

# **NACNEP** : National Advisory Council on Nurse Education and Practice

## **Meeting Minutes: 148<sup>th</sup> NACNEP Meeting, February 2-3, 2022**

The 148<sup>th</sup> meeting of the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council) was held on February 2-3, 2022. The meeting was hosted by the Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), and conducted via the Zoom teleconference 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: CAPT Sophia Russell

Dr. Mary Ellen Biggerstaff

Dr. Steven Brockman-Weber

Ms. Susan Cannon

Ms. Christine DeWitt

Ms. Patricia Dieter

Ms. Karen E. B. Evans

Ms. Kristie Hartig

Dr. Meredith Kazer

Dr. Rose Kearney-Nunnery

Dr. Kae Livsey\*

Dr. Nina McLain

Dr. Luzviminda Miguel

Dr. Janice Phillips

Dr. Courtney Pitts

Dr. Carolyn Porta

Ms. Constance Powers

Dr. Patricia Marie Selig

Ms. LaDonna Selvidge

Dr. Teresa Shellenbarger

Ms. Christine Smothers

### **Others Present:**

Dr. Camillus Ezeike, Designated Federal Official, NACNEP

Mr. Raymond J. Bingham, Division of Nursing and Public Health, HRSA

Ms. Janet Robinson, Advisory Council Operations, HRSA

Ms. Zuleika Bouzeid, Advisory Council Operations, HRSA

Ms. Kimberly Huffman, Advisory Council Operations, HRSA

## **Wednesday, February 2, 2022**

### ***Welcome and Introductions***

Dr. Camillus Ezeike, Designated Federal Official (DFO) for NACNEP, convened the 148<sup>th</sup> meeting of NACNEP on Wednesday, February 2, 2022, at 10:00 a.m. ET. He conducted a roll call, indicating the attendance of nineteen of the twenty appointed members of the Council. Dr. Ezeike confirmed the presence of a quorum, allowing the meeting to proceed.

CAPT Sophia Russell, the NACNEP chair, provided a brief overview of the meeting agenda. CAPT Russell asked if any Council members had comments or edits to make on the minutes from the December 2021 NACNEP meeting. No comments were offered, so she certified the minutes as a true and accurate account of the meeting.

\*Attended Day 2 of the meeting.

## ***Overview of the Division of Nursing and Public Health***

### **Tara D. Spencer, MS, RN**

Chief, Nursing Education and Practice Branch

Division of Nursing and Public Health, Bureau of Health Workforce, HRSA

The first speaker was Tara Spencer, MS, RN, Chief of the Nursing Education and Practice branch of the Division of Nursing and Public Health (DNPH). She provided an overview of DNPH nursing workforce programs, which fall under the purview of the Council. Ms. Spencer stated that DNPH operates under Titles VII and VIII of the Public Health Service Act to administer a wide range of nursing, behavioral health, and public health workforce development programs. DNPH has also taken the lead on the activities and investments under the HRSA Bureau of Health Workforce (BHW) to address the nation's opioid epidemic. She provided brief descriptions of the three DNPH branches:

- Nursing Education and Practice,
- Advanced Nursing Education, and
- Behavioral and Public Health.

Ms. Spencer noted that all DNPH programs are evidence-based, and she discussed several data sources, including performance reports from grantees, input from stakeholders, and outside research. She listed the DNPH priorities for FY 2022:

- Addressing Social Determinants of Health to Improve Health Equity,
- Improving Workforce Resilience and Decreasing Burn Out,
- Developing Public Health Workers to Meet Community Needs, and
- Building the Behavioral Health Workforce and Increasing Placements.

## ***HRSA Provider Resilience Programs***

### **Sara Afayee, MSW**

Chief, Behavioral and Public Health Branch

Division of Nursing and Public Health, Bureau of Health Workforce, HRSA

Sara Afayee, MSW, Chief of the DNPH Behavioral and Public Health branch, provided a brief overview of the new HRSA workforce resilience initiative, authorized under the 2021 American Rescue Plan. She stated that the programs under this initiative will support the implementation of evidence-based strategies to help organizations and providers respond to stressful situations, cope with hardships, and avoid burnout. She identified the three current programs:

- Provider Resilience and Mental Health among the Health Professional Workforce,
- Health and Public Safety Workforce Resiliency Training, and
- Health and Public Safety Workforce Resiliency Technical Assistance Center.

## **Q and A**

There was a question about the types of resilience strategies proposed by the grant awardees. Ms. Afayee replied that HRSA is in the learning phase with these new programs and is still gathering information. The recipients represent a range of organizations, including medical schools, university partnerships, nonprofits, and academic-clinical partnerships. Some grantees

are focusing on the nursing population as well as emergency response, family medicine residents and other physician and resident programs, and students and trainees.

There was another question about how schools of nursing and other organizations are made aware of the HRSA funding opportunities. Ms. Afayee said that many recipients have other HRSA awards, and so are familiar with the HRSA newsletters and resources to hear about grant opportunities. All grant information is posted on the federal web site grants.gov, and it is possible to set up alerts to receive notifications about different types of specific healthcare funding opportunities.

She added that all applications received in response to a posting go through an Objective Review Committee (ORC) process. Once completed, HRSA will send out notifications to all funding recipients, which includes a breakdown of their budget and the expectations of their start date. Those who were not awarded also receive notification and they receive a summary statement of the strengths and weaknesses of their application identified by the ORC.

### ***Health Policy: Writing Effective Recommendations***

#### **Gail Lipton**

Senior Advisor, Division of Policy and Shortage Designation, BHW, HRSA

Gail Lipton, senior advisor in the Division of Policy and Shortage Designation, gave an overview on writing effective recommendations. Ms. Lipton noted that advisory committees function to provide stakeholder input and advice to the health workforce programs under HRSA, toward the goal of creating a strong and diverse workforce that can provide quality care for communities in need. She said that recommendations are most effective when addressing a specific issue and describing a precise action where HRSA or HHS has the authority to make changes to programs or set priorities for funding. She noted the common types of documents that advisory committees can employ to deliver recommendations, including letters to the HHS Secretary, white papers or policy briefs, and reports. She also described the A19 process, which agencies can use to recommend legislative actions to Congress. She discussed several examples of strong recommendations from past NACNEP reports.

#### **Q and A**

There was a request for further information about the A19 process. Ms. Lipton replied that every year HRSA has the opportunity to put forth some recommendations for legislative or statutory changes to help the agency in its mission. The agency will then prioritize the main issues it wishes to address, and it can put forth a limited number of these requests as an A19 request. The A19 process helps the Administration and Congress see where there are pain points, issues that could be resolved through a legislative fix and be of benefit to the agency in its mission.

Another question addressed how recommendations are put into action. Ms. Lipton noted that HRSA can respond to a recommendation by several ways, such as by changing or strengthening the language in a Notice of Funding Opportunity to address the area of concern. Once a recommendation moves to the HHS Secretary or Congress, it is their role to determine which recommendations to implement and how to move forward, such as by making a change to a statute or revising legislation.

## *National Council of State Boards of Nursing*

**Maryann Alexander, PhD, RN, FAAN**

Chief Officer, Nursing Regulation

National Council of State Boards of Nursing

Dr. Maryann Alexander, Chief Officer of Nursing Regulation with the National Council of State Boards of Nursing (NCSBN) and former NACNEP member, presented findings from the NCSBN Environmental Scan for 2022. Dr. Alexander stated that as of January 2022, the median age of the nursing workforce was 52 years, and that roughly 22 percent of currently employed RNs plan to retire or leave the profession within the next 5 years. She noted some of the impacts that RNs report from the COVID-19 pandemic, including:

- Hospital units operating at or near capacity limits for prolonged periods,
- Restrictions on family member visits,
- Personal concerns about contracting or spreading COVID, and
- Stress and burnout.

Dr. Alexander said that in response to the pandemic, many states relaxed or waived licensure requirements or took other steps to expand their nursing workforce. However, some of these actions led to problems, such as RNs under discipline in one state moving to another state to work. In addition, some states waived the requirement for new graduates to pass the nursing entrance board exam, the NCLEX, raising concerns about the preparedness of these new RNs to practice in high-stress environments. Recent data show a drop in the NCLEX pass rate from a pre-pandemic average of around 88 percent per year to 82 percent for academic year 2021.

Dr. Alexander listed some changes in health care delivery impacting the nursing workforce, such as increased use of telehealth services and remote patient monitoring, a continued shift to more outpatient visits, new staffing models, and electronic health record revisions to decrease documentation burden. She also discussed the increased use of robotics and artificial intelligence in care delivery.

For nursing education, Dr. Alexander said that the number of approved nursing programs in the United States has continued to increase, topping over 2,500 in 2020. However, a shortage of qualified nurse faculty continues to hamper the ability of schools to expand. Despite pandemic-related concerns, the number of undergraduate nursing students continues to show an upward trend, and graduate programs enrollments have expanded. There has also been an increase in students from minority backgrounds.

In summarizing findings from recent studies, Dr. Alexander stated that the pandemic will continue to exacerbate the nursing shortage, while there is an increasing shift to remote work. There has also been a sharp increase in on-line education, which may allow more students living in rural or remote locations to pursue nursing education.

Looking to the future, Dr. Alexander noted that nursing curricula will need to transform to prepare nurses for telehealth delivery and the use of other forms of advanced technology, maintain patient care during an epidemic or other emergency, strengthen the focus on population health and the social determinants of health, and address the health issues of an aging population.

### Q and A

There was a comment on the drop in the NCLEX pass rate in 2021. Noting that several states had waived the NCLEX requirement for a year at the start of the pandemic and granted nursing licensure to graduating student, there was a question about examining possible unintended consequences of this action. Dr. Alexander replied that the NCSBN is examining the data and will have a study coming out on the impact.

Noting that many areas of the country are experiencing a significant resignation of both registered nurses (RNs) and advanced practice registered nurses (APRNs) in the aftermath of the pandemic, there was a question about the global response with respect to healthcare professionals. Dr. Alexander noted that NCSBN is studying the issue and reaching out to other countries to study the outcomes.

There was another question on the growing impact of travel nursing on the nursing workforce as a whole. Dr. Alexander stated that the use of travel nurses, who may travel to different areas of the country as needed, had exploded during the pandemic. Often drawn by the high pay rates, many nurses had left their hospital staff positions to enter travel nursing. Dr. Alexander noted that she was not aware of increased complaints or discipline related to travel nurses. However, disciplinary actions often lag behind because of the time it takes to file and investigate a complaint, so NCSBN would be reviewing this impact as well.

In regard to the upcoming NCSBN national nursing workforce survey being undertaken by NCSBN, there was a final question about whether NCSBN was working with the U.S. Census Bureau, or the National Sample Survey of Registered Nurses, being conducted by the HRSA National Center for Health Workforce Analysis (NCHWA). Dr. Alexander replied that NCSBN had inquired about working with NCHWA, but they were unable to collaborate. However, NCSBN works with NCHWA to help them identify nurses for National Sample Survey of Registered Nurses (NSSRN). However, NCSBN conducts its own annual survey to help speed data collection and analysis. The NCSBN survey and the NSSRN provide different types of data on the nursing workforce.

### ***Meeting Adjourn***

Dr. Ezeike adjourned the first day of the meeting at 5:00 p.m.

**Thursday, February 3, 2022**

### ***Welcome and Roll Call***

Dr. Ezeike opened the second day of the meeting at 10 a.m. ET, and conducted a roll call. The presence of a quorum was confirmed, and the meeting proceeded. CAPT Russell briefly reviewed the presentations and discussions of Day 1.

### ***Review of NACNEP Reports and Recommendations***

**Camillus Ezeike, PhD, JD, LLM, RN, PMP**  
Designated Federal Officer, NACNEP

Dr. Ezeike, gave a brief overview of past NACNEP reports and recommendations. Dr. Ezeike provided some background on the history of NACNEP, going back to the Nurse Training Act of 1964, and reviewed the Council's charge and duties. He shared a document with a compilation of the NACNEP recommendation from 2008-2021, and discussed several ways in which HRSA and DNP had implemented some of the recommendations from recent NACNEP reports through modifications to existing programs, the creation of new programs, and changes to the language of new notices of funding opportunities.

#### **Q and A**

There was a question about determining what Congressional or state level responses to the NACNEP recommendations had occurred in terms of outcomes and results such as new funding initiatives or key policy changes. Dr. Ezeike replied that HRSA will review and implement recommendations that fall under its purview, such as changes to programs. However, HRSA has no control at the level of the HHS Secretary or Congress.

There was a specific question about a letter the NACNEP had drafted in 2019, related to a rule change under consideration by the Centers for Medicare and Medicaid services for student documentation in the medical record. It was noted that limitations on documentation and billing practices can constrain nurses in their practice. It was noted that four BHW advisory committees had submitted letters on this matter. Ms. Patricia Dieter stated that the rule was broadened, addressing the concerns NACNEP and the other advisory committees had noted.

There was a question about dissemination of the NACNEP reports. It was noted that all NACNEP reports, letters, and other publications are in the public domain and are available on the NACNEP web site.

### ***Presentation: Accessing HRSA Health Workforce Data***

**Stephen M. Pegula**  
Economist, National Center for Health Workforce Analysis  
Bureau of Health Workforce, HRSA

Stephen M. Pegula, an economist with NCHWA, provided an overview of several health workforce data tools and dashboards available on the HRSA web site. Mr. Pegula reviewed the models used by HRSA to project health workforce supply and demand, including several "what-

if’ scenarios. He also gave in-depth demonstrations of ways to access and analyze the data, and export the results, with specific applications relevant to the nursing workforce. He noted, however, that current data does not yet account for potential disruptions related to the COVID-19 pandemic.

Mr. Pegula also discussed some of the major findings from the 2018 NSSRN. He noted that, as of 2017, there were almost 4 million RNs in the United States, of whom 83 percent were employed in nursing. Almost half of all RNs reported involvement in providing telehealth services. Mr. Pegula presented a chart demonstrating the increasing ethnic and racial diversity of the RN workforce since the initial NSSRN from 1977.

### Q and A

There was a question about the definition of telehealth used for the data. Mr. Pegula replied that telehealth was defined very broadly to include anything from phone calls to video conferencing. For the upcoming 2022 survey, the definition was further attuned to encompass some of the emerging technologies that have become available over the past few years.

There was a question about where are RNs are classified on the work projections dashboard, as the only specific category for RNs appears under long term care. Mr. Pegula state that NCHWA was in the midst of gathering information to generate more data for the entire nursing workforce, to include all RNs, nurse practitioners, and other levels.

There was a comment that the current data lacks information about the “where” of the states or regions that need nurses, or what sort of nurses are needed. There was an example cited that the Georgia State Board of Nursing has developed a new dashboard that indicated the future needs for nurses will be more in ambulatory settings as opposed to inpatient care in an acute care hospital. It was further noted that the Council would be developing its report around the need for public health response, but there is a lack of data on nurses in public health.

There was a further question about the sociological and policy factors that may affect the accuracy of the NCHWA protections workforce projections. Mr. Pegula replied that for some of these projections, there could be an emergent seismic shift that the projections cannot predict, such as the pandemic. However, NCHWA makes an effort to account for known factors that can affect workforce supply and demand, such as a legislative push for more funding for particular occupations. Other factors that can affect the projections include a lack of faculty to educate and train the future workforce, or inadequate compensation offered to attract more individuals to a certain profession experiencing a shortage.

## **Council Discussions (Days 1 and 2): Planning for the 18<sup>th</sup> Report**

**Moderator: CAPT Sophia Russell, DM, MBA, RN, NE-BC, SHRM-SCP**  
Chair, NACNEP

CAPT Sophia Russell, the DNPH Director and the Chair of NACNEP, moderated several Council discussions covering both meeting days on developing the Council’s 18<sup>th</sup> report and recommendations, with the overarching theme of *Preparing the workforce for future public health challenges/crises*. Proposed sub-themes included:

- Strengthening nursing leadership,
- Promoting innovation in education and practice, and
- Improving resiliency and decreasing burnout within the health care system.

Council members discussed shifts in the health system away from traditional hospital care and toward community-based settings, telehealth, and remote patient monitoring. As a result, the work of nurses across all sectors of health care is changing, and nurses are addressing the logistical challenges in innovative ways. Suggested sub-topics and recommendations include:

- Developing specific leadership competencies for advancing health equity.
- Creating residency or mentorship programs for RNs and advanced practice registered nurses to advance into the leadership roles.
- Supporting workforce information system innovations developed by RNs.
- Maintaining professionalism and role definition and clarity in a changing system.
- Focusing on educational innovation and mobility to increase diversity of the nurse workforce, and improving regulatory flexibility to speed innovations.
- Enhancing the exposure of nursing students to sites outside of acute care, such as primary care, long-term care, and ambulatory settings, and allowing use of funds to support students in new sites, such as reimbursement for travel and lodging to rural/remote areas.
- Developing apprenticeship programs to help new graduate nurses in the transition to entering the workforce, to promote satisfaction and retention.
- Funding health workforce research that addresses the retention, replenishment, and expansion of the nursing workforce.

There was a suggestion for the Council to collaborate with other nursing organizations preparing similar recommendations, as well as to align the NACNEP recommendations with those of the *Future of Nursing 2020-2030* report from the National Academies of Sciences, Engineering, and Medicine. Members noted that the 7<sup>th</sup> NACNEP report from 2009 also dealt with training the nursing workforce for emergency and disaster preparedness, and the recommendations from that report should be reviewed to see if they could be updated and strengthened.

## **Business Meeting**

Dr. Ezeike reminded Council members of the dates for the next NACNEP meeting, May 4-5, 2022. He noted that current plans call for this meeting to occur virtually through the Zoom meeting platform. However, the setting and details of future meetings are subject to change.

## **Adjourn**

Dr. Ezeike adjourned the meeting at 3 p.m.



## **Acronym and Abbreviation List**

APRN	Advanced Practice Registered Nurse
BHW	Bureau of Health Workforce
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
NCSBN	National Council of State Boards of Nursing
ORC	Objective Review Committee
RN	Registered Nurse