

March 23, 2021

The Honorable Joe Courtney
2449 Rayburn House Office Building
Washington, D.C. 20515

Dear Representative Courtney:

On behalf of the American College of Emergency Physicians (ACEP) and our 40,000 members, thank you for introducing for H.R. 1195, the Workplace Violence Prevention for Health Care and Social Service Workers Act. ACEP appreciates your leadership to help establish procedures to ensure that emergency physicians, health care workers, social workers, and patients, are protected from violence in the workplace, and we urge Congress to swiftly consider and pass this important legislation.

Violence in the emergency department is a serious and growing concern, causing significant stress to emergency department staff and to patients who seek treatment in the emergency department (ED). According to a survey conducted by ACEP in 2018, nearly half of emergency physicians polled reported being physically assaulted, with more than 60 percent of those occurring within the past year. Nearly 7 in 10 emergency physicians say ED violence has increased within the past 5 years. Beyond the immediate physical impacts, the risk of violence increases the difficulty of recruiting and retaining qualified health care professionals and contributes to greater levels of physician burnout. Most importantly, patients with medical emergencies deserve high-quality care in a place free of physical dangers from other patients or individuals, and care from staff that is not distracted by individuals with behavioral or substance-induced violent behavior.

There are many factors contributing to the increase in ED and hospital violence, and like you, we recognize there is no one-size-fits-all solution. Employers and hospitals should develop workplace violence prevention and response procedures that address the needs of their particular facilities, staff, contractors, and communities, as those needs and resources may vary significantly.

To this end, ACEP asks that Congress also take into consideration how emergency departments are staffed to ensure that the important provisions of this legislation are implemented in the most appropriate manner. As you are aware, emergency physicians may be employed in an ED in a variety of ways, whether directly employed through the hospital in an academic setting, or contracted as a member of a small democratic practice or a larger, national physician group. Given that emergency physicians and these groups do not control the resources of an individual facility that they staff, it would be neither practical nor effective to require contracted groups themselves to be responsible for implementing, tracking and reporting of violent incidents. ACEP believes that emergency physicians that contract with hospitals or facilities should not be held responsible for situations or hazards outside of their direct control; however, they can and should serve an integral role in developing effective violence prevention strategies. We appreciate your efforts to date to provide additional clarity on what a “covered employer” is ultimately responsible for, and ask Congress to ensure that any new federal requirements do not create any unintentional or undue burdens for entities that do not control the health care workplace.

Once again, thank you for your leadership on this important issue. ACEP looks forward to working with you to ensure patients, health care workers, and all others in the emergency department (ED) are prepared for and protected against violent acts occurring in the department.

Sincerely,



Mark Rosenberg, DO, MBA, FACEP
ACEP President

WASHINGTON, DC OFFICE

901 New York Ave, NW
Suite 515E
Washington DC 20001-4432

202-728-0610
800-320-0610
www.acep.org

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