

STATE OF NEW YORK

203--A

2025-2026 Regular Sessions

IN ASSEMBLY

(Prefiled)

January 8, 2025

Introduced by M. of A. CRUZ, DINOWITZ, SEAWRIGHT, HEVESI, KASSAY, KELLES, COLTON, EPSTEIN, DAVILA, SANTABARBARA, HAWLEY -- read once and referred to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to requiring hospitals to develop a violence prevention program

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. The public health law is amended by adding a new section
2 2832 to read as follows:

3 § 2832. Violence prevention program. 1. For the purposes of this
4 section, the term "facility" shall mean a general hospital or a nursing
5 home as defined in section twenty-eight hundred one of this article.

6 2. Within one year of the effective date of this section, every facil-
7 ity shall establish a workplace violence prevention program for the
8 purpose of protecting health care workers, patients, facility residents,
9 and visitors. Such programs shall include, but not be limited to, the
10 requirements set forth in this section.

11 3. All facilities shall conduct, not less than annually, a workplace
12 safety and security assessment and develop a safety and security plan
13 that addresses identified workplace violence threats or hazards. As part
14 of such plan, a facility shall adopt security measures and policies,
15 including personnel training policies designed to prevent or minimize
16 identified workplace violence threats or hazards and protect health care
17 workers, patients, facility residents and visitors from aggressive or
18 violent behavior, including but not limited to, credible threats,
19 assaults, injuries, and deaths. In conducting the annual assessment and
20 developing the safety and security plan, facilities shall seek meaning-
21 ful input from and collaboration with front-line employees, including

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

LBD00723-02-5

1 the recognized collective bargaining agent or agents, if any, and
2 members of the clinical staff, and may do so through established hospi-
3 tal safety and security committees and existing labor management commit-
4 tees. Nothing in this section shall diminish, supplant or restrict the
5 rights, privileges and remedies of any employee or collective bargaining
6 representative under applicable law, rule or regulation or under the
7 terms of a collective bargaining agreement.

8 4. The annual safety and security assessment shall be tailored to the
9 size, complexity, and local geographical factors affecting the facility
10 and should identify and consider all relevant threats and hazards,
11 including but not limited to review of workplace violence incident
12 reports and incident logs, concerns or complaints raised by health care
13 workers, patients, facility residents, visitors, and recognized collec-
14 tive bargaining representatives, safety and security considerations
15 relating to the facility's layout and access points, visitor management,
16 and protective factors such as access control, the adequacy of engineer-
17 ing controls to limit violence or protect employees, alarms and communi-
18 cation systems, and other relevant factors, as appropriate to the facil-
19 ity. Additionally, the assessment should consider the adequacy of staff
20 training policies and security procedures, including the handling of
21 disruptive or violent patients and other persons. Health care workers
22 regularly assigned to provide security in facilities shall be adequately
23 trained regarding the role of security in such facilities. Assessments
24 should consider the crime rate in surrounding areas and relationships
25 with local law enforcement.

26 5. Based on the findings and ongoing review of the workplace violence
27 assessment, facilities shall implement a workplace violence safety and
28 security plan, which shall be updated as necessary to address newly
29 identified material risks and changes in conditions. The safety and
30 security plan shall specify methods to reduce identified risks, which
31 may include staff training, increased staffing and security, engineering
32 controls such as barriers, lighting, alarms and communication systems,
33 safety equipment, facility improvements or modifications, and other
34 measures as appropriate to the facility. Each facility shall provide a
35 detailed written summary of the safety and security plan to its employ-
36 ees and collective bargaining representatives, as applicable. Each
37 facility shall also provide information to its employees and collective
38 bargaining representatives about how to report incidents of workplace
39 violence. Each facility shall share the incident log, appropriately
40 redacted to protect the privacy of persons involved in an incident,
41 trends, and analysis of the data with the hospital security or safety
42 committee responsible for workplace violence including front-line work-
43 ers and, where applicable, collective bargaining agents on the commit-
44 tee, and ensure that the data is part of the workplace violence assess-
45 ment process.

46 6. General hospitals located in a city or county with a population of
47 one million or more shall be required to have at least one off-duty law
48 enforcement officer or trained security personnel be present at all
49 times in the emergency department, except in emergent circumstances that
50 require a large security presence elsewhere in the facility.

51 7. General hospitals located in a city or county with a population
52 less than one million shall be required to have at least one off-duty
53 law enforcement officer or trained security personnel on premises at all
54 times in a manner that prioritizes physical presence near, or within
55 close proximity to, the emergency department of such hospital with
56 direct responsibility to the emergency department. The provisions of

1 this subdivision shall not apply to general hospitals designated as
2 critical access hospitals, sole community hospitals or rural emergency
3 hospitals, provided however, if any such hospital experiences increased
4 rates of violence, as determined by the commissioner, or abuse of emer-
5 gency department personnel evidenced by internal reporting pursuant to
6 the violence prevention program or reports to law enforcement, the
7 commissioner shall work with such critical access hospital, sole commu-
8 nity hospital or rural emergency hospital to come into compliance with
9 the provisions of this subdivision over a reasonable period of time.

10 § 2. This act shall take effect on the two hundred eightieth day after
11 it shall have become a law.