



ACCC Hosts First Policy Institute with ONS

To cite this article: (2000) ACCC Hosts First Policy Institute with ONS, *Oncology Issues*, 15:3, 34-35, DOI: [10.1080/10463356.2000.11905134](https://doi.org/10.1080/10463356.2000.11905134)

To link to this article: <https://doi.org/10.1080/10463356.2000.11905134>



Published online: 17 Oct 2017.



Submit your article to this journal [↗](#)



Article views: 1



View related articles [↗](#)

ACCC Hosts First Policy Institute with ONS

The first Annual Policy Institute, jointly held by the American Association of Community Cancer Centers and the Oncology Nursing Society (ONS), drew 40 oncology nurses and cancer center administrators from across the country. The two-day meeting, held February 16-18 in Arlington, Va., not far from Capitol Hill, taught attendees about the legislative and regulatory process, and, more importantly, how to become effective political advocates at the local, state, and national level. Sponsors of the Policy Institute were Ortho Biotech Inc. and Bristol-Myers Squibb.

A Policy Institute for oncology nurses and cancer center administrators was "a dream" of Margaret A. Riley, M.N., R.N., C.N.A.A., immediate past president of ACCC. The idea for such a project, funded from the ACCC President's grant, became a reality. Speaking from her experiences on Capitol Hill as well as at the state level, Riley may have eased the anxiety of some political neophytes when she said that legislators view the oncology nurse "immediately" as a trusted confidant. "All politics is about sincere relationships...and oncology nurses have a knowledge base that legislators need to hear."

BEING PATIENT ADVOCATES

Government relations representatives from leading national health care organizations, including the American Cancer Society, ONS, and ACCC, emphasized the importance of becoming patient advocates and building coalitions. They stressed the advantages of speaking with a collective voice for cancer in the halls of Congress. When oncology nurses speak, legislators listen, because nurses

are on the front line everyday in patient care, concurred the speakers. Nurses have tremendous credibility and their "real world" stories are listened to on the Hill.

Asked why they came to the Policy Institute, the responses by oncology nurses and administrators varied. Some spoke of their anger and frustration with the lack of access to cancer care for the poor and elderly and their hopes to convey their concerns to their representatives. Others spoke of making legislators more sensitive to issues such as better end-of-life care, improving clinical trials, and expanding cancer care services in rural areas.

"I hope to make an impact when talking with my representative," said one oncology nurse, whose comment reflected the feeling of most of those at the meeting.

"We need to keep aligned with our patients' interests," said a representative from the policy community. "There's no battle we can't join in and win on the Hill."

Lee E. Mortenson, D.P.A., ACCC executive director, referred to politics as a multifaceted, give-and-take process that is driven by impression and information. "Stories of patient care really have an impact on legislators," he added.

Collaboration is another vital aspect of political advocacy, Mortenson said. He pointed out that ACCC is working with the National Dialogue on Cancer to better network with member organizations as well as partnering with industry and other oncology provider leaders.

Prior to their congressional visits, the oncology nurses and center administrators were briefed on specific legislative issues, including Medicare cuts proposed by the Administration last year that

threatened to undermine the quality of care upon which Medicare patients with cancer depend. Congress blocked these cuts—but the President's budget again proposes them. Other issues of discussion included self-administered cancer therapies, average wholesale price (AWP) minus 17 percent, and ambulatory payment classifications (APCs). Attendees were urged to bring up these issues as well as patient access to clinical trials and privacy regulations, with their congressional representatives.

LEARNING ABOUT PUBLIC POLICY...AND MORE

Speakers represented the American Hospital Association, the American Cancer Society, ONS, the American Society of Hematology, the Cancer Research Foundation of America, and private firms specializing in government relations. Each of these national health care organizations addressed key issues of importance to their members and discussed tools they use to deliver their message to legislators.

Eileen Meier, ONS health policy associate, strongly encouraged "nurses to get out there in the press" and become more visible as patient advocates. ONS is developing a sophisticated communications network, she said. Its web site will post alerts on when to call legislators and display form letters to members of Congress that can be personalized, downloaded, signed, and sent out.

The Institute's luncheon speaker was Representative Greg Ganske (R-Iowa), a member of the House Commerce Health Subcommittee and also a reconstructive surgeon. Ganske highlighted problems regarding the proposed funding of a Medicare prescription drug benefit plan, and some of the

controversy surrounding medical privacy regulations, such as seeking authorization to obtain patient records while preserving patient privacy for clinical research.

The Institute also provided attendees with sessions on how to communicate with Medicare carriers and with the Health Care Financing Administration.

Robert Falk, an attorney with the Washington, D.C., firm of Powell, Goldstein, Frazer & Murphy, L.L.P., advised attendees to invite their local Medicare carrier medical director and policy analyst to their cancer center and show them how oncology services are delivered on an outpatient basis.

HCFA representative Thomas Marciniak, medical director for the Center for Health Plans and Providers, noted that Medicare rules on coverage and payment vary from state to state and can be confusing. For example, "snowbirds" who spend the winter in Florida and the rest of the year in Chicago may experience such discrepancies. Local coverage policy varies due to differences in practice, said Marciniak, adding that it is still best to have determinations made at the local rather than national level.

The Policy Institute generated a great deal of enthusiasm from attendees who hoped to see such Institutes continued in the future. For some it was a great refresher course and for others an exciting, new experience to learn about public policies and policy making, collaboration and communication, and visiting the offices of their representatives on Capitol Hill.

"One voice makes a difference," repeated a nurse advocate, adding "we need to share our passion and stories because quality care affects our patients." ❧

Nurse Advocates on Capitol Hill



Rep. Jim Davis (D-Fla.) (at left) greets Agnes Manka, M.S.N., patient care manager at H. Lee Moffitt Cancer Center & Research Institute, in Tampa, Fla. Also at the meeting (not shown in the photo) was Vicki Marsce, R.N., M.B.A., administrative director, St. Joseph's Hospital's Cancer Institute, Tampa.



Senior Legislative Assistant Clare Dowling (at left) in Rep. Lois Capps' office (D-Calif.) meets with Judy Roberts, R.N., O.C.N., chemo nurse at Alta Bates Comprehensive Cancer Center, Salick Health Care, Inc., Pleasanton, Calif.