

NATIONAL ADVISORY COUNCIL ON NURSE EDUCATION AND PRACTICE

The 134th meeting of the National Advisory Council on Nurse Education and Practice (NACNEP) was held on Tuesday, May 16, 2018, from 11 a.m. to 4 p.m. The meeting was conducted by webinar and teleconference, based from the headquarters of the Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Rockville, MD 20857.

In accordance with the provisions of Public Law 92-463, the meeting was open to the public for its full duration.

Council Members Attending:

CAPT Sophia Russell, Chair
Dr. Marsha Howell Adams
Dr. Maryann Alexander
Dr. Cynthia Bienemy
Dr. Mary Brucker
Dr. Ann Cary
Dr. Mary Ann Christopher
Dr. Tammi Damas
Dr. Ronda Hughes

Dr. Christopher Hulin
Dr. Linda Kim
Dr. Maryjoan Ladden
Dr. Linda Leavell
Dr. Lorina Marshall-Blake
Dr. Donna Meyer
Dr. Teri Murray
Dr. Bruce Schoneboom
Dr. Roy Simpson

Council Members Absent:

Dr. John Cech, Ms. Mary Ann Hilliard

Others Present:

CDR Antoine Smith, Designated Federal Official, NACNEP
Mr. Raymond Bingham, Technical Writer, Division of Nursing and Public Health, HRSA
Ms. Kimberly Huffman, Advisory Council Operations, HRSA
Ms. Kandi Barnes, Advisory Council Operations, HRSA
Ms. Nicole Hollis-Walker, Division of External Affairs, HRSA

Introduction

CDR Antoine Smith, Designated Federal Official for the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council), convened the 134th meeting of NACNEP at 8 a.m. on May 16, 2018, and conducted a roll call. Eighteen members were present in person, confirming the legislative requirement of a quorum, so the meeting proceeded.

CDR Smith introduced CAPT Sophia Russell, NACNEP Chair and the director of the Division of Nursing and Public Health (DNPH) within the Bureau of Health Professions (BHW) at HRSA. CAPT Russell welcomed the Council members and provided a brief overview of the meeting agenda.

Presentation: NACNEP Orientation

CAPT Russell turned the meeting back over to CDR Smith for an orientation and refresher on NACNEP and an overview of the U.S. Department of Health and Human Services (HHS). CDR

Smith stated that the mission of HHS is to enhance the health and well-being of all Americans by fostering sound and sustained advances in sciences underlying the fields of medicine, public health, and social services. The goals of HHS include strengthening, reforming, and modernizing the U.S. health care system; protecting the health of all Americans where they live, work, learn, and play; strengthening the economic and social well-being of Americans across the lifespan, and promoting effective and efficient stewardship of federal funds. Programs within HHS provide health coverage to more than 100 million people; promote patient safety and health care quality; respond to emerging threats to health, safety, and security; and support a wide range of health research. In addition to HRSA, the agencies within HHS include the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), and the National Institutes of Health (NIH).

CDR Smith informed the members that NACNEP is covered under the Federal Advisory Committee Act (FACA), which governs the establishment, operation, and termination of federal advisory committees. He stated there are approximately 1,000 federal advisory committees, and information of these committees is available through the FACA Database (<https://facadatabase.gov/>). FACA sets requirements for the openness and transparency of all federal advisory committees, including provisions that all committees develop and file a charter, hold public meetings, provide opportunity for written or oral public comment, publish minutes or summaries of all meetings, and maintain committee documents for public inspection.

CDR Smith stated that NACNEP was established to provide advice and recommendations on programs under Title VIII of the Public Health Service (PHS) Act in support of nursing education and practice, to cover: the size, composition, and distribution of the nursing workforce; the knowledge, skills, and capabilities of nurses to enhance the quality of nursing practice; the development and dissemination of models of care; the financing of nursing education and delivery of services; and the promotion of interprofessional models of care, particularly within public health and primary care. He stated that the nursing workforce programs under Title VIII will be covered later in the meeting.

When fully constituted, the Council has between 21 and 23 members who represent nursing education, nursing practice, advanced practice nursing, nursing students, hospitals and other institutions that employ nurses, and the general public. The membership of NACNEP is structured to provide broad geographic representation across the country, with a balance of rural and urban members, and gender and demographic representation. Meetings are held at least two times annually and are conducted face-to-face or through a webinar teleconference.

CDR Smith outlined the roles and responsibilities of the Council members, as well as the federal staff serving NACNEP, which include the chair, the designated federal official (DFO), and the Advisory Committee Operations (ACO) office. DNPH oversees most of the Title VIII nursing programs under NACNEP's purview. The chair of NACNEP is the DNPH Director, as designated by the HHS Secretary, and serves as an ex officio member. Within HRSA, DNPH is housed within the Bureau of Health Workforce (BHW).

CDR Smith provided some resources available to the members, which include the NACNEP web site, which contains the charter, member roster, meeting agendas and minutes; the National Center for Health Workforce Analysis (NCHWA) at HRSA, which conducts health professions

workforce data collection and analysis; and the Government Accountability Office, which works for Congress to provide policy and program analysis. Other important references and resources include the President's Budget, which outlines the administration's priorities; and the annual Congressional Budget Justification, which provides a summary of how federal agencies spend their appropriated funds.

Presentation: Ethics Update

CDR Smith introduced the next speaker, Ms. Laura Ridder, the HRSA ethics advisor for NACNEP. Ms. Ridder provided a brief overview of the ethics guidelines for federal advisory committee members. She reminded the members that they serve as special government employees (SGEs) while attending the meetings, and that all Council meetings are public. She informed the members that they could contact her or anyone at the HRSA ethics office by phone or email with any concerns or questions

Presentation: Bureau of Health Workforce Update

CAPT Russell introduced the next speaker, CAPT Sheila Pradia-Williams, the deputy associate administrator of BHW. CAPT Pradia-Williams offered greetings from herself and BHW Associate Administrator Dr. Luis Padilla. She described the mission of BHW as preparing a skilled healthcare workforce to improve the health of underserved and vulnerable populations and connect skilled professionals to communities in need. The work of the Bureau focuses on the continuum from education to training to service. BHW programs work to enhance education through scholarships, loans, and loan repayment programs, as well as curriculum development and faculty training. To advance training, BHW programs promote team-based care and emphasize training in community-based settings. To improve workforce distribution, BHW provides incentives to students to train in underserved areas. Studies have shown that health care professionals tend to practice where they train. To advance modern healthcare, BHW programs encompass such innovations as telehealth, distance learning, and other uses of technology that can extend the reach of the health workforce.

CAPT Pradia-Williams said that the HRSA National Center for Health Workforce Analysis (NCHWA) serves as a major resource for BHW. NCHWA studies health workforce data and publishes workforce projections to study how changes in the U.S. population and other factors affect future workforce demands. NCHWA also supports seven Health Workforce Research Centers located in universities across the country that focus on specific areas such as oral health, behavioral health, allied health, long-term care, and workforce flexibility. This research and analysis provides the evidence base to inform program planning and development and health workforce policy.

CAPT Pradia-Williams said that BHW administers over 40 workforce programs that emphasize the development of a high quality workforce to provide care within underserved communities. Several of the programs focus on the recruitment, retention, and support of trainees from disadvantaged and/or underrepresented backgrounds. In 2016 and 2017, BHW provided training to over 575,000 future and current health care providers at more than 8,400 training sites located in rural and underserved communities across the country.

CAPT Pradia-Williams brought up the National Health Service Corps (NHSC), a major BHW program that awards scholarships and loan repayment to students in several health disciplines to

strengthen and grow primary care workforce in underserved areas. She stated that HRSA's investment in NHSC has been effective, as over 90 percent of NHSC-trained clinicians continue to practice in underserved communities after the completion of their service requirements. She added that BHW programs often serve as a catalyst to advance changes in health professions training and respond to evolving needs of the health care system. As one example, NHSC programs are encouraging use of telehealth services to improve access to care.

Related to telehealth, Dr. Roy Simpson asked if HRSA had made efforts to expand the scope of practice for nurses to the full extent of current practice laws, or to encourage the expansion of multi-state licensure to allow remote practice across state lines. CAPT Pradia-Williams replied that changes to HRSA's telehealth policies involved removing previous limitations on the amount of time that clinicians could engage in telehealth. However, nursing scope of practice is generally a function of state law, and may also be limited by CMS reimbursement policies.

Presentation: HRSA and the Title VIII Nursing Workforce Programs

CAPT Russell provided an overview of the HRSA investment in nursing workforce programs. She said that HRSA accomplishes its work through grants and other mechanisms that go to educational institutions; hospitals and other health care agencies; community and faith-based organizations; state, local, and tribal governments and health departments; and private entities. Each year, HRSA programs serve tens of millions of people who otherwise have limited access to health care.

CAPT Russell stated that BHW nursing workforce efforts include programs funded under several Titles of the PHS Act. Two programs that nurses are eligible to apply for, NHSC and NURSE Corps, are not within the purview of NACNEP. Both offer scholarships and loan repayment programs in return for service in underserved or critical shortage areas. However, DNP has the largest portfolio of nursing programs, which are funded under Title VIII.

CAPT Russell reviewed the five main DNP programs:

- Nurse Faculty Loan Repayment Program (NFLP) allows nursing schools to offer eligible students partial loan forgiveness when they graduate and serve as full-time nursing faculty. NFLP currently provides grants to 89 nursing schools, and funding in fiscal year (FY) 2018 was \$28.5 million
- Nurse Education Practice Quality and Retention (NEPQR) supports academic service and continuing education projects designed to enhance nursing education, improve the quality of patient care, increase nurse retention, and strengthen the overall nursing workforce. This program currently provides grants to 58 nursing schools, and funding in FY 2018 was \$41.9 million.
- Advanced Nursing Education (ANE) supports the training of nurse practitioners and other advanced-practice registered nurses, emphasizing the critically important role nurses play in delivering primary health care services. The program currently provides grants to 67 advanced practice nursing programs, and funding in FY 2018 was \$66.6 million. OF this funding, \$8 million was designated for a new Sexual Assault Nurse Examiner (SANE) program. Also under ANE is the Nurse Anesthetist Training Program, which currently funds 80 programs to provide traineeship to licensed registered nurses enrolled as fulltime student in a master's or doctoral nurse anesthetist program.

- Nursing Workforce Diversity (NWD) works increase nursing education opportunities for individuals from disadvantaged backgrounds, including racial and ethnic minorities underrepresented within nursing. NWD covers 42 grants, and funding in FY 2018 was \$17.3 million.
- Behavioral Health Workforce Education and Training (BHWET) supports training in mental and behavioral health. In FY 2018, the BHWET program received an additional \$110 million to expand training to address the nation's current opioid crisis.

The DNPH nursing workforce programs use a comprehensive systems approach that focuses on the nursing pipeline, recruitment, enrollment, and retention in order to ensure that a more diverse primary care nurse workforce is available to serve in rural and underserved communities.

Dr. Simpson asked if there were specific funds allocated within the DNPH programs to increase the number of men in nursing, as a workforce diversity issue. He noted that a previous NACNEP report had identified gender diversity in nursing as an area of marginalization. CAPT Russell replied that recent data from NCHWA did not indicate that men are underrepresented in nursing, but that could be an important topic for NACNEP to discuss.

Council Discussion: Potential Topics for 2018

CAPT Russell moved the discussion to potential topics for the Council to address. She stated that the four priorities of the HHS Secretary Azar are:

- transforming the health care system to value-based care;
- combating the opioid crises;
- addressing the cost and availability of health insurance; and
- bringing down the high price of prescription drugs.

CAPT Russell added that the Council members had received a list of possible topics to review in the pre-meeting materials. She emphasized that the Council was not limited to those topics and the members are free to raise any other issues seen as most pressing to the nursing workforce. She further noted that recommendations from that Council that align with one or more of the HHS priorities are more likely to attract the attention of the Secretary and be acted upon.

CAPT Russell stated that the selected topic would become the focus of the Council's 15th Report to Congress, which should need to be completed and submitted in a timely manner. Once the Council decides on a topic, three to four volunteers would serve on a writing subcommittee to develop the initial draft report. Once completed, the final report would be submitted to the HHS Secretary and Congress by the HRSA staff.

After a wide-ranging discussion, the Council selected as its topic: *Preparing the Nursing Workforce for a Leadership Role in the Transformation to Value-Based Care*. Further discussion centered on the need to define value-based care as it applies to nursing education and practice. In response to the HHS priority of combating the opioid crisis, the Council discussed using the role of nursing in the assessment and treatment of substance use disorders as an exemplar for value-based care.

CAPT Russell noted that discussions by the HHS Secretary on value-based care focused on

creating a true marketplace for healthcare, with four areas of emphasis.

- Giving consumers greater control over health information through inter-operable and acceptable health information technology,
- Encouraging transparency from payers and providers,
- Using experimental models in Medicare and Medicaid to drive value and quality throughout the entire system, and
- Removing government burdens that impede this transformation.

CAPT Russell summarized the discussion by commenting that addressing value-based healthcare will require looking across the nursing education and practice, particularly in the areas of population health, social determinants of health, preparing the nursing workforce to work in rural and underserved areas, the use of technology, and the growth of nurse-led clinics in community care. She noted that the previous NACNEP report, titled *Preparing Nurses for New Roles in Population Health Management*, also addressed many of these topics.

Five members volunteered for a writing committee to begin developing the 15th Report:

- Dr. Masha Adams
- Dr. Ann Cary
- Dr. Ronda Hughes
- Dr. Lorina Marshall-Blake.
- Dr. Teri Murray

Public Comment

CAPT Russell opened the meeting to public comment. There were no oral comments. Prior to the meeting, the American Nurses Association (ANA) had submitted a letter to the Council on the topic of nursing ethics in practice. The full letter is attached.

Business Meeting

For the business meeting, CAPT Russell stated the need to determine the date of the next NACNEP meeting, planned for a two-day in-person meeting. She stated that HRSA staff would send out a brief poll to the members within the next week to help determine an appropriate date in August or September 2018. Dr. Simpson asked about travel arrangements. CAPT Russell replied that most members would need to arrive the day before the meeting and plan to stay for two days, leaving at the conclusion of the second day. ACO staff would contact the members to arrange travel and lodging.

The following members volunteered for the meeting planning committee:

- Dr. Tammi Damas
- Dr. Maryjoan Ladden
- Dr. Donna Meyer
- Dr. Roy Simpson.

Conclusion

CAPT Russell adjourned the meeting at 4 p.m.