

SUBJECT: Requiring workplace violence prevention plans in health care facilities

COMMITTEE: Public Health — favorable, without amendment

VOTE: 11 ayes — Klick, Campos, Collier, Jetton, A. Johnson, J. Jones, V. Jones, Oliverson, Price, Smith, Tinderholt

0 nays

WITNESSES: For — Donna Beecroft and Leah Blackwell, Memorial Hermann Health System; Karen Garvey, Parkland Health; Heather De La Garza, Texas Hospital Association; Ashley Albarran, Jack Frazee, Mary Vitullo, and JD Buchert, Texas Nurses Association; (*Registered, but did not testify*: Gregg Knaupe, Ascension Texas; Michael Dole, Driscoll Health System; Jesse Howard, Girling Personal Care; Crystal Brown, Greater Houston Partnership; Meghan Weller, HCA Healthcare; Daniel Morales, Houston Methodist; Alyse Meyer, LeadingAge Texas; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Jessica Schleifer, Teaching Hospitals of Texas; Krista DuRapau, Texas Ambulatory Surgery Center Society; Matt Abel, Texas Association of Business; Jessica Boston, Texas Association of Home Care and Hospice; Meredith Cooke, Texas Children's Hospital; Krista Del Gallo, Texas Council on Family Violence; Nicole Golden, Texas Gun Sense; Amanda Tollett, Texas Health Care Association; Reed Clay, Texas Health Resources; Michelle Romero, Texas Medical Association; Maxcine Tomlinson, Texas New Mexico Hospice Organization; Serena Bumpus, Texas Nurses Association; Clayton Travis, Texas Pediatric Society; Ware Wendell, Texas Watch; Kristen Lenau, Texas Women's Healthcare Coalition; Jim Keffer, Texas Academy of Physician Assistants; Andrew Smith, University Health; Thomas Parkinson)

Against — None

On — Kevin Hale, Libertarian Party of Texas; Patricia Ducayet, Office of the State Long-Term Care Ombudsman

**DIGEST:** HB 112 would require certain health care facilities to establish a workplace violence prevention committee and implement workplace violence prevention policies and plans to protect health care providers and employees from violent behaviors or threats of violent behaviors occurring at the facility.

**Applicability.** The bill would apply to hospitals, ambulatory surgical centers, freestanding emergency medical care facilities, and mental hospitals, as well as nursing facilities and home and community support services that employed at least two registered nurses.

**Workplace violence prevention committee.** Each facility would be required to establish a workplace violence prevention committee or to authorize an existing committee to develop a workplace violence prevention plan. The committee would be required to at least include a registered nurse that provides direct care to patients and, if any and if practicable, an employee who provides security services.

A health care system operating more than one facility could establish a single committee for the whole system if the committee developed a prevention plan to be implemented at each facility and data related to violence prevention remained distinctly identifiable for each facility.

**Workplace violence prevention policy.** Facilities would be required to adopt, implement, and enforce a written workplace violence prevention policy to protect providers and employees from violence and threats of violence at the facility. The policy would have to require the facility to provide significant consideration of the plan recommended by the workplace violence prevention committee and to evaluate any existing violence prevention plan. The policy also would be required to encourage providers and employees of the facility to provide confidential information on workplace violence to the committee, include a process to protect providers and employees who provide information to the committee from retaliation, and comply with Health and Human Services Commission rules on workplace violence.

**Workplace violence prevention plan.** Facilities would be required to adopt, implement, and enforce a written workplace violence prevention plan to protect providers and employees from violence and threats of violence at the facility. The plan would be required to be based on the practice setting and adopt a definition of “workplace violence” that included:

- acts or threats of physical force against a provider or employee that results in, or was likely to result in, physical or psychological harm; and
- incidents involving the use of a firearm or other dangerous weapon, regardless of whether a provider or employee was injured by the weapon.

The plan also would have to:

- require the facility to provide workplace violence prevention training or education at least annually, which could be included in other required trainings;
- prescribe a system for responding to and investigating incidents;
- address physical safety;
- require the facility to solicit information from providers and employees when developing and implementing the plan;
- require providers and employees to report workplace violence incidents through the facility’s reporting system; and
- require the facility to adjust patient care assignments to prevent a provider or employee from treating or serving a patient who had intentionally physically abused or threatened the provider or employee, if practicable.

The written plan could satisfy these requirements by referencing other internal facility policies and documents.

At least annually, the committee would be required to review and evaluate the plan and report the results of the evaluation to the facility’s governing body. Each facility would have to make an electronic or printed copy of

the plan available on request to each provider or employee of the facility. The committee could redact information that could be a security threat if made public before providing the plan.

**Responding to incidents.** Following a workplace violence incident, facilities would be required to offer at a minimum immediate post-incident services, including any necessary acute medical treatment for each provider or employee directly involved in the incident. Facilities also would be prohibited from discouraging a provider or employee from contacting or filing a report with law enforcement. A person could not discipline, discriminate against, or retaliate against another person who reported a workplace violence incident in good faith or who advised another provider or employee of the right to report an incident.

**Enforcement.** An appropriate licensing agency could take disciplinary action against a person who violated a provision in the bill as if the person had violated an applicable licensing law.

**Other provisions.** Facilities would be required to adopt a workplace violence prevention policy and adopt and implement a workplace violence prevention plan by September 1, 2024.

The bill would take effect September 1, 2023.

SUPPORTERS  
SAY:

HB 112 would protect health care workers by requiring certain facilities to implement workplace violence prevention plans. Workplace violence in health care facilities has increased in recent years, and incidents of violence can lead to mental health issues and burnout for nurses, causing many nurses to leave the profession. Preventing workplace violence would make it easier to recruit and retain nurses, helping to address the state's current nursing shortage and allowing nurses to focus on providing quality care to patients.

Many health care facilities already have this type of policy in place, but not all do. HB 112 would standardize best practices for workplace violence prevention, provide protections against retaliation for people who

report incidents, and require training for workplace violence prevention techniques for health care workers across the state.

The bill also would clarify the role of law enforcement. Currently, law enforcement officers are often hesitant to get involved in workplace violence incidents at health care facilities because their role is unclear. By protecting communications between health care workers and law enforcement, HB 112 would ensure that law enforcement officers knew that they had a role in addressing violent incidents in health care facilities.

CRITICS  
SAY:

HB 112 should specify the required portion of workplace violence prevention training dedicated to de-escalation training since de-escalation is an important tool and should not be neglected or scarcely addressed. The bill also could include standardized disciplinary actions for people who violated its provisions.