# From Council Recommendation to Policy: The Process

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- 1. Overview of National Advisory Council on Nurse 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.





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.<sup>1</sup>
- **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. <sup>1</sup>
- 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.<sup>2</sup>
- 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.<sup>3</sup>

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.





## **Opportunities for Policy Recommendations**

Authorizing Statute	Next Competition Cycle	FY 2016 Appropriation
SEC. 807. GRANTS FOR HEALTH PROFESSIONS EDUCATION	N/A	N/A
SEC. 811. ADVANCED EDUCATION NURSING GRANTS.	2017	\$64,581,000
	Annual	
	Annual	
SEC. 821. WORKFORCE DIVERSITY GRANTS	2017	\$15,343,000
SEC. 831. NURSE EDUCATION, PRACTICE, AND QUALITY GRANTS SEC. 831A. NURSE RETENTION GRANTS.	2018	\$39,913,000
SEC. 846A. NURSE FACULTY LOAN PROGRAM	Annual	\$26,500,000
SEC. 865. COMPREHENSIVE GERIATRIC EDUCATION	2018	\$38,737,000





## **Types of Committee Documents**

Letters to the Secretary:

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

White Papers or Policy Briefs:

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

Annual Reports:

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





# Questions



