

117TH CONGRESS
2D SESSION

H. R. 7961

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 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Safety From Violence
5 for Healthcare Employees Act” or the “SAVE Act”.

6 **SEC. 2. PREVENTION OF VIOLENCE AGAINST HOSPITAL**
7 **PERSONNEL.**

8 (a) FINDINGS.—Congress makes the following find-
9 ings:

1 (1) The incidence of assault and intimidation
2 against hospital employees poses a serious national
3 problem.

4 (2) The problem of assault and intimidation
5 against hospital and health care employees preceded
6 the COVID–19 pandemic. According to an April
7 2020 Bureau of Labor Statistics report, the health
8 care and social service industries experienced the
9 highest rates of injuries caused by workplace vio-
10 lence and were 5 times as likely to suffer a work-
11 place violence injury than workers overall in 2018.
12 That report also found that the incidence rate for
13 workplace violence against health care workers had
14 steadily increased since 2011. The COVID–19 pan-
15 demic exacerbated this growing problem.

16 (3) Workplace violence in hospitals inhibits hos-
17 pital employees from performing their duties and
18 thereby disrupts the delivery of health care services
19 and leads to adverse patient outcomes. Violence to-
20 wards hospital workers also has been associated with
21 decreased productivity and quality of care, employee
22 absenteeism, and increased employee turnover.

23 (4) State and local authorities are now and will
24 continue to be responsible for prosecuting the over-
25 whelming majority of violent crimes in the United

1 States, including assault and intimidation against
2 hospital employees. These authorities can address
3 the problem of assault and intimidation against hos-
4 pital employees more effectively with greater Federal
5 law enforcement involvement.

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

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

11 (A) Health care services are a significant
12 part of the national economy. In 2020, expendi-
13 tures on health care services accounted for 19.7
14 percent of the country's gross domestic product
15 (or \$4,100,000,000,000). Within health care,
16 hospitals and health systems are economic pil-
17 lars that create jobs and support economic
18 growth across State lines. In 2020, hospitals di-
19 rectly employed 6,300,000 individuals. More
20 broadly, hospitals supported 17,600,000 jobs
21 throughout the entire interstate economy—
22 nearly 1 out of 8 jobs in the United States—
23 and supported \$3,600,000,000,000 in overall
24 economic activity.

1 (B) The health care market, and hospitals
2 in particular, are heavily regulated by the Fed-
3 eral Government.

4 (C) Hospital revenue comes from interstate
5 or Federal sources, such as out-of-State insur-
6 ers or Medicare.

7 (D) Hospital employees who are victims of
8 assault or intimidation are prevented from pur-
9 chasing goods and services, obtaining or sus-
10 taining employment, or participating in other
11 commercial activity.

12 (E) Facilities and instrumentalities of
13 interstate commerce have been used in the com-
14 mission of assault and intimidation against hos-
15 pital employees.

16 (F) Assault and intimidation against hos-
17 pital employees has been committed using arti-
18 cles that have traveled in interstate commerce.

19 (7) In *Summit Health, Ltd. v. Pinhas*, 500
20 U.S. 322, 329–30 (1991), the Supreme Court of the
21 United States held that it is “clear” that hospitals
22 are “regularly” engaged in interstate commerce, per-
23 forming services for out-of-State patients and gener-
24 ating revenues from out-of-State sources.

1 (8) In *Taylor v. United States*, 579 U.S.
2 _____ (2016), the Supreme Court of the United
3 States ruled that activities that affect commerce
4 may be regulated so long as they substantially affect
5 interstate commerce in the aggregate, even if their
6 individual impact on interstate commerce is minimal.
7 In addition, as the United States Court of Appeals
8 for the Fourth Circuit recognized in *United States*
9 *v. Hill*, 927 F.3d 188 (4th Cir. 2019), *Taylor* and
10 other Supreme Court decisions establish that when
11 Congress may regulate an economic or commercial
12 activity—as it may with respect to hospitals—it also
13 may regulate violent conduct that interferes with or
14 affects that activity. Accordingly, if individuals are
15 engaged in ongoing economic or commercial activity
16 subject to congressional regulation—as hospital em-
17 ployees are—then Congress also may prohibit violent
18 crime that interferes with or affects such individuals’
19 ongoing economic or commercial activity.

20 (9) Federal jurisdiction over certain violent
21 crimes against hospital employees enables Federal,
22 State, and local authorities to work together as part-
23 ners in the investigation and prosecution of such
24 crimes.

1 (10) The problem of assault and intimidation
2 against hospital employees is serious, widespread,
3 and interstate in nature as to warrant Federal as-
4 sistance to hospitals to combat that activity.

5 (b) PROHIBITION ON INTERFERENCE WITH HOS-
6 PITAL PERSONNEL IN THE PERFORMANCE OF DUTIES.—

7 (1) IN GENERAL.—Chapter 7 of title 18, United
8 States Code, is amended by adding at the end the
9 following:

10 **“§ 120. Interference with performance of duties of**
11 **hospital personnel**

12 “(a) IN GENERAL.—Whoever knowingly assaults or
13 intimidates an individual employed by a hospital, or an
14 entity contracting with a hospital or other medical facility,
15 during the course of the performance of the duties of such
16 individual, and, as a result, interferes with the perform-
17 ance of the duties of such individual or limits the ability
18 of such individual to perform such duties, shall be fined
19 under this title, imprisoned not more than 10 years, or
20 both.

21 “(b) ENHANCED PENALTIES.—

22 “(1) ACTS INVOLVING DANGEROUS WEAPONS
23 OR ACTS THAT RESULT IN BODILY INJURY.—Who-
24 ever, in the commission of any act described in sub-
25 section (a), uses a deadly or dangerous weapon or

1 inflicts bodily injury, shall be fined under this title
2 or imprisoned not more than 20 years, or both.

3 “(2) ACTS COMMITTED DURING EMERGENCY
4 DECLARATIONS.—Whoever commits any act de-
5 scribed in subsection (a) during the period of a dec-
6 laration of a public emergency for the area in which
7 the act is committed shall be fined under this title
8 or imprisoned not more than 20 years, or both.

9 “(c) DEFENSE.—It shall be a defense to a prosecu-
10 tion under this section that—

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

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

15 “(d) DEFINITIONS.—In this section:

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

18 “(A) A hospital (as defined in section
19 1861(e) of the Social Security Act (42 U.S.C.
20 1395x(e))).

21 “(B) A long-term care hospital (as defined
22 in section 1861(ccc) of such Act (42 U.S.C.
23 1395x(ccc))).

1 “(C) A rehabilitation facility (as defined in
2 section 1886(j)(1)(A) of such Act (42 U.S.C.
3 1395ww(j)(1)(A))).

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

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

10 “(F) A critical access hospital (as defined
11 in section 1861(mm)(1) of such Act (42 U.S.C.
12 1395x(mm)(1))).

13 “(G) A rural emergency hospital (as de-
14 fined in section 1861(kkk)(2) of such Act (42
15 U.S.C. 1395x(kkk)(2))).

16 “(2) DECLARATION OF A PUBLIC EMER-
17 GENCY.—The term ‘declaration of a public emer-
18 gency’ means any of the following:

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

23 “(B) An emergency or disaster declared by
24 the President pursuant to the Robert T. Staf-

1 ford Disaster Relief and Emergency Assistance
2 Act.

3 “(C) An emergency or disaster declared by
4 the President pursuant to the National Emer-
5 gencies Act.”.

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

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

9 (c) GRANTS FOR THE PROTECTION OF THE HOS-
10 PITAL WORKFORCE AGAINST VIOLENCE.—Title I of the
11 Omnibus Crime Control and Safe Streets Act of 1968 (34
12 U.S.C. 10101 et seq.) is amended by inserting after part
13 OO the following:

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

16 **“SEC. 3061. GRANT AUTHORIZATION.**

17 “(a) IN GENERAL.—The Attorney General may make
18 grants under this part to hospitals for the purpose of car-
19 rying out programs to reduce the incidence of violence at
20 hospitals, including violence or intimidation against hos-
21 pital personnel in the performance of their duties.

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

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

5 “(2) Coordination with State and local law en-
6 forcement.

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

12 “(4) Any other measures that the Attorney
13 General determines may provide a significant im-
14 provement in—

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

17 “(B) protection against violence and in-
18 timidation of hospital personnel.

19 “(c) PREFERENTIAL CONSIDERATION IN AWARDING
20 GRANTS.—In awarding grants under this part, the Attor-
21 ney General shall give preferential consideration, if fea-
22 sible, to an application from a hospital that—

23 “(1) has a demonstrated need for improved se-
24 curity;

1 “(2) has a demonstrated need for financial as-
2 sistance; and

3 “(3) has evidenced the ability to make the im-
4 provements for which the grant amounts are sought.

5 “(d) **EQUITABLE DISTRIBUTION OF GRANT**
6 **FUNDS.**—In awarding grants under this part, the Attor-
7 ney General shall ensure, to the extent practicable, an eq-
8 uitable geographic distribution among the regions of the
9 United States and among urban, suburban, and rural
10 areas.

11 “(e) **ADMINISTRATIVE COSTS.**—Not more than 2 per-
12 cent of a grant made under this part may be used for
13 costs incurred to administer such grant.

14 **“SEC. 3062. APPLICATIONS.**

15 “(a) **IN GENERAL.**—To request a grant under this
16 part, the chief executive of a hospital shall submit an ap-
17 plication to the Attorney General at such time, in such
18 form, and containing such information as the Attorney
19 General may reasonably require.

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

22 “(1) a detailed explanation of—

23 “(A) the intended uses of funds provided
24 under the grant; and

1 “(B) how the activities funded under the
2 grant will satisfy the purpose of this part;

3 “(2) an assurance that the applicant shall
4 maintain and report such programmatic and finan-
5 cial data, records, and information as the Attorney
6 General may reasonably require; and

7 “(3) a certification, made in a form acceptable
8 to the Attorney General, that—

9 “(A) the programs to be funded by the
10 grant meet all the requirements of this part;

11 “(B) all the information contained in the
12 application is correct; and

13 “(C) the applicant will comply with all pro-
14 visions of this part and all other applicable Fed-
15 eral laws.

16 “(c) GUIDELINES.—Not later than 90 days after the
17 date of the enactment of this part, the Attorney General
18 shall promulgate guidelines to implement this section.

19 **“SEC. 3063. ANNUAL REPORT TO CONGRESS; GRANT AC-**
20 **COUNTABILITY.**

21 “(a) ANNUAL REPORT.—Not later than 90 days after
22 the end of the fiscal year for which funding for grants
23 under this part is made available, the Attorney General
24 shall submit to Congress a report regarding the activities
25 carried out under this part. Each such report shall in-

1 clude, for the preceding fiscal year, the number of grants
2 funded under this part, the amount of funds provided
3 under those grants, and the activities for which those
4 grant funds were used.

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

10 **“SEC. 3064. DEFINITION.**

11 “For purposes of this part, the term ‘hospital’ has
12 the meaning given such term in section 120(d)(1) of title
13 18, United States Code.

14 **“SEC. 3065. AUTHORIZATION OF APPROPRIATIONS.**

15 “There are authorized to be appropriated
16 \$25,000,000 for each of fiscal years 2023 through 2032
17 to carry out this part. Funds appropriated for a fiscal year
18 pursuant to the preceding sentence shall remain available
19 until expended.”.

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