NACNEP ⋮ National Advisory Council on Nurse Education and Practice

Meeting Minutes: 159th NACNEP Meeting, December 5-6, 2024

The 159th meeting of the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council) was held December 5-6, 2024. The meeting was hosted by the Division of Nursing and Public Health (DNPH), in the Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), and conducted in-person and by 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

Chair: Dr. Leah FitzGerald
Dr. Elizabeth Aquino*
Dr. Morgan Brissette*
Dr. Patricia Burwell*
Ms. Susan Cannon
Dr. Pamela Fifer*
Ms. Kristie Hartig
Dr. Meredith Kazer
Dr. Simmy King*
Dr. Kae Livsey
Dr. Nina McLain
Dr. Lolita Melhado*
Dr. Courtney Pitts
Dr. Carolyn Porta
Ms. Constance Powers
Dr. Teresa Shellenbarger
Ms. Christine Smothers
Dr. Marilyn Swindle*
Dr. Jordan Yacoby*

(* indicates new members to NACNEP)

HRSA Support Staff Present:

Dr. Justin Bala-Hampton, Designated Federal Officer, DNPH, HRSA
Mr. Raymond J. Bingham, DNPH, HRSA
Ms. LaCrystal McNair, Advisory Council Operations, HRSA
Ms. Janet Robinson, Advisory Council Operations, HRSA

Thursday, December 5, 2024

Welcome and Introductions

Dr. Justin Bala-Hampton, the NACNEP Designated Federal Official (DFO), convened the 159th meeting of NACNEP on Thursday, December 5, 2024, at 10:00 a.m. ET. He stated that the purpose of NACNEP was to provide advice and recommends to the HHS Secretary and to Congress on policy and program development activities pertaining to the federal programs authorized under Title VIII of the Public Health Service (PHS) Act, covering a range of issues related to the nursing workforce, nursing education, and nursing practice improvement.

Dr. Bala-Hampton noted that eight new members had joined the Council, bringing the total membership to 19. He added that four more new members were currently in the process of review, and could join NACNEP in time for its scheduled March meeting. If appointed, these new members would bring the total Council membership to 23, the maximum allowed per the Council's authorizing legislation. By its charter, the NACNEP membership includes representation from: nursing students and professionals at all levels, schools of nursing, healthcare organizations, and the public.

Dr. Bala-Hampton conducted a roll call, indicating the attendance in person or via the virtual platform of 18 of the 19 currently appointed members. One member had an excused absence. He confirmed the presence of a quorum, allowing the meeting to proceed.

Dr. Bala-Hampton turned the meeting over to Dr. Leah FitzGerald, the DNPH director and NACNEP chair. Dr. FitzGerald thanked the returning members of NACNEP for their hard work, dedication, and leadership, and welcomed the new members for bringing fresh insight, energy and passion to NACNEP during a transformative time for the nursing profession and the health care system. She noted that the efforts of NACNEP are invaluable in helping the nursing profession navigate the current challenges and opportunities in the health care system and elevate its voice at the national level.

Dr. FitzGerald asked if there were any comments or corrections to the minutes from the last NACNEP meeting in August 2024. No comments were offered. A motion was made and seconded to approve the minutes, and the motion passed by unanimous consent.

Lastly, Dr. FitzGerald informed the members that this meeting would be the last with Dr. Bala-Hampton serving as DFO, as he had accepted a new position within BHW. She offered her thanks for his dedication to the Council and his leadership as both DFO and interim chair.

Remarks from the Office of the Administrator

Diana Espinosa
Principle Deputy Administrator, HRSA

Diana Espinosa welcomed the new members of the Council, and thanked all of the members for their service. Ms. Espinosa provided an overview of HRSA, describing the agency's mission as working to improve health outcomes and achieve health equity through the development of a skilled health workforce. She stated that HRSA serves individuals and communities who face challenges with health care access, noting that the HRSA-funded Health Centers program serves over 31 million people annually at over 15,000 sites across the country. She also noted that individuals with HIV who are served by HRSA's Ryan White program had achieved a viral suppression rate of over 90 percent; addiction medicine programs under HRSA's Federal Office of Rural Health Policy had provided medication to address opioid use disorder to over 70,000 people; and HRSA's Maternal and Child Health Bureau had funded a range of services that reach over 3.7 million infants.

Related to nursing, Ms. Espinosa said that recent programs had emphasized the need to train more registered nurses (RNs) in the specialty areas of maternal health and behavioral health to

improve access to services, adding that HRSA also provides grant funding to help nursing schools develop new curricula. She highlighted the Nursing Education, Practice, Retention, and Quality programs, which in September 2024 awarded over $19 million to several schools of nursing increase the number of nurses practicing in acute care and long-term care settings in rural and other underserved areas. She also remarked on the role of community colleges as a vital pipeline for the nursing workforce.

Ms. Espinosa discussed the 2024 release of the most recent National Sample Survey of Registered Nurses (NSSRN), a HRSA-funded study conducted in collaboration with the U.S. Census Bureau which provided critical data on the nursing workforce. She noted results indicating in increase in the diversity of the nursing workforce, including an increase in the number of males entering nursing. She added that the current NSSRN captured information on changes to the nursing workforce in response to the COVID-19 pandemic.

Q and A

There was a question about the top challenges faced by HRSA in its effort to develop the nursing workforce. Ms. Espinosa noted the need to promote retention of the workforce, improve working conditions, and advance independent practice. She also discussed the need for programs to reach students earlier in the career pathways to enhance both technical and interpersonal skills and attract a broader set of students interested in pursuing a career in nursing. Lastly, she discussed the need to build more flexibility into HRSA's programs to promote interprofessional education and practice. There was a comment on the need for support services to help nursing students with basic needs such as rent and childcare, allowing them to focus on their nursing education.

There was a comment that the HRSA workforce projection data often appears out of line with experiences in the field, which indicate a greater degree of workforce shortages in specific areas or among specific specialties. Ms. Espinosa noted that workforce projections rely on complex assumptions of health care demand and workforce supply.

BHW Updates

Candice Chen, M.D., M.P.H.
Acting Associate Administrator for BHW, HRSA

Dr. Candice Chen reiterated that the mission of HRSA is to promote high quality health care for all communities, with a focus on rural and underserved communities which experience the biggest gaps in health care outcomes. Under this mission, BHW supports efforts to build the workforce needed to deliver high-quality health care for all communities, and improve the distribution of the workforce across geographic regions and health care specialties to improve access to care and promote health equity. She noted the importance of supporting the well-being of the workforce through creating an environment in which nurses and all providers are fairly treated, fairly compensated, and able to deliver high-quality care.

Dr. Chen reviewed the recent health workforce projections released by the National Center for Health Workforce Analysis, indicating projected shortages in the behavioral health, primary care physician, obstetrician, RN, and oral health workforces by 2037. However, there was discussion

on the difficulty of making projections 15 years into the future, based on the assumptions of healthcare demand and changes to care delivery practices.

Dr. Chen provided an overview of HRSA workforce programs, with a focus on selected nursing and behavioral health investments in fiscal year 2024, and discussed several upcoming FY 2025 funding opportunities.

Q and A

There was discussion about the adequacy of the HRSA workforce projections, with the rapid pace of changes to the healthcare system and uncertainties of predicting healthcare demand. There were also concerns expressed that HRSA workforce data are aggregated at the state level, while problems of adequate workforce distribution occur at the local community level.

There was also a question about how HRSA collects data on advanced practice registered nurses (APRNs), and their impact in providing primary care services. There was some discussion that the data collection efforts and the language of federal health programs is centered on physicians and may overlook or discount the contributions of nursing. There was a comment that certified registered nurse anesthetists (CRNAs) provide most of the anesthesiology and pain management services in rural hospitals. In addition, during the COVID-19 pandemic, CRNAs assumed responsibilities for patient management in many intensive care units. However, the CRNA workforce is facing an upcoming exodus of providers, primarily due to retirement and burnout.

There was a comment that many urban areas are underserved and face challenges of poor healthcare access and poor distribution of services. For example, in New York City, communities in the borough of the Bronx may experience poor access to primary care similar to many rural areas of upstate New York. Dr. Chen acknowledged the problem and noted efforts to recruit more students from rural and other underserved areas. She said that HRSA supports scholarship programs for disadvantaged students that are not focused on any single profession but are designed to expose more young people to careers in the health professions.

Discussion and Vote: NACNEP 20th Report

Moderator: Leah FitzGerald, PhD, FNP-BC, FAAN
Chair, NACNEP

NACNEP reviewed the revised draft of its 20th Report. Dr. Bala-Hampton briefly reviewed the process of the annual report development, and emphasized that the current discussion needed to focus on improving the readability of the report and correcting minor issues such as factual misstatements or typographical errors. During the discussion, several Council members offered suggestions on wording and phrasing changes and noted areas of the text where transitional sentences could improve the logical flow. There was discussion that these editorial suggestions provided non-substantive changes to the text to improve the readability and clarity, without altering the report's intent. At the conclusion, the Council voted unanimously to approve the report, pending the completion of the minor edits raised during the discussion. The report is due to be submitted in January 2025.

Discussion: Planning for the NACNEP 21st Report

Moderator: Leah FitzGerald, PhD, FNP-BC, FAAN
Chair, NACNEP

Dr. FitzGerald moderated discussion sessions during both days of the meeting to review some potential topics for the NACNEP 21st Report. Several members commented on the need to move past the current model of most Title VIII programs that rely on short-term grants in order to create more sustainable funding models to support the clinical education of nurses, at both the undergraduate and post-graduate levels. There was further discussion of the level of student loan debt incurred by nurses. Other comments addressed the need for new investments to promote pathway programs into nursing careers, to attract both a greater number and a greater diversity of applicants; issues within the current practice environment that contribute to a high turnover among nurses in practice; and the need for strategies to promote the well-being and improve the retention of the current nursing workforce. There was discussion on the benefit of framing investments in the nursing workforce in terms of a business model to strengthen the health care industry. There was a suggestion about addressing the educational impact of the COVID-19 pandemic on students at the pre-college level and the need for greater academic support for the incoming generation of nursing students, citing the example of a successful, privately-funded pre-nursing summer educational program.

Dr. FitzGerald raised a concern expressed by several members that the Council reports tend to recycle the same concepts and ideas. There was discussion that grant programs can demonstrate success, but without continued funding they are not sustainable and thus the same issues in nursing education and practice tend to recur. A member commented that the Council may need to review and update past recommendations to reinforce the message of the ongoing problems faced by the nursing profession.

Dr. Bala-Hampton noted that the list of proposed topics for the 21st Report will be reviewed by a work group and will be presented at the next Council meeting, scheduled for March 2025. At that time, the Council will make a final decision on the topic and begin to develop the report's recommendations.

Panel Discussion – Nursing Practice

Rodney Hicks, PhD, APRN, FNAP, FAANP, FAAN
Associate Dean for Administration and Research and Professor
Western University of Health Sciences

Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FNAP, FCNS, FAANP, FAAN
President and Chief Executive Officer, HealthImpact

Dr. Rodney Hicks and Dr. Garrett Chan discussed the academic-practice gap in nursing, current challenges in nursing education, and the need to better articulate the clinical practice of nursing. Dr. Chan noted that the academic-practice gap relates to the lack of readiness of new-graduate nurses to meet the needs of clinical practice settings, and discussed some studies that have attempted to measure this gap. Dr. Chan further discussed the need for a paradigm shift in

education to meet the expectations of society for nursing care, noting that part of the role of HRSA is to enhance the quality of care. He noted the growing pressure for hospitals to fund new graduate nursing residency programs to support practice readiness, which he described as an unfunded mandate. He also identified the need to shift the definition of nursing practice from being task-based to being focused on the full range of knowledge and skills that nurses bring to patient care, noting that the purpose of clinical education was to move the learner from seeing their work as dominated by tasks and procedures to a more holistic approach of understanding the physical, psychological, and social aspects on providing care.

Dr. Hicks discussed the "educational triad" for nursing, involving the student, the nurse faculty, and the clinical preceptor. He listed some of the major current challenges in nursing education, including: the nurse faculty shortage, the lack of clinical placement availability, the lack of sufficient funding, the "transition shock" of new nurses entering the clinical workforce, and the need to standardize education programs. Dr. Hicks noted the difficulty in quantifying in economic terms the impact of nursing care on health outcomes, such as the time, money, and suffering saved through the prevention of adverse outcomes. He noted that HRSA can fund programs to develop demonstration projects that achieve great outcomes, but without sustainable funding the program eventually goes away. He discussed some approaches the different states have used to scale up successful models using the "4S model," to synergize efforts, scale up and spread successful projects, and sustain their impact.

Q and A

There was a comment reinforcing the lack of appreciation of value of prevention, citing as an example the case at one institution when improved nursing care resulted in a very low rate of bedsores, compared to the backlash that occurred when one bedsore was reported. Dr. Hicks commented on the work of Dr. Olga Yakushiva, who has published studies on the economic impact of nursing care.

There was a comment on a HRSA-funded nurse residency program in the state of Idaho that helped serve local rural communities, but that ended when the grant funding stopped. Dr. Hicks acknowledged that grants can help in the initial stages of getting a new program up and running, but more emphasis is needed on ways to promote sustainability. There was further discussion on the burdens faced by students training in rural areas who may have to travel significant distances to get to clinical sites, but the provisions of grant funding may not allow reimbursement for travel or housing costs. There was a comment for the Council to consider the various levers that HRSA can use for its programs, while keeping in mind its funding constraints.

A Council member reiterated that the burdens placed on practice settings to provide sites for clinical training represent an unfunded mandate, noting that the medical profession bridges this academic-practice gap through the federal investments in graduate medical education. There was discussion on the need to update or modernize Medicare policies to provide a sustainable funding model to support nursing education.

Friday, December 6, 2024

Division of Nursing and Public Health Updates

Tara Spencer, MS, RN
Deputy Director, DNPH

Qiana Parker, MSN, RN
Chief, Nurse Education and Practice Branch, DNPH

Tara Spencer and Qiana Parker, members of the DNPH leadership team, provided a brief overview DNPH, its budget, and the nursing workforce programs in its portfolio. Ms. Spencer reviewed the three branches of DNPH: Nursing Education and Practice, Advanced Nursing Education, and Behavioral and Public Health. She discussed the role of NACNEP in overseeing DNPH programs under Title VIII of the PHS Act, and provided examples of the impact of NACNEP reports and recommendations on the development of DNPH grant programs and funding opportunities. She also discussed the outreach efforts of DNPH to it stakeholders to assess the impact of DNPH investments and programs in the field.

Ms. Parker presented DNPH themes for the future, including: expanding residency programs for APRNs, enhancing the role of nurses in community-based clinics, developing innovative models of nurse training and practice, and addressing the nurse faculty and preceptor shortage. She also discussed the behavioral health workforce programs under DNPH. She shared with the Council some of the grant programs planned for release in 2025, along with the health workforce data resources available from HRSA.

Q and A

There was a comment on the need for HRSA to use the program data it collects from its grantees to better communicate the impact of its grants on developing and strengthening the nursing workforce and improving health care access.

A council member asked about any language that could be revised in Title VIII that could strengthen the impact of HRSA's nursing workforce programs, such as by supporting the development and funding of committee-based nursing roles to address population health needs. There was further discussion that most current nursing school curricula lack components devoted to community and public health. A Council member referenced community health programs in Austria that deploy nurses in rural areas to promote healthy aging in older adults. Ms. Spencer reminded the Council members that as a federal employee she cannot advocate for any changes to Title VIII, and noted the need to align the DNPH programs with the priorities of the administration, HHS, and HRSA.

Dr. Bala-Hampton summarized a written comment from a Council member, stating that the Kellogg Foundation had provided funding to some schools of nursing to support rural-based programs. There was a further comment that rural health care settings often lack the resources to provide adequate training and supervision. There was a suggestion to allow for greater use of precepting expertise provided through virtual formats to support training in rural settings.

There was a comment that more hospitals are requiring schools to pay for clinical placements, presenting a financial burden that often gets passed along to the students. There was a follow-up question about the utilization of current grant programs, given the complexities of reporting requirements and the limitations on allowable indirect costs that may deter some potential applicants. Ms. Spencer replied that the indirect cost rate is standardized for all training programs across HHS. Ms. Parker clarified that recipients of HRSA training grants cannot charge students for preceptors while at their clinical training sites, but HRSA encourages grantee organizations to provide some type of support for preceptors.

There was a comment that some students from low-resource backgrounds or underserved communities face barriers outside of the academic setting that impact their ability to complete their academic requirements. For example, they may have trouble affording transportation to school and to clinical sites, and may not have access to a computer or to broadband internet at home. Ms. Spencer replied that HRSA programs use a framework of evidence-based strategies shown to promote success for students from economically or educationally disadvantaged backgrounds that include peer support, stipends, scholarships, and related support services.

Division of Health Careers and Financial Support

Malissa Lewis, LL.B, LL.M
Director, Division of Health Careers and Financial Support

Malissa Lewis, director of the HRSA Division of Health Careers and Financial Support (DHCFS), discussed the role of DHFCS in providing financial support through scholarship and loan repayment programs to students and professionals in the health care professions, with the goal to improve health care access in underserved areas. In particular, Ms. Lewis reviewed the Nurse Corps, which offers loan repayment to nurses who work in facilities located in underserved areas that have a critical shortage of nursing staff. She noted that the 2,400 current Nurse Corps participants serve over 2.4 million patients per year. Clinical focus areas for the Nurse Corps include primary care, mental and behavioral health, and maternal and women's health. Ms. Lewis outlined other programs, including the Area Health Education Centers, which help provide care in rural and other underserved areas while developing the primary care health workforce; the Scholarships for Disadvantaged Students, which awards scholarships to students from disadvantaged backgrounds who have financial need; and Nursing Student Loans, which provides funding to schools of nursing to support low interest loans to students in financial need.

Q and A

There was a question about the number of applications that HRSA receives to the Nurse Corps and the percent of applicants who receive awards. There was another question about how students learn about Nurse Corps opportunities. Ms. Lewis replied that that the Nurse Corps loan repayment and scholarship programs are highly competitive. In fiscal year 2024, the scholarship program made 189 awards out of over 2,500 applications received. She added that she worked with the HRSA Division of External Affairs to establish an annual plan to promote the Nurse Corps, with information available through the HRSA web site and on social media platforms. Students can subscribe to receive program updates and notifications of the application periods. In addition, DHCFS offers webinars and presents programs at several conferences throughout the year.

Presentation: National Council of State Boards of Nursing

Jim Cleghorn, MA
Deputy Chief Officer, National Council of State Boards of Nursing

Nicole Livanos, MPP
Director of State Affairs, National Council of State Boards of Nursing

Jim Cleghorn and Nicole Livanos described the National Council of State Boards of Nursing (NCSBN) mission as supporting "nursing regulators in their mandate to protect the public." Mr. Cleghorn noted that NCSBN oversees the registered nurse board exam, the NCLEX, along with tracking legislative efforts at both the federal and state levels that impact the regulation of nurses. Ms. Livanos described two initiatives, the Nurse Licensure Compact and the APRN Compact, that develop agreements between states to facilitate the safe and effective mobility of nursing professionals across state lines. She also discussed an advocacy campaign, NursingAmerica, working to remove barriers to APRN practice and increase access to health care in underserved communities across the country.

Q and A

There was a comment that the NACNEP 20th Report includes a recommendation on the removal of practice barriers for APRNs. If implemented, this recommendation could have significant economic, social, and health benefits in rural America and across the country as a whole. There was a question about how the NCSBN could help to move this recommendation forward at the state level. Mr. Cleghorn replied that NCSBN has been engaging at the federal level both legislatively and with executive agencies regarding APRN practice and the need to remove practice barriers. He noted that in his home state of Georgia, many counties lack a primary care physician, and APRNs provide vital services to residents of those areas. Ms. Livanos stated that NCSBN actively promotes information on the safe practice of APRNs. She noted that some physician organizations claim that removing practice barriers will not result in more APRNs practicing in rural areas, but data from several states that have removed APRN practice barriers have shown an increase in nurse practitioners in rural areas. In addition, many hospitals in rural areas rely on anesthesia and pain management services provided by CRNAs to retain their surgical services and remain in business.

A member commented that APRNs are asking to be recognized as equal caregivers. For example, they receive lower reimbursement that physicians, even when providing the exact same services. There was a further comment that in some states where autonomous APRN practice is supported by regulation, insurance companies may refuse to impanel APRNs or hospitals may still require collaborative practice agreements for APRNs. Ms. Livanos stated that NCSBN is working with large coalitions at the state level that include the chambers of commerce to make the business case that removing practice barriers can improve access to care and lower costs.

There was a question about the role of the NCSBN in protecting the public and assuring that the title of "nurse" is used appropriately. There was an example cited that at some clinics, staff members such as medical assistants, who are not educated and trained in nursing, are sometimes still referred to as nurses. Mr. Cleghorn stated that NCSBN is reviewing its models and documents on title protection for RNs and APRNs.

Presentation: Assistant Secretary for Technology Policy Update

Melinda Kidder, DHA, MSN, RN, CENP
Chief Nursing Officer
Assistant Secretary for Technology Policy
Office of the National Coordinator for Health Information Technology

Dr. Melinda Kidder stated that the mission of the Office of the National Coordinator for Health Information Technology (ONC) was "to create systemic improvements in health and care through the access, exchange, and use of data." Dr. Kidder shared a brief overview of the Federal Health Information Technology Strategic Plan, and some of the resources available through the HealthIT.gov web site. Dr. Kidder discussed the Trusted Exchange Framework & Common Agreement, which was developed to enable the collection and sharing of relevant, trusted information from a range of national data sources. She briefly reviewed the history of AI use in health care, which started with assisting in clinical decision support and has advanced to algorithms that can provide clinical insights and predictive models. She described a framework for high-quality AI algorithms, focusing on Fair, Appropriate, Valid, Effective, and Safe use. Lastly, Dr. Kidder noted that NACNEP members and the public can visit the ONC web site to offer comments on current federal health information technology initiatives.

Q and A

A Council member commented that the excessive documentation requirements with the electronic health record (EHR) are often cited by nurses and other health professionals as contributing to burnout. There was a question about how to design records systems that collect the data necessary for health records, billing, and research, without placing too great of a documentation burden on nurses. Dr. Kidder replied that reducing provider burden is on the forefront of technology development. Some organizations are reviewing the types and amount of documentation required of providers, to see if there are areas or fields within the EHR that could be streamlined, reduced, or eliminated.

There was another comment about the interoperability of records systems between different clinical sites. For example, primary care offices may not have access to information about who in their practice has been admitted to a hospital, which can hamper the seamless transition of care after discharge. Dr. Kidder agreed, saying that steps are under consideration to improve the communication between different systems, but changes will likely take time to implement.

There was a question about the need for a nationwide framework to enable electronic sharing of data to reduce bias and improve predictive analytics to promote population health. Dr. Kidder concurred that most health care data is derived from acute care hospitals and traditional doctor's offices, while omitting public health settings. In the wake of the COVID-19 pandemic, the Centers for Disease Control and Prevention and related agencies have worked to connect public health clinics, which may not have sufficient resources to maintain a complex EHR system, to public health data sets. However, she also noted concerns about patient privacy, particularly in the areas of behavioral health and reproductive health, with the use of third-party apps that collect individual health information but may not be compliant with the privacy requirements of the Health Insurance Portability and Accountability Act.

Public Comments

The Council received two public comments:

- Dr. Chan thanked the Council for their work on the 20th Report. Dr. Chan noted that the American Academy of Nursing had recently conducted a policy conference, in which two of the prominent topics covered were the economic value of nursing and the use of AI in health care. He noted that the video recordings of the plenary sessions and other talks were available on-line and offered to share the link with the NACNEP members.
- Dawn Vollers, MSN, RN, NEA-BC, NPD-BC, a DNP/MPH student at Johns Hopkins University and the Regional Director for Nursing Professional Practice & Development at Trinity Health Loyola Medicine, thanked NACNEP for their efforts and expertise that went into developing its 20th Report, and noted the Council's work in capturing the realities of nursing education and professional practice.

Next Steps

Dr. Bala-Hampton discussed the next steps in the process of the Council's report development. He noted that the report discussions must take place during the public forum of the Council meetings. He said that he would work with the incoming DFO to form two subgroups: a recommendations subgroup to review the proposed report topics and start the development of recommendations; and a writing subgroup to work on drafting the report. He indicated that he would rely primarily on the new members, as the older members had taken on extra responsibilities for the past report since the Council lacked its full membership.

For the benefit of the new members, Dr. Bala-Hampton outlined the usual report timeline in coordination with the schedule of annual meetings. During the March meeting, the Council should finalize the topic selection and begin the initial formulation of recommendations. The recommendations subgroup would then finalize a set of 3-5 written recommendations, to be reviewed and voted upon during the May meeting. From May to August, the writing subgroup should work in teams to draft the report chapters in support of the recommendations. The full Council will review and discuss this draft during the August meeting, after which the writing group makes the necessary revisions. When ready, the updated report draft is submitted to the Council's chair, DFO, and technical writer for review and revision to bring all of the chapters together. The final formatted report will be prepared ahead of the December meeting. The full Council will review and vote on the report, pending any minor edits. The final report is typically submitted to the HHS Secretary and Congress and released to the public in January of the following year. At each of these steps, the DFO and the technical writer are available meet with the subgroups as needed to provide guidance and address any issues that arise.

Closing

There was a motion made and seconded to adjourn the meeting, and the motion passed by unanimous voice vote. Dr. Bala-Hampton adjourned the meeting at 2:30 p.m. ET.

Acronym and Abbreviation List

AI	Artificial Intelligence
APRN	Advance Practice Registered Nurse
BHW	Bureau of Health Workforce
CRNA	Certified Registered Nurse Anesthetist
DFO	Designated Federal Official
DHCFS	Division of Health Careers and Financial Support
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
PHS	Public Health Service
RN	Registered Nurse