

## Government must remove regulatory handcuffs that limit NP practice



**The first thing RNAO** considers when making any policy decision is how it will affect the public. When it comes to nurse practitioners (NP), we believe the public is best served

when NPs are able to practise to full scope. Sadly, this is not the case in Ontario.

Despite assurances from government that it recognizes the important role NPs play in addressing the challenges in our health system, recently proposed legislation indicates an abundance of talk but only limited action. Indeed, I'm troubled by the disconnect between what Premier Dalton McGuinty says about NPs and what his government is rolling out in legislation related to their practice. The premier has repeatedly described nurse practitioners as "an untapped resource that government must take full advantage of." Yet, he has chosen to leave unnecessary legislative barriers in place that limit NP practice. By announcing simple amendments to existing regulations, the government has done little for Ontarians who are looking for better access to health services and reduced wait times.

On May 11, the Premier and Ontario's Minister of Health and Long-Term Care David Caplan introduced *Bill 179*, legislation which will expand the scope of practice for 16 regulated health professionals in Ontario. Nurse practitioners are among them (see feature on pg 12). While the proposed legislation is a step in the right direction, it is only a baby step and will not fully benefit the public. Key amendments are still needed in *Bill 179* if the government wants to achieve its goal of improved access and decreased wait times.

Under the proposed legislation, NPs will be able to carry out a variety of previously unauthorized acts and treatment procedures such as setting or casting bone fractures, ordering bone density tests and MRIs, and dispensing certain drugs. We know these changes will alleviate some frustration

among NPs who feel their education, skills and experience are not adequately utilized in Ontario. This is good news, but there is still a long way to go between this announcement and better utilization of NPs.

First, NPs should have open prescribing authority for pharmaceuticals that are within their scope and that they believe will benefit their patients. At present, the pre-approved list of medications that NPs can prescribe is limiting, and getting new medications added to the list can take up to three years. Government says it will speed up the process, but we say that's impossible given the pace of pharmaceutical development. Other jurisdictions understand this,

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and NPs across most of Canada – and in 45 U.S. states – have open prescribing authority. Why should Ontario, which was the first jurisdiction in this country to regulate the NP role 11 years ago, fall so far behind the rest of Canada in fully engaging the role? The facts show there's no justification for Ontario's position.

It is shocking that the government ignored the key recommendation for open prescribing that the College of Nurses of Ontario (CNO) called for in submissions to the Health Professions Regulatory Advisory Council (HPRAC). This is why, with your active support, we will push all parties to do what is right for the public by following the rest of Canada and allowing open prescribing. Anything less is unacceptable.

The second change that is urgently needed in the proposed legislation relates to NPs' ability to admit, treat and discharge patients in hospitals. Broad-based legislation is necessary so that hospitals can take full advantage of NPs' competencies. The *Public Hospitals Act* currently allows NPs to admit patients to emergency departments and other out-patient settings, but not to any in-patient unit in the hospital. I tried to get to the bottom of this illogical restriction during a recent conversation with a senior administrator. He implied that if regulations were expanded to include in-patient units, that might result in more admissions to the hospital. I pressed him about his view, asserting that NPs, as knowledgeable health professionals, would not admit patients who don't need to be admitted. I also reminded him that the same misguided view surfaced when debate raged about NPs ordering lab tests. People thought labs would be overwhelmed. We knew that would not happen, and we were right.

It's infuriating when these kinds of artificial and baseless hurdles and statements are informing debate about the scope of NP practice. In reality, they amount to nothing more than political wrangling. Meanwhile, the public suffers from avoidable system shortfalls, including poor access and lengthy wait times. I say, shame. It's time to put the public first.

As we head into summer, an all-party legislative committee will hold public hearings on *Bill 179*. RNAO will be at those meetings calling for amendments to improve the bill, and we will engage you on the demand to remove the regulatory handcuffs that limit NPs from fully serving Ontarians. In the fall, politicians will vote on the legislation. We will watch MPPs closely as they make their choice. And RNAO will be there to make sure the parties' political choice is the decision that reflects the public good. **RN**

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