



Center for Advocacy and Health Policy

Advocacy Glossary

Updated September 2026



**Oncology Nursing
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ONS Advocacy Glossary

This glossary is designed for oncology nurses who are new to health policy and advocacy. It explains some key terminology related to how health policy is made—especially in Congress—in plain language, with a focus on when you will hear these terms, why they matter, and how they connect to current ONS advocacy priorities.

You do not need to be a policy expert to be an effective advocate. This glossary is meant to help you feel prepared, confident, and credible when participating in advocacy activities.

Each entry includes:

- **What it is** (plain language)
- **You'll hear this when...** (real-world context)
- **Why it matters to nurses & ONS** (advocacy relevance)

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The Top 10 Policy Terms Every Nurse Advocate Should Know

(If you read nothing else, start here.)

1. **Appropriations** – The process by which funding decisions are made
2. **Committees of Jurisdiction** – Who has power over an issue area
3. **Committee Hearing** – How committees investigate issues
4. **Committee Markup** – How committees debate and advance legislation
5. **Continuing Resolution (CR)** – Appropriations legislation that extends funding at current levels
6. **Report Language** – Instructions and opinions from congress to the agencies
7. **Cosponsor** – Official support for legislation
8. **Action Alert** – When and how nurses are asked to engage
9. **Legislation** – Proposals introduced in Congress that seek to change current law
10. **Regulation** – Rules federal agencies create and update to implement laws



Appropriations

What it is: Congress's annual decisions on how much money federal programs receive.

You'll hear this when... ONS talks about funding for NIH, NCI, HRSA nursing workforce programs, or CDC cancer initiatives.

Why it matters to nurses & ONS: Most ONS federal advocacy focuses on appropriations because this is where **real dollars** are decided.

Examples of ONS priority connection: Cancer research funding, oncology nurse workforce development, public health cancer programs.

Committees of Jurisdiction

What it is: The congressional committee responsible for a specific issue.

You'll hear this when... Advocacy updates mention Senate HELP, Senate Finance, House Energy & Commerce, House Ways & Means, or Senate and House Appropriations Committees.

Why it matters to nurses & ONS: Members on these committees have outsized influence—creating relationships with their offices is especially impactful.

Examples of ONS priority connection: Workforce policy, Medicare and Medicaid issues, cancer care access, cancer and nursing research funding.

Hearing

What it is: A formal meeting where congressional committees listen to experts and stakeholders and/or investigate governmental or non-governmental entities.

You'll hear this when... ONS references a hearing on cancer care, prior authorization, workforce shortages, access issues...etc.

Why it matters to nurses & ONS: Hearings shape the official record; nurse voices can directly influence how lawmakers understand problems.

Examples of ONS priority connection: Access to care, administrative burden, oncology workforce challenges.

Markup

What it is: A meeting where committee members debate, amend, and vote on a bill.

You'll hear this when... A bill is preparing to move through committee and ONS issues time-sensitive advocacy alerts.

Why it matters to nurses & ONS: This is often the **last chance** to add or protect nursing-related provisions.

Examples of ONS priority connection: Nurse workforce language, patient protections, scope-related provisions.

Continuing Resolution (CR)

What it is: A spending bill used when Congress cannot pass government funding bills prior to an appropriations deadline; it extends government funding at current levels.

You'll hear this when... Congress avoids a shutdown and extends funding at current levels. These extensions are often short-term, allowing Congress additional time to negotiate comprehensive appropriations legislation.

Why it matters to nurses & ONS: CRs delay funding increases and stall new cancer and workforce initiatives.

Examples of ONS priority connection: Stability and growth of federal cancer and workforce programs.

Report Language

What it is: Explanatory text that accompanies government funding bills, but is not law. Report language expresses opinions and provides instructions to federal agencies from Congress.

You'll hear this when... ONS mentions influencing agency behavior without changing statute.

Why it matters to nurses & ONS: Agencies often follow report language—it's a high-impact, lower-visibility advocacy win.

Examples of ONS priority connection: Program implementation, CMS and NIH direction, workforce emphasis.

Cosponsor

What it is: A lawmaker who formally supports a bill.

You'll hear this when... ONS tracks how much support legislation has.

Why it matters to nurses & ONS: More cosponsors = more momentum and credibility. Committee and chamber leadership may prioritize legislation that has larger numbers of cosponsors.

Examples of ONS priority connection: Workforce legislation, access to care bills.

Dear Colleague Letter

What it is: A sign-on letter circulated among lawmakers to increase awareness or garner support for a particular issue.

You'll hear this when... ONS asks members to urge their representatives to sign a letter.

Why it matters to nurses & ONS: Letters show broad support, especially for funding priorities.

Examples of ONS priority connection: Appropriations requests, workforce funding.

Comment Letter

What it is: Written feedback submitted to agencies or Congress.

You'll hear this when... CMS or another agency releases a proposed rule.

Why it matters to nurses & ONS: Comment letters are one of the **most direct ways** nurses and organizations influence policy.

Examples of ONS priority connection: Scope of practice, payment policy, professional degree rule.

Must-Pass Legislation

What it is: Bills Congress must pass (e.g., funding bills).

You'll hear this when... Deadlines approach and Congress negotiates quickly.

Why it matters to nurses & ONS: Nurse priorities are often attached to these bills to ensure passage.

Examples of ONS priority connection: Funding, workforce, patient protections.

Budget Reconciliation

What it is: A special congressional process that allows certain tax and spending changes to pass the Senate with a simple majority (51 votes) instead of the usual 60 votes.

You'll hear this when... Congress is trying to move the priorities of the party in power, and leadership says they want to “avoid the filibuster.” An important caveat exists – any proposal included must alter federal spending. If a proposal does not meet this criteria, the Senate Parliamentarian can rule against its inclusion.

Why it matters to nurses & ONS: Reconciliation bills can make big changes to Medicare, Medicaid, ACA coverage, and health funding—often with limited opportunity for amendments. Nurse advocacy is especially important early, before positions harden.

Examples of ONS priority connection: Coverage and access to care, affordability of cancer treatment, and major federal health investments.

Important limitation (plain language): Only policies that directly affect federal spending or revenue can be included—many workforce or practice issues are *not* eligible.

Rulemaking

What it is: The process federal agencies use to create, update, or revise regulations that implement laws passed by Congress.

You'll hear this when... ONS discusses Medicare or Medicaid policy changes, CMS releases new requirements, or an agency seeks public input on how a law should be carried out.

Why it matters to nurses & ONS: Many policies that affect oncology nursing practice, payment, workforce, and patient access are shaped **during rulemaking—not in Congress**. This is often where details are decided, and where nursing expertise can strongly influence outcomes.

Examples of ONS priority connection: Payment policy, scope of practice, staffing and workforce rules, prior authorization requirements, professional degree and training standards.

Pre-Rulemaking (Rulemaking – Step 0)

What it is: The early policy development stage before a proposed rule is issued. During this phase, agencies identify policy issues, gather information, and seek stakeholder feedback to help shape potential regulatory approaches.

Agencies often use informal activities such as listening sessions, town halls, Requests for Information (RFIs), Requests for Comment (RFC), technical expert panels, and stakeholder meetings. In some cases, agencies may also issue a formal Advance Notice of Proposed Rulemaking (ANPRM), published in the *Federal Register*, to request public input before drafting a proposed rule.

You'll hear this when... CMS, FDA, or another agency signals that future regulatory or payment policy changes are under consideration and asks stakeholders for feedback before developing formal proposals.

Why it matters to nurses & ONS: This is often the best opportunity to shape policy direction before an agency becomes committed to a specific proposal. Early engagement helps agencies better understand clinical realities, workforce challenges, patient access concerns, administrative burden, and unintended consequences. It is also important because of the “logical outgrowth” standard in federal rulemaking, which generally requires that final policies be a logical outgrowth of issues or proposals already raised publicly during the rulemaking process, so stakeholders have a fair opportunity to review and comment on them.

Proposed Rule (Rulemaking – Step 1)

What it is: A draft regulation released by a federal agency that explains planned policy changes and invites public comment.

You'll hear this when... CMS or another agency publishes a proposed rule and opens a public comment period, often 30–90 days.

Why it matters to nurses & ONS: This is a critical opportunity for oncology nurses and organizations like ONS to influence policy before it is finalized. Agencies must review and consider the comments they receive.

Examples of ONS priority connection: Submitting comment letters on payment changes, workforce requirements, administrative burden, or access-to-care policies.

Final Rule (Rulemaking – Step 2)

What it is: The official regulation issued after the agency reviews public comments and makes final policy decisions. Final rules have an effective date and carry the force of law.

You'll hear this when... An agency announces finalized changes and explains how public comments influenced (or did not influence) the outcome.

Why it matters to nurses & ONS: Final rules determine **what actually changes in practice**. Understanding final rules helps nurses prepare for implementation, compliance, and—in some cases—identify future advocacy needs.

Examples of ONS priority connection: Implementation of new payment models, finalized workforce requirements, CMS policy changes affecting oncology care delivery.

Copay Accumulator

What it is: A health plan or pharmacy benefit manager policy that allows a patient to use manufacturer copay assistance for a medication, but does not count that assistance toward the patient's deductible or annual out-of-pocket maximum.

You'll hear this when... ONS discusses prescription drug affordability, oral chemotherapy access, patient assistance programs, or legislation requiring all copays to count toward patient cost-sharing requirements.

Why it matters to nurses & ONS: Copay accumulators can leave commercially insured patients with unexpected and unaffordable costs even after assistance has been used, creating barriers to staying on prescribed cancer treatment.

Examples of ONS priority connection: Oral chemotherapy parity, medication adherence, cancer treatment affordability, patient access protections, and support for policies that ensure copay assistance counts toward cost-sharing.

Federal Agencies and National Organizations

We rely on a network of U.S. federal agencies and nonprofit organizations to stay ahead of advances in cancer care—and so can you. Here are some of the trustworthy institutions whose news, research, and policy decisions affect oncology nurses.

Agency for Healthcare Research and Quality (AHRQ)

The AHRQ's mission is to produce evidence that makes health care safer, higher quality, more accessible, equitable, and affordable. The agency works within the U.S. Department of Health and Human Services and with other partners to make sure that its evidence is understood and used.

Centers for Medicare and Medicaid Services (CMS)

The CMS administers the Medicare, Medicaid, and CHIP Programs, creating an outcome-driven healthcare system as it leads the charge in healthcare innovation and implementation.

Food and Drug Administration (FDA)

The FDA is responsible for protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, the food supply, cosmetics, and products that emit radiation.

Federal Trade Commission (FTC)

The FTC prevents business practices that are anticompetitive, deceptive, or unfair to consumers without burdening legitimate business activity. Its work enhances informed consumer choice and public understanding of the competitive process.

National Cancer Institute (NCI)

The NCI is the federal government's principal agency for cancer research and training. It coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to cancer. The National Cancer Program's work spans all phases of cancer, from cause and diagnosis to rehabilitation and survivorship care.

National Institutes of Health (NIH)

The NIH is a medical research agency under the U.S. Department of Health and Human Services. Its important discoveries improve health and save lives.

National Institute of Nursing Research (NINR)

The NINR supports and conducts research and research training that builds the scientific foundation for clinical practice, prevents disease and disability, manages and eliminates symptoms caused by illness, and improves palliative and end-of-life care.

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