



RNAO's Response to Bill 87:
Protecting Patients Act, 2016

Speaking Notes

April 26, 2017



LISA LEVIN

Thank you Mr. Chair.

Good afternoon and thank you for this opportunity to address the Standing Committee on the Legislative Assembly.

My name is Lisa Levin. I am the director of the nursing and health policy department at the Registered Nurses' Association of Ontario (RNAO). With me today is Cheryl LaRonde-Ogilvie, a registered nurse and nursing policy analyst with RNAO. As the professional association representing registered nurses, nurse practitioners and nursing students in Ontario, we thank you for the opportunity to provide advice regarding Bill 87. RNAO will respond to Schedules 3 (*Ontario Drug Benefit Act*) and 4 (*Regulated Health Professions Act, 1991*). Today we will be commenting on five key recommendations based on our submission.

LISA

RNAO has been a staunch advocate for the full utilization of nurse practitioners (NPs). Thus, RNAO sees the inclusion of NP under the provisions of the *Ontario Drug Benefit Act* (ODBA) as central to facilitating the recent changes to *Nursing Act* regulations announced on April 19, 2017 that permit NPs to prescribe controlled drugs and substances in Ontario. As stated by Minister Eric Hoskins, authorizing NPs to prescribe opioids, benzodiazepines and other drugs listed on the federal *Controlled Drugs and Substances Act* will provide faster access to care for Ontarians dealing with pain, anxiety, and/or needing palliative care, as well as those living in remote and rural areas. It will also provide access to MAID in accordance with the law.

However, while RNAO welcomes this long awaited change to the scope of NP practice, some medications are still restricted for NPs working in palliative care and other areas and will remain so unless legislative and policy changes to the Exceptional Access Program are implemented. Currently, requests for coverage of drug products not listed in the Ontario Drug Benefit Formulary (under section 8 of the Ontario Drug Benefit Act) are restricted to physicians through the Exceptional Access Program. Thus,

RNAO's first recommendation is to proceed with the inclusion of nurse practitioners (NP) "registered nurse in the extended class" in the ODBA (Sections 1, 3 and 4 of Schedule 3 of Bill 87), and ensure NPs are included under all relevant sections to maximize access to all medications within their scope of practice.

RNAO also wants to make a recommendation regarding registered nurses (RN). On February 23, 2017 at RNAO's 17th annual Queen's Park Day, the Minister of Health announced that he is bringing forward amendments to the Nursing Act this spring to give RNs the authority to independently prescribe medications and communicate a diagnosis.^{1 2} This will improve access to quality health services across the system and enhance patient outcomes. As the province moves forward with this scope expansion, it should be anticipated that the ODBA will require amendments to include registered nurses (RN).³

Our second recommendation is to

Amend the ODBA (Sections 1 and 3 of Schedule 3 in Bill 87) to include registered nurses (RN) in anticipation of their expanded scope of practice.

CHERYL

Consistent with RNAO's best practice guidelines^{4 5 6} and ongoing advocacy against sexual violence,^{7 8 9} RNAO supports the strictest sanctions possible in the movement towards zero tolerance of sexual abuse by a health-care provider. There appears to be serious and persistent problems among some regulated colleges in relation to weak enforcement and penalties of sexual misconduct by their members. RNAO formally presented to the minister's task force and called for stronger mandatory reporting requirements, better support services for patients who have been sexually abused, and more education for health-care providers.¹⁰

RNAO strongly supports the minister's task force recommendation that the RHPA's delegation of authority to regulatory colleges in handling of complaints of patient sexual abuse be amended to remove their jurisdiction over all responses to alleged sexual abuse of patients by their members. We agree with their task force's recommendation of transitioning to a new, centralized regulatory body and an independent tribunal.¹¹

The people of Ontario place a great amount of trust in our health system and the health-care professionals from whom they seek assistance in times of need. That is why the numerous stories of abuse by health-care providers are so upsetting. The response by regulatory colleges is, all too often, shockingly inadequate. It is completely unacceptable that health-care professionals accused of committing a sexual offence against a patient, are allowed to continue to practise in their fields. This clearly demonstrates that the existing system has failed to uphold its mandate. It's important to mention that this is the third task force that has been convened over 15 years to report on the issue of sexual abuse by regulated professionals. The long history of negligence in pursuing and punishing the perpetrators of patient abuse needs to end in order to restore faith in our health system. If the government really wants to achieve zero tolerance, it needs to take immediate action and make real changes in the pursuit of that goal

Accordingly, RNAO's third recommendation is to amend Bill 87 to mandate the creation of a new centralized regulatory body and independent tribunal to oversee all cases of alleged sexual abuse of patients by members of a professional college, with the minister's oversight to sustain accountability, as outlined in the minister's task force report.

Our fourth recommendation is to proceed with RHPA amendments proposed in Schedule 4 of Bill 87, to give regulatory colleges more power to protect the public by issuing interim suspensions to members accused of sexual misconduct (Clause 15 - i.e. RHPA Schedule 2, 25.4(1)) and mandatory revocation of a member's license (Clause 19(2) - i.e. subsection 51(5) of RHPA Schedule 2)) if found guilty.

One of the most common human responses to sexual abuse is denial. As a result, disclosure of the abuse is often hidden. It can take victims years to report the offense. The definition of "patient" in the RHPA needs to be standardized across the professions and not be limited to the start and end of the formal treatment period. RNAO recommends using the language and definition of a patient outlined in the minister's task force report: "patient" means an individual who at any time has received, or is receiving, health care from a member, or has been assessed by the member, or is otherwise under, or assigned to, the care of the member, including psychotherapy delivered through a therapeutic relationship or counseling for emotional, social, educational or spiritual matters delivered through a confidential treatment context"¹²

RNAO's fifth recommendation is to amend the definition of "patient" in Bill 87 Schedule 4, Clause 7 (i.e. subsection 1(6) of RHPA Schedule 2) to remove the time restriction of one year, keeping in line with the minister's task force recommendations outlined in the report.

In conclusion, RNAO is pleased to have had the opportunity to provide input to the Standing Committee on Legislative Assembly regarding amendments to Bill 87. We believe the recommendations specified in our written submission and our presentation today are critical to strengthen this bill.

References

¹ Punch, D. (2017). *Nurses look forward to expanded scope after announcements at Queen's Park*. Registered Nurses' Association of Ontario. February 24. <http://rnao.ca/news/media-releases/2017/02/24/nurses-look-forward-expanded-scope-after-announcements-queen%E2%80%99s-park>.

² Ibid.

³ College of Nurses of Ontario (2017). Health Minister announces plans to change laws to allow RN prescribing. Toronto <http://www.cno.org/en/news/2017/february-2017/minister-announces-plans-to-change-laws-to-allow-rn-prescribing/>

References

⁴ Registered Nurses' Association of Ontario (2012). BPG: Woman Abuse: Screening, Identification and Initial Response. http://rnao.ca/sites/rnao-ca/files/BPG_Woman_Abuse_Screening_Identification_and_Initial_Response.pdf

⁵ Registered Nurses' Association of Ontario (2015). iaBPG: Person-and Family-Centred Care. http://rnao.ca/sites/rnao-ca/files/FINAL_Web_Version_0.pdf

⁶ Registered Nurses' Association of Ontario (2006). BPG: Establishing therapeutic relationships. http://rnao.ca/sites/rnao-ca/files/Establishing_Therapeutic_Relationships.pdf

⁷ Registered Nurses' Association of Ontario (2015). Ending Sexual Violence and Harassment for a Healthier Ontario. Submission to the Select Committee on Sexual Violence and Harassment http://rnao.ca/sites/rnao-ca/files/RNAO_Written_Submission_sexual_violence_April_29_2015_final.pdf

⁸ Registered Nurses' Association of Ontario (2008). Position Statement: Violence Against Nurses – 'zero' Tolerance for Violence Against Nurses and Nursing Students. <http://rnao.ca/policy/position-statements/violence-against-nurses>

⁹ Registered Nurses' Association of Ontario (2007). Position Statement: Respecting Sexual Orientation and Gender Identity. <http://rnao.ca/policy/position-statements/sexual-orientation-gender-identity>

¹⁰ Registered Nurses' Association of Ontario. Presentation to the Ministers Task Force to Prevent Sexual Abuse of Patients and the Regulated Health Professions Act, 1991. http://rnao.ca/sites/rnao-ca/files/RNAO_-_Minister_s_Task_Force_on_the_Prevention_of_the_Sexual_Abuse_of_Patients_and_the_Regulated_Health_Professions_Act.pdf

¹¹ Ibid.

¹² Ibid.