



Appendix A – Proposed Amendments

Table 1. outlines proposed legislative, regulatory, and provincial form amendments. The proposed amendments will:

- Facilitate nurse practitioners (NP) to provide enhanced patient care;
- Eliminate barriers for NPs;
- Correct the existing physician-centric focus that exists in current legislation, regulation, and provincial forms; and
- Increase role clarity for NPs.

The proposed amendments outlined in Table 1. are intentionally developed to be at a “policy level”. Generally, government will work with regulators to clarify and approve the “policy intent” and “draft policy” of the proposed amendments before it starts drafting amended legislation. **This approach requires flexibility; therefore, what is outlined below will flex and change somewhat during discussions with Government and other health system partners. The NPAA will continue to work with CRNA and health system partners to push for needed practice changes.**

Table 1.



Statute, Regulation or Form	Proposed Amendments	Rationale
<p>Health Professions Act (HPA)</p>	<p>1. Interpretation (Amendment) - Amend section 1 of the HPA to create a definition to recognize NPs and physicians overlapping scopes of practice, autonomous practice, and function as patients' most responsible practitioners, specifically stating NPs are recognized as "duly qualified medical professionals" .</p>	<p>Supports modernizing legislation to recognize NPs as healthcare professionals alongside physicians. This would facilitate support to amend other pieces of legislation, regulations, and provincial forms (e.g., insurance forms) to allow NP to work to their full scope (including functioning as a signing officer for provincial forms) to provide care independently to patients.</p> <p>For example, the definition of duly qualified medical professional is not clearly defined in the Automobile Regulations and Alberta <i>Insurance Act</i> there is a lack of clarity on the role of a NP. This is a contributing factor to patients having claims denied due to interpretation of current language.</p> <p>Specifically, we should explore creating a definition of "duly qualified medical professional", or a different definition that accomplishes the same intent. For example, the statement "duly qualified medical professional" is what is referenced by insurance companies to justify their reasoning to deny claims/forms completed by the NP. Developing a definition on this matter is</p>



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		<p>anticipated to influence insurance company practices and lead them to recognizing NPs as qualified to complete insurance assessments and forms.</p>
	<p>2. Business Arrangements (Amendment) - Add the CRNA to the list of regulators identified throughout Part 5 – Business Arrangements of the HPA (e.g., Limited Liability Partnerships and Professional Corporations).</p> <p>Amend other supporting sections throughout the legislation regarding business arrangements e.g., articles under Section 1.</p>	<p>To allow NPs working in independent practice (i.e., NPs in Primary Care Program) to avail themselves of business arrangements that may assist them from a financial and/or legal perspective.</p> <p>Currently, NPs are unable to incorporate in the same manner as physicians, dentists, and other medical professionals. This leads to significant increases in taxation and will result in independent NP practices being unsustainable.</p>
	<p>3. Schedule 24 (Amendments) –</p> <p>Amend Schedule heading to read “Profession of Registered Nurses and Nurse Practitioners”.</p>	<p>Adding NPs to the title of Schedule 24 will create consistency between Schedule 24 and certain other regulated health professions</p>



Statute, Regulation or Form	Proposed Amendments	Rationale
	<p>Amend Schedule 24, section 2 to create additional protected titles to recognize the new NP generalist designation that is coming forward, and to distinguish NPs that have speciality education, training and practice, such as “nurse practitioner specialist” - protected titles under Schedule 24 section 2 of the HPA.</p> <p>Add a separate practice statement for Nurse Practitioners under Schedule 24 section 3 of the HPA.</p>	<p>where there is more than one role/profession. For example:</p> <ul style="list-style-type: none"> • Schedule 19 - Profession of Pharmacists and Pharmacy Technicians • Schedule 21 - Profession of Physicians, Surgeons, Osteopaths and Physician Assistants • Schedule 23 – Profession of Registered Dietitians and Registered Nutritionists • Schedule 28 – Profession of Speech-Language Pathologists and Audiologists <p>In anticipation of the generalist NP, developing new protected titles would allow NPs to differentiate themselves from generalist to specialist, creating further clarity for the public and ensuring that no other person or profession, unless registered with CRNA as a NP can use these titles.</p> <p>Having a separate practice statement for NPs would provide greater clarity on the</p>



Statute, Regulation or Form	Proposed Amendments	Rationale
		difference and scope of practice for RNs vs. NPs.
<p>Registered Nurses Profession Regulation</p>	<p>4. Titles (Amendment) - Amend Section 14 of the Regulation to reflect any protected titles for “nurse practitioner generalist” and “nurse practitioner specialist”.</p>	<p>Section 14 of the Regulation authorizes and provides information on who can use a protected title under Schedule 24 of the HPA.</p>
	<p>5. Nursing Education Program Approval (Amendment) - Remove references throughout the Regulation for “Nursing Education Program Approval Committee” and substitute with “Council” for sections pertaining to both NPs and RNs.</p> <p>Remove references to “nursing education standards” throughout the Regulation and do not substitute.</p>	<p>The Nursing Education Program Approval Committee no longer exists. Council is now responsible for approving nursing education programs.</p> <p>This is very specific wording. Removing it will allow Council to approve programs based on criteria they approve, offering more flexibility.</p>



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<p>Insurance Act</p>	<p>6. Definition (New) - Add a definition for “medical examination” and “medical statement” to be from a physician or NP.</p>	<p>Currently, medical examination and medical statement leaves room for misinterpretation. Specifically, that the exam or statement can only come from a physician.</p> <p>By defining this clearly in the Act to include NPs the intent is clear, and the barrier is removed for NPs to provide care. This will remove the situations where insurance claims may be denied due to services being provided by a NP or forms being completed by a NP.</p>
	<p>7. Automobile accident claim (amendment) - Add “nursing” next to “medical” throughout section 570(4).</p>	<p>Currently, the Act allows for interpretation to leave out nursing services. The current wording creates a situation whereby adjusters could consider variation of claim approval or amount of coverage based on the provider’s profession, rather than the injury. Further, this creates situations where the patient’s ability to claim for NP or nursing services is limited.</p>



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<p>Alberta Health Care Insurance Act</p>	<p>8. Definition (amendment) – Amend the definition of “insured services” to include NPs next to physicians.</p>	<p>With the NPs in Primary Care Program (NPPCP), care provided by a NP is publicly funded whereby insured services will be covered. The Act should be amended to reflect this.</p>
	<p>9. Definition (new) – Add NP definition to section 1 of the Act.</p>	<p>Other professions are currently listed within the Act, and it is important that NPs are captured. The omission of NPs allows for a situation in which adjusters could consider variation of claim approval or amount of coverage based on provider’s profession rather than the injury. Further, this creates situations where the patient’s ability to claim for NP or nursing services is limited.</p>
	<p>10. Reassessment of claims (amendment) – Add NP to section 18(2)(e) of the Act.</p>	<p>In the event of a reassessment of a claim, it is important that equal weight be given to NP assessment and care.</p> <p>Currently, physicians are mentioned in this section. The omission of NPs allows for a situation in which adjusters could consider variation of claim approval or amount of</p>



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	<p>11. Disclosure (amendment) – Under section 20.3(2) add Nurse Practitioner Association of Alberta.</p>	<p>coverage based on provider’s profession rather than the injury. Further, this creates situations where the patient’s ability to claim for NP or nursing services is limited.</p> <p>Alberta Health has indicated that data collection on the NPPCP will be important going forward.</p> <p>The NPAA will have information on NPs in the NPPCP. In the future, NPAA will be providing billing supports to NP Clinics and assisting with evaluation of the NPPCP. Further, NPAA will be aware of NPPCP clinics and their funding level and may provide support if there are billing errors or a question from the Ministry regarding billing practices.</p>
<p>Automobile Accident Insurance Benefits Regulation</p>	<p>12. Definition (new) – Add a definition for duly qualified medical practitioner to include a physician and NP.</p>	<p>Without a definition of “duly qualified medical practitioner” in the Act allows for interpretation to leave out nursing services. The omission of NPs allows for a situation in which adjusters could consider variation of claim approval or amount of coverage based on provider’s profession rather than the injury.</p>



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		<p>Further, this creates situations where the patient's ability to claim for NP or nursing services is limited.</p>
<p>Business Corporations Act</p>	<p>13. Corporate name (amendment) – Add “nursing” to section 10(2.1).</p>	<p>Current legislation limits nursing from professionally incorporating their businesses. This disenfranchises them from access to similar financial opportunities as physicians have access to. By clearly labeling “nursing” within the corporate name section, NPs will be able to professionally incorporate their businesses which will enable their financial viability and remove the current disadvantage of being limited from professional incorporation.</p> <p>As NPs will be owning and operating their own small businesses, it is important that financial inequalities amongst medical professionals be removed.</p>



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<p>Adult Guardian and Trusteeship Act</p>	<p>14. Emergency Health Care (amendment) – Add “nurse practitioner” next to the word physician in all sections throughout section 101.</p>	<p>As NPs practice in environments where they are the most responsible provider for patients and may be the only provider in a rural community, it is essential that legislation enable them to function to their full scope of practice.</p> <p>In the instance of an emergency in a clinical setting, the NP needs to be able to provide care without consent. As it is currently written in the <i>Adult Guardian and Trusteeship Act</i>, only physicians can make this decision now. This creates an access barrier as it inhibits NPs ability to work independently covering emergency rooms in rural areas as well as providing after hour call support to a hospital. It also leads to lack of consistency in care, if the NP providing care must seek out a physician who is unknown to the patient’s condition, just for them to determine the patient cannot consent to emergency care.</p> <p>NPs have the scope of practice and capability to assess a patient’s capacity and make a general capacity assessment. This section of the Act requires modernization to add NP next to the word physician throughout</p>



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		<p>section 101 to explicitly convey the scope of practice of the NP and to enable emergency care to patients.</p>
<p>Adult Guardian and Trusteeship Regulation</p>	<p>15. Capacity Assessors - Throughout the Regulation change “Alberta College and Association of Registered Nurses” to “College of Registered Nurses of Alberta”</p> <p>add NPs to the persons who are designated as capacity assessors (e.g., Section 7(1) of the Regulation.</p>	<p>Currently, there is a gap whereby patients of NPs must seek out physicians as capacity assessors despite the NP being their primary care provider.</p> <p>This proposed amendment would enable the NPs to assess their patient’s capacities (e.g., financial, legal, etc.).</p> <p>For the NP to competent to function as a capacity assessor they must complete supplementary training. Training is available and offered by the Government of Alberta (Office of the Public Guardian and Trustee). The CRNA will connect NPAA with the Office of the Public Guardian and Trustee should this amendment be approved to go forward. Additionally, the CRNA will consult with post-secondary institutions to explore opportunities to embed designated capacity</p>



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		assessment education into NP post-secondary curriculums.
<p>Provincial Forms</p>	<p>16. Provincial Forms (amendment) – Amend the following provincial forms to add the term “nurse practitioner” next to “physician”:</p> <ul style="list-style-type: none"> ● Short-term disability ● Long-term disability ● Auto insurance claims ● Assured Income for the Severely Handicapped ● Workers Compensation Board ● Organ and tissue donation ● Capacity assessments ● Vital statistics ● Death certificates 	<p>Without an explicit mention of the professional designation (NP), adjusters have been able to deny claims from patients based on provider’s profession, rather than the injury.</p> <p>Leaving the form to only state “physician” suggests that only a physician can complete the form. As NPs are the most responsible provider for patients on their roster, it is essential that provincial forms reflect their ability to provide care to their patients without any unnecessary barriers.</p>