



Maryland
Hospital Association

**House Bill 364 – Hospital and Nursing Facility Workers and Health Care Practitioners -
Identification Tags and Badges - Name Requirement**

Position: Support

February 11, 2020

House Health & Government Operations Committee

MHA Position

Maryland’s 61 nonprofit hospitals and health systems care for millions of people each year, treating 2.3 million in emergency departments and delivering more than 67,000 babies. The 108,000 people they employ are [caring for Maryland](#) around-the-clock every day.

Hospitals are places of healing and safety for patients, caregivers and visitors. However, they are not immune from violence in our communities. That is why Maryland’s hospital leaders elevated workplace violence prevention in their strategic plan for the field. Violence takes a toll on individuals and communities. When that violence extends into the workplace, it can cause higher staff turnover, lost productivity, absenteeism, poor employee morale, and burnout.^{i,ii}

The rate of serious workplace violence incidents is four times greater in the health care field than in private industry.ⁱⁱⁱ Most often this violence is instigated by patients against health care staff.^{iv,v,vi} In 2018, MHA and the Maryland Nurses Association formed the Workplace Violence Prevention Steering Committee to make hospitals safer for patients and staff.

A recent MHA survey, conducted in partnership with the steering committee, found hospitals need more resources and tools to address workplace violence. House Bill 364 would provide an important tool to keep hospital caregivers safe—keeping their full names private.

Maryland law requires individuals who provide a health care service at a hospital or nursing facility to wear a “personal identification tag...that indicates, in readable text, the name and professional or other title of the individual”.^{vii,viii} Requiring name badges to show a caregiver’s full name can put them at risk if a patient intends to harm them—physically or emotionally through stalking or cyberbullying. This bill would allow flexibility to provide either the first name, commonly used nickname or last name. This legislation strikes an importance balance of providing transparency for the patient about their health care provider’s credentials while protecting the employee from harm—inside and outside of the hospital.

For these reasons, we urge a *favorable* report.

For more information, please contact:

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ⁱ Milliman Research Report, July 26, 2017, *Cost of Community Violence to Hospitals and Health Systems: Report for the American Hospital Association*, aha.org/system/files/2018-01/community-violence-report.pdf

ⁱⁱ The Joint Commission, April 17, 2018, *Sentinel Event Alert: Physical and Verbal Violence Against Health Care Workers*, www.jointcommission.org/en/resources/patient-safety-topics/sentinel-event/sentinel-event-alert-newsletters/sentinel-event-alert-59-physical-and-verbal-violence-against-health-care-workers/

ⁱⁱⁱ Ibid.

^{iv} Ibid.

^v American College of Emergency Physicians, September 2018, *ACEP Emergency Department Violence Poll Research Results*, www.emergencyphysicians.org/globalassets/files/pdfs/2018acep-emergency-department-violence-pollresults-2.pdf

^{vi} International Association for Healthcare Security and Safety—Foundation, *2019 Healthcare Crime Survey*, iahssf.org/crime-surveys/2019-healthcare-crime-survey/

^{vii} Md. Code Ann., Health General §19-308.4

mgaleg.maryland.gov/mgawebsite/laws/StatuteText?article=ghg§ion=19-308.4&enactments=false

^{viii} Md. Code Ann., Health Occupations § 1-221

mgaleg.maryland.gov/mgawebsite/laws/StatuteText?article=gho§ion=1-221&enactments=false