Recommendations chart for LD 629 study. Please note that this is an attempt by staff to capture all the possible topics for the task force to formulate, provide justifications, and vote on at the last task force meeting. Multiple recommendations may be made under each topic and some may have no recommendations at all and be included only as background information in the report.

1. **Annual safety and/or de-escalation training.**
   - *mandatory or voluntary?*
   - *Which facilities are subject to the requirement?*
   - *Are all staff within the facility required or some portion (e.g. ward-type, profession)?*
   - *How enforced?*
   - *Annual or other length of time?*

2. **Universal terminology and standardization of data collection on incidents of violence to be collected by providers.**
   - *Mandatory or voluntary?*
   - *Which facilities are subject to these requirements?*
   - *Include "near misses"?*
   - *How is this developed? (LD 118 as possible model)*
   - *Deadline for development?*
   - *Report back or date for deployment?*

3. **Collection of data on incidents of violence pursuant to standardization (after 2 above).**
   - *Mandatory or voluntary?*
   - *Which facilities are subject to data collection requirements?*
   - *Data reported to whom (e.g. state agency, public, other)?*
   - *What data is made available publicly (e.g. all, part, none)?*
   - *How enforced?*

4. **Patients awaiting placement.**
   - *Increase supply of more appropriate placements, both residential and community, for all types of providers – children's and adult behavioral health, PTP, developmental group homes, nursing facility and PNMI placements (e.g. for dementia patients with co-occurring behavioral issues) and substance use disorder services. (Would need specifics for fleshing out a recommendation like this.)*
     - LD 1262 behavioral health plan for the state due in December 2022.
   - *Increased availability of crisis beds and crisis personnel.*
   - *Collection of information for next session.*

Note: part of the report even if recommendations are not made.
Note: idea of HHS future action; report goes to CRJ.

5. **Best practices for use by providers, law enforcement, district attorneys and jails for responding to incidents of violence that include intentional acts resulting in bodily harm.**
   - *Documentation of violent incidents (pursuant to nos. 2 and 3 above).*
   - *What information is reported to law enforcement?*
   - *Keeping victims informed of their case.*
   - *Assessment of competency to stand trial – forensic evaluation if raised.*

- *Assessment / evidence of perpetrator's state of mind (mens rea) at the time of criminal act (and how documented).*
- *All assaults where medical staff assert the perpetrator has requisite state of mind (no defense of mental abnormality) are sent to the DAs.*

Note: Keep in mind who, how and when for all these above when making recommendations about best practices.

6. **Missing or delayed information between hospitals and providers or hospitals and jails that leads to individuals remaining in EDs.**
   - *Unclear at the last meeting if this is a problem – who clarifies if this is a problem?*
   - *Steps for any remedy necessary? Who, how and enforcement?*

Note: Could this be part of patients awaiting placement or best practices?

7. **Amend criminal code to add Class C crime for assault of additional personnel:**
   - *Clarify that the existing statutes applies to all personnel working in the ED or working with persons in the ED when providing emergency care?*
   - *Expand to include all personnel working in the ED or working with persons in the ED even after emergency medical care is no longer being provided?*
   - *Expand to include all hospital personnel regardless of where or what service is being provided (i.e. not only the ED)?*
   - *Expand to include all personnel providing care regardless of setting?*
   - *Expand to include all personnel working in a health care setting (i.e. include group homes, nursing homes, community and residential mental health providers)?*

Note: location is statute is a drafting issues and is not substantive
Note: keep current standards of "bodily harm" and EMS protections?

8. **Behavioral add-on within MaineCare rates to allow for behavioral issues within other MaineCare codes.**
   - *Include as part of MaineCare rate review?*

9. **Confidentiality of victim's home address and telephone number**
   - *Is 17-A MRSA §2108, sub-§4 available?*
   - *When is this to be used?*
   - *Does it provide sufficient protection for the victim and/or required level of access to the victim?*

10. **HIPAA**
    - *Need specific recommendations.*

Note: issue was raised by member representing hospitals; unclear if HIPAA poses a barrier for the criminal investigation and prosecution systems

11. **Expand warrantless arrest statute** 17-A MRSA §15
    - *Need details for any recommendation.*

Note: issue was raised by member representing hospitals; unclear if issue still exists if Class C assault is expanded