May 8, 2017

Standing Committee of the Legislative Assembly
c/o Mr. Monte McNaughton, MPP (Lambton—Kent—Middlesex)
Room 1405, Whitney Block, Queen's Park
Toronto, ON
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Dear Mr. McNaughton;

**RE: BILL 87 - PROTECTING PATIENTS ACT, 2017**

On behalf of the Ontario Pharmacists Association ('OPA' or the 'Association'), we thank you for the continued opportunity to comment on Bill 87 – *Protecting Patients Act, 2017* ('Protecting Patients').

The Ontario Pharmacists Association is committed to evolving the pharmacy profession, and advocating for excellence in practice and patient care. As Canada’s largest advocacy organization, continuing professional development and drug information provider for pharmacists, OPA represents the views and interests of pharmacy professionals (including pharmacists, pharmacy students, interns and pharmacy technicians) in all practice settings across Ontario. By leveraging the unique expertise of pharmacy professionals, enabling them to practice to their fullest potential, and making them even more accessible to patients, OPA is working to drive the efficiency and effectiveness of the healthcare system.

After much consideration of *Protecting Patients*, the Association offers the following comments and recommendations which, we believe, will further strengthen this bill as these proposed changes are further developed and implemented.

**SCHEDULE 1: IMMUNIZATION OF SCHOOL PUPILS ACT**

Ontario’s pharmacists clearly recognize the importance of immunization as one of the most important and cost-effective public health innovations. As frontline healthcare providers, pharmacists have demonstrated their value in providing timely and convenient access to immunization, and their involvement as educators, facilitators, or administrators of vaccines has
led to an increase in immunization uptake. Since 2012 with pharmacy’s integration into the Universal Influenza Immunization Program, close to three million Ontarians have rolled up their sleeves and have taken advantage of their highly accessible and well-trained pharmacists for flu shot vaccinations. In Canadian jurisdictions where pharmacists have been enabled to administer influenza vaccines, immunization rates have increased. At a time when we need students to be properly vaccinated – for their protection as well as for those around them – it makes common sense to amend the *Immunization of School Pupils Act* to include community pharmacy as an additional avenue for parents to have their children immunized. Just as it applies to efforts around smoking cessation, no door is the wrong door when it comes to public health and immunization.

The Ontario Pharmacists Association contends that its members are ready, willing and able to assume a greater role in administering publicly-funded vaccinations. Training is already in place for more than 8,800 pharmacists and parents are already asking their pharmacists to assist in bringing their children up to date on vaccinations when they have missed out on a scheduled school-based immunization day. Unfortunately, despite their training, pharmacists are unable to provide convenient access to this necessary service, thereby requiring parents to take time off work to bring their children to a physician, nurse practitioner or public health unit.

**OPA recommendations to the Immunization of School Pupils Act:**

- The following clause should be added to the list of definitions in Section 1 of the *Immunization of School Pupils Act* to enable the inclusion of pharmacists in the regulation:

  - “prescribed person” refers to a member of a regulatory college authorized to administer an immunizing agent to a child in relation to a designated disease

**SCHEDULE 2: LABORATORY AND SPECIMEN COLLECTION CENTRE LICENSING ACT**

Pharmacists ensure patient safety in part through monitoring drug therapy and ensuring therapeutic effectiveness on daily basis. Allowing pharmacists to access laboratory results will lead to more informed decisions and ultimately improved patient care. With the opening of the *Laboratory and Specimen Collection Centre Licensing Act* and its regulations for the proposed amendments in Bill 87, the Association would like to recommend an additional amendment that would enable pharmacists to perform point-of-care testing (‘POCT’) within community pharmacies. POCT is an alternative to traditional laboratory testing and provides results in real time.

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The Ontario Pharmacists Association has been advocating for authority to perform POCT within pharmacies to increase patient’s timely access to care and to more effectively monitor medication therapy in a timely manner and alleviate existing pressures in the healthcare system. Current technological advances enable the delivery of laboratory tests at the point of care. There are several tests already developed and can be made available for use outside of the laboratory setting. When POCT for pregnancy became available within the pharmacy setting, pharmacists were early adopters. Several studies have investigated the feasibility and effect of POCT within the pharmacy setting\(^4,5,6,7\). In the area of anticoagulation therapy, an Ontario-based study found that pharmacists assisted patients to achieve improved control of blood thinners by using POCT\(^8\).

Insofar as Bill 87 requires the opening of both the Act and its regulations, OPA requests the addition of language that would enable pharmacists to collect blood or saliva samples for purposes of point of care testing and monitoring of medication therapy. Examples include, but would not be limited to, the routine collection of blood samples (via fingerstick or similar minimally invasive techniques) for monitoring and possible adjusting of anticoagulation therapies and for assessing diabetes control through point of care testing of hemoglobin A1C and serum blood glucose.

**OPA recommendations to the Laboratory and Specimen Collection Centre Licensing Act:**

- The original (unamended) language for section 5 in the Act read as follows:
  - “specimen collection centre” means a place where specimens are taken or collected from the human body for examination to obtain information for diagnosis, prophylaxis or treatment, and any other place that may be provided for in the regulations, but does not include,
    - a place where a legally qualified medical practitioner is engaged in the practice of medicine or surgery,
    - a place where a registered nurse who holds an extended certificate of registration under the Nursing Act, 1991 is engaged in the practice of nursing,
    - a place where a member of the College of Dietitians of Ontario is engaged in the practice of dietetics,
    - a place where a member of the College of Midwives of Ontario is engaged in the practice of midwifery,
    - a laboratory that is established, operated or maintained under a license under this Act, or
    - a place that is excluded from this definition by the regulations;

\(^8\) Rossiter, op cit., p.3
The proposed repealing of clauses (a) to (d) above suggests a willingness by Government to expand the definition of specimen collection centres. If a clause listing “pharmacy” had originally been included alongside medicine, nursing, dieticians and midwives, it would stand to reason that it too would also have been repealed.

Inclusion of pharmacies as specimen collection centres would be consistent with pharmacists’ current scope of practice to monitor, and when necessary, adapt medication therapy.

The Association also requests the removal of section 12 of O.Reg. 682 of the Act which currently reads as follows:

“12. All pharmacies and all pharmaceutical chemists employed in a pharmacy are exempt from the provisions of sections 5 to 16 of the Act and from the provisions of this Regulation with respect only to the performance of immunologic tests for pregnancy.”

As it relates to section 9 of the Act, since the term “laboratory facility” includes laboratories and specimen collection centres, pharmacies might conceivably be enabled to perform POCT pursuant to a license issued by the Minister-appointed Director of Laboratory and Specimen Collection Centre Licensing.

SCHEDULE 3: ONTARIO DRUG BENEFIT ACT (‘ODBA’)

Historically in Canada, physicians, dentists and veterinarians have had the legal authority to prescribe drugs. Now, however, many Canadian jurisdictions and other countries have permitted pharmacists as well as other healthcare professionals to prescribe drugs9. The Ontario Pharmacists Association supports the amendment allowing for the expanded scope of registered nurses in the extended class as detailed in the Ontario Drug Benefit Act subsections 1, 9, and 16. Nonetheless, we reiterate OPA’s long-standing position for pharmacists’ prescriptive authority.

As you may be aware, pharmacists are currently enabled to prescribe through the adaptation of currently prescribed medications, the extension of refills of chronic, stable and effective prescription therapies, and the initiation of Schedule I smoking cessation medications as detailed in the Pharmacy Act, O.Reg. 202/94. The benefits of allowing pharmacist prescribing include improving timely access to care, more informed patients, connecting services (through increasing opportunities for interprofessional collaboration) and protecting the system (by improving medication management at lower costs)10. There is new literature on pharmacist prescribing in Canada and preliminary results are beginning to emerge from Saskatchewan. Clinical outcomes of pharmacist-led minor ailment care suggest patients value this service, therapeutic choices are appropriately selected, and pharmacist are providing an acceptable standard of patient care11,12.

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OPA recommendations to the Ontario Drug Benefit Act:
In general, and as it relates to the currently proposed amendments to the ODBA under Bill 87, OPA supports expanding nurses’ prescriptive authority with the caveat that said expansion remains restricted to registered nurses in the extended class (i.e., nurse practitioners). Additional comments follow below:

- For subsections 9(1) and (2) of the act, OPA suggests new language be added to also include other “prescribed persons”, notably pharmacists, as prescribers of listed drug products.
  - “physician or registered nurse in the extended class or a prescribed person as specified in the regulations”.

- Changes are being recommended for subsection 16 of the ODBA as it relates to “unlisted drugs/special case”. Presumably the changes are intended to enable registered nurses in the extended class to prescribe therapy along with physicians, when deemed necessary, for an unlisted product to an Ontario Drug Benefit patient under the Exceptional Access Program (EAP). The term “or a prescribed person” has been inserted by OPA to enable similar prescriptive authority for pharmacists.
  - Unlisted drugs, special case
    - If a physician, registered nurse in the extended class or a prescribed person informs the executive officer that the proper treatment of a patient who is an eligible person requires the administration of a drug for which there is not a listed drug product, the executive officer may make this Act apply in respect of the supplying of that drug as if it were a listed drug product by so notifying the physician, registered nurse in the extended class or prescribed person.

- Additional changes appear to have been proposed for EAP purposes for instances when the physician or registered nurse in the extended class wants to prescribe a listed product for an indication is not normally permitted. Once again, the term “or a prescribed person” has been inserted by OPA to enable similar prescriptive authority for pharmacists.
  - Listed drugs, special case
    - If a physician, registered nurse in the extended class or a prescribed person informs the executive officer that the proper treatment of a patient who is an eligible person requires the administration of a drug for which there are one or more listed drug products but for which the conditions for payment under section 23 are not satisfied, the executive officer may make this Act apply in respect of the supplying of those listed drug products as if the conditions were satisfied.

SCHEDULE 4: REGULATED HEALTH PROFESSIONS ACT, 1991 (‘RHPA’)

The Ontario Pharmacists Association always has been and continues to be completely dedicated to working on behalf of patients, pharmacists, pharmacy students, and pharmacy technicians across the province to evolve the practice of pharmacy and advocate for the highest standards of professional excellence. To that end, OPA and its members support Minister Hoskins and the Ontario Government’s commitment to zero tolerance as it relates to sexual abuse. For the purposes of this submission, comments from the Association relating to the proposed changes to the RHPA will be restricted to Section 5(2.1) and the powers sought by the Minister.
OPA commentary to the Regulated Health Professions Act:
The Ontario Pharmacists Association and its members are categorically opposed to the new powers sought by the Minister that would enable the collection and provision to the Minister by the Ontario College of Pharmacists (‘OCP’ or the ‘College’) of personal health information about any OCP member. The Association joins its colleagues at the Ontario Medical Association in their opposition to such an unwarranted intrusion into the private health records of health care professionals. It remains wholly unclear as to why the Minister requires access to personal health information “to determine whether the [Colleges are] fulfilling [their] duties and carrying out [their] objects under [the RHPA], a health profession Act, the Drug and Pharmacies Regulation Act or the Drug Interchangeability and Dispensing Fee Act.”

At the very minimum, much more clarity and very specific rationale are sought as to how such disclosures of personal health information enhance public safety. If, as the Minister stated in Hansard on March 27, 2017, that indeed this is in the best interest of the public, then OPA submits that public officials, including elected officials like the Minister, should also be required to disclose their own personal health information as a matter of public record and in the name of accountability.

SCHEDULE 5: SENIORS ACTIVE LIVING CENTRES ACT, 2016

In general, OPA is supportive of the creation of the Seniors Active Living Centres Act. The Association hopes that under this Act and with the support of the Minister Responsible for Seniors Affairs and the director appointed by the Minister that OPA can once again resume the delivery of the very popular Safe Meds for Seniors Program.

OPA commentary to the Seniors Active Living Centres Act:
From 1999 until 2012, OPA developed, coordinated, administered and delivered medication awareness education to seniors across Ontario, with support from the Government of Ontario under a program called the Safe Meds for Seniors Program. Despite the program’s popularity with seniors’ groups and MPPs who served as the sponsors for the program in their constituencies, this low-cost program was the victim of budgetary cuts at the end of fiscal year 2011-12. At the end of March 2012, 42 pharmacist members of OPA delivered 94 Safe Meds for Seniors presentations in community centres, churches and synagogues to over 4,100 Ontarians. Government funding covered the costs to deliver 47 of these 94 presentations; however, demand far outweighed the originally budgeted 47 sessions; so as not to disappoint those jurisdictions requesting a session, an additional 47 presentations were delivered, the costs of which were borne by an unbudgeted investment approved by the OPA Board of Directors.

It is our hope that this multilingual program will find a new home under the auspices of the Seniors Active Living Centres Act.
CONCLUSION:

In general, the Ontario Pharmacists Association supports many of the concepts proposed in the Protecting Patients Act, 2017. The Association and its members believe that the efficiency and effectiveness of our health system and the safety of Ontarians can be greatly improved by leveraging the unique expertise of pharmacy professionals, enabling them to practice to their fullest potential, and making them more accessible to all Ontarians. The recommendations put forth in this submission are intended to support this vision and strengthen the bill overall.

Nonetheless, in its role to represent the interests of all pharmacy professionals, wherever they may practice, the Association seeks much greater clarity and rationale for the proposed amendments to the Regulated Health Professions Act, specifically related to powers sought by the Minister. In the absence of this clarity and rationale, OPA calls for the removal of the proposed amendments to the RHPA. As currently stated, we believe that these amendments represent an unwarranted and unjustified intrusion into the very private personal health records of pharmacy professionals. Furthermore, the amendments conflict with and undermine the tenet of self-regulation of health professions. Speaking on behalf of the pharmacy profession, OPA contends that patient safety is paramount in everything its members do, and believes that the Ontario College of Pharmacists, through its standards of practice and its new and comprehensive Code of Ethics, is indeed fulfilling its duties and carrying out its objects established under the RHPA.

The Ontario Pharmacists Association appreciates the opportunity to provide comments on Bill 87 on behalf of its members, and with our commentaries and recommendations, we reiterate our commitment to helping make the Protecting Patients initiative a success. Should you have any questions related to this submission, I ask that you contact me at your earliest convenience at 416-441-0788 or by email at amalek@opatoday.com.

Respectfully submitted,

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cc: Sean Simpson, Chair of the Board of Directors, Ontario Pharmacists Association
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