

March 23, 2021

The Honorable Joe Courtney
U.S. House of Representatives
2332 Rayburn House Office Building
Washington, DC 20515

Dear Representative Courtney:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and 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 the Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1195).

Your bill would direct the Secretary of Labor to issue – on an expedited timetable – an Occupational Safety and Health Administration (OSHA) standard requiring employers in health care and social services 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. 1195 are warranted, nor do we support an expedited approach that would deny the public the opportunity to review and comment on proposed regulations.

Further, the prohibitive costs that the mandates in your bill would impose on America's hospitals, particularly on those that provide care in rural and underserved areas, could strain scarce resources and jeopardize patient care. These mandates would burden health care providers that are struggling to maintain services during the most deadly public health emergency in 100 years. For these reasons, we must oppose H.R. 1195 and urge the Committee on Education and Labor not to report it favorably.

H.R. 1195 WOULD IMPOSE BURDENSOME UNFUNDED MANDATES AND PROHIBITIVE COSTS ON HOSPITALS

According to the Congressional Budget Office's (CBO) estimate of your bill in 2019, in the first two years in which the OSHA final rule would be in effect, the cost to private entities would be at least \$2.7 billion and at least \$1.3 billion each year thereafter.



CBO concluded that “substantial personnel and capital costs would be imposed by the requirements for training, investigation, engineering, and infrastructure changes.” Such costs are unsustainable. A recent report by Kaufman-Hall forecasts that total hospital revenue in 2021 could be down between \$53 billion and \$122 billion from pre-pandemic levels. In addition to lost revenue, hospitals must absorb increases in many expenses due to COVID-19. These losses come on top of the historic financial crisis that hit the hospital field last year, with an AHA report estimating total losses for the nation’s hospitals and health systems to be at least \$323 billion through 2020.

HOSPITALS ALREADY STRIVE TO PREVENT VIOLENCE IN THE WORKPLACE

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, they view the safety and well-being of employees as a top priority and take seriously their responsibilities 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. Hospitals are focused on violence prevention within their facilities and in the communities they serve.

To support hospitals' efforts, the AHA has implemented a cross-association effort to develop tools and resources to highlight and share with the field numerous programs and resources to combat violence within the hospital and the community. We have encouraged OSHA to support hospitals' efforts by sponsoring research to identify best practices for various workplace settings and circumstances and widely disseminating information about these proven best practices to the health care field.

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 reveals, workplace violence policies are in place for 97% of respondent facilities and 95% have active-shooter policies. Further, nearly three-quarters of hospitals responding (72%) 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, in response to the increasing challenges of maintaining secure environments, a majority of hospitals are using aggressive 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 front-line 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 front-line staff – unit clerk nurses, intensive care unit staff, social workers, etc., – along with security

staff receive ongoing training at BMC. 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 in-house training program. Staff members certified in workplace violence prevention train other staff members, including home health workers, using a multi-tiered program.

As the association representing hospitals and health systems nationwide, 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 to highlight and share with the hospital field programs, initiatives and other efforts to help combat violence at hospital facilities as well as in the communities served by the hospital. We have developed a dedicated [webpage](#) 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.

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 American Organization for Nursing Leadership (an AHA-affiliated organization) and the Emergency Nurses Association. The resource outlines guiding principles and priorities to systematically reduce lateral as well as patient and family violence in the workplace. In addition, an article from Health Facilities Management 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 FOR BEHAVIORAL HEALTH CARE

Hospitals' efforts to curb workplace violence would be bolstered by robust federal initiatives that would disseminate health care and social assistance sectors best practices that have demonstrated effectiveness in violence prevention. Federal support of research to identify the effectiveness of 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 for the field may lead to organizations using a narrowly focused and thereby less effective compliance strategy in addressing the problem of workplace violence.

We note evidence suggesting that increases in assaults in the health care workplace are being driven, in part, by growing numbers of behavioral health care patients reporting to and being treated in emergency departments and other settings in acute care, general hospitals. Another security challenge is the opioid epidemic, which continues to affect communities nationwide.

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Integrating mental health, substance use disorder, and primary care services has proven to produce the best outcomes and to be the most effective approach to caring for people with multiple health care needs. But at the same time, funding for behavioral health treatment for such patients is being stripped, 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 productive actions Congress can take to help stem workplace violence in hospitals and health systems. 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 necessary funds to share best practices and approaches, expand educational programs, and make other investments in safety. We must address the root causes of the negative workplace safety issues that have arisen as a result of continued underfunding of treatment and service delivery for growing numbers of behavioral health care and opioid-dependent patients in emergency departments and other acute care hospital settings.

We believe that these approaches would help mitigate workplace violence and aid hospitals and health systems in further addressing these incidents through policies and strategies that are 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 improve hospitals' ability to address workplace violence.

Sincerely,

/s/

Thomas P. Nickels
Executive Vice President

Cc: Members of the Committee on Education and Labor