NACNEP ⋮ National Advisory Council on Nurse Education and Practice

Meeting Minutes: 157th NACNEP Meeting, May 9, 2024

The 157th meeting of the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council) was held Thursday, May 9, 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	Dr. Courtney Pitts
Ms. Patricia Dieter	Dr. Carolyn Porta
Ms. Kristie Hartig	Ms. Constance Powers
Dr. Meredith Kazer	Dr. Teresa Shellenbarger
Dr. Kae Livsey	Ms. Christine Smothers
Dr. Nina McLain	

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

Thursday, May 9, 2024

Welcome and Introductions

Dr. Justin Bala-Hampton, the NACNEP Designated Federal Official (DFO), convened the 157th meeting of NACNEP on Thursday, May 9, 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 via the virtual platform of all eleven of the Council's current appointed members. He confirmed the presence of a quorum, allowing the meeting to proceed.

Dr. Leah FitzGerald, the NACNEP chair, wished the Council members a happy National Nurses Week. She stated that she had reviewed the draft minutes from the 156th NACNEP meeting in March 2024, which had been sent to the members for their review prior to the meeting. She asked if any members had comments, questions, or edits. No comments were offered. There was a motion made and seconded to accept the minutes as written, and the motion was approved by unanimous vote. Dr. FitzGerald accepted the March 2024 minutes into the Council's record.

NACNEP member Dr. Kae Livsey shared that she had served on the North Carolina Institute of Medicine (NCIOM) Task Force on the Future of the Nursing Workforce, and provided the link to its May 2024 report, *Time for Action: Securing a Strong Nursing Workforce for North Carolina*. She noted that many of the NCIOM task force recommendations aligned with those developed by NACNEP in its recent reports.

Presentation: NCHWA Nursing Research

Steven Pegula, MS
Branch Chief, NCHWA

Mr. Steven Pegula, a branch chief in HRSA's National Center for Health Workforce Analysis (NCHWA), presented some of the key findings from the most recent iteration of the National Sample Survey of Registered Nurses (NSSRN), a survey conducted by HRSA roughly every four years since 1977. He described the NSSRN as the longest running survey of the registered nurse (RN) workforce in the United States, with items that cover a range of issues related to the nursing experience, including demographics, educational attainment, licensure and certification, and various employment characteristics of RNs and advanced practice registered nurses (APRNs). The most recent NSSRN was conducted from 2021 to early 2022 in partnership with the U.S. Census Bureau, during the height of the COVID-19 pandemic, and had almost 50,000 nurse respondents.

In discussing some of the significant results, Mr. Pegula stated that over 4.3 million RNs hold active licenses. The workforce remained primarily female, as 88 percent of nurses are women. However, since the previous NSSRN from 2018, the workforce composition had become more diverse, with an increase in the share of men from 10 percent to 12 percent, and a decrease in the share of non-Hispanic whites from 73 percent to 67 percent. In terms of educational pathways, the bachelor of science in nursing had become the most common degree for initial licensure. In addition, over 40 percent of nurses reported having obtained a second degree or advanced certificate, and 19 percent had obtained a master's degree or a doctorate. The NSSRN also found that over 20 percent of nurses completed an RN residency or similar transition-to-practice program upon entering the profession.

In exploring the impact of the pandemic, Mr. Pegula stated that almost 5 percent of the nursing workforce left the profession during the pandemic, with many of those nurses indicating they did not plan to return to nursing. Among nurses who left the workforce, the top reasons included

retirement, burnout, a stressful work environment, inadequate staffing, lack of good management or leadership, high-risk working conditions, and family responsibilities. Also during the pandemic, 43.5 percent of respondents reported experiencing some form of employment disruption such as being moved or "floated" to a different unit, being forced to take leave, or being furloughed or laid off.

The NSSRN also found that over 80 percent of nurses indicated they had experienced feeling burned out at some point, and 26 percent reported feeling burned out almost every day, an increase of 14 percentage points from the 2018 NSSRN. Almost 20 percent of nurses reported job dissatisfaction, and Mr. Pegula reviewed some of the changes in satisfaction levels and indicators noted from the 2018 to the 2022 surveys.

Mr. Pegula then turned to workforce projections for nurses. He noted that current data suggest an almost 10 percent shortage of the nursing workforce to meet projected health care demand in 2036. He discussed some of the regional differences in nursing workforce supply, with the largest shortages anticipated to occur primarily in the western and southern regions, as well as within nonmetro versus metro areas.

Mr. Pegula provided a brief overview of the HRSA Nursing Dashboard and related HRSA web-based resources, which provide public access to HRSA's nursing workforce data along with tools to help analyze and visualize the findings.

Q and A

One Council member asked about a category on the Nursing Dashboard that covered nurses working in "other settings" outside of hospitals. Mr. Pegula replied that this category was added to cover nurses working in settings such as ambulatory care and other outpatient clinics; public health or community health agencies; university or college academic departments; local, state or federal agencies; and insurance companies.

Another Council member asked for clarification about the state-to-state differences in nursing workforce projections to meet health care needs. Mr. Pegula clarified that HRSA uses several sources to measure health care *demand*, as derived from data on utilization of health care services. The concept of health care *need* would be more difficult to define and quantify.

There was a question on the collection of data for nurses in leadership roles. Mr. Pegula replied that one of the items added in the most recent NSSRN was "job title," which included charge nurse or team leader, front-line management, middle management, and senior management.

There was a question about the workforce projections, particularly for APRNs. One Council member cited the example Certified Registered Nurse Anesthetists (CRNAs), for which some of the data indicate an adequate supply or even oversupply, while real-work experiences indicate a severe shortage. Mr. Pegula noted that the NSSRN data indicate an increase of nurses entering advanced practice roles such as the CRNA. However, the data available to HRSA may not capture all of the relevant data regarding CRNA supply and demand.

There was a concern expressed about the use of state-level data, which may fail to distinguish differences in workforce trends and shortages between rural and urban areas. Mr. Pegula agreed

that the state-level data may not adequately capture workforce distribution on a more granular level, but there are limitations to the data that HRSA can collect.

Mr. Pegula said that NCHWA was already at work preparing the next NSSRN, and asked the Council members to let NCHWA staff know about possible items not covered in the 2022 NSSRN that should be included, or to share suggestions for improving data collection. He stated that NCHWA is working to meet the data needs of the leaders, policymakers, and researchers.

Discussion and Vote: NACNEP 20th Report Recommendations

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

Council member Dr. Courtney Pitts provided an overview of the five draft recommendations proposed for the NACNEP 20th Report by the recommendations work group. The Council reviewed each recommendation one by one. During the discussion, it was noted that the text and the supporting rationale provided in the report can provide more clarity and specificity to the members of Congress and the Secretary about the intent of each recommendation. At the conclusion of the discussion, the Council voted to approve the following recommendations:

- Fund direct reimbursement demonstration projects that quantify the impact of nursing care on quality patient outcomes.
- Create sustainable academic-practice partnerships across environments of care that result in data-based demonstration projects supporting transition to practice and retention of a diverse nursing workforce.
- Incentivize institutions receiving Centers for Medicare and Medicaid Services (CMS) funding to establish nursing academic-practice partnerships that demonstrate improved patient outcomes.
- Provide funding to support the infusion of nurse-centered technology and integration of artificial intelligence (AI) into nursing care delivery, in both education and practice.
- Remove practice barriers to advanced practice registered nurses.

Follow-up Discussion

At the conclusion of the discussion and voting, Dr. Bala-Hampton stated that Council members Dr. Livsey and Dr. Nina McClain had volunteered to head the writing group to prepare the report draft. He said that he wanted the writing group to have six members and requested that others who wished to join contact him by email within the following week.

Dr. Bala-Hampton reviewed the timeline for the report preparation. An initial draft would be due by late July 2024. The full Council would review the draft at the next NACNEP meeting (August 10-11, 2024). The writing group would incorporate the feedback from the Council members into a revised draft by the end of October 2024. This revised draft would be provided to HRSA staff for review and formatting into the final report document. The full Council would review and vote on this draft during the December 2024 NACNEP meeting on. The final Report would be submitted to the HHS Secretary and Congress in January 2025.

Open Discussion

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

Dr. FitzGerald opened the floor to an initial discussion and feedback on the direction and topic of the next NACNEP report, which would be due January 2026. Proposed topics included:

- Supporting advanced practice nursing, specifically to develop recommendations related to removing some of current barriers to APRN practice and promoting educational incentives. Dr. Fitzgerald added that a report on this topic would need to keep in mind HRSA's mission with underserved and vulnerable populations.
- Developing programs to address the stress and burnout faced by the nursing workforce at all levels and across multiple settings, a long-standing problem exacerbated by the COVID-19 pandemic.
- Exploring the emerging challenges faced in nursing education to prepare the post-COVID generation of nurses, as students have become more accustomed to remote learning, short bursts of learning such as Technology, Entertainment, Design (TED) Talks, and more active learning pedagogical methods. Dr. FitzGerald noted that this area could include a focus on transition to practice.

There was a question about the status of the Council's membership. Dr. Bala-Hampton acknowledged that the Council current has 11 members, far short of its legislatively mandated membership of 21-23. He commented that a slate of eleven nominees remains pending with the Office of White House Liaison for final approval and authorization. As soon as that step occurs, all approved new members would receive an official invitation and be onboarded as special government employees for NACNEP membership. In the meantime, he had invited all of the pending nominees to attend the NACNEP meetings as members of the public, so that they could become familiar with the current members and the conduct of the meetings, and offer any feedback or statements during the public comment sessions.

A Council member asked about the mechanism for making a data request to NCHWA to drill down in specific areas of the NSSRN results, such as a request for data that could inform the writing group members as they develop the rationale for the recommendations. Dr. Bala-Hampton replied that the Council should identify a specific request for data analysis that he as the DFO could convey to the NCHWA team.

There was a follow- up question about the ability of the Council to submit one or more potential questions for inclusion in the next NSSRN. Dr. FitzGerald noted the Mr. Pegula had provided his contact information and that NCHWA welcomed any suggestions. She offered that the Council members could consider some possible survey items for discussion at the next NACNEP meeting in August 2024.

Dr. Bala-Hampton moved to a discussion of dissemination efforts for the NACNEP 19th Report, released January 2024. Two members stated that they had attended the annual conference of the National Organization of Nurse Practitioner Faculties, where they shared some of the summary materials developed by the Council and used a QR code to direct interested persons to the on-line report. Another member suggested submitting abstract proposals to prominent conferences.

Dr. Bala-Hampton reminded the Council members to keep in mind dissemination efforts for the 20th Report, such as letters to relevant nursing and health care journals to promote awareness of the Council recommendations. He also suggested that all members could raise the profile of the Council and its meetings through notices within their organization or school newsletters and on their social media accounts, as well as during conversations with leaders and members of professional, trade, and other stakeholder organizations with which they have contact. He added that the HRSA Division of External Affairs includes information about all four of the HRSA advisory committee meetings in its newsletters and other promotional materials.

Public Comment

Written comments

- Emily Champlin, JD, Associate Director, Regulatory Advocacy, with the American Nurses Association, provided a letter stating appreciation for the NACNEP deliberations exploring the issues of direct reimbursement of nurses for services, along with demonstration projects to quantify the impact of nursing care on patient outcomes. She stated that the ANA believes that a lack of understanding of the value of nursing care has contributed to record nursing shortages, challenges in hiring and retaining RNs, inadequate staffing levels, burnout, and inadequate investment in "the well-being and professional development of nurses."
- Jean Giddens, PhD, RN, and Deborah Trautman, PhD, RN, submitted a letter from the American Association of Colleges of Nursing supporting the NACNEP recommendations in its 19th Report to address the shortage of nursing faculty and clinical preceptors, and the need for investment in nursing education infrastructure. They stated that HRSA's investments in the education of nurses and creating environments where they can thrive contributes to improved health outcomes for communities across the nation.
- Pamela R. Jeffries, PhD, RN, and Lisa A. Kitko, PhD, RN, submitted a letter from the Deans' Nursing Policy Coalition, a coalition of ten research-intensive schools of nursing, also supporting the NACNEP recommendations addressing the nurse faculty shortage and the need to support clinical preceptors in efforts to strengthen the nursing workforce.

Oral comments

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

- Dr. Hollmann informed the NACNEP members that the next report from the Council on Graduate Medical Education (COGME), a separate advisory committee under HRSA, would focus on interprofessional education and team-based care. One recommendation under consideration would call for Congress to create a funding stream for graduate nursing education similar to that provided for graduate medical education, with the same goals to improve public health and advance health equity. He noted, however, that recommendations on nursing education funding are not within COGME's direct purview.
- Sara Delgado, DNP, RN, a clinical practice specialist with the American Association of Critical-Care Nurses, suggested a recommendation for a future NACNEP report to require health systems that receive funding from the Centers for Medicare and Medicaid Services to have a process to assess and improve the nurse work environment.

- Dawn Vollers, MSN, RN, NEA-BC, Regional Director at Loyola Medicine for the Center of Professional Practice and Development, said that the disparities between curricula developed by schools of nursing and the clinical learning opportunities that hospitals and other health industry partners are expected to provide creates a burden on the industry partners, especially in dealing with schools that operate primarily on-line. She suggested increased collaboration in developing educational programs.
- Andrea Kelly, Director of Population Health at Eastern Caroline Health Physicians, stated that she had an interest in reviewing the NSSRN data related to nurse turnover in different regional areas or different specialty areas, such as acute versus ambulator care.
- Christina Watkins, a nurse practitioner working in Rhode Island and a graduate student the Johns Hopkins University Bloomberg School of Public Health, spoke in support of the suggestion to focus the next NACNEP report on advanced practice nursing, given the complex and ever-changing health care landscape impacting how APRNs practice. She noted legislative efforts in several states designed to limit the scope of APRN practice, and commented on the importance from a policy perspective of promoting unity between the various fields of nursing.

Next Steps

Dr. Bala-Hampton noted that he would be following up with the members of the writing group to begin the report preparations, once the writing group was fully constituted.

Closing

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 2:30 p.m. ET.

Acronym and Abbreviation List

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

HHS   Department of Health and Human Services

HRSA   Health Resources and Services Administration

NACNEP   National Advisory Council on Nurse Education and Practice

NCHWA   National Center for Health Workforce Analysis

NSSRN   National Sample Survey of Registered Nurses

PHS   Public Health Service

RN   Registered Nurse