From Council Recommendation to Policy: The Process

September 2018

Lauren Spears, MPH
Chief, Health Workforce Policy Branch
Division of Policy and Shortage Designation
Bureau of Health Workforce
Health Resources and Services Administration





Overview

- 1. Overview of National Advisory Council on Nursing Education and Practice (NACNEP) Charge
- 2. Drafting Recommendations
- 3. Turning Recommendations into Policy
- 4. Upcoming Opportunities for Feedback





NACNEP Charge

- The National Advisory Council on Nurse Education and Practice (NACNEP) is authorized by Section 851 of the Public Health Service Act as amended by Public Law 105-392. The Council's charge is to:
- (1) provide advice and recommendations concerning policy matters... relating to the nurse workforce, education, and practice improvement;
- (2) provide advice in the preparation of general regulations and with respect to policy matters...relating to nurse supply, education and practice improvement; and
- (3) prepare and submit an annual report...describing the activities of the Council, including findings and recommendations made by the Council concerning the activities under this title.





Committee Recommendations

The Committee is strongest when considering areas where HHS and the Secretary have the authority to make a change in either program or allocated resources.

Things to consider:

- Is this a legislative or policy recommendation?
- Does HHS have authority to make the change?
- Who is the appropriate audience (i.e., Secretary, Congress, public)?
- What is the appropriate vehicle to share recommendations?





Turning Recommendations into Action

Legislative

- Letters to Congress
- A-19 process

https://www.whitehouse.gov/omb/circulars_a019/





Turning Recommendations into Action

Policy

- Regulatory
- Programmatic
- Funding Priorities







Writing Strong and Precise Recommendations

Strong recommendations are those that have a precise action that can be directly tied to a specific change that the Secretary can make.

Precise action items

VS

General considerations





Examples of Strong Recommendations

- Legislative: The Committee recommends that the Secretary work with Congress to pursue a temporary compliance waiver for grantees in good standing who meet a specified definition for rural and are located in a dental or mental health HPSA when their communities lose access to a sole dental health or mental health provider.¹
- Policy: The ACICBL recommends that HRSA's Title VII, Part D funding opportunity
 announcements include the development of culturally competent
 interprofessional clinical education and training sites that address the complex
 medical, psychosocial, and health literacy needs of vulnerable populations.
 - 1. National Advisory Committee on Rural Health and Human Services, *Challenges to Head Start and Early Childhood Development Programs in Rural Communities*, www.hrsa.gov/advisorycommittees/rural/publications/headstartearlychildhood2012.pdf, December 2012.
 - 2. Advisory Committee on Interdisciplinary, *Community-Based Linkages (ACICBL)*, *Rethinking Complex Care: Preparing the Healthcare Workforce to Foster Person-Centered Care*, http://www.hrsa.gov/advisorycommittees/bhpradvisory/acicbl/Reports/fourteenthreport.pdf, June 2015.







NACNEP Recommendation Examples

- Congress should increase Title VIII funding for interprofessional education and practice, and expand current sources and existing funding categories to promote new models of healthcare to improve population health and value. ¹
- Congress should fund joint demonstration projects between academia and practice, to include community-based and rural settings, that develop innovative models of clinical education to prepare health professionals for team-based care. ²
- Explore and develop new models of interprofessional clinical practice to achieve the key health care goals of better care, improved health outcomes, and lower cost.³

1 National Advisory Council on Nursing Education and Practice, *Incorporating Interprofessional Education and Practice into Nursing: Thirteenth Report to the Secretary of the Department of Health and Human Services and the United States Congress*, www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/thirteenthreport.pdf, 2015.

- 2. Ibid.
- 3. Ibid.





Types of Committee Documents

Letters to the Secretary:

http://www.hrsa.gov/advisorycommittees/mchbadvisor
 y/InfantMortality/4thstrategyrecommendedactions.pdf

White Papers or Policy Briefs:

 http://www.hrsa.gov/advisorycommittees/rural/publica tions/homelessnessruralamerica.pdf

Annual Reports:

 http://www.hrsa.gov/advisorycommittees/bhwadvisory /actpcmd/Reports/twelfthreport.pdf



Questions





Contact Us

Lauren Spears, MPH
Chief, Health Workforce Policy Branch
Division of Policy and Shortage Designation
(301) 945-3111

Ispears@hrsa.gov

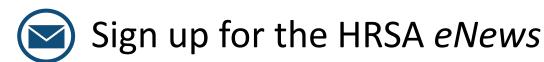
HRSA Bureau of Health Workforce





To learn more about our agency, visit

www.HRSA.gov



FOLLOW US: (f) (in)











