

Nurse Practitioners Prescribing Controlled Substances

Will you press for immediate regulatory changes under the *Nursing Act* to authorize nurse practitioners (NPs) to prescribe all controlled substances, including testosterone and harm reduction medications (i.e. methadone)?

There are over 2,600 NPs registered with the College of Nurses of Ontario (CNO) under three recognized specialty categories: primary care, adult or pediatric.¹ This represents almost 60 per cent of the nation's NP workforce. Further increases to the NP workforce are expected as the NP role grows to reach its full potential. NPs work in a variety of settings, including hospitals, primary care, home health, rehabilitation, public health, and long-term care.

The term "controlled drugs and substances" refers to medications included in Schedule I, II, III, IV or V of the Federal *Controlled Drugs and Substances Act, 1996*, such as opiates and benzodiazepines.² As of 2012, amendments under this *Act* give NPs the authority to prescribe controlled substances under federal law in the *New Classes of Practitioners Regulations (NCPR)*, which RNAO largely supported.³ However, the relevant provincial regulations in Ontario (Regulation 275/94 of the *Nursing Act, 1991*) have not yet been changed. The CNO has indicated it will work with stakeholders to establish provincial regulations for this area of NP practice.⁴

Historically, Ontario has led the way through significant expansions to the scope of practice of the NP, including: granting the authority to admit, treat, transfer and discharge hospital in-patients; expansion of NPs into long-term care; and NP-led clinics in primary care.⁵ However, Ontario lags behind other jurisdictions when it comes to prescribing controlled drugs and substances. This has already been granted to NPs in Alberta, Manitoba, Nova Scotia and Saskatchewan, as well as several jurisdictions in the United States.

Given the evolving role of the NP and its demonstrated impact on improving access to health care for Ontarians, RNAO supports the immediate regulatory changes necessary to authorize NPs to prescribe all controlled drugs and substances. It is time to bring the regulations up-to-date to reflect the comprehensive, safe and evidence-informed care that NPs routinely provide.

In an early draft document reviewed by RNAO in 2014, we were pleased to see a proposal that NPs could prescribe testosterone. This is incredibly important as it removes barriers for transmasculine clients seeking medically prescribed hormone treatment.⁶ However, we were concerned that regulations were not being pursued to authorize NPs to prescribe methadone. This would create

significant barriers to care for Ontarians who are battling addictions, particularly in rural, remote and northern communities where an NP may be the only primary care provider.

If NPs are given adequate organizational and legislative support, they will be able to improve access to care while containing system costs.⁷ NPs working in all settings need the authority to prescribe controlled substances as part of their comprehensive treatment plan that may include pain management, harm reduction, etc. With enabling regulation to authorize prescribing controlled substances, NPs have the potential to decrease health system costs by reducing duplication and unnecessary referrals.⁸ This change would also improve continuity of care and access to necessary treatments and care. Studies from the U.S. have demonstrated that increasing NP prescriptive authority to include controlled substances is linked with positive outcomes such as improved access to care, decreased costs, and the advancement of the NP role.^{9,10}

References:

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