

May 27, 2025

MPP Ernie Hardeman
Chair, Standing Committee on Finance and Economic Affairs
Whitney Block, Room 1405
99 Wellesley Street W
Toronto, ON. M7A 1A2

Dear Mr. Hardeman,

**Re: Bill 2, *Protect Ontario Through Free Trade Within Canada Act, 2025*,
Schedule 6**

On behalf of the Ontario Nurses' Association (ONA), I am writing to express my deep concern regarding Bill 2, *Protect Ontario Through Free Trade Within Canada Act, 2025*, specifically Schedule 6. ONA represents 68,000 registered nurses (RNs), health-care professionals, and over 18,000 nursing student affiliates. ONA's membership includes RNs, nurse practitioners (NPs), registered practical nurses (RPNs) and health-care professionals providing care and services in hospitals, long-term care facilities, public health units, the community, and clinics across Ontario.

Bill 2 amends the *Ontario Labour Mobility Act, 2009* and proposes to expand the existing "As of Right" rules regarding regulated health-care professionals from jurisdictions outside Ontario. In 2023, the government introduced legislative and regulatory amendments under the *Medicine Act, 1991* and the *Nursing Act, 1991* among others, to introduce "As of Right" rules that allow certain out-of-province regulated health professionals, including nurses, to temporarily practice in Ontario without first registering with an Ontario regulatory college. This change provided a six-month window for inter-jurisdictional nurses to practice in Ontario without registering with the College of Nurses of Ontario (CNO). We raised [our concerns](#) then, as these measures did not address the nursing shortage and compromised patient care. Data is not currently publicly available regarding how many professionals have entered the province under these new rules.

Bill 2 will expand the "As of Right" rules in several ways, including:

New section 10.1 of the Act provides for the deemed certification of individuals already certified by an out-of-province regulatory authority to practice a regulated

occupation in Ontario in certain circumstances for a one-time six-month period of time. Corresponding regulation-making authorities are added to section 25 of the Act.

- The government "consulted" on proposed regulations that would extend the deemed certification rules to professionals certified by regulatory authorities in the United States.

Regulatory colleges would not be permitted to impose additional requirements related to an individual's training, experience, or assessment.

Addressing Concerns About Safe Practice

During this six-month window, the primary responsibility for assessing eligibility and professional suitability appears to rest primarily with the applicant and/or employer, the regulatory colleges cannot oversee the practice of inter-jurisdictional practitioners, and there is no clear avenue for public complaints or reports from employers. In addition, as these health professionals are not covered under the *Regulated Health Professions Act, 1991*, during the six-month period there is no requirement for mandatory reports to be sent to the CNO regarding criminal charges, findings of professional negligence or malpractice, or sexual abuse suspicions. They are only strongly encouraged to observe the rules. ONA has serious concerns regarding the safety of patients and health-care professionals alike. Extending the rules to include nurses trained in the U.S. is especially problematic as regulatory bodies in Canadian jurisdictions have somewhat similar regimes, and there is less certainty regarding the standards, practices, and education required in the U.S.

Nursing Shortage

Ontario's health-care system is facing an understaffing crisis. Provincial policy decisions have exacerbated the crisis and resulted in a record number of nurses leaving the profession or seeking work in different jurisdictions outside of Ontario. The consequences of the understaffing crisis are felt in communities across Ontario. Longer wait times and unreliable access to care have become the norm for patients. Unsafe and unmanageable working conditions have become the norm for nurses and health-care professionals.

Nurses and health-care professionals are overworked and experiencing burnout. As a result, they are leaving the health-care sector en masse to pursue other jobs or retire prematurely. Statistics from the College of Nurses of Ontario (CNO) show that 8,000 nurses left the sector in 2024, more than any year during the pandemic's peak.ⁱ That means that six of every 10 new nurses the province hires

leave their job.ⁱⁱ According to the Canadian Institute for Health Information, Ontario had the worst RN-to-population ratio for the ninth consecutive year in Canada.ⁱⁱⁱ

Several Canadian jurisdictions are actively exploring the implementation of minimum nurse-to-patient ratios. ONA is advocating for staffing ratios as the avenue for safe patient care and we are supporting Bill 19, *Patient-to-Nurse Ratios for Hospitals Act*, currently tabled in the legislature as a path forward. Without meaningful action from Ontario to progress on this proven solution to reduce burnout and improve nurse retention and recruitment, the province risks losing nurses to other jurisdictions—particularly as interprovincial registration processes become more streamlined. The number of nurses registered with CNO employed in nursing outside of Ontario has continued to slowly increase – from 1.6 per cent in 2019 to 2.5 per cent in 2024 (primarily due to RNs reporting employment outside of Ontario – increased from 2 per cent in 2019 to 3.2 per cent in 2024).^{iv} British Columbia is one of the top three work jurisdictions reported outside of Ontario. This seriously threatens Ontario's ability to retain a stable and effective nursing workforce.^v

Staffing ratios reduce burnout and improve nurse retention and recruitment. The nurse retention data from jurisdictions that implemented staffing ratios paints a clear picture. According to research from the B.C. Nurses Union (BCNU), Sacramento, California, experienced a 69 per cent decrease in nursing vacancies within four years following the implementation of staffing ratios.^{vi} In Victoria, Australia, the number of employed nurses grew by more than 24 per cent, with over 7,000 inactive nurses returning to the workforce after the implementation of staffing ratios.^{vii} Moreover, research shows that each additional patient per nurse jeopardizes quality care, increasing the length of hospital stays and risk of mortality.^{viii}

In 2023, approximately 657 nurses (about 4.8 per cent) of all new registrations were educated in other Canadian jurisdictions.^{ix} The number of U.S.-educated RNs, RPNs, and NPs newly registered with CNO rose from 84 in 2021 to 98 in 2022 and to 101 in 2023 (a 3.1 percent increase).^x However, this represents only a nominal increase in the context of Ontario's broader nursing workforce needs. Ontario cannot depend solely on recruiting nurses from other provinces and countries to address its shortage of 26,000 nurses needed to reach the national per-capita average.^{xi}

Policy-Making Approach

ONA fundamentally opposes the government's increasing reliance on regulations rather than legislation to shape major public policy decisions. This approach limits democratic oversight, reduces accountability, and undermines the introduced policies' transparency and long-term credibility. We have observed a consistent pattern where legislation is introduced with few details, leaving significant policy decisions to be made later through regulations with a feedback timeline that is insufficient for meaningful consultation, analysis, and response from affected stakeholders. The Cabinet can amend these regulations without public debate or legislative review. The government's consultation period on the regulations for this legislation, Bill 2, began on Thursday, April 24, at 6 p.m. and ended on Wednesday, April 30, 2025. This is not conducive to a thorough and meaningful feedback process. Such an approach to policy-making fails to meet essential transparency and public accountability standards. It restricts the ability of nurses, health-care professionals, and Ontarians to understand and respond to changes that directly affect their lives.

In conclusion, ONA opposes Schedule 6 in Bill 2, *Protect Ontario Through Free Trade Within Canada Act, 2025*, as this expansion will further compromise patient care. We fundamentally oppose the government's determination of who may practice as a nurse in Ontario. This role is appropriately reserved for the CNO as our professional body, ensuring all Ontario nurses have the requisite education, skills, and knowledge to provide care.

The government is busy fast-tracking nurses and health-care professionals into a system that is driving them right back out. You cannot fill a leaky bucket by pouring more water into it. Staffing ratios improve the retention of nurses employed across Ontario by making workloads more manageable and improving working conditions. The government must immediately shift its focus to measures to retain nurses at their current workplaces through best practices, such as those identified in [Canada's Nursing Retention Toolkit](#).

Sincerely,



Erin Ariss, RN
Provincial President
Ontario Nurses' Association

C: Lesley Flores
Committee Clerk
Scfea@ola.org

ⁱCollege of Nurses of Ontario. *Nursing Statistics Report 2024*. Pg. 8. [nursing-statistics-report-2024.pdf](#)

ⁱⁱIbid.

ⁱⁱⁱCanadian Institute for Health Information. *Nursing in Canada, 2023, data tables*. [nursing-in-canada-2014-2023-data-tables-en.xlsx](#)

^{iv}College of Nurses of Ontario. *Nursing Statistics Report 2024*. Pg. 13. [nursing-statistics-report-2024.pdf](#)

^vIbid.

^{vi}BC Nurses' Union. *Minimum Nurse-to-patient Ratio FAQ*. [Minimum Nurse-to-Patient Ratio FAQ | BC Nurses' Union](#)

^{vii}Ibid.

^{viii}Lasater, KB et al. *Evidence that reducing patient-to-nurse staffing ratios can save lives and money*. National Institute of Nursing Research. May 2021. [Evidence that Reducing Patient-to-Nurse Staffing Ratios Can Save Lives and Money | National Institute of Nursing Research](#)

^{ix}<https://www.cno.org/what-is-cno/nursing-demographics/registant-statistics>. Appendix. 3.3

^x<https://www.cno.org/what-is-cno/nursing-demographics/registant-statistics>. Appendix. 3.4

^{xi}[Ford's Budget Fails Nurses, Public Health Care Again, Pushing Privatization as Ontarians Suffer • Ontario Nurses' Association](#)