

Legislative
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2 CHARLES III, 2024

Bill 203

**An Act to amend the Commitment to the Future of Medicare Act, 2004
with respect to payments to nurse practitioners**

Mr. A. Shamji

Private Member's Bill

1st Reading May 29, 2024

2nd Reading

3rd Reading

Royal Assent



EXPLANATORY NOTE

The Bill amends the *Commitment to the Future of Medicare Act, 2004*.

The amendments prohibit nurse practitioners from accepting certain payments or benefits for providing services to an insured person that would normally be provided as insured services in specified settings. Payments or benefits for these services may still be accepted from specified public sources or in accordance with the regulations.

The penalties for contraventions of the Act are increased.

A new regulation-making power permits regulations providing for and governing reimbursements of payments or benefits made for these services within six months after the day this Act receives Royal Assent.

**An Act to amend the Commitment to the Future of Medicare Act, 2004
with respect to payments to nurse practitioners**

His Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

1 Section 8 of the *Commitment to the Future of Medicare Act, 2004* is amended by adding the following definition:

“nurse practitioner” means a registered nurse who holds an extended certificate of registration under the *Nursing Act, 1991*; (“infirmière praticienne ou infirmier praticien”)

2 Section 10 of the Act is amended by adding the following subsections:

Nurse practitioner public services

(4.1) Subsection (4.2) applies with respect to services that would normally be provided as insured services if delivered in a publicly funded nurse practitioner-led clinic or by a nurse practitioner in a Family Health Team (FHT) or a Community Health Centre (CHC).

Restriction

(4.2) A nurse practitioner shall not accept payment or benefit for providing to an insured person a service described in subsection (4.1) unless it is provided,

- (a) from a publicly-funded provider of primary health care services;
- (b) in accordance with an arrangement made under subsection 2 (2) of the *Health Insurance Act*;
- (c) from a public hospital or prescribed facility for services rendered in that public hospital or facility; or
- (d) if permitted to do so by the regulations in the prescribed circumstances and on the prescribed conditions.

3 (1) Subsection 19 (2) of the Act is amended by striking out “\$10,000” at the end and substituting “\$20,000”.

(2) Subsection 19 (3) of the Act is amended by striking out “\$1,000” at the end and substituting “\$2,000”.

(3) Subsection 19 (4) of the Act is amended by striking out “\$25,000” at the end and substituting “\$50,000”.

4 Subsection 20 (1) of the Act is amended by adding the following clause:

- (i.1) providing for and governing reimbursements to patients of any payments or benefits made for services described in subsection 10 (4.1) that are provided within six months after the day the *Keeping Primary Care Fair Act (Restricting Private Payments for Nurse Practitioner Services), 2024* receives Royal Assent, which may be made subject to limitations or conditions;

Commencement

5 This Act comes into force on the day that is six months after the day this Act receives Royal Assent.

Short title

6 The short title of this Act is the *Keeping Primary Care Fair Act (Restricting Private Payments for Nurse Practitioner Services), 2024*.