

SUBJECT: Creating a study, grants for reducing workplace violence against nurses

COMMITTEE: Public Health — committee substitute recommended

VOTE: 11 ayes — Crownover, Naishtat, Blanco, Coleman, Collier, S. Davis, Guerra, R. Miller, Sheffield, Zedler, Zerwas

0 nays

WITNESSES: For — Lee Spiller, Citizens Commission on Human Rights; Patricia Nevins, Texas Nurses Association; Sally Gillam, Texas Organization of Nurse Executives and the Texas Hospital Association; (*Registered, but did not testify*: Gyl Switzer, Mental Health America of Texas; Andrew Cates, Nursing Legislative Agenda Coalition; Marina Hench, Texas Association for Home Care and Hospice; Dinah Welsh, Texas EMS, Trauma and Acute Care Foundation; Elizabeth Sjoberg, Texas Hospital Association; Cindy Zolnierek, Texas Nurses Association)

Against — Paula Littles, Texas NNOC

On — Ann Barnett, Department of State Health Services; (*Registered, but did not testify*: Katherine Thomas, Texas Board of Nursing)

BACKGROUND: Health and Safety Code, sec. 105.002 establishes a comprehensive health professions resource center for the collection and analysis of educational and employment trends for health professionals in Texas. Recent surveys have shown that workplace violence is a persistent occupational hazard for people working in health care facilities, particularly nurses. Some nurses have reported instances of physical abuse and nearly all have reported instances of verbal abuse. Some have called for the state to study the problem more closely and provide solutions to address the issue of workplace violence against nurses.

DIGEST: CSHB 2696 would require the nursing resource section within the comprehensive health professions resource center to conduct a study on workplace violence against nurses and would establish a grant program to

fund innovative approaches to preventing workplace violence.

Workplace violence study. The study would be conducted to the extent possible using available funding, and would encompass hospitals, freestanding emergency medical care facilities, nursing facilities, and home health agencies.

The study would be required to consider the types of workplace violence that occur, the places where it is most likely to occur, and practices that could reduce workplace violence. The study also would survey nurses and health care facilities about their experiences with workplace violence.

The nursing resource section could contract with an independent researcher to conduct all or part of the study, which would be overseen by the nursing advisory committee formed by the Statewide Health Coordinating Council. To the extent possible, the nursing resource section would be required to cooperate with the Department of State Health Services and the Texas Board of Nursing to conduct the study and coordinate the required surveys. The nursing resource section would be required to complete the study and publish the findings by December 1, 2016. The nursing resource section could use money transferred to the Department of State Health Services to conduct the required surveys.

Grants. The bill also would establish a workplace violence prevention grant program. Using existing funding, the nursing resource section would administer a grant program to fund innovative approaches to reduce verbal and physical violence against nurses in health care facilities.

Grant recipients would be required to submit periodic reports describing the outcome of the activities funded through the grant, including any change in the severity and frequency of verbal and physical violence against nurses. Under the bill, the nursing advisory committee would serve as advisors to the grant program, and the Department of State Health Services would provide administrative assistance to the nursing resource section in administering the grant program. The nursing resource section could use money transferred to the department from the Texas Board of

Nursing to fund the grants.

At least annually, the nursing resource section would be required to publish a report describing the grants awarded, including the amount of the grant, the purpose of the grant, and the reported outcome of the approach adopted by the grant recipient.

The Health and Human Services executive commissioner would adopt the rules to conduct the study and implement the grant program.

This bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2015.