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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 4210

02/22/2024 Authored by Reyer, Feist, Klevorn, Virnig, Olson, L., and others
The bill was read for the first time and referred to the Committee on Health Finance and Policy
03/07/2024 Adoption of Report: Amended and re-referred to the Committee on Judiciary Finance and Civil Law

1.1 A bill for an act
1.2 relating to health; establishing safety requirements for hospitals and violence
1.3 intervention teams; requiring hospitals to have a secure online portal for reporting
1.4 of violence incidents and threats of violence; requiring de-escalation training for
1.5 all hospital health care workers; requiring a report; amending Minnesota Statutes
1.6 2022, section 144.55, by adding a subdivision; Minnesota Statutes 2023
1.7 Supplement, section 144.566, subdivisions 10, 15, by adding subdivisions;
1.8 proposing coding for new law in Minnesota Statutes, chapter 144.

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

1.10 Section 1. Minnesota Statutes 2022, section 144.55, is amended by adding a subdivision
1.11 to read:

1.12 Subd. 3c. Standards for emergency rooms. A hospital must maintain a log of every
1.13 patient who leaves its emergency department after checking in but before receiving care.
1.14 The patient log must document the reason the patient left, if known, and the length of time
1.15 the patient waited before leaving or, if the length of time the patient waited is unknown, the
1.16 length of time between the time the patient checked in and the time the hospital determined
1.17 the patient left without receiving care. The patient log required under this subdivision must
1.18 be made available to the commissioner of health immediately upon request. A copy of the
1.19 patient log with all personally identifiable information removed, or summary data of the
1.20 information in the patient log, must be made available to union representatives within 30
1.21 days of a request.

2.1 Sec. 2. Minnesota Statutes 2023 Supplement, section 144.566, subdivision 10, is amended
2.2 to read:

2.3 Subd. 10. **Safety training required.** A hospital must provide training to all health care
2.4 workers employed or contracted with the hospital on safety during acts of violence. Each
2.5 health care worker must receive safety training during the health care worker's orientation
2.6 and before the health care worker completes a shift independently, and annually thereafter.
2.7 Training must, at a minimum, include:

2.8 (1) safety guidelines for response to ~~and de-escalation of~~ an act of violence;

2.9 (2) ways to identify potentially violent or abusive situations, including aggression and
2.10 violence predicting factors;

2.11 (3) the hospital's preparedness and incident response action plans for acts of violence,
2.12 including how the health care worker may report concerns about workplace violence within
2.13 each hospital's reporting structure without fear of reprisal, how the hospital will address
2.14 workplace violence incidents, and how the health care worker can participate in reviewing
2.15 and revising the plan; and

2.16 (4) any resources available to health care workers for coping with incidents of violence,
2.17 including but not limited to critical incident stress debriefing or employee assistance
2.18 programs.

2.19 Sec. 3. Minnesota Statutes 2023 Supplement, section 144.566, is amended by adding a
2.20 subdivision to read:

2.21 Subd. 10a. **De-escalation training required.** (a) Except as provided in paragraph (d),
2.22 a hospital must provide de-escalation training to all health care workers employed or under
2.23 contract with the hospital. For health care workers employed or under contract with the
2.24 hospital as of July 1, 2024, the hospital must provide de-escalation training by June 30,
2.25 2025. For health care workers whose employment or contract with the hospital begins after
2.26 July 1, 2024, the hospital must provide de-escalation training upon hire. The de-escalation
2.27 training must, at a minimum, include four hours of training covering the following topics:

2.28 (1) understanding violence in health care settings and violence-induced stress among
2.29 health care workers;

2.30 (2) recognizing escalating aggression and techniques for de-escalating aggression and
2.31 violence, including behavioral and logistical strategies;

2.32 (3) managing post-traumatic stress disorder;

3.1 (4) minimizing potentially violent situations through effective patient communication;
3.2 (5) effective whole-person and whole-family interventions;
3.3 (6) trauma-informed care;
3.4 (7) implicit bias and antiracism; and
3.5 (8) verbal and nonverbal communication techniques that diffuse tension and reduce
3.6 emotional intensity.

3.7 (b) A hospital may create its own training course or may use an existing training course
3.8 that meets the criteria in paragraphs (a) and (c). A hospital is encouraged to use resources
3.9 that utilize peer-reviewed, evidence-based standards. A hospital must update its training
3.10 annually to reflect best practices.

3.11 (c) Except as provided in paragraph (d), after the initial training, a hospital must provide
3.12 at least two hours of de-escalation training updates annually to all health care workers
3.13 employed or under contract with the hospital.

3.14 (d) Health care workers who work remotely at least 95 percent of the time and do not
3.15 interact with patients are exempt from the de-escalation training required under paragraphs
3.16 (a) and (c).

3.17 Sec. 4. Minnesota Statutes 2023 Supplement, section 144.566, subdivision 15, is amended
3.18 to read:

3.19 Subd. 15. **Legislative report required.** (a) Beginning January 15, 2026, the commissioner
3.20 must compile the information submitted to the commissioner under subdivision 14 and the
3.21 commissioner's evaluation of hospitals' compliance with section 144.567 into a single annual
3.22 report and submit the report to the chairs and ranking minority members of the legislative
3.23 committees with jurisdiction over health care by January 15 of each year.

3.24 (b) This subdivision does not expire.

3.25 Sec. 5. Minnesota Statutes 2023 Supplement, section 144.566, is amended by adding a
3.26 subdivision to read:

3.27 Subd. 18. **Reports of acts or threats of violence.** (a) When implementing the required
3.28 reporting procedures under subdivision 7, all hospitals must provide a secure online portal
3.29 through which health care workers can submit a report of a violent incident or threat of
3.30 violence that occurred in the hospital or on hospital grounds. Hospitals must retain all data

4.1 submitted through the online portal for a minimum of seven years from the date on which
4.2 the data were submitted.

4.3 (b) The data submitted through the online portal must be made available to appropriate
4.4 hospital personnel and upon request to the commissioner of health. A copy of data submitted
4.5 through the online portal with all personally identifiable information removed or, if requested,
4.6 summary data of the information submitted, must be made available to union representatives
4.7 within 30 days of a request.

4.8 (c) The online portal must include data fields allowing a health care worker to submit:

4.9 (1) the date, time, and location of the act of violence or threat of violence;

4.10 (2) the names and job titles of all health care workers known by the submitting health
4.11 care worker to have been victims of or witnesses to the act or threat of violence;

4.12 (3) the names and job titles of all health care workers known by the submitting health
4.13 care worker to have responded to the act or threat of violence;

4.14 (4) a classification of the person engaged in the violent act or threat of violence;

4.15 (5) a description of the act or threat of violence;

4.16 (6) a description of the incident response;

4.17 (7) the nature and extent of any injuries known by the submitting health care worker to
4.18 have been suffered by health care workers; and

4.19 (8) a description of the staffing levels at the time of the act or threat of violence and the
4.20 submitting health care worker's opinion concerning whether staffing levels contributed to
4.21 the incident.

4.22 **Sec. 6. [144.567] VIOLENCE INTERRUPTION INTERVENTION TEAMS.**

4.23 Subdivision 1. **Violence interruption intervention teams required.** Except as provided
4.24 in subdivision 4, by July 1, 2025, all hospitals must establish and maintain at least one
4.25 violence interruption intervention team according to the requirements of this section. At
4.26 least one member of the violence interruption intervention team listed in subdivision 3 who
4.27 is a licensed medical professional and authorized to administer all medications that may be
4.28 required during a crisis intervention must be available on site at all times to respond promptly
4.29 to any crisis that may escalate to violence or is violent and that occurs in the hospital.

4.30 Subd. 2. **Definitions.** (a) For the purposes of this section, the following terms have the
4.31 meanings given.

5.1 (b) "Competency" means the ability of a health care worker to effectively demonstrate
5.2 a set of attributes, such as personal characteristics, professional attitude, values, knowledge,
5.3 and skills, and to fulfill the worker's professional responsibility through practice. A competent
5.4 person must possess these attributes, have the motivation and ability to use them, and
5.5 effectively use them to provide safe, effective, and professional care to patients.

5.6 (c) "Crisis intervention" means face-to-face, short-term intensive mental health services
5.7 initiated during a crisis where a patient's behavior may escalate to violence or is violent, to
5.8 help a patient cope with immediate stressors, identify and utilize available resources and
5.9 patient strengths, and begin to return to the patient's baseline level of functioning. Crisis
5.10 intervention does not include the use of violence, physical holds, mechanical restraints, or
5.11 chemical restraints to immobilize a patient unless the physical hold, mechanical restraint,
5.12 or chemical restraint is necessary to conduct a medical examination or treatment.

5.13 (d) "Hospital" means a general acute care hospital licensed under sections 144.50 to
5.14 144.58.

5.15 (e) "Licensed medical professional" means one of the following, licensed by the
5.16 profession's licensing board: (1) a doctor of medicine or osteopathy; (2) a registered nurse;
5.17 or (3) a practical nurse.

5.18 (f) "Licensed mental health professional" means a mental health professional who is
5.19 qualified according to section 245I.04, subdivision 2.

5.20 **Subd. 3. Violence interruption intervention team.** (a) Each violence interruption
5.21 intervention team must include at least four members, and all members must have completed
5.22 the training required under subdivision 11.

5.23 (b) Each violence interruption intervention team must include at least:

5.24 (1) three licensed medical professionals who have competency in providing psychiatric
5.25 care, of whom at least one must be a registered nurse and of whom at least one must be
5.26 either an additional registered nurse or a licensed practical nurse;

5.27 (2) one licensed mental health professional who has experience and competency in
5.28 responding to the needs of patients in mental health crisis; and

5.29 (3) any additional health care staff necessary to ensure the care needs can be met of a
5.30 patient whose behavior may escalate to violence or is violent.

5.31 (c) Health care staff who are not members of the violence interruption intervention team:

6.1 (1) are not permitted to perform crisis interventions unless the team asks for assistance;
6.2 and

6.3 (2) may support the violence interruption intervention team during a crisis.

6.4 (d) When scheduled to serve on the violence interruption intervention team, hospitals
6.5 must not assign team members any duties or tasks that would prevent the team member
6.6 from promptly responding to a crisis where behavior may escalate to violence or is violent
6.7 and immediately participating in an intervention until the resolution of the crisis.

6.8 (e) A hospital must treat a response by violence interruption intervention team members
6.9 as a supplemental emergency service and must not regard the presence of team members
6.10 on a unit as a replacement for health care staff who would otherwise be assigned to the unit
6.11 to provide care for the patient who is experiencing a crisis and whose behavior may escalate
6.12 to violence or is violent, or any other patient on the unit.

6.13 Subd. 4. **Critical access hospitals.** A critical access hospital that does not have a
6.14 behavioral health unit or mental health unit is not required to have a violence interruption
6.15 intervention team that meets the requirements of subdivision 3, provided the critical access
6.16 hospital has a staff person available at all times who:

6.17 (1) is a licensed medical professional;

6.18 (2) is authorized to administer all medications that may be required during a crisis
6.19 intervention;

6.20 (3) completed the trainings required under subdivision 11 and section 144.566,
6.21 subdivision 10a; and

6.22 (4) is able to provide crisis intervention as a violence interruption intervention team
6.23 would.

6.24 Subd. 5. **Violence interruption intervention.** (a) Hospital staff must seek assistance
6.25 from the violence interruption intervention team when hospital staff believe that a patient
6.26 is experiencing a crisis where the patient's behavior may escalate to violence or is violent
6.27 or that a patient is at imminent risk of such a crisis. Hospital staff may also seek assistance
6.28 from the violence interruption intervention team when another person in the hospital or on
6.29 the hospital grounds is experiencing a crisis where the person's behavior may escalate to
6.30 violence or is violent, or is at imminent risk of such a crisis.

6.31 (b) A member of the violence interruption intervention team must respond promptly and
6.32 in person to all requests for assistance from the team.

7.1 (c) For each crisis intervention, one violence interruption intervention team member
7.2 must be designated the team lead. The team lead must determine what intervention method
7.3 is most appropriate and promptly organize an intervention plan.

7.4 **Subd. 6. Violence interruption intervention follow-up; violence interruption**
7.5 **intervention team responsibilities.** After a crisis intervention, the violence interruption
7.6 intervention team must conduct an informal debriefing to determine if: (1) policies and
7.7 procedures were followed prior to and during the intervention; (2) the best outcome for the
7.8 patient was achieved; and (3) improvement to the intervention process is needed to better
7.9 serve the needs of patients experiencing a crisis where the patient's behavior may escalate
7.10 to violence or is violent. The violence interruption intervention team may make
7.11 recommendations to the hospital administration for improving crisis interventions in the
7.12 future.

7.13 **Subd. 7. Violence interruption intervention follow-up; care team responsibilities. (a)**
7.14 After a crisis intervention, the care team of the patient who experienced the crisis must
7.15 review the patient's care plan and implement an updated person-centered care plan to
7.16 minimize the chances of a recurrence of a crisis where the patient's behavior may escalate
7.17 to violence or is violent. When preparing the updated care plan, the care team must consult
7.18 the patient's physician to determine if the patient's treatment plan needs to be adjusted.

7.19 (b) The patient's updated care plan must:

7.20 (1) address in observable and measurable terms where, when, and with whom the crisis
7.21 occurred and determine if adjustments to the patient's care, care team, or environment are
7.22 necessary to minimize known antecedents and triggers of the patient's prior crises where
7.23 the patient's behavior was violent or was at risk of escalating to violence;

7.24 (2) include what interventions and strategies were previously implemented to prevent
7.25 the patient from experiencing a crisis where the patient's behavior may escalate to violence
7.26 or is violent and the efficacy of those interventions and strategies;

7.27 (3) provide recommendations on the best de-escalation strategies for the patient; and

7.28 (4) set a staffing level and patient status observation schedule for the patient to ensure
7.29 the care plan is followed and the patient's needs are met in a timely manner.

7.30 (c) The care team must evaluate the patient's care plan at least weekly to ensure the care
7.31 plan continues to be appropriate for the patient.

8.1 (d) The care team of the patient who experienced the crisis must ensure all care plans
8.2 are appropriately transferred if the patient's care is transferred to other health care staff or
8.3 to a different unit or facility.

8.4 Subd. 8. **Violence interruption intervention follow-up; hospital responsibilities.** After
8.5 a crisis intervention, the hospital administration must:

8.6 (1) provide options for affected staff to leave their shift and return to work when they
8.7 are fit to do so;

8.8 (2) ensure the patient's electronic health record is modified to display a conspicuous
8.9 notice alerting members of the patient's care team that the patient recently experienced a
8.10 crisis requiring a response from the violence interruption intervention team, and ensure that
8.11 this notice is removed from the patient's electronic health record once seven days elapse
8.12 without the patient experiencing such a crisis;

8.13 (3) contact affected staff to provide support and referrals to employee assistance plans,
8.14 mental health programs, and other available resources;

8.15 (4) conduct a thorough investigation of the circumstances precipitating the crisis,
8.16 including staffing levels at the time of the crisis, and documenting direct care staff concerns
8.17 about staffing levels;

8.18 (5) provide recommendations to the workplace violence prevention action plan team
8.19 under section 144.566 for remedial action and remedies around staffing levels;

8.20 (6) review incidents, staffing levels, and documentation to ensure crisis prevention
8.21 strategies are implemented and added to the workplace violence prevention action plan
8.22 under section 144.566;

8.23 (7) submit a violence incident report to the workplace violence prevention action plan
8.24 team under section 144.566; and

8.25 (8) submit to the workplace violence prevention action plan team any recommendations
8.26 for improving crisis interventions in the future that the violence interruption intervention
8.27 team may have submitted to the hospital administration under subdivision 6.

8.28 Subd. 9. **Required violence interruption intervention policies.** All hospitals must
8.29 adopt and implement policies governing a violence interruption intervention team's response
8.30 when hospital staff believe a patient is experiencing a crisis where the patient's behavior
8.31 may escalate to violence or is violent or believe a patient is at imminent risk of such a crisis.
8.32 The violence interruption intervention policies must include the names or job titles of the

- 9.1 hospital staff responsible for implementing the violence interruption intervention policies.
- 9.2 The violence interruption intervention policies must include procedures for:
- 9.3 (1) creating a violence interruption intervention team that meets the requirements of
- 9.4 subdivision 3;
- 9.5 (2) identifying and assessing a patient's condition to determine the need for response or
- 9.6 intervention by a violence interruption intervention team member;
- 9.7 (3) ambulance personnel to request that a violence interruption intervention team be
- 9.8 available to assist when the ambulance arrives at the hospital;
- 9.9 (4) training all hospital staff to seek assistance from the violence interruption intervention
- 9.10 team when appropriate or to call emergency services;
- 9.11 (5) training of violence interruption intervention team members that meet the requirements
- 9.12 of subdivision 11;
- 9.13 (6) ensuring at least one member of the violence interruption intervention team listed in
- 9.14 subdivision 3, who is a licensed medical professional and authorized to administer all
- 9.15 medications that may be required during a crisis intervention, is available on site at all times
- 9.16 to respond promptly to any crisis that occurs in the hospital where a patient's behavior may
- 9.17 escalate to violence or is violent, including a requirement that a violence interruption
- 9.18 intervention team member is not considered available if the team member has been assigned
- 9.19 any duties or tasks that would prevent the team member from promptly responding to a
- 9.20 crisis and immediately participating in an intervention until the resolution of the crisis;
- 9.21 (7) a violence interruption intervention team's timely response to a request for assistance;
- 9.22 (8) evaluating a patient experiencing a crisis where the patient's behavior may escalate
- 9.23 to violence or is violent, for substance use treatment and counseling and to provide guidance
- 9.24 on that treatment and counseling;
- 9.25 (9) ensuring the provision of linguistically and culturally competent behavioral health
- 9.26 crisis intervention services to patients;
- 9.27 (10) reporting concerns by hospital staff regarding the availability of violence interruption
- 9.28 intervention team members and concerns regarding the availability, condition, storage, and
- 9.29 maintenance of equipment; and
- 9.30 (11) coordinating implementation of the requirements of this section with the workplace
- 9.31 violence prevention plan adopted by a hospital under section 144.566, including methods

10.1 of reporting and investigating any incidents of workplace violence that result from a patient's
10.2 crisis.

10.3 Subd. 10. **Required safety procedures.** All hospitals must adopt and implement safety
10.4 procedures for situations in which the risk posed by a crisis where a patient's behavior may
10.5 escalate to violence or is violent exceeds the ability of the violence interruption intervention
10.6 team to safely intervene. The safety procedures must be created by the violence interruption
10.7 intervention team with input from direct patient care staff. The safety procedures must
10.8 include:

10.9 (1) mechanisms to provide appropriate intervention when health care staff are concerned
10.10 about confronting a suspected perpetrator of abuse or concerned for their own safety, such
10.11 as when a person is wielding a deadly weapon;

10.12 (2) standards for determining when and how to inform all impacted health care staff of
10.13 potential life-threatening circumstances in the hospital; and

10.14 (3) standards for determining when to call security or law enforcement to respond to an
10.15 incident.

10.16 Subd. 11. **Required training for violence interruption intervention team members.** (a)
10.17 All hospitals must ensure that all members of a violence interruption intervention team
10.18 receive training and education on a continuing annual basis to ensure competency in existing
10.19 and new skills in psychiatric care, crisis intervention, substance use treatment services,
10.20 providing trauma-informed care, and ensuring access to linguistically and culturally
10.21 competent care.

10.22 (b) The training and education required under this subdivision must include opportunities
10.23 for interactive questions and answers between violence interruption intervention team
10.24 members and a person knowledgeable about the hospital's violence interruption intervention
10.25 policies.

10.26 (c) The training and education required under this subdivision must be conducted during
10.27 the normal working hours of the participating team member unless the team member receives
10.28 at least the normal hourly wage for any additional time spent in the training and education
10.29 sessions. Training must be conducted only when participating team members are not
10.30 scheduled to provide patient care.

10.31 Subd. 12. **Violence interruption intervention program implementation**
10.32 requirements. (a) All hospitals must designate as a violence interruption intervention
10.33 director a licensed medical professional who: (1) has experience and competence in

11.1 psychiatric services; (2) is either a registered nurse or a physician; and (3) is responsible
11.2 for the implementation of the requirements of this section.

11.3 (b) The violence interruption intervention director must ensure that the policies adopted
11.4 under subdivisions 9 and 10 are developed, implemented, and annually reviewed with
11.5 meaningful input and active involvement of the following hospital staff, including hospital
11.6 staff with a recognized collective bargaining agent or agents:

11.7 (1) registered nurses who provide emergency medical services;

11.8 (2) registered nurses who provide psychiatric nursing care or provide care in a psychiatric
11.9 unit, if any;

11.10 (3) psychiatrists and other physicians who provide inpatient psychiatric services or
11.11 provide care in a psychiatric unit, if any;

11.12 (4) ancillary health care staff who provide inpatient psychiatric services or provide care
11.13 in a psychiatric unit, including psychiatric technicians, if any;

11.14 (5) emergency medical technicians who serve the hospital;

11.15 (6) violence interruption intervention team members; and

11.16 (7) any other hospital staff required to be present in a patient care area who are reasonably
11.17 anticipated to require a response by a violence interruption intervention team.

11.18 (c) The violence interruption intervention director must ensure that the programs
11.19 implementing the training and education requirements under subdivisions 9 to 11 are
11.20 developed, implemented, and annually reviewed and revised with meaningful input and
11.21 active involvement of the hospital staff listed in paragraph (b), including the development
11.22 of curricula and training materials.

11.23 (d) The violence interruption intervention director must ensure that the hospital's violence
11.24 interruption intervention program is evaluated annually for effectiveness in providing timely
11.25 access to crisis intervention services and reducing rates of workplace violence. The violence
11.26 interruption intervention director must ensure that the program evaluation is conducted with
11.27 meaningful input and active involvement of the hospital staff listed in paragraph (b).

11.28 Subd. 13. **Enforcement.** (a) Notwithstanding section 144.55, the commissioner of health
11.29 shall inspect hospitals for compliance with this section according to the schedule in section
11.30 144.653, subdivision 2. The commissioner shall issue a correction order to the hospital if,
11.31 upon inspection, the commissioner finds that the hospital was not in compliance with this

12.1 section for three or more days. The correction order shall state the deficiency, cite the specific
12.2 rule violated, and specify the time allowed for correction.

12.3 (b) If, upon reinspection, the commissioner finds that the hospital has not corrected
12.4 deficiencies specified in the correction order, the commissioner shall issue a notice of
12.5 noncompliance with a correction order stating all deficiencies not corrected and the provisions
12.6 of section 144.653, subdivisions 6 to 9, apply.

12.7 Subd. 14. **Limited immunity.** (a) No individual employed to work in a hospital shall
12.8 be subject to civil or criminal liability for engaging in conduct in good faith compliance
12.9 with the hospital's procedures governing the hospital's violence interruption intervention
12.10 program.

12.11 (b) No licensed medical professional or licensed mental health professional employed
12.12 to work in a hospital shall be subject to professional disciplinary action, including censure,
12.13 suspension, loss of license, loss of privileges, loss of membership, or any other penalty for
12.14 engaging in conduct in good faith compliance with the hospital's procedures governing the
12.15 hospital's violence interruption intervention program.