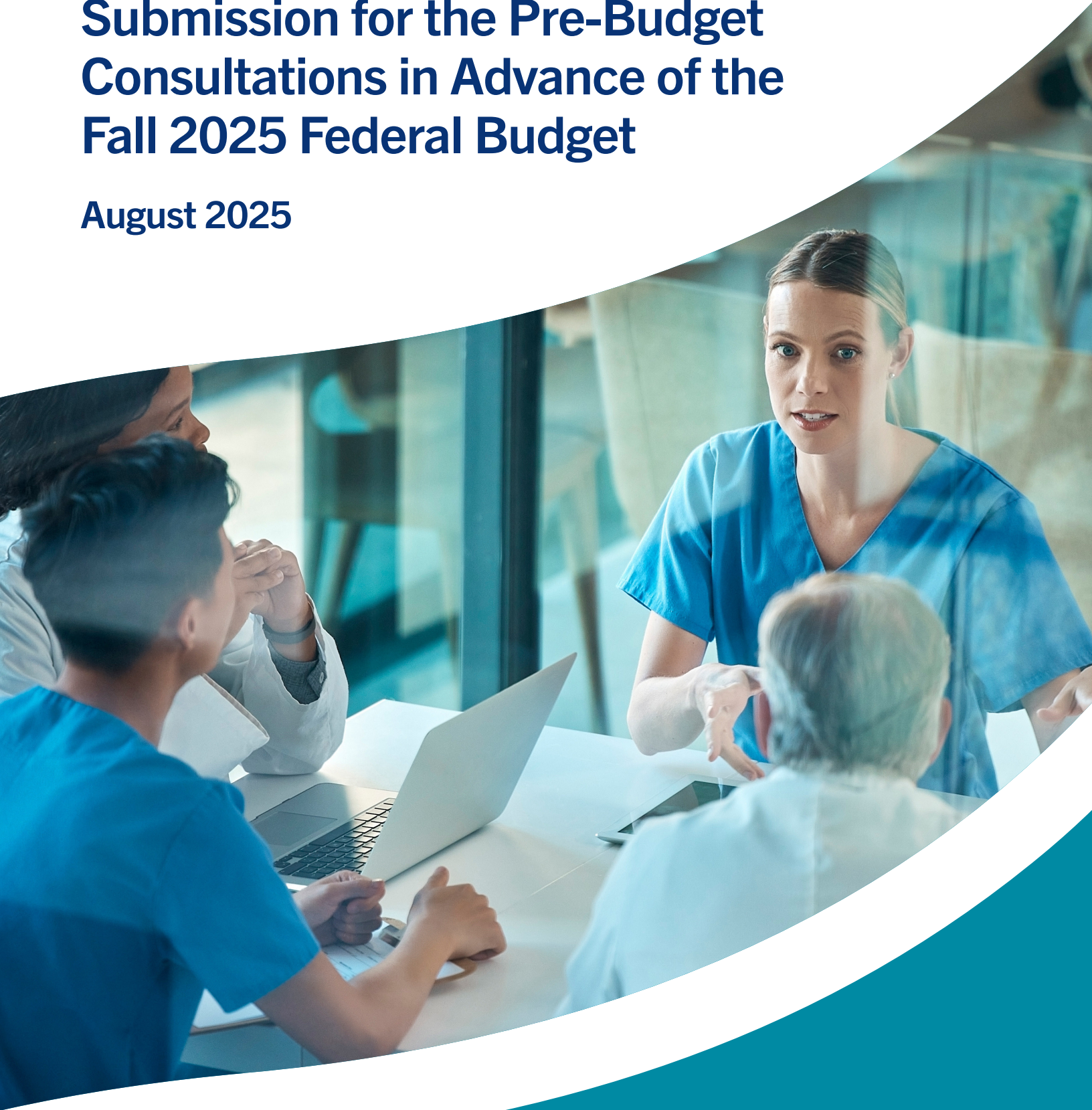




Submission for the Pre-Budget Consultations in Advance of the Fall 2025 Federal Budget

August 2025



Recommendations

1. Develop a pan-Canadian strategy to optimize, integrate, and specialize Canada's nursing workforce.
 - A. Workforce planning and mobility.
 - B. Role optimization and access to care.
 - C. Specialty nursing practice impact and optimization.
2. Support Indigenous health, including Indigenous-led nursing research.
3. Authorize all nurses to certify the Disability Tax Credit (DTC) form.

About the Canadian Nurses Association (CNA)

CNA is a nursing organization leading the development of health policy. Representing Canada's 478,000 regulated nurses across all 13 provinces and territories, we are the only focal point for the profession on the national stage since 1908.

As the national voice of nursing in Canada, we:

- Act in the public interest for Canadian nursing and nurses, providing national and international leadership in nursing and health;
- Advocate for a publicly funded, not-for-profit health system;
- Advance nursing excellence and positive health outcomes;
- 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).

Our recommendations are grounded in [Building a Healthier Canada, Powered by Nurses: A Policy Roadmap for 2025 and Beyond](#), CNA's evidence-based vision to strengthen Canada's health system by optimizing the nursing workforce and advancing accessible, equitable, and sustainable care nationwide. Nurses are the backbone of Canada's health systems.

1. Develop a pan-Canadian nursing workforce strategy to optimize roles, expand access, and strengthen specialized care.

CNA urges the federal government to commit to building a stronger, more accessible, equitable, and sustainable health system by fully leveraging nurses' leadership, expertise, value, and impact. In 2024, Canada spent \$372 billion on health expenditures, or \$9,054 per Canadian. As Canada's health system faces rising complexity, health workforce shortages, and growing demands for quality and fiscal prudence, the role of nurses has become increasingly critical. With the current workforce shortages, there is a pressing need for data-driven workforce planning, harmonization of regulatory policy and practices, workforce optimization, and realization of the impact and value of specialty nursing practice. These proven solutions are needed to respond to today's health system pressures, ever-increasing health expenditures, changing demographics, and complex population health needs.

To address these challenges, the federal government must establish and fund a pan-Canadian nursing workforce strategy that unlocks the full potential of Canada's 478,000 regulated nurses. Despite recent investments in [Health Workforce Canada](#) and national data infrastructure, nurses remain underutilized due to legislative, policy, and system-level barriers.

This strategy should focus on three core pillars:

A. Workforce planning and mobility:

Strengthen integrated and open workforce data systems, utilizing [Nursys and Canada's unique nurse identifiers](#), and apply forecasting tools to align workforce supply with population health needs. Harmonize nursing regulation and licensure across jurisdictions to create a more consistent and coordinated approach and enhance the mobility of the nursing workforce, particularly to improve access to care in rural, northern, and Indigenous communities. Further investments will be required for the nursing regulators to fully implement Nursys in Canada, to inform workforce planning regarding supply and distribution.

Establish accountability mechanisms and ensure ethical recruitment, retention, and integration of internationally educated nurses (IENs), grounded in the guiding principles set out in [Health Canada's ethical framework](#). Once IENs are licensed or registered by provinces or territories and ready to enter the workforce, jurisdictions should be held accountable for IEN workforce optimization and retention based on nursing workforce data standards and performance targets.

B. Role optimization and access to care:

Optimizing the nursing workforce and challenging the status quo within health systems will improve access to care, reduce costs, and ensure that all health professionals work to their full potential. This approach will help achieve the best possible outcomes for public investments in health care while bending the cost curve. Regulatory bodies have made significant gains in modernizing the legislated scope of practice of all types of regulated nurses (e.g., prescribing authority for registered nurses, nurse practitioners prescribing controlled substances), but health systems are slow to fully realize these advancements. To respond to population growth and the need for more primary care providers, the federal government should relaunch and fund the Canadian Nurse Practitioner Initiative (CNPI) in 2025. This initiative will accelerate nurse practitioner (NP) role integration across the nation, with the intent of bending the cost curve of health expenditures and improving value (value = outcomes/cost).

The federal government has funded two previous CNPI phases of work that have resulted in more than 10,000 NPs serving patients across the nation. In 2025, a phase 3 project would bring together governments, regulators, educators, employers, and nursing organizations, co-led by the Nurse Practitioner Association of Canada and CNA, to:

- i. Assess progress made since the Primary Health Transition Fund investments in CNPI 2005 and CNPI 2015;
- ii. Modernize legislation and harmonize regulatory requirements;
- iii. Expand NP-led and team-based models of care in response to population health needs;
- iv. Invest in NP education seats and NP faculty development;
- v. Reform funding models and compensation programs to align with the [Canada Health Act Services Policy](#).

C. Specialty nursing practice impact and optimization:

Specialty nursing certification, while proven to improve outcomes, remains underutilized and undervalued in Canada. Investments in the development and recognition of specialty nursing practice (SNP) are not only a policy imperative but a strategic necessity for improving patient outcomes, ensuring workforce sustainability, and achieving better value. Since 1992, the [CNA-led certification program](#) has been the formal, post-licensure validation of expert knowledge, skills, and competencies for 23 nursing practice specialties. Certification rates have dropped in Canada by 31.8% in one decade, from 17,947 CNA-certified nurses in 2015 to just over 12,241 CNA-certified nurses in 2025. In collaboration with the Canadian Network of Nursing Specialties (CNNS), comprised of 33 nursing specialty associations, CNA is recommending greater investment in SNP certification to strengthen nurses' ability to deliver safe, high-quality care while lowering health system expenditures.

Federal support should:

- i. Fund a pan-Canadian SNP strategy, led by the CNA with the CNNS, that builds a framework with implementation strategies for employers, educators, and regulators to embed SNP roles across the continuum of care;
- ii. Establish a 'specialized populations priority program' that provides rapid funding for all types of regulated nurses to attain certification for specific specialties (e.g., community health, psychiatric and mental health, emergency, gerontology) that address system-wide pressures;

- iii. Support CNA-led evaluation projects that demonstrate the impact and value of certified nurses and SNP in high-need specialties.

The strategy must also dismantle systemic barriers to workforce participation across health systems and roles, particularly for Indigenous Peoples and other racialized nurses, including IENs. This strategy must also prepare for climate-related pressures through targeted investments in emergency preparedness and health system resilience (e.g., pandemic preparedness, natural disasters).

A comprehensive strategy grounded in these priorities will unleash the full potential of nurses, build upon the [Nursing Retention Toolkit](#), and ensure every person in Canada receives high-quality and accessible care from expert nurses equipped with the specialized knowledge and skills, and provide the recognition deserved by a highly qualified profession.

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

Canada must take sustained and concrete action to advance health equity for First Nations, Inuit, and Métis (FNIM) Peoples. Nurses are often the primary and most consistent providers of care in rural, northern, remote, and Indigenous communities. As such, and in partnership with the Canadian Indigenous Nurses Association (CINA), investments in Indigenous health must recognize and strengthen the leadership, knowledge, and contributions of FNIM nurses in designing, delivering, and evaluating culturally safe, community-led care. The inclusion of CINA will enhance the sovereignty of Indigenous nursing knowledge and integrate traditional protocols and approaches for Indigenous health-care professionals.

CNA urges the federal government to strengthen access to primary care in Indigenous communities by expanding digital health infrastructure and virtual care solutions, including nurse-led models of care. Given the higher reliance on nurses in underserved regions, funding must also support nurses' leadership in health system transformation, with a specific focus on cultural safety and humility, anti-Indigenous racism, and self-determination in health care.

Federal leadership is essential to eliminating racism, discrimination, and systemic barriers in health-care environments, particularly in federally regulated services. Continued action is also needed to implement the [health-related Calls to Action of the Truth and Reconciliation Commission](#), including building the Indigenous health workforce through direct, distinction-based investments. CINA has been a leader in developing policy, regulatory, and legislative platforms for more than four decades in addressing the necessary skills and training for all health-care providers working in communities across Canada.

In partnership with Indigenous nursing leaders, CNA has co-designed a specific module addressing anti-Indigenous racism in nursing and health care that will be embedded into [NVision](#)'s signature cultural awareness course. This course responds to Call to Action 24 that requires all nurses to “take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices.” It is critical that nurses and all health professionals have access to web-based education and skills-based training programs that ensure that anti-Indigenous racism is addressed within health-care environments. This must also include creating the conditions necessary for data collection and analysis to evaluate progress on the relevant Calls to Action. CNA calls for federal funding to ensure nurses can access this low-cost course and be equipped with the tools to recognize and challenge anti-Indigenous racism in nursing and the health system. This course supports the development of cultural awareness, a building block to achieving culturally safer care provision, and fosters accountability at both individual and systemic levels, while responding to Call to Action 24.

CNA also calls for renewed federal funding to extend and expand the [Indigenous Research Chairs in Nursing](#) program. Initially launched in 2019 with a five-year funding cycle, the program has supported Indigenous-led research that strengthens nursing practice, education, and health system innovation in Indigenous contexts. This program has received a one-year extension, and CNA is urging for the relaunch of a third phase of this program, with secured funds for an additional five years. Without renewed federal support, this momentum and the opportunity to improve outcomes for Indigenous patients and communities will be lost.

We also recommend expanding the initiative and increasing the number of Chairs to ensure representation across all provinces and territories, notably to include Inuit representation. This would build long-term capacity and support reconciliation. Future funding should take a distinction-based approach, guided by Indigenous governance structures and priorities, and be confirmed in 2025 to avoid disruption.

3. Authorize all nurses to certify the disability tax credit (DTC) form.

The federal disability tax credit (DTC) form provides essential tax relief to individuals with disabilities and their families, a key poverty reduction strategy. However, the form's complexity and limited awareness among eligible individuals hinder its effectiveness. These issues often lead to incomplete applications, errors, and delays, with the requirement for detailed medical assessments placing a significant administrative burden on physicians and NPs.

CNA consultations revealed that other categories of regulated nurses often complete the DTC form but face challenges obtaining assessments and signatures from physicians and NPs. In team-based models of care, all categories of nurses inform the diagnostic formulation and treatment plans and support patients in improving their overall functioning. All categories of regulated nurses are well-positioned to conduct standardized assessments, reduce variability in approvals, and educate patients about the DTC, significantly increasing uptake and ensuring more eligible individuals receive support. This change would ease documentation bottlenecks, accelerate processing, and improve access to a tax benefit that remains underutilized by some populations, including Indigenous peoples, due to systemic barriers to care and information.

CNA recommends that the federal government authorize all categories of nurses to sign and certify DTC forms. This recommendation aligns with the [Disability Advisory Committee's proposals](#) to simplify the DTC application process and broaden the range of certifying health professionals.