

Testimony for the Record
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My name is Dr. Ernest Grant, and I am the President of the American Nurses Association. I want to thank you for the opportunity to submit testimony for the record, and for convening this hearing on oversight and transparency related to the Coronavirus Aid, Relief, and Economic Security (CARES) Act and other emergency COVID-related legislation. My colleagues in communities across the country have been on the frontlines of the coronavirus pandemic. I salute them during National Nurses Month and in what has become this extraordinary Year of the Nurse. I am especially proud of the many nurses who have given their time and skills to care for people in underserved, rural, and appointment shortage areas. As I am sure you are aware, this pandemic has disproportionately impacted communities of color in both infection rates and death rates in large part due to existing health disparities and access to care. Communities of color also make up a disproportionate share of the essential, frontline workforce who have not had the option to work remotely or shelter in place. As the President of the American Nurses Association (ANA), I am pleased to share with you my perspective on behalf of my organization and its members on the current state of Health Care with respect to the CARES Act and other legislation, as well as the work that still needs to be done.

I would first like to emphasize the need for spending on mental health services for frontline providers. The COVID-19 pandemic has placed an enormous strain on the providers – including RNs – who provide care to individuals with COVID. Rates of anxiety, depression, and even suicide among frontline providers have been covered extensively. The stress of inadequate supplies of personal protective equipment and caring for patients, family members, and self, with a novel disease have created an enormous mental health burden on these providers which will likely take months, if not years, to rectify. We recommend oversight activity to ensure that agencies like the Substance Abuse and Mental Health Administration have the capacity to develop and target effective resources and interventions to groups affected by the pandemic, particularly frontline workers.

ANA supported the inclusion of \$100 billion for health care providers and hospitals in the CARES Act as well as the distribution of \$76 billion to health care providers through the Paycheck Protection Program (PPP) & Health Care Enhancement Act. The COVID-19 pandemic has impacted providers in all settings in myriad ways. This includes physical and mental hardship incurred from caring for COVID-19 patients on the frontlines, as well as protecting themselves and their loved ones when going home at night. It also includes the financial and employment losses to facilities and providers associated with patients forgoing care and elective procedures. While ANA agrees with the administration's methodology used to distribute CARES Act funds, I urge the Committee to ensure that this methodology was carried out accurately to ensure that funds were distributed in an equitable manner. Furthermore, I urge the Committee to ensure that the funds distributed to hospitals through both the PPP & Health Care Enhancement Act and the CARES Act have been spent to ensure a safe and adequate workforce. This

includes an adequate number of registered nurses (RNs) to ensure safe, high quality care, and the personal protective equipment necessary to provide that care.

Personal protective equipment is still scarce in many health care settings. In the most recent ANA survey of more than 14,000 nurses addressing the time frame of May 15 through the 31st, almost half of the respondents experienced shortages of PPE, and 43 percent said their facility is decontaminating N95 respirators for reuse. More than half of these respondents said they feel unsafe using decontaminated respirators. ANA does not support the use of decontamination methods as a standard practice; however, we have acknowledged this is a crisis capacity strategy. We recommend that this oversight body engage with the FDA about the need to expeditiously research the effectiveness of various decontamination methods for the reuse of PPE by nurses and other health care professionals. We also urge additional oversight to ensure a return to best practices as soon as possible.

Many have learned over the past few months the ever-increasing value that Advanced Practice Registered Nurses (APRNs) play in all communities. APRNs across the country are trusted clinicians and ensure that millions of Americans have access to primary care services and critical care services needed during this national emergency. APRNs are ready and willing to continue to lead care teams, now and in the future, to ensure clinicians are available to provide the quality care that is expected in every community. APRNs must have the support of payers and their employers to work to the full extent of their training and education. However, we must not forget the value of RNs in community and clinical care. As we address the realities of the importance of continuing care of underlying conditions, especially during a pandemic, registered nurses must be recognized for the value they bring. As the most trusted profession for 18 years in a row, nurses are the key to the continuum of care and preventing unnecessary deaths as well as hospitalizations, especially in communities of color who face disproportionate health and economic disparities.

I encourage you to review the impact of Medicare's emergency flexibilities supporting APRN care and identify instances in which burdensome supervision requirements can be removed permanently. As we are concerned about the capacity of all providers, the need for a physician to provide unnecessary and often time-consuming supervision of APRNs continues to be a costly use of valuable time, causing avoidable delays in care, without showing a difference in patient outcomes. As human resources shift in times of surge and clinician burnout, we must reduce the burden on these trusted clinicians and ensure that they are able to practice at the top of their education and training.

I would also like the Committee to consider the important role that non-profit organizations play in this nation's socioeconomic fabric. These organizations have been significantly impacted by the COVID pandemic and recession. This has in turn negatively impacted their ability to perform the important advocacy and societal functions that are so crucial to this nation's people. In addition to your oversight function, I urge you to consider the impact of our current environment on the nation's non-profits and recommend support and relief for these important organizations.

In conclusion, I would particularly like to emphasize the need for mental health services for our frontline care providers in the months and years to come. These heroes are experiencing an enormous emotional strain in providing care to those suffering from this novel disease, and this country must stand ready to

support them in processing that strain even after the threat of COVID ebbs. ANA stands ready to partner with this Committee on these mental health supports, and to ensure that the funds appropriated through the CARES Act and other pieces of COVID-related emergency legislation are implemented equitably and for the express purposes in the legislation, and that RNs and APRNs are able to practice to the full extent of their education and training.