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H.B. 452
135th General Assembly

Fiscal Note & Local Impact Statement

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Version: As Reported by House Public Health Policy

Primary Sponsors: Reps. White and Baker

Local Impact Statement Procedure Required: No

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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) may experience an increase in costs to ensure compliance with the bill's hospital security plan requirements and to adopt rules.
- The Ohio Department of Higher Education (ODHE) may 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.

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 and managing aggressive behaviors. 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 Peace Officer Training Academy or at other approved peace officer training schools. Additionally, the security plan must include guidelines outlining when law enforcement officers, including hospital police officers, 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 and managing aggressive behaviors, 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 submit to the Ohio Department of Health (ODH), in a manner designated by ODH, verification of compliance with the hospital security plan requirements described above. The bill authorizes ODH to adopt rules as necessary to implement the bill's provisions.

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 may experience an increase in costs to verify compliance with the bill's hospital security plan requirements. The costs will depend on the scope of these plans and if any follow-up verification is necessary. ODH and AGO may also experience a minimal increase in costs to adopt rules under the bill.

Survey of education and training for health care students

Not later than six months after the effective date of the bill, 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 and management of aggressive behaviors. 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 within three months after the survey is completed. 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.