

HOUSE BILL REPORT

HB 1162

As Reported by House Committee On:
Labor & Workplace Standards

Title: An act relating to preventing workplace violence in health care settings.

Brief Description: Concerning workplace violence in health care settings.

Sponsors: Representatives Leavitt, Schmidt, Berry, Ryu, Macri, Bronoske, Pollet, Nance, Timmons, Ormsby and Hill.

Brief History:

Committee Activity:

Labor & Workplace Standards: 1/15/25, 1/22/25 [DPS].

Brief Summary of Substitute Bill

- Requires health care settings to conduct timely investigations of workplace violence incidents.
- Requires health care settings to annually update workplace violence prevention plans based on investigation findings, an analysis of systemic and common causes of workplace violence incidents, and other factors.

HOUSE COMMITTEE ON LABOR & WORKPLACE STANDARDS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 9 members: Representatives Berry, Chair; Fosse, Vice Chair; Scott, Vice Chair; Schmidt, Ranking Minority Member; Ybarra, Assistant Ranking Minority Member; Bronoske, McEntire, Obras and Ortiz-Self.

Staff: Kelly Leonard (786-7147).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Certain hospitals, hospice and home care agencies, evaluation and treatment facilities, and community mental health agencies, referred to collectively as "health care settings," must develop and implement plans to prevent and protect employees from violence. If the health care setting has a safety committee required by the Washington Industrial Safety and Health Act or other workplace violence committee, the committee is responsible for developing, implementing, and monitoring progress on the plan. The plan must outline strategies aimed at addressing security considerations and factors that may contribute to or prevent the risk of violence. A health care setting must conduct annual reviews of the frequency of incidents of workplace violence, including identifying causes for and consequences of, violent acts at the setting and any emerging issues that contribute to workplace violence. The health care setting must make any necessary adjustments based on the annual review. Plans must be developed and implemented every three years.

Health care settings must maintain a record of any violent act against an employee, patient, or visitor. Records must be kept for at least five years, and must be available for inspection by the Department of Labor and Industries. Health care settings must provide violence prevention training on a regular basis to all affected employees, volunteers, and contracted security personnel. The training must cover certain topics identified in state law.

"Workplace violence," "violence," or "violent act" means any physical assault or verbal threat of physical assault against an employee of a health care setting on the property of the health care setting. It includes any physical assault or verbal threat of physical assault involving the use of a weapon, including a firearm as defined in RCW 9.41.010, or a common object used as a weapon, regardless of whether the use of a weapon resulted in an injury.

Summary of Substitute Bill:

Health care settings must conduct a timely investigation of every workplace violence incident. An investigation must include an assessment aimed at identifying factors contributing to or causing workplace violence, including an assessment of:

- the details of the incident, such as the date, time, location, and nature of the conduct and harm;
- the details of any response and related remediation to prevent future incidents; and
- if applicable, a comparison of the actual staffing levels to the planned staffing levels at the time of incident.

A health care setting must submit to its safety committee or workplace violence committee a summary of the following:

- the records collected for each incident and the findings of any investigations during the relevant time period, with any personal information deidentified in compliance with state and federal law;
- an analysis of any systemic and common causes of the workplace violence incidents;

and

- any relevant recommendations for modifying the workplace violence prevention plan.

Summaries must be sent at least quarterly, except for the following entities may submit them twice yearly:

- a critical access hospital;
- a hospital with fewer than 25 acute care beds in operation;
- a hospital certified by the centers for Medicare and Medicaid services as a sole community hospital that is not owned or operated by a health system that owns or operates more than one acute hospital; or
- a hospital located on an island operating within a public hospital district in Skagit County.

Health care settings must conduct a comprehensive review and update of workplace violence prevention plans at least once per year. Any updates to the plan must take into account the findings and recommendations of the quarterly report on workplace violence incidents required by the bill.

Substitute Bill Compared to Original Bill:

The substitute bill provides that health care settings must submit to their safety committees a "summary" with certain elements, rather than a "report." The following types of health care settings must submit summaries twice yearly instead of quarterly (in addition to critical access hospitals as provided in the underlying bill):

- a hospital with fewer than 25 acute care beds in operation;
- a hospital certified by the centers for Medicare and Medicaid services as a sole community hospital that is not owned or operated by a health system that owns or operates more than one acute hospital; or
- a hospital located on an island operating within a public hospital district in Skagit County.

A reference to the Health Insurance Portability and Accountability Act of 1996 is removed. Instead, the substitute bill provides that personal information must be deidentified in compliance with federal and state law. The bill does not affect or supersede any other state or federal law that prohibits or limits the disclosure of personally identifiable information.

The substitute bill delays the effective date of the bill until January 1, 2026 (rather than having the bill take effect 90 days after the adjournment of the legislative session).

Appropriation: None.

Fiscal Note: Preliminary fiscal note available.

Effective Date of Substitute Bill: The bill takes effect on January 1, 2026.

Staff Summary of Public Testimony:

(In support) Hospitals and nurses have come together in bringing this bill to support a safer workplace. Workplace violence in health care settings has been on the rise, and the state responded in 2019 by requiring workplace violence prevention plans and other data collection. This was a good first step, but it is time to expand upon that work. Health care settings need to conduct investigations, and then incorporate relevant findings into their planning process. Workplace violence prevention plans should be living documents.

Health care settings are not consistently following their workplace violence prevention plans, responding to complaints, or taking care of their workers. This is unacceptable in the current labor market in this industry, with nurses leaving the profession due to workplace violence and other issues. This bill is critical for improving safety and for supporting the industry. Regularly experiencing violence should not be a part of anyone's job. Hospitals in particular are meant to be places of healing.

The bill should be modified to account for other privacy laws, not just HIPAA. Hospitals should be required to submit summaries, rather than reports, and certain hospitals should be allowed to submit those less frequently based on their limited capacity. The effective date should be delayed to 2026 to allow time for implementation.

(Opposed) None.

(Other) The primary intent of the bill should be supported, but some of its requirements are too onerous. Health care settings should not be required to investigate every incident of workplace violence, which would include verbal threats. Health care settings should be able to adjust the degree of an investigation based on the severity of the incident. It is also unnecessary to update workplace violence prevention plans every year. The bill creates more administrative burdens, which pulls resources away from patients.

Persons Testifying: (In support) Representative Mari Leavitt, prime sponsor; Remy Kerr, Washington State Hospital Association; and Jessica Hauffe, Maurya Robinson, and Lindsey Kirsch, Washington State Nurses Association.

(Other) Kelay Trentham, MultiCare Health System.

Persons Signed In To Testify But Not Testifying: None.