



The Workplace Violence Prevention for Health Care and Social Services Workers Act (S. xxx/H.R. 1195)

The Workplace Violence Prevention for Health Care and Social Service Workers Act requires the U.S. Department of Labor to establish needed protections from workplace violence in the health care and social services sectors. The legislation directs the Occupational Safety and Health Administration (OSHA) to issue a standard requiring health care and social service employers to develop and implement a comprehensive violence prevention plan tailored to the facility and services with the intention to protect employees from risks of violent incidents in the workplace.

Employers must:

- Identify potential risks and hazards to mitigate future incidents;
- Provide training and education to employees on potential risks, workplace control measures, and reporting;
- Investigate incidents as soon as practicable;
- Meet recordkeeping requirements; and
- Protect employees from acts of discrimination or retaliation for reporting incidents of violence, threats, or safety concerns.

The Workplace Violence Prevention for Health Care and Social Service Workers Act protects nurses. The rate of violence against health care workers has reached epidemic proportions. The Government Accountability Office (GAO) estimates that rates of workplace violence in health care and social assistance settings are 5-12 times higher than the estimated rates for workers overall. As many as one in four nurses may experience some form of violence on the job. However, nurse abuse is under-reported. Therefore, reliable data about incidence are not readily available to describe the magnitude of the risks and threats. Nonetheless, many policymakers are health care stakeholders and recognize the need to prioritize violence prevention in settings where care is provided.

This legislation was sponsored by Representatives Joe Courtney (D-CT-2nd), Bobby Scott (D-VA-3rd), and Don Bacon (R-NE-2nd). **Thank you to the members in the House of Representatives who [cosponsored](#) and [voted](#) in support of this critical legislation earlier this year. Please urge your Senators to cosponsor this legislation when it is introduced. This legislation is one step closer to being signed into law because of you.** Safe work environments and quality care are not mutually exclusive; both must be considered in order to promote positive health outcomes for patients and communities.

For further information, please contact Samuel Hewitt (Samuel.Hewitt@ana.org) or Kristina Weger (Kristina.Weger@ana.org), ANA's senior associate directors of policy and government affairs.

FACTS AT A GLANCE

Violence in health care settings can result in personal injury and lost time at work. Further, multiple studies have shown that workplace violence can adversely affect the quality of patient care and care outcomes, contribute to the development of psychological conditions, and reduce the nurse's level of job satisfaction and organizational commitment.

OSHA currently has no specific standard to address risks of workplace violence that nurses face every day on the job. H.R. 1195 will engage stakeholders and lead to stronger enforcement. OSHA currently lacks meaningful authority that can hold health care employers accountable for mitigating risks of violence in the workplace.



CONNECT for Health Act (S. 1512/H.R. 2903)

The Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act is bipartisan, bicameral legislation that would continue the expanded use of telehealth services to deliver cost effective and efficient care to patients.

Nurses work in a variety of health care settings in rural, urban, underserved, and appointment shortage areas. Nurses are highly trained and well-educated to effectively use telehealth technologies, supervise remote patient monitoring activities, and provide quality care using tools that promote access to timely care without the barriers often existing in remote geographic locations or appointment shortage areas.

The opportunities that telehealth technologies can provide are limitless and witnessing the expanded access to care has been inspiring and imperative to patients, caregivers, and providers alike during the COVID-19 pandemic. The diversity of geographic regions, social determinants of health, and challenges to accessing quality care can create unnecessary barriers to individual and population health; however, technology can bridge the gap between these divides if implemented equitably across communities. The urban and rural divide is just one area that we can close using telehealth through access to diverse providers across the country that meet the needs of patients and their families.

Provisions of the CONNECT for Health Act that ANA supports for immediate passage:

- Waive restrictions during national emergencies;
- Remove the Medicare originating site and rural area restrictions;
- Allow telehealth to be used to recertify patients as eligible for hospice benefits;
- Work to prevent telehealth fraud and abuse;
- Permanently allows Federally Qualified Health Centers and Rural Health Clinics to furnish telehealth services as distant site providers;
- Requires a study on telehealth utilization during the COVID-19 pandemic; and
- Requires an analysis of the impact of telehealth waivers in CMS Innovation Center models.

The future of care delivery involves a hybrid approach of in-person and virtual methods to meet the patients needs.

Building on the foundation already set through the Medicare and Medicaid programs will allow a glide path forward for public and private payers alike.

The CONNECT for Health Act is endorsed by over 150 organizations. Please ask your Member of Congress and Senators to cosponsor this important legislation so we can expand access to telehealth services on a permanent basis.

This legislation is sponsored by Senators Brian Schatz (D-HI) and Roger Wicker (R-MS) and Representatives Mike Thompson (D-CA-5th) and David Schweikert (R-AZ-6th). Full list of [Senate](#) cosponsors and [House](#) cosponsors.

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PPE In America Act (S. 308/H.R. 1436)

The **Protecting Providers Everywhere in America (PPE in America) Act** is bipartisan, bicameral legislation that will boost domestic personal protection equipment (PPE) production and promote a more sustainable supply chain by ensuring more predictable, dedicated funding from the Strategic National Stockpile (SNS) to American manufacturers of applicable medical supplies.

Lack of PPE and the extended reuse of PPE has been the most common complaint from nurses and other frontline health care providers since the beginning of the pandemic. ANA has conducted several surveys since the beginning of the pandemic. One conducted in February 2021, with more than 22,000 nurses responding, 81 percent of nurses reported still having to reuse N95 respirators in their facilities¹.

Even before the COVID-19 pandemic, China already dominated the global market in manufacturing of PPE by exporting more respirators, surgical masks, medical goggles, and protective garments than the rest of the world combined and has only increased since². Bringing manufacturing of PPE back to the United States will help ensure our frontline health care providers will not be put in the same deadly situation for the next pandemic.

Specifically, the PPE in America Act would authorize a pilot project at the Department of Health and Human Services that would:

- Boost domestic PPE and production by requiring at least 40 percent, and up to 100 percent, of applicable supplies procured by the SNS to be from domestic manufacturers;
- Support predictability for the domestic manufacturing base by establishing a replenishable mechanism for the SNS by routinely transferring supplies to federal agencies or selling to the commercial health care market. This arrangement would streamline management of supplies and use the SNS as an engine for domestic manufacturing capabilities, while mitigating the current risk of product expiration.

HHS must report on its efforts to maintain the stockpile's inventory of testing supplies and personal protective equipment.

The following organizations have endorsed the legislation: American Hospital Association, International Safety Equipment Association, Illinois Nurses Association, Illinois Health and Hospital Association.

This legislation is sponsored by Senators Dick Durbin (D-IL) and Bill Cassidy (R-IL) and Representatives Brad Schneider (D-IL-10th) and David McKinley (R-WV-1st).

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¹ <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/year-one-covid-19-impact-assessment-survey/>

² <https://www.nytimes.com/2020/07/05/business/china-medical-supplies.html>