

# STATE OF NEW YORK

5294--A

Cal. No. 893

2025-2026 Regular Sessions

## IN SENATE

February 20, 2025

Introduced by Sens. SEPULVEDA, CLEARE, COMRIE, FAHY, GRIFFO, MATTERA, C. RYAN, WEBB, WEBER -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- reported favorably from said committee, ordered to first and second report, ordered to a third reading, amended and ordered reprinted, retaining its place in the order of third reading

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.

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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.