

RECOMMENDATIONS TO THE ADVISORY COUNCIL ON THE IMPLEMENTATION OF NATIONAL PHARMACARE

The **Canadian Nurses Association** (CNA) is the national and global professional voice of Canadian nursing, representing over 139,000 registered nurses (RNs) and nurse practitioners (NPs) in Canada. We are pleased to provide the **Advisory Council on the Implementation of National Pharmacare** with recommendations for its final report, which will be delivered to the ministers of health and finance in the spring of 2019.

CNA believes that people across Canada, especially those who are vulnerable, **require affordable access to prescription medications that are vital for preventing, treating and curing diseases, reducing hospitalization and improving quality of life.** CNA favours a plan that provides access to medications based on need, not the ability to pay — especially since we know that many people simply cannot afford even basic, prescribed medications. Our belief was reflected in the recommendations¹ we submitted in 2016 to the House of Commons standing committee on health. The committee's April 2018 report, *Pharmacare Now: Prescription Medicine Coverage for All Canadians*, included many recommendations to ensure people have equitable access to vital medicines.

Our three recommendations build on our previous work and, if implemented, will enhance equity, increase safety, and improve access to prescription medications.

RECOMMENDATION #1

That the minister of health introduce legislation to modernize the *Food and Drugs Act* to remove barriers that prevent NPs and RNs from dispensing drug samples

Such legislation would amend subsection 14 (2) of the *Food and Drugs Act* and section C.01.048 (1) of *Food and Drug Regulations* to add NPs and RNs who have additional prescribing authority to the list of care providers (physicians, dentists, veterinary surgeons and pharmacists) permitted to accept and distribute drug samples. This amendment would build on the federal government's work to remove other legislative barriers that prevent qualified nurses to practise to their full scope and improve patients' access to care.²

Benefits of distribution of samples by NPs and RNs:

- Reduces referrals, freeing up physicians to focus on more complex cases
- Gives patients better access to treatments to manage illness and prevent disease; this is particularly important where there are no pharmacies or other health-care professionals to distribute samples
- Improves continuity of care for clients who may not be able to afford a drug or who, for privacy reasons (e.g., emergency contraception, birth control, or treatment of a sexually transmitted infection), would prefer to receive a sample from their NP or RN
- Allows NPs and RNs to teach patients about the use of new medications

Benefits of distribution of samples generally:

- Ensures the patient responds favourably before a full course of therapy is prescribed
- Provides free medication to people in need
- Allows for the immediate initiation of therapy to avoid delays

RECOMMENDATION #2

That the minister of health create a public awareness campaign to bring attention to the scourge of counterfeit prescription drugs

Every day, counterfeit prescription medications are released into the Canadian market, often through illegitimate online pharmacies that are indistinguishable from legitimate ones. Counterfeit medications are produced in unregulated facilities and may contain components not expected to be found in medication. Use of these drugs can result in adverse outcomes, including substandard or ineffective treatment and increased antimicrobial resistance. Public education is key to addressing this public health threat.

CNA's recommendation echoes those in a 2014 Senate committee report, *Prescription Pharmaceuticals in Canada: Unintended Consequences*. We also support a key recommendation in the report that calls on the health minister to "establish an inter-agency task force which includes relevant representation from federal and provincial health and law enforcement agencies and the Canada Border Services Agency, to assess imported drugs, determine which types of drugs are most often counterfeited or not meeting [quality] standards and determine the countries in which those drugs are being manufactured."³

RECOMMENDATION #3

That the federal government lead efforts to educate health-care workers on the importance of medication safety and deprescribing

Such an initiative should be created with input from national expert groups, including the Canadian Deprescribing Network, the Canadian Patient Safety Institute, Choosing Wisely Canada, and the Institute for Safe Medication Practices. While increasing equitable access to prescription drugs for Canadians is good, medications must continue to be used judiciously. More is not always better. Taking multiple medications, especially concurrently, may cause more harm than good — particularly for older adults. "Optimizing medication through targeted deprescribing is a vital part of managing chronic conditions, avoiding adverse effects and improving outcomes. The goal of deprescribing is to reduce medication burden and maintain or improve quality of life."⁴

Regardless if they are prescribers or not, involving nurses in the creation of such a federal-led effort is important. As the largest group of health-care providers in Canada, nurses are often a patient's first and/or most prolonged contact with the health-care system. They are uniquely positioned to deliver education about medication safety and deprescribing. Nurses are involved with medication and treatment discussions with patients and care teams, and nursing assessments and recommendations often support and guide treatment decisions.

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ENDNOTES

¹ Canadian Nurses Association. (May 2016). *Pan-Canadian Pharmaceutical Strategy: Recommendations to Improve Access to Affordable Prescription Medications*. [Submission to Senate standing committee on health.] Retrieved from <https://www.cna-aicc.ca/-/media/cna/page-content/pdf-en/cna-brief-to-hesa-pan-canadian-pharmaceutical-strategy-may-2016.pdf?la=en&hash=BA083A433800BD6A0182D3A54FE03401418793C5>.

² Canadian Nurses Association. (December 21, 2017). "2017 Closes with better access to care thanks to fewer federal barriers for nurse practitioners' practice." [Media release]. Retrieved from <https://www.cna-aicc.ca/en/news-room/news-releases/2017/2017-closes-with-better-access-to-care-thanks-to-fewer-federal-barriers-for-nurse-practitioners-practice>

³ See subsequent recommendations on page 31 of the report: <https://senecanada.ca/content/sen/Committee/412/soci/rep/rep15oct14-e.pdf>

⁴ Canadian Deprescribing Network. (n.d.) Retrieved from <https://deprescribing.org/what-is-deprescribing/>