



# RNAO

Registered Nurses' Association of Ontario  
L'Association des infirmières et infirmiers  
autorisés de l'Ontario

Dr. Eric Hoskins  
Minister of Health and Long-Term Care  
Hepburn Block, 10th Floor  
80 Grosvenor Street  
Toronto, ON M7A 2C4

August 23, 2016

## **RE: NP Authority to Prescribe Controlled Substances**

Dear Eric,

Federal regulations were amended in 2012 to permit nurse practitioners (NP) to prescribe controlled substances.<sup>1</sup> RNAO influenced these national changes and has been advocating for complementary amendments to provincial regulations for three years.<sup>2,3</sup> In 2013, Premier Wynne said she was aware of this issue during her remarks at RNAO's Annual General Meeting and promised action.<sup>4</sup> Since that time, RNAO reviewed and provided feedback on a draft College of Nurses of Ontario (CNO) practice standard that includes prescribing controlled substances.<sup>5</sup> However, two years have passed and we have seen no movement. Moreover, in your remarks at our 2016 AGM, you recognized this issue and committed to finding a resolution.

Historically, Ontario has led the way when it comes to significant expansions to the scope of practice of NPs, 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, Ontario now lags behind other jurisdictions when it comes to prescribing controlled substances. This authority has already been granted to NPs in Alberta, Manitoba, Nova Scotia, and Saskatchewan, as well as all across the United States.

Minister, the lack of progress in Ontario is alarming. There is an urgent need to accelerate provincial regulatory changes. In your vision for the future of the health system, you have identified the need to improve health equity and reduce health disparities. This cannot happen without the full utilization of all regulated health professionals. Current gaps created by NPs' inability to prescribe controlled substances include:

- **Indigenous Health:** We know that you are intimately aware of the crisis affecting the health of many indigenous communities. There is a dire need for resources and support, including specialized mental health and addiction care. NPs should have the authority to prescribe opioid substitution therapy, such as buprenorphine (Suboxone) and methadone<sup>6,7</sup> to treat opiate addiction.

- **Access to Primary Care:** In the context of current health system transformation, expanding NP scope of practice would serve to improve timely access to primary care services. NPs working in Community Health Centres and NP-led clinics, often serving marginalized populations, will help to improve health outcomes and also lead the way to improve utilization of primary care providers in treating addiction.
- **LGBTQ Health:** Your government has demonstrated leadership in supporting LGBTQ health.<sup>8</sup> However, NPs' inability to prescribe controlled substances means that trans-persons they are caring for do not have ready access to hormonal therapies (e.g. testosterone).
- **End-of-Life Care:** With the current lack of authorization to prescribe controlled substances, NPs are challenged to deliver comprehensive palliative and end-of-life care, including full symptom management. This results in duplication, as NPs must engage a physician to order controlled substances. This is not a sustainable approach, nor is it effective for patients or the health system. Moreover, given the passing of federal Bill C-14, NPs have an active role in the provision of medically assisted dying.<sup>9</sup> However, this role is limited to date given that NPs cannot prescribe controlled substances in Ontario. Minister, in your joint statement in June on medical assistance in dying, you committed to pursuing "provincial legislation to further support the implementation of medical assistance in dying".<sup>10</sup> Granting authority to NPs to prescribe controlled substances is one such change that will increase access to necessary care for Ontarians.

It is unclear to us why there has been no progression on these vitally important issues. Given the evolving role of the NP and its demonstrated impact on improving access to health care for Ontarians, RNAO urges these regulatory changes be acted upon immediately 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.

Kind regards,



Doris Grinspun, RN, MSN, PhD, LLD(hon), O.ONT  
Chief Executive Officer, Registered Nurses' Association of Ontario

cc. Anne Coghlan, CEO and Executive Director of the College of Nurses of Ontario

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**References:**

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

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<sup>2</sup> Registered Nurses' Association of Ontario (2012). RNAO Response to Health Canada re: New Classes of Practitioners Regulation. Retrieved from: <http://rnao.ca/policy/submissions/rnao-response-health-canada-re-new-classes-practitioners-regulations-ncpr>

<sup>3</sup> Registered Nurses' Association of Ontario (2014). Letter to Minister Matthews - Removal of legislative/regulatory barrier to allow Nurse Practitioners to prescribe testosterone. Retrieved from: <http://rnao.ca/policy/submissions/letter-minister-matthews-removal-legislativeregulatory-barrier-allow-nurse-practi>

<sup>4</sup> Government of Ontario (2013). Enhancing the Role of Ontario Nurses. Retrieved from: <https://news.ontario.ca/opo/en/2013/04/enhancing-the-role-of-ontario-nurses.html>

<sup>5</sup> Registered Nurses' Association of Ontario (2014). Response to CNO NP Draft Practice Expectations. Retrieved from: <http://rnao.ca/policy/submissions/response-cno-np-draft-practice-expectations>

<sup>6</sup> Mattick, R.P., Breen, C., Kimber, J. & Davoli, M. (2014). Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database of Systematic Reviews 2014*, Issue 2. Art. No.: CD002207. DOI:10.1002/14651858.CD002207.pub4.

<sup>7</sup> Kanate, D., Folk, D., Cirone, S. et al. (2015). Community-wide measures of wellness in a remote First Nations community experiencing opioid dependence. Evaluating outpatient buprenorphine-naloxone substitution therapy in the context of a First Nations healing program. *Can Fam Physician*, 61(2): 160–165.

<sup>8</sup> Government of Ontario (2015). Improving Access to Sex Reassignment Surgery. Retrieved from: <https://news.ontario.ca/mohltc/en/2015/11/improving-access-to-sex-reassignment-surgery-1.html>

<sup>9</sup> Parliament of Canada (2016). Bill C-14. Retrieved from: <http://www.parl.gc.ca/HousePublications/Publication.aspx?Mode=1&DocId=8183660&Language=E>

<sup>10</sup> Ontario Ministry of Health and Long-Term Care. (June 6, 2016). Statement by Ontario's Minister of Health and Long-Term Care and Attorney General on Medical Assistance in Dying. Retrieved from: <https://news.ontario.ca/mohltc/en/2016/06/statement-by-ontarios-minister-of-health-and-long-term-care-and-attorney-general-on-medical-assistan.html>