



The Hospital + Healthsystem
Association of Pennsylvania

Leading for Better Health

March 24, 2025

Members of the House Labor and Industry Committee:

On behalf of more than 235 members statewide, The Hospital and Healthsystem Association of Pennsylvania (HAP) writes today in opposition to House Bill 926, which is scheduled for a committee vote on Tuesday, March 25.

The hospital community is committed to prioritizing the security of hospital facilities and protecting the safety of all staff. HAP joins with the sponsor and supporters of this bill in identifying and implementing solutions to eliminate unacceptable violence against health care providers and acknowledges the efforts of the sponsor in the prior legislative session to reach consensus among stakeholders. However, House Bill 926 will not accomplish the intended and shared goals, and we respectfully ask for a negative vote in committee.

Requirements of House Bill 926

While well-intentioned, the language in House Bill 926 would place a number of onerous and duplicative state-level regulatory requirements on hospitals without adding meaningful value and would conflict with evolving standards, regularly updated best practices, and federal regulations. Major themes of the bill include:

- Establishing new oversight through the Department of Labor and Industry.
- Requiring a health facility to establish a workplace violence prevention committee, comprised of management and non-management employees representing departments within the facility.
- Requiring the committee to perform a risk assessment, conduct quarterly committee reviews, develop a violence prevention program, and report annually to the Department of Labor and Industry.
- Establishing a workplace violence reporting process within the facility, reinforcing protections from retaliation for employees, and imposing fines and other penalties for facilities deemed out of compliance.

Duplicative and Inflexible Requirements

Hospitals must meet accreditation standards (the majority through The Joint Commission), comply with federal safety requirements overseen through the Occupational Safety and Health Administration, and fulfill participation requirements through the Centers for Medicare & Medicaid Services. Collectively, these standards require hospitals to establish and maintain workplace violence prevention programs, develop policies and procedures that include strategies for mitigating risk of violent events, conduct risk assessments, report incidents of violence, and offer employee education and training.

Imposing statutory requirements on the hospital community through another layer of enforcement by yet another agency, the Department of Labor and Industry, on top of an already highly regulated health care sector amounts to duplication of existing federal



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requirements and oversight. This would add administrative burden on hospitals without evidence of the increased safety of facilities or health care workers. Placing these requirements in statute will inevitably result in conflicting regulations between state and federal agencies.

In addition to concerns regarding added mandates and oversight, the composition, selection process, activities, and distribution of information associated with the violence prevention committees mandated by House Bill 926 calls for a one-size-fits-all approach, no matter the location, size, or complexity of the hospital. What works in a small, rural, single-building facility is vastly different from what would be effective for a campus located in an urban center or a system that employs thousands of people. To best accomplish the goals of this legislation, such details should not be set forth in law.

Additional Problematic Elements of House Bill 926

- An unsatisfactory definition of workplace violence. Health care workers encounter abuse that ranges from verbal threats to physical harm. These abuses could come from the patients with underlying behavioral health conditions or those experiencing a medical emergency. The legislation is unclear as to how employees should determine an incident of workplace violence.
- Conflicting expectations of reporting. House Bill 926 sets forth varying and unclear reporting processes and timeframes for reporting workplace violence.

While we appreciate its underlying objective, House Bill 926 does not take into consideration workplace violence programs already in place and falls short of including provisions to prevent violence in the health care workplace, extend protections afforded to other professions, protect those who intervene to keep employees safe, or penalize perpetrators of violence.

Pennsylvania's hospitals and health systems take seriously incidents of workplace violence and are motivated to prioritize the safety and security of the health care workforce. HAP is not able to support House Bill 926 but stands ready to partner with members of the legislature on innovative solutions that consider the unique safety and security needs of the hospitals across the state.

Please contact [me](#) or [Sarah Lawver](#), HAP's senior director, state advocacy, with any questions.

Sincerely,

Arielle Chortanoff
Senior Vice President, State Advocacy