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Canada Health Transfer and Bilateral Funding Agreements

Topic: Status of the Canada Health Transfer (CHT) and other bilateral funding agreements, including the Working Together to Improve Health Care in Canada Agreement and Aging with Dignity Funding Agreement.

Key Messaging and Recommended Response:

- **BC and Health Canada signed the Working Together to Improve Health Care for Canadians Agreement on October 10, 2023, which includes available funding of approximately \$407 million per year for three years.**
 - **\$82 million in each of the three years is targeted to mental health and addictions in the new agreement, continuing from the prior Home and Community Care and Mental Health and Addictions (HCCMHAS) funding agreement from 2017.**
 - **The majority of the funding (\$325 million in 2023/24) will support the health workforce, including implementation of nurse patient ratios; addressing diagnostic and treatment backlogs; and/or assisting with modernizing health data systems.**
- **BC and Health Canada signed the Aging with Dignity Bilateral Agreement on February 12, 2024, which includes available funding of approximately \$163 million per year for four years and \$81 million in the fifth year.**
 - **Planned expenditures include \$74 million in 2023/24, \$90 million in 2024/25, and \$82 million 2025/26 and 2026/27 is targeted to home and community care in the new agreement, continuing from the prior HCCMHAS funding agreement from 2017.**
 - **The remaining planned expenditures increase over the five-year period from \$76 million in 2024/25 to \$110 million in 2027/28 includes long-term care (LTC) funding that was previously announced as part of the federal government's 2021 Budget. A large portion of this will be used to continue to stabilize and support the LTC workforce.**
- **These two bilateral agreements are part of the Working Together to Improve Healthcare in Canada federal funding agreement.**

- **In Budget 2024, BC is investing nearly \$10 billion over three years to strengthen our health care system, including cancer care, seniors care, mental health and addictions services, and planning for in-vitro fertilization.**
- **This builds on the significant investments made since 2017 to improve health care for all British Columbians.**

NOTE: COPIES OF THE BILATERAL AGREEMENTS ARE IN THE SUPPLEMENTAL BINDER.

CURRENT SITUATION

- BC and Health Canada have signed both bilateral federal funding agreements that are part of the Working Together to Improve Healthcare for Canadians federal funding package.
- The Working Together to Improve Health Care for Canadians Agreement was signed on October 10, 2023, and includes approximately \$407 million per year for three years of new funding.
- \$82 million of that is part of the previous HCCMHAS funding from 2017 that is targeted to mental health and addictions in the Working Together Agreement.
- The majority of the funding (\$325 million) will support the health workforce, including implementation of nurse patient ratios; addressing diagnostic and treatment backlogs; and/or assisting with modernizing health data systems.
- The targeted funding is to be used in some or all of the following priority areas:
 - Expanding access to family health services, including in rural and remote areas;(BC is not funding this area)
 - Reducing backlogs and better support BC's healthcare workers;
 - Modernizing how we track and report health data; and,
 - Improving access to mental health and addictions services.
- The Aging with Dignity Agreement was signed on February 12, 2024, and includes \$163 million per year for four years and \$81 million in the fifth year.
- This includes \$74 million in 2023/24, \$90 million in 2024/25, and \$82 million 2025/26 and 2026/27 and is part of the previous HCCMHAS funding from 2017.
- The remaining funding allocation increases over the five-year period from \$89 million in 2023/24 to \$110 million in 2027/28 and includes LTC funding that was previously announced as part of the federal government's 2021 budget.
- Due to the timing of the federal funding announcement and the agreement not being finalized until late in the fourth quarter of fiscal 2023/24, BC and Health Canada have agreed to carry forward Aging with Dignity funds into the following fiscal years until 2026/27.
 - BC will carry forward the \$89 million available for Long Term Care from 2023/24, \$86 million from 2024/25, \$59 million from 2025/26, and \$29 million in 2026/27 to be spent over the final three years of the agreement as \$108 million in 2025/26, \$111 million in 2026/27, and \$110 million in 2027/28, fully expending the available funding.
- The funding will be used to expand home and community care services, strengthen oversight and reporting to provide safer, more personalized care, support the delivery of LTC, and improve the availability and quality of dementia care, palliative care, and end-of-life care. Specific examples include:
 - Implementation of the LTC@Home pilot program to provide technology-enabled remote support in participants own homes;
 - Education and training to enhance dementia care;
 - Development and implementation of the Integrate interRAI Reporting System; and
 - Continue to work on stabilizing the LTC workforce.
- Federal plans for the Personal Support Worker funding have still not been shared with provinces and territories and will be added into this agreement as an amendment once finalized.

- For BC’s Budget 2024, the revenue assumptions for the Canada Health Transfer and other health related federal government transfers total nearly **\$7.8 billion** for 2024/25, including:
 - \$7.153 billion for the Canada Health Transfer;
 - \$90 million for Home and Community Care;
 - \$76 million for Long-term Care;
 - \$82 million for Mental Health and Substance Use;
 - \$295 million for Health Workforce and backlogs;
 - \$30 million for Modernizing Health Systems; and
 - \$10 million for the Workforce Development Agreement.
- The recent announcement for the Aging with Dignity bilateral agreement is **not** included in the revenue assumptions for Budget 2024 due to timing.
- Further details regarding federal plans for the Indigenous Health Equity Fund are being communicated directly to Indigenous organizations by Indigenous Services Canada, including to the First Nations Health Authority, with limited information being shared by Health Canada.

FINANCIAL IMPLICATIONS

In 2023/24, the Ministry is forecast to receive approximately \$7.113 billion from the CHT and approximately \$492 million in additional federal funding, which accounts for just over 24% of health spending.

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

- Between 2023/24 and 2027/28, BC will receive bilateral funding of nearly \$2 billion, starting in 2023/24 with \$481 million.
- The \$481 million includes \$407 from the Working Together Agreement and \$74 million from the Aging with Dignity Bilateral Agreement.
- An additional \$1.7 billion for all PTs to support personal support workers working conditions and wages was announced as part of the Aging with Dignity Bilateral Agreement in February 2023, however, further details including PT allocations are still outstanding from Health Canada and the current action plans have been developed without consideration for this element.

LEGISLATIVE SESSION – ESTIMATES NOTE

- The \$74 million does not represent the full amount available for 2023/24, but due to the timing of the federal funding announcement and the agreement not being finalized until late in the fourth quarter of fiscal 2023/24, BC and Health Canada have agreed to carry forward Aging with Dignity funds into 2026/27.
- BC plans to carry forward \$89 million from 2023/24, then \$86 million from 2024/25, \$59 million from 2025/26, and \$29 million from 2026/27. This shifts the balance of the spending to the latter three years of the agreement but does provide a plan to fully utilize the available funding.

Table 1: Actual Funding Allocations Based on Signed Aging with Dignity Agreement

Initiative	Incremental Investments					Total
	2023-24	2024-25	2025-26	2026-27	2027-28	
Total available Funding	163	163	163	163	81	733
Home and Community Care planned expenditure	74	90	82	82	N/A	328
Long-term Care planned expenditure	0	76	108	111	110	405
Total planned carry forward into next fiscal year	89	86	59	29	0	

Advice/Recommendations; Government Financial Information; Intergovernmental Communications

- The first bilateral agreement covers the 4 shared health priorities and delivers 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 focuses 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.

LEGISLATIVE SESSION – ESTIMATES NOTE

Table 2: Summary of Canada Health Transfer and Additional Federal Funding as Percentage of BC Health Sector Spend

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	2026/27
Canada Health Transfer	5,004.00	5,204.00	5,467.00	5,678.00	5,865.00	6,176.00	7,113.00	7,153.00	Government Financial Information	
Additional Federal Funding			9.78	1,628.65	359.08	173.75	491.67	583.07		
Total Federal Funding (Note 1)	5,004.00	5,204.00	5,476.78	7,306.65	6,224.08	6,349.75	7,604.67	7,736.07		
Year over Year % Change		4.00%	5.24%	33.41%	-14.82%	2.02%	19.76%	1.73%		
Total Health Sector Spend / Budget (Note2)	20,927.00	22,159.00	23,456.00	25,613.00	27,591.00	30,322.00	31,466.00	35,944.00		
Year over Year % Change		5.89%	5.85%	9.20%	7.72%	9.90%	3.77%	14.23%		
Canada Health Transfer as a percentage of Health Sector Spend	23.9%	23.5%	23.3%	22.2%	21.3%	20.4%	22.6%	19.9%		
Total Federal Funding as a percentage of Health Sector Spend	23.9%	23.5%	23.3%	28.5%	22.6%	20.9%	24.2%	21.5%		

Note 1

Additional Federal funding is recognized in the year received.

Note 2

2017/18 - 2022/23 is from Public Accounts.

2023/24 - 2025/26 is from BC's 2024/25 Budget and Fiscal Plan.

LAST UPDATED

The content of this estimates note is current as of March 11, 2024, as confirmed by Darlene Therrien.

APPROVALS

2024 02 28– Steve Ward obo Rob Byers, Finance and Corporate Services Division

2024 03 11 - Darlene Therrien, Intergovernmental Relations

2024 03 11 - Jonathan Dubé, Associate DM, Health System Operations

In Plain Sight Report Recommendations - Implementation

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

Key Messaging and Recommended Response:

- **We know systemic racism exists and it is damaging to the health and wellness of people in our province, especially Indigenous people.**
- **We acknowledge we cannot move fast enough to respond to historic and ongoing Indigenous-specific racism.**
- **Everyone in British Columbia deserves to feel safe and supported when accessing health services.**
- **We need safe and effective processes for resolution, healing, and learning, which is why the Province is taking action to embed cultural safety and hardwire anti-racism into organizational responses to harm in healthcare, including BC's Patient Care Quality process.**
- **That's also why we are implementing the 24 recommendations made in the In Plain Sight Report. An update on our progress to date was released on October 6, 2023.**
- **Profound systems transformation takes time, dedication and ongoing work to ensure cultural safety and humility is embedded and racism is eradicated.**
- **While we have more work to do, we are making significant progress implementing the In Plain Sight recommendations.**

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 the health authorities 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.
- In 2022-2025 collective agreements, health employers and health sector unions and bargaining associations agreed to a new Memorandum of Agreement (MOA) acknowledging the pervasive harms of colonialism faced by Indigenous peoples and committed to working together to take a comprehensive system-wide approach to confronting Indigenous specific-racism and cultural safety.

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.
- In Summer 2023, the Ministry of Attorney General conducted community-led public engagement sessions for the *Anti-Racism Act*. Release of an Engagement Report summarizing engagement feedback is targeted for early 2024, and the Act is expected to be introduced in Spring 2024.
- 2021 – *Human Rights Code* amended to include Indigenous identity as a ground for discrimination.
- The *Public Interest Disclosure Act* became applicable to all health authorities on June 1, 2023, supporting whistleblower protections and a “Speak Up Culture”. Health authorities are instituting appropriate policies or procedures to support application and implementation of the Act.

Recommendation #5

- In October 2022 Health Quality BC (HQBC) hosted a workshop and public lecture on restorative processes in quality improvement and complaints-focused learning, which resulted in a collaborative ‘Restorative Circle’ working group. The Circle hosted a Leadership Symposium in November 2023 to advance structural changes to BC’s patient care and quality processes.
- HQBC 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 signatories 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* are extending the implementation period to April 2, 2025 (pending approval).

Recommendation #7 – Métis Nation BC (MNBC) and the Ministry have bi-monthly bilateral meetings. A Health, Mental Health and Harm Reduction Table has been established between MNBC, MoH, MMHA, and MIRR. MNBC has signed Letters of Understanding have been signed with all six provincial health authorities.

Recommendation #8 – The HSO (Health Standards Organization) BC Cultural Safety and Humility Standard was published in June 2022, co-developed with the First Nations Health Authority (FNHA). The CSH Standard is currently being used to help guide health system organizations as they work towards improved cultural safety and humility, with the intent that this standard will subsequently become part of the suite of standards that Accreditation Canada uses to assess and accredit health care organizations. In January 2023 the Ministry of health established an internal working group to develop an implementation plan for operationalizing the Standard within the Ministry. In January 2024, the working group began discussing how to support the implementation plan.

Recommendation #9 – The Tripartite Data Quality & Sharing Agreement (TDQSA) has been extended to April 2024 and FNHA and the Ministry are collaborating on the development of a new agreement to replace the TDQSA, in alignment with DRIPA. A provincial Indigenous Cultural Safety Measurement working group 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 established 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 role of Associate Deputy Minister of Indigenous Health and Reconciliation was created to lead the 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. The role is currently vacant.

Recommendation #14 - All HAs have at least 2 Indigenous Board members. All HAs including PHSA, and Providence Health Care, have established and filled Vice President, Indigenous Health positions and have built up Indigenous health and cultural safety teams. Through the Ministry’s collaboration with the VPs of

Indigenous Health, BC's Health Human Resources Strategy includes targeted strategies to support and protect Indigenous people as both patients and providers, with the goal of eliminating Indigenous-specific racism.

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.
- In March 2023, Health Quality BC and the MoH hosted a provincial dialogue on cultural safety and humility training and education with the aim to develop a guide with standardized learning expectations and outcomes at a provincial level. This guide is currently in development.
- A new medical school is being established at SFU and curriculum will be designed to embed and equalize Indigenous knowledge systems.

Recommendation #19 - The Ministry 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 CSH Standard.

Recommendation #24 - A Task Team was formed and launched on May 12, 2021, with MNBC, 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, experience with Indigenous engagement and addressing Indigenous-specific anti-racism. Task team's mandate was for a minimum 24-month term. The Task Team concluded on June 27, 2023, and a full report on progress towards implementation of the 24 recommendations was publicly released in October 2023.

FINANCIAL IMPLICATIONS

Budget 2021 provided \$15 million annually over three years 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. The review concluded with both a full and summary report and a data report released in February 2021.
- Additional steps taken, in alignment with IPS and provincial response, included:
 - 5 new Indigenous health liaison positions funded in each HA with 2 additional positions at Providence Health Care, for a total of 32 net 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 toll-free number and email address has been transferred to the Office of the Ombudsperson and will be maintained as a reporting resource while processes for effective system complaints processes are strengthened.

LAST UPDATED

The content of this estimates note is current as of February 9, 2024 as confirmed by Diana Clarke, Sr. Executive Director, Indigenous Health and Reconciliation Division.

APPROVALS

2024 02 14 - Peter Klotz, Finance and Corporate Services Division
2024 02 20 - Diana Clarke, Indigenous Health and Reconciliation

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 (BCAAFC), and Métis Nation BC (MNBC) to support the advancement of Indigenous health and wellness initiatives.

Key Messaging and Recommended Response:

- **The Ministry of Health continues to invest in the advancement of Indigenous health and wellness initiatives. This includes:**
- **Annual funding to health authorities, the First Nations Health Authority (FNHA), the BC Association of Aboriginal Friendship Centres (BCAAFC), and Métis Nation BC (MNBC).**
- **The implementation of the 24 recommendations made in the In Plain Sight (IPS) Report. An update on progress to date was released on Oct. 6, 2023.**
- **Aligning BC's Health Human Resources Strategy (HHR) with UNDRIP, the Declaration Act, IPS and BC's Cultural Safety and Cultural Humility Standard.**
- **First Nations primary care centres - since 2018 we've opened/launched the Williams Lake First Nations Wellness Centre and Sts'ailes Community Care Campus, and primary care networks in the community of Lheidli T'enneh and First Nations Virtual Doctor of the Day and the First Nations Virtual Substance Use and Psychiatric Service.**
- **Establishing additional Indigenous patient support positions, Indigenous Patient Navigators, cultural competency training, and developing robust Indigenous data and reporting as part of BC's 10-year Cancer Action Plan.**

CURRENT SITUATION

Health Authorities

\$10.4 million annual base funding was allocated to health authorities (\$4.9 million beginning in 2020/21 and \$5.5 million beginning 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.

First Nations Health Authority (FNHA)

- The Ministry supported the *Tripartite Framework Agreement on First Nations Health Governance* (2011) with contributions to FNHA of \$100 million from 2006/07 - 2019/20. The Ministry also provided a lump sum of \$22 million to further support the FNHA for various health actions programs under the Indigenous Sport, Physical Activity & Recreation Council and other organizations.
- The Ministry commits up to \$15.33 million annually to support 27 Nation-based projects through a Joint Ministry-FNHA Project/Priorities Board.

- The FNHA funding letter supports the partners’ annual Letter of Mutual Accountability (LMA).
- The Ministry provided FNHA \$3.6 million in 2021/22 for Doctor of the Day programs and for Substance Use and Psychiatry programs and service delivery.
- For 2023/24, the Ministry provided \$42.18 million (excluding JPB) base funding including:
 - \$10.750 million to support Indigenous Treatment and Land-Based Healing Services
 - \$10.313 million to support Primary Care Strategy
 - \$8 million to support Indigenous Health and Culturally Appropriate Services
 - \$7.730 million to support Mental Health and Addictions Services
 - \$1.902 million to support Primary Care Networks
 - \$1 million to support Traditional Healing and Wellness Strategy
 - \$0.720 million to support Health Authority Liaison
 - \$0.595 million to support Cultural Safety & Humility
 - \$0.473 million to support Primary Care
 - \$0.250 million to support Aboriginal Land-based Substance Use
 - \$0.250 million to support Aboriginal Suicide & Critical Incident Response Team Expansion
 - \$0.196 million to support Health Human Resources Strategy
- In 2020/21 The Ministry Provided FNHA \$1.23 million for the COVID-19 Pandemic Response. In 2021/22, The Ministry provided FNHA \$16.68 million COVID-19 Funding, including \$5.88 million to support COVID-19 Contact Tracers, and \$10.8 million to support Rural Remote Collaborative.
- In 2022/23, the Ministry also provided funding to support First Nations Harm Reductions (\$4.0M, First Nations Treatment Centers, \$35 million, Stas’ailes Community Care Center \$13 million, Tripartite Memorandum of Understanding \$5.015 million).

BC Association of Aboriginal Friendship Centres (BCAAFC)

The Ministry provides BCAAFC with a grant of \$0.2 million to support projects and initiatives benefiting urban and off-reserve Indigenous populations.

Métis Nation BC (MNBC)

- The Ministry provides MNBC with an annual \$825,000 grant through 2024/25 to support health and wellness initiatives benefiting Métis peoples and communities in BC including partnership development, supporting the Métis Public Health Surveillance Program, facilitating Métis participation across the spectrum of Indigenous engagement, working relationships with health partners, and collaboration on implementing In Plain Sight recommendations.
- The Ministry provided MNBC with a \$1 million one-time grant in 2023/24 to support the development of a Métis Health and Wellness Strategy and Plan to advance Métis health and wellness priorities and support collaboration with the Province on the DRIPA Action Plan.

National Collaborating Centre for Indigenous Health (NCCIH)

- \$0.550 million 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.
- \$0.850 million in 2021/22 to NCCIH through the University of Northern BC to work with health authorities and health system partners to advance initiatives related to the Cultural Safety and Humility standard, Indigenous Cultural Safety measurement, and education and training.

Memorandum of Understanding 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, MMHA, Children and Family Development (MCFD), and Indigenous Relations and Reconciliation (MIRR).
- \$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.

- In 2019, the Province provided \$20 million (matched by FNHA) 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 tripartite allocation of \$60 million.¹

FINANCIAL IMPLICATIONS

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

- \$124.208 million to the FNHA
- \$10.4 million to the health authorities
- \$0.200 million to the BC Association of Aboriginal Friendship Centres
- \$1.825 million to MNBC

KEY BACKGROUND

The Ministry provides ongoing financial supports for Indigenous-specific health and wellness initiatives through mandated Ministry service planning and for prior obligations, including:

- Funding to health authorities/other organizations for Indigenous health services and initiatives;
- Implementation of the In Plain Sight (IPS) recommendations and collaboration on the *Declaration on the Rights of Indigenous Peoples Act* (DRIPA) Action Plan.

LAST UPDATED

The content of this estimates note is current as of February 9, 2024 as confirmed by Diana Clarke, Sr. Executive Director, Indigenous Health and Reconciliation.

APPROVALS

2023 01 24 - Diana Clarke, Indigenous Health and Reconciliation

2024 02 20 - 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, 2023 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>

Ministry Declaration Act Action Plan Commitments

Topic: The Declaration Act Action Plan commits the government to completing specific deliverables to enable true and lasting reconciliation with Indigenous peoples.

Key Messaging and Recommended Response:

- **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.**
- **The Action Plan attaches responsibility for the delivery of each action with the appropriate ministries.**
- **We released the 2022-23 DRIPA Annual Report on Progress in June 2023.**
- **Several actions are being undertaken by the Ministry of Health in partnership with the Ministry of Mental Health and Addictions, this includes:**
- **The implementation of the 24 recommendations made in the In Plain Sight (IPS) Report. An update on progress to date was released on Oct. 6, 2023.**
- **Aligning BC's Health Human Resources Strategy (HHR) with UNDRIP, the Declaration Act, IPS and BC's Cultural Safety and Cultural Humility Standard. This includes the following HHR strategic actions:**
 - **Action 10 - Provincial Organizational Standard for Cultural Safety and Cultural Humility**
 - **Action 11 - Indigenous Employee Experience Advisors and Development Funding**
 - **Action 45 - Indigenous Leader Recruitment and Support Initiative**
 - **Action 46 - Indigenous-Specific Recruitment Strategy**
 - **Action 54 - Cultural Safety and Humility Training Expansion**
 - **Action 66 - Master of Nursing in Indigenous Health Implementation**
- **We are working with the First Nations Health Authority to develop First Nations primary care centres that are led by First Nations. There are currently two operating First Nations primary care clinics in the province, with more to open over the next two years; since 2018, together we've opened/launched the Lu'ma**

Medical Centre and the Williams Lake First Nations Wellness Centre and have initiated work on the Sts'ailes Community Care Campus.

- The Action Plan reflects the voices of Indigenous Peoples affected by cancer. We are committed to establishing additional Indigenous patient support positions (there are currently six - one at each of the regional cancer centres), Indigenous Patient Navigators to help patients who identify as First Nations, Metis or Inuit receive supportive care that is trauma informed and culturally safe. We are also committed to enhancing cultural competence by increasing the uptake of formal cultural competency training, such as the San'yas Indigenous Cultural Competency training, by healthcare workers, and to collaborate with Indigenous partners to develop robust Indigenous data and reporting to drive quality improvement.
- In addition, the Ministry of Health worked for over a year in consultation and cooperation with numerous Indigenous leadership groups to draft the Health Professions and Occupations Act (HPOA), previously known as Bill 36.
- The goal of the HPOA is to ensure that BC's health-care system continues to provide the best possible care to the people and families that live in this province, and it does that by strengthening protections for patients.
- In response to a recommendation made in the In Plain Sight report, the HPOA received royal assent in the BC Legislative Assembly on November 24, 2022, with provisions to address Indigenous-specific racism in the health-care system.
- The HPOA is just one facet of the fight against Indigenous-specific racism in the healthcare system, it makes numerous changes to how health professionals are regulated in this province with significant focus on dealing with discrimination and cultural safety and humility.
- The HPOA now has an explicit linkage to the BC Human Rights Code, which includes the protected ground of "Indigenous identity."
- Through the HPAO, our government has defined anti-Indigenous racism as a harm, for the first time in history.

CURRENT SITUATION

- 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.
- The DRIPA Action Plan was released March 30, 2022 with a five-year timeline. The Action Plan attaches responsibility for the delivery of each action with the appropriate ministries.
- The 2022-23 DRIPA Annual Report on Progress was released in June 2023 in a completely online format to improve public accessibility.
- The following DRIPA Action Plan actions are being led by the Ministry of Health. Several actions are being undertaken in partnership with the Ministry of Mental Health and Addictions (MMHA):
 - **3.7** - Implement recommendations made in the In Plain Sight: Addressing Indigenous-specific racism and discrimination in BC health care report, striving to establish a health care system in BC that is culturally safe and free of Indigenous-specific racism.
 - **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. (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. (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.
 - **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 Framework¹ to ensure access for all Indigenous Peoples to immediate and culturally safe and relevant care closer to home. (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. (MMHA)
- The Ministry is a supporting partner for the following actions being led by other Ministries:
 - **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, HLTH, 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. (MMHA, HLTH)

FINANCIAL IMPLICATIONS

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

KEY BACKGROUND

The Ministry is a party to several commitments, partnerships and activities that support the achievement of elements of the DRIPA Action Plan:

¹ <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>

- The Métis Nation Relationship Accord (2006) 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 (MNRA II) and includes the following additional areas of focus: children and families, information sharing, justice, and wildlife stewardship. In October 2021, BC and MNBC signed a Letter of Intent to outline the collective intent to advance their relationship.
- Collaborative implementation of the British Columbia *Tripartite Framework Agreement on First Nations Health Governance* (2011).
- 2015 *Protocol on the Social Determinants of Health* with the First Nations Leadership Council.
- 2015 *Declaration of Commitment to Cultural Safety and Humility in Health Services* supporting implementation of a change leadership strategy to embed cultural safety in the health system.
- 2016 bilateral Memorandum of Understanding – *A Regional Engagement Process and Partnership to Develop a Shared Ten-Year Social Determinants Strategy for First Nation Peoples in BC*.
- 2018 Tripartite MoU – *Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness*, supporting community-driven, Nation-based initiatives to improve mental health and wellness. The Ministries of Health, MMHA, Children and Family Development, and Indigenous Relations and Reconciliation are signatories to the MoU which will be extended to April 2, 2025 (pending approval).
- Engaging Indigenous partners in health system planning and implementation processes, including working to integrate First Nations team-based supports (Indigenous Patient Liaisons, Elders, and other resources) into primary care networks and health care settings, and establishing up to 15 First Nations Primary Health Care Initiative sites.
- Partnering with the Office of the Provincial Health Officer, FNHA, and MNBC to enhance population health and wellness monitoring and reporting through the Population Health and Wellness Agenda, the baseline report² of which was released publicly on June 3, 2021. The Métis Public Health Surveillance Program Baseline Report³ was released on February 3, 2022.

LAST UPDATED

The content of this estimates note is current as of February 9, 2024 as confirmed by Diana Clarke, Sr. Executive Director, Indigenous Health and Reconciliation.

APPROVALS

2024 02 09 – Diana Clarke, Indigenous Health and Reconciliation

² <https://www.fnha.ca/Documents/FNHA-PHO-First-Nations-Population-Health-and-Wellness-Agenda.pdf>

³ 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

Budget 2024 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 2024 provides new funding of \$9.978 billion over the next three years to support health care services.**
- **The 2024/25 budget for health is \$32.857 billion, which represents an almost \$16.7 billion increase since 2016/17.**

CURRENT SITUATION

- *Budget 2024* provides new funding of **\$9.978 billion** over the next three years to support health care services. These investments support meaningful health outcomes and quality health services for BC’s population.
- *Budget 2024* prioritizes investments first put in place during the pandemic to protect British Columbians with over **\$3 billion** over the plan to support ongoing costs for measures previously funded through one-time pandemic contingencies.

Operating (\$ millions)	2023/24	2024/25	2025/26	2026/27
Budget 2023 Restated	\$28,673.508	\$29,887.097	\$30,669.129	\$30,669.130
Budget 2024		32,857.312	33,751.847	34,594.515
Budget 2024 vs Budget 2023				
Plan over Plan \$ Change		\$2,970.215	\$3,082.718	\$3,925.385
Plan over Plan % Change		9.94%	10.05%	12.80%
Year over Year \$ Change		\$4,183.804	\$894.535	\$842.668
Year over Year % Change		14.59%	2.72%	2.50%

FINANCIAL IMPLICATIONS

N/A

KEY BACKGROUND

Improving Health Services – Budget 2024 Fiscal Plan Incremental Increases

- *Budget 2024* provides new funding of **\$9.978 billion over three years** to support improved health care. This includes:

Operating (\$ millions)	2024/25	2025/26	2026/27	Total
General Health Services	\$ 407.415	\$ 414.410	\$ 1,238.124	\$ 2,059.949
COVID-19	1,011.170	1,015.036	1,014.742	3,040.948
Seniors Care	44.998	145.563	163.034	353.595
Cancer Care	90.000	90.000	90.000	270.000
Mental Health & Addictions	36.778	37.962	39.739	114.479

Operating (\$ millions)	2024/25	2025/26	2026/27	Total
Other Investments:				
Ministry staffing – Seniors	0.697	0.697	0.697	2.091
Public Safety Programs NCC	3.464	3.357	3.357	10.178
SFU Medical School	2.110	2.110	2.110	6.330
Shared Recovery Wage	1,373.583	1,373.583	1,373.583	4,120.749
HLTH Total	\$ 2,970.215	\$ 3,082.718	\$ 3,925.386	\$ 9,978.319
HLTH IVF Contingencies	-	\$ 34.000	\$ 34.000	\$ 68.000

Health Core Service Caseload

- *Budget 2024* provides **\$2.060 billion** over the fiscal plan to support caseload demands due to a growing and aging population and inflationary pressures for meaningful health outcomes and quality health services for British Columbia’s population.
- Healthcare in BC is primarily demand-driven to meet continually increasing population healthcare needs across the province in a safe, timely, and effective way.
- This incremental funding will allow HLTH to meet the health care needs of a growing and aging population and address higher than forecast inflationary pressures.

Ongoing COVID-19 Costs

- Government recognizes the significant stresses and strains on the health system, the health care workforce, and British Columbians over the last four years and the on-going challenges caused by the COVID-19 pandemic.
- Though the COVID-19 virus has shifted from pandemic to endemic, the health care system is still feeling the effects of the pandemic and the on-going pressures of COVID-19 as a new annual respiratory virus.
- In *Budget 2024*, government is providing incremental a base budget of **\$1.011 billion** in 2024/25 and a total of **\$3.041 billion** over the three-year fiscal plan to support on-going COVID-19 related spending. This funding includes:
 - COVID-19 vaccination costs and influenza vaccination programs;
 - provision of personal protective equipment for healthcare workers;
 - on-going COVID -19 lab testing capacity; and
 - for people living in rural, remote, and indigenous communities, continuation of improved medical transportation options, access to virtual care, and increased mental health supports.

Cancer Care

- New funding of **\$270 million** over three years will make progress on BC’s three-year Cancer Action Plan (the Plan), with a focus on:
 - improving access to prevention, screening, and diagnostics.
 - increasing capacity to deliver cancer treatments.
 - continuing system-wide planning for the future.
- Building on investments in *Budget 2023*, this funding will deliver system improvements that better meet the needs of cancer patients, their families, and the workforce that supports them.

Seniors Care

- *Budget 2024* includes investments of **\$354 million** over three years to strengthen home and community care services for seniors.
- This funding will support seniors to age safely and comfortably in their homes, helping maximize their quality of life, dignity, and independence.
- By improving the quality and accessibility of home- and community-based services, these investments will also reduce pressure on other parts of the health care system, including hospitals and long-term care.

In Vitro Fertilization

- To support people who need help on the path to parenthood, BC will immediately begin work to establish a program to help with the cost of in-vitro fertilization (IVF) services.
- Starting April 1, 2025, BC will launch the new publicly funded IVF program, funding both treatment and medication for a single cycle of treatment.
- *Budget 2024* sets aside total funding of **\$68 million** in contingencies in 25/26 to 26/27 to support these measures.
- An expert clinical group will be constituted in 2024 to assist in the creation of publicly funded IVF services including age considerations, service delivery options, and care pathways to access the service throughout BC.

ImmsBC

- Funding for ImmsBC was contemplated separately from Budget 2024 and a decision letter is forth coming.
- ImmsBC, also known as the Get Vaccinated system, enabled public health to mobilize COVID-19 vaccinations rapidly during the pandemic by notifying citizens about their vaccine eligibility, giving them a convenient way to book appointments online, and supporting real-time, consolidated reporting of vaccination metrics for all of BC.
- Over 4 million people across the province are already registered with the ImmsBC platform.
- Since April 2021, ImmsBC has supported the successful rollout of COVID-19 vaccines, resulting in the completed primary immunization series in 90.7 percent of people in BC aged 12 years and older. To date, over 16 million doses of COVID-19 vaccine have been administered in BC since December 2020.
- Retention and expansion of ImmsBC will also support increased access to immunization services for individuals across the province, providing citizens a modern and convenient way to receive reminders and book vaccinations.

Shared Recovery Wage Mandate

- The Ministry of Health (HLTH) received incremental funding of **\$4.121 billion** over 3 years to fund compensation increases related to various collective agreements in the health sector.
- **\$1.374 billion** per year includes:
 - **\$907 million** for nurses bargaining.
 - **\$173 million** for Cost-of-living adjustment for unionized employees.
 - **\$127 million** for HEABC Community Health Bargaining Association.
 - **\$53 million** for ambulance, paramedics, dispatchers
- Shared Recovery Wage Mandate increases represent all recent ratifications impacting wage cost over the next three years.

Capital Plan

- Capital spending on infrastructure in the health sector will total **\$13.0 billion** over the next three years.
- These investments support new major construction projects and upgrading of health facilities, additional long-term care beds and investments to improve access to primary care.
- These investments are supported by funding from the Province as well as other sources, such as regional hospital districts and foundations.

Examples of health sector capital investments in *Budget 2024*

- **\$2.9 billion** toward a net-new hospital and integrated cancer centre in Surrey. The hospital will include 168 inpatient beds, an emergency department, a medical imaging department including CT and magnetic resonance imaging (MRI), a surgical suite, a pharmacy, and a laboratory. The cancer centre will include an oncology ambulatory care unit, chemotherapy, radiation therapy, functional imaging, a new cyclotron and space for six linear accelerators. Construction started in 2023 and is expected to be complete in 2029.
- **\$2.2 billion** toward a new St. Paul's Hospital at the Station Street site in Vancouver, which will include capacity for 548 inpatient beds, a new and larger emergency department, a surgical suite, consolidated

specialty outpatient clinics and an underground parkade. Construction started in March 2021 and the project is expected to be complete in 2027.

- **\$1.7 billion** for Burnaby Hospital Redevelopment Phase 2 and BC Cancer Centre, which will construct a new inpatient tower and integrated cancer centre. The 12-storey inpatient tower will include 160 beds and an expanded medical imaging department. The new BC Cancer Centre will include an oncology ambulatory care unit, chemotherapy chairs, radiation therapy with space for five linear accelerators, room for two PET/CT scanners, and an oncology pharmacy. Construction is expected to start in 2025 and the project is expected to be complete in 2030.
- **\$1.6 billion** for Long-Term Care facility redevelopment or replacement projects that will provide 1,691 beds built to modern standards in Vancouver, Colwood, Abbotsford, Richmond, Nanaimo, Delta, Campbell River, and Cranbrook.
- **\$1.4 billion** to replace the Cowichan District Hospital in Duncan with a new 204 bed hospital on a greenfield site in North Cowichan. The replacement hospital will increase inpatient beds and emergency department treatment spaces. Construction started in 2022 and the project is expected to be complete in 2027.
- **\$1.2 billion** for Phases 2 and 3 of the Royal Columbian Hospital Redevelopment. Phase 2 is an 11-storey, 388-bed, acute care tower including critical care and maternity, a new and expanded emergency department, a new surgical and interventional suite and an underground parkade. Construction on the tower started in 2020 and is expected to be completed in 2025, with Phase 3 renovations completing in 2026.
- **\$861 million** for the redevelopment of Richmond Hospital. The redevelopment is a multi-phased project that includes a new 216 bed acute care tower, which will replace the original North Tower (opened in 1964). The redevelopment will result in a total of 353 inpatient beds on the campus. Phase 1 is underway and procurement for the new tower (Phase 2) is planned to start in 2024 with the tower anticipated to be open for patients in 2028. Renovations to the South Tower and demolition of the North Tower will follow, completing in 2031.
- **\$683 million** toward construction of a state-of-the-art Clinical Support and Research Centre (CSRC) built next to the new St. Paul's Hospital. The CSRC will include specialty medical services in addition to extensive research facilities, corporate support and childcare. Construction is planned to begin in 2025 and the project is expected to be completed in 2029.
- **\$683 million** for Phase 1 of the Burnaby Hospital Redevelopment, which involves construction of a new six-storey, 83-bed patient care tower and a new energy centre, as well as renovation and expansion of existing buildings. Project scope includes medical and surgical inpatient services, outpatient services, a consolidated maternity/ labour and delivery unit, a mental health and substance use inpatient unit, and additional operating rooms. Construction started in 2021 and the patient care tower is expected to open to patients in summer 2025 with renovations and expansions to existing buildings completing in phases from 2026 to 2028.
- **\$633 million** toward the replacement of the Mills Memorial Hospital in Terrace. The new hospital will include 83 inpatient beds. There will be four operating rooms and 20 emergency department treatment spaces. The project also includes the relocation and expansion of the Seven Sisters regional mental health facility. Construction started in 2021. The new Seven Sisters is complete and expected to open to patients in February 2024. The new hospital is expected to open to patients in early 2025, with completion of the entire project, including demolition and site works, by 2026.
- **\$590 million** for the Replacement of the Dawson Creek and District Hospital. The new hospital will include 70 inpatient beds, an increase of 24 beds. The project also includes an expansion of the emergency department, surgical and operating space, and ambulatory care services. Construction of the new hospital started in 2023 and the project is expected to be complete in 2027.
- **\$367 million** for the redevelopment of the Cariboo Memorial Hospital in Williams Lake, which includes construction of a three-storey addition and renovation of vacated spaces in the existing hospital. The redeveloped hospital will include 53 inpatient beds, an increase of 25 beds, and a larger emergency department. Construction started in 2023 and the new addition is expected to open in 2026. The renovations are planned to begin in 2026 and be completed in 2029.

