

SENATE No. 3184

Senate, July 16, 2026 -- Text of the Senate amendment to the House Bill requiring health care employers to develop and implement programs to prevent workplace violence (House, No. 4767, amended) (being the text of Senate document numbered 3171, printed as amended)

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, an individual under
6 contract for employment with an independent entity or a third-party vendor at a health care
7 facility or an individual volunteering at or participating in an educational course of instruction at
8 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,

continuing care facility or group home operated, funded or subject to oversight by the department of public health, the department of mental health or the department of developmental services; provided, however, that a facility with more than 1 license or that is licensed to provide multiple services shall be considered a health care facility if the facility is licensed in at least 1 of the categories included in this definition; provided further, that a “health care facility” shall not include: (i) a convalescent or nursing home, skilled nursing facility or rest home licensed pursuant to section 71; (ii) a clinic, mobile or portable clinic or clinic satellite licensed pursuant to section 51; (iii) a home health agency licensed pursuant to section 51K; (iv) an adult day health program licensed pursuant to 105 CMR 158.00; (v) a hospice program or hospice inpatient satellite licensed pursuant to section 57D; (vi) an ambulatory surgical center licensed pursuant to section 51; (vii) a renal dialysis facility licensed pursuant to section 51A; (viii) an outpatient physical therapy or speech pathology facility licensed pursuant to chapter 112; (ix) a federally qualified health center receiving funding pursuant to 42 U.S.C. 254b; or (x) a nursing pool registered pursuant to section 72Y.

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

(b) Annually, a health care employer shall perform a facility-specific risk assessment that shall include, but not be limited to, the standards determined by the department, in consultation with the office of health equity. The facility-specific risk assessment shall be performed in

cooperation with the employees of the health care employer and any labor organization or organizations representing the employees, examining all factors that may put the employees at risk of workplace violence, which shall include, but not be limited to: (i) working in public settings; (ii) guarding or maintaining property or possessions; (iii) working in high-crime areas; (iv) working late night or early morning hours; (v) working alone or in small numbers; (vi) uncontrolled public access to the workplace; (vii) working in public areas where people are in crisis; (viii) working in areas where a patient or resident may exhibit violent behavior; (ix) working in areas with known security problems; and (x) working with insufficient qualified staff in at least 1 position title to address foreseeable risk factors.

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

(d) A health care employer shall develop a written plan establishing the employer's workplace violence prevention plan, make the plan available to each employee and provide the plan to any employee upon written request. The health care employer shall, upon written request, provide the plan to any labor organization or organizations representing any of its employees. The plan shall include, but not be limited to: (i) a list of those factors and circumstances that may pose a danger to employees; (ii) a description of the methods that the health care employer will

61 use to alleviate hazards associated with each factor, including, but not limited to, employee
62 training and any appropriate changes in job design, staffing, security, equipment or facilities; (iii)
63 a post-incident debriefing process with affected staff; and (iv) a description of the reporting and
64 monitoring system.

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

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

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

79 (h) Annually, a health care employer shall submit a report, on a form prescribed by the
80 commissioner, of all incidents of workplace violence reported to the health care employer that
81 occurred at the employer's health care facility against an employee, an emergency medical
82 technician, an ambulance operator or an ambulance attendant. The report shall be submitted to

the department and the office of the district attorney for the district where the health care facility is located. Not more than 90 days after receiving the reports, the department shall make the aggregate data publicly available by county and statewide; provided, however, that the department shall categorize the aggregate data by occupation and incident type. The department shall create a form that complies with state and federal privacy protections for all parties and further meets the requirements of this section.

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

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

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

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

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

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

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

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

(b) A health care employer shall permit an employee to take paid leave from work if the employee: (i) is a victim of assault and battery in the line of duty and such assault and battery causes bodily injury or serious bodily injury; and (ii) uses the leave to: (A) receive emergency medical treatment for such injury; (B) attend a scheduled appointment with a licensed health care provider for the diagnosis or treatment of such injury including, but not limited to, an acute mental health or behavioral health need directly related to such injury; (C) obtain victim services or legal assistance related to the assault and battery; (D) obtain a court protective order or harassment prevention order arising from the assault and battery; or (E) appear in court or before a grand jury, or meet with a district attorney or other law enforcement official, in connection with the investigation or prosecution of the assault and battery.

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

(d) A health care employer may require an employee to provide documentation evidencing that the employee is a victim of assault and battery sustained in the line of duty and that the leave taken is consistent with the conditions of clauses (i) and (ii) of subsection (b). An employee shall provide such documentation to the health care employer within 5 business days after the health care employer requests documentation relative to the employee's absence.

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

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

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

(h) No health care employer shall discharge or in any other manner discriminate against an employee for exercising the employee's rights under this section. An employee who takes leave under this section shall not lose any employment benefit accrued prior to the date on which the leave taken under this section commenced as a result of taking said leave. Upon the employee's return from said leave, the employee shall be entitled to restoration to the employee's original job or to an equivalent position.

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

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

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

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

(d) Any employee, as defined in section 52F of chapter 149, who is the victim of assault or assault and battery while in the line of duty at a health care facility, as defined in section 250 of chapter 111, may provide, when completing or signing an application for a complaint under this section arising from the offense, in lieu of the employee's residential address, the address of: (i) the health care facility where the assault or assault and battery occurred; or (ii) a labor organization of which the employee is a member in good standing. A health care employer or labor organization whose address is provided pursuant to this subsection shall transmit to the employee, within 1 business day of receipt, any notice relating to the application for a complaint or any resulting court proceeding under this section. The health care employer or labor organization shall maintain records of the date and manner of such transmissions to employees.

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

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

An emergency medical technician, ambulance operator, ambulance attendant or health care provider who is the victim of assault or assault and battery while in the line of duty may provide, when completing or signing an application for a complaint under this section arising from the offense, in lieu of the individual's residential address, the address of: (i) a health care facility where the individual is employed by a health care employer; or (ii) a labor organization of which the individual is a member in good standing. A health care employer or labor

organization whose address is provided pursuant to this paragraph shall transmit to the individual, within 1 business day of receipt, any notice relating to the application for a complaint or any resulting court proceeding under this section. The health care employer or labor organization shall maintain records of the date and manner of such transmissions to individuals. For the purposes of this paragraph, “health care employer” and “health care facility” shall have the same meanings as defined in section 250 of chapter 111.

SECTION 6. Section 28 of chapter 276 of the General Laws, as so appearing, is hereby amended by adding the following sentence:- Said officer may, without a warrant, arrest and detain a person whom said officer has probable cause to believe has committed a misdemeanor in violation of section 13A or section 13I of chapter 265 against an employee, as defined in section 250 of chapter 111, while the employee was in the line of duty at a hospital licensed under section 51 of said chapter 111 or the teaching hospital of the University of Massachusetts medical school established under section 34 of chapter 75; provided, however, that said officer shall use de-escalation tactics and diversion strategies and, where available, community-based behavioral health crisis response resources. Nothing in this section shall be construed to alter the requirements established in section 14 of chapter 6E including, but not limited to, requirements regarding de-escalation tactics or exemptions from any such requirements.

SECTION 7. Said section 28 of said chapter 276, as amended by section 6, is hereby further amended by striking out the words “hospital licensed under section 51 of said chapter 111 or the teaching hospital of the University of Massachusetts medical school established under section 34 of chapter 75” and inserting in place thereof the following words:- health care facility, as defined in said section 250 of said chapter 111.

SECTION 8. Subsection (c) of section 4 of chapter 276A of the General Laws, as appearing in the 2024 Official Edition, is hereby amended by inserting after the figure “13A”, in line 22, the first time that it appears, the following words:- or section 13I.

SECTION 9. (a) Notwithstanding any general or special law or rule or regulation to the contrary, not later than 1 year after the effective date of this act, the executive office of health and human services shall, in coordination with the executive office of public safety and security, submit a report to the clerks of the senate and house of representatives, the joint committee on health care financing and the joint committee on public safety and homeland security with recommendations to improve interagency data sharing, communication and collaboration between health care facilities, as defined in section 250 of chapter 111 of the General Laws, and public safety and law enforcement entities to address alternative appropriate placement for criminal justice-involved patients with a mental health or behavioral health diagnosis or an intellectual or developmental disability including, but not limited to, autism spectrum disorder.

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

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

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

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

(iv) identifying best practices and staff training standards to de-escalate violent or threatening conduct and to minimize reliance on law enforcement intervention in group home settings operated, funded or subject to oversight by the department of developmental services; and

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

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

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

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

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

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

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

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

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

258 SECTION 10. Section 7 shall take effect 1 year after the effective date of this act.