



## Oncology Nursing Society

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July 18, 2008

Katherine K. Wallman  
Chief Statistician  
Office of Management and Budget  
10201 New Executive Office Building  
Washington, DC 20503

**RE: Notice of Standard Occupational Classification (SOC) Policy Committee;  
Recommendations for the 2010 SOC to OMB and Solicitation of Comments**

Dear Ms. Wallman:

On behalf of the Oncology Nursing Society (ONS) – the largest professional oncology group in the United States, composed of more than 37,000 nurses and other health care professionals dedicated to ensuring and advancing access to quality care for individuals affected by cancer – we appreciate this opportunity to submit comments for consideration regarding the Standard Occupational Classification (SOC) Policy Committee's recommendations for the 2010 SOC. Specifically, we are writing to urge the Department of Labor to create a distinct category for Clinical Nurse Specialists (CNSs), as you have proposed to do under the 2010 SOC for nurse anesthetists, nurse practitioners, and nurse midwives. While we appreciate and thank you for recognizing the need to create separate categories for nurse anesthetists, nurse practitioners, and nurse midwives, we are concerned that without adding a distinct categorization also for CNSs, the new occupational data collection system will not capture an important – and federally-recognized – type of Advanced Practice Registered Nurse (APRN).

We thank you in advance for your attention to our comments and concerns, as well as those submitted by our colleagues in the nursing community.

### Background

APRNs play a critical role in leading efforts to improve healthcare access, promote clinical excellence and quality of life, document outcomes, and increase cost effectiveness. ONS, along with other nursing organizations, including the American Nurses Association (ANA), recognizes CNSs to be its own distinct category and one of the four main pillars comprising the category of APRN. Importantly, Federal Statute (42 CFR Part 405, et. al.), defines the four categories of APRNs as: CNSs, certified registered nurse anesthetists, nurse practitioners, and certified nurse midwives.

CNS spheres of influence are broad and multifaceted. CNSs are responsible and accountable for the diagnosis and treatment of illness/suffering and risk behaviors among individuals, families, groups and communities. The CNS scope of practice may include providing clinical expertise in integrating quality care across the cancer continuum; assisting patients and families in understanding and navigating through cancer care; developing staff and healthcare programs to provide evidence-based, outcome-guided practice; and creating environments through mentoring and system change that empower nurses to serve as patient advocates. In addition, CNSs work collaboratively with other nurses, health team members, and the cancer care community in promoting health and well-being for patients, families, and communities, as well as the healthcare systems providing service.<sup>1</sup>

Within oncology, the essence of CNS practice is clinical nursing expertise in diagnosis and treatment to prevent, remediate, or alleviate illness and promote health among the oncology patient population. Oncology CNSs function primarily in the oncology nursing domain as clinical experts within a subspecialty, special population, type of cancer, type of care, or comprehensive cancer program. CNSs work to advance oncology nursing practice as direct care providers, consultants, educators, patient and system advocates, team coordinators, program designers, administrators, and/or researchers. Currently, ONS has 1,272 members who practice in the CNS role.

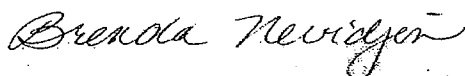
#### Recommendation

Under the draft 2010 SOC proposal, CNSs would remain categorized under the broad Registered Nurse (RN) classification. We are concerned that grouping CNSs with the general RN category will result in inaccurate data and proves inconsistent with the federal definition of APRN. Therefore, ONS recommends that the 2010 SOC include a separate and distinct category for CNSs. Such a categorization would be consistent with federal statute and the way in which ONS, ANA, and other nursing organizations classify APRNs. Moreover, distinguishing CNSs from RNs, and the other types of APRNs, would allow government agencies, such as the Bureau of Labor Statistics, to collect more specific data on the field of nursing; this in turn, would support more accurate research on nursing employment levels and wages. Importantly, a distinct classification also would appropriately recognize the advanced training and education that CNSs have completed.

#### Summary

Thank you very much for your consideration of our concerns and for your attention to our request. Please know that we stand ready to work with you and your colleagues to ensure that data collected by the federal government regarding RNs fully captures and recognizes the different categories of advanced practice nurses. Should you or your staff have any questions please contact our ONS Health Policy Manager, Leslie Greenberg (412/859-6401, [lgreenberg@ons.org](mailto:lgreenberg@ons.org)).

Respectfully Submitted,



Brenda Nevidjon, RN, MSN, FAAN  
President



Paula Rieger, RN, MSN, AOCN, FAAN  
Chief Executive Officer

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<sup>1</sup> American Nurses Association. (1995). *Scope and standards of advanced practice nursing*. Washington, DC: American Nurses Publishing.