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

IN THE HOUSE OF REPRESENTATIVES

JUNE 7, 2022

Ms. DEAN (for herself and Mr. BUCSHON) introduced the following bill; which was referred to the Committee on the Judiciary

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
4 SECTION 1. SHORT TITLE.
5 This Act may be cited as the “Safety From Violence
6 for Healthcare Employees Act” or the “SAVE Act”.
7
8 SEC. 2. PREVENTION OF VIOLENCE AGAINST HOSPITAL
9 PERSONNEL.
10 (a) FINDINGS.—Congress makes the following find-
11 ings:
(1) The incidence of assault and intimidation against hospital employees poses a serious national problem.

(2) The problem of assault and intimidation against hospital and health care employees preceded the COVID–19 pandemic. According to an April 2020 Bureau of Labor Statistics report, the health care and social service industries experienced the highest rates of injuries caused by workplace violence and were 5 times as likely to suffer a workplace violence injury than workers overall in 2018. That report also found that the incidence rate for workplace violence against health care workers had steadily increased since 2011. The COVID–19 pandemic exacerbated this growing problem.

(3) Workplace violence in hospitals inhibits hospital employees from performing their duties and thereby disrupts the delivery of health care services and leads to adverse patient outcomes. Violence towards hospital workers also has been associated with decreased productivity and quality of care, employee absenteeism, and increased employee turnover.

(4) State and local authorities are now and will continue to be responsible for prosecuting the overwhelming majority of violent crimes in the United
States, including assault and intimidation against
hospital employees. These authorities can address
the problem of assault and intimidation against hos-
pital employees more effectively with greater Federal
law enforcement involvement.

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

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

(A) Health care services are a significant
part of the national economy. In 2020, expendi-
tures on health care services accounted for 19.7
percent of the country’s gross domestic product
(or $4,100,000,000,000). Within health care,
hospitals and health systems are economic pil-
lars that create jobs and support economic
growth across State lines. In 2020, hospitals di-
rectly employed 6,300,000 individuals. More
broadly, hospitals supported 17,600,000 jobs
throughout the entire interstate economy—

nearly 1 out of 8 jobs in the United States—
and supported $3,600,000,000,000 in overall
economic activity.
(B) The health care market, and hospitals in particular, are heavily regulated by the Federal Government.

(C) Hospital revenue comes from interstate or Federal sources, such as out-of-State insurers or Medicare.

(D) Hospital employees who are victims of assault or intimidation are prevented from purchasing goods and services, obtaining or sustaining employment, or participating in other commercial activity.

(E) Facilities and instrumentalities of interstate commerce have been used in the commission of assault and intimidation against hospital employees.

(F) Assault and intimidation against hospital employees has been committed using articles that have traveled in interstate commerce.

(7) In Summit Health, Ltd. v. Pinhas, 500 U.S. 322, 329–30 (1991), the Supreme Court of the United States held that it is “clear” that hospitals are “regularly” engaged in interstate commerce, performing services for out-of-State patients and generating revenues from out-of-State sources.
(8) In Taylor v. United States, 579 U.S. _____ (2016), the Supreme Court of the United States ruled that activities that affect commerce may be regulated so long as they substantially affect interstate commerce in the aggregate, even if their individual impact on interstate commerce is minimal. In addition, as the United States Court of Appeals for the Fourth Circuit recognized in United States v. Hill, 927 F.3d 188 (4th Cir. 2019), Taylor and other Supreme Court decisions establish that when Congress may regulate an economic or commercial activity—as it may with respect to hospitals—it also may regulate violent conduct that interferes with or affects that activity. Accordingly, if individuals are engaged in ongoing economic or commercial activity subject to congressional regulation—as hospital employees are—then Congress also may prohibit violent crime that interferes with or affects such individuals’ ongoing economic or commercial activity.

(9) Federal jurisdiction over certain violent crimes against hospital employees enables Federal, State, and local authorities to work together as partners in the investigation and prosecution of such crimes.
(10) The problem of assault and intimidation against hospital employees is serious, widespread, and interstate in nature as to warrant Federal assistance to hospitals to combat that activity.

(b) Prohibition on Interference With Hospital Personnel in the Performance of Duties.—

(1) In general.—Chapter 7 of title 18, United States Code, is amended by adding at the end the following:

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

“(a) In general.—Whoever knowingly assaults or intimidates an individual employed by a hospital, or an entity contracting with a hospital or other medical facility, during the course of the performance of the duties of such individual, and, as a result, interferes with the performance of the duties of such individual or limits the ability of such individual to perform such duties, shall be fined under this title, imprisoned not more than 10 years, or both.

“(b) Enhanced penalties.—

“(1) Acts involving dangerous weapons or acts that result in bodily injury.—Whoever, in the commission of any act described in subsection (a), uses a deadly or dangerous weapon or
inflicts bodily injury, shall be fined under this title
or imprisoned not more than 20 years, or both.

“(2) Acts committed during emergency
declarations.—Whoever commits any act de-
scribed in subsection (a) during the period of a de-
claration of a public emergency for the area in which
the act is committed shall be fined under this title
or imprisoned not more than 20 years, or both.

“(e) Defense.—It shall be a defense to a prosecu-
tion under this section that—

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

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

“(d) Definitions.—In this section:

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

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

“(B) A long-term care hospital (as defined
in section 1861(eee) of such Act (42 U.S.C.
1395x(eee))).
“(C) A rehabilitation facility (as defined in section 1886(j)(1)(A) of such Act (42 U.S.C. 1395ww(j)(1)(A))).

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

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

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

“(G) A rural emergency hospital (as defined in section 1861(kkk)(2) of such Act (42 U.S.C. 1395x(kkk)(2))).

“(2) DECLARATION OF A PUBLIC EMERGENCY.—The term ‘declaration of a public emergency’ means any of the following:

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

“(B) An emergency or disaster declared by the President pursuant to the Robert T. Staff-
ford Disaster Relief and Emergency Assistance Act.

“(C) An emergency or disaster declared by the President pursuant to the National Emergencies Act.”.

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

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

(e) GRANTS FOR THE PROTECTION OF THE HOSPITAL WORKFORCE AGAINST VIOLENCE.—Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10101 et seq.) is amended by inserting after part OO the following:

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

SEC. 3061. GRANT AUTHORIZATION.

“(a) IN GENERAL.—The Attorney General may make grants under this part to hospitals for the purpose of carrying out programs to reduce the incidence of violence at hospitals, including violence or intimidation against hospital personnel in the performance of their duties.

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

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

“(2) Coordination with State and local law enforcement.

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

“(4) Any other measures that the Attorney General determines may provide a significant improvement in—

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

“(B) protection against violence and intimidation of hospital personnel.

“(c) PREFERENTIAL CONSIDERATION IN AWARDING GRANTS.—In awarding grants under this part, the Attorney General shall give preferential consideration, if feasible, to an application from a hospital that—

“(1) has a demonstrated need for improved security;
“(2) has a demonstrated need for financial assistance; and

“(3) has evidenced the ability to make the improvements for which the grant amounts are sought.

“(d) EQUITABLE DISTRIBUTION OF GRANT FUNDS.—In awarding grants under this part, the Attorney General shall ensure, to the extent practicable, an equitable geographic distribution among the regions of the United States and among urban, suburban, and rural areas.

“(e) ADMINISTRATIVE COSTS.—Not more than 2 percent of a grant made under this part may be used for costs incurred to administer such grant.

“SEC. 3062. APPLICATIONS.

“(a) IN GENERAL.—To request a grant under this part, the chief executive of a hospital shall submit an application to the Attorney General at such time, in such form, and containing such information as the Attorney General may reasonably require.

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

“(1) a detailed explanation of—

“(A) the intended uses of funds provided under the grant; and
“(B) how the activities funded under the
grant will satisfy the purpose of this part;
“(2) an assurance that the applicant shall
maintain and report such programmatic and finan-
cial data, records, and information as the Attorney
General may reasonably require; and
“(3) a certification, made in a form acceptable
to the Attorney General, that—
“(A) the programs to be funded by the
grant meet all the requirements of this part;
“(B) all the information contained in the
application is correct; and
“(C) the applicant will comply with all pro-
visions of this part and all other applicable Fed-
eral laws.
“(c) GUIDELINES.—Not later than 90 days after the
date of the enactment of this part, the Attorney General
shall promulgate guidelines to implement this section.

“SEC. 3063. ANNUAL REPORT TO CONGRESS; GRANT AC-
COUNTABILITY.
“(a) ANNUAL REPORT.—Not later than 90 days after
the end of the fiscal year for which funding for grants
under this part is made available, the Attorney General
shall submit to Congress a report regarding the activities
carried out under this part. Each such report shall in-
clude, for the preceding fiscal year, the number of grants funded under this part, the amount of funds provided under those grants, and the activities for which those grant funds were used.

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

“SEC. 3064. DEFINITION.

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

“SEC. 3065. AUTHORIZATION OF APPROPRIATIONS.

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