



Canadian  
Nurses  
Association

# Submission for the Pre-Budget Consultations in Advance of the Fall 2026 Federal Budget

April 2026



## Recommendations

1. Develop a pan-Canadian nursing workforce strategy that focuses on
  - A. Workforce planning and regulatory harmonization;
  - B. Nursing workforce optimization and access to care; and
  - C. Specialty nursing practice impact and optimization.
2. Support Indigenous health, including Indigenous-led nursing research.
3. Reverse cost-sharing and maintain full coverage under the Interim Federal Health Program for refugees and asylum seekers.
4. Maintain and ensure adequate long-term, predictable federal health transfers to provinces and territories, with enhanced accountability mechanisms.
5. Authorize all nurses to certify the Disability Tax Credit Certificate.

## About the Canadian Nurses Association (CNA)

CNA is the national nursing organization that leads the development of health policy and has served as the profession's voice since 1908, representing Canada's half-million regulated nurses across all 13 provinces and territories.

As the national voice of nursing in Canada, we:

- Act in the public interest;
- Advocate for a publicly funded health system;
- Advance nursing excellence; and
- Promote profession-led regulation.

Our members include unionized and non-unionized nurses, retired nurses, nursing students, and all categories of nurses (licensed and registered practical nurses, registered nurses, registered psychiatric nurses, and nurse practitioners).

Optimizing Canada's nursing workforce is an economic priority. It improves timely access to care for patients and their families, enhances workforce participation and productivity, and reduces pressure on health systems. Our recommendations are grounded in CNA's [Policy Roadmap](#), our evidence-based vision to strengthen Canada's health systems by optimizing the nursing workforce and advancing accessible, equitable, and sustainable care while bending the cost curve and achieving value for money.

### 1. Develop a pan-Canadian nursing workforce strategy.

CNA urges the federal government to support the development of stronger, more accessible, equitable, and sustainable health systems by fully leveraging nurses' leadership, expertise, value, and impact.

In 2025, Canada spent an estimated \$399 billion on health care, or \$9,626 per person. At the same time, the government has identified improving productivity and workforce participation as central economic priorities. Optimizing Canada's half-million regulated nurses is an essential part of this effort, ensuring that health investments translate into better outcomes, improved access to care, and a healthier, more productive population.

Action is needed on data-driven workforce planning, regulatory harmonization, workforce optimization, and stronger recognition of the impact of specialty nursing practice. Despite investments in [Health Workforce Canada](#) and national data infrastructure, nurses remain underutilized due to legislative, policy, and system-level barriers.

A pan-Canadian nursing workforce strategy should focus on three pillars:

**A. Workforce planning and regulatory harmonization:**

CNA recommends strengthening pan-Canadian nursing workforce data systems and advancing greater harmonization of nursing regulation across jurisdictions.

Canada lacks a consistent national approach to nursing workforce data. Investing in integrated, open data systems — including tools such as [Nursys in Canada and Canada’s unique nurse identifiers](#) and legislation such as [Bill S-5](#) — supports a shared data infrastructure and enables better workforce monitoring, forecasting, and alignment with population health needs.

In parallel, harmonizing nursing regulation across jurisdictions will achieve a more coordinated and consistent approach to regulating the national nursing workforce. Canada’s health workforce remains fragmented across regulatory systems (e.g., scopes of practice, practice standards, and quality assurance programs). Recent federal efforts to reduce internal trade barriers, including through [Bill C-5](#), underscore the importance of advancing regulatory harmonization.

These measures are mutually reinforcing. Improved data enables better planning and accountability, while harmonized regulation supports a more efficient and coordinated nursing workforce and enhances labour mobility across Canada.

Efforts should support accountability measures to strengthen the [ethical recruitment, retention, and integration of internationally educated nurses](#). Clear performance targets, harmonized data standards, and transparent reporting will help ensure their full participation in Canada’s health systems.

**B. Nursing workforce optimization and access to care:**

CNA recommends supporting the full utilization of nurses’ scope of practice and advancing nurse-led and nurse practitioner-led models of care, in collaboration with provinces and territories.

CNA welcomes the [Canada Health Act Services Policy](#), which reinforces nurse practitioners’ value and recognizes their importance in improving access to care. Enabling nurses to work to their full scope of practice improves access to care, reduces system pressures, and supports better use of public investments. While regulatory bodies have made important progress in modernizing scopes of practice, including expanded prescribing authorities, implementation has been inconsistent and slow across provinces and territories.

A coordinated, pan-Canadian approach can help accelerate progress and respond to increasing demand for care.

Federal support should:

- Relaunch and fund a [third phase of the Canadian Nurse Practitioner Initiative](#), co-led by the [Nurse Practitioner Association of Canada](#) and CNA;
- Assess progress since earlier phases and identify opportunities to strengthen implementation;
- Support efforts to modernize legislation and promote greater alignment in regulatory requirements;
- Expand nurse-led and nurse practitioner-led models of care to better meet population health needs;
- Invest in nurse practitioner education capacity and faculty development; and
- Support the evolution of funding models and compensation programs to better reflect team-based and nurse-led and nurse practitioner-led care.

### **C. Specialty nursing practice impact and optimization:**

CNA recommends increased, targeted investment in specialty nursing certification and practice, supported by collaborative approaches that recognize it improves patient outcomes, combats misinformation and disinformation, strengthens workforce sustainability, and enhances health systems efficiency.

Specialty nursing certification is a proven driver of high-quality care that remains underutilized. Certification rates have declined over the past decade, limiting the systems' ability to fully leverage advanced specialized clinical expertise.

A coordinated, pan-Canadian approach can support the integration of specialty nursing roles across the continuum of care.

Federal support should:

- Fund a pan-Canadian specialty nursing practice strategy, led by CNA in collaboration with the [Canadian Network of Nursing Specialties](#), to support implementation across employers, educators, and regulators;
- Establish a specialized populations priority program to support nurses in obtaining certification in high-need areas such as community health, mental

health, emergency care, and gerontology; and

- Support CNA-led evaluation initiatives to better demonstrate the impact and value of certified nurses in priority areas.

Efforts should recognize the role of specialty nursing expertise in strengthening public communication, particularly in addressing misinformation and disinformation through enhanced nurse-led science communication.

## 2. Support Indigenous health, including Indigenous-led nursing research.

CNA recommends sustained, targeted investment in Indigenous health, developed in full partnership with First Nations, Inuit and Métis (FNIM) communities, to address anti-Indigenous racism, contribute to culturally safer care, and advance health equity.

Investments should support nurses' leadership in addressing anti-Indigenous racism and health system transformation. Through CNA's [reconciliation framework engagement process](#), both Indigenous and non-Indigenous nurses identified key supports required to deliver culturally safer care to Indigenous Peoples and communities. CNA's reconciliation survey found that nurses who had received training reported 30% higher confidence in delivering care compared to those who had not, and identified expanded access to training as a top priority for support. However, training alone is insufficient. Nurses identified significant barriers to advancing Indigenous health, including racism (55%), infrastructure (51%), and institutional policies (42%), reaffirming the need for policy change and system redesign.

In partnership with FNIM nurses, leaders, and communities, a coordinated, distinction-based approach that is grounded in reconciliation can support progress on shared priorities. This supports the integration of Indigenous knowledge systems and culturally grounded models of care while advancing self-determination and community-driven priorities.

Federal support should:

- Expand access to culturally relevant education and training, including anti-Indigenous racism (AIR) and cultural safety initiatives aligned with the Truth and Reconciliation Commission of Canada's Calls to Action, particularly #24. This includes scaling Indigenous-led learning programs such as CNA's [The Path: Your Journey Through Indigenous Canada](#), which includes a module that addresses AIR in nursing and health systems;

- Renew and expand the [Indigenous Research Chairs in Nursing](#) program to support Indigenous-led research, innovation, and capacity-building across all regions, including Inuit representation; and
- Strengthen the Indigenous health workforce through sustained, distinction-based investments that address systemic barriers and support long-term participation across roles and settings.

### **3. Reverse cost-sharing and maintain full coverage under the Interim Federal Health Program for refugees and asylum seekers.**

CNA recommends protecting the [Interim Federal Health Program \(IFHP\)](#) by ensuring comprehensive, barrier-free access to essential and supplemental health services for refugees and asylum seekers.

The IFHP provides critical coverage for individuals who are not yet eligible for provincial or territorial health insurance and often have no alternative means to access care. Many refugees and asylum seekers arrive with significant health needs, including chronic conditions and trauma-related mental health concerns, and face barriers in navigating the health system. [Maintaining full access is essential](#) to support early intervention, continuity of care, and successful settlement, while supporting timely care, protecting public health, and promoting system sustainability.

The federal decision to introduce cost-sharing under the IFHP, effective May 1, 2026, will create financial barriers that risk reducing access to necessary care and shifting costs to more expensive parts of the health system, including emergency departments and hospitalizations. Even minimal cost-sharing for low-income populations can delay treatment and worsen health outcomes, ultimately increasing overall system costs.

### **4. Maintain and ensure adequate long-term, predictable federal health transfers to provinces and territories, with enhanced accountability mechanisms.**

Canada's federal health funding framework is at a pivotal moment. While the [Canada Health Transfer](#) continues to provide the backbone of predictable support to provinces and territories, recent federal investments have increasingly been delivered through time-limited, targeted bilateral agreements focused on shared priorities such as mental health, health workforce optimization, and system modernization. As many of these agreements approach their renewal period, an opportunity exists to protect equitable access to care

by ensuring that federal funding remains stable and predictable, with accountability requirements that are transparent, measurable, and aligned with the Canada Health Act.

CNA, in partnership with the [Canadian Federation of Mental Health Nurses](#) and the [Harm Reduction Nurses Association](#), recommends that health agreements include dedicated, targeted funding for mental health and harm reduction, supported by clear accountability mechanisms. Stable and predictable funding support provinces and territories in addressing growing demand for mental health and substance use services by enabling investments in community-based care, harm reduction services, and workforce capacity, including nurse psychotherapists. Harm reduction is an evidence-based and [essential component of the continuum of care](#); however, its implementation remains uneven across jurisdictions due to stigma, policy variability, and differing levels of public and political support. Federal leadership can help ensure more consistent access to harm reduction services by embedding clear expectations and accountability measures within bilateral agreements.

To support shared objectives, these agreements should be guided by measurable outcomes, including improved access to services, reduced wait times, and improved health outcomes for equity-deserving populations. Collaborative accountability approaches, including standardized indicators, transparent public reporting, and ongoing evaluation, help ensure investments contribute to meaningful improvements in care.

## **5. Authorize all nurses to certify the Disability Tax Credit Certificate.**

CNA recommends authorizing all categories of regulated nurses to sign and certify the [Disability Tax Credit](#) (DTC) Certificate, in alignment with the [Disability Advisory Committee](#)'s recommendation to expand the list of certifying health professionals. This targeted change would significantly reduce red tape and improve equitable access to this essential benefit in a timely manner.

The DTC provides critical tax relief to individuals with disabilities and their families and is an important poverty-reduction measure. However, the current application process is complex and can create barriers for eligible individuals. Requirements for detailed medical assessments and signatures from physicians and nurse practitioners contribute to delays, administrative burden, and incomplete applications, limiting the program's effectiveness.

In practice, all categories of regulated nurses already play a central role in patient assessment, care planning, and functional evaluation. Enabling them to certify the DTC

form would streamline the application process, reduce documentation bottlenecks, and accelerate access to benefits. This approach is consistent with existing provincial practices.

For example, in [Ontario](#), nurses play a role in facilitating Disability Support Program applications, demonstrating the feasibility of leveraging nursing expertise to improve access to income and disability-related benefits. It would also help address persistent access inequities, particularly for underserved populations, including Indigenous Peoples, who may face systemic barriers to care and information and are underutilizing this tax credit.