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## News

# Canadian government says primary care by non-physicians must be publicly funded

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The federal government in Canada is taking action to protect publicly funded primary care by stamping out private services that charge patients to see a nurse practitioner. It has told health ministers in the country's provinces and territories that they must fund primary care services typically provided by physicians, even if they are delivered by other health professions.

The letter from Health Minister Mark Holland, released on 10 January,<sup>1</sup> comes amid a crisis in primary care in Canada, with one in six Canadians having no regular family physician.<sup>2</sup>

The letter discusses the growing role of nurse practitioners and says, "There are reports of the growth of patient charges arising from healthcare professionals offering medically necessary services to Canadians on a private pay basis." Recent reports involve nurse practitioners operating in private clinics where patients must pay for care.<sup>3456</sup>

These clinics have taken advantage of a loophole in federal legislation mandating the country's universal healthcare services. The Canada Health Act requires provinces and territories to provide free publicly funded healthcare in hospitals or by physicians but omits non-physicians. Provincial and territorial governments receive funding from the federal government to help cover public healthcare, and any services that require patients to pay can result in dollar-for-dollar deductions from this pot of money.

## Increase in non-physicians

Gregory Marchildon, professor emeritus in the Institute of Health Policy, Management, and Evaluation at the University of Toronto, said that there “have been enormous developments” since the Canada Health Act was enacted in 1984. “Services that were provided by physicians are now being provided, in part, by other professionals,” he explained.

Canada had 44 768 family physicians in 2019,<sup>7</sup> 7 841 nurse practitioners in direct patient care in 2023,<sup>8</sup> 1 892 midwives in 2021,<sup>9</sup> and 30 696 pharmacists in 2023.<sup>10</sup>

Joelle Walker, vice president of public affairs for the Canadian Pharmacists Association, said that governments have been “increasingly looking to other professions such as pharmacists to close gaps in primary care.”

The letter to local health ministers says that any services that would be covered if they were delivered by a physician must be covered if they are delivered by another health professional, starting 1 April 2026. It specifically mentions nurse practitioners, pharmacists, and midwives, but, in an email to *The BMJ*, Health Canada spokesperson Mark Johnson clarified that any other professionals who begin to offer services historically provided by physicians will also be included. Primary care not delivered by physicians, such as dental and eye care, continues to be excluded, however.

In most provinces and territories, the scope of nurse practitioners, pharmacists, and midwives has recently been expanded, say their associations.

For example, in 2018 the province of Saskatchewan allowed pharmacists to start prescribing for birth control and urinary tract infections but required patients to pay a fee for the service,<sup>11</sup> provoking a public backlash, said Walker. Since then, many jurisdictions have allowed pharmacists to diagnose and prescribe for common ailments, although the approach is inconsistent across the country.

“Pharmacists are educated to a consistent level, so why would a pharmacist be able to prescribe contraception in British Columbia but not in Ontario?” asked Walker.

## **Better coverage and compensation**

Most provincial or territorial health plans have decided to cover such services, although they are not included in the federal law.

Midwives’ services have been added to provincial and territorial healthcare plans recently, with full coverage across the country as of 2024. Claire Dion Fletcher, vice president of the Canadian Association of Midwives, said that no midwives charge patients for home or in-hospital midwifery. The association says 13% of births in 2021 were assisted by a midwife.

“We don’t know of any private billing for midwifery services, but we want to avoid this happening. It’s important that midwives are included in this interpretation,” said Dion Fletcher. She hopes the interpretation leads to better compensation for midwifery services and that the scope of midwives’ services will expand and become more consistent across the country.

“Midwives can do more sexual and reproductive healthcare,” said Dion Fletcher. Many midwives are from Indigenous and racialised communities. In providing prenatal care, midwives see many patients who may not have regular healthcare, said Dion Fletcher, including Indigenous populations, youth, and

homeless people. In British Columbia and Northwest Territories, midwives can prescribe contraception. In Quebec, they can provide medical abortion.

Similarly, nurse practitioners, the main target of the policy change, may be the sole or one of few primary care providers in many rural and remote communities. In urban settings, they work in physician group practices, standalone clinics, and community health centres.

Laura Housden, president of the Nurse Practitioner Association of Canada, said, “We absolutely support publicly funded healthcare.” But she defended nurse practitioners who are charging for primary care services in order to continue providing services in their communities. “Nurse practitioners often lack access to equitable funding models, which limits their ability to order insured services to Canadians under the same terms as physicians.” She said that nurse practitioners should be integrated into primary care, in publicly funded positions. She mentioned Alberta, which has recently launched a plan for guaranteed primary care provided by either a physician, a nurse practitioner, or another primary care provider, including clinics run by nurse practitioners.<sup>12</sup> Similarly, British Columbia has established primary care networks that prominently include nurse practitioners to improve healthcare access and continuity.<sup>13</sup>

Joss Reimer, president of the Canadian Medical Association, said, “What we’re hearing from physicians is that all regulated health professionals have a role in providing care to Canadians,” given the access problems in primary care. The association supports nurse practitioners working in multidisciplinary teams that include physicians rather than in clinics staffed solely by nurse practitioners. She said the availability of a physician is important when handling complex cases, which form an increasing proportion of healthcare.

Although nurse practitioners and midwives are hoping for better pay, Marchildon says the money behind the change may be limited. “The federal government is trying not to make Medicare [Canada’s universal healthcare system] more expensive for the provinces. That’s why they didn’t change the act.”

He said that amending the law would open a Pandora’s box of which medical services are covered, driving up healthcare costs. “The federal government decided to make policy changes. It plans to work with the provinces, quietly behind the scenes, and make sure that primary care services that are medically necessary are not subject to charges.”

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