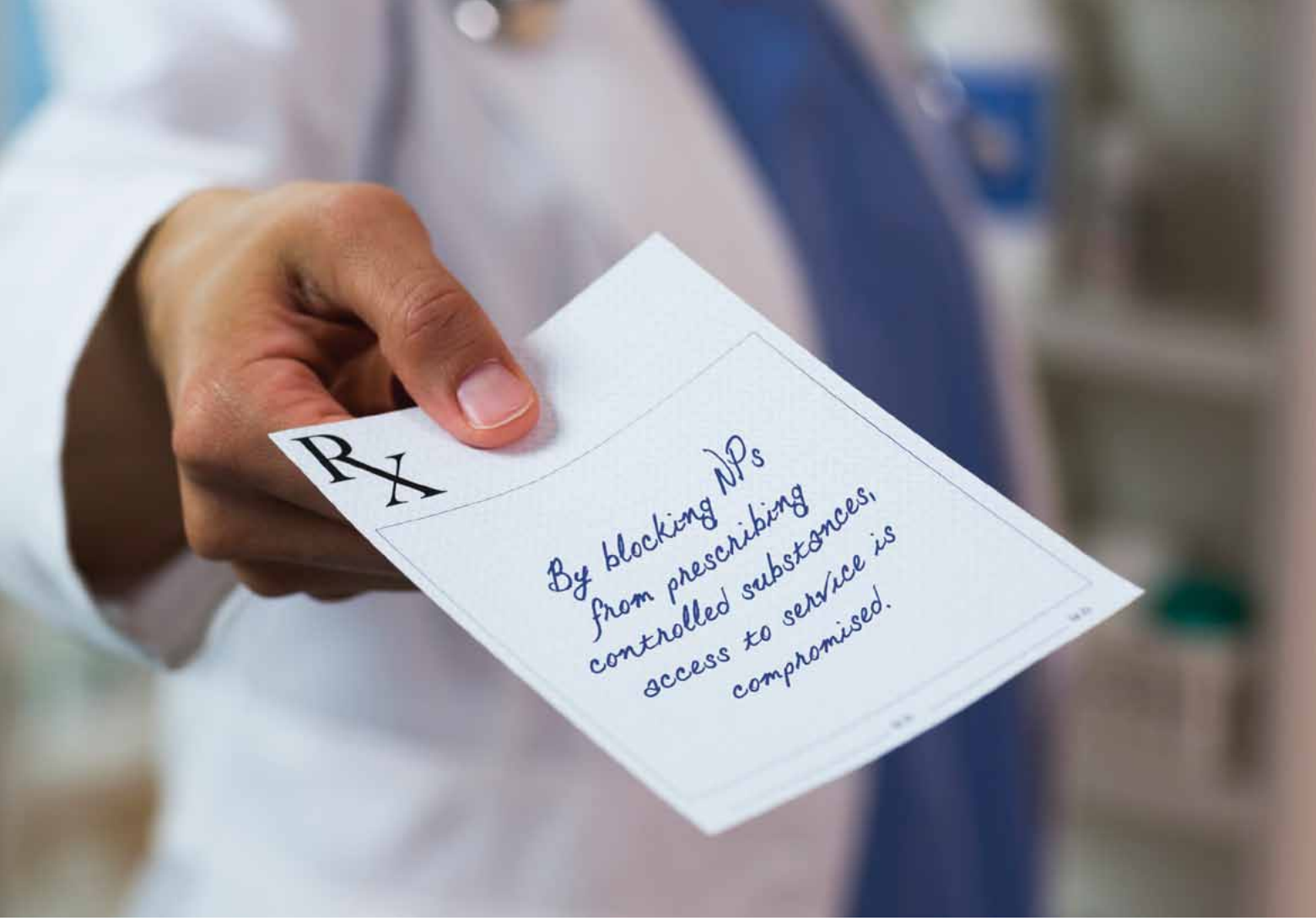

Scope of practice limited for Ontario NPs

Ontario is the only jurisdiction in Canada where NPs cannot prescribe controlled substances.

BY DANIEL PUNCH

David Free knew just what his dying patient needed.

He needed a breakthrough dose of an opioid to relieve the intense pain caused by his terminal cancer. It was the same medication and dosage the man received earlier that day, and the same medication Free had prescribed numerous times for other patients as an NP practising in Maryland.

But this wasn't Maryland. It was Ontario. And unlike in Maryland, and nearly every other jurisdiction in North America, Ontario NPs cannot prescribe opioids.

"I knew exactly what needed to be done, but I was restricted to having to get a verbal order from a physician to be able to do it," Free recalls.

Instead of easing his dying patient's pain, Free spent the next hour trying to track down a physician to prescribe some relief. He couldn't, and the patient suffered needlessly for nearly 90 minutes in the waning hours of his life until his next scheduled dose was due.

Despite being able to prescribe most medications, Canadian NPs were long prohibited from prescribing drugs listed in the federal *Controlled Drugs and Substances Act*, including opioids and benzodiazepines.

That all changed in 2012, when amendments to the *Act* gave NPs the authority to prescribe controlled substances. Provinces and territories needed only to alter their regulations to expand NPs' scope, which all of them have done since – all except Ontario.

When Free heard there were changes coming to the *Controlled Drugs and Substances Act*, he was working in the United States. The Ontario native had moved south of the border in 2009 to take the

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NP program at the University of Maryland at Baltimore. As an NP in Maryland, he practised to his full scope, prescribing opioids and other controlled substances to his palliative care patients.

After completing his clinical doctorate, he moved back to Ontario in 2015 to become director of palliative care at a large hospital system, expecting he would soon be able to prescribe controlled substances in his home province. Instead, he has been frustrated by his inability to prescribe the pain medication his patients require. "It feels like it really cuts me off at the knees," he says.

RNAO has worked for years to get Ontario NPs authorized to prescribe controlled substances. There are more than 2,600 NPs registered in the province, and they are already able to diagnose, order and interpret diagnostic tests, and prescribe medications – but not everything their patients need. Since the 2012 federal legislative changes, RNAO has advocated for regulatory amendments to Ontario's *Nursing Act, 1991* to eliminate the restriction on NPs prescribing controlled substances. Yet nearly four years later, Ontario has fallen behind.

"The lack of progress in Ontario is alarming. There is an urgent need to accelerate provincial regulatory changes," RNAO CEO Doris Grinspun wrote in a recent letter to Health Minister Eric Hoskins.

Back in 2014, the College of Nurses of Ontario (CNO) drafted practice standards which included NPs prescribing, dispensing, administering and managing controlled substances. RNAO provided feedback and was largely supportive of the document. But CNO's 2016 draft practice standards state explicitly that NPs must not prescribe controlled substances. In its response to the draft standards, RNAO listed this restriction as a significant practice barrier for NPs, and urged swift changes.

"The misuse and abuse of controlled substances have become a major public health challenge for governments," CNO said in the August 2016 issue of its magazine, *The Standard*. "Given the complexities, regulation change enabling NPs to prescribe controlled substances will be made following policy direction from, and in close collaboration with, the Ontario government."

Asked why Ontario has yet to move forward, Health Ministry spokesperson David Jensen said prescribing controlled substances is a significant responsibility. "The ministry will need to ensure that the public is protected and that providers are competent to provide this service." Recently, and in response to RNAO's pressure, ministry officials have indicated the government plans to enable NPs to prescribe controlled drugs.

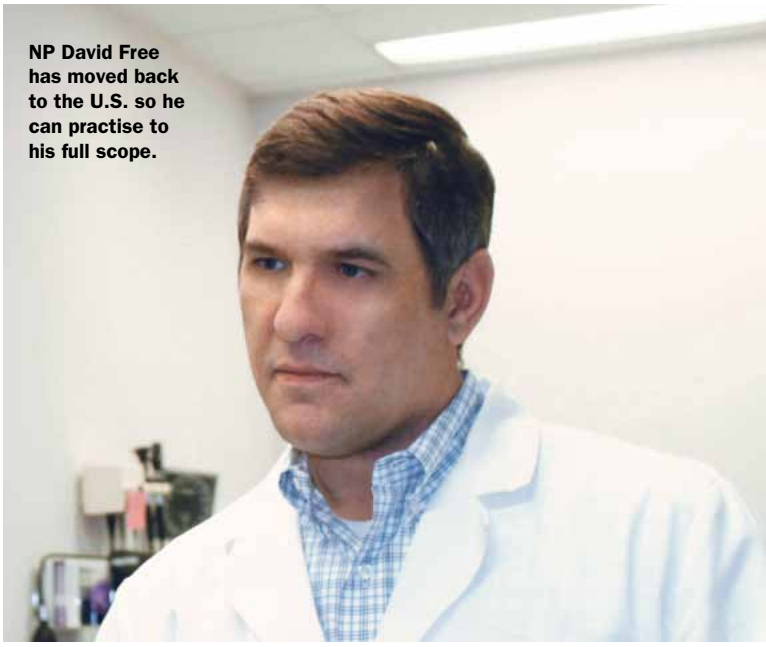
While NPs wait for news on this front, their responsibilities have grown. *Bill C-14* was passed earlier this year, giving NPs the authority to provide medical assistance in dying. This would require them to prescribe controlled substances currently outside of their scope. Jensen acknowledged a regulatory change is needed in order to allow NPs to fully participate in assisted dying, and said the ministry will work with CNO to make it a reality.

But why are changes taking so long?

Free says he doesn't know, but he suspects it's partly because of concerns around the province's rising rates of opioid addiction. Ontario has seen a 72 per cent increase in the number of hospital visits for opioid overdose in the past decade, and some experts say the problem is largely due to overprescribing. One study published in *Canadian Family Physician* found Ontario dispensed oxycodone and fentanyl at the highest rates in the country.

But Free says any concerns that having more prescribers would lead to more opioids being prescribed are misguided. If opioids have been prescribed excessively to date, NPs have played no part in it. And there is no evidence to suggest NPs will prescribe any more than physicians do.

"Has there been any substantial rises (in opioid prescription) in the last four years in the provinces and territories where NPs are prescribing controlled substances? No," Free says.



NP David Free has moved back to the U.S. so he can practise to his full scope.

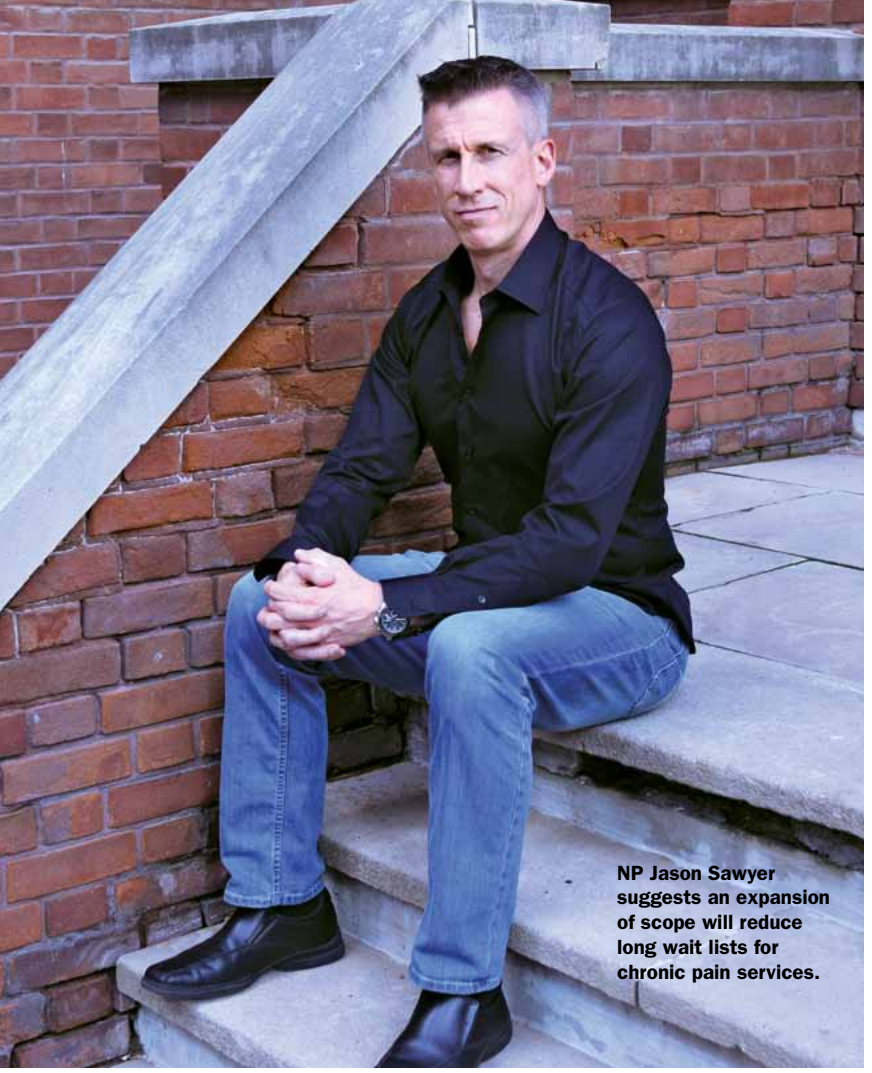
"I knew exactly what needed to be done, but I was restricted to having to get a verbal order from a physician to be able to do it."

– DAVID FREE

NP Jason Sawyer says he and his colleagues may even be able to curb the use of opioids. He specializes in acute pain services at Sunnybrook Health Sciences Centre, where he encounters patients taking controlled substances every day. While he can't prescribe himself, he says he is lucky to work with physicians who trust his assessments, allowing him to provide patients with the right amount of pain medication – which is often less than they were on when they came into hospital.

He recently worked with a 42-year-old woman who spent much of the last two decades on opioids. After nearly 40 surgeries for various chronic ailments, she was taking 300 mg of hydromorphone per day via a subcutaneous infusion pump. Sawyer built a rapport with the woman during many hospitalizations over the course of a decade, including a two-month stay following surgery earlier this year. Together, they determined she may not need all the medication she was on. Through a slow weaning process, Sawyer helped her get off opioids completely without any withdrawal symptoms.

"Prescribing is not just about giving people more opioids. In



NP Jason Sawyer suggests an expansion of scope will reduce long wait lists for chronic pain services.

many cases, it's about giving them less," he says. "If NPs can prescribe opioids...maybe our greatest impact (will be) not creating the next generation of addicts."

Sawyer has worked in pain management for 15 years, and is on the board of directors for the American Society for Pain Management Nursing. He sees the expansion of NP scope in Ontario as an opportunity to reduce the sometimes two-year backlog of patients seeking chronic pain services in the province. "What would it be like if there were 2,600 more people who had the autonomy and accountability to manage their pain?" he asks.

While much of the discussion around controlled substances focuses on pain management and palliative care, an expanded scope would free up NP Erin Ziegler to help a different population. She works at Brampton's Wise Elephant Family Health Team (FHT), which is one of the only clinics in the Central West LHIN accepting patients to do work-up and assessment for transgender hormones. Of the 40 or so transgender patients on the FHT's roster, more than half are transgender males either taking testosterone as part of transitional hormone therapy, or planning to start.

As an NP, Ziegler performs hormone readiness assessments and monitors blood work for patients on testosterone. But when it comes time to prescribe testosterone or adjust dosage, she must wait to consult with a physician, because testosterone is a controlled substance.

> "If NPs can prescribe opioids... maybe our greatest impact (will be) not creating the next generation of addicts."
>
> – JASON SAWYER

Transgender people have historically had a difficult time finding primary care providers who understand trans issues, and are sometimes turned down by physicians. A number of NPs have stepped up to fill the void, but are hindered by their inability to prescribe testosterone. It's yet another barrier to accessing care for transgender people, and risks further alienating them from the health system. "(Transgender people) are at a very vulnerable time when they're making the decision to transition," Ziegler says. "They're at risk for depression and all the things that go along with (that)."

Ziegler has worked with patients who, when they had trouble accessing testosterone through a health care provider in the past, resorted to buying it over the internet and administering it themselves. This can be very dangerous without the proper consultation, monitoring, and sterile supplies. She recalls one patient who used to order testosterone from Asia and pick it up in the U.S., thus becoming a criminal when he brought the controlled substance back over the border. "It broke my heart that's what he had to resort to just to get medical care in Canada," she says.

And if patients coming to Ziegler's urban FHT can run into roadblocks accessing testosterone, then she says transgender patients in rural and remote areas of the province – where physicians are not always available – would run into a "dead end."

Free says the same is true for palliative patients outside of urban areas, and that flies in the face of the government's stated commitment to improve access. A 2013 British Columbia study found that giving NPs the authority to prescribe controlled substances could provide "more equitable access to care for clients who live in rural and remote communities." This sentiment was echoed by RNAO in a letter to Health Minister Eric Hoskins, which noted expanding NPs' scope could improve indigenous health, LGBTQ health, and access to primary and end-of-life care. "By preventing NPs from prescribing (controlled substances), they're preventing access to service," Free says.

And by limiting NPs' scope, they risk alienating these highly trained professionals.

Free recently took leave from his job in Niagara to care for an ailing family member in North Carolina. While there, he was offered a job as director at a large hospice organization. It was an opportunity to once again use the full range of his expertise, and he took it. "If we want to recruit and retain good people (in Ontario), we have to make the environment such that they can practise to the full extent of their scope," he says. **RN**

DANIEL PUNCH IS STAFF WRITER FOR RNAO.

PHOTO: DANIEL PUNCH, RNAO