August 22, 2025

Via electronic submission to HHSRulesCoordinationOffice@hhs.texas.gov

HHSC Rules Coordination Office
Mail Code 4102
P.O. Box 13247
Austin, TX 78711-3247

Re: Comments on Proposed Rule 25R011 – Workplace Violence Against Nurses Prevention Grant Program

To whom it may concern:

On behalf of more than 460 public and private, urban and rural, children's, teaching and specialty hospitals, all rural hospitals in the state and nursing leaders across Texas, the Texas Hospital Association (THA), the Texas Organization of Rural & Community Hospitals, and the Texas Organization for Nursing Leadership, respectively, would like to thank the Department of State Health Services (DSHS) for the chance to provide input on the proposed changes to the rules for DSHS' Workplace Violence Against Nurses Prevention Grant Program. Our organizations have supported numerous pieces of legislation that seek to prevent violence against nurses, including the legislation creating this program, and we are grateful for all the agency has done to address this critical issue in our state's health care system.

Since the passage of House Bill 280, the Workplace Violence Prevention Grant Program has provided funding to health care facilities, including hospitals, to explore and implement innovative approaches to reduce verbal and physical violence against nurses. However, we believe that the current program rules are too restrictive compared to the relevant statute, especially as they prevent qualified entities from applying for grant funds. With the history of the program in mind, we respectfully submit the following suggested revisions to the proposed rules:

§ 13.81. Purpose
While we view the rescission of Subsection (b) as appropriate, the proposed change to Subsection (a) appears to contain an error preventing appropriate consideration of the change being made.

§13.82 Definitions
Our organizations are supportive of the changes that provide greater flexibilities in administration of the program, namely allowing for the agency to use the procurement type that it deems most appropriate, and those making non-substantive revisions to improve readability and internal consistency. We hope that this change will allow DSHS to create more streamlined and efficient processes surrounding grant applications, contracting, payment and required reporting.

Unfortunately, we conclude that DSHS has once again put forth a definition of "Workplace Violence Grant Program" that unnecessarily limits the pool of potential grant applicants and thus the potential impact of the program. Texas Health and Safety Code §105.011 defines the program as one that funds "*innovative* approaches for reducing verbal and physical violence against nurses *in* hospitals, freestanding emergency medical care facilities, nursing facilities, and home health agencies [emphasis added]." In our view, the proposed rule, which defines the grant program as "supporting health care facilities to protect nurses," is either imprecise or strays from the language of the statute.

In the first case, in which DSHS allows that grant funds might go to an entity not defined as a health care facility under the proposed rule, we encourage the agency to either (1) choose wording that makes explicit that such entities are eligible to receive program funds, or to (2) delete this item from the list of definitions, since it is not used elsewhere in the rule and statute already sufficiently defines the Workplace Violence Prevention Grant program.

In the second case, we believe that the agency has once again misread the law by excluding entities that are not health care facilities. While statute requires the program to fund approaches for reducing verbal and physical violence *in* health care facilities, the statute does not require that these facilities be the recipient of grant funds. Our organizations support expanding eligibility to include organizations like educational institutions, associations and other non-profit groups, which would create a broader pool of applicants who bring valuable expertise and resources aligned with the program's goals. This expansion could encourage the development and delivery of large-scale programs directly benefiting a diverse group of health care facilities throughout the state, particularly small facilities and those in rural areas that may face constrained internal resources or lack experience with grant writing. THA has confidence that the agency can effectively ensure that grantees are qualified and that their proposed workplace violence prevention programs meet criteria with meaningful measures of success during the application process, without excluding these important groups of potential applicants. THA expects that a broader spectrum of grant applicants may better identify innovative approaches to reducing violence, which is the stated statutory purpose of the program and stated in §13.81 of the proposed rule. For example, universities may have researchers developing new, innovative approaches to reducing violence who would be well-suited to evaluating such efforts for replicability and scalability. We therefore propose the following revision to the proposed rules for your consideration:

> 25 TAC §13.81(5)
>
> "(5) Workplace Violence Prevention Grant Program—A grant program supporting innovative approaches for health care facilities to protect nurses from violence."

§13.83 Grant Applications Procedures

In keeping with prior feedback from our members and as noted above, we respectfully encourage the agency to evaluate avenues for streamlining the grant application procedures and reporting processes. Applications that are perceived as cumbersome and time-consuming may inadvertently limit engagement. Additionally, we have noted concerns regarding delays in the awarding of funding and selection for funding stages, which can impede the overall success of grant initiatives. We believe that allowing for greater flexibility in project implementation for grantees could help mitigate the challenges

posed by these delays. We are optimistic that the proposed changes and agency awareness of this issue will result in a better experience for applicants and grantees.

§13.85. Award Criteria and Selection for Funding
As DSHS staff are aware, the nursing advisory committee defined by Health and Safety Code §104.155 will be abolished, effective Sept. 1, 2025, and subsequently replaced by a nursing advisory committee defined by Health and Safety Code §104A.007. We recommend updating statutory reference prior to finalization of the rules.

As noted above, we urge DSHS to allow a broader swath of applicants. As such, we request a conforming change to §13.85(d)(2) to remove the possessive noun.

Our suggested revisions are:

25 TAC §13.85(d)(2)

- "(2) describe how the workplace violence prevention program will reduce verbal and physical violence against nurses in a ~~the applicant's~~ health care facility; and"

- Repeal 25 TAC §13.85(d)(3), as reporting is already required by 25 TAC §13.87.

By considering these suggestions, DSHS can enhance the effectiveness of the grant program and ensure that it realizes its full potential in fighting workplace violence against nurses. Thank you once again for the opportunity to share these insights. Should you have any questions, please do not hesitate to contact Laura Cornelson at lcornelson@tha.org or 512-468-9765.

Respectfully submitted,

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CC: Texas Center for Nursing Workforce Studies, Department of State Health Services