



www.lsc.ohio.gov

# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

H.B. 452  
135<sup>th</sup> General Assembly

## Fiscal Note & Local Impact Statement

[Click here for H.B. 452's Bill Analysis](#)

**Version:** As Reported by Senate Veterans and Public Safety

**Primary Sponsors:** Reps. White and Baker

**Local Impact Statement Procedure Required:** No

Jacquelyn Schroeder, Senior Budget Analyst, and other LBO staff

### Highlights

- Government-owned hospitals may experience an increase in costs to comply with the bill's provisions concerning security plans, de-escalation training, and monitoring of violent incidents. The total costs will depend on whether the hospital's current security measures align with the bill's requirements and if not, what adjustments are necessary for compliance.
- The Ohio Department of Health (ODH) will experience an increase in costs to review hospital system and hospital attestations regarding their review of their security plans.
- The Ohio Department of Higher Education (ODHE) will experience an increase in costs to conduct a survey of colleges and universities under the bill, make recommendations, and prepare a report for the General Assembly.
- The bill's civil immunity provisions regarding concealed handgun licensees in specified circumstances may have a minimal annual savings effect on local trial courts. Certain tort actions may not be filed, or if filed, disposed of more quickly than under current law.

### Detailed Analysis

The bill requires hospitals to establish a security plan for preventing workplace violence and a violence incident reporting system. It also requires colleges and universities to be surveyed to determine whether training addresses workplace violence prevention. These provisions are described in more detail below.

#### Hospital security plans

The bill requires each hospital system, and each hospital that is not part of a hospital system, to establish a security plan for preventing workplace violence. Each security plan must

be based on the results of a security risk assessment, which must be conducted for each hospital, and must address all high-risk areas of each hospital. The assessment must consider any trauma-level designation held by the hospital, overall patient volume, psychiatric and forensic patient volume, past incidents of violence against staff and levels of injury resulting from those incidents, rates of crime in the community, and any other data points specified by the hospital's team involved in developing the plan. The security plan must also include an option for health care employees who provide direct patient care to request a first name or first and last initial only identification badge. The security plan must require at least one hospital employee trained in de-escalation practices to be present at all times in the hospital's emergency department and psychiatric department, if the hospital has such departments. Based on the risk assessment, the plan must address whether hospital police officers, trained security personnel, or off-duty law enforcement officers are required to be present in the hospital's high-risk areas. The plan must also outline training requirements for security personnel. For security personnel employed directly by a hospital system or a hospital, the Attorney General (AGO) is required to adopt rules not later than six months after the bill's effective date permitting the personnel to access any online training that meets the training requirements under the plan and is available under peace officer training programs or otherwise provided by the Ohio Peace Officer Training Academy or at other approved peace officer training schools. Additionally, the security plan must include guidelines outlining when law enforcement officers, hospital police officers, or trained security personnel remain with a patient who has demonstrated violence or poses a risk of self-harm or harm to others. Each security plan established must be reviewed and evaluated by the hospital system or hospital annually. Additionally, the bill modifies existing law to require, rather than authorize, a hospital to post a notice that threatening or aggressive behavior toward staff will not be tolerated. The bill permits the notice to be posted in print or digital sign format.

## **Workplace violence incident reporting system**

The bill requires each hospital system, and each hospital that is not part of a hospital system, to establish a workplace violence incident reporting system. The system must be documented, tracked, and analyzed. The results of the analysis must be used to make improvements in preventing workplace violence, including improvements achieved through continuing education in targeted areas such as de-escalation training, risk identification, and prevention planning. The reporting system must track the number of incidents, the number of incidents reported to law enforcement authorities, and the number of individuals involved who are criminally charged as a result.

## **Ohio Department of Health verification and rules**

The bill requires hospital systems and hospitals to annually attest to the Ohio Department of Health (ODH), in the form and manner specified by ODH, that the hospital system or hospital has reviewed, and if necessary, updated the security plan.

## **Fiscal impact**

According to the Ohio Children's Hospital Association, the bill's requirements appear to align with current practice in children's hospitals concerning de-escalation training, security plans, and internal reporting systems. The Ohio Hospital Association (OHA) stated that hospitals already have some de-escalation and security plans in place. OHA noted that current practices vary by hospital according to internal policies and accrediting bodies. Some government-owned

hospitals may already have measures in place that align with the bill's requirements. However, for government-owned hospitals whose measures do not align, there would be an increase in costs to ensure compliance with the bill's provisions. The costs will depend on the type and scope of adjustments necessary.

ODH will experience an increase in costs to review attestations from hospital systems and hospitals regarding their review of security plans. Costs will depend on the form and manner ODH specifies for the attestations to be submitted. If there are other follow-up actions necessary, costs to ODH would increase. AGO may also experience a minimal increase in costs to adopt rules under the bill.

## **Survey of education and training for health care students**

The Ohio Department of Higher Education (ODHE), jointly with ODH, is required to survey colleges and universities that provide education and training to students seeking to become health care providers. The purpose of the survey is to determine whether the education and training provided to those students addresses workplace violence prevention. The survey must include a determination of whether de-escalation, conflict management, and risk identification and assessment are part of the education and training. Based on the survey, the Chancellor of Higher Education is required to make recommendations and prepare a report for the General Assembly. The survey and report are to be completed no later than one year after the bill's effective date. ODHE is required to consult with the Ohio Council of Medical School Deans and the Ohio Council of Deans and Directors of Baccalaureate and Higher Degree Nursing Programs in preparing the report.

### **Fiscal impact**

ODHE will experience an increase in costs to conduct the survey, make recommendations, and prepare the required report. ODH may also incur costs. Overall costs will depend on the survey method used and may include printing, mailing, or possible information technology costs.

## **Civil immunity for concealed handgun licensees in specified circumstances**

The Concealed Handgun Law currently grants civil immunity to certain persons or entities (private employers, political subdivisions, institutions of higher education, and nonprofit corporations) for injury, death, or loss related to a handgun licensee bringing a handgun to the person's or entity's premises under specified circumstances. The bill:

- Extends this civil immunity to a for-profit corporation that leases its property to a nonprofit corporation or permits its property to be used by a nonprofit corporation for any purpose;
- Grants generally civil immunity to a person for certain injuries allegedly caused by the person acting in self-defense or defense of another during the commission, or imminent commission, of an offense of violence to protect the members or guests of a nonprofit corporation under certain circumstances; and
- Adds a legal presumption that a person who approaches or enters a nonprofit corporation's premises or event with intent to commit an offense of violence is liable for any injury, death, or loss resulting from related acts of self-defense or defense of another person.

## **Fiscal impact**

To the degree that the bill's civil immunity provisions have an effect, it would be on the operations of local trial courts (common pleas, municipal, and county courts). The bill may reduce the likelihood that a civil action is filed, or expedite its resolution subsequent to either (1) the finding of the court that the conduct of a person or entity provides immunity from civil liability, or (2) the expedited finding of the court for liability of a person committing or with intent to commit an act of violence. Although not readily quantifiable, any resulting expenditure savings for local trial courts will be minimal annually. It is likely that the bill's provisions will affect few civil cases, as the applicable circumstances are expected to be relatively infrequent.