

SUBJECT: Requiring workplace violence prevention plans in health care facilities

COMMITTEE: Public Health — committee substitute recommended

VOTE: 10 ayes — Klick, Guerra, Allison, Campos, Coleman, Collier, Jetton,  
Oliverson, Price, Smith

0 nays

1 absent — Zwiener

WITNESSES: For — Cameron Duncan, Texas Hospital Association; Serena Bumpus,  
Texas Nurses Association; (*Registered, but did not testify*: Meghan  
Weller, HCA Healthcare; Don McBeath, Texas Organization of Rural and  
Community Hospitals; Connie Gray; Noel Johnson; Marci Purcell; Dawn  
Scott)

Against — None

DIGEST: CSHB 326 would require certain health care facilities to adopt a  
workplace violence prevention policy and plan to protect health care  
providers and employees from violent behavior and threats of violent  
behavior occurring at the facility. The bill would require facilities to adopt  
a plan through a new or existing committee and would establish  
procedures for responding to an incident of workplace violence.

**Applicability.** The bill would apply to certain health care facilities,  
including:

- a licensed home and community support services agency certified under Health and Safety Code ch. 142 to provide home health services and that employed at least two registered nurses (RNs);
- a certified health care provider that could provide services through the home and community-based services or Texas home living waiver program and that employed at least two RNs;
- a hospital licensed under ch. 241 and a hospital maintained or

operated by a state agency that was exempt from that chapter's licensure;

- a nursing facility licensed under ch. 242 that employed at least two RNs;
- an ambulatory surgical center licensed under ch. 243;
- a freestanding emergency medical care facility as defined by sec. 254.001; and
- a mental hospital licensed under ch. 577.

**Committee.** Each facility would have to establish a workplace violence prevention committee or authorize an existing facility committee to develop a workplace violence prevention plan. A committee would have to include at least one RN who provided direct care to patients of the facility and, if practicable, one employee who provided security services for the facility.

A health care system that owned or operated more than one facility could establish a single committee for all of the system's facilities if the committee developed a violence prevention plan for implementation at each facility in the system and if violence prevention data for each facility remained distinctly identifiable.

**Workplace violence prevention plan.** A workplace violence prevention plan adopted by a facility would have to adopt a definition of "workplace violence" that included:

- an act or threat of physical force against a health care provider or employee that resulted in, or was likely to result in, physical injury or psychological trauma; and
- an incident 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 at least annually workplace violence

prevention training or education that could be included with other required training or education;

- prescribe a system for responding to and investigating violent incidents or potentially violent incidents at the facility;
- require health care providers and employees to report incidents of workplace violence through the facility's existing occurrence reporting systems; and
- require the facility to adjust patient care assignments, as practicable, to prevent a provider or employee from treating or providing services to a patient who had intentionally physically abused or threatened the provider or employee, among other requirements.

The bill would require each facility to make available on request a copy of the plan to each health care provider or employee of the facility.

**Workplace violence prevention policy.** Facilities would be required to adopt a written workplace violence prevention policy, and this policy would have to require the facility to provide significant consideration of the violence prevention plan recommended by the facility's committee. The policy also would have to require the facility to evaluate any existing facility violence prevention plan. In addition, the policy would have to:

- encourage health care providers and employees to provide confidential information on workplace violence to the committee;
- include a process to protect from retaliation providers or employees who provided information to the committee; and
- comply with Health and Human Services Commission rules regarding workplace violence.

**Response to workplace violence.** Following an incident of workplace violence, a facility would have to, at a minimum, offer immediate post-incident services, including any necessary acute medical treatment for each health care provider or employee who was directly involved in the incident.

The bill would prohibit a facility from discouraging a provider or employee from exercising the right to contact or file a report with law enforcement regarding the incident. A person could not discipline, including by suspension or termination of employment, discriminate against, or retaliate against another person who in good faith reported an incident or advised a provider or employee of their right to report an incident.

**Enforcement.** The bill would allow an appropriate licensing agency to take disciplinary action against a person who violated the bill's provisions as if the person violated an applicable licensing law.

**Other provisions.** By September 1, 2022, a health care facility would have to adopt a policy and implement a plan for workplace violence prevention.

The bill would take effect September 1, 2021.

SUPPORTERS  
SAY:

CSHB 326 would establish better protections for health care workers who experience workplace violence by requiring certain health care facilities to adopt workplace violence prevention policies and plans. Concerns have been raised that different facilities have varying levels of protection, causing disparities. The bill would rectify those disparities by establishing a base level of protection across multiple health care facilities.

CSHB 326 also would address workplace violence by requiring annual training and prohibiting retaliation for those reporting an incident in good faith. Workplace violence against employees can lead to long-term trauma, resulting in some employees leaving the health care profession entirely, which can exacerbate existing provider shortages.

Currently, many health care employees face workplace violence on a daily basis, especially nurses who frequently interact with patients, and often have little recourse for safely reporting those incidents. Reports indicate that some nurses have experienced instances of physical abuse and nearly all have experienced verbal abuse. Nurses often do not report incidents of

being verbally abused or physically assaulted because they think those incidents are an expected part of their job. The bill would more effectively address reporting workplace violence by requiring plans to include a system for responding to and investigating violent incidents.

**CRITICS  
SAY:**

CSHB 326 would unnecessarily interfere in the workplace violence prevention plans and policies of private health care facilities. These entities should be allowed to determine the best way to address workplace violence for their employees without state intervention.