

June 10, 2019

The Honorable Bobby Scott
Chairman
Committee on Education and Labor
U.S. House of Representatives
Washington, DC 20515

The Honorable Virginia Foxx
Ranking Member
Committee on Education and Labor
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Scott and Ranking Member Foxx:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners — including more than 270,000 affiliated physicians, 2 million nurses and other caregivers — and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) writes regarding H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act. This bill would direct the Secretary of Labor to issue—on an expedited timetable—an Occupational Safety and Health Administration (OSHA) standard requiring employers in the health care and social service fields to develop and implement a comprehensive workplace violence prevention plan. America's hospitals and health systems are committed to a culture of safety for every worker, patient and family member who enters our facilities. However, because hospitals have already implemented specifically tailored policies and programs to address workplace violence, we do not believe that the OSHA standards required by H.R. 1309 are warranted, nor do we support an expedited approach that would deny the public the opportunity to review and comment on proposed regulations.

Hospitals and health systems depend on compassionate, skilled, trained and dedicated men and women to support and carry out their core mission of caring for people. As a result, we view the safety and well-being of all hospital employees as a top priority and take seriously the responsibility to ensure a safe workplace free of all forms of violence—whether such violence results from encounters between staff and patients and/or their families, staff-to-staff aggression and harassment, or the intrusion of community conditions and community violence into the workplace.

To support hospitals' efforts, the AHA has developed tools and resources to help combat violence within the hospital and the community. We have encouraged OSHA to support hospitals' efforts by sponsoring continued research to identify best practices for various workplace settings and circumstances, and widely disseminating information about proven best practices to the health care field.



Hospital Efforts Already Stress Workplace Violence Prevention

Hospitals have established organization-wide initiatives to address workplace violence. As the most recent Hospital Security Survey conducted in 2018 by AHA's Society for Healthcare Engineering and *Health Facilities Management* magazine reveals, workplace violence policies are in place for 97 percent of respondent facilities, and 95 percent have active-shooter policies. Further, nearly three-quarters of hospitals responding (72 percent) conduct security risk assessments at least annually, with almost half using a combination of in-house and outside security experts to conduct these assessments. Moreover, a majority of hospitals are using management training as a proactive way to prevent the occurrence of security incidents and to be better prepared to respond effectively when incidents arise.

A majority of hospitals, working in tandem with security officers and frontline staff, have adopted programs to train all clinical staff to de-escalate security situations before they erupt. Hospitals have created these programs in-house and tailored them to their particular needs. For example, Boston Medical Center (BMC), a 500-bed, 41-building hospital located close to a county jail, a homeless shelter and a methadone clinic, developed its own de-escalation program. BMC's training focuses on verbal de-escalation and physical restraint skills. All frontline staff—unit clerk nurses, intensive care unit staff, social workers, etc.—along with security staff receive ongoing training. Scenario training uses videos that re-enact possible active-shooter security incidents; these BMC videos are available for other hospitals to access as training tools. Another example is that of Atrium Health, which has created its own in-house training program. Staff members certified in workplace violence prevention train other staff members, including home health workers using a multi-tiered program. There are numerous additional examples of innovative initiatives that hospitals have established to address violence in their facilities and in their communities available on the AHA's website at <http://www.aha.org/communityconnections.org/case-studies/index.dhtml>.

The AHA is committed to helping our members prevent and reduce violence. We have established a specific initiative focused on combatting violence in all its forms. A critical component of this initiative includes developing tools and resources for the hospital field, including programs and other efforts to help combat violence within hospital facilities, as well as in the communities served by the hospital. We have developed a dedicated web page at www.aha.org/HAV to share information and resources that address everything from conducting a risk assessment to emergency response best practices, and we encourage all hospitals to use these resources to expand and strengthen their own violence prevention efforts.

Among other resources, on the website, hospitals can find the [Healthcare Facility Workplace Violence Risk Assessment Tool](#) developed by the AHA's American Society for Healthcare Risk Management to offer practical guidance for those charged with overseeing hospital security and facilities management. Also on the website is [Guiding](#)

[Principles for Mitigating Violence in the Workplace](#), a resource created jointly by the AHA's American Organization for Nursing Leadership and the Emergency Nurses Association, which outlines guiding principles and priorities to systematically reduce lateral as well as patient and family violence in the workplace. An additional resource encourages and guides health care organizations in consulting with security personnel during design of new facilities to incorporate workplace safety considerations as a fundamental component of these construction projects.

Federal Policymakers Should Focus on Dissemination of Best Practices to the Field and Support Increased Funding of Behavioral Health Care

Hospitals' efforts to curb workplace violence would be bolstered by robust federal initiatives to help disseminate best practices that have demonstrated effectiveness in violence prevention. Federal support of research to identify best practices for different workplace settings and circumstances, and disseminating information about such best practices would do more to advance and promote workplace safety than the adoption of a "one-size-fits-all" standard for compliance and enforcement. The establishment of a uniform workplace violence standard would be a less effective compliance strategy in addressing the problem of workplace violence.

Some evidence suggests that increases in assaults in the health care workplace are being driven, in part, by growing numbers of behavioral health patients reporting to and being treated in emergency departments and other settings in acute care, general hospitals. The opioid epidemic, which continues to affect communities nationwide, presents another challenge. Integrating mental health, substance use disorder and primary care services has proven to produce the best outcomes for patients and is the most effective approach to caring for people with multiple health care needs. But, at the same time, funding for behavioral health treatment is being reduced, and it can be difficult for health care organizations to find the financial, staffing and other resources needed to fully address issues associated with caring for them.

For these reasons, we believe there are concrete steps Congress can take to help stem workplace violence in hospitals and health systems. Most notably, we urge Congress to significantly increase funding for expanded and improved delivery of behavioral health care, and to support the hospital field's efforts to secure funds to share best practices and approaches, expand educational programs and make additional investments in safety.

Finally, we point to a congressionally-mandated report on regulatory standards governing workplace violence in health care settings. P.L. 115-245, the *Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019*, and *Continuing Appropriations Act, 2019* required the Centers for Medicare & Medicaid Services to work with OSHA to submit this report to Congress by March 31, 2019. Congress should have the opportunity to review and consider this report's findings

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Page 4 of 4
June 10, 2019

and recommendations before moving forward on H.R. 1309. As a result, in its current form, we oppose H.R. 1309.

We believe that these approaches would better help mitigate workplace violence and aid hospitals and health systems in implementing the policies and strategies best suited to their needs and the needs of the communities they serve. We stand ready to work with you to explore an appropriate congressional response that would enhance hospitals' ability to address workplace violence.

Sincerely,

/s/

Thomas P. Nickels
Executive Vice President

Cc: Members of the Committee on Education and Labor