Voices of Oncology Nursing Society Members Matter in Advocacy and Decisions Related to U.S. Health Policy

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The Oncology Nursing Society (ONS), a member of the Nursing Organizations Alliance, invests in advocating for health and public policy decisions by sending members to the Nurse in Washington Internship (NIWI) program annually. NIWI provides a forum to educate nurses on the legislative process, giving attendees a better understanding of political, legislative, and regulatory issues facing nurses. The 2014 ONS delegation participated in training and lobbying focused on federal funding issues, nursing education, workforce oversight, and funding for nursing research. The three-day program ended with a Capitol Hill visit where nurses met with their respective legislators or their staff, using skills learned at NIWI briefings to influence policy for nurses and the patients they serve. Critical health and public policy decisions affecting nurses, their practice, and their patients require participation in and understanding of the legislative process. This article provides a glimpse into the three-day experience of the delegates attending the 2014 NIWI.

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Advocacy requires action; nurses, by profession and personality, are natural advocates. Nurses assist patients in problem solving and educate caregivers and family members. Nurses are also needed to advocate for their profession when patient safety and quality of care is threatened. For example, expanding prescriptive authority for advanced nurse practitioners can be achieved only through the legislative process. If nurses do not provide input to legislatures on the benefits of expanding prescriptive authority, negative consequences in patient care may occur. In spite of nursing being one of the most trusted professions in the United States (Gallup, 2013), nurses often believe their voices are lost in the crowded field of advocacy. Because nursing is such a trusted and valued profession, people listen when nurses speak.

The Oncology Nursing Society (ONS) continues to be an active partner in the public policy arena, providing expertise on the nursing workforce and quality cancer care. With responses to health care implementation guidelines for federal agencies (e.g., National Institutes of Health, U.S. Food and Drug Administration, Centers for Medicare and Medicaid) and interaction with state legislators on specific issues (e.g., scope of practice, prescribing authority, increasing tobacco taxes) that shape the provision of health care, ONS has become a go-to organization for decision makers interested in learning about nursing and cancer issues. By offering policy positions that echo the Institute of Medicine ([IOM], 2011) report on the future of nursing, ONS vigorously promotes the equal role of the nurse in health care. As a member of many healthcare coalitions, ONS is known for its vocal support of federal grants in education, research, and workplace safety. From evidence-based research to the importance of understanding the implications of the national nursing shortage, ONS members are educating elected officials on the ever-evolving direction of patient-centered care and nursing practice.

In an effort to develop and support nurse advocates, ONS has sent members to the Nurse in Washington Internship (NIWI) annually since 2000. Those nurse advocates join about 100 nurses from across the United States to learn advocacy on behalf of nurses and nursing issues. NIWI is organized by the Nursing Organization Alliance, whose membership consists of about 60 nursing organizations. Its aim is to provide a forum for identification, education, and collaboration and to build on issues to advance the nursing profession. NIWI provides attending nurses the opportunity to learn to influence health care through legislative and regulatory processes (Nursing Organization Alliance, 2014).

This event includes members of the ONS leadership who are selected through a rigorous nomination and selection process. The NIWI program honers advocacy skills to motivate and mobilize nurses. Eight ONS board members and chapter leaders attended NIWI in April and focused on federal funding issues for nursing programs.
Nurse experts informed attendees on the legislative agenda, defined federal agencies, provided insight into political environments, and prepared nurses for visits to Capitol Hill. All members left with the understanding that advocacy is an ongoing process and relies on raising awareness, analyzing a situation, and being persistent. NIWI reinforces the role of a nurse as an advocate. Legislative priorities, known as the ‘Asks,’ were identified by the Nursing Organization Alliance to inform ONS members of their important contributions to healthcare policy changes (see Table 1).

The Asks: Legislative Priorities

At NIWI 2014, Suzanne Miyamoto, PhD, RN, stated, “Advocacy is a dish best served coordinated.” She explained that lawmakers appreciate several constituencies supporting the same request. The Nursing Community, a coalition of 60 nursing organizations, presented this coordinated message of the Asks to the Senate and House of Representatives.

Support Nursing Workforce Development Programs

NIWI participants asked legislators to sign a bipartisan dear colleague letter requesting support for nursing workforce development programs in the 2015 fiscal year through the Labor, Health and Human Services, and Education Appropriations bill. The American Association of Colleges of Nursing (AACN) and Nursing Community requested $251 million in funding for the 2015 fiscal year. NIWI participants spoke about the value of these programs. They shared findings from the 2013–2014 Title VII Student Recipient Survey specifying that 73% of undergraduates, 59% of master’s students, and 55% of doctoral students rely on federal loans for their education (Nursing Community, 2014c). Title VIII programs help students attend school full-time, prepare primary care providers, increase providers in rural and underserved areas, and fill faculty vacancies (Nursing Community, 2014c).

Support $150 Million for the National Institute of Nursing Research

The mission of the National Institute of Nursing Research (NINR) is to promote and improve the health of individuals, families, communities, and populations. The NINR supports and conducts research and training on health and illness across the lifespan to build a scientific foundation for clinical practice, prevent disease and disability, manage and eliminate symptoms caused by illness, and improve palliative and end-of-life care (NINR, 2013). Studies funded by NINR change practice and improve outcomes. In oncology nursing, NINR-supported scientific accomplishments in symptom management include improving pain management, understanding the biology of pain, reducing sleep disturbances, improving perceived sleep quality in patients with cancer, and improving cancer-related fatigue. NINR must receive additional funding to adequately continue and further its mission (AACN, 2014)

Support Essential Services at Nurse-Managed Health Clinics Operated by Advanced Practice Registered Nurses

Former U.S. Department of Health and Human Services secretary Donna E. Shalala (2011) said in a podcast, “Nursing has to be full partners with physicians and other healthcare professionals in redesigning the healthcare system in the United States.” The IOM (2011) report addressed system changes that include innovative ways to improve healthcare quality and address the workforce shortage that threatens availability and quality of care in the United States. The report also recommended that nurses practice to the full extent of their education. By 2020, the United States will face a shortage of 91,000 primary care and specialty physicians (Henry J. Kaiser Family Foundation, 2011). Nurse-managed health clinics (NMHCs) serve as critical access points to keep patients out of emergency departments, which can save healthcare systems millions of dollars annually (Nursing Community, 2014a).

Scope-of-practice acts and other regulations must permit all clinicians to meet

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**TABLE 1. The Asks: Legislative Priorities for Nurses**

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<th>Ask</th>
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<td>Support nursing workforce development programs (Title VIII, Public Health Service Act) by signing the Dear Colleague letter for funding at $251 million in the 2015 fiscal year</td>
<td>Title VIII of the Public Health Service Act was administered by the U.S. Department of Health and Human Services. HRSA established nursing education programs for individuals and institutions. Title VIII provides student loans, professional nurse traineeships, construction grants, project grants, and grants to diploma schools. Problematic areas of Title VIII include advanced education nursing, workforce diversity grants, nurse education, practice and retention grants, national nurse service corps, nurse faculty loan programs, and comprehensive geriatric education grants.</td>
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<td>Support $150 million for NINR in the 2015 fiscal year</td>
<td>NINR allocates 6% of its budget to training to develop nurse scientists. Funding ($144.6 million) for NINR for the 2012 fiscal year is about 0.05% of the NIH budget ($30.6 billion). Spending for nursing research is modest relative to allocations for other NIH institutes and disease funding.</td>
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<td>Support $20 million for essential services at NMHCs operated by APRNs</td>
<td>Funding for NMHCs promoting primary care is not funded in the ACA. NMHCs are critical to the health of Americans because they provide primary care, health promotion, and disease prevention to individuals with limited access to care.</td>
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<td>Ensure veteran access to high-quality care by supporting modernizing the VHA handbook or by not supporting efforts to oppose such modernization of the VHA nursing handbook</td>
<td>The VHA is considering changing APRN roles. The proposed change is aimed at reducing APRN practice variability across the VHA health system by expanding roles to the full extent of APRN license. The IOM report revealed regulations in APRN practices differ between states or jurisdictions, including APRN authority to prescribe media- tions, admit patients to hospitals, evaluate and assess patients’ conditions, and order and evaluate tests and procedures.</td>
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ACA—Affordable Care Act; APRN—advanced practice RN; HRSA—Health Resources and Services Administration; IOM—Institute of Medicine; NIH—National Institutes of Health; NINR—National Institute of Nursing Research; NMHC—nurse-managed health clinic; VHA—Veterans Health Administration Note. Based on information from American Nurses Association, 2013; Bidgood-Wilson, 2014; Institute of Medicine, 2011; Kalisch & Kalisch, 1982; Nursing Community, 2014a.
patient needs in the most efficient way (Safriet, 2011). Funding for NMHCs by the federal government improves access to care for underserved populations. NMHCs provide services including physical examinations, cardiovascular checks, diabetes and osteoporosis screenings, smoking cessation programs, and immunizations (Nursing Community, 2014a). The demand for primary care services will increase with healthcare reform. New delivery models, including nurse-led models, are essential in mitigating barriers to care.

FIGURE 1. Improving Cancer Education and Treatment Act
Note. Based on information from Institute of Medicine, 2011; Nursing Community, 2014c.

Ensure Veteran Access to High-Quality Care

The IOM (2011) report recommended the removal of scope-of-practice barriers for advanced practice RNs (APRNs). Current federal and various state policies restrict APRN practice. These restrictions affect Veterans Association (VA) hospitals by regulating APRN scope of practice differently based on state regulations. In some VA hospitals, a certified RN anesthetist (CRNA) is the only provider for anesthesia services. Removing this scope of practice from a CRNA limits services to veterans. The American Medical Association, the American Society of Anesthesiologists, and other physician groups are asking Veterans Health Administration officials and legislators to preserve the current handbook and eliminate the expanded role of APRNs. NIWI participants asked legislators to express support for modernization of the handbook and APRN scope of practice, maintaining the expanded role of APRNs (Nursing Community, 2014b).

Conclusion

ONS members are encouraged to take advantage of opportunities to learn more about the legislative process and promote grassroots advocacy. The public, including those stakeholders in the legislative process, recognize that oncology nurses are trusted and knowledgeable leaders in understanding the cultural and political environment of oncology care. Because nurses’ voice in advocacy and input are so essential in the legislative process, ONS continues to invest in their members by offering them the opportunity to participate in the annual NIWI program and serve as a chapter or Special Interest Group liaison.

Oncology nurses are also committed to leading the transformation of cancer care and advocating for high-quality care for people with cancer. ONS honors and maintains nursing’s historic and essential commitment to advocacy for maintaining the public’s safety and delivering high-quality nursing care. By working collaboratively with policymakers, cancer and nursing community advocates, and other stakeholders, ONS advances legislative, regulatory, and programmatic efforts that reduce and prevent suffering from cancer (see Figure 1). ONS must continue to be an influential leader and advocate in health policies related to prevention, early detection, treatment, management of cancer, and delivery of high-quality care of patients, survivors, and their families.

References