Overview

This bill requires designated representatives of hospitals to report assaults against on-duty hospital employees to local law enforcement within 24 hours of the assault, creates immunity for good-faith reporting, and makes it a misdemeanor to interfere with reporting. The bill also makes it a gross misdemeanor to assault hospital personnel performing health services at a hospital. It also establishes a working group to study the issue of violence against health care workers and report back to the legislature.

1 Assaults against hospital personnel, reports. (a) Requires a designated health care representative to report assaults against on-duty hospital employees to local law enforcement within 24 hours of the assault if the employee has reported the assault to the hospital. Provides immunity from civil or criminal liability if the person makes a report in good-faith.

(b) Makes it a misdemeanor for a person to knowingly interfere with or obstruct the making of the report.

(c) Defines (1) "assault" as the intentional infliction of bodily harm or fear of bodily harm (taken from existing criminal law); and (2) "hospital" as a licensed hospital (from department of health requirements).

2 Hospital personnel (assaults). Makes it a gross misdemeanor to assault and inflict demonstrable bodily harm against a physician, nurse or person providing health care services in a hospital.

3 Working group on hospital violence.

Subd. 1. Creation. Creates a working group to study violence against hospital employees in the workplace. Requires the study to address:

(1) the extent of violence,

(2) procedures and policies for dealing with violence,

(3) employer responses toward employees defending themselves against violence, (4) the
need for additional resources to restrain violent patients, and
(5) the adequacy of the criminal justice system to protect hospital employees.

Subd. 2. Membership. Requires the following individuals be included in the working group:

(1) the commissioner of health or designee,
(2) the commissioner of human services or designee,
(3) the ombudsman for mental health or mental retardation or designee,
(4) a representative of exclusive representatives of the hospital employees,
(5) a representative of the hospitals association;
(6) a representative selected by the Minnesota nurses association,
(7) a victim of hospital violence selected by the commissioner of health, and
(8) a representative of the crime victim advisory council.

Subd. 3. Recommendations and report. Requires the commissioner of health to report, with findings and recommendations, to the chairs and ranking minority members of the house and senate committees with jurisdiction over health issues by January 15, 2000.

Effective date. August 1, 1999 for sections 1 and 2; the day following enactment for section 3.