

## **THOT MEMBERS**

AUSTIN
Central Health
Ascension Texas Ministry Seton

CORPUS CHRISTI

CHRISTUS Spohn Health System

Nueces County Hospital District

DALLAS
Children's Health System of
Texas
Parkland Health & Hospital
System
The University of Texas
Southwestern Medical Center

EL PASO
University Medical Center
of El Paso

FORT WORTH

JPS Health Network

GALVESTON
The University of Texas
Medical Branch

HOUSTON
Harris Health System
The University of Texas MD
Anderson Cancer Center

LUBBOCK
UMC Health System of Lubbock

MIDLAND

Midland Memorial Hospital

ODESSA Medical Center Health System

SAN ANTONIO
University Health System

TYLER

UT Health Northeast

**GME Affiliate** 

RIO GRANDE VALLEY - EDINBURG Doctors Hospital at Renaissance

## Testimony for House Homeland Security & Public Safety Committee

May 16, 2017

Good morning, Chair King and members of the Committee.

My name is Maureen Milligan. I am the President and CEO of the Teaching Hospitals of Texas and I am commenting on SB 1408 by Sen. Huffines and Rep. Bohac on behalf of the Teaching Hospitals of Texas (THOT).

## **Summary**

This bill would:

- 1. Prohibit government entities from adopting a rule or regulation that would prohibit certified first responders from carrying a concealed handgun on duty...; and
- 2. Would exempt enforcement under the penal code for first responders carrying a handgun while on duty in a hospital or nursing facility.

We support what we understand to be the intent of SB 1408, which would allow certain first responders and volunteer emergency services personnel to protect themselves in the field. We support our first responders' ability to ensure their safety as they see fit within the context of the training and certifications outlined in SB 1408.

At the same time, we believe that allowing first responders and voluntary emergency services personnel to carry firearms in a hospital setting would be problematic for many of the same reasons that led to handguns currently being prohibited on hospital premises.

We have offered language changes to the House sponsor's office that would amend the bill allow public hospitals to prohibit first responders from carrying on hospital premises; and that would allow enforcement through the penal code.

We ask you for consideration of these changes.

## **Background and Detail**

Section 46.035 of the Penal Code makes it unlawful to carry a handgun in exempted locations, including hospital premises. Like other exempted locations identified in Section 46.035, hospitals are exempted to promote public safety. Specifically, in a healthcare setting, the exemption helps protect patients and providers, and protect the critical resource of our health care capacity and responsiveness when lives are at stake.

Allowing first responders and volunteer emergency services personnel to bring handguns into hospital premises introduces weapons and the chance that someone, other than the owner, might access them in what can be an emotionally charged environment. Assaults on health care workers are four times as frequent as assaults on workers in private sector industries. Hospitals and health care settings are places within which diagnoses are given; results communicated, health assessed, care provided and news—not all of it good—is delivered. These can be highly charged, and highly emotional environments. Hospital-related shootings can be triggered by grudges, intended suicide, euthanasia, and even attempted prisoner escape attempts. A leading factor in suicide risk is experiencing a traumatic event, including the loss of a loved one.

Health care facilities care for patients and their families during stressful moments and periods in their lives, with the potential for some patients and/or their families to respond unusually and even violently to those challenges. The current exemptions protect patients and families when they are most vulnerable and the health care providers and systems supporting their care.

Given their mission of caring for patients' health, hospitals take patient safety and the safety of visitors and staff as a top priority. Hospitals have procedures and processes as well as personnel in place to take every step and precaution to keep healthcare settings as safe as possible. That safety is a prerequisite for being able to maintain services and continue providing care.

Hospital security department staff are familiar with the hospital environments in which they work. They are responsible for monitoring safety and security and are specially trained to rapidly respond when individuals or situations put at risk hospital patients, visitors and staff. When individuals other than hospital security staff bring handguns on hospital property, it creates additional risks.

First, hospital settings, and in particular emergency department settings in which emergency or first response teams would typically be found, are often crowded, active settings with patients, family and staff. A weapons discharge in that setting risks injuring, intentionally or not, the people who happen to be in that setting. Second, hospitals have sensitive, flammable, and potentially dangerous equipment and materials that need to be safely used, stored and protected, e.g., oxygen canisters. Gunfire in these settings is a risk. Third, hospital security or law enforcement responding to an incident may not be able to distinguish licensed handgun holders from perpetrators of a crime, making the scene potentially less safe.

THOT understands the need for first responders to be able to protect themselves in the field; however, we ask that the existing hospital premises exclusion apply to first responders and volunteer emergency services personnel. We believe this will help to ensure the safety of

hospital premises as a critical condition for providing care, including trauma care for all who need it—including our first responders.

For context on THOT, I've included our commitments and service footprint below.

Our association of hospitals and health systems share three core commitments:

- Providing quality care for all with a special focus on vulnerable Texans.
- Ensuring care is there when it is needed through trauma care, disaster planning and services, and public health response.
- Preparing for the future by training our health workforce including graduate medical education and engaging in breakthrough clinical and delivery system research and transformation.

While only representing about four percent of Texas' hospitals and 16% of patient days, THOT members provide 21% of Medicaid care; 30% of the state's hospital provided outpatient care; 36% of the hospital care provided to uninsured Texans. We also provide almost two-thirds of Level 1 Trauma care; and about two-thirds of hospital based Graduate Medical Education residencies. THOT members comprise 11 of the 20 waiver anchors; provide significant outpatient care; and provide over one-quarter of the total funding for statewide Texas Medicaid hospital payments including DSH and the waivers' billions in healthcare investments.

Please let me know if we can provide additional information.

Sincerely,

Maureen Milligan
President and CEO

Teaching Hospitals of Texas

512.476.1497

<sup>&</sup>lt;sup>1</sup> 46.035 (4) prohibits the handgun on the premises of a hospital licensed under Chapter 241, Health and Safety Code, or on the premises of a nursing home licensed under Chapter 242, Health and Safety Code, unless the license holder has written authorization of the hospital or nursing home administration, as appropriate.

<sup>&</sup>quot;Active Shooters in Health Care Settings: Prevention and Response through Law and Policy," Journal of Law, Medicine & Ethics, James G. Hodge, Jr. and Kellie Nelson; p. 268-271.