



BRANCH REPORT

MB91 | Eastern Manitoba Branch

President's message

The skies are deep blue, acorns are falling, and the yellow leaves indicate that fall is on the way. Thoughts of seasonal travel are in the minds of many of our members but, for me, my thoughts are currently focussed on five main items, the changes to the Public Service Health Care Plan (PSHCP), the simultaneous change from one administrator of the PSHCP to another, the provincial election, the Fall General Meeting, and the future of our branch.

Changes in the Administrator of the Public Service Plan

First, there are the changes to the Public Service Health Care Plan, which inevitably occur whenever such a contract is renegotiated. Some changes brought better benefits, while others brought extra costs to users. The situation became even more challenging with the simultaneous change in the administration of the plan from SunLife to CanadaLife on July 01. Although we were told that the changeover from one administrator to another was supposed to be easy and trouble-free, in practice, this was not the case. Many members reported problems, from not being able to enroll online, to not receiving confirmation that the enrollment by mail had been successful. Donna Wunschke, our Health and Benefits Officer, and I received numerous phone calls and email messages. Trying to contact CanadaLife using their toll-free home number became an exercise in frustration. Case in point: I needed to contact CanadaLife well after July 01 and was told that there was a 15-20-minute waiting time (thank goodness for computer games!), but I gave up after 50 minutes. The president of our Association, Roy Goodall, and our CEO, Tony Pizzino, have complained to Treasury Board and we have been told that CanadaLife has taken this criticism seriously and has assigned additional staff to sort out the problems. Time will tell.

Provincial Election

As you know, an election has been called for October 03. I had hoped to arrange a Town Hall meeting in Pinawa where we could meet and listen to the candidates in the Lac du Bonnet constituency, especially since no other Town Hall meetings were scheduled in our constituency. I was able to get approval from the LGD of Pinawa to use the Community Centre at no charge. I had already been contacted by the NDP candidate who was very willing to come to this meeting. I then contacted the sitting member of our Legislative Assembly. It took some time for his campaign manager to get back to me with a confusing email that took a week to sort out. Another fact was that the Liberal Party of Manitoba was unable to field a candidate for our constituency, leaving only the PC-Manitoba, the NDP, and the Green Party of Manitoba. By that time, the time we needed to get things organized was too short and we had to abandon our attempt to hold a Town Hall meeting. Regrettably, the only way we have now to get our views known to the candidates is to contact them individually. I urge you to do so; making use of the issues being raised by our Association. These you can find on the NAFR website. Please remember to vote.

Fall General Meeting

The Fall General Meeting (FGM) has been scheduled for Tuesday, October 24 at the Pinawa Alliance Church with the traditional buffet lunch at 12:00, followed by a presentation by an invited speaker and concluding with a business meeting. We had hoped to get a speaker from Collette Travel, but he was only able to come on October 26 and that conflicted with another event at the Alliance Church. The FGM will again be a recruitment meeting meaning you should try to bring a guest who is eligible for membership. At our last AGM in April, we gained two new members. Not all that many but every member counts, With the withdrawal of AECL, our main source of members, getting new members has become a challenge.

Please contact Evelyn Vandergraaf at eiv@mts.net or at 204-753-8402 if you plan to attend the FGM, so that the folks at the Pinawa Alliance Church can plan the meals accordingly.

Future of the Branch

As I have emphasised frequently in the past, unless volunteers step forward to join the board between now and the April 2024 AGM, tentatively scheduled for early April 2024, this will be the end of the Eastern Manitoba branch. The current members of the board are getting tired (and are getting on in age). At least two current board members have indicated that they plan to retire from the board. By April 2024, I will have served three consecutive two-year terms and do not wish to continue as president. Our bylaws allow me to serve as past president for one year and I am willing to serve in that capacity to guide a new president and a new board.

Going back through our records, I note that our branch was formed on September 16, 1993, now 30 years ago. It would be regrettable if 2024 would see the end of the branch. However, looking at the dates our members joined the Association and, assuming they joined at age 60, our membership is aging: only ~45% of our members are younger than 75, as shown in the following graph. Approximately 20% of our members are over 85. Even if our members joined at age 55, this would only shift the data by five years. Then again, we only need a few members to continue the branch.

I have already discussed our situation with Paula Nygaard, the Branch Services Coordinator for Manitoba and we will be looking at options. Many small branches are struggling with attracting board members and the Association is looking at other models to govern its membership. The most likely option for our members would be that they would be assigned to the ~6,000 member Winnipeg & District branch.

What would be the ramifications of the cessation of our branch? As I have pointed out at our last AGM, we would lose a local expert who could advise us on health and benefit issues. All requests would have to be directed to the HBO (Health Benefit Officer) in Winnipeg unless the board of the Winnipeg & District branch would be willing to find a member to act as the HBO in this area. We would also lose our fall and spring general meetings unless local volunteers would step forward to organise these meetings in Pinawa, Lac du Bonnet, or Beausejour.

Serving on the board is not an onerous task. We have relatively few board meetings, the finances can be handled by staff at the Association's National Office, and the duties of the president are not all that heavy. This would depend on what he or she wants to get involved in, be it leadership, governance, advocacy, or communication. The Association holds an annual convention in the Ottawa area and that provides an excellent opportunity for networking. Closer to home, the Prairie District holds annual meetings in one of the prairie provinces where the delegates share experiences and learn new skills.



If we cannot attract new board members for 2024/2025, I have suggested that the agenda of the 2024 AGM will have an item requesting the dissolution of our branch. Calling for a special meeting of our members after the 2024 AGM may not result in meeting quorum and would present an impasse.

I look forward to seeing many of you at our FGM in October and wish you all a pleasant late summer and early fall. May the snow hold off for a while. To those of you who venture south for the winter, safe travels.

Chuck Vandergraaf, President

Email: ttveiv@mymts.net

Benefits Corner

Donna Wuschke-Benefits Officer (with contribution from Chuck Vandergraaf)

Changes to the Provisions of the Public Service Health Care Plan

There have been many changes to the Public Service Health Care Plan (PSHCP). The coverage under the new PSHCP has caused several concerns. We all received documentation describing these changes but, as they say, the devil is in the details. True, the increased benefits (for example, eyeglasses up from \$275 to \$400 every two years, hearing aids up from \$1,000 to \$1,500 every five years) were welcome and were front and centre on the first three pages of the document, but the changes to pharmacy dispensing fees ended up on the last page.

One major change is that the pharmacy dispensing fee has been capped at \$8.00. Anything above that must be paid by the patient. Chuck checked with the pharmacist in Pinawa who told him that their dispensing fee for most drugs is \$14.86 (and has not changed in five years) and is similar to those in the surrounding area. The higher fees are needed “to keep the lights on”. The upshot is that we are paying 80% of the difference or an extra \$5.49 per prescription. We may be able to save money by shopping in a larger centre but, if we all did that, we might run the risk of losing our local pharmacies and our communities would be the poorer for it.

Another major change is that Pharmacist dispensing fees will now only be covered only five times per year for each “maintenance drug”, with some exceptions. If you are on a maintenance drug, e.g., for high blood pressure, make sure you get a prescription for 90 days. That is adequate for a one-year period. However, this solution does not work in every case, for example, there are certain drugs for which, according to our local pharmacist, only 30 days worth may be dispensed at any one time.

The PSHCP frequency limit guidelines do state that exceptions will be considered in situations such as:

- safety concerns with the prescribed drug (for example, controlled substance, compliance packaging/blister packs, etc.)
- the prescribed drug’s 3-month supply co-pay is more than \$100
- some provinces or territories due to pharmacy regulations.

To request an exception, a member and their prescribing health care provider must complete the Request for Dispense Fee Frequency Limit Exception form available on the Forms page of the PSHCP Member Services website (welcome.canadalife.com/pshcp/forms). Alternatively, you can request that the form be sent by mail.



I checked out this form to see if it might be practical to request an exemption to the frequency limit for maintenance drugs on the grounds that they are a controlled substance and/or that they are limited by government regulation to dispensing only 30 days worth at a time. The checklist of reasons for dispensing more frequently did not include government regulation. However, I will explore the possibility of obtaining an exception for two of my prescriptions. I would also be interested in hearing of any other member’s experience in applying for an exemption, or of otherwise trimming drug or other costs.

Membership Report

Evelyn Vandergraaf

As of 2023 September 15, the status of our membership was as follows:

	2023 April 04 (BAM)	2023 Sept. 15
Total Double Households	217	219
Total Single Households	153	155
Total Regular Households	370	374
Total Non-DDS* Households	30	32
Total DDS Households	340	342
Total Active Members	587	593

*DDS: Deducted from Source

We saw an increase of six members, in part due to having made the AGM a recruitment meeting. We have lost the following members since 2022 April:

Anne Barclay (2022 June 18)

Sandy Mathews (2023 March 12)

Purna Bera (2023 July 15).

Peter Orlick (2023 February 01)

Sandy Campbell (2022 December 26)

Vic Pople (2022 August)

Peter Cliche (2022 October 22)

Roy Ticknor (2022 May 20)

Harley Davidson (2022 November 21)

Ad Zerbin (2023 June 29)

Zona Dmitriw (2022 November 27)

Rodney Zink (2022 August 26)

Ernie Okrainec (2022 May 12)

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