



**TESTIMONY OF
THE CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO
THE LABOR AND PUBLIC EMPLOYEES COMMITTEE
Tuesday, March 3, 2026**

HB 5003, An Act Concerning Workforce Development And Working Conditions In The State

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 5003, An Act Concerning Workforce Development And Working Conditions In The State**. CHA opposes **Sections 1 and 3**.

Connecticut hospitals make our state stronger by delivering nationally recognized, world-class care, supporting jobs and economic growth, and serving communities across Connecticut. Every day, hospitals improve access, affordability, and health equity — providing care to all patients regardless of ability to pay. At the same time, hospitals invest in their workforce and local communities, even as they navigate significant financial and federal challenges.

Connecticut hospitals are deeply committed to the physical and psychological safety of their workforce. Hospitals invest in comprehensive safety strategies, including advanced security measures, workforce safety committees, and ongoing risk assessment and response protocols, all designed to protect team members and prevent workplace violence.

The current workers' compensation system is built to provide timely, predictable support for employees while maintaining clear expectations and protections for employers.

Workers' Compensation (Section 1)

Section 1 of HB 5003 **would significantly expand employer liability in a manner that departs from the foundational principles of the workers' compensation system** by creating an extraordinary exception to this longstanding framework by establishing effectively unlimited benefits for workplace-related "assaults," a term that is not clearly defined. In doing so, the proposal opens the door to inconsistent interpretation of what is covered, while exposing employers to open-ended liability that is misaligned with the intent of the workers' compensation system.

Moreover, the financial implications of such a change are considerable. Expanding liability without clear parameters or limits would increase costs for employers and insurers and may ultimately impact the availability and affordability of coverage. For hospitals and other high-risk care environments already facing workforce shortages and financial strain, these changes could have unintended consequences, including increased operational pressures and potential negative impacts on access to care.

CHA shares the goal of supporting employees who experience workplace violence and believes strongly in continued investment in prevention, workforce support, and recovery resources. However, policy solutions must be carefully structured to ensure they strengthen, rather than destabilize, the systems designed to protect both employees and employers.

Reporting of Patient Violence Reports to the Department of Public Health (DPH) (Section 3)

Section 3 of the bill would require DPH to create a reporting system by which providers would report incidents of patient violence in a patient's actual medical record. DPH should study the feasibility, legality, and value of any such reporting and notification system prior to creating such a reporting system.

Although this provision may be well-intentioned in seeking to create awareness for worker safety, this type of reporting raises significant civil rights issues, fails to have adequate due process or oversight, creates substantial risk for reputational harm for patients, exposes providers to heightened liability, and ultimately does not actually impact or improve worker safety.

Mandating reporting and notifications of unvetted, anecdotal "evidence" that lacks any context or due process, and which has not been adjudicated or reviewed, is a flawed and unsound design. There is no scientific or evidence-based resource that says such a system would correctly identify people with a propensity for violence. Making that type of accusatory data part of an individual's irrevocable medical record is not a reasonable approach to worker safety.

It would completely change the manner in which the statewide Health Information Exchange operates and for which patients have provided consent regarding the use of their data.

It likely violates various sections of the Health Insurance Portability and Accountability Act (HIPAA). Specifically, it fails to include due process, increases the risk of reputational harm when incomplete or incorrect, decreases access to care, and draws a conclusion that may not be accurate: that a violent episode specifically against a healthcare provider (even an isolated violent episode, taken out of context) means a person is intrinsically violent and more dangerous than a person without a documented history of violence against a healthcare provider.

Section 3 of the bill is defective and should be deleted or changed into a comprehensive DPH study.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7301.