



February 2024

To: House Health and Human Services Committee  
Re: HB24-1066-- Workplace Violence in Healthcare Settings

Dear Committee Members,

The American Association of University Women (AAUW) is one of the oldest women's organizations in the country, empowering women since 1881. The mission of AAUW is to advance equity for women and girls through research, education and advocacy.

The incidents of violence against healthcare workers are at record highs, impacting all healthcare workers, especially women who now make up a substantial number of doctors, and traditionally have been the majority of nurses, CNAs, and others who work directly with patients and the public. HB1066 will bring needed improvements to training, prevention, documentation and reporting of workplace violence incidents. The bill has important protections for employees by prohibiting retaliation, discipline, or discrimination against someone who reports a workplace violence incident or advises a staff member of the right to report an incident, or who chooses not to report an incident.

For these reasons, AAUW of Colorado strongly supports House Bill 1066 and requests your YES vote in committee and throughout the process of becoming law.

Respectfully submitted,

A handwritten signature in blue ink that reads "Su Ryden".

**Su Ryden**  
**AAUW Colorado Public Policy Co-Director**

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*American Association of University Women--AAUW is a top-rated 501(c)3 charitable organization whose mission is to advance gender equity for women and girls through research, education, and advocacy.*

Testimony in opposition to: HB24-1066

Thank you, Chair and Committee

My name is Robert Edmiston. I am with the Firearms Coalition of Colorado, an NRA-affiliated, all-volunteer, grassroots organization dedicated to the protection of individual rights and public safety. I am a former U.S. Army officer and vocational rehabilitation counselor. I have a master's degree in psychology, counseling, and guidance.

While we appreciate the efforts of the sponsors, I am writing in opposition to the measure under consideration. The implication of the inclusion of firearms in the definitions section of the bill seems to be that all plans written to conform with the measure will automatically ban guns and other "dangerous weapons."

In practice, this law would only serve to ensure that virtually every health facility of any sort will be legally off limits to armed citizens with concealed carry permits. This limitation will, in fact, make the few health care offices not already posted against concealed carry into "criminal safe free fire zones." In such areas, would-be perpetrators of violence of any kind are all but assured that no law-abiding permit holder will be present to interfere with their intended crimes.

Please see the attachment on the work of Dr. Gary Kleck concerning the positive impact of defensive gun use in the United States. This bill, if passed, would make health care workplaces less safe.

We urge a "No" vote by members of the committee.

Thank you for your consideration.

Robert Edmiston  
Volunteer Lobbyist  
The Firearms Coalition of Colorado  
PO Box 1454, Englewood, CO 80150-1454

House Health & Human Services

02/27/2024 Upon Adjournment

HB24-1066 Prevent Workplace Violence in Health-Care Settings

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Shannon Powers  For  Denver Health Workers United	<p>Madame Chair and , members of the committee, thank you for the opportunity to submit my testimony. My name is Shannon Powers, and I am writing in support of HB24-1066: Prevent Workplace Violence in Health-Care Settings.</p> <p>I currently work as a nursing assistant in the Surgical ICU at Denver Health. While I have not personally experienced violence in the workplace from patients or patients’ visitors, I do have coworkers who have experienced violence from patients. I have also feared at times that interactions with patients would have escalated to a violent episode.</p> <p>Much of my fear about physical violence from our patients is not because our patients are intentionally trying to intimidate or harm staff. Our unit treats many patients who have traumatic brain injuries (TBIs), and sometimes people who are recovering from a TBI are not in conscious control of their thoughts or behaviors and can act in ways they would never act prior to their injury, which can result in hitting or kicking the people who are trying to help them.</p> <p>However, healthcare workers deserve protections from violence in their workplace, and a process to have in place when violence occurs to improve outcomes in the future. I am especially supportive of HB24-1066’s component of requiring healthcare facilities to put together committees in order to create and implement violence prevention plans. In my unit, I think a violence prevention plan would allow our hospital to create solutions that would allow our staff to feel safe while caring for patients, without being overly punitive to our patients who are clearly not trying to hurt staff and are compromised mentally due to their health condition.</p> <p>I very much hope HB24-1066 makes it through a majority committee vote and is eventually passed by the Colorado General Assembly.</p> <p>Thank you for taking the time to read my written testimony.</p>
Catherine Fenner  For	Dear Committee Members,

<p>themselves</p>	<p>I have been caring for our community members for over 20 years. I have witnessed their births and their deaths, celebrated their recoveries and mourned their losses.</p> <p>Several years ago I was making a home visit with a physician when my patient's intoxicated family member interrupted us. After settling him down, I resumed my care. As I listened to my patient's heart and lungs, my physician suddenly grabbed me by the collar, rushing me out of the room. I did not know what was going on. On the way out of the house, he informed me that the family member told him he was coming for me with his gun.</p> <p>We ran out of the house, and I called the police. This family member was apparently well-known to the police, but they could do nothing more than talk with him.</p> <p>I received very little support from my organization. One manager went so far as to asked me, "Why were you so scared?"</p> <p>I loved that job. I loved my team. I tried to 'get back to normal'. But I could not. That incident had seeped into my soul. I left the job a few months later- and it broke my heart.</p> <p>Please pass this bill. It is not perfect, but it is a start.</p> <p>If you want me to take care of you when you are ill and injured, then I deserve to be cared for in return.</p> <p>Thank you for your time and your thoughtful consideration.</p> <p>Catherine Fenner, EdD-S, MS, RN, CHPN</p>
<p>Tyler Fisher For</p>	<p>Today, I testified on legislation in Colorado on legislation related to workplace safety for mental healthcare workers. Nurses and other providers are frequently exposed to physical, verbal, and sexual abuse during their workday, and it is totally unacceptable. I heard nurses today</p>

<p>themselves</p>	<p>testify that they have been punched in the nose, peed on, and stabbed with a fork. One pregnant nurse once locked themselves in a storage closet to protect themselves.</p> <p>Public policy debates across the country are playing out on this issue, with two big picture questions. First, what should we do about workplace safety for mental healthcare providers? Second, should mental health patients experiencing psychosis, mania, or other symptoms of their disorder be charged with felonies if they engage in abuse?</p> <p>In Colorado, this debate is showing up as bill HB24-1066, titled "Prevent Workplace Violence in Health-Care Settings," which I testified in favor of today. My live testimony was limited to only two minutes, but with an opportunity to say more, I would have shared more. Please see this link for more information on my experience:</p> <p><a href="https://bipolarandbipartisan.substack.com/p/patients-as-felons-workplace-violence">https://bipolarandbipartisan.substack.com/p/patients-as-felons-workplace-violence</a></p> <p>This post covers my lived experience in Colorado, data on the mental health work force challenge, the problem with our prison to patient pipeline, and opinions on what we should and should not do.</p> <p>Thank you for reading.</p> <p>Sincerely, Tyler</p>
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Hello-

As a RN for 35 yrs and a nurse educator, I urge you to support this bill. I often hear stories from nurses and students who are unhappy with the workplace in which they work, specifically due to violence from patients and families. There are no measures in place for nurses to address or deal with violence. Basically they are being told to deal with it due to multiple factors including staffing shortages which require them to accept these patient assignments whether they feel comfortable or not. Additionally, if they refuse they can be cited for patient abandonment. This is more than any healthcare professional should have to bear.

Nurses are leaving the profession and this is one of the reasons. Please help protect nurses- they are the largest healthcare workforce in CO and the nation. They deserve safe working environments and the ability to protect themselves against this violence.

Sincerely,  
Kathy Shaw, DNP, RN

Sent from a human

Madam Chair—, thank you for the opportunity to submit my testimony. My name is Kateri Dir-Munoz, I am a Psychiatric Nurse at Denver Health and I am writing in support of this bill because of how I have personally witnessed workplace violence in my setting. Working in an adolescent crisis stabilization unit, there will always be risks. These kids are at their most emotionally vulnerable and have usually been through a lot of trauma to get to this crisis point that requires hospitalization. Our staff is fortunate enough to have our Crisis Prevention Institute Training which gives us yearly refreshers on verbal de-escalation and physical holds when situations become unsafe to the point where there is danger to the patient or others. Issues where this training falls short are instances where we are understaffed, or impulsivity that doesn't allow us to get adequate resources involved before the situation turns dangerous.

Our average length of stay of patients is anywhere from 3-7 days, which can vary based on diagnosis. A rising issue in the psychiatric field currently is the lack of long-term resources or placement for adolescents in the custody of Denver Human Services. In my unit specifically, we had several children who overstayed their therapeutic length of stay by months. This gross amount of time eventually leads to their mental and behavioral decompensation from being locked in a short-term unit where all their peers leave after a few days, not to mention a great financial burden to our safety net hospitals as they are left with the costs of housing these patients for months without placement.

In one particular instance, we had a teen who had been there for a couple of months and had no way out of the hospital in sight for the foreseeable future. This patient had been living in the same monotonous routine and small mistakes had begun to amount to larger escalation. That day the patient did not receive a particular dessert on their lunch tray that they had ordered the day before and became disproportionately agitated. The patient ran out of our lunch room, with their 1 to 1 staff in pursuit as we already kept a close eye on the patient for safety since they had tried to strangle themselves in the emergency department. Our staff attempted to verbally de-escalate, but this patient had already reached their limit to process and could not come down

from this level of anger. While walking through the hall they pinned their 1 to 1 staff member against the wall and attempted to swing at another. This patient's nurse was on a break, and so I had to step in. As other staff rushed to the scene the patient let go of the staff member and agreed to walk with me to our time-out room to try and de-escalate there. I had the patient hold a cup of ice to reset their nervous system and attempted to debrief the situation and how things could go differently next time. Once the patient was back in their room cooling off it was communicated to the patient that they would need to take time in their room after the incident as they did assault a staff member in the process. The patient took this information poorly and went after two other staff members. As we were placing the patient in our restraint chair they clawed at one staff member's hand and grabbed another by the hair. It took staff verbally de-escalating for 5 minutes before the patient let go.

Staff were shaken up after this instance, not to mention some bleeding and bruised. Although we have been trained and prepared for moments like these, we can never adequately prepare for the uneasiness and fear instilled in going to work every day after situations like these. We are expected to take these assaults and continue to perform our jobs with quality and care, regardless of current emotional and physical harm. Without proper support instances like these burn healthcare workers out at alarming rates, leading to non-experienced team members frontlining these situations and putting themselves and our patients in harm's way.

We need this bill to protect the safety of our healthcare workforce and our patients. We want to keep our skilled healthcare personnel who are trained to de-escalate and provide coping skills instead of escalating situations further. But approaches like these take time, and training that we can't fund and sustain without the help of legislation that makes safety a non-negotiable when you show up to work. We are working to help keep your family and children safe, but can you do the same for us?

Madam Chair and members of the committee, thank you for the opportunity to submit my testimony. My name is Sydney Simek and I represent Denver Health Workers United, a union of workers at Denver Health. I am speaking in support of HB24-1066 to prevent workplace violence in healthcare settings. I have been a nurse for almost six years and I work inpatient critical care. Throughout my nursing career I have been hit, kicked, slapped, peed on, and most memorably, had a portable DVD player thrown at my head. I have been subject to verbal abuse, name calling, insults to my career and intelligence, and had sexual comments made towards me. As a healthcare worker, I am 5 times more likely to experience violence at work than others. Since 2020, 68% of healthcare workers have cited an increase in verbal abuse, and 44% citing an increase in physical violence. No one deserves to go to work wondering if they'll leave with a physical injury, or mental one. A study done at the University of Colorado Hospital found that 18% percent of nurses met the diagnostic criteria for PTSD. A study published in the Journal of Heart and Lung Transplantation reported that up to 48% of ICU nurses met clinical criteria for PTSD (Institutes of Health). The general population in the US for this diagnosis is 8-10%. Those are astonishing statistics. It is safer for patients to not have healthcare workers suffering from symptoms like anxiety, depression, emotional numbing and avoidance, trouble sleeping, suicidal ideation, and substance abuse. Those are the most common symptoms of PTSD in healthcare workers.

Healthcare workers deserve better. Patients deserve better. There are solutions that can help protect healthcare workers and patients alike. These include 1) developing a worker safety plan. We have seen success with this in California, which has decreased assault rates by 48% after implementing the Hospital Safety and Security Act, a bill which required hospitals to develop a safety plan. And 2) Staff ratios. The Joint Commission has continued to state that it is an organizational responsibility to address workplace safety, specifically in regard to clear workplace violence protocols and taking steps to address staffing shortages and turnover. Once again, we look to California, the only state to pass legislation mandating minimum nurse-to-patient ratios in hospitals. Research continues to show that adequate nurse staffing is associated with decreased mortality and

adverse events (National Institute of Health). In 2023, the National Health Care Retention and RN Staffing Report found that almost 40% of new hires are leaving hospital employment within their first year, and new graduate nurse turnover is 28%. The medical and nursing fields pride themselves on evidence based practices. It is the guiding measure for making decisions, treatment plans, and implementing protocols. There is more than enough evidence to state that preventing violence in healthcare settings is safest for caregivers and patients.

This is mental health. This is public health. This is patient health. This is what human beings who dedicate their career to serving others deserve. I support this piece of legislation for myself, and for every healthcare worker that has experienced violence. I support this for patients who deserve the best care with competent and confident healthcare workers. One of the first things one will learn in a trauma or life support class is to first assess and secure the scene. If the scene is not safe, we are not able to do any lifesaving measures. Our healthcare facilities should first and foremost be safe places to work.

Thank you, committee members for your time and consideration of my testimony.