

EXECUTIVE BRIEFING: Legislative Integration of the Glennae Davis Nurse Model™

Prepared for: Legislative Health Committees, CMS, CDC, and State Nursing Boards

Prepared by: Glennae Davis, RN | Glennae's RX for Life

Contact: contact@glennaesrxforlife.com | <u>www.glennaesrxforlife.com</u>

Issue Summary

Nurses across the United States are being funneled into psychiatric care, medication, and misclassification due to job-related stress, workplace discrimination, and moral injury. These injuries, often stemming from systemic organizational harm, are mislabeled as mental illness for the purposes of FMLA and short-term disability. This misclassification leads to inappropriate care, impaired return-to-work outcomes, and mass nurse attrition.

Nurse-Led Policy Solution

The Glennae Davis Nurse Model™ is a 6-step recovery framework adapted from the evidence-based nursing process (ADPIE) and designed specifically to:

- Address workplace injury, burnout, and discrimination
- Empower RNs to use FMLA as a strategy, not a sentence
- Prevent inappropriate psychiatric labeling unless voluntarily chosen
- Guide ethical, evidence-based return-to-work care planning







The model integrates legal protections (ADA, FMLA), nursing jurisprudence, and public health principles to recover the nurse, not just discharge symptoms.

While the full structure of the model will be presented in detail upon request or in a formal partnership briefing, the framework includes six distinct clinical-stage interventions:

1. Root Cause Assessment

Structured evaluation of clinical, psychosocial, and organizational contributors to nurse burnout or impairment—using trauma-informed, evidence-based inquiry aligned with nursing scope of practice.

2. Differential Nurse Diagnosis Method™

A nurse-led diagnostic process that distinguishes between psychiatric conditions and environmental or ethical distress, ensuring accurate classification of workplace harm.

3. Health Outcome Alignment

Collaborative identification of desired physiological, psychological, and professional outcomes—prioritizing recovery benchmarks aligned with licensure, scope, and patient safety.

4. SMART Recovery Planning

Development of Specific, Measurable, Achievable, Relevant, and Time-bound interventions that integrate clinical stabilization, legal protections, and return-to-practice readiness.

5. Targeted Burnout & Equity Intervention

Deployment of personalized, policy-informed strategies to mitigate the effects of moral injury, discrimination, or structural harm—centered on protected-class equity and ADA compliance.

6. Strategic Reintegration Phase

A structured waiting, re-entry, or realignment stage that prioritizes full readiness to resume safe nursing practice, incorporating workforce protections and organizational







accountability.

Each step reflects a clinically sound, ethically grounded process for restoring the nurse to full function without unnecessary psychiatric pathologizing.

Policy Recommendations

- Mandatory Adoption: Implement the Glennae Davis Nurse Model™ as required training for all new nursing hires and annually alongside anti-discrimination/anti-bias compliance modules.
- 2. **CMS Compliance Incentive:** Require hospitals to adopt the model as a condition of ongoing CMS reimbursement and to demonstrate their alignment with CMS Conditions of Participation (CoPs).
- 3. **Pilot & Research Partnership:** Launch state- or federally supported pilot programs using the model in institutions serving high-risk nursing populations (e.g., Black nurses, whistleblowers, nurses returning from leave).
- Reclassify Workplace Harm: Formally recognize workplace discrimination as an "own serious health condition" under FMLA consistent with federal law and EEOC precedent (29 CFR § 825.113).

77 Urgency

This is a national workforce health and safety issue. Without nurse-centered recovery protocols, the U.S. healthcare system will continue to hemorrhage experienced staff, escalate liability risks,







and lose public trust. The Glennae Davis Nurse Model™ offers a proactive, protected path forward.

Supporting References

- 29 C.F.R. § 825.113, Family and Medical Leave Act
- EEOC v. Rite Aid Corp., No. 1:19-cv-00743 (D. Md., 2021)
- National Partnership for Women & Families (2020), FMLA and Mental Health
- Operation Mental Health™ and Well Done: Hood Girl to Head Nurse by Glennae Davis, RN



