Coalition Issues Briefing
Minister Health & Community Services
June 26, 2024

1. **Introduction of Coalition Members**

2. **National Pharmacare Act & Provincial Implementation**. Now that the National Pharmacare Act, Bill C-64, has been passed by the House of Commons, what consultations are planned with the Government of Canada to meet with the federal officials towards the implementation of the national universal pharmacare program in NL? If these discussions have not yet commenced, have there been discussions within your department on what GNL's position will be for the availability of contraceptives and diabetic medication and supplies for the NL population?

   There is a statement in the legislation that a Province may enter into an agreement with the federal government to have payments made to the province in order to increase any existing public pharmacare coverage — and to provide universal, single-payer, first-dollar coverage — for specific prescription drugs and related products intended for contraception or the treatment of diabetes. Since C-64 is expected to provide universal coverage for these two needed care concerns, will GNL roll this into the GNL Health Care Plan? Is it your intention to be exclusive if one already has a drug care plan? Will this be income tested (contradicts C-64) as the current NLPDP is?

3. **High Dose Flu Vaccine, other vaccinations, and Staying Healthy at Home/Community.** This Coalition has asked for high dose flu vaccine to be made available to older persons for some time. The Seniors' Advocate has done likewise. There is no argument that available vaccinations that combat flu, shingles, pneumonia, covid, etc., assist older persons to live healthier, longer, and in their own home/community. In Newfoundland and Labrador, the standard-dose vaccine is publicly funded and available to all citizens. The high-dose influenza vaccine is provided free of charge to seniors living in congregate living facilities including Long Term Care and Personal Care Homes, with the high-dose influenza vaccine available in limited quantities to all other seniors but to be paid out-of-pocket if the person does not have sufficient private insurance coverage. As you know, Newfoundland and Labrador is one of only three jurisdictions that does not publicly fund the high-dose influenza vaccine for all people age 65+.

   As vaccination is one of most effective ways to keep people healthy, we are asking that you consider substituting the current vaccine for the higher dose one, give consideration to publicly fund the high-dose flu vaccine for all seniors aged 65+, and expand the coverage to include other vaccinations that currently must be paid out of pocket by older persons.

4. **Aging at Home Services & Eligibility Levels for Government Services.** This Coalition is keenly aware and supportive of the recommendations and actions from the Health Accord to shift the model of health care from one of acute care to personal, community and collaborative care. In addition to the availability of service, the cost of such services,

whether publicly funded or private pay, the financial burden for most people is something that forces folks to make a decision to "do without".

Our organizations have heard from many people about the overwhelming increases in food prices, fuel costs, and other goods. It is becoming more and more difficult for older people to manage. Government programs are welcomed and appreciated. However, the income eligibility levels of most programs are too low for a lot of people. There is no discontent with aiding low-income persons, but many seniors are just above that level and are still having to take drastic measures to cope.

Seniors, as you well know, are very proud and private and will keep their stress of making ends meet very quiet. If you have not already done so, we ask that you undertake a review, with the Minister of Finance, of the eligibility income levels for assistance for all the government assistance and rebate programs and consider raising the levels to include more folks who are struggling. For context, we refer to the programs in your portfolio, such as the financial assessment processes for long term care and community-based services, but that you work with the Minister of Finance and other Ministers to review the income eligibility levels of all government programs, such as the NL Seniors Benefit. Once folks have more disposable income, their social well-being improves dramatically as they can take advantage of available home and community support programs.

5. **Personal & Long-Term Care Homes Review.** In February 2023, you announced a review of the long-term care and personal care home system in the province and engaged an Expert Panel and contracted service to do the work on the Terms of Reference. In addition, a Community Stakeholders Committee was also established. While there were some initial delays in getting the review started, the deadline on the submission of this review to Government was one year (March 31, 2024). Has this Report been received by GNL? If so, has it been reviewed and accepted by Government? Will and when will it be released to the public?

6. **Emergency Health Care & Visits to ER Departments.** Like a lot of persons in Newfoundland and Labrador who do not or no longer have a family doctor, their only recourse is to the emergency department for health care. We know that the Transformation Team is working towards a better system of health care but also that it will take time. We are asking you to consider some short-term measures to relieve the impact of an emergency room visit by older persons or folks who have significant limitations. Some suggestions are more seating space, more comfortable chairs, a seniors' resting room, a water fountain. In addition to these few easily added changes, consider doing more public information updates on virtual care, Teladoc, new health records availability app, etc. A Health Accord Transformation update is long overdue.

7. **Ageism in Health Care.** Minister, you recently announced on May 14 of a lowering of the age recommended for breast screening from 50 to include women aged from 40-49 years. This Coalition applauds this move. However, this totally smacks of ageism in health care, as two women in this room today have received letters in recent months advising, that due to age, they were no longer eligible for routine scheduled breast screening. This is totally unacceptable. We ask that you rescind this direction/revise policy, whatever, to remove any age-related barriers to health care, not only for breast screening but for other procedures, as well. I understand this ageist rule also applies to endoscopy care, and if it applies to these two, it no doubt applies to other care services. You and the Health Accord have continuously noted how the health care system needs to be nimble for our provincial demographic. Denying health care due to age is, therefore, unacceptable.

   Thank you for your time today. We wish you well in your retirement and we look forward to continuing to have meetings of this nature with your successor and departmental officials, when the next Minister of Health and Community Services is advised.

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