



# Department of Health

**ANNUAL REPORT**  
2022-2023

**Department of Health**  
ANNUAL REPORT 2022-2023

Province of New Brunswick  
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## **TRANSMITTAL LETTERS**

### **From the Minister to the Lieutenant-Governor**

**Her Honour The Honourable Brenda Murphy  
Lieutenant-Governor of New Brunswick**

May it please your Honour:

It is my privilege to submit the annual report of the Department of Health, Province of New Brunswick, for the fiscal year April 1, 2022, to March 31, 2023.

Respectfully submitted,



Honourable Bruce Fitch  
Minister

### **From the Deputy Minister to the Minister**

**Honourable Bruce Fitch  
Minister of Health**

Sir:

I am pleased to be able to present the annual report describing operations of the Department of Health for the fiscal year April 1, 2022, to March 31, 2023.

Respectfully submitted,



Eric Beaulieu  
Deputy Minister

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## MINISTER'S MESSAGE

I am very pleased to present the 2022-2023 Annual Report for the Department of Health.

Over the past year the department has been devoted to working with partners throughout the healthcare system to make necessary improvements.

We have been following through with initiatives under the provincial health plan *Stabilizing Health Care: An Urgent Call to Action* as well as the *Inter-Departmental Addiction and Mental Health Action Plan: Priority Areas for 2021-2025*.

We are thankful and appreciative of the incredible work and care our front-line healthcare workers provide to New Brunswickers every day across the province. We're focused on ensuring they are part of a well-staffed system. That's why we are increasing opportunities for training in New Brunswick for medical and nursing students.

New Brunswickers have been experiencing challenges, and it is evident that our current system has not been functioning at its best.

We launched NB Health Link, a new provincial program that is providing citizens without a permanent primary care provider with access to appointments with a doctor or nurse practitioner until they can be matched with a provider for the long-term.

We established the Health Human Resources Division, an expansion of the Health Workforce Planning branch, which now has a more active, leading provincial role in the promotion, attraction, and recruitment of health professionals across the province and saw net increases in the number of nurses and doctors recruited to the province.

The health system has taken steps to improve access to hip and knee replacement surgeries as well as cataract surgeries, reducing the wait times for these procedures.

A new Emergency Medical Technician program was launched, and recent graduates have started working on ambulances to help with low-acuity transfers so that more paramedics can staff emergency calls.

One-at-a-time therapy was launched with great success in adult and child and youth services helping thousands of people across New Brunswick get access to timely mental health support, reducing the provincial adult mental health wait list and helping them develop a plan to address their problems.

Together, we continue to take steps to follow through on our plans and to improve care – and access to care – for all New Brunswickers.

I remain grateful to staff in the Department of Health and staff with the Horizon and Vitalité health networks and EM/ANB for all their efforts in making improvements that benefit New Brunswickers.



Honourable Bruce Fitch  
Minister of Health

## DEPUTY MINISTER'S MESSAGE

On behalf of the Department of Health, I am pleased to present this year's annual report for the 2022-2023 fiscal year ending March 31, 2023. The report provides details about the work and the accomplishments that have taken place over the past year.

While we will continue to face challenges, we are facing them together and making improvements to a health system that all New Brunswickers rely on. That has included concerted collaboration among all partners in our health system.

The department continues to work with partners to follow through on initiatives under the provincial health plan, *Stabilizing Health Care: An Urgent Call to Action* and the as well as the *Inter-Departmental Addiction and Mental Health Action Plan: Priority Areas for 2021-2025*.

The accomplishments in this annual report are reflective of an entire team working together, from the front lines of the health system to the management. I am encouraged by the dedication, professionalism, and commitment to service that I witness every day.

Those same qualities continue to drive us all.



Eric Beaulieu  
Deputy Minister

## **GOVERNMENT PRIORITIES**

### **Delivering for New Brunswickers - One Team One GNB**

*One Team One GNB* is our vision as an organization and a collaborative approach to how we operate. It is our path forward, and it represents a civil service that is working collectively across departments, professions, and sectors. Together, we are learning, growing, and adapting, and discovering new and innovative ways of doing business. It is enabling us to achieve the outcomes needed for New Brunswickers, and we are working more efficiently and effectively than ever before.

As *One Team One GNB*, we are improving the way government departments:

- communicate with one another,
- work side-by-side on important projects, and
- drive focus and accountability.

### **Strategy and Operations Management**

The Government of New Brunswick (GNB) uses a Formal Management system built on leading business practices to develop, communicate and review strategy. This process provides the Public Service with a proven methodology to execute strategy, increase accountability and continuously drive improvement.

### **Government Priorities**

Our vision for 2022-2023 is a vibrant and sustainable New Brunswick. To make progress towards this vision, we must focus on our government's priorities.

- Energize private sector
- Vibrant and sustainable communities
- Affordable, responsive and high-performing government
- Dependable public health care
- World-class education, and
- Environment.

## HIGHLIGHTS

During the 2022-2023 fiscal year, Department of Health focused on these government priorities through the following actions:

- The department developed a primary health care transformation strategy and 18-month action plan.
- NB Health Link has been rolled out in zones 1, 3 and 5. The patient connect list has been eliminated in zones 1 and 5. 25,958 people have been onboarded to the program and 15,629 are pre-registered in zones where clinics are not yet opened.
- Investments in the insulin pump program saw the age cap removed and continuous glucose monitoring coverage included.
- The scope of practice for pharmacists was expanded and funding for assessment and treatment of minor ailments was added.
- A redesigned New Brunswick Drug Plan was implemented November 1, 2022. The redesigned plan improved affordability for lower-income members and ensured its long-term sustainability.
- The Correctional Services Drug Plan was launched November 2022. The new provincial plan will provide prescription drug coverage for people in the five provincial correctional facilities.
- The Assessment and Prescribing for Paxlovid by Pharmacists program was launched in September 2022.
- Public Health New Brunswick established a regulatory framework and an IT system to support a new cooling tower registry for New Brunswick. The legislation now requires the registration of all cooling towers, and a maintenance plan, and Legionella testing and reporting for all cooling towers to help reduce the risk of Legionella outbreaks.
- Processing time of Medicare applications has been significantly reduced. The average time to process an application in July 2022 was 62.7 days. By January 2023, the average time had significantly reduced to 6.6 days.
- The online Medicare application form was officially launched in March 2023. Leveraging technology in this new way will result in faster processing times.
- Medicare and Physician Services' Out-of-Province (OOP) Medical Team conducted a project to address the backlog of claims for medical services provided by Quebec physicians to New Brunswick residents. The wait time of over 180 days was decreased to well under 60 days to process the claims.
- The Medicare OOP team also streamlined the process for submission and payment of OOP Medical claims. This new process further expedites the payment for out-of-province practitioners providing insured services to New Brunswick residents.
- Health Analytics is leading the development of dashboard visual design standards and a dashboard development and governance process for the rest of GNB.
- Patients can view their general lab results on the MyHealthNB application and website.
- The department continues to improve access to surgery in New Brunswick. In March 2023, the list of those waiting the longest for hip and knee surgery had been reduced from a high of approximately 700 patients to 453 patients. This is largely the result of significant investments made to expand access to surgical services, including the Upper River Valley Hospital initiative to provide knee surgery. The province is on target to eliminate the list of those waiting longer than a year for hip and knee surgery by March 31, 2024.



- Investments have also been made to enhance access to cataract surgery. Beginning in Bathurst, a pilot project, funded in part through the Health Seniors Pilot Project, offers cataract surgery in a clinic setting - and has significantly reduced wait times for cataract surgery in that area.
- As part of the Provincial Health Plan under the Support Seniors to Age in Place pillar, the Home Care Branch worked with EM/ANB and the Department of Social Development to implement enhanced clinical services for residents of Adult Residential Facilities. These services have demonstrated an enhancement in access to care for these residents, a reduction in emergency department visits and admissions to hospital. This service approach will continue to expand to all Adult Residential Facilities.
- In January 2023 the Home Care Branch issued an update to the New Brunswick Extra-Mural Program (EMP) Provincial Policy Manual that provides the framework and policies for the management and delivery of EMP home health care services. This Provincial Policy Manual provides policy direction for access and provision of safe, reliable, consistent, and standardized quality home health care services to all New Brunswickers.
- In 2022-2023 the Home Care branch worked in collaboration with EM/ANB to implement the role of nurse practitioner within the Extra-Mural Program interdisciplinary team. The nurse practitioner enhances medical support/direction in home health care management, provides access to medical advice and direction for medical care, and supports patients without a primary care provider who require EMP services.
- In February 2023, a lung cancer screening program to aid in early detection of lung cancer in high-risk patients and to reduce the burden of cancer in New Brunswick was initiated.
- The Addictions and Mental Health Services Branch provided a three-year grant to Ability New Brunswick to set up a mental health peer mentor program for individuals with disabilities who are also experiencing mental health challenges.
- The department collaborated with New Brunswick Deaf and Hard of Hearing Services Inc. to support a project to provide direct care which is linguistically and culturally accessible. (This includes providing treatment to nursing programs, two part-time therapists and a part-time supervisory psychiatrist.)
- The department developed trauma-informed care training for all emergency department staff to better respond to mental health crises.
- The department transitioned out of crisis response for COVID-19 and launched COVIDWATCH.
- In September 2022, the department expanded navigation services for internationally educated health care professionals, modelled on the successful internationally educated nurse navigation service.
- In February 2023, the department led a successful long-term care recruitment mission to the Philippines, where eight nursing homes recruited over 200 workers as resident care attendants and nurses.
- In March 2023, a new health recruitment website was launched to increase New Brunswick's value proposition as a place for health care workers and their families to come, work and live. Associated with this, a marketing campaign to drive traffic to the website to increase New Brunswick's national market share as a destination of choice for health workers and their families was launched.

## PERFORMANCE OUTCOMES

The information below outlines some of the Department of Health's priorities and how we measured our performance.

### 1. Connecting More People with Primary Health Care

#### Description of the Priority

The New Brunswick Health Plan, *Stabilizing Health Care: An Urgent Call to Action*, focuses attention on stabilizing and rebuilding New Brunswick's health care system to be more citizen-focused, efficient, accountable, inclusive, and service-oriented. Strong primary health care ensures that citizens can get the health care they need, when they need it and in the right place by the right provider.

#### Importance of the Priority

Many people across New Brunswick are currently waiting for access to a family doctor or nurse practitioner, which is causing strain on emergency departments and walk-in clinics while negatively impacting people's wellbeing. Access to primary health care is fundamental to helping citizens and their families better manage health conditions and to reducing pressures on more expensive and resource-intensive acute care service.

#### Overall Performance

In New Brunswick, 85.4% of citizens have a primary care provider, either a family doctor or a nurse practitioner; and 34% of citizens have access to their provider within 5 days (2022 edition of the Primary Care Survey, NBHC). Efforts continue to increase to 90.9% the percentage of citizens who have access a regular primary care provider and increase to 55.8% access to their provider within 5 days.

#### What initiatives or projects were undertaken in the reporting year to achieve the outcome?

The Department of Health, in collaboration with health care partners and communities across the province, continued work on several initiatives to improve access to primary care with innovative new approaches.

**NB Health Link** – This new program aims at providing access to health care for New Brunswickers who don't have a family doctor or nurse practitioner (NP). This network helps connect its registered patients to the health care they need, with in-person, telephone or online appointments in the official language of the patient's choice. It is supported by a centralized health record that follows patients with each of their appointments while they wait for a longer-term placement with a family physician or nurse practitioner. The implementation is developed in stages; it began in Health Zone 1: Moncton/South-East Area on July 11, 2022, and has since expanded into Health Zone 3: Fredericton and River Valley Area, and Zone 5: Restigouche Area. The program will continue to expand across the province. As of March 31, 2023, a total of 24,363 patients were registered allowing for 6,777 patient visits. Additionally, as of March 31, 2023, 24,363 patients were removed from Patient Connect NB list and registered by SNB agents to NB Health Link. Another 9,502 were removed from list as SNB agents confirmed they already had a provider. Calls continue in order to complete the list and transfer to NB Health Link. NB Health Link will be replacing Patient Connect NB, which will be dismantled.

**Expanded Role of Pharmacists** – The Department continued to implement a program that began on October 1, 2021, where pharmacists are publicly funded to assess symptoms and prescribe medication for a variety of health conditions often referred to as minor ailments. This initiative gives

eligible New Brunswick residents access to treatment at participating pharmacies without needing to attend a doctor's office or after-hours clinic. Efforts also continued to include seven additional minor ailments to the scope of practice, considering pharmacists are among the most accessible front-line health care providers. As of March 31, 2023, pharmacists had provided:

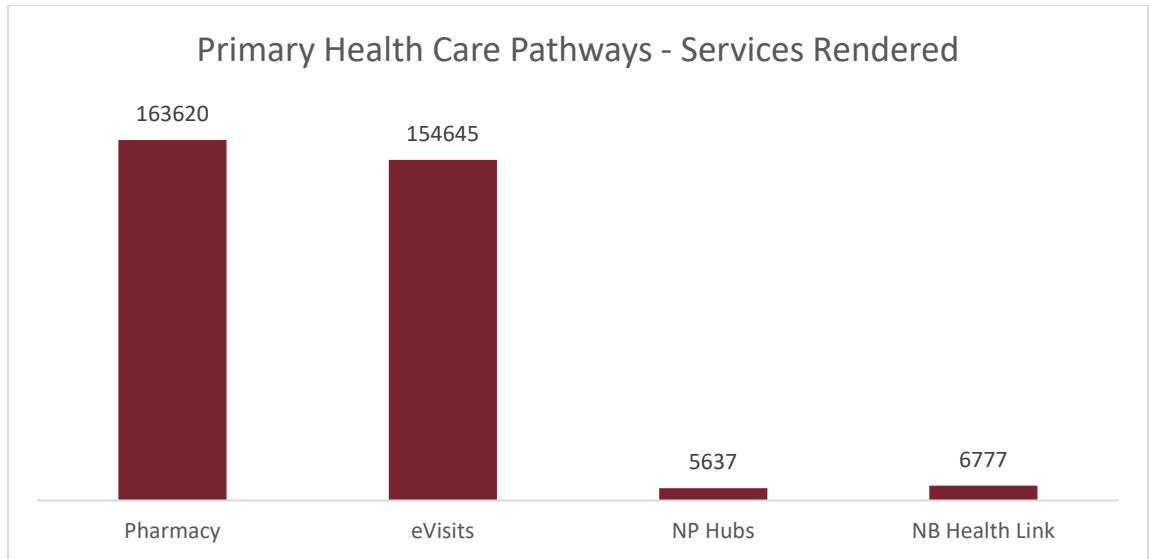
- 11,573 urinary tract infection assessments;
- 216,821 prescription renewals;
- 524 assessments for contraception; and
- 666 shingles assessments.

**eVisitNB** – Since January 2022, New Brunswickers with a valid Medicare card can access virtual essential primary care services through eVisitNB at no charge. 154,645 services were offered by eVisitNB in the 2022-2023 fiscal year.

**Recruitment of physicians** – The Department has stepped up recruitment efforts to increase the number of physicians recruited by approximately 20%. There were 119 physicians recruited as of March 31, 2023, compared to 100 physicians at the same time in 2022.

**Recruitment of nurses** – The government's efforts to support the recruitment and training of nurses included:

- Expediting the registration process for nurses working across Canada to ensure nurses working in other jurisdictions can work in our province sooner.
- Continuing to work on implementing an expedited process for the registration and licensing of internationally educated nurses.
- Establishing the *Step Up to Nursing* learning model to help produce more licensed practical nurses (LPN) and registered nurses (RN). The initiative is a workplace-based, wage-supported learning model where participants work part-time in the health-care system while completing one of two program streams: from personal support worker (PSW) to LPN, or from LPN to RN.
- Establishing navigation services for internationally educated nurses.
- Signing 10-year performance-based agreements with Université de Moncton and the University of New Brunswick to increase the number of nursing graduates by 85 per year.
- Increasing the number of seats for bridging programs that help licensed practical nurses apply directly to a Bachelor of Nursing program.
- Doubling the seats in the University of New Brunswick's master's program for nurse practitioners.
- Increasing educational opportunities through partnerships with Beal University in Maine and with Oulton College in Moncton.



## 2. Improve access to addiction and mental health services

### Description of the Priority

As stated in the provincial health plan, the *Inter-Departmental Addiction and Mental Health Action Plan – Priority areas for 2021–2025* recognized the need for improving access and matching individuals to appropriate mental health care. This plan established a framework to guide and align initiatives and priorities, as well as to foster increased collaboration among our stakeholders and partners in the delivery of mental health services.

### Importance of the Priority

The *Inter-Departmental Addiction and Mental Health Action Plan* indicated that, over the previous five years, there was a 16 per cent increase in demand for addiction and mental health services (9 per cent for adults and 33 per cent for youth). Wait times for new high-priority addiction and mental health referrals were on the rise, with less than 50 per cent of high-priority cases receiving treatment within national benchmarks. This, coupled with an estimated 51 per cent of New Brunswickers identified as being at risk of developing negative mental health impacts because off the unprecedented COVID-19 pandemic, suggests that the need for services will continue to climb.

### Overall Performance

The department introduced several resources to improve access, leading to the following results:

- The implementation of One-at-a-Time Therapy in all community addiction and mental health adult and child/youth settings. Added 53 new social workers in total impacting the median wait time by decreasing from 27.5 days to 6 days for adults and from 20 days to 8 days for children and youth. Overall, the new service led to a dramatic decrease (62 per cent) in the number of New Brunswickers waiting for services province-wide.
- The recruitment of professionals and establishment of partnerships with police forces for Mobile Crises Services are completed. This initiative enhances access to a range of crisis

intervention services in the person's own environment or the environment of their choice through a coordinated effort of rapid response to mental health crisis in the community. It also aims to redirect individuals away from lengthy and resource-intensive hospital emergency services, to reduce the number of *Mental Health Act* apprehensions by police, and to reduce wait times for police in emergency departments. This approach allowed for mental health crises to be managed in the community through joint interventions with police/RCMP approximately 84% of the time in 2022.

- An additional 60 ER mental health staff are now working in emergency departments across the province so that people experiencing addiction or mental health crises receive more timely support through an established mental health-care team and coordinated follow-ups with community services.
- Six additional treatment beds at Campbellton's Addiction and Mental Health Live-In Rehabilitation Centre were built to support people needing a high-intensity recovery program.

### **What initiatives or projects were undertaken in the reporting year to achieve the outcome?**

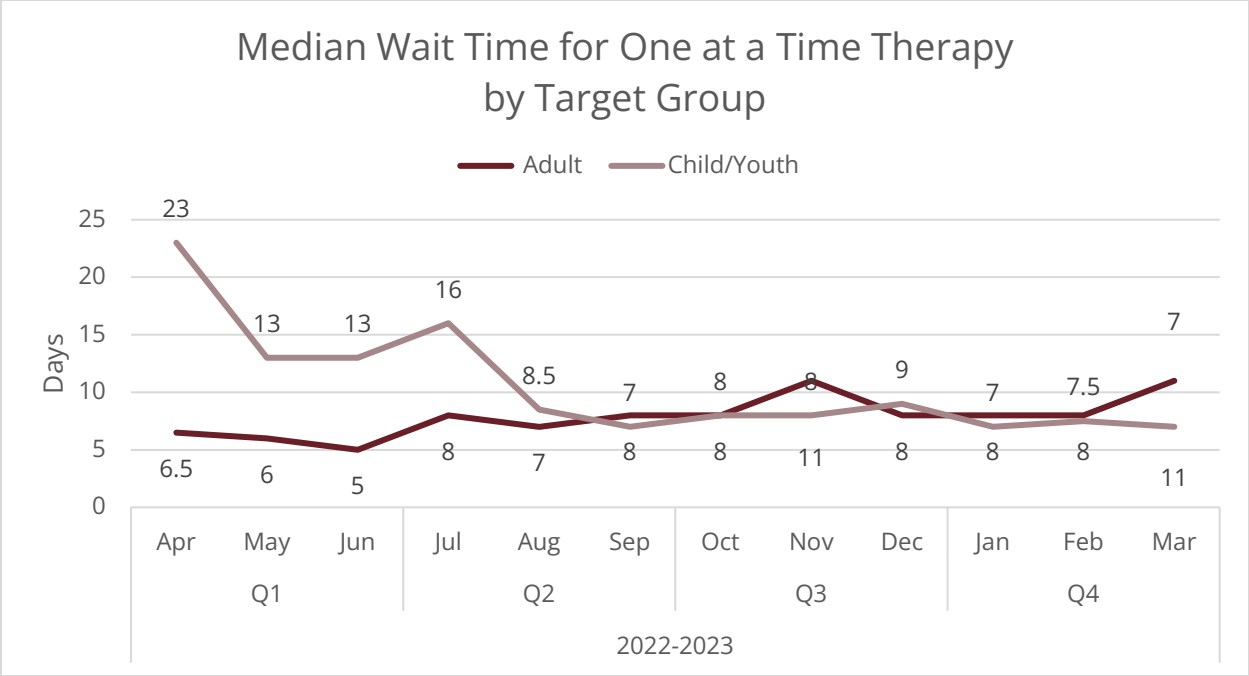
***New Brunswick Addiction and Mental Health Helpline*** – The Department continues to work on the operationalization of a new helpline that will provide a free, confidential, bilingual, 24-hour service for those looking to speak to someone about concerns related to mental health and addictions. The helpline will be launched in the Summer 2023, which will provide information, prevention education, crisis intervention and navigation/referrals to community and government services. Training is provided to a team of clinicians called care coaches who will be able to offer information, support and guidance. The care coaches include licensed clinical therapists, social workers, registered nurses and other professionals who have education and experience in social services, mental health and/or addictions. The intent is for the crisis-related calls to be de-escalated by professionals and diverted away from local emergency departments and 911.

***Mental Health Staff in Emergency Departments*** – Individuals presenting to emergency departments with addiction and mental health crises have been increasing steadily for years. The Department provided funding support to both regional health authorities to expand the Emergency Department Mental Health Care Team.

***Planet Youth*** – New Brunswick has committed to implementing Planet Youth as a five-year pilot project in four initial locations: Woodstock, Saint John, Kent County, and the Acadian Peninsula. This program has helped to decrease drug and alcohol usage among young people in other countries. Planet Youth's method focuses on solutions that includes a bi-annual survey; a first survey was administered to participating grade 10 students and Action Teams were formed within each pilot site with a wide variety of stakeholders.

***Bridge the gapp*** – The Department of Health continued its focus on increasing awareness and promoting the use of the website Bridge the gapp as a mental health and addiction resource to help New Brunswickers access services, gain information, and navigate the system. Users can sign up for online programming, find various self-help tools and resources, locate local services, and even share with others what has helped them. A promotional campaign was held in April and May 2022.

***One-at-a-Time Therapy*** – After rolling out the service for adults in March 2022, the One-At-a-Time Therapy was implemented in December 2022 by all Child-Youth Teams in New Brunswick. This new approach is designed to improve accessibility to mental health and addiction services for children, youth and their families.



	Baseline	Target	Actual (2022-2023)
Adult	27.5d (2021-2022)	<10d	11
Child/Youth	20d (2022-2023)	<10d	7

### 3. Increase access to surgery

#### Description of the Priority

Access to surgery relates to the waiting time for a surgical procedure. For surgeries like hip, knee and cataract surgery, there are associated national benchmarks used to measure if surgeries are being performed within a medically accepted recommended timeframe. New Brunswick has been falling behind national timelines, particularly for hip and knee replacement surgeries.

One of the objectives is for the list of citizens waiting more than a year for hip and knee replacement surgery to be decreased by 50% by June 30, 2023, and completely eliminated by March 31, 2024, with no one waiting more than a year for the service. Another objective is to increase by half the percentage of surgeries completed within benchmark for all prioritized surgeries in New Brunswick by December 31, 2023.

#### Importance of the Priority

Access to surgeries is a key focus of the Provincial Health Plan. New Brunswick’s population is aging, with nearly 20 per cent more seniors than the rest of Canada. This gap is expected to grow and based on current projections, nearly one-third of New Brunswick’s population will be over the age of 65 by the late-2030s. As citizens age, the number of procedures for hip replacements, knee replacements, and cataract surgeries have been on the rise.

In New Brunswick, only 34 per cent of hip replacement surgeries and 26 per cent of knee replacement surgeries were completed within the national benchmark of six months from the time the orthopedic

surgeon agrees to operate. On average, 72 per cent of Canadians receive these surgeries within six months of being referred.

### **Overall Performance**

Since April 2022, there has been an increase in the number of hip and knee replacement surgeries completed. This increase is starting to translate into a decrease in the number of orthopedic surgeries waiting to be performed. As of March 31, 2023, the volume of those waiting more than a year for hip and knee replacement surgeries had decreased from 700 to 453 (according to the Surgery Report sent on April 3, 2023) patients. Also, efforts continue to close the gap as it relates to performing surgeries within the national benchmarks.

### **What initiatives or projects were undertaken in the reporting year to achieve the outcome?**

***Upper River Valley Initiative*** – Increased access to knee surgeries in the Upper River Valley area, thanks to the collaboration between surgeons and staff in Waterville and Fredericton hospitals. The initiative was launched on December 13, 2022, and as of March 31, 2023, 75 (according to the Surgery Report sent on April 3, 2023) knees had been completed, of which 35 (or 47 per cent) had been waiting more than one year. Once fully operational, up to eight knee surgeries per week could be completed by staff in Waterville. This program is estimated to serve an additional 360 knee replacement patients in one year, as well as reduce wait times and improve the patient experience.

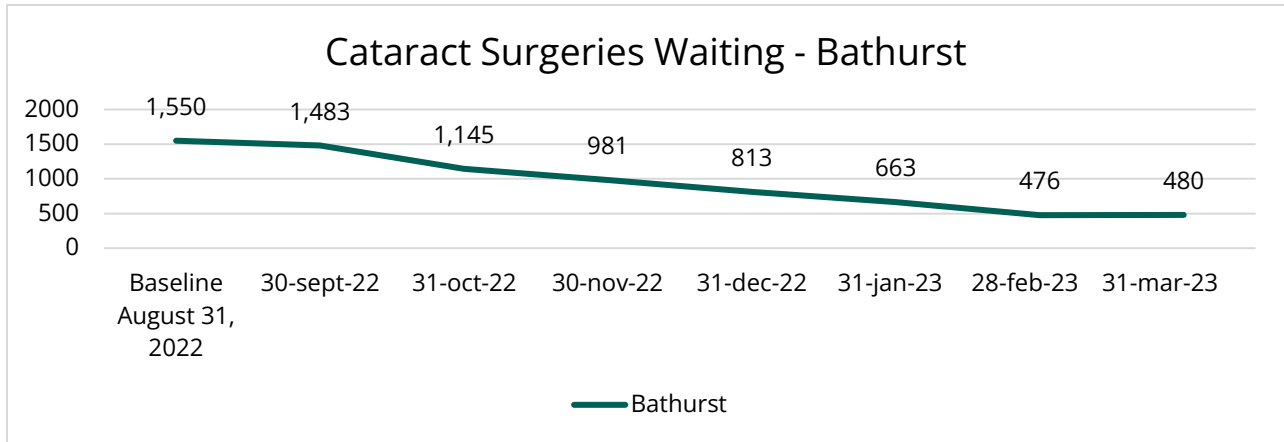
***Implementation of an Enhanced Recovery After Surgery (ERAS)*** – ERAS is a set of well-established best practice guidelines for patients undergoing surgery. Use of the ERAS protocol helps to shorten the length of hospital stay, decrease costs, reduce the risk of postoperative complications and readmissions, and improve the patient experience. The program has been implemented for hip and knee replacement surgery patients in Saint John and for colorectal surgery patients in the following institutions:

- Chaleur Regional Hospital
- Dr. Georges-L.-Dumont University Hospital
- The Moncton Hospital
- Edmundston Regional Hospital – Colorectal Surgery
- Chaleur Regional Hospital – Colorectal Surgery

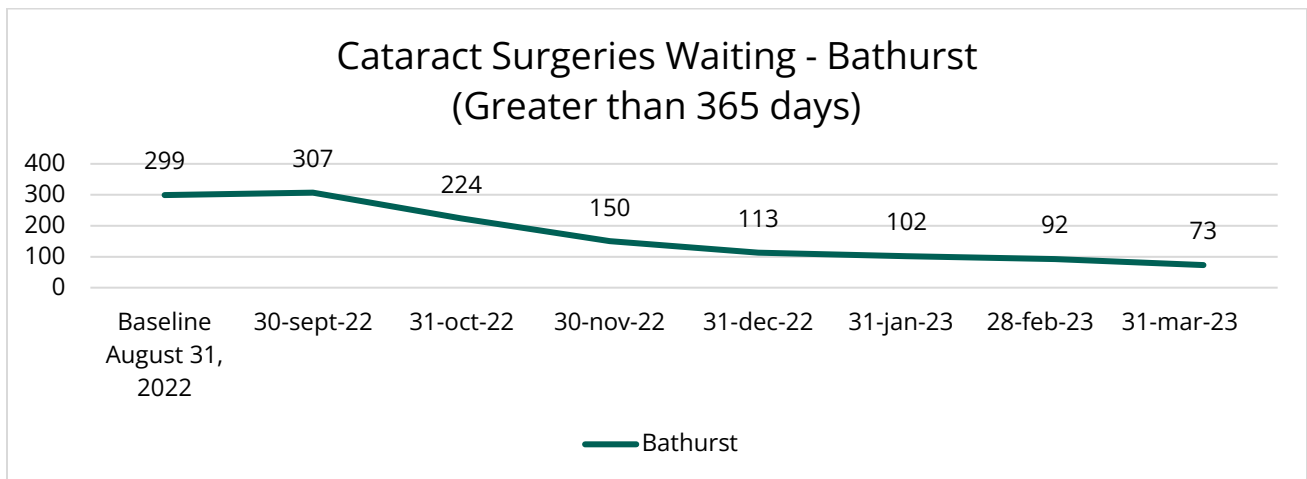
***High-intensity interval theatre (HIIT) initiative*** – Surgical teams in Fredericton, Miramichi, Moncton and Saint John completed a “blitz” of surgeries – primarily hip and knee replacements – on Saturdays from November 2022 to the end of March 2023. This allowed for 96 long waiting hip and knee surgeries to be completed. Typically, operating rooms do not run planned surgeries on weekends.

***Cataract Surgery Initiative*** – In September 2022, a two-year pilot project was launched to have cataract surgery performed at a clinic in Bathurst, increasing the number of cataract surgeries per week to about 75 from the current 30. This initiative enhances access to cataract surgery and helps clear the backlog of patients who have been waiting over a year for this procedure. Funded in part through the Healthy Seniors Pilot Project (HSPP), results of the pilot will allow consideration of additional cataract surgery clinics in future years.

WAITING VOLUMES	BASELINE AUGUST 31, 2022	30-SEP-22	31-OCT-22	30-NOV-22	31-DEC-22	31-JAN-23	28-FEB-23	31-MAR-23	REPORTING PERIOD
Bathurst	1550	1483	1145	981	813	663	476	480	Monthly
New Brunswick	7046	6965	6669	6996	6937	6867	6969	6958	



WAITING VOLUMES	BASELINE AUGUST 31, 2022	30-SEP-22	31-OCT-22	30-NOV-22	31-DEC-22	31-JAN-23	28-FEB-23	31-MAR-23	REPORTING PERIOD
Bathurst	299	307	224	150	113	102	92	73	Monthly
New Brunswick	554	574	536	505	527	581	581	602	

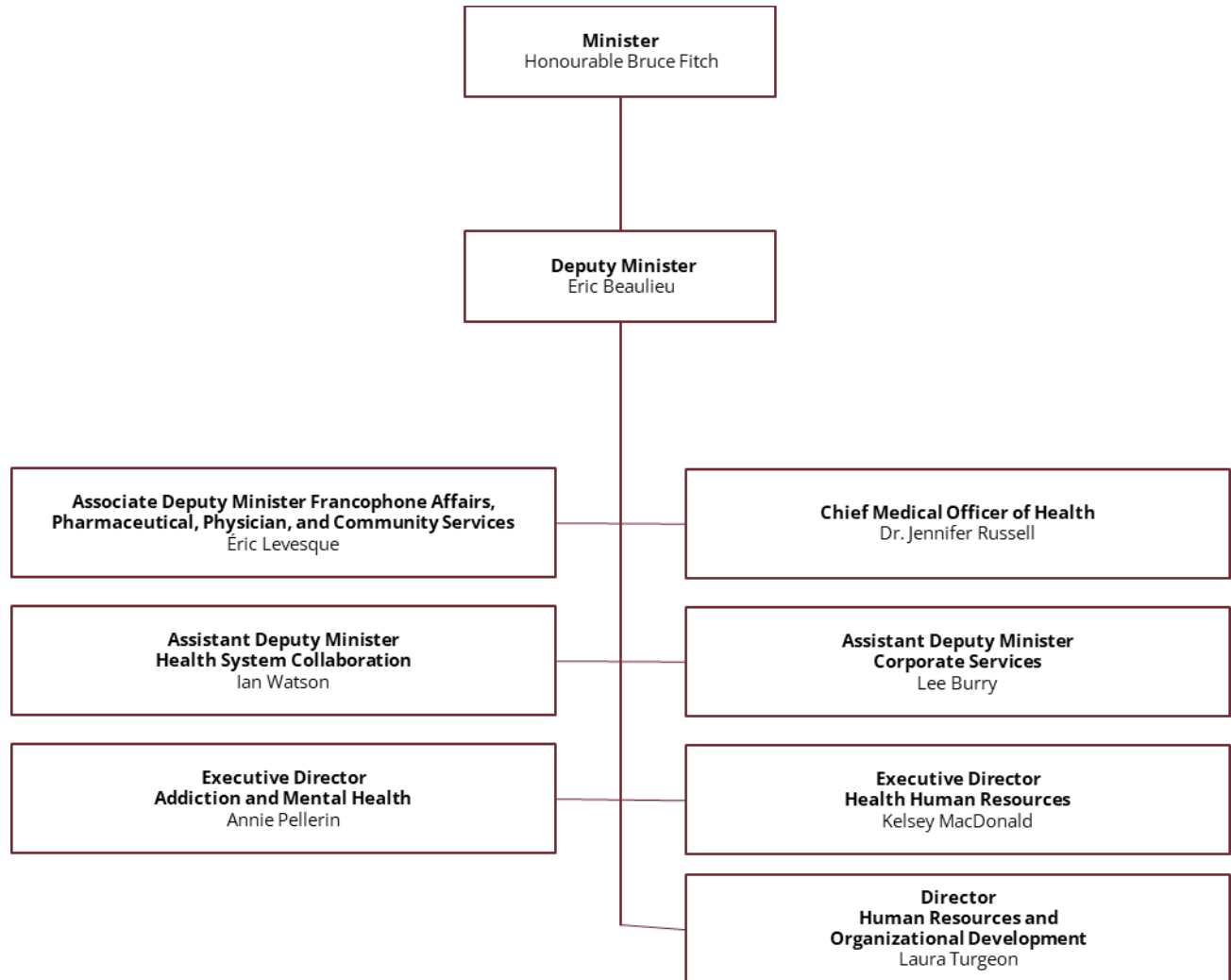




## OVERVIEW OF DEPARTMENTAL OPERATIONS

The mission of the Department of Health is to keep people healthy, prevent illness, and provide timely and appropriate health services. This is accomplished by empowering employees, health professionals, and partners to transform the system to focus on the health and well-being of New Brunswickers.

### High-Level Organizational Chart



## DIVISION OVERVIEW AND HIGHLIGHTS

### Francophone Affairs, Pharmaceutical, Physician and Community Services

The Francophone Affairs, Pharmaceutical, Physician, and Community Services Division has oversight of community health care programs and services. It likewise oversees activities related to pharmaceutical services and Medicare and physician services. The division ensures the delivery of quality health services in both official languages to all New Brunswickers.

The **Pharmaceutical Services Branch** manages two publicly funded drug programs: the New Brunswick Prescription Drug Program and the New Brunswick Drug Plan. It is also responsible for the development and delivery of pharmaceutical policies, programs and services; sets strategic direction and policies for publicly funded drug programs and initiatives; manages and monitors drug program related agreements; and supports programs and initiatives of other branches of the Department of Health.

The **Medicare and Physician Services Branch** plans, develops, implements, and oversees activities related to Medicare Eligibility and Claims, Medicare Insured Services, and Physician Remuneration.

The mission of **Public Health** is to improve, promote and protect the health of the people of New Brunswick. Public Health supports creating a healthy, resilient, and flourishing population in New Brunswick. Public Health is responsible for the overall direction of public health programs in the province and works collaboratively with the regional health authorities and other government and non-government health services providers. Its core functions are health protection, disease and injury prevention, surveillance and monitoring, health promotion, public health emergency preparedness and response, and population health assessment.

The Prevention and Control Unit is responsible to prevent communicable and non-communicable diseases; oversee the publicly funded vaccine supply and distribution, substance use and related harms; and support incident command for provincial outbreaks.

The Well-being, Legislation and Standards Unit supports creating a healthy, resilient, and flourishing population. This work is accomplished through the development of legislation and policy, and collaboration with partners to protect health, promote well-being, and support actions on climate change.

The COVID-19 Response Team is responsible for supporting the provincial public health COVID-19 response by developing and defining public health measures to minimize the spread and negative impacts of COVID-19 and supporting the development of policy and programs with GNB and external stakeholders.

The **Primary Health Care Branch** is responsible for the following three units: Community Health and Chronic Disease Management, Strategy and Innovation, and Healthy Aging. It is the focus point for community-based initiatives with a strong emphasis on chronic disease prevention, management and primary health care renewal.

## FINANCIAL INFORMATION

	BUDGET	ACTUAL EXPENDITURES
<i>Francophone Affairs, Pharmaceutical, Physician and Community Services</i>	\$ 1,222,678,500	\$ 1,245,540,000

### Medicare payments by practitioner payment modality and average remuneration by specialty, 2022-2023

SPECIALTY	FEE-FOR-SERVICE PAYMENTS	CAPITATION PAYMENTS	SALARY	SESSIONAL OR ALTERNATIVE PAYMENTS	BENEFITS	TOTAL PAYMENTS	AVERAGE REMUNERATION*
~Other Specialties **	7,926,438	-	13,666,286	11,538,428	643,798	33,774,949	465,330
Anatomical Pathology	347,171	-	8,675,238	4,521,387	188,046	13,731,843	421,801
Anesthesiology	23,458,317	-	5,061,868	3,541,779	549,600	32,611,563	414,341
Cardiology	12,693,834	-	821,064	1,449,453	144,492	15,108,843	553,055
Dermatology	5,345,004	-	-	71	47,180	5,392,255	536,622
Diagnostic Radiology	56,019,030	-	-	15,446	305,304	56,339,781	759,858
Emergency Medicine	633,770	-	-	4,079,238	119,892	4,832,899	399,406
Gastroenterology	10,395,411	-	-	150,533	82,575	10,628,518	664,248
General Internal Medicine	6,628,215	-	3,673,564	2,486,022	175,466	12,963,267	439,754
General Pathology	71,083	-	2,347,324	1,430,311	24,752	3,873,470	426,775
General Practice	148,422,258	4,673,388	27,693,724	87,481,929	7,232,881	275,504,180	313,808
General Surgery	18,639,045	-	1,612,018	2,677,270	1,292,789	24,221,122	512,151
Geriatric Medicine	103,464	-	3,893,980	61,549	27,909	4,086,902	339,098
Hematology	449,010	-	3,260,076	7,990	195,893	3,912,969	483,659
Infectious Disease	214,803	-	2,426,600	178,018	14,717	2,834,138	352,422
Internal Medicine	2,735,693	-	2,786,993	2,144,010	151,994	7,818,691	367,309
Medical Oncology	236,294	-	6,871,024	12,566	1,251,039	8,370,923	440,575
Neonatal	702,615	-	2,349,033	-	31,951	3,083,599	299,439

SPECIALTY	FEE-FOR-SERVICE PAYMENTS	CAPITATION PAYMENTS	SALARY	SESSIONAL OR ALTERNATIVE PAYMENTS	BENEFITS	TOTAL PAYMENTS	AVERAGE REMUNERATION*
Perinatal Medicine							
Nephrology	9,053,765	-	-	129,412	55,282	9,238,459	575,233
Neurology	3,696,638	-	4,542,287	85,680	245,526	8,570,132	403,255
Neurosurgery	157,927	-	-	5,138,832	127,474	5,424,233	667,188
Obstetrics & Gynecology	15,307,497	-	2,756,297	166,000	1,116,189	19,345,982	415,357
Ophthalmology	28,682,493	-	-	173,988	809,750	29,666,231	897,430
Orthopedic Surgery	18,539,584	-	-	154,140	627,670	19,321,394	452,559
Otol-Head & Neck Surgery	10,829,434	-	2,051	61,573	190,614	11,083,672	589,823
Pediatrics	6,011,414	-	10,636,209	100,981	232,367	16,980,970	351,528
Physical Medicine & Rehab	2,704,775	-	1,848,584	1,358,948	102,622	6,014,928	455,041
Plastic Surgery	6,482,555	-	-	-	111,068	6,593,623	437,988
Psychiatry	12,805,437	-	31,052,063	286,516	358,572	44,502,588	492,767
Radiation Oncology	1,130,924	-	4,077,568	1,200	28,007	5,237,698	521,670
Respirology	5,856,029	-	1,979,066	1,391,826	93,488	9,320,409	569,665
Rheumatology	2,859,656	-	2,117,232	37,741	81,029	5,095,659	363,988
Urology	11,475,538	-	658,481	106,038	194,499	12,434,556	588,238
Vascular Surgery	5,071,014	-	-	89,071	88,307	5,248,392	583,143
<b>Total</b>	<b>435,686,132</b>	<b>4,673,388</b>	<b>144,808,632</b>	<b>131,057,945</b>	<b>16,942,742</b>	<b>733,168,838</b>	<b>486,898</b>

\* Only practitioners with \$100,000 or more in earnings are included in the average remuneration

\*\* "Other Specialties" are all specialties with fewer than 10 practitioners; they include:

Cardiac Electrophysiology, Cardiac Surgery, Child & Adolescent Psychiatry, Clinical Immunology & Allergy, Colorectal Surgery, Critical Care Medicine, Forensic Pathology, Forensic Psychiatry, Geriatric Psychiatry, Gynecologic Oncology, Hematological Pathology, Hematology, Interventional Cardiology, Maternal-Fetal Medicine, Medical Biochemistry, Medical Genetics and Genomics, Medical Microbiology, Neonatal-Perinatal Medicine, Neuropathology, Nuclear Medicine, Pain Medicine, Palliative Medicine, Pathology, Public Health & Preventive Medicine, Thoracic Surgery

Data Source: Medicare Decision Support System (MDSS)

<b>COUNT OF PHYSICIANS PRACTISING ON MARCH 31, BY YEAR, BY SPECIALTY</b>			
<b>SPECIALTY</b>	<b>NUMBER OF PHYSICIANS</b>		
	<b>MARCH 31, 2021</b>	<b>MARCH 31, 2022</b>	<b>MARCH 31, 2023</b>
Anatomical Pathology	32	34	28
Anesthesiology	76	80	79
Cardiac Electrophysiology	2	2	2
Cardiac Surgery	7	7	8
Cardiology	29	28	30
Child & Adolescent Psychiatry	3	3	3
Clinical Immunology & Allergy	1	-	0
Colorectal Surgery	1	1	1
Critical Care Medicine	3	3	5
Dermatology	13	13	12
Diagnostic Radiology	63	67	62
Emergency Medicine	10	10	13
Endocrinology & Metabolism	8	7	6
Forensic Pathology	2	1	1
Forensic Psychiatry	1	1	1
Gastroenterology	18	16	16
General Internal Medicine	29	30	31
General Pathology	10	9	9
General Practice / Family Medicine	875	906	937
General Surgery	44	44	46
Geriatric Medicine	12	13	13
Geriatric Psychiatry	2	2	2
Gynecologic Oncology	4	4	4
Hematological Pathology	3	2	4
Hematology	9	8	8
Infectious Diseases	5	7	8
Internal Medicine	17	21	20
Interventional Cardiology	1	1	2
Maternal-Fetal Medicine	8	8	8
Medical Biochemistry	2	2	2
Medical Genetics and Genomics	2	2	2
Medical Microbiology	8	8	8

COUNT OF PHYSICIANS PRACTISING ON MARCH 31, BY YEAR, BY SPECIALTY			
SPECIALTY	NUMBER OF PHYSICIANS		
	MARCH 31, 2021	MARCH 31, 2022	MARCH 31, 2023
Medical Oncology	17	17	16
Neonatal-Perinatal Medicine	2	7	9
Nephrology	13	13	15
Neurology	21	22	23
Neuropathology	1	1	1
Neurosurgery	10	10	9
Nuclear Medicine	5	5	5
Obstetrics & Gynecology	43	46	48
Ophthalmology	31	29	34
Orthopedic Surgery	47	45	47
Otolaryngology (Head & Neck Surgery)	18	20	19
Palliative Medicine	7	7	6
Pathology	0	0	1
Pediatrics	57	56	51
Physical Medicine & Rehabilitation	15	15	15
Plastic Surgery	17	18	18
Psychiatry	94	93	89
Public Health & Preventive Medicine	4	4	4
Radiation Oncology	11	11	11
Respirology	14	15	18
Rheumatology	14	14	14
Thoracic Surgery	4	4	4
Urology	21	22	23
Vascular Surgery	7	8	9
<b>General Practice / Family Medicine</b>	<b>875</b>	<b>906</b>	<b>937</b>
<b>Specialists</b>	<b>898</b>	<b>916</b>	<b>923</b>
<b>Total</b>	<b>1,773</b>	<b>1,822</b>	<b>1,860</b>

Data Source: Medicare Decision Support System (MDSS)

**COUNT OF REGISTERED NURSES (RNS) & LICENSED PRACTICAL NURSES (LPNS), BY EMPLOYMENT STATUS ON MARCH 31ST**

<b>Registered Nurses<sup>1</sup></b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
Full-Time	4,369	4,195	4,049
Part-Time	1,588	1,537	1,499
Casual	1,002	1,289	1,221
<b>Total RNs</b>	<b>6,959</b>	<b>7,021</b>	<b>6,769</b>
<b>Licensed Practical Nurses<sup>2</sup></b>			
Full-Time	1,103	1,102	1,202
Part-Time	605	589	602
Casual	282	371	494
<b>Total LPNs</b>	<b>1,990</b>	<b>2,062</b>	<b>2,298</b>

<sup>1</sup> Employed by the regional health authorities or EM/ANB Inc.

<sup>2</sup> Employed by the regional health authorities

Data Source: Human Resources Database (HRDB)

## Health System Collaboration

The **Health System Collaboration Division** has oversight of programs and services across the continuum of acute health care within the two regional health authorities and for services delivered by EM/ANB, Inc. The division also oversees the Health Emergency Management Branch as well as the Psychiatric Patient Advocate Services Branch.

The **Acute Care Branch** provides oversight of clinical operations within hospitals and other acute care settings, working with the regional health authorities on the planning and delivery of acute healthcare services and related provincial programs, including Trauma NB, the NB Heart Centre and Perinatal NB. The branch is directly responsible for the New Brunswick Cancer Network, which manages an evidence-based strategy for all elements of cancer care, including prevention, screening, treatment, follow-up care, palliative care, education and research.

The **Home Care Branch** is responsible for overseeing the Extra-Mural Program (EMP) – one component of the services offered by EM/ANB, Inc. EMP is a provincial home health care program with a mission to provide a comprehensive range of coordinated health care services for individuals of all ages for the purpose of promoting, maintaining or restoring health within the context of their daily lives, and to provide palliative services to support quality end of life care for individuals with progressive life-threatening illnesses. The branch also supports other out-of-hospital and home-based care programs, including residential hospice services.

The **Ambulance and Transport Services Branch** supports the provision of safe, appropriate ambulance services provided by EM/ANB. This is accomplished through planning, funding and monitoring of the ambulance system. The branch also sets standards and provides medical direction for ambulance services in its role as regulator for the ambulance system.

The **Health Emergency Management Branch** ensures that the Department of Health is prepared for major events affecting the health care system, ensuring comprehensive internal preparedness, mitigation, response and recovery efforts that are aligned and connected with emergency management activities within the health care system and with other sectors of government.

The **Psychiatric Patient Advocate Services Branch** is legislated under the *Mental Health Act* to offer advice and assistance to persons who are detained involuntarily due to serious mental illness. Responsibilities include informing patients of their rights, representing the patients' interests at tribunal and/or review board hearings and ensuring that the *Mental Health Act* and the rights of patients are always respected.



FINANCIAL INFORMATION

	<b>BUDGET</b>	<b>ACTUAL EXPENDITURES</b>
<i>Health System Collaboration</i>	\$ 1,870,605,000	\$ 2,082,313,923

## Corporate Services

The **Corporate Services Division** provides advice, support and direction on corporate-related matters including financial services, contract management, corporate support services and information technology services. It is responsible for the management of health-related capital construction projects, capital equipment acquisitions, priority management, policy and legislation, and analytics.

The division oversees the following branches: Strategy and Priority management, Corporate Support and Infrastructure; Financial Services; Policy and Legislation; Federal-Provincial-Territorial Relations and Atlantic Collaboration, Shared Analytics, and Innovation and eHealth.

The **Financial Services Branch** reviews budget proposals and decisions; forecasts expenditures and revenues; prepares budget submissions and quarterly statements; ensures expenditures and revenues are properly recorded; and carries out other financial analysis and processes.

The **Corporate Support and Infrastructure Branch** is responsible for facilities management, strategic procurement, contract management, vehicle management, identification cards, security, parking, and telephones. It is also responsible for privacy, records and information management, the departmental library, the mailroom, translation and interpretation services, and for managing the Third-Party Liability Unit, which recovers health care costs associated with personal injury claims caused by negligent acts.

The **Strategy and Priority Management Branch** is responsible for strategic planning and alignment within the department and across the health system. The branch leads strategy, organizational performance and continuous improvement efforts at the Department of Health by providing organizational expertise in the areas of project and portfolio management, change management, innovation, continuous improvement, internal communications and stakeholder engagement.

The branch includes the Continuous Improvement Unit, leading the implementation and management of the department's formal management system using Lean Six Sigma processes. It also includes the Stakeholder and Employee Engagement Unit, which leads efforts to build community at the department, to create connections among staff and partners, and to empower people to succeed in the execution of departmental and health system priority projects, including those related to the Provincial Health Plan.

The **Policy and Legislation Branch** serves as a support for the department in developing the public policies that underpin programs and operations and develops public legislation related to health. The branch prepares responses to requests under the *Right to Information and Protection of Privacy Act* and coordinates appointments to the agencies, boards and commissions within the responsibility of the department. The branch supports the minister in meeting obligations to the Legislative Assembly and its committees, provides legislative oversight of private health professions, administers the *Cemetery Companies Act*, and prepares the majority of the minister's correspondence. Finally, the branch coordinates all requests for legal opinions and acts as the point of contact for litigation and human rights complaints involving the department.

The **Federal-Provincial-Territorial Relations and Atlantic Collaboration Branch** is the department's lead for intergovernmental relations with the federal government and other provinces and territories. The branch supports the minister and deputy minister in advancing New Brunswick's priorities at health ministers' meetings and council of deputy ministers' meetings. The branch collaborates with Atlantic colleagues to identify potential opportunities for the advancement of Atlantic priorities as identified by ministers and deputy ministers. The branch is responsible for providing New Brunswick's input to the federal government's *Canada Health Act* annual report.

The **Innovation and eHealth Branch** designs, implements, and oversees corporate system-wide digital Solutions supporting the health system, including the Electronic Health Record, the Diagnostic Imaging Repository, Client Registry, the Public Health Information Solution, MyHealthNB and Community Care NB. The branch focuses on health business solutions while providing services to programs in the areas of strategy and planning, project management, change management, application support and maintenance as well as information services.

The **Health Analytics Branch** supports the New Brunswick health care system in achieving its strategic goals of high-quality data and data systems, conducting statistical and quantitative analyses, creating explanatory and predictive models, and evaluating machine learning and artificial intelligence (AI) health care algorithms. These actions foster evidence-based decision-making in the planning, management, and accountability of the health care system.

FINANCIAL INFORMATION

	BUDGET	ACTUAL EXPENDITURES
<i>Corporate Services</i>	\$ 69,943,811	\$ 61,256,380

## Addiction and Mental Health Services

The **Addictions and Mental Health Services Branch** is responsible for the planning, funding and monitoring of provincial addiction and mental health services and works collaboratively with the two regional health authorities (Horizon Health Network and Vitalité Health Network) who are responsible for the operations and delivery of the services. Services are aligned on a broad continuum of substance use and mental health supports and services that range from prevention, education, internet-based programs, telephone helpline, outreach, assessment, family services, pharmacological treatment, brief interventions, crisis management, case management, individual therapy, group programs, intensive day treatment, specialized services such as FACT (Flexible Assertive Community Treatment) and ongoing recovery maintenance support. Community services for adults are generally delivered through the 19 Community Addiction and Mental Health Centres while services for children and youth are delivered by the 44 Integrated Service Delivery teams in school or community settings. Bed-based services include the two 30-90-day concurrent addiction and mental health treatment programs located in Saint John and Campbellton, the seven withdrawal management facilities located across the province, the eight adult and two children and youth in-patient psychiatric units located within regional hospitals and the three provincial specialised psychiatric hospitals/units. Through contracted services, Portage Atlantic delivers live-in treatment for youths who are experiencing substance use challenges. The Addiction and Mental Health Services Branch also works collaboratively with a wide variety of community agencies who provide various forms of substance use and mental health supports.

FINANCIAL INFORMATION

	<b>BUDGET</b>	<b>ACTUAL EXPENDITURES</b>
<i>Addiction and Mental Health Services</i>	\$ 191,096,200	\$ 187,844,900

## **Health Human Resources**

The Health Human Resources Division plays a crucial role in ensuring an integrated and skilled workforce in the healthcare sector. The Health Human Resources Division is dedicated to ensuring a well-planned and skilled health workforce, fostering recruitment and attraction of top talent, and supporting the integration of internationally educated health professionals.

### **Health Workforce Planning Unit**

The Health Workforce Planning Unit is responsible for planning an integrated human resources workforce that meets the evolving needs of the healthcare system. This unit monitors the supply and demand of the health workforce, identifies emerging trends, and ensures that all professions operate at their full scope of practice with the right skill mix. They develop and implement resource strategies, and address training requirements and continuing professional development needs.

### **Recruitment and Attraction Unit**

The Recruitment and Attraction Unit holds a prominent provincial role in promoting, attracting, and recruiting health professionals. With a focus on coordination and collaboration across all sectors, this unit takes the lead in generating leads, creating a positive candidate experience, and establishing connections to wrap-around services and community networks. They also develop and promote a unified branding and marketing approach to showcase the health care opportunities in New Brunswick, emphasizing the province's unique value proposition.

### **International Recruitment, Services, and Programs Unit**

The International Recruitment, Services, and Programs Unit provides comprehensive support to both internationally educated health professionals (IEHPs) and employers as they navigate the credentialing and immigration process. This unit takes a proactive role in the recruitment of IEHPs, executing and evaluating international recruitment missions. Furthermore, they oversee various programs designed to facilitate IEHPs' transition into equivalent roles within the province, ensuring their successful practice.

FINANCIAL INFORMATION

	<b>BUDGET</b>	<b>ACTUAL EXPENDITURES</b>
<i>Health Human Resources</i>	\$ 6,927,689	\$ 7,274,172



## Chief Medical Officer of Health

The Chief Medical Officer of Health oversees the **Preventative Medicine Branch**. It consists of three units: the Chief Epidemiologist Unit (responsible for epidemiology and surveillance), the Deputy Chief Medical Officer of Health Unit, and the Priority Initiatives Unit. This branch supports creating a healthy, resilient, and flourishing population in New Brunswick through monitoring the trends in vaccination and diseases reportable under the *Public Health Act*; supporting response to disease outbreaks; and providing subject-matter expertise to the Public Health New Brunswick Branch to support planning, development and evaluation of public health programs and services.

FINANCIAL INFORMATION

	<b>BUDGET</b>	<b>ACTUAL EXPENDITURES</b>
<i>Chief Medical Officer of Health</i>	\$ 4,427,500	\$ 3,254,900

## **Human Resources and Organizational Development**

The **Human Resources and Organizational Development Branch** provides support and services to management and staff to increase organizational effectiveness and maximize performance while supporting the strategies and goals of the department. It is responsible for workforce planning, recruitment, classification, employee and labour relations, performance management, official languages, employee recognition, human resources strategy and programs, as well as some classification and labour relations functions in support of Part III.

FINANCIAL INFORMATION

	<b>BUDGET</b>	<b>ACTUAL EXPENDITURES</b>
<i>Human Resources and Organizational Development</i>	\$ 691,700	\$ 675,900

## FINANCIAL STATEMENTS

STATUS REPORT BY PRIMARY		
	Budget (\$000)	Actuals (\$000)
Compensation and Benefits	\$ 33,029.65	\$ 31,607.91
Other Services	\$ 1,185,070.35	\$ 1,180,524.04
Materials and Supplies	\$ 265,242.42	\$ 355,251.40
Property and Equipment	\$ 1,206.70	\$ 5,396.43
Grants and Subsidies	\$ 1,881,821.36	\$ 1,999,485.74
Debt and Other Charges	\$ -	\$ 15,894.63
<b>Grand Total</b>	<b>\$ 3,366,370.48</b>	<b>\$ 3,588,160.15</b>

PROGRAM AS PER MAIN ESTIMATES		
Status Report by Program	Budget (\$000)	Actuals (\$000)
Corp & Other Health Services	\$ 211,902.10	\$ 236,821.62
Medicare	\$ 758,980.40	\$ 764,501.80
Drug Programs	\$ 238,262.40	\$ 252,482.50
Regional Health Authorities	\$ 2,118,795.50	\$ 2,313,447.00
Provincial Health Plan	\$ 38,430.00	\$ 20,907.25
<b>TOTAL DEPARTMENT</b>	<b>\$ 3,366,370.40</b>	<b>\$ 3,588,160.18</b>

The expenditures of the Department of Health were higher than budgeted mainly due to increased expenses within Medicare, drug programs and the regional health authorities.

## SUMMARY OF STAFFING ACTIVITY

Pursuant to section 4 of the *Civil Service Act*, the Secretary to Treasury Board delegates staffing to each Deputy Head for his or her respective department. The table below summarizes the staffing activity for 2021-2022 for the Department of Health.

NUMBER OF PERMANENT AND TEMPORARY EMPLOYEES AS OF DECEMBER 31 OF EACH YEAR					
EMPLOYEE TYPE	2018	2019	2020	2021	2022
Permanent	238	251	264	266	287
Temporary	41	41	70	107	83
<b>TOTAL</b>	279	292	334	373	370

The department advertised 94 competitions, including 80 open (public) competitions and 14 closed (internal) competitions.

Pursuant to sections 15 and 16 of the *Civil Service Act*, the department made the following appointments using processes to establish merit other than the competitive process:

APPOINTMENT TYPE	APPOINTMENT DESCRIPTION	SECTION OF THE CIVIL SERVICE ACT	NUMBER
Specialized Professional, Scientific or Technical	An appointment may be made without competition when a position requires: <ul style="list-style-type: none"> <li>a high degree of expertise and training</li> <li>a high degree of technical skill</li> <li>recognized experts in their field</li> </ul>	15(1)	0
Equal Employment Opportunity Program	Provides Aboriginals, persons with disabilities and members of a visible minority group with equal access to employment, training and advancement opportunities.	16(1)(a)	5
Department Talent Management Program	Permanent employees identified in corporate and departmental talent pools, who meet the four-point criteria for assessing talent, namely	16(1)(b)	9

APPOINTMENT TYPE	APPOINTMENT DESCRIPTION	SECTION OF THE CIVIL SERVICE ACT	NUMBER
	performance, readiness, willingness and criticalness.		
Lateral transfer	The GNB transfer process facilitates the transfer of employees from within Part 1, 2 (school districts) and 3 (hospital authorities) of the Public Service.	16(1) or 16(1)(c)	5
Regular appointment of casual/temporary	An individual hired on a casual or temporary basis under section 17 may be appointed without competition to a regular properly classified position within the Civil Service.	16(1)(d)(i)	6
Regular appointment of students/apprentices	Summer students, university or community college co-op students or apprentices may be appointed without competition to an entry level position within the Civil Service.	16(1)(d)(ii)	0

Pursuant to section 33 of the *Civil Service Act*, no complaints alleging favouritism were made to the Deputy Head of the Department of Health and no complaints were submitted to the Ombud.

## SUMMARY OF LEGISLATION AND LEGISLATIVE ACTIVITY

BILL #	NAME OF LEGISLATION	DATE OF ROYAL ASSENT	SUMMARY OF CHANGES
90	<i>An Act to Amend the Prescription and Catastrophic Drug Act</i>	June 10, 2022	<p>To manage the cost of the plan and ensure its sustainability, <i>An Act to Amend the Prescription and Catastrophic Drug Insurance Act</i> requires the Minister to:</p> <ul style="list-style-type: none"> <li>• establish a funding policy;</li> <li>• conduct an annual review of the financial and economic aspects of the plan; and</li> <li>• after each annual review, recommend to Executive Council any necessary adjustments to premiums and co-payments to meet the objectives of the funding policy in the coming year.</li> </ul>
91	<i>An Act to Amend the Public Health Act</i>	June 10, 2022	<p>This Act amended the <i>Public Health Act</i> to require a licence for the operation of water circulation systems in New Brunswick, much like that needed for the operation of food premises. Amendments also set the framework for the licensing systems by providing regulation-making authority. The water circulation system regulation deals with such things as licensing, construction, maintenance of equipment, sanitary management, alteration, repair, reporting, records retention and use of water circulation systems in buildings.</p>
104	<i>An Act to Amend the Public Health Act</i>	June 10, 2022	<p>To enable the Minister of Health and medical officers of health to continue the COVID-19 response and to respond to future public health events, <i>An Act to Amend the Public Health Act</i> was amended to:</p> <ul style="list-style-type: none"> <li>• allow orders and notices related to notifiable diseases to be published on</li> </ul>



BILL #	NAME OF LEGISLATION	DATE OF ROYAL ASSENT	SUMMARY OF CHANGES
			<p>the Province's website rather than in newspapers;</p> <ul style="list-style-type: none"> <li>• provide the Minister of Health with the authority to direct an order to a class of persons on a reasonable basis. This amendment empowered the Minister to order a class of persons, either in a specific area (e.g. a city block, a health zone, the entire population of New Brunswick) or who fit certain criteria (e.g., people who have travelled outside of New Brunswick), or groups of businesses (e.g., restaurants, salons and spas, cinemas, retail establishments, etc.), sports organisations and establishments as well as non-profit organisations, to take or refrain from taking certain actions to help contain the spread of a notifiable disease. An order issued to a class of persons would expire after two weeks;</li> <li>• provide the Chief Medical Officer of Health with authority to direct an order to the person in control of a building or facility or the organizer of an event. This is to prevent and manage risk to the population in common areas of the building or facility (e.g., to enforce public health measures); and</li> <li>• allow detention of an individual who has a reportable disease at a suitable location other than a hospital, when hospital care is not required.</li> </ul> <p>The Act also provides for enforcement measures by amending the <i>Public Health Act</i> and the <i>General Regulation – Provincial</i></p>

BILL #	NAME OF LEGISLATION	DATE OF ROYAL ASSENT	SUMMARY OF CHANGES
			<p><i>Offences Procedure Act</i> to create the following offences:</p> <ul style="list-style-type: none"> <li>failure to comply with an order issued by the Minister, the Chief Medical officer of Health or a medical officer of health is a Category I offence (fine \$500 to \$50,000);</li> <li>failure to disclose personal information or personal health information to a medical officer of health if required to contain and prevent the spread of a notifiable disease or to mitigate risks associated with a health hazard is a Category E offence (fine \$240 to \$5,200); and</li> <li>offences are ticketable. The total penalty for a Category I offence is \$604.50 and for a Category E offence, \$292.50 (minimum).</li> </ul>
3	<i>An Act Respecting Surgical Facilities</i>	December 16, 2022	<p>The Act amended the <i>Regional Health Authorities Act</i>, the <i>General Regulation – Regional Health Authorities Act</i>, the <i>Medical Services Payment Act</i> and the <i>General Regulation – Medical Services Payment Act</i> to remove barriers making it possible:</p> <ul style="list-style-type: none"> <li>for a regional health authority to enter into an agreement for the provision of surgical services outside a hospital; and</li> <li>for Medicare to pay the surgeons for the services rendered in these surgical facilities.</li> </ul>
21	<i>An Act to Amend the New Brunswick Health Council Act</i>	December 16, 2022	<p><i>An Act to Amend the New Brunswick Health Council Act</i> reduced duplication of efforts for the health and long-term care systems by maximizing the use of information already collected and analyzed, creating a</p>

BILL #	NAME OF LEGISLATION	DATE OF ROYAL ASSENT	SUMMARY OF CHANGES
			<p>data hub for both health and long-term care data.</p> <p>To accomplish this, the New Brunswick Health Council's mandate was transformed to incorporate functions of health analytics currently with the Department of Health and long-term care analytics currently with the Department of Social Development. The council has a new name to reflect this transformation: the New Brunswick Health and Senior Care Council.</p> <p>Additionally, to help maintain a smaller, more efficient Council, resulting in better oversight by both Departments of Health and Social Development, the Act restructured the Council to see the number of members decrease from a maximum of 16. The Council is composed of seven members, appointed by the Lieutenant-Governor in Council. The Chair is appointed from amongst the seven members.</p>

The acts for which the department is responsible may be found at:

<https://laws.gnb.ca/en/bycategory/cs?categoryId=departmentId&itemId=health>

# SUMMARY OF OFFICIAL LANGUAGES ACTIVITIES

## Introduction

The Department of Health continues to recognize its obligations under the *Official Languages Act* and is committed to delivering services in both Official Languages.

## Focus 1

Ensure access to service of equal quality in English and French throughout the province:

- The department continues to ensure new employees are oriented on the Language of Service policy and guidelines at the time of hire.
- Linguistic profiles continue to be updated and reviewed to ensure the department maintains its ability to provide services in both Official Languages.

## Focus 2

An environment and climate that encourages, for all employees, the use of the Official Language of their choice in the workplace:

- The department continues to ensure new employees are oriented on the Language of Work policy and guidelines at the time of hire.
- The department uses simultaneous interpretation and/or bilingual presentations for larger departmental meetings.

## Focus 3

Ensure that new and revised government programs and policies took into account the realities of the Province's Official Language communities:

- The department continues to collaborate with the *Société Santé et Mieux-être en français du Nouveau Brunswick* through their action networks which focus on the organization of services, training and research as well as community-led actions to foster healthy communities.
- The department continues to provide correspondence to the public in the official language of their choice and ensures all new program and policy information is communicated and accessible in both Official Languages.

## Focus 4

Ensure public service employees have a thorough knowledge and understanding of the *Official Languages Act*, relevant policies, regulations, and the province's obligations with respect to Official Languages.

- New employees continue to be required to complete the Language of Service and Language of Work eLearning modules.
- Employees continue to be required to review the Language of Service and Language of Work policies and guidelines as part of the annual performance management process.

## Conclusion

The department continues to work on meeting its obligations under the *Official Languages Act* and related policies and to ensure its ability to provide services to the public in both Official Languages.

## SUMMARY OF RECOMMENDATIONS FROM THE OFFICE OF THE AUDITOR GENERAL

**Section 1** – Includes the current reporting year and the previous year.

NAME AND YEAR OF AUDIT AREA WITH LINK TO ONLINE DOCUMENT	RECOMMENDATIONS
	TOTAL
2022-23 – No reports	0
2021-22 – No reports	0

**Section 2** – Includes the reporting periods for years three, four and five.

NAME AND YEAR OF AUDIT AREA WITH LINK TO ONLINE DOCUMENT	RECOMMENDATIONS	
	TOTAL	IMPLEMENTED
Ambulance Services - 2020	20	6
Electronic Medical Records Program - 2020	7	3
Medicare Cards - 2019	16	3
Addiction and Mental Health Services in Provincial Adult Correctional Institutions - 2018	17	14

## **REPORT ON THE PUBLIC INTEREST DISCLOSURE ACT**

As provided under section 18(1) of the *Public Interest Disclosure Act*, the chief executive shall prepare a report of any disclosures of wrongdoing that have been made to a supervisor or designated officer of the portion of the public service for which the chief executive officer is responsible. The Department of Health received no disclosures of wrongdoing in the 2022-2023 fiscal year.