

**Statement of Chairwoman Alma Adams, Subcommittee on Workforce Protections**  
*Caring for the Caregivers: Protecting Health Care and Social Service Workers from Workplace Violence*  
2175 Rayburn House Office Building  
Wednesday, February 27, 2019 at 2 p.m.

Today, we are here to discuss solutions for protecting our country's front-line caregivers from violence in the workplace.

The people who work in our nation's hospitals, nursing homes and other health care institutions – as well as social workers and other health care providers – offer critical assistance to those in need.

They fulfill this role despite inadequate pay, odd and difficult hours, and – as we'll discuss – the frequent threat of violence at the hands of the people they serve.

This hearing is an opportunity to assess the steps taken by the Occupational Safety and Health Administration to address workplace violence.

It is also a forum to discuss relevant legislation, namely: H.R. 1309, the "Workplace Violence Prevention for Health Care and Social Service Workers Act," which would require OSHA to issue a strong violence prevention standard.

Workplace violence is a serious concern for 15 million health care workers in the United States.<sup>1</sup>

Although health care facilities are viewed as a place to get well, the reality is that day-to-day work in these facilities exposes many employees to an unacceptably high risk of violent injury.

Last year, the Bureau of Labor Statistics reported that health care and social service workers were nearly five times as likely to suffer a serious workplace violence injury than workers in other sectors.

Public employees are even worse off.

In 2017, state government health care and social service workers were almost nine times more likely to be injured by an assault than private-sector health care workers.

To make matters worse, public employees in 24 states – almost 9 million workers – are not even covered by OSHA, even though they do the exact same work as private sector employees and face the same hazards.

The injuries to caregivers are not just physical.

As we will hear today, even when the body recovers from workplace assaults, these professionals are often plagued with career-ending post-traumatic stress disorders for the rest of their lives.

These violent incidents are not just part of the job.

They are predictable, and they are preventable.

OSHA has not ignored this problem, but it currently lacks the tools to address it adequately.

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<sup>1</sup> *WORKPLACE SAFETY AND HEALTH: Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence*, Government Accountability Office, March 2016

OSHA first issued guidance to protect health care and social service workers from workplace violence over 20 years ago.

The Obama Administration updated that guidance, prioritizing enforcement of safe working conditions for health care workers threatened by workplace violence.

And for the first time, the Obama Administration put workplace violence on the agency's regulatory agenda, starting the long rulemaking process.

But where we are today is not good enough. Far from it.

First, there is currently no OSHA standard that requires employers to implement violence prevention plans that would help reduce injuries to these workers.

As a result, inspectors are forced to use the highly burdensome and time-consuming General Duty Clause in the OSHA Act.

And pending litigation may eliminate even that weak tool from OSHA's limited enforcement arsenal.

Second, the Trump Administration is unlikely to ever issue a workplace violence standard.

One of President Trump's first actions was to issue the so-called "one-in, two out" Executive Order that requires agencies issuing a new regulation to rescind two regulations of equal cost.

Shortly after taking office, the Trump Administration suspended work on the Workplace Violence prevention standard while it languished for a year.

Currently, OSHA plans to hold a panel with small businesses to discuss violence prevention at some point in the coming year, but the agency is many years away from issuing a proposed standard--much less a final one.

Even if the administration was committed to moving quickly, it simply takes far too long to issue an OSHA standard.

The Government Accountability Office estimated, conservatively, that it takes OSHA over 7 years to issue a standard. The reality is much longer.

It took OSHA 20 years to issue its silica and beryllium standards.

Front-line caregivers can't wait that long for a solution.

To ensure that health care and social service workers have the protections they deserve, Congressman Courtney from Connecticut, who will be with us today, has introduced the "Workplace Violence Prevention for Health Care and Social Service Workers Act."

This bill would compel OSHA to issue a standard requiring employers within the health care and social service sectors to develop and implement a workplace violence prevention plan.

That plan would identify risks, specify both work practices and environmental controls, and require training, reporting, and incident investigations.

OSHA's standard would require employers to maintain a Violence Incident Log and prepare an annual summary of such incidents.

It would also extend protections to public employees in the 24 states not covered by OSHA protections by requiring state health care institutions and social service agencies that receive Medicare funds to comply with the standard.

Finally, instead of forcing health care and social service workers to wait years or decades for effective OSHA protections, this legislation would require OSHA to issue an interim final standard one year after enactment, and a final standard within 42 months of enactment.

These are not radical, impractical, infeasible or unaffordable requirements.

While the federal government's efforts have stalled, some states, such as California, have already adopted violence prevention standards that protect health care workers without putting an undue burden on employers.

The measures that H.R. 1309 would require OSHA to include in a standard are almost exactly the same as what OSHA has been recommending in its guidance documents.

They are also nearly identical to the Joint Commission recommendations for health care institutions across the country.

The difference is that these measures, would, for the first time, be enforceable.

Health care and social service workers do important, live-saving work.

The least we can do is ensure that they can come home safe at the end of their workday.

We need to ask ourselves: What is the price of inaction?

Today we will hear that price.

And we will hear what we can do to prevent it.

I want to thank all of our witnesses for being with us today and I look forward to your testimony.

I now yield to the Ranking Member, Mr. Byrne for his opening statement.