

# Congressional Requests to Promote Health and Increase Access to Care

## **FY 2020 Appropriations Request: \$266 million for Title VIII Nursing Workforce Development Programs**

- Investing in the pipeline of registered and advanced practice registered nurses is critical for Americans have access to health care.
- Title VIII Nursing Workforce Development programs strengthen nursing education and fund institutions educating nurses to practice in rural and medically underserved communities.
- These programs help increase retention of the nursing workforce through loan forgiveness programs for clinical nurses and faculty providing clinical nursing education.

## **\$173 million for the National Institute of Nursing Research (NINR)**

- As part of the National Institutes of Health, the NINR funds research, which establishes the scientific basis for quality patient care.
- NINR-funded research projects focus on reducing chronic illness, improving quality of life and promoting patient-centered care.

## **Support Title VIII Nursing Workforce Reauthorization Act (H.R. 728)**

- Ensures Title VIII programs are authorized for federal funding through Fiscal Year 2024.
- Recognizes all four advanced practice nursing roles, includes clinical nurse leaders as eligible providers for Advanced Education Nursing Gants and the National Advisory Council on Nurse Education and Practice and defines nurse-managed health clinics in statute.

## **Support United States Cadet Nurse Corps Service Recognition Act (S. 997, H.R. 2056)**

- Nearly 120,000 nurses honorably served in the United States Cadet Nurse Corps between 1943

and 1948. This was the largest federal nurse-training program to care for America's servicemen and women.

- This legislation would provide honorable discharges, medal privileges and veteran burial benefits to nurses who served in the U.S. Cadet Nurse Corps during World War II.
- It is long past time to recognize these heroic nurses.

## **Consider Clarifications of the Proposed Joint Employer Rule**

- On April 1, 2019, the U.S. Department of Labor announced a proposed rule to revise and clarify the responsibilities of employers and joint employers to employees in joint employer arrangements. Hospitals and health systems have complex relationships with many third parties that provide staffing. And the nature of health care means that hospitals must often exert control to ensure quality of care. We are concerned that we will be subject to various tests that could result in confusion.

## **Consider Revisions to the Fair Labor Standards Act**

- Hospitals and other health care employers often have complex pay practices that make calculating the overtime rate under the Fair Labor Standards Act very challenging. The regulations providing guidance on this calculation have not been significantly revised in over 50 years and do not reflect the current work environment. We welcome the modernization of the regulations as that will allow us to take the necessary steps to ensure we are compensating our employees in compliance with the law. One particular area of concern is the treatment of benefits such as tuition reimbursement, loan repayment, meal discounts and commuting subsidies. Many hospitals provide such benefits and if they were to be included in the regular rate calculation, hospitals may decide to discontinue such benefits.

### Consider Further Extension of Current Moratorium

- The Office of Federal Contract Compliance Programs (OFCCP) issued a directive ending uncertainty as to whether efforts to audit TRICARE participants will resume in 2019 and signaling an encouraging willingness to reconsider the agency's prior positions on this issue. Directive 2018-02 announces a two-year extension of the current moratorium on enforcement of federal contractor obligations based on TRICARE participation through May 7, 2021. Hospitals request that Congress monitor activity on this issue.

### Raise Awareness of Burden Associated with EEO-1 Report

- The Equal Employment Opportunity Commission (EEOC), on Sept. 29, 2016, expanded the EEO-1 reporting requirement by adding a new Component 2 reporting requirement. This new reporting requirement increased by 20-fold employer obligations from 180 pieces of information to 3,660. In total, under this new rule, covered employers will be required to collect nearly 3 billion data fields. While this Rule was stayed, a recent court ruling required EEOC to collect this information by Sept. 30, 2019. While the Department of Justice has filed an appeal of

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the district court ruling, the EEOC is taking the position that the appeal does not impact the Sept. 30 deadline. Hospitals are extremely concerned about the regulatory burden this will impose, particularly as there is little to no utility in the data.

### Create Guidance for Wellness Programs

- Hospitals and health care employers favor wellness programs as part of their mission to promote health. Thus, guidance on the parameters for wellness programs is vitally important. As of Jan. 1, the EEOC has removed its former regulations that permitted employers to offer incentives to employees for their participation in wellness programs. In 2016, the commission issued regulations relating to wellness programs and how participation could be considered "voluntary" for purposes of the Americans with Disabilities Act and the Genetic Information Nondiscrimination Act. One requirement limited incentives under the wellness program to 30% of the cost of health coverage for them to qualify as a "voluntary" employee health program. While there was significant controversy around the EEOC rules, resulting in their withdrawal, the absence of guidance has left hospitals and other employers in a challenging position.

### About ASHHRA

The American Society for Healthcare Human Resources Administration (ASHHRA) of the American Hospital Association (AHA) is the nation's only membership organization dedicated to meeting the needs of human resources professionals in health care.

Founded in 1964, the American Society for Healthcare Human Resources Administration (ASHHRA) is a professional membership group of the American Hospital Association (AHA) and has more than 3,000 members nationwide. ASHHRA leads the way for members to become more effective, valued, and credible leaders in health care human resources. As the foremost authority in health care human resources, ASHHRA provides timely and critical support through research, learning and knowledge sharing, professional development, products and resources, and provides opportunities for networking and collaboration. ASHHRA offers the only certification distinguishing health care human resource professionals, the Certified in Healthcare Human Resources (CHHR).