecutions under that statute given the rise in violent behavior on commercial aircraft during the COVID-19 pandemic. Vigorous enforcement of these federal laws creates a safe traveling environment, deters violent behavior, and ensures that offenders are appropriately punished. Our nation's health care workers who have tirelessly helped care for and treat the sick and dying while facing increased violence — especially during the last two years of the pandemic — deserve the same legal protections as airline workers. **Congress should enact the Safety from Violence for Healthcare Employees (SAVE) Act, which provides protections similar to those that exist for flight crews, flight attendants and airport workers.**

<sup>1</sup> Shoshana Ungerleider and Sarah Warren, Nurses get spit on, kicked, assaulted. Stop hurting us. We are here to help you, USA Today (Jan. 10, 2022), [www.usatoday.com/story/opinion/voices/2022/01/10/covid-nurses-assaulted-pandemic/9117731002/?gnt-cfr=1](https://www.usatoday.com/story/opinion/voices/2022/01/10/covid-nurses-assaulted-pandemic/9117731002/?gnt-cfr=1).

<sup>2</sup> Bart Pfankuch, Rising anger and violence toward health care workers hampering patient care in South Dakota, Argus Leader (Feb. 28, 2022), [www.argusleader.com/story/news/2022/02/28/rising-anger-violence-toward-healthcare-workers-hurt-patient-care/6922874001/](https://www.argusleader.com/story/news/2022/02/28/rising-anger-violence-toward-healthcare-workers-hurt-patient-care/6922874001/).

<sup>3</sup> Sydney Pereira, 'White Coats Don't Protect Us:' Asian Health Care Workers Speak Out Against Rise In Hate Crimes, Gothamist (Apr. 22, 2021), [gothamist.com/news/white-coats-dont-protect-us-asian-health-care-workers-speak-out-against-rise-in-hate-crimes](https://gothamist.com/news/white-coats-dont-protect-us-asian-health-care-workers-speak-out-against-rise-in-hate-crimes).

.....  
(Original Signature of Member)

117TH CONGRESS  
2D SESSION

**H. R.** \_\_\_\_\_

To protect hospital personnel from violence, and for other purposes.

\_\_\_\_\_  
IN THE HOUSE OF REPRESENTATIVES

Ms. DEAN introduced the following bill; which was referred to the Committee  
on \_\_\_\_\_  
\_\_\_\_\_

**A BILL**

To protect hospital personnel from violence, and for other  
purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Safety From Violence  
5 for Healthcare Employees Act” or the “SAVE Act”.

6 **SEC. 2. PREVENTION OF VIOLENCE AGAINST HOSPITAL**  
7 **PERSONNEL.**

8 (a) FINDINGS.—Congress makes the following find-  
9 ings:

1           (1) The incidence of assault and intimidation  
2           against hospital employees poses a serious national  
3           problem.

4           (2) The problem of assault and intimidation  
5           against hospital and health care employees preceded  
6           the COVID–19 pandemic. According to an April  
7           2020 Bureau of Labor Statistics report, the health  
8           care and social service industries experienced the  
9           highest rates of injuries caused by workplace vio-  
10          lence and were 5 times as likely to suffer a work-  
11          place violence injury than workers overall in 2018.  
12          That report also found that the incidence rate for  
13          workplace violence against health care workers had  
14          steadily increased since 2011. The COVID–19 pan-  
15          demic exacerbated this growing problem.

16          (3) Workplace violence in hospitals inhibits hos-  
17          pital employees from performing their duties and  
18          thereby disrupts the delivery of health care services  
19          and leads to adverse patient outcomes. Violence to-  
20          wards hospital workers also has been associated with  
21          decreased productivity and quality of care, employee  
22          absenteeism, and increased employee turnover.

23          (4) State and local authorities are now and will  
24          continue to be responsible for prosecuting the over-  
25          whelming majority of violent crimes in the United

1 States, including assault and intimidation against  
2 hospital employees. These authorities can address  
3 the problem of assault and intimidation against hos-  
4 pital employees more effectively with greater Federal  
5 law enforcement involvement.

6 (5) Existing Federal law is inadequate to ad-  
7 dress this problem.

8 (6) Assault and intimidation against hospital  
9 employees substantially affects interstate commerce  
10 in many ways, including the following:

11 (A) Health care services are a significant  
12 part of the national economy. In 2020, expendi-  
13 tures on health care services accounted for 19.7  
14 percent of the country's gross domestic product  
15 (or \$4,100,000,000,000). Within health care,  
16 hospitals and health systems are economic pil-  
17 lars that create jobs and support economic  
18 growth across State lines. In 2020, hospitals di-  
19 rectly employed 6,300,000 individuals. More  
20 broadly, hospitals supported 17,600,000 jobs  
21 throughout the entire interstate economy—  
22 nearly 1 out of 8 jobs in the United States—  
23 and supported \$3,600,000,000,000 in overall  
24 economic activity.

1 (B) The health care market, and hospitals  
2 in particular, are heavily regulated by the Fed-  
3 eral Government.

4 (C) Hospital revenue comes from interstate  
5 or Federal sources, such as out-of-State insur-  
6 ers or Medicare.

7 (D) Hospital employees who are victims of  
8 assault or intimidation are prevented from pur-  
9 chasing goods and services, obtaining or sus-  
10 taining employment, or participating in other  
11 commercial activity.

12 (E) Facilities and instrumentalities of  
13 interstate commerce have been used in the com-  
14 mission of assault and intimidation against hos-  
15 pital employees.

16 (F) Assault and intimidation against hos-  
17 pital employees has been committed using arti-  
18 cles that have traveled in interstate commerce.

19 (7) In *Summit Health, Ltd. v. Pinhas*, 500 U.S.  
20 322, 329–30 (1991), the Supreme Court of the  
21 United States held that it is “clear” that hospitals  
22 are “regularly” engaged in interstate commerce, per-  
23 forming services for out-of-State patients and gener-  
24 ating revenues from out-of-State sources.

1           (8) In *Taylor v. United States*, 579 U.S.  
2           \_\_\_\_\_ (2016), the Supreme Court of the United  
3           States ruled that activities that affect commerce  
4           may be regulated so long as they substantially affect  
5           interstate commerce in the aggregate, even if their  
6           individual impact on interstate commerce is minimal.  
7           In addition, as the United States Court of Appeals  
8           for the Fourth Circuit recognized in *United States v.*  
9           *Hill*, 927 F.3d 188 (4th Cir. 2019), *Taylor* and  
10          other Supreme Court decisions establish that when  
11          Congress may regulate an economic or commercial  
12          activity—as it may with respect to hospitals—it also  
13          may regulate violent conduct that interferes with or  
14          affects that activity. Accordingly, if individuals are  
15          engaged in ongoing economic or commercial activity  
16          subject to congressional regulation—as hospital em-  
17          ployees are—then Congress also may prohibit violent  
18          crime that interferes with or affects such individuals’  
19          ongoing economic or commercial activity.

20          (9) Federal jurisdiction over certain violent  
21          crimes against hospital employees enables Federal,  
22          State, and local authorities to work together as part-  
23          ners in the investigation and prosecution of such  
24          crimes.



1           (10) The problem of assault and intimidation  
2           against hospital employees is serious, widespread,  
3           and interstate in nature as to warrant Federal as-  
4           sistance to hospitals to combat that activity.

5           (b) PROHIBITION ON INTERFERENCE WITH HOS-  
6           PITAL PERSONNEL IN THE PERFORMANCE OF DUTIES.—

7           (1) IN GENERAL.—Chapter 7 of title 18, United  
8           States Code, is amended by adding at the end the  
9           following:

10       **“§ 120. Interference with performance of duties of**  
11                               **hospital personnel**

12       “(a) IN GENERAL.—Whoever knowingly assaults or  
13       intimidates an individual employed by a hospital, or an  
14       entity contracting with a hospital or other medical facility,  
15       during the course of the performance of the duties of such  
16       individual, and, as a result, interferes with the perform-  
17       ance of the duties of such individual or limits the ability  
18       of such individual to perform such duties, shall be fined  
19       under this title, imprisoned not more than 10 years, or  
20       both.

21       “(b) ENHANCED PENALTIES.—

22               “(1) ACTS INVOLVING DANGEROUS WEAPONS  
23       OR ACTS THAT RESULT IN BODILY INJURY.—Who-  
24       ever, in the commission of any act described in sub-  
25       section (a), uses a deadly or dangerous weapon or

1       inflicts bodily injury, shall be fined under this title  
2       or imprisoned not more than 20 years, or both.

3           “(2) ACTS COMMITTED DURING EMERGENCY  
4       DECLARATIONS.—Whoever commits any act de-  
5       scribed in subsection (a) during the period of a dec-  
6       laration of a public emergency for the area in which  
7       the act is committed shall be fined under this title  
8       or imprisoned not more than 20 years, or both.

9           “(c) DEFENSE.—It shall be a defense to a prosecu-  
10      tion under this section that—

11           “(1) the defendant is a person with a physical,  
12      mental, or intellectual disability; and

13           “(2) the conduct of the defendant was a clear  
14      and direct manifestation of such disability.

15           “(d) DEFINITIONS.—In this section:

16           “(1) HOSPITAL.—The term ‘hospital’ means  
17      any of the following medical facilities:

18           “(A) A hospital (as defined in section  
19      1861(e) of the Social Security Act (42 U.S.C.  
20      1395x(e)).

21           “(B) A long-term care hospital (as defined  
22      in section 1861(ccc) of such Act (42 U.S.C.  
23      1395x(ccc)).

1           “(C) A rehabilitation facility (as defined in  
2 section 1886(j)(1)(A) of such Act (42 U.S.C.  
3 1395ww(j)(1)(A))).

4           “(D) A cancer hospital (as described in  
5 section 1886(d)(1)(B)(iii) of such Act (42  
6 U.S.C. 1395ww(d)(1)(B)(iii))).

7           “(E) A children’s hospital (as described in  
8 section 1886(d)(1)(B)(v) of such Act (42  
9 U.S.C. 1395ww(d)(1)(B)(v))).

10           “(F) A critical access hospital (as defined  
11 in section 1861(mm)(1) of such Act (42 U.S.C.  
12 1395x(mm)(1))).

13           “(G) A rural emergency hospital (as de-  
14 fined in section 1861(kkk)(2) of such Act (42  
15 U.S.C. 1395x(kkk)(2))).

16           “(2) DECLARATION OF A PUBLIC EMER-  
17 GENCY.—The term ‘declaration of a public emer-  
18 gency’ means any of the following:

19           “(A) A public health emergency declared  
20 by the Secretary of Health and Human Services  
21 under section 319 of the Public Health Service  
22 Act.

23           “(B) An emergency or disaster declared by  
24 the President pursuant to the Robert T. Staf-

1           ford Disaster Relief and Emergency Assistance  
2           Act.

3                   “(C) An emergency or disaster declared by  
4           the President pursuant to the National Emer-  
5           gencies Act.”.

6           (2) CLERICAL AMENDMENT.—The table of sec-  
7           tions for chapter 7 of title 18, United States Code,  
8           is amended by adding at the end the following:

          “120. Interference with performance of duties of hospital personnel”.

9           (c) GRANTS FOR THE PROTECTION OF THE HOS-  
10          PITAL WORKFORCE AGAINST VIOLENCE.—Title I of the  
11          Omnibus Crime Control and Safe Streets Act of 1968 (34  
12          U.S.C. 10101 et seq.) is amended by inserting after part  
13          OO the following:

14           **“PART PP—GRANT PROGRAM FOR HOSPITAL**  
15                   **WORKFORCE SAFETY AND SECURITY**

16           **“SEC. 3061. GRANT AUTHORIZATION.**

17                   “(a) IN GENERAL.—The Attorney General may make  
18          grants under this part to hospitals for the purpose of car-  
19          rying out programs to reduce the incidence of violence at  
20          hospitals, including violence or intimidation against hos-  
21          pital personnel in the performance of their duties.

22                   “(b) USE OF FUNDS.—A grant awarded under this  
23          part shall be used to reduce the incidence of violence at  
24          hospitals through programs that may include one or more  
25          of the following:

1           “(1) Training hospital personnel to prevent vio-  
2           lence or intimidation against others or themselves,  
3           including de-escalation training and specialized  
4           training in responding to mental health crises.

5           “(2) Coordination with State and local law en-  
6           forcement.

7           “(3) Placement and use of hospital access con-  
8           trol technologies, video surveillance, metal detection,  
9           panic buttons, status alert systems, restricted access  
10          capabilities, and safe patient and staff rooms, and  
11          other violence-prevention tools or measures.

12          “(4) Any other measures that the Attorney  
13          General determines may provide a significant im-  
14          provement in—

15                 “(A) training for violence prevention at  
16                 hospitals; and

17                 “(B) protection against violence and in-  
18                 timidation of hospital personnel.

19          “(c) PREFERENTIAL CONSIDERATION IN AWARDING  
20          GRANTS.—In awarding grants under this part, the Attor-  
21          ney General shall give preferential consideration, if fea-  
22          sible, to an application from a hospital that—

23                 “(1) has a demonstrated need for improved se-  
24                 curity;

1           “(2) has a demonstrated need for financial as-  
2           sistance; and

3           “(3) has evidenced the ability to make the im-  
4           provements for which the grant amounts are sought.

5           “(d) **EQUITABLE DISTRIBUTION OF GRANT**  
6 **FUNDS.**—In awarding grants under this part, the Attor-  
7           ney General shall ensure, to the extent practicable, an eq-  
8           uitable geographic distribution among the regions of the  
9           United States and among urban, suburban, and rural  
10          areas.

11          “(e) **ADMINISTRATIVE COSTS.**—Not more than 2 per-  
12          cent of a grant made under this part may be used for  
13          costs incurred to administer such grant.

14          **“SEC. 3062. APPLICATIONS.**

15          “(a) **IN GENERAL.**—To request a grant under this  
16          part, the chief executive of a hospital shall submit an ap-  
17          plication to the Attorney General at such time, in such  
18          form, and containing such information as the Attorney  
19          General may reasonably require.

20          “(b) **REQUIREMENTS.**—Each application under this  
21          section shall include—

22                  “(1) a detailed explanation of—

23                          “(A) the intended uses of funds provided  
24                          under the grant; and

1               “(B) how the activities funded under the  
2 grant will satisfy the purpose of this part;

3               “(2) an assurance that the applicant shall  
4 maintain and report such programmatic and finan-  
5 cial data, records, and information as the Attorney  
6 General may reasonably require; and

7               “(3) a certification, made in a form acceptable  
8 to the Attorney General, that—

9               “(A) the programs to be funded by the  
10 grant meet all the requirements of this part;

11              “(B) all the information contained in the  
12 application is correct; and

13              “(C) the applicant will comply with all pro-  
14 visions of this part and all other applicable Fed-  
15 eral laws.

16              “(c) GUIDELINES.—Not later than 90 days after the  
17 date of the enactment of this part, the Attorney General  
18 shall promulgate guidelines to implement this section.

19 **“SEC. 3063. ANNUAL REPORT TO CONGRESS; GRANT AC-**  
20 **COUNTABILITY.**

21              “(a) ANNUAL REPORT.—Not later than 90 days after  
22 the end of the fiscal year for which funding for grants  
23 under this part is made available, the Attorney General  
24 shall submit to Congress a report regarding the activities  
25 carried out under this part. Each such report shall in-

1 clude, for the preceding fiscal year, the number of grants  
2 funded under this part, the amount of funds provided  
3 under those grants, and the activities for which those  
4 grant funds were used.

5 “(b) GRANT ACCOUNTABILITY.—Section 3026 (relat-  
6 ing to grant accountability) shall apply to grants awarded  
7 by Attorney General under this part. For purposes of the  
8 preceding sentence, any references in section 3026 to part  
9 LL shall be considered references to part PP.

10 **“SEC. 3064. DEFINITION.**

11 “For purposes of this part, the term ‘hospital’ has  
12 the meaning given such term in section 120(d)(1) of title  
13 18, United States Code.

14 **“SEC. 3065. AUTHORIZATION OF APPROPRIATIONS.**

15 “There are authorized to be appropriated  
16 \$25,000,000 for each of fiscal years 2023 through 2032  
17 to carry out this part. Funds appropriated for a fiscal year  
18 pursuant to the preceding sentence shall remain available  
19 until expended.”.