DNP Essential V-Health Care Policy for Advocacy in Health Care

The American Association of Colleges of Nursing (AACN) fourth foundational competency describes the role of DNPs in health policy at government, institutional, and organizational levels and that DNPs must engage at policy development that creates a system that serves the needs of our patients and professionals (2006).

Mund expands on Essential V, and in the beginning of her chapter, cites an Institute of Medicine (IOM) Report as key to quality patient care (2011). IOM reports have been essential to health care policy change and patient advocacy. For example, in the 2007 report, the IOM emphasized the necessity of meeting psychosocial needs of cancer patients (IOM, 2008). As a result, I have job security in my chosen sub-specialty; psycho-oncology, and patients undergoing the difficult cancer journey have easier access to psychosocial support, though there is much work in policy making to make this process easier.

Just as the IOM holds power to impact health care policy, so do nurses, particularly advanced practice nurses. I advocate every day for my patients whenever I challenge silly insurance prior authorization requests. Insurance companies attempt to dictate prescribing practices by telling us to prescribe old and inexpensive drugs when we know newer drugs have fewer side effects and will most likely work more quickly and more effectively, saving costs in the long run when the patient’s psychiatric symptoms are alleviated and prevent hospitalization or other comorbidities. I appeal many denials of prior authorization requests even though it seems a waste of my time. I would one day like to work at a higher advocacy level to change policy that allows insurance to dictate medical practice.
I became much more knowledgeable after I completed my DNP Healthcare Policy at UC last fall. These are some of the senate and house bills that have affected or will affect my practice:

SB 83 Eliminates restrictions on certain APNs to prescribe schedule II controlled substances
SB 129 Grants qualified civil immunity to a certified nurse midwife, NP, CNS, or RN who provides emergency services, first aid treatment, or other emergency professional care as a result of a disaster.
SB 182 requires a hospital to provide written information on breast reconstruction to a patient before receiving a patient's consent for a mastectomy, lymph node dissection, or lumpectomy

HR 111 Breast Cancer Patient Protect Act of 2011 - to require a group or individual health plan that provides medical and surgical benefits to ensure that inpatient (and in the case of a lumpectomy, outpatient) coverage and radiation therapy are provided for breast cancer treatment. Prohibits such a plan from restricting benefits for any hospital length of stay to less than 48 hours in connection with a mastectomy or breast conserving surgery or 24 hours in connection with a lymph node dissection, i and ensure that coverage is provided for secondary consultations. Prohibits a health plan from taking specified actions to avoid the requirements of this Act.

HR 1448 Federal Response to Eliminate Eating Disorders Act of 2011 - to require the (NIH) to take certain actions regarding eating disorder research, (CDC), to: (1) provide for the collection, analysis, and reporting of epidemiological data on eating disorders; (2) establish a Center of Eating Disorders Epidemiology to collect and analyze information on eating disorders; and sets forth provisions providing for education and training on eating disorders and prevention for students, faculty, coaches, and staff in schools; and (3) conducting public service announcements. Amends title XIX (Medicaid) of the Social Security Act to expand coverage for eating disorders. award grants for patient advocacy to help individuals with eating disorders obtain adequate health care services and insurance coverage.

H.B. 141 Modifies the authority of certain advanced practice nurses to prescribe Schedule II controlled substances introduced 3/29/11.

I know who my legislators are and what their political agendas are, what bills they are or have sponsored, and how they are voting, all by just by looking up information on websites. I have written letters and signed petitions advocating for mental health and cancer care as well as other health care policies.

Because of my professional affiliation with the Oncology Nursing Society, I have been
involved in many health care policy activities. At ONS Leadership Weekend there is a presentation on Health Policy where oncology nurses are brought up to date on the latest cancer legislation. We all sign cards that will be sent to the appropriate congressional members to support specific bills that may be pending. Each ONS member is encouraged to join ONStat, the ONS grass roots response network, that keeps members up-to-date on ONS’s activities in Washington, DC, where ONS is continuously working to advance the ONS Health Policy Agenda at the national level, the link to ONStat is found through the ONS Legislative Action Center where there is also a list of ONS supported legislation:  http://www.ons.org/lac

ONS also sponsors members to attend a Nursing Internship in Washington Institute, NIWI http://www.ons.org/LAC/NIWI Though this is not an action I have taken yet, as I mentioned in our course introductions, I aspire to attend NIWI to improve my health policy knowledge, (most likely after completion of my DNP degree.) NIWI takes place every March and is funded by grants and pharmaceutical support that I hope continues for several years.

Another action I took related to Essential V was turning my Health Policy paper into a published article on the impact of tobacco control, which I posted previously. Like Megan, I was less experienced in Essential V until I completed the Health Policy course. Since then, I have been pretty fired up about health care policy and advocacy as you can probably tell by this post! Thanks, Barb

References


