

March 27, 2023

Law Amendments Committee
Nova Scotia Legislature
Province House
1726 Hollis Street
Halifax, Nova Scotia B3J 2Y3

Dear Members of the Law Amendments Committee:

RE: Bill 256 – Patient Access to Care Act

Honourable Minister Johns, Chairperson, members of the Law Amendments Committee, and all those in attendance today, I thank you for the opportunity to speak to Bill 256, the Patient Access to Care Act. My name is Stacy Bryan, and I am the Registrar for the College of Dental Hygienists of Nova Scotia, or CDHNS.

The CDHNS is the professional regulator of the dental hygiene profession in Nova Scotia, and we were established pursuant to the *Dental Hygienists Act*.

Our legislated responsibility is to serve and protect the public interest in the practice of dental hygiene and to ensure that Nova Scotians receive safe, effective care from competent and ethical dental hygienists. And it is from that lens that I make these comments to you today.

Dental hygiene is fairly new to the self-regulating world here in Nova Scotia – our legislation was proclaimed and came into force on May 15, 2009. Since that time, we have grown from 593 practising registrants to 822 practising registrants.

The CDHNS supports the intent of this Bill – which is to increase access to care in Nova Scotia. We welcome the introduction of a bill that, if passed, will allow regulators to work collaboratively with the government, and other stakeholders, to explore other mechanisms to improve access to care, including optimization, and potential expansion of, scope of practice for a specific profession. Certainly, the need for us to be flexible, efficient, and work collaboratively to make necessary changes was highlighted during the pandemic.

There are 4 main issues with Bill 256 that the CDHNS wishes to address – these are:

1. expanded scope of practice;
2. the processing of completed applications;
3. the requirement to waive all registration and licensing requirements for an applicant who is registered or licensed, in good standing, in any jurisdiction prescribed by the regulations; and
4. prescribed international jurisdictions for the purpose of registration and licensing.

1. SCOPE OF PRACTICE: We support the opportunity to “make better use of the workforce” and we are eager to be part of the solution. It is well known that oral health directly impacts overall health and dental hygienists are passionate champions of achieving oral health and overall health for Nova Scotians.

There has been discussion about optimization of the current scope of practice, as well as ensuring there is enabling legislation, as intended with this Bill, that allows a profession's scope of practice to evolve over time.

Firstly, the current scope of practice for Nova Scotia dental hygienists is not being optimized here in Nova Scotia. In October 2014, a CDHNS White Paper, entitled [Prevent More to Treat Less](#) was published¹. In it, we outlined the oral health issues in Nova Scotia, such as oral health inequities, barriers to care, and the impacts and costs of oral diseases.

We also offered solutions which included 13 recommendations of how dental hygienists could be better utilized within the health care system such as investing in workforce innovations that optimized dental hygiene scope of practice in non-dental community-based settings like long-term care facilities, daycares, and collaborative care centers.

Nine years later, these oral health issues remain, and the majority of the recommendations, which have been successfully implemented in other provinces or countries, have yet to be implemented here in Nova Scotia.

The CDHNS is also open to expanding the scope of practice for health professions, including dental hygiene, as professions change and grow. We appreciate that this new Bill will allow the government, in collaboration with the regulator, to ensure that happens in a timely manner.

The Network submission regarding Bill 256 submitted to the Department of Health and Wellness proposes revisions to some of the wording of this Bill around 'scope of practice'. These proposed revisions are intended to ensure public safety and I'd like to briefly underscore a few of these points now from the CDHNS's viewpoint:

- It is critical that the Governor in Council engage in meaningful consultation prior to the enactment of any regulation that expands the scope of practice for any of the health professions. Ultimately, the regulators are the experts with regard to their respective professions. We are hopeful that Government will appreciate and rely on this expertise when looking at expanding the scope of practice. The CDHNS's interest in overseeing any changes to the dental hygiene scope of practice is embedded in its public interest mandate. We are committed to ensuring that any evolution to the dental hygiene scope of practice maintains the level of safe and competent care that Nova Scotia expects of registered dental hygienists.
- Any expansion of a profession's scope of practice must include the ability for the applicable regulator to prescribe the requirements for a registrant to perform that new 'scope', such as qualifications, experience, and examinations.

2. COMPLETED APPLICATIONS: In 2022, the CDHNS received 59 new applications for registration and licensing, 20 of which originated from other Canadian jurisdictions. The average time that interprovincial applicants were issued a practising licence, following receipt of a complete application, was 5 business days – the timeline outlined in this proposed Bill [subsection 5(3)].

¹ https://cdhns.ca/images/CDHNS_Prevent_More_to_Treat_Less_OCTOBER_2014_FINAL-Updated_Contact_Info_-_Sept_2019.pdf

The CDHNS supports this timing inclusion. *However, it is critical that Bill 256 include a definition for 'complete application' to ensure that both the applicant and the regulatory body have the same expectations.* Applicants and regulators often have different views regarding what constitutes a completed application.

Currently, for the CDHNS, a "complete application" means an applicant has submitted the required fees, and all information or documentation necessary for the regulator to render a decision.

3. MANDATORY WAIVING OF REGISTRATION AND LICENSING REQUIREMENTS [Sections 5 (1) and (2) of Bill 256]: Overall, the CDHNS concurs with the intent to reduce barriers to registration and licensing for competent health professionals fully licensed in other Canadian jurisdictions. However, we are of the view that the current wording of sections 5(1) and 5(2) of Bill 256 will result in unintended consequences that have the potential to jeopardize public safety.

Section 5(2) requires a regulator to waive all requirements for registration, licensing or renewal of registration or licensing for any applicant who is registered or licensed, in good standing, in any jurisdiction prescribed by the regulations. However:

- Bill 256 does not define "good standing". Good standing is not a term that is consistently applied across professions and jurisdictions. Even within Nova Scotia, there is significant variance in the meaning of "good standing". Pursuant to the current wording of Bill 256, regulators must rely on the meaning of "good standing", if any, in the applicant's originating jurisdiction. The manner in which good standing is used in Bill 256 may result in regulators being required to license applicants that are incompetent, incapacitated, lack character, or have engaged in misconduct. This is not consistent with regulators' duty to ensure that Nova Scotians are protected in the delivery of healthcare services.
- This section also removes a regulator's ability to assess whether an applicant has a disciplinary history in another jurisdiction and to address any conditions or restrictions on the applicant's licence, put in place by other jurisdictions.
- As a regulator, operating in the best interest of the public, it is critical that we are able to look into an individual's character, competence, and capacity and to implement conditions/restrictions that support the safe provision of care for Nova Scotians.

Further, this section would even require regulators to license applicants that do not carry professional liability insurance. Currently, all dental hygienists practising in Nova Scotia must carry insurance in order to ensure that any client injured while receiving care is protected. The CDHNS is certain that the Government is not intending to permit uninsured healthcare professionals to practise in this province; however, that is what the current wording of Bill 256 would allow.

The CDHNS recommends that subsections 5(1) and (2) be deleted and replaced with the following:

(5) (1) A regulator shall waive any requirement for registration, licensing or renewal of registration or licensing where:

(a) it is required by law; or

(b) it is in the public interest; and

(c) the regulator receives a completed application which provides satisfactory proof that the applicant meets all of the following criteria:

a. the applicant holds an equivalent licence;

b. the applicant is not subject to any outstanding complaints with the extra-provincial regulator; and

c. there are no prohibitions, conditions, agreements or restrictions on the applicant's licence or registration with the extra-provincial regulator.

Definitions of 'equivalent licence' and 'extra-provincial regulator' should also be included.

4. PRESCRIBED JURISDICTIONS: The CDHNS appreciates that the intent of subsection 5(2) of Bill 256, in its reference to 'any jurisdiction prescribed by the Regulations' is to further open Nova Scotia to out-of-province health professionals – those from other Canadian jurisdictions and those from outside of Canada. We concur that recruitment and licensure of out-of-province health professionals will assist in increasing access to healthcare in Nova Scotia.

- However, determining whether an international jurisdiction maintains similar education, entry-to-practice competencies, scopes, etc., is a process that needs to be more clearly defined – either in the Act or its accompanying regulations.
- It may be that a prescribed jurisdiction (country) may meet the equivalency requirements for one profession, but not another.
- It is our belief that a jurisdiction equivalency should be determined by profession, rather than by implementing a blanket requirement for a specific country/jurisdiction.
- There are many professions that already have provincial and/or national mechanisms in place to determine this equivalency.

Sincerely,



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