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:

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

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

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

3. All facilities shall conduct, not less than annually, a workplace safety and security assessment and develop a safety and security plan that addresses identified workplace violence threats or hazards. As part of such plan, a facility shall adopt security measures and policies, including personnel training policies designed to prevent or minimize identified workplace violence threats or hazards and protect health care workers, patients, facility residents and visitors from aggressive or violent behavior, including but not limited to, credible threats, assaults, injuries, and deaths. In conducting the annual assessment and developing the safety and security plan, facilities shall seek meaningful 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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the recognized collective bargaining agent or agents, if any, and members of the clinical staff, and may do so through established hospital safety and security committees and existing labor management committees. Nothing in this section shall diminish, supplant or restrict the rights, privileges and remedies of any employee or collective bargaining representative under applicable law, rule or regulation or under the terms of a collective bargaining agreement.

4. The annual safety and security assessment shall be tailored to the size, complexity, and local geographical factors affecting the facility and should identify and consider all relevant threats and hazards, including but not limited to review of workplace violence incident reports and incident logs, concerns or complaints raised by health care workers, patients, facility residents, visitors, and recognized collective bargaining representatives, safety and security considerations relating to the facility's layout and access points, visitor management, and protective factors such as access control, the adequacy of engineering controls to limit violence or protect employees, alarms and communication systems, and other relevant factors, as appropriate to the facility. Additionally, the assessment should consider the adequacy of staff training policies and security procedures, including the handling of disruptive or violent patients and other persons. Health care workers regularly assigned to provide security in facilities shall be adequately trained regarding the role of security in such facilities. Assessments should consider the crime rate in surrounding areas and relationships with local law enforcement.

5. Based on the findings and ongoing review of the workplace violence assessment, facilities shall implement a workplace violence safety and security plan, which shall be updated as necessary to address newly identified material risks and changes in conditions. The safety and security plan shall specify methods to reduce identified risks, which may include staff training, increased staffing and security, engineering controls such as barriers, lighting, alarms and communication systems, safety equipment, facility improvements or modifications, and other measures as appropriate to the facility. Each facility shall provide a detailed written summary of the safety and security plan to its employees and collective bargaining representatives, as applicable. Each facility shall also provide information to its employees and collective bargaining representatives about how to report incidents of workplace violence. Each facility shall share the incident log, appropriately redacted to protect the privacy of persons involved in an incident, trends, and analysis of the data with the hospital security or safety committee responsible for workplace violence including front-line workers and, where applicable, collective bargaining agents on the committee, and ensure that the data is part of the workplace violence assessment process.

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

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

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

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