

SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION

S.F. No. 1071

(SENATE AUTHORS: WIGER, Eaton, Dibble and Goodwin)

DATE	D-PG	OFFICIAL STATUS
02/23/2015	398	Introduction and first reading
		Referred to Health, Human Services and Housing
03/19/2015		Comm report: To pass as amended and re-refer to Finance

A bill for an act

1.1 relating to health; establishing duties for the commissioner of health and licensed
 1.2 hospitals related to violence against health care workers; establishing a violence
 1.3 prevention database; providing penalties for hospitals; amending Minnesota
 1.4 Statutes 2014, section 144.55, subdivision 6; proposing coding for new law in
 1.5 Minnesota Statutes, chapter 144.
 1.6

1.7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.8 Section 1. Minnesota Statutes 2014, section 144.55, subdivision 6, is amended to read:

1.9 Subd. 6. **Suspension, revocation, and refusal to renew.** (a) The commissioner
 1.10 may refuse to grant or renew, or may suspend or revoke, a license on any of the following
 1.11 grounds:

1.12 (1) violation of any of the provisions of sections 144.50 to 144.56 or the rules or
 1.13 standards issued pursuant thereto, or Minnesota Rules, chapters 4650 and 4675;

1.14 (2) permitting, aiding, or abetting the commission of any illegal act in the institution;

1.15 (3) conduct or practices detrimental to the welfare of the patient; or

1.16 (4) obtaining or attempting to obtain a license by fraud or misrepresentation; or

1.17 (5) with respect to hospitals and outpatient surgical centers, if the commissioner

1.18 determines that there is a pattern of conduct that one or more physicians who have a

1.19 "financial or economic interest," as defined in section 144.6521, subdivision 3, in the

1.20 hospital or outpatient surgical center, have not provided the notice and disclosure of the

1.21 financial or economic interest required by section 144.6521; or

1.22 (6) violation of section 144.566, subdivision 4.

1.23 (b) The commissioner shall not renew a license for a boarding care bed in a resident

1.24 room with more than four beds.

2.1 **Sec. 2. [144.566] VIOLENCE AGAINST HEALTH CARE WORKERS.**

2.2 **Subdivision 1. Definitions.** (a) The following definitions apply to this section and
2.3 have the meanings given.

2.4 (b) "Act of violence or abuse" means an act by a patient against a health care worker
2.5 that caused physical harm or fear of physical harm to a health care worker.

2.6 (c) "Commissioner" means the commissioner of health.

2.7 (d) "Health care worker" means any person employed by a hospital, whether licensed
2.8 or unlicensed, having direct contact with a patient of the hospital for purposes of either
2.9 medical care or emergency response to situations potentially involving violence.

2.10 (e) "Hospital" means any facility licensed as a hospital under section 144.55.

2.11 (f) "Incidence response" means the actions taken by hospital administration and
2.12 health care workers during and following an act of violence or abuse.

2.13 (g) "Interfere" means to discharge, discipline, threaten, otherwise discriminate
2.14 against, or penalize a health care worker regarding the health care worker's compensation,
2.15 terms, conditions, location, or privileges of employment.

2.16 (h) "Threatening visitor" means any person who is not a patient of the hospital that
2.17 is acting or speaking in a manner that causes an employee of the hospital or a patient to
2.18 believe the visitor may cause harm to a person or property.

2.19 (i) "Violence prevention database" means the database created by the commissioner
2.20 under subdivision 2.

2.21 **Subd. 2. Commissioner duties.** (a) The commissioner shall develop an electronic
2.22 violence prevention database that allows health care workers to input information
2.23 regarding an act of violence or abuse, including, but not limited to:

2.24 (1) the date, place, and circumstances of an act of violence or abuse;

2.25 (2) details regarding the incident response to an act of violence or abuse;

2.26 (3) whether a health care worker had previously requested additional staff or security
2.27 for the patient that caused the act of violence or abuse;

2.28 (4) whether law enforcement was notified; and

2.29 (5) the extent of any injury to a health care worker.

2.30 (b) The violence prevention database shall also include a mechanism for a health care
2.31 worker to report to the commissioner concerns that the health care worker has regarding:

2.32 (1) the hospital's preparedness to respond to an act of violence or abuse;

2.33 (2) the hospital's incident response to a particular act of violence or abuse; or

2.34 (3) any action the hospital took to interfere with the hospital worker's attempt or act
2.35 to contact either law enforcement or the commissioner after an act of violence or abuse.

3.1 (c) The commissioner shall develop recommendations regarding hospital
3.2 preparedness and incident response to acts of violence or abuse and make the
3.3 recommendations available to hospitals and health care workers. The commissioner may
3.4 adopt preparedness and incident response guidelines to acts of violence or abuse that
3.5 hospitals must follow as a condition of licensure.

3.6 (d) The commissioner shall monitor the violence prevention database to assess the
3.7 preparedness and incident response of hospital administration and health care workers
3.8 to acts of violence or abuse. The commissioner may use the information gathered from
3.9 the violence prevention database to develop either recommendations or guidelines under
3.10 paragraph (c). As part of monitoring the database, the commissioner shall assess whether
3.11 a hospital has violated a provision under subdivision 4 and impose penalties as allowed
3.12 under subdivision 4.

3.13 Subd. 3. **Hospital duties.** (a) All hospitals must design and implement preparedness
3.14 and incident response action plans to acts of violence and abuse by January 1, 2016.

3.15 (b) A hospital shall establish a committee of representatives of health care workers
3.16 employed by the hospital and hospital administration to develop preparedness and
3.17 incident response action plans to acts of violence and abuse. The preparedness and
3.18 incident response action plans must include providing adequate security personnel to
3.19 protect employees, patients, and visitors. The hospital shall review any recommendations
3.20 made by the commissioner while developing the plans and, if the commissioner adopts
3.21 mandatory guidelines, shall adopt plans that, at a minimum, meet the guidelines required
3.22 by the commissioner. The hospital shall, in consultation with the established committee,
3.23 implement the plans pursuant to paragraph (a).

3.24 (c) A hospital shall allow health care workers access to the violence prevention
3.25 database during the hospital worker's shift. The hospital shall maintain this access and
3.26 ensure that information regarding acts of violence or abuse are being provided to the
3.27 commissioner through the violence prevention database.

3.28 (d) A hospital shall create and implement a procedure that allows a health care
3.29 worker to officially request additional staffing to hospital supervisors or administration.
3.30 The hospital must keep documentation of all requests made by a health care worker for
3.31 additional staffing due to a concern over a risk of an act of violence or abuse. If the request
3.32 for additional staffing is denied, the hospital must provide a written reason for the denial
3.33 to the health care worker who made the request and keep the written documentation
3.34 with the request. The hospital shall make the documentation regarding staffing requests
3.35 available to the commissioner upon request by the commissioner for inspection. The
3.36 commissioner may use the documentation obtained from a hospital on staffing requests

4.1 when determining if the hospital is providing adequate staffing and security to address
4.2 acts of violence and may use the documentation as evidence if the commissioner is
4.3 implementing a penalty against a hospital pursuant to subdivision 4.

4.4 (e) A hospital, including any individual, partner, association, or any person or group
4.5 of persons acting directly or indirectly in the interest of the hospital, shall not interfere
4.6 with or discourage a health care worker if the health care worker wishes to contact law
4.7 enforcement or the commissioner regarding an act of violence or abuse. A hospital shall
4.8 not interfere with or discourage a health care worker from reporting concerns to the
4.9 commissioner pursuant to subdivision 2, paragraph (b).

4.10 (f) A hospital shall provide training to all health care workers employed or contracted
4.11 with the hospital on safety during acts of violence or abuse. Each health care worker must
4.12 receive safety training annually and upon hire. Training must, at a minimum, include:

4.13 (1) safety guidelines for response to an act of violence or abuse;

4.14 (2) ways to identify potentially violent or abusive situations;

4.15 (3) the hospital's incident response reaction plan;

4.16 (4) how to access and use the violence prevention database established by the
4.17 commissioner;

4.18 (5) hospital guidelines on requesting additional staff once a potentially violent or
4.19 abusive situation arises;

4.20 (6) documents explaining a health care worker's right to contact law enforcement or
4.21 the commissioner regarding an act of violence or abuse; and

4.22 (7) documents explaining that the hospital is prohibited from interfering with a
4.23 health care worker's right to contact law enforcement or the commissioner regarding an
4.24 act of violence or abuse.

4.25 Subd. 4. **Penalties.** A hospital shall be subject to suspension or revocation of its
4.26 license if the commissioner determines:

4.27 (1) that the hospital interfered with a health care worker's ability to report acts of
4.28 violence or abuse to law enforcement or the commissioner;

4.29 (2) that the hospital retaliated against a health care worker for reporting acts of
4.30 violence or abuse to law enforcement or the commissioner;

4.31 (3) that the hospital is not adequately prepared to address acts of violence or abuse; or

4.32 (4) that the hospital did not adequately address an act of violence or abuse or a health
4.33 care worker's request for additional staffing or security.