Regional Health Authorities

In order to ensure clinical care is delivered uniformly to New Brunswickers and in the most effective and efficient manner possible, New Brunswick will immediately begin the transition to two Regional Health Authorities from the previous eight RHAs.

This structural change will bring about a standardized, efficient provincial approach to health care and eliminate the unhealthy and costly competition that has existed between RHAs for limited financial and other resources.

There will be no negative impact on care provided to patients -- no hospitals will close, no beds will close, no services will be lost.

Under the new structure:

- RHA A will replace RHA 1 Beauséjour (Moncton), RHA 4 (Edmundston), RHA 5 (Campbellton) and RHA 6 (Bathurst). RHA A will be based in Bathurst.

- RHA B will replace RHA 1 South East (Moncton), RHA 2 (Saint John), RHA 3 (Fredericton), and RHA 7 (Miramichi). RHA B will be based in Miramichi.

The new RHAs will assume the assets, rights, obligations, powers and responsibilities of the RHAs they replace and preserve the language structure that now exists in the RHA administration. Both RHAs will provide services to the public in the patients’ official language of choice.

The transition to two RHAs will result in a standardized, consistent quality of health care throughout the province. For example, RHAs will strive for greater consistency in services and procedures that can now vary greatly from region to region. They will address inequities such as exist today where certain drugs are paid for publicly in some RHAs but not in others.

Each RHA will have a patient advocate to help patients navigate the health care system, to be a voice for patients when they need it and to help address patient concerns.

Each RHA will have a board of directors with 17 voting members selected based on their demonstrated competencies and skills and appointed by the Lieutenant Governor in Council. This will ensure boards have the required expertise to meet the needs of their Regional Health Authority.

The movement to competency-based boards is an approach many leading organizations are taking, including a growing number of not-for-profit and governmental organizations.
In order to attract the skill and expertise levels required, RHA board members will be compensated for their service.

In addition to having the requisite skills and expertise to govern their health authorities, board composition will take into account the need to balance urban and rural representation, both official language communities and gender.

Aldéa Landry of Moncton is the chair of the board of RHA A while John Laidlaw of Rothesay is the chair of the board of RHA B.

In order to facilitate a smooth transition, government has appointed the first Chief Executive Officers. Andrée Robichaud is the CEO of RHA A while Donn Peters is the CEO of RHA B. The CEOs will report directly to their board chairs. Previously, CEOs reported to the Deputy Minister of Health.

In future, boards will have the authority within legislation to employ or terminate the Chief Executive Officer for their RHA, which was a commitment made by the government in its Charter for Change.

The new boards will be effective Sept. 1, 2008. Until then, the Minister of Health will assume the responsibilities and authority of the RHA boards.