

1) Advancing Nursing Workforce Development and Diversity to Achieve Health Equity Presented to the 119th U.S. Congress | February 5, 2026

A diverse and sustainable nursing workforce is critical to health equity. The United States is facing a deepening nursing workforce crisis, with critical gaps in underserved and rural communities where access is already fragile. Persistent burnout, structural inequities, and underinvestment in nursing education and workforce development have weakened the pathways needed to prepare and retain a diverse nursing workforce. As a result, nursing does not reflect the communities it serves. Stabilizing the workforce and advancing health equity require coordinated federal action. **As the voice for more than 308,000 Black nurses the National Black Nurses Association (NBNA)** urges the 119th Congress to prioritize policies that strengthen workforce stability, expand diversity, and advance equitable outcomes nationwide.

Policy Priorities for Congressional Action

1. **Expand Title VIII nursing workforce development programs.** Increase funding for the HRSA Title VIII programs to strengthen nurse education, advanced practice preparation especially in rural and underserved communities.
2. **Support the Future Advancement of Academic Nursing (FAAN) Act.** Reintroduce and pass legislation that promotes diverse faculty recruitment and retention, increases student enrollment, and upgrades academic infrastructure.
3. **Diversify the nursing workforce.** Expand federal funding for HBCUs, MSIs, and community college partnerships, to increase the number of Black nurses and nurse leaders, and strengthen faculty recruitment and retention.
4. **Reduce financial burden for nursing students and nurses.** Expand federal loan programs and redesign the Nurse Corps Loan Repayment and Scholarship Programs with equity-focused criteria that reduce financial barriers.
5. **Strengthen equity-centered nursing workforce data.** Standardize data collection in education and workforce systems to track key metrics and monitor progress toward nursing workforce equity.
6. **Support culturally responsive training and leadership development.** Invest in continuing education and leadership development programs that expand opportunities for Black nurses to lead in the many settings where nursing expertise shapes decisions.

Why This Matters

- National projections show a shortage of more than **330,000 full-time nurses by 2036**¹ making Title VIII investment essential to strengthen nurse education, advanced preparation, and retention, particularly in rural and underserved areas.
- With more than **80,000 qualified** nursing applicants turned away², nearly **2,000** faculty vacancies, **one-third** of faculty retiring by the end of 2025³, and only **22%** from underrepresented groups⁴, nursing programs cannot expand or diversify without FAAN Act investment.
- **A diverse workforce is essential** for improving access and outcomes⁵, yet Black nurses remain significantly underrepresented at **7%** of nurses⁶, underscoring the need for targeted investment in HBCU and MSI programs.
- **Financial barriers** intensify nursing shortages and limit the development and advancement of a diverse, highly trained workforce conditions that ultimately undermine health equity.⁷
- Lack of equity-focused workforce data leads to missed inequities, poorer care, and an average hospital loss of **\$4.85 million** annually.^{8, 9, 10}
- Culturally responsive leadership development expands pathways for inclusive representation in nurse leadership where diverse leaders shape resource allocation, equitable policy, and progress toward health equity¹¹.

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2) Policy Brief: Ensure Equity and Safety in AI Integration in the Nursing Workforce Presented to the 119th U.S. Congress| February 5, 2026

Artificial intelligence AI in nursing represents an opportunity that must be pursued with urgency to achieve equity. The rapid integration of AI into healthcare is transforming nursing practice from clinical decision support to predictive analytics and staffing algorithms. While AI holds promise to improve patient care and reduce administrative burden, it also risks perpetuating racial and gender biases, displacing nursing jobs, and widening existing health disparities if not implemented thoughtfully. **As the leading voice for over 308,000 Black American nurses, the National Black Nurses Association (NBNA)** urges Congress to ensure that the integration of AI in healthcare prioritizes patient safety, empowers nurses, and advances health equity.

Policy Priorities for Congressional Action

1. **Mandate equity impact assessments for healthcare AI tools** by requiring federally regulated AI systems used in clinical settings to undergo bias audits and health equity impact assessments.
2. **Invest in AI education and training for nurses through Title VIII Nursing Workforce Development Programs** to train nurses in underrepresented communities on safe and ethical AI use in clinical practice.
3. **Protect nursing roles and scope of practice by** establishing federal guidelines that prevent AI from replacing clinical judgment or undermining the **professional scope of registered nurses**.
4. **Ensure transparency and accountability** by supporting legislation that requires healthcare systems to disclose how AI tools are developed, validated, and monitored for racial and gender bias.
5. **Fund inclusive AI research and development** by directing federal research dollars to support AI technologies developed by and for diverse populations, ensuring representation of Black patients and clinicians in data sets and system design.
6. **Support nurse-led innovation in AI** by funding nurse-led pilot programs to develop, evaluate, and implement AI tools that enhance care delivery, reduce burnout, and promote culturally competent care.

Why This Matters

- AI tools **trained on non-diverse data**, risk reinforcing racial disparities in diagnosis, treatment, and outcomes.¹
- Black nurses make up only **7.8%** of the RN workforce and are underrepresented in healthcare tech development and policymaking.²
- Without oversight, algorithm-driven staffing tools have led to unsafe nurse-patient ratios and worsened burnout.³
- Equipping nurses with AI fluency is essential for **ethical, equitable, and safe integration** of these technologies into patient care.⁴

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4. Frontiers in Medicine (2025). *The integration of AI in nursing: Addressing current applications, challenges and future directions*

3) Environmental Impact on Health Equity in Black Communities Presented to the 119th U.S. Congress | February 5, 2026

Environmental justice is health justice for Black communities. Black communities in the United States continue to bear the brunt of environmental hazards, resulting in stark disparities in health outcomes. Generations of discriminatory housing and zoning policies, underinvestment in infrastructure, and proximity to industrial pollution have left Black Americans more exposed to toxic air, unsafe water, extreme heat, and other environmental stressors. These factors drive higher rates of asthma, heart disease, preterm births, and heat-related illnesses. Climate variability further intensifies these inequities. Nurses working in Black communities witness these harms daily, from children struggling to breathe in polluted neighborhoods to elders suffering during heat waves with no safe refuge. Environmental justice is not only about clean air and water; it is also about life expectancy, maternal health, and the ability to live with dignity. The **National Black Nurses Association**, representing **more than 308,000 Black nurses**, calls on Congress to prioritize environmental justice as a cornerstone of health equity.

Policy Priorities for Congressional Action

1. **Enact and fully fund environmental justice legislation** that addresses cumulative environmental impacts, and ensures frontline communities have a voice in federal decisions.
2. **Expand EPA and HHS environmental justice funding** by reinstating EPA's Environmental Justice Grants and HHS Office of Environmental Justice to support local resilience, pollution mitigation, and health initiatives for underserved communities.
3. **Invest in climate-resilient infrastructure in overburdened areas** by prioritizing green infrastructure (trees, cooling centers, clean transit), lead pipe replacement, and clean energy projects in historically redlined and high-pollution Black neighborhoods.
4. **Support community-based monitoring and data tools** by funding programs that empower residents to monitor air and water quality, map heat risk, and collect health impact data ensuring data is accessible and informs federal action.
5. **Promote workforce equity in environmental and public health fields** by expanding career pathways for professionals in environmental health, science, and nursing through Title VIII nursing workforce grants, HBCU partnerships, and community health worker program

Why This Matters

- Black children are **nearly 2 times** more likely to be hospitalized for asthma than White children, largely due to environmental exposures.¹
- Over **13 million Black Americans** live in counties with air that fails to meet EPA air quality standards.²
- Historically redlined neighborhoods face surface temperatures up to **13°F hotter** than surrounding areas.³
- Environmental-driven disasters disproportionately displace Black families and delay recovery.⁴
- Environmental exposures are linked to **higher rates** of premature birth, chronic illness, and early death in Black communities.⁵

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5. Science Advances (2025). *Air pollution from oil and gas and health impacts in the U.S.*

4) Policy Brief: Governmental Changes and Their Impact on Health Equity Presented to the 119th U.S. Congress | February 5, 2026

Protecting health equity amid shifting governmental changes is a priority. Recent federal policy shifts threaten decades of progress toward health equity, particularly for Black Americans. Cuts to community health programs, weakened civil rights enforcement, and restrictions on Medicaid and reproductive health access risk widening disparities in maternal health, chronic disease, and mental health outcomes. Nurses play a vital role in advancing health equity through care, education, advocacy, and community leadership, but we cannot do this work alone. Congress must act now to prevent widening disparities and ensure every person's right to equitable health care, regardless of race, income, or zip code. **The National Black Nurse Association, Inc. (NBNA), representing over 308,000 Black nurses nationwide,** calls on Congress to act decisively to protect vulnerable communities and uphold the principle that health equity is a national priority.

Policy Priorities for Congressional Action

1. **Reverse Cuts to Community-Based Public Health Programs** by increasing funding for HRSA Health Centers and community health workers and expanding programs targeting maternal health, chronic disease, mental health, HIV, and infectious disease prevention in underserved areas.
2. **Protect Medicaid Expansion and Health Coverage** by blocking proposed Medicaid work requirements and maintaining Medicaid expansion incentives under the Affordable Care Act, which disproportionately benefit Black and low-income communities.
3. **Reinforce Civil Rights protections in health care** by strengthening and enforcing anti-discrimination provisions under Section 1557 of the ACA to protect against racial, gender, and language-based bias in health care settings.
4. **Support reproductive justice and access to comprehensive care** by ensuring federal protections for reproductive health services, maternal care, and contraceptive access.
5. **Reverse cuts to U.S. federal HIV prevention funding**, unfreeze foreign aid including PEPFAR, reestablish USAID, and budget proposals for domestic CDC HIV prevention programs and increase Ryan White HIV/AIDS Program funding.

Why This Matters

- **Over 60% of Black Americans** live in states that have restricted or denied Medicaid expansion or reproductive health access.¹
- **Cuts to community health programs** directly impact access to preventive care, cancer screenings, mental health services, and chronic disease management.²
- Without dedicated policy action, **these shifts risk reversing years of progress** in reducing racial health disparities.³
- **Cuts to federal HIV prevention funding** will have immediate and severe consequences impacting research, care, and services for vulnerable populations. State governments rely heavily on these funds, and 89% of HIV prevention dollars directly support state health departments and community-based organizations.⁴
- Disruptions in funding may result in a considerable increase in HIV, viral hepatitis, STI's and tuberculosis cases.⁴

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5) Policy Brief: Addressing Gun Violence as a Public Health Crisis Presented to the 119th U.S. Congress | February 5, 2026

Gun violence is a public health crisis and a racial justice issue. Gun violence is now the leading cause of death for Black children and teens in the United States (U.S.) and a major driver of physical, emotional, and community trauma. The vast majority of gun deaths among Black Americans are gun homicides, and Black Americans make up the majority of gun homicide victims in the U.S. Black communities are disproportionately impacted by firearm-related homicides, with ripple effects across generations. Nurses witness the aftermath of gun violence in emergency rooms, schools, homes, and communities, often. **The National Black Nurses Association (NBNA)**, representing over **308,000 Black American nurses**, urges Congress to treat gun violence as a public health emergency and are calling for urgent, evidence-based policy action to prevent loss of life and promote community healing.

Policy Priorities for Congressional Action

1. **Declare gun violence a national public health emergency** by directing federal agencies like the CDC and HHS to lead a coordinated public health response, including prevention, research, and trauma-informed care.
2. **Strengthen universal background checks** by passing legislation to close loopholes and ensure that firearms are not sold without proper screening.
3. **Ban assault weapons and high-capacity magazines** by reinstating federal assault weapons bans to reduce the frequency and mortality of mass shootings and high-casualty incidents in public spaces.
4. **Invest in community violence intervention (CVI) programs.** Fund evidence-based CVI programs including those led by health professionals that reduce gun violence without relying on punitive policing.
5. **Support trauma-informed mental health services** by expanding funding for community-based mental health services for survivors, families, and frontline providers impacted by gun violence in Black communities.
6. **Expand gun violence research funding** by increasing funding to the CDC and NIH for gun violence prevention research, focusing on root causes, disparities, and effective interventions in Black communities.

Why This Matters

- Black Americans experience gun homicide **13 times** the rate of White Americans.¹
- Gun violence costs the U.S. an estimated **\$557 billion annually** in medical, lost productivity, and criminal justice expenses.²
- Exposure to gun violence **increases risk** of PTSD, depression, chronic disease, and long-term community trauma.³
- While overall gun violence saw a decline in 2025, it remains high with at least **40,000** people shot across the U.S.⁴
- Nurses are frontline responders and trusted health educators who play a key role in gun violence prevention, intervention, and healing.⁵

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6) Policy Brief: End the Black Maternal Mortality Crisis Presented to the 119th U.S. Congress | Date: February 5, 2026

Black maternal health is a national emergency. The United States continues to face a maternal health crisis, and Black women bear the heaviest burden. Black women are nearly **three times more likely** to die from pregnancy-related causes than White women, regardless of income or education. Nurses are uniquely positioned to lead in prevention, early intervention, and advocacy, but they need federal support to address the systemic imbalances driving this crisis. As the trusted voice **of over 308,000 Black American nurses** across the country, the **National Black Nurses Association (NBNA)** urges Congress to take urgent, comprehensive action to eliminate racial disparities in maternal health and end the Black maternal mortality crisis.

Policy Priorities for Congressional Action

1. **Pass the bipartisan Momnibus Act.** Enact the full suite of legislative proposals under the Momnibus Act, which invests in social determinants of health, workforce diversification, maternal mental health, and digital tools to improve outcomes addressing America's maternal health crisis.
2. **Increase Medicaid coverage for postpartum care** by requiring **12-month postpartum Medicaid coverage** mandatory in all states to ensure continuous care and reduce preventable deaths from postpartum complications.
3. **Fund community-based maternal health models.** Provide funding to community-based organizations that are working to improve maternal health outcomes and promote equity, i.e. birth centers, doulas, nurse-led care models that deliver culturally appropriate care.
4. **Expand implicit bias and anti-discriminatory training.** Mandate evidence-based **implicit bias training** for all healthcare providers receiving federal funds, as well as expanded investment in nursing education and inclusive excellence initiatives.
5. **Strengthen collection and accountability** by requiring standardized, **race-disaggregated** data reporting on maternal health outcomes to inform policy and resource allocation.
6. **Support the nursing workforce** by increasing funding for **Title VIII Nursing Workforce Development Programs** to recruit and retain Black nurses in maternal care roles and leadership.

Why This Matters

- In 2022, the U.S. maternal mortality rate was **32.9 deaths per 100,000 live births**, but **Black women faced a rate of 69.9**.¹
- **80%** of pregnancy-related deaths are **preventable**.²
- Structural racism, provider bias, and inadequate access to care are key drivers of the maternal mortality crisis.^{3,4}
- **Nurses are critical** to improving maternal outcomes through education, care coordination, and advocacy.⁵

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7) Policy Brief: Advancing Mental Health Equity and Ending Stigma in Black Communities Presented to the 119th U.S. Congress | February 5, 2026

Mental health equity requires ending stigma and expanding access. Mental health is essential to overall health, yet systemic inequities and stigma continue to prevent many in the Black community from receiving timely, culturally appropriate care. Black Americans are more likely to experience social determinants that contribute to mental health challenges, such as poverty, trauma, and discrimination, but less likely to have access to treatment. The National Black Nurses Association (NBNA), representing over **308,000 Black nurses**, urges Congress to take bold action to address mental health stigma, expand access, and invest in Black mental health professionals. Nurses are on the frontlines of healing and know that **breaking stigma is a critical step toward saving lives**.

Policy Priorities for Congressional Action

- Promote culturally appropriate mental health services** by increasing federal funding in community-based, culturally responsive mental health services through **HRSA, SAMHSA, and Certified Community Behavioral Health Clinics (CCBHCs)**.
- Pass and fully fund legislation that** supports research, workforce development, and early intervention strategies targeted to high-risk youth in Black and underserved communities.
- Expand the mental health workforce pipeline.** This strengthens programs that recruit and retain **psychiatric-mental health nurse practitioners (PMHNPs)**, Black psychiatrists, psychologists, and social workers through **loan forgiveness, scholarships, and Title VIII nursing programs**.
- Require mental health parity enforcement** by strengthening enforcement of legislation that ensures equitable insurance coverage for mental health and substance use treatment.
- Launch national anti-stigma campaigns.** Fund public education efforts led by nurses, faith leaders, and community advocates, to challenge cultural stigma, promote mental health literacy, and normalize help-seeking behaviors in Black communities.
- Integrate behavioral health into primary care** by incentivizing integrated care models that embed mental health screening and services in primary care settings, including federally qualified health centers (FQHCs) and school-based health clinics.

Why This Matters

- Only **1 in 3 Black adults** who need mental health care receive it.¹
- The suicide rate among Black adolescents is **increasing faster** than other racial and ethnic groups.²
- Cultural stigma, provider bias, and lack of access** contribute to delays in diagnosis and treatment.³
- Nurses play a vital role in **destigmatizing mental health**, providing care, and connecting patients to resources.⁴
- Integrating behavior health into primary **care improves access, reduces stigma**, enhances care coordination, and leads to better physical and mental outcomes where disease burden is high and access to mental health services is low.⁵

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