

1 H.259

2 An act relating to preventing workplace violence in hospitals

3 It is hereby enacted by the General Assembly of the State of Vermont:

4 Sec. 1. 18 V.S.A. § 1911b is added to read:

5 § 1911b. WORKPLACE VIOLENCE PREVENTION PLANNING

6 (a)(1) A hospital licensed pursuant to this chapter shall establish and  
7 implement a security plan for preventing workplace violence and managing  
8 aggressive behaviors. Each hospital shall establish a team for the purpose of  
9 providing advice during the development of the hospital's security plan. The  
10 hospital shall select individuals from the following groups to serve on its  
11 security plan development team:

12 (A) health care employees providing direct patient care at the  
13 hospital;

14 (B) representatives from the designated agency serving the region  
15 where the hospital is located; and

16 (C) representatives of relevant law enforcement agencies.

17 (2) The security plan shall be based on the results of a security risk  
18 assessment that addresses all high-risk areas of the hospital, including the  
19 emergency department, and all patient care areas. The security risk assessment  
20 shall be conducted in consultation with the medical and nursing directors of  
21 each department and those hospital employees supervising other high-risk

1 areas of the hospital. The security risk assessment shall consider overall  
2 patient volume, crime rates in the community, and the availability of law  
3 enforcement to respond to violent incidents at the hospital.

4 (3) The security plan shall include an option for health care employees  
5 who provide direct patient care to request an identification badge containing  
6 only their first name or their first name and last initial.

7 (4)(A) The security plan shall require at least one hospital employee  
8 trained in de-escalation strategies to be present at all time in the hospital's  
9 emergency department and all other patient care areas.

10 (B) The security plan shall require that a hospital employee trained in  
11 trauma-informed care and victim support serve as a liaison to law enforcement,  
12 support victims through the legal process, and ensure that the response to  
13 incidents of violence at the hospital prioritize the safety and retention of  
14 hospital employees providing health care services to the extent permitted under  
15 State and federal law.

16 (5) The security plan shall establish training requirements for  
17 appropriate hospital employees on the following:

18 (A) the culture of safety as determined by the hospital;

19 (B) response to the presence or use of weapons;

20 (C) defensive tactics;

21 (D) de-escalation techniques;

- 1           (E) appropriate physical restraint and seclusion techniques;  
2           (F) crisis intervention;  
3           (G) trauma-informed care and strategies;  
4           (H) clinician well-being practices;  
5           (I) presence and intervention of law enforcement; and  
6           (J) safely addressing situations involving patients, family members,  
7 or other individuals who pose a risk of self-harm or harm to others.

8           (6) The security plan shall include guidelines indicating when a law  
9 enforcement officer should remain with a patient who has demonstrated  
10 violence or harm to others. The guidelines shall be developed jointly by a  
11 health care provider representative and law enforcement.

12           (7)(A) A hospital shall review and evaluate the security plan developed  
13 pursuant to this subsection annually in conjunction with the data collected  
14 pursuant to subdivision (b)(3) of this section. If necessary, the hospital shall  
15 revise the security plan.

16           (B) The security plan and any annual revisions to the security plan  
17 shall be distributed annually to all hospital employees, volunteers, the  
18 hospital's board of directors, relevant law enforcement agencies, and any other  
19 partners identified by the security plan development team.

20           (b)(1) A hospital licensed pursuant to this chapter shall establish and utilize  
21 a workplace violence incident reporting system to document, track, analyze,

1 and evaluate incidents of workplace violence at the hospital. Data collection  
2 through the reporting system and resulting analysis shall be used to improve  
3 workplace safety and to manage aggressive behaviors, including improvements  
4 achieved through continuing education in targeted areas such as de-escalation  
5 training, risk identification, and prevention planning.

6 (2) All hospital employees shall be notified about the existence of the  
7 reporting system and shall receive training on how to report incidents of  
8 workplace violence to the hospital, hospital security, law enforcement, or any  
9 other entity the hospital deems appropriate.

10 (3) A hospital shall use its reporting system to track the following:

11 (A) the number of reported incidents; and

12 (B) the number of incidents reported to law enforcement.

13 (c) A hospital shall adopt a policy prohibiting discrimination or retaliation  
14 for:

15 (1) reporting an incidence of workplace violence;

16 (2) seeking assistance or intervention from the hospital, hospital  
17 security, law enforcement, or any other appropriate entity; or

18 (3) participating or refusing to participate in an investigation of  
19 workplace violence.

20 (d)(1) A hospital shall post a notice in a conspicuous location, either  
21 electronically or in print, indicating that hospital employees do not tolerate an

1 unsafe work environment where any type of threatening or aggressive behavior  
2 is present. The notice shall remind hospital patrons of the serious legal  
3 consequences of assaulting a hospital employee.

4 (2) As used in this subsection, “conspicuous” could include the  
5 hospital’s website, waiting room areas, or any other areas of the hospital that  
6 the hospital deems appropriate.

7 (e) The Agency of Human Services shall collaborate with hospitals to  
8 identify incentives, funding sources, and other means to support the  
9 development and operation of workplace violence prevention programs at  
10 hospitals.

11 (f) Nothing in this section shall require a hospital to make capital  
12 investments to implement its security plan.

13 Sec. 2. 18 V.S.A. § 9435 is amended to read:

14 § 9435. EXCLUSIONS

15 \* \* \*

16 (i) Excluded from this subchapter are expenditures by a hospital that are  
17 necessary to implement the security plan required pursuant to section 1911b of  
18 this title.

19 Sec. 3. 18 V.S.A. § 9454 is amended to read:

20 § 9454. HOSPITALS; DUTIES

1 (a) Hospitals shall file the following information at the time and place and  
2 in the manner established by the Board:

3 (1) a budget for the forthcoming fiscal year;

4 (2) financial information, including costs of operation, revenues, assets,  
5 liabilities, fund balances, other income, rates, charges, units of services, and  
6 wage and salary data;

7 (3) scope-of-service and volume-of-service information, including  
8 inpatient services, outpatient services, and ancillary services by type of service  
9 provided;

10 (4) utilization information;

11 (5) new hospital services and programs proposed for the forthcoming  
12 fiscal year;

13 (6) costs associated with implementing their security plan pursuant to  
14 section 1911b of this title, including capital investments, program operation,  
15 and staff;

16 (7) known depreciation schedules on existing buildings, a four-year  
17 capital expenditure projection, and a one-year capital expenditure plan; and

18 ~~(7)~~(8) such other information as the Board may require.

19 \* \* \*

20 Sec. 4. 18 V.S.A. § 9456 is amended to read:

21 § 9456. BUDGET REVIEW

1 (a) The Board shall conduct reviews of each hospital's proposed budget  
2 based on the information provided pursuant to this subchapter and in  
3 accordance with a schedule established by the Board.

4 \* \* \*

5 (c) Individual hospital budgets established under this section shall:

6 \* \* \*

7 (5) include a finding that the analysis provided in subdivision (b)(9) of  
8 this section is a reasonable methodology for reflecting a reduction in net  
9 revenues for non-Medicaid payers; ~~and~~

10 (6) demonstrate that they support equal access to appropriate mental  
11 health care that meets standards of quality, access, and affordability equivalent  
12 to other components of health care as part of an integrated, holistic system of  
13 care; and

14 (7) take into consideration the costs associated with implementing a  
15 security plan pursuant to section 1911b of this title.

16 \* \* \*

17 Sec. 5. EFFECTIVE DATE

18 This act shall take effect on July 1, 2025.