

## Fully Utilizing Nurse Practitioners (NP): Prescribing Controlled Substances and Other Expanded Authority

**Will you press for immediate regulatory changes to authorize nurse practitioners (NP) to work to their full scope of practice, thereby increasing access to comprehensive care for Ontarians?**

Nurse practitioners (NP) have advanced knowledge and education and a broadened scope of practice.<sup>1</sup> There are over 2,900 NPs registered with the College of Nurses of Ontario (CNO) under three specialty categories: primary care, adult and paediatric.<sup>2</sup> NPs work in a variety of settings, including hospitals, primary care, home health, rehabilitation, public health, and long-term care.

NPs provide safe, high quality and cost-effective care to Ontarians. Historically, Ontario has led the way when it comes to the evolution of the NP role, including: granting the authority to admit, treat, transfer and discharge hospital in-patients; expansion of attending NPs into long-term care; and NP-led clinics in primary care. However, there are several gaps in NP scope of practice that hinder access and prevent NPs from providing more comprehensive care.

Eliminating barriers for NPs to order necessary tests, medications and procedures will enhance access to care for Ontarians in institutional and community settings, and advance health system effectiveness. This will also help meet the goals outlined in the Minister of Health and Long-Term Care's current *Patient's First: Action Plan for Health Care*<sup>3</sup>, which aims to promote access to high-quality care by qualified health professionals and the best use of resources.

RNAO urges immediate attention to address the following barriers. Please note that this list is not exhaustive; rather, it represents specific concerns that our members have raised.

### Authority to prescribe controlled drugs and substances

NPs are authorized to prescribe all medications appropriate for patient care, except controlled substances.<sup>4</sup> Federal regulations were amended in 2012 to permit NPs to prescribe controlled substances,<sup>5</sup> however, the relevant provincial regulations in Ontario under the *Nursing Act, 1991* have not yet been changed. This leaves Ontario as the only jurisdiction in Canada where NPs are not authorized to prescribe controlled drugs and substances. On Oct. 24, 2016, Minister of Health and Long-Term Care Eric Hoskins informed the College of Nurses of Ontario (CNO) that he "would like to see nurse practitioners in a position to prescribe controlled drugs and substances

as soon as possible and no later than March 2017."<sup>6</sup> We are now approaching this March 2017 deadline, and it is nearly five years since federal regulations changed, so it is imperative that CNO move ahead with regulatory and by-laws changes to enable NPs to prescribe controlled drugs and substances as soon as possible.<sup>7</sup>

Enabling NPs to prescribe controlled substances will increase access to comprehensive primary health care and key areas such as end-of-life care (including medical assistance in dying), pain management, addiction, mental health, harm reduction, and gender affirming hormone therapy for transgender people. In studies from the United States, increasing NP prescriptive authority to include controlled substances was associated with positive outcomes such as increased access to care, decreased costs, and the advancement of the NP role.<sup>8 9</sup>

Consistent with federal law,<sup>10</sup> NPs in Ontario must be enabled to prescribe methadone as well as other controlled substances. RNAO urges CNO to work with the Ministry of Health and Long-Term Care (MOHLTC) and the provincial methadone program<sup>11</sup> (administered by the College of Physicians and Surgeons of Ontario) so that NPs can access the same exemption process, education, and mentoring supports currently available to physicians.<sup>12</sup>

#### Point-of-care testing

NPs are authorized to order laboratory tests as appropriate for patient care through regulations under the *Laboratory and Specimen Collection Centre Licensing Act, 1990*. However, under current regulation, NPs may not perform or order point-of-care tests, such as a urinalysis dip or pregnancy test. NPs must use utilize medical directives for these tests, which are restrictive, risky, time consuming, and present a barrier to health system efficiency. It is well within NP competency to perform and order point-of-care testing, and RNAO urges that an immediate change to the regulation to grant NPs this authority.

#### Inability to order electrocardiograms (ECG)

NPs are authorized to order ECGs in non-urgent situations only. However, in order to increase timely access to necessary care, NPs need authority to order this test in all situations, including those that are urgent. Again, this gap leads to decreased access to a necessary test for clients, as well as the need for inefficient medical directives. We urge the government to immediately remove this restriction.

#### Authority to order physical restraints

Currently, NPs have the authority to provide an order to physically restrain a client in long-term care settings, but not in hospital settings. RNAO recommends that authority be granted to NPs in hospital settings to provide this order, through regulation under the *Patient Restraints Minimization Act, 2001*. While NPs, and all health professionals, must work to minimize restraint use and follow best practice guidelines,<sup>13</sup> there are times when clients may be at risk of

harming themselves or others, and restraints are necessary for safety. It may create an unsafe situation if NPs cannot provide the order for restraints. We urge an immediate regulatory amendment so that NPs may provide this order in hospitals, thus harmonizing NP scope of practice between the hospital and long-term care sectors.

### Ordering of diagnostic imaging

At present, NPs must order x-rays from a fixed list and do not have authority to order beyond this list. However, this excludes tests that NPs need to order so they can provide comprehensive care to their clients. For example, NPs ought to have the authority to order bone mineral density (BMD) tests, which are routinely used to screen for osteoporosis. NPs are central to advancing timely access to quality care and their current inability to order all x-rays, Computed Tomography (CT) scans, and Magnetic Resonance Imaging (MRI) limits their capacity to provide comprehensive care and health system effectiveness. Thus, RNAO urges that NPs be immediately authorized to order all x-rays, CT scans, and MRIs.

Given the evolving role of the NP and its demonstrated impact on improving access to health care for Ontarians, RNAO urges that these scope of practice gaps be bridged immediately. It is time to bring the scope of practice up-to-date to reflect the comprehensive, safe and evidence-informed care that NPs routinely provide.

## References

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<sup>1</sup> College of Nurses of Ontario. (2016). *Nurse Practitioners*. Toronto: Author. <http://www.cno.org/en/learn-about-standards-guidelines/educational-tools/nurse-practitioners/>.

<sup>2</sup> College of Nurses of Ontario. (2016). *Membership Totals at a Glance*. Toronto: Author. <http://www.cno.org/en/what-is-cno/nursing-demographics/membership-totals-at-a-glance/>.

<sup>3</sup> Ontario Ministry of Health and Long-Term Care. (2016). *Patients First: Action Plan for Health Care*. Toronto: Author. [http://www.health.gov.on.ca/en/ms/ecfa/healthy\\_change/](http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/).

<sup>4</sup> College of Nurses of Ontario. (2014). *NP Diagnostic and Prescriptive Authority*. Toronto: Author. <http://www.cno.org/en/learn-about-standards-guidelines/list-of-all-publications/amended-drug-laboratory-and-diagnostic-test-lists/>.

<sup>5</sup> Government of Canada (2012). *New Classes of Practitioners Regulation*. <http://laws-lois.justice.gc.ca/eng/regulations/SOR-2012-230/page-1.html>.

<sup>6</sup> Hoskins, E. (2016). *Letter to the College of Nurses of Ontario*. Toronto: Author. October 24, 2016. <http://www.cno.org/globalassets/standard-online/ministerletter.pdf>.

<sup>7</sup> Registered Nurses' Association of Ontario. (2017). *RNAO Feedback to the College of Nurses of Ontario: Nurse Practitioners' Authority to Prescribe Controlled Substances*. Toronto: Author. <http://rnao.ca/policy/letters>.

<sup>8</sup> Kaplan, L., Brown, M., & Donahue, J. (2010). Prescribing controlled substances: How NPs in Washington are making a difference. *Nurse Practitioner*. 35 (5): 47-53. doi: 10.1097/01.NPR.0000371299.44113.20.

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<sup>9</sup> Ambrose, M. & Tarlier, D. (2013). Nurse practitioners and controlled substances prescriptive authority: Improving access to care. *Nursing Leadership*. 26 (1): 58-69.

<sup>10</sup> New classes of practitioner regulations under the *Controlled Drugs and Substances Act*. <http://laws-lois.justice.gc.ca/eng/regulations/SOR-2012-230/page-1.html>.

<sup>11</sup> College of Physicians and Surgeons of Ontario (nd). Methadone Program. <http://www.cpso.on.ca/CPSO-Members/Methadone-Program>.

<sup>12</sup> Registered Nurses' Association of Ontario. (2017). *RNAO Feedback to the College of Nurses of Ontario: Nurse Practitioners' Authority to Prescribe Controlled Substances*. Toronto: Author. <http://rnao.ca/policy/letters>.

<sup>13</sup> Registered Nurses' Association of Ontario. (2012). *Promoting Safety: Alternative Approaches to the Use of Restraints*. <http://rnao.ca/bpg/guidelines/promoting-safety-alternative-approaches-use-restraints>.