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**Department of Health**

Hon. Mr. GALLAGHER, after all votes under the Department of Health had been read:

Mr. Chairman, through you, I would like to congratulate the Speaker on his reappointment as Speaker of this House. I am sure all members will benefit from his experience and from his continued presence as Speaker.

I wish to comment briefly about the constituency which l represent in this Legislature. The constituents of Carleton North, following their .note of confidence in me last October, share my time with a busy Department of Health. I appreciate their understanding and recognition of the time consuming role of a minister. I am now committed to representing both the health needs of the province as a whole and, as their MLA, the concerns and interests of my constituents in Carleton North. Carleton North continues to receive the benefits of various provincial programs and expenditures, and they are recognized and appreciated. In times of restraint, it is not always possible to provide everything to everybody, but progress has been made in many segments of the economy which affect Carleton North.

With an extensive network of roads serving the rural communities, it seems we are constantly requesting more roadwork, and l am sure my colleague the Minister of Transportation will continue to recognize their requests. In particular, it has been brought to my attention in recent months to remind the Minister of Transportation of the importance of completing the highway upgrading between Glassville and Juniper, a much traveled and necessary link to the farms and forestry operations of that area.

Before proceeding to the details of our estimates for 1983-84, I would like to briefly review the range and scope of health services enjoyed by the people of the province of New Brunswick. On the institutional side of the health system, 33 acute care hospitals provide almost 4000 beds, distributed across the province, and 9 nursing homes provide approximately the same number of beds to our chronically ill seniors. Two additional hospitals, with a total of 862 beds, provide care for the mentally ill. These services to the mentally ill are supplemented by a network of mental health clinics and community services, as well as by additional psychiatric beds in the regional hospitals.

Public health services are provided to communities from 17 different locations around the province. These services focus on prevention, health promotion and protection activities. Dental health services; through preventive oral hygiene pro rams, reach school children across the province, with the same emphasis being put on promoting healthy personal habits.

The hospital services program ensures that all residents of New Brunswick can obtain necessary hospital care, while the Medicare program ensures that all residents have access to physicians' services. The prescription drug program provides additional coverage by providing prescribed Medication to the elderly and to those who suffer from cystic fibrosis.

Mr. Chairman, these are the major health benefits provided to citizens of this province and l think they are worth recalling. We have enjoyed and continue to enjoy a level of health care of which we can be proud. However, a number of factors have combined to produce a very rapid increase in health care expenditures during the past five years, between 1977-78 and 1982-83. Increases in population, in the utilization of services and in wages and supplies in all health service areas have all contributed to this overall cost increase, as well as the general economic situation of the country.

In terms of actual costs during this five-year period, Medicare costs rose 146%, from $38.I million to $93.8 million; hospital services costs increased 90%, to $298.5 million from $157.5 million. The costs of nursing home services rose 181%, from $20 million to $56.2 million. The combined total cost of vital statistics, mental, dental and public health services rose to $16.5 million from $8.8 million, an increase of 88%.

In 1977-78, Department of Health expenditures were $250.8 million; by the end of the 1982-83 fiscal year, the department’s expenditures had increased to $530.5 million, an overall increase of 112%. During the same period, overall provincial spending increased 101%.

Mr. Chairman, in this time of fiscal restraint, there is no longer a choice; controls must be placed on these spiraling costs, and 1983-84 will test the ingenuity of all concerned to maintain and continue the development of our health care system. Our overall objective is to maintain the level of health service coverage during this period of fiscal restraint by introducing more efficient methods of providing services.

During this budgetary process, senior departmental staff and l met with board members, administrators and other health professionals. The discussions were focused on methods of restraining the growth in expenditures while continuing to provide necessary services. That process of consultation was most productive and one which I intend to continue, as we pursue our objective of maintaining a high quality, efficient and health care system.

In order to contain costs within available finances there must be, however, some reductions in service. After considerable consultations with hospital boards and health professionals, these reductions were made in areas where they would promote a change in utilization patterns without imposing an excessive penalty on any New Brunswick resident.

Mr. Chairman, this government introduced user fees in 1979 for a 10-month period. This trial period was sufficient to demonstrate that utilization patterns can be influenced by such a measure. During that period, instead of an expected increase of 7%, the utilization of hospital outpatient services actually dropped by 11%.

With the exception of that brief period in 1979-80, this government has never asked the people of New Brunswick to participate directly in the cost of their health care. Ontario, Alberta, the Yukon and British Columbia have health insurance plans requiring substantial premium payments from eligible residents. In Alberta and British Columbia, user fees are supplementary costs to that insurance coverage. In the Atlantic region, the province of Newfoundland has introduced user charges for inpatient services.

I am deeply committed to the fundamental principles of our health care programs; however, l believe that unless we communicate more effectively the high costs of the services we use, then we are in danger of the system quickly eroding the lack of adequate funding.

Health services are not free; they are extremely expensive and are becoming even more so as techno logy makes available better and more expensive diagnostic and treatment methods unheard of just a few years again. I am certain that we all share the objective of maintaining and building a health system that will be able to keep pace with these developments.

As indicated by my colleague the Minister of Finance earlier in his budget address, the use of some services under bath the prescription drug program and the hospital services plan will require a small amount of individual financial participation. These participation fees have been established after a great deal of consideration regarding their introduction and the cast the beneficiary should bear.

Other than a few highly specialized areas of medicine. which would take a much larger population base to support, our hospital system must be considered progressive and second to none; unfortunately, in recent years the demands for these services have increasingly outgrown the province' s ability to pay. A contributing factor to this has been the failure of federal contributions for services to keep pace with the rising cost of services. As my colleague the Finance Minister out lined in the budget speech, the federal contribution to this province's health care dropped to 23% of provincial expenditures in 1982-83. That is a far cry from the close to 50% contribution level we experienced under earlier cost sharing arrangements.

In order to preserve the availability of necessary services as well as the jobs connected to these services, an increased awareness regarding the utilization and the high cost of health services is needed. I would suggest, Mr. Chairman, that very few people have a real appreciation of the costs associated with even the most routine health care. By imposing a minimal participation fee, we are confident that we will have made a step in that education process.

The charges to be made for hospital services will be as follows:

Outpatients will be required to pay $6 for each visit to an outpatient department for care or for various diagnostic tests. This will be limited to one $6 fee per day should the person require more than one outpatient service on the same day. This fee will be reduced to $ 3 for social assistance recipients, those over the age of 65 years, and for those undergoing a continuous course of treatment for a long-term condition. Upper limits on these costs will en sure that no one individual or family experiences financial hardship. The ceiling for individuals will be $60 and that for a family will be $120, while the ceiling for social assistance recipients and seniors will stand at $30 for individuals and $60 for families. Furthermore, individuals requiring life-sustaining outpatient treatments, such as chemotherapy, radiotherapy and haemodialysis, will be fully exempt and will pay no part of the cost for services received. The participation fee for the elderly will not take effect until November l, the date on which the senior citizens supplement will become available to them. These participation fees will assist in supporting the ongoing costs of hospital services to the public. More importantly, they will ensure that users and providers alike give serious consideration to actual need before using or providing the services.

Mr. Chairman, in 1975 this government introduced the prescription drug program to honour a commitment to provide prescription drugs free to those over 65 and to those with cystic fibrosis. This program is intended primarily to protect senior citizens from excessively high costs of drugs when they are required to take large amounts of medication. Since its introduction in 1975 the cast of this program has escalated at an annual rate of approximately 20%. This trend of excessive cost increases must be restrained. These increasing costs are due to a number of factors, such as high utilization, increases in medication costs, increases in professional fees of pharmacists and increases in the number of persons covered by the program.

The department is currently evaluating further measures that would assist in controlling costs while ensuring that the needy and the elderly are protected from unacceptable financial burdens as a result of obtaining needed prescription drugs. As a first step, effective November l, 1983, a payment of $3 per prescription will be required from recipients of these services, with the exception of nursing home residents. This charge is only a fraction of the average prescription cost of approximately $16 and will partially defray the cost of the pharmacist's professional fee which is currently $5.55 per prescription. Prescription drugs themselves will continue to be provided without charge.

Mr. Chairman, l would now like to turn my attention to other programs of the Department of Health. The Medicare program is the second largest single vote in the department, representing payments to doctors for medical services rendered to residents in the province. The expenditures in the Medicare vote have more than doubled since 1980.

This is due primarily to a substantially higher than average number of doctors coming into the province during this period, as well as by increased utilization of medical services.

In an effort to End methods of controlling the costs of medical care without depriving residents of necessary services, the department has undertaken a careful review of services insured by Medicare and it will be withdrawing as an insured service the elective physical examination usually referred to as an annual checkup. These examinations are requested mainly by healthy persons who are seeking reassurance regarding their state of health. It is not expected that the prospect of paying an out-of-pocket charge directly to the physician will prevent them from seeking this reassurance. This measure will have no effect on Medicare coverage for the complete physical required by the physician for his patient.

In addition, vaccines distributed free of charge to doctors' offices for the provision of childhood immunizations will be redirected to public health. This measure will serve to encourage people to use the public health clinics across the province for the provision of this service. This will result in a cast saving through a more efficient use of available serum.

Mr. Chairman, I am pleased to remain the House that this government and the New Brunswick Medical Society reached a settlement in April of this year for fees for 1983-84. The increase, 5.2%, was be10w the genera1 objective of 6%. New Brunswick physicians have been very responsib1e and have demonstrated the leadership needed in these very difficu1t economic times.

A consultation mechanism with the New Brunswick Medical Society has been established during this budget process, and I plan to pursue discussions with the society as we continue to address the difficult questions of restraining growth without affecting the quality of services. The hospital services program will continue to provide a comprehensive mix of hospital services to the residents of New Brunswick during the coming year. Due to the ever growing demands for services and improved medical and technical manpower capabilities to deliver such services, utilization of all hospital services is expected to increase.

Restraint in the hospital services program will result in the c10sure of 94 hospital beds in

Regions S, 6 and 7. The three hospitals in Campbellton and Dalhousie have been directed to close 20 beds each, while the hospitals in Tracadie and Chatham have been directed to close 19 and 15 beds respectively. As I indicated earlier, these are regions where beds are in excess of our guidelines of 5.5 beds per thou sand for each region of the province. These reductions will still leave these regions above the provincial guideline with Region 5 at 6, Region 6 at 5.9 and Region 7 at 5.7.

With the cooperation of hospital boards across the province, reductions will be made to other service components where it is felt that such reductions can be made without detriment to the quality of patient care. Although the hospital services program will be operating in a mode of restraint, some specialized regional services, such as rehabilitation and psychiatry, will continue to be enriched in those health regions requiring such improvements.

Furthermore, the health system still requires capital financing in order to continue its orderly long-range development. l would like to briefly mention some of the major capital expenditures for 1983-84.

Construction of the new regional hospital in Campbellton will continue this year with the expenditure of $5.2 million for site preparation, services and foundations.

The Restigouche Hospital Centre in Campbellton will have the fire protection upgrading project completed. It will continue its involvement in the role study to identify improvements required in the delivery of psychiatric services to the Francophone population of the province. The total cost of both projects is estimated to be $280 000.

Region 6, including Bathurst and the peninsula, has a number of continuing projects which will cost $2.8 million this year. Construction of the integrated psychiatric wing at the Chaleur General Hospital will continue on schedule, while in Caraquet renovations and the fire protection system will be completed.

Planning for the new Tracadie hospital will be completed and preliminary architectural plans developed. The problems with ventilation in the operating room of the present Tracadie hospital will be corrected. The Miramichi area will receive $500 000 for renovations to the outpatient department in the Chatham hospital; as well, planning will continue for the new regional hospital, Specialized services which might be included now in the two existing hospitals prior to construction of the new regional hospital are being identified as a priority in this planning process.

This year in Health Region l, at a total cost of $11 mi 11ion, construction of the new hospital in Sackville will proceed and the redevelopment project at the Moncton City Hospital will continue. The functional planning for additional ser vices and subsequent major renovations at the Dr. Georges L. Dumont Hospital will continue on schedule.

In Region 2, and affecting all of Southern New Brunswick, the functional and detailed planning will be completed for the move of Centracare to the site of the former Western Division, Saint John Regional Hospital, at a cost this year of $600 000. An additional $150 000 will be spent on the Blacks Harbour hospital to upgrade the fire protection system and to renovate the department of radiology. The sum of $25 000 will be spent at the Ste Stephen Hospital to complete the installation of the medical gases system.

In the Saint John area, improvements to the outpatient facilities at Ste Joseph' s Hospital wi11 be completed. The Saint John Regional Hospital will finish facilities within the hospital for the Saint John School of Nursing and will take final equipment delivery and complete systems verification. A total of $3.5 mi Ilion willbe spent on these projects this year.

This year, $5.8 mi 11ion wi11 be spent on continuing construction ofthe new regional hospital in Edmundston, and a number of their hospital programs will be enriched and improved in preparation for the 1985 opening of this new hospital. Throughout this next year, the department will be giving careful attention to measures that can be undertaken to improve the delivery of New Brunswick hospital services, without increasing costs. The growth of nursing homes must continue in response to the needs of the increasing elderly population in New Brunswick. Over the last year, 120 new beds were made available. The facilities for 127 new nursing home beds are currently under construction or being tendered, with opening dates scheduled for April 1984. The new Baker Brook nursing home, a replacement for the existing home, and the Hartland nursing home will open their doors during the current fiscal year.

In the context of a growing elderly population, the department will continue to focus its attention on mechanisms of coordination that will serve to better identify the needs of the elderly and to give the necessary priority to those who require nursing home care. In addition, nursing homes will continue to provide selected outreach services to support those elderly who do not require the full-time services of a nursing home.

Through the community-based services for seniors programs administered by the Department of Social Services, a number of homes are providing adult day care and meals-on wheels. The provision of such services, together with the support available from the extramural hospital and the public health home care program will enable senior citizens in New Brunswick to reside in their own familiar home surroundings as long as possible.

The extraffiural hospital, now operational in Woodstock, Moncton and Shediac, is proving to be very successful. It is providing a level of

care at home that previously was not possible, at a fraction of the cost of care in a hospital. While expansion will not be possible this year, we will strive to identify ways that this service can become available to the other areas of the province.

In another approach to the same general concern, Mr. Chairman, the Department of Health during the past several years has placed increasing emphasis and priority on the role of prevention and promotion in the health care field. One positive example is the seat belt legislation introduced earlier this session by my colleague, the Minister of Transportation. The positive benefits of lives saved and injuries and costs reduced outweigh the individual inconvenience that may be felt by some.

We all agree, l am certain, that we must continue to allocate more resources to the teaching of good health habits and effective methods of disease prevention, with the long term goal of reducing the need for the expensive acute care required for diseases which could be prevented. The department will continue to keep the pub lie aware of programs and to provide necessary information to ensure that people are aware of the available services.

A joint program started by public health and the optometrical association, the mobile vision screening program, will be funded again this year. All Grade I children in the province are given a thorough vision checkup through this program which is operated by a board of management of the New Brunswick Association of Optometrists. Two specially equipped vans, staffed by qualified optometrists and a public health nurse, t rave I to schools throughout the province to provide this comprehensive eye testing service.

This early screening program allows early detection of vision problems and appropriate follow-up treatment. Less expensive corrective action is usually possible with earlier detection of vision problems. The results of the first year's experience with this program show that approximately 8600 children were screened between September 1982 and

April 1983, and 2600 children needed referral for further care.

ML Chairman, l should also mention that the vision screening equipment is used during the summer months to screen nursing home residents. As a result of last summer's screening program, 251 nursing home residents were diagnosed as having vision problems which could be corrected. This important part of the vision screening program will be available to nursing home residents again this summer.

A second program area of concern in the preventive field, ML Chairman, is that of family planning clinics. With the development of the reproductive health clinic at the Moncton City Hospital, in addition to the clinic at Edmundston, two programs are now available. As resources permit, our priority is to have such clinics available in all areas of the province.

Resources in the dental health program will be redirected this year, Mr. Chairman. The treatment portion of the program provided through the fixed clinics in Moncton, Saint John and Fredericton and the mobile van and trai1er will be phased out this year. As the supply of dentists has grown in the province, so too has the availability of these services to most communities. In 1970 a program was initiated by the Department of Health to assist new dentists to locate in underserviced areas of our province. During the past 12 years, 39 dentists have been attracted to the province by this program and all but three have continued to provide dental services in these designated areas. In the interim, several additional new dentists have located in the urban areas as well, giving the province an acceptable level of dentists. My department is, however, still concerned about the availability of dental services for a number of smaller communities which are presently lacking these services. With this concern in mind, we are proposing to discontinue our dentist settlement grant program and review possible avenues in cooperation with these communities and the dental profession to secure dental services. With the limited funding available this year, the communities which previously had been serviced by our noble program and which still lack dental services will be contacted for priority attention.

The department will also continue to focus on the preventive aspect of the flouride mouth rinse program and the educational activities of the dental hygienists, both of which will ensure improved dental health for our children.

Mental health services have been a continuing priority of this government and in the 1983-84 budget, commitments have been made toward further development. The Southern New Brunswick Mental Health Planning study was completed about one year ago. It has been recognized as the most comprehensive Canadian review of alternative services. These services are required by patients to enable them to function in the community and not be dependent on centralized institutional care. This government is committed to development and implementation of the necessary changes to the system to realize the potentia1 identified in this study. The magnitude and complexity of this effort is such that implementation will take at least five years. These developments will reduce unnecessary reliance on long term hospitalization in psychiatric facilities by shifting the primary focus for treatment and care to regional general hospitals and community-based services. This year the first major steps will be taken toward implementation of the plan.

Preparatory work leading to the redevelopment of the functional program of Centracare will be completed, including determination of staffing requirements. Community services will be developed to facilitate the discharge of 70 patients from Centracare this year. This activity will be planned and implemented jointly with the Department of Social Services. Funding of $500 000 has been budgeted for this purpose.

As the plan proceeds, further attention will be paid to the most effective means of integrating and coordinating the range of mental health services from the community to the institutional level. The extent of the need for additional general hospital psychiatric beds in Saint John, Fredericton and Newcastle Chatham will also be identified. These changes and the ongoing efforts of New Brunswick's mental health professionals will provide New Brunswick residents with a system of mental health services as progressive as any in Canada.

Mr. Chairman, Vital Statistics has implemented improved work processing systems in order to provide a more efficient and effective service to the general public and government. Priority has been given to preparation for the implementation of an automated system of data entry and retrieval. Implementation of the automated vital statistics system will be performed in stages, with Phase I scheduled for completion in

the spring of 1984. This will cover birth registrations from the current year back to 1930. Phase 2, to be undertaken at a future date when additional funding is available, will consist of the remainder of the birth, marriage and death registrations.

Hon. Mr. GALLAGHER: Both Vital Statistics and Public Health provide service to the general public in the form of issuance of various certificates and licenses, the provision of which entail a great deal of administrative effort and cost. In our review of expenditures, it became evident that the cost of these licenses and certificates no longer bear any relationship to the cost of providing the associated services. As a result, vital statistics fees will be increased, as will public health inspection fees. Given the once only nature of the majority of the vital statistics fees and the once a year nature of the public health inspection fees, we are confident these will create no hardship.

Mr. Chairman, since 1974, New Brunswick Ministers of Health have had available to them the sound advice of the Health Services Advisory Council in matters relating to the provision of health services in the province. This council is composed of representatives from a number of health professions as well as from the general public. The council has completed a number of excellent in-depth studies in health related issues and the y are to be commended for the zeal and dedication they have applied to this task.

The council is currently completing reports on the New Brunswick prescription drug program and emergency and outpatient services. Because of the current restraint situation, only limited funding will be available to the council to allow it to complete these two final reports. In a similar vein, the department will limit its spending this year on the bursary program to those students who are continuing into their second year of study. Ambulance grants will be reduced in number, and a variety of other internal restraint measures which have already been put in place in the department will continue during this fiscal year.

Mr. Chairman, while it is evident that the Department of Health has had some belt tightening to do this year, l am confident that the quality of our health care services will remain high and that no citizen will find his access hampered. Furthermore, l am optimistic that with the dedicated professionals, boards of trustees, administrators and volunteers who make up the health system, we will be able to deal productively with the issues that face us all in this important business of delivering health care.