

Federal budget removes one of the legislative barriers to NP practice

Canadians with disabilities living in rural and remote communities are the winners after the federal budget removed a significant legislative barrier to nurse practitioner practice.

“For many Canadians, nurse practitioners are the first and most frequent point of contact with the health care system, but today, these professionals are not allowed to certify application forms for individuals with impairments who are applying for the Disability Tax Credit,” the Liberal government’s budget document states. “Budget 2017 proposes to add nurse practitioners to the list of medical practitioners that can certify the impacts of impairments for Disability Tax Credit applicants.”

More specifically, NPs are now authorized to sign Form T2201, the Disability Tax Credit Certificate.

“This measure, which takes effect as of budget day [March 22], is a long-awaited breakthrough for patients and NPs alike, and sets the precedent for similar improvements to other pieces of federal legislation,” CNA president Barb Shellian said.

CNA identified 34 federal acts, regulations, policies, codes and forms that list physicians as the only health-care providers authorized to provide care, medical examinations, medical certification, assessments or professional opinions. The legislation, which includes the *Income Tax Act*, *Food and Drugs Act*, *Employment Insurance Act*, Canada Labour Code, Canada Occupational Health and Safety Regulations, and rules for refugee protection and appeals divisions, affects a broad range of Canadians. Other legislation that limits NP practice is specific to various professions and trades — aeronautics, aviation, shipping, railways, oil and gas, mining, offshore marine installation, offshore diving and dairy production. There are also four pieces of legislation that affect veterans and RCMP personnel and two that affect other public servants, including former senators and members of Parliament.

Making minor amendments to all of these pieces of legislation so that they recognize and include NPs would allow these advanced practice

nurses to practise to their full scope in providing comprehensive, safe, accessible care to the more than three million people they provide care for. Those living in rural and remote areas, including many Indigenous communities, would benefit most, as NPs are the predominant primary care providers in those areas. Making these amendments would not only improve access to care but also reduce unnecessary referrals to family physicians and specialists. The result would be a better, more convenient health-care experience for clients and timely access to critical financial support for individuals with a severe and prolonged disability.

In the months leading up to the budget release, CNA and the Canadian Association of Advanced Practice Nurses met with several members of Parliament on the issue. Included were meetings with members of the Indigenous Liberal Caucus and the Liberal Rural Caucus. The nursing groups focused their discussions on four key areas: the *Income Tax Act* and regulations, the *Food and Drugs Act*, the *Employment Insurance Act* and regulations, and the Canada Pension Plan disability benefit. With a better understanding of how the removal of these barriers would lead to better access to care and services, many of the MPs sent letters of support to Finance Minister Bill Morneau following these meetings.



Carolyn Pullen, CNA's director of Policy, Advocacy and Strategy (centre), met with members of the Indigenous Liberal Caucus, including Michael McLeod, chair Don Rusnak, Marc Serré and Dan Vandal, to discuss federal legislative barriers to nurse practitioner practice ahead of the 2017 budget.

The removal of this first barrier (contained in the *Income Tax Act*) presents a clear opportunity to enhance patient-centred care and reduce health-care costs, Shellian said. Advocacy work will continue with each of the departments responsible for the other pieces of legislation.

More than 4,300 NPs practise in Canada. These RNs have additional education and clinical practice experience and, depending on their jurisdiction, can perform physical exams, order tests, diagnose and treat illnesses, write prescriptions, admit and discharge patients, and provide referrals.

The term *nurse practitioner* started to be used in the 1960s. Initially, NPs worked in northern and under-served areas to improve the quality of care.

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Budget 2017 followed through on a commitment to invest \$6 billion over 10 years to home care, as part of the bilateral funding agreements signed with each province and territory except Manitoba. This funding is expected to help shift health-service delivery models from acute care to more cost-effective community-based care.

“Federal announcements [of the health accords] build much-needed momentum as they commit to long-term sustainable funding for home care. Additionally, the agreements ensure improved public accountability for federal investments through the requirement to report on how funds improve access to home-based care for Canadians,” Shellian said. “This budget starts us along the path to providing universally accessible, high-quality home care for Canadians.”

Through Budget 2017, three separate family caregiver tax credits have been simplified into one new Canada Caregiver Credit, which will extend tax relief to some caregivers who may not have qualified previously. More than 8.1 million Canadians perform caregiving duties.

By announcing \$828 million over five years to improve the health outcomes of First Nations people and Inuit, Budget 2017 will enable more timely and comprehensive access to medical care — including mental health services and harm reduction measures.

“These critical investments have the potential to greatly improve health and health services for Indigenous communities,” Shellian said. ■

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