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HOUSE BILL NO. 2269
AMENDMENT IN THE NATURE OF A SUBSTITUTE
(Proposed by the Senate Committee on Education and Health
on February 13, 2025)
(Patron Prior to Substitute—Delegate Tran)

A BILL to amend and reenact § 32.1-127, as it shall become effective, of the Code of Virginia, relating to hospitals; reports of threats or acts of violence against health care providers.

Be it enacted by the General Assembly of Virginia:

1. That § 32.1-127, as it shall become effective, of the Code of Virginia is amended and reenacted as follows:

§ 32.1-127. (Effective July 1, 2025) Regulations.

A. The regulations promulgated by the Board to carry out the provisions of this article shall be in substantial conformity to the standards of health, hygiene, sanitation, construction and safety as established and recognized by medical and health care professionals and by specialists in matters of public health and safety, including health and safety standards established under provisions of Title XVIII and Title XIX of the Social Security Act, and to the provisions of Article 2 (§ 32.1-138 et seq.).

B. Such regulations:

1. Shall include minimum standards for (i) the construction and maintenance of hospitals, nursing homes and certified nursing facilities to ensure the environmental protection and the life safety of its patients, employees, and the public; (ii) the operation, staffing and equipping of hospitals, nursing homes and certified nursing facilities; (iii) qualifications and training of staff of hospitals, nursing homes and certified nursing facilities, except those professionals licensed or certified by the Department of Health Professions; (iv) conditions under which a hospital or nursing home may provide medical and nursing services to patients in their places of residence; and (v) policies related to infection prevention, disaster preparedness, and facility security of hospitals, nursing homes, and certified nursing facilities;

2. Shall provide that at least one physician who is licensed to practice medicine in the Commonwealth and is primarily responsible for the emergency department shall be on duty and physically present at all times at each hospital that operates or holds itself out as operating an emergency service;

3. May classify hospitals and nursing homes by type of specialty or service and may provide for licensing hospitals and nursing homes by bed capacity and by type of specialty or service;

31 4. Shall also require that each hospital establish a protocol for organ donation, in compliance with federal
32 law and the regulations of the Centers for Medicare and Medicaid Services (CMS), particularly 42 C.F.R. §
33 482.45. Each hospital shall have an agreement with an organ procurement organization designated in CMS
34 regulations for routine contact, whereby the provider's designated organ procurement organization certified
35 by CMS (i) is notified in a timely manner of all deaths or imminent deaths of patients in the hospital and (ii)
36 is authorized to determine the suitability of the decedent or patient for organ donation and, in the absence of a
37 similar arrangement with any eye bank or tissue bank in Virginia certified by the Eye Bank Association of
38 America or the American Association of Tissue Banks, the suitability for tissue and eye donation. The
39 hospital shall also have an agreement with at least one tissue bank and at least one eye bank to cooperate in
40 the retrieval, processing, preservation, storage, and distribution of tissues and eyes to ensure that all usable
41 tissues and eyes are obtained from potential donors and to avoid interference with organ procurement. The
42 protocol shall ensure that the hospital collaborates with the designated organ procurement organization to
43 inform the family of each potential donor of the option to donate organs, tissues, or eyes or to decline to
44 donate. The individual making contact with the family shall have completed a course in the methodology for
45 approaching potential donor families and requesting organ or tissue donation that (a) is offered or approved
46 by the organ procurement organization and designed in conjunction with the tissue and eye bank community
47 and (b) encourages discretion and sensitivity according to the specific circumstances, views, and beliefs of
48 the relevant family. In addition, the hospital shall work cooperatively with the designated organ procurement
49 organization in educating the staff responsible for contacting the organ procurement organization's personnel
50 on donation issues, the proper review of death records to improve identification of potential donors, and the
51 proper procedures for maintaining potential donors while necessary testing and placement of potential
52 donated organs, tissues, and eyes takes place. This process shall be followed, without exception, unless the
53 family of the relevant decedent or patient has expressed opposition to organ donation, the chief administrative
54 officer of the hospital or his designee knows of such opposition, and no donor card or other relevant
55 document, such as an advance directive, can be found;

56 5. Shall require that each hospital that provides obstetrical services establish a protocol for admission or
57 transfer of any pregnant woman who presents herself while in labor;

58 6. Shall also require that each licensed hospital develop and implement a protocol requiring written
59 discharge plans for identified, substance-abusing, postpartum women and their infants. The protocol shall

60 require that the discharge plan be discussed with the patient and that appropriate referrals for the mother and
61 the infant be made and documented. Appropriate referrals may include, but need not be limited to, treatment
62 services, comprehensive early intervention services for infants and toddlers with disabilities and their families
63 pursuant to Part H of the Individuals with Disabilities Education Act, 20 U.S.C. § 1471 et seq., and
64 family-oriented prevention services. The discharge planning process shall involve, to the extent possible, the
65 other parent of the infant and any members of the patient's extended family who may participate in the
66 follow-up care for the mother and the infant. Immediately upon identification, pursuant to § 54.1-2403.1, of
67 any substance-abusing, postpartum woman, the hospital shall notify, subject to federal law restrictions, the
68 community services board of the jurisdiction in which the woman resides to appoint a discharge plan
69 manager. The community services board shall implement and manage the discharge plan;

70 7. Shall require that each nursing home and certified nursing facility fully disclose to the applicant for
71 admission the home's or facility's admissions policies, including any preferences given;

72 8. Shall require that each licensed hospital establish a protocol relating to the rights and responsibilities of
73 patients which shall include a process reasonably designed to inform patients of such rights and
74 responsibilities. Such rights and responsibilities of patients, a copy of which shall be given to patients on
75 admission, shall be consistent with applicable federal law and regulations of the Centers for Medicare and
76 Medicaid Services;

77 9. Shall establish standards and maintain a process for designation of levels or categories of care in
78 neonatal services according to an applicable national or state-developed evaluation system. Such standards
79 may be differentiated for various levels or categories of care and may include, but need not be limited to,
80 requirements for staffing credentials, staff/patient ratios, equipment, and medical protocols;

81 10. Shall require that each nursing home and certified nursing facility train all employees who are
82 mandated to report adult abuse, neglect, or exploitation pursuant to § 63.2-1606 on such reporting procedures
83 and the consequences for failing to make a required report;

84 11. Shall permit hospital personnel, as designated in medical staff bylaws, rules and regulations, or
85 hospital policies and procedures, to accept emergency telephone and other verbal orders for medication or
86 treatment for hospital patients from physicians, and other persons lawfully authorized by state statute to give
87 patient orders, subject to a requirement that such verbal order be signed, within a reasonable period of time
88 not to exceed 72 hours as specified in the hospital's medical staff bylaws, rules and regulations or hospital

89 policies and procedures, by the person giving the order, or, when such person is not available within the
90 period of time specified, co-signed by another physician or other person authorized to give the order;

91 12. Shall require, unless the vaccination is medically contraindicated or the resident declines the offer of
92 the vaccination, that each certified nursing facility and nursing home provide or arrange for the
93 administration to its residents of (i) an annual vaccination against influenza and (ii) a pneumococcal
94 vaccination, in accordance with the most recent recommendations of the Advisory Committee on
95 Immunization Practices of the Centers for Disease Control and Prevention;

96 13. Shall require that each nursing home and certified nursing facility register with the Department of
97 State Police to receive notice of the registration, reregistration, or verification of registration information of
98 any person required to register with the Sex Offender and Crimes Against Minors Registry pursuant to
99 Chapter 9 (§ 9.1-900 et seq.) of Title 9.1 within the same or a contiguous zip code area in which the home or
100 facility is located, pursuant to § 9.1-914;

101 14. Shall require that each nursing home and certified nursing facility ascertain, prior to admission,
102 whether a potential patient is required to register with the Sex Offender and Crimes Against Minors Registry
103 pursuant to Chapter 9 (§ 9.1-900 et seq.) of Title 9.1, if the home or facility anticipates the potential patient
104 will have a length of stay greater than three days or in fact stays longer than three days;

105 15. Shall require that each licensed hospital include in its visitation policy a provision allowing each adult
106 patient to receive visits from any individual from whom the patient desires to receive visits, subject to other
107 restrictions contained in the visitation policy including, but not limited to, those related to the patient's
108 medical condition and the number of visitors permitted in the patient's room simultaneously;

109 16. Shall require that each nursing home and certified nursing facility shall, upon the request of the
110 facility's family council, send notices and information about the family council mutually developed by the
111 family council and the administration of the nursing home or certified nursing facility, and provided to the
112 facility for such purpose, to the listed responsible party or a contact person of the resident's choice up to six
113 times per year. Such notices may be included together with a monthly billing statement or other regular
114 communication. Notices and information shall also be posted in a designated location within the nursing
115 home or certified nursing facility. No family member of a resident or other resident representative shall be
116 restricted from participating in meetings in the facility with the families or resident representatives of other
117 residents in the facility;

118 17. Shall require that each nursing home and certified nursing facility maintain liability insurance
119 coverage in a minimum amount of \$1 million, and professional liability coverage in an amount at least equal
120 to the recovery limit set forth in § 8.01-581.15, to compensate patients or individuals for injuries and losses
121 resulting from the negligent or criminal acts of the facility. Failure to maintain such minimum insurance shall
122 result in revocation of the facility's license;

123 18. Shall require each hospital that provides obstetrical services to establish policies to follow when a
124 stillbirth, as defined in § 32.1-69.1, occurs that meet the guidelines pertaining to counseling patients and their
125 families and other aspects of managing stillbirths as may be specified by the Board in its regulations;

126 19. Shall require each nursing home to provide a full refund of any unexpended patient funds on deposit
127 with the facility following the discharge or death of a patient, other than entrance-related fees paid to a
128 continuing care provider as defined in § 38.2-4900, within 30 days of a written request for such funds by the
129 discharged patient or, in the case of the death of a patient, the person administering the person's estate in
130 accordance with the Virginia Small Estates Act (§ 64.2-600 et seq.);

131 20. Shall require that each hospital that provides inpatient psychiatric services establish a protocol that
132 requires, for any refusal to admit (i) a medically stable patient referred to its psychiatric unit, direct verbal
133 communication between the on-call physician in the psychiatric unit and the referring physician, if requested
134 by such referring physician, and prohibits on-call physicians or other hospital staff from refusing a request for
135 such direct verbal communication by a referring physician and (ii) a patient for whom there is a question
136 regarding the medical stability or medical appropriateness of admission for inpatient psychiatric services due
137 to a situation involving results of a toxicology screening, the on-call physician in the psychiatric unit to which
138 the patient is sought to be transferred to participate in direct verbal communication, either in person or via
139 telephone, with a clinical toxicologist or other person who is a Certified Specialist in Poison Information
140 employed by a poison control center that is accredited by the American Association of Poison Control
141 Centers to review the results of the toxicology screen and determine whether a medical reason for refusing
142 admission to the psychiatric unit related to the results of the toxicology screen exists, if requested by the
143 referring physician;

144 21. Shall require that each hospital that is equipped to provide life-sustaining treatment shall develop a
145 policy governing determination of the medical and ethical appropriateness of proposed medical care, which
146 shall include (i) a process for obtaining a second opinion regarding the medical and ethical appropriateness of

147 proposed medical care in cases in which a physician has determined proposed care to be medically or
148 ethically inappropriate; (ii) provisions for review of the determination that proposed medical care is
149 medically or ethically inappropriate by an interdisciplinary medical review committee and a determination by
150 the interdisciplinary medical review committee regarding the medical and ethical appropriateness of the
151 proposed health care; and (iii) requirements for a written explanation of the decision reached by the
152 interdisciplinary medical review committee, which shall be included in the patient's medical record. Such
153 policy shall ensure that the patient, his agent, or the person authorized to make medical decisions pursuant to
154 § 54.1-2986 (a) are informed of the patient's right to obtain his medical record and to obtain an independent
155 medical opinion and (b) afforded reasonable opportunity to participate in the medical review committee
156 meeting. Nothing in such policy shall prevent the patient, his agent, or the person authorized to make medical
157 decisions pursuant to § 54.1-2986 from obtaining legal counsel to represent the patient or from seeking other
158 remedies available at law, including seeking court review, provided that the patient, his agent, or the person
159 authorized to make medical decisions pursuant to § 54.1-2986, or legal counsel provides written notice to the
160 chief executive officer of the hospital within 14 days of the date on which the physician's determination that
161 proposed medical treatment is medically or ethically inappropriate is documented in the patient's medical
162 record;

163 22. Shall require every hospital with an emergency department to establish a security plan. Such security
164 plan shall be developed using standards established by the International Association for Healthcare Security
165 and Safety or other industry standard and shall be based on the results of a security risk assessment of each
166 emergency department location of the hospital and shall include the presence of at least one off-duty
167 law-enforcement officer or trained security personnel who is present in the emergency department at all times
168 as indicated to be necessary and appropriate by the security risk assessment. Such security plan shall be based
169 on identified risks for the emergency department, including trauma level designation, overall volume, volume
170 of psychiatric and forensic patients, incidents of violence against staff, and level of injuries sustained from
171 such violence, and prevalence of crime in the community, in consultation with the emergency department
172 medical director and nurse director. The security plan shall also outline training requirements for security
173 personnel in the potential use of and response to weapons, defensive tactics, de-escalation techniques,
174 appropriate physical restraint and seclusion techniques, crisis intervention, and trauma-informed approaches.
175 Such training shall also include instruction on safely addressing situations involving patients, family

176 members, or other persons who pose a risk of harm to themselves or others due to mental illness or substance
177 abuse or who are experiencing a mental health crisis. Such training requirements may be satisfied through
178 completion of the Department of Criminal Justice Services minimum training standards for auxiliary police
179 officers as required by § 15.2-1731. The Commissioner shall provide a waiver from the requirement that at
180 least one off-duty law-enforcement officer or trained security personnel be present at all times in the
181 emergency department if the hospital demonstrates that a different level of security is necessary and
182 appropriate for any of its emergency departments based upon findings in the security risk assessment;

183 23. Shall require that each hospital establish a protocol requiring that, before a health care provider
184 arranges for air medical transportation services for a patient who does not have an emergency medical
185 condition as defined in 42 U.S.C. § 1395dd(e)(1), the hospital shall provide the patient or his authorized
186 representative with written or electronic notice that the patient (i) may have a choice of transportation by an
187 air medical transportation provider or medically appropriate ground transportation by an emergency medical
188 services provider and (ii) will be responsible for charges incurred for such transportation in the event that the
189 provider is not a contracted network provider of the patient's health insurance carrier or such charges are not
190 otherwise covered in full or in part by the patient's health insurance plan;

191 24. Shall establish an exemption from the requirement to obtain a license to add temporary beds in an
192 existing hospital or nursing home, including beds located in a temporary structure or satellite location
193 operated by the hospital or nursing home, provided that the ability remains to safely staff services across the
194 existing hospital or nursing home, (i) for a period of no more than the duration of the Commissioner's
195 determination plus 30 days when the Commissioner has determined that a natural or man-made disaster has
196 caused the evacuation of a hospital or nursing home and that a public health emergency exists due to a
197 shortage of hospital or nursing home beds or (ii) for a period of no more than the duration of the emergency
198 order entered pursuant to § 32.1-13 or 32.1-20 plus 30 days when the Board, pursuant to § 32.1-13, or the
199 Commissioner, pursuant to § 32.1-20, has entered an emergency order for the purpose of suppressing a
200 nuisance dangerous to public health or a communicable, contagious, or infectious disease or other danger to
201 the public life and health;

202 25. Shall establish protocols to ensure that any patient scheduled to receive an elective surgical procedure
203 for which the patient can reasonably be expected to require outpatient physical therapy as a follow-up
204 treatment after discharge is informed that he (i) is expected to require outpatient physical therapy as a follow-

205 up treatment and (ii) will be required to select a physical therapy provider prior to being discharged from the
206 hospital;

207 26. Shall permit nursing home staff members who are authorized to possess, distribute, or administer
208 medications to residents to store, dispense, or administer cannabis oil to a resident who has been issued a
209 valid written certification for the use of cannabis oil in accordance with § 4.1-1601;

210 27. Shall require each hospital with an emergency department to establish a protocol for the treatment and
211 discharge of individuals experiencing a substance use-related emergency, which shall include provisions for
212 (i) appropriate screening and assessment of individuals experiencing substance use-related emergencies to
213 identify medical interventions necessary for the treatment of the individual in the emergency department and
214 (ii) recommendations for follow-up care following discharge for any patient identified as having a substance
215 use disorder, depression, or mental health disorder, as appropriate, which may include, for patients who have
216 been treated for substance use-related emergencies, including opioid overdose, or other high-risk patients, (a)
217 the dispensing of naloxone or other opioid antagonist used for overdose reversal pursuant to subsection X of
218 § 54.1-3408 at discharge or (b) issuance of a prescription for and information about accessing naloxone or
219 other opioid antagonist used for overdose reversal, including information about accessing naloxone or other
220 opioid antagonist used for overdose reversal at a community pharmacy, including any outpatient pharmacy
221 operated by the hospital, or through a community organization or pharmacy that may dispense naloxone or
222 other opioid antagonist used for overdose reversal without a prescription pursuant to a statewide standing
223 order. Such protocols may also provide for referrals of individuals experiencing a substance use-related
224 emergency to peer recovery specialists and community-based providers of behavioral health services, or to
225 providers of pharmacotherapy for the treatment of drug or alcohol dependence or mental health diagnoses;

226 28. During a public health emergency related to COVID-19, shall require each nursing home and certified
227 nursing facility to establish a protocol to allow each patient to receive visits, consistent with guidance from
228 the Centers for Disease Control and Prevention and as directed by the Centers for Medicare and Medicaid
229 Services and the Board. Such protocol shall include provisions describing (i) the conditions, including
230 conditions related to the presence of COVID-19 in the nursing home, certified nursing facility, and
231 community, under which in-person visits will be allowed and under which in-person visits will not be
232 allowed and visits will be required to be virtual; (ii) the requirements with which in-person visitors will be
233 required to comply to protect the health and safety of the patients and staff of the nursing home or certified

234 nursing facility; (iii) the types of technology, including interactive audio or video technology, and the staff
235 support necessary to ensure visits are provided as required by this subdivision; and (iv) the steps the nursing
236 home or certified nursing facility will take in the event of a technology failure, service interruption, or
237 documented emergency that prevents visits from occurring as required by this subdivision. Such protocol
238 shall also include (a) a statement of the frequency with which visits, including virtual and in-person, where
239 appropriate, will be allowed, which shall be at least once every 10 calendar days for each patient; (b) a
240 provision authorizing a patient or the patient's personal representative to waive or limit visitation, provided
241 that such waiver or limitation is included in the patient's health record; and (c) a requirement that each
242 nursing home and certified nursing facility publish on its website or communicate to each patient or the
243 patient's authorized representative, in writing or via electronic means, the nursing home's or certified nursing
244 facility's plan for providing visits to patients as required by this subdivision;

245 29. Shall require each hospital, nursing home, and certified nursing facility to establish and implement
246 policies to ensure the permissible access to and use of an intelligent personal assistant provided by a patient,
247 in accordance with such regulations, while receiving inpatient services. Such policies shall ensure protection
248 of health information in accordance with the requirements of the federal Health Insurance Portability and
249 Accountability Act of 1996, 42 U.S.C. § 1320d et seq., as amended. For the purposes of this subdivision,
250 "intelligent personal assistant" means a combination of an electronic device and a specialized software
251 application designed to assist users with basic tasks using a combination of natural language processing and
252 artificial intelligence, including such combinations known as "digital assistants" or "virtual assistants";

253 30. During a declared public health emergency related to a communicable disease of public health threat,
254 shall require each hospital, nursing home, and certified nursing facility to establish a protocol to allow
255 patients to receive visits from a rabbi, priest, minister, or clergy of any religious denomination or sect
256 consistent with guidance from the Centers for Disease Control and Prevention and the Centers for Medicare
257 and Medicaid Services and subject to compliance with any executive order, order of public health,
258 Department guidance, or any other applicable federal or state guidance having the effect of limiting visitation.
259 Such protocol may restrict the frequency and duration of visits and may require visits to be conducted
260 virtually using interactive audio or video technology. Any such protocol may require the person visiting a
261 patient pursuant to this subdivision to comply with all reasonable requirements of the hospital, nursing home,
262 or certified nursing facility adopted to protect the health and safety of the person, patients, and staff of the

263 hospital, nursing home, or certified nursing facility;

264 31. Shall require that every hospital that makes health records, as defined in § 32.1-127.1:03, of patients
265 who are minors available to such patients through a secure website shall make such health records available
266 to such patient's parent or guardian through such secure website, unless the hospital cannot make such health
267 record available in a manner that prevents disclosure of information, the disclosure of which has been denied
268 pursuant to subsection F of § 32.1-127.1:03 or for which consent required in accordance with subsection E of
269 § 54.1-2969 has not been provided; and

270 32. Shall require that every hospital where surgical procedures are performed adopt a policy requiring the
271 use of a smoke evacuation system for all planned surgical procedures that are likely to generate surgical
272 smoke. For the purposes of this subdivision, "smoke evacuation system" means smoke evacuation equipment
273 and technologies designed to capture, filter, and remove surgical smoke at the site of origin and to prevent
274 surgical smoke from making ocular contact or contact with a person's respiratory tract.

275 C. Upon obtaining the appropriate license, if applicable, licensed hospitals, nursing homes, and certified
276 nursing facilities may operate adult day centers.

277 D. All facilities licensed by the Board pursuant to this article which provide treatment or care for
278 hemophiliacs and, in the course of such treatment, stock clotting factors, shall maintain records of all lot
279 numbers or other unique identifiers for such clotting factors in order that, in the event the lot is found to be
280 contaminated with an infectious agent, those hemophiliacs who have received units of this contaminated
281 clotting factor may be apprised of this contamination. Facilities which have identified a lot that is known to
282 be contaminated shall notify the recipient's attending physician and request that he notify the recipient of the
283 contamination. If the physician is unavailable, the facility shall notify by mail, return receipt requested, each
284 recipient who received treatment from a known contaminated lot at the individual's last known address.

285 E. Hospitals in the Commonwealth may enter into agreements with the Department of Health for the
286 provision to uninsured patients of naloxone or other opioid antagonists used for overdose reversal.

287 *F. Hospitals in the Commonwealth shall:*

288 *1. Establish a workplace violence incident reporting system, through which each hospital shall document,*
289 *track, and analyze any incident of workplace violence reported. The results of such analysis shall be used to*
290 *make improvements in preventing workplace violence, including improvements achieved through continuing*
291 *education in targeted areas, including de-escalation training, risk identification, and violence prevention*

292 *planning. Such reporting system shall (i) be clearly communicated to all employees, including to any new*
293 *employees at the employee orientation, and (ii) include guidelines on when and how to report incidents of*
294 *workplace violence to the employer, security agencies, and appropriate law-enforcement authorities;*

295 *2. Record all reported incidents of workplace violence as voluntarily reported by an employee; and*

296 *3. Adopt a policy that prohibits any person from discriminating or retaliating against any employee of the*
297 *hospital for reporting to, or seeking assistance or intervention from, the employer, security agencies, law-*
298 *enforcement authorities, local emergency services organizations, government agencies, or others*
299 *participating in any incident investigation. Such policy shall comply with the provisions of § 40.1-27.3.*

300 *G. Each hospital in the Commonwealth shall maintain the record of reported incidents of workplace*
301 *violence made pursuant to subsection F for at least two years and shall include in such record, at a*
302 *minimum:*

303 *1. The date and time of the incident;*

304 *2. A description of the incident, including the job titles of the affected employee;*

305 *3. Whether the perpetrator was a patient, visitor, employee, or other person;*

306 *4. A description of where the incident occurred;*

307 *5. Information relating the type of incident, including whether the incident involved (i) a physical attack*
308 *without a weapon; (ii) an attack with a weapon or object; (iii) a threat of physical force or use of a weapon*
309 *or other object with the intent to cause bodily harm; (iv) sexual assault or the threat of sexual assault; or (v)*
310 *anything else not listed in subdivisions (i) through (iv);*

311 *6. The response to and any consequences of the incident, including (i) whether security or law*
312 *enforcement was contacted and, if so, their response and (ii) whether the incident resulted in any change to*
313 *hospital policy; and*

314 *7. Information about the individual who completed the report, including such individual's name, job title,*
315 *and the date of completion.*

316 *H. Each hospital shall:*

317 *1. Report the data collected and reported pursuant to subsection G to the chief medical officer and the*
318 *chief nursing officer of such hospital on, at a minimum, a quarterly basis; and*

319 *2. Send a report to the Department on an annual basis that includes, at a minimum, the number of*
320 *incidents of workplace violence voluntarily reported by an employee pursuant to subsection F. Any report*

321 made to the Department pursuant to this subdivision shall be aggregated to remove any personally
322 identifiable information.

323 I. As used in this section:

324 "Employee of the hospital" or "employee" means an employee of the hospital or any health care provider
325 credentialed by the hospital or engaged by the hospital to perform health care services on the premises of the
326 hospital.

327 "Workplace violence" means any act of violence or threat of violence, without regard to the intent of the
328 perpetrator, that occurs against an employee of the hospital while on the premises of such hospital and
329 engaged in the performance of his duties. "Workplace violence" includes (i) the threat or use of physical
330 force against an employee that results in, or has a high likelihood of resulting in, injury, psychological
331 trauma, or stress, regardless of whether physical injury is sustained, and (ii) any incident involving the threat
332 of using dangerous weapons or using common objects as weapons or to cause physical harm, regardless of
333 whether physical injury is sustained.

334 **2. That the Department of Health's initial adoption of regulations necessary to implement the**
335 **provisions of this act shall be exempt from the Administrative Process Act (§ 2.2-4000 et seq. of the**
336 **Code of Virginia).**

337 **3. That the Secretary of Health and Human Resources, in collaboration with the Department of**
338 **Criminal Justice Services, shall convene a stakeholder work group that shall include representatives of**
339 **the Board of Medicine, the Board of Nursing, the Virginia Hospital and Healthcare Association, the**
340 **Medical Society of Virginia, the Virginia Nurses Association, the Virginia College of Emergency**
341 **Physicians, and such other stakeholders as deemed relevant and appropriate, for the purpose of**
342 **making recommendations on the workplace violence reporting system and policies adopted pursuant to**
343 **§ 32.1-127 of the Code of Virginia, as amended by this act, including (i) the specific data elements to be**
344 **reported to the Department of Health annually; (ii) additional specific data elements that should be**
345 **collected by each hospital and included in any report made to the Department of Health; (iii) the**
346 **aggregation of any data collected and reported pursuant to clauses (i) and (ii) for the purposes of**
347 **protecting personally identifiable information; (iv) additional health care entities, if any, that should**
348 **also be required to collect, maintain a record of, and report data relating to incidents of workplace**
349 **violence; (v) additional hospital employees who should be notified of any reported incidents of**

350 workplace violence; and (vi) methods by which the Department of Health shall share publicly the data
351 reported by hospitals pursuant to subsection H of § 32.1-127 of the Code of Virginia, as amended by
352 this act. The work group shall report its recommendations to the Governor and the Chairs of the
353 House Committee on Health and Human Services and the Senate Committee on Education and Health
354 by November 1, 2025.

355 4. That the State Board of Health shall promulgate regulations to require hospitals to begin reporting
356 data relating to incidents of workplace violence to the Department of Health on an annual basis, in
357 accordance with § 32.1-127 of the Code of Virginia, as amended by this act, by July 1, 2026.