



Oncology Nursing Society

125 Enterprise Drive • Pittsburgh, PA 15275-1214

Toll Free: 866-257-4ONS • Phone: 412-859-6100 • Fax: 412-859-6165

customer.service@ons.org • www.ons.org

Health Policy Agenda 111th Congress, 2nd Session

The Oncology Nursing Society (ONS), the largest oncology membership association in the United States – composed of more than 37,000 nurses and other healthcare professionals – exists to promote excellence in oncology nursing and to ensure the provision of quality care to individuals affected by cancer.

Each year in the United States, approximately 1.48 million people are diagnosed with cancer, another 562,340 die from this terrible disease, and more than eight million Americans count themselves among the growing community of cancer survivors. Cancer has become the nation's leading cause of death; at the same time, our nation is facing an unprecedented nursing shortage of crisis proportion.

As part of its mission, ONS honors and maintains nursing's historical and essential commitment to advocacy for the public good. ONS works collaboratively with policymakers, cancer and nursing community advocates, and other stakeholders at the local, state, federal, and international levels to advance legislative, regulatory, and programmatic efforts that will reduce and prevent suffering from cancer. As part of this effort, ONS seeks the integration of the nursing perspective throughout the policymaking process and urges that oncology nurses be appointed to all relevant federal panels, committees, commissions, and boards.

ONS respectfully calls on the U.S. Congress and the Obama Administration* to:

- **Promote and improve cancer symptom management and pain control;**
- **Advance and ensure access to quality cancer prevention and care; and**
- **Bolster the nation's nursing workforce to safeguard public health**

Promote and Improve Cancer Symptom Management and Pain Control

Many people with cancer experience preventable side effects, symptoms, and late side effects associated with their disease and their treatment, and such side effects can have a serious adverse impact on their health, well-being, and quality of life. ONS maintains a commitment to ensuring that all people with cancer-related pain and other side effects have access the quality pain and symptom management care, services, and therapies they need and deserve. To that end, ONS urges Congress and the Administration* to:

- Authorize specific and adequate Medicare reimbursement for cancer patient treatment education delivered by registered nurses to reduce and prevent side effects and adverse events in people with cancer, as provided in the [*Assuring and Improving Cancer Treatment Education and Cancer Symptom Management Act of 2009 \(H.R. 1927\)*](#);
- Commission an Institute of Medicine (IOM) study – as a complement to the 2007 IOM report, “*Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*” – to evaluate and make recommendations regarding the current state of symptom management, patient treatment education, and supportive care given to people with cancer;
- Carefully consider when developing regulations, policy and programs related to opioid pain medication the balance between ensuring patient access to pain therapies and reducing and preventing the misuse and abuse of such prescription drugs; and
- Create and fund (1) an education and training grant program to improve health professionals' understanding of and ability to assess and appropriately treat pain and (2) a national pain management public outreach and awareness campaign.

* The term Administration refers to the White House and other federal agencies, such the Centers for Medicaid and Medicare Services and the Food and Drug Administration

Advance and Ensure Access to Quality Cancer Prevention and Care

While cancer is the most common cause of death in the United States, approximately two-thirds of cancer cases are preventable through lifestyle/behavioral factors and improved practice of cancer screening. As such, if the healthcare community is to continue to make gains in increasing cancer survival rates, reducing cancer incidence and cancer-related morbidity, and maximizing quality of life, people with cancer must be ensured access to the full range of oncology-related care. To that end, ONS urges Congress and the Administration* to:

- Provide \$35.208 billion in FY 2011 to the National Institutes of Health (NIH), a minimum \$5.795 billion to the National Cancer Institute, and \$240 million to the National Center for Minority Health and Health Disparities to develop new cancer screening tools and treatments, and also authorize and appropriate new funding to support oncology nurse-scientists and sustain and expand quality-of-life and symptom management research;
- Allocate \$601 million in FY 2011 to the Centers for Disease Control and Prevention (CDC) to support and expand its screening, education, early detection, and prevention programs;
- Evaluate and recognize the contributions of nurses to patient safety and healthcare outcomes by encouraging the collection of nursing sensitive indicators through a set of nationally standardized performance measures as recommended by the National Quality Forum (NQF) in its 2004 publication "National Voluntary Consensus Standards for Nursing-Sensitive Care: An Initial Performance Measure Set";
- Expand access to high-quality clinical trials by ensuring private and public health plans and insurers cover the routine care costs associated with participation in such research studies;
- Enact comprehensive health reform legislation to ensure that: (1) every American has access to meaningful, comprehensive, and continuous health insurance coverage, irrespective of personal or family health history and/or pre-existing conditions, (2) all individuals have affordable access to prescription drugs, cancer screening, early detection, and risk reduction strategies and therapies (e.g., chemoprevention) appropriate for them, based on their health history, age, and other risk factors, and (3) health disparities and access challenges are addressed for at-risk and underserved populations;
- Ensure that all individuals have affordable access to the full range of proven-effective tobacco cessation strategies and therapies; and
- Provide additional funding in FY 2011 for the CDC's Office on Smoking and Health to sustain and expand its efforts to prevent and reduce tobacco use.

Bolster the Nation's Nursing Workforce to Safeguard Public Health

Nurses directly and profoundly affect the lives of patients and play an integral role in the delivery of quality care. ONS believes the best outcomes in oncology practice are achieved through a highly-educated and skilled, experienced nursing workforce. As such, ONS urges Congress and the Administration* to:

- Provide \$267.3 million in FY 2011 to the Nurse Reinvestment Act and other Health Resources and Services Administration nursing workforce programs and \$160 million to the National Institute of Nursing Research to ensure the nation has an adequate supply of oncology nurses to provide quality care and conduct cancer research;
- Expand and prioritize funding for – and promote through authorizing legislation – programs that encourage nurses to become and serve as faculty;
- Recognize and reflect the true economic value of oncology nurses' essential contributions to patient safety and outcomes by ensuring that Medicare policies and payments capture and cover the full range of inpatient and outpatient oncology nursing services (e.g. patient treatment education, supportive care, and end-of-life care), including those provided by advanced practice nurses;
- Encourage health care entities to maintain nurse staffing levels in all care settings that: (1) are determined with input from nurses, (2) promote patient safety, and (3) are appropriate for the patient population and acuity;
- Preserve and promote oncology nurses' scope of practice, including within the Medicare and Medicaid programs; and
- Incorporate and include nurses and advanced practice registered nurses as integral providers in the provision, coordination, and reimbursement of care delivered as part of coordinated care models, including "medical homes."

* The term Administration refers to the White House and other federal agencies, such the Centers for Medicaid and Medicare Services and the Food and Drug Administration