

Sept 2, 2021

Rob Nishman
Senior Manager, Regulatory and Standards Oversight, Emergency Health Regulatory and Accountability Branch
Ontario Ministry of Health
North American Centre 6th Floor, 5700 Yonge St
Toronto, ON M2M 4K5

Dear Mr. Nishman:

Re: Stakeholder Consultation Regarding Enabling Health Care Providers to Provide Paramedic Proof of Immunization

On behalf of the Ontario Pharmacists Association ('OPA', the 'Association'), we appreciate the opportunity to provide commentary and recommendations with regards to the stakeholder consultation on amending O. Reg. 257/00 under the *Ambulance Act*, the Ambulance Service Communicable Disease Standards and the Patient Care and Transportation Standards to enable other health care providers (other than physicians) whose scope of practice under the *Regulated Health Professionals Act* includes administration of vaccines to confirm paramedic immunization against communicable diseases.

OPA is committed to evolving the pharmacy profession and advocating for excellence in practice and patient care. With its 10,000 members, OPA is Canada's largest advocacy organization and continuing professional development provider for pharmacy professionals across Ontario. By leveraging the unique expertise of pharmacy professionals, enabling them to practise to their fullest potential, and making them more accessible to patients, OPA is working to improve the efficiency and effectiveness of the healthcare system.

OPA supports the Ministry of Health's consideration to amend the provisions in the applicable regulatory and patient care standards to enable other healthcare professionals to provide paramedic proof of immunization and ensure consistency with the current healthcare landscape. These changes will support more efficient use of healthcare resources, which in turn will increase overall capacity in the healthcare system and may also improve access and convenience for paramedics and emergency medical attendants (EMAs).



As per O. Reg. 202/94 under the *Pharmacy Act, 1991*, a Part A pharmacist, an intern, or a registered pharmacy student in Ontario, subject to the terms, conditions and limitations imposed on his or her certificate of registration, is authorized to administer vaccines by injection for 13 vaccine preventable diseases. Included within this scope are Varicella and Hepatitis B, which are also part of the list set out in Table 1 – Part A of the Ambulance Service Communicable Disease Standards and for which paramedics and EMAs must be immunized against and hold a valid certificate signed by a physician as proof of immunization as outlined by O. Reg. 257/00 under the *Ambulance Act*. For these two vaccines, a pharmacist could be the healthcare professional who administers the vaccine and as such, should be recognized as health care providers able to provide paramedics and EMAs with a valid certificate for proof of immunization.

Similarly, a Part A pharmacist, an intern, or a registered pharmacy student in Ontario, subject to the terms, conditions and limitations imposed on his or her certificate of registration, is authorized to administer influenza vaccines in accordance with Ontario's Universal Influenza Immunization Program. If enabled to provide a valid certificate for paramedics and EMAs that states that he or she has been vaccinated against influenza, pharmacies could be a convenient and easily accessible option for such individuals to receive their vaccination. Currently, the Patient Care and Transportation Standards states that each EMA and paramedic must provide "a valid certificate signed by a physician or delegate that states that he or she has been vaccinated against influenza, or that such vaccination is medically contraindicated". The term "delegate" may be interpreted as requiring the assignment of authority, for example, from a physician to a pharmacist, to sign the immunization certificate, which would be unnecessary and could result in additional red tape to access. OPA suggests that language used in the amendments be clear and consistent for any health care provider whose scope of practice includes administration of the applicable vaccines.

Additionally, in cases where an individual requires a signed certificate stating that such immunization is medically contraindicated, there is laboratory evidence of immunity (applicable only for Varicella, Measles, Mumps, Rubella and Hepatitis B), or there is medically documented diagnosis or verification of history (applicable only for Varicella), it should be noted that pharmacy professionals may not have access to the required information to be able to provide this certificate and as such would not be able to provide this service.

With respect to the impact the amendments being considered may have on the pharmacy profession, as many pharmacies are already engaged in providing immunizations to the public, the provision of immunization services through pharmacies is already well established. However, the proposed amendments to the regulatory and patient care standards may result in an increase in individuals seeking immunization services from



pharmacies, and as such pharmacies would require advance notice to ensure appropriate operational planning. Further clarification is also required as to what would be considered acceptable proof of immunization. Currently, an official pharmacy receipt is typically provided to individuals after receiving their vaccination at the pharmacy that contains details including but not limited to their name; vaccine received; date received; pharmacy name and contact information; and name and signature of the pharmacy professional. Should this be an acceptable form of proof of immunization to meet the regulations and standards, this would not likely result in any additional impact on the pharmacy staff. However, if additional documentation is required to meet the regulatory and standard provisions, e.g., completion of a standardized form, this will require additional work and time from the pharmacy professional to complete, and a nominal fee for service may be required. In addition, with the exception of influenza vaccines which are covered under the publicly funded program, currently, pharmacies are not able to access other publicly funded vaccine supply and may charge individuals for the dispensing and administration of vaccines they are authorized to administer such as Varicella and Hepatitis B. OPA recommends that the Ministry should enable pharmacies access to publicly funded vaccine supply and provide fair remuneration to pharmacies for administration and documentation services if required to avoid out of pocket costs for EMAs and paramedics and support equitable access across the healthcare system.

Regarding the best approach to communicate these amendments to pharmacy professionals should the proposed changes be enabled, OPA can assist with communicating to the profession through our member communication emails. In addition, OPA's Economics Committee and Owners Advisory Council, comprised of both corporate and independent pharmacy owners and representing over ninety percent of pharmacies in Ontario, can be leveraged to support the communication of the changes through their individual channels. Additionally, the Ontario College of Pharmacists should also be involved in the communication of these amendments through their communications to all registrants. Finally, the Ministry may consider providing an update through the ONE Mail email service, which all pharmacies who submit claims to the Ontario Drug Benefit Program are required to have and check on a regular basis.

In conclusion, the Ontario Pharmacists Association appreciates the opportunity to respond to this consultation that seeks to enable health care professionals whose scope of practice under the *Regulated Health Professionals Act* includes administration of vaccines, such as pharmacy professionals, to confirm EMA and paramedic immunization against communicable diseases by amending applicable regulation and standards to ensure consistency. While OPA is supportive of these proposed amendments, it is important to ensure that the language used does not create additional red tape for both immunizers and recipients. Additionally, clarification is required regarding what a valid certificate would entail to determine any additional impact these changes may have on



the pharmacy profession and ensure appropriate supports are in place. Finally, appropriate funding for remuneration of pharmacy services may be required from the Ministry to ensure equitable uptake and access. OPA looks forward to continuing these discussions with the Ministry and working together to ensure successful uptake and implementation of the proposed changes. Should you have any questions or comments related to this submission, please do not hesitate to contact me at your earliest convenience.

Yours sincerely,

Angeline Ng

Vice President, Professional Affairs

cc: Justin Bates, Chief Executive Officer, Ontario Pharmacists Association