Background
Resolutions are a method of providing advice to CNA’s board of directors and receiving direct input from members. Eight resolutions and a motion from the floor were received at the annual meeting of members in June 2015. Eight were accepted by the membership, and seven were approved for action by the board in November 2015.

This report presents work undertaken by CNA related to the seven resolutions as approved by the board in November 2015, as well as one additional resolution, Complementary Nature of the Regulatory and Association Roles, from a previous year.

2013 RESOLUTION

1. Complementary Nature of the Regulatory and Association Roles

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) develop a position statement that supports an approach to professional governance that reflects the synergy and complementary nature of the regulatory and association roles in serving the public interest.

CNA followup:
- CNA has drafted the position statement.
- Consultation with CNA members and stakeholders is being conducted in May and June 2016.

2015 RESOLUTIONS

3. Removal of Federal Barriers to NP Practice

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) take steps to work with the federal government to amend legislation and regulations in order to remove barriers to full scope of practice for nurse practitioners (NPs).

CNA followup:
- CNA compiled an inventory of federal legislative/regulatory barriers (expanding on those developed by CARNA).
- CNA classified federal barriers according to the population they affect (persons in specific professions/trades, veterans and RCMP personnel, other public servants and the broader population).
• CNA set as a priority for action those legislations/regulations that affect the broader population.
• CNA developed a government relations action plan pertaining to those federal barriers affecting the broader population, including the identification of issues, specific policy change requested, lead department, most appropriate contact, etc.
• CNA developed a briefing note and leave behind for each of the acts/regulations requiring changes (i.e., Employment Insurance, CPP, Food and Drugs, Income Tax, Canada Labour Code).
• CNA president raised these barriers in a meeting with the federal minister of health.
• CNA has undertaken further government-relations advocacy efforts to amend the various acts/regulations through specific meetings with:
  o Helen McElroy, director general of the health-care programs and policy directorate at Health Canada
  o Caroline Pitfield, director of policy to Minister Philpott. The meeting provided CNA with an opportunity to follow up on our initial December 2015 meeting with the minister.
  o Officials in Employment and Social Development Canada. The meeting focused on CNA’s recommendation to recognize and include NPs wherever medical doctors and medical practitioners are listed in sections of the Employment Insurance Act. The meeting included departmental officials from the employment insurance policy, skills and employment branch: Annette Ryan, director general; Andrew Brown, director of self-employed, special benefits and horizontal policy. Attending from the labour program were Margaret M. Hill, acting director general for the strategic policy, analysis and workplace information directorate; Christian Beaulieu, acting senior director for the strategic policy and legislative reform division; and David Charter, assistant director of policy development.
  o Michel Archambault, the director of operations and Quebec desk for the Office of the Minister of Employment, Workforce Development and Labour
  o Kamal Khera, parliamentary secretary to the minister of health
  o Daniel McKenzie, special assistant to the director of policy for Employment and Social Development Canada
  o Tyler Meredith, policy advisor, and Christina Rettig, policy advisor, at the Office of the Prime Minister of Canada

4. Meeting Canada’s Climate Change Obligations

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) advocate for Canada to set and realize greenhouse gas emission targets.

BE IT FURTHER RESOLVED THAT that CNA advocate for all measures necessary to meet those targets, including aggressive carbon pricing and comprehensive measures aimed at each emitting sector.

CNA followup:
• In November 2015, CNA sent an open letter to the prime minister and copied the federal minister of environment and climate change and P/T environmental ministers) in advance of the U.N. climate change conference in Paris. The letter noted Canada’s poor record on greenhouse gas emissions and urged him and his provincial and territorial counterparts to actively pursue a fair and strong international agreement on climate change.
• In February 2016, CNA sent an open letter to Dwight Ball, the premier of Newfoundland and Labrador and chair of the Council of the Federation, in advance of their meeting on
climate change in early March in Vancouver. The letter outlined how CNA could assist P/T and the federal government in addressing the health impacts of climate change. Accordingly, with the goal of stemming climate change, we recommended a Health in All Policies approach to public policy development across all sectors. This approach systematically takes into account the health implications of policy decisions, while seeking to foster cooperation and avoid unintentional harms.

- On March 3, Canada’s first ministers (including the prime minister) released the Vancouver Declaration on Clean Growth and Climate Change.
- On April 6, 2016, Premier Ball responded to our letter, which included the following excerpt:

  Thank you for your letter of February 29, 2016, addressing the health impacts of climate change, and for a copy of the Canadian Nurses Association’s (CNA) Health in All Policies National Action Plan. Canada’s Premiers remain committed to supporting a healthy population, and recognize that all government departments and agencies can positively affect the health and wellness of Canadians.

  As for the new agreement signed on March 3, Premier Ball said that it “affirms the commitment of First Ministers to work together to develop a pan-Canadian framework to guide action on climate change and ensure that this action contributes to sustainable economic growth.”

5. Nurses Responding to End-of-Life Care Developments

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) advocate for universal access to comprehensive palliative care in every corner of this country and call for a principled framework to translate the Supreme Court decision on assisted death into a policy and practice framework.

CNA followup:
- CNA conducted a survey of its members to determine their views and role in medically assisted dying in July 2014. More than half of the 700 respondents are in favour of legislation allowing medically assisted dying. Three-quarters of respondents also said they talk with patients and families about end-of-life choices and advance care planning.

- In the fall of 2015, CNA assembled comprehensive information through a series of in-depth, one-on-one interviews with Canadian and international thought leaders and experts in end-of-life care. These included international associations involved in developing national and state policies on medical assistance in dying (MAID), direct care practitioners with expertise in palliative care and end-of-life care and research, and nurses with expertise on legal and ethical issues (or with a regulatory background) who have insight from a jurisdictional perspective as to how MAID may impact nursing practice.

CNA has contributed to discussions at the national and P/T levels and has also recently communicated in-person with federal members of parliament, the ministers of health and justice, and political staff from their respective offices.
- CNA president Karima Velji was appointed as a member of the provincial-territorial expert advisory group on physician-assisted dying.
• In October 2015, CNA prepared and presented a Brief for the Government of Canada’s External Panel on Options for a Legislative Response to Carter v. Canada (2015). The final report of the government’s external panel highlights CNA’s contribution.


• On February 16, CEO Anne Sutherland Boal participated in a Hill Times panel discussion on physician-assisted death. Other panelists included Dr. Jeff Blackmer, vice-president of the Canadian Medical Association and Maureen McTeer.

• On February 23, CNA and the Federation for the Humanities and Social Sciences hosted professor Jocelyn Downie, along with guests from various national, Ottawa-based health organizations, for a roundtable discussion on the new physician-assisted death legislation. Downie is a professor in the faculties of law and medicine at Dalhousie University. She was also special advisor to the 1994 Senate committee on euthanasia and assisted suicide and served on the pro bono legal team in Carter vs Canada as well as the P/T expert advisory group on PAD.

• On February 25, CNA issued a news release welcoming the report of the special joint committee on physician-assisted dying, which includes 21 recommendations for the federal government to consider in crafting a framework on MAID. The report reflects CNA’s presentation to the committee and recent statements made by CNA CEO Anne Sutherland Boal during a Hill Times panel discussion on this issue.

• On March 4, CNA met with Jessica Prince, senior policy advisor for Minister of Justice and Attorney General of Canada Jody Wilson-Raybould, and Jesse Kancir, policy advisor for Minister of Health Jane Philpott. The meeting provided CNA with an opportunity to share views and recommendations on how the draft federal legislation on MAID.

• On March 9, CNA met with Sean Casey, parliamentary secretary to Minister Wilson-Raybould. The meeting gave us a chance to brief him about our views on the MAID legislation, which the minister introduced in the House of Commons on April 14.

• On March 15, at the request of Minister Wilson-Raybould, CNA met face-to-face with the minister in her office at the department of justice. In addition to the minister, Sean Casey and Jessica Prince were also in attendance.

• Since April 2016, CNA has been leading the development of a national nursing framework for the implementation of MAID, in collaboration with stakeholders and partners.

• The September, October and November 2015 issues of Canadian Nurse featured articles on ethics in practice in end-of-life care by nurse ethicist Janet Storch.

• In January 2016, CNA hosted a webinar, entitled Strengthen Your Ethical Practice: Care at the End of Life, presented by Janet Storch. Over 370 nurses participated.

5. Investing in Housing for Better Health and Stronger Communities

BE IT RESOLVED that the Canadian Nurses Association (CNA) work with nursing, health and human services, and civil society allies to stop the decline in overall federal housing investments while continuing to advocate for the development of an integrated, comprehensive, national housing strategy.
CNA followup:
- CNA continues its advocacy efforts in this area through its membership in the Canadian Coalition for Public Health in the 21st Century (CCPH21).
- CNA has been in discussions with Health Care Co-operatives Federation of Canada to develop collaborative opportunities.

6. Improving Global Health Through Advocacy Against Scheduling Ketamine

BE IT RESOLVED that the Canadian Nurses Association (CNA) support the World Health Organization’s (WHO) classification of ketamine as an essential medicine and advocate against efforts to schedule ketamine as a profound threat to global health and equity.

CNA followup:
- In January 2016, CNA sent a letter to the federal minister of health asking the federal government, as a member of the Commission on Narcotic Drugs (CND), to support WHO’s classification of ketamine as an essential medicine and vote against scheduling ketamine on Schedule I of the 1971 Convention on Psychotropic Substances at the CND 2016 meeting.

7. Increasing Canada’s RN/NP to Population Ratio

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) advocate for increasing registered nurse (RN)/nurse practitioner (NP)-to-population ratios to better meet the need for optimal health outcomes, patient/client safety and timely access to care.

CNA followup:
- CNA explored with Health Canada the feasibility of updating the needs-based RN and NP HHR research to determine the current status of the nursing shortage, and identify the effect of various policy interventions to address gaps by:
  - Consulting with HHR researchers to determine estimated scope, cost and timeline
  - Seeking partners to update the research
  - Seeking financial support from Health Canada
  - Preparing a briefing note, Tested Solutions for Eliminating Canada’s Registered Nurse Shortage: A Revision, for the CNA board.
- The CNA board decided not to proceed with this research at this time.

8. Increasing national-to-national collaboration to address Indigenous nursing issues

BE IT RESOLVED that the Canadian Nurses Association (CNA) continue to work collaboratively in partnership with the Aboriginal Nurses Association of Canada (A.N.A.C.) to advance common interests related to indigenous health and indigenous nursing through an indigenous-led and self-determining process and principle. This approach must mirror the United Nations’ recognition of “the urgent need to respect and promote the inherent rights of indigenous peoples which derive from their political, economic and social structures and from their cultures, spiritual traditions, histories and philosophies.”

And, BE IT FURTHER RESOLVED that CNA, in recognition of its long-standing national-organization-to-national-organization working relationship with A.N.A.C., proceed with the finalization of the CNA-A.N.A.C. Partnership Accord, that identifies mutual activities related to recruitment and retention, member support, consultation, research, education and policy directives from the national policy perspective, and advances these areas of work.
And, BE IT FURTHER RESOLVED that CNA formally entrench this national-level relationship with an indigenous-led national organization, namely A.N.A.C., based on the need to avoid repeating historical errors accurately described in the recent Truth and Reconciliation Commission and elsewhere, which demonstrate that solutions must always come from within the indigenous population, and that indigenous people need allies to reverse the negative impacts of colonization. If conditions are to improve for indigenous people, it can only be done when collaborations occur in truly meaningful ways.

And, BE IT FURTHER RESOLVED that the creation of the partnership accord be inclusive of regional/jurisdictional representation and structural elements to inform the diverse regional needs.

CNA followup:

• On February 16, 2016, CNA and A.N.A.C. signed a partnership accord that reinforces their commitment to collaborate on advancing Indigenous nursing and to address the gap between the health of Indigenous and non-Indigenous Canadians.

• A key aspect of the partnership is that CNA acknowledges A.N.A.C. as the leading national voice regarding Indigenous health and well-being and culturally safe nursing practice. As well, CNA endeavours to consult and include A.N.A.C. in all of its activities, advocacy and policy development pertaining to First Nations, Inuit and Métis health and Indigenous nursing.

• Through this partnership accord, the two associations will work toward:
  o addressing the structural barriers and improving the knowledge, understanding and recognition of Indigenous rights in policy, practice, education and research; and
  o building the capacity of nurses working with First Nations, Inuit and Métis communities and addressing issues such as access, chronic disease management, illness prevention and health promotion.

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1 Recognition of the rights of indigenous peoples in the UN Declaration on the Rights of Indigenous Peoples (UNDRIP), of which Canada is signatory, is meant to enhance harmonious and cooperative relations between the state and indigenous peoples based on principles of justice, democracy, respect for human rights, non-discrimination and good faith. UNDRIP can serve as a beacon to guide the evolving collegial and working relations between A.N.A.C. and CNA.