



February 13, 2024

To: The House on Judiciary

Fr: Matt Swanson, SEIU Oregon State Council

Re: Support for HB 4088

Chair Kropf, Vice-Chairs Anderson and Wallan and Members of the Committee:

My name is Matt Swanson, and I am here representing the Service Employees International Union (SEIU). SEIU is an organization of 85,000 working Oregonians who are members of our Union. Our mission is to achieve a higher standard of living for our members, their families, and dependents by elevating their social conditions and by striving to create a more just society.

We represent thousands of service, professional and technical staff who work in health facilities across Oregon and of course SEIU members and their families who use hospitals as patients.

On behalf of our members, I offer this testimony in support of House Bill 4088.

We appreciate the work of Representative Nelson, Boshart Davis and other stakeholders to craft legislation. This renewed push for addressing safety on the job for our front line health care workers is much appreciated by those who interact with patients every day. We recognize that hospitals must strike a balance between treating everyone that comes in our doors and providing security for those who work on site.

These policies, along with the continued implementation of the recommendations found in the Hospital Association of Oregon's workplace violence prevention toolkit, a joint project of many health care stakeholders starting in 2014.¹

OPB recently covered the worsening conditions that Oregon's health care workers face;

¹ [oahhs-workplace-safety-violence-prevention-toolkit v2.0.pdf \(oregon.gov\)](#)



“Homicides in hospitals are rare, but violence is not. Nurses and their assistants are regularly threatened, shoved, and punched by patients or patients’ family members. That’s not new. In 2018, for example, health care workers in the private sector [filed more disability claims due to injuries](#) from violence at work than people in every other private sector profession combined. Nationwide, 73% of all the reported workplace injuries due to violence happened in health care and social services.”²

These statistics, as well as much of the research on the topic, likely under-reports the volume of assaults on health care workers each year. Underreporting is likely influenced by a number of factors. For many low wage workers the threat of retaliation can be a factor, along with other reasons, like the time and energy it takes to report while they are already burnt out and overworked or confusion about what should be reported³.

Violence prevention, Accountability and Data Collection

We are happy to see that provisions relating to reporting, participation, interventions and data collection are all part of the dash 2 amendment. Some key policies to build a comprehensive approach to safety include:

- **SAFETY COMMITTEE REPRESENTATION:** Hospitals must allow representatives of a labor union to attend hospital safety committee as a non-voting participant. We are pleased to see that this allows for additional participation in the process. This can enhance collaboration between worker organizations and employers in safety plans, especially those that address workplace violence.
- **GRANTS:** Funds will be allocated to the Oregon Health Authority for distribution to hospitals to help fund workplace violence prevention efforts. To be eligible for a grant, a hospital must demonstrate to the OHA that the hospital has secured approval from the dedicated hospitals safety committee of the workplace violence prevention efforts. Grant funding will be given for workplace violence efforts including but not

² [Health care workers facing violence on the job ask hospital systems, politicians for help - OPB](#)

³ [The Joint Commission's New and Revised Workplace Violence Prevention Standards for Hospitals: A Major Step Forward Toward Improved Quality and Safety - PMC \(nih.gov\)](#)



limited to metal and weapon detections systems, screen staff training, violence prevention training and assault prevention and protection training.

- **REPORTING:** Gives authority to DCBS to collect information sent to federal OSHA. Given the complexity of addressing workplace violence in health care facilities will improve employer, labor and policymakers approaches to workplace violence in our hospitals.

SEIU members who work as the first person a patient may meet at the front desk in a hospital or the worker assigned to clean a room all face the same fears when it comes to workplace violence. In many cases, there are members of the care team who are often left out of critical decision making or conversations regarding plans to address workplace violence. We hope that these provisions, along with more data discussing the full care team, will improve our response.

Penalties

We understand, and appreciate, the delicate balance between making hospitals a space to treat all who enter our doors and ensuring that those who assault a hospital worker can face consequences like first responders, bus drivers and other professions who serve the public. HB 4088 provides enhanced penalties for certain crimes of assault when the alleged crime was done, “with knowledge that another person is working in a hospital, intentionally or knowingly causes physical injury to the working person.”

We recognize that many stakeholders have concerns and hope that the clarifications in the dash 2 amendment will help address their objections.

Thank you for your consideration,

Matt Swanson
SEIU Oregon State Council