

NACNEP : National Advisory Council on Nurse Education and Practice

Meeting Minutes: 153rd NACNEP Meeting, May 10, 2023

The 153rd meeting of the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council) was held on May 10, 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 videoconference 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

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

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

Wednesday, May 10, 2023

Welcome and Introductions

Dr. Justin Bala-Hampton, the NACNEP Designated Federal Official (DFO) and Interim Chair, convened the 153rd meeting of NACNEP on Wednesday, May 10, 2023, at 10:00 a.m. ET. He informed the Council members that he would continue serving in as the interim chair until a permanent designee from the HHS Secretary is selected. Per the Council's charter, the HHS Secretary has designated the DNP Director to serve as the NACNEP Chair, and that position remains vacant.

Dr. Bala-Hampton conducted a roll call, indicating the attendance of fifteen of the seventeen appointed Council members. Dr. Bala-Hampton confirmed the presence of a quorum, allowing the meeting to proceed. A sixteenth member of the Council joined the meeting after the lunch break, and one member had an excused absence.

Dr. Bala-Hampton informed the Council that another advisory committee within BHW, the Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL), had

recommended that the HHS Secretary and Congress replace the term “pipeline” with “pathway,” as it relates grant programs intended for the recruitment and retention of students into health workforce programs.

For the first order of business, Dr. Bala-Hampton stated that he had reviewed the draft minutes from the 152nd NACNEP meeting, and they were provided to the Council for review. He asked if there were any questions or comments. No comments were offered. There was a motion to approve the minutes as posted, the motion was seconded, and the motion passed by unanimous consent.

Council Discussion and Vote: Draft 19th Report Recommendations

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

Carolyn Porta, PhD, MPH, RN, SANE-A, FAAN, FNAP
Lead, Recommendations Work Group, NACNEP

Dr. Bala-Hampton moved to the next agenda item, a Council discussion on revised draft recommendations for its 19th Report. He noted that an initial draft had been provided to Council members two weeks prior to the meeting for their review. He handed to floor to Dr. Carolyn Porta, lead for the recommendations work group team.

Dr. Porta stated that the work group had reviewed the discussions from previous NACNEP meetings and incorporated comments provided by email and on an initial working draft. After their deliberations, the work group organized this material into four recommendations.

Recommendation 1

Dr. Porta described the first recommendation as addressing funding models and looking at the future nursing workforce, with a focus on the development of internship and mentorship programs for student nurses. There was a comment to suggest a wording change, in line with the ACICBL recommendation, from “pipelines” to “pathways.” That suggestion was adopted by consensus.

There was a concern expressed about the proposed recommendation being translated into programs where nursing students are used as low-wage employees and not provided opportunities to further their education and training. Dr. Courtney Pitts, a member of the work group, replied that the work group had discussed that concern and attempted to write the recommendation broadly enough to fit a range of programs to allow students to work, gain experience, and earn some income, while emphasizing the educational intent. She added that the writing group could flesh out this intent in the report narrative and the rationale.

Dr. Stephen Brockman-Weber, another work group member, added that the intent of the recommendation is to support programs that offer nursing students academic credit along with preceptorship from a registered nurse, as well as practical work experience. There was another comment that accreditation standards might come forward in the near future related to these types of undergraduate internship experiences, along the lines of post-graduate residencies that

have recently become accredited. Dr. Porta added that the recommendation was intended to incentivize programs at all educational levels that can expose both undergraduate and graduate nursing students to diverse clinical environments and provide mentorship and other resources for learning outside of the regular academic curriculum, while providing a way for students to support themselves.

There was a general concern expressed that the draft 19th Report recommendations addressed nursing education, but previous Council discussions had covered changes needed to the practice environment as well. Dr. Bala-Hampton clarified that the work group had determined the need to focus the 19th Report recommendations on nursing education, while consideration of the practice recommendations would be moved to the 20th Report.

Recommendations 2 and 3

Dr. Porta moved the discussion forward to the next two recommendations, stating that these focus on the development of nursing faculty and clinical preceptors. She said that Recommendation 2 addresses compensation and professional development for preceptors, while Recommendation 3 addresses the issue of faculty compensation and outlines a process to close the salary gap between faculty and clinical positions.

Dr. Meredith Kazer, one of the work group members, commented that several previous Council discussions had focused on the shortage of qualified preceptors as a major barrier to furthering nursing education and advancing the nursing workforce. Thus, Recommendation 2 addressed programs to enhance the professional development and compensation for preceptors. In addition, NACNEP had discussed inadequate nursing faculty salaries, which typically are below clinical salaries, as a major driver of the long-term faculty shortage and deterrent to faculty recruitment. Lack of faculty limits the enrollment in nursing programs, which in turn has a direct impact on the composition of the nursing workforce. She described Recommendation 3 as an attempt to provide an innovative way to promote congressional efforts toward salary equity for nursing faculty, noting that the recommendation requires a subsequent commitment from the grantee institution to sustain the faculty salaries after the initial program funding period.

Related to salary equity, there were several questions about the potential mechanism through which Congress could influence educational institutions to achieve and sustain faculty salary equity. Dr. Bala-Hampton noted programs such as the Nurse Faculty Loan Program within HRSA that attempt to attract more graduate-level nurses into faculty positions by easing their student loan burdens. There was agreement, however, that influencing the faculty salary policies and practices of individual educational institutions could prove difficult. There was further discussion on the language in the recommendation to promote sustainability of nurse faculty equity, so that any program would not be seen as a “one-off” effort without a lasting impact.

Recommendation 4

Dr. Porta noted that Recommendation 4 falls under the category of developing new strategies to promote the use of emerging technologies in nursing education. There was a comment on the need for the report to stress the role of education in developing the critical thinking skills and professional identity of nursing students, and not just technical skill competencies related to high-tech simulation training. One Council member responded that simulation and other augmented reality approaches are not about technical skills alone, as they provide a safe learning

environment to allow students to develop independent thought and begin to trust their critical thinking skills in making clinical judgments without risk of harming patients.

There was a comment to focus the recommendation on providing more support to smaller nursing programs that may lack funding for basic infrastructure development. Dr. Porta replied that the work group had recognized the need for provide more infrastructure support for smaller programs that may not have a connection to a major academic health center. There was another comment on the need for innovative pedagogical strategies to cover more than funding for new or advanced technology. Some schools will need to build out or upgrade their classroom space, both to increase their capacity and to take advantage of technology or facilitate educational approaches such as active learning.

There was a concern expressed that the recommendation could be interpreted as focused narrowly on providing more funding for clinical simulation programs. Dr. Pitts replied that the intent of the work group was for the recommendation to cover not only simulation, but other new types of technology that could be used to enhance nursing education and the preparation of nursing students for the clinical environment. The report narrative should also cover the need to support training that enhances the knowledge and skills of faculty or other champions within those schools to best incorporate advanced technology into nursing education.

Council Vote on the 19th Report Recommendations

At the conclusion of the discussions, the Council reviewed and voted to approve the following four recommendations for its 19th Report on enhancing nursing education:

1. The U.S. Congress should fund workforce pathway models that feature paid nursing student internships with an incentivized mentorship program to foster opportunities for nursing students to gain team-based nursing experience in varied healthcare settings.
2. The U.S. Congress should fund the professional development and compensation of preceptors who are supporting preparation of our future nursing workforce through mechanisms including but not limited to stipends and continuing education.
3. The U.S. Congress should fund models that demonstrate a commitment to salary equity and sustainability for nurse faculty commiserate with health care trends and demands.
4. The U.S. Congress should fund educational infrastructure advancement that demonstrates the ability to establish and employ innovative pedagogical strategies (e.g., virtual/augmented reality, robotics, simulation) to enhance undergraduate and graduate nursing education.

Discussion and Vote: Dissemination Package

Courtney Pitts DNP, MPH, FNP-BC, FAANP & Kae Livsey PhD, MPH, RN
Dissemination Work Group Members, NACNEP

Dr. Bala-Hampton turned the floor over to two members of the Council's dissemination work group, Dr. Pitts and Dr. Kae Livsey. They led a discussion on a package of materials, including a one-page infographic, a press release, and a set of talking points, developed by the work group to promote awareness of the Council's 18th Report, released in January 2023.

18th Report Dissemination Infographic

Dr. Pitts presented the one-page infographic document (one-pager) that outlines the charge of NACNEP and summarizes the two main themes of the 18th Report: 1) improving nursing education to enhance public health nursing, and 2) supporting public health and public health nursing. She noted that the one-pager contains a “call to action” asking readers to contact Congress to help share the report’s recommendations, as well as a QR code that links to the full 18th Report. She highlighted the work of Council member Ms. Christine Smothers in the final editing and design of the document. Dr. Livsey added that the target audiences for all of the dissemination materials include congressional leadership, other HRSA agencies and advisory councils, state level organizations and entities, nursing schools, and other consumer and health organizations such as the Robert Wood Johnson Foundation, AARP, and the Macy Foundation.

There was a discussion about the photo included on the one-pager, showing a single health care provider. Several Council members expressing a desire to find a photo or image that better illustrated the report and reflected diversity. After further discussion and a review of some examples of alternate images, it was decided by consensus to remove the photo.

There was a motion to accept the one-pager, pending the removal of the photograph. The motion was accepted by unanimous vote.

18th Report Press Release

Dr. Livsey presented a press release prepared by the dissemination work group for the 18th Report. Dr. Livsey described the press release as a complement to the one-pager, but targeted toward wider media outlets. It announces the publication of the report, describes its rationale, and summarizes the main themes and recommendations. She noted that HRSA has mechanisms to distribute the press release, while Council members can share it within their organizations, as well as at conferences and other meetings. There was a motion to accept the press release, and the motion passed by unanimous vote.

18th Report Talking Points

Lastly, Dr. Bala-Hampton discussed the 18th Report talking points document, which he described as a truncated version of the one-pager and the press release, developed by the work group as an aid for the Council members to promote consistent messaging in public settings. There was a motion to accept the talking points, and the motion passed by unanimous vote.

Council Discussion and Vote: Letters to Congress and the Secretary

Kae Livsey, PhD, MPH, RN
Member, NACNEP

Dr. Bala-Hampton turned the floor over to Dr. Livsey to lead a discussion on two proposed letters for NACNEP to submit to the HHS Secretary, the Senate Committee on Health, Education, Labor, and Pensions (HELP), and the House Committee on Energy and Commerce in support of two pieces of legislation introduced in the 117th Congress:

- Future Advancement of Academic Nursing (FAAN) Act ([S.246/H.R.851](#)).
- Improving Care and Access to Nurses (I CAN) Act ([S.5212/H.R.8812](#)).

Dr. Livsey stated the letters provide an opportunity for the Council to weigh in on Congressional bills under consideration that fall within the Council's purview and can impact the nursing profession and nursing education, and the language in the letters urges passage of both bills.

Letter in Support of the FAAN Act

Dr. Livsey briefly reviewed the draft FAAN Act letter. As the letter noted, the FAAN Act would extend the authority of the HHS Secretary and HRSA to provide grant funding to enhance and modernize schools of nursing, increase the numbers of nurse faculty, and promote nursing workforce diversity. Thus, the FAAN Act could address many of the recommendations from past NACNEP reports.

Dr. Kazer spoke in support of the letter, adding that she was on the American Association of Colleges of Nursing (AACN) Government Affairs Committee when this Act was first introduced during the early phases of the COVID-19 pandemic.

There was a question raised about the inclusion in the draft letter of a citation to an April 2023 article from *JAMA Network Open* (a monthly open access medical journal published by the American Medical Association). The article reported on a study that found an association between greater Black representation in the primary care physician workforce and higher life expectancy of Black individuals in the local community. Several Council members asked about the possibility of replacing this citation with an article focused on the primary care nursing workforce. However, a review of the literature had found no similar articles covering nursing. There was consensus to remove this citation from the letter.

With that change, the Council voted to approve the letter, pending minor edits.

Letter in support of the I CAN Act

Dr. Livsey noted that provisions of the I CAN Act would allow health care providers besides physicians, including advanced practice registered nurses, to provide certain health care services, and to be reimbursed under Medicare and Medicaid rules. She voiced her support for the letter, stating that, if passed, the legislation would help move the nursing profession forward by allowing both registered nurses (RNs) and advanced practice registered nurses (APRNs) to be reimbursed directly for health care services provided.

The Council voted to approve the letter, pending minor edits.

Discussion: Open Topic

Moderator: Justin Bala-Hampton, DNP, MPH, MHA, RN, AGACNP-BC
Designated Federal Official and Acting Chair, NACNEP

Dr. Bala-Hampton moderated an open discussion period for the Council members. He suggested that the topics of discussion could address review of the four recommendations approved for the 19th Report, potential speakers for the Council's August meeting to help provide the report writing group with additional support and insights, and potential topics for the Council's 20th Report, due January 2025.

Dr. Livsey reiterated her desire for the Council to recommend some modifications to Medicare independent billing rules through the Centers for Medicare and Medicaid Services (CMS) that would allow RNs and APRNs to bill for services delivered in the primary care settings, such as annual wellness visits, primary care assessments, and chronic care management. She argued that these types of services fall within the scope of practice of an RN, and allowing independent billing would help nurses to be seen as independent professionals providing valuable services. She noted that under the current rules, reimbursement for most nursing services goes to the practice and are typically attributed to the physician. She added that independent billing would also facilitate the capture of nurse sensitive health indicators, and provide a way to assess the impact of nursing care on patient outcomes.

There was a comment that the 2021 National Academy of Sciences, Engineering, and Medicine Report, *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*, contained the recommendation that registered nurses should be actively involved in addressing the social determinants of health (SDOH) within their patient population, which could lend support to calls for reimbursement of nursing services. Dr. Livsey noted the recent addition of diagnostic codes (“Z” codes, which are used to document SDOH assessment data such as housing instability, food insecurity, or transportation issues, collected during a health care encounter) for use by clinicians when providing services addressing SDOH.

Dr. Bala-Hampton responded that he would need to work with the HRSA team to find the DFO contact for [MedPAC](#) (an independent congressional agency that advises Congress on issues affecting the Medicare program, including Medicare payments access to care, and quality of care) to look into having their chair present to NACNEP on CMS reimbursement policies.

There was a suggestion to look for a speaker who could provide more information about nurse faculty salary inequities. Dr. Pitts noted that AACN collects data on salaries of instructional and administrative nursing faculty in baccalaureate and graduate programs. Dr. Teresa Shellenbarger added that the National League for Nurses also conducts an annual faculty salary survey. There was a suggestion to have someone knowledgeable on the graduate medical education (GME) model to discuss the impact of federal GME funding on medical faculty salaries.

Dr. Brockman-Weber brought up Director of Nursing Research and Director of Nursing Practice from his organization as potential speakers on student nurse internships for the 19th report.

Dr. Livsey suggested identifying some health care systems that had implemented strategies to promote a positive practice environment across various settings, not just hospitals. Hearing some success stories would help the Council in forming effective recommendations. She raised the example of [Clinica Family Health](#), a federally qualified health center based in rural Colorado. Dr. Bala-Hampton noted previous suggestions to hear from nurse leaders at the Mt. Sinai health system in New York.

Ms. Christine DeWitt mentioned the benefits of interprofessional practice in helping nurses and physicians better understand each other’s practice. In support, Dr. Pitts described an interprofessional education program that the program consists of a team of providers, including

an APRN student, a medical student, a social worker student, and a pharmacology student, that sees patients together to gather information from their different perspectives and develop a more comprehensive care plan. She noted that the initiative started out as a two-year program, but will be modified to a one-year program to improve sustainability. Dr. Livsey noted that the interprofessional education that students may encounter in school does not always translate well to the current practice environment in many organizations, leading to disillusionment and frustration. Dr. Mary Ellen Biggerstaff added the importance of understanding the long-term process to effect change, and the need for students to learn how to advocate for change.

There was a comment on the need to improve the awareness of more nurses about the number of professional nursing organizations that are advocating on behalf of the profession. Ms. Smothers added that her involvement as a graduate nursing student with the National Student Nurses Association provided exposure to various leadership roles, decision-making processes, and different perspectives that people can bring to the table on health care issues. Enhancing those types of exposures could empower more nurses to make their voices heard. Dr. Nina McLain described some aspects of the advocacy training at her program for certified registered nurse anesthetists. There was also a suggestion to look into inviting some practicing nurses to speak to the Council, as well as to search for some new graduates or others who had left nursing, to hear their perspectives on the current health care environment.

Meeting Adjourn

In closing, Dr. Bala-Hampton reviewed the work of the Council during the meeting in approving the recommendations for the 19th Report, the dissemination materials for the 18th Report, and two letters in support of nurse-related legislation under consideration in Congress. He reminded the members to complete their required annual ethics paperwork. He noted that he would be following up with the writing work group to prepare the initial draft of the 19th Report, and with the speaker suggestions for future NACNEP meetings. He reminded the Council member of the remaining meeting dates for the year:

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

Dr. Bala-Hampton noted that plans were in the works at HRSA to conduct the December meeting in person, the first such meeting of the Council in over two years. Ms. Janet Robinson of the HRSA Advisory Council Operations office provided a brief overview of the HRSA travel requirements and procedures.

Dr. Bala-Hampton adjourned the meeting at 3 p.m. ET.

Acronym and Abbreviation List

AACN	American Association of Colleges of Nursing
ACICBL	Advisory Committee on Interdisciplinary, Community-Based Linkages
APRN	Advance Practice Registered Nurse
BHW	Bureau of Health Workforce
CMS	Centers for Medicare and Medicaid Services
DFO	Designated Federal Official
DNPH	Division of Nursing and Public Health
FAAN Act	Future Advancement of Academic Nursing Act
GME	Graduate Medical Education
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
I CAN Act	Improving Care and Access to Nurses
NACNEP	National Advisory Council on Nurse Education and Practice
RN	Registered Nurse
SDOH	Social Determinants of Health