



Opposition to LB 322, AM 767, and AM 991

Nebraska Legislature

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Dear Senators:

Disability Rights Nebraska is the designated Protection and Advocacy organization for persons with disabilities in Nebraska and we stand in opposition to Legislative Bill 322 and the proposed amendments AM 767 and AM 991.

We agree that the protection of healthcare workers, public safety officers, and pharmacists is important and these individuals play a vital role in our communities. Our opposition should not be interpreted as trivializing the experiences or the safety of any party listed in the bill. However, we are concerned that extending heightened assault to 1) pharmacists, 2) "Any other employee of a hospital or health clinic", or 3) in "the residence, office, or clinic of a practitioner or group of practitioners credentialed under the Uniform Credentialing Act or any distinct part of such residence, office, or clinic" is a redundant, overbroad, reactive proposal that seems more interested in exacting overly punitive measures for more and more occupations/professionals than preventing or resolving offending behavior. Why are existing assault statutes ineffective? If punishing assault is ineffective in the status quo, why would LB 322 or its amendments be more effective?

As the legislative history demonstrates, our initial concerns that this bill is a slippery slope have rung true. Over the years, the bill has expanded to more and more professionals, moving further away from the original intent to provide a prophylactic measure for hospital staff that interact with patients. We wonder how much interaction pharmacists would have with potentially assaultive patients, in a hospital or the wide array of settings proposed in AM 991. Additionally, AM 767's expansion to all hospital or clinic employees is an overreach for similar reasons (e.g., cafeteria staff, admissions desk staff, administration, et al).

The bill does not allow for any defense or require that the offending behavior be malicious or intended. Rather, the situations that this bill would propose to address can be created by individuals who are in a crisis state psychologically, people who are intoxicated¹, or patients experiencing a serious medical

¹ "Nurses reported being grabbed, hit, spit on and bitten, often by patients who were under the influence of alcohol or drugs, or who needed psychiatric care, according to a [2009 Emergency Nurses Association report](http://www.modernhealthcare.com/article/20140214/NEWS/302149971) looking at what occurred in more than 700 hospital attacks." *Modern Healthcare*, February 14, 2014, available at <http://www.modernhealthcare.com/article/20140214/NEWS/302149971>



reaction (e.g., unknown allergic reaction to medication²). In these situations, it is unclear how LB 322, AM 767, or AM 991 would be effective.

Pharmacists and hospital/facility employees are not public safety officers and a clear distinction must be maintained. LB 322 and the proposed amendments conflate the status of public safety officers, pharmacists, and any hospital employee — even though they have different exposure, protocols, authorities, and duties. This is a problematic precedent. For cab drivers, convenience store clerks, and many other professions that interact with the public are at risk of being assaulted or spit on — should not these individuals be included as a public safety officer as well?

LB 322 and the proposed amendments should fail.

² See "Patient Safety: Aggression, Irritability, and Violence: Drug-induced Behaviors", University of Connecticut School of Pharmacy, <https://pharmacy.uconn.edu/wp-content/uploads/sites/2740/2020/05/Aggression-Irritability-and-Violence-revised-FINAL.pdf>