



June 1, 2026

Hon. Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
Labs Branch
438 University Avenue, 4th Floor
Toronto, ON. M5G 2K8

Dear Minister Jones,

Re: Proposed Amendments to O. Reg. 45/22 under the *Laboratory and Specimen Collection Centre Licensing Act* and Reg. 552 under the *Health Insurance Act*

I am writing to you on behalf of the more than 68,000 registered nurses (RNs), nurse practitioners (NPs) and health-care professionals, and over 18,000 nursing student affiliates represented by the Ontario Nurses' Association (ONA). ONA members provide care in hospitals, long-term care (LTC) facilities, public health units, the community, clinics and industry, and are dedicated to advocating for improvements in timely access to health care for all.

In this consultation, the Ministry of Health (the Ministry) is seeking feedback to expand the scope of practice once again for pharmacists to order certain laboratory tests and perform more point-of-care tests for 14 additional minor ailments. We continue to have serious concerns that no feedback has been provided, or at least not shared publicly, on the evaluation of the quality of patient or client outcomes since the launch of the Ministry's minor ailment program from 2023 onwards. ONA, along with other stakeholders in the health sector, have already raised concerns about previous expansions of scope for pharmacists.

Further, no information has been provided on what evidence or data was used to include additional ailments, and which health care disciplines participated in the creation. Without a fulsome evaluation that includes both quantitative and qualitative data, as well as an in-depth risk analysis, it is nearly impossible to make informed decisions. For these reasons, ONA does not support the Ministry's proposals. We continue to have significant concerns about the intent of these proposals and the additional implications and risks it poses to the public.

Interdisciplinary Care Teams

ONA supports an interdisciplinary team approach to care. Each discipline brings a unique set of accountabilities or scope of practice to the team, based on education, knowledge and experience, thus ensuring the best, safest and highest-

quality outcomes for patients or clients. Like concerns previously expressed by the Ontario Medical Association (OMA), ONA is concerned that patients or clients who present at a pharmacy with a symptom such as a “mild headache” may be experiencing a symptom of something more severe that requires further assessment and investigation.

NPs already possess the education, competence and quality assessment skills to perform the initial assessment to determine the patient’s needs. The Canadian Federation of Nurses Unions explains that the NP role combines clinical, diagnostic and therapeutic knowledge that emphasizes health promotion.¹ NPs are nurses with additional graduate or post-graduate education and clinical practice experience who specialize in both nursing and medical skills. In addition to their four years of baccalaureate nursing education, they receive two years of NP education, typically at the master’s level, and a minimum of two years of full-time clinical experience. As a regulated health-care profession, NPs are legally responsible for their own practice and clinical judgment. Their practice emphasizes prevention and wellness. Within their current scope, NPs already administer vaccines, diagnose, order and interpret diagnostic tests, and prescribe medication and other treatment.

Therefore, ONA’s position is that NPs are the most appropriate care provider to expand their scope of practice with many of the scope expansions the Ministry has been proposing for pharmacists.

The Right Care in the Right Place

The Ministry of Health’s *Your Health Plan* states that it is built on the premise of providing “The Right Care in the Right Place.”² ONA’s position is that expanding the pharmacist scope is contrary to proving the right care in the right place.

Pharmacists are experts in medication management. There is no follow up with individuals to determine the efficacy of the treatments or the medications ordered. We are concerned that pharmacists will rely on a verbal assessment of the patient or client and not a physical examination to order additional tests. Pharmacists do not have an appropriate environment, space or scope to conduct a proper assessment of the patient to rule out any other underlying conditions that could contribute to a “simple” presentation. There is no head-to-toe assessment

¹ “Fulfilling Nurse Practitioners’ Untapped Potential in Canada’s Health Care System: Results from the CFNU Pan-Canadian Nurse Practitioner Retention and Recruitment Study.” *Canadian Federation of Nurses Unions*. June 2018. [CFNU_UntappedPotential-Final-EN.pdf \(nursesunions.ca\)](#)

² “Your Health: A Plan for Connected and Convenient Care.” *Ontario Ministry of Health*. [Your Health: A Plan for Connected and Convenient Care | ontario.ca](#)

conducted – there is no time nor space to do this – thus comorbidities are not assessed.

As a result, there is an increased risk of misdiagnosis and jeopardy to patient or client outcome. Further, pharmacies do not have the infrastructure to ensure safe testing and disposal of contaminated samples and equipment. As a result, the risk of cross-contamination is high. For example, if an assessment for a urinary tract infection is needed, there are no bathrooms at most pharmacies where samples can be obtained, or if a patient needs examined a rash in a discrete area in an area conducive to privacy and confidentiality. Over the course of two years, the Ministry has not shared or required feedback on whether pharmacies have established a safe environment for disposal, established cleaning habits, and an area conducive to privacy and confidentiality.

For these reasons, we are concerned that the Ministry's proposed scope changes will increase the risk of missed diagnosis or negative patient or client outcomes. Not only is this detrimental to the patient or client's health, but it also increases hospital and emergency department caseloads, as patients or clients end up there with more severe conditions. These expansions to the scope of practice do not account for the number of emergency room or physician's office visits related to misdiagnosis or negative patient or client outcomes.

We are aware that the provincial government is focusing on faster access to care and "convenience for the public," but there must be a focus on the different accountabilities and expertise within health care disciplines and on the roles they play in ensuring the best care for all. These proposed changes may provide faster access to care, but they do not address the issues of appropriate medical care, prevention and health promotion. For this reason, it is ONA's view that these proposals are a band-aid solution at best.

Identifying Barriers in Hospital Settings

In hospitals and other health-care settings, patients are already under the care of a physician, or a primary care provider performs an assessment and determines, based on symptoms or their absence, whether additional laboratory testing is required. If ordered, the physician is then responsible for reviewing and following up with interventions or treatments if required and evaluating the effectiveness of these treatments. This expansion of scope means that treatment is ordered without a fulsome assessment, test results, symptom management and the additional education, training involved and cost to support all of this.

ONA's position is that the Ministry should not negatively impact the primary role of pharmacists, who possess knowledge and expertise in medications, including drug interactions, potential allergies, etc., by adding to their current scope. Pharmacists play a pivotal role as experts in medication, serving as the last line of defence and safeguarding in the overall checking, dispensing and education of hospital patients during the medication process. These proposed changes illustrate once again that the Ministry is focused only on overall numbers and per-visit costing, rather than on quality care.

No expansion of privatization in the health-care system

ONA opposes any expansion of privatization in the health-care system. The public needs to be made aware that payments to pharmacists are received by the pharmacy, not the pharmacist directly. This poses an ethical concern, as pharmacies will benefit financially from the increased ability of pharmacists to prescribe, dispense medication, administer vaccines and bill the Ontario Health Insurance Plan (OHIP) for these services. Big pharmaceutical companies like Shoppers Drug Mart (Shoppers), owned by Loblaw Companies Limited (Loblaws) should not profit from public health-care funding. As reported by The Globe and Mail, hundreds of pharmacists employed by Loblaw say they felt pressure to put the bottom line ahead of patient care.³ In April 2024, several current and former Shoppers' pharmacists filed a class-action lawsuit against Shoppers and Loblaws, alleging that they were pressured to bill OHIP for unnecessary services to increase corporate profits.

Without safeguards, public payments to private pharmacies will be misused, leading to increased private profiteering within the health-care system.

Additional costs to the system

In addition to the cost of privatization, the Ministry has not accounted for the dollar amount required to provide pharmacists with the education, training and experience (clinical) to perform assessments, diagnosis and purchase new equipment for specimen collection and testing. The Ministry recognizes that the expansion may generate compliance costs for regulated entities and system

³ Robertson, S., and Chris Hannay. "The business of health." *The Globe and Mail*. August 9, 2024

partners, yet it does not list the costs. Additionally, point-of-care testing equipment, its maintenance and adhering to the accreditation standards for laboratories, will incur additional costs. If specimens are being collected, a bathroom will be necessary, and an area for safely disposing of specimens and biohazard materials will need to be created. Documentation systems and standards will need to be considered when full assessments, diagnosis, treatments and evaluations are to be captured and shared with primary physicians. With any course of treatment or intervention in health care, an evaluation and documentation of the effectiveness must occur. It is not clear who will be responsible for this follow-up given that the health-care sector is already significantly understaffed.

In conclusion, the Ministry's proposal to further expand pharmacists' scope of practice risks quality patient or client care. In addition, the proposal will expand outsourcing health-care services to private pharmaceutical companies and is not fully costed. The Ministry should not proceed with these proposals. Instead, the Ministry must recognize that an NP would be the most appropriate care provider to expand their scope of practice with many of these proposed scope expansions. ONA continues to advocate for the government to increase NPs' role within the interdisciplinary health-care teams. This includes implementing policy solutions such as funding wage parity, where primary-care workers are paid the same as in other sectors, and other retention and recruitment programs for nurses and health-care professionals.

Thank you for the opportunity to provide feedback.

Sincerely,



Erin Ariss, RN
 Provincial President
 Ontario Nurses' Association