

# Federal Canada Health Act Directive Marks Turning Point for Nurse Practitioners Across Canada

*NPAC calls on provinces and territories to build bold, flexible NP funding models as April 2027 compliance deadline approaches*

VANCOUVER, CANADA, April 1, 2026 /EINPresswire.com/ -- Today marks a significant milestone in the ongoing effort to modernize how Canada funds and recognizes nurse practitioner (NP) care. As of April 1, 2026, the federal Canada Health Act (CHA) Services Policy, introduced by the former Minister of Health in January 2025, officially requires that medically necessary services delivered by NPs be publicly insured, just as they would be if delivered by a physician. The Nurse Practitioner Association of Canada (NPAC-AIIPC) is calling this moment a pivotal opportunity to reshape NP practice environments for a generation.



The CHA Services Policy confirms that the federal government will hold provinces and territories (PTs) accountable through health transfer payments if NP-delivered care is not publicly funded. PTs have until April 2027 to demonstrate compliance. While this directive does not prescribe a specific funding model or mandate fee-for-service billing, it creates an unprecedented opening for NP organizations to influence how remuneration systems are designed.

“This is not the finish line — it is the beginning of the most consequential chapter yet,” said Dr. Stan Marchuk, Chief Executive Officer, Nurse Practitioner Association of Canada. “The federal government has confirmed what NPs have long known: our care is medically necessary and must be publicly funded. Now the real work begins. We must ensure that the funding models

provinces and territories adopt are flexible, robust, and reflect the full scope of NP practice.”

### What the Policy Does, and Does Not Mean

The CHA Services Policy does not automatically introduce fee-for-service billing for NPs. Rather, it requires PTs to publicly insure NP-delivered medically necessary services, with flexibility in how those funding models are structured. Provinces and territories may use alternative payment models, blended approaches, or other frameworks. NPAC emphasizes that this flexibility is both an opportunity and a responsibility.

A key concern for NPAC is that some funding model designs, particularly those modeled on high-volume, lower-complexity billing, could inadvertently disadvantage NPs who serve complex, vulnerable, and underserved populations. NPAC is calling for models that reward the depth and complexity of NP care across primary, acute, specialty, and community-based settings.

### NPAC’s Advocacy Priorities

As provinces and territories move toward compliance, NPAC is advocating for:

- Flexible remuneration models that extend beyond primary care to include acute care, specialty care, and community-based services
- Robust, sustainable funding that reflects the complexity of NP practice and the populations NPs serve
- Patient-centred funding designs that protect care for complex and vulnerable patients
- Fair and competitive NP compensation that supports recruitment and retention across Canada
- Recognition of NP contributions across the full continuum of care

### A Call to Action for NPs Across Canada

NPAC is urging all NPs to engage with their provincial and territorial NP associations during this critical implementation window. The decisions made in the coming months will shape NP practice environments for years to come. NPs, patients, and the health system as a whole have a stake in getting this right.

NPAC will continue to lead pan-Canadian dialogue, engage federal and provincial governments, and work alongside PT associations to influence implementation before policies are finalized.

### About NPAC–AIIPC

The Nurse Practitioner Association of Canada (NPAC–AIIPC) is the national voice for nurse practitioners in Canada. NPAC advances the role of NPs through policy advocacy, professional development, and member engagement, working to strengthen NP practice and improve health outcomes for all Canadians.

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