

**SENATE . . . . . No.**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Joan B. Lovely*

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act requiring health care employers to develop and implement programs to prevent workplace violence.

PETITION OF:

NAME:

*Joan B. Lovely*

DISTRICT/ADDRESS:

*Second Essex*

SENATE . . . . . No.

[Pin Slip]

[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 1539 OF 2023-2024.]

The Commonwealth of Massachusetts

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

An Act requiring health care employers to develop and implement programs to prevent workplace violence.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 SECTION 1. Chapter 111 of the General Laws, as appearing in the 2022 Official Edition,  
2 is hereby amended by adding the following section:-

3 Section 245. (a) As used in this section, the following words shall, unless the context  
4 clearly requires otherwise, have the following meanings:-

5 “Employee”, an individual employed by or contracted for employment by, providing  
6 health care services at, volunteering at, or participating in an educational course of instruction at  
7 a health care facility, as defined in this section.

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

10 “Health care facility”, a hospital, licensed under section 51, the teaching hospital of the  
11 University of Massachusetts medical school, a medium-security state correctional facility for  
12 male inmates located in Plymouth county that is operated and maintained by a private company  
13 under contract with the department of correction, or any state acute care facility, non-acute care  
14 facility, continuing care facility and group homes operated, funded or subject to oversight by the  
15 department of public health, the department of mental health or the department of developmental  
16 services except a: (i) nursing home; (ii) rest home; (iii) clinic; (iv) mobile or portable clinic; (v)  
17 mobile or portable clinic satellite; (vi) certified home health agency; (vii) adult day health; (viii)  
18 hospice; (ix) hospice inpatient satellite; (x) ambulatory surgical center; (xi) renal dialysis; (xii)  
19 outpatient physical therapy and speech pathology; and (xiii) temporary nursing agency; provided  
20 that, a facility with more than 1 license or that is licensed to provide multiple services, shall be  
21 considered a health care facility if the facility is licensed in at least 1 of the included categories.

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

28 (b) Annually, each health care employer shall perform a facility specific risk assessment  
29 that includes, but is not limited to, the standards determined by the department and in  
30 consultation with the office of health equity. The facility specific risk assessment shall be done in  
31 cooperation with the employees of the health care employer and any labor organization or  
32 organizations representing the employees, examining all factors, which may put any of the

33 employees at risk of workplace violence. The factors shall include, but not be limited to: (i)  
34 working in public settings; (ii) guarding or maintaining property or possessions; (iii) working in  
35 high-crime areas; (iv) working late night or early morning hours; (v) working alone or in small  
36 numbers; (vi) uncontrolled public access to the workplace; (vii) working in public areas where  
37 people are in crisis; (viii) working in areas where a patient or resident may exhibit violent  
38 behavior; (ix) working in areas with known security problems; and (x) working with insufficient  
39 qualified staff in 1 or more position titles to address foreseeable risk factors.

40 (c) Based on the findings of the risk assessment in subsection (b), the health care  
41 employer shall develop and implement a program to minimize the danger of workplace violence  
42 to employees, which shall include appropriate employee training, and a system for the ongoing  
43 reporting and monitoring of incidents and situations involving violence or the risk of violence.  
44 Employee training shall include, in addition to all employer training program policies, methods  
45 of reporting to appropriate public safety officials, bodies or agencies and processes necessary for  
46 the filing of criminal charges.

47 (d) Each health care employer shall develop a written violence prevention plan setting  
48 forth the employer's workplace violence prevention plan. The health care employer shall make  
49 the plan available to each employee and provide the health care facility plan to any of its  
50 employees upon written request. The health care employer shall provide upon written request the  
51 health care facility plan to any labor organization or organizations representing any of its  
52 employees. The plan shall include but not be limited to: (i) a list of those factors and  
53 circumstances that may pose a danger to employees; (ii) a description of the methods that the  
54 health care employer will use to alleviate hazards associated with each factor; including, but not  
55 limited to, employee training and any appropriate changes in job design, staffing, security,

56 equipment or facilities; (iii) a post-incident debriefing process with affected staff; and (iv) a  
57 description of the reporting and monitoring system.

58 (e) Each health care employer shall designate a senior manager responsible for the  
59 development and support of an in-house crisis response team for employee-victims of workplace  
60 violence. Said team shall implement an assaulted staff action program that includes, but is not  
61 limited to, group crisis interventions, individual crisis counseling, staff victims' support groups,  
62 employee victims' family crisis intervention, peer-help and professional referrals.

63 (f) Any health care employer who violates any rule, regulation or requirement made by  
64 the department under authority hereof may, based on the reason for the violation and the  
65 discretion of the department, be punished by a fine of not more than \$2,000 for each offense. The  
66 department or its representative or any aggrieved employee, any interested party or any officer of  
67 any labor union or association, whether incorporated or otherwise, may file a written complaint  
68 with the district court in the jurisdiction of which the violation occurs and shall promptly notify  
69 the attorney general in writing of such complaint. The attorney general, upon determination that  
70 there is a violation of any workplace standard relative to the protection of the occupational health  
71 and safety of employees or of any standard of requirement of licensure, may order any work site  
72 to be closed by way of the issuance of a cease and desist order enforceable in the appropriate  
73 courts of the commonwealth.

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

78 (h) Each health care employer shall submit a report annually, on a form prescribed by the  
79 commissioner of the department, of all incidents of workplace violence reported to the health  
80 care employer that occurred at the health care facility on 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 county 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 statewide and by county publicly available; provided that the department  
85 categorize the aggregate data by occupation and incident type.

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

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

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

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

93 “Health care facility”, a hospital, licensed under section 51, the teaching hospital of the  
94 University of Massachusetts medical school, a medium-security state correctional facility for  
95 male inmates located in Plymouth county that is operated and maintained by a private company  
96 under contract with the department of correction, or any state acute care facility, non-acute care  
97 facility, continuing care facility and group homes operated, funded or subject to oversight by the  
98 department of public health, the department of mental health or the department of developmental  
99 services except a: (i) nursing home; (ii) rest home; (iii) clinic; (iv) mobile or portable clinic; (v)

100 mobile or portable clinic satellite; (vi) certified home health agency; (vii) adult day health; (viii)  
101 hospice; (ix) hospice inpatient satellite; (x) ambulatory surgical center; (xi) renal dialysis; (xii)  
102 outpatient physical therapy and speech pathology; and (xiii) temporary nursing agency; provided  
103 that, a facility with more than 1 license or that is licensed to provide multiple services, shall be  
104 considered a health care facility if the facility is licensed in at least 1 of the included categories.

105 (b) A health care facility shall permit an employee to take paid leave from work if: (i) the  
106 employee is a victim of assault or assault and battery as defined under section 13I of chapter 265  
107 which occurred in the line of duty and; (ii) the employee uses the leave to seek or obtain victim  
108 services or legal assistance, obtain a protective order from a court, appear in court or before a  
109 grand jury, or meet with a district attorney or other law enforcement official.

110 (c) An employee seeking leave under this section shall not have to use annual leave,  
111 vacation leave, personal leave or sick leave available to the employee, prior to requesting or  
112 taking leave under this section. (d) A health care employer may require an employee to provide  
113 documentation evidencing that the employee is a victim of assault or assault and battery  
114 sustained in the line of duty and that the leave taken is consistent with the conditions of  
115 subsection (b). An employee shall provide such documentation to the health care employer  
116 within 5 business days after the health care employer requests documentation relative to the  
117 employee's absence.

118 (e) An employee seeking leave from work pursuant to subsection (b) shall provide  
119 advance notice of the leave to the employer in accordance with the employer's leave policy;  
120 provided, however, that if an employee is absent on an unauthorized basis, the health care  
121 employer shall not take any negative action against the employee if the employee, within 30 days

122 from the unauthorized absence or within 30 days from the last unauthorized absence in the  
123 instance of consecutive days of unauthorized absences, provides documentation that the  
124 unauthorized absence meets the criteria of subsection (b).

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

132 (g) No health care employer shall require an employee to exhaust all annual leave,  
133 vacation leave, personal leave or sick leave available to the employee prior to requesting or  
134 taking leave under this section.

135 (h) No health care employer shall coerce, interfere with, restrain or deny the exercise of,  
136 or any attempt to exercise, any rights provided by this section or to make leave requested or  
137 taken hereunder contingent upon whether or not the victim maintains contact with the alleged  
138 abuser.

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



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

145 (j) Each health care employer shall post in a conspicuous place within the health care  
146 facility a notice prepared by the department indicating the rights and responsibilities provided by  
147 this section. The notice shall be issued in English, Spanish, Chinese, Haitian Creole, Italian,  
148 Portuguese, Vietnamese, Laotian, Khmer, Russian and any other language that is the primary  
149 language of at least 10,000 or ½ of one per cent of all residents of the commonwealth. The  
150 required workplace notice shall be in English and each language other than English which is the  
151 primary language of 5 or more employees or self-employed individuals of that workplace, if such  
152 notice is available from the department. Each health care employer shall notify each employee  
153 not more than 30 days from the beginning date of the employee's employment, the rights and  
154 responsibilities provided by this section, including those related to notification requirements and  
155 confidentiality.

156 (k) This section shall not be construed to exempt an employer from complying with  
157 chapter 258B, section 14B of chapter 268 or any other general or special law or to limit the rights  
158 of any employee under said chapter 258B, said section 14B of chapter 268 or any other general  
159 or special law.

160 SECTION 3. Section 13I of chapter 265 of the General Laws, as appearing in the 2020  
161 Official Edition, is hereby amended by adding the following paragraphs:-

162 Whoever knowingly and intentionally commits an assault or an assault and battery on an  
163 employee, as defined in section 245 of chapter 111, while in the line of duty, shall be punished  
164 by imprisonment in state prison for not more than five years or imprisonment in a jail or house of

165 correction for not less than 90 days nor more than 2 and one-half years or by a fine of not less  
166 than \$500 nor more than \$5,000, or any combination of said fines and imprisonment

167 Any emergency medical technician, ambulance operator, ambulance attendant or a health  
168 care provider as defined in section 245 of chapter 111, who is the victim of assault or assault and  
169 battery at a health care facility, as such term is defined in said section 245, in the line of duty  
170 shall be given the option of providing the address of the health care facility where the assault or  
171 assault and battery occurred or of the labor organization in which they are a member in good  
172 standing. In instances where the address of the health care facility is used or labor organization to  
173 which the employee is a member in good standing, the health care facility or labor organization  
174 shall ensure that the individual receives any documents pertaining to the assault or assault and  
175 battery within 24 hours of receipt by the health care facility or labor organization. The health  
176 care facility or labor organization shall demonstrate that it has provided any and all  
177 documentation by obtaining a signature from the individual acknowledging receipt.

178 SECTION 4. Section 13I of Chapter 265 of the General Laws as appearing in the 2020  
179 Official Edition, is hereby amended by striking out, in line 4, the words "treating or transporting  
180 a person".

181 SECTION 5. The commissioner of public health shall adopt rules and regulations within  
182 180 days of enactment of this act necessary to implement and enforce the purposes of section  
183 245 of chapter 111 of the General Laws.

184 SECTION 6. Notwithstanding any general or special law or rule or regulation to the  
185 contrary, within twelve months of the date of enactment, the executive office of health and  
186 human services shall coordinate with the executive office of public safety and security to issue a

187 report and recommendations to improve data sharing, communication, and collaboration between  
188 health care facilities, as defined by section 51 of chapter 111 of the general laws, and public  
189 safety and law enforcement entities. The regulations shall include but not be limited to: allowing  
190 health care facilities to access reports on individuals maintained by agencies within each  
191 department of the executive office of health and human services, and public safety and law  
192 enforcement officials through a secure electronic medical record, health information exchange,  
193 or other similar software or information systems connected to health care facilities, for the  
194 purposes of improving ease of access and utilization of such data for treatment and diagnosis,  
195 and supporting integration of such data within a patient's electronic health record for purposes of  
196 treatment of diagnosis; expansion of safe and appropriate state-operated alternative placement  
197 options for patients presenting in health care facilities in acute mental health or behavioral health  
198 crisis and for whom all reasonable clinical interventions have been unsuccessful, and other  
199 alternatives, such as transfer to a more secure hospital, are unavailable, and; identifying and  
200 establishing new pathways to enter patients into the Department of Mental Health continuing  
201 care system or similar treatment that do not require an arrest.