That is why I am a proud cosponsor of H.R. 4995, the Maternal Health Quality Improvement Act. This legislation would create rural maternal network grant programs and ensure maternal health providers are eligible for telehealth.

This is especially impactful for Granite State families that face long distances and deal with extreme workforce shortages that make it difficult to access much-needed care. For them, having access to telehealth for maternal care is a real life-changer.

We must all continue to support and lift up the innovation, quality, and service of rural healthcare providers and facilities.

RECOGNIZING PULMONARY HYPERTENSION AWARENESS MONTH AND NATIONAL ADOPTION MONTH

(Mr. BRADY asked and was given permission to address the House for 1 minute.)

Mr. BRADY. Madam Speaker, I rise today in recognition of two important events in November: Pulmonary Hypertension Awareness Month and National Adoption Month.

Pulmonary hypertension was first brought to my attention by my dear friend Jack Stibbs, whose daughter, Emily, had PH. Because of her early diagnosis and his terrific leadership, Emily has been able to lead a relatively normal life and recently graduated from college and married. However, not all patients are as fortunate as she.

That is why the work of the Pulmonary Hypertension Association is so important. Their efforts to increase awareness and research across Federal agencies are making a huge difference in lives across the Nation. I am proud to represent the PHA Lone Star Chapter in The Woodlands, Texas.

November is also National Adoption Month. This is a cause I hold close to my heart because it is thanks to the miracle of adoption that I have my incredible family today.

During this month, we recognize and thank the adoptive parents, dedicated professionals, and the faith-based organizations that work tirelessly to provide our Nation's children with love and support.

Madam Speaker, I ask my colleagues to join me in raising awareness and saying thanks to these two great causes.

WORKPLACE VIOLENCE PREVENTION FOR HEALTH CARE AND SOCIAL SERVICE WORKERS ACT

GENERAL LEAVE

Mr. COURTNEY. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous materials on H.R. 1309.

The SPEAKER pro tempore (Ms. BROWNLEY of California). Is there objection to the request of the gentleman from Connecticut?

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 713 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 1309.

The Chair appoints the gentlewoman from Texas (Ms. JACKSON LEE) to preside over the Committee of the Whole.

□ 0916

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 1309) to direct the Secretary of Labor to issue an occupational safety and health standard that requires covered employers within the health care and social service industries to develop and implement a comprehensive workplace violence prevention plan, and for other purposes, with Ms. JACKSON LEE in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

General debate shall be confined to the bill and shall not exceed 1 hour equally divided and controlled by the Chair and ranking minority member of the Committee on Education and Labor.

The gentleman from Connecticut (Mr. COURTNEY) and the gentlewoman from North Carolina (Ms. FOXX) each will control 30 minutes.

The Chair recognizes the gentleman from Connecticut.

Mr. COURTNEY. Madam Chair, I yield myself such time as I may consume.

Madam Chair, today's vote on H.R. 1309 is an important milestone in what has been a 7-year process of getting the Occupational Safety and Health Administration to effectively act to protect the healthcare and social service workforce from skyrocketing rates of violence.

Sadly, in America today, nurses, doctors, social workers, EMTs, and nursing assistants are more likely to be the victim of on-the-job violence than any other sector of our Nation's workforce.

This violence comes in the form of assaults, kicking, hitting, choking, and spitting from patients and residents and clients or those who may accompany them. It affects a worker's sense of safety at work. It contributes to burnout, absenteeism, high workers' compensation costs, and stress. Tragically, it can also lead to death.

According to the Bureau of Labor Statistics, healthcare and social service workers are more than five times as likely to suffer a serious injury from workplace violence than workers in other settings. And this chart, which shows the red line of healthcare workers versus other sectors in the U.S. economy vividly, powerfully demonstrates the data that is coming into the Department of Labor on this issue.

In psychiatric hospitals, that number is drastically higher. In a recent survey, nearly 50 percent of emergency room physicians report having been physically assaulted at work, and 60 percent of those who have these occurrences said they happened in the past year.

As this graph shows, these numbers are on the rise. The incidents of violence in the workplace have increased 80 percent over the last decade.

Since OSHA has not effectively addressed this emergency, this bill is necessary to ensure that a standard is issued and enforced in a reasonable period of time.

Using past precedent, the bill calls for an interim final standard within 1 year and a final standard within 42 months. The public comment and rulemaking process is preserved in the development of the final standard.

Very simply, the standard required by the bill would require that covered employers, such as hospitals and psychiatric facilities, develop a workplace violence prevention plan that is tailored to the specific conditions and hazards present at each workplace. It is not a one-size-fits-all requirement.

Madam Chair, developing a plan is not rocket science. For over 20 years, OSHA has published voluntary guidelines on violence prevention that include commonsense measures, such as training staff about how to identify high-risk patients, share the information with coworkers, not be alone, and ways to de-escalate threats. We know from the Joint Commission on Hospital Accreditation that these measures work, and the problem is, though, that there is no consistent enforceable standard to ensure their application, and that is precisely what this bill does.

While we will never eliminate all risk or stop every violent attack, research on the measures in this legislation have been shown to substantially cut the incidence of serious injury from workplace violence. The nurses, doctors, social workers, and EMTs who care for us in our times of crisis and need deserve to have these protections soon, not in 7 years and not in 20 years, as is likely if we fail to pass this legislation into law, leaving OSHA rulemaking to its own dilatory, almost comatose, devices.

I would like to thank the large coalition of healthcare professionals, their organizations, and union representation who have diligently fought for these protections for years; the subcommittee chair, ALMA ADAMS, of the Workforce Subcommittee on Education and Labor and Chairman BOBBY SCOTT for their leadership; also, Richard Miller and Jordan Barab, our committee staff, who have done amazing work, as well as Maria Costigan from my personal office, who have just worked night and day for years to try and get us to this point.

Madam Chair, I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, September 6, 2019.

Hon. BOBBY SCOTT,
Chair, Committee on Education and Labor, Washington, DC.

DEAR CHAIRMAN SCOTT: I write concerning H.R. 1309, the ''Workplace Violence Prevention for Health Care and Social Service Workers Act,'' which was additionally referred to the Committee on Energy and Commerce.

In recognition of the desire to expedite consideration of H.R. 1309, the Committee on Energy and Commerce agrees to waive formal consideration of the bill as to provisions that fall within the rule X jurisdiction of the Committee on Energy and Commerce. The Committee takes this action with the mutual understanding that we do not waive any jurisdiction over the subject matter contained in this or similar legislation, and that the Committee will be appropriately consulted and involved as this bill or similar legislation moves forward so that we may address any remaining issues within our jurisdiction. I also request that you support my request to name members of the Committee on Energy and Commerce to any conference committee to consider such provisions.

Finally, I would appreciate the inclusion of this letter in the report on the bill and into the Congressional Record during floor consideration of H.R. 1309.

Sincerely,

FRANK PALLONE, Jr.
Chairman.

COMMITTEE ON EDUCATION AND LABOR, HOUSE OF REPRESENTATIVES,
Washington, DC, September 9, 2019.

Hon. FRANK PALLONE, Jr.,
Chairman, House Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN PALLONE: In reference to your letter of September 6, 2019, I write to confirm our mutual understanding regarding H.R. 1309, the ''Workplace Violence Prevention for Health Care and Social Service Workers Act.''

I appreciate the Committee on Energy and Commerce's waiver of consideration of H.R. 1309 as specified in your letter. I acknowledge that the waiver was granted only to expedite floor consideration of H.R. 1309 and does not in any way waive or diminish the Committee on Energy and Commerce's jurisdictional interests over this or similar legislation.

I would be pleased to include our exchange of letters on this matter in committee report for H.R. 1309 and in the Congressional Record during floor consideration of the bill to memorialize our joint understanding.

Again, thank you for your assistance with these matters.

Sincerely,

ROBERT C. ''BOBBY'' SCOTT,
Chairman.

Ms. FOXX of North Carolina. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I rise today in opposition to H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act.

American workers deserve to be kept out of harm's way while on the job, allowing them to return home to their families and loved ones healthy and safe.

According to the Bureau of Labor Statistics, healthcare and social service workplaces experience the highest rate of workplace violence, totaling 71 percent of all workplace violence injuries in 2017, and these workers are more than four times as likely to suffer a workplace violence injury.

There is no question that these caregivers deserve meaningful and effective protections, but H.R. 1309 is shortsighted and partisan, and it fails to address the important issue in an effective, feasible manner.

In the Education and Labor Committee's single hearing on this issue back in February, Members on both sides of the aisle expressed a desire to work together to produce real policy solutions.

Committee Republicans believe there can be a bipartisan response to this issue that would aid in the rulemaking process and provide protection to healthcare and social service workers.

Instead, committee Democrats have decided to advance legislation that circumvents the long-established rulemaking process and blocks valuable input from workers and other stakeholders who know better than we do how to prevent workplace violence in these unique circumstances.

The Occupational Safety and Health Administration, or OSHA, the Federal agency that helps ensure safe and healthful working conditions, is currently working on a workplace violence prevention rule for healthcare and social assistance workplaces, which includes gathering important stakeholder input to create the most feasible and effective Federal safety and health standards possible.

However, by requiring OSHA to circumvent established rulemaking procedures under the Occupational Safety and Health Act and the Administrative Procedure Act, H.R. 1309 would undermine and threaten this ongoing collaborative and evidence-based process by denying OSHA the ability to be responsive to important feedback from the public and impacted stakeholders.

H.R. 1309 severely limits the participation of industry, worker representatives, the scientific community, and the public from having a say in the development of a new comprehensive standard. Democrats are rejecting a thorough response to this complex and highly technical issue that is backed by meaningful input.

Furthermore, this legislation turns a blind eye to comprehensive research and data. Currently, there is no agreed-upon set of policies to prevent and mitigate workplace violence for healthcare and social service workers, and researchers in the field have pointed out the need for additional studies to determine the most effective response.

In 2019, the Centers for Disease Control and Prevention said further research was needed to identify effective strategies that prevent workplace violence in healthcare and social service settings.

Additionally, in 2016, the Government Accountability Office, GAO, noted there have been a limited number of studies done on the effectiveness of workplace violence prevention programs, and GAO chose not to call on OSHA to establish a standard without further study.

Continuing with their record of rushed and haphazard legislation, Democrats are pushing a false sense of urgency with H.R. 1309. This bill wrongly implies that Congress should impose a swift and sweeping standard immediately, ignoring that OSHA is already enforcing workplace violence prevention. In 2019, the Occupational Safety and Health Review Commission upheld penalties issued by OSHA under the general duty clause against healthcare facilities for not adequately addressing workplace violence.

I will remind my colleagues on the other side of the aisle that, according to a 2018 American Hospital Association survey, 97 percent of respondents indicated they already have workplace violence policies in place.

To make matters even worse, H.R. 1309 mandates yet another costly and burdensome regulation. Simply put, financially struggling healthcare facilities such as rural hospitals and small businesses cannot afford another costly, congressionally imposed mandate from Washington.

Democrats will argue they didn't intend for the bill to have such a large scope and to cost so much. What else didn't they intend to happen when they rushed through this process, forcing an overly prescriptive mandate on the public?

Madam Chair, Republicans are committed to ensuring that healthcare and social service workers are protected from workplace violence. There is bipartisan support for OSHA's current efforts to create a standard on workplace violence prevention. However, Congress should aid in the rulemaking process, not circumvent it, as H.R. 1309 does.

H.R. 1309 will likely have many unintended consequences which negatively impact healthcare and social services workplaces, in addition to imposing a costly mandate on healthcare providers. I urge my colleagues to join me in opposing this unnecessary legislation so we can get to work on a bipartisan solution.

Madam Chair, I reserve the balance of my time.

Mr. COURTNEY. Madam Chair, I yield myself such time as I may consume.

I would just note that this is a bipartisan effort. There are 227 cosponsors in the House, 8 Republicans. And again, we have had lots of engagement, accommodated a number of the issues that came up at the public hearing process.

Again, I would just note that I appreciate the fact that the ranking member spoke highly of OSHA's volunteer guidelines, which I have in my hand here. Those are actually incorporated into the bill language for the interim final standard. So we are working exactly with the guidelines that she endorsed.

Madam Chair, I yield 2 minutes to the gentleman from California (Mr. KHANNA), an early advocate of this measure.

Mr. KHANNA. Madam Chair, I thank the gentleman from Connecticut for his tireless, bipartisan leadership in shepherding this bill to this historic point. It was my honor to work on the healthcare worker portions of this bill, and I am proud that it will pass today.

Madam Chair, I rise today in support of the Workplace Violence Prevention for Health Care and Social Service Workers Act.

For far too long, the workers who serve on the front lines of our communities have had to work in dangerous conditions without adequate protection. Every day, our nurses and social service workers face high levels of dangers, levels that most of us would find unacceptable in our own occupation. Their courage to keep working, despite these risks of violence, exemplifies the selfless nature of healthcare.

□ 0930

This bill follows what California has done in creating a nationwide workplace violence prevention standard, so people no longer have to work in fear.

Since the implementation of California's own standard, healthcare workers have experienced marked improvements in workplace violence prevention measures. The California Nurses Association reports that hospitals in California are seeing increased security staffing, increased training, and comprehensive reporting. These commonsense protections did not exist prior to California's standard.

It is time to expand these protections to healthcare and social service workers nationwide. This affects real people. We have heard stories of people who have been injured, killed, whose families have been harmed because of this kind of violence.

Madam Chair, I include in the RECORD a letter from National Nurses United in support of this legislation. National Nurses United has boldly led on this issue for many years, including getting the standards across the finish line in California.

NATIONAL NURSES UNITED,
Washington, DC, November 18, 2019.

DEAR REPRESENTATIVE: This week, the House of Representatives is scheduled to vote on H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act, sponsored by Congressman Joe Courtney. National Nurses United, representing more than 155,000 registered nurses (RNs) across the country, is firmly in support of this bill and strongly urges you to vote in favor of it.

Our members work at the bedside in every state in the nation, and we know that when nurses are unsafe, our patients are also at risk. Violence on the job has become endemic for RNs and other workers in healthcare and social assistance settings. Nurses report being punched, kicked, bitten, beaten, and threatened with violence as they provide care to others—and far too many have experienced stabbings and shootings. But there are practical steps that healthcare and social service employers can take to fulfill their obligations to protect their employees from this serious occupational hazard. We know that violence can be prevented through the development and implementation of plans that are tailored to specific patient care units and facilities. These plans must assess and address the range of risks for violence—from the sufficiency of staffing and security systems to patient-specific risk factors.

H.R. 1309 mandates that the Occupational Safety and Health Administration promulgate a workplace violence prevention standard that would require healthcare and social service employers to develop and enforce plans to protect their employees from violence on the job. To ensure that workplace violence prevention plans are effective, workers (including nurses, other direct care employees, security personnel and ancillary staff) must be involved throughout all stages of plan development, implementation, and review, which go hand-in-hand with the standard's comprehensive training requirements. The enforceable occupational health and safety standard established in this legislation is necessary to create and maintain protections against workplace violence that our members, other workers in healthcare and social settings, and, importantly, our patients deserve.

This bi-partisan legislation is of high priority for RNs across the country, and we hope you will join with us in supporting it and voting yes on H.R. 1309 on the floor of the House of Representatives.

Sincerely,

BONNIE CASTILLO, RN,
Executive Director.
ZENEI CORTEZ, RN,
President.
DEBORAH BURGER, RN,
President.
JEAN ROSS, RN,
President.

Mr. KHANNA. I want to thank, again, the gentleman from Connecticut for his leadership.

Ms. FOXX of North Carolina. Madam Chair, I yield 3 minutes to the gentleman from Georgia (Mr. ALLEN).

Mr. ALLEN. Madam Chair, those who work in hospitals and in social services are remarkable. They provide Americans with compassion and care in some of life's most difficult situations. But every day these workers face real risk of workplace violence.

The Bureau of Labor Statistics reports healthcare and social service workplaces have higher rates of workplace violence. No American should feel threatened while on the job. That is why the Occupational Safety and Health Administration, or OSHA, has recently taken steps to work with stakeholders and industry partners to analyze the issue on how to best protect these workers.

H.R. 1309 threatens this collaborative work and denies OSHA the ability to respond to feedback from the public and stakeholders.

As a small business owner, I know that top-down mandates simply do not work. The bottom-up approach is the tried-and-true method. Gather input from all impacted before creating a new policy.

This bill also lacks the research needed to identify and prevent workplace violence in these settings. In 2016, the Government Accountability Office said there haven't been enough studies done on the effectiveness of workplace violence prevention programs and that OSHA needed to review it further. Why do some of my colleagues think they know better than the industry, worker representatives, the scientific community, and the public?

Let's also not forget that rushed mandates like this one come at a cost. The Congressional Budget Office estimates the cost to private entities will be at least $1.8 billion in the first 2 years that the rushed OSHA rule is in effect and $750 million annually after that. It is also estimated to cost public facilities at least $100 million in the first 2 years and $55 million annually after that.

When I am back home in my district and talk to healthcare providers, the last thing they want is another costly government mandate from Washington. So let's not put the cart before the horse here.

Workplace violence is a serious issue, and it needs a serious solution. We should not pass this bill until we have a thoroughly vetted and researched fix. So let OSHA do their job to develop an effective solution by working with the very people that we are trying to help.

I urge my colleagues to oppose this bill.

Mr. COURTNEY. Madam Chair, again very quickly, the mandate costs that CBO scored, the $1.7 billion, that is spread out over 200,000 facilities, if you read their note closely. If you do the math, we are talking about a $9,000 cost per year for facilities. That, in my opinion, in terms of protecting their workforce, is not a high price to pay to make sure that the people who work there are safe.

Madam Chair, I yield 2 minutes to the gentlewoman from North Carolina (Ms. ADAMS), the chair of the Subcommittee on Workforce Protections, and I want to thank her for moving this bill this calendar year.

Ms. ADAMS. Madam Chair, I thank the gentleman from Connecticut for yielding. I rise today to join my colleagues in strong support of H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act.

Workplace violence impacts over 15 million healthcare workers in this country. These workers offer critical assistance to some of the most vulnerable members of our society. They work in our hospitals, our nursing homes, our hospices, and they do this, despite the fact that they are nearly five times as likely to suffer serious workplace violence injury than workers in other sectors.

And those statistics account just for physical injuries. So 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.

So I am glad that the House is considering the gentleman from Connecticut's bill today to finally compel OSHA

to create a standard to protect these workers in their places of work.

Madam Chair, it can take up to 20 years for OSHA to issue standards, as in the case of its silica and beryllium standards. Our Nation's healthcare and social service workers cannot afford to wait that long while they serve under the constant threat of violence.

H.R. 1309 takes a different approach. It would require OSHA to issue an interim standard requiring employers to develop and implement a workplace violence prevention plan within 1 year and a final standard within 42 months. Contrary to the claims of my friends on the other side of the aisle, this is not a radical requirement.

OSHA has already held extensive public comment on this topic since 1996, and H.R. 1309 would allow OSHA to conduct a full public comment and hearing process before a final standard is issued. Our healthcare and social service workers cannot wait, and neither can we.

Madam Chair, I include in the RECORD a support letter from organizations representing our Nation's healthcare and social service workers, as well as a support letter from AFL–CIO.

NOVEMBER 20, 2019.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the undersigned organizations representing nurses, social workers, psychiatric, home health and personal care aides, as well as other workers in the healthcare and social service industries, we urge you to vote yes on H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act. When healthcare and social service professionals show up to work, they shouldn't have to worry about whether they are going to be injured in an assault. The many professionals who face risk of assault every day include not only those working in hospitals, clinics and mental health facilities, but also those providing services in patients' homes, and outside the four walls of an office.

Healthcare and social service workers are nearly five times more likely to be assaulted than other workers, and the violence is growing. Between 2007 and 2017, the rate of violent injuries grew by 123 percent in hospitals, 201 percent in psychiatric hospitals and substance use treatment facilities, and 28 percent in social service settings. The costs of this violence are high: in injury rates, in professionals being driven from doing the work they love, and in workers' compensation claims and staff shortages.

Currently, there is no federally enforceable violence prevention standard specifically covering healthcare and social services, and federal guidelines do not cover those working in public facilities. H.R. 1309 would require hospitals, residential treatment facilities, clinics at correctional or detention facilities, substance use disorder treatment centers, and other service facilities to develop and implement comprehensive violence prevention plans and provide whistleblower protections for workers. We hear from members about violence all the time: a nurse choked to the point of unconsciousness; a case manager who has suffered bone fractures and debilitating brain injuries from being thrown against walls and floors; social workers brutally attacked, and even killed, when conducting visits to client homes.

No one should face violence, intimidation, or fear for their safety while working to help others and save lives. Violence is not just ''part of the job,'' and studies show that prevention plans work. Many violent incidents can be predicted and minimized with the right staffing, policies and protocols; and this legislation builds upon well-established guidelines from the Department of Labor.

This bill is essential to making healthcare and social service settings safer for workers, but also safer healing environments for patients. When a patient harms a social worker or other clinician, it is traumatizing not only for the clinician but also for the patient; and it sets treatment back for months, if not years. Patients witnessing violence also are traumatized.

We urge you to support the nurses, social workers and other healthcare and social service professionals in your district by voting for H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act.

Alliance for Retired Americans, American Art Therapy Association, American Association for Psychoanalysis in Clinical Social Work, American Counseling Association, American Federation of State, County and Municipal Employees (AFSCME), American Federation of Teachers, American Public Health Association, Coalition of Labor Union Women (CLUW) of Southwestern PA, Communications Workers of America (CWA), Emergency Nurses Association, International Association of Machinists and Aerospace Workers, Midstate Education & Service Foundation, National Association of County Behavioral Health & Developmental Disability Directors (NACBHDD), National Association of Rural Mental Health (NARMH), National Association of Social Workers, National COSH, National Nurses United, National Rural Social Work Caucus, People's Action, Philadelphia Area Project on Occupational Safety and Health (PhilaPOSH), Rhode Island Committee on Occupational Safety and Health (RICOSH), School Social Work Association of America, Service Employees International Union (SEIU), Smart Transportation, United Food and Commercial Workers International Union, United Steelworkers, Worksafe.

AFL–CIO,
March 28, 2019.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: I am writing on behalf of the AFL–CIO to urge you to co-sponsor the Workplace Violence Prevention for Health Care and Social Services Workers Act (H.R. 1309). This bill, sponsored by Rep. Joe Courtney (D–Conn.) would direct the Occupational Safety and Health Administration to issue a federal workplace violence prevention standard to protect workers in health care and social services from injury and death.

Workplace violence is a serious and growing safety and health problem that has reached epidemic levels. Workplace violence is now the third leading cause of job deaths, and results in more than 28,000 serious lost-time injuries each year. Nurses, medical assistants, emergency responders and social workers face some of the greatest threats, suffering more than 70% of all workplace assaults. Women workers particularly are at risk, suffering two out of every three serious workplace violence injuries.

H.R. 1309 would help protect these workers by requiring employers in the health care and social service sectors to develop and implement a workplace violence prevention plan, tailored to specific workplace and employee populations. As part of the plan, employers would be required to identify and correct hazards, develop systems for reporting threats of violence and injuries, provide training for workers and management and protect workers from retaliation for reporting workplace violence incidents. The bill ensures that frontline workers have input, helping employers identify common sense measures like alarm devices, lighting, security, and surveillance and monitoring systems to reduce the risk of violent assaults and injuries.

The bill's requirements for the workplace violence prevention plan are based upon existing guidelines and recommendations from OSHA, NIOSH and professional associations. Scientific studies have documented that the implementation of such prevention plans significantly reduces the incidence of workplace violence. Similar measures have been adopted in a number of states and implemented by some employers. However, currently there is no federal OSHA workplace standard, and OSHA has been slow to take action. The majority of healthcare and social service workers lack effective protection and remain at serious risk.

We urge you to support and co-sponsor H.R. 1309 to help protect health care and social service workers from the growing threat of workplace violence and unnecessary injury and death.

Sincerely,

WILLIAM SAMUEL,
Director, Government Affairs.

Ms. ADAMS. I ask the House to pass without delay the gentleman from Connecticut's legislation.

Ms. FOXX of North Carolina. Madam Chair, let me be clear, the safety of our Nation's healthcare and social service workers is not a partisan issue. Regardless of political beliefs, all of us in this Chamber can appreciate the hard work and empathy that healthcare workers and community caregivers demonstrate every single day on the job.

Their dedication to caring for the most vulnerable members of our communities is extraordinary, and these workers deserve our gratitude, our respect, and our commitment to ensuring they are safe on the job.

The nature of the work in these industries requires healthcare and social services workers to interact directly with individuals who are experiencing tremendous stress, trauma, and grief, which can cause situations to devolve and put workers' safety at risk.

American workers should be kept out of harm's way on the job, so they can return home to their families every day healthy and safe. These caregivers deserve protections, but H.R. 1309 is not the right way to address this important issue. Our healthcare workers and caregivers deserve a thoroughly vetted and researched solution that protects them in the workplace. I think we can do better by working together.

Madam Chair, I reserve the balance of my time.

Mr. COURTNEY. Madam Chair, I yield 3 minutes to the gentleman from Virginia (Mr. SCOTT), the chairman of the Committee on Education and Labor.

Mr. SCOTT of Virginia. Madam Chair, I want to thank the gentleman from Connecticut for yielding and for

his untiring leadership on workplace safety issues.

I rise in support of H.R. 1309, the Workplace Violence Prevention for Healthcare and Social Service Workers Act.

Healthcare facilities are where we should be going to get well, but too often, hardworking, highly skilled employees of these facilities are regularly beaten, kicked, punched, and sometimes killed while performing their jobs. Healthcare and social service workers are four times as likely to suffer serious workplace violence injuries compared to workers in other sectors. Many can never return to work after the assault.

The Government Accountability Office has found the dangers to such workers has gotten worse over the past decade. From 2008 to 2017, workplace violence incidence rates have more than doubled at private hospitals and home healthcare services with the highest rates of violence found in psychiatric and substance abuse hospitals.

Most acts of workplace violence in healthcare facilities are foreseeable, and they are preventable by implementing workplace violence prevention plans. Although OSHA and the Joint Commission for hospital accreditations have issued authoritative guidance, voluntary efforts alone are not enough to ensure the safety of these workers.

Currently, OSHA has no standard for requiring healthcare and social service employers to implement workplace violence prevention programs, and it takes the agency from 7 to 20 years to issue a new standard. The new beryllium standard, for example, which has just been finalized, has been under consideration for about 17 years. And that timeframe is not unusual.

Instead of waiting for years or even decades for OSHA to act, H.R. 1309 would first direct OSHA to issue an interim standard within 1 year and a final standard within 42 months, requiring healthcare and social service employers to implement a workplace violence prevention plan. And further, it protects workers from retaliation for reporting assaults to their employers or government authorities.

Furthermore, since public employees in 24 states lack any OSHA protections, this legislation requires public hospitals and skilled nursing facilities receiving Medicare funds to comply with the workplace violence standards in this bill.

Healthcare and social service workers play a critical role in healthcare for our families and our communities. At the very least, we must do whatever we can to ensure that these workers will come home uninjured at the end of the workday.

Madam Chair, I thank Chairman PALLONE for his cooperation in moving this bill to the floor. I also want to thank Mr. COURTNEY and Representative ALMA ADAMS, chair of the Subcommittee on Workforce Protections, for their leadership in advancing this legislation.

I urge my colleagues to support H.R. 1309.

Ms. FOXX of North Carolina. Madam Chair, I yield myself such time as I may consume.

Madam Chair, yesterday the Department of Labor issued its fall 2019 regulatory agenda. The department announced plans to initiate a Small Business Regulatory Enforcement Fairness Act panel for the prevention of workplace violence in healthcare and social assistance in January. This is a very positive and important development.

Unfortunately, H.R. 1309 encourages and allows OSHA to skip this important step of gathering feedback and advice from small businesses, all to satisfy the arbitrary 1-year deadline for issuing an interim final standard. Shortchanging the views of small businesses at the expense of a rushed, sweeping, and overly proscriptive standard is not an appropriate tradeoff.

Additionally, the legislative text and scope of H.R. 1309 are so proscriptive that OSHA wouldn't be able to deviate from the mandates in the bill even if the recommendation from the small business panel are contrary to that of H.R. 1309.

The Trump administration is moving forward with the rule-making process. Rather than pass H.R. 1309, we should be allowing OSHA to do its work on a comprehensive standard, including soliciting necessary input from small businesses.

Madam Chair, I reserve the balance of my time.

Mr. COURTNEY. Madam Chair, just really quickly, it is true, yesterday that notice went out scheduling that panel. I would just note, that is the third time the department has sent out such a notice, and they have canceled the prior panels. We will see whether or not it actually happens in January.

We are in the third year of this administration, after a GAO report, again after statistics and hearings, where we have asked questions of the department to move on this, and frankly, we are talking about adopting OSHA's own guidelines in the interim standards.

This is not some farfetched, radical proposal. It is their own recommendations about how you can safely and effectively reduce workplace violence.

Madam Chair, I yield 2 minutes to the gentlewoman from Oregon (Ms. BONAMICI), a great member of the Education and Labor Committee.

Ms. BONAMICI. Madam Chair, I rise in strong support of H.R. 1309, the Workplace Violence Prevention for Healthcare and Social Service Workers Act.

A few years ago, two workers in Oregon were tragically wounded in a workplace stabbing at an organization that provides essential support services to youth who are facing addiction, homelessness, and behavioral health issues.

□ 0945

Following the incident, Oregon AFSCME members organized to improve difficult working conditions that were compromising the quality of services for vulnerable clients as well as the safety of employees.

Unfortunately, the experience of these workers is too common. According to a November 2018 report from the U.S. Bureau of Labor Statistics, healthcare and social service workers face a disproportionate risk of on-the-job violence and injuries.

The workers in Oregon, and healthcare and social service workers across the country, need evidence-based workplace violence prevention plans tailored to the needs of the populations they serve. That is why I am proud to be an original cosponsor of H.R. 1309, introduced by my colleague, Congressman COURTNEY.

Healthcare and social service workers help to care for our families, friends, and loved ones. Today, we have the chance to support their well-being in the workplace.

Madam Chair, I include in the RECORD a letter in support of the Workplace Violence Prevention for Health Care and Social Service Workers Act from the National Association of Social Workers.

Good morning: We are writing today to encourage your boss to vote to approve H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act, which is scheduled to come to the House floor for a vote next week. This bipartisan legislation is instrumental in promoting safer working conditions for millions of social workers, nurses and other similar professionals who experience unacceptably high levels of violence on the job.

The National Association of Social Workers represents the interests of over 750,000 social workers nationwide who are employed in wide variety of settings, including hospitals, community clinics, schools and correctional facilities among others. Many social workers provide services outside the four walls of an office, such as in family homes.

As you may know, healthcare and social service workers are nearly five times more likely to be assaulted at work than other professionals, and the rate of violence is growing. Between 2007 and 2017, the rate of violent injuries grew by 123% in hospitals, 201% in psychiatric hospitals and substance use treatment facilities, and 28% in social service settings. The costs of this violence are high: in injury rates, in professionals being driven from doing the work they love, in workers' compensation claims and staff shortages. Workplace violence is also highly problematic for patients. Safe environments are healing environments.

Currently, there is no federal enforceable violence prevention standard covering healthcare and social services and federal guidelines do not cover those working in public facilities. H.R. 1309 would require hospitals, residential treatment facilities, substance use disorder treatment centers, clinics at correctional or detention facilities, and other service facilities to develop and implement comprehensive violence prevention plans and provide whistle-blower protections for workers. These commonsense plans can be customized to reflect the unique safety needs and concerns of each setting.

When the Workplace Violence Prevention for Health Care and Social Service Workers

Act comes before your boss for consideration, we urge your boss to support its passage.

Thank you for your consideration and please let me know if you have any questions.

Sincerely,

DINA L. KASTNER, MSS, MLSP,
Senior Field Organizer,
National Association of Social Workers.

Ms. BONAMICI. Madam Chair, I urge my colleagues to support this legislation.

Ms. FOXX of North Carolina. Madam Chair, I reserve the balance of my time.

Mr. COURTNEY. Madam Chair, I yield 3 minutes to the gentlewoman from Iowa (Ms. FINKENAUER), one of our great new freshmen.

Ms. FINKENAUER. Madam Chair, I rise today in support of H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act.

I also rise today to share Tina Suckow's story with the House of Representatives.

Tina is my constituent, and she is a proud Iowan, wife, mother, grandmother, and AFSCME member. She is also a dedicated nurse who spent 15 years caring for those living with mental health conditions.

Tragically, this tough and thick-skinned woman, with a great sense of humor and a natural gift for helping people, can now no longer physically work.

More than a year ago, Tina was horribly injured at the State of Iowa's Independence Mental Health Institute in my district.

An aggressive patient triggered a call for additional assistance. Although Tina was working in a different section of the campus at the time, she made her way over to help, with about a dozen other coworkers.

For roughly 45 minutes, the patient was erratic and repeatedly threatened to hurt the first person who tried to get close to him. When nothing worked to calm him, a supervisor grabbed a padded shield, but nobody knew that the facility even had this equipment, and they weren't trained to use it.

As her coworker approached with the shield, Tina became trapped between it and the patient. He hit Tina in the head so many times that she lost consciousness.

After dedicating her career and her life to caring for others, Tina was now the one in need. Since then, she has been in and out of surgeries, and the emotional damage remains. That day was the worst day of Tina's life.

Sadly, the State has made it worse by denying her unpaid time off requests and kicking her off the payroll.

Tina wants her story shared today so that employees like her are protected.

I am personally upset that it is hard to do in States like Iowa. You see, in 2017, I was a State representative in Iowa who spent 2 days fighting back against the gutting of collective bargaining in my State, where they went after our teachers, our corrections officers, our bus drivers, and folks like Tina. I stood on that floor and voted ''no.''

Unfortunately, we didn't have the votes. That bill passed, and they gutted the rights of folks like Tina all across my State. Iowa's working families are continuing to pay the price for those politically motivated attacks.

Nearly 1,000 jobs in our State have been eliminated since 2011. These staffing shortages, because of this and the failure to train employees on vital safety measures, have put lives like Tina's on the line.

In that same facility, several other employees have been attacked in the last year.

The CHAIR. The time of the gentlewoman has expired.

Mr. COURTNEY. Madam Chair, I yield an additional 1 minute to the gentlewoman from Iowa.

Ms. FINKENAUER. Madam Chair, in other facilities across the State, they have been attacked in the last year. It is unconscionable. This isn't how you treat people.

The law also created a system that was rigged against working people, forcing employees to go through costly recertification processes and trying to stop them from being able to collectively bargain and being able to fight for their rights.

Luckily for us in Iowa, our public employees are strong. They banded together and were recertified, and I am proud to represent them.

Today, I will be casting this vote for Tina Suckow, who I know is watching at home today.

This bill will require places like the State of Iowa to stop failing their employees, by requiring workplace protections. It is a first step in protecting Iowans on the front lines.

I am standing with our hardworking men and women today who ask for a safe workplace, and now I am standing with them on the floor of the U.S. House, proudly voting ''yes'' for them and folks all across my State.

Madam Chair, I include in the RECORD a letter from AFSCME in support of H.R. 1309.

AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO,
Washington, DC, November 19, 2019.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the members of the American Federation of State, County and Municipal Employees (AFSCME), I urge you to support the ''Workplace Violence Prevention for Health Care and Social Service Workers Act'' (H.R. 1309), which protects workers and their right to be safe from violence at their workplace. H.R. 1309 requires the Occupational Safety and Health Administration (OSHA) to issue a standard on workplace violence prevention in health care and social service assistance settings.

Enactment of H.R. 1309 is needed because: The current OSHA guidance is voluntary. It does not require employers to address the high risk of violence on the job for health care workers and social service workers. Some 70 percent of all nonfatal workplace assaults typically occur in these two sectors and has increased over the years.

It challenges the myth that workplace violence is random, unpreventable and just part of the job. There is a degree of uncertainty, but workplace violence has clear patterns and detectable risk factors in health care and social service settings. Actions can be taken to reduce the risk of workplace violence.

The cost of inaction is high. It is calculated in the pain, loss, suffering and the disruption to lives, workplaces and communities caused by these incidents to workers and their families.

We ask that you send a clear message that Congress will not ignore the harm and suffering caused to health care, behavioral health and social service workers by workplace violence. Please vote in support of H.R. 1309.

Sincerely,

SCOTT FREY,
Director of Federal Government Affairs.

Ms. FOXX of North Carolina. Madam Chair, I reserve the balance of my time.

Mr. COURTNEY. Madam Chair, I yield 2 minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Madam Chair, I thank Mr. COURTNEY for yielding, and I proudly rise today in support of his legislation.

The frequency and scale of workplace violence are alarmingly high, but no statistic, even the startling ones that we have learned about, can fully reflect the pain, loss, and suffering that these incidents can cause.

As we consider the bill before us today, I ask that you remember and honor Pamela Knight.

Pamela was an AFSCME Council 31, Local 448 member. She worked for the Illinois Department of Children and Family Services as a child protection specialist.

She had been sent to take a 2-year-old child into protective custody from an abusive father. As she got out of her car, Pamela was attacked by the boy's father. Brutally beaten, Ms. Knight suffered blunt force trauma to her head.

After 11 years on the job, she succumbed to her injuries, paying the ultimate price for protecting children from abuse and neglect.

Pamela and her fellow DCFS employees are the front line of defense in protecting children in Illinois and around the country. In this vital work, they can encounter families in crisis stemming from poverty, substance abuse, mental illness, and domestic violence.

For two decades, OSHA has worked with employers on voluntary guidelines to address workplace violence, yet the rate of violence has gone up.

Enough is enough. Today, we can do the right thing by Pamela Knight and the unsung heroes in healthcare and social services by passing this important, critical, and necessary piece of legislation.

Ms. FOXX of North Carolina. Madam Chair, I continue to reserve the balance of my time.

Mr. COURTNEY. Madam Chair, I yield 3 minutes to the gentlewoman

from Florida (Ms. WILSON), the chair of the Subcommittee on Health, Employment, Labor, and Pensions.

Ms. WILSON of Florida. Madam Chair, I am pleased to speak in support of this important and necessary piece of legislation.

Through my work as chairwoman of the Subcommittee on Health, Employment, Labor, and Pensions, and as former ranking member of the Subcommittee on Workforce Protections, I have worked extensively on protecting America's workers from unsafe conditions in the workplace.

This legislation is an important step toward protecting our healthcare and social service workers from workplace violence. Unfortunately, it also is a very necessary step.

We know that healthcare and social service workers experience the highest rate of serious injury due to workplace violence. They, literally, are jumped on and beaten up by their patients at work, thrown against walls and floors, suffering bone fractures and brain injuries.

These workers have a lost time injury rate of 14.8 per 10,000 workers, compared to 3.1 for all other workers, according to the Bureau of Labor Statistics.

Currently, Federal efforts to protect workers from workplace violence depends solely on the use of OSHA's general duty clause. That part of the Occupational Safety and Health Act requires employers to provide a workplace free from recognized hazards. However, it is legally cumbersome to apply and is mostly applied after an injury occurs. What is needed are standards to prevent injuries in advance, not after-the-fact enforcement.

While OSHA has adopted guidelines for preventing violence against healthcare and social service workers, these are only temporary and voluntary. This legislation will codify these guidelines and provide OSHA with the necessary authority to require healthcare facilities and social service providers to develop and implement a workplace violence prevention plan.

Madam Chair, while these changes are important to the entire Nation, they are even more important to my district in Florida. Given the large population of senior citizens, the need for healthcare and social service workers is great.

Performing these jobs can be both physically and emotionally draining, even without the threat of being attacked. The added danger of physical violence may lead many potential healthcare and social service workers to seek employment elsewhere, to leave the field altogether, or quit.

Violence in the workplace has a cascading effect on everyone involved, from the workers who bear the brunt of the violent attacks, to the families they serve, to the patients who witness the violence, some in a very fragile state.

What we do know from evidence and research is that healthcare facilities that have violence prevention plans have cut the rate of injuries and related workers' compensation costs.

The Acting CHAIR (Mr. HASTINGS). The time of the gentlewoman has expired.

Mr. COURTNEY. Mr. Chair, I yield an additional 30 seconds to the gentlewoman from Florida.

Ms. WILSON of Florida. Mr. Chair, for these reasons, I urge every Member to vote ''yes'' on H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act.

Mr. Chair, I include in the RECORD a letter in support of this legislation from the American Federation of Teachers.

Washington, DC, November 19, 2019.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the 1.7 million members of the American Federation of Teachers, including 170,000 healthcare workers, I strongly urge you to vote YES on H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act. I also want to thank Rep. JOE COURTNEY (D–Conn.) for his leadership on this bill and for his steadfast commitment to protecting all healthcare workers.

When healthcare professionals show up to work, they shouldn't have to worry about whether they are going to be injured in an assault. Sadly, healthcare and social service workers are nearly five times more likely to be assaulted while on the job than the rest of our workforce. The costs of this violence are high: in injury rates, in professionals being driven from doing the work they love, and in workers' compensation claims and staff shortages.

H.R. 1309 would require hospitals and other facilities to develop and implement comprehensive violence prevention plans and provide whistleblower protections for nurses and other workers facing violence. Current federal workplace protections do not focus on healthcare and social service workers and don't cover those working in public facilities. This bill is a chance to make healthcare settings safer environments for staff and patients alike. As one of the largest healthcare unions in the country, the AFT has been striving to address workplace violence for years; this is our members' top healthcare priority.

I hear from AFT healthcare members about violence all the time: A nurse was choked to the point of unconsciousness last year; a nurse was stabbed in 2017; members have suffered bone fractures and brain injuries from being thrown against walls and floors. The House Education and Labor Committee held a hearing on the topic of workplace violence earlier this year. In her testimony, the AFT witness described being attacked:

He then spun around on his back and kicked his leg high into the air striking me in the neck, hitting with such force to my throat that my head snapped backward; I heard this ''bang'' and ''pop, '' and all the air just rushed out of me. . . . Since June 2015, I have been diagnosed with moderate to severe post-traumatic stress disorder, moderate anxiety, insomnia, depressive disorder and social phobia related to this incident. . . . I LOVED being a nurse. I have a huge problem still calling myself a nurse. I do not know what to call myself now. There is a deep loss when you used to make a difference in the lives of people, in your true calling and with passion. Now, that space is filled with extreme sadness and fear. . . . I lost my career.

No one should face violence or intimidation, or fear for their safety, while working to heal others and save lives. Violence is not just ''part of the job,'' and studies show that prevention plans work. Many violent incidents can be predicted and minimized with the right staffing, policies and protocols, and this legislation builds upon well-established guidelines from the Department of Labor.

I strongly urge you to support the nurses, social workers and other healthcare professionals in your district by voting YES on H.R. 1309.

Sincerely,

RANDI WEINGARTEN.
President.

Ms. FOXX of North Carolina. Mr. Chairman, I reserve the balance of my time.

Mr. COURTNEY. Mr. Chair, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Chair, I thank the gentleman from Connecticut (Mr. COURTNEY) for yielding, and I thank him for his leadership.

I rise as a cosponsor of the Workplace Violence Prevention for Health Care and Social Service Workers Act.

Mr. Chair, I thank the chairman of the full committee, Mr. SCOTT, and chairwoman of the subcommittee, Ms. ADAMS. I thank the complete committee for bringing this important legislation to the floor.

As I have listened to testimony over the last couple of days, I began to frame a concept that we must do the right thing.

As I have interacted with my constituents, as I understand the work of healthcare workers and social service workers, they take care of the broken of our society, some who may be ill, some who may have necessities of life that have not been fulfilled.

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These individuals are under enormous pressure, yet our workers in the workplace caring for these people have the largest heart. They train to be sympathetic and empathetic.

I am reminded of a situation in my local hospital where an individual broke loose because that person was suffering from a mental challenge, illness, health need, mixed in with a population that was there for other reasons. That person was in the mix of healthcare workers trying to care for others, but trying to be kind, sympathetic, and caring, but that person was in a state of crisis that was threatening to the patients and threatening to the workers.

This is a crucial act. We are at a crisis moment. It is important to recognize that these incidents, as have been evidenced on the floor of the House, happen every day, even as we speak. Those individuals with that person were not able to bring him to a resolve, and law enforcement had to be engaged.

Those are situations that make it difficult. We need this interim response, and we need it quickly. 200,000 facilities will be covered, and, as was evidenced on the floor by Mr. COURTNEY, at $9,000 per facility. That is a

worthwhile investment to stop someone who is injured from having a lifelong series of injuries.

The Acting CHAIR. The time of the gentlewoman has expired.

Mr. COURTNEY. Mr. Chairman, I yield an additional 30 seconds to the gentlewoman from Texas.

Ms. JACKSON LEE. Coming from the Texas Medical Center in my community and many other hospitals and seeing the proliferation of health clinics, federally qualified health clinics, and social service agencies all attempting to do the right thing—and the patients who are there deserve to have the best care possible, but they are, in many instances, ill; they are, in many instances, broken. In order to have the staff continue to serve them, let's protect those workers. Let's stand alongside those workers.

Mr. Chairman, I ask my colleagues to enthusiastically support this legislation and let us begin to stand alongside those who work with those who are most in need.

Ms. FOXX of North Carolina. Mr. Chairman, I continue to reserve the balance of my time.

Mr. COURTNEY. Mr. Chairman, I have exhausted all speakers, and I am prepared to close on my side.

Mr. Chairman, I reserve the balance of my time.

Ms. FOXX of North Carolina. Mr. Chairman, I am prepared to close and yield myself such time as I may consume.

Mr. Chairman, as we debate the impact of H.R. 1309 on healthcare providers, I note that this bill is in violation of the House's pay-as-you-go, or paygo, rule.

The paygo rule requires that legislation affecting direct spending not increase the deficit. Any legislation projected to increase direct spending must be offset by equivalent amounts of direct spending cuts, revenue increases, or a combination of both.

According to the nonpartisan Congressional Budget Office, H.R. 1309 will increase the deficit by $60 million between 2020 and 2029. In addition, CBO estimates the cost of H.R. 1309 to private entities will be at least $1.8 billion in the first 2 years and at least $750 million annually thereafter.

Democrats wrote this particular paygo rule months ago, and they are already abandoning it. It is not hard to find $60 million in savings for the taxpayers, and the Democrats' failure to do so speaks volumes about their regard for fiscal discipline. This significant violation of the budget rules is yet another reason to oppose this bill.

Madam Chair, protecting the safety of healthcare and social service workers is not a partisan issue. I reiterate that statement. All of us here today, regardless of our political beliefs, appreciate the hard work and empathy that healthcare workers and community caregivers demonstrate every single day on the job.

There is much agreement on both sides of the aisle that these workers deserve protections in the workplace. Given this bipartisan interest, it is frustrating that the Democrats have moved forward with the rushed and ill-conceived legislation we are debating today.

H.R. 1309 ignores expert and practical input; imposes mandates that may ultimately harm the very people this legislation intends to protect; forecloses better, more protective and feasible solutions that would result from the established rulemaking process; fails to allow meaningful public input; and imposes costly requirements on regulated entities.

Our healthcare workers and caregivers deserve a thoroughly vetted and researched solution that protects them in the workplace, but H.R. 1309 badly fails to deliver on that front.

Madam Chair, I strongly urge a ''no'' vote, and I yield back the balance of my time.

Mr. COURTNEY. Madam Chair, I yield myself such time as I may consume.

Madam Chair, regarding the paygo issue, just to be clear, paygo applies to the budget impact. And the gentlewoman is absolutely correct; CBO calculated a $60 million deficit impact over 10 years in the Medicare program. Again, we spend over $700 billion a year in Medicare, and, by all projections, that is going to go up.

By the way, $60 million is for rural hospitals. If you read the CBO note, that is really the retroactive impact that has caused that, really, budget dust in terms of the impact to the Medicare program.

Madam Chair, we have heard today about the urgency that this emergency requires. We understand the statistics. Workers are uniquely vulnerable in the healthcare setting to violence as they care for the most vulnerable among us.

We know how to help. We know that evidence-based practices will lower this trend line. And we know that when hospitals and other facilities adopt them, rates of violence against staff go down.

In closing, I would like to share a few words from a letter written to me by Gene Sausse from Louisiana about his sister, Lynne Truxillo, who was a nurse in Baton Rouge, Louisiana, until her death just this past April of this year in the hands of a patient while she worked.

Lynne saw the patient attacking one of her colleagues, and when she intervened, the patient turned on her, grabbed her by the back of the neck, slammed it into a desk, and she passed out and suffered additional injuries. A few days later, she died from her injuries.

Lynne's brother came to Washington, unannounced to my office, a few months ago to share his family's grief and explained why we cannot wait another 20 years for OSHA to act. This is what he said:

''It wasn't until days after my sister, Registered Nurse Lynne Sausse Truxillo, was brutally attacked and murdered by a patient inside of Baton Rouge General Hospital during her shift 6 months ago did I learn that violent workplace incident rates are four times higher in healthcare than all other industries. . . . As a small business owner in New Orleans, I have firsthand experience with the complex and often burdensome nature of government regulation. I get that, and I support fewer regulations in certain circumstances. However, in the 6 months since Lynne's death, I've learned how gravely and disproportionately vulnerable healthcare workers are to acts of workplace violence against them. The data, stats, and facts are undeniable on the subject. There's practically a news story every day somewhere in America about it. It is unconscionable that less care is given for the health and well-being of those who care for us when we need it most. Thank you for trying to spare other families from the kind of grief and tragedy mine has endured every day since we lost our beautiful sister, mother, and daughter.''

She should be home making Thanksgiving dinner for her children—mother of two. But because we don't have a national enforceable standard to reduce workplace violence in healthcare settings and social work, this gentleman—he is not a lobbyist; he is not a super-PAC; he is a brother—came to Washington at his own expense, like so many others, to talk about the fact that we have a crisis. It is our job to address that crisis, and that is what this bill does.

Madam Chair, I urge a ''yes'' vote on H.R. 1309, and I yield back the balance of my time.

Ms. JACKSON LEE. Madam Chair, I rise to speak in strong support of H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act.''

This bill offers workplace violence protection to our nation's caregivers—including nurses, social workers, and many others who dedicate their lives to caring for those in need.

Last year, the Bureau of Labor Statistics (BLS) 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, such as care givers in state and local government, health care and social service work, suffer particularly high rates of workplace violence.

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.

Workplace violence often causes both physical and emotional harm.

Victims of these incidents often suffer career-ending post-traumatic stress disorders that take away their livelihoods and weaken an already stretched health care workforce.

In 2018, the Bureau of Labor Statistics reported that 707,400 Social Workers are employed in the United States.

Social worker employment is expected to grow 16 percent between 2016 and 2026; a much faster rate than the average career in the United States.

The ratio of social workers to populations varies widely in the United States, ranging from 80 per 100,000 people in Arkansas to 572 per 100,000 in Washington, D.C.

Northeast states tend to have high numbers of social workers per capita, and the southern states have fewer social workers per capita.

Social workers work in a variety of settings, including mental health clinics, schools, child welfare and human service agencies, hospitals, settlement houses, community development corporations, and private practices.

They generally work full time and may need to work evenings, weekends, and holidays.

There is currently no standard from OSHA, the federal agency created to protect workers' safety, that requires employers to implement violence prevention plans that would help reduce workplace violence injuries among health care and social service workers.

The lack of an enforceable standard means that OSHA has few meaningful tools to protect health care workers from the threat of workplace violence.

Unless Congress intervenes, it is highly unlikely there will be any action taken to protect health care workers in the next decade.

The Government Accountability Office estimated, conservatively, that it takes OSHA at least 7 years to issue a standard.

Two of the most significant OSHA standards issued in recent history—crystalline silica and beryllium, which cause irreversible lung disease—each took OSHA 20 years to finalize.

Despite OSHA promises and its obligation to defend workers' safety, the Trump Administration is erecting new barriers that will prevent OSHA from protecting caregivers from workplace violence.

This bill is needed more now due to a shift in the social work industry: today's social workers are becoming less focused on solving problems and more focused on primary prevention, providing interventions in advance to prevent problems from ever occurring in at-risk populations.

Social work is more than a job.

Social workers help millions of Americans live fuller, more productive and safer lives.

They often are the primary front line of assistance to 13.9 percent of Americans living below the poverty line.

Through mentorship, social workers have contributed to a 68 percent decline in the juvenile arrest rate between 1996 and 2015.

The incarceration rate in the United States is approximately 716 per 100,000, the highest in the world, which means that social workers are invaluable in helping the formerly incarcerated transition into community life.

Social workers provide substantial care and services to the mentally ill.

Reports state that 1 in 4 people in the world will be affected by mental or neurological disorders at some point in their lives.

Child Protective Services and its social workers check up on 3.2 million children each year.

Every year, more than 3.6 million referrals are made to child protection agencies. These referrals involve more than 6.6 million children.

Social Workers are the first line of prevention to prevent over 1.2 million students drop outs from high school each year (one every 26 seconds).

Both Child and Family Social Worker and Clinical Social Worker rank among the top 100 best jobs of 2019.

Professional social workers are the largest group of mental health services providers in the United States.

83 percent of all social workers are female. 86 percent of Master of Social Work graduates in 2015 were female.

47 percent of social workers work in the child, family, and school sector, 26 percent work in healthcare, 18 percent work in mental health and substance abuse, and 9 percent work in other sectors.

The primary employers of social workers are governments (41 percent), private nonprofit or charitable organizations (34 percent), and private-for-profit businesses (22 percent).

More than 40 percent of all disaster mental health volunteers trained by the American Red Cross are professional social workers.

The importance of social workers has been recognized by Jane Addams, a social worker, becoming one of the first women to receive a Nobel Peace Prize in 1931.

I ask my colleagues to join me in supporting H.R. 1309.

The CHAIR. All time for general debate has expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule.

In lieu of the amendment in the nature of a substitute recommended by the Committee on Education and Labor, printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 116–37, modified by the amendment printed in part A of House Report 116–302, shall be considered as adopted.

The bill, as amended, shall be considered as the original bill for the purpose of further amendment under the 5-minute rule and shall be considered as read.

The text of the bill, as amended, is as follows:

H.R. 1309

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled.

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Workplace Violence Prevention for Health Care and Social Service Workers Act''.

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

TITLE I—WORKPLACE VIOLENCE PREVENTION STANDARD

SEC. 101. WORKPLACE VIOLENCE PREVENTION STANDARD.

(a) INTERIM FINAL STANDARD.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Labor shall promulgate an interim final standard on workplace violence prevention—

(A) to require certain employers in the health care and social service sectors, and certain employers in sectors that conduct activities similar to the activities in the health care and social service sectors, to develop and implement a comprehensive workplace violence prevention plan to protect health care workers, social service workers, and other personnel from workplace violence; and

(B) that shall, at a minimum, be based on the Guidelines for Preventing Workplace Violence for Health care and Social Service Workers published by the Occupational Safety and Health Administration of the Department of Labor in 2015 and adhere to the requirements of this title.

(2) APPLICABILITY OF OTHER STATUTORY REQUIREMENTS.—The following shall not apply to the promulgation of the interim final standard under this subsection:

(A) The requirements applicable to occupational safety and health standards under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)).

(B) The requirements of chapters 5 and 6 of title 5, United States Code, and titles 2 and 42, United States Code.

(3) NOTICE AND COMMENT.—Notwithstanding paragraph (2)(B), the Secretary shall, prior to promulgating the interim final standard under this subsection, provide notice in the Federal Register of the interim final standard and a 30-day period for public comment.

(4) EFFECTIVE DATE OF INTERIM STANDARD.—The interim final standard shall—

(A) take effect on a date that is not later than 30 days after promulgation, except that such interim final standard may include a reasonable phase-in period for the implementation of required engineering controls that take effect after such date;

(B) be enforced in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)); and

(C) be in effect until the final standard described in subsection (b) becomes effective and enforceable.

(5) FAILURE TO PROMULGATE.—If an interim final standard described in paragraph (1) is not promulgated not later than 1 year of the date of enactment of this Act, the provisions of this title shall be in effect and enforced in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act (29 U.S.C. 655(b)) until such provisions are superseded in whole by an interim final standard promulgated by the Secretary that meets the requirements of paragraph (1).

(b) FINAL STANDARD.—

(1) PROPOSED STANDARD.—Not later than 2 years after the date of enactment of this Act, the Secretary of Labor shall, pursuant to section 6 of the Occupational Safety and Health Act (29 U.S.C. 655), promulgate a proposed standard on workplace violence prevention—

(A) for the purposes described in subsection (a)(1)(A); and

(B) that shall include, at a minimum, the elements contained in the interim final standard promulgated under subsection (a).

(2) FINAL STANDARD.—Not later than 42 months after the date of enactment of this Act, the Secretary shall promulgate a final standard on such proposed standard that shall—

(A) provide no less protection than any workplace violence standard adopted by a State plan that has been approved by the Secretary under section 18 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 667); and

(B) be effective and enforceable in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)).

SEC. 102. SCOPE AND APPLICATION.

In this title:

(1) COVERED FACILITY.—

(A) IN GENERAL.—The term ''covered facility'' includes the following:

(i) Any hospital, including any specialty hospital, in-patient or outpatient setting, or clinic operating within a hospital license, or any setting that provides outpatient services.

(ii) Any residential treatment facility, including any nursing home, skilled nursing facility, hospice facility, and long-term care facility.

(iii) Any non-residential treatment or service setting.

(iv) Any medical treatment or social service setting or clinic at a correctional or detention facility.

(v) Any community care setting, including a community-based residential facility, group home, and mental health clinic.

(vi) Any psychiatric treatment facility.

(vii) Any drug abuse or substance use disorder treatment center.

(viii) Any independent freestanding emergency centers.

(ix) Any facility described in clauses (i) through (viii) operated by a Federal Government agency and required to comply with occupational safety and health standards pursuant to section 1960 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act).

(x) Any other facility the Secretary determines should be covered under the standards promulgated under section 101.

(B) EXCLUSION.—The term ''covered facility'' does not include an office of a physician, dentist, podiatrist, or any other health practitioner that is not physically located within a covered facility described in clauses (i) through (x) of subparagraph (A).

(2) COVERED SERVICES.—

(A) IN GENERAL.—The term ''covered service'' includes the following services and operations:

(i) Any services and operations provided in any field work setting, including home health care, home-based hospice, and home-based social work.

(ii) Any emergency services and transport, including such services provided by firefighters and emergency responders.

(iii) Any services described in clauses (i) and (ii) performed by a Federal Government agency and required to comply with occupational safety and health standards pursuant to section 1960 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act).

(iv) Any other services and operations the Secretary determines should be covered under the standards promulgated under section 101.

(B) EXCLUSION.—The term ''covered service'' does not include child day care services.

(3) COVERED EMPLOYER.—

(A) IN GENERAL.—The term ''covered employer'' includes a person (including a contractor, subcontractor, a temporary service firm, or an employee leasing entity) that employs an individual to work at a covered facility or to perform covered services.

(B) EXCLUSION.—The term ''covered employer'' does not include an individual who privately employs, in the individual's residence, a person to perform covered services for the individual or a family member of the individual.

(4) COVERED EMPLOYEE.—The term ''covered employee'' includes an individual employed by a covered employer to work at a covered facility or to perform covered services.

SEC. 103. REQUIREMENTS FOR WORKPLACE VIOLENCE PREVENTION STANDARD.

Each standard described in section 101 shall include, at a minimum, the following requirements:

(1) WORKPLACE VIOLENCE PREVENTION PLAN.—Not later than 6 months after the date of promulgation of the interim final standard under section 101(a), a covered employer shall develop, implement, and maintain an effective written workplace violence prevention plan for covered employees at each covered facility and for covered employees performing a covered service on behalf of such employer, which meets the following:

(A) PLAN DEVELOPMENT.—Each Plan shall—

(i) be developed and implemented with the meaningful participation of direct care employees, other employees, and employee representatives, for all aspects of the Plan;

(ii) be tailored and specific to conditions and hazards for the covered facility or the covered service, including patient-specific risk factors and risk factors specific to each work area or unit; and

(iii) be suitable for the size, complexity, and type of operations at the covered facility or for the covered service, and remain in effect at all times.

(B) PLAN CONTENT.—Each Plan shall include procedures and methods for the following:

(i) Identification of the individual responsible for implementation of the Plan.

(ii) With respect to each work area and unit at the covered facility or while covered employees are performing the covered service, risk assessment and identification of workplace violence risks and hazards to employees exposed to such risks and hazards (including environmental risk factors and patient-specific risk factors), which shall be—

(I) informed by past violent incidents specific to such covered facility or such covered service; and

(II) conducted with, at a minimum—

(aa) direct care employees;

(bb) where applicable, the representatives of such employees; and

(cc) the employer.

(iii) Hazard prevention, engineering controls, or work practice controls to correct hazards, in a timely manner, applying industrial hygiene principles of the hierarchy of controls, which—

(I) may include security and alarm systems, adequate exit routes, monitoring systems, barrier protection, established areas for patients and clients, lighting, entry procedures, staffing and working in teams, and systems to identify and flag clients with a history of violence; and

(II) shall ensure that employers correct, in a timely manner, hazards identified in any violent incident investigation described in paragraph (2) and any annual report described in paragraph (5).

(iv) Reporting, incident response, and post-incident investigation procedures, including procedures—

(I) for employees to report workplace violence risks, hazards, and incidents;

(II) for employers to respond to reports of workplace violence;

(III) for employers to perform a post-incident investigation and debriefing of all reports of workplace violence with the participation of employees and their representatives; and

(IV) to provide medical care or first aid to affected employees.

(v) Procedures for emergency response, including procedures for threats of mass casualties and procedures for incidents involving a firearm or a dangerous weapon.

(vi) Procedures for communicating with and training the covered employees on workplace violence hazards, threats, and work practice controls, the employer's plan, and procedures for confronting, responding to, and reporting workplace violence threats, incidents, and concerns, and employee rights.

(vii) Procedures for—

(I) ensuring the coordination of risk assessment efforts, Plan development, and implementation of the Plan with other employers who have employees who work at the covered facility or who are performing the covered service; and

(II) determining which covered employer or covered employers shall be responsible for implementing and complying with the provisions of the standard applicable to the working conditions over which such employers have control.

(viii) Procedures for conducting the annual evaluation under paragraph (6).

(C) AVAILABILITY OF PLAN.—Each Plan shall be made available at all times to the covered employees who are covered under such Plan.

(2) VIOLENT INCIDENT INVESTIGATION.—

(A) IN GENERAL.—As soon as practicable after a workplace violence incident, risk, or hazard of which a covered employer has knowledge, the employer shall conduct an investigation of such incident, risk, or hazard under which the employer shall—

(i) review the circumstances of the incident, risk, or hazard, and whether any controls or measures implemented pursuant to the Plan of the employer were effective; and

(ii) solicit input from involved employees, their representatives, and supervisors about the cause of the incident, risk, or hazard, and whether further corrective measures (including system-level factors) could have prevented the incident, risk, or hazard.

(B) DOCUMENTATION.—A covered employer shall document the findings, recommendations, and corrective measures taken for each investigation conducted under this paragraph.

(3) TRAINING AND EDUCATION.—With respect to the covered employees covered under a Plan of a covered employer, the employer shall provide training and education to such employees who may be exposed to workplace violence hazards and risks, which meet the following requirements:

(A) Annual training and education shall include information on the Plan, including identified workplace violence hazards, work practice control measures, reporting procedures, record keeping requirements, response procedures, and employee rights.

(B) Additional hazard recognition training shall be provided for supervisors and managers to ensure they—

(i) can recognize high-risk situations; and

(ii) do not assign employees to situations that predictably compromise the safety of such employees.

(C) Additional training shall be provided for each such covered employee whose job circumstances have changed, within a reasonable timeframe after such change.

(D) Applicable training shall be provided under this paragraph for each new covered employee prior to the employee's job assignment.

(E) All training shall provide such employees opportunities to ask questions, give feedback on training, and request additional instruction, clarification, or other followup.

(F) All training shall be provided in-person and by an individual with knowledge of workplace violence prevention and of the Plan, except that any annual training described in subparagraph (A) provided to an employee after the first year such training is provided to such employee may be conducted by live video if in-person training is impracticable.

(G) All training shall be appropriate in content and vocabulary to the language, educational level, and literacy of such covered employees.

(4) RECORDKEEPING AND ACCESS TO PLAN RECORDS.—

(A) IN GENERAL.—Each covered employer shall—

(i) maintain for not less than 5 years—

(I) records related to each Plan of the employer, including workplace violence risk and hazard assessments, and identification, evaluation, correction, and training procedures;

(II) a violent incident log described in subparagraph (B) for recording all workplace violence incidents; and

(III) records of all incident investigations as required under paragraph (2)(B); and

(ii)(I) make such records and logs available, upon request, to covered employees and their representatives for examination and copying in accordance with section 1910.1020 of title 29, Code of Federal Regulations (as such section is

in effect on the date of enactment of this Act), and in a manner consistent with HIPAA privacy regulations (defined in section 1180(b)(3) of the Social Security Act (42 U.S.C. 1320d–9(b)(3))) and part 2 of title 42, Code of Federal Regulations (as such part is in effect on the date of enactment of this Act); and

(II) ensure that any such records and logs that may be copied, transmitted electronically, or otherwise removed from the employer's control for purposes of this clause omit any element of personal identifying information sufficient to allow identification of any patient, resident, client, or other individual alleged to have committed a violent incident (including the individual's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals such individual's identity).

(B) VIOLENT INCIDENT LOG DESCRIPTION.—Each violent incident log shall—

(i) be maintained by a covered employer for each covered facility controlled by the employer and for each covered service being performed by a covered employee on behalf of such employer;

(ii) be based on a template developed by the Secretary not later than 1 year after the date of enactment of this Act;

(iii) include, at a minimum, a description of—

(I) the violent incident (including environmental risk factors present at the time of the incident);

(II) the date, time, and location of the incident, and the names and job titles of involved employees;

(III) the nature and extent of injuries to covered employees;

(IV) a classification of the perpetrator who committed the violence, including whether the perpetrator was—

(aa) a patient, client, resident, or customer of a covered employer;

(bb) a family or friend of a patient, client, resident, or customer of a covered employer;

(cc) a stranger;

(dd) a coworker, supervisor, or manager of a covered employee;

(ee) a partner, spouse, parent, or relative of a covered employee; or

(ff) any other appropriate classification;

(V) the type of violent incident (such as type 1 violence, type 2 violence, type 3 violence, or type 4 violence); and

(VI) how the incident was abated;

(iv) not later than 7 days after the employer learns of such incident, contain a record of each violent incident, which is updated to ensure completeness of such record;

(v) be maintained for not less than 5 years; and

(vi) in the case of a violent incident involving a privacy concern case, protect the identity of employees in a manner consistent with section 1904.29(b) of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act).

(C) ANNUAL SUMMARY.—

(i) COVERED EMPLOYERS.—Each covered employer shall prepare an annual summary of each violent incident log for the preceding calendar year that shall—

(I) with respect to each covered facility, and each covered service, for which such a log has been maintained, include the total number of violent incidents, the number of recordable injuries related to such incidents, and the total number of hours worked by the covered employees for such preceding year;

(II) be completed on a form provided by the Secretary;

(III) be posted for three months beginning February 1 of each year in a manner consistent with the requirements of section 1904 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act), relating to the posting of summaries of injury and illness logs;

(IV) be located in a conspicuous place or places where notices to employees are customarily posted; and

(V) not be altered, defaced, or covered by other material.

(ii) SECRETARY.—Not later than 1 year after the promulgation of the interim final standard under section 101(a), the Secretary shall make available a platform for the electronic submission of annual summaries required under this paragraph.

(5) ANNUAL REPORT.—Not later than February 15 of each year, each covered employer shall report to the Secretary, the frequency, quantity, and severity of workplace violence, and any incident response and post-incident investigation (including abatement measures) for the incidents set forth in the annual summary of the violent incident log described in paragraph (4)(C).

(6) ANNUAL EVALUATION.—Each covered employer shall conduct an annual written evaluation, conducted with the full, active participation of covered employees and employee representatives, of—

(A) the implementation and effectiveness of the Plan, including a review of the violent incident log; and

(B) compliance with training required by each standard described in section 101, and specified in the Plan.

(7) ANTI-RETALIATION.—

(A) POLICY.—Each covered employer shall adopt a policy prohibiting any person (including an agent of the employer) from discriminating or retaliating against any employee for reporting, or seeking assistance or intervention from, a workplace violence incident, threat, or concern to the employer, law enforcement, local emergency services, or a government agency, or participating in an incident investigation.

(B) PROHIBITION.—No covered employer shall discriminate or retaliate against any employee for—

(i) reporting a workplace violence incident, threat, or concern to, or seeking assistance or intervention with respect to such incident, threat, or concern from, the employer, law enforcement, local emergency services, or a local, State, or Federal government agency; or

(ii) exercising any other rights under this paragraph.

(C) ENFORCEMENT.—This paragraph shall be enforced in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act (29 U.S.C. 655(b)).

SEC. 104. RULES OF CONSTRUCTION.

Notwithstanding section 18 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 667)—

(1) nothing in this title shall be construed to curtail or limit authority of the Secretary under any other provision of the law; and

(2) the rights, privileges, or remedies of covered employees shall be in addition to the rights, privileges, or remedies provided under any Federal or State law, or any collective bargaining agreement.

SEC. 105. OTHER DEFINITIONS.

In this title:

(1) WORKPLACE VIOLENCE.—

(A) IN GENERAL.—The term ''workplace violence'' means any act of violence or threat of violence, without regard to intent, that occurs at a covered facility or while a covered employee performs a covered service.

(B) EXCLUSIONS.—The term ''workplace violence'' does not include lawful acts of self-defense or lawful acts of defense of others.

(C) INCLUSIONS.—The term ''workplace violence'' includes—

(i) the threat or use of physical force against a covered employee that results in or has a high likelihood of resulting in injury, psychological trauma, or stress, without regard to whether the covered employee sustains an injury, psychological trauma, or stress; and

(ii) an incident involving the threat or use of a firearm or a dangerous weapon, including the use of common objects as weapons, without regard to whether the employee sustains an injury, psychological trauma, or stress.

(2) TYPE 1 VIOLENCE.—The term ''type 1 violence''—

(A) means workplace violence directed at a covered employee at a covered facility or while performing a covered service by an individual who has no legitimate business at the covered facility or with respect to such covered service; and

(B) includes violent acts by any individual who enters the covered facility or worksite where a covered service is being performed with the intent to commit a crime.

(3) TYPE 2 VIOLENCE.—The term ''type 2 violence'' means workplace violence directed at a covered employee by customers, clients, patients, students, inmates, or any individual for whom a covered facility provides services or for whom the employee performs covered services.

(4) TYPE 3 VIOLENCE.—The term ''type 3 violence'' means workplace violence directed at a covered employee by a present or former employee, supervisor, or manager.

(5) TYPE 4 VIOLENCE.—The term ''type 4 violence'' means workplace violence directed at a covered employee by an individual who is not an employee, but has or is known to have had a personal relationship with such employee, or with a customer, client, patient, student, inmate, or any individual for whom a covered facility provides services or for whom the employee performs covered services.

(6) THREAT OF VIOLENCE.—The term ''threat of violence'' means a statement or conduct that—

(A) causes an individual to fear for such individual's safety because there is a reasonable possibility the individual might be physically injured; and

(B) serves no legitimate purpose.

(7) ALARM.—The term ''alarm'' means a mechanical, electrical, or electronic device that does not rely upon an employee's vocalization in order to alert others.

(8) DANGEROUS WEAPON.—The term ''dangerous weapon'' means an instrument capable of inflicting death or serious bodily injury, without regard to whether such instrument was designed for that purpose.

(9) ENGINEERING CONTROLS.—

(A) IN GENERAL.—The term ''engineering controls'' means an aspect of the built space or a device that removes a hazard from the workplace or creates a barrier between a covered employee and the hazard.

(B) INCLUSIONS.—For purposes of reducing workplace violence hazards, the term ''engineering controls'' includes electronic access controls to employee occupied areas, weapon detectors (installed or handheld), enclosed workstations with shatter-resistant glass, deep service counters, separate rooms or areas for high-risk patients, locks on doors, removing access to or securing items that could be used as weapons, furniture affixed to the floor, opaque glass in patient rooms (which protects privacy, but allows the health care provider to see where the patient is before entering the room), closed-circuit television monitoring and video recording, sight-aids, and personal alarm devices.

(10) ENVIRONMENTAL RISK FACTORS.—

(A) IN GENERAL.—The term ''environmental risk factors'' means factors in the covered facility or area in which a covered service is performed that may contribute to the likelihood or severity of a workplace violence incident.

(B) CLARIFICATION.—Environmental risk factors may be associated with the specific task being performed or the work area, such as working in an isolated area, poor illumination or blocked visibility, and lack of physical barriers between individuals and persons at risk of committing workplace violence.

(11) PATIENT-SPECIFIC RISK FACTORS.—The term ''patient-specific risk factors'' means factors specific to a patient that may increase the

likelihood or severity of a workplace violence incident, including—

(A) a patient's treatment and medication status, and history of violence and use of drugs or alcohol; and

(B) any conditions or disease processes of the patient that may cause the patient to experience confusion or disorientation, be non-responsive to instruction, behave unpredictably, or engage in disruptive, threatening, or violent behavior.

(12) SECRETARY.—The term ''Secretary'' means the Secretary of Labor.

(13) WORK PRACTICE CONTROLS.—

(A) IN GENERAL.—The term ''work practice controls'' means procedures and rules that are used to effectively reduce workplace violence hazards.

(B) INCLUSIONS.—The term ''work practice controls'' includes—

(i) assigning and placing sufficient numbers of staff to reduce patient-specific Type 2 workplace violence hazards;

(ii) provision of dedicated and available safety personnel such as security guards;

(iii) employee training on workplace violence prevention methods and techniques to de-escalate and minimize violent behavior; and

(iv) employee training on procedures for response in the event of a workplace violence incident and for post-incident response.

TITLE II—AMENDMENTS TO THE SOCIAL SECURITY ACT

SEC. 201. APPLICATION OF THE WORKPLACE VIOLENCE PREVENTION STANDARD TO CERTAIN FACILITIES RECEIVING MEDICARE FUNDS.

(a) IN GENERAL.—Section 1866 of the Social Security Act (42 U.S.C. 1395cc) is amended—

(1) in subsection (a)(1)—

(A) in subparagraph (X), by striking ''and'' at the end;

(B) in subparagraph (Y), by striking at the end the period and inserting ''; and''; and

(C) by inserting after subparagraph (Y) the following new subparagraph:

''(Z) in the case of hospitals that are not otherwise subject to the Occupational Safety and Health Act of 1970 (or a State occupational safety and health plan that is approved under 18(b) of such Act) and skilled nursing facilities that are not otherwise subject to such Act (or such a State occupational safety and health plan), to comply with the Workplace Violence Prevention Standard (as promulgated under section 101 of the Workplace Violence Prevention for Health Care and Social Service Workers Act).''; and

(2) in subsection (b)(4)—

(A) in subparagraph (A), by inserting ''and a hospital or skilled nursing facility that fails to comply with the requirement of subsection (a)(1)(Z) (relating to the Workplace Violence Prevention Standard)'' after ''Bloodborne Pathogens standard)''; and

(B) in subparagraph (B)—

(i) by striking ''(a)(1)(U)'' and inserting ''(a)(1)(V)''; and

(ii) by inserting ''(or, in the case of a failure to comply with the requirement of subsection (a)(1)(Z), for a violation of the Workplace Violence Prevention standard referred to in such subsection by a hospital or skilled nursing facility, as applicable, that is subject to the provisions of such Act)'' before the period at the end.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply beginning on the date that is 1 year after the date of issuance of the interim final standard on workplace violence prevention required under section 101.

The CHAIR. No further amendment to the bill, as amended, shall be in order except those printed in part B of the report. Each such further amendment may be offered only in the order printed in the report, by a Member designated in the report, shall be considered read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

AMENDMENT NO. 1 OFFERED BY MR. HASTINGS

The CHAIR. It is now in order to consider amendment No. 1 printed in part B of House Report 116–302.

Mr. HASTINGS. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 13, beginning on line 6, amend subparagraph (C) to read as follows:

(C) AVAILABILITY OF PLAN.—

(i) IN GENERAL.—Each Plan shall be—

(I) made available at all times to the covered employees who are covered under such Plan; and

(II) to the extent possible, emailed to each such employee upon completion of the employee's annual training under paragraph (3)(A).

(ii) RULE OF CONSTRUCTION.—Nothing in this subparagraph shall be construed to serve in lieu of training or any other requirements under this Act.

The CHAIR. Pursuant to House Resolution 713, the gentleman from Florida (Mr. HASTINGS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Florida.

Mr. HASTINGS. Madam Chair, my amendment No. 1 requires employers covered by the Workplace Violence Prevention for Health Care and Social Service Workers Act to make their organization's workplace violence prevention plans available to their employees through email and other methods.

Before I proceed, I want to thank Mr. COURTNEY for bringing this matter to our attention. What I didn't say to Mr. COURTNEY before now is that, 27 years ago, I came to this institution as a Member of the House of Representatives. Either the second or third measure that I proposed dealt with workplace violence, and it is this long that we are finally addressing this in a meaningful way.

This is a short and simple amendment that will help employees covered under the legislation stay familiar and comfortable with their organization's plans for preventing workplace violence.

H.R. 1309 requires the Department of Labor to promulgate an occupational safety and health standard for certain employers in the healthcare and social service sectors.

The standard requires them to develop and implement comprehensive plans for protecting their employees from workplace violence. These plans are specifically tailored to workplaces and their employees on a case-by-case basis and are important tools for identifying and mitigating risks.

As a part of the requirements for these plans, H.R. 1309 requires employers to provide comprehensive training on these plans to employees and to make their workplace violence prevention plans available to their employees at all times.

My amendment, which is cosponsored by my good friend and colleague, Congressman DESAULNIER, expands on this specific requirement and requires employers to share their plans with their employees through email and other methods, following the completion of their annual training.

Doing so would ensure that, in addition to the other training and guidance provided by their employers, employees have access to their own digital copies of their organization's violence prevention plans. Having this access will permit them greater flexibility to access and review these important documents as they feel necessary.

This is a commonsense amendment that will make it easier for covered employees to feel comfortable with their organization's workplace violence prevention plans.

Madam Chair, I urge my colleagues to support this amendment, and I reserve the balance of my time.

Ms. FOXX of North Carolina. Madam Chair, I claim the time in opposition to the amendment.

The CHAIR. The gentlewoman from North Carolina is recognized for 5 minutes.

Ms. FOXX of North Carolina. Madam Chair, this amendment is unnecessary. The underlying bill already mandates that each workplace violation prevention plan required by the bill ''be made available at all times'' to covered employees. This amendment adds yet another overly prescriptive requirement on healthcare establishments.

OSHA, as it proceeds with its rulemaking, should have the ability to determine the specific elements required of each employer after analyzing their effectiveness and potential cost.

Ultimately, H.R. 1309 circumvents the longstanding, established OSHA rulemaking process, which is intended to research thoroughly the underlying circumstances that may merit a health and safety regulation and gather meaningful stakeholder input in order to create the most feasible and protective safety and health standard possible.

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By dodging the established regulatory process, H.R. 1309 is foreclosing other potential solutions. H.R. 1309 will require OSHA to enforce an interim final standard in healthcare and social service settings within a year. The legislation does not allow OSHA to consider important information, such as the experience of California which has a brand-new standard in place, the views of experts in the field, and the input of workers who have invaluable workplace experience.

H.R. 1309 discounts the complexity of the underlying issue and the importance of the knowledge and experience stakeholders can offer that will help create a workable and effective solution.

Madam Chair, I yield back the balance of my time.

Mr. HASTINGS. Madam Chair, I close by reiterating that this amendment is a short and uncontentious proposal to help covered employees feel comfortable with their organization's workplace violence prevention plans.

By requiring employers to make their organization's workplace violence prevention plans available through email and other methods, this amendment would ensure that employees have access to their own digital copies of their organization's plans. Having this access will permit employees greater flexibility to access and review these important documents as they feel necessary.

Madam Chair, I urge my colleagues to support this amendment, and I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from Florida (Mr. HASTINGS).

The amendment was agreed to.

AMENDMENT NO. 2 OFFERED BY MR. DESAULNIER

The CHAIR. It is now in order to consider amendment No. 2 printed in part B of House Report 116–302.

Mr. DESAULNIER. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 11, line 23, strike ''and''.

Page 11, line 25, strike the period and insert ''; and''.

Page 11, after line 25, insert the following:

(V) to provide employees with information about available trauma and related counseling.

The CHAIR. Pursuant to House Resolution 713, the gentleman from California (Mr. DESAULNIER) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. DESAULNIER. Madam Chair, my amendment requires that healthcare workers and social service workers are provided with information on available mental health resources, trauma, and related counseling.

It is appalling that those who dedicate their lives to caring for people in need suffer workplace violence at disproportionately high rates across the Nation. In 2018, healthcare and social service workers were four times as likely to suffer a serious workplace violence injury than workers overall.

Between 2013 and 2016, one in four registered nurses and nursing students reported being physically assaulted at work by a patient or a patient's family member. And in 2017, State government healthcare and social service workers were almost 10 times more likely to be injured by an assault than private-sector healthcare workers.

Some, tragically, do not survive these incidents. Yesterday, I spoke about a former constituent, Donna Kay Gross of Concord, California, who was a psychiatric technician at Napa State Hospital in California.

She was brutally murdered by a patient outside the unit where she worked. She chose to go into this field and work as a technician because of a history of mental health in her family, and her mother was at Napa State Hospital.

Her story, unfortunately, is not completely unique. A few years ago here in Washington, Mindy Blandon, a registered nurse, was working in the surgical oncology unit when a patient she was treating became agitated. As Mindy and another nurse approached the bedside, the patient became combative.

At the end of an extended scuffle, the patient strangled Mindy with her own stethoscope. Luckily, Mindy survived with the support of her other staff, but the trauma she went through will forever affect her.

Workplace violence has serious physical and emotional consequences for workers and employers alike. While H.R. 1309 includes provisions for workers' medical care as part of the underlying bill, we must also address the psychological effects of workplace violence. Survivors of workplace violence are at an increased risk of long-term emotional problems and post-traumatic stress disorders which can be debilitating, lead to lost days of work, deteriorate productivity and morale, and sometimes even end workers' careers.

The high turnover that results weakens our Nation's healthcare workforce that is already stretched thin and discourages good people from entering these professions.

I am proud that California has led the way in preventing and responding to workplace violence against healthcare workers, including requiring the mental health service information that this amendment provides.

There is a clear need for these services. According to the Bureau of Labor Statistics, 18,400 workers in the private industry experienced trauma from nonfatal workplace violence in 2017. Of those victims who experience trauma from workplace violence, 71 percent worked in the healthcare and social assistance industry.

This amendment would bring the Workplace Violence Prevention for Health Care and Social Service Workers Act in line with the California law by ensuring that healthcare and social service workers are provided with critical information on trauma and related counseling for employees after a violent incident.

Madam Chair, I urge support for the amendment, and I reserve the balance of my time.

Ms. FOXX of North Carolina. Madam Chair, I claim the time in opposition to the amendment.

The CHAIR. The gentlewoman from North Carolina is recognized for 5 minutes.

Ms. FOXX of North Carolina. Madam Chair, I yield myself such time as I may consume.

Madam Chair, this amendment adds yet another overly prescriptive regulatory requirement on healthcare providers, small and large, without going through the established rulemaking process.

This amendment provides no opportunity for OSHA to examine whether the requirements listed in the amendment would be beneficial and useful. The provision in this amendment could be examined during a small business stakeholder panel and a public comment period if OSHA were permitted to engage in these important steps before issuing an interim final rule.

We still need additional research and data to identify the best ways to mitigate and prevent workplace violence in healthcare and social service settings. There have been calls for additional research on the project, including from the Government Accountability Office and the Centers for Disease Control and Prevention.

Democrat amendments to the bill, such as the one we are debating, do not change these basic facts. Democrat window-dressing amendments that add more red tape don't change the fact that H.R. 1309 fails to allow for the development of a workable, effective, and feasible workplace violence prevention standard.

Madam Chair, I yield back the balance of my time.

Mr. DESAULNIER. Madam Chair, I yield 1 minute to the gentleman from Florida (Mr. HASTINGS), my distinguished friend.

Mr. HASTINGS. Madam Chair, I am pleased to rise in support of my colleague, Mr. DESAULNIER's amendment to H.R. 1309.

As my good friend knows, I was planning to introduce an amendment that was virtually identical to his, and so I was happy to make this a combined effort and support his amendment as a cosponsor.

As has already been explained, this amendment would require employers to provide information about trauma and trauma-related counseling for employees in their reporting, incident response, and post-incident investigation procedures.

Doing so would ensure that employees have access to this vital information in the wake of incidents involving workplace violence. I think this is an important consideration as we consider this legislation responding to high rates of workplace violence.

Our Nation's caregivers, including nurses, social workers, and many others working in the healthcare and social service sectors, suffer workplace violence injuries at far higher rates than in any other profession.

Mr. DESAULNIER. Madam Chair, I urge my colleagues to support the amendment, and I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from California (Mr. DESAULNIER).

The amendment was agreed to.

AMENDMENT NO. 3 OFFERED BY MR. BYRNE

The CHAIR. It is now in order to consider amendment No. 3 printed in part B of House Report 116–302.

Mr. BYRNE. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Strike all after section 1 and insert the following:

SECTION 2. FINDINGS.

Congress finds the following:

(1) In a 2016 report entitled, ''Workplace Safety and Health: Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence'', the Government Accountability Office estimated over 730,000 cases of health care workplace assaults over the 5-year span from 2009 through 2013, based on Bureau of Justice Statistics data.

(2) The Bureau of Labor Statistics reported the health care and social service industries experience the highest rates of injuries caused by workplace violence. Nurses, social workers, psychiatric, home health, and personal care aides are all at increased risk for injury caused by workplace violence.

(3) The Bureau of Labor Statistics reports that health care and social service workers suffered 71 percent of all workplace violence injuries caused by persons in 2017 and are more than 4 times as likely to suffer a workplace violence injury than workers overall.

(4) According to a September 2018 survey of 3,500 American emergency physicians conducted by the American College of Emergency Physicians, 47 percent of emergency room doctors have been physically assaulted at work, and 8 in 10 report that this violence is affecting patient care.

(5) Workplace violence in health care and social service sectors is increasing. Bureau of Labor Statistics data show that private sector injury rates of workplace violence in health care and social service sectors increased by 63 percent between 2006 and 2016.

(6) Studies have found that proper staff education and the use of evidence based interventions (such as effective communication with patients using de-escalation techniques and noncoercive use of medications) can reduce the risks to the safety of both patients and staff, using least-restrictive measures.

(7) The Occupational Safety and Health Administration in 2015 updated its ''Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers'', however, this guidance is not enforceable.

(8) Nine States have mandated that certain types of health care facilities implement workplace violence prevention programs. On April 1, 2018, the Division of Occupational Safety and Health of the State of California issued a comprehensive standard (''Workplace Violence Prevention in Health Care'') that requires health care facilities to implement a workplace violence prevention plan.

(9) The Occupational Safety and Health Administration (OSHA) received two petitions for rulemaking in July of 2016, calling on OSHA to promulgate a violence prevention standard for health care and social service sectors. On December 6, 2016, OSHA issued a Request for Information (RFI) soliciting information on this issue. On January 10, 2017, OSHA conducted a public meeting to receive stakeholder input and to supplement the online comments submitted in response to the RFI. At that meeting, OSHA announced it accepted the petitions and would develop a Federal standard to prevent workplace violence in health care and social service settings. OSHA's spring 2019 regulatory agenda listed a Small Business Regulatory Enforcement Fairness Act Panel for Prevention of Workplace Violence in Health Care and Social Assistance.

SEC. 3. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

TITLE I—WORKPLACE VIOLENCE PREVENTION STANDARD

SEC. 101. FINAL STANDARD.

(a) IN GENERAL.—The Secretary of Labor shall promulgate a final standard on workplace violence prevention—

(1) to require certain employers in the healthcare and social service sectors, and certain employers in sectors that conduct activities similar to the activities in the healthcare and social service sectors, to develop and implement a comprehensive workplace violence prevention plan to protect health care workers, social service workers, and other personnel from workplace violence; and

(2) that may be based on the Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers published by the Occupational Safety and Health Administration of the Department of Labor in 2015 and adhere to the requirements of this title.

(b) EFFECTIVE DATE OF STANDARD.—The final standard shall—

(1) take effect on a date that is not later than 60 days after promulgation, except that such final standard may include a reasonable phase-in period for the implementation of required engineering controls that take effect after such date; and

(2) be enforced in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)).

(c) EDUCATIONAL OUTREACH.—

(1) DURING RULEMAKING.—During the period beginning on the date the Secretary commences rulemaking under this section and ending on the effective date of the final standard promulgated under this section, the Secretary of Labor shall engage in an educational campaign for covered employees and covered employers regarding workplace violence prevention in health care and social service industries on the materials of the Occupational Safety and Health Administration on workplace violence prevention for such industries.

(2) REQUIREMENTS OF FINAL STANDARD.—Beginning on the date on which the final standard is promulgated under this section, the Secretary shall engage in an educational campaign for covered employees and covered employers on the requirements of such final standard.

SEC. 102. SCOPE AND APPLICATION.

In this title:

(1) COVERED FACILITY.—The term ''covered facility'' means a facility with respect to which the Secretary determines that requirements of the final standard promulgated under section 101(a) would be reasonably necessary or appropriate, and which may include:

(A) Any hospital, including any specialty hospital.

(B) Any residential treatment facility, including any nursing home, skilled nursing facility, hospice facility, and long-term care facility.

(C) Any medical treatment or social service setting or clinic at a correctional or detention facility.

(D) Any community-based residential facility, group home, and mental health clinic.

(E) Any psychiatric treatment facility.

(F) Any drug abuse or substance use disorder treatment center.

(G) Any independent freestanding emergency centers.

(H) Any facility described in subparagraphs (A) through (G) operated by a Federal Government agency and required to comply with occupational safety and health standards pursuant to section 1960 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act).

(2) COVERED SERVICES.—The term ''covered service'' includes the following services and operations:

(A) Any services and operations provided in home health care, home-based hospice, and home-based social work.

(B) Any emergency medical services and transport, including such services when provided by firefighters and emergency responders.

(C) Any services described in subparagraphs (A) and (B) performed by a Federal Government agency and required to comply with occupational safety and health standards pursuant to section 1960 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act).

(D) Any other services and operations the Secretary determines should be covered under the standards promulgated under section 101.

(3) COVERED EMPLOYER.—

(A) IN GENERAL.—The term ''covered employer'' includes a person (including a contractor, subcontractor, or a temporary service firm) that employs an individual to work at a covered facility or to perform covered services.

(B) EXCLUSION.—The term ''covered employer'' does not include an individual who privately employs a person to perform covered services for the individual or a friend or family member of the individual.

(4) COVERED EMPLOYEE.—The term ''covered employee'' includes an individual employed by a covered employer to work at a covered facility or to perform covered services.

SEC. 103. REQUIREMENTS FOR WORKPLACE VIOLENCE PREVENTION STANDARD.

Each standard described in section 101 may include the following requirements:

(1) WORKPLACE VIOLENCE PREVENTION PLAN.—Not later than 6 months after the date of promulgation of the final standard under section 101(a), a covered employer shall develop, implement, and maintain a written workplace violence prevention plan for covered employees at each covered facility and for covered employees performing a covered service on behalf of such employer, which meets the following:

(A) PLAN DEVELOPMENT.—Each Plan shall—

(i) subject to subparagraph (D), be developed and implemented with the meaningful participation of direct care employees and, where applicable, employee representatives, for all aspects of the Plan;

(ii) be applicable to conditions and hazards for the covered facility or the covered service, including patient-specific risk factors and risk factors specific to each work area or unit; and

(iii) be suitable for the size, complexity, and type of operations at the covered facility or for the covered service, and remain in effect at all times.

(B) PLAN CONTENT.—Each Plan shall include procedures and methods for the following:

(i) Identification of each individual or the job title of each individual responsible for implementation of the Plan.

(ii) With respect to each work area and unit at the covered facility or while covered employees are performing the covered service, risk assessment and identification of workplace violence risks and hazards to employees exposed to such risks and hazards (including environmental risk factors and patient-specific risk factors), which may be—

(I) informed by past violent incidents specific to such covered facility or such covered service; and

(II) conducted with—

(aa) representative direct care employees;

(bb) where applicable, the representatives of such employees; and

(cc) the employer.

(iii) Hazard prevention, engineering controls, or work practice controls to correct, in a timely manner, hazards that the employer creates or controls which—

(I) may include security and alarm systems, adequate exit routes, monitoring systems, barrier protection, established areas for patients and clients, lighting, entry procedures, staffing and working in teams, and systems to identify and flag clients with a history of violence; and

(II) shall ensure that employers correct, in a timely manner, hazards identified in the annual report described in paragraph (5) that the employer creates or controls.

(iv) Reporting, incident response, and post-incident investigation procedures, including procedures—

(I) for employees to report to the employer workplace violence risks, hazards, and incidents;

(II) for employers to respond to reports of workplace violence;

(III) for employers to perform a post-incident investigation and debriefing of all reports of workplace violence with the participation of employees and their representatives; and

(IV) to provide medical care or first aid to affected employees.

(v) Procedures for emergency response, including procedures for threats of mass casualties and procedures for incidents involving a firearm or a dangerous weapon.

(vi) Procedures for communicating with and educating of covered employees on workplace violence hazards, threats, and work practice controls, the employer's plan, and procedures for confronting, responding to, and reporting workplace violence threats, incidents, and concerns, and employee rights.

(vii) Procedures for ensuring the coordination of risk assessment efforts, Plan development, and implementation of the Plan with other employers who have employees who work at the covered facility or who are performing the covered service.

(viii) Procedures for conducting the annual evaluation under paragraph (6).

(C) AVAILABILITY OF PLAN.—Each Plan shall be made available at all times to the covered employees who are covered under such Plan.

(D) CLARIFICATION.—The requirement under subparagraph (A)(i) shall not be construed to require that all direct care employees and employee representatives participate in the development and implementation of the Plan.

(2) VIOLENT INCIDENT INVESTIGATION.—

(A) IN GENERAL.—As soon as practicable after a workplace violence incident, of which a covered employer has knowledge, the employer shall conduct an investigation of such incident, under which the employer shall—

(i) review the circumstances of the incident and whether any controls or measures implemented pursuant to the Plan of the employer were effective; and

(ii) solicit input from involved employees, their representatives, and supervisors, about the cause of the incident, and whether further corrective measures (including system-level factors) could have prevented the incident, risk, or hazard.

(B) DOCUMENTATION.—A covered employer shall document the findings, recommendations, and corrective measures taken for each investigation conducted under this paragraph.

(3) EDUCATION.—With respect to the covered employees covered under a Plan of a covered employer, the employer shall provide education to such employees who may be exposed to workplace violence hazards and risks, which meet the following requirements:

(A) Annual education includes information on the Plan, including identified workplace violence hazards, work practice control measures, reporting procedures, record keeping requirements, response procedures, and employee rights.

(B) Additional hazard recognition education for supervisors and managers to ensure they can recognize high-risk situations and do not assign employees to situations that predictably compromise their safety.

(C) Additional education for each such covered employee whose job circumstances has changed, within a reasonable timeframe after such change.

(D) Applicable new employee education prior to employee's job assignment.

(E) All education provides such employees opportunities to ask questions, give feedback on such education, and request additional instruction, clarification, or other followup.

(F) All education is provided in-person or online and by an individual with knowledge of workplace violence prevention and of the Plan.

(G) All education is appropriate in content and vocabulary to the language, educational level, and literacy of such covered employees.

(4) RECORDKEEPING AND ACCESS TO PLAN RECORDS.—

(A) IN GENERAL.—Each covered employer shall—

(i) maintain at all times records related to each Plan of the employer, including workplace violence risk and hazard assessments, and identification, evaluation, correction, and education procedures;

(ii) maintain for a minimum of 5 years—

(I) a violent incident log described in subparagraph (B) for recording all workplace violence incidents; and

(II) records of all incident investigations as required under paragraph (2)(B); and

(iii) make such records and logs available, upon request, to covered employees and their representatives for examination and copying in accordance with section 1910.1020 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act), and in a manner consistent with HIPAA privacy regulations (defined in section 1180(b)(3) of the Social Security Act (42 U.S.C. 1320d–9(b)(3))) and part 2 of title 42, Code of Federal Regulations (as such part is in effect on the date of enactment of this part), and ensure that any such records and logs removed from the employer's control for purposes of this clause omit any element of personal identifying information sufficient to allow identification of any patient, resident, client, or other individual alleged to have committed a violent incident (including the person's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals such person's identity).

(B) VIOLENT INCIDENT LOG DESCRIPTION.—Each violent incident log—

(i) shall be maintained by a covered employer for each covered facility controlled by the employer and for each covered service being performed by a covered employee on behalf of such employer;

(ii) may be based on a template developed by the Secretary not later than 1 year after the date of promulgation of the standards under section 101(a);

(iii) may include a description of—

(I) the violent incident (including environmental risk factors present at the time of the incident);

(II) the date, time, and location of the incident, names and job titles of involved employees;

(III) the nature and extent of injuries to covered employees;

(IV) a classification of the perpetrator who committed the violence, including whether the perpetrator was—

(aa) a patient, client, resident, or customer of a covered employer;

(bb) a family or friend of a patient, client, resident, or customer of a covered employer;

(cc) a stranger;

(dd) a coworker, supervisor, or manager of a covered employee;

(ee) a partner, spouse, parent, or relative of a covered employee; or

(ff) any other appropriate classification;

(V) the type of violent incident (such as type 1 violence, type 2 violence, type 3 violence, or type 4 violence); and

(VI) how the incident was addressed;

(iv) not later than 7 days, depending on the availability or condition of the witness, after the employer learns of such incident, shall contain a record of each violent incident, which is updated to ensure completeness of such record;

(v) shall be maintained for not less than 5 years; and

(vi) in the case of a violent incident involving a privacy concern case as defined in section 1904.29(b)(7) of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act), shall protect the identity of employees in a manner consistent with that section.

(C) ANNUAL SUMMARY.—Each covered employer shall prepare an annual summary of each violent incident log for the preceding calendar year that shall—

(i) with respect to each covered facility, and each covered service, for which such a log has been maintained, include the total number of violent incidents, the number of recordable injuries related to such incidents, and the total number of hours worked by the covered employees for such preceding year;

(ii) be completed on a form provided by the Secretary;

(iii) be posted for three months beginning February 1 of each year in a manner consistent with the requirements of section 1904 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act), relating to the posting of summaries of injury and illness logs;

(iv) be located in a conspicuous place or places where notices to employees are customarily posted; and

(v) not be altered, defaced, or covered by other material by the employer.

(5) ANNUAL EVALUATION.—Each covered employer shall conduct an annual written evaluation, conducted with the full, active participation of covered employees and employee representatives, of—

(A) the implementation and effectiveness of the Plan, including a review of the violent incident log; and

(B) compliance with education required by each standard described in section 101, and specified in the Plan.

(6) ANTI-RETALIATION.—

(A) POLICY.—Each covered employer shall adopt a policy prohibiting any person (including an agent of the employer) from discriminating or retaliating against any employee for reporting, or seeking assistance or intervention from, a workplace violence incident, threat, or concern to the employer, law enforcement, local emergency services, or a government agency, or participating in an incident investigation.

(B) ENFORCEMENT.—Each violation of the policy shall be enforced in the same manner and to the same extent as a violation of section 11(c) of the Occupational Safety and Health Act (29 U.S.C. 660(c)) is enforced.

SEC. 104. RULES OF CONSTRUCTION.

Notwithstanding section 18 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 667)—

(1) nothing in this title shall be construed to curtail or limit authority of the Secretary under any other provision of the law; and

(2) the rights, privileges, or remedies of covered employees shall be in addition to the rights, privileges, or remedies provided under any Federal or State law, or any collective bargaining agreement.

SEC. 105. OTHER DEFINITIONS.

In this title:

(1) WORKPLACE VIOLENCE.—

(A) IN GENERAL.—The term ''workplace violence'' means any act of violence or threat of violence, that occurs at a covered facility or while a covered employee performs a covered service.

(B) EXCLUSIONS.—The term ''workplace violence'' does not include lawful acts of self-defense or lawful acts of defense of others.

(C) INCLUSIONS.—The term ''workplace violence'' includes an incident involving the threat or use of a firearm or a dangerous weapon, including the use of common objects as weapons, without regard to whether the employee sustains an injury.

(2) TYPE 1 VIOLENCE.—The term ''type 1 violence''—

(A) means workplace violence directed at a covered employee at a covered facility or while performing a covered service by an individual who has no legitimate business at the covered facility or with respect to such covered service; and

(B) includes violent acts by any individual who enters the covered facility or worksite where a covered service is being performed with the intent to commit a crime.

(3) TYPE 2 VIOLENCE.—The term ''type 2 violence'' means workplace violence directed at a covered employee by customers, clients, patients, students, inmates, or any individual for whom a covered facility provides services or for whom the employee performs covered services.

(4) TYPE 3 VIOLENCE.—The term ''type 3 violence'' means workplace violence directed at a covered employee by a present or former employee, supervisor, or manager.

(5) TYPE 4 VIOLENCE.—The term ''type 4 violence'' means workplace violence directed at a covered employee by an individual who is not an employee, but has or is known to have had a personal relationship with such employee.

(6) ALARM.—The term ''alarm'' means a mechanical, electrical, or electronic device that can alert others but does not rely upon an employee's vocalization in order to alert others.

(7) ENGINEERING CONTROLS.—

(A) IN GENERAL.—The term ''engineering controls'' means an aspect of the built space or a device that removes or minimizes a hazard from the workplace or creates a barrier between a covered employee and the hazard.

(B) INCLUSIONS.—For purposes of reducing workplace violence hazards, the term ''engineering controls'' includes electronic access controls to employee occupied areas, weapon detectors (installed or handheld), enclosed workstations with shatter-resistant glass, deep service counters, separate rooms or areas for high-risk patients, locks on doors, removing access to or securing items that could be used as weapons, furniture affixed to the floor, opaque glass in patient rooms (which protects privacy, but allows the health care provider to see where the patient is before entering the room), closed-circuit television monitoring and video recording, sight-aids, and personal alarm devices.

(8) ENVIRONMENTAL RISK FACTORS.—

(A) IN GENERAL.—The term ''environmental risk factors'' means factors in the covered facility or area in which a covered service is performed that may contribute to the likelihood or severity of a workplace violence incident.

(B) CLARIFICATION.—Environmental risk factors may be associated with the specific task being performed or the work area, such as working in an isolated area, poor illumination or blocked visibility, and lack of physical barriers between individuals and persons at risk of committing workplace violence.

(9) PATIENT-SPECIFIC RISK FACTORS.—The term ''patient-specific risk factors'' means factors specific to a patient that may increase the likelihood or severity of a workplace violence incident, including—

(A) a patient's psychiatric condition, treatment and medication status, history of violence, and known or recorded use of drugs or alcohol; and

(B) any conditions or disease processes of the patient that may cause the patient to experience confusion or disorientation, to be non-responsive to instruction, or to behave unpredictably.

(10) SECRETARY.—The term ''Secretary'' means the Secretary of Labor.

(11) WORK PRACTICE CONTROLS.—

(A) IN GENERAL.—The term ''work practice controls'' means procedures and rules that are used to effectively reduce workplace violence hazards.

(B) INCLUSIONS.—The term ''work practice controls'' includes assigning and placing sufficient numbers of staff to reduce patient-specific Type 2 workplace violence hazards, provision of dedicated and available safety personnel such as security guards, employee training on workplace violence prevention method and techniques to de-escalate and minimize violent behavior, and employee training on procedures for response in the event of a workplace violence incident and for post-incident response.

TITLE II—AMENDMENTS TO THE SOCIAL SECURITY ACT

SEC. 201. APPLICATION OF THE WORKPLACE VIOLENCE PREVENTION STANDARD TO CERTAIN FACILITIES RECEIVING MEDICARE FUNDS.

(a) IN GENERAL.—Section 1866 of the Social Security Act (42 U.S.C. 1395cc) is amended—

(1) in subsection (a)(1)—

(A) in subparagraph (X), by striking ''and'' at the end;

(B) in subparagraph (Y), by striking at the end the period and inserting ''; and''; and

(C) by inserting after subparagraph (Y) the following new subparagraph:

''(Z) in the case of hospitals that are not otherwise subject to the Occupational Safety and Health Act of 1970 (or a State occupational safety and health plan that is approved under 18(b) of such Act) and skilled nursing facilities that are not otherwise subject to such Act (or such a State occupational safety and health plan), to comply with the Workplace Violence Prevention Standard (as promulgated under section 101 of the Workplace Violence Prevention for Health Care and Social Service Workers Act).''; and

(2) in subsection (b)(4)—

(A) in subparagraph (A), by inserting ''and a hospital or skilled nursing facility that fails to comply with the requirement of subsection (a)(1)(Z) (relating to the Workplace Violence Prevention Standard)'' after ''Bloodborne Pathogens Standard)''; and

(B) in subparagraph (B)—

(i) by striking ''(a)(1)(U)'' and inserting ''(a)(1)(V)''; and

(ii) by inserting ''(or, in the case of a failure to comply with the requirement of subsection (a)(1)(Z), for a violation of the Workplace Violence Prevention standard referred to in such subsection by a hospital or skilled nursing facility, as applicable, that is subject to the provisions of such Act)'' before the period at the end.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply beginning on the date that is 1 year after the date of issuance of the final standard on workplace violence prevention required under section 101.

The CHAIR. Pursuant to House Resolution 713, the gentleman from Alabama (Mr. BYRNE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Alabama.

Mr. BYRNE. Madam Chair, I yield myself such time as I may consume.

Let me be clear: protecting workers from workplace violence is a policy priority that Republicans and Democrats see eye to eye on. American workers should be kept out of harm's way on the job so they can return home to their families every day healthy and safe.

Republicans and Democrats appreciate the hard work and empathy that healthcare workers and community caregivers demonstrate every single day on the job. Their dedication to caring for the most vulnerable members of our communities is extraordinary. And these workers deserve our gratitude, our respect, and our commitment to ensuring that they are safe on the job.

Today, we can do right by them by working together to address the critical need for protection and the prevention of violence in the workplace. Impactful legislation is possible in an effective and bipartisan manner, but I echo Ranking Member FOXX's observation that this bill is simply the wrong approach.

While H.R. 1309 stands no chance of becoming law, I believe we have a real opportunity here to advance legislation that could be enacted and provide the protections for workers we all desire.

The amendment that I am proposing today recognizes that OSHA, having noted the hazards and risks that exist with healthcare workers, is currently advancing the rulemaking process to address this important issue.

This amendment would ensure that the regulated community has an opportunity to provide meaningful comments on a workplace violence prevention standard which will inform an effective and workable final regulation before the agency begins enforcement, and it calls on OSHA to convene the already planned Small Business Regulatory Enforcement Fairness Act panel before proceeding with the rulemaking process to allow small businesses the opportunity to comment on regulatory text.

Finally, the amendment would require OSHA to conduct an educational campaign on workplace violence prevention in the healthcare and social service industries.

This commonsense amendment acknowledges and supports the work already underway and protects this progress so that they can further propel solutions to workplace violence.

Addressing workplace violence prevention is crucial. The Obama administration delayed action on this issue and first made moves to initiate a rulemaking process in the final year of President's Obama's 8-year tenure.

Meanwhile, the Department of Labor is working on workplace violence prevention rulemaking as we speak, and as I said, has initiated the panel scheduled for January.

We agree there is work to be done, but H.R. 1309 is not the answer. I ask my colleagues to support my amendment so we can make real, meaningful steps toward protecting American workers in this industry, and I reserve the balance of my time.

Mr. COURTNEY. Madam Chair, I rise in opposition to the amendment.

The CHAIR. The gentleman from Connecticut is recognized for 5 minutes.

Mr. COURTNEY. Madam Chair, again, I rise in opposition to the amendment, but certainly with great respect for the proponent. I actually supported making this amendment in order because I have such high regard for the gentleman.

However, this amendment, essentially, Madam Chair, guts the bill.

The essence of this bill is to say to the Occupational Safety and Health Administration, who has been studying this issue since the 1990s and has issued commonsense guidelines—that again, Ranking Member FOXX has touted as an example of how this isn't a real problem that we need to accelerate, but the fact of the matter is, we incorporate those guidelines in the underlying bill with a real deadline, 42 months. That has precedent.

Congress has done this before. OSHA is an act of Congress, and we have accelerated deadlines for bloodborne pathogens back in the late 1990s, gave them a 1-year deadline or a 6-month deadline to implement a standard, again, for HIV, hepatitis B, and C, in healthcare. And thank God. We are a safer country because Congress stepped in and set a deadline for OSHA to act.

We did it for hazardous waste materials. We put a deadline to make them act. Without a deadline, what we are stuck with is OSHA's atrocious record of getting rules out in a timely fashion. Beryllium, 18 years it took; silica, 19 years. If you inhale silica, you suffocate and get cancer; confined spaces in construction, working in trenches, 22 years.

And, yes, yesterday, the Trump administration, for the third time, scheduled a preliminary panel with the SBREFA panel, having canceled the prior two. We are 3 years into this administration, and still, to this date, nothing actually has happened other than notices, which so far have just been canceled over and over again.

□ 1030

Madam Chair, while we were here on the floor, one of the most credible voices on this issue, which is the American College of Emergency Physicians—when these unruly, agitated patients with the heroin and opioid crises and behavioral health crises are coming through the doors, they are the ones who are really at the front line, along with the nurses and their assistants. They urge legislators to oppose the Byrne amendment that would eliminate the deadline for OSHA to issue a standard.

The reason they give is that, in 2018, they did a survey of emergency physicians all across America who reported being physically assaulted while at work, with 60 percent of those assaults occurring within the previous year. This is happening in real time, and it is accelerating. The trajectory is something that we cannot wait for OSHA to basically go back and reinvent the wheel that they have already issued in terms of guidelines about how to reduce risk in workplaces.

That is why, in addition to other issues in this amendment that eliminate the whistleblower protection, as well as the interim final standard, which, again, incorporates OSHA's already preexisting rules, that I rise in strong opposition to this amendment.

Let's move forward, and let's do it in a timely fashion for America's healthcare and social services workforce.

Madam Chair, I reserve the balance of my time.

Mr. BYRNE. Madam Chair, I return the gentleman's respect, and I know that he has worked long and hard on this. I agree with him that this is a real problem that is getting worse, but we are not going to make it better if we pass something in this House that will not get up on the floor of the Senate and won't be signed by the President. We know it won't.

I would suggest to the gentleman that this vehicle is how we actually get something passed and do something for the workers that we care so much about.

Madam Chair, I reserve the balance of my time.

Mr. COURTNEY. Madam Chair, I yield myself the balance of my time.

Madam Chair, the gentleman is absolutely right. The Obama administration took too long to move on this. Again, I, along with George Miller, requested the GAO study back in 2013. The results came in, in 2016. He is right. The first regulatory step didn't take place until January 2017, on the way out the door.

But we are 3 years into this administration, and they are not setting the world on fire in terms of addressing this issue. That panel, which you described, to call it a baby step is an overstatement. It is a baby crawl, in terms of this process. Again, we have seen the track record—22 years, 19 years, 17 years—to get a standard out.

Our healthcare workforce cannot wait that long. That is why H.R. 1309 should proceed without the Byrne amendment.

Madam Chair, I yield back the balance of my time.

Mr. BYRNE. Madam Chair, I yield myself the balance of my time.

I close by saying this. We need to do something. If we don't enact my amendment, we are going to end up doing nothing, and I think something is better than nothing.

Madam Chair, I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from Alabama (Mr. BYRNE).

The question was taken; and the Chair announced that the noes appeared to have it.

Mr. BYRNE. Madam Chair, I demand a recorded vote.

The CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Alabama will be postponed.

AMENDMENT NO. 4 OFFERED BY MR. HARDER OF CALIFORNIA

The CHAIR. It is now in order to consider amendment No. 4 printed in part B of House Report 116–302.

Mr. HARDER of California. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 23, line 23, strike ''and''.

Page 24, line 2, strike the period and insert a semicolon.

Page 24, after line 2, insert the following:

(3) nothing in this Act shall be construed to limit or prevent health care workers, social service workers, and other personnel from reporting violent incidents to appropriate law enforcement.

The CHAIR. Pursuant to House Resolution 713, the gentleman from California (Mr. HARDER) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. HARDER of California. Madam Chair, I yield myself such time as I may consume.

Madam Chair, my amendment is going to ensure that nothing in this act

shall be construed to limit or prevent healthcare workers from reporting violent incidents to appropriate law enforcement.

This is really critical because, obviously, this amendment is going to really put some new restrictions on workplace violence. It is so critical to ensure we do that. But we also want to make sure that there are safeguards in place to make sure that reporting is not only going to the law enforcement agencies but also around the rest of the community. That is why our amendment is so critical here.

Madam Chair, I reserve the balance of my time.

Ms. FOXX of North Carolina. Madam Chair, I claim the time in opposition, although I am not opposed to the amendment.

The CHAIR. Without objection, the gentlewoman from North Carolina is recognized for 5 minutes.

There was no objection.

Ms. FOXX of North Carolina. Madam Chair, this amendment underscores two obvious points: first, that healthcare and social service workers should be free to report workplace violence incidents to law enforcement; and second, that this bill was drafted poorly.

Such a commonsense provision should not need to be added to the underlying legislation. But in the Democrats' rush to force OSHA to promulgate workplace violence prevention standards, they are bypassing key elements of the established rulemaking process that would ensure a provision such as this amendment, if needed, is in the regulatory text.

H.R. 1309 circumvents the longstanding, established OSHA rulemaking process, which is intended to gather information on the underlying circumstances that may merit a health and safety regulation and to receive meaningful stakeholder input in order to create the most feasible and protective safety and health standard possible.

By dodging the established regulatory process, the Democrats are ignoring or unaware of many key issues like the ones addressed in this amendment.

Madam Chair, I will support the amendment, and I yield back the balance of my time.

Mr. HARDER of California. Madam Chair, I yield 1 minute to the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Madam Chair, I thank the gentleman from California (Mr. HARDER) for yielding.

Again, I want to salute his amendment. For the record, there is no prohibition built into OSHA that you can't have dual jurisdiction, in terms of criminal investigations or prosecutions from injuries in any setting that OSHA covers. However, I still applaud the Member for just sort of foot-stomping this point to make sure that because so many of these incidents involve assault, there is absolutely a clear signal that there is no hindrance or obstacle.

Again, for that purpose, I certainly strongly support the amendment and urge its adoption.

Mr. HARDER of California. Madam Chair, I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from California (Mr. HARDER).

The question was taken; and the Chair announced that the ayes appeared to have it.

Mr. HARDER of California. Madam Chair, I demand a recorded vote.

The CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from California will be postponed.

AMENDMENT NO. 5 OFFERED BY MR. LEVIN OF MICHIGAN

The CHAIR. It is now in order to consider amendment No. 5 printed in part B of House Report 116–302.

Mr. LEVIN of Michigan. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 14, line 19, insert ''anti-retaliation policies,'' after ''response procedures,''.

The CHAIR. Pursuant to House Resolution 713, the gentleman from Michigan (Mr. LEVIN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Michigan.

Mr. LEVIN of Michigan. Madam Chair, my amendment ensures that our incredible healthcare and social service workers are aware that they are legally protected from retaliation by their employers.

I begin by thanking my colleague, Congressman JOE COURTNEY, for his hard work on this outstanding bill, and Chairman SCOTT for leading this issue and bringing the bill to the floor today.

Healthcare and social service workers are some of this country's most precious workers, taking care of us and our loved ones, sometimes under some of the most trying conditions imaginable.

H.R. 1309 will help protect these workers by requiring employers in the healthcare and social service sectors to develop workplace violence prevention plans. My amendment will require that mandatory violence prevention plan trainings include the critical information that these workers, when faced with any violent or unwanted behavior in the workplace, can safely report the incident without fear of retaliation.

Bureau of Labor Statistics data tell us that private-sector injury rates from workplace violence in healthcare and social service sectors increased 63 percent between 2006 and 2016, in just a decade. And due to underreporting, injury rates and workplace violence are widely assumed to be higher than the reported levels.

This is a huge problem for workers but also for those they care for, as violence in healthcare settings compromises quality of care. We cannot expect healthcare and social service workers to be able to deliver essential lifesaving services under the threat of violence and assault and fear of repercussions for reporting any incident that may occur.

The same goes for social service workers. A safe and violence-free workplace is essential to a functioning social service system that will help our communities thrive. We cannot expect workers to come forward with reports of violence if they fear retribution.

My straightforward amendment aims to ensure that healthcare and social service workers covered by this bill are aware of their right to come forward and report any incident of violence at work without fear of retribution.

Madam Chair, let me add that this is really personal for me. I don't want to reveal my age, but I started organizing healthcare workers for SEIU in 1983, and I remember my very first campaign at Shore Haven Nursing Home in Grand Haven, Michigan.

Some of the workers in the nursing home did face violence on the job, and they really had no way to handle it. So Mr. COURTNEY's bill, his leadership on this, is so essential for all the health and social service workers of the country.

Madam Chair, I urge my colleagues to support this amendment, and I reserve the balance of my time.

Ms. FOXX of North Carolina. Madam Chair, I rise in opposition to the amendment.

The CHAIR. The gentlewoman from North Carolina is recognized for 5 minutes.

Ms. FOXX of North Carolina. Madam Chair, this amendment is yet another example of Democrats assuming bad motives on the part of American employers and handcuffing them with additional, overly prescriptive micromanagement from Washington.

The vast majority of employers in America follow the laws, take good care of their employees, respect their rights in the workplace, and do not need more red tape imposed on them. Yet this amendment adds additional requirements on America's small businesses without receiving any meaningful input from them or other stakeholders.

Democratic amendments, such as the one we are debating, do not change the basic fact that H.R. 1309 is already overly prescriptive and forecloses important input from knowledgeable stakeholders.

H.R. 1309 will require OSHA to enforce an interim final standard in healthcare and social service settings within a year. This legislation does not allow OSHA to consider important information, including the experience of California, which has a brand-new standard in place; the views of experts in the field; and the input of workers who have invaluable workplace experience. This data and evidence and the

views of stakeholders may very well not align with the bill's requirements.

Adopting H.R. 1309 discounts the complexity of the underlying issue and the importance of the knowledge and experience stakeholders can offer.

Madam Chair, I yield back the balance of my time.

Mr. LEVIN of Michigan. Madam Chair, I am sure we can all agree that retribution for people reporting violence in the workplace is something that is important, that people should not face retribution, that they should not fear reporting when they personally or their coworkers face violence on the job. So I hope that we will have broad support for this amendment.

Madam Chair, I yield back the balance of my time.

□ 1045

The CHAIR. The question is on the amendment offered by the gentleman from Michigan (Mr. LEVIN).

The amendment was agreed to.

Mr. COURTNEY. Madam Chair, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. BROWN of Maryland) having assumed the chair, Ms. JACKSON LEE, Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 1309) to direct the Secretary of Labor to issue an occupational safety and health standard that requires covered employers within the health care and social service industries to develop and implement a comprehensive workplace violence prevention plan, and for other purposes, had come to no resolution thereon.

SENATE ENROLLED BILLS SIGNED

The Speaker announced her signature to enrolled bills of the Senate of the following titles:

S. 1838.—An act to amend The Hong Kong Policy Act of 1992, and for other purposes.

S. 2710.—An act to prohibit the commercial export of covered munitions items to the Hong Kong Police Force.

WORKPLACE VIOLENCE PREVENTION FOR HEALTH CARE AND SOCIAL SERVICE WORKERS ACT

The SPEAKER pro tempore (Mr. BROWN of Maryland). Pursuant to House Resolution 713 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the further consideration of the bill, H.R. 1309.

Will the gentlewoman from Texas (Ms. JACKSON LEE) kindly resume the chair.

□ 1047

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the further consideration of the bill (H.R. 1309) to direct the Secretary of Labor to issue an occupational safety and health standard that requires covered employers within the health care and social service industries to develop and implement a comprehensive workplace violence prevention plan, and for other purposes, with Ms. JACKSON LEE in the chair.

The Clerk read the title of the bill.

The CHAIR. When the Committee of the Whole rose earlier today, amendment No. 5 printed in part B of House Report 116–302 offered by the gentleman from Michigan (Mr. LEVIN) had been disposed of.

AMENDMENT NO. 6 OFFERED BY MR. GREEN OF TEXAS

The CHAIR. It is now in order to consider amendment No. 6 printed in part B of House Report 116–302.

Mr. GREEN of Texas. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 22, line 5, after ''(4)(C).'' insert the following: ''Not later than May 15 of each year, the Secretary shall provide to Congress a report containing statistical data with respect to, and a summary of, reports submitted to the Secretary under this paragraph. The contents of the report of the Secretary shall not disclose any confidential information.''

The CHAIR. Pursuant to House Resolution 713, the gentleman from Texas (Mr. GREEN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Texas.

Mr. GREEN of Texas. Madam Chair, I am proud to be a sponsor of H.R. 1309 for a multiplicity of reasons, and I thank Mr. COURTNEY for introducing this legislation.

Madam Chair, I am proud to tell you also that within my congressional district in Houston, Texas, we have the largest medical center in the world.

Madam Chair, annually, the Houston Medical Center encounters 10 million patients. The Houston Medical Center also, Madam Chair, has 106,000 employees. The Houston Medical Center is 17 times larger than the average city in the United States of America.

We understand the scope of this problem, and there is a problem. But, sometimes, problems are not best explained with statistical information. Sometimes, the words of people can make the difference in understanding a problem.

I have within my hand a letter from the National Nurses United organization. Hear now their words:

Violence on the job has become endemic for RNs and other workers in healthcare and social assistance settings. Nurses report being punched, kicked, bitten, beaten, and threatened with violence as they provide care to others. Far too many have experienced stabbing and shootings.

Madam Chair, the evidence is overwhelming. We do have a problem. To understand the scope of the problem, you have to have some intelligence accorded some repository so that it can be properly assessed. The Secretary of Labor will be the repository. We will get the information to the Secretary.

But this is not enough, to merely have the Secretary of Labor have the sense of what the scope is. The buck stops with Congress. Congress needs to know the scope of the problem. If changes are necessary and not being made, the buck stops with us. We will have to encounter this, and we will have to take up our duty, responsibility, and obligation to provide the proper legislation.

With this understanding, we have filed amendment No. 6. This amendment understands that the Secretary will receive the information, and then this amendment would require the Secretary to annually report to Congress so that Congress will have the transparency that the Secretary has so that Congress may take appropriate action when necessary. Understanding the scope of the problem helps you understand the scope of a necessary solution, if there is one.

Madam Chair, I reserve the balance of my time.

Ms. FOXX of North Carolina. I claim the time in opposition, Madam Chair.

The CHAIR. The gentlewoman from North Carolina is recognized for 5 minutes.

Ms. FOXX of North Carolina. Madam Chair, it is very disturbing to me as a citizen of this country, to hear the talk about increasing incidents of violence. We know that is occurring all over our country, everywhere. However, this bill is not going to respond to the underlying causes of that increased violence, and neither will this amendment.

This amendment ignores the fundamental reason that employers maintain good recordkeeping. It allows employers to review their internal procedures and determine how to improve their safety culture. While it is very important for facilities to keep accurate records of incidents, responses to incidents, and annual data, providing this information annually to OSHA will not result in greater safety benefits.

Requiring the Secretary of Labor to provide this data to Congress goes yet another ill-advised step further. Employers utilize these records to improve internal management processes in order to protect their workplace. However, if they must submit these reports to OSHA, which will, in turn, provide them to Congress, this will discourage the use of these records to make improvements, as the employer has no guarantee the records will not be released by OSHA either intentionally or unintentionally.

Workplace violence records must be maintained and protected onsite as they contain personal employee information as well as patient-client information. An OSHA inspector would still have the right to review the records upon inspection of the facility.

Again, this amendment's provisions and the underlying recordkeeping and