

2023 ESTIMATES NOTES – Table of Contents

A) Associate DM – Health System Operations	
1	Canada Health Transfer and Bilateral Funding Agreements
B) Associate DM – Indigenous Health	
1	In Plain Sight Report Recommendations Implementation
2	Indigenous Health Funding
3	Ministry Declaration Action Plan Commitments
C) Finance and Corporate Services Division - Budget	
1	Budget 2023 - Overview
2	COVID-19 Operating Expenditures
3	Extra Billing – Audits and Canada Health Transfer Penalties
4	Health Authority – Executives and Compensation
5	Health Authority – Northern Health – Calls for Audit
6	Health System Heat Dome Response
D) Finance and Corporate Services Division - Capital	
1	Capital Budget 2023-24 to 2025-26
2	Capital Funding for Long-Term Care Renewal and Expansion
3	COVID-19 Capital Expenditures
4	New Regional Cancer Centres in Nanaimo and Kamloops
5	New Surrey Hospital and BC Cancer Centre
E) Health Sector Information Analysis and Reporting Division	
1	Home and Community Care: Temporary Rate Reductions (Hardship Waivers)
2	Measure of Attachment to a Primary Care Provider
3	Mental Health and Substance Use Beds Overview
4	Non-Standard Characters and Diacritical Markers
5	Nursing Supply Numbers
6	Physician Supply Numbers
7	Summary of Family Physician Supply in BC
8	Virtual Care - Physician Payment Growth
F) Health Sector Workforce and Beneficiary Services Division	
1	Access to Practical Nursing Bursary
2	Agency Nurses
3	Alternative Payment Plan BC Cancer Physician Resources
4	Amalgamation of Health Profession Regulatory Colleges
5	Ambulance Paramedics and Ambulance Dispatchers Bargaining Association Collective Agreement
6	Associate Physicians

2023 ESTIMATES NOTES – Table of Contents

7	CUAET MSP Updates
8	Extra Billing – <i>Canada Health Act</i>
9	Health Care Assistants
10	Health Career Access Program
11	Health Education Expansion
12	<i>Health Professions and Occupations Act</i>
13	Health Sector Sick Leave
14	International Medical Graduates – BC Return of Service Program
15	Internationally Educated Allied Health Professional Bursary Program
16	Internationally Educated Nurse and Nurse Re-Entry Support Program
17	IVF Coverage
18	Laboratory Health Human Resources
19	LFP Compensation Model
20	Midwives Association of BC Negotiations
21	Midwives
22	MSP – Charging for Bundled or Annual Services
23	Northern Health Workforce Supports
24	Number of Health Professional Registrants by College or Registry
25	Nurse Practitioners
26	Nurses’ Bargaining Association Collective Agreement (IF NOT RATIFIED and IF RATIFIED)
27	Pathways to Practice for Internationally Educated Physicians
28	Pharmacist Scope of Practice
29	Postgraduate Medical Education
30	Practice Ready Assessment-BC for Family Physicians
31	Provincial Health Human Resource Strategy
32	Psychological Health and Safety in the Health Care Workplace
33	Registered Nurse - Registered Psychiatric Nurse Opioid Agonist Therapy (OAT) Prescribing
34	Regulation of Clinical Counsellors and D&T Occupations
35	Relational Security Initiative
36	Workplace Violence in Health Care
G) Hospital and Provincial Health Services Division	
1	Access to Abortion Services
2	Autism Assessments
3	Availability of Sexual Assault Forensic Examinations in Hospital Emergency Departments
4	BC’s 10-Year Cancer Action Plan
5	BC Emergency Health Services – General
6	Dense Breast and Supplementary Imaging

2023 ESTIMATES NOTES – Table of Contents

7	Diagnostic Imaging Strategy
8	Emergency Department Access
9	First Responder and Paramedic Scope Expansion
10	Hospital at Home
11	Hospital Capacity
12	MAiD – General Overview
13	MAiD – Mental Disorder as the Sole Underlying Medical Condition
14	Nursing Support Services
15	Post COVID Clinics
16	Surgical Renewal
H) Mental Health and Addictions Division	
1	Access to Psychiatric Services
2	East Hastings Encampment Response
3	<i>Mental Health Act</i>
4	Overview of Mental Health and Substance Use Services
5	Provincial Homelessness - Mental Health and Substance Use Supports
6	Supporting the Downtown East Side – Provincial Partnership Plan
I) Pharmaceutical, Laboratory and Blood Services Division	
1	COVID-19 Therapies
2	Diabetes Medications and Devices
3	Drug Shortages
4	Expensive Drugs for Rare Diseases
5	Free Prescription Contraception Coverage
6	Out-of-Country Sale of Ozempic
7	PharmaCare's Response to the Opioid Overdose Crisis
8	Special Authority
J) Population and Public Health Division	
1	COVID-19 Infection Prevention and Control Guidance in Health Care
2	COVID-19 Vaccination Program
3	Influenza Seasonal Program
K) Primary Care Division	
1	Attachment Management System
2	Community Health Centres
3	FP and NP Payment Models
4	Health Connect Registry
5	Indigenous Primary Care Initiatives

2023 ESTIMATES NOTES – Table of Contents

6	Maternity Services Strategy
7	Mental Health and Substance Use in Primary Care
8	NPs in Primary Care
9	NTP Incentives Program
10	Primary Care Attachment (Data)
11	Primary Care Maternity Services
12	Primary Care Networks
13	Primary Care Strategy Overview
14	Primary Care Strategy Recruitment
15	Short-Term Stabilization Initiatives
16	Urgent and Primary Care Centres
L) Seniors' Services Division	
1	Access and Admission to Long-Term Care
2	Assisted Living - Seniors
3	Better at Home Program
4	Caregiver Support
5	Home and Community Care (HCC) Seniors Funding
6	Home Health
7	Licensed Community Care Facilities - Child Care
8	Licensed Community Care Facilities – Residential Care (All Categories)
9	Long-Term Care Staffing (3.36 HPRD)
10	Multi-Bed Rooms
11	Office of the Seniors Advocate Report on Affordability for Seniors (Falling Further Behind)
12	Office of the Seniors Advocate 2023 Report on Home Support
13	Palliative Care
14	Potentially Inappropriate Antipsychotic Use in Long-Term Care
15	Resident and Family Councils
M) Strategy Management and People Office	
1	2022-23 to 2024-25 Ministry of Health Service Plan Measures and Year-to-Date Results
2	Ministry of Health Service Plan Performance Measures

LEGISLATIVE SESSION – ESTIMATES NOTE

Canada Health Transfer and Bilateral Funding Agreements

Topic: Status of the Canada Health Transfer (CHT) and other bilateral funding agreements, including the Home and Community Care and Mental Health and Addictions Services (HCCMHAS) Funding Agreement.

Key Messaging and Recommended Response:

- **In Budget 2023, BC is investing \$6.4 billion over three years to strengthen our health care system, including mental health services, cancer care, primary care, and to support the doctors, nurses, and health care workers we depend on for care every day.**
- **This builds on the significant investments made since 2107 to improve health care for all British Columbians.**
- **Former Premier John Horgan and the BC government alongside the other Provinces advocated tirelessly for an increase in health care funding from the federal government.**
- **In February 2023, the federal government presented Premiers with a new federal health funding plan, including new bilateral agreements to support health care.**
- **In March 2023, BC announced agreement in principle to support new bilateral funding, which includes over \$3.3 billion over 10 years for targeted funding in priority areas such as:**
 - **Expanding access to family health services, including in rural and remote areas;**
 - **Reducing backlogs and better support BC's health-care workers;**
 - **Modernizing how we track and report health data; and,**
 - **Improving access to mental health and addictions services.**
- **Investments will further support long-term care (LTC), home care and improving credentialing pathways for both Canadian graduates and internationally educated health professionals.**

LEGISLATIVE SESSION – ESTIMATES NOTE

CURRENT SITUATION

- For BC's Budget 2023, the revenue assumptions for the Canada Health Transfer and other health related federal government transfers total **\$6.9 billion**, including:
 - \$6.733 billion for the Canada Health Transfer;
 - \$82 million for Home and Community Care; and
 - \$82 million for Mental Health and Substance Use
- Recent announcements about increased federal government transfers to support health care services are **not** included in the revenue assumptions for Budget 2023 due to timing.
- The Prime Minister presented Premiers with a federal health funding plan on February 7, 2023, and on March 1, 2023, the BC government announced agreement in principle to support new bilateral funding of **\$3.3 billion** over 10 years to help address shared health care priorities.¹
- The federal government announced further details on planned federal funding of \$27.5 billion over 10 years in BC, including the \$3.3 billion for a new bilateral agreement and a one-time \$273 million CHT top-up in 2023/24.
- Further details regarding federal plans for both Personal Support Workers Wage Support and the Indigenous Health Equity Fund are still being communicated to Provinces and Territories.
- The announced federal funding is still subject to completing agreements with Provinces and Territories as well federal government approvals and authorities through their budget process.
- The 1 year extension to the existing HCCMHAS expired on March 31, 2023. The next 4 years of the HCCMHAS will be rolled into the new bilateral agreements.

FINANCIAL IMPLICATIONS

- In 2022/23, the Ministry received over \$6.17 billion from the CHT, and approximately \$205.5 million in additional federal funding, which accounted for just under 23% of health spending.
- In 2023/24, the Ministry will receive about a 1% increase in total federal funding due to the February 7, 2023 announcement; making the federal contribution to health spending in BC about 24%.

KEY BACKGROUND

- Federal funding for health care is primarily provided through the CHT.
- Since 2017, the CHT growth rate/escalator has been based on Gross Domestic Product growth (with a floor of 3%).

Intergovernmental Communications

- The HCCMHAS 10-year Agreement started in 2017/18 and, in August 2021, BC and Canada agreed to amend the HCCMHAS to allow for a one-time payment of approximately \$135 million in Safe Long-Term Care funding.
- The first 5-year term of the HCCMHAS Agreement was set to expire on March 31, 2022. To ensure continuity of existing programs, Health Canada and PTs negotiated a 1 year extension of the HCCMHAS, with \$163.966 million in BC funding for 2022/23.
- On February 7, 2023 Premiers were presented with a federal offer on health care spending, including tailored bilateral agreements including the remaining 4 years of HCCMHAS, and Premiers accepted the offer on February 13, 2023, subject to final bilateral agreements.

Intergovernmental Communications

¹ <https://pm.gc.ca/en/news/news-releases/2023/02/07/working-together-improve-health-care-canadians>

Intergovernmental Communications

LEGISLATIVE SESSION – ESTIMATES NOTE

Advice/Recommendations; Government Financial Information; Intergovernmental Communications

- The first bilateral agreement will cover the 4 shared health priorities and deliver new funding in tandem with the remaining 4 years of funding from the mental health and substance use portion of the HCCMHAS.
- The second agreement will focus on the separate fifth priority of aging with dignity, combining the funds offered for LTC with the remaining 4 years of the home and community care portion of the HCCMHAS. It will also include the funding to support personal support workers.

LAST UPDATED

The content of this fact sheet is current as of April 5, 2023 as confirmed by Darlene Therrien.

APPROVALS

2023 03 13 – Rob Byers, Finance and Corporate Services

2023 04 06 – Darlene Therrien, Intergovernmental Relations

2023 04 12 – Jonathan Dubé, Associate DM, Health System Operations

³ Government of Canada, February 7, 2023

LEGISLATIVE SESSION – ESTIMATES NOTE

Ministry of Health Confidential: Advice to Minister - Canada Health Transfer

(\$ millions)	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Canada Health Transfer	5,004.00	5,204.00	5,467.00	5,678.00	5,865.00	6,176.00	7,107.00	Government Financial Information	
Additional Federal Funding			9.783	1,628.65	357.73	205.50	577.00		
Total Federal Funding (note 1)	5,004.00	5,204.00	5,476.78	7,306.65	6,222.73	6,381.50	7,684.00		
Year over Year % Change		4.00%	5.24%	33.41%	-14.83%	2.55%	20.41%		
Total Health Sector Spend (note2)	20,927.00	22,151.00	23,449.00	25,605.00	27,584.00	27,737.00	29,906.51		
Year over Year % Change		5.85%	5.86%	9.19%	7.73%	0.55%	7.82%		
Canada Health Transfer as a percentage of Health Sector Spend	23.9%	23.5%	23.3%	22.2%	21.3%	22.3%	23.8%		
Total Federal Funding as a percentage of Health Sector Spend	23.9%	23.5%	23.4%	28.5%	22.6%	23.0%	25.7%		

Note 1

Additional Federal funding is recognized in the year received
2023/24 Federal funding amounts are agreement in principle as identified in the Feb 7, 2023 First Ministers' Meeting
2023/24 amounts may vary from amounts reported by the Ministry of Finance on Budget Day

Note 2

2022/23 is Quarter 2 Forecast
Reduction in expenditures in 2022/23 due to COVID
2023/24 includes Ministry of Health Budget (\$28.673 billion) and Contingencies Access (\$1.233 billion including \$875 million for COVID)
2024/25 includes Ministry of Health Budget (\$29.877 billion) and Contingencies Access (\$472 million)

Health Canada: Working To

Working Together to Improve Health Care for Canadians

British Columbia¹

(\$Millions)	23-24	24-25	25-26	26-27	27-28	5-Year total	28-29	29-30	30-31	31-32	32-33	10-Year total	
Canada Health Transfer²		Government Financial Information						Government Financial Information					
Growth since 2022-23	657					6,602						21,449	
CHT top-up for paediatric hospitals and emergency rooms ³	273					273						273	
CHT 5% guarantee ⁴	0					686						2,436	
Total CHT	931					7,561						24,158	
Tailored Bilateral Agreements													
Bilateral agreements	329					1,654						3,321	
Sub-total: CHT and bilateral agreements	1,259					9,215						27,479	
PSW wage support													
PSW						To be det							
Other Bilateral Agreements													
Mental health and substance use	83					334						334	
Home and community care	83					334						334	
Long-term care	82					413						413	
Sub-total	248					1,081						1,081	
TOTAL	1,507					10,296						28,560	

¹ Provincial / territorial allocations are based on the M1 Scenario of Statistics Canada's population projection, released on August 22, 2022 (Table 17-10-0057-01), unless otherwise noted.

² All Canada Health Transfer amounts starting in 2024-25 are notional, estimated based on December private sector nominal GDP forecast, and are subject to change.

³ Federal payment to be recorded in 2022-23, using Statistics Canada's June 1, 2022 population data.

⁴ Provides participating jurisdictions top-up payments to ensure 5 per cent growth for five years, to rolled into the CHT base after 2027-28.

LEGISLATIVE SESSION – ESTIMATES NOTE

'In Plain Sight' Report Recommendations Implementation

Topic: The 'In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in BC Health Care' (IPS) report, was released publicly on November 30, 2020, and includes 24 recommendations to address systemic Indigenous-specific racism in the provincial health system.

Key Messaging and Recommended Response:

- **The In Plain Sight Report (IPS) demonstrated a clear need to make significant changes in our health-care system to address systemic failures.**
- **In response, we are making meaningful progress on the implementation of the IPS recommendations.**
- **Several legislative priorities have been achieved, including the Health Professions and Occupations Act, Anti-Racism Data Act, Human Rights Code amendment, and Public Interest Disclosure Act.**
- **Apology statements were issued by the Minister of Health, Board Chairs and CEOs from regional health authorities, and various medical colleges in 2020 and 2021.**
- **A provincial Patient Care Quality Safety Collaborative has been established to improve patient complaints processes and share promising practices.**
- **The implementation period for the 2018 Memorandum of Understanding on Mental Health and Wellness Services has been extended to October 1, 2023.**
- **Métis Nation BC has established an internal table to advance In Plain Sight recommendations, while the BC Cultural Safety and Humility organizational standard was published in June 2022.**
- **Progress has been made on data sharing and systemic performance monitoring, as well as medical transportation and ambulance services for communities during the COVID-19 pandemic.**
- **All health authorities have appointed Indigenous board members and established new Vice President, Indigenous Health positions.**
- **Collaboration with the Ministry of Advanced Education and Skills Training is underway to advance recommendations specific to post-secondary education institutions, and the National Collaborating Center for Indigenous Health has**

LEGISLATIVE SESSION – ESTIMATES NOTE

received funding as a center for anti-racism, cultural safety, and trauma-informed standards.

- We will continue our efforts until all IPS recommendations are implemented in our health-care system.

CURRENT SITUATION

Recommendation #1 - The Minister of Health issued an apology statement to Indigenous people on November 30, 2020. On December 1, 2020, a joint written apology on behalf of all Board Chairs and CEOs from regional health authorities (HAs) and Provincial Health Services Authority (PHSA) was issued. On May 11, 2021, written apologies were also issued by the BC College of Nurses and Midwives, the College of Physicians and Surgeons of BC, the College of Dental Surgeons of BC, and the College of Pharmacists of BC.

Multiple legislation priorities have been achieved specific to IPS recommendations including the following:

Recommendation #2

- The *Health Professions and Occupations Act* passed royal assent on November 22, 2022.
- On June 2, 2022, the *Anti-Racism Data Act (ARDA)* became law in BC.
- The Ministry of Attorney General is in the early stages of conducting internal engagements for the upcoming *Anti-Racism Act*.
- The *Human Rights Code* was amended in November 2021 to include Indigenous identity as a ground for discrimination.
- In July 2021, the Province announced the *Public Interest Disclosure Act* will be applicable to employees of health authorities in June 2023, supporting whistleblower protections and a “Speak Up Culture”.

Recommendation #5

- A provincial Patient Care Quality Safety Collaborative has been established to share promising practices and support improvements in patient complaints processes. The Collaborative is currently working through an inventory of actions to be implemented in each locale that supports complaints and feedback. Further, members of the collaborative, as well as health regulators and education partners attended a 2-day Workshop regarding Restorative Approaches (Relationally Based Approaches to healing from Health Care Harms) on October 5-6, 2022.
- The BC Patient Safety and Quality Council has, in partnership with the In Plain Sight Task Team, published the “Sharing Concerns: Principles to Guide the Development of an Indigenous Patient Feedback Process”. This publication identifies core principles of a safe, accessible, and meaningful patient complaints process.

Recommendations #6, #17 – The signatory partners to the 2018 *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* (the MoU) have extended the implementation period of the MoU to October 1, 2023.

Recommendation #7 - Métis Nation BC (MNBC) has established an internal table to support their work with the Task Team and advance the recommendations from In Plain Sight.

Recommendation #8 - A BC Cultural Safety and Humility organizational standard was published in June 2022, sponsored by the First Nations Health Authority (FNHA) in partnership with the national Health Standards Organization. As with most health standards, it will not become an assessment standard, meaning one that organizations are measured by in their accreditation cycle, for at least one year.

LEGISLATIVE SESSION – ESTIMATES NOTE

Recommendation #9 – The Tripartite Data Quality & Sharing Agreement (TDQSA) has been extended until April 2023 and the FNHA and the Ministry are collaborating on the development of a new agreement to replace the TDQSA. A working group comprised of HAs reps, FNHA, MNBC and the Ministry has been established to improve data sharing across the system, determine a balanced indicator set to measure cultural safety across the system, and develop a standardized systemic performance monitoring dashboard.

Recommendation #15 – As part of the ongoing response to the COVID-19 pandemic, the collaboratively developed *Rural, Remote, First Nations and Indigenous COVID-19 Response Framework* continues to support medical transportation and ambulance services for communities.

Recommendation #13 - In January 2021, the newly created position of Associate Deputy Minister of Indigenous Health and Reconciliation was filled on a temporary and then permanent basis to begin implementation of the recommendations in collaboration with Indigenous, health system, and provincial ministry partners. This was the first time an Indigenous person had been appointed as an Associate Deputy Minister in the BC public service.

Recommendation #14 - All HAs now have at least 2 Indigenous Board members. All HAs including PHSA and Providence Health Care have established new Vice President, Indigenous Health positions.

Recommendations #18, 20, 21, 22 and 23 – The Ministry of Health is working with the Ministry of Advanced Education and Skills Training (AEST) on a collaborative process to advance implementation of the Recommendations specific to post-secondary education institutions.

Recommendation #19 - The Ministry has provided \$0.550 million in 2021/22 for 5 years of support to the National Collaborating Center for Indigenous Health (NCCIH) as a centre for anti-racism, cultural safety and trauma-informed standards, policy, tools, and leading practices. NCCIH is also working with health authorities to develop tools and resources to support the implementation of the BC Cultural Safety and Humility Standard.

Recommendation #24 - A Task Team was formed and launched on May 12, 2021, with Métis Nation, FNHA, First Nations Health Council, First Nations Leadership Council and system partners who hold expertise in the BC health care system, cultural safety and humility, knowledge and experience with Indigenous engagement and addressing Indigenous-specific anti-racism. Task team’s mandate was for a minimum 24-month term at which point it must prepare a public report on progress in implementing all 24 recommendations.

FINANCIAL IMPLICATIONS

Budget 2021 provided \$15 million annually to support the work of the In Plain Sight Task Team, culturally safe health services and more Indigenous liaisons in each regional HA to improve health access and services for Indigenous peoples.

KEY BACKGROUND

- In June 2020, the Minister of Health commissioned an independent review into allegations of racism in the BC emergency department setting, as well as the broader health system.¹ The review concluded with both a full and summary report and a subsequent data report released in February 2021.²
- Additional immediate steps taken, in alignment with IPS and provincial response, include:
 - 5 new Indigenous health liaison positions are being funded in each regional HA and PHSA, plus 2 additional positions at Providence Health Care, for a total of 32 new positions.
 - Medical bylaws are under review by the Ministry, and revisions will be implemented collaboratively, for consistent cultural safety and humility standards for medical staff privileges.
- The independent review 1-800 number and email address has been transferred to the Office of the Ombudsperson and will be maintained as a reporting resource in the coming months, while processes for effective system complaints processes are strengthened.

¹ <https://news.gov.bc.ca/releases/2020HLTH0198-001115>

² [Addressing Racism in BC Health Care \(gov.bc.ca\)](#)

LEGISLATIVE SESSION – ESTIMATES NOTE

LAST UPDATED

The content of this fact sheet is current as of March 13, 2023, as confirmed by Diana Clarke, A/ Sr Executive Director, Indigenous Health and Reconciliation.

APPROVALS

2023 03 03 - Teresa Dobmeier, Indigenous Health and Reconciliation

2023 03 13 – Peter Klotz obo Rob Byers, Financial and Corporate Services Division

LEGISLATIVE SESSION – ESTIMATES NOTE

Indigenous Health Funding

Topic: The Ministry of Health allocates annual funding to health authorities, the First Nations Health Authority (FNHA), the BC Association of Aboriginal Friendship Centres, Métis Nation BC (MNBC), and Nations and communities to support the advancement of Indigenous health and wellness initiatives.

Key Messaging and Recommended Response:

- **Ensuring that First Nations throughout BC have the capacity to provide culturally safe services, tailored to the unique needs of the diverse experiences of over 200 First Nations communities, is crucial to the government's ongoing efforts to promote meaningful, nation-to-nation reconciliation.**
- **The Ministry is committed to supporting Indigenous health and wellness through financial contributions to various initiatives, reflecting its legal obligations and dedication to improving health outcomes for Indigenous communities.**
- **The Tripartite Framework Agreement on First Nation Health Governance (2011) serves as a cornerstone for Ministry support, fostering collaboration between Indigenous communities, the provincial government, and health authorities to enhance health services.**
- **The Memorandum of Understanding – Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness (2018) emphasizes the Ministry's focus on mental health and wellness in Indigenous communities.**
- **The Ministry provides funding to health authorities and other organizations to ensure that Indigenous health services and initiatives are accessible, culturally safe, and effective.**
- **The implementation of the In Plain Sight (IPS) recommendations demonstrates the Ministry's commitment to addressing Indigenous-specific racism and discrimination in healthcare and working towards a culturally safe healthcare system for all Indigenous Peoples.**

LEGISLATIVE SESSION – ESTIMATES NOTE

CURRENT SITUATION

The Ministry of Health provides ongoing financial supports for Indigenous-specific health and wellness initiatives through mandated Ministry service planning and its legal obligations including; the *Tripartite Framework Agreement on First Nation Health Governance* (2011); the *Memorandum of Understanding – Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* (2018); and funding to health authorities and other organizations for Indigenous health services and initiatives including implementation of the *In Plain Sight* (IPS) recommendations.

FINANCIAL IMPLICATIONS

In 2022/23 the Ministry committed the following funding as identified above to support Indigenous Health:

- \$55.7 million to the FNHA,
- \$10.4 million to health authorities.
- \$0.200 million to the BC Association of Aboriginal Friendship Centres.
- \$0.825 million to Métis Nation BC.

KEY FACTS

Health Authorities

A total of \$10.4 million of base funding was allocated to HAs (\$4.9M in 2020/21 and \$5.5 in 2021/22) for priorities aligned with the IPS Sight recommendations including: 1) Indigenous recruitment and retention; 2) improving the complaints system; 3) furthering Cultural Safety and Humility and, 4) an additional 32 Indigenous Health Liaison positions.

FNHA

- The Ministry supports the *Tripartite Framework Agreement on First Nations Health Governance* (2011) with contributions to FNHA of \$100 million from 2006/07 to 2019/20. The Ministry provided a further lump sum of \$22 million in 2019/20 to further support the FNHA.
- Initially developed in support of the 2013 “*Agreement in Lieu of Medical Services Plan (MSP) Premiums on Behalf of First Nations People Resident in the Province of BC*” the Ministry commits up to \$15.33 million annually to support 27 primary care projects overseen by the Ministry-FNHA Joint Project Board.
- For 2019/20 – 2020/21, annual funding of \$595,000 was provided to support the enhancement of cultural safety and humility through the implementation of the Change Leadership Strategy endorsed under the Tripartite Committee on First Nations Health.
- The Ministry provided FNHA \$3.6 million in 2021/22 for virtual Doctor of the Day programs and for Substance Use and Psychiatry programs and service delivery.
- The FNHA funding letter supports the Ministry-FNHA annual Letter of Mutual Accountability (LMA). The 2022/2023 LMA covers the period from April 1, 2022, to March 31, 2023.
- Provincial funding to FNHA in 2020/21 included support for Indigenous Land-based substance use services, Indigenous Suicide and Critical Incident Response Team Expansion, and Indigenous health and culturally appropriate services as part of *A Framework For Action: Responding to the Toxic Drug Crisis for First Nations*.
- The Ministry also committed \$1.0 million per year to FNHA starting in 2021/22 through 2023/24 for the development and implementation of a Traditional Healing and Wellness Strategy, and to support continued efforts identified in the Letter of Mutual Accountability and the implementation of the IPS recommendations.
- In 2020/21 the Ministry provided FNHA \$1.23 million for COVID-19 pandemic response. In 2021/22, the Ministry provided FNHA with \$16.68 million in COVID-19 funding, including \$5.88 million to support COVID-19 contact tracers and \$10.8 million to support the Rural Remote Collaborative.

BC Association of Aboriginal Friendship Centres

- In fiscal 2022/23, the Ministry provided the BC Association of Aboriginal Friendship Centres with a grant of \$200,000 to support projects and initiatives benefiting urban and off-reserve Indigenous populations.

LEGISLATIVE SESSION – ESTIMATES NOTE

MNBC

The Ministry provided MNBC with a grant of \$825,000 in 2022/23 to support health and wellness initiatives including partnership development; supporting the Métis Public Health Surveillance Program to help monitor health status of Métis peoples; facilitating Métis participation across the spectrum of Indigenous engagement, access, decision-making, and working relationships with health partners and participation in the provincial response to the IPS report with a focus on building human resource capacity to strengthen MNBC capacity for Métis engagement on IPS recommendations.

National Collaborating Centre for Indigenous Health (NCCIH)

The Ministry provided \$550,000 in 2020/21 to support NCCIH's work with health system partners to develop tools, strategies, training, and resources to enhance culturally safe service delivery and practices across the BC health system. Support for the NCCIH aligns with Rec. #19 from the IPS report. The Ministry provided \$850,000 in 2021/22 to NCCIH through the University of Northern BC to work with the VPs of Indigenous Health and health system partners to advance initiatives related to the implementation of the new Cultural Safety and Humility standard, Indigenous Cultural Safety measurement and education and training.

Memorandum of Understanding (MOU) on the Determinants of Health and Wellness

- The 2018 tripartite *MoU – Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* provides provincial support through the Ministry, Ministry of Mental Health and Addictions (MMHA), Ministry of Children and Family Development (MCFD), and Ministry of Indigenous Relations and Reconciliation (MIRR).
- The Ministry (representing contributions from MoH, MIRR, MCFD, and MMHA) provided the FNHA \$5.0 million in 2018/19 and 2019/20 to support the Tripartite Partnership to Improve Mental Health and Wellness, as part of BC's \$10 million commitment to support planning and implementation of Nation-based plans and initiatives. The implementation period for this funding has been extended until October 1, 2023.
- In 2019, the Province provided \$20 million (matched by FNHA totaling \$40 million) to build and revitalize First Nations treatment centres across the Province. Federal Budget 2021 provided an additional \$20 million from the Government of Canada to support this initiative, for a final combined allocation of \$60 million.¹

University of BC (UBC)

The Ministry provided one time funding of \$550,000 to UBC (through the Ministry of Advanced Education and Skills Training) to support core elements of UBC's proposal for expanding their Indigenous Cultural Safety program in response to the Truth and Reconciliation Commission's Calls to Action #23 and #24.

LAST UPDATED

The content of this fact sheet is current as of February 27, 2023, as confirmed by Teresa Dobmeier, Associate Deputy Minister, Indigenous Health and Reconciliation.

APPROVALS

2023 02 27 - Teresa Dobmeier, Indigenous Health and Reconciliation.

2023 03 24 - Peter Klotz, obo Rob Byers, Finance and Corporate Services Division

¹ Indigenous Services Canada. (2021, August 14). *Government of Canada highlights funding for Indigenous communities to support critical infrastructure*. Retrieved September 15, 2021 from: <https://www.canada.ca/en/indigenous-services-canada/news/2021/08/government-of-canada-highlights-funding-for-indigenous-communities-to-support-critical-infrastructure.html>

LEGISLATIVE SESSION – ESTIMATES NOTE

Ministry Declaration Action Plan Commitments

Topic: The Government of BC has committed to true and lasting reconciliation with Indigenous peoples.

Key Messaging and Recommended Response:

- **Our government passed the Declaration on the Rights of Indigenous Peoples Act (DRIPA) in 2019 to establish UNDRIP as a framework for reconciliation.**
- **The DRIPA Action Plan was released in March 2022, assigning responsibility for each action to the appropriate ministries.**
- **By passing DRIPA, we made a commitment that the laws our government passes and the services we deliver are aligned with the unique and diverse experiences with Indigenous Peoples in BC.**
- **As part of the Ministry of Health’s DRIPA Action Plan, the Ministry is implementing the recommendations of the In Plain Sight report to create a culturally safe, racism-free health care system, in addition to:**
 - **partnering with the Ministry of Mental Health and Addictions (MMHA) to develop a flexible funding model supporting First Nations mental health and wellness services.**
 - **prioritizing the implementation of Primary Care Networks that include funding for Elders and Indigenous-led health initiatives to increase access, cultural safety, and quality of care.**
 - **Working with other ministries to increase availability and accessibility of Indigenous-led social services and supports, addressing holistic wellness needs.**
- **We will continue supporting the implementation of Tripartite and other Indigenous Health commitments, including agreements, MoUs, and initiatives to improve health and wellness.**

CURRENT SITUATION

- The Government of BC passed the *Declaration on the Rights of Indigenous Peoples Act* (DRIPA) in November 2019 to establish the UN Declaration on the Rights of Indigenous Peoples (UNDRIP) as a framework for true and lasting reconciliation as per the Truth and Reconciliation Commission of Canada.

LEGISLATIVE SESSION – ESTIMATES NOTE

- The DRIPA Action Plan¹ was released March 30, 2022. The Action Plan clearly attaches responsibility for the delivery of each action within the five-year plan with the appropriate ministries.

The following items from the DRIPA Action Plan are specific to the Ministry (some with shared responsibility):

- 3.7 - Implement recommendations made in the *In Plain Sight: Addressing Indigenous-specific racism and discrimination in B.C. health care* report, striving to establish a health care system in BC that is culturally safe and free of Indigenous-specific racism. (The Ministry)
- 4.7 - Demonstrate a new and more flexible funding model and partnership approach that supports First Nations to plan, design and deliver mental health and wellness services across a full continuum of care and to address the social determinants of health and wellness. (The Ministry, Ministry of Mental Health and Addictions [MMHA])
- 4.8 - In alignment with the tripartite health plans and agreements, continue to strengthen and evolve the First Nation health governance structure in BC to ensure First Nations are supported to participate as full and equal partners in decision-making and service delivery at local, regional, and provincial levels, and engage First Nations and the Government of Canada on the need for legislation as envisioned in the tripartite health plans and agreements. (The Ministry, MMHA)
- 4.10 - Prioritize the implementation of Primary Care Networks, the First Nations-led Primary Health Care Initiative, and other primary care priorities, embedding Indigenous perspectives and priorities into models of care to increase Indigenous Peoples' access to primary care and other health services, and to improve cultural safety and quality of care. (The Ministry)
- 4.11 - Increase the availability, accessibility, and the continuum of Indigenous-led and community-based social services and supports that are trauma-informed, culturally safe, and relevant, and address a range of holistic wellness needs for those who are in crisis, at-risk or have experienced violence, trauma and/or significant loss. (Ministry of Public Safety and Solicitor General, The Ministry, MMHA)
- 4.13 - Increase the availability and accessibility of culturally safe substance use services, including through the renovation and construction of Indigenous-run treatment centres and the integration of land based and traditional approaches to healing. (The Ministry, MMHA)
- 4.14 - Increase the availability and accessibility of resources to Indigenous partners in COVID-19 pandemic health and wellness planning and response, including the implementation of the *Rural, Remote, First Nations and Indigenous COVID-19 Framework*² to ensure access for all Indigenous Peoples to immediate and culturally safe and relevant care closer to home. (The Ministry, MMHA)
- 4.26 - Strengthen the health and wellness partnership between Métis Nation BC, the Ministry and the MMHA and support opportunities to identify and work to address shared Métis health and wellness priorities. (The Ministry, MMHA)

In 2006, the Ministry signed the Métis Nation Relationship Accord which set out objectives to address health, housing, education, economic opportunities, Métis identification and data collection as well as any opportunities for engaging in a tripartite relationship with the federal government. The Accord was renewed in 2016 (Métis Nation Relationship Accord II) and includes the following additional areas of focus: children and families, information sharing, justice, and wildlife stewardship.

Ongoing work that supports the implementation of Tripartite and other Indigenous Health commitments include:

- Collaborative implementation of the *British Columbia Tripartite Framework Agreement on First Nations Health Governance* (2011).
- 2015 *Protocol on the Social Determinants of Health*, signed by the First Nations Leadership Council, signing of the *Declaration of Commitment to Cultural Safety and Humility in Health Services* (2015), and supporting the implementation of the change leadership strategy to embed cultural safety in the health system.

¹ https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/indigenous-relations-reconciliation/declaration_act_action_plan.pdf

² <https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/gdx/rural-and-remote-covid-19-response-framework.pdf>

LEGISLATIVE SESSION – ESTIMATES NOTE

- 2016 bilateral Memorandum of Understanding (MoU) – *A Regional Engagement Process and Partnership to Develop a Shared Ten-Year Social Determinants Strategy for First Nation Peoples in BC* laid the foundation for 2 years of regional engagement sessions between provincial social ministries and First Nations leadership, culminating in a tripartite MoU.
- 2018 tripartite MoU – Supporting community-driven, Nation-based initiatives to improve mental health and wellness through the *Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness*. The Ministers of Health, Mental Health and Addictions, Children and Family Development, and Indigenous Relations and Reconciliation are signatories to the MoU, the implementation period of which has been extended to October 1, 2023.
- Engaging Indigenous partners in health system planning and implementation processes, including working to integrate First Nations team-based supports into regional/provincial health care systems (e.g., Elders and traditional healers), and establishing up to 15 First Nations Primary Health Care Initiative sites, two of which (Lu'ma Medical Centre and the Williams Lake First Nations Wellness Centre) are now operational with 10 more in active planning.
- Partnering with the Office of the Provincial Health Officer, FNHA, and Métis Nation BC to enhance population health and wellness monitoring and reporting through the Population Health and Wellness Agenda, the baseline report³ of which was released publicly on June 3, 2021. The Métis Public Health Surveillance Program Baseline Report⁴ was released on February 3, 2022.

FINANCIAL IMPLICATIONS

Financial implications for specific actions (e.g. implementing *In Plain Sight* recommendations) are detailed in the Indigenous Health Expenditures Fact Sheet.

KEY BACKGROUND

The Government of BC has also implemented a Declaration Act Secretariat which will support the development of guidelines for Section 3 of DRIPA, the Alignment of Laws which states “*In consultation and cooperation with the Indigenous peoples in British Columbia, the government must take all measures necessary to ensure the laws of British Columbia are consistent with the Declaration.*”. The Ministry is continuing to work closely with MIRR to ensure all legislative and regulatory changes meet the spirit, intent and obligations of the Province under DRIPA.

LAST UPDATED

The content of this fact sheet is current as of February 27, 2023, as confirmed by Teresa Dobmeier, Associate Deputy Minister, Indigenous Health and Reconciliation.

APPROVALS

2023 02 27 - Teresa Dobmeier, Indigenous Health and Reconciliation

³ <https://www.fnha.ca/Documents/FNHA-PHO-First-Nations-Population-Health-and-Wellness-Agenda.pdf>

⁴ https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/annual-reports/pho_metis_report_2021c_f3.pdf

LEGISLATIVE SESSION – ESTIMATES NOTE

Budget 2023 Overview

Topic: Health care is a top priority for the province and government will continue to make significant investments to support the public health system in BC and ensure people can access the care they need when they need it.

Key Messaging and Recommended Response:

- **Budget 2023 provides new funding of \$8.9 billion over the next three years to support health care services.**
- **The 2023/24 budget for health is \$28.7 billion, which represents an almost \$10 billion increase since 2017 [Note: Does not include time-limited Contingencies for COVID-19].**

CURRENT SITUATION

- Budget 2023 provides new funding of \$8.9 billion over the next three years to support health care services.
- The 2023/24 budget for health is \$28.7 billion, which represents an almost \$10 billion increase since 2017 [Note: Does not include time-limited Contingencies for COVID-19].

Operating (\$ millions)	2022/23	2023/24	2024/25	2025/26
Budget 2022 Restated	25,460.293	26,242.673	27,046.941	27,046.941
Budget 2023		28,673.508	29,887.097	30,669.129
Budget 2023 vs Budget 2022				
Plan over Plan \$ Change		2,430.835	2,840.156	3,622.188
Plan over Plan % Change		9.3%	10.5%	13.4%
Year over Year \$ Change		3,213.215		
Year over Year % Change		12.6%		

FINANCIAL IMPLICATIONS

N/A

KEY BACKGROUND

Improving Health Services

Budget 2023 provides \$6.4 billion over three years to support improved health care. This includes:

Operating (\$ millions)	2023/24	2024/25	2025/26	Total
General Health Services	\$ 556	\$ 611	\$ 1,440	\$ 2,607
Health Workforce Strategy	273	350	373	995
Primary Care				
Base	189	175	116	481
Contingencies	210	213	148	571
COVID				
Contingencies	875	-	-	875
Mental Health, Addictions & Treatment Services				
Base	51	38	39	128
Contingencies	148	259	332	739
Total	\$ 2,302	\$ 1,646	\$ 2,448	\$ 6,396
Base	1,069	1,174	1,968	4,211
Contingency	1,233	472	480	2,185

LEGISLATIVE SESSION – ESTIMATES NOTE

Demand for Health Services

\$2.6 billion over three years to support the growing demand for health services, which includes:

- Caring for a growing and aging population;
- Services delivered under MSP and PharmaCare; and
- **\$270 million** over three years for cancer care as part of government's \$440 million initial investment in BC's 10-Year Cancer Action Plan, which will expand access to cancer services, improve cancer-screening programs, and support recruitment and retention of oncologists.

Health Workforce Strategy

- Nearly \$1 billion (\$995 million) over three years to support government's health workforce strategy that was released in September 2022 and will focus on four key areas:
 - **Retain:** Foster healthy, safe and inspired workplaces, supporting workforce health and wellness, embedding reconciliation, diversity, inclusion and cultural safety and better supporting and retaining workers in high-need areas, building clinical leadership capacity and increasing engagement.
 - **Redesign:** Balance workloads and staffing levels to optimize quality of care by optimizing scope of practice, expanding and enhancing team-based care, redesigning workflows and adopting enabling technologies.
 - **Recruit:** Attract and onboard thousands of workers by reducing barriers for international health-care professionals, supporting comprehensive onboarding and promoting health-care careers to young people.
 - **Train:** Strengthening employer supported training models; enhancing earn and learn programs to support staff to advance the skills and qualifications; expanding the use of bursaries, expanding education seats for new and existing employees.
- Over the next three years, this funding will support new training programs and nearly 3,000 new post-secondary training seats, nearly 12,000 bursaries and more than 9,000 other training grants in addition to targeted financial incentives for health care staff. Funding will also support initiatives to address workplace violence, promote diversity and inclusion, and discrimination against Indigenous people while supporting the hiring of more Indigenous employees in health care.

Primary Care

- Nearly \$1.1 billion (includes Contingencies funding) to implement the new compensation model for family physicians announced in October 2022 and launched in February 2023, provide recruitment and retention incentives for new to practice family physicians and those approaching retirement, and build new IT systems such as patient-clinic registries to support access to primary care services.
- The new compensation model takes into account factors including:
 - the time a doctor spends with a patient;
 - the number of patients a doctor sees in a day;
 - the number of patients a doctor supports through their office;
 - the complexity of the issues a patient is facing; and
 - administrative costs currently paid directly by family doctors.
- The Province and Doctors of BC have also reached a new Physician Master Agreement (approved by 94% of votes cast) to better support all doctors and patient care. Government is investing \$708 million to support this agreement (not included in \$6.4 billion above).

Mental Health, Addictions, and Treatment Services

\$867 million over three years for mental health and substance use services and supports, including:

- **\$586 million** in Contingencies funding over three years to provide improved treatment and recovery services for people with substance use disorders, which includes:
 - Improving community-based treatment and recovery supports, including supports for marginalized people, First Nations, and youth;
 - Establishing a seamless continuum of care to support people through their recovery journey;

LEGISLATIVE SESSION – ESTIMATES NOTE

- Expanding services for people with complex and severe substance use and concurrent mental health disorders, including expansion of the Red Fish Healing Centre model; and
- Investing in building the skilled workforce needed to support expanded services.
- \$184 million to further address the illicit drug toxicity crisis, including support for safe substance use through safe prescription alternatives like diacetylmorphine and expanding prescribed safe supply. This funding will also support services for children and youth through prevention and early intervention as well as new integrated community crisis response teams like Integrated Mobile Response Programs (also known as cars programs) and planning for Indigenous-led Peer Assisted Care Teams (PACTs) ; and
- \$97 million builds on previous investments in complex care housing to support more than 600 individuals. This funding also includes additional operational funding as part of a 10-year plan to provide health-focused services and resources in new purpose built complex care units.

COVID-19 Pandemic

- Government recognizes the significant stresses and strains on the health system, the health care workforce, and British Columbians over the last three years and the on-going challenges caused by the COVID-19 pandemic.
- In Budget 2023, government is providing Contingencies funding of \$875 million in 2023/24 to support the on-going management and response to COVID-19. This funding supports:
 - ongoing COVID-19 and influenza vaccination programs;
 - provision of personal protective equipment for health care workers and COVID-19 testing;
 - enhanced screenings and additional measures to limit the risk of spreading COVID-19 to vulnerable residents in long-term care facilities, assisted living facilities, and provincial mental health facilities;
 - for people living in rural, remote, and Indigenous communities, improved medical transportation options, access to virtual care, and increased mental health supports; and
 - for the BC Centre for Disease Control to produce real-time data, modelling and analysis to support continued management of the pandemic.

Other Health Investments: Free Prescription Contraception

- Starting April 1, 2023, BC will be the first jurisdiction in Canada to make prescription contraception free to all residents.
- Budget 2023 provides \$119 million over three years to continue to implement this government commitment and fully cover costs for prescription contraception options, including most oral hormone pills, contraceptive injections, copper and hormonal intrauterine devices, subdermal implants, and Plan B (also known as the morning after pill).
- Free prescription contraception could save someone as much as \$10,000 over their lifetime.

Other Health Investments: Shared Recovery Wage Mandate

- Budget 2023 provides \$4.6 billion over 3 years to fund compensation increases related to various collective agreements in the health sector.
- This includes \$708 million to support the new Physician Master Agreement.

Record Capital Investments in Health Care

- Government continues to make historic investments in the expansion and upgrading of our health facilities, which will support major hospital construction projects and upgrading of health facilities, medical and diagnostic equipment, and information management/technology systems.
- This will help ensure British Columbians will have access to modern hospital and health facilities by making needed investments in areas across the province.
- As part of BC's largest ever capital investment in health care, Budget 2023 provides \$11.2 billion.
- Key investments include:
 - **\$2.2 billion** for new St. Paul's Hospital at the Station Street site in Vancouver with capacity for 548 inpatient beds, a new and larger emergency department, which is expected to be open for patients in 2027.

LEGISLATIVE SESSION – ESTIMATES NOTE

- **\$1.7 billion** for a new integrated hospital and cancer centre in Surrey to help meet the needs of a growing and aging population in the region. The new hospital will have 168 inpatient beds, an emergency department, a medical imaging department, a surgical suite, a pharmacy, a laboratory, and an academic space. The new cancer centre includes an oncology ambulatory care unit, chemotherapy and radiation, a new cyclotron and space for six linear accelerators. Construction is scheduled to begin in 2023 and will be open to patients in 2027.
- **\$1.4 billion** for replacement of the 54-year-old Cowichan District Hospital in Duncan with 204 inpatient beds (an increase of 70 beds), 36 emergency department spaces (increase of 19), and fixed MRI. Construction has started and will be open to patients in 2027.
- **\$1.2 billion** for Phases 2 and 3 of the Royal Columbian Hospital Redevelopment for a new 348 bed acute care tower, new surgical suite with 18 operating rooms,, which is expected to be open for patients in 2025, with Phase 3 completed in 2026.
- **\$861 million** for redevelopment of Richmond Hospital as part of a multi-phased project that includes 353 inpatient beds on the campus (increase of 113 beds) and a new acute care tower (216 of the 353 beds), which is expected to be open for patients in 2028.
- **\$633 million** for replacement of Mills Memorial in Terrace with 83 inpatient beds (an increase of 39 beds) and expansion of the Seven Sisters mental health facility, which is expected to be completed in 2026.
- **\$612 million** for Phase 1 of the Burnaby Hospital Redevelopment with new six-storey pavilion and new surgery centre, which is expected to be completed by 2027.
- **\$378 million** for replacement of the Dawson Creek and District Hospital with 70 inpatient beds (an increase of 24 beds) and larger emergency department, which is expected to be completed in 2027.
- **\$367 million** for redevelopment of Cariboo Memorial Hospital in Williams Lake with 53 inpatient beds (an increase of 25 beds) and new larger emergency department.
- **\$332 million** for Phase 2 of the Operating Rooms Renewal at Vancouver General Hospital to improve and expand the operating suite to two floors with an additional 12 flexible operating rooms, two hybrid rooms, and a 39 bay perioperative care unit. Construction is expected to start in 2023 and be completed in 2028.
- **\$310 million** for the construction of a new acute care facility at Lions Gate Hospital, which will replace 108 inpatient beds, expand the perioperative suite, supports for new and existing operating rooms, and new outpatient clinics and support services. Construction started in 2021 and is expected to be complete in 2024.
- **\$224 million** for the Western Communities Long-Term Care project, which will provide a new 306-bed long term care home. Construction is to start in 2025 and be completed in 2027.
- Government Financial Information
- **\$158 million** for the replacement of the Stuart Lake Hospital in Fort St. James which will be three times larger and is expected to be completed in 2024.
- To improve cancer care across BC, government is also moving forward with new cancer centres in Kamloops and Nanaimo, in addition to the new cancer centre integrated into the new Surrey Hospital Project and the new cancer centre that will be integrated into Phase 2 of the Burnaby Hospital Project.

Cost Drivers in Health Care

- Growing population – over the period 2023 to 2026, BC’s population is projected to grow from 5.337 million to 5.552 million (increase of 0.215 million or 4.0%).
- Aging population – health services tend to be used at higher rates as the population ages. The BC population over 65 years of age is expected to grow from 1,104,543 in 2023 to 1,222,417 by 2026 (an increase of 118,474 or 11.1%). This also results in increased home care and residential care demands. The share of health expenditure spent on Canadians 65 and older was 46.0% in 2019. By comparison, the share spent on Canadians aged 1 to 64 was 53.0% and was 1.0% for infants younger than age 1 in 2019.

LEGISLATIVE SESSION – ESTIMATES NOTE

- Technology - advancement in technology and testing expands the ability to treat more people for existing conditions (e.g. hip replacements for older patients), and new and expensive treatments for previously untreatable conditions.
- Chronic disease – managing incidents of chronic disease (e.g. diabetes, renal failure, congestive heart failure).
- Drug costs – rapidly rising drug prices, especially cancer drugs and increased utilization.
- Developmental conditions - expanding treatment for developmental conditions (e.g. autism, fetal alcohol syndrome).
- Compensation pressures – negotiated compensation agreements covering six health sector bargaining units (e.g. resident doctors of BC, nurses, ambulance paramedics).
- Public health emergencies – preparing for and managing critical situations of a temporary nature that seriously endanger the lives, health and/or safety of the population (e.g. opioid overdose crisis, COVID-19).

LAST UPDATED

The content of this fact sheet is current as of 2023-04-05 as confirmed by Stephen Ward.

APPROVALS

2023 04 06 - Steve Ward, Financial Operations, Finance and Corporate Services Division

2023 04 11 - Rob Byers, Finance and Corporate Services Division

LEGISLATIVE SESSION – ESTIMATES NOTE

COVID-19 Operating Expenditures

TOPIC

In March 2020, the Public Health Officer (PHO) declared a state of emergency due to the COVID-19 pandemic. In response to this, the Ministry of Health has taken steps to minimize the impacts of this evolving public health issue.

Key Messaging and Recommended Response:

- British Columbia has taken and is continuing to take measures to respond to the COVID-19 health pandemic
- Health, health authorities and other front-line health care service delivery organizations continue to incur costs to support BC's response efforts for the impact from COVID-19 and other seasonal respiratory illnesses in Fall/Winter 2022/23
- COVID-19 transmission continues to have significant impact on the health system, both from individuals seeking care, as well as increased staff illness

CURRENT SITUATION

In 2022/23 the Ministry received approval to access Pandemic Recovery Contingencies for up to \$875 million to respond to the health-care requirements of COVID-19. Up to \$915 million in additional funding is available in Contingencies (page 30 of the 2022/23 – 2024/25 Budget and Fiscal Plan) if conditions require additional funding.

FINANCIAL IMPLICATIONS

As at December 31, 2022, the Ministry is forecasting the total spend to be \$6.005 billion on COVID-19 operating expenses.

- \$25.21 million – 2019/20
- \$2.308 billion – 2020/21
- \$2.194 billion – 2021/22
- \$1.478 billion – 2022/23 forecast as of December 31, 2022

KEY BACKGROUND

The Ministry undertook the following actions in response to the COVID-19 pandemic:

Health Authority Funding

This represents health related COVID-19 response measures such as increased lab testing, long-term and assisted living facilities, prevention and contact tracing measures, free parking at health authority sites, personal protective equipment, accelerating rescheduled surgeries, and increased staffing across the health spectrum.

Additional Ministry Expenses

Laboratory Services

In addition to the testing done by health authorities the Ministry engaged LifeLabs and Valley Labs to complete additional COVID-19 testing.

Immunize BC Plan

- 1-833 Get Vaccinated Call Centre – The Ministry of Health established the provincial Get Vaccinated Call Centre with the support of ServiceBC, TELUS, IBM and Maximus to assist citizens with registering and booking their COVID-19 vaccinations. The call centre is a core service being delivered to support BC's COVID-19 Immunization Plan.

