

October 31, 2017

[Original]

### Health Care Services

**Mr. Higgs:** The privatization of the Extra-Mural Program has most New Brunswickers engaged and outraged and for good reason. The Extra-Mural Program has been serving our people well for 36 years. Our Extra-Mural Hospital is singled out as a Canadian example of how to provide exceptional health care at home. The people of our province do not want the Extra-Mural Program privatized. There is no plausible argument to support what the Gallant government is doing. There is no guarantee that service will improve or even remain as good as it is right now. There is already an admission by the government that this change will not save but rather will cost more precious health care dollars. Is the Premier prepared to take responsibility for this mistake his government is making, and is he prepared to reverse that decision? Thank you.

**Hon. Mr. Bourque:** You know, you hear the opposition talking a lot about that “p” word. This government has a “p” word, and that is the “patient”. This is patient care for the health care of New Brunswickers. Through our partnership with Medavie, that is exactly what we are about to do. We are embarking on a partnership that will allow better care for all home care patients in New Brunswick who need those valuable services, such as Ambulance New Brunswick, the Extra-Mural Program, and Tele-Care 811 services.

By integrating those services, we are allowing better communications, better enhancement, and better capacity-building of those services. Yes, services will improve, services will be better, and services will be enhanced. We are proud that we are doing this. We are going ahead, and people will see. We will have better service when it comes to home care services.

**Mr. Higgs:** The Standing Committee on Crown Corporations was told by Ambulance New Brunswick that questions about service delivery would not be answered at committee because it is intellectual property. A request for similar information by the official opposition was denied because the details are intellectual property. Details of the delivery of health care to New Brunswickers are now the intellectual property of a private company.

Is there anything in the contract signed with Medavie regarding the Extra-Mural Program that prevents this health care delivery from also falling into the intellectual property category and from being protected from scrutiny by the elected representatives of New Brunswick? Will the Premier confirm that this same barrier to information and actual results will now exist with the new sole-sourced deal with Medavie? Thank you.

[Translation]

**Hon. Mr. Bourque:** In fact, transparency and accountability are clearly priorities for our government, especially when it comes to the entire public service. I want to remind everyone



that this service will remain an entirely public service and that only its management will be outsourced to Medavie.

As for the right to information issue, it is very important to our government. We have very clearly said that this public entity from Part III of the public service, including Medavie, will have to comply with all right to information obligations. We very clearly said this during the contract negotiations. The organization will have to fully comply with this obligation. The government will continue to be vigilant concerning this matter; we have always been vigilant, and we will continue to be vigilant, because, again, this is one of our priorities.

[*Original*]

**Mr. Higgs:** The CEO of Medavie said this at a public meeting held in Moncton on October 17: “We believe that we can increase, with the same budget that we have, about 15 per cent more visits at home”.

“We believe” is no guarantee of anything. “We believe” is what the Premier of New Brunswick needs to hear from the people of New Brunswick. As it stands right now, the people do not believe. What the people believe is that this is a very poor choice. The people believe that service will suffer. The people believe that the Gallant government should focus on fixing things that need fixing, not messing with one of its few things that are working and working well.

Is the Premier willing to table the contract signed with Medavie so that we can examine it for any guarantees and benchmarks of service delivery?

**Hon. Mr. Bourque:** I really appreciate that question because it allows me to talk about the key performance indicators that are included in the contract and that, yes, are unveiled in the information sessions we are giving. We are clear that, yes, we are asking and hoping that there will be a 15% increase in extra-mural care visits, and we will see, hopefully, a 15% decrease in emergency room visits by extra-mural health care patients.

Here is the zinger: We can negotiate that in a contract, and there are financial incentives for them to do so. We cannot do that with any other type of organization, but we can do that with Medavie. That is why we are happy. This will ensure clear delivery, and if it does not deliver, well, it will get less money.

I would like to hear the Leader of the Opposition say whether he is really against this partnership with Medavie. I would like to hear him say that.

**Mr. Higgs:** Unfortunately, it would seem that with so many contracts, the time to negotiate is before the deal is struck, not after.

(Interjections.)

**Mr. Speaker:** Order.



## Government Policy and Procedure

**Mr. Higgs:** The situation regarding the former Labour Minister accepting a job with a union is unlike any I have experienced in this Legislature. The notion that a Labour Minister would be negotiating for a job with a labour union while serving as Labour Minister has caught national attention. It is so outrageous that no person drafting legislation would ever have considered it a possibility.

The former Labour Minister says he met with the Premier on August 21 to tell him about his new job. Will the Premier confirm for the House that he removed labour from the Labour Minister's responsibilities in a letter dated August 22 which he reportedly gave to the member in question?

[Translation]

**Hon. Mr. Rousselle:** As I had the opportunity to say last week, you know that all the rules have been followed to a T in this case. There is the *Members' Conflict of Interest Act* and an Integrity Commissioner. The Commissioner looked into the issue and clearly said that the rules have been followed.

That being said, I am actually told—and everyone had a chance to see the letter—that the Premier and the member for Campbellton-Dalhousie met on August 21. The Premier was told that a job might be available and, the very next day, he wrote a letter to the member informing him clearly that he was relieved of all of his duties relating to labour. This letter was made public as of Friday.

[Original]

**Mr. Flemming:** I would like to draw to the Premier's attention the provisions of the *Executive Council Act*. Under that Act, there is a heading that states that "When any office referred to . . . becomes vacant, the Lieutenant-Governor in Council may appoint temporarily to that office another Minister". We understand that this was done on August 22. The Act goes on to say that the public shall be notified of that through publication in the *Royal Gazette*. Would the Premier please advise the House as to the date of publication of this change in the *Royal Gazette* to advise the public, as required by law?

[Translation]

**Hon. Mr. Rousselle:** As you know, and as I very clearly stated earlier, in this case, the *Members' Conflict of Interest Act* has to be referred to. So, the member for Campbellton-Dalhousie met with the Integrity Commissioner, and I think everyone in the House agrees that the rules were followed in this case.

That being said, when the Premier was informed that the member for Campbellton-Dalhousie might have actually received an offer—I would say at the slightest possibility that the member could be interested in something else relating to labour—well, the Premier informed the member for Campbellton-Dalhousie the very next day that he was relieved of his duties.



In fact, another minister was appointed, and he took over. Then, what was published at that point must be looked at. Nonetheless, I assure you that all the rules have been followed.

[Original]

**Mr. Speaker:** Time.

**Mr. Flemming:** That was a most peculiar answer. I had a simple question. The responsibility for Labour was transferred from one minister to another by the Premier. That act, under the *Executive Council Act*, is required to be published to notify the public. I simply asked the date of publication in the *Royal Gazette*. It is a simple question—just the date of the publication in the *Royal Gazette* of the transfer of authority for Labour from one minister to another. I fail to see that my friend the Attorney General . . . When he answered the question, he took the party line on it. Again, please tell me the date.

[Translation]

**Hon. Mr. Rousselle:** I understand the question from the member opposite very well. I simply wanted to make sure he understands that, as soon as the Premier was informed, he relieved the member for Campbellton-Dalhousie of his duties relating to labour and actually appointed a new minister who was given that responsibility.

That being said, the member opposite should know—since he has been a government minister in the past—that ministers regularly get replaced. It can be because a minister takes vacation. For different temporary reasons, we get replaced for a week, a day, or a few weeks, if we take vacation. So, there is nothing extraordinary about a minister being assigned temporary duties and a cabinet reshuffle taking place 10 days later.

[Original]

**Mr. Flemming:** Again, there was no semblance of an answer to my question. It was a simple matter. When the responsibility for Labour changed, the law required it to be published. However, I will move on.

Associations pay government relations people for one reason. It is to affect government policy. That is why they have them. I know that the member for Campbellton-Dalhousie does not care about the situation that we are discussing, but I put a higher standard on the Premier. The Premier is the chief executive officer of the province. He chairs the Executive Council, and I hold the Premier to a much higher standard than I do the member for Campbellton-Dalhousie. My question is simple: Does the Premier believe that it is acceptable for a sitting MLA and member of a government caucus to be a paid lobbyist to government? Yes or no?

[Translation]

**Hon. Mr. Rousselle:** I said this Friday and repeated it earlier: We have an Act here that applies to all members and explains to us what we must or must not do when it comes to conflicts of



interest. In this case, from what I understand, the member for Campbellton-Dalhousie went to see the Integrity Commissioner; he got an interpretation of the rules, and he followed them.

That being said, Mr. Speaker, I am looking you in the eye and telling you that we agree with the opposition that the scope of the current Act has to be better defined. We are willing to work with the opposition to do this. However, what I especially want to reiterate is that, in this case, procedure was followed. If the opposition wants to change the rules, we can change them. However, that was the situation at the time.

## Hospitals

**Mr. B. Macdonald:** Why has the Premier not done anything to protect oncology services in Grand Falls and Saint-Quentin?

**Hon. Mr. Bourque:** I really appreciate this question, because, as we have clearly said... First, the House has to be reminded that, like everyone else, the Department of Health learned that oncology services were being cut at the Saint-Quentin and Grand Falls hospitals in a press release from Vitalité Health Network. We learned it after the fact.

As soon as we heard the news, we carefully analyzed the situation and came to the conclusion that we did not agree with the decision. We are committed to working with Vitalité Health Network to try and see what the different alternatives are to keep these services in place. I want to remind everyone that our government's priority is providing quality health care services to all patients, as close to their home as possible.

**Mr. B. Macdonald:** It is clear to me that the minister controls Vitalité Health Network. The Gallant government fired the former CEO of Vitalité Health Network, imposed the privatization of food services, imposed the privatization of cleaning services, and is now imposing the privatization of Extra-Mural Program services. So, the minister obviously controls Vitalité Health Network. Therefore, my question is this: What is the minister going to do to protect services in rural hospitals here in New Brunswick?

**Hon. Mr. Bourque:** I really appreciate the question, because it allows us to reiterate that our government cares about the quality of health care in our hospitals. We consider it to be essential. As a government, we have not only committed to not closing any regional hospitals, but we also committed to maintaining services. So, we are being very, very clear about this.

I also want to emphasize that the minister does in fact have a say in it, but it is generally limited to the big picture. As for making improvements through reforms, as is the case with Medavie, the minister absolutely has the right to do that.

The health networks are in charge of operational matters. Obviously, we do not agree, and we will work with the health network to see how we can resolve the situation together. I assure you that this issue is still and will remain a priority.



[Original]

**Mr. Speaker:** Time, minister.

**Mr. B. Macdonald:** This government has made a big show of wanting to keep hospitals open, yet at the same time, it is gutting those services. It is not enough to keep the hospitals open. Hospitals have to keep offering the essential services that serve the public.

We know that this minister is in full control of Vitalité. They fired the CEO. They forced privatization of food services, of cleaning services, and, now, of extra-mural services. It is quite clear that when he wants to, this minister controls what Vitalité does. Why is this minister not standing up now to protect essential services in hospitals? There is a crisis now in Saint-Quentin and in Grand Falls. What is this minister going to do about it?

**Hon. Mr. Gallant:** Ensuring that we are going to have strong health care of high quality that is accessible to all New Brunswickers, including in rural areas, is a vital component of our plans for health and for the province. This is unfortunate. We are actually getting up and saying that we agree with the member opposite. We do not support the fact that the chemotherapy services would be removed from Grand Falls and Saint-Quentin. Instead of criticizing us . . . We should be working together to ensure that those vital services can stay in Grand Falls and in Saint-Quentin.

We believe that there is a better way to deliver health care. We need to innovate and work with the health authorities. However, we are going to let it be known if we do not agree, and in this case, we do not, just as we did not agree with Horizon's former CEO when he was musing about cutting rural hospitals in his department. We will work with the opposition members if they are willing to do so, to do what we can to ensure that chemotherapy services remain in Grand Falls and Saint-Quentin.

[Translation]

## Health Care System

**Mr. Coon:** In August, the government announced that it was going to decimate the Office of the Chief Medical Officer of Health and scatter 70 of its 110 employees across three other government departments. Several organizations, including the Canadian Public Health Association and Public Health Physicians of Canada, are opposed to this decision. If there should ever be a public health crisis, can you imagine how difficult it would be to coordinate all these employees in four different departments? It would be mission impossible.

Why is the Minister of Health doing the opposite of what many public health experts are saying in Canada?

[Original]

**Hon. Mr. Bourque:** I would counterargue with that. If it would be mission impossible, as the member of the third party states, why have Nova Scotia and Newfoundland done the exact



same thing? Is he saying that they are not doing their jobs properly? I think that is a pretty big statement to make.

This reorganization really is to better align similar-type work. Out of the 70 that are moving, 60-plus of those are inspectors. They will be moved to the Department of Public Safety to do inspection-type work. We are putting all the inspectors together, and—I have said this publicly, and I will say it again—they will remain fully accessible to the Chief Medical Officer of Health should there be anything that would be needed in that regard. I am fully, fully confident that the function of the Chief Medical Officer of Health will remain in full operation and work very well.

**Mr. Coon:** That is an interesting response because it does, to me, appear that this government is putting politics before public health. The minister has been defending the indefensible. He is forcing his members to defend the indefensible.

A review of the efficacy of public health systems across Canada, published by the *Canadian Journal of Public Health*, found that some of the changes that he was referring to that have already been made in Nova Scotia are having negative consequences on the functioning of the Chief Medical Officer of Health's office there. As he pointed out, some of these are the same changes that this government is making. My question is, Given the failure in Nova Scotia, what research was done in the decision-making process here to show that would somehow be the right direction to take in our province?

**Hon. Mr. Bourque:** Well, I can tell you that this reorganization . . . The fearmongering that is being brought up by the member of the third party regarding if ever a pandemic or a crisis would come . . . First of all, there is the Emergency Measures Organization that takes care of that, first and foremost, and we saw that with the ice storm situation earlier this year. It is not the Chief Medical Officer of Health who would take care of such a crisis, and to insinuate something else is misleading. The other thing, as well, is that anything that has to do with any type of public health situation has to do with the Communicable Disease and Control Branch. That is the branch that remains 100% integral—nothing changes with that branch—and that is the branch that takes care of these situations. That will absolutely remain. The Chief Medical Officer of Health will have more time and effort and more energy to concentrate on that branch.

**Mr. Coon:** Let's talk about the Chief Medical Officer of Health and not EMO, which I hope is not going to be responsible for dealing with a SARS-like epidemic, if we ever should face such a thing again.

The government introduced a bill last week that it touted as promoting the independence of the Chief Medical Officer of Health. While this bill does allow the Chief Medical Officer of Health to issue reports to the public, she still must inform the minister 30 days before issuing those reports.

The bill also fails to amend section 59 of the *Public Health Act*, which gives the Minister of Health the authority to appoint the Chief Medical Officer of Health and presumably fire the



Chief Medical Officer of Health. If the minister can still appoint and fire that Chief Medical Officer of Health, this creates no independence whatsoever. When the minister receives his 30-day warning about a report he does not like or does not agree with or finds politically sensitive, what is to stop him from firing another Chief Medical Officer of Health in this province without cause, just as he did to the predecessor, Dr. Cleary?

**Mr. Speaker:** Time.

[*Translation*]

**Hon. Mr. Bourque:** Listen, we want the Chief Medical Officer of Health to remain at arm's length from government. What we are proposing in this bill is simply to legalize what already exists in practice; that is basically what we are proposing in the bill. There is nothing much new. In the end, the Chief Medical Officer of Health will just inform us about this report, up to 30 days ahead of time. She will submit the report to us, regardless of our reaction. So, this simply maintains her independence. As for us, we are committed to having her remain at arm's length, as is the case for all senior officials who are independent from our government.

[*Original*]

## **Atcon**

**Mr. Fitch:** I recently wrote to Auditor General Kim MacPherson to thank her on behalf of New Brunswickers for the diligent work undertaken by her office on the troubling Atcon fiasco. We now know a lot more about the Atcon scandal thanks to two comprehensive Auditor General reports, the first from 2015 dealing with how the Graham government Cabinet overruled expert advice, while the most recent report tried to find out where \$63.4 million of taxpayers' money went. While disturbing to read, they both shone a light on what went wrong and on how to avoid it happening again.

A professional conduct complaint in the Atcon scandal was made by the province on December 21, 2012, to the New Brunswick Institute of Chartered Accountants, now known as Chartered Professional Accountants of New Brunswick. Can the Attorney General update the House on the status of the CPA's discipline tribunal regarding the Atcon accountants?

**Hon. Mr. Rousselle:** I will certainly take that question under advisement, and I will be pleased to come back to this House to give the answer.

**Mr. Fitch:** In June 2014, the province commenced a \$50-million legal action against Grant Thornton, the auditor of Atcon Holdings Inc. Statements of claim and defense have been filed. The province claims that Grant Thornton was negligent and in breach of its duties to the province in conducting the external review of Atcon's assets, which was a precondition to the issuance of the \$50-million guarantees, and in its audit of Atcon and rendering an unqualified audit opinion with respect to the 2009 fiscal statements. Can the Attorney General update the House on where this \$50-million legal action stands?



[Translation]

**Hon. Mr. Rousselle:** Obviously, I will not go into details on this file, since the matter is before the courts. All I can say to the House is: We are still busy preparing for the trial. So, the proceedings are going ahead. You know, in very complex files, there are sometimes steps that require a very considerable amount of document-sharing and preparation. Consequently, as this lawsuit is still before the courts, I will say no more.

[Original]

**Mr. Fitch:** In the recent letter that I sent to the Auditor General, I also asked about the ongoing efforts to recover taxpayers' money. Under the heading "Province slow in pursuing personal guarantee by Robert Tozer", paragraph 2.130 states: "The conditions for Atcon's \$50 million guarantee included a personal guarantee from Robert Tozer, the President of Atcon Holdings Inc." Will the Attorney General update us on the status of the pursuit of this personal guarantee?

**Hon. Mr. Rousselle:** I will also take this question under advisement, but I will take the opportunity to remind this court . . . I will remind this Assembly, this House, that when things are in front of the tribunal, we, as a government, cannot speak about them as much as we would sometimes like to. I will be more than glad to come back to this House with the answer that I can legally give to this House. Thank you very much.

### Ambulance Services

**Ms. Wilson:** We know through media reports and calls that we have had from concerned citizens that there are a number of ambulances that are parked. They are not on the road due to a lack of paramedics to man them. I wish to ask the Premier what he is doing to address this serious situation that is leaving New Brunswickers at risk.

[Translation]

**Hon. Mr. Bourque:** We are doing a great deal with regard to the issue of hiring paramedics. This question gives me an opportunity to thank each of the paramedics in our province, who do an outstanding job in emergency situations; these people literally save lives on a daily basis.

You know, a few years ago, there was just one training program for paramedics in the province. Now, there are three, including a training program in French. This is an historic first for New Brunswick, and it happened while our government was in power. We know there is some catching-up to be done, and we are continuing to move in that direction. We continue to work with Ambulance New Brunswick and the various post-secondary institutions in order to ensure that there are more paramedics in our system.

[Original]

**Mr. Speaker:** The time for question period has expired.

