LETTER OF INTENT
To: Legislative Health Committees, Centers for Medicare & Medicaid Services (CMS), and Centers for Disease Control and Prevention (CDC)
From: Glennae Davis, RN – Founder, Glennae's RX for Life
Subject: A Nurse-Led Recovery Model to Prevent Misclassification, Psychiatric Harm, and Career Attrition Among RNs on FMLA

To Whom It May Concern,

I am submitting this Letter of Intent as a licensed registered nurse, healthcare consultant, and founder of Glennae's RX for Life, to bring forward a critical public health issue impacting the nursing profession: the misclassification and mistreatment of job-related trauma in nursing, particularly as it relates to the inappropriate use of psychiatric diagnoses, forced treatment pathways, and avoidable workforce attrition.

*Through a decade of frontline experience, policy analysis, and patient advocacy, I have developed the **Glennae Davis Nurse Model™**, a six-step recovery framework adapted from the evidence-based nursing process. This model is designed to support nurses recovering from **career burnout, discrimination, and moral injury**—without defaulting to psychiatric medication, diagnosis, or psychotherapy unless the nurse expressly chooses that path.*

⚠️ *Policy Problem*

Nurses experiencing job-related stress, harassment, and retaliation—especially those from historically marginalized groups—are increasingly funneled into psychiatric systems as a condition of receiving leave, disability pay, or accommodations.

This process:

- ***Misclassifies workplace trauma as mental illness***

- ***Undermines patient safety*** *due to impaired return-to-work functioning*

- ***Increases liability for employers and CMS*** *through inappropriate or ineffective treatment billing*

- ***Discourages ethical reporting***, *especially among nurses who fear retaliation, stigma, or licensure discipline*

Most urgently, current employer practices **violate the spirit and scope of FMLA**.

> **Workplace discrimination constitutes an 'own serious health condition' under the Family and Medical Leave Act (FMLA), as it presents a substantial threat to the physical and psychological well-being of the nurse, compromises patient safety, and undermines the integrity of healthcare delivery systems.** *(See 29 CFR § 825.113; EEOC v. Rite Aid Corp., 2021; National Partnership for Women & Families, 2020)*

✅ *The Glennae Davis Nurse Model™*

The **Glennae Davis Nurse Model™***:*

- *Is based on the traditional ADPIE (Assess, Diagnose, Plan, Implement, Evaluate) nursing process, restructured for* **career harm recovery**

- *Empowers nurses to document, assess, and respond to workplace injury using clinical precision and legal strategy*

- *Uses* **rest, reflection, rights-awareness, and professional reintegration** *as core healing principles*

- *Supports nurses in **exercising their FMLA rights without psychiatric coercion***

- *Offers ethical pathways for returning to the workforce with **cognitive and clinical clarity**, preserving licensure and scope of practice*

🔗 *Supporting Tools*

I have also published:

- *Well Done: Hood Girl to Head Nurse – a memoir and case study in institutional recovery*

- *Operation Mental Health™ – a practical guide for career burnout, job-related stress, and FMLA misclassification*

- *The 11 Nurse Assurances™ – a free tool for identifying symptoms of professional injury and preparing for ethical leave (available at www.glennaesrxforlife.com)*

🗣️ *Legislative and Agency Request*

*Because these violations occur across the country at major U.S. hospitals and health systems—often under the radar of existing DEI and compliance programs—I am advocating that the **Glennae Davis Nurse Model™** be adopted as:*

- ***Mandatory education for new nursing hires**, and*

- ***Annual nurse-specific training alongside anti-bias and anti-discrimination education.***

*I recommend that hospitals be required to implement this model as a **condition of receiving continued CMS reimbursement and federal funding**, as part of their annual demonstration of compliance with:*

- *Civil rights protections*

- *Staff retention efforts*

- *CMS Conditions of Participation (CoPs) relating to safe care environments and workforce equity*

I urge CMS, CDC, and relevant legislative committees to:

1. ***Review how FMLA and ADA are being applied to nurses facing workplace trauma**, especially when psychiatric pathways are used inappropriately or coercively.*

2. ***Partner to pilot the Glennae Davis Nurse Model™** in hospitals serving high-risk nursing populations, including Black nurses, whistleblowers, and those impacted by moral injury.*

3. ***Support legislation or policy guidance affirming that nurses have the right to take protected leave** for workplace-related harm without being misdiagnosed, overmedicated, or stigmatized.*

With clinical insight, policy clarity, and unwavering advocacy,
I submit this letter in service of the profession that has served America through every crisis. If we are to keep nurses safe, we must stop pathologizing their pain and start responding to the systems that cause it.

Sincerely,
Glennae Davis, RN
Founder, Glennae's RX for Life

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📋 Citations (APA Style)

- *Family and Medical Leave Act, 29 C.F.R. § 825.113 (2020).*

- *Equal Employment Opportunity Commission v. Rite Aid Corp., No. 1:19-cv-00743 (D. Md., 2021).*

- *National Partnership for Women & Families. (2020). FMLA leave and mental health: Guidance for workers and employers.*