

Legislative Assembly of New Brunswick

Oral Questions



June 16, 2023

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[*Translation*]

SCHOOLS

Ms. Holt (Bathurst East—Nepisiguit—Saint-Isidore, Leader of the Official Opposition, L): Thank you very much, Mr. Speaker. This week, we have been talking a bit about mental health in the whole debate about Policy 713. This is clearly having an impact on our students' mental health, as well as on that of other New Brunswickers. We have also seen some hate-filled personal debates since last week. So I for one am worried about the shortage of professionals in this field in New Brunswick.

[*Original*]

We are really running short on psychologists, in our schools and in our province as a whole. So I wonder whether the minister opposite could let us know what efforts are being made to ensure that we are growing—recruiting and retaining—the population of psychologists in New Brunswick. Thank you.

[*Translation*]

Hon. Mr. Hogan (Carleton, Minister of Education and Early Childhood Development, PC): Thank you very much to the Leader of the Official Opposition for the question. It is a really important issue. I would note that we have already filled 7.4 positions in the Anglophone sector. We have 33.3 more positions to fill to have a full team of psychologists. In the Francophone sector, though, it is the other way around. We have filled 23 positions and we have 2 others to fill. So we are still trying to hire psychologists in our province. Thank you.

Ms. Holt (Bathurst East—Nepisiguit—Saint-Isidore, Leader of the Official Opposition, L): Thank you very much, Mr. Speaker. Thank you, Mr. Minister. It is encouraging to hear you say you are trying to fill positions, but it is clear that there is still a big shortage. So will you clarify what you are doing to find and hire psychologists?

Hon. Mr. Hogan (Carleton, Minister of Education and Early Childhood Development, PC): Thank you very much to the Leader of the Official Opposition for the question. That is another really important issue. We are trying to recruit where we can.

One of the problems we are dealing with is related to the salaries we pay. I cannot explain why there is such a big difference between the Francophone sector, where almost all positions are filled and where we have almost a full team of psychologists, and the Anglophone sector. The challenge can be explained in part by geographic considerations related to the places where professionals are needed, and in part by the salaries these professionals can make in the private sector. They have to have a very high level of education, depending on the organization. So that is a big challenge for us. We are continuing and will continue to work on this file. Thank you.

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Ms. Holt (Bathurst East—Nepisiguit—Saint-Isidore, Leader of the Official Opposition, L): Okay. We are gradually getting a bit more information, so I am encouraged by finding out that you have determined that it is the Anglophone sector and salaries that are challenges to overcome to get enough psychologists. So is a salary review being done? Is there work or a study being done to perhaps determine whether we can change salary conditions or something so that you can see to the shortage of psychologists in the Anglophone sector?

[*Original*]

Hon. Mr. Fitch (Riverview, Minister of Health, PC): You know, Mr. Speaker, I hear the questions about recruitment and the stresses and pressures in health human resources, which are not unique to psychologists. That is why we have a province-wide, Canada-wide, and basically worldwide program—you know, a global strategy—to recruit health human resources, including psychologists. That is going on in various ways, such as through a campaign website. We created the human resources branch within the Department of Health, which, again, has had very, very strong success in various aspects. Psychologists are part of that overall campaign.

Mr. Speaker, we know, and the opposition should know, that the human resources strategy and the shortages have been issues for a long, long time. We have acted. We are addressing it, and we are getting results in those areas.

HEALTH CARE

Ms. Holt (Bathurst East—Nepisiguit—Saint-Isidore, Leader of the Official Opposition, L): Thank you, Mr. Speaker. I appreciate the information from the Minister of Health. It has been a couple of months, six weeks, since we got an update on the waiting list for primary care. It sounds as though there has been a lot of recruitment effort put in. Could you give us an update as to where the waiting list stands on Patient Connect for the people in New Brunswick who are trying to get primary care?

Hon. Mr. Fitch (Riverview, Minister of Health, PC): Again, thank you very much, Mr. Speaker. That is a file that we continue to work on with many of our partners and stakeholders. From the success standpoint in the province, we have talked about it.

Going back to the recruitment that the member opposite talked about, there was the great news that some of the medical students who have graduated in New Brunswick are going to stay and set up a family practice here. When other jurisdictions see their wait list rise, we see that our wait list continues to drop. We know that some of those physicians who have been recruited are going to be working with Health Link to take on some of those orphan patients, and we will continue to work to make additional announcements on that as those clinics open up and take patients off that wait list.

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There is good news in health care, Mr. Speaker. We continue to do that work because we know that the job is not done. We continue to work hard to reduce that wait list and to reduce the time that the people who are looking for primary care spend on that list.

Ms. Holt (Bathurst East—Nepisiguit—Saint-Isidore, Leader of the Official Opposition, L): Thank you, Mr. Speaker. You mentioned that the wait list is dropping. I am hoping that you can be more specific and tell us what the wait list is now. And I will ask you to separate the two, because we understand that there is a Patient Connect wait list and then the folks get moved to Health Link as a temporary solution but do not have a permanent primary care home. Could you let us know this: How many are waiting on Patient Connect today? How many are on Health Link?

Hon. Mr. Fitch (Riverview, Minister of Health, PC): Well, you know, Mr. Speaker, I have heard that we in New Brunswick have the second-lowest wait list in Canada—in Canada. When we look at the number of people who have been taken off, even if it is temporary, even if it is to Health Link, we see that this is providing primary care, which was part of our overall plan, part of our health care plan and the five pillars that we have been implementing. The second pillar was access to primary care. That is where you are seeing us increase the ability for pharmacists to provide services to the members of the public who could not get in to see their family doctor. We have expanded the services and the abilities of doctors, whether it is with eVisitNB, walk-in clinics, or Health Link and Patient Connect.

Again, the members opposite are looking for numbers. We have reduced that list by over 36%, and we are going to continue to do that.

Ms. Holt (Bathurst East—Nepisiguit—Saint-Isidore, Leader of the Official Opposition, L): Thank you, Mr. Speaker. I appreciate your acknowledging that we are looking for numbers. I take it that you will check the updated numbers and give us a clear answer on that point.

I want to move forward to the fact that people do get moved to Health Link but that this is a temporary, band-aid solution. It is not the ideal that New Brunswickers are looking for. They are looking for a primary care home, a patient-centred home where there is a team of professionals who will support their health. That is not what Health Link is, so there is no continuity of care for those folks. They are in a band-aid situation. From what we understand, about only a thousand of them have moved into permanent care environments. The wait list is still a combination of those two.

The minister and I had the chance to participate in a session around patient-centred homes and collaborative care a couple of Fridays ago. I believe that the speech from the throne committed to the government advancing four of those clinics. In this House, a few weeks ago, the minister talked about a couple of others. Can he let us know how many collaborative care clinics are currently in development?

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Hon. Mr. Fitch (Riverview, Minister of Health, PC): Thank you very much. Yes, Mr. Speaker, we have worked with respect to collaborative care clinics. Having clinics that are basically responsible for these patients really helps with having access to primary care in a timely manner. That is the key, and that is why we have gone forward with other initiatives that continue to improve the access to primary care in New Brunswick. I have mentioned them before.

We are moving forward with pharmacists so that people can go in and get their ailment treated at a pharmacy. That frees up about 80 000 spots in physicians' clinics and offices.

So we are talking to a number of various groups across the province that will be doing either family medicine practices or collaborative clinics. We will make those announcements when the time is appropriate for them.

[Translation]

Ms. Holt (Bathurst East—Nepisiguit—Saint-Isidore, Leader of the Official Opposition, L): Thank you, Mr. Speaker. I am really interested in these announcements. So I hope to get an invitation or hear more about them. I would like to understand the process, because people in Bathurst East—Nepisiguit—Saint-Isidore, especially those around Allardville, where there is no primary care clinic, doctor, or nurse practitioner, would like to establish a clinic like the ones you are talking about. So I would like to know what the situation is for a community that is far from health care services. What is the process for trying to create a collaborative health care team in a place like Allardville?

[Original]

Hon. Mr. Fitch (Riverview, Minister of Health, PC): Thank you very much, Mr. Speaker. That is one of the reasons that we have incentives of up to \$100 000 for doctors to set up practices in rural parts of New Brunswick. That is the initiative. That is an idea that is going forward.

We have actually done more than that. We had a great announcement in Rothesay about scholarships that we are giving to medical students for a return of service. That was very, very well received by the students in attendance and by the folks there. If there are individuals or groups of doctors who are interested in setting up care... Again, it is working as a team with various stakeholders, such as the RHA, the College of Family Physicians, and the Department of Health.

If individuals or doctors are concerned or are looking for that process, then they should reach out to the RHA. As we talked about yesterday regarding the bill, we want to make sure that those agreements exist...

Mr. Speaker (Hon. Mr. Oliver): Thank you, minister.

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PRIVATIZATION

Mr. McKee (Moncton Centre, L): Thank you, Mr. Speaker. Since Doug Ford was here last summer promoting the privatization of health care in the province, we now have hints of what this might look like, but we have no concrete plan or vision from this government. There have been only fragmented efforts and a piecemeal approach, such as the establishment, which we have seen, of two cataract clinics. It remains uncertain what might come next, despite this open-ended legislation that the government has. We could see the opening up of the types of clinics needed for knee and hip surgeries.

During a recent committee meeting, the minister admitted that there is no plan or vision for opening up private clinics. That is troubling because there are concerns, such as the diversion of public resources to the private model as well as the escalation of costs in the private sector. We believe that you can do this under a public model. If you look at the surgery centre in London, Ontario, you see that it costs \$172 per patient in the public system versus \$469 per patient in a traditional hospital. A study out of Quebec says that privatization is 150% more. Has the minister conducted a cost analysis for opening up private clinics?

Hon. Mr. Fitch (Riverview, Minister of Health, PC): Thank you very much, Mr. Speaker. I was fortunate enough to go to the Shania Twain concert. Some of those songs from last night keep rolling around in my head. When I hear the question from the member opposite, two songs come to my mind: *You're Still the One* and *That Don't Impress Me Much*.

Mr. Speaker, we had a very robust conversation about the clinics that are opening up here in New Brunswick. The bill that we put on the floor was the framework that would allow those clinics to move forward from the standpoint of making sure that there are checks and balances to protect the public and to protect Medicare. It is important to protect the individuals who go to those clinics. That protection is in making sure that there is an agreement with the RHAs before the clinics start to operate, making sure that the physicians in those clinics have privileges at the RHAs and the hospitals, and making sure that the minister is involved to ensure that the cost analysis is done.

Mr. McKee (Moncton Centre, L): Thank you, Mr. Speaker. If government members were not out late at night at concerts and what have you, maybe they would have done their homework and would have had statements ready for this morning. Apparently, they were out too late last night.

Mr. Speaker, we have seen costs escalate in private centres in Quebec. There is a study out of Quebec that says that in some cases, costs are 150% more in private clinics. In that same study, it says that a cataract surgery costs the government an average of \$800 at a public hospital but \$1 200 at a for-profit clinic—a 45% increase. A carpal tunnel surgery costs \$500 in the public model but rises to \$900 in a private centre—an 84% increase.

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Nationally, a hip or knee replacement in a hospital can range from \$10 000 to \$12 000 but costs \$28 000 in a private clinic.

Mr. Speaker, I do not know what music they are listening to, but without a plan or any vision, how do they expect to achieve desired outcomes and keep costs low for taxpayers in New Brunswick?

Hon. Mr. Higgs (Quispamsis, Premier, Minister responsible for Intergovernmental Affairs, PC): Thank you for the question. You know, when we talk about getting better health care across the system, we are talking about how we can manage the system better. Mr. Speaker, if you talk about costs, then you need to include all the costs. You need to look at free capital and all of this. You do not have the whole process figured out, but what I would say is to speak to all those patients who got cataract surgery after being on the list for two years. Their surgery is now done or they are now on the list for a week. Ask the ones in Bathurst about that. Or ask the ones who have been waiting for hip and knee surgeries and were two and a half or three years out and are now down to a year or less, with a goal of waiting less than six months. Ask them whether they are concerned about how we are managing health care. Then look at the health care plan across the province and the meetings with doctors. In that meeting of about a week ago with physicians from across the province—the one in Moncton, which the Leader of the Opposition referred to—an individual who is on the board of that organization came up to me and said: Six months ago, I never would have believed that New Brunswick would be where it is now with its health care improvements. Unbelievable. Progress is being made.

HOSPITALS

Mr. G. Arseneault (Campbellton-Dalhousie, L): Thank you, Mr. Speaker. You know, the summer season is approaching. My question is to the Minister of Health with regard to our health care workers who are dedicated and who are working tirelessly in the hospitals. They are looking forward to some summer relief.

In the past, the government has closed or reduced hours over the summer at emergency rooms in Tantramar, Sussex, Miramichi, and Campbellton. Nonurgent surgeries were curtailed in Fredericton, Saint John, and Moncton. I am wondering what the government's plan is for managing staffing levels and mitigating hospital and clinic closures this summer. Thank you.

Hon. Mr. Fitch (Riverview, Minister of Health, PC): Thank you very much. I appreciate the question from the member across the way. That is an important topic. Again, we asked the RHAs to work with their staff. We asked the RHAs to deliver those clinical services.

Vacation—making sure that people are getting time off and getting rested—has been a topic that the Premier, some of the other ministers, and I have talked about with the

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frontline workers. We talked about how we can do that better. I know that the unions are involved in making sure that, again, their staff gets rest.

The RHAs have come up with various plans, such as hiring students, to make sure that some of those shifts are covered. We have nursing students, and we have interim doctors who come and do a locum to cover some of those needed services. And, of course, we are increasing the number of LPN, RN, and NP graduates. That work continues to make sure that the services will be there in a safe and secure manner.

Mr. G. Arseneault (Campbellton-Dalhousie, L): Thank you, Mr. Speaker. Earlier this week, I had some discussions with the minister about how important laboratory services are across the province and, more specifically, in Health Region 5 and the Campbellton Regional Hospital. I want the minister to assure the Region 5 citizens and also the staff at the Campbellton Regional Hospital that all the positions in the lab and all the staff members who are presently working there will remain there and that the laboratory services that exist now at the Campbellton Regional Hospital will not be reduced.

Hon. Mr. Fitch (Riverview, Minister of Health, PC): Thank you very much, Mr. Speaker. I believe that it was a year ago when a news release went out about the modernization of lab work here in New Brunswick. There is, again, a considerable strain on health human resources when it comes to lab technicians and the ability to provide those tests or the results of those tests in a timely manner.

A report was done by a third party regarding that modernization of labs. The initial response has come back from that. We have been open and transparent in having staff meet with the staff in the various locations. One of the things that I saw initially, which, again, was important to me, was that there would be no job losses within the system when it comes to that lab. The final decisions have not been made, which I think is a key point that needs to be made here. Final decisions have not been made. But again, for openness and transparency, discussions have started with respect to employees in the various regions right across the province. I know that people are concerned about their situation, but we...

Mr. Speaker (Hon. Mr. Oliver): Thank you, minister.

SENIOR CITIZENS

Mr. Gauvin (Shediac Bay-Dieppe, L): Thank you, Mr. Speaker. I am also a big Shania Twain fan, but I thought that the government's favourite Shania Twain song was *No One Needs To Know*.

[Translation]

You know, Mr. Speaker... Let's move on to a more serious topic.

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(Interjection.)

Mr. Gauvin (Shediac Bay-Dieppe, L): Yes, those songs have rhythm, unlike someone who doesn't dance very much.

Mr. Speaker, yesterday, the Association francophone des aînés du Nouveau-Brunswick published a press release about being neglected and forgotten in New Brunswick. The association has met with this government several times but has still not received a response. Its report condemns the way seniors are treated in some facilities.

So, my question is very simple: Have you read the report? If so, why have you still not given any response to the association, which has been waiting for over a year? Thank you, Mr. Speaker.

[*Original*]

Hon. Mr. Fitch (Riverview, Minister of Health, PC): Mr. Speaker, thank you very much. We met with a number of groups that are concerned with senior care, health care, and work conditions. We met with a considerable number of people right across the province, and we continue to take in all that input, whether solicited or unsolicited, to make sure that the right decisions are being made. We have seen a significant number of changes, especially when it comes to senior care here in New Brunswick.

We went down to Loch Lomond Villa and announced the expansion of the mobile X-ray units right across New Brunswick. That is going to improve senior care in a substantial way by preventing trips to the emergency room to try to get an X-ray. A mobile unit will go to where the senior is, and in doing that, a senior could remain in their own bed.

The second thing is that we have expanded the clinical services in some of the special care homes through the assistance of extra-mural services. Once again, it will allow people to stay in place—to get their care in place—without disrupting their lives. Better care is here.

[*Translation*]

Mr. Gauvin (Shediac Bay-Dieppe, L): Thank you, Mr. Speaker. I thank the minister for his answer, but the question remains. The group published the report last year. They published a press release yesterday too. They are condemning the way vulnerable people are being treated in long-term care facilities.

The association is asking that family committees be more fully informed and calling for better communication between family members and residents in these homes. The association is waiting for answers. Its members have always been very respectful toward the government. They have had meetings in good faith. They have asked thoughtful

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questions. All they are looking for is answers. They are listening to us today, I assure you. Can you tell us when you will give them a response? Thank you, Mr. Speaker.

[*Original*]

Hon. Mr. Fitch (Riverview, Minister of Health, PC): Thank you very much, Mr. Speaker. I think that this group has had access to various ministers here in New Brunswick, and we have listened to its concerns. When I look at some of the ideas that have come forward from our Health Plan, I see that they have created concrete, measurable, improved care for the seniors in this province, and part of that comes from the input that we received from the various groups.

Look at the additional special care homes that are receiving those clinical services that allow people to get the right care in the right place at the right time. That is what we are all working toward. Actually, regarding long-term care, I know that there is continued work in trying to have a long-term care strategy to address some of these situations and take in some of the input that was given by those various groups. I know from when I was there and from when the former minister was there that there has been a substantial increase in income, in wages, and in the amount of money that we give to special care homes.

WAGES

Mr. Coon (Fredericton South, Leader, G): Mr. Speaker, the recent budget provided for much-needed wage increases for various groups in the community care sector, including those who work in special care homes, home support services, family support services, vocational services, and community residences. However, the problem is that the wage increases were not provided equitably, as planned. For example, family support workers who deliver mandated child protection services received far less of a wage increase than home support workers. It was \$1 per hour versus \$2.50 per hour. The same goes for those providing vocational services.

It is clear, Mr. Speaker, that a terrible mistake has been made. All the hardworking people in the community social services sector were supposed to receive the same wage increase. Since this was a mistake, my question is this: Will the Premier correct this mistake to ensure that these essential workers are retained in their jobs in New Brunswick? Thank you, Mr. Speaker.

Hon. Mr. Steeves (Moncton Northwest, Minister of Finance and Treasury Board, PC): Thank you very much, Mr. Speaker, and thank you very much to the member opposite for the question. If there have been any inequalities and mistakes made along the way, we will absolutely find them and make them right. That is the bottom line. We will find the mistakes and make them right. That is what we do.

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[*Translation*]

Mr. Coon (Fredericton South, Leader, G): I thank the minister for his answer.

[*Original*]

That is good to know. I hope, though, that the mistake will be fixed in this fiscal year. The last thing that we need is more people leaving the social services sector in our communities. That is exactly what we are going to see if the mistake is not fixed in this fiscal year and the inequity in wage increases stands. If it stands, it sends a terrible, terrible message that will make it extremely difficult to hire new people and to retain existing people in their jobs.

Of course, the priority, first off, needs to be placed on retaining staff in their jobs right now. That requires respect, and that requires cash. We are not talking about pennies here. We are talking about the difference between a wage increase of \$2.50 per hour and one of \$1 per hour—that is vast. Mr. Speaker, will the Premier confirm that this mistake will be fixed in this fiscal year?

Hon. Mr. Higgs (Quispamsis, Premier, Minister responsible for Intergovernmental Affairs, PC): Mr. Speaker, as the Minister of Finance stated, I think that if we find mistakes or problems in the system that need to be corrected, then we will certainly look at that.

I would say to the Leader of the Green Party that part of looking at our wage structure here—and we have done it with a lot of discussions with my colleagues in Atlantic Canada—is to understand the comparison between different sectors and different jobs and to make sure that we are comparable. We did that a lot in the health sector over the last few years to bring our wages in line with those in Nova Scotia. We certainly looked at every aspect and at other categories. We will continue to do that because we particularly want to have wage parity with our neighbours in Atlantic Canada. That is not just something to do for today, but something that we have been doing all along. We have also been making some major adjustments over the past few years to reflect that, and that will continue.

I am encouraged by what I am seeing. I have also been encouraged by what I have seen with new recruits coming into the province and new recruits from other parts of the country coming into the province, particularly in the health care sector. People are looking at New Brunswick to live and work in.

HOSPITALS

Ms. Holt (Bathurst East—Nepisiguit—Saint-Isidore, Leader of the Official Opposition, L): Thank you very much, Mr. Speaker. I want to go back to a comment the Minister of Health made about the report in response to the questions that were being asked by the member

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for Campbellton-Dalhousie. Could you commit to making that report public and available for all of us to consider?

Hon. Mr. Fitch (Riverview, Minister of Health, PC): Thank you very much, Mr. Speaker. When we look at some of the work that has to be done on that report... I will have to take that question under advisement to understand whether it is an advisement to the minister or to the Cabinet. That may determine whether it would be available to everyone.

In the time that I have left, Mr. Speaker, I would just like to say, again, that this is a preliminary report. We have actually had staff go out with the RHAs to meet and talk with the employees. This is a modernization of the lab. I wonder whether the opposition is against the modernization of testing and health care. Opposition members have stood against clinics. They have stood against new clinics, and they have stood against this now...

Mr. Speaker (Hon. Mr. Oliver): Thank you, minister.

GOVERNMENT

Ms. Holt (Bathurst East—Nepisiguit—Saint-Isidore, Leader of the Official Opposition, L): Thank you, Mr. Speaker. It is interesting, again, to hear the minister asking questions. It seems as though he may want to join us over here, on this side of the House. It is becoming more and more popular every day.

Since we have had some lovely music quotations this morning, I am going to quote one of my family's favourites and suggest that you need to calm down. I really appreciate the tone in the Legislature today. It seems as though some of the comments that the Premier made... He noted that he appreciated the calm demeanour and the tone that I was using in putting things forward in a respectful and appropriate way. It seems as though the message is getting across and as though this approach of doing things differently is starting to rub off on all of us. I appreciate that, after everything that we have been through.

But what we have here that still concerns me is a loss of trust in this government. So can the Premier confirm how he will restore that lost trust?

Hon. Mr. Hogan (Carleton, Minister of Education and Early Childhood Development, PC): Thank you very much, Mr. Speaker. In speaking of music, this time of the year makes me think of "School's out for summer". I know we will get there.

I am rising today to answer this question and to inform the members of the House that we will not be advancing Bill 46, *Education Act*, any further at this point in time. Thank you.

Mr. Speaker (Hon. Mr. Oliver): The time for question period has expired.