Meeting Minutes: 156th NACNEP Meeting, March 14-15, 2024

The 156th meeting of the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council) was held March 14-15, 2024. The meeting was hosted by the Division of Nursing and Public Health (DNPH), in the Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), and conducted by a remote videoconference platform. In accordance with the provisions of the Federal Advisory Committee Act (Public Law 92-463), the meeting was open to the public for its duration.

Council Members in Attendance

Chair: Dr. Leah FitzGerald
Ms. Susan Cannon
Ms. Patricia Dieter
Ms. Kristie Hartig
Dr. Meredith Kazer
Dr. Kae Livsey
Dr. Nina McLain
Dr. Courtney Pitts
Dr. Carolyn Porta
Ms. Constance Powers
Dr. Teresa Shellenbarger
Ms. Christine Smothers

HRSA Support Staff Present:

Dr. Justin Bala-Hampton, Designated Federal Officer, DNPH, HRSA
Mr. Raymond J. Bingham, DNPH, HRSA
Ms. Janet Robinson, Advisory Council Operations, HRSA
Ms. Zuleika Bouzeid, Advisory Council Operations, HRSA

Thursday, March 14, 2024

Welcome and Introductions

Dr. Justin Bala-Hampton, the NACNEP Designated Federal Official (DFO), convened the 156th meeting of NACNEP on Thursday, March 14, 2024, at 10:00 a.m. ET. He stated that the purpose of NACNEP was to provide advice and recommends to the HHS Secretary and to Congress on policy and program development activities pertaining to the federal programs authorized under Title VIII of the Public Health Service (PHS) Act, covering a range of issues related to the nursing workforce, nursing education, and nursing practice improvement. He noted that the Council was currently comprised of 11 of a possible 23 total members. As described under the Council's authorizing legislation, Section 851 of the PHS Act, the NACNEP members represent: nursing students and professionals at all levels, schools of nursing, healthcare organizations, and the public.

Dr. Bala-Hampton conducted a roll call, indicating the attendance of all eleven of the Council's current appointed members. He confirmed the presence of a quorum, allowing the meeting to proceed.

Dr. Bala-Hampton introduced Dr. Leah FitzGerald, the new DNPH Director. He stated that the DNPH Director has been delegated by the Secretary of HHS to serve as the chair of NACNEP, and this meeting would be Dr. FitzGerald's first while serving in that role. He stated that he would remain the NACNEP DFO.

Dr. Bala-Hampton stated that he and Dr. FitzGerald had reviewed the draft minutes from the 155th NACNEP meeting in December 2023, and the draft had been provided to the members. He asked if any members had comments, questions, or edits. No comments were offered, so he accepted the December 2023 minutes into the Council's record.

Discussion: NACNEP 20th Report Recommendations (Day 1)

Moderator: Courtney Pitts, DNP, MPH, FNP-BC, FAANP
Member, NACNEP

Council member Dr. Courtney Pitts provided an overview of the four draft recommendations proposed by the recommendations work group.

Recommendation 1:
Explore direct reimbursement program/funding for demonstration projects that would test methods to quantify impact of nursing care on patient outcomes, and remunerate a diverse population of nurses for their services.

Dr. Pitts stated that the intent of Recommendation 1 was to explore models of reimbursement that would highlight the value of nursing services within the healthcare system, and include nursing services in the generation of revenue for clinical practice settings. In support of this recommendation, she noted a 2017 white paper from the American Nurses Association, on the topic of Medicare reimbursement for registered nurse (RN) and advanced practice registered nurse (APRN) services.

Recommendation 2:
Create sustainable academic-practice partnerships across environments of care that result in data-based demonstration projects supporting sustained transition and retention of a diverse nursing workforce.

Dr. Pitts recalled past NACNEP discussions on the need to promote partnerships between academic institutions and clinical settings to improve the preparation of nurses for practice and support the development of nurse leaders. She noted support in the nursing literature that such partnerships enhance nursing education. She stated the need for buy-in from the leadership on the both the academic and the practice sides to facilitate sustainability. She also emphasized the role of partnerships in addressing the long-standing drive to diversify the nursing workforce and strengthen and sustain the pipeline of students into the profession.

Recommendation 3:
Link CMS funding to established academic-practice partnerships that result in a demonstration of improved patient outcomes.

Dr. Pitts noted the need to link funding for healthcare services from the Centers for Medicare and Medicaid Services (CMS) to incentivize the development of academic-practice partnerships that can show improvements in patient outcomes. She added that this might require changes to legislation to authorize this funding stream.

Recommendation 4: Fund the infusion of technology and artificial intelligence (AI) into nursing care, in both education and practice.

Dr. Pitts stated that promoting investment in a wide range of healthcare technologies and the incorporation of artificial intelligence (AI) into nursing education and practice would help the profession evolve and innovate to improve patient care. She added the need for more nurses trained in the full range of healthcare technology modalities to maintain the human side of care that nurses deliver.

Dr. Pitts noted some common themes among all four draft recommendations: a focus on patient outcomes, efforts to strengthen and diversify the nursing workforce to meet the nation's healthcare needs, and steps to help nursing education and practice incorporate rapidly advancing technology to evolve with the times and meet the changing demands of health care.

General discussion

One member commented on the need for data from demonstration projects to capture nursing effort and contributions to improving patient outcomes as a precursor to the push for direct reimbursement. It was noted that nurse practitioners (NPs) can bill for some services, although this billing may be incident to physician oversight. Demonstration projects could also show the ways in which nurses are capable of leading practice redesign. There was a further comment on the need for policy changes to allow nurses to be recognized as providers of services under the CMS physician fee payment schedule. There was a comment that nurse representation is needed on all of the practice-focused advisory councils within HRSA and HHS.

There was some discussion about the possibility of directing HRSA-funded federally qualified health centers (FQHCs) to improve their data collection and reporting to separate out nursing services from other operating costs. HRSA could collect information from FQHCs indicting the number of RNs and the types of services they provide, such as performing annual wellness check, transitional care for patients after discharge from a hospital, and chronic disease management.

Related to the second recommendation, there was a comment that supporting academic-practice partnerships can also enhance nurse residencies and fellowships, which help new nurses with the transition into practice and can improve retention rates. In addition, strengthening connections between schools and practice settings and providing more funding for fellowships could address improve NP training and address question about the adequacy of the NP clinical training hours.

Another member commented on the need to promote leadership training, including the creation of immersion opportunities for new graduates to enhance their career progression. Leadership training would also promote the inclusion of nurses within health care advisory committees and boards. There was further discussion on broadening the outreach of NACNEP to more stakeholders to increase the impact of its reports and recommendations. There was a motion to create a workgroup to improve stakeholder outreach, but that motion was tabled, pending the development of a clear action plan, and concerns over potential overlap with the current dissemination workgroup.

Related to the use of AI in health care, there was caution expressed that technology should not replace the human connection that nurses make with patients. AI and related technologioes have the capacity to supplement care but should not become just another alert the nurse has to answer. There was another comment on the need to have nursing input in directing the use of technology. Nurses need to be involved in creation, selection, and decision-making processes of incorporating technology into patient care.

At the conclusion of the discussion, Dr. Bala-Hampton stated that the work group would take the feedback and comments from the meeting discussion and continue to revise the draft recommendations to present at the May 2024 NACNEP meeting. When finalized, the Council will vote on the recommendations, and the writing work group will begin drafting the body of the 20th Report, due by January 2025.

Presentation: Post-Graduate Fellowship in Oncology: MD Anderson Cancer Center Experience

Ashley Martinez, DNP, APRN, FNP-BC, DNP, MPH, FNP-BC, FAANP
Director, Advanced Practice
The University of Texas, MD Anderson Cancer Center

Dr. Ashley Martinez, Director of Advanced Practice at the University of Texas MD Anderson Cancer Center, discussed her experiences in developing and directing a post-graduate fellowship program for APRNs in oncology nursing, established in 2006. She described this program as the first post-graduate oncology fellowship in the country, with the mission to train APRNs as clinical experts in the complex care of oncology patients. The fellowship involves a year-long curriculum with didactic sessions and clinical rotations, along with workshops on cancer screening and prevention, physical exam and health history assessment for oncology patients, communication with patients and families, and palliative care and end-of-life issues. The training also covers appropriate billing to help establish the value of APRN services. Professional development activities include certification in oncology nursing, attendance at oncology conferences, and continuing education opportunities. She said the fellowship is focused on establishing professional identity, promoting the role transition to clinical expert, and addressing the gaps between education and skills training required to practice effectively. The fellowship also emphasizes teamwork with other health care professionals. Fellows are expected to prepare and submit for publication an evidence-based practice manuscript. She said the accredited program, now in its 18th year, has recruited applicants from across the country.

In discussing the origins of the fellowship program, Dr. Martinez stated that in 2006 there was concern about the lack of educational preparation for most APRNs in oncology care, and the stress and dissatisfaction with their role of many of the APRNs at MC Anderson at that time, leading to a high turnover rate and high associated costs of staff replacement. The management at MD Anderson bought into the program, created a steering committee, and developed data-driven metrics to study the benefits. She noted that 85 percent of the graduating fellows have stayed with MD Anderson, and the turnover rate is very low, around 3 percent.

Q and A

One Council member noted that MD Anderson also has a post-graduate program for physician assistants (PAs), and asked if the APRN and PA fellows interact. Dr. Martinez replied that APRNs and PAs are grouped under the advanced practice practitioner umbrella, and the two programs have significant crossover.

There was a question about the elements of interprofessional practice built into the fellowship program. Dr. Martinez said that the program values interprofessional collaboration. Lectures are provided by a range of professionals, including physicians, APRNs, nurse case managers, and social workers. Communication workshops involve medical residents, the APRN fellows, and other members of the care team. She also discussed some of the financing that has helped to sustain the program over its 18 years.

There was a question about the selection and training of preceptors for the fellows in the program. Dr. Martinez acknowledged that the preceptors are central to the program, and fellows spend most of their time with their preceptors day in and day out. There is a monetary incentive to recruit preceptors. In addition, preceptors can use their precepting hours to document their career advancement within the professional practice model at MD Anderson.

Presentation: Collaboration Promotes Success! Academic-Community Partnership to Address Health Care Issues in the Rocky Mountain Region

Patsy Cullen, PhD, CPNP-PC
Assistant Dean for Graduate Programs, Regis University

Deborah Center, PhD, MSN, RN, CNS, CTA-CC
Chief Program Officer, Colorado Center for Nursing Excellence

Dr. Patsy Cullen, Assistant Dean for Graduate Programs at Regis University, opened her presentation by stating that collaborative partnerships between academic institutions and communities promote healthcare access, especially in rural or frontier areas such as the Rocky Mountain region of Colorado where some communities have no local health care providers. Thus, NPs have become vital primary care providers in these and many other underserved areas.

Dr. Cullen noted that the first NP role was developed and implemented at the University of Colorado School of Medicine Department of Pediatrics in 1965 to help more families with young children access well-child care, in the hope of reducing hospitalizations. The first NP students were selected from experienced community health nurses who were used to having independent practice within the community and making decisions on the spot when encountering difficult

situations. They NP curriculum focused on health assessment, advanced pathophysiology and pharmacology, and critical thinking skills. To reach more rural communities, programs have been developed to deliver much of the content using a remote platform such as Zoom.

Dr. Cullen discussed the path to the independent practice of NPs and other APRNs within the state. She said that the Colorado governor opted out of a Medicare rule that required physician supervision of certified registered nurse anesthetists (CRNAs) in rural hospitals, since CRNAs delivered up to 80 percent of the anesthesia services at those sites and the hospitals would have to stop surgical procedures and maternal care without CRNA services. Still, CRNAs and APRNs had to overcome further legal hurdles to become independent providers in the state.

Dr. Deborah Center, Chief Program Officer for the Colorado Center for Nursing Excellence (CCNE) said that CCNE was the largest nursing workforce center in the country. It had received federal funds from HRSA, as well as grants from other organizations and foundations, to facilitate the development of partnerships between academic institutions like Regis University and local communities in order to address health workforce shortages. She noted that the keys to building the APRN workforce in rural Colorado included:

- Developing a strategic priority to address challenges and gaps in access to care in rural and other underserved areas, which encompassed both increasing the number of NPs and broadening their scope of practice.
- Using a "grow-your-own" model to recruit members of the local community, who are more likely to stay and practice in rural areas.
- Providing mentoring and coaching in the transition to independent practice, as well as additional training in leadership, resilience, and trauma-informed care.
- Promoting diversity, equity, and inclusion in the workforce.
- Instilling interprofessional collaborative education, allowing APRN students to collaborate with students in other health professions.
- Integrating behavioral health care into primary care services, to offset some of the workload of the NPs and address mental health care provider shortages.

Dr. Center stated that the data on patient outcomes has been very favorable, including a reduction in cases of unstable blood sugar readings among patients with diabetes, and a reduction in cases of uncontrolled hypertension. One NP noted that having access to behavioral health care helped to address a wider range of issues impacting the health of patients such as stress, poor diet, lack of sleep, and family and cultural needs.

Dr. Center concluded by stating that the goal of the collaboration between the Center and Regis University was to create opportunities to grow and support APRN practice, help ARPNs work to their full scope of practice, and develop a strong, committed team of providers capable of working together to improve healthcare access and quality.

Q and A

One member commented on the frustrations that CRNAs and other APRNs can experience involving different practice limitations that may be in place between different states. Dr. Cullen agreed, adding that APRNs have to stay mindful of potential legislative or regulatory changes that could impact their scope of practice in their state of residence.

Another member noted that Colorado had moved toward capitated payments in its Medicaid system, and asked if this change had encouraged team-based care. Dr. Cullen responded that most community-based clinics recognize and appreciate the care that NPs and other APRNs provide. Still, nurses need to remain vigilant in promoting the value of nursing care. Dr. Center added that many states collect a wealth of nursing workforce data through the licensure process and other methods, which nurses can use to promote their value. However, Colorado does not collect much data, making the job of promoting nursing care in the state more difficult. She noted that a HRSA grant had helped in the development of a preceptor training course available in small rural areas, and the Colorado legislature had implemented a tax incentive to help increase the number of preceptors.

There was a question on the potential value for all nurses to obtain National Provider Identifier (NPI) numbers to help in workforce data collection and analysis. Dr. Center replied that her organization had held some initial discussions on use of the NPI in data creation relate to nurse staffing, billing, and career mobility.

Closing

Dr. Bala-Hampton adjourned the first day of the meeting at 3:30 p.m. ET.

Friday, March 15, 2024

Opening remarks

Dr. FitzGerald welcomed the Council members to the second day of the meeting and took a roll call, confirming the presence of a quorum.

Presentation: Moses/Weitzman Health System

Margaret Flinter, PhD, APRN, FAAN, FAANP
Senior Vice President/Clinical Director
Community Health Center, Inc., and Moses Weitzman Health System

Dr. Margaret Flinter, Senior Vice President and Clinical Director of Community Health Center, Inc., and the Moses Weitzman Health System, stated that she would discuss her experiences with nursing care in community health centers. She said the Moses Weitzman Institute, part of the National System of Community Health Centers, focuses on research, innovation, and improvements in primary care. Through her work, she had become familiar with the primary care system and the patient populations cared for by the HRSA-funded FQHC system, the nation's largest primary care system. She noted long-standing concerns about the shortage of nurses and other healthcare providers in primary care.

Before beginning her presentation, Dr. Flinter provided some comments on the recommendations in the NACNEP 19th report. With regard to NACNEP concerns about the nurse faculty shortage, Dr. Flinter agreed that nurse faculty salaries are not competitive with salaries of similarly credentialed NPs in clinical practice. She supported the recommendation for Congressional efforts to boost nurse faculty salaries, while also calling for increased pressure on healthcare leaders, academic institutions, schools of nursing, and practice organizations to lead the charge in making choices about investing in faculty to educate the future nurse workforce.

Dr. Flinter also supported the NACNEP call to provide appropriate training and compensation for nurse preceptors. She noted her dismay at the challenges placed on students at some academic institutions to find their own preceptors. She said that while her organization does not compensate preceptors, it takes steps to reduce their organizational and management responsibilities, allowing them to focus their time on the students.

Dr. Flinter stated her support for the NACNEP recommendation to develop and fund nursing student internship opportunities, which can be an essential tool in recruiting the next generation of nurses and diversifying the student population. She noted that community-based organizations serve a diverse and underrepresented patient population. When children and adolescents from these populations come to a community health center, they can witness the power of nursing and experience the value of having a competent RN or APRN provide care for them or their family members. In addition, she stated her support for preceptorship experiences for nursing students to help them develop their professional identity, engage in health promotion and disease prevention, and learn the role of RNs in primary care and other care settings.

Moving on to her presentation, Dr. Flinter started by providing an overview of the Moses Weitzman Health System and its parent organization, Community Health Center, Inc. (CHC), America's first health system dedicated to primary care for underserved populations. She said that CHC operates clinics and mobile health services across the state of Connecticut. The system currently employed almost 13,000 NPs and certified nurse midwives. Dr. Flinter said that most of the CHC sites partner with local colleges and universities to serve as training sites.

On a national scale, Dr. Flinter said that there are over 12,000 clinical sites across the country that are operated by FQHCs and FQHC look-alikes, which provided training for over 59,000 pre- and post-graduate students in 2022, according to HRSA data.

Dr. Flinter offered some recommendations for NACNEP to consider:

- Invest clinical training resources in the FQHC system to support high-quality, effective, and sustainable health workforce development.
- Expand preceptorship or capstone program funding for baccalaureate nursing students.
- Set a core mission for FQHCs to train the health care professionals who care for underserved and special-needs population in the United States.
- Develop early interest in health profession careers by actively engaging children and adolescents who receive their health care through the FQHC system and school-based clinics through positive messaging and internship opportunities at the high school, undergraduate, and graduate levels.
- Implement recommendations of the National Academies of the Sciences, Engineering and Medicine (NASEM) to:
    - Pay for primary care teams to care for people, not doctors to deliver services.
    - Ensure that high-quality care is available to every individual and family.
    - Train primary care teams where people live and work.
    - Ensure that high-quality primary care is implemented in the U.S. by prioritizing funding for primary care research and developing an annual health care scorecard.

Q and A

A council member commented that as a student NP, the onus was on her to find a preceptor and complete all of the administrative requirements with her school. She noted the enormous burden that effort placed on students, and said that support for both students and preceptors is needed. There was further discussion that students should not be required to find their own preceptor, as they may not have a broad enough network to find an appropriate fit. Dr. Flinter responded that she would like to see a national system established to address these types of training issues.

Another member commented that she had worked on a HRSA-funded project in her state to embed more RNs in primary care settings, primarily FQHCs, but that not all settings had the resources to take part or were welcoming of their efforts. She asked about recommending that HRSA push FQHCs to collect more data on nursing services and support interprofessional care. Dr. Flinter replied that federal support for the rollout of a high performing model of RNs in primary care could serve to push the transition to a value-based payment system.

There was another comment on the role of medical assistants (MAs) in primary care, and the potential of role confusion with RNs. Dr. Flinter replied that MAs tend to come from the

community and have a wide range of experiences. She noted that many MAs see RNs as role models and have advanced their careers by entering nursing school. However, they often need significant financial support to make that transition.

There was a comment that, along with NPs, CRNAs can play a role in primary care to provide services such as chronic pain management, ketamine therapy, and the management of depression or post-traumatic stress disorder.

Presentation: Los Angeles General Medical Center: Promoting Innovation, Full Practice Authority and Academic/Service Partnerships

Nancy Blake, PhC, NEA-BC, NHSP-BC, FACHE, FAONL, FAAN
Chief Nursing Officer, Los Angeles General
Adjunct Associate Professor, University of California, Los Angeles, School of Nursing

Dr. Nancy Blake, Chief Nursing Officer at the Los Angeles General Medical Center (LAGMC), spoke about the innovative nursing programs at the hospital, and how they might be used to address some of the challenges facing the nursing profession. She described LAGMC as a full-service public hospital, and the flagship health facility of the Los Angeles County Department of Healthcare Services.

Dr. Blake described one of the top challenges facing the nursing profession as the need to support staff nurses to work at the top of their license. She acknowledged that technological advances are changing the delivery of health care. For example, many patients that would have required an inpatient hospital stay in the past can now be safely treated and monitored from home, resulting in some fundamental changes in how nurses interact with patients. She stated that L.A. County has used federal funding to help more local students enter nursing programs, and many students need this assistance because they might be the main support for their family.

Dr. Blake outlined what she saw as the goals of the future of nursing. She said there was a need to fund academic-practice partnerships to promote health equity for vulnerable populations. She also encouraged Congressional legislation to establish full practice authority for NPs on a national scale, since practice authority can vary widely state-to-state. In California, some primary clinics are hiring foreign physicians because NPs lack full practice authority. Lastly, nursing needs to develop new, innovative models of education and practice.

Dr. Blake discussed a report from the U.S. Bureau of Labor Statistics that showed positive job growth for RNs in the coming years. She also said that a 2023 report form NSI Solutions found:

- A nurse turnover rate of 23 percent.
- A vacancy rate of 16 percent, but inadequate slots at nursing schools for new nursing students due to the nurse faculty shortage.
- An average cost to replace a nurse of around $50,000, with the time required to hire a replacement of 61 to 120 days.

Dr. Blake summarized some of the key messages from the 2021 NASEM report, *The Future of Nursing, 2020-2030*.

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners with physicians and other health professionals in redesigning health care in the United States.
- Effective workforce planning and policy-making require better data collection and an improved information infrastructure.

Dr. Blake said that LAGMC would soon be starting its first NP residency program, and many of the leaders in the system have been working to increase the number of NPs. Meanwhile, nursing needs to develop innovative strategies for recruitment and retention. She said that residency programs help novice nurses transition into practice, and starting the residency education while students are in nursing school can shorten the time needed to develop nurses who can function independently. She noted the need to increase federal scholarship and student loan forgiveness funding to attract more students from vulnerable populations. She also discussed student nurse extern programs that allow students to spend a semester of immersion at one hospital, to begin some of the components of a residency program.

Dr. Blake discussed the need for healthy work environments, noting that overstressed nurses are at increased risk for health issues such as hypertension, obesity, and cardiac disease. Citing reports of increased violence against nurses in the workplace, she stated that her hospital offered training for nurses risk assessment and how to de-escalate a potentially dangerous situation and protect themselves. She said research from the American Academy of Colleges of Nursing has shown that safer workplaces can help lower the intent to leave and improve retention.

Q and A

One Council member commented on the need to engage with states to promote practice authority for APRNs, and the possibility of NACNEP recommending a Congressional mandate related to national implementation of full practice authority. Dr. Blake replied that student nurses in her program have visited the offices of legislators in California to help inform them of the practice authority issue in the state, noting, for example, that some legislators where not aware of the role of the CRNA in providing anesthesia services, often in underserved areas.

There was a question about the time it may take for an APRN to get credentialed at the LAGMC. Dr. Blake replied that newly-hired NPs receive emergency credentials, and new-graduate NPs are provided with a training plan to help in their transition to practice. She added that all NPs in the LAGMC system obtain an NPI number, and they are able to bill for certain services.

There was another question about the use of support staff to assist RNs in the acute care setting. Dr. Blake replied that having dedicated staff to help draw blood for lab tests and perform other functions, and nursing assistants to help with basic tasks or sit with patients who may be at risk or may be experiencing mental health issues. Having this support staff relieves some of the burden on RNs, allowing them to concentrate on patient assessment and management.

Discussion: NACNEP 20th Report Recommendations (Day 2)

Moderator: Leah FitzGerald, PhD, FNP-BC, FAAN
Chair, NACNEP

The Council revisited the discussion on the draft recommendations for its 20th Report.

One Council member suggested adding a recommendation, or revising one of the current recommendations, to provide federal incentives to states to remove barriers to full scope of practice for nurses. There was a comment about a report from the Macy Foundation on promoting the role of nursing in primary care and addressing scope of practice. There was a comment that if APRNs were reimbursed for their services at the same rate as physicians, then the community clinics and health centers and rural hospitals could be more self-sufficient and sustainable. Dr. Bala-Hampton noted that at a recent meeting of the Council on Graduate Medical Education (COGME), a federal advisory committee, there was discussion of a recommendation to Congress to have CMS increase the reimbursement to APRNs and other advanced practice providers from 85 percent to 95 percent of the physician rate. There was brief discussion of developing a joint letter or issue brief between NACNEP, COGME, and perhaps other advisory committees to support this proposal.

There was a comment about the complicated issue of quantifying nursing workload, and the need to broaden Recommendation 1 in terms of gathering data and developing demonstration projects that would seek to measure the impact of nursing care on patient outcomes. There was some discussion related to how to collect and analyze data on the nursing workforce. Another member added that the incoming nursing workforce appears to prefer job motility and the ability to try out multiple specialties.

There was a comment to strengthen the mention in Recommendation 2 related to leadership training. There was further discussion on developing demonstration projects that show how nurses can impact the practice environment. One member commented that there is literature on the importance of the relationships between nurse managers and staff, but little evidence on how to develop excellent nurse leaders.

There was discussion about a recommendation to direct HRSA and HHS to provide a report on any actions taken in response to past NACNEP recommendations. There was further discussion on the time required for HRSA to act on an advisory committee recommendation, noting that HRSA plans its notices of funding opportunities (NOFOs) and other projects at least three years in advance. However, NOFOs can incorporate recommendations by stressing certain priorities.

In terms of improving the practice environment for RNs and APRNs, there was a comment on the need to reframe the conversation to focus on the benefits on nursing services. There was a suggestion for NACNEP to put a call out for data on the impact of nursing care. For example, one nurse residency program was able to show a strong return on investment in the increased rate of annual wellness visits. It might help to see a report that compares patient outcomes and other quality measures from FQHCs in states with full practice authority for APRNs compared to states that limit APRN practice.

Discussion: NACNEP 19th Report Dissemination Materials (Day 1 and 2)

Moderator: Kae Rivers Livsey, PhD, MPH, RN
Member and dissemination work group lead, NACNEP

During discussions on Day 1, council member Dr. Kay Livsey presented a draft set of materials developed by Council's dissemination work group that members could distribute to their respective stakeholder organizations or use to promote awareness of the Council's 19th Report (released January 2024) and recommendations. The materials included:

- An abstract.
- A standardized PowerPoint slide deck.
- A poster template.
- A postcard.
- A generic letter to the editor.

Dr. Livsey stressed that Council members would need to advise the NACNEP DFO and chair on any possible submissions or other uses of the materials. Dr. Bala-Hampton noted that HRSA has provided some ethical guidance for members to keep in mind, depending on whether they are writing or speaking in their personal or professional capacity versus as a NACNEP member.

On Day 2, the Council reviewed the materials, with further discussion on how they might be used. The Council voted to approve the materials, pending non-substantive edits.

Public Comment

Written comment

To open the public comment session, Dr. Bala-Hampton summarized written comments submitted by Dr. Diana Mason, Senior Policy Service Professor for the Center for Health Policy and Media Engagement at the George Washington University School of Nursing. Dr. Mason had been invited to present, but was unable to attend due to prior commitments. In her comments, Dr. Mason stated that Recommendation 1 was long overdue. However, as the health care system moves from fee-for-service to a more global payment model, nurses will need data to demonstrate that nursing services improve outcomes and reduce costs. For Recommendation 2, Dr. Mason cited a 2016 report from the Josiah Macy Foundation supporting the role of RNs in building the capacity for primary care, while noting that few RNs receive exposure to primary care during their undergraduate education. For Recommendation 4, Dr. Mason referenced a project by the American Academy of Nursing (AAN) that called for more input from nurses in the development of new health care technologies intended to streamline or facilitate patient care. She also stated concern over disparities of broadband access or cell phone coverage experienced by many rural communities that may impact access to remote health monitoring or telehealth services. She offered no comments on Recommendation 3.

Oral comments

The Council also received multiple oral comments from the public attendees:

- Allison Gilmer, a primary care NP working in the Boston area, commented on the impact of nurse residency programs in helping the transition into practice. She said that efforts

to bolster nursing education and retain the nursing workforce need to emphasize the skills needed for patient care and to foster an interdisciplinary approach.

- Dr. Patricia Moulton Burwell, director of the National Forum of State Nursing Workforce Centers, stated that her research had found that the top reasons nurses cite for leaving the workforce are lack of time during their shifts for basic needs such as eating or getting bathroom breaks, and lack of support from their direct supervisors.
- Dr. Simmy King, Nursing Director for Clinical Information Systems at Children's National Hospital, expressed support for the Council's discussions in the areas of transition to practice and apprenticeships, interprofessional communication in the health care workplace, environmental and workplace safety for nurses, and the need to train nurses in informatics and information technology. She added that nurses are trained to work with a deficit model and noted the need to change to a different lens to promote and scale up some of the successful programs discussed during the meeting.
- Ms. Cristina Watkins, an FNP with Galileo Health in Rhode Island and a DNP-MPH student at Johns Hopkins University, commented on the need for nurses to be more aware of regulations that may limit nursing scope of practice. She also commented on the need for a sustainable funding model for NP fellowship training programs.
- John Canion, an NP currently working in Arizona, spoke on the need for more funding for NP clinical education to improve care. He suggested exploring paid NP residency training along the model of graduate medical education, which funds paid training for medical residents.
- Gayle Rue, PhD, FNP, commented on her work with the HRSA Nursing Workforce Diversity program in the Indian Health Service Department of Education, related to the need to prepare more nurses to assess and analyze data on patient outcomes and link data to reimbursement for services.
- Rosaline Owusu, an FNP located in northeastern Pennsylvania, stated that she was a recipient of funding for her nursing education through the HRSA/DNPH Nursing Education and Practice programs. She thanked the NACNEP members for their discussions on improving nursing practice, but noted the lack of awareness of the Council within the nursing profession.
- Miryam Gerdine, a project officer with DNPH, commented that she serves on the board of a local community health clinic. She thanked the Council for their discussions on team-based care in community settings and the use of advanced technology and artificial intelligence in health care education and practice.
- Dr. Kimberly Glassman, Dean of the Mt. Sinai Phillips School of Nursing, addressed the importance of transition-to-practice programs, especially for advanced practice registered nurses, and referenced the AAN policy statement in support of nurse residency programs.
- Elizabeth Reynolds, a project coordinator with the Loyola University School of Nursing, said that she worked with HRSA grants in primary care for underserved populations, in coordination with federally qualified health centers in the Chicago area. She wanted clarification on the meaning of academic-practice partnerships mentioned in the NACNEP recommendations.
- Maria Kraft, MSN, RN, stated that she had been a nurse for over 30 years, including working as a faculty member in an associate degree nursing program, and noted that many of the current issues facing the nursing profession have changed little during her

nursing career. She spoke on the need for nursing to present a united front in proposing policy changes.

Next Steps

Dr. Bala-Hampton noted that he would be following up with work groups on the dissemination of the 19th Report and the development of recommendations for the 20th Report. There was a motion made and seconded to adjourn the meeting, and the motion passed by unanimous voice vote. Dr. Bala-Hampton adjourned the meeting at 3 p.m. ET.

Acronym and Abbreviation List

AAN	American Academy of Nursing
AI	Artificial Intelligence
APRN	Advance Practice Registered Nurse
BHW	Bureau of Health Workforce
CCNE	Colorado Center for Nursing Excellence
CMS	Centers for Medicare and Medicaid Services
COGME	Council on Graduate Medical Education
CRNA	Certified Registered Nurse Anesthetist
DFO	Designated Federal Official
DNPH	Division of Nursing and Public Health
FQHC	Federally Qualified Health Center
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
LAGMC	Los Angeles General Medical Center
MA	Medical Assistant
NACNEP	National Advisory Council on Nurse Education and Practice
NASEM	National Academies of the Sciences, Engineering and Medicine
NOFO	Notice of Funding Opportunity
NP	Nurse Practitioner
NPI	National Provider Identifier
PA	Physician Assistant
PHS	Public Health Service
RN	Registered Nurse