

SENATE No. 3171

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Fourth General Court
(2025-2026)

SENATE, July 9, 2026.

The committee on Senate Ways and Means to whom was referred the House Bill requiring health care employers to develop and implement programs to prevent workplace violence (House, No. 4767) (also based on Senate, No. 1718); reports, recommending that the same ought to pass with an amendment striking out all after the enacting clause and inserting in place thereof the text of Senate document numbered 3171.

For the committee,
Michael J. Rodrigues

SENATE No. 3171

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Fourth General Court
(2025-2026)

1 SECTION 1. Chapter 111 of the General Laws is hereby amended by adding the
2 following section:-

3 Section 250. (a) As used in this section, the following words shall have the following
4 meanings, unless the context clearly requires otherwise:

5 “Employee”, an individual employed by a health care employer or an individual under
6 contract for employment with an independent entity or a third-party vendor at a health care
7 facility who is providing health care services at, volunteering at or participating in an educational
8 course of instruction at a health care facility.

9 “Health care employer”, any individual, partnership, association, corporation, trust or any
10 person or group of persons operating a health care facility.

11 “Health care facility”, a hospital licensed under section 51, the teaching hospital of the
12 University of Massachusetts medical school established under section 34 of chapter 75, the
13 Bridgewater state hospital operated by the department of correction and under contract with a
14 private company for health services, or any state acute care facility, non-acute care facility,
15 continuing care facility or group home operated, funded or subject to oversight by the
16 department of public health, the department of mental health or the department of developmental

17 services; provided, however, that a facility with more than 1 license or that is licensed to provide
18 multiple services shall be considered a health care facility if the facility is licensed in at least 1 of
19 the categories included in this definition; provided further, that a “health care facility” shall not
20 include: (i) a convalescent or nursing home, skilled nursing facility or rest home licensed
21 pursuant to section 71; (ii) a clinic, mobile or portable clinic or clinic satellite licensed pursuant
22 to section 51; (iii) a home health agency licensed pursuant to section 51K; (iv) an adult day
23 health program licensed pursuant to 105 CMR 158.00; (v) a hospice program or hospice
24 inpatient satellite licensed pursuant to section 57D; (vi) an ambulatory surgical center licensed
25 pursuant to section 51; (vii) a renal dialysis facility licensed pursuant to section 51A; (viii) an
26 outpatient physical therapy or speech pathology facility licensed pursuant to chapter 112; or (ix)
27 a nursing pool registered pursuant to section 72Y.

28 “Workplace violence”, conduct at the employee’s work site that: (i) is an unpermitted or
29 harmful touching of another person; (ii) is an attempt or act to use some degree of physical force
30 on another person; or (iii) could be reasonably perceived as manifesting an intent to touch
31 without permission, use immediate physical force or injure a particular person at the time of the
32 offense or in the future, that if carried out would constitute a crime, and that causes another
33 person to reasonably believe that the person has the intent and ability to carry out such conduct.

34 (b) Annually, a health care employer shall perform a facility-specific risk assessment that
35 shall include, but not be limited to, the standards determined by the department, in consultation
36 with the office of health equity. The facility-specific risk assessment shall be performed in
37 cooperation with the employees of the health care employer and any labor organization or
38 organizations representing the employees, examining all factors that may put the employees at
39 risk of workplace violence, which shall include, but not be limited to: (i) working in public

40 settings; (ii) guarding or maintaining property or possessions; (iii) working in high-crime areas;
41 (iv) working late night or early morning hours; (v) working alone or in small numbers; (vi)
42 uncontrolled public access to the workplace; (vii) working in public areas where people are in
43 crisis; (viii) working in areas where a patient or resident may exhibit violent behavior; (ix)
44 working in areas with known security problems; and (x) working with insufficient qualified staff
45 in at least 1 position title to address foreseeable risk factors.

46 (c) Based on the findings of the risk assessment in subsection (b), the health care
47 employer shall develop and implement a program to minimize the danger of workplace violence
48 to employees, which shall include, but not be limited to, appropriate employee training and a
49 system for the ongoing reporting and monitoring of incidents and situations involving workplace
50 violence or the risk of workplace violence. The employee training shall include, but not be
51 limited to, methods of reporting to appropriate public safety officials, bodies or agencies and
52 processes necessary for the filing of criminal charges against individuals who commit workplace
53 violence.

54 (d) A health care employer shall develop a written plan establishing the employer's
55 workplace violence prevention plan, make the plan available to each employee and provide the
56 plan to any employee upon written request. The health care employer shall, upon written request,
57 provide the plan to any labor organization or organizations representing any of its employees.
58 The plan shall include, but not be limited to: (i) a list of those factors and circumstances that may
59 pose a danger to employees; (ii) a description of the methods that the health care employer will
60 use to alleviate hazards associated with each factor, including, but not limited to, employee
61 training and any appropriate changes in job design, staffing, security, equipment or facilities; (iii)

62 a post-incident debriefing process with affected staff; and (iv) a description of the reporting and
63 monitoring system.

64 (e) A health care employer shall designate a senior manager responsible for the
65 development and support of an in-house or contracted crisis response team for employee victims
66 of workplace violence. The crisis response team shall implement an assaulted staff action
67 program that shall include, but not be limited to, group crisis interventions, individual crisis
68 counseling, staff victims' support groups, employee victims' family crisis intervention, peer-help
69 and professional referrals.

70 (f) The attorney general may bring a civil action in the name of the commonwealth in the
71 superior court for injunctive or other equitable relief to enforce this section or any regulation
72 promulgated pursuant to this section. In an action brought under this subsection, the court may
73 also award a civil penalty of not more than \$5,000 for each violation.

74 (g) No employee shall be penalized by a health care employer as a result of the
75 employee's filing of a complaint or otherwise providing notice to the department in regard to the
76 occupational health and safety of the employee or other employees of the health care employer
77 exposed to workplace violence risk factors.

78 (h) Annually, a health care employer shall submit a report, on a form prescribed by the
79 commissioner, of all incidents of workplace violence reported to the health care employer that
80 occurred at the employer's health care facility against an employee, an emergency medical
81 technician, an ambulance operator or an ambulance attendant. The report shall be submitted to
82 the department and the office of the district attorney for the district where the health care facility
83 is located. Not more than 90 days after receiving the reports, the department shall make the

84 aggregate data publicly available by county and statewide; provided, however, that the
85 department shall categorize the aggregate data by occupation and incident type. The department
86 shall create a form that complies with state and federal privacy protections for all parties and
87 further meets the requirements of this section.

88 (i) The commissioner shall, in consultation with the commissioner of correction, the
89 commissioner of developmental services and the commissioner of mental health, promulgate
90 regulations necessary to implement this section, which shall take into account the size, scope and
91 type of services provided by a health care facility, and the amount of resources available to the
92 health care employer.

93 SECTION 2. Chapter 149 of the General Laws is hereby amended by inserting after
94 section 52E the following section:-

95 Section 52F. (a) For the purposes of this section, the following words shall have the
96 following meanings, unless the context clearly indicates otherwise:

97 “Bodily injury”, substantial impairment of the physical condition, including, but not
98 limited to, any burn, fracture of any bone, subdural hematoma, injury to any internal organ or
99 any injury that occurs as the result of repeated harm to any bodily function, limb or organ,
100 including human skin.

101 “Employee”, an individual employed by a health care employer.

102 “Health care employer”, any individual, partnership, association, corporation, trust or any
103 person or group of persons operating a health care facility.

104 “Health care facility”, shall have the same meaning as defined in section 250 of chapter
105 111.

106 “Serious bodily injury”, bodily injury which results in a permanent disfigurement,
107 protracted loss or impairment of a bodily function, limb or organ or substantial risk of death.

108 (b) A health care employer shall permit an employee to take paid leave from work if the
109 employee: (i) is a victim of assault and battery in the line of duty and such assault and battery
110 causes bodily injury or serious bodily injury; and (ii) uses the leave to: (A) receive emergency
111 medical treatment for such injury; (B) attend a scheduled appointment with a licensed health care
112 provider for the diagnosis or treatment of such injury; (C) obtain victim services or legal
113 assistance directly related to the assault and battery; (D) obtain a court protective order or
114 harassment prevention order arising from the assault and battery; or (E) appear in court or before
115 a grand jury, or meet with a district attorney or other law enforcement official, in connection
116 with the investigation or prosecution of the assault and battery.

117 (c) An employee shall not be required to use annual leave, vacation leave, personal leave,
118 sick leave or other paid leave available to the employee, prior to requesting or taking leave under
119 this section. Nothing in this section shall interfere with any employee’s entitlement to family or
120 medical leave under chapter 175M; provided, however, that paid leave taken under this section
121 shall run concurrently with leave taken under said chapter 175M.

122 (d) A health care employer may require an employee to provide documentation
123 evidencing that the employee is a victim of assault and battery sustained in the line of duty and
124 that the leave taken is consistent with the conditions of clauses (i) and (ii) of subsection (b). An

125 employee shall provide such documentation to the health care employer within 5 business days
126 after the health care employer requests documentation relative to the employee's absence.

127 (e) An employee seeking leave from work under this section shall provide advance notice
128 of the leave to the health care employer in accordance with the health care employer's leave
129 policy; provided, however, that if an employee is absent on an unauthorized basis, the health care
130 employer shall not take any negative action against the employee if the employee, within 30 days
131 from the unauthorized absence or within 30 days from the last unauthorized absence in the
132 instance of consecutive days of unauthorized absences, provides documentation that the
133 unauthorized absence meets the conditions of clauses (i) and (ii) of subsection (b).

134 (f) All information related to the employee's leave taken pursuant to this section shall be
135 kept confidential by the health care employer and shall not be disclosed, except to the extent that
136 disclosure is: (i) requested or consented to, in writing, by the employee; (ii) ordered to be
137 released by a court of competent jurisdiction; (iii) required by federal or state law; (iv) required
138 in the course of an investigation authorized by law enforcement, including, but not limited to, an
139 investigation by the attorney general; or (v) necessary to protect the safety of the employee or
140 others employed at the workplace.

141 (g) No health care employer shall coerce, interfere with, restrain or deny the exercise of,
142 or any attempt to exercise, any rights provided under this section.

143 (h) No health care employer shall discharge or in any other manner discriminate against
144 an employee for exercising the employee's rights under this section. An employee who takes
145 leave under this section shall not lose any employment benefit accrued prior to the date on which
146 the leave taken under this section commenced as a result of taking said leave. Upon the

147 employee's return from said leave, the employee shall be entitled to restoration to the
148 employee's original job or to an equivalent position.

149 (i) A health care employer shall post in a conspicuous place within each of its health care
150 facilities a notice prepared by the department indicating the rights and responsibilities provided
151 by this section. The notice shall be issued in English, Spanish, Chinese, Haitian Creole, Italian,
152 Portuguese, Vietnamese, Laotian, Khmer, Russian and any other language that is the primary
153 language of not less than 10,000 residents of the commonwealth. The required workplace notice
154 shall be posted in English and each language other than English which is the primary language of
155 not less than 5 employees working in that health care facility, if such notice is available from the
156 department. A health care employer shall notify each employee not later than 30 days after the
157 beginning date of the employee's employment of the rights and responsibilities provided by this
158 section, including those related to notification requirements and confidentiality.

159 (j) This section shall not be construed to exempt a health care employer from complying
160 with chapter 258B, section 14B of chapter 268 or any other general or special law or to limit the
161 rights of any employee under said chapter 258B, said section 14B of said chapter 268 or any
162 other general or special law.

163 (k) The department of labor standards shall, in consultation with the attorney general,
164 promulgate regulations to implement this section.

165 SECTION 3. Section 13A of chapter 265 of the General Laws, as appearing in the 2024
166 Official Edition, is hereby amended by adding the following subsection:-

167 (d) Any employee, as defined in section 52F of chapter 149, who is the victim of assault
168 or assault and battery while in the line of duty at a health care facility, as defined in section 250

169 of chapter 111, may provide, when completing or signing an application for a complaint under
170 this section arising from the offense, in lieu of the employee’s residential address, the address of:
171 (i) the health care facility where the assault or assault and battery occurred; or (ii) a labor
172 organization of which the employee is a member in good standing. A health care employer or
173 labor organization whose address is provided pursuant to this subsection shall transmit to the
174 employee, within 1 business day of receipt, any notice relating to the application for a complaint
175 or any resulting court proceeding under this section. The health care employer or labor
176 organization shall maintain records of the date and manner of such transmissions to employees.

177 SECTION 4. Section 13I of said chapter 265, as so appearing, is hereby amended by
178 striking out, in line 5, the words “treating or transporting a person”.

179 SECTION 5. Said section 13I of said chapter 265, as so appearing, is hereby further
180 amended by adding the following paragraph:-

181 An emergency medical technician, ambulance operator, ambulance attendant or health
182 care provider who is the victim of assault or assault and battery while in the line of duty may
183 provide, when completing or signing an application for a complaint under this section arising
184 from the offense, in lieu of the individual’s residential address, the address of: (i) a health care
185 facility where the individual is employed by a health care employer; or (ii) a labor organization
186 of which the individual is a member in good standing. A health care employer or labor
187 organization whose address is provided pursuant to this paragraph shall transmit to the
188 individual, within 1 business day of receipt, any notice relating to the application for a complaint
189 or any resulting court proceeding under this section. The health care employer or labor
190 organization shall maintain records of the date and manner of such transmissions to individuals.

191 For the purposes of this paragraph, “health care employer” and “health care facility” shall have
192 the same meanings as defined in section 250 of chapter 111.

193 SECTION 6. Section 28 of chapter 276 of the General Laws, as so appearing, is hereby
194 amended by adding the following sentence:- Said officer may, without a warrant, arrest and
195 detain a person whom said officer has probable cause to believe has committed a misdemeanor
196 in violation of section 13A or section 13I of chapter 265 against an employee, as defined in
197 section 250 of chapter 111, while the employee was in the line of duty at a health care facility, as
198 defined in said section 250 of said chapter 111.

199 SECTION 7. (a) Notwithstanding any general or special law or rule or regulation to the
200 contrary, not later than 1 year after the effective date of this act, the executive office of health
201 and human services shall, in coordination with the executive office of public safety and security,
202 submit a report to the clerks of the senate and house of representatives, the joint committee on
203 health care financing and the joint committee on public safety and homeland security with
204 recommendations to improve interagency data sharing, communication and collaboration
205 between health care facilities, as defined in section 250 of chapter 111 of the General Laws, and
206 public safety and law enforcement entities to address alternative appropriate placement for
207 criminal justice-involved patients with a mental health or behavioral health diagnosis.

208 (b) The report shall include, but not be limited to, recommendations that address the
209 following:

210 (i) improving the exchange of information between agencies to support the treatment and
211 diagnosis of patients;

212 (ii) assessing the resources available to individuals with acute mental health or behavioral
213 health needs and identifying additional resources for adequate support of such individuals;

214 (iii) identifying and establishing new pathways to enter patients into the department of
215 mental health continuing care system or similar treatment that do not require an arrest; and

216 (iv) any further considerations necessary to fulfill the obligations of the report.

217 (c) Any recommendations for interagency data sharing under this section shall address
218 the following:

219 (i) limiting access to identifiable information to the minimum necessary data elements
220 required to accomplish a specific and defined public safety or workplace violence prevention
221 purpose;

222 (ii) ensuring that, whenever practicable, data exchanged between agencies is de-identified
223 or aggregated, and that identifiable information is shared only when essential for treatment,
224 diagnosis or immediate safety purposes;

225 (iii) prohibiting the use of identifiable information obtained pursuant to this section to
226 initiate or support criminal, civil, regulatory, licensing or administrative actions against an
227 individual or entity, except as expressly authorized by this act;

228 (iv) requiring appropriate safeguards, access controls, logging and auditing of all data
229 access and use;

230 (v) providing that any misuse or unauthorized access to such information shall be subject
231 to penalties, which may include enforcement under chapter 93A; and

232 (vi) preserving all rights and obligations under federal law including, but not limited to,
233 the Health Insurance Portability and Accountability Act of 1996, 42 CFR Part 2 and any other
234 applicable federal confidentiality requirement.

235 (d) Nothing in this section shall require a health care facility or agency to disclose
236 information in violation of federal law or to waive privileges or protections otherwise provided
237 by state or federal law.