Texas Statewide Health Coordinating Council -
Texas Center for Nursing Workforce Studies (TCNWS) Advisory Committee
Meeting Minutes

Wednesday, November 20, 2024
10:00 a.m.

Location: Department of State Health Services, 1100 West 49th Street, Bernstein Building, Room K-100, Austin, Texas 78756

To join from your telephone:
Call-in Number: 1-512-580-4366
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Members Attending

Angel Angco-Barrera, MBA, BSN, RN
Kristin Benton, DNP RN (Temporary presiding officer)
Carol Boswell, Ed.D, RN, CNE, ANEF, FAAN
Serena Bumpus, DNP, RN, NEA-BC
Donna Carlin, MSN, RN
Cory Church, PhD, RN, NPD-BC
April Ernst, MSN, RN, CNE
Nora Frasier, DNP, RN, FACHE, NEA-BC, FAONL
Cheryl L. Johnson, RN, MSN, CDP, CADDCT
Karen Kendrick, RN, MSN
Linda Rounds, PhD, RN, FNP, FAANP, FAAN
Susan Ruppert (Co-Chair), PhD, APRN, FNP-C, ANP-BC, FNAP, FCCM, FAANP, FAAN
Cora Rabe, DNP, CRNA
Renae Schumann, PhD, RN, CNE
Lisa Taylor, PhD, RN, CNS, FNP
Grace Werckle, BSN, RN
Sally Harper Williams

Public Present

Antonette Atori
Dorothy Crawford
Krista DuRapau
Michael DeLeon

Staff Present

Lissette Curry, PhD
Gracia Dala, MPH RD
Kayla Davis, MS
Kristina Juarez, MPH
Pam Lauer, MPH
Clarisse Manuel
Isabel Schwartz, MPH

This meeting will be webcast. Members of the public may attend the meeting in person at the address above or access a live stream of the meeting at https://texashhsmeetings.org/HHSWebcast. Select the tab for Bernstein K-100 Live on the date and time for this meeting. Please e-mail Webcasting@hhsc.state.tx.us if you have any problems with the webcasting function.

1. Welcome and Introductions	Dr. Benton called the meeting to order at 10:01 a.m., and welcomed the committee members, staff, and guests present, who introduced themselves. Dr. Benton welcomed all members and asked new member Dr. Carol Boswell to introduce herself. Dr. Benton announced that the meeting would be recorded as required by the Administrative Procedures Act and the Open Meetings Act, and that members should state their name for the record when making motions.
2. Establish Quorum and Approval of Excused Absences	Quorum was established given that more than 50% were present.
3. Review of November 20, 2024, Agenda	There were no questions about the agenda.
4A. Minutes of the July 25, 2024 Meeting	No revisions were requested for the July 25, 2024, meeting minutes. A motion to approve the minutes was made by Serena Bumpus and seconded by Lisa Taylor. The motion carried.
4B. 2024 Hospital Nurse Staffing Study Reports	Kayla Davis provided an overview of the 2024 Hospital Nurse Staffing Survey Facility Characteristics reports. Facility Characteristics – State Mental Health: • 9 state mental health hospitals were surveyed, with a total of 1,912 staffed beds. • State mental health facilities recruited only psychiatric/mental health and substance abuse registered nurses (RNs). • The highest vacancy rates in state hospitals were for licensed vocational nurses (LVNs), followed by RNs, with higher vacancy rates for LVNs and RNs in state hospitals than non-state hospitals. Comments: Angel Angco-Barrera asked for clarification on how the study determined that the respondents only hired psychiatric and mental health RNs. Kayla Davis answered that this came from the question on how long it took to fill direct care positions, which was broken down by

	specialty; as the respondents only answered for psychiatric/mental health RNs, the team deduced that the surveyed hospitals were only hiring RNs with this specialty. Ms. Angco-Barrera also asked about Table 2 of the report comparing vacancy and turnover between state and non-state hospitals, if the non-state hospitals in question were all non-state hospitals or psychiatric hospitals. Kayla answered that the non-state hospitals referred to all non-state hospitals. Linda Rounds clarified that in the question on the length of time taken to fill direct patient care positions, the answers were laid out by the type of nurse the hospital was trying to recruit by specialty. Kayla answered that this was correct. Facility Characteristics – Rural and Critical Access Hospitals: • Critical access hospitals (CAHs) are in 78 Texas counties. 50 of 86 critical access hospitals responded to the survey. • CAHs and rural non-CAHs had a lower proportion of RNs and higher proportion of LVNs than non-rural, non-CAHs. • Vacancy was lower for RNs, LVNs, and nurse aides (NAs), but higher for APRNs, in CAHs and rural non-CAHs than non-rural, non-CAHs. Turnover was higher among RNs, but lower for LVNs and NAs, in CAHs than non-CAHs. Comments: Kayla addressed Dr. Rounds' question on the APRN vacancy rates doubling from last year; Kayla said that the team would double-check the numbers since many hospitals responded that they had no vacancies, which means that many more hospitals also must have reported increased vacancies. Ms. Angco-Barrera made note of formatting issues for the team to address. Highlights and Recommendations: • Kayla Davis stated that as highlights were covered in the prior advisory committee meeting, only the recommendations would be reviewed. • Recommendations came from the Nursing Advisory Committee Task Force. Staffing Recommendations • Continue to increase funding levels, as well as provide resources such as mentors/preceptors and clinical space to nursing programs. • Partner with education programs for clinical training in hospitals. • Develop and support programs for new and novice nurses beyond transition to practice. Dr. Ruppert pointed out that onboarding is a different process than nurse residency programs and mentioned that wording on including residency programs for entry to practice should be included in the recommendation. Serena Bumpus agreed with Dr. Ruppert's point. On staffing, Dr. Bumpus recommended the state hospital staffing statute be referenced in the staffing recommendations. Kayla said that she would review the Governor's Task Force report to make sure the recommendations align where possible.

	Nora Frasier asked about the second staffing recommendation, pointing out that academic practice partnerships also have a cost, recommended the report add that funding should be increased to support academic-practice partnerships as well, in addition to funding for nurse preceptors. Dr. Benton mentioned to Dr. Bumpus's point that the safe staffing statutory language should be made a separate recommendation due to low compliance. Donna Carlin mentioned that the Texas Higher Education Coordinating Board has recently released a new Request for Application (RFA) to support academic-clinical partnerships. Recruitment and Retention Recommendations: • Support research and investigation on recruitment and retention. • Investigate employee recognition programs for best practices. • Look at characteristics of hospitals with zero vacancies. • Establish forums for hospitals to share recruitment and retention best practices. • Strategize on disseminating recommendations and best practices to all Chief Nursing Officers and Chief Nursing Executives. Dr. Bumpus mentioned that burnout and moral injury is a problem plaguing the nurse workforce, and that the recommendations should include support for programs to address nurse burnout. Dr. Benton requested that an additional recommendation encouraging consideration of the TNA-TONL-VON Summit Recommendations, as these recommendations also address the issue of nurse burnout. Vacancy and Turnover Recommendations: • Continue to improve work environment, including through care delivery models, flexible work schedules, compensation models, health promotion and return to work programs, promote nursing apprenticeship and residency programs, offer career development experiences such as tuition assistance, and consider a team nursing model. Dr. Ruppert said to include resiliency in practice in addition to mental health programming. Dr. Benton entertained a motion to approve the reports with the recommended additions. A motion to approve the reports was made by Nora Frasier and seconded by Renae Schumann. The motion passed.
4C. 2024 Long Term Care Nurse Staffing Study Reports	Gracia Dala presented an overview of the Long-Term Care Nurse Staffing Study Reports. Facility Characteristics: • 229 facilities completed at least 50 percent of the survey, for a final response rate of 19.3 percent. The sample was representative by public health region, but not by geographic designation or number of beds. Highlights and Recommendations: Staffing

	• Long-term care facilities (LTCs) reported employing registered nurses, LVNs, APRNs, CNAs, medication aides (CMAs), and restorative nurse aides (RNAs). • CNAs were the most common nurse type, followed by DRC LVNs. 87.5 percent of facilities anticipated needing more CNAs in the next two years. • DRC RN positions took the longest average number of days to fill. • CNAs and DRC RNs had greatest difference between median number of staff employed one year or longer and median number of average employees in 2023. Nora Frasier requested that the abbreviation DRC, for direct resident care, be spelled out. Vacancy and Turnover • DRC RNs had second highest position vacancy rate in the state at 21.2 percent, second only to the hospital RN vacancy rate of 16.4 percent. • Median facility turnover rate for LTC DRC RNs was 50.9 percent, a decrease from 2022 (66.7 percent). Directors of Nursing • 36.6 percent of surveyed Directors of Nursing (DONs) held current position for less than 1 year, and 67.7 percent had 6 or more years' experience in LTC. • Exhaustion and burnout was the most selected reason for DON turnover. • The most common degree held was a baccalaureate degree in nursing (BSN). Recommendations 1. Ensure adequate compensation for long term care retention and recruitment; survey found that median wages for DRC RN and LVNs were both below national median wages. • Staff experience and longevity should be recognized through incremental wage increases over time. • Nurse researchers should study the effect of LTC nurse turnover on patient quality of care. 2. Create a more robust retention plan. • Investigate which employee recognition programs are most effective and assess which employee recognition methods might be best received to improve vacancy and turnover. 3. Identify best ways to support LTC Directors of Nursing. • Stakeholders and employers should work with DONs to identify strategies to improve retention. • Create high-quality transition to practice program for new DONs with support and training for managing regulatory practice. • Expand continuing education opportunities for LTC DONs. • Policy makers should evaluate mandatory in-service trainings to determine impact on staffing needs. Dr. Rounds asked if a recommendation be added supporting a shift in percentage of DONs who have bachelor's degree.

	Nora Frasier asked about the scope of long-term care facility practice and recommended a deeper dive into causes of exhaustion and burnout in the LTC setting. Dr. Bumpus said that she agreed with Dr. Frasier and asked if there is a representative from the long-term care setting on the advisory committee; if there is not currently a long-term care representative, the committee should consider looking for one. Pam Lauer stated that there is typically a long-term care representative as an employer of nurses on the committee. The position is currently vacant but will likely be appointed by the next meeting. Dr. Benton mentioned that the recommendations focus on continuing education, but that administrative tasks are a heavy burden; Dr. Benton asked if the committee would be amenable to adding a recommendation to support tuition reimbursement for a master's degree, as well as for courses in leadership and administration. Dr. Bumpus brought up funding appropriated in the 88th legislative session for loan repayment in the long-term care setting in support of Dr. Benton's suggestion. Dr. Rounds agreed with Dr. Benton's suggestion and highlighted that some of the tuition reimbursement should be earmarked specifically for leadership, administration, and management training programs, noting that continuing education when many DONs in the LTC setting have an associate degree would be appropriate. Karen Kendrick asked if LTC DONs are aware of loan repayment and tuition reimbursement programs, and asked if increasing awareness of continuing education opportunities could be added to the recommendation. Carol Boswell pointed out that many LTCs are in rural areas, and while LTC nurses may be aware of opportunities, access is a challenge and further education is not always encouraged. Dr. Bumpus agreed with Karen Kendrick's comment, noting that there should be more outreach from the committee on distributing the reports to nurses and nursing leaders. Nora Frasier suggested adding "explore barriers to obtaining additional training and education" to the recommendations. 4. Increase partnerships with educational programs: • LTC facilities should join with other LTC facilities in partnerships with local community colleges and other educational programs to provide educational and clinical experiences for faculty and students. Serena Bumpus motioned to approve the reports with the recommended edits. Susan Ruppert seconded. The motion passed.
4D. 2024 Governmental Public Health Nurse Staffing Study Reports	Pam Lauer stated that a group of the population did not receive the survey, so the survey will be reopened, and its results will be presented in the February 2025 TCNWSAC meeting.

4E. 2024 Home Health and Hospice Nurse Staffing Study Reports	Kayla Davis presented an overview of the Home Health and Hospice Nurse Staffing Study Reports.
	Highlights and Recommendations:
	• 77 agencies responded, for a response rate of 17.7 percent. Representativeness could not be determined due to sample size.
	Highlights:
	• Staffing:
	  ○ RNs made up the largest proportion of the home health and hospice facility nursing staff mix.
	  ○ Respondents would reportedly add 515.7 nursing staff FTEs to meet demand if they were able.
	• Recruitment and Retention:
	  ○ Comparatively, RNs were the most difficult position to fill, and HHAs/NAs/CNAs were the least difficult position to fill, in the home health setting.
	  ○ 44.2 percent of surveyed agencies declined a total of 6,625 patients due to not having enough available staff.
	  ○ 42 agencies said a pay increase would have the biggest impact on retention.
	• Vacancy and Turnover:
	  ○ The median facility vacancy rate was 0 percent in 2024 for all nurse types.
	  ○ LVNs had the highest position vacancy rate of all nurse staff types.
	  ○ Median facility turnover rates decreased for all nurse types.
	Recommendations:
	• Reevaluate reimbursement rate for home health facilities so agencies can offer nursing staff more competitive wages.
	• Decrease vacancy and turnover rates.
	  ○ Partner with LVN programs to promote setting among LVN graduates.
	  ○ Encourage nursing students to complete clinical rotation in the home health and hospice care setting.
	• Effective management and leadership.
	  ○ Encourage management and leadership training for managers.
	  ○ Home health agencies should encourage trainings for nursing staff and students to reduce burnout, cope with workplace stress, and develop strategies for work-life balance.
	
	Dr. Benton mentioned that the Board of Nursing discourages new graduates from entering autonomous settings such as the home health settings. While partnerships aren’t discouraged, Dr. Benton mentioned that it would be a good idea to see the setting later in their career rather than right out of school.
	Dr. Ruppert wanted to make the language on encouraging partnerships stronger to match the last report.
	Donna Carlin asked if the final sentence in the last bullet point on TNA membership fees for LVNs was correct; there was a typo, and it will be corrected.

	Dr. Benton entertained a motion to approve the reports. Grace Werckle motioned to approve the reports, and Donna Carlin seconded the motion. The motion passed.
4F. 2024 Workplace Violence Against Nurses Reports	Kayla Davis provided an overview of the Workplace Violence Against Nurses Reports. The surveys were added as a supplement to the Employer Nurse Staffing Studies. WPVAN Employer Survey: • Hospitals and nursing facilities were asked to select strategies used to mitigate workplace violence against nurses. • Close to 90 percent of both hospitals and nursing facilities implemented staff trainings. • Most successful strategy was staff training for both hospitals and nursing facilities. • Organizations were asked if they have a nurse staffing committee and if they consider workplace violence in developing nurse staffing models. • 88.7 percent of hospitals and 46.8 percent of nursing facilities had an incident reporting software. • Physical assault was most tracked for hospitals and nursing facilities, and sexual harassment was most tracked for home health agencies. • Workplace violence policies addressing reporting of physical assaults to law enforcement: more hospitals encourage reporting, while more HHAs and nursing facilities require reporting. • Workplace violence incidence has increased for 40.2 percent of hospitals, incident reporting increased by 59.7 percent. • Follow-up support: 76.4 percent of all respondents offered follow-up support. Hospitals were more likely to offer follow-up support than nursing facilities. Types of support included peer support and employee assistance programs. • Prevention Training – asked about content/strategies (awareness, techniques for de-escalation), and methods for evaluating effectiveness. • Appendix: SB 240 did not go into effect until September 2024, which was after when the WPVAN study closed. Facilities were asked if they were prepared to implement SB 240. Nora Frasier asked if free-standing emergency centers were surveyed, as they are mentioned at the beginning of the report. Kayla Davis and Pam Lauer answered that free-standing emergency centers were not surveyed as FECs are not surveyed, as they are not surveyed as part of the Nurse Staffing Studies, and that language will be clarified. WPVAN Individual Survey: • 558 valid responses out of 6,720 selected nurses • 75.2 percent of respondents experienced workplace violence (WPV) over past 12 months, 87.9 percent had experienced in their career. • Most frequent type of WPV was verbal abuse. • Nurses with highest prevalence of WPV in past 12 months were in correctional facilities and outpatient hospital facilities.

- Nurses in hospitals had highest prevalence of WPV at any point in their career.
- Factors affecting workplace violence – lack of respect, insufficient staffing, and unrealistic patient expectations.
- In response to WPV, 41.5 percent of respondents felt like changing their workplace, 23.1 percent reported opting for alternate career.
- 53.7 percent of nurses reported most recent WPV to their workplace incidence reporting system.
- 55.1 percent of nurses who did not report said they did not expect anything to change in long term.
- 34.8 percent of nurses rated their organization's level of safety to be "somewhat safe".
- Nurses working in HHAs were most likely to rate their facility as very or extremely safe.
- Most effective strategy reported was multidisciplinary response team.

Recommendations:

- Adopt no tolerance policies for violent behavior.
    - Patients and their family or visitors were most frequent perpetrators of violence.
    - Employers should adopt policies that show their facility does not accept violent behaviors from patients or their visitors.
- Promote realistic expectations among general public regarding capabilities of healthcare providers.
    - Organizations should work together to communicate challenges of staffing shortages to patients.

Regarding the second recommendation, Dr. Bumpus asked if it would be prudent for the recommendation to include language on including nurses in staffing committees.

Dr. Schumann asked about if collective bargaining hospitals have the same staffing issues as other hospitals, or if they have a different way of staffing because of how they're set up. Dr. Bumpus said that including nurses on staffing committees should happen regardless.

- Ensure that frontline staff are included when creating any policies to prevent or reduce WPV.
    - Methods currently used by employers to address WPV could better align with the experiences of frontline nurses.

Nora Frasier noted that workplace violence committees are statutorily required, and asked if the recommendation should include language on ensuring that compliance with this act (SB 240).

- Use available resources to inform WPV-related decisions.
    - As some strategies to address WPV are more successful than others, employers can look for guidance from multiple sources, such as the experiences of other organizations.
- Increase awareness of WPV among newly licensed nurses and nursing students.

	- Results suggest that younger and less-experienced nurses have experienced WPV at higher rates in the past 12 months than more experienced nurses. - Nurses 27 or younger, and nurses with 2 or less years of experience had experienced more WPV in past 12 months. - Employers and nurse educators should ensure awareness of WPV risks and resources. Pam Lauer added that a statement will be added to the beginning of this report on differences in how the survey was conducted in the 2024 iteration of this report compared to its previous iteration. Dr. Benton entertained a motion to approve the report. Cory Church moved to approve the reports. Nora Frazier seconded. The motion passed.
4G. 2023 Clinical Site Summary Report	Gracia Dala provided an overview of the Clinical Site Summary Report. • Geographic designation: 72.2 percent of clinical sites were in metropolitan non-border counties. The distribution of clinical sites across geographic designations are similar to the distribution of RN and LVN program campuses. • Type of clinical site: Hospitals were the most common clinical site, followed by community or public health agencies and nursing facilities. • VN: Most common clinical sites were hospitals, nursing facilities, and community or public health agencies. • RN: Most common clinical sites were hospitals, community or public health agencies, and schools or independent school districts. • 67.9 percent of state-licensed hospitals were used as clinical sites by nursing programs in the 2022-2023 academic year; hospital used most frequently as a clinical site was a pediatric hospital, used by 26 programs. • 26.1 percent of nursing facilities were used as clinical sites. As with hospitals, the difference in mean and median number of beds suggests that larger sites are used as clinical sites. Comments: Karen Kendrick asked if it would be of use to look at a map showing the location of clinical programs on top of the sites which aren't used. Gracia Dala mentioned that this point was raised, but that the educational subcommittee felt that this map might be too busy. Possible solutions are a dashboard or a map which shows clinical sites used and not used. Dr. Bumpus suggested creating a table of facilities used, facilities unused, and the number of programs by public health region for a side-by-side comparison, for both hospitals and nursing facilities. Angel Angco-Barrera suggested a map showing the overlap of unused clinical sites and nursing education programs may be less cluttered. Pam Lauer stated that the report's conclusion should clarify that the data collected is self-reported and may not be up-to-date or accurate. Karen Kendrick suggested a map of facilities which are geographically isolated, to look into connecting remote students. Gracia Dala said that the committee can include this as a recommendation in the report.

	Sally Williams said it would be better to add information to a dashboard and reference the dashboard in the report, rather than including another set of maps. Pam Lauer stated that the development of a dashboard would take time, so a dashboard would not be available for publication in this report. Pam also noted that full-sized maps and tables could be added to the appendix. Dr. Ruppert pointed out that facilities may be unused by state programs but could be in use by proprietary programs. Dr. Benton entertained a motion to approve the reports. Cora Rabe motioned to approve the reports. Serena Bumpus seconded the report.

4H. 2024 Clinical Training Needs Survey Report	Isabel Schwartz presented an overview of the 2024 Clinical Training Needs Survey Report. An exploratory survey was conducted in October 2024 to understand clinical training needs for pre-licensure nursing programs and clinical training site capabilities.
	
	• 73 nursing programs and 201 clinical sites responded.
	• Educational institutions:
	  ○ Over one third of education institutions offered more than one nursing program.
	  ○ 76.4 percent of institutions employed clinical staff nurses as faculty.
	  ○ Majority of respondents expressed that employing clinical staff nurses improved student clinical competency.
	  ○ Most institutions foresee partial interest from faculty in clinical refresher opportunities.
	  ○ 64.8 percent reported struggling to find clinical sites for students, 23.9 percent had to reject qualified applicants due to shortage of clinical placements.
	  ○ Most students attend training on weekdays, 64.8 percent do weekends, night shifts were less common.
	• Clinical training sites:
	  ○ 78.8 percent were hospitals, 17.2 percent were nursing facilities.
	  ○ Facilities offered most clinical and precepted hours to BSN nursing education levels.
	  ○ 57.1 percent of facilities did not employ part-time/adjunct nursing faculty, but the study found that employing nurse faculty increased mentorship opportunities for students.
	  ○ Over one-third of facilities surveyed did not have clinical training capacity, 51 percent had additional clinical training capacity.
	  ○ Most selected reason for limiting clinical training capacity was lack of preceptors, followed by lack of clinical training space.
	  ○ Compensation – 67.4 percent of facilities did not compensate faculty for additional precepting work; 20.7 percent implemented wage differential.
	  ○ 15 facilities estimated increasing number of preceptors of 50 percent or more if compensation were increased.

	• Survey was distributed by email to deans and directors of nursing education programs, clinical site contacts, chief nursing officers, and administrators of nursing facilities, as well as to hospitals by THA, Teaching Hospitals of Texas, and the DFW Hospital Council. • Next steps: TCNWS will further evaluate responses. Pam Lauer stated that this report was very brief and does not have recommendations, but that TCNWS welcomes feedback and suggestions for further studies from the Advisory Committee. Nora Frazier asked if there was a plan to extend or repeat this survey, as she would be curious to see the characteristics of the facilities which responded, i.e., if they were university-based hospitals, community hospitals, proprietary, or other. Pam Lauer said that this data could be added to the tables through matching of survey responses and characteristics. Cory Church asked about clinical staff nurses as faculty; are we asking how many of your faculty are employed as a nurse in the hospital, or are we asking how many adjunct faculty are working as nurses? Cory suggested asking if educational institutions employ adjunct faculty who are also working as clinical nurses to see how this affects shortages. Dr. Bumpus mentioned that there was a point in the Governor's Report about sharing faculty between clinical sites and academic institutions, so it would be good. Dr. Ruppert asked about the salary incentives, and if the survey is asking if employers should compensate preceptors, or if academic programs should compensate preceptors. Isabel answered that the question was open-ended and that the question was more about a starting point for a budget recommendation to the legislature, rather than who should pay. Dr. Bumpus added that SB 25 appropriated funds for preceptors, so this report could inform further such legislation. Nora Frazier moved to approve the report. Renae Schumann seconded the report. The motion passed.
4I. Organizational Updates	Karen Kendrick provided an update from the Texas Hospital Association. • Advocacy team has been put together in anticipation of legislative session. • THA will encourage legislators to follow up on what was passed last session to see impact of increased funding, such as with SB 25. • Asking legislature to fund nurse preceptor grant, which was not funded last session, as well as other ways to financially support nurse preceptor roles. • Supporting hospitals and ensuring total compliance with Workplace Violence Act. Serena Bumpus provided an update from the Texas Nurses Association. • TNA is working on policy positions and early bill filing. ○ Preventing criminalization of medical errors for healthcare providers

	○ Reinforcing Texas Nurse Staffing Statute; no enforcement, has not been revisited since 2009, hope to adjust language to allow for more stringent enforcement. ○ Support clinical education funding to build up capacity for training. ○ Texas Nurse Practitioners on increasing prescriptive authority for Schedule II drugs. ○ Partnered with THA to conduct webinar on staffing statute which was attended by 300 people. ○ TNA Conference on June 5 – 7; abstracts due Dec 1 for presentations. Donna Carlin provided an update from the Texas Higher Education Coordinating Board. • $96.5 billion in grants were dedicated to the nursing shortage for FY 24-25 • Nursing Shortage Reduction Program: increased from $18.88 million in FY 22-23 to $46.8 million in FY 24-25; although number of nurses has increased, Texas population has increased faster. • Formula for awarding grant funding to nursing programs. • Minority Health and Research Education Grant Program: provides funds to higher education institutions to conduct research and educational programs on public health issues affecting one or more minority groups in Texas, funded from Texas Tobacco Lawsuit Settlement, RFA coming out late fall. • Nursing, Allied Health, and Other (formerly Nursing Innovation Grant Program): used to support nursing innovation grants, RFA is being developed and will be posted Fall 2024 or Spring 2025 • Emergency and Trauma Care Education Partnership Program: supporting partnerships of emergency medicine and trauma care for graduate nursing programs. • Nursing Innovation Grant Program Rider 64 (New): RFA was released 11/19, grants in three areas: partnerships between hospitals and nursing programs; development of stackable credentials; replication of existing nursing education grant called SNAPPY (Sam Houston) to increase clinical faculty working at hospitals. • Nursing Faculty Loan Repayment Program: encouraging qualified nurses to serve as faculty at eligible higher education institutions; $7,000 a year in student loan repayment for up to 5 years; application will re-open in Spring 2025 • Nursing Students Scholarship Program: TEXAS and TEOG Grant Programs for nursing student scholarships, maximum award amount is dependent on programs. • Nursing Loan Repayment Assistance Program: up to $16,000 per year in loan repayment assistance for nurses who have been working in Texas for at least one year • Governor's Task Force on Texas Health Care Workforce Shortages: ○ THECB directed to create a task force to expand healthcare programs at institutions, investigate challenges to maintaining sufficient clinical sites, placements, and retain qualified clinical instructors.

	○ Three workgroups: expanding the pipeline, modernizing the production model, and bolstering faculty and preceptors. ○ The report contained eighteen recommendations, which broadly covered the creation of a Health Professions Workforce Coordinating Council for research on the health workforce; expanding and improving on educational opportunities for entry into health professions at the high school and post-secondary levels, as well as for health profession career pathways; increasing state support for collaboration at the state, regional, and local levels on health workforce development issues, such as clinical training; and expanding investments in health workforce development programs. Dr. Benton requested that the presentation be sent to the advisory committee members. Donna responded that she would share the presentation with all members. Kristin Benton provided an update from the Board of Nursing. • Exceptional items in the BON's legislative appropriations request include: ○ Renewal of funding received for Operation Nightingale ○ Additional FTEs in administration, HR, licensing and information technology, education consultant ○ Information technology modernization – licensure database is modernized, but legacy system is used for enforcement database, which is not compatible with modernized licensure database; also asking for online cloud-based education approval database; funding to improve website (would require increase in licensure fees, but can ask for an exemption from the legislature) ○ Increase funding passed through to TCNWS operations; would not impact renewal fees, but need permission from legislation to increase the amount of surcharge passed through to TCNWS, aiding in recruitment and retention of staff. ○ Requesting modest increase in Texas Peer Assistance program for nurses
4J. TCNWS Update	Pam Lauer provided an update from the Texas Center for Nursing Workforce Studies. • In addition to nurse staffing surveys, NEPIS reports will be prepared in February 2025, all other reports in May 2025 • Governmental Public Health Nurse Staffing Survey will be reopened, report in February 2025 • FY 22-23 WPV Grant Program: Grant period ended August 31, final presentations were November 13, final report forthcoming. • FY 24-25 WPV Grant Program: 4 grant awards made, grant period ends February 2026

	• Will be working on survey of newly licensed nurses, with assistance of advisory committee members, project will start in January 2025 • Next meeting dates: February 26, May 21, September 24 • Allied Health Projections will include Nurse Aides, results will be available in Fall 2025
5. Public Comment	Dr. Benton opened the floor for public comment. Dr. Benton reminded the audience to state their name and organization if applicable. There were no comments from the public.
6. Adjourn	Dr. Benton called the meeting adjourned at 1:07 PM.

Contact: Pamela Lauer, Texas Center for Nursing Workforce Studies
512-517-6902 or TCNWS@dshs.texas.gov

This meeting is open to the public. No reservations are required and there is no cost to attend this meeting.

Persons who want to attend the meeting and require assistive technology or services should contact Pamela Lauer at 512-517-6902 or pamela.lauer@dshs.texas.gov at least 72 hours prior to the meeting so that appropriate arrangements may be made.