

NACNEP : National Advisory Council on Nurse Education and Practice

Meeting Minutes: 152nd NACNEP Meeting, February 2-3, 2023

The 152nd meeting of the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council) was held on February 2-3, 2023. The meeting was hosted by the Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), and conducted via a remote 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

Interim Chair: Dr. Justin Bala-Hampton
Dr. Mary Ellen Biggerstaff
Dr. Stephen Brockman-Weber (first day)
Ms. Susan Cannon
Ms. Christine DeWitt
Ms. Patricia Dieter
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
Ms. LaDonna Selvidge
Dr. Teresa Shellenbarger
Ms. Christine Smothers

HRSA Support Staff Present:

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

Thursday, February 2, 2023

Welcome and Introductions

Dr. Justin Bala-Hampton, Designated Federal Official (DFO) and Interim Chair for NACNEP, convened the 152nd meeting of NACNEP on Thursday, February 2, 2023, at 10:00 a.m. ET. He informed the Council members of the ongoing process to select a new Director of the Division of Nursing and Public Health (DNPH) within HRSA. Per the Council's charter, the HHS Secretary has designated the DNPH Director to serve as the NACNEP Chair.

Dr. Bala-Hampton conducted a roll call, indicating the attendance of eighteen of the nineteen appointed Council members. Dr. Bala-Hampton confirmed the presence of a quorum, allowing the meeting to proceed.

Council Discussions: 19th Report: Themes and Recommendations

Moderator: Justin Bala-Hampton, DNP, PhD, MPH, MILA, NP, AOCNP
Interim Chair, NACNEP

Dr. Bala-Hampton opened a discussion to review background materials drafted by a NACNEP workgroup to propose recommendations to include in the Council's 19th Report. In response to a question about the report development process, Dr. Bala-Hampton stated that the charge to this workgroup was to prepare the backbone of the recommendations, derived from previous Council discussions and a review of the literature. The full Council would review and comment, to work toward drafting some recommendation language for the report. The background documents would then be provided to a writing committee to develop the initial report draft by the August 2023 meeting.

Dr. Bala-Hampton reminded the Council that the goal was to have actionable recommendations that could be taken up by Congress, or implemented within HRSA or another government agency. He added that the Council's 17th report, on the topic of developing more nurse faculty and preceptors, had generated significant discussion within Congress, and he would keep the Council abreast of any proposed legislation.

Dr. Bala-Hampton added that the Council will also have a dissemination sub-committee to develop summary materials to disseminate the recommendations from the 18th Report to stakeholder groups, as discussed in the previous NACNEP meeting. He stated that he envisioned using this dissemination model for future Council reports.

Dr. Bala-Hampton identified the workgroup members: Dr. Steven Brockman-Weber, Dr. Meredith Kazer, Dr. Courtney Pitts, Dr. Carolyn Porta, Dr. Constance Powers, Dr. Teresa Shellenbarger and Ms. Christine Smothers. He reviewed the four broad themes introduced by Dr. Porta and further developed by the workgroup, referred to as the "4 Ps":

- **Partnerships or Perish**, to include: interprofessional education; and clinical partnerships for appropriate training-level placements.
- **Pathways to Proficiency**, to include: educational strategies, innovations, and challenges, including simulation training; competency-based educational essentials; nurse residencies and fellowships; and clinical placement stability.
- **Privilege to Prepare**, to include: development of nurse faculty, clinical educators, and preceptors; preparing the next generation of nurses, nurse faculty, and nurse scientists; and fostering well-being and addressing moral injury/distress, and burnout.
- **Pragmatic and Predictive**, to include: advancing nursing science and predictive modeling on nursing education/pedagogy and education-practice models; the impacts of interprofessional and simulation educational models; workforce predictive modeling needs; and funding the research needed to support the above areas of focus/investment.

Dr. Porta said that the workgroup focused on identifying recommendations that NACNEP could make as leaders in nursing education, research, and practice. There was discussion that the proposed report structure of the 4 Ps placed a great emphasis on nursing education, with less focus on health care redesign to support nursing practice. There was a suggestion to explore recommendations to support and fund innovative practice delivery models to promote registered

nurses (RNs) as providers of service, and to examine the cost benefit of RN-provided services. Dr. Bala-Hampton pointed to the nurse-led mobile health clinics as one model funded by HRSA, within the DNP portfolio, in which advanced practice registered nurses (APRNs) are able to bill for their services. There was further discussion on the need to support nurses in having the flexibility to move between different practice sites – for example, noting the difficulty in transitioning from an acute care hospital to a community-based ambulatory care clinic.

Partnerships or Perish

Dr. Bala-Hampton turned the floor over to Dr. Brockman-Weber and Ms. Smothers to lead the discussion on the theme of Partnerships or Perish. Dr. Brockman-Weber said that the examination of partnerships centered on three goals: 1) creating incentives for intra-institutional engagement of nursing training around clinical rotations, 2) creating incentives for interprofessional education and engagement in the health care setting, and 3) integrating some of the partnerships that HRSA already has in place to match clinical placements for students with the needs and capabilities of the practice settings. He noted the importance of engaging institutions and practice settings to develop a sense of connection and community. He also looked at developing some key program indicators to assess the success of these partnership.

Noting common difficulties and inefficiencies that impact both schools of nursing and the health systems overseeing clinical sites for training, Ms. Smothers summarized a proposal to design a system for matching nursing students with clinical rotation sites in rural or underserved areas. This system would create a model for clinical rotation coordination to mobilize students to address more health system needs. There was follow-up discussion on the barriers to adoption of such a clinical placement system. Further discussion centered on methods that different schools and health systems may use to allow students to earn academic credits as well as financial compensation in roles such as patient care technician (PCT) or nursing intern. Some members also expressed concern about role confusion between the role of student and that of paid patient care technician, as well as about allowing hospital labor needs to exert undue influence on the nurse education and training environment.

Ms. Smothers added that the networking connections that can arise from a PCT role or an internship can help an undergraduate or graduate nursing student develop a stronger professional identity and lead to taking on roles in broader nursing and health care organizations earlier in their career, as one way to strengthen the voice of nursing.

Pathways to Proficiency

Dr. Bala-Hampton introduced council members Dr. Teresa Shellenbarger and Dr. Constance Powers to lead the discussion covering the theme of “Pathways to Proficiency.” By way of background, Dr. Shellenbarger said that the common model in clinical training for nursing students of one faculty member with a small group of students at a limited number of clinical sites is not working effectively to prepare students to enter the workforce. Thus, the thrust of this theme was to explore ways to improve clinical proficiency. She said that guiding factors for the recommendations they proposed were to encourage diversity and inclusion across all nursing programs in the educational spectrum and in different regions, populations, and areas of practice. Two other factors included the needs for payment mechanisms to build and sustain the work, and for research to examine and assess the outcomes.

One proposed recommendation focused on having HRSA fund demonstration projects for paid nursing internships. She acknowledged that the terminology can be poorly defined, but the intent was to provide students with opportunities to gain practice experience in different ways outside of their school-based programs, while earning money to support themselves. These internships might occur at different points on the educational path and provide academic credit, and most would occur at times, such as over the summer, when students are not enrolled in formal courses. However, the internship should include an educational component such as seminars or discussions to help students build knowledge, understanding, and professional identity. Since the student intern would be working under the supervision and mentorship of a practicing nurse, the program would also include payment or other incentive to the mentor.

A second proposal was to fund pilot residency programs to provide immersive experiences for students in the transition into practice roles, with appropriate supervision and guidance. These programs would be modeled after the residencies required in graduate medical education.

A third proposal addressed the use of simulation and other emerging technologies to prepare the workforce. She noted that simulation training applies both to new students and to nurses transitioning into new practice roles, such as from hospital-based acute care to a community primary care setting. A key focus of this recommendation would be to involve diverse participants and include interprofessional training, to build team-working skills.

The last proposal involved programs to advance the skills of nursing faculty and clinical preceptors keep pace with the changing needs of the emerging workforce, and to emphasize competency-based education models in both undergraduate and graduate nursing programs.

Dr. Powers added that some of the proposals request grant funding overcome some cost constraints that a clinical training site partnering with a school of nursing would have in adapting to these changes, as well as the need for conversations with local state boards of nursing.

One council member noted that the U.S. Department of Labor had issued a call for proposals to expand nursing education and provide some seed grants for schools of nursing to develop academic-practice partnership, as well as to help staff nurses who may not have a graduate degree to train to become clinical instructors.

Privilege to Prepare

Dr. Bala-Hampton introduced Council members Dr. Courtney Pitts and Dr. Meredith Kazer to discuss the theme “Privilege to Prepare.” Dr. Pitts noted that this theme focused the development of nursing faculty, enhancing faculty competency, promoting resiliency, and decreasing burnout. She presented the first proposed recommendation, that the U.S. Congress should fund continuing education and stipends to clinical preceptors to support the nursing workforce, with a focus on competency-based practice and interprofessional team-based care. Preceptors typically are practicing nurses who agree to take on a student in their clinical setting. However, the responsibilities of teaching require time and effort, which may detract from the clinical “productivity” of the preceptor. Providing financial incentives and support would allow preceptors greater opportunity to focus on teaching, which has become important with the increased acuity of acute care patients and the aging of the nation’s population.

The second recommendation proposed that the U.S. Congress should fund educational institutions to ensure salary equity of both full- and part-time nursing faculty with clinical nurses as well as other health professions faculty. This proposal would help stem the exodus of nursing faculty due to salaries that do not compete with salaries of faculty in other health professions and cannot compare with the income that nurse faculty members could achieve in a non-teaching clinical role. Dr. Pitts described being a faculty member as “a four-in-one job” involving didactic and clinical teaching, research or scholarship (publish or perish), community or professional service, and curriculum development. Dr. Kazer explained that the expectation of this recommendation would be a one-time grant to an academic institution to bring nursing faculty salary levels within a competitive range to retain more qualified and experienced nurses in faculty roles, provided that educational institutions demonstrate long-term institutional commitment to salary maintenance and sustainability following the one-time grant period.

There was discussion about the feasibility of such a one-time grant program to boost nurse faculty salaries for the long term, especially for state-funded schools which may have to deal with legislative requirements to permanently adjust funding for salaries. Another issue raised was that applying for grants requires a level of expertise and infrastructure that many smaller schools may lack, which may further exacerbate salary gaps. Dr. Bala-Hampton stated that some schools have developed community involvement to help support grant-writing and other resources, while HRSA can offer some technical assistance and provide funding priorities for schools with the greatest need. There was another comment on the need to include community college settings in discussions of nurse faculty salaries.

Pragmatic and Predictive

Dr. Bala-Hampton turned the floor over to Dr. Porta for a discussion on the theme “Pragmatic and Predictive,” related to recommendations on data collection and analysis. Dr. Porta described the theme as finding ways to document the needs of the nursing workforce and capture the impact and return on investment of the NACNEP recommendations and other steps to address these needs. She proposed three recommendations. The first was to support the development of data collection and other resources to evaluate different nursing education models, and to assess the impact of innovations such as interprofessional education, academic-practice partnerships, and use of simulation. She acknowledged that most HRSA notices of funding opportunities (NOFOs) already include some evaluation requirements, to the intent of this recommendation was to focus more on the “big picture” across nursing education.

A second recommendation would be to create a model for examining the impact of changes to nursing education on the nursing workforce, in terms of clinical preparation and critical thinking, interprofessional practice, burnout, well-being and retention, and patient care outcome.

A third recommendation would be to find ways to enhance the use of workforce data. She noted that HRSA and other health care entities maintain a broad range of robust databases at the local, state, and federal levels, but many remain underutilized. The goal would be to develop a multidisciplinary approach to data collection and analysis to improve predictive modeling and provide greater insight into nursing workforce supply and demand in different settings and specialties, while accounting for changes in population demographics, economic conditions, technologies, health system priorities, and healthcare policies.

There was discussion in support of the idea of measuring impact. There was a comment on promoting efforts underway to look at nurse-sensitive indicators in health care. Another comment was to note that HRSA may lack the capability to study educational intervention effectiveness, while the scope of the National Institute of Nursing Research does not generally include research on building the nursing science around educational interventions. However, agencies such as the Patient Centered Outcome Research Institute or the Agency for Healthcare Research and Quality do comparative effectiveness research. In addition, different HRSA-funded health workforce research centers collect and analyze a range of data on the health workforce and could serve as a resource. There was a comment that states collect different types of data for health workforce analysis that might be incorporated into larger data sets.

There was a comment that the United States is well behind many other countries in the areas of interprofessional education and care, and health outcomes research, and so there may be benefit in reviewing the international literature in these areas.

Meeting Adjourn

Dr. Bala-Hampton adjourned the first day of the meeting at 4:00 p.m. (ET)

Friday, February 3, 2023

Welcome and Roll Call

Dr. Bala-Hampton 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. He briefly reviewed the presentations and discussions of Day 1 and discussed the agenda for the day's meeting.

Presentation: AARP Center to Champion Nursing

Winifred V. Quinn, PhD, FAANP(H), FAAN

Director, Advocacy and Consumer Affairs, Center to Champion Nursing, AARP

Dr. Bala-Hampton introduced the first speaker, Winifred V. Quinn, PhD, FAANP(H), FAAN, Director of Advocacy and Consumer Affairs at AARP, the nation's largest nonprofit, nonpartisan organization dedicated to empowering people fifty years of age and older in health and financial security. She said her talk was intended to offer a consumer organization perspective on nursing education and practice, given that AARP has over 38 million members, of whom over 1 million are current or retired nurses.

Dr. Quinn stated that she leads an AARP initiative focused on engaging community-based organizations that effect the social determinants of health (SDOH) for older individuals, to help all people in the U.S. lead longer and healthier lives. She discussed AARP's efforts to improve the health of older Americans by promoting health equity and supporting nursing practice and nursing workforce diversity. AARP, the AARP Foundation, and the Robert Wood Johnson Foundation have worked together for several years on the national "Future of Nursing: Campaign for Action" initiative, which involves a network of state and national coalitions working together to improve health and health equity through nursing.

Dr. Quinn noted that the current work of this initiative draws from the 2020 report from the National Academy of Sciences, Engineering, and Medicine (NASEM), *Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. She summarized some of the report recommendations that the Future of Nursing campaign sought to emphasize:

- Direct funds to nursing schools and provide more funding for nursing scholarship and loan repayment programs to increase and sustain nursing workforce diversity;
- Invest in nursing education and traineeships in public health and improve nurse education and training on the SDOH;
- Support the academic progression of student nurses from socioeconomically disadvantaged backgrounds.

She noted the work of AARP on developing a range of career pathways to attract more individuals to careers in nursing, primarily directed to high school students and those already working in the health care field such as emergency medical technicians, home health aides, and community health workers. She also noted work to help more licensed practical nurses to transition into RN programs, and to help more associate degree RNs continue their education to obtain a bachelor's degree in nursing.

She said that Mr. Tara Spencer of DNPH (current DNPH Deputy Director), had participated in advisory committee meetings with representatives from historically black colleges and universities (HBCUs), as well as other minority-serving schools of nursing. Noting data that show nursing students from minority populations or disadvantaged backgrounds experience significant challenges in completing their nursing education, AARP had developed a mentoring program to help retain more students, and made efforts to attract more mentors and work with faculty to improve student preparation.

Dr. Quinn stated that her own work, in conjunction with the AARP government affairs office, has focused on improving access to health care provided by APRNs. As a result of this work, the number of states that grant full practice authority to APRNs had increased from 13 to 26, plus the District of Columbia. She provided the example of the Tisch Cancer Center at Mt. Sinai Hospital in New York City, where nurse leader Toby Blessler, PhD, has worked with the hospital management to deploy the RN and APRN staff more effectively to improve patient care. She said that nurses deliver most of the follow-up care that patients receive after completing their chemotherapy and radiation treatment regimens, which has freed the physicians to concentrate on patient care at the clinical level and give more attention to conducting research.

Since nurses are often ranked among the most trusted health professionals, Dr. Quinn noted that AARP is exploring ways to deploy more nurses to help inform patients, individuals, and families, especially those from low income or underserved communities, about available health benefits and resources. She noted that after the passage of the Affordable Care Act in 2010, the National Association of Hispanic Nurses worked in many Hispanic communities across the country to provide information on the value of registering for health insurance. A similar model might work to improve enrollment in Medicare for seniors or other government benefits.

Q and A

There was a comment about a study from the U.S. Department of Housing and Urban Development related to deploying a community wellness nurse alongside a community service coordinator in low-income housing for seniors, and a question about how AARP can advance new care delivery and reimbursement models to support nurses who work in community-based settings. Dr. Quinn agreed about the need for more community-based nursing care for seniors, and noted AARP's role in helping seniors live in dignity in the location of their choice.

There was a question about educational tools or continuing education resources for nurses to help them learn more about the government benefits and services available to seniors, which could help improve health equity. Dr. Quinn replied that she would check for resources with the AARP Foundation.

There was a statement that many high school graduates who take part in the U.S. Department of Education's Future Health Professionals program, intended to help improve diversity in a range of health professions, come into a baccalaureate nursing program unprepared with the basic skills to help them succeed at the college level. Dr. Bala-Hampton added that HRSA supports the Health Careers Opportunity Program, also intended to attract students from diverse backgrounds into the health professions. There was a question about ways that AARP could support students at the junior high to high school levels to improve their preparation for college. Dr. Quinn said that she would explore the issue within AARP.

There was a question about steps AARP had taken in response to a recommendation from the Campaign for Action on establishing a national nursing workforce commission and investing in HRSA's current capacity. Dr. Quinn replied that AARP had helped establish a forum on nursing workforce centers, and a Congressional bill was introduced in 2022 that would fund state nursing workforce centers. The bill may be re-introduced in the new Congress.

There was a comment on the lack of awareness and support from university presidents for nursing programs. Dr. Quinn replied that AARP had hosted dinners and other social events for university presidents, provosts, and the development officers, particularly from HBCUs and other minority serving schools of nursing, to help increase awareness of multiple federal funding programs that universities could apply for to support schools of nursing and improve the diversity of applicants and students.

Panel Discussion: Competency-Based Education Essentials

Joan Stanley, PhD, NP, FAAN, FAANP

Chief Academic Officer, American Association of Colleges of Nursing

Susan Corbridge, PhD, APRN, FAANP, FCCP, FAAN

Chief Essentials Program Officer, American Association of Colleges of Nursing

Jean Giddens, PhD, RN, FAAN

Chair-Elect, Board of Directors, American Association of Colleges of Nursing

Dr. Bala-Hampton moved to the next agenda item, a panel discussion on competency-based education in nursing. He introduced the three panelists from the American Association of Colleges of Nursing (AACN): Dr. Joan Stanley, Dr. Jean Giddens, and Dr. Susan Corbridge.

Dr. Stanley noted that AACN put forward a new model for nursing education in its revised 2021 publication, *AACN Essentials*. This model included the transition to competency-based education, to support the preparation of students in their readiness for practice. Dr. Giddens noted that the publication provides schools of nursing and nurse faculty with the framework for nursing education, guidance for curriculum development, and expectations for teaching and assessment. She noted that the *AACN Essentials* was first published in 1986, and has been regularly updated since that time. The latest version, approved by AACN and the deans of its member schools, was released in 2021 and reflected these changes:

- One document to cover baccalaureate, master's, and doctoral programs.
- Use of a competency-based format.
- A new model for nursing education.
- Four "Spheres of Care" for entry-level programs:
 - Wellness and Disease Prevention
 - Chronic Disease Care
 - Regenerative/Restorative Care
 - Hospice/Palliative Care

Dr. Giddens stated that the four overarching Spheres of Care represent different types of care that nurses provide and different areas of nursing practice. There are 10 domains, and under each

domain is set of competencies based on the level of education, from entry to advanced practice. In addition, there are eight Core Concepts, such as *clinical judgment, communication, ethics, and compassionate care*, that cut across the domains and apply to all areas of practice. She said that the competencies are differentiated according to level of education, and provided an example: Under the domain Quality and Safety, one competency is to “contribute to a culture of provider and environmental safety.” Entry-level expectations are to identify actual and potential risks, promote policies of prevention, and manage one’s own self-being and resiliency. Meanwhile, advance-level expectations include advocating for workplace safety and creating a just culture reflecting civility and respect.

Dr. Giddens said that competency-based format represents a set of expectations used demonstrate what tasks and functions the learners *are capable of doing*, as well as what they *know*. Competencies can be demonstrated and assessed, as they apply across all areas of professional nursing practice. The competencies provide a common language for students, faculty, employers, and the public to establish a clear understanding of the expectations of professional nurses.

Dr. Stanley stated that AACN envisioned the shift to a competency-based education model as moving away from a time-based system of required clinical hours toward a pathway to integrate nursing education and practice. She noted that AACN engaged multiple stakeholders in the process and continues to seek feedback as the process evolves. The competency-based model promotes academic-practice partnerships, leading to joint design of curricula, learning experiences, and assessment scenarios. Other potential benefits include new opportunities to share resources and promote life-long learning and career development. She discussed the AACN Technology Working Group, charged with focusing on how technology can help implement competency-based education, as well as facilitate data-sharing among schools, professional organizations, healthcare settings, and regulatory bodies. She added that data collection and sharing would allow students and practicing nurses can retain a digital record of their competency attainment throughout their career.

Dr. Corbridge stated that she leads the steering committee, comprised of nurses from faculty, academia, and practice, that has overseen the implementation and evaluation of the *AACN Essentials*. They found significant needs for faculty development, and for helping some schools identify practice partners. To help in the transition, AACN has conducted several webinars and regional workshops, and initiated a “champions” program at member schools as a central contact to distribute materials and submit questions. AACN also developed a toolkit including competency-based education resources, integrative teaching and learning strategies, and online searchable database, and a video library.

The panelists listed several challenges ahead for nursing education that AACN and NACNEP might share an interest in addressing, including

- Expanding clinical sites.
- Developing immersive clinical experiences.
- Decreasing faculty shortages.
- Reducing nurse stress, burnout, turnover

Q and A

Given the Council's interest in interprofessional practice and team-based care, there was a question about how the domains and competencies in the *AACN Essentials* align with those used in medical and other health professional education. Dr. Stanley replied that AACN has been in discussions with colleagues from several different disciplines over the last 15 years. Many of the competencies are similar across the disciplines. The ones included in the *AACN Essentials* were selected and modified to best reflect nursing practice.

There was a second question about barriers to full implementation of competency-based education. Dr. Corbridge stated that pedagogical changes do not happen quickly. However, the aim is to advance academic-practice partnerships and create new ways of looking at faculty practice and experiential learning to improve the preparation of students for practice.

There was another question about the health system changes needed to support new nursing education models. Dr. Stanley replied that AACN views the transition to competency-based education as transformational, requiring an on-going learning process. There are current needs in faculty development and curriculum design across the whole scope of nursing education, and a need for improved communication between schools of nursing, nurse faculty, and practice settings. Other major components involve incorporating new technology into nursing education, and improving data collection and analysis.

A council member asked about the relationship between competency-based education and the drive to include nursing services in reimbursement models within the healthcare environment. Dr. Stanley replied that a competency-based approach can help nurses define their practice and support efforts allowing nurses to bill for their services.

Another Council member asked about the use of competency-based education in schools not associated with AACN, such as two-year associate degree programs. Dr. Stanley said that the *Essentials* can apply to all levels of nursing education. The nursing workforce needs the resources of associate degree nursing programs and their faculty. AACN encourages associate-degree programs to partner with baccalaureate schools to create more opportunities for students to advance their education.

Council Discussion: 19th Report Draft Recommendations

Through the Council discussions, the consensus was to narrow the focus of the report to three principal areas:

- **Partnerships:** Including both academic-practice partnerships to improve clinical training rotations, and community partnerships to improve access to care.
- **Preparation:** Encompassing educational models; nurse internships, residencies, and fellowships; use of simulation and related technologies in clinical instruction; and support for nursing scholarship and research in developing better data and analysis on educational and practice outcomes, interprofessional education and practice, and workforce retention.
- **Practice:** Addressing the recognition of nursing expertise in care delivery, coordination, and management; efforts to promote access to care and improve health equity; and steps to cover nursing interventions in care delivery under reimbursement models.

At the conclusion of the discussion, Dr. Bala-Hampton stated that a workgroup of Council members will prepare draft recommendations for the full Council to review and vote on at its next meeting, scheduled for May 10, 2023. The Council's 19th Report, based on the theme *Reimagining the Future of Nursing Education and Practice*, is due out in January 2024.

Public Comment

There were no public comments offered during the comment periods on either day.

Business Meeting

Dr. Bala-Hampton reminded Council members of the dates of the upcoming NACNEP meetings:

- May 10, 2023
- August 9-10, 2023,
- December 6-7, 2023.

Dr. Bala-Hampton reiterated that a workgroup of Council members would prepare a set of draft recommendations for the Council to review and vote on during the May meeting. The draft document would be provided to the full Council at least one to two weeks ahead of the meeting, to allow adequate time for review. A writing group would then be formed to prepare the initial draft of the 19th Report ahead of the August 2023 meeting. He also noted that HRSA staff were examining the possibility of holding the December 2023 meeting in-person, at the HRSA Headquarters in Rockville, MD. It would be the first in-person NACNEP meeting in over three years. In addition, the March 2024 NACNEP meeting may be held in person, to facilitate the deliberative process of the NACNEP annual report development.

Dr. Bala-Hampton stated that seven members were due to roll off the Council at the end of their terms in September 2023, so that the August meeting could be their last. However, due to delays in the approval of new members, he had asked these members if they would be willing to extend their terms.

There was a question about the process of having the Council prepare and submit letters to the HHS Secretary and Congress on topics of concern. Dr. Bala-Hampton replied that if a Council member noted a specific topic that the Council could address, such as a piece of legislation affecting nursing education or practice, then the Council can prepare a letter to present its views. The letter could be drafted by a Council member, but would have to be reviewed and approved by vote of the full Council in a public meeting. He said that as the DFO, he would serve as the intermediary to move the process through, so that the Council could respond as a cohesive unit.

Dr. Hampton adjourned the meeting at 3:00 p.m. (ET).

Acronym and Abbreviation List

| | |
|--------|---|
| AACN | American Association of Colleges of Nursing |
| APRN | Advance Practice Registered Nurse |
| BHW | Bureau of Health Workforce |
| DFO | Designated Federal Official |
| DNPH | Division of Nursing and Public Health |
| HBCUs | Historically Black Colleges and Universities |
| HHS | Department of Health and Human Services |
| HRSA | Health Resources and Services Administration |
| NACNEP | National Advisory Council on Nurse Education and Practice |
| NASEM | National Academy of Sciences, Engineering, and Medicine |
| NOFO | Notice of Funding Opportunity |
| PCT | Patient Care Technician |
| RN | Registered Nurse |
| SDOH | Social Determinants of Health |