

TESTIMONY OF

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REGARDING

**“Part 2: Protecting the Reliability of the U.S. Medical Supply Chain During the COVID-19
Pandemic”**

BEFORE

**U.S. Senate
Committee on Finance**

**Thursday, July 30, 2020 9:30AM
215 Dirksen Senate Office Building**

Chairman Grassley, Ranking Member Wyden, and Members of the Committee, thank you for giving me the opportunity to appear before you, on behalf of the American Nurses Association (ANA), to discuss the need to protect the reliability of the United States medical supply chain during the COVID-19 pandemic. Nurses and other health care providers in communities across the country have been on the frontlines of the coronavirus pandemic and have been negatively impacted by the shortages of Personal Protective Equipment (PPE) caused by the global impact of COVID-19.

ANA is the premier organization representing the interests of the nation’s over 4 million registered nurses (RNs), through its state and constituent member associations, organizational affiliates, and individual members. ANA members also include the four advanced practice registered nurse roles (APRNs): nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs) and certified registered nurse anesthetists (CRNAs). ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

This is one of the most difficult times nurses have ever faced. At the beginning of this crisis the United States saw nurses and other frontline health care professionals confronting a shortage of Personal Protective Equipment by making their own masks or using trash bags for make-shift gowns. Because of the unsafe working conditions, some made the difficult choice to leave their jobs to protect their families and themselves. Others developed emotional and psychological issues, suffered severe physical ailments from the coronavirus and tragically, all too many, more than 230 nurses died providing care to their communities. This is unacceptable.

Nurses must be protected and supported so they can continue to care for patients and educate the public. We must safeguard nurses' and other frontline providers' well-being and heed their invaluable insights so that the nation can recover faster and stronger. It is both a moral and strategic imperative for our nation's leaders to do everything possible to arm and protect nurses and other critical responders as we work to combat the pandemic and prepare for future public health crises.

ANA Surveys on PPE

Despite hopes that strong mitigation and containment actions in our communities would reduce the severity of the coronavirus outbreak, the nation is currently seeing an uptick in COVID-19 cases, causing the demand for, and pressure on nurses to only grow. At the time of this testimony, PPE is not being provided in the quantity or quality that is required for nurses to safely care for patients. To closely and consistently monitor nurses' access to PPE, ANA has deployed several PPE-specific surveys, including two that were conducted in March and May, as well as one that is currently in the field. The findings of these surveys are outlined below, but the topline takeaway is that there has been little to no change in our members' access to sufficient quantities of safe and effective PPE since the beginning of the pandemic in the United States

ANA's May survey on access to PPE received 14,000 responses. 45% of respondents reported PPE shortages in their facility, and 79% said they are required, or encouraged, to reuse single-use PPE, such as N95 masks. 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. The Association recommends that Congress engage with the U.S. Food and Drug Administration regarding 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.

Stories from the Field

ANA has requested nurses from across the country share their personal stories related to PPE. It is evident from these stories that the PPE supply chain continues to be strained. While facilities struggle to supply adequate quantities of PPE, ANA is hearing that the quality of the PPE is getting worse. Nurses in Oregon reported that a large hospital system purchased and reported an ample supply of masks. Unfortunately, likely due to supply issues, the hospital switched brands, and the current stock of masks are all too large to properly fit most staff. This can cause safety issues because if the masks are too large, there is the potential to create an opening in which the virus may enter, putting healthcare workers at an even greater risk, as there is not a reliable seal around their face, which is mandated by the wearing of isolation gear.

Nurses also reported that the quality of the masks was so poor that the wire that forms around the nose did not fit properly, causing safety concerns over the tightness of the facial seal. These are not isolated examples. Congress and the Administration, in coordination with the states, must ensure not only that health care providers are stocked with adequate quantities of PPE, but also that it meets medical, safety, and quality criteria.

The topline concerns that ANA has received in its surveys are as follows:

- Nurses are being asked to reuse PPE when reuse is out of alignment with manufacturers' guidelines.
- Facemasks fog up resulting in various incidents (needle stick, inability to accurately take blood pressure, etc.).
- Nurses being asked to reuse PPE that cannot be disinfected.
- That some personal protective equipment is unsafe. A soft, pliable face shield may be non-medical grade, warping and fogging material. The straps cannot be disinfected.
- In some locations there is an insufficient supply of PPE. Nurses are getting small allotments of gloves, disinfectant, surgical masks and N95s. These do not meet the need of the procedures the nurses are being ordered to perform.
- Underserved and rural hospitals are being outbid by larger health systems as well as both the state and federal government, exacerbating their difficulty in obtaining supplies.

ANA has also received over 200 personal stories as part of a PPE survey that is currently out in the field.

Strategic National Stockpile Recommendations

While ANA understands the PPE crisis is the result of multiple factors, including shortages of raw materials, a global need for equipment, and growing PPE needs as the country and schools reopen, we believe that more must be done by both the federal and state governments to better deploy this protective equipment. While states certainly have a role in ensuring access to care, more needs to be done to enhance the federal/state partnership to ensure transparency and equitable access to safe and quality protective equipment for health care providers.

To achieve this goal, ANA recently submitted detailed recommendations to Chairman Lamar Alexander and the Health, Education, Labor, and Pensions (HELP) Committee in response to the Chairman's white paper request, which is attached and summarized below.

- To make sure health care providers are never again left with a PPE shortage, Congress should request an annual report on the state of the Strategic National Stockpile (SNS) with respect to PPE, vaccines, medicines, and other supplies. The report must include when items are expiring and what items need to be replaced. When items are

approaching expiration, they should be donated to underserved medical facilities such as federally qualified health centers, rural hospitals, and clinics based on need.

- Health care facilities should be required to report monthly on their levels of these items so the agency in charge has up to date information on where shortages may be most acute in the early stages of an emergency. A formulary should be developed by National Academy of Sciences, Engineering, and Medicine on what levels of PPE, vaccines, and other supplies health care facilities should have in their own stockpiles. Manufacturers of these items should also be reporting on production and capabilities.
- The federal government must take appropriate steps to plan coordination efforts. Many states will not have the resources or expertise to carry out preparations or coordination without federal assistance. Hospitals and facilities with more capital will most likely benefit while rural and underserved areas will suffer. There have been instances of states and health care systems in competition with one another to procure PPE and essential supplies. The federal government needs to help states prepare by taking steps to ensure they are not pitted against each other when it comes to resources.
- The federal government needs to do more to incentivize and prioritize the manufacturing of PPE, medications, and other supplies in the United States, even if that means carrying out production itself. We cannot allow our citizens to be put at a health risk because businesses view manufacturing elsewhere better for their bottom line. More production in the United States will also help the U.S. economic recovery.

ANA Engagement with the Federal Government Regarding PPE

Since the beginning of this pandemic, ANA has called on federal officials to increase the supply of PPE. The Association will continue to do so because nurses, other health care professionals, and essential workers must have the proper equipment to protect themselves and take care of our communities. We have specifically urged the Administration to use the Defense Production Act more aggressively to increase the domestic production of medical supplies and equipment desperately needed by front line health care personnel. With the rise in cases as states reopen, the Administration and Congress must continue to increase and incentivize the domestic production of medical supplies and equipment that meets medical, safety, and quality criteria desperately needed by front line health care personnel.

Conclusion

ANA stands ready to work with the Finance Committee, the entire Congress, and the Administration to find sustainable solutions to this PPE crisis in order to protect our nation's frontline nurses and ensure that frontline providers will never experience this level of shortage and unsafe practices again. On behalf of our patients and their families, the 4 million RNs who care for them, and the hundreds who have selflessly given their lives to safeguard the health of

their communities, *we must do better*. Thank you and I look forward to answering any questions that you may have.

Attachments:

ANA Response the Senate HELP Committee White paper titled, “Preparing for the Next Pandemic”

ANA May 2020 PPE Survey

ANA May 2020 PPE Survey Infographic