LEGISLATIVE ASSEMBLY
of BRITISH COLUMBIA

First Session, 43rd Parliament

OFFICIAL REPORT OF DEBATES

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THE HONOURABLE RAJ CHOUHAN, SPEAKER

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PROVINCE OF BRITISH COLUMBIA

(Entered Confederation July 20, 1871)

LIEUTENANT-GOVERNOR

Her Honour the Honourable Wendy Cocchia, CM, OBC

First Session, 43rd Parliament

SPEAKER OF THE LEGISLATIVE ASSEMBLY

Honourable Raj Chouhan

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BC NDP

Anderson, Hon. Brittny ..... Kootenay Central
Anderson, George ..... Nanaimo-Lantzville
Arora, Rohini ..... Burnaby East
Bailey, Hon. Brenda ..... Vancouver–South Granville
Beare, Hon. Lisa ..... Maple Ridge–Pitt Meadows
Begg, Hon. Garry ..... Surrey-Guildford
Blatherwick, Jennifer ..... Coquitlam-Maillardville
Boyle, Hon. Christine ..... Vancouver–Little Mountain
Brar, Hon. Jagrup ..... Surrey-Fleetwood
Chandra Herbert, Hon. Spencer ..... Vancouver–West End
Chant, Susie ..... North Vancouver–Seymour
Choi, Paul ..... Burnaby South–Metrotown
Chouhan, Hon. Raj ..... Burnaby–New Westminster
Chow, Hon. George ..... Vancouver-Fraserview
Davidson, Hon. Tamara / Laanas ..... North Coast–Haida Gwaii
Dhir, Sunita ..... Vancouver-Langara
Dix, Hon. Adrian ..... Vancouver-Renfrew
Eby, Hon. David, KC ..... Vancouver–Point Grey
Elmore, Mable ..... Vancouver-Kensington
Farnworth, Hon. Mike ..... Port Coquitlam
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Glumac, Hon. Rick ..... Port Moody–Burquitlam
Greene, Hon. Kelly ..... Richmond-Steveston
Higginson, Stephanie ..... Ladysmith-Oceanside
Kahlon, Hon. Ravi ..... Delta North
Kang, Hon. Anne ..... Burnaby Centre
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Lore, Hon. Grace ..... Victoria–Beacon Hill
Ma, Hon. Bowinn ..... North Vancouver–Lonsdale
Malcolmson, Hon. Sheila ..... Nanaimo–Gabriola Island
Morissette, Steve ..... Kootenay Monashee
Neill, Hon. Randene ..... Powell River–Sunshine Coast
Osborne, Hon. Josie ..... Mid Island–Pacific Rim
Parmar, Hon. Ravi ..... Langford-Highlands
Phillip, Joan / Amshen ..... Vancouver-Strathcona
Popham, Hon. Lana ..... Saanich South
Rotchford, Darlene ..... Esquimalt-Colwood
Routledge, Janet ..... Burnaby North
Sandhu, Harwinder ..... Vernon-Lumby
Shah, Amna ..... Surrey City Centre
Sharma, Hon. Niki, KC ..... Vancouver-Hastings
Sunner, Jessie ..... Surrey-Newton
Toporowski, Debra / Qwulti'stunaat ..... Cowichan Valley
Whiteside, Hon. Jennifer ..... New Westminster–Coquitlam
Wickens, Hon. Jodie ..... Coquitlam–Burke Mountain
Yung, Hon. Terry ..... Vancouver-Yaletown

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Banman, Bruce ..... Abbotsford South
Bhangu, Harman ..... Langley-Abbotsford
Bird, Rosalyn ..... Prince George–Valemount
Block, Lynne ..... West Vancouver–Capilano
Boultbee, Amelia ..... Penticton-Summerland
Chan, Hon ..... Richmond Centre
Chapman, Brent ..... Surrey South
Clare, Sheldon ..... Prince George–North Cariboo
Davis, Pete ..... Kootenay Rockies
Day, Brennan ..... Courtenay-Comox
Dew, Gavin ..... Kelowna-Mission
Dhaliwal, Mandeep ..... Surrey North
Doerkson, Lorne ..... Cariboo-Chilcotin
Gasper, Reann ..... Abbotsford-Mission
Giddens, Kiel ..... Prince George–Mackenzie
Halford, Trevor ..... Surrey–White Rock
Hartwell, Sharon ..... Bulkley Valley–Stikine
Hepner, Linda ..... Surrey–Serpentine River
Kindy, Anna ..... North Island
Kooner, Steve ..... Richmond-Queensborough
Loewen, Kristina ..... Kelowna Centre
Luck, Tony ..... Fraser-Nicola
Maahs, Heather ..... Chilliwack North
McCall, Macklin ..... West Kelowna–Peachland
McInnis, Scott ..... Columbia River–Revelstoke
Milobar, Peter ..... Kamloops Centre
Mok, Lawrence ..... Maple Ridge East
Neufeld, Korky ..... Abbotsford West
Neufeld, Larry ..... Peace River South
Paton, Ian ..... Delta South
Rattée, Claire ..... Skeena
Rustad, John ..... Nechako Lakes
Stamer, Ward ..... Kamloops–North Thompson
Sturko, Elenore ..... Surrey-Cloverdale
Tepper, Bryan ..... Surrey-Panorama
Toor, Jody ..... Langley-Willowbrook
Van Popta, Misty ..... Langley–Walnut Grove
Warbus, Á'a:líya ..... Chilliwack–Cultus Lake
Wat, Teresa ..... Richmond-Bridgeport
Williams, David ..... Salmon Arm–Shuswap
Wilson, Donegal ..... Boundary-Similkameen

BC GREEN PARTY

Botterell, Rob ..... Saanich North and the Islands
Valeriote, Jeremy ..... West Vancouver–Sea to Sky

INDEPENDENT

Armstrong, Tara ..... Kelowna–Lake Country–Coldstream
Brodie, Dallas ..... Vancouver-Quilchena
Kealy, Jordan ..... Peace River North

PARTY STANDINGS

Total seats – 93

BC NDP – 47 | Conservative Party of BC – 41 | BC Green Party – 2 | Independent – 3

ALPHABETICAL LIST OF RIDINGS

A

Abbotsford-Mission ..... Reann Gasper
Abbotsford South ..... Bruce Banman
Abbotsford West ..... Korky Neufeld

B

Boundary-Similkameen ..... Donegal Wilson
Bulkley Valley–Stikine ..... Sharon Hartwell
Burnaby Centre ..... Hon. Anne Kang
Burnaby East ..... Rohini Arora
Burnaby–New Westminster ..... Hon. Raj Chouhan
Burnaby North ..... Janet Routledge
Burnaby South–Metrotown ..... Paul Choi

C

Cariboo-Chilcotin ..... Lorne Doerkson
Chilliwack–Cultus Lake ..... Á'a:líya Warbus
Chilliwack North ..... Heather Maahs
Columbia River–Revelstoke ..... Scott McInnis
Coquitlam–Burke Mountain ..... Hon. Jodie Wickens
Coquitlam-Maillardville ..... Jennifer Blatherwick
Courtenay-Comox ..... Brennan Day
Cowichan Valley ..... Debra Toporowski / Qwulti'stunaat

D

Delta North ..... Hon. Ravi Kahlon
Delta South ..... Ian Paton

E

Esquimalt-Colwood ..... Darlene Rotchford

F

Fraser-Nicola ..... Tony Luck

J

Juan de Fuca–Malahat ..... Dana Lajeunesse

K

Kamloops Centre ..... Peter Milobar
Kamloops–North Thompson ..... Ward Stamer
Kelowna Centre ..... Kristina Loewen
Kelowna–Lake Country–Coldstream ..... Tara Armstrong
Kelowna-Mission ..... Gavin Dew
Kootenay Central ..... Hon. Brittny Anderson
Kootenay Monashee ..... Steve Morissette
Kootenay Rockies ..... Pete Davis

L

Ladysmith-Oceanside ..... Stephanie Higginson
Langford-Highlands ..... Hon. Ravi Parmar
Langley-Abbotsford ..... Harman Bhangu
Langley–Walnut Grove ..... Misty Van Popta
Langley-Willowbrook ..... Jody Toor

M

Maple Ridge East ..... Lawrence Mok
Maple Ridge–Pitt Meadows ..... Hon. Lisa Beare
Mid Island–Pacific Rim ..... Hon. Josie Osborne

N

Nanaimo–Gabriola Island ..... Hon. Sheila Malcolmson
Nanaimo-Lantzville ..... George Anderson
Nechako Lakes ..... John Rustad
New Westminster–Coquitlam ..... Hon. Jennifer Whiteside
North Coast–Haida Gwaii ..... Hon. Laanas / Tamara Davidson
North Island ..... Anna Kindy
North Vancouver–Lonsdale ..... Hon. Bowinn Ma
North Vancouver–Seymour ..... Susie Chant

O

Oak Bay–Gordon Head ..... Hon. Diana Gibson

P

Peace River North ..... Jordan Kealy
Peace River South ..... Larry Neufeld
Penticton-Summerland ..... Amelia Boultbee
Port Coquitlam ..... Hon. Mike Farnworth
Port Moody–Burquitlam ..... Hon. Rick Glumac
Powell River–Sunshine Coast ..... Hon. Randene Neill
Prince George–Mackenzie ..... Kiel Giddens
Prince George–North Cariboo ..... Sheldon Clare
Prince George–Valemount ..... Rosalyn Bird

R

Richmond-Bridgeport ..... Teresa Wat
Richmond Centre ..... Hon Chan
Richmond-Queensborough ..... Steve Kooner
Richmond-Steveston ..... Hon. Kelly Greene

S

Saanich North and the Islands ..... Rob Botterell
Saanich South ..... Hon. Lana Popham
Salmon Arm–Shuswap ..... David Williams
Skeena ..... Claire Rattée
Surrey City Centre ..... Amna Shah
Surrey-Cloverdale ..... Elenore Sturko
Surrey-Fleetwood ..... Hon. Jagrup Brar
Surrey-Guildford ..... Hon. Garry Begg
Surrey-Newton ..... Jessie Sunner
Surrey North ..... Mandeep Dhaliwal
Surrey-Panorama ..... Bryan Tepper
Surrey–Serpentine River ..... Linda Hepner
Surrey South ..... Brent Chapman
Surrey–White Rock ..... Trevor Halford

V

Vancouver-Fraserview ..... Hon. George Chow
Vancouver-Hastings ..... Hon. Niki Sharma, KC
Vancouver-Kensington ..... Mable Elmore
Vancouver-Langara ..... Sunita Dhir
Vancouver–Little Mountain ..... Hon. Christine Boyle
Vancouver–Point Grey ..... Hon. David Eby, KC
Vancouver-Quilchena ..... Dallas Brodie
Vancouver-Renfrew ..... Hon. Adrian Dix
Vancouver–South Granville ..... Hon. Brenda Bailey
Vancouver-Strathcona ..... Amshen / Joan Phillip
Vancouver–West End ..... Hon. Spencer Chandra Herbert
Vancouver-Yaletown ..... Hon. Terry Yung
Vernon-Lumby ..... Harwinder Sandhu
Victoria–Beacon Hill ..... Hon. Grace Lore
Victoria–Swan Lake ..... Nina Krieger

W

West Kelowna–Peachland ..... Macklin McCall
West Vancouver–Capilano ..... Lynne Block
West Vancouver–Sea to Sky ..... Jeremy Valeriote

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MONDAY, APRIL 7, 2025

The House met at 1:33 p.m.

[The Speaker in the chair.]

Routine Business

Introductions by Members

Hon. Spencer Chandra Herbert: Well, it's Tourism Week in British Columbia — indeed, across Canada — and I'm just so excited to welcome some leaders of the 127,000-strong workforce that provides tourism opportunities in our province.

Would the House please join me in welcoming Anthony Everett, CEO of Tourism Vancouver Island; Brian Cant, vice-president with Tourism Vancouver Island; Paul Hawes with the B.C. Hotel Association; Kathy MacRae, co-chair of the Adventure Tourism Coalition.

And a special welcome. Members may have heard that up on the north Island, a very special tourism location…. I'd urge you to visit it when you get a chance, Telegraph Cove. There had been a fire over New Year's, very much damaging some of the businesses and incredible attractions there.

They fought back. They stood up. They're building those businesses back, and they want you to all know they're open for business, and they hope you come visit them up in Telegraph Cove as well.

Please welcome Madison Tremblay with the Telegraph Cove Resort.

Happy Tourism Week. Invite your friends.

[1:35 p.m.]

Korky Neufeld: I'd like my wife to stand up so I can embarrass her. We have the thrill of enjoying our two grandchildren: our grandson, Barrett, who's five; and granddaughter, Everly, who's two.

Thank you for raising four great kids. I was going to say helping me raise, but let's be truthful — for raising our four children. Thanks for standing by me through all the twists and turns, highs and lows of life. It's made our bond stronger. My greatest gift is your love for me.

Let's welcome her to House, please.

Susie Chant: Joining us today in the members' gallery is Her Excellency Dato' Dr. Shazelina Zainul Abidin, and accompanying her is the consul general of Malaysia in Vancouver, Mr. Mohd Afandi bin Abu Bakar. This is Dr. Shazelina's first official visit to Victoria, and I had the pleasure of having lunch with Her Excellency and the consul general, hosted by you, Mr. Speaker.

I also had the honour of attending Open House, Malaysia Style yesterday in Vancouver, which was a wonderful event. They will be meeting with some of my colleagues and the Premier later today.

Would this House please make our guests feel most welcome.

Personal Statements

MESSAGE OF APPRECIATION

Darlene Rotchford: I just want to take a moment to thank everyone in the House for welcoming me back and for all the kind words that I received via email, messages from not just the people in this House but across British Columbia.

Thank you.

Introductions by Members

Gavin Dew: The prospect of crime and violence leaves communities in fear for the safety of themselves and their families. That's where North Cowichan Couns. Tek Manhas, Mike Caljouw and Bruce Findlay come in, as well as Travis Berthiaume, the owner of Duncan's Dairy Queen.

These four are founders of Clean Up V9L, a founding member of the Save Our Streets coalition, which seeks to support government in implementing solutions to ensure that our communities and business districts remain safe places to live, work and play.

Would everyone please make them feel very welcome.

Jessie Sunner: Today I have the honour of welcoming my husband, Darcy, into this House for the first time, as well as our family who's travelled all the way from Duncan to be here: Darshin; Jackie; Alanna; and the most special guest, Rosie, who went on a wonderful tour of the House today and wore her special princess dress for the occasion.

If you will all join me in please making them feel welcome.

Statements

PRINCE GEORGE COUGARS HOCKEY TEAM

Kiel Giddens: Mr. Speaker, I feel it's my duty to keep you informed of WHL playoff action in the city of Prince George. Tonight the Prince George Cougars will be in game 7 against the Portland Winterhawks.

I ask the House to please join me in cheering on our Prince George Cougars tonight.

Introductions by Members

Debra Toporowski / Qwulti'stunaat: I would also like to welcome my former colleagues, North Cowichan Couns. Caljouw, Findlay and Manhas.

Will the House make them feel welcome.

It's really nice to see you today.

Hon. Ravi Parmar: I have got a couple of sets of introductions.

Firstly, in the gallery today we have Shawn Pettipas, the director of corporate purpose and mobility marketing at BCAA; as well as Sam Green, the marketing and content specialist at BCAA; alongside Alex MacDonald.

They are here to raise awareness for their Fireweed Pin campaign. Many members of the House are wearing them. It's a campaign that raises funds for resilient minds, a CMHA program that offers mental health supports to fire service workers and the United Way's wildfire recovery fund. It's a beautiful pin that was designed by Charlene Johnny, a Quw'utsun Tribes artist.

I hope the members of this House will join me in making them feel very welcome today. They're just right up there.

I don't see them up here, but they're somewhere, maybe behind me. I had lunch with the Victoria Bengali community today. It was such an honour, just a couple of years ago, to get an invitation to one of their events, and I kept coming back. I know that some of my colleagues, like the MLA for Victoria–Swan Lake, were able to join in the Mother Language Day event just a few weeks ago.

[1:40 p.m.]

I hope you'll join me…. For many of them, this is their first time watching question period, first time in the House. There they are.

We have Shaibal Datta, Tapati Datta, Shobnam Sultana, Arup Chakraborty, Arjun Banik, Anirban Mandal and Rajib Kumar Das.

Will the House please join me in making this incredible group very welcome.

Jessie Sunner: I also have a very special birthday wish to give to my younger brother, Amirdeep, who turned 30 today.

I'm just wishing you all the best. Welcome to your 30s. I hope this is good enough of a birthday present for you.

Sheldon Clare: I'd like to advise the House of the birthday of the member for Abbotsford-Mission and wish her all the very best for her birthday.

If you want to join me in singing "Happy Birthday," I'd be up for it.

Some Hon. Members:

"Happy birthday to you,
Happy birthday to you,
Happy birthday, member for Abbotsford-Mission,
Happy birthday to you."

Members' Statements

TOURISM WEEK AND SUPPORT FOR TOURISM INDUSTRY

Nina Krieger: Every corner of this province offers something unforgettable, whether strolling our City of Gardens here in Victoria, storm-watching on the west coast of Vancouver Island, seeking the thrill of observing wildlife on the Cariboo-Chilcotin coast or relaxing in a mountain chalet in the Kootenays; whether tasting award-winning wines in the Okanagan and Cowichan valleys, cheering on athletes at the Invictus Games and FIFA World Cup or stargazing and learning about Indigenous knowledge based on observations of the night sky.

With breathtaking landscapes, vibrant cities and rich cultures, British Columbia truly has something for everyone. Today marks the beginning of Tourism Week here in B.C. and a time to celebrate the rich offerings of our province and to thank the people and businesses that drive our tourism industry with their energy, passion and exceptional hospitality. Their hard work strengthens our communities and makes B.C. a world-class destination.

Tourism is an economic powerhouse with nearly 17,000 businesses and 126,000 people employed. It contributes $22.1 billion in annual revenue and $9.7 billion to our GDP. Tourism is one of our largest small business generators, and Indigenous tourism is one of the fastest-growing parts of the sector.

Over the past four years, our government has invested a record $500 million to ensure our tourism industry remains strong and resilient. Destination B.C. markets our province globally, sharing our "Super, natural British Columbia" brand with visitors from around the world. And we continue to welcome everyone to visit.

This week, as always, let's champion tourism, a great source of pride for our province, and recognize the incredible people who make B.C. such a welcoming and inspiring place to visit.

LNG CANADA PROJECT IN KITIMAT

Claire Rattée: I rise today filled with pride to mark a historic milestone for my riding of Skeena and for our province. Last week the very first LNG carrier safely reached Kitimat. This marks a critical step forward in the commissioning process, as the LNG on board will be used for equipment testing and system cool-down, bringing us one step closer to first exports from LNG Canada.

This isn't just a technical milestone; it's the result of more than a decade of vision, persistence and collaboration.

One of the proudest moments of my life was on my birthday, October 1, 2018, when the final investment decision for phase 1 of LNG Canada was announced. After four years of working on Kitimat council to help this pro-

ject come to life, it was not only the best present I could have asked for but also a deeply rewarding way to close out my time in local government before entering federal politics.

[1:45 p.m.]

I want to take a moment to recognize some of my colleagues who deserve credit for bringing this vision to life: my predecessor, Ellis Ross; Chief Councillor Crystal Smith; Mayor Phil Germuth; and both the Haisla Nation Council and district of Kitimat council, past and present. Their continued vision, strength, advocacy and commitment to the responsible development of our region made this milestone possible.

The benefits of this project for Skeena cannot be overstated. It has brought jobs to our region, created training and apprenticeship opportunities, generated spinoff benefits for local businesses and provided a new source of revenue for municipalities and First Nations alike. Just as importantly, it has laid a collaborative framework that others can now follow, such as Cedar LNG, the first Indigenous majority–owned LNG export facility in Canada.

In terms of environmental standards, marine safety protocols and partnership models, LNG Canada has paved the way for more projects to move forward with confidence, credibility and community support.

This project is not only about energy; it is about economic reconciliation, responsible development and long-term prosperity. It's about Canada playing a role on the global stage in helping reduce emissions by displacing coal with cleaner, lower-emission natural gas.

I am so incredibly proud of what this means for our people and our future. We are not just witnessing history; we are building it.

GREEN SHIRT DAY AND IMPORTANCE OF ORGAN DONATION

Jessie Sunner: I rise today to recognize Green Shirt Day, which highlights the incredible impact that organ and tissue donors have across Canada. This year marks the sixth anniversary of the first Green Shirt Day.

Our government and B.C. Transplant continue to encourage people to make the important choice to improve access to life-saving transplants by registering their decision on organ donation. One organ donor has the potential to save up to eight lives.

In 2018, Logan Boulet was among the 16 people who tragically lost their lives in a bus crash. Just five weeks before that fateful day, Logan had registered to be an organ donor. Thanks to his decision, six people received life-saving transplants. His selfless act became the catalyst for the first Green Shirt Day, a movement that continues to inspire Canadians across the country to embrace organ donation.

In B.C. in 2024, 481 people received a transplant from 90 living and 118 deceased donors. There are currently more than 6,400 British Columbians that are alive today because of the selfless gift of life from donors across the province.

There is more work to do. Although 90 percent of British Columbians support organ donation, only about one-third have registered their decision on organ donation. I encourage everyone to take two minutes, the time that it takes to listen to this speech, to register as an organ donor. The website is easy to remember: registeryourdecision.ca.

I invite all members to reflect on the importance of this day and the importance of words we use in this House to centre the experience of donors and their families.

On behalf of our government and B.C. Transplant, I want to thank all the amazing people that have chosen to give the most amazing gift, the gift of life.

SET FREE RECOVERY TREATMENT CENTRE

Rosalyn Bird: Today I'm pleased to talk about a new and much-needed recovery house that is now operating in Prince George. Set Free Recovery offers a Christian faith– and abstinence-based treatment model.

Twenty years ago while living in the Lower Mainland, Richard and Angie, the operators, saw a need. In response, they created and founded a Christian charitable ministry in the Fraser Valley. The ministry grew from the basement of their home to serving and helping men in recovery at ten sites throughout the Fraser Valley. They designed a program based on their own journeys of recovery.

It was and remains grounded in personal experience and the belief that the most effective way to overcome addiction is to build faith through hope and to completely refrain from using mind-altering substances. The program offered wraparound treatment, including aftercare upon successful completion of the four phases: intake stabilization, reintegration, developing your recovery and continuing your recovery — all 30-day minimums.

It was an in-depth, self-discovery and Christ-centred program that was very structured, goal- and accountability-focused. It included topics like recovery challenges, relapse prevention, introduction to boundaries, effective communication and the development of personal, emotional and life skills. Aftercare offered a safe, drug-free environment the men could call their home, further developing their recovery skills while working or going to school.

After 20 years, Richard and Angie stepped down from that ministry to fulfil another vision, bringing recovery to Prince George, where Richard's own addiction started 39 years ago. Set Free Recovery is the first Christian recovery ministry in the North. Within six months of returning to Prince George, they opened their first site.

[1:50 p.m.]

They want to expand and are looking for rental oppor-

tunities both in and out of town to increase the number of program spaces available. I would like to extend a heartfelt thanks to Richard and Angie for their commitment to offer B.C. residents another recovery option.

I wish them much continued success and welcome them to Prince George.

STAND UP FOR MENTAL HEALTH PROGRAM

Janet Routledge: Mental health and addiction is no laughing matter, but for some, laughter is a lifeline. Last year I attended a stand-up comedy show performed by people recovering from mental health and addiction issues, and they were very funny. They were performing as participants in a program called Stand Up for Mental Health.

While Stand Up for Mental Health is not intended as therapy, the program has helped hundreds of people overcome long-standing depression and phobias. It has helped them overcome the stigma associated with addiction and build their self-confidence. In the words of Stand Up for Mental Health founder David Granirer: "There is something incredibly healing for the comics to tell a roomful of people exactly who they are and have the audience laugh and cheer."

David, who is himself a stand-up comic and suffers from a bipolar disorder, founded Stand Up for Mental Health in 2004. He got the idea by watching students in his Langara comedy clinic class. While the class had nothing to do with mental health, he observed students having life-changing experiences.

The initial Stand Up for Mental Health program is six months long. Comics do two shows, a debut and a grad show. After completing the initial program, comics can enter the Stand Up for Mental Health alumni program to continue to perform.

David and the program have been widely recognized. He has received the Meritorious Service medal from the Governor General. He has trained more than 700 mental health comics, who have performed for the military, corporations, unions, colleges and universities, even the U.S. Secret Service.

In closing, and also in David Granirer's own words: "People with mental health issues are always being told what they can't do. In Stand Up for Mental Health, the public sees what they can do."

TRAFFIC INCIDENT AND RECOGNITION OF VICTORIA EMERGENCY SERVICES

Macklin McCall: I rise today to share a personal experience and express my deepest appreciation for the exceptional work of the emergency services in Victoria.

This past Friday, as the sun was shining and spring had arrived in full force, I found myself walking through the bustling streets of downtown Victoria. People were out enjoying the beautiful day — cycling, walking, driving — and the downtown core was vibrant with activity.

However, in an instant, my attention was drawn to a tragic event. A cyclist was struck by a pickup truck right in front of me. Within moments, a crowd gathered to assist, but it was the immediate response of our emergency services that truly stood out.

I immediately called 911, and I must say, the professionalism I encountered from both the Victoria police department dispatcher and the B.C. Ambulance Service dispatcher was remarkable. They were not only courteous and respectful, but they demonstrated genuine care for the cyclist's well-being. They guided me on the best course of action and ensured that my safety, as well as that of the cyclist, was prioritized.

Within mere minutes, despite the heavy Friday traffic, the fire department, Victoria police and BCAS arrived on the scene. The response was swift, thorough and professional. The firefighters were quick to stabilize the situation. BCAS provided immediate medical care, and Victoria police launched their investigation with professionalism and efficiency.

As a former police officer with 20 years of experience, I can say with confidence that the response time, the coordination of services and the professionalism displayed by these dedicated men and women were exceptional. It is clear to me that Victoria's emergency services are second to none. This kind of quick and coordinated response is a testament to the high-quality service provided by our first responders.

It is important that we as a province recognize and appreciate the hard work, dedication and skill of our police officers, paramedics, firefighters and dispatchers who go above and beyond every single day to protect our communities.

On behalf of all British Columbians, I want to extend my heartfelt thanks to the Victoria emergency services and to all those who serve across our province.

Your commitment to keeping us safe and your professionalism in times of crisis are deeply appreciated, and thank you for your service.

[1:55 p.m.]

Oral Questions

FOREST INDUSTRY TRADE ISSUES AND PROPOSAL FOR CARBON TAX ON U.S. THERMAL COAL

John Rustad: B.C.'s forest sector is in crisis. Mill closures and job losses have been the hallmark of this NDP government for eight years.

Last year I warned about the increase in the duties, and here we are now, facing the 34 percent increase that we knew about a year ago. The NDP — what have they done?

Well, absolutely nothing in eight years. You can't solve a problem with the same level of thinking that created it.

We put forward a serious proposal: hit U.S. coal shipments with a carbon tax until a softwood lumber agreement is reached, a real tool to help give B.C. leverage and be able to support our forestry workers.

A simple question to the Premier. Will the Premier please tell the people of B.C. what his new Liberal puppet master, Mark Carney, has told him to say on this file?

Hon. David Eby: Obviously, the President's attack on our forest sector, one that he has been committing to deliver since he was elected…. He says he doesn't need our wood, and we all know that's not true.

One in ten sticks of lumber in the U.S. comes from B.C., $7 billion last year alone. He says that he is going to do a national security investigation of our timber industry, which is obviously ludicrous and absurd. We'll stand with the forest industry.

I was up there in Prince George on Friday with COFI, the Council of Forest Industries, hearing firsthand from the forest sector about their recommendations about responding to this.

Ministry staff are currently working on a proposal to defer stumpage revenue for the forest sector, to give them some relief. We expanded the vehicles that can be used to move pulp more economically. We are using resources internally to advocate for B.C. wood products internationally, diversify markets.

We've got more to do. I thank the member for his support for the sector. I'll leave it at that.

The Speaker: Leader of the Official Opposition, supplemental.

FOREST INDUSTRY TRADE ISSUES AND SUPPORT FOR FOREST WORKERS

John Rustad: I heard the Premier's speech up in Prince George, and unfortunately, it was awfully short on any kind of details. The reality is that it's been eight years, and the NDP have delivered nothing but federal talking points and nothing but doing damage to B.C.'s critical forest industry.

Mills are shutting down, workers are being laid off, and companies are shifting their operations to the U.S. At the Council of Forest Industries, I heard many other stories around that. For example, the Vancouver-founded and Delta-based furniture manufacturing Prepac is shuttering its operations after 45 years and moving to the U.S.A.

Other companies that I spoke with up at COFI talked about the fact that they've been operating for decades in British Columbia, and now all of their workers are south of the border. They're still leaving their company here, but they aren't having any hope whatsoever of being able to operate in British Columbia.

It's been eight years of NDP failure on the forestry file. And like I say, you can't solve a problem with the same level of thinking that created it.

How can the forest workers of B.C. truly believe that this NDP government can do anything but deliver more decline and job losses?

Hon. David Eby: Our industry is under direct attack right now by the President of the United States, by Donald Trump.

Interjections.

The Speaker: Members. Members.
Member, he has just barely started.
Take your time.

Hon. David Eby: This is a….

Interjection.

The Speaker: Member, take it easy.
The Premier will continue.

Hon. David Eby: This is a sector that has faced huge challenges — the pine beetle, changing….

Interjections.

Hon. David Eby: This is an industry that lost more than 10,000 jobs under the B.C. Liberals, so I won't take any advice from the member that's heckling.

Pine beetle….

Interjection.

The Speaker: Member, are you interested in listening to the answer or not?

Hon. David Eby: Is the member going to stand up and ask a question?

This is a serious issue: pine beetle, wildfire, right now very low timber prices and a President committed to destroying the industry. Now is the time for all members of this place to stand together against President Trump and his attacks not just on our softwood industry but Ontario's….

Interjections.

Hon. David Eby: The bleachers.

[2:00 p.m.]

Not just stand up for our softwood industry, but for

Ontario's auto industry, for the manufacturing industries of all of our provinces that are under attack right now.

What do we see from the Conservatives? We see the MLA for Shuswap tweet out a graphic advocating western separatism and that our province should become a protectorate of the United States. These are the ideas that are coming from the Conservatives to respond to these attacks from the President. They can't even stand together to condemn the President's actions.

I would invite a motion where we all stand together to condemn the President, because we did that, and they didn't vote for it.

The Speaker: Leader of the Official Opposition, second supplemental.

John Rustad: Well, very simply, the Premier wants to blame Donald Trump. But the reality is these additional doubling of the duties were planned last year before Trump was in office and nothing from this government. Absolutely nothing.

He wants to blame Trump for the job losses. The reality is he lost close to 20,000 jobs under the NDP, even though they promised they wouldn't be closing mills. How can this be seen as anything but a complete failure by this government? They talk about wanting value-added, but the reality is you can't add value when there are no jobs and there is no thing.

When will this government actually take our forest sector seriously and become a champion for what is a cornerstone industry for this province?

Hon. Ravi Parmar: First of all, on this side of the House, we are not going to take a lecture from a former Minister of Forests who was part of a government that saw 45,000 jobs lost in our forest sector.

I was in West Kelowna a couple of weeks ago, and I met a guy named Bill. He's been working at the Gorman Brothers Mill for 48 years.

Interjection.

Hon. Ravi Parmar: I did get a picture with him, member across the way, because that guy matters to me.

When we talk about tariffs, these are not decimal points. These are lives that are being impacted. Bill has been working his butt off for 48 years. For 48 years, he's been supporting his family. He's been supporting the people of West Kelowna. Donald Trump is attacking his livelihood.

That's why on this side of the House, we are going to step up, as we have been. We are not going to let Donald Trump attack our forest sector.

Interjections.

The Speaker: Members.

Hon. Ravi Parmar: It's like every time we mention Donald Trump these guys freak out, as if they're defending him. What is going on?

Interjections.

The Speaker: Shhh, Members.

Hon. Ravi Parmar: Let me be crystal-clear. We are not going to let Donald Trump attack our forest sector. We are not going to let Americans take paycheques away from our forestry workers.

On this side of the House, we're going to stand up for our forest sector like we've done ever since we formed government.

Ward Stamer: The NDP knew that these softwood lumber duties were scheduled to increase long before the tariffs were a threat, and that wasn't a surprise.

It's inexcusable that they've done nothing to shield B.C. businesses with that impact. While this government talks about economic strategy, B.C. businesses are overwhelmed by increased costs, red tape and trade barriers.

Why did this Premier take a four-month holiday instead of working on a plan to protect B.C. workers?

Hon. Ravi Parmar: Maybe the kids in the basement need a raise, because that was a terrible question. Holy smokes.

Let's just be very crystal-clear. We're going to stand up for the forest sector on this side of the House. It's why the Premier met with the Prime Minister today and made it very clear that the federal government has to step up. When we were talking about the auto sector in Ontario, the federal government brings dollars to the table. We need to ensure that those same dollars are being brought to British Columbia and supporting our forest sector.

It's why on my first day, member across the way, I sent a letter to my federal counterparts asking them to use every tool in their toolbox to stand up for our forest sector, including developing a loan guarantee program. This is not something that was thought of just by our government. This was something we've been working with the industry on, with the B.C. Lumber Trade Council. It's something I reiterated to my federal counterpart last night in conversation with him and something the Premier has raised as well.

[2:05 p.m.]

Trade diversification — I couldn't agree more. Why did the federal government cut funding for trade diversification two years ago to Crown agencies like FII? On this side of the House, we are working hard to ensure that we are expanding markets. It's why we've got more boots on the

ground, having conversations in other parts of the world. That's why we're working with industry to ensure that we can increase value-added opportunities and get more B.C.-made wood products to places like Japan, to Korea, to India…

Interjections.

The Speaker: Shhh.

Hon. Ravi Parmar: … and Europe. On this side of the House, we're going to continue doing this important work.

The Speaker: Member for Kamloops–North Thompson, supplemental.

FOREST INDUSTRY CONDITIONS AND COUNCIL OF FOREST INDUSTRIES RECOMMENDATIONS

Ward Stamer: Yes, we can walk the walk or talk the talk, but when the minister talks about being involved in the industry…. I'm speaking from experience, not just from a book, okay?

I don't necessarily need to go on a listening-and-learning tour, because I heard, clear and decisive, last week at COFI, what is necessary for this industry. COFI released a competitive sustainability release last week that said our harvest levels have declined annually by 6½ percent over the last ten years. Our forest sector has also had the sharpest GDP drop amongst all the regions studied.

We know the minister won't listen to us, but will he at least listen to COFI and implement all of their strategic action plans that they outlined in their April 2025 report?

Hon. Ravi Parmar: When I became the Minister of Forests, I recognized that I didn't come from the forests sector. I didn't work in this industry for many decades, like the member across the way. So on the day that he was appointed the critic, I sent him a letter.

I sent him a letter saying that I'd love to meet with him, and I'd love to put partisanship aside. This sector faces big challenges, and I wanted to use the skills that he's gained in his time as a local mayor and in his time working in the forest sector to be able to work together.

We finally did have a meeting a few months later, when he made time for me, and he didn't bring any solutions to the table.

Interjections.

Hon. Ravi Parmar: So you bet, Mr. Speaker, I will keep listening and learning, because I want to ensure that when we are making decisions….

Interjections.

The Speaker: Minister.

Hon. Ravi Parmar: I want to ensure that when we are making decisions on this side of the House, they're founded on the issues that matter to people — people like Bill and people like Jack Gardner, who opened up a new mill in Salmon Arm, taking over the Teal-Jones facility just a couple of weeks ago. Those are the people that I've met on the ground and that are influencing not just me but the entire forest service.

I will say once again: if the member has any ideas, I welcome them. I'm sure we're going to get a chance to be able to dive through those in estimates; but if he's got time and if he's got ideas, I'd love to hear them.

POWER FOR LNG FACILITIES AND LNG DEVELOPMENT POLICIES

Jeremy Valeriote: This government has weakened a policy that required new LNG export plants to meet net-zero emissions by 2030. Last month the Minister of Energy and Climate Solutions quietly wrote to the environmental assessment office, stating that LNG projects are not required to be net zero by 2030, but net-zero-ready by 2030.

If LNG facilities can't connect to the electricity grid by 2030, they don't have to worry about the emissions required to liquefy methane for shipping, by, you guessed it, burning methane in vast quantities. Massive provincial spending to expand B.C.'s power supply should be for the benefit of all British Columbians, not the fracked methane–LNG export industry.

My question is for the Minister of Energy. It seems to be B.C. Hydro's responsibility to supply electricity to industrial export projects. Who will pay for these connections, and how will it impact taxpayers and electricity ratepayers?

Hon. Adrian Dix: The letter is a clarification of current policy with respect to new LNG facilities. The LNG facilities must still achieve net-zero emissions by 2030, but if grid electricity is not reasonably available by that date, proponents will not be penalized for factors beyond their control. That seems reasonable to me.

The policy on new LNG projects remains the same, because such a policy is good for the economy, good for the climate, and the right approach to economic development in B.C.

The Speaker: Member, supplemental.

Jeremy Valeriote: This policy change represents a concerning shift in the B.C. government's policies that prioritize LNG development at the expense of B.C.'s climate commitments.

[2:10 p.m.]

For a project like Ksi Lisims LNG, liquefying using fossil gas instead of electricity means another 1.8 million tonnes of CO_2 emissions per year, equivalent to more than half a million cars on the road. Now the facility's net-zero-ready plan could simply ignore those emissions. There's no deadline required for when LNG would actually need to reach net zero. In addition to other breaks, emissions pricing gifts a two-year start-up exemption for emissions when gas flaring is at its maximum.

My question for the minister: how much more relaxation of climate policies for the LNG export industry should British Columbians expect and prepare for?

Hon. Adrian Dix: LNG facilities must provide a credible net-zero plan and reduce all non-electricity emissions. It's that straightforward. The policy was that before the letter. The policy is that now. The clarification only applies if a facility cannot reasonably get grid electricity by 2030, and then the policy does apply.

We are, as the member knows, across B.C., engaging in one of the most ambitious clean energy, renewable energy programs in the history of Canada. We are going to continue to pursue those goals.

That's good for our overall economy. The price of renewable electricity is going down. We think investing now — contrary to what other jurisdictions may be doing, especially those south of the border — is the right thing for our economy and the right thing for B.C.

FOREST INDUSTRY CONDITIONS AND SUPPORT FOR FOREST WORKERS

Peter Milobar: It's been quite the day of evasion of forestry questions by this government. We asked a very direct question about using a carbon tax levy on dirty American coal coming through our ports to try to leverage a softwood deal. The Premier completely ignored it. The minister decided to use the NDP gem of "every tool in the toolbox." I thought that would have been banished from NDP speaking notes after the Kinder Morgan debacle.

B.C. is the highest-cost forestry jurisdiction not just in Canada but North America and, as best as we can tell, the world. So when duties are going to spike to over 34 percent, the damage affects workers like Bill.

I would point out that those duties are set, and the schedule was set out by the Biden-Harris administration, that same Harris that our Finance Minister proudly campaigned for in September.

Companies in B.C., forest companies, are shifting their operations to other parts of Canada, other parts of the United States, and instead of fighting to make the forest industry more competitive, this government is chasing away value-added companies as well.

Has the Minister of Finance done any analysis at all on how uncompetitive B.C.'s position is in the forest sector, and when can we expect to see that analysis?

Hon. Ravi Parmar: Thanks very much to the member opposite for the question.

I think it is concerning. It's certainly concerning for us on this side of the House that we've yet to see the members opposite condemn the President's decisions to double countervailing duties. We have yet to see that.

Interjections.

The Speaker: Members. Members, come to order.
Member. Member, that's enough.
Okay, continue. Then we'll….

Interjections.

The Speaker: Have a seat.
Anybody else?

Kiel Giddens: Forestry workers just got another gut punch of uncertainty this weekend, and workers can't handle anymore.

In my riding alone, in the last four years, Mackenzie Pulp shut permanently in 2021, Canfor PG Pulp closed in 2023, Bear Lake's Polar sawmill closed last year and Northwood Pulp was cut to just one production line. Each of these represents hundreds of jobs.

My community is hurting, and forestry families want answers. If this government says they're defending forestry workers, why does it keep getting worse?

Hon. Ravi Parmar: These are serious issues. I appreciate the member opposite asking the question.

I was in his community just a couple of weeks ago. I had an opportunity to be in Mackenzie. Being on the ground matters. It matters to people. You can do Zoom calls here from Victoria, but if you ask Joan Atkinson, the mayor of Mackenzie, it matters to her that the Minister of Forests is in her community, because Mackenzie matters to me.

[2:15 p.m.]

I had an opportunity to meet with Pat Glazier, who owns East Fraser Fiber, and to see the operations there.

I went and toured Conifex, and I shared with them that because of the work that they've been doing at their forest landscape planning table, they had a request before me for block blending that looks at finding ways to be able to reduce costs associated with getting fibre from the northern parts of Mackenzie down to those mills. I approved that.

I worked with the people at that FLP table because that work matters to me, and Mackenzie matters to me. I know it does to the members opposite sometimes, when it's relevant, but I hope it works for the member across the way.

I'd gladly meet with him to talk about the steps that we're taking to support communities like Mackenzie.

The Speaker: Member, supplemental.

Kiel Giddens: I know the member is new to his role, but 30 sawmills have closed under this government's watch. That's their record.

The COFI report released last week indicates B.C. is falling further behind globally. Wood supply security, investment attractiveness and tax system competitiveness rank the lowest among all regions. With the highest log costs in North America, the ministry is projecting harvest levels dropping to 29 million cubic metres in this government's budget documents. Meanwhile, the minister's mandate is to reach 45 million cubic metres.

Real jobs and real people are at stake with these numbers.

This minister talks a good game, but will he resign if he can't meet his mandate?

Hon. Ravi Parmar: If there's one thing we have learned, it is that we cannot control the President of the United States and this attack….

Interjections.

The Speaker: Members. Members.

Hon. Ravi Parmar: If the members across the way fought for workers the same way they fought for Trump, I would seriously respect them.

To the member….

Interjections.

The Speaker: Shhh, Members. Members.

Hon. Ravi Parmar: We've got a lot of work to do before us. It's why the Premier and I were at the COFI convention talking to people….

Interjections.

The Speaker: Members, are we interested in any answers at all?

If you let him finish, it'll be greatly appreciated.

Minister.

Hon. Ravi Parmar: Thanks very much, Mr. Speaker.

Forestry is a very important topic, and I'm glad the members opposite have taken time to be able to raise this issue. I've been waiting for some number of weeks.

We laid out a number of initiatives at the COFI convention, a number of initiatives from the Premier and myself. We provided an update….

Interjections.

The Speaker: Members.

The minister will conclude.

Hon. Ravi Parmar: We launched a number of key initiatives. We provided an update on our B.C. Timber Sales review, ensuring that we're playing a larger role in wildfire. In 2023, we had the worst wildfire season on record in British Columbia.

Interjections.

Hon. Ravi Parmar: Wow.

In that one year alone, we lost 20 years' worth of harvestable fibre in this province. That is significant. That is a significant impact.

I want to reiterate to the members across the way and to all British Columbians that on this side of the House, we're going to stand up for the forest sector. We're going to ensure that we're restoring confidence in the sector, and we're going to ensure every single day that we're standing up for workers like Bill, because that's our job.

MASSEY TUNNEL REPLACEMENT PROJECT

Ian Paton: The George Massey bridge would have opened three years ago. This government abandoned that plan, promising a smaller tunnel project to open in 2030.

We've now learned that they refused federal dollars to build it. An insider has shared that the contractor is still in testing phase, facing significant design problems and struggling to determine a viable construction method, all without an environmental assessment.

Why would this cash-strapped government refuse federal funding to replace the tunnel?

[2:20 p.m.]

Interjections.

The Speaker: Anybody else? Any more comments? No?

The minister can start.

Hon. Mike Farnworth: The province has not refused any funding from the federal government. In fact, the province is working with the federal government to ensure that British Columbia gets a significant financial contribution in what is a nation-building project, a $4.1 billion tunnel. There is significant work underway, and we're proud of the work that's being done by British Columbians in getting that ready and building that project.

I listened to the member across the way, and the opposition wanted to cancel it and go back to a bridge. At a time when we are under threat from the United States….

Interjections.

[The Speaker rose.]

The Speaker: Members, order.

[The Speaker resumed their seat.]

Hon. Mike Farnworth: Once again, they demonstrate that they don't listen, because if they listened to the ports, the ports made it clear they wanted a tunnel, not a bridge, so that they can get ships up the river, ships to take our goods to overseas markets — overseas markets that we want to diversify because of the threats that we find from south of the border.

Interjection.

Hon. Mike Farnworth: The member over there says: "What ships?" If he'd talk to the ports, they'd tell you that they want to be able to get ships up the river.

Interjection.

The Speaker: Member.

Hon. Mike Farnworth: A tunnel allows that to happen.

Interjection.

[The Speaker rose.]

The Speaker: Member, stop it.

[The Speaker resumed their seat.]

Hon. Mike Farnworth: That opposition demonstrates why they're sitting over there and we're sitting over here, fighting for British Columbia.

SURREY-LANGLEY SKYTRAIN PROJECT

Brent Chapman: British Columbians depend on transit, but Swartz Bay ferry customers who use transit continue to stand exposed to the elements, waiting for their buses, for the simple lack of cover.

Surrey transit customers, and they are still customers, have to wait daily for buses that are late or not coming at all. The Surrey-Langley SkyTrain station is one year delayed and $2 billion over budget.

If this minister can't see that day-to-day services are reliably delivered, why should the people of Surrey and Langley believe the minister can complete this absolutely integral project for the fastest-growing part of the province?

Hon. Mike Farnworth: I thank the member for the question, for the opportunity to give him the same answer that I gave him the last time he asked a question — that if he went to, for example, Fraser Highway at 156 in Surrey, he'd see those massive concrete pylons coming out of the ground on a $4.9 billion project building SkyTrain.

Sixteen kilometres of track. Eight new stations. Cutting the time going from Langley city all the way to Surrey centre to 22 minutes. Travelling to Vancouver in an hour. Stimulating huge amounts of residential development. People having transit options. A project that they didn't even want to do. The largest investment south of the Fraser in 30 years.

PATTULLO BRIDGE PROJECT

Trevor Halford: Here is one thing we do know. If it ain't over budget, and if it ain't delayed, it ain't NDP. That's true. That is a fact.

Now, another fact is the Pattullo bridge — again, over budget and delayed. Who's helping with that project? Acciona, the same company that was fired from the North Shore wastewater plant after it blew billions of taxpayer money.

[2:25 p.m.]

My question to the minister is a simple one. How can this minister allow a company to oversee a project that has completely, in partnership with this government, wasted billions of dollars of taxpayer money?

The Speaker: Now let him answer, okay.
Minister.

Hon. Mike Farnworth: Well, I hear the question from the member, and it reminds me of what they did when they were on this side of the House. If they sell a land, it doesn't get built.

Interjections.

The Speaker: Members. Members, we are almost done. Just a few more minutes, okay.

Hon. Mike Farnworth: You know, later this year I am looking forward to the opening of a brand-new Pattullo bridge, a brand-new Pattullo bridge that is going to improve traffic options for British Columbians.

Interjections.

The Speaker: Shhh.

Hon. Mike Farnworth: It's going to improve commerce. It's going to be four lanes. It's going to have transit for….

Interjections.

The Speaker: Shhh. It's not funny, Members, okay.
The minister will conclude.

Hon. Mike Farnworth: The only thing is that opposition. That is the saddest opposition I have seen in my entire time in this place.

We are going to be opening an incredible new Pattullo bridge, which has trained British Columbia workers, which is going to improve transportation in the Lower Mainland and which is part of the largest capital investment in transportation infrastructure in the history of this province. We're going to continue to build this province.

[End of question period.]

Question of Privilege

Peter Milobar: I rise on a point of privilege.

Under the Budget Transparency and Accountability Act, government is supposed to provide an accurate reflection of their anticipated tax revenues, expenses and deficit based on their priorities, economic projections and tax changes that the government is intending on implementing.

Sections 5, 6 and 7, especially section 7, are very clear in the expectation of accuracy of the fiscal plan to be presented to this House for the purposes of main estimates. To accomplish this, the government provides the budget and main estimates to this chamber. They also present legislation to deal with any changes to the tax structure of B.C. that will result in what the government feels would create a material change to revenues and tax credits as part of the budget document.

This legislation has the changes that tie in directly to the anticipated tax revenues and expenses that the government has projected. On two occasions after the March 4 introduction of the budget, government has introduced legislation to enact changes to a variety of taxes in B.C. In the case of the tax changes in Bill 5, the Budget Measures Implementation Act, those tax changes have been incorporated into the budget and, as a result, also their main estimates of that budget.

However, the second piece of legislation created and introduced by this government, Bill 8, Carbon Tax Amendment Act, has not been incorporated into the budget or the main estimates. There are several statements by the Minister of Finance over the last week that have led me to call this point of privilege.

When the Minister of Finance was questioned March 31 during the Bill 6, Supply Act (No. 1), 2025, Committee of the Whole debate, the minister was asked if revenues or expenditures of the government had been adjusted with the introduction of Bill 8. The minister refused to say if the impacts of Bill 8 had been considered, even though Bill 5, Budget Measures Implementation Act, had been considered and was reflected in the budget and also reflected within Bill 6.

When the Minister of Finance was asked, in Bill 6 Committee of the Whole debate, if there would be interim supply estimates or updates due to a significant change of the government's budget, the minister answered no, but opposition could inquire as part of the estimates process to each minister. This, once again, seems to be in complete contravention of the Budget Transparency Act, section 7.

Later in the day, on March 31, when the Minister of Finance was asked if there would be program cuts or an increased deficit during Committee of the Whole debate on Bill 8, Carbon Tax Amendment Act, the minister would not provide any specifics.

I recognize privilege is to be raised at the first opportunity, which brings us to question period, Thursday, April 3, when the Minister of Finance was questioned about the Moody's credit downgrade, citing a deficit growing to $14.3 billion. The minister answered that the opposition was making up numbers. This projected deficit was in the new statements from Moody's and not created by the official opposition.

[2:30 p.m.]

In fact, in their review of the budget impacts to determine their own downgrade of B.C.'s credit rating, Moody's cited that the removal of the carbon tax would create a $2 billion shortfall. The fact that the Finance Minister refuses to update this chamber with an accurate portrayal of government's intended revenues, expenses and deficit is quite literally impeding the work of the official opposition and putting B.C.'s credit rating at further risk.

One more example of inaccuracies from the Finance Minister is that the government has repeatedly indicated that the climate action tax credit has been eliminated as a result of Bill 8. However, a check of the orders in council webpage published just before entering this chamber shows that the climate action tax credit regulation is still in effect and was last amended on May 13, 2024.

The lack of regulatory changes to the climate action tax credit at a time people are filing their income tax returns and receiving their tax assessments back creates another $1 billion expenditure question unaccounted for in the budget.

The request from the official opposition is really quite straightforward. Main estimates should be paused until such a time as the government can provide an accurate depiction of its budget in relation to revenues, expenditures and deficit based on its own legislation and decisions.

Simply put, how can the official opposition properly assess the ministers' spending decisions and budget estimates if those same ministers aren't even sure what their own spending plan from government is?

It is impossible for the official opposition to properly scrutinize a budget that does not have revenues and expenses in balance. This is not to say that the government needs to provide a so-called balanced budget, but they do need to provide a proper reconciliation of anticipated rev-

enues, the expenses by ministry and the anticipated deficit. Revenues plus deficit must equal the expenditures, or the official opposition has not been provided a factually accurate reflection of the budget for the purposes of main estimates.

Mr. Speaker, I have the *Hansard* transcripts for your review as well as the Budget Transparency and Accountability Act and other documents like screenshots of the orders in council page, the carbon tax regulations as well, for you to consider during your deliberations on this matter.

Hon. Brenda Bailey: I'd like to reserve my right to respond.

The Speaker: Members, we'll take it under advisement, and we'll get back to the Minister of Finance later on.

Question of Privilege
(Reservation of Right)

Hon. Niki Sharma: I reserve my right to raise a question of privilege.

Orders of the Day

Hon. Mike Farnworth: In this chamber, I call continued debate on the estimates in the Ministry of Health.

In the Douglas Fir Room, I call continued debate on the estimates in the Ministry of Education to be followed by the estimates in the Ministry of Post-Secondary Education.

[2:35 p.m.]

The House in Committee, Section B.

The committee met at 2:38 p.m.

[Lorne Doerkson in the chair.]

Committee of Supply

ESTIMATES: MINISTRY OF HEALTH
(continued)

On Vote 32: ministry operations, $34,996,928,000 *(continued)*.

The Chair: Good afternoon, Members. We'll call this House back to order, where we're going to contemplate the budget estimates of the Ministry of Health.

Claire Rattée: It's good to see the minister back here. I'm excited to get back into estimates.

To start today, I want to follow up on a few things that we touched on last week that I didn't really get responses on. Last week I asked a simple question that wasn't answered: how many days should somebody in B.C. have to wait to access treatment for addiction?

We're in the middle of a toxic drug crisis, so time is quite literally the difference between life and death. I'm going to ask again. What is the ministry's acceptable standard for wait times for someone trying to access treatment services in this province, and if you do not currently have a benchmark or target, why not?

[2:40 p.m.]

Last week you said that it was 31 days currently and that the target was 32 days but acknowledged that that was far too long still and that there was work to do. I think the people of British Columbia deserve to understand whether or not there is a target that we are trying to work towards in this province.

Hon. Josie Osborne: Welcome back to the Health critic team. Good to be back in estimates and having these conversations. I really appreciate the question from the member.

Around wait times again, and I may have said this last week, I want to remark, first of all, that this government is the first government in Canada to introduce wait-time benchmarks for publicly funded treatment beds. I think that's an important thing to note, because you can manage what you measure.

Measuring wait times is an important thing so we understand the experience that people are going through and the waits that they are facing, at the same time as we continue to build out a continuous and seamless system of care to reduce the wait time and to reduce the gaps as people move between different stages of a recovery process. I recognize just how important that is.

[2:45 p.m.]

We were able, in fiscal '23-24, to surpass the forecast we had made for that year. But I recognize that there is more work to do, and that's one of the reasons why the Road to Recovery program has become such an important part of the work that we're focused on and the work that we're committed to continuing to expand throughout health authorities in British Columbia.

Again, the importance of Road to Recovery in really meeting people where they are at, in using the Access Central system to be able to medically assess and effectively triage people so that they are able to enter into the right kind of treatment and recovery that's appropriate for them at that time, recognizing, too, that not everybody needs a bed and that there are treatment services they can access that may not be bed-based. That's why we will continue to do that work.

I'll note, too, that between October 2023 and November 2024, with the over 22,000 calls that were received through Access Central and over 2,000 people that were supported into a withdrawal management bed, there was

a median wait time of one day for those clients that were prioritized as urgent.

Again, that prioritization is a really important part of the Road to Recovery system and having Access Central there to be able to do that work. This work will continue with the publicly funded treatment beds that government will continue to invest in and reducing wait times, again, because I think everybody accepts just how important it is to meet people where they're at and ensure that they can get the treatment and recovery services for them.

I'm going to take up just a little bit more time here because last week there were some questions that the member opposite raised, and I would like to provide that update and read some responses into the record.

One of the questions last week was a request to provide an updated number of British Columbians, people in B.C., who are living with an opioid use disorder, and I committed to getting that information as soon as possible.

I want to thank again the member for her question and regarding, particularly, the discrepancy in the number of people who are estimated to have an opioid use disorder in B.C. referenced in the former Ministry of Mental Health and Addictions '24-25 to '26-27 service plan and the Ministry of Health '25-26 to '27-28 service plan.

The '24-25 to '26-27 service plan that was published in February 2024 stated: "As of November 2023, approximately 104,765 people in B.C. are estimated to have an opioid use disorder, with 24,377 people receiving opioid agonist treatment, or OAT." That's on page 12.

There is a typo, and I apologize for that, but it should have read: "As of August 31, 2021, 104,765 people in B.C. are estimated to have an opioid use disorder, and in the month of November 2023, 24,377 people were receiving OAT."

The '25-26 to '27-28 service plan published in March 2025 provided an updated estimate: "As of December 31, 2022, approximately 112,318 people in B.C. were estimated to have an opioid use disorder, although many may have not been diagnosed, with 23,414 people receiving a dispensation for OAT from a community pharmacy in December 2024." That's page 12.

The estimated number of individuals with an opioid use disorder is based on Dr. Bohdan Nosyk's *Cascade of Care for Opioid Use Disorder* research, which links PharmaNet, Vital Statistics, B.C. Coroners Service, MSP billing, emergency department visits, hospitalizations and perinatal care data.

There is a two-year data lag in accessing updated data, and the change in the estimated number of individuals with an opioid use disorder — in August 31, 2021, of 104,765 versus the December 31, 2022, number of 112,318 — is a result of new updated data received in 2024.

I would like to provide another response to a question that was asked last week, and that was around the Ledger program for children. It's moved from the purpose-built Queen Alexandra facility to another location. The member had asked what type of consultation would be taking place and had some questions around that facility.

[2:50 p.m.]

I want to just read into the record an update around that.

First of all, I would begin by saying again that ensuring that children and youth who are experiencing a significant mental health crisis have access to high-quality and appropriate care is an absolute key priority. These are essential services for these kids and youth.

I understand that Island Health, in collaboration with their partners, has begun the planning process for a dedicated in-patient mental health and substance use crisis stabilization unit for children and youth. Now, this unit, if it happens, will be completely separate from the adult unit. This unit will provide stabilization assessment, initiation of treatment, continued short-term treatment when needed, as well as discharge planning into appropriate care environments.

The planning for an in-patient crisis stabilization unit for children and youth has been integrated with planning for enhancements and shifting of the tertiary care model in place at Queen Alexandra Centre for Children's Health. It would include our relocation of bed-based services to Eric Martin Pavilion on the Royal Jubilee Hospital site, fourth floor, for longer-stay tertiary patients.

The intention here is to create this continuous service for children and youth, and their families, who are experiencing severe mental health challenges, to help address outdated patient infrastructure at the Queen Alexandra site and improve access and safety for children, youth, families and staff, given the Queen Alexandra site's isolated location. Children and youth mental health and substance use out-patient services that are currently offered from the Queen Alexandra site will continue to use that site along with the children's rehabilitation services portfolio.

Now, on to planning. I understand that Island Health has engaged a planning company. They have an architect to develop a service model and a functional plan for the Eric Martin Pavilion space. The engagement that they'll undertake with key partners will include Indigenous Nations. It will include families. This fourth-floor site in the pavilion would be renovated to modern care standards with a therapeutic care environment that includes family and cultural spaces.

This planning, and I want to emphasize this, is in its very, very early stages. The expected implementation date is still several years away. A key part of this process, of course, will be engaging with staff and with clinical experts to ensure that the needs of children, youth and their families who receive the services as they're currently being delivered through the Ledger House, and in the future

location, and that the safety of the staff continue to be key priorities that will continue to inform this work.

I hope that provides a little bit more information for the member based on the question that she asked last week.

With that, I await the next question.

Claire Rattée: Twice now, in these estimates, I have asked for a benchmark, a target, a specific number of days that this ministry is moving towards for what is considered reasonable for somebody in British Columbia to have to wait to be able to access treatment services.

Twice now I have not received a response. Obviously, there was a benchmark. There was a target originally of 32 days, and it seems that because it has come down to 31 days…. All I can assume from that is that this ministry thinks that that's good enough. I'm not sure. I can't get a response.

I'm not sure how the public can have confidence in the government's response to this crisis if we can't commit to a maximum or minimum wait time for treatment access, but regardless of that, I find it interesting that in the minister's response it was referenced that British Columbia is the first province to introduce wait-time benchmarks. I find that interesting because our neighbour, the province of Alberta, is being internationally praised as setting the standard for this. Their standard is 24 hours.

I would like to try and find another way to ask this question and ask: what does timely access to care mean to this government? Is it two days? Is it two weeks? Is it two months? We don't seem to have a set standard across any part of health right now, whether it's accessing treatment, whether it's accessing diagnostic services, surgeries….

I would like to understand what does timely access to care actually mean to this government.

[2:55 p.m.]

Hon. Josie Osborne: Thank you to the member again for the question.

I think it's important to clearly differentiate what access and what benchmarks, or standards for access to treatment beds, is like.

[3:00 p.m.]

The member cites quick access in our neighbouring province of Alberta of 24 hours. Again, here I will emphasize that we are the first province to provide a benchmark for wait times into bed-based treatment, but as I've said several times, we know that not all treatment needs to be bed-based and that treatment can occur much more quickly. In fact, that connection needs to be made much more quickly for people. Timely access to care and timely access to a treatment bed are not exactly the same things.

The opioid treatment access line, which our government established in late August 2024, provides same-day access to an addictions medicine physician and can provide OAT prescriptions on that same day. In fact, since August 27, 2024, when the line was stood up, 240 OAT prescriptions have been provided, and the staff on that line have fielded 1,100 incoming calls, connecting people who are ready at the moment they want to pick up the phone and talk to somebody about this, so they can connect with somebody on the same day.

The second piece we've been talking about is around Road to Recovery and, again, same-day access to a clinical assessment, to a medical assessment, and the ability to be matched with the type of treatment that is best for that person at that time, with a median wait time of one day for withdrawal management in the Road to Recovery program, for those people who are assessed to be most medically urgent in needing that.

What I am trying to demonstrate here is that this government, in building a system of mental health and substance use care for people that had been grossly underfunded before our coming into government in 2017, has required millions and millions of dollars and so much dedication and effort by so many people.

We are working towards that goal of providing a seamless system of care for people, while in the midst of a toxic drug crisis that clearly has impacted thousands and thousands of people and families and that, with the changing nature of the toxic drugs themselves, continues to be a very big challenge and a very big crisis to battle.

I really appreciate the member's experiences that she brings into this House and the questions that she asks, because I think what it exemplifies is that we here, in this House, are all deeply committed to providing care for people and that this must be done along the entire spectrum of care. From prevention through to treatment and recovery and aftercare, we have got to continue to build these services.

We've got to continue to build in bed-based treatment and to continue to improve access to non-bed-based treatment the services that people need in all aspects of their lives, recognizing that this is not just a medical issue for so many people but it is about addressing — from the very, very early years of a person's life — the social determinants of health and the way we need to work across ministries on housing and life skills supports, enabling people to work, enabling people to access education and, of course, enabling people to access timely care, especially should they find themselves in this situation with the kind of mental health and substance use disorders we're seeing in society.

I remain deeply committed to this work. I know the member opposite does as well, and I look forward to continued discussion on this.

Claire Rattée: I appreciate the response, but respectfully, while I understand that not everybody needs access to bed-based care, the vast majority need access to bed-based care. The vast majority do, for multiple reasons, one

of which being that the vast majority of those people are currently unhoused.

When we don't have a specific wait time for people to be able to get into a bed-based treatment service…. And that's what I hear overwhelmingly, when I speak to people who are struggling actively with addiction, that they are looking for access to. You'll have to forgive me. It's very frustrating to not get a response to that question.

I'm going to move on.

I'm wondering if the minister can explain why some treatment centres that are currently operating with ministry funding are not allowing clients to smoke cigarettes or e-cigarettes while they're in treatment, particularly given the fact that many people are being put in so-called wet facilities or wet supportive housing, where they're allowed to use illegal substances.

[3:05 p.m.]

I would like to understand what the rationale is behind that choice, as it is a huge barrier for a lot of people that want to access treatment services. I know we've spoken about this before, but I myself went to a bed-based treatment centre because I struggled with addiction. If I hadn't been allowed to smoke in there — I'll be honest — I may not have gone.

I hear that consistently from people, because many people that struggle with addiction also struggle with nicotine addiction. I understand that smoking is not healthy for you. I think we're all aware of that. But at the end of the day, if that's going to be a barrier for somebody actually accessing treatment….

And I think that it's a reasonable one — that somebody that's going through that very difficult process of recovery be allowed to still smoke a cigarette, particularly given the fact that we want to encourage more culturally appropriate healing spaces for people as well. I do not understand the rationale behind some treatment centres being allowed to ban smoking of cigarettes or e-cigarettes on the property.

I think that that's something that definitely needs to be addressed. I would like to know from the minister if there is a specific policy in place that's allowing them to do that, or if this needs to be looked at.

[3:10 p.m.]

Hon. Josie Osborne: There is no Ministry of Health policy that prohibits smoking, the use of cigarettes or e-cigarettes. It does depend, and there may be some differences from site to site that I wanted to spend a little bit of time digging into, on a provider's service model.

For example, in a private facility that is privately run and has no public dollars being spent there, they will determine their own policy. In more of a mixed use, where there might be, say, a private facility that has some beds that are publicly funded and the rest of the beds that are private beds, again, they will develop policies that are based on their model of care.

Health authorities work closely with their contracted services, with a mind to doing everything possible to reduce barriers for people to access treatment. I take the member's point very well that we want to do everything we can to reduce barriers for people who are accessing treatment and recovery services.

In the past several months, I've visited two publicly funded treatment and recovery services. One was Red Fish Healing Centre where, actually, in order to go outside and be able to talk to a couple of the clients, I had to go out to the smoking pit to do that. So they do have an ability there on site.

Then the second was visiting the Road to Recovery program at St. Paul's Hospital, where I noticed it's actually built into the schedule. There's a schedule posted, and it's got smoking breaks provided right there, recognizing that people need access to that.

Because of the member's question, though, if there's a particular site or service that the member is aware of a policy that she thinks should be looked into, I'd be very happy to receive that information and work with her to do everything we can to get clarity on that.

Claire Rattée: I appreciate that response, and I will follow up with the minister privately on that.

I'm hoping now that the minister might be able to follow up on couple of things that were talked about last week.

Last Tuesday I had requested, during estimates, to find out about the ratios of abstinence and/or faith-based centres that were receiving funding through the ministry right now versus non-abstinence or faith-based. I had also requested some updates around the Provincial Peer Network.

That was last Tuesday. I was told that I would have the information by Wednesday. Then I was told Thursday, and so on and so forth. Now we're on to next Monday. It's been almost a week, so I'm really hoping that the minister has access to that information and can either provide it to me now…. I'm not sure. I would just really like to actually get access to that, because it's been very difficult for me to have any line of questioning around it without that information.

[3:15 p.m.]

Hon. Josie Osborne: Thank you for the patience. We have those lists and that information ready. I am going to suggest, rather than reading it all into the record, we will just email it to you, and I think we can accomplish that today.

Claire Rattée: I appreciate that. Thank you.

I'm going to shift gears just slightly here, and I have a couple of questions for the minister.

The member for Surrey City Centre was appointed by the Premier as the Parliamentary Secretary for Mental

Health and Addictions, a role that comes with an additional $18,000 taxpayer-funded salary. She does not appear to have a mandate letter from the Premier, and she has not appeared in estimates. To date, I have seen no public work from her on this file.

I'm hoping that the minister can explain specifically what the responsibilities of the Parliamentary Secretary for Mental Health and Addictions are. And if there isn't a clear answer for that, then why are British Columbians paying an extra salary for a role that appears to have no mandate and no measurable outcomes?

Hon. Josie Osborne: I am very grateful to have the service and the assistance of the MLA for Surrey City Centre in her role as the Parliamentary Secretary for Mental Health and Addictions.

Now, it was the custom in the past that parliamentary secretaries got their own stand-alone mandate letters, but that practice changed in this last government, and her key deliverables are embedded in my mandate letter.

They are to work with me to ensure that the voices of key stakeholders — including addictions and mental health doctors and other medical professionals, people with lived experience, families and public health officials — are included in our ongoing policy and legislative response to people in crisis due to addiction and mental health; and second, to ensure that issues and opportunities identified are communicated to me and ministry staff for consideration and possible implementation.

Since day one, that is exactly the work that she's been engaged in. Again, I have to say that I'm really grateful for that work, because with the Ministry of Mental Health and Addictions coming back into the fold of the Ministry of Health, time is always limited for individuals, and I really depend on the parliamentary secretaries, all three of the parliamentary secretaries that I work with, to be part of the eyes and ears out there. So her work in meeting with stakeholders, directly touring facilities, talking with people has been a big help to me and to ministry staff. In these early months, she's demonstrating that track record of an ability to be able to do that, and I'll continue to depend on that.

I think it's all right for me to, on her behalf, offer the member the opportunity, as I've offered the member the opportunity to sit down and talk, and I'd be very happy to have the parliamentary secretary join us on that.

[3:20 p.m.]

Claire Rattée: Thank you to the minister for that response. I was just hoping, I guess, to hear what the actual deliverables would be of that role, but we can definitely sit down and discuss that privately.

I'm going to move on now to naloxone. I'm wondering if the ministry currently has a system in place to track the return on investment for naloxone kits. Specifically, can you tell us how many kits are distributed and are actually used in overdose reversals versus how many are unused or discarded?

Hon. Josie Osborne: Thank you to the member for the question and an opportunity to talk about naloxone and it being a life-saving medicine that can very quickly reverse the effects of drug poisoning or overdose from opioids.

[3:25 p.m.]

As the member knows but other British Columbians may not know, naloxone is available in two different forms, an intramuscular form and an intranasal form. Both formulations have similar efficacy.

Right now intramuscular naloxone kits are available free of charge to anybody in British Columbia who is at risk of experiencing or witnessing an overdose, and that's via the B.C. Centre for Disease Control's take-home-naloxone program. As of December 2024, take-home-naloxone kits are available at more than 2,360 locations, and that includes 896 community pharmacies.

We do understand that intranasal naloxone can be more appropriate for people who face barriers to using intramuscular naloxone. That might include people who have dexterity limits, people living in cold climates, youth who are unfamiliar with the use and administering of needles and Indigenous peoples. That's why, in May 2024, we initiated a series of pilot programs to explore expanding access to nasal naloxone. Those kits are available for specific high-needs groups in priority locations.

That makes sure that while we want to ensure that intramuscular naloxone is available for everybody, there is also the specific training available for people and for those priority populations, that the intranasal naloxone is available for people. So 501,000 kits were distributed by the take-home-naloxone program in 2024.

There is no tracking mechanism for how many are used or not used. But perhaps the most significant figure, I think, to contemplate is the fact that between January 2019 and October 2024, an estimated 31,430 death events were prevented by the use of take-home naloxone, demonstrating the value of this program, the importance of having access to this life-saving medicine and why we are committed to ensure that it is available for British Columbians.

Claire Rattée: I appreciate the minister's response on that. I think she's sort of deduced where I'm going with this, because it is towards nasal naloxone. I appreciate that response, because I am a very strong proponent of naloxone kits. I'm also a strong proponent of making sure that they are being used efficiently and that we are saving as many lives as possible with them.

The reason I'm going down this line of questioning is because we know anecdotally that the intravenous naloxone kits are frequently disassembled for the syringes and the medical supplies and that the naloxone vials are dis-

carded. I know that on a personal level because I've spent time walking around Pandora Street, walking around the Downtown Eastside, and I hear that from people on the streets.

I've talked to people that it's taken, in a situation of an overdose, a woman that had overdosed…. They had to put together nine different kits that were clipped up along the fences to be able to put one kit together to be able to actually save her life.

I think it's important to note that a recent Angus Reid poll also showed that 75 percent of Canadians would prefer to administer naloxone via a nasal spray rather than injection. I think the only groups, honestly, that don't prefer it are obviously going to be health care workers, first responders, people that are comfortable administering intravenously.

The reason that I'm going in this direction is because I would like to understand if the ministry has explored transitioning to nasal naloxone as the standard format for general public distribution and what the current percentage breakdown of nasal versus injectable naloxone is that's being distributed. And if it's not currently the primary format being distributed, which my understanding is that it is not, what are the barriers to that? Is it cost? Is it supplies? Is it procurement contracts? Is it something else?

We know that most IV naloxone kits are not being used for their intended purpose, so I would think that an option that cannot be used for the purposes of anything besides saving a life would be more cost-effective, regardless of the cost differences, given the fact that there will be less waste, and it will be more people's lives saved, in theory.

[3:30 p.m.]

Hon. Josie Osborne: Thank you to the member for the question.

As stated in my previous answer, there have been 501,000 intramuscular or injectable naloxone kits distributed in 2024.

[3:35 p.m.]

Also, beginning in May 2024, when we initiated a pilot project to distribute nasal naloxone kits in different settings…. The target here is 60,000 kits to be distributed, and I will note that they are significantly more expensive than the intramuscular kits.

The way they have been distributed so far: through the Ministry of Post-Secondary Education and Future Skills, 1,600 kits distributed to 25 post-secondary institutions and 25 First Nations–mandated institutions in 2024; 50,000 kits being distributed through the take-home-naloxone program that I previously described to 150 community sites and up to 700 pharmacies, prioritizing, again, people who have dexterity limits, people living in cold climates and youth and Indigenous peoples; and then lastly, 8,400 kits being distributed to public institutions via the Ministry of Citizens' Services product distribution centre. These are places like libraries, secondary schools, fire halls, other public places.

This is a pilot program, as I described, and we will be evaluating the program. Results will be available this year to inform future planning and helping to make some of those decisions, including the kinds of trade-offs that the member describes.

I think one of the challenges is that it is very…. As I said, the number of intramuscular naloxone kits, whether they are used or unused, is not specifically tracked. It is very difficult, I recognize, to accurately estimate the numbers and also to draw inferences from how they are being used — a kit that may be partially used and is discarded versus a kit that sits in somebody's car for the entire time because it's never been needed and expires versus a kit that has been taken apart for other purposes.

I recognize the challenge in knowing exactly the disposition of each and every kit. But again, the way the increase of interest in this program has been growing, the growing familiarity with people in their ability to use intramuscular naloxone and the wider availability of training….

For example, community action teams have been out at public events like farmers markets and other places where they are talking to people about what naloxone is, why it's used, why it's important, how to use it — all part of increasing access for people to this life-saving medication. Again, with the number of death events that have been averted, which…. Obviously, you can't put a price on that. It is absolutely invaluable for each and every one of those persons.

Again, I appreciate the questions from the member.

Claire Rattée: Thank you to the minister for that response.

I kind of have a two-part, follow-up question to that. I would like to understand better what "significantly more expensive" is for the nasal naloxone versus the intramuscular, mostly because I do know what the cost of the nasal naloxone kits is.

My understanding is also that the government is currently tasked with the warehousing and delivery, essentially, of those intramuscular naloxone kits, whereas there are companies that are ready and willing, as part of their cost with the nasal naloxone, to take over that distribution and that warehousing. I assume that would play a factor in the overall cost there, so I'd like to understand what those cost differences are.

I would also like to understand the minister's views or thought processes around the difference between the two versions of naloxone, as far as both being effective with taxpayer dollars and saving lives, given that we know that nasal naloxone is far simpler to administer. It's far quicker to administer, and because there is a very critical window,

a time frame in which that needs to be administered if somebody has had an overdose.

I think there are a number of factors that, for me, would point to the idea that nasal naloxone would definitely save more lives than the intramuscular version, as far as being used throughout the general public. I'm just curious what the minister's thoughts are on that and what that actual cost difference looks like when you factor in all of those things.

[3:40 p.m.]

Hon. Josie Osborne: Yeah, as I mentioned, there is a difference in the cost between intramuscular and nasal naloxone kits. We know right now that a nasal naloxone kit can be as much as double or triple the cost of an intramuscular kit.

The premise here is really around finding the appropriate balance between the cost of two different types of administering naloxone with the suitability of its use, the people that it is being used by and for and the different settings that are out there, which is why the pilot program with nasal naloxone is really important and I think will provide some very, very good insights into the suitability of its use there.

Again, that premise around ensuring that people have training, if necessary, and knowing that nasal naloxone is very simple to administer…. For reasons that I described previously around dexterity and temperature and familiarity of people, it can be absolutely the best way forward.

There is an entire division inside the Ministry of Health, of course, responsible for evaluating pharmaceuticals of all types, including the naloxone program, the take-home-naloxone program.

[3:45 p.m.]

Understanding, again, that that evaluation of cost and effectiveness with the appropriateness of use in different settings is…. That information that will come forward in the pilot program will be really important in informing steps that are taken forward. Of course, we want to ensure efficient and effective use of taxpayer funds and, at the same time, ensure we're doing everything we can to save lives in the best way possible with that.

If the member has a line of sight into this that's something, again, that she would like to discuss later, then I'd be very happy to talk with her more about that.

Claire Rattée: Thank you to the minister for the response.

I'm not sure if I missed it in there, though, what the cost differences actually are. What are we currently, as taxpayers, funding? What is that cost for an intramuscular kit? What is the cost for the nasal naloxone kits that are being used right now in this pilot project? I would assume that we can at least have those figures of what it costs per kit.

Again, as I said previously, has the idea of not having to deal with the distribution and the warehousing and everything been factored in? Has the efficiency of the product been factored in, as well as that there won't be a risk of these kits being used for not their intended purpose? I don't understand if those things have been factored in.

I do understand there's a pilot project underway right now, but I would like to understand more clearly…. These are all things that we know, so how has that been factored into the decision at this point to not full-scale roll out a nasal naloxone program? I'm also curious if the minister can provide us with a date of when that pilot project will be completed and we will have an understanding of what the findings and outcomes were and how that's going to inform the future decisions.

[3:50 p.m.]

Hon. Josie Osborne: The pilot program, the nasal naloxone program, has $7.4 million of funding, whereas the base budget for the take-home-naloxone program in Budget 2024 is now at $12.06 million of funding, which gives a bit of a sense of the difference between the costs currently. Now, that includes, and it will be different for each program: distribution and warehousing, assembly, storage, training, education, communications, which is going to look different for the two different programs.

The member asks specifically around the evaluation. The ministry will undertake a programmatic evaluation of the nasal naloxone pilot. That started in May 2024, and we want to go through an entire year up to May 2025. That evaluation should be done by late summer.

Claire Rattée: I just was asking, because I do have my own numbers on what those two different types of kits cost. I was hoping that I could be provided with specifically what the cost of each kit is. I'm hoping that maybe at some point the minister could get that information to me based on what the government contracts are currently, what they are spending per each kit.

Moving on, I wanted to talk a little bit about the nasal naloxone in post-secondary institutions. The ministry previously committed to expanding nasal naloxone into all post-secondary institutions. I'm assuming, based on the responses we've received already, that that hasn't been completed.

I am wondering. Is that based solely on the fact that this pilot program is not finished? I do understand that part of the pilot program is it being rolled out to post-secondary institutions, but it was my understanding, at least, that there was a commitment already to make sure it was rolled out to all post-secondary institutions in light of some tragic events that happened previously.

Also, I spoke to this earlier, but there's that critical one- to three-minute window for responding to overdoses. So I'm also wondering if the ministry is ensuring that these nasal naloxone kits, if they are rolled out, will be strategic-

ally placed in accessible, visible locations to ensure that that is not an issue.

[3:55 p.m.]

Hon. Josie Osborne: I can confirm that all post-secondary institutions have received nasal naloxone kits, and that was done by last September. That was the commitment of our government.

It is the responsibility of the post-secondary institution, then, around communications and training so the appropriate place to take any more detailed questions would be to the estimates of the Minister of Post-Secondary Education and Future Skills.

I also commented on the fact that the pilot program involves 8,400 kits to be distributed to eligible public agencies, and I can confirm they all have been distributed. That includes public spaces like libraries, secondary schools and fire halls.

Claire Rattée: Further, talking just a bit more about public access and awareness with naloxone, there was a recent *CMAJ* study recommending transit stops as high-impact naloxone placement locations. I'm wondering if the ministry has considered placing kits on public buses and at transit hubs in B.C. and if they have engaged with transit unions or municipalities on this.

[4:00 p.m.]

Hon. Josie Osborne: Thank you to the member for the question.

I really appreciate the question, because I think this is about finding opportunities and making connections with other organizations and agencies where life-saving medications like naloxone can be distributed. Part of the evaluation that we are always doing as government is looking at ways to increase distribution and those opportunities that arise.

For organizations like…. Be it B.C. Transit or TransLink, municipalities or labour unions who bring those opportunities forward, I very much welcome that and am really happy to also follow up directly, as a result of this question and our conversation today and last week, with our colleagues in other ministries that have responsibilities around this.

We'll continue to focus on the take-home-naloxone program and making naloxone kits available to the public and again just point to the increasing familiarity and interest that people have in this program.

I can also confirm that the Ministry of Public Safety and Solicitor General, for example, does fund nasal naloxone kits for municipal and transit police — again, a step in the right direction in terms of increasing the availability and distribution of life-saving naloxone.

Claire Rattée: Again, I'm going to try and ask a question about distribution and making sure that there's public access.

If AEDs are already widely distributed across the province — it's estimated right now that there are more than 10,000 units — I would think that this would be a simple and cost-effective way to increase visibility and access. I'm wondering if the ministry has considered co-locating naloxone kits next to AEDs in public facilities.

Hon. Josie Osborne: Thank you to the member.

I think that's a fantastic idea. Co-locating life-saving devices and medications together makes sense, and there may well be certain places where that's already happening. The member may know about that.

I think working with those organizations and places where AEDs are already available and that also have or will be, in the future, if they step forward as well, acquiring nasal naloxone…. Again, thinking public settings, like libraries and community halls, for example…. I appreciate the idea and will definitely take that under advisement and forward.

Claire Rattée: This will likely be my last question for a little while, before I hand the floor over to my colleague for Courtenay-Comox.

It's just around public awareness campaigns. Texas has launched a state-level public campaign on naloxone awareness, so I'm kind of wondering why B.C. hasn't done the same, whether that be around how to recognize an overdose, administer naloxone, reduce stigma around it.

But I'm also curious, as a secondary part to that question, whether or not the ministry is looking at including in that better understanding for people that are addicted to drugs that may need to use naloxone. There doesn't seem to be very clear communication to people that are at risk, that are within those groups, of the fact that while naloxone can save their life, any overdose puts them at very likely risk of a permanent brain injury.

My fear is that with naloxone being rolled out the way that it has been…. I'm very grateful that it has saved lives, but we also have a concurrent crisis of permanent brain injury happening in this province.

[4:05 p.m.]

It doesn't appear to me that the ministry has done anything on that, at this point, to ensure that the public and anybody that is using these substances understand those real negative effects of what can happen. I would think that when you are doing these public awareness campaigns, when you're doing training around the use of naloxone, that's a perfect time to really drive that point home concurrently of just how dangerous it is to use these substances. The fact that you can be saved from an overdose does not mean that you will get off scot-free, essentially.

Again, as I said, we know that there is a concurrent crisis of permanent brain injury, and I think we need to

be doing everything that we can to ensure that is stopped. I would assume that this ministry is aware of that and is doing something on that, so I would just like to hear what it is.

[4:10 p.m.]

Hon. Josie Osborne: Thank you to the member for the question.

I appreciate that the emphasis on ensuring programs like the take-home-naloxone program and trying to prevent deaths created by overdose obviously cannot be the sole purpose or sole focus. We have to do everything we can upstream to prevent addiction in the first place and create awareness around that and public campaigns. I'll speak to the public awareness campaigns in a moment.

But I just want to say that's why we need to continue our emphasis on reasons for addiction in the first place; continue to address the social determinants of health, factors that can make a real difference in a person's life in terms of their likelihood or the course of their life that might lead them to a place of substance use, addiction; continue to do everything we can as a government, working across ministries, around access to housing and supportive housing, all of the wraparound supports that people require in life; and continue to do everything we can to reduce poverty, increase access to nutritious foods and increase access to education.

All of these social determinants of health really form a foundation and a basis, I think, for this work that impacts people in their lives in so many ways.

With respect to prevention and the upstream investments that have to continue around child and youth mental health, for example, establishing Foundries around the province for youth to be able to access all kinds of different supports in one place, under one roof; continuing to expand the integrated child and youth teams present around the province; continuing to increase access to mental health in schools — bringing in counsellors in schools, for example.

An area that we haven't really canvassed too much in estimates this time is other populations that we know are experiencing substance use issues, like the construction industry, for example, so directed awareness campaigns and support programs designed for the construction industry.

The government uses a couple of different awareness programs, and I just want to talk briefly about them.

First of all, the Supports for Substance Use public information campaign that we use to raise awareness and really foster a sense of hope, too, by highlighting the availability of supports and services for substance use treatment and recovery and, again, emphasizing those individual recovery stories. We know that everybody's journey is different. We want to make sure that people understand that a one-size-fits-all process is not the answer here, that recovery is possible for each person and that there's a whole range of supports that can be provided for people to help tailor the type of treatment and recovery options for that person.

For example, in 2024, that campaign, Supports for Substance Use, underwent three different phases. There were three different waves of material and awareness that were broadcast across television, radio and digital platforms throughout the province. This awareness campaign is designed to target the general population as well, not just specific, at-risk groups.

In addition to traditional advertising channels, using some strategic partnerships with organizations like the B.C. Lions and the Vancouver Canucks to reach target audiences and to really amplify the messages throughout the year. The Supports for Substance Use campaign points people back to the HelpStartsHere.gov.bc.ca website, which is a centralized website to help all people in British Columbia find resources and the services for mental health and substance use issues.

I'll speak briefly about the Youth Drug Prevention public information campaign, which launched at the same time as the Supports for Substance Use campaign and provides fact-based information on the risks that are associated with street drugs to youth and their families. It's an initiative that specifically targets middle school–aged youth and their families through transit shelter ads, for example, digital platforms and social media channels.

[4:15 p.m.]

Again, the Youth Drug Prevention public information campaign ran in a wave in 2024, and it will run again.

The Post-Secondary Education and Future Skills Ministry launched a response to the overdose public information campaign in August of 2024, last summer, aimed at reaching post-secondary students in B.C. Again, building awareness about how to spot and respond to an overdose, complementing the rollout of nasal naloxone kits into post-secondary institutions, all completed by last September and, again, driving people to a centralized place of information — in this case, the respondtooverdose.gov.bc.ca website.

I hope that helps to explain some of the initiatives that government is undertaking around public awareness.

I think that the MLA for Skeena is going to be handing off questions to her colleague. I just want to say a thank-you for the last days of dialogue and a really constructive back-and-forth in answering questions. I appreciate her interventions and her thoughtfulness and her commitment to this issue.

With that, I say thank you.

Brennan Day: Minister, again, I would like to echo your sentiments. The member for Skeena did an amazing job.

I'm just going to make a few comments before I get into questions. I know it's getting late in the day. If anybody

does need to take a brief recess at any point, please let us know. I'm happy to continue.

I'll get started.

After last week's and this afternoon's productive discussion on mental health and addictions, one I was pleased to attend with my colleague from Skeena, I'm looking forward to spending the next eight hours focused on two of the most pressing and personal challenges facing our province: rural health and seniors health. We'll break them into two equal segments, approximately four hours each, depending on time.

Nowhere are the cracks in our health care system more visible than rural British Columbia. From communities without a family doctor to emergency rooms operating on reduced hours or not at all, the gaps are not only growing; they are becoming life-threatening. When people must travel hours for basic care or are left wondering whether an ambulance will arrive in time, and if it will take ten minutes or ten hours to get to the nearest ER that isn't closed, we have a duty, not just a political one but a moral one, to ask hard questions and demand better from the $35 billion we are spending in this budget.

As my colleague from Kamloops Centre raised today as a point of privilege, I would also like to note in advance that this debate we are having is about a budget that, seven days into this budget year, is already inaccurate due to the repeal of the carbon tax and the $2 billion hole that may now affect health care in B.C. This government has not come clean as to what will be cut and if this health care budget will be affected or if we're going to be adding that figure to the debt of $10.9 billion that this budget creates.

I want to express my appreciation to the many advocacy organizations, health care professionals and frontline staff, especially those in rural and remote areas, who have taken the time, often at great personal risk, to share their insights. Many have spoken up in spite of gag orders that threaten their careers. That takes courage. Your voices matter. I'm here today, as are my colleagues, to ensure that these voices are heard in this chamber loudly, clearly and with purpose. Sunlight is always the best disinfectant.

In the interests of time, transparency and accountability, I've organized my questions into themes, so I won't stray too far from a question set. In the last session, responses from the minister averaged about eight minutes each, so this structure is designed to make the best possible use of the hours we have here today. Let's leave the clock management to the B.C. Lions when they attend the playoffs again next year.

Finally, I want to thank the minister and her team for being here. This is an enormous file with real consequences for real people. While we can be and often are collegial outside of this room, I won't shy away from asking the important questions here today. British Columbians demand answers.

For the first question, I will come back to and echo my colleague's question regarding the Standing Committee on Health. The Select Standing Committee on Health has not met since October 2022. Given the health care crisis and numerous stakeholder concerns, why has the standing committee not been reconvened? The additional $30,000 that this committee will cost to top up the Chair and co-Chair's salary is a paltry sum when we're discussing a $35 billion Health budget.

Will this new minister commit to standing up the standing committee and listening to nurses, doctors and medical professionals or continue to operate in the shadows, as her predecessor did, while British Columbians are left waiting for care?

British Columbians are literally dying to know, Minister.

[4:20 p.m.]

Hon. Josie Osborne: Welcome to the member for Courtenay-Comox.

Good to have you here. I'm sure we're going to have lots of great discussion.

He and I have had the opportunity, actually, to talk about this outside of the chamber. I appreciate the suggestion around the Select Standing Committee on Health. He is correct that it last convened around a specific topic: the toxic drug crisis. Any select standing committee requires terms of reference from this House, from this Legislature, to operate. I welcome further discussion about what that could look like, so I would invite the member to have more discussion.

Certainly, in the last 4½ months, we've had a number of opportunities here in the House to talk about different and important health care issues to British Columbians and also in my travels and, certainly in his travels too, to hear from British Columbians, mayors, community leaders, health care providers and workers in many different places about topical issues and those that are of most interest.

[4:25 p.m.]

Select standing committees provide an opportunity to dive deeper into some of those topics, and I welcome more conversation with the member.

Brennan Day: Minister, thank you for the response — I think, perhaps, bipartisan. Maybe we could include the Third Party as well, to have a discussion over what those terms of reference might be. It would be appreciated.

For reference, federally the Standing Committee on Health meets weekly when the House is in session. I don't feel that's unreasonable, given the sheer scope of what we're trying to do and the budget that is now being administered under this ministry. I think everybody here in this House on both sides would welcome additional voices at the table to ensure that everybody is being heard.

Minister, I can see that the Parliamentary Secretary

for Rural Health hasn't joined us today during these proceedings. My colleague from Skeena asked this question already, so I'll reframe the question.

With her pay top-up and very little accountability being covered under your mandate letter…. Again, deliverables from those positions are lacklustre and very ill-defined. When was the mandate letter stopped for parliamentary secretaries? Will you commit to reinstituting it for parliamentary secretaries, given that you oversee three, I believe?

The Chair: Just a reminder to members not to refer to a member being absent from this chamber at this very moment.

[Mable Elmore in the chair.]

Hon. Josie Osborne: Thank you to the member for the question.

As I explained to the member for Skeena previously, there used to be mandate letters that were specific to parliamentary secretaries. It is the Premier's prerogative as to how mandate letters are delivered, and the choice was to embed the parliamentary secretaries' mandate commitments into the main ministry mandate letter.

A Parliamentary Secretary for Rural Health is a person who has been mandated to work with me "to engage key stakeholders" — I'm reading directly from the mandate letter — "including front-line service providers in rural and Indigenous communities, and seek their advice on how to best deliver accessible, effective care in their unique and remote communities." And second: "Ensure that issues and opportunities identified are communicated" to me and ministry staff for consideration and possible implementation.

As the member has pointed out several times, the Ministry of Health is a large one. These issues touch British Columbians in communities large and small, whether young and old, and it is really important to have as many people out engaging with stakeholders, hearing directly from communities and people on the issues that matter most to them.

[4:30 p.m.]

Parliamentary secretaries provide an invaluable role in that way, literally like an extension of the eyes and ears of the minister in undertaking some of that engagement, the travelling, speaking with people and coming back and providing advice directly to me and staff.

I am fortunate, in that sense, to have three parliamentary secretaries, each with a particular emphasis and focus in their work, to provide some of that feedback and input to me because, of course, one minister can only spend 24 hours a day doing certain things and travel to certain places.

Again, this is an invaluable role. I've already benefited greatly from all three parliamentary secretaries and the experience that they bring and the voices that they are hearing and the matters that they are communicating back to me.

Brennan Day: That certainly seems good. I don't want to cheapen the work that they are doing. Please do not get me wrong. I just want to make sure that they are accountable to the budget and the additional salary they're getting.

Obviously, in health care we have a significantly overwhelming amount of vice-presidents, and I certainly hope this doesn't turn into another Island Health issue.

Moving along, in the face of PHSA's ballooning administration costs, up 148 percent between 2018 and 2024, your ministry has appointed Dr. Penny Ballem to lead the review of B.C.'s health authorities.

This same Dr. Ballem, a former deputy Health Minister and NDP donor, was paid over $400,000 for ten months of work in 2021. Recently, following her term as adviser to both you and the Premier, she is now back as interim CEO of PHSA at a similar cost to taxpayers.

There's no timeline for this review, as you stated the other day, no plan to release the findings publicly and no commitment to transparency, as you repeatedly stated to the member from Skeena in last Thursday's session.

Given the scale of overspending by this government, $3 billion in 2023 alone, why did you choose not to appoint an independent third-party auditor?

And finally, will you commit to tracking and publicly reporting the return on investment of this review so we can properly understand the value that British Columbians are getting for these health care dollars?

The Chair: Member, just a reminder to direct your questions and answers through the Chair. Thank you.

[4:35 p.m.]

Hon. Josie Osborne: Thank you to the member for the question.

Initiating the review into the Provincial Health Services Authority is the beginning of reviews that will be undertaken in the regional health authorities in time as well, an important part of our government's commitment to ensuring that each and every dollar spent in the public health care system is being maximized for its efficiency and its effectiveness in being able to deliver front-line services to British Columbians.

It is important to have people who are skilled and have the expertise required to help lead the review. Dr. Ballem has come in as an interim CEO of the Provincial Health Services Authority to do this work. She has a 35-year track record of health sector experience, both in the public and private sector, as well as, of course, being a medical doctor, a physician herself, and her clinical experience as well.

I'll note that Dr. Ballem was the deputy minister dur-

ing the Gordon Campbell government. So this is about her commitment to effective health care being delivered for British Columbians, her commitment to assist our government in undertaking this administrative review, looking at the front-line services that PHSA provides but also looking at the roles and responsibilities and the internal structures and governance of the PHSA.

The review will take some time, of course. It needs to be done diligently. It needs to be done carefully. It needs to involve the health care providers and employees of the PHSA and others in the health care sector in helping to determine the changes that will need to be made.

Those recommendations will come to me from a review team. That team is being led by Dr. Ballem but includes, of course, ministry officials and also includes an independent consulting firm that will undertake the bulk of the heavy lifting and the work of the review itself in assessing the status and collecting the data and being able to bring forward a firm that has undertaken this kind of work before and is third partywell-positioned to do that.

[4:40 p.m.]

Again, this work is around providing government with recommendations on changes to make to ensure that the efficiencies are there and that every dollar is being used and is being maximized and used in the best way possible.

As I've stated before, I look forward to the first update that I've requested in six weeks' time, at which time I'll have more to say around the scope of the review as we get underway in the early days here, and being able to talk a bit more concretely around some of the expected outcomes or the timelines. I am committed to providing public updates as they become available.

Brennan Day: I didn't really hear an answer there.

Based on my discussions with both former city of Vancouver staff, former health care staff and former employees of the PHSA, her record is questionable at best, given the fact that she was the architect of the current system.

I would agree with you that we need yet another third-party auditor for her to oversee, adding yet more bureaucracy to the system. We can agree third party is good. The person running it is still questionable.

I'll move on to the next question. We don't need to relitigate Thursday's discussions.

Brineura, a product of BioMarin, an American pharma company, is keeping little Charleigh alive, who's been the topic of this House repeatedly, at a cost of about $800,000 per year.

This question focuses, as do the next three questions, around tariffs.

Given the threat of tariffs to broad sections of our economy here in British Columbia, can the minister please let us know how much of the total spending in the $35 billion of this House budget is for procurement of American goods and services, including drug procurement, that is under threat of increased costs under these tariffs? What impact is your ministry projecting to the overall Health budget?

[4:45 p.m.]

Hon. Josie Osborne: Thank you to the member for the question around Trump's unjustified tariffs and potential impacts on pharmaceuticals. I'm going to answer the question specifically around pharmaceuticals but, of course, note that our government remains incredibly concerned and is doing everything possible to mitigate impacts to British Columbians and do the work that is needed to respond to these tariffs.

So far, there has not been a noticeable impact on pharmacare as a result of these unjustified tariffs. The member maybe already knows or will be interested to know that Canada imports about 70 percent of pharmaceuticals, and approximately 16 percent come from the U.S. Of course, this is a global supply chain, and that means the effects of tariffs could be widespread.

We're concerned, of course, that these tariffs imposed by the U.S. on global supply chains will lead to disruptions. This is something we obviously want to do everything we can to mitigate for those drugs that are made in the U.S., possibly even other countries. The majority of active pharmaceutical ingredients is imported from China and India, for example, but even those may be affected through what is taking place right now.

Now, if drug prices are expected to increase, there is some assurance in the fact that our existing contracts with manufacturers will help to ensure that drugs remain affordable for British Columbians. We do have a newly established drug shortage unit. Those people in this unit are working to mitigate any drug shortage by working with Health Canada and working with health care providers.

I also want to state clearly that we have concerns. I have concerns that proposed retaliatory tariffs that the government of Canada is considering imposing on U.S. goods, including pharmaceutical items, could lead to a worsening access. That is something that we oppose, and there is lobbying underway to try to prevent this.

Again, tariffs would potentially add prices that will impact PharmaCare, that would impact private insurers. It will impact patients. That's why we've provided a response directly to, and advocated directly to, the federal government that pharmaceuticals should not be included in the list of retaliatory tariffs.

Brennan Day: Just a quick follow-up. Three billion dollars, approximately, in Canada are imported in U.S. drugs. What percentage of those are bound for B.C.?

[4:50 p.m.]

Hon. Josie Osborne: Thank you to the member for the question.

We know that 13½ percent of the Canadian population resides here in B.C. The number that the member is asking for specifically is not at my fingertips. It's not at our fingertips. So I take that under advisement and thank the member for that understanding.

I also failed to acknowledge my incredible staff that are here supporting me today, so I just want to take a moment to introduce them.

I am joined today by Cynthia Johansen, who is our new deputy minister in the Ministry of Health, having started just last week. Mark Armitage is associate deputy minister in the Ministry of Health.

Behind me, I am joined by Ian Rongve and Miranda Mason, and they are both assistant deputy ministers. Rob Byers, our assistant deputy minister and CFO for the ministry, is here supporting me today as well.

Brennan Day: I would just like to note that my initial question also asked about goods and services. That includes supply contracts, IT contracts, consumables — the whole range of things that we may receive from the United States that will be impacted by these tariffs. I believe that should be of great concern to British Columbians and the level of health care we're going to support. But I'll move on to the next question.

LifeLabs, now owned by Quest Diagnostics, is an American *Fortune* 500 company. It's currently having labour disruptions, and their strike has already disrupted access to basic lab services here in British Columbia.

Given your government's frequent rhetoric and posturing and given the current leadership vacuum in Ottawa, does that principle extend to LifeLabs, and are you looking at alternatives to bought-in-Canada and made-in-Canada delivery of those services?

If not, what are you doing to mitigate those issues, both on the side of labour as well as trying to centralize that back in Canada?

We hear a lot from this ministry about elbows up. I would like to know what the minister has to say about this specific issue.

[4:55 p.m. - 5:00 p.m.]

Hon. Josie Osborne: Thank you to the member for the question.

First of all, with respect to the collective bargaining process taking place with LifeLabs employees, I won't comment on that specifically. I know the member understands why that is the case. But labour issues certainly could be…. Questions could be directed to the Minister of Labour in her estimates.

I'll just talk briefly a little bit about the history of LifeLabs and get to the points that the member is making. LifeLabs has a long history in British Columbia. It's a company that was founded in British Columbia and to this day, obviously, employs people, British Columbians here, who do this work.

When LifeLabs was acquired by Quest, an American-owned corporation, in 2024…. I hear the member's concerns, and I share, I think, the concerns, particularly at this time, with what is taking place in the United States of America around American ownership. Now, the acquisition of LifeLabs by Quest came with particular stipulations. For example, it stipulated that LifeLabs would retain its brand; it would retain its Canadian headquarters and its management here in Canada after the acquisition.

LifeLabs remains a British Columbia incorporated entity. It is legally obligated to comply with Canadian laws, and, again, it employs British Columbians.

In particular, LifeLabs remains subject to the Freedom of Information and Protection of Privacy Act and provides no data other than financial data to the U.S. company. That's very important, I think, for British Columbians to understand.

I want to talk a little bit about laboratory service benefits here in B.C. We use a mix of public and privately funded lab service providers. LifeLabs, of course, is the largest provider of community lab services here in B.C., and they do play a very critical role in diagnostic testing and patient care. LifeLabs is currently accountable for 68 **p**ercent of the market in providing community out-patient testing here in British Columbia. That's about 37 million tests annually, serving over six million patients annually at 128 different collection centres around the province.

We have what's called a master laboratory services agreement with LifeLabs and the Provincial Health Services Authority to provide B.C. with the greater cost certainty that we need and strong oversight. This relates to reporting for quality, security, privacy and scope of services. This long-term MLSA helps ensure that we have uninterrupted diagnostic access for everybody here in B.C. The MLSA that we have right now is in place until March 31, 2031.

The subject of this has come up in other provincial legislatures. Recently it came up in the provincial legislature in Saskatchewan, for example, when government was asked a very similar question, although I would note that the political parties were on the other side. I'll also note that in Alberta, there were attempts to bring lab services more in-house, if you will. That did not go well. We have very closely monitored that and watched what is taking place there.

[5:05 p.m.]

The continued oversight is incredibly important in this case. Of course, ensuring that people have access to high-quality diagnostic and lab services and that they are part of the health care continuum and providing the information that primary care providers and specialists need to make the appropriate diagnoses and undertake the proper patient care plans for people remains the highest priority.

Brennan Day: Minister, I will just respond. I do agree with you that the Alberta transition was fraught. I don't disagree with you that in certain cases in health care, as you stated, we need to be looking at private health care options for efficiency.

I'll state back to you, effectively, the situation you've laid out here today: an American private health care company, with a partial monopoly on B.C. lab services, with a Canadian shell company, is delivering lab services in British Columbians to the level of 68 percent. I'll be sure to continue to remind you of that as we talk further through some of the other questions. I'll definitely be looking for the quarterly filings from their Canadian shell company to ensure they're paying adequate taxes here in British Columbia.

On to the next question, Minister.

I did have a series of questions about your government's decision to outsource cancer care down to the United States. I'm happy that, as of this morning, I don't have to ask the entire series of questions surrounding private U.S. cancer care.

However, given this decision and the fact that brick and mortar is still years away, in some cases — three years in the case of Nanaimo cancer centre, and in the case of my riding, I have many constituents that have been sent to Bellingham for treatment.

Can you give us some assurances that British Columbians will not be suffering with longer wait times for cancer care now that this has been taken off the table? We need some assurances that this isn't just another example of you taking the politically expedient route, rather than the correct route, for British Columbians' care.

[5:10 p.m.]

Hon. Josie Osborne: Thank you to the member for the question.

He is absolutely correct. Earlier today we announced that we are ending the out-of-country program that we had, a temporary two-year program for enabling patients from British Columbia to be able to travel to one of two clinics in Bellingham for critical radiation therapy.

This is a program that was launched back in the spring of 2023 as part of our government and the then Health Minister's absolute commitment to taking the long-term steps that are needed to improve cancer care for British Columbians but, in the meantime, taking short-term steps like this to ensure that people were getting faster access to critical radiation therapy.

Now, it was always intended as a temporary two-year program, of course, because of the investments that needed to be made and continue to be made in B.C.'s cancer program, part of our ten-year cancer plan.

The member asks specifically around the confidence in providing timely radiation therapy for patients. It's important to note that back in May 2023, as this program got underway, only 69 percent of patients in B.C. were starting treatment within four weeks. That's a really important benchmark, of course.

That's why we started this temporary program and undertook these contracts with the two Bellingham clinics. I'm very pleased to report that now 93 percent of patients are starting treatment within the four-week standard, within that benchmark. Now that exceeds the national benchmark of 90 percent. That's why we can be confident now that the contracts with the clinics are no longer required past the end of May.

It may interest the member to know that there are now just nine patients who are currently scheduled for treatment in the U.S., and that treatment will end prior to the end of the contract. So nobody will be left behind, in terms of that.

The reason why the wait times have gone down and we're confident that the system of care is being built is because of the investments that our government has been making. Since April 1, 2023, so since just before this temporary program began, we've added 225 full-time-equivalents of health care providers to regional cancer centres. That includes around 100 oncologists, for example. We have added radiation therapists, critical parts of the system. We have upgraded hospital spaces. We have added more equipment, and we've increased the use of some very innovative and faster treatments, like precision radiotherapy.

We've also taken steps to expand travel supports for people who are living in some of British Columbia's more rural and remote communities, and that's incredibly important so that they can have some of those barriers reduced for travelling for cancer care. Of course, continuing to do everything we can to build cancer care closer to home is a really important part of this.

In addition to the community oncology sites that exist throughout British Columbia, building cancer centres…. With our commitment to building in Nanaimo, as the member mentions, but also Burnaby and Surrey and Kamloops, adding to the existing cancer centres that we already have, the six that are already present — that will again help to increase the amount of cancer care that's available for people as close to home as possible.

Brennan Day: Thank you, Minister, for the answer.

I would like to also apologize for my lack of third-person reference. I think that's something that comes with a bit of time here in the chamber, so I do apologize. Nothing is meant personally, Minister.

[5:15 p.m.]

The minister stated this morning 93 percent — we've heard it repeated today — and that it's a 24 percent improvement from spring 2023. Will the minister be able to table regional wait-time data here today, broken down by cancer centre, so we can verify that all parts of B.C. are

meeting the four-week standard not just on paper but actually in practice?

As we know, this is the rural health section, and it is wildly inequitable across the province. I feel that's something that is not covered in your answer. We want to ensure that people are getting care close to home as much as possible.

I do agree with the minister that these new cancer centres are long overdue. With 16,900 people needing radiation treatment next year by this minister's own estimates, I would like to see some regional data broken down so that we can track that progress over this year.

[5:20 p.m.]

Hon. Josie Osborne: We just tried to get the regional data — thank you to the member for the question, but we don't have that on hand, so I'm going to take that question on notice.

Brennan Day: Thank you, Minister. I'd appreciate that later in the week, if possible.

We're going to move on now to emergency room closures and rural access. Despite an increased $4.2 billion investment in Budget 2025, ER closures are still increasing. From my time in private business, it was the general rule of thumb that an increase in expenditure should lead to improved service delivery or some other measurable outcome.

I have a fairly simple question. How much of this budget specifically targets ER services, broken down by health authority?

[5:25 p.m.]

Hon. Josie Osborne: Thank you to the member for the question around emergency departments.

I'm going to first provide an answer. It won't be a complete answer to this specific question. I do want to talk about emergency departments, in particular.

I want to note that in a previous question, the member had talked about rural health equity. I could not agree more — coming from a rural place myself, having lived most of my life in rural areas — about the need for more investment and a reimagining of services, if you will, about the way health care is delivered to rural people and being able to reduce barriers and ensure that people can get the access to the care they need when they need it and where they need it. No matter whether you live in a big city or a small place, every British Columbian deserves that access.

The member asked specifically around how much of the budget specifically targets emergency rooms and is broken down by health services. There's kind of a two-part piece to this.

First of all is that the Ministry of Health provides a funding envelope to each health authority. We provide them directly with funding letters, and, of course, they publicly report on those expenses. They are making the decisions around the specific allocation of those resources. That's one factor in making it challenging to provide a specific answer.

The second is that the budget is not broken down by department per se. That's because of all of the different factors and complexities that go into operating a hospital, for example, and all of its component parts — the many different departments within a hospital, the fact that it is depending on equipment and supplies, housekeeping and on different types of physicians and different types of health care workers. Teasing out exactly what portion of all of those budgets are dedicated solely to emergency rooms would be a very challenging task.

Nonetheless, the member is talking about the really important and critical issue of emergency departments and the services that they provide to people — that we have experienced emergency department temporary closures more frequent in some communities than others — and really exemplifying the challenge that we are facing with a health care system that is under strain and that is experiencing a global health care worker shortage. The challenge of providing enough physicians and emergency room nurses, in particular, but also other aspects of the health care system that have particularly put a strain on emergency departments….

This is a place that you want to know is there for you and that is open and that in your worst hour, perhaps, an emergency department is open and that people are there to help you. This is something we all rely on. Again, it is certainly not lost on me, coming from a small town myself, the kinds of impacts that this has on people.

In a recent round table that I did with around 20 mayors from Interior and northern communities, who spoke directly to the emergency room temporary closures that they've experienced and the impact it's had on their communities….

[5:30 p.m.]

Obviously, it's not just on people alone and the destabilization that's created by having a temporary closure but also on other factors that are really important to rural communities — around attracting sports tournaments and bringing in new families to live in those communities, attracting new businesses. Having the security and the certainty of knowing that you've got a health care facility, a hospital with an emergency room that is open, is very much a part of that.

That's why health authorities have done everything they can. They take every step they can to mitigate closures, often working right up to practically the 11th hour to avert a closure. Many times they have been successful in doing that, and then the public would not know. But there are cases, of course, and we're all aware of these, where it is unavoidable and an emergency room is temporarily closed, working with the B.C. emergency health services

and B.C. Ambulance, of course, to divert patients who are of that most urgent critical need for emergency care to a facility that is down the road, sometimes half an hour but sometimes longer.

Some of the tools that our government has employed, working together with communities and health authorities, are everything around temporary locum programs; looking at physician payment contracts and models; establishing GoHealth BC, a cadre of health authority–employed nurses who travel around to help pinch hit, if you will, in these emergency rooms — again, taking every step possible to ensure that emergency rooms do not have to temporarily close; attracting staff to live and work in rural areas.

This was a big subject of discussion in this meeting that I had with the mayors around the steps that some communities are taking around recruitment and retention supports in addition to those supports that are being provided by the Ministry of Health but also by health authorities. For those of us from rural areas, of course we know how fantastic it is to live and work in a rural area. We have more work to do to attract people to come and live in B.C.'s rural areas and work there.

There are short-term measures. This is an urgent issue, something that is one of my highest priorities and is clearly listed as a very high priority in my mandate letter. But we cannot forget the long term. It took us a long time to get into the situation that we are now, and it will take us more time to get out of it. We must be thinking forward. We must be planning for the future. That's why we've expanded the UBC medical school. That's why we're adding a new medical school in Surrey to train and create doctors here in British Columbia.

We know that about 90 percent of doctors who are trained in British Columbia will stay in British Columbia. That's why we are doing the work to fast-track credentialing of physicians and nurses. It is why we are undertaking a focused recruitment campaign for Canadian doctors living in the States or American doctors who are looking to move to British Columbia.

We need all hands on deck. We need the support from local communities, from the ministry, from the health authority, from all members of this House in this work that we are doing together to ameliorate emergency room temporary closures and do everything we can to reduce them.

Some of the steps that we are taking are working. We know that in the last 12 months, compared to the 12 months before, we've seen a 40 percent reduction in the number of emergency room temporary closures. We know that in January and February 2025, compared to January and February 2024, we've seen a 50 percent reduction. We're moving in the right direction, but there is a heck of a lot more work to do, and that's what we'll continue to do.

I share the concern with the member opposite. I share his passion and commitment to rural communities and look forward to working with him on this.

Brennan Day: I fully agree with the minister regarding closures. Obviously, in her riding, you've seen some fairly serious travel and service interruptions being on an isolated one-lane road, both there and in Port Alberni.

I will note that the service closures don't necessarily affect areas like ours, where it's not quite as hard to attract doctors. Surfing in Tofino is always a good option. Burns Lake might not have quite the same draw in February.

Leading off of that question, it was recently claimed that over the past 12 months, British Columbia experienced 8,000 hours of emergency room closures, compared to 34,400 hours in Alberta. Can you explain exactly how those figures were calculated?

[5:35 p.m.]

Did B.C.'s count of closure hours include events like wildfire evacuations, flood-related shutdowns or emergency staff redeployments, or were those hours excluded from the total?

Further, is the data collection methodology truly standardized between B.C. and Alberta, or are we comparing two completely different definitions of what constitutes an ER closure? I think clarity and transparency here are absolutely key to ensure we are doing an apples-to-apples comparison.

[5:40 p.m.]

Hon. Josie Osborne: Thank you to the member for the continued dialogue and for mentioning that.

He is absolutely correct. There are some parts of the province where it has been less challenging to recruit health care professionals. We are really fortunate here in British Columbia that we are a place that people want to live and work and that we have experienced fewer hours of service disruptions than our neighbouring province and, certainly, of other provinces.

This is a problem that's being faced in rural communities across Canada. We are in a global health care worker shortage. That's why everybody is doing so much to do everything they can to fill these shifts. There are hundreds of shifts for physicians and nurses in ERs alone that have to be covered every single day in British Columbia. We know that it is about less than 0.7 percent of these shifts that go uncovered, but that's not much comfort to those people living in a community that experiences a temporary closure.

Again, that's why we have to continue to do everything we can, with that particular focus on communities where shortages are the most profound and that are experiencing these kinds of impacts.

The figure cited for temporary service disruptions here in British Columbia does not include wildfires or floods or other reasons why an emergency room may be temporar-

ily closed. So it, literally, is for the kinds of health human resources challenges that we're facing.

It is similar in Alberta. Alberta's reporting is…. I will say, around B.C., that this is a standardized approach to collecting these data across the province of any unplanned closure related to staffing. Alberta is very similar in that these are figures that do not include disruptions created by wildfires or other events. Now, is it a perfect apple-to-apple comparison between how B.C. collects these data and how Alberta collects these data? I couldn't say that it is, but I can say that they both are figures based on unplanned closure hours related to staffing shortages.

Again, it just serves to drive home the point that communities across Canada are experiencing this issue, and in the context, too, of Trump's unfair tariffs, to point out that the kind of mobility that people enjoy, moving across the country and the reciprocal arrangements we have with other provinces in terms of health care expenses…. There's work we continue to do with other provinces in terms of making it easier for health care professionals to move around this country as well.

[5:45 p.m.]

Again, it is all hands on deck. This is a problem that we all are facing together, and we're going to continue to need these kinds of collaborative, partnership-driven approaches to providing solutions.

Brennan Day: It's interesting you mentioned labour mobility, something notably absent in your interprovincial trade bills recently.

I'd also reference the disparity that's leading to some of these closures, with a 40 percent vacancy in nursing in rural communities, obviously, leading to these ER closures, something that we desperately need to deal with.

Given this chronic understaffing of transfer teams, we are being told ER staff are regularly pulled away to transport patients, leading to increased ER closures in rural communities. Why are 50 percent of non-emergency transfers accompanied by hospital staff and not dedicated teams, as was previously the case?

[5:50 p.m.]

Hon. Josie Osborne: Thank you again to the member for the question.

I think the question really drives at, once again, the impacts of a global health care worker shortage and the unequal distribution of those shortages around the province. The member speaks, for example, to vacancy rates for some health care professions in rural communities. There's no doubt about it. Rural communities are experiencing these kinds of shortages more acutely, and they're certainly feeling them more acutely as well.

That's why getting at this underlying issue, the minimal staffing in rural communities, is so incredibly important. To build up a large enough workforce in a hospital in a rural community that there's effectively a buffer for when there's a need for a patient to be accompanied by a physician or a nurse, for example — that that does not put further strain on the hospital by removing a health care worker from there, which then tips it over into that point where, despite the best efforts of health authorities, a replacement cannot be found and temporary closure takes place.

It's why we have to continue the investments and the approaches that we've been taking on stabilizing staffing in rural and remote communities and also look at other tools or solutions.

One of those that I want to speak about briefly is expanding the scope of practice for emergency medical assistants, EMAs, and a commitment that we made in 2023 around undertaking a training program with EMAs to expand that scope of practice so that they are able to accompany patients, thereby alleviating a physician or a nurse from having to undertake that patient transfer and then leading to the issues that the member is talking about.

Coming back to the retention strategies and the tools used to fill in some of these shifts that would otherwise have gone underfilled, I want to talk again about GoHealth BC, because I want the House, the member and all of us to understand what kind of impact that has had on rural and remote communities, including emergency departments. Again, GoHealth being a cadre of provincially employed nurses who are able to travel and, as I described before, effectively pinch hit and be able to provide the relief in staffing that's needed in some of these communities….

In 2024, there were 304,000 GoHealth nursing hours provided in 34 different communities. That includes nearly 75,000 hours in emergency departments alone. In 2025, just in January, 43,000 hours of GoHealth nursing, and that includes nearly 9,000 hours in emergency departments. Having that kind of nursing provided into emergency departments, thereby mitigating and preventing the temporary closure of some of these emergency departments…. These are important steps to take and work that we will continue to do.

Of course, continuing also on the work around attracting internationally educated nurses, increasing their credentialing, the pathway, making it faster for internationally educated nurses to come to British Columbia and be licensed to practise here in B.C. remains an important part of this, and ongoing recruitment and retention strategies.

[5:55 p.m.]

With that, Madam Chair, you can probably tell that my voice got a little tired there. So I'm going to suggest we take one more question and then we take a very short dinner recess so we can get some sustainment.

Brennan Day: I couldn't agree more.

The minister did mention "all aware" several times, and she used it in the context of "everyone should just know this data." We know this ministry struggles with transparency, so I have a question set for this. Why has Interior Health stopped disclosing the reasons for ER closures? Was the minister consulted before this decision?

I just have to question why the minister can't be honest with British Columbians and health care professionals and let them know the struggles the minister is facing. Perhaps somebody outside of the Premier's office might offer some solutions.

Further to that, Northern Health relies on Facebook groups to announce ER closures instead of centralized public platforms. Is there anything in this $35 billion budget that might address the current patchwork of notifications?

I, as a British Columbian, will be travelling around this province, and I would certainly…. It would be good information to have if I'm travelling into a region with an upcoming ER closure, rather than having to be on the Burns Lake Facebook page. Lovely rants-and-raves group up there. Not very helpful in getting notification of ER closures.

[6:00 p.m.]

Hon. Josie Osborne: As I have described, health authorities work incredibly hard, taking every step they possibly can to mitigate and prevent an emergency room from having to close. I've described a number of tools and programs that we are partnering with health authorities on, with unions and others, to be able to fill shifts in this time, again, of a global health care worker shortage. It's an issue that's being faced in communities across Canada and an issue that is really difficult for small communities.

When the decision is taken, there is a judgment point for a health authority in determining at what point we have done everything we possibly can. We know that we are going to have to temporarily close this emergency room and notify people. That's a judgment point that is used.

The B.C. emergency health services, ambulance drivers and paramedics here in the province, are a first point of contact for notification procedures. If you call 911 in the event of an emergency, of course they need to do everything they can to be appropriately staffed and know where to take that person. That's critically important.

Local community leaders are also alerted and told. But I think it would be disingenuous for anybody to suggest that Facebook alone is the only way that people are notified. Of course it is not. For some communities, small communities, it is an important tool. It does get the notice out. Because if you did not call 911…. If you've got a child with a fever and you're very worried and you want to take your child to the emergency room, you may not call 911. But a notification system of some kind is needed. It's important to do that.

It's also important that we continue to honour and respect the incredible hard-working physicians and nurses and other health care workers in small towns, in these hospitals, who are doing everything they can to prevent closures.

[6:05 p.m.]

I have spoken to mayors of small towns who have told me about the personal distress, the moral distress, that physicians and nurses go through when they are sick or they are unable to take their shift, for some reason, in a hospital, of people who will stay up nights in a row while working during the day in a clinic because they do not want to let their community down.

The member asks: "Why does one health authority not reveal all of the information about a closure?" Well, I would like to invite the member to live for a time in a very small community, where everybody knows everybody, and they know if you're a doctor or a nurse.

This is a time where we have to support people. We have to do everything we can to create a working environment that people want to come to. We can't put people in a situation where they are being called out. That's why different health authorities make different decisions about how they notify and what they say about the reasons for the closure.

I do not want to stand in this House and have divisive conversations around why health care workers are so strained and feeling this stress so much. I want us all to work together. We started off this session talking about what a Standing Committee on Health in this Legislature, all parties working together, could examine. What a great example of one of the kinds of things that we can work together and examine.

Let's continue to do that. Let's continue to work together, to work with communities, to work with health authorities, to try new things, to not be afraid to try new things, to do everything we can to attract nurses and doctors and other health care professionals to live in our small towns, to help fill some of these critical gaps, to do everything we can to support the people that are there, knowing that they're making very difficult decisions.

I think that's the spirit of collaboration that we need to continue to see. I know that the member in his heart also feels this way too.

With that, I think it's dinner time. If I might ask for a 15-minute recess so that my team and myself and the members opposite can get some sustainment, that would be fantastic.

The Chair: We're going to take a recess, noting it is 6:07, and we'll see you back in 15 minutes.

Oh, sorry. We have the Minister of Finance.

Question of Privilege
(Reservation of Right)

Hon. Brenda Bailey: I'd like to reserve a point of privilege right, please, on the way that the member opposite framed this question.

The Chair: Noted.

Hon. Brenda Bailey: Thank you.

The Chair: We will now take a brief recess for 15 minutes. Note it is 6:08.

See you back shortly.

The committee recessed from 6:08 p.m. to 6:25 p.m.

[Lorne Doerkson in the chair.]

The Chair: All right, Members, we'll call this House back to order, and we will continue to contemplate the estimates of the Ministry of Health.

Brennan Day: Just to respond to the Finance Minister's point of privilege, I'm not going to make apologies for representing rural British Columbians, of which I am one, or asking the tough questions in Health. People's lives are legitimately at stake with this $35 billion budget.

The Chair: Member, I think we'll just state a question, if we could today, and we'll respond to that potentially later on today or tomorrow. If we could encourage you to just ask your questions of the Minister of Health.

Debate Continued

Brennan Day: I'll cede my time to the member for Columbia River–Revelstoke.

Scott McInnis: Minister, just for the record, could you please lay out what the ministry uses as a rubric, or what the criteria is for which communities do receive the provincial rural retention incentive and which communities don't?

Why would a community like Trail or Fernie receive the PRRI and communities like Kimberley and Cranbrook would not?

[6:30 p.m.]

Hon. Josie Osborne: Thank you to the member for the question and for asking specifically around the provincial rural retention incentive.

Of course, this is a program that's been stood up through B.C.'s human health resources strategy to support health service delivery in rural and remote communities. As I'm sure the member knows, under this program, eligible regular employees of a health authority or a Health Employers Association of B.C. affiliate employer can receive incentives prorated on their working hours.

[6:35 p.m.]

The member asked around how communities were selected. The PRRI-eligible communities were selected based on their rurality and assessed human health resource risk. That was determined by looking at an objective set of criteria that included vacancy rates, the use of agency nurses, the number of unfilled shifts and overtime, for example, and these important data to help make those decisions about eligibility.

When the roster of communities was put forward, this was reviewed by employers and by unions for the term period that the provincial rural retention incentive program was to be delivered.

We know that there are other factors that also create a healthy workplace. We know, after undertaking this program for some time now, that it is difficult to separate out the impact of the provincial rural retention incentive program from other workforce supports, like training and education and other workforce supports that are needed in a workplace environment.

It's for these reasons that we have temporarily extended the program to enable us to have the time to review it. We're undertaking an internal review of the PRRI right now so that once again, we can use objective results and make decisions about how this program could be adapted, moving forward, and what the interplay is between factors like incentives or pay and other workforce supports, other workplace supports, that we know are important for high quality of work and to attract workers to come and stay in these communities.

Scott McInnis: Thank you to the minister for that answer.

Just as a follow-up…. I appreciate some of the information around vacancy rates and things to do with specific health centres.

Would the minister just elaborate a little bit on what she described as rurality and what the threshold is as far as specific health centres, how many agency nurses they have and when that would kick in as being a criteria for that health centre or that region receiving the PRRI?

[6:40 p.m.]

Hon. Josie Osborne: The question from the member with respect to how many agency nurses…. I'm sorry. I don't recall if that was on a facility basis or a community basis. Those are data that we do not have at our fingertips. So all of these criteria that I've listed…. They are quantities. They are numbers, but we just don't have that data in a binder here, for example.

The member also asked around rurality and what the definition of that is. We take quite a bit of learning from

the work we've done with physicians in looking at the nature of rural communities. Through what's called the rural practice subsidiary agreement, or RSA, there is a system of community designation.

Communities are listed under the RSA and classified as A, B, C or D, based on the number of isolation points they received using what is a technical thing, the medical isolation assessment system. So it's an objective way of looking at the more isolated nature of a rural town.

The community's designation is used to determine its eligibility for programs and benefits in their physician practice. So there's a lot of learning from that in terms of the unique rural nature and the isolation that is experienced in those communities. And that was applied in the case of determining which communities would be eligible for the PRRI.

Scott McInnis: Thank you, Minister, for that answer.

I just want to get on the record that I hope, as the ministry goes through their assessment period, both Kimberley and Cranbrook are strongly considered for receiving the PRRI not only because they are both extremely remote communities. But the surrounding communities in the Kootenays — those health care workers do receive the PRRI. So I think it would only be fair that Kimberley and Cranbrook received the same.

Between 2023 and '24, Angel Flight East Kootenay saw a 65 percent increase in their patients who needed services from the Cranbrook airports to Kelowna for care. I was very pleased to see that the ministry came through with some funding for the next calendar year.

Will the minister commit to a long-term funding program for Angel Flight East Kootenay which directly reflects the number of patients who need transport to Kelowna for critical services?

[6:45 p.m.]

Hon. Josie Osborne: Thank you to the member for the question around Angel Flight East Kootenay and recognizing the really important work that they're doing.

As we've talked about in the House before, they provide a service for people living in a really geographically unique part of British Columbia, where the sheer remoteness for some of those people and the travel that they need to undertake to access vital health care services, particularly in the wintertime and being able to drive over several mountain passes to access that care…. Angel Flight East Kootenay has provided a really essential service.

Further, and as the member has also spoken about in this House, the passion and the dedication which they bring to that work and the volunteers who are behind that service really show, I think, what the value of these kinds of partnerships with community-based companies and organizations like this are.

My hat goes off to Angel Flight East Kootenay and the people who run that organization.

I am so happy that we were able to effectively increase the amount of funding to them this year, moving from $300,000 over two years, recognizing the need for the service and being able to increase that to $250,000 a year. And we will be, if it's not signed yet, entering into this one-year agreement with them. It is a time of economic uncertainty right now, so the decision was taken that it wouldn't be prudent to enter into a long-term relationship at this point.

But the point is never lost on the need to continue to serve the need for people living in rural and remote communities and help reduce those barriers to travel that people face accessing critical health care services. That's why for us, as a ministry, to be able to take the time to look at an integrated way of the different programs that do exist serving rural and remote communities will be important so that informed decisions can be made moving forward.

Again, coming back to the fact that these kinds of partnerships with local organizations are so important, I also want to just take an opportunity to express some gratitude to Mayor David Wilks, the mayor of Sparwood, who has spoken to me several times about the unique issues that are faced by people living in the East Kootenays — and, of course, the member asking the question today.

Thank you for your advocacy for people living in your riding. These voices are important. It's important that they're heard, and I appreciate the question.

Scott McInnis: Thank you to the minister for that answer.

I look forward to continued conversations around Angel Flight East Kootenay, because it's tremendous value for the dollar. They do serve several communities in the East Kootenays, from Golden right in through to Elkford. I look forward to having that conversation, moving forward, for a long-term commitment.

This is my last question, and then I'll pass it over to the member for Kelowna-Mission.

[6:50 p.m.]

How many nurses have received rural, northern and GoHealth BC bonuses? How many full-time-equivalent positions do these represent?

[6:55 p.m.]

Hon. Josie Osborne: Thank you for the question around specifics on the number of northern, GoHealth and rural bonuses and their FTEs. Please pity the poor staff person in the ministry whose computer just crashed and is why the FTE data took a little longer to come.

Whoever you are, thank you very much for what you're doing.

These bonuses and this system are all part of the health

human resources strategy and part of government's commitment to recruiting, retaining, training and redesigning services throughout the health care system and making sure that we're doing everything we can to strengthen the health care system and to attract people to live in these communities.

Between April 1 and December 31, 2024, 56 GoHealth BC signing bonuses for a total of 32 FTEs, 197 northern signing bonuses for an equivalent of 187 FTEs and 340 rural remote signing bonuses for a total of 309 FTEs were taken.

Gavin Dew: I understand that portions of Kelowna General Hospital, particularly the Centennial Building completed in 2012, remain empty shells or are used for storage while patients are being treated in hallways.

Can the minister quantify what portion of the KGH floor space remains unfinished and what portion is currently used for storage? For example, I understand that part of the fifth floor is currently an empty shell and that the sixth floor east sits empty.

[7:00 p.m.]

What percentage of the floor space is currently not being used for its intended function?

Hon. Josie Osborne: Thank you to the member for Kelowna-Mission for the question. I'm going to take it under advisement.

We're just determining…. Also, the Ministry of Infrastructure and the Ministry of Health, of course, have some facilities-related separations. If we get the answer tonight, I'll read it back into the record.

Gavin Dew: I look forward to receiving that information.

Over the last week, I have received a significant volume of correspondence from front-line health care workers to my office regarding patient ambassadors at both Kelowna General Hospital and the Kelowna Urgent and Primary Care Centre.

I understand that provincewide funding for patient ambassadors is set to expire on April 30. As per the correspondence from my constituents, the loss of these individuals will be significant for both front-line health care workers and for patients and families, who are already dealing with emergency rooms that are backed up and occasionally closed.

Can the minister provide an update on the government's approach to both the work status of these individuals and to how the functions they have taken on over the last several years will be filled?

[7:05 p.m.]

Hon. Josie Osborne: With respect to the previous question, we have determined that is a Ministry of Infrastructure lead question, so I would direct the member for Kelowna-Mission there for the answer about the Kelowna-Mission hospital.

I want to say thank you for the question around patient ambassadors. These people have been an enormous help throughout the pandemic, and I want to take the opportunity to thank them for the services that they have provided. The program was launched in 2020 in response to the COVID-19 pandemic.

These patient ambassador positions were created to assist health care facility visitors — to screen for symptoms, to promote hand hygiene, to distribute masks and to verify COVID immunizations. The program was always intended to be funded on an interim basis and again intended, really, to respond to those critical issues during the pandemic of infection prevention and control and the needs there. Back in October, we began discussions and signalled with the employers that this temporary program would be coming to an end.

Again, these are people whose work is guided by a collective agreement, and we've undertaken a comprehensive process with employers and unions to make sure that the terms of those agreements are respected and honoured, and have been working with the union and employees to be able to redeploy people in places where they may like to continue to work and ensuring that they can find those places, if possible, as well as providing a training stipend and assisting people in any upskilling that they might need to be able to do that.

[7:10 p.m.]

Again, this is about the most effective use of our resources. We all know, especially now more than ever, we really are living in a time where we want to be able to do that, and that's why I'm glad that we'll be able to continue to work with many of these employees to find new positions for them and ensure that they're part of a health care system.

What this question also illustrates is that there are so many different roles within the health care system that are incredibly important to make the facilities run, to make the system run, and that beyond doctors and nurses and the training and specialties that they have, there are many different kinds of workers doing many different kinds of jobs in our health care system and that we value each and every one of them.

Gavin Dew: I understand the minister may wish that a question around the staffing and equipping of a hospital were outside of her purview, in the Ministry of Infrastructure. But I fail to see how the utilization of an asset that was completed in 2012, when the Ministry of Infrastructure did not exist, could possibly be under the purview of the Ministry of Infrastructure.

Nor can I understand how a government that has been in power for almost eight years can have no answer as to

how it has failed to utilize a significant portion of Kelowna General Hospital, so I do not find the minister's answer or her deferral to the Ministry of Infrastructure whatsoever acceptable.

I would ask her again to account for what in the seven, almost eight years of this government has been undertaken in order to make sure that we're actually getting utilization out of those spaces in Kelowna General Hospital, that they are staffed properly and that they're being used to make sure that patients can get proper treatment, not left being treated in hallways.

[7:15 p.m.]

Hon. Josie Osborne: I understand the answer is unsatisfactory for the member. Of course, we all want to see assets used to their best capacity and our resources invested in the best ways possible.

The division of responsibilities between the ministries today is such that the Ministry of Infrastructure is the lead on facilities, and it's inappropriate for me to step into another minister's ministry or another minister's estimates. That's the way the process works, as frustrating as it might be.

I'm really happy to follow up with the Minister of Infrastructure and to ensure that she knows this question has been asked. I realize that her estimates are over. We can do everything we can to get the information that the member seeks.

Brennan Day: In the minister's own riding and mine and this one, in fact, Island Health has taken the ministry's lead on opacity and refuses to divulge ER wait times, leading to lost productivity, adding to ER crowding and frustrating British Columbians who are spending 12 hours only minutes from this very room waiting for care, at times.

Can the minister commit, in this budget, to standardizing the publication of ER wait times across health authorities, to take some of the burden off our ERs and save British Columbians from wasting hours or, in some cases, days waiting for critical care?

[7:20 p.m.]

Hon. Josie Osborne: Thank you to the member for the question, raising again the important issue of emergency room temporary closures and the impacts that wait times in emergency rooms are having.

I won't repeat things I've already said today in the various questions around some of the reasons for seeing the wait times that we are, but I know the member understands there are a number of factors that are impacting this.

Yes, I agree. We need and are developing a standardized approach to being able to post emergency wait times — those health authorities that are posting wait times, for example, on websites. I also want to note these are an average wait time over the course of that day or at that time.

Anybody who presents at an emergency room with a real emergency, with a high acuity case — a motor vehicle accident, a heart attack…. These people are triaged and immediately seen, in those cases. What is posted on a website in terms of wait times in no way can be taken as impacting those people who have the most urgent need, and that's really important for everybody to understand.

Island Health does post their wait times inside emergency rooms, and that is a step towards the right direction. They are in the process of standing up a website where Island Health will be posting emergency room wait times.

Brennan Day: Minister, thank you for that response. I believe Vancouver Islanders here will be relieved to hear, given the changes and the other pressures on urgent care.

People like to prioritize their time depending on their sickness. I know I've been in with my five-year-old son. Nothing scares me more than having to spend another six hours trying to keep him entertained in a waiting room. I think a lot of people appreciate that information.

Thank you very much.

I'm going to move off of ERs now, and we're going to talk about rural health workforce and staffing shortages. With $4.2 billion in additional spending in this budget, how many new health care workers will be hired? Just to clarify so I'm covering my bases and, hopefully, we can get an answer: how many are budgeted in this budget?

[7:25 p.m. - 7:30 p.m.]

Hon. Josie Osborne: Thank you to the member for the question.

Yes, the Ministry of Health budget has a $4.2 billion lift over the next three years. A lot of this is focused around this increased caseload and accommodating for an increasing population and an aging population, which adds to the complexity of health care issues that are presented.

We've talked a lot during estimates about the need to fill gaps in vacancies. As I've mentioned many times, we are experiencing a health care worker shortage, and it's in a global context that jurisdictions around the world are facing. Our priority really remains on filling these vacancies and taking every effort possible to recruit and retain people in the very varied positions that are required for a complete health care system. We're going to continue to do that.

Now, the health care system is quite a fluid system, and it is difficult to pinpoint or to accurately predict the number of FTEs or jobs that are required, so I would be very cautious about doing that.

I also want to emphasize that part of our work, moving forward, is looking at service redesign. It's looking at technology and how that can augment the workplace and make existing jobs easier. It's how we can reduce the administrative burden that physicians, for example, are facing. It's how we can build team-based care that, again,

augments the workplace and makes for a better work experience. Obviously, that's part 2 of the recruiting and retaining people to come into.

[7:35 p.m.]

Again, as I mentioned, the health care system is quite fluid this way, and health authorities, the one step further, receive their envelope of funding. I want to assure the member that health authorities are held accountable for how they hire and retain and employ their staff. The member may wish to look at the PSEC forecast report. I'd be happy to send a link for that, because I think some of the information the member is seeking can be found there as well.

Brennan Day: Minister, I feel that's a fairly basic question just in terms of projections.

I'm going to move on, but I'm going to preface the next series of questions with something I've noticed watching the minister's lively press conferences.

We've seen some rather loose language that the minister's comms team has been using in the media lately, where the minister states new staffing rates with quite a lot of confidence during some press periods and "net new" language when she's really confident in the actual numbers. Clearly, the newly paid communications staff is doing a fantastic job in spin, so I'm going to preface that.

All the numbers I will be requesting over the next several questions will be net new positions, because we understand also that over the next five years, we're going to be seeing 40 percent of the doctors in this province seek retirement, and that's not helping.

With that, recently the minister claimed 1,001 new doctors have been hired over the last 12 months. How many net new doctors does that figure represent?

[7:40 p.m. - 7:45 p.m.]

Hon. Josie Osborne: Thank you to the member for the question talking about the addition of family doctors, in particular, into the B.C. health care system, something that we all know is incredibly important. We need to continue to do everything we can to train more doctors, to recruit more doctors, to retain doctors who are here.

Since February 2023, which is when we introduced the longitudinal family payment plan, as the member points out and as I have stated before, we have added 1,001 new family doctors into that form of practice, into longitudinal family practice. Of those, a net 404 are absolutely brand-new — recent grads, people moving from other provinces, people coming in from other countries, for example.

By way of absolute numbers, for example, on March 31, 2024, we had 7,685 family physicians practising in British Columbia. Nine months later, December 31, 2024, we had 8,034 family physicians practising here in British Columbia. It's because of actions that we're taking, like the longitudinal family payment plan, that's bringing more doctors into that form of practice that we so urgently need here in British Columbia.

We have the fastest-growing rate of family doctors among the major provinces here in British Columbia. We have the second-highest ratio of family practitioners per capita.

Is it enough? We know that with a growing population, with an aging population, with retirements and attrition — as the member is, I think, speaking about — we have to continue to do more. Again, that's why we have expanded the UBC medical school. We have added residency positions. We are in the process of building and opening a brand-new medical school here in Surrey to train doctors here in British Columbia.

That is the work that we will continue to do and that we're absolutely committed to doing.

Brennan Day: That's a substantially different number. You did bring up the longitudinal payment model. In that case, I do have a supplemental.

Given the number of new payment models introduced, things have become quite a bit murkier in the count. How many net new doctors switched from fee-for-service to AAP or group contracts and then got counted as new recruits in the other system, how many switched from specialties within our own system, and are we counting locums? If you had four three-month locums, is that counted as a full-time position under that model? We know that they are temporary.

I believe that's it.

[7:50 p.m. - 7:55 p.m.]

Hon. Josie Osborne: Thank you for the question around the longitudinal family payment plan.

I can confirm with the member that there are 4,418 active registrants in the LFP payment model, and that includes 1,051 active locums.

There is a category of payment plan called a new-to-practice, and there are 365 contracts signed. That is generally a two-year program for a physician newly graduated or moving into British Columbia to retain them to work here and encourage them to stay here.

There is a series of different models that are used to compensate physicians, and the member has touched on some of them, the APP and the LFP. We've got the new-to-practice. There's the fee-for-service. There are contracts. And a doctor, a physician, can use multiple models at one time, depending on the setting that they're working in.

For example, a physician may be teaching; may be working in a hospital, undertaking surgeries; may be working in clinics; and may use different payment models for each. So teasing out the data that the member is asking for is challenging.

The reason, though, for having this is to really provide that maximum flexibility and recognizing that many

physicians are effectively…. They are business people, and they will choose the model that works best for them. Ultimately, obviously, that is to work with physicians, finding those best models for them and ensuring that the care that's being delivered to patients is the absolute best possible.

Brennan Day: How many net new nurses have been hired over the past 12 months in B.C.? And let's only count full-time equivalent positions.

[8:00 p.m. - 8:05 p.m.]

[Mable Elmore in the chair.]

Hon. Josie Osborne: Thank you to the member for the question.

There are a lot of data in the Health Ministry. I can tell the member we don't have the 2024 data just yet. We're still a month or so off of that.

In 2023, there were 36,030 nurses employed across the health authority. I'm going to take the net new piece under advisement, and I'm going to have to get back to the member on that.

I do want to take the opportunity to talk about the number of new registrations we've seen in the last quarter alone. Just in the first three months of this year, 2,029 new RNs registered; 108 new nurse practitioners registered; 100 psych nurses registered; and 189 LPNs, licensed practical nurses, registered.

As I said, we'll take the other part of the question under advisement. Thanks for the member's patience.

Brennan Day: Thank you, Minister, for the answer.

I think the net language surrounding those questions is critically important as we see a wave of retirements hit the health care sector as well as the explosive population growth. I don't think we'll get to it tonight, but I do have a series of questions for later on regarding the ratio per capita, which I think are also extremely important as we see British Columbia fluctuate in population.

I'll move on to another question. In the Comox Valley and across rural British Columbia, we've become reliant on travel or contract nurses to throw a band-aid on the health care staffing shortage. How much of this $35 billion health budget is expected to be spent on temporary, privatized contract nursing or travel nurses, and how many net travel nursing positions does that represent?

[8:10 p.m.]

Is this higher or lower than last year or anticipated to be higher or lower than last year, and is there a plan to reduce our reliance on what is, effectively, private health care in travel nursing, moving forward?

[8:15 p.m.]

Hon. Josie Osborne: Thank you to the member for the question.

First of all, I'll start off by saying that private agency nurses are truly used as a last resort to fill shift vacancies and to prevent service disruptions. I catch the gist of the member's question, and I think I see where he's going.

I do want to point out that that trade-off for…. When we are faced with this global health care worker shortage, despite all of the actions that we are taking to increase the number of nurses, to attract and retain nurses here — I'll speak a little bit about that — preventing service disruptions and ensuring that patient safety and care come first have to take a priority.

As I said, it is a last resort. We want to do everything we can to make sure the public has access to health care services, particularly in remote and rural areas. These are the places, as we've been canvassing this afternoon and this evening, that often see these challenges in recruiting staff.

We've taken a number of actions to reduce our reliance on private staffing agencies. Despite this, to answer part of the member's question, in 2023-2024, the last complete year with data, $240.6 million was spent on agency nursing. That equates, across the province, to 3.6 percent of hours as a percentage of the total nursing productive hours.

Taking steps to reduce the reliance on private staffing agencies includes developing a standardized provincial contract for staffing agencies that has language that improves financial transparency and prioritizes patient safety, absolutely, and expanding GoHealth BC. This is the provincial travel resource pool that has been developed. I do want to spend a few moments talking about this, because this is really an innovative response to that proliferation of agency utilization and seeing the associated rising costs that have been coming with that.

Northern Health Authority, in 2018, stood up a travel resource pool. That was their response to the rising use of agency nursing in their communities in the Northern Health area. The program successfully provided travel nursing services that ensured that continuity of health care that was being delivered by people and nurses employed by the public sector.

Now, our health human resources strategy, action 34 specifically, commits the Ministry of Health to expanding the northern TRP to rural and remote communities across the province. That was a three-year commitment starting in 2023, and we rebranded that program to GoHealth BC in 2023 to support that provincial expansion. We've added a number of additional communities in the Northern Health area, as well as communities in Interior Health and Island Health.

GoHealth BC supports short-term deployments to high-needs areas, in response, again, to urgent and endemic staffing shortages that we are experiencing, and it supplements agency nursing.

[8:20 p.m.]

It provides a mechanism for nurses who have a real interest in working in rural and remote areas but who don't live in a rural community themselves to practise. They're able to travel to rural and remote communities to work.

GoHealth BC also plans deployments several months in advance. That helps to support the stability that we need to see in the workforce and, again, helps to reduce reliance on private staffing agencies.

More steps that we are taking to reduce this reliance on private staffing agencies include implementing the 2022-2025 Nurses Bargaining Association collective agreement. That provides them generational wage increases, pay premiums and other supports that are really important for nurses, especially in staying in their careers and staying in the places where they are working; and then committing to minimum nurse-to-patient ratios and other policy initiatives like that, including a new graduate transition program — again, to retain nurses in the public sector.

All of these tools together, as I said at the outset of these remarks, around reducing our reliance on travel agency nursing, recognizing that they are used as a last resort…. They are used in ways that protect patient safety, that ensure that staffing ratios are there and that things like emergency room temporary closures can be limited to the greatest extent possible.

We'll continue to take these kinds of actions to ensure that we are reducing our reliance because, obviously, we want to build up a healthy workforce of nurses — many of whom are trained here, and some who come here from other countries to practise — and to continue to do this work to ensure that we have the health care for British Columbians when and where they need it.

Brennan Day: Thank you, Minister. Just a couple of comments regarding that.

We've talked about three separate private health care providers, effectively, in this province: travel nursing; our laboratory system; as well as cancer care south of the border, which has now been scrapped by this minister. I find that very interesting.

I would also recognize that the 3.6 percent of total nursing hours has handicapped the government in some way, because we know that those nurses are being paid more per capita. So we are actually using those travel nurses and taking health care agents off the table and burning budget. While I support the use of travel nurses and some privatization, where required, to deliver services here in British Columbia, it is a slippery slope.

We can agree on that, I believe, Minister.

In the minister's mandate, this government has committed to reducing the number of bureaucrats and administrators in the health care system and focusing on front-line nurses and doctors. What is the current ratio of nurses and doctors to administrative positions, so that we can measure performance on this progress? Since I know this needs to be prefaced, what is the current ratio of nurses and doctors who deliver direct patient care to administrative positions that may include nurses and doctors like Dr. Ballem, who no longer directly treat patients?

[8:25 p.m.]

Hon. Josie Osborne: Thank you to the member for the question.

B.C.'s corporate services expense ratio, which measures administrative spending as a percentage of total health sector spending, is 3½ percent, based on the latest calculations. That is the second lowest in Canada.

The member asked specifically, if I recall, around FTE counts, and I want to point out that there are many, many people in the health care system who perform multiple roles, including people who have both clinical and administrative duties. Teasing those apart can be challenging.

To the point of costs of administration, I want to reiterate our commitment to the priority of reducing the cost of administration in the health care system and really focusing resources on the front line. Of course, this is beginning with a review of the Provincial Health Services Authority, work that will include an active role for those doctors, nurses and other employees who are part of the system and see many opportunities for an increase in efficiency and effectiveness in the system. They'll play an important part of that role.

As we've canvassed before here, in time, we'll be talking a lot more about the results of that review and the review of other health authorities.

[8:30 p.m.]

Brennan Day: Thank you, Minister. I'm not sure how exactly we tease out the progress in the bureaucratic bloat in health care without some sort of metrics to measure it.

I would be very interested to see, over the coming months, if the minister could release some tangible targets on where she expects to be, whether that's to just freeze growth or actually make a reduction.

No offence to all of the bureaucrats in the back. I know many of you are severely underpaid. Maybe that's why we're the lowest in Canada, something that I find quite hard to believe.

On to the next question.

Will the minister table regular health care vacancy numbers by region and sub-region for nurses, doctors and other front-line positions? We know the number is high. Forty percent of nurses in Northern Health — those positions remain vacant. But if we want to attract foreign medical professionals, it would be nice to know where we needed them so that municipalities could double our efforts and we could see some localized supports in attracting those candidates.

[8:35 p.m.]

Hon. Josie Osborne: We pulled together some of this information here.

I will, first of all, start off with physicians. I'll talk about Health Match B.C., which is the provincial recruitment agency matching physicians with opportunities, and let you know that it currently stands at 288 for Fraser, 389 in the Interior, 164 for Northern Health Authority, 463 for Vancouver Coastal Health and 329 for Vancouver Island Health Authority. This is for locums, for permanent positions and for a third category called locum-to-permanent position.

When it comes to the question the member also asked around nursing, I'm going to cite some figures of vacancy data by health authority for the third quarter of '24-25.

[8:40 p.m.]

The estimated vacancy rate accumulated, aggregated into health authority is, for RNs and RPNs, 12 percent; for LPNs, 9 percent in the Fraser Health Authority.

For the PHSA, again for RNs and RPNs and then LPNs, it is 10 and 11 percent, respectively.

For the Interior Health Authority, it is 13 and 11 percent, respectively. For the Northern Health Authority, 34 and 31 percent, respectively.

For Island Health, 21 and 24 percent, respectively.

Vancouver Coastal Health, 18 and 18 percent, respectively.

And for Providence Health Care, 15 and 15 percent, respectively.

Obviously, these are important data and important for health authorities to be able to use and for communities. I cannot speak to the exact nature of the relationship between health authorities and communities. For example, should a community wish to know exactly what vacancies are available, the health authorities have those data.

I'm sure that by having conversations for communities, particularly those communities that are quite a bit more active than some others in terms of their recruitment and retention efforts and the work that they're doing to try to find the right people that match the offerings that those rural communities have, they can work quite closely with the recruitment coordinators in each health authority.

Again, to the member, I thank him for the question.

Brennan Day: Thank you, Minister. I can do the math on that, and we can figure out what the sort of aggregate numbers are.

Minister, with 40 percent of family doctors set to retire within five years, I'll ask: how many British Columbians are currently unattached to a family doctor, and how many are projected to be unattached over the next five years with the wave of retirements the health care system is facing?

I presume that the minister bases their budgets on projections, and I'm sure you must have these numbers.

[8:45 p.m.]

Hon. Josie Osborne: Thank you to the member for the question and for rightly pointing out that we need to be proactive in planning ahead for the addition of new family physicians into the health care system to make sure that our growing population and our aging population have the opportunity to have access to a primary care provider, be it a family physician or a nurse practitioner.

So the member asks about attachment figures. I want to let the member know that there are currently 385,000 active or pending registrants on the health connect registry. I also really want to emphasize how important it is for people who want to be attached to a primary care provider to make sure that they are registered on the health connect registry.

That way, the attachment specialists are able to work with those people on the registry. As doctors are added into the system — they open their practices and are able to attach patients onto their panel — they can have that opportunity, which obviously, is incredibly important.

What's also important…. We've canvassed today some of the data around the addition of family doctors and the establishment of the new LFP payment plan that has helped to incentivize new-to-practice doctors — doctors moving in from other places in Canada, for example; doctors who are moving from one type of facility and coming into community-based family practice.

More than 695,000 people have been attached to a family doctor or nurse practitioner since the launch of the primary care strategy focused just on this, on attaching people to that primary care provider, back in 2018, when that started. This is also an important figure: we are increasing the rate of attachment all the time. At this point, we are attaching almost 700 people a day to a primary care provider.

As more people come onto the health connect registry, we'll obviously continue to do that work, and we'll continue to take all of the steps to increase the primary care workforce and make for more attractive workplaces and try to do everything we can to help family doctors be more productive and be able to spend more of their time with patients.

For example, spending less time on administrative tasks; expanding the scope of practice of pharmacists so that some of the burden can be removed from primary care practitioners; establishing team-based practices; and providing that supportive environment where people with the various expertise that's necessary to support the health of a person are able to do that, thus supporting family physicians and nurse practitioners providing that.

I appreciate the opportunity to spend some hours in the chamber answering questions about our public health care system here in British Columbia.

With that, I move that the committee rise and report progress and ask leave to sit again.

Motion approved.

The committee rose at 8:50 p.m.

The House resumed at 8:51 p.m.

[The Speaker in the chair.]

Mable Elmore: Committee of Supply, Section B, reports progress on the estimates of the Ministry of Health and asks leave to sit again.

Leave granted.

George Anderson: Committee of Supply, Section A, reports resolution and completion of the estimates of the Ministry of Education and Child Care and reports progress on the Ministry of Post-Secondary Education and Future Skills and asks leave to sit again.

Leave granted.

Hon. Mike Farnworth moved adjournment of the House.

Motion approved.

The Speaker: This House stands adjourned until ten o'clock tomorrow morning.

The House adjourned at 8:51 p.m.

Proceedings in the Douglas Fir Room

The House in Committee, Section A.

The committee met at 2:40 p.m.

[Nina Krieger in the chair.]

Committee of Supply

ESTIMATES: MINISTRY OF EDUCATION AND CHILD CARE
(continued)

The Chair: Good afternoon, Members. I call Committee of Supply, Section A, to order. We are meeting today to continue the consideration of the budget estimates of the Ministry of Education and Child Care.

On Vote 20: ministry operations, $9,788,522,000 *(continued)*.

Lynne Block: Thank you, Minister Beare, your colleagues and staff, for your time and interest today in these estimate proceedings.

Nelson Mandela once said: "Education is the most powerful weapon which you can use to change the world." And that, I hope, is what we do. At this critical moment in our world, nothing is more vital than ensuring our children receive the education they need not just to thrive but to lead, to heal and to shape a better future for us all.

First and foremost, I want to extend my heartfelt thanks to every individual working within B.C.'s K-to-12 education system: teachers, education assistants, clerical staff, bus drivers, custodians, maintenance teams, administrators and trustees.

Your dedication shapes the future of our province.

I also want to thank the parents and guardians for their trust and my constituents in West Vancouver–Capilano for their continued support. As a lifelong educator and now Education critic, I remain deeply committed to advocating for every student in B.C. and to building a strong, inclusive education system that serves all.

I have received numerous thoughtful and significant questions from fellow MLAs, parents, teachers, school staff, boards and community members. These individuals are deeply committed to the success of our education system, and I appreciate your willingness to address their concerns.

This afternoon I wish to place a series of questions on the record. I propose the following approach. While my questions are detailed and may require time to craft comprehensive answers, I trust that you will provide written responses as soon as possible afterwards.

Although time constraints prevent me from addressing all my questions today, it is important to have them on the public record. I am confident that the minister and their staff will work diligently to provide the requested responses in writing.

Thank you for your engagement and commitment to these important matters.

Budget. On page 59 of the estimates, it states that the voted appropriation for ministry operations in '25-26 is estimated to be $9,788,522,000, and that operating expenses for 2025-26 are estimated to be $9,827,605,000. Is this correct?

Interjection.

Lynne Block: She was supposed to be here, but something must have come up.

Hon. Lisa Beare: Happy to answer the question in the meantime while the member's colleague for Child Care arrives.

Yes, that is correct. That is the number in the book.

[2:45 p.m.]

Lynne Block: Thank you, Minister.

As we all know, many school districts have had to cut programs, services, busing, learning centres, etc., to balance their budgets. On April 1, the government changed the budget document with which we are dealing. The removal of the consumer carbon tax will remove approximately $3 billion in tax revenue from the March 4 budget.

Here are my questions. Will this revenue loss be added to the record $11 billion deficit, or will this revenue loss be reflected in any budget cuts to the Ministry of Education and Child Care? In turn, will these revenue losses be reflected in further budgetary issues and cuts for school districts?

To put it another way, will the $9 billion amount for each of the ministry's operations and operating expenses remain the same, or will these amounts be changed moving forward because of the removal of the $3 billion in tax revenue?

Hon. Lisa Beare: I'm happy to provide the member an answer to that question, but I do see that the colleague for Child Care has arrived. I do have my Child Care team up here. I'm wondering if we want to do the child care questions, and then I'll come back to the question for the member.

Lynne Block: Thank you. That's very thoughtful. She's got a few minutes. If that's okay, I'll just keep this and keep going.

These $9 billion amounts are totals for the whole Ministry of Education and Child Care. Now there is the new Ministry of Infrastructure, with Minister Ma, which, as I understand it, takes the vertical infrastructure of schools and prefabs, etc., out of the Ministry of Education and Child Care's purview and is its own entity.

My question is: how will the minister allocate the ministry operations of the $9 billion for operating expenses and the $9 billion plus between Education and Child Care? How fluid is the allocation process, with specific amounts to different categories? Is it a concrete, prescribed process for each?

Are any funds coming from the Ministry of Education and Child Care for this new Ministry of Infrastructure, which is now responsible for educational infrastructure, and if so, how much? If this new ministry is being funded separately, where is this funding coming from, and how much is it, please?

[2:50 p.m.]

Hon. Lisa Beare: That move has already happened. The numbers in our blue book are reflective of that change, so our budget remains our budget.

Lynne Block: To the Chair, may I please let my colleague now speak?

The Chair: Recognizing the member for Abbotsford-Mission.

Reann Gasper: Chair, I rise today to continue my line of questioning from day 1 of estimates and to do so with greater urgency.

What we are examining today is not a simple matter of bureaucratic detail or internal government planning. It is fundamentally about transparency, accountability and whether the government has honoured its commitments to British Columbian families and our federal partners.

We are now eight years into a ten-year universal child care plan, and the public deserves clear, honest and straightforward answers. We stand at a defining moment. British Columbia has received billions in federal funding and has spent $8 billion combined in provincial and federal child care investments since 2018-19, yet we are still debating basic questions. Who actually has access; how many spaces exist; and critically, what happens if federal funding is no longer available?

We cannot overlook what is at stake. With the federal election underway, British Columbia's approach to delivering on its $10-a-day child care commitments will once again come under national scrutiny. That is why it's our duty in this House to rigorously examine how this government built its system and what it has chosen to conceal and how far we still must go.

Let's revisit the government's flagship affordability initiative, the $10-a-day child care centres. We're currently in the eighth year of the universal child care plan, which is targeted federal funding flowing into British Columbia since 2017-18. According to page 94 of the ministry's 2024 transition binder, the government is now allocating $772 million — $644 million federal and $128 million provincial — exclusively into these centres over fiscal years of 2024-25 through 2026-27.

Despite seven full years of substantial public investment, now entering year 8, the government has delivered only 3,000 $10-a-day child care centre infant-toddler spaces out of the small total of 16,000 spaces created.

Although the ministry publishes the name and space composition of each individual centre on its website, it notably refuses to summarize the total breakdown by age group. When specifically asked on Thursday, the minister declined to provide the infant-toddler space count, forcing our research team to manually review the listing of all 334 centres individually in order to come up with the breakdown I asked the minister for.

To further contextualize the current annual cost of the $10-a-day program, it is approximately $284 million in combined federal and provincial spending. Yet out of the 16,000 funded spaces, only 3,000 serve infant-toddler, the age group with the greatest need. That raises serious questions about cost-effectiveness.

In practical terms, we're spending nearly $100,000

per infant-toddler space, per year, because for every one infant-toddler space delivered, the government has had to create more than four spaces for older age groups just to keep the program financially afloat. Even worse, we've had no clarity on whether the families who most urgently need infant-toddler care are gaining access at all.

[2:55 p.m.]

There remains no means tests, no prioritized access for parents returning to work or school, no reliable way to verify that subsidized spaces are actually benefiting the families they are intended to serve.

Meanwhile, the other 134 licensed child care spaces across the sector must share just $124 million per year in base operating support through the child care operating fund program, a fraction of the funding directed to the $10-a-day initiative, which only serves 16,000 spaces.

After seven years and close to $8 billion spent, it's clear that this government's priority isn't building a comprehensive or equitable system. It is preserving a political luxury brand that has never lived up to its promise, a brand built on simplistic messaging, mass appeal and one-size-fits-all promises designed for headlines and not hard realities. Perhaps that is why the minister refused to release the annual Canada-wide early learning and child care progress report, choosing political optics over public transparency and timing over truth.

I return for a second day of estimates debate with the Minister of Education and Child Care, and I do so on behalf of families across British Columbia still searching for answers, families that are relying on us in this House to ask the hard questions and to demand accountability for the billions invested into child care by this government since 2018.

On Thursday, we heard the minister repeatedly cite unprecedented growth in child care. But when pressed for basic space coverage benchmarks, performance evaluations or even clear definitions, the answers were evasive at best and contradictory at worst.

Let's take a closer look at the minister's assertion of unprecedented growth. According to the Ministry of Children and Family Development report, from 2010 to 2011, British Columbia had over 6,500 government-funded infant-toddler spaces, 23,800 spaces for three- to five-year-olds and 700 school-age spaces. That would be 30 months.

So when we hear that the infant-toddler spaces have almost doubled from 11,386 in 2017-2018 to 22,932 today, we must be clear. Much of that growth has been incremental, not transformational, and certainly not unprecedented. The minister's refusal to provide year-by-year growth data on day one only underscores that reality.

I know this is politically uncomfortable for the government, but hiding the numbers or deflecting the questions only erodes public trust further, and the problem doesn't stop there. The $10-a-day system is based on a foundation that this government knows has cracks from the start.

In January 2020, the ministry responsible for child care received a preliminary review report evaluating its 53 prototype sites. This was not a draft. This was a deliverable from Malatest and Associates, part of the $2.8 million government contract to do so, and it was explicitly designed to inform the next phase of expansion.

Several concerns raised in this report were notably absent, only briefly mentioned in the final public version.

Section 5.2.2 of the preliminary report revealed that over the course of the prototype testing, many executive directors and site supervisors believed the $10-a-day fee was too low to sustain operations. Nearly half said the fee should be income-tested. Suggested alternatives range from $15 a day to $25 a day and even a proposed sliding scale from zero to $50, based on income.

These were not small technicalities. These were frontline insights whether the model was financially sustainable, but the details of these concerns were left out of the final evaluation.

Section 5.3.3 of the prelim report highlighted another critical concern. Several executive directors, supervisors and a number of supported child development and Aboriginal support child development staff and nearly all the licensing officers surveyed emphasized that accountability and monitoring must be prioritized if the government genuinely intends to deliver universal care effectively across the province.

[3:00 p.m.]

These accountability concerns were reinforced two months ago by the Auditor General's highly critical report released on February 27, 2025, which explicitly flagged inadequate oversight, weak coordination by the Ministry of Education and Child Care with its Health partners and insufficient accountability measures as critical flaws, undermining the government's universal child care implementation. Once again, these critical issues were either minimized or omitted entirely from the final public version of the earlier report.

Then there is the section about the hoarding behaviour. The initial report explicitly warned that the $10-a-day fee was causing families to hold onto spaces they didn't need. Some were claiming full-time spots while only needing part-time. Others were keeping children in care during the summer and reserving spots for siblings not in care.

The report stated plainly it would be prudent to reexamine the current fee structure to increase effective utilization of subsidized spaces. That statement was removed from the final version. I am asking why.

Shortly after receiving the initial report in January of 2020, the government made a political choice. According to an internal evaluation timeline, three decision options were presented: wind down, hold steady or expand. The government chose to expand, likely before receiving the final evaluation report.

On Thursday, the minister dismissed the prelim report

as merely a staff-level draft, yet an internal government document explicitly identifies it as an official deliverable, describing it as "focused on early results and financial implications to inform future rollouts." The timing raises serious questions.

The $10-a-day model has been a marquee election promise since 2017. But by the fall of 2020, former Premier John Horgan had called an early election, and the final report from Malatest, the *Evaluation and Analysis of Childcare B.C. Universal Prototype Sites*, wasn't posted online until after that election had already taken place. Does that sound familiar?

Fast forward to 2025. During the estimate debate last Thursday, the minister was directly asked why the 2023-2024 Canada-wide early learning and child care annual report required under the federal-provincial funding agreement still hadn't been publicly posted despite being overdue since January of 2025. The minister's response: the report will be publicly posted after the federal election.

To make matters worse, when I pressed further about whether the 2023-24 CW-ELCC annual report had been posted, as explicitly required by the federal-provincial agreement, the minister again responded evasively. She claimed the report had been submitted to Ottawa on October 31, 2024, but asserted there was no January posting requirement. Yet page 63 of the minister's own November 2024 transition binder directly contradicts this claim, clearly stating that under the terms of B.C. agreements with the government of Canada, the ministry is responsible for posting ELCC and CW-ELCC reports on the ministry website by January 2025.

Why is the minister insisting that British Columbians wait until after the federal election for the report they have already paid for? Information obtained from the B.C. Open Information website reveals taxpayers paid the consulting firm MNP $33,000 to produce this costly and now overdue report, yet as of today, April 7, 2025, the government still hasn't made it public.

With the federal election currently underway, transparency and accountability from this government has never been more critical. Once again, we see critical information withheld in the middle of an election campaign, and once again, it is happening with child care.

It gets worse. In 2018 and 2020, a prototype pilot was entirely federally funded through the original ELCC agreement. The cost was $30 million a year, yet there was no confirmation that the structural concerns raised in the first report were ever shared with the federal government before they launched their $30 billion national plan based on B.C.'s fundamentally flawed model.

[3:05 p.m.]

When I asked the minister directly if British Columbia had fully disclosed the critical concerns outlined in the preliminary report before becoming the very first province to sign the 2021 child care agreement, she brushed off the accountability, replying: "That's a question for the federal government."

British Columbians deserve far better than evasive deflections, especially when transparency and accountability are essential to ensuring the responsible use of the 30 billion in taxpayer dollars. If I was sitting in Ottawa right now, I would interpret that response as evidence that B.C. either withheld crucial information from its federal partners or simply isn't taking its accountability obligations seriously. Neither scenario inspires confidence or trust.

The Chair: Member, noting the time, please frame a question.

Reann Gasper: I asked two, so I'll go back.

My first one would be: why was the statement removed from the final version of the report? The statement would have been the current fee structure to increase effective utilization of subsidized spaces.

The Chair: Member, could you clarify the second question?

Reann Gasper: Chair, is it okay if I just read off a bunch of questions?

The Chair: You've noted two questions that you have. Should we start with those?

Reann Gasper: We'll start with the one because I don't want to waste time digging through for the other ones. I'll just go through and read these ones.

The minister stated in this chamber that the report would be published after the federal election. Was this delay a direction from the Premier's office, cabinet or a political staffer?

Does the minister believe it is appropriate to withhold a publicly funded report that evaluates the use of federal dollars during a federal election campaign?

Is the minister aware of any precedent or directive from the federal government advising provinces to delay the publications of CW-ELCC reports during elections?

Was the federal government informed that B.C. was delaying the release of the CW-ELCC annual report until after the election? If so, what was their response?

The report was produced at a cost of $33,000 to taxpayers by MNP. Why has the deliverable not been shared publicly if it is complete?

What specific content in the 2023-24 CW-ELCC report is so politically sensitive that it necessitates withholding it from the public during an election?

Will the minister commit to immediately releasing the 2023-24 CW-ELCC annual report and tabling it in this House regardless of the federal election timeline?

[3:10 p.m. - 3:30 p.m.]

Hon. Lisa Beare: There was a whole, whole lot in that 15 minutes from the member. I want to begin by saying a couple of things.

First off, I really find the member's entire 15 minutes very regrettable, and that line of thought and that line of questioning in this House right now.

I spent all Thursday afternoon with the member, happily answering the questions transparently. We brought the *Hansard* down to read back the numbers.

I know the member is concerned about time, so I'm actually not going to do what I was going to do and read back all the areas where the member said I didn't provide information, where I did, and where I didn't provide the numbers, where I did.

What most concerned me was the member's continued assertion and accusations that somehow information was being deliberately withheld — being deliberately withheld from the public, being deliberately withheld from this House right now during estimates, being deliberately withheld during a federal election.

This is entirely regrettable and dangerous, in fact, Member.

It is dangerous for the member to make those kinds of assertions in this House.

I'm going to provide the member some information. I completely answered the member's questions in good faith on Thursday, and I'm going to continue to do that today. I went as far back as 2020 in answering questions about this year's budget for the member. I will continue to do that, because I'm happy to provide the information for the member.

I just want to caution the member, because I know she is new in this House, to be very cautious with her words. This is a place for the people, and I know she knows that.

[3:35 p.m.]

Where to start. Okay, I'm going to start with this one.

As I said last week, the final Malatest report from August 2020 included all the key findings from the January preliminary report. The member was concerned about space hoarding, about things like sustainability, higher price point. All of those findings were included in the report. It has been fully transparent. It is publicly available. Nothing is being withheld, as the member is asserting. This report will be and is available to the public and continues to be.

For the MNP, we procure this independent audit of our financials in accordance with the Canada-wide early learning agreement, which requires audited financials as part of its annual report. It's to inform the audited financials. It's not to generate report-back. It's to audit the actual financials.

For the Canada-wide early learning report, as well, for '23-24, we submitted, as I said last week, to the federal government on October 1, 2024. We've been working with Canada since then to finalize the report, to answer any questions that they had and to share information.

To clarify again to the member, within the agreement, there is no January 31 date. Absolutely nothing is being withheld. Absolutely nothing is being hidden, as the member asserts. Nothing is being not publicly produced. There is no January 31.

From the agreement, to clarify for the member, it actually says that we are required, under the agreement, to publicly release within 365 days of the end of each fiscal year. That means on March 31, 2025, for '23-24. We go back and forth with the feds throughout this entire process, from October till now, to ensure that there is complete transparency. Again, the member's assertions are both dangerous and incorrect.

I can let the member know that this report has not yet come up to me for final approval. Generally, with these kinds of reports, when we release them publicly — because they're not just my report; it's with the federal government as well — we have a standing practice, if you will, that we both give the nod. You know, everyone's ready: "Yep, we're ready to go." We release the document.

The federal government is in interregnum right now, so we can't do that standing protocol with the federal government — just give them the heads up that the document is going out and we're all ready, ministers on both sides, to answer the question.

Again, I'm so absolutely dismayed and concerned with the member's completely false accusations. I'm happy to provide the member a copy of the report, once it's come to me and I've had a chance to approve it, immediately, so that the member can see the findings.

Again, everything is made public. Everything is transparent. Everything is available to be looked at by both the member and the public.

Reann Gasper: Thank you to the minister and her team for the answers.

I look forward to engaging with you all on making it as transparent….

I wouldn't be doing my job when I get letters from mayors of Kamloops, Smithers, Langley, asking about things that I've talked about.

There is no disrespect to the role you play, Minister. I know this is difficult work, and I know we need to come up with solutions.

I look forward to engaging more on getting solutions for British Columbians.

Lynne Block: On page 60 of the estimates, fiscal year ending March 31, 2026, there are several titles that pique my interest. I will just give a quick run-through to save precious time and to ensure that they are in the record. I would appreciate if, at a later date, you'd put the answers

in writing. It's just because I wanted to just get a bit more full picture of what each was.

[3:40 p.m.]

First of all, transfers, for my records — transfers to other partners, which has a brief explanation.

Could you please clarify the net amount of $63.527 million as to who these partners are and the precise services or initiatives being funded through these transfers so that they demonstrate clear value for us?

Just so I'm clear, the amount given on the financial summary for this title is different. It is $66.923 million, a difference of $3.396 million. I'm not sure which one is the final and the accurate one, please.

Another title is B.C. training and education savings program special account.

Again, Minister, would you please clarify the net amount of $30.001 million, what it entails? It has a slightly different title with no amount on the financial overview. I don't know if that means it didn't change or something else.

Also, the Teachers Act special account, page 63, states that it is for $9.082 million. As I understand it, it is slated for increasing expenditure over the service plan period. But on the financial overview, the amount stated is $8.014 million, a difference of $1.068 million. Again, please let me know which table is the latest or most accurate one. Given that the Teachers Act primarily concerns the mandate of the B.C. Teachers Council in setting and upholding professional standards, I'd just like to know what it covers.

The last one is: what exactly is the $30 million allocated for British Columbia training and education savings program special account on page 63? If you could just detail the purpose of it and how it affects training and education, that would be terrific.

Hon. Lisa Beare: I think we need a little bit of clarification before we start generating our answers here. That's twice now the member has somehow indicated that she expects me to both provide an answer verbally right now during estimates, which I always do, and then to re-provide it written, which is not the process.

Absolutely, there are questions during estimates when I don't have the information and that I can happily let the member know when I need to provide a written response, or if we start getting low on time and the member is like: "I want to read out five, six questions. Can you provide me the answers after estimates?" Happy to do that as well, but I just wanted to get a sense from the member.

Maybe I misunderstood her, because absolutely, during the estimates, I provide a verbal answer, and then when I indicate that I can't, we'll provide a written answer. If the member asks for it at a later date, but that's….

Estimates are a verbal process during here and right now. I just wanted to clarify.

Lynne Block: No, for the question of time, I wanted to know a little bit more about those categories. That's all. If you could just let me know in writing on a later date, rather than today. Otherwise, I won't get through all the stuff I want to get through. That was why.

The numbers are different, and I don't quite know why. I want to just keep moving on though.

Hon. Lisa Beare: I know the member is new, and this is the first estimates process. It's great that we're getting to have a chance to lay that….

The numbers are different. You don't know why, which is why you ask the question and I provide an answer. That's fantastic.

We go through our time, and if we run out of time at the end or if I can't provide an answer, absolutely, the members can ask for a series of questions to be responded to at a later date, for sure.

Lynne Block: Details on the $370 million budget boosts…. According to this Budget 2025, the government of B.C. has allocated an additional $370 million over three years to support the K-to-12 education sector. As I understand, this funding aims to hire additional teachers, including special education teachers, psychologists and counsellors, to support the growing number of students with special needs.

In addition, the Premier promised an education assistant K to 3 in every classroom. This $370 million also includes, I believe, $17 million for students attending First Nations schools and $30 million in funding for independent schools under the Independent School Act regulations. Is this correct?

[3:45 p.m. - 3:50 p.m.]

Hon. Lisa Beare: The member asked about some of the titles and what they entail. The vote-appropriate descriptions…. This is a subvote that provides for funding to support K-to-12 education; early learning and literacy; post-secondary and career transition programs, including scholarships and awards; and the official languages and education protocol.

There was also the executive support and services, which is mainly staff. It's my ministry office and the deputy minister — the ministry in general, deputy minister and office and team.

The B.C. training and education savings grant helps parents and guardians plan and save early for their child's post-secondary education by providing a one-time grant of $1,200. I have more details about that if the member wants to ask.

Then we have the teacher special account. The teacher regulation in British Columbia has been established to deliver on a cost-recovery basis. The Teachers Act special account was created as a mechanism through which the

application and the annual practice fees paid by teachers would fund all operating costs associated with the regulatory structure of the teaching profession.

Then the question about the increase this year. We have $322.9 million in funding under the classroom enhancement fund, the $17 million to fund caseload pressure for First Nations reciprocal tuition funding and $44.9 million for independent schools to fund enrolment.

We have a wage lift of $230.3 million to fund public school wage lifts related to the 2022 shared recovery mandate and for the cost-of-living adjustment and management-excluded compensation approved in the school year 2024-25.

We have associated increases related to the 2022 SRM costs for public schools. That's $14.5 million. We have $4.1 million to fund ministry administration; K to 12; child care; Teacher Act special account; and salary and benefit costs related to the 2022 shared recovery mandate, COLA and management-excluded compensation approved in the fiscal year of 2024-2025.

Lynne Block: Thank you, Minister. I appreciate that. That's really helpful.

I did ask about the $370 million over the three years to support the K-to-12 education sector. What I wanted to….

[3:55 p.m.]

As a follow up on that, how many psychologists, how many counsellors and how many EAs do we have working in the provincial education system at present?

Hon. Lisa Beare: I know the member comes from the system, so I know the member understands that we fund districts based on their estimated enrolment, for their class size and for their composition, and that includes a consideration of support needs. We fund according to those projected enrolment numbers, and then districts make decisions at the local level on their hiring, on what they need based on local agreements and based on what they have going on in their classroom.

I know the member knows that, but I wanted to lay that out here, that we do have the co-governance model in K to 12. Districts make the hiring decisions within themselves.

I do have some numbers for the member. These are as of Q2 — December 31, 2024. I'll read out what I do have. I'll just put them all on record for the member, and she can continue after that.

For teachers, I have 40,398; for EAs, I have 16,240; TTOCs, 14,697; counsellors, 1,046; and psychologists, we have 169.

Lynne Block: Thank you, Minister.

Interestingly, I wasn't going to bring up the 1701, but that was a good point. The 1701, just for clarification, is when a school district adds up the number of students and their needs, etc., and they get funded accordingly.

[4:00 p.m.]

The biggest issue for some of the fast-growing districts like Surrey is that a lot of students come after the 1701, and they don't have the funding. For example, in Surrey, they have approximately 100 new students per month. Their funding is based on the end of September, so they have to find the funding from somewhere else — programs and things like that. That's been the biggest difficulty. I would love to see another 1701 in January or maybe three times a year, rather than just once a year. That's coming from some secretary-treasurers who would like to have that.

Anyway, the other thing is I would love to…. I did some calculations, and I based it on 2022-2023 numbers. I've got huge information here, but I'll boil it down that if we gave every single designated student in 2022-2023 the full $370 million, which is $123 million per year, and it was spent on each of, at that time, the 86,596 diverse-needs students, it would work out to be approximately $1,420.39 per student. It would be per student, not per class, because one-on-one with diverse needs is the best way for education for them.

If that's the case, it doesn't seem to be enough. It's a lot of money; $370 million is a lot of money. But is it enough to help diverse-needs students that we have now, because there are more psychologists, more counsellors and more EAs for those diverse-needs students?

[4:05 p.m.]

Hon. Lisa Beare: For the 1701…. I thank the member, actually, for bringing that up and for the question, and I hear the member's concern. I know the member knows there's the second count that is done in February, and students with diverse needs and disabilities are fully funded with that second count. I think that was important to get on the record.

For the $370 million, I did provide that breakdown in the previous answer I gave: $322.9 million going to CEF; $17 million to First Nations reciprocal tuition; $44.9 million for independent schools for enrolment; $203 million to fund public school wage lifts and the shared cost recovery mandate; $14.5 million for the SRM cost for public schools; and $4.1 million for the ministry K-to-12 child care, Teachers Act special account salary benefit, costs related to the shared recovery mandate, COLA, management-excluded.

That's the breakdown of the $370 million.

Lynne Block: I'd like to go back to the EAs. We were assured that there was the intention for the government to ensure that there's an education assistant in every kindergarten-to-grade-3 classroom across the province. Is that a part of the $370 million, and is it separate?

According to the BCTF, it would mean the need to re-

cruit and train approximately 2,200 new education assistants to complement the ones already working. Do we have additional? Are they being trained right now, or how is that going to work?

I don't know how much that is of the budget of the $370 million for the EAs for K to 3.

[4:10 p.m.]

Hon. Lisa Beare: We have outlined where the $370 million is for the member, but I see that the member is trying to delve into the commitment we have and my mandate letter commitment to put an EA in every classroom. I'll focus on that, then, because that's what the member is asking.

The member will know, of course, that this is complex multiministry work. We're working with our partners across government, including the Ministry of Post-Secondary Education. When we look at the training side of the equation, there's everything from training, recruitment, retention — work we all need to do together, and we are doing that. This is now one of the key priorities at the K-to-12 workforce plan table, which involves our education partners, including CUPE and the TF, as we all come together and build out a plan on how we are going to meet that commitment of having an EA in every classroom.

That work is already underway, and we're going to keep working with our partners. We have to continue to work with our districts, as well, to identify where the gaps are, where we do have areas that don't have an EA in every classroom. It's a lot of collaborative work that we've already begun.

Lynne Block: I thank you for that response. It's exciting to see here that that's going to go through. I like that.

Thank you for the clarification for the 1701. You're right. We do have the second count. It's just the in-between time that's the difficulty.

I'd like to turn to the early intervention and literacy screening. I believe it was last year — please correct me if I'm wrong — that there was $30 million allocated for early screening being spent. How much remains?

It was for over three years, or $10 million a year, for literacy and early intervention. I just wanted to know, if that's still continuing, how much remains. What specific guidelines have been provided to the school districts? How many children have been screened to date? How many are still awaiting screening? And what supports have been put in place for those identified through the process, including the EAs?

Once the $30 million is fully spent…. It's set for three years. What is the government's plan for screening future students? Is there a commitment to ongoing funding for this program beyond the initial three years, and can that be found in this budget?

Hon. Lisa Beare: My team can't keep track of and answer 15 questions at once. It's hard for us. I hear a general theme of where the member is going, and I can provide that theme answer. But if the member has specific questions, the member needs to ask the question and then let me respond to the question, or else we're going to lose on giving out the important information that the member is trying to get.

I take the theme. I'll answer the theme and as many of the questions as we were able to copy down in that rapid fire. Then if the member would like to follow up with further questions, it would be very useful for the team…. Typically, estimates is ask a question, and we provide the answer.

[4:15 p.m.]

I want to thank the member for the question. I know, as an educator, she must feel how I do, how it is so important to support children who are struggling, whether it be with reading or writing — everything that we can do as a system to support them and prop them up and set them up for success. That is why we do invest $30 million over three years to improve literacy levels for students. This includes supports for students with a number of learning differences.

This funding, the $30 million, supports school districts to scale up early literacy screening for kindergarten-to-grade-3 students and expands the provincial outreach programs to teams to provide new screening and literacy intervention supports.

[4:20 p.m.]

The member asked about the breakdown over the years — where the money goes. The $30 million is broken down basically into about three buckets: literacy screening, intervention and professional learning.

There was a question about the breakdown of the three years. Year 1 was $19.672 million. We're in year 2. That's $5.238 million. Year 3 is $5.138 million. Government does operate in three-year budget cycles, as the member knows, so we're in year 2. We now get the chance to begin evaluating the impacts of this initiative and how it's benefiting students as we go through our budget cycles over the years for a three-year cycle.

Lynne Block: Thank you, Minister.

I know it's the second year, and you're going to review to see…. I would like to inform you that parents and teachers really like the program, so if there's any possibility of it continuing and not stopping…. Early intervention is the best way, rather than a down-the-river sort of thing, finding out later on in grades 5 or 6 they have it. I would really encourage that to be continued.

I'm now looking at the autism, severe disability or complex health care needs and supports background. Budget 2025 provides $172 million more over the fiscal plan to support more children and youth with autism diagnoses

as well as families accessing medical benefits for children and youth with severe disability or complex care needs.

The daughter of a good friend of mine was the most complex care person who went through one of my school districts. As an adult now, it's still tremendous issues for the family. It was an uphill battle all the time, from the start. Her concern is that other parents and teachers get the support that they need. It does sound like a great deal of extra money. I don't know what the pot was that you're adding it to, but it would be really nice to know that children who really need the help will get it — and the families and the things.

I have got a whole bunch of questions about that, but I would just say that I will be asking you in another informal meeting about how that's going. I'd really appreciate that.

Hon. Lisa Beare: Much of what the member said actually is housed in MCFD. The member may get a chance to ask that question further on in the estimates calendar with the Ministry of Children and Families.

Lynne Block: I love knowing where to find the information. That's lovely. Thank you.

Mental health of children and youth. According to the ministry, about 75 percent of serious mental health issues emerge before the age of 25. The COVID-19 pandemic has disproportionately affected children and youth, especially those who were already struggling. About 12 percent of children between the ages of four and 18 are affected by mental health disorders.

According to a 2023 survey of nearly 15,000 B.C. teens aged 15 to 17.... It found that 50 percent rated their mental health as fair or poor, with 38 percent screening positive for depression and 39 percent for generalized anxiety. Additionally, 36 percent needed but did not seek professional mental health care in those past six months.

The 2023 B.C. adolescent health survey reported that youth were less likely to engage in sexual activity but experienced poorer mental health, increased self-harm, reduced school safety and diminished hope for the future compared to previous years.

To the minister: is it still your intention to provide each public school with a dedicated mental health counsellor to support student well-being and address mental health challenges?

If that's a yes, which I hope it is, of the $370 million over three years to support the K-to-12 section, how is that going to be earmarked for mental health counsellors, psyched assessments or school psychologists?

That's the theme: mental health.

[4:25 p.m.]

Hon. Lisa Beare: Thank you to the member for the question. Supporting mental health and the well-being of students and adults in our system is a key part of fostering safe and caring schools, which we are trying to build out all across our communities.

We do have the ministry's mental health in schools strategy in alignment with Pathway to Hope, providing a pathway and a vision for embedding mental health and well-being into all aspects of our school system.

In our ministry, in partnership with the ministries of Health and Children and Family Development, we continue to support the operation and implementation of 39 integrated child and youth teams across 20 school district communities.

We provide children and youth with multidisciplinary wraparound mental health and substance use care when they need it and where they need it, at schools and in the community.

I have to say, my community was the first to put their hand up and get one of the ICYM teams. We know how valuable this type of service is.

I'm so happy that our government was able to launch it about seven years ago in communities like ours, because we know what a difference it makes to meet kids where they're at, to take a child and their family and be able to provide all the services in one location where they're providing information just to one team, so they don't have to go through the trauma of retelling their stories again and again and telling it to different service providers all across the community. We're providing that service right in community.

There are a number of trainings that we've offered as well. We have six free online sessions for families and children and youth on mental health, substance use. Those have been offered over the last two years with a total of 2,470 participants. We also have hosted four Mental Health in Schools conferences with over 2,000 attendees. These are amazing conferences that continue to provide the backbone of that support in our community and in our schools.

[Susie Chant in the chair.]

We support compassionate systems leadership training of approximately 4,500 school staff across 56 districts. As we build out our mental health in schools strategy and the actions we're doing.... I think there are a number of key highlights that the member needs to know, before we continue to talk about mental health in schools, of the actions we've done and what we've been able to accomplish.

We put in place compassionate systems leadership training, provided to the 4,500 participants, as we talked about. We released MindUP for educators to promote well-being and to build resilience through self-care and mindful teaching. When we talk about integrated compassionate systems leadership into strengthening early years in kindergarten transitions, we've implemented the ICYM teams, as I talked about.

We're building capacity by allocating $27 million in

mental health in school grants to all 60 districts and to FISA BC to support mental health and substance use initiatives.

[4:30 p.m.]

We've developed a mental health dashboard for school districts to enhance data literacy. We've hosted the conferences, as we talked about, and provided a mental health leadership network with representatives from all 60 districts and FISA as well.

We're building mental health in the classroom by releasing a decision-making toolkit to support educators in selecting age-appropriate, effective mental health and substance use resources, and we developed mental health and substance use language guides for educators and families to promote mental health literacy.

We've offered virtual sessions of mental health promotion and substance use prevention for parents, guardians and caregivers, and we've supported a refresh of the iMinds resource to support substance use education, because we know all these tools are vitally important for the educators, the staff in schools and for the youth themselves.

We have, as a government, made the commitment to get a counsellor in every school. This is a big commitment. It's very similar to the work we're doing with the EAs and the answer that I gave before on how we need to work across ministries and across the entire system in cooperation with our partners.

We have that K-to-12 workforce plan table, as I mentioned with the EAs. This is another one of those key pillars that we've brought to this table to build out.

We look at the training that we're going to have to do in the post-secondary system. We look at ways that we can all, the system and the district, work together for recruitment and retention of school counsellors. We need to be keeping the counsellors we have in the system within the system, and we need to bring on new counsellors, as well, into the system.

There's a lot of work to do there, but this is vitally important work that is already underway.

Chair, can I request a five-minute bio break?

The Chair: Absolutely. This committee is in recess for five minutes. I have 4:31 on my watch. I would like everybody back in their seats by 4:36, please.

The committee recessed from 4:32 p.m. to 4:37 p.m.

[Susie Chant in the chair.]

The Chair: Okay. I call Committee of Supply, Section A, back to order. We are currently considering the budget estimates of the Ministry of Education and Child Care.

Lynne Block: I appreciate the response.

According to the BCTF, it stated that to meet the proposed staffing levels, we would need an additional 450 school counsellors just to handle what is happening right now.

I'm glad you brought up Pathway to Hope. It has a good program, and it serves a lot of needs in the communities. It serves a lot of people: First Nations–operated schools, independent, francophone, alternative schools or not-attending schools. It really is including clinical counsellors, youth substance use and mental health clinicians, Indigenous Elders and workers supporting Indigenous children and youth.

Now, I understand it's already in certain districts, and it was going to be in seven more in 2023. It is planning this year to have 20 more school districts. I wanted to bring up Pathway to Hope. Obviously, it's working. How many more do we need to fan out over the province?

Also, I wanted to bring up Foundry facilities, because they are very similar — different approach but very similar. How many more Foundry facilities will we be able to put into the province?

[4:40 p.m.]

Hon. Lisa Beare: Thank you to the member for the question.

Yes, these are questions, actually, that the member will be asking the Minister of Health, who is in estimates for another few more days. The member will be able to ask both the ICYM teams and the Foundry. Those are both funded through Health.

Lynne Block: Thank you, Minister.

Is the teachers mental health a part of that ministry as well, or is that appropriate to ask in this session?

Hon. Lisa Beare: We do address mental health in classrooms, which includes teachers, in our mental health in schools action strategy, which I did talk a little bit about earlier. So absolutely, the member is good to ask questions about that mental health in schools strategy here, during these estimates.

Lynne Block: As we all know, the major expenditure of every school district is the wages of staff. The rising mental health challenges among teachers and education staff is placing increased pressure on school districts across B.C. Burnout, anxiety and workload-related stress are frequently cited as reasons for absenteeism, early retirements and declining interest in the profession.

In fact, the BCTF has estimated that over 20,000 teachers will struggle with mental health issues before the age of 40, and hundreds actually leave the profession annually due to stress, burnout and poor work-life balance. These challenges directly affect classroom stability, student outcomes and district budgets, particularly given the growing need for substitute coverage and recruitment spending.

I know you've got some programs to get more people in to become teachers. I'm just wondering. Are there any designated programs or policies that you want to put into effect to deal with that? It's more increased stress for teachers and educators.

[4:45 p.m.]

Hon. Lisa Beare: We know retention of teachers and all staff in the K-to-12 system is vitally important to ensure that we keep our students supported.

We are providing more resources for teachers right out of the gate so that these teachers who are early on in their careers are able to feel more supported and not feel the weight that they have so that we can continue to build out that development piece.

We do have a specific component in that K-to-12 workforce table that we've been talking about, as well, around supporting teachers and retention and what we can do in the system as a whole. In fact, we just released a week or two ago, in conjunction with the BCTF, a new teacher mentorship program. We've brought that back so that educators are able to connect with their peers and with mentors to be able to help lighten the load.

We do have some very exciting initiatives that we've done, as well, over the past years to really support teachers, to support staff in schools, to ensure that they do have that mental health training, that support, that work we can all do together to support them in the system.

We talked about the compassionate systems leadership training. That's 4,500 school staff over 56 school districts. That's a large number of our districts going through and ensuring that they're getting that information, getting that training, getting that support.

We've built compassionate systems leadership, which is an intentional approach to provide school staff training on tools and practices to take care of their well-being and to build that resilience that we've talked about. This is a whole-system approach that considers the interconnectedness, getting very much into the mental health space here, of self to others and the underlying structures and cultures that enable and prohibit systems change that leads to student success. This is big, transformative work being done.

We do have our ERASE mental health and substance use tool and webpage, which provides students, school staff and families with mental health and substance use information and resources, including educator resources, to support mental health literacy, to support decision-making for mental health resource selection and ways to embed mental health into their learning environments so they can feel confident they have the tools in the classroom.

On May 5 and 6 this year, we're hosting, as I mentioned earlier, the Mental Health in Schools conferences. We're hosting our fifth one this year to bring together K-to-12 early learning representatives and partners to learn, to network, to engage in supporting mental health and well-being in school communities. This conference, on average, brings together about 350 to 450 participants.

We convene a mental health leadership network, which includes representatives from all 60 school districts and the Federation of Independent School Associations, every six weeks from October to May. The network meets, it shares resources, and it co-designs programs to work collectively within the sector and across the sector to foster mental health and substance use supports and resources for students, for educators, for administrators, for staff, for families.

This is just a small portion of the work we're doing in the system, because we know how important it is to support everyone in the K-to-12 system around their mental health and well-being.

[4:50 p.m.]

Lynne Block: Thank you, Minister.

It's interesting. I've had a whole list of all the issues that teachers have with the system right now — workload, burnout, stress. One of them is MyEdBC, which I had when I was teaching. It was awful, and it's still awful. It's probably even worse now. Just a thought: with this new technology and AI, something could be done better.

For example, one poor teacher had to report on nine separate learning areas for 28 students, providing positive descriptive feedback, including current strengths and next steps for each subject. This totals 280 comments, takes an additional 40 hours of work over three to four weeks, often resulting in burnout, illness and absenteeism, which costs money to the school district. Perhaps that's something.

The other things they are frustrated with are the learning updates — I have some questions they wanted me to ask, so I'll put them in writing and send them to you, because they wanted to know what your responses would be — and the communication guidelines.

Let's go to the letter grades. This has been quite the subject for many parents, and teachers have expressed their deep frustration and concern to me about the changing of the provincial grading policy. In British Columbia, the approach to student assessment varies by grade level, kindergarten to grade 9, with traditional letter grades having been replaced with a proficiency scale: emerging, developing, proficient and extending.

Now, I know that the system was aimed to provide more specific and descriptive feedback on a student's progress, focusing on their learning journey rather than just a letter grade, but it really is a failing grade. I've got lots of questions about that, about pilot programs or how it came about.

There was an Education Committee. The last time it met was in 2006. I would love to start meeting again. I think it's really important. I don't know what decisions

have been made in the last 19 years. They've had huge impacts on education in British Columbia.

What were some of the weaknesses, and why the descriptor terms? This is from an objective observer, looking at the descriptive terms and why people are struggling, both teachers and parents: "Lack of familiarity for parents and students, transition confusion, uncertainty in expectation, subjectivity and inconsistency, interpretation variability, teacher bias, lack of clear academic ranking, difficulty in comparisons, limited focus on final achievement, focus on process over outcome, ambiguity in communication, limited detail, confusion in planning."

That takes me to the assessments, PISA and FSA. With the decision to shift away from letter grades to descriptors, this brings me to the topic of prescribed learning outcomes and assessments.

I like the prescribed learning outcomes. They are helpful for parents and teachers to have clear, transparent and consistent benchmarks across the province as to what a student should know at each grade level and, if a student is ahead or behind, to ensure that there are supports and resources available. I'm not sure if they are updated, still in use, if they are still standardized or not.

[4:55 p.m.]

Hon. Lisa Beare: For the member, the old curriculum had prescribed learning outcomes, as the member outlined. The new curriculum has learning standards.

We did hear feedback, from the teacher community, that the PLOs were too prescriptive. There was too much content for teachers to be able to cover meaningfully. So in the new curriculum, there are fewer prescribed topics that all teachers must cover, and teachers have more autonomy to choose the areas of focus, depending on their expertise and the interests of their students.

The learning standards of the curriculum are easily accessible on the ministry website, alleviating some of the concerns the member mentioned earlier in her question.

Lynne Block: Thank you, Minister.

Well, that brings me to PISA and FSAs. For those who don't know, PISA is the program for international student assessment. It's an international one that measures 15-year-old students' knowledge and skills in the areas of math, science and reading. PISA has been administered every three years in the official language of the jurisdiction, and starting this year, 2025, it will switch to a four-year cycle.

In 2022, B.C. students scored well above the OECD average in science. Reading — females outdid males in the reading. Math — while B.C. students scored above the OECD average in math, there was a noted decline in performance compared to previous assessments.

Let's turn to FSAs, foundational skills assessments.

As you are likely aware, Minister, there are schools, teachers and organizations that actively discourage participation in these assessments.

A primary concern they raise is that FSA results can misrepresent the effectiveness of a teacher or school, especially when strong educators working in challenging contexts receive poor results. That said, FSAs can serve a valuable purpose. When interpreted thoughtfully, they provide insight into where resources are needed or where they might be reallocated to better support student learning across the province.

Let's take a look. According to the data of '23-24 FSA results, 72 percent of grade 4 students and 71 percent of grade 7 students are classified as "on track" or "extending" in literacy. While some might view these numbers as encouraging, I don't. For me, a minimum of 80 percent of the students should be on track or extending in literacy.

The concern deepens with numeracy. Only 63 percent of grade 4 students and 56 percent of grade 7 students meet the same benchmarks. These results are alarming. In some parts of the world, students are tackling advanced concepts like calculus as early as grade 3.

Looking further into the 2022-23 graduation assessment results, just 45 percent of grade 10 students met expectations in numeracy. Meanwhile, 73 percent of grade 10 and 77 percent of grade 12 students were proficient or extending in literacy.

[5:00 p.m.]

Does the minister see any correlation between the lower numeracy or literacy scores with the change and replacement of letter grades with descriptors?

Hon. Lisa Beare: Thank you to the member for the question, because absolutely, I share the member's concerns in seeing a dip in our numeracy and literacy rates across the system.

We do need to recognize that British Columbia remains a global leader. There's a lot to be proud of, but we need to be concerned when we see these dips.

I think it's important to say that this is a trend we are seeing all across North America. I think there's something we all need to dig into there when we take a look at a significant continent-wide trend like that.

No, I do not see a correlation between letter grades and the scores. Those are entirely two different topics. In fact, K to 3 has never had letter grades, and the FSAs delivered in grade 4 would be with students who had never actually had a letter grade prior.

It's important, when we talk about literacy and numeracy, that we all work together to take a look at the results and the trends.

[5:05 p.m.]

My ministry staff are digging into this and looking for the potential reasons for declines.

We do have more students participating in assessments than we ever had before, which is positive. We are seeing

the number of participants in the FSAs on the rise, but as our data gets more robust, we are seeing gaps in results. We need to address that, absolutely. I agree with the member. It is a concern for me.

That is why, over the past two school years, we've worked with teachers to develop new resources to support classroom teachers to teach literacy and numeracy. We have the $30 million that we discussed earlier, over three years, to support our students — to achieve those proficiencies and provide those supports.

I think it's important the member should know that we are providing support in a number of ways. We're putting in professional learning grants for districts. We're funding provincial resource programs to hire more literacy specialists. We're developing new literacy and numeracy resources for teachers in K-to-4 literacy and numeracy.

We're paying attention, as a government, to other factors that affect children's ability to learn as well. We put in place a cell phone ban in schools so that kids can continue to focus. We are providing school food programs that didn't exist before, because we know a child cannot do their best, and they cannot learn, if they arrive at school with an empty stomach. So we're providing those hot meals and that support, which hadn't happened before. We are providing, and we covered it extensively, mental health supports in schools.

We're taking a look at the whole child, supporting the whole child in the system, while also taking a look at that literacy and numeracy drop, which I'm concerned about, and putting very targeted resources into those areas, as well, so that we can support all our learners in being successful.

Lynne Block: Thank you, Minister. I appreciate that.

Let's bring up a lovely topic, SOGI, sexual orientation and gender identity, which was originally introduced as an anti-bullying resource to support LGBTQ students.

Many parents and community members have expressed concerns. They want SOGI-related materials in schools to be clearly age-appropriate and focused on anti-bullying, not on content they feel belongs more appropriately in sex education. Specifically, they've raised concerns that some resources do not seem to centre on inclusivity or anti-bullying or safety but instead include explicit content.

I've got a list of books, and they're all under SOGI, but they're all about sex. I won't even say the terms right now, because it's in public, and I would be very embarrassed to come back on that. Anyway, they believe that materials containing such references should be reserved for formal sex education with appropriate age guidelines.

Now, I understand…. This is a quote: "Under current legislation and policy, the ministry is not able to prohibit the use of resources that have been approved by school districts." However, "parents are able to challenge the use of resources in their local school district if they feel a particular resource is not age-appropriate," and should contact their school district's resource approval process if they wish to do so.

During question period on March 11, 2025, you made a comment in response to my colleague asking about age-appropriate resources specifically regarding SOGI education.

You stated: "I absolutely agree with the member that any materials that are provided in school need to be age-appropriate. I am committed to making sure that students get the best education possible in an age-appropriate way, that schools have access to resources that they need and that kids have access to the resources and the information that they're looking for in an age-appropriate manner."

I won't tell you what my kindergarten grandson came home talking about from supposedly anti-bullying. It was not appropriate at that age at all, nor the topic.

You also stated: "I've directed the ministry to work towards a provincial framework that includes a specific criteria assuring that age-appropriate materials are in schools, and I thank the member for the question."

Can you provide details about the criteria in this provincial framework to ensure that the SOGI resources are age-appropriate and only focused on anti-bullying topics? Also, could you give us a timeline for implementing it, please?

[5:10 p.m. - 5:15 p.m.]

Hon. Lisa Beare: For the member, I want to let the member know that our schools need to be a safe place, no matter how you look, no matter what you wear, no matter where you come from or what your background is.

How do we make kids safe? How do we do that? We teach kids that it's not okay to bully. We teach kids that it's okay to have two moms or two dads, that it's okay to dress differently, that it's okay to wear a turban or hijab, that it's okay to be queer and that it's okay to be yourself. It is not okay to bully. It is not okay to call each other names. That is exactly what our anti-bullying framework does.

SOGI is one piece of our broader anti-bullying framework. I think it's very important that we put that stage here down when we have these questions. We know how important it is to ensure that we are supporting all students in our system. We need to make sure that our schools are safe and inclusive and caring, and we do that through our broader anti-bullying framework.

Now, directly to the member's question…. I think it's also important that when we talk about resources in schools and library resources, this is not SOGI-specific. Ensuring that we have age-appropriate resources in schools is about all resources. We want to make sure that kids are able to access the information they need about a number of questions in age-appropriate ways.

We know all too well that too many students have a cell phone in their pocket and can access materials from

all around the world. I'm a parent of a nine-year-old who has her iPad, and these are things I worry about every single day. We need to make sure that we're supporting our youth, and we do this by ensuring that we have that strong, inclusive framework within the schools.

I did commit to ensuring that library resources are age-appropriate for schools. I do believe that's important. I made that commitment to ensure that we in the ministry are creating relevant and current guidance for K-to-12 educators to promote safe and inclusive learning environments for all students.

We're creating policy guidance for boards of education to have policies and procedures for selecting library books, accompanied by a set of guiding criteria for districts to ensure that library books are age- and developmentally appropriate and reflect the diversity within a school community.

That is work we're doing right now. I'll have more information about that at a further date for the member. This is a guideline that we have committed to have in place for September so we can ensure that everyone across the province is doing the same thing.

I do think it's very important to also put on the record that the work we are doing with our anti-bullying framework, our safe and inclusive schools and SOGI is working. We are seeing a decline in bullying within our districts, and where we're seeing the biggest impact is on young boys. I think that's very significant to know — that the work we're doing with our entire anti-bullying framework is having an effect.

Lynne Block: Thank you, Minister.

Talking about student safety in the schools and school police liaison officers, Victoria, I believe, was not the only one that did not have school police liaison officers. I'm not sure if they have them now, but New Westminster and Gulf Islands, at that point, didn't.

[5:20 p.m.]

The topic of school safety and the role of SPLOs has become a wee bit contentious in B.C. Many school districts continue to see value in SPLOs for fostering mentorship, safety and positive relationships between students and law enforcement. Sometimes, though, concerns are being raised about systemic inequities, student well-being and a perceived erosion of trust between marginalized communities and the school system. The debate reflects broader questions about how best to support safe, inclusive learning environments.

The 2023-2024 student learning survey data reveals some concerning trends around student well-being and connectedness in B.C. schools.

Adult support. When students are asked if they feel there's an adult that they can trust and is supportive of them, at the grade 4 to 7 level, only 62 percent of the students said yes; and of the grade 10 to 12, only 64 percent, meaning over one third of students don't feel supported by adults in their schools.

Sense of belonging is even lower 60 percent for grades 4 and 7 and just 53 percent of grade 10s and 12s, highlighting a troubling disconnect particularly among older students. While safety is higher at 77 percent for both groups, that still leaves nearly one in four students who do not feel safe at school, a critical issue that warrants attention.

These results suggest that many students, especially in high school, feel disconnected, unsupported and potentially unsafe, all factors that negatively impact learning, mental health and long-term academic success.

Is the ministry developing a consistent provincial framework to support school safety, well-being and inclusion across all districts, besides the anti-bullying? Will this framework include clear guidelines, policies, restorative practices, etc., regarding the role of school police liaison officers?

[5:25 p.m.]

Hon. Lisa Beare: For the member, I want to make sure I put on record that student safety is my number one priority. It is absolutely vital that our students show up at school, that they feel safe, feel included, feel part of a community. So I welcome any questions on this, because absolutely that is work that every single person in the K-to-12 system is working hard to ensure every single day — that we are connecting with kids in our schools to make sure that we're providing that safe, inclusive environment.

I've got some details I want to get into for the member, but these are changes that are happening at every single level in a district. They can be anything small. Instead of a warning bell at 8:25, it's a welcoming bell now. Training has gone in with the bus drivers to ensure that they're working with kids to provide that safe, inclusive environment as well. They are the first point of contact for many students in a day.

Every single person in the system recognizes this and wants to make improvements. I think of the…. We talked a little bit about the feeding futures program and the work that we're doing to keep kids fed so that they can be their best selves at school. Well, these are called breakfast clubs in most schools.

Kids get to come. Some schools have 80 percent participation rate of their students, depending on the school and in the district. They get to go to breakfast club with a group of adults who serve them a warm breakfast, have a conversation with them every single morning. And they get to do this with their peers and feel connected as part of a group of students.

My daughter Brinley loves to go to her breakfast program at school, which her dad was really upset about at the time because he was like, "It's not for us. She doesn't need this," and I said: "No, no. This is exactly what we want to see. We want to make sure that students are feel-

ing connected in their school, that they're a part. They feel like they can access any program, any time, any place."

She's so excited to go see Tracy in the morning. That's her first point of contact. She might be obsessed with the frozen yogurt tube that is provided as well. That might be the reason why she goes mainly. But she says that it's to go visit Tracy in the morning, who provides the breakfast. These are important connections, and this is the culture that is being switched in schools every single day.

We have the ERASE program in schools, which is "expect respect and a safe education." That strategy focuses on fostering safe and caring and inclusive schools. Every school district, as well as independent schools, have dedicated safe schools coordinators, who are responsible for district-wide school safety initiatives. Through the ERASE website, students and families and school staff can have access to free online training to help students stay safe, in person or online, and help stay connected.

[5:30 p.m.]

We have over 116,000 students and families and educators and community partners that have taken part in this training since 2012. In the 2023-24 school year, over 1,300 educators and community partners participated, and 31,000 students and 5,600 families participated in these trainings.

We did refresh the website in 2024 to include a mobile design for mobile devices so that students and adults can access all the resources they want about diversity, inclusion, mental health and substance use and also have access to the easy Report It tool.

Now, I was talking about the training. This is really important, a bunch of the training that we're offering. When we look at sessions for students, we have everything from consent, gender-based violence, online and in-person training and relationship-based training.

We have safe and caring respectful digital communities training where we discuss the use of social media and digital and cyber security, cyberbullying. We have safe and caring and respectful digital communities which talks about the use of technology at home and in the community and focuses on online safety risks. We have family practices for safeguarding against cyberbullying and sextortion.

We have trauma-informed practices for mental health and learning in schools. We have foundations such as school safety, which discusses the building blocks of creating safe and caring inclusive schools and the threat and risk assessments, as well as providing information on the ERASE strategy.

I mean, I've got pages of the training that we're doing here. I'll just read some of those into the record so that the member knows that every single person in the ministry…. I know every single person, the member, comes from schools, from the system — how important this is to every single adult in our system to ensure that we are connecting with students, ensuring they feel safe, ensuring they feel included.

Lynne Block: Thank you, Minister. My apologies for being a little bit discombobulated there. I will absolutely review every word you've said. Anyway, thank you so much.

I would like to say a couple of things. I was going to do the budget contingencies. Now because of the less money, because of the carbon tax being removed, it looks like about $1 billion in the contingency rather than $4 billion. Regardless, according to the quote of what the contingency can be used for, I'm hoping that if there are any issues and we need more money in education and/or health, that we can take it from there.

Anyway, for the record, there was once a standing education committee. However, it is my understanding that it has not convened since 2006. Over the past 19 years, numerous significant decisions have been made in education, many perhaps without the input of opposition MLAs, constituents or other key stakeholders.

As an educator, I believe informed decisions require diverse perspectives, authentic research and meaningful data. I sincerely hope this committee is reinstated, and I'd like to be a part of it, so that members from all sides can collaborate to ensure every child and youth in our province receives the education they truly need and deserve. So I'd like to reestablish it, and I'd love to be on it.

I'm going to conclude, but I've got…. Can I conclude and then have my colleagues…. They've each got a question? Is that all right? Thank you.

Thank you, Minister, for your time, attention and thoughtful responses during these estimates.

Thank you, Chair and Clerk, for your patience and expertise.

I also want to extend my gratitude to the minister's staff, the whole team everywhere, the ministry team and everyone who contributes to supporting education in our province.

[5:35 p.m.]

While there are still challenges ahead, I remain hopeful that through open dialogue, collaboration and a shared commitment to students, we can build a system that is meaningfully inclusive, equitable and forward-thinking. I look forward to continuing this important work together for the future of all our children and youth.

The Chair: Recognizing the member for Columbia River–Revelstoke.

Scott McInnis: Thank you so much, Chair.

Thank you to my fellow member, and thank you to the minister for following up on a couple of questions which are really important to me.

Just circling back to the education assistants in class-

rooms, the promise of fulfilling an EA in every K-to-3 classroom in B.C. — does that just include public schools, or would that also be in independent schools?

Hon. Lisa Beare: I am loving this panel. This is going to be interesting.

The commitment was for public schools, but we work really closely with FISA, the Federation of Independent Schools. In fact, the member wasn't here earlier when I answered the question. They are at the K-to-12 workforce plan table, so these are conversations we're having right now as we build out that commitment. There'll be more information about it coming in the future. I thank the member for the question.

Scott McInnis: Thank you to the minister for that answer.

I heard the answer given about some post-secondary recruitment thing for educational assistants. When does the ministry hope to have their fully implemented K-to-3 EAs finished in British Columbia?

[5:40 p.m.]

Hon. Lisa Beare: For the member, it sounds like he heard my earlier answer, which is great, because it is quite similar. That is work that we're doing right now, building out that plan with our education partners and taking a look at what that commitment looks like and how we build that out. I don't yet have an answer for the member on that, but more information to come, absolutely.

This is complex multiministry work when we take a look at training. For example, I'm working with post-secondary. When you un-nest retention and recruitment as well, there are a number of pieces that have cross-ministry and cross-partner work there. We need to continue to work with districts to identify where the gaps are.

Then our schools are dynamic. They change every single year. This is work that's going to be iterative and ongoing, as well, because every year we have a different group of kids who show up in our schools and what their needs are. It's all hands on deck, and we're doing the work now.

Scott McInnis: Just to be clear for teachers who are counting on EAs in their classrooms that they teach K to 3, there is no set date at this point for EAs to be in K-to-3 classrooms across the province?

Hon. Lisa Beare: I think it's important that the member knows that the BCTF is at the K-to-12 workforce table. We're doing that work with teachers. Also, I think it's important that the member knows that 78 percent of K-to-3 classrooms already have some support from education assistants for a total of 6,700 classrooms across the province.

It's not like…. There are a number of classrooms that already have support in them. What we're doing together as a group with our partners is looking at where the gaps are, what the problems are, what we need to do to fill those gaps and what that looks like in building out those resources for the future. It's ongoing work, and it's work we've started and that we're committed to.

Scott McInnis: Just to be clear, it sounds like there is no set date to when teachers in K-to-3 classrooms in British Columbia will have some sort of EA support in their classroom. I just want to be clear that there is no date set when that promise will be fulfilled.

Hon. Lisa Beare: We're working on the plan now.

Scott McInnis: Thank you, Minister.

The Chair: Through the Chair, please, Member.

Scott McInnis: Thank you, Chair, and thank you, Minister, for that answer.

I totally understand there are a lot of logistical challenges around training for educational assistants across British Columbia, especially in rural B.C. In order to fulfil the promise of having EAs in K-to-3 classrooms in British Columbia, will the ministry be pulling EA resources from 4 to 12 in order to fill those spots in K to 3?

Hon. Lisa Beare: Districts are responsible for deploying resources and staffing in their classrooms. But absolutely no, that's not the intent.

[5:45 p.m.]

Steve Kooner: Question for the Education Minister. Currently the provincial government funds a school bus service which transfers Queensborough students to and from New Westminster Secondary School. This provincial government school bus funding was put in place till 2026. However, in the 2024 provincial election campaign, the B.C. NDP promised to make the school bus service permanent and for free.

Can the Minister of Education confirm that this NDP provincial government is going to honour their election promise and that they will make the school bus service, which transfers Queensborough students to and from New Westminster Secondary School, permanent and for free?

[5:50 p.m.]

Hon. Lisa Beare: Thank you to the member.

Sorry for the delay. I actually had to get briefed up on that. I needed to get a little bit more background information because that was a commitment made at the local level, which is great. I appreciate that and just had to get a little bit more information. I apologize.

I want to begin by recognizing how unique this situa-

tion is in your district for having those students cross over the bridge, so I appreciate the question.

The funding is in place for the next two years. We're working with the school district and TransLink to work through a sustainable model to ensure that we continue to be able to provide supports for those students.

Thank you for the question.

Hon Chan: I just wanted to talk about Richmond Centre. It's also close to Richmond. Richmond Centre has been missing two elementary schools for quite some time. I understand that the school board SD 38 has submitted their annual capital plan, the five-year plan, many years ago, and they also talked to the Ministry of Infrastructure as well.

Right now there are about 600 students that are actually crammed into modular portables. All of those 600 students only get about 40 minutes of gym time per week, which is significantly lower than any other average students in B.C.

Given that I see one of your ministers from Richmond as well is here, she can confirm that in Richmond Centre area, there are tons of developments going to complete very soon. So that would just add up to that situation.

Right now I know that SD 38 actually has temporarily secured half of the funding for those two sites. This opportunity is going to cease; it would just go.

I just want to know if your ministry is working with the Ministry of Infrastructure to make sure Richmond Centre is going to get two schools either this year or in the next coming years.

Hon. Lisa Beare: For the member, a thank-you for the advocacy on behalf of his community. It's always important.

I know the member knows that school capital now sits in the Ministry of Infrastructure, so it's actually specifically a question for Infrastructure on capital projects.

[5:55 p.m.]

I'll take the spirit of the question for the member and say I did just meet with the Richmond school district. They did present their capital plan and the need for new schools in their community.

Those schools remain at the top of their priority list, which is always taken into account when government is looking at our priority list on building out new infrastructure, but specific questions for the member for the future can go through the Ministry of Infrastructure for that. I really enjoyed meeting the member's board and the work they're doing in Richmond.

Gavin Dew: Rutland Middle School is a 75-year-old school, with 11 portables and wooden lockers, hosting 300 students. For the last 20 years or so, the Central Okanagan school district board has identified and lobbied successive provincial governments to replace Rutland Middle School.

Unfortunately, those requests have been rejected. The latest rejection came in 2019 when the current government decided that Rutland did not meet their priorities for replacement. I have asked this question of the Minister of Infrastructure. I have flagged the fact that this school was built more than 75 years ago and contains decades of obsolete construction practices and that discussions around renovating it may be safety issues.

I did not receive, in my view, a satisfactory answer from the Minister of Infrastructure as to what timeline I should tell my constituents in Rutland they should expect to see some movement on Rutland Middle School.

Could the minister provide some kind of a definitive timeline as to when we might expect to see some movement around Rutland Middle School?

Hon. Lisa Beare: Thank you to the member for his advocacy — I know it's important — on behalf of his community as well.

The member actually answered his own question in the question. These are questions for the Ministry of Infrastructure. They now hold all the capital planning.

But I absolutely take the spirit of the question for the member. It remains a priority for the community of Kelowna. Those are taken into account when priorities are being made around infrastructure projects across the province.

Thank you to the member for the question.

Gavin Dew: Given the likelihood of intensifying fiscal pressure and probable cuts as a result of eliminating the carbon tax and taking on greater debt-servicing costs, can the minister expand on the current funding status of the playground equipment program?

Hon. Lisa Beare: That is also within the Ministry of Infrastructure.

Gavin Dew: Can the minister confirm that? It appeared to be under the Ministry of Education as of the last media release that I saw. I could be mistaken.

Hon. Lisa Beare: I've got my finance guy here. It's within Infrastructure.

Gavin Dew: My last….

The Chair: Through the Chair.

Gavin Dew: Sorry. One question that definitely should be under the Ministry of Education….

Thank you. It was a surprise to me to discover that playgrounds were under Infrastructure.

One of the key issues that we've heard from our colleagues in the post-secondary sector — which obviously, from an admission perspective and from a course selection process, is driven heavily by what's happening in the educational sector — are challenges around the parity of esteem between college education and university education.

That issue has been exacerbated by recent federal policy changes around postgraduate work permits that have tilted heavily against the college system in terms of postgraduate work permits.

I have some concern, based on my own history in the post-secondary sector, around ensuring that we are equipping graduates for success and that we're making sure we provide the right folks with the right fit in the labour market.

[6:00 p.m.]

I'm wondering if the minister could expand on any programming efforts or initiatives that are being undertaken in her ministry to help ensure that students are making good and well-informed decisions around post-secondary program selection.

Hon. Lisa Beare: Absolutely, it's important that we are providing our students the greatest chance of success moving into what will be the future labour market, which shifts significantly over generations. We know where the needs are now.

As part of the StrongerBC future-ready action plan, the Ministry of Education and Child Care implemented a comprehensive career- and skill-development strategy to expand dual credits and other career education opportunities for students. Dual-credit programs are key to this. They are so fantastic in our schools. If we can be giving our kids coming out of K to 12 that leg up and those extra credits towards a post-secondary or a skills-training education, we absolutely need to be doing that.

Over the past two years, the dual-credit program expansion of the strategy provided grants to grow regional programs connected to health care and other in-demand jobs, allowing students to get a head start on their post-sec journey by taking courses that count towards both their high school and their post-secondary graduation credits.

The K-to-12 career connections component has enhanced career exploration and foundational skill development for students in K to 8 and expanded career sampler programs and work-experience opportunities for high school students, which is super cool, when you get that opportunity to do…. We've invested money over these past two years to the initiative to help increase high school graduation rates, transition rates to post-secondary education and employment in in-demand occupations.

We also work really closely with SkilledTradesBC. The ministry following myself actually is the ministry of Post-Secondary and Skilled Trades. I know the member will have some great questions for that minister as well, because we work closely with SkilledTradesBC to continue to provide students with trades training and skill development programs in courses that feature hands-on work and experience so that we can support a successful transition program into the post-sec world and into work.

Donegal Wilson: I appreciate the opportunity to ask the question. I'm going to lean in a little bit on the statement that was made by the minister around the safety of our children and how important that is.

I am taking part in a community meeting that's upcoming next month, specifically with some parents that are very concerned about bussing in the Princeton region. They currently have a policy within the school board that within five kilometres of the school, they must walk to school and are not able to take the bus. For some members of the community, that means 4.8 kilometres of walking down a highway with no sidewalks, 80 kilometres an hour with snow banks.

It's not okay for these kids to be walking on the highway. I think they're some of the few kids that will be able to say that they walked uphill both ways in a snowstorm, because they have to walk all the way down into town and up the other side to school, both ways. I would invite the minister to come for a walk if she wanted to try it. They invited me, and I declined, because it's a pretty good walk.

The issue that I'm hearing with the school board is it's a school board decision on how they allocate their funding. The issue is the school board has not enough money, so they are making cuts where they need to make them, but we need to have the busing in rural B.C. protected in funding to ensure that our kids can get to school safely.

[6:05 p.m.]

Is there an opportunity or any money that is being earmarked specifically for school busing in rural B.C.?

Hon. Lisa Beare: I thank the member for the advocacy from her community.

The member did give the answer within her question as well. These are decisions that are made at the local level, at the school district level.

I think it's really important for the member to know that districts like hers do receive a unique district factor funding bump when we take a look at criteria like small community sparseness. There are a number of criteria listed that factor into the community receiving more money and the district receiving more money to address challenges that districts may have around distance or sparseness — things like that.

I know the member's going to be a fantastic advocate in her community as well and have those conversations at the district level. It's always important to listen to parents, and it's always important to have that conversation at the district.

I thank the member for sharing.

Ward Stamer: I may have a two-part question, but I'll ask the first part, if I may, to the minister.

When she was mentioning earlier about EAs and some of the challenges that we have in our school districts with staffing levels…. School district 73 touches five MLAs: Doerkson, Bird, Milobar, Luck and myself.

[6:10 p.m.]

The Chair: A reminder, Member. If you can use their ridings rather than their names, I would appreciate it.

Ward Stamer: Sorry. Thank you for that. I will retract that.

Having said that, on any given day, 30 percent of the CAs are not available to work. That is putting tremendous pressure on the administration staff. It's putting tremendous pressure on the teachers. Of course, all school districts have limited budgets for increases to labour costs. There was a request for volunteers to be able to come in to the schools, and because it's a contract year, CUPE declined.

My question to the minister is: if the ministry is not going to be able to add additional funds available for maintaining the CA levels to where they're supposed to be, and the ministry is under the mandate to increase wages by 3 percent under the negotiated agreement, will the minister add those funds available to keep those staffing levels to where they should be?

[6:15 p.m.]

Hon. Lisa Beare: Thank you to the member for the question. We have talked a lot about EAs over this afternoon.

Rather than repeat everything I said, because I know there are a couple other members who want to get some questions in, as well, about how we're building out a new workforce and what we're doing together, I will take a moment on retention, because I actually think it's vitally important that we're supporting the EAs that we have in the system.

Interjection.

Hon. Lisa Beare: EAs. I said EAs.

The Chair: One moment, please. If you wouldn't….

Interjection.

The Chair: Thank you very much.
You're speaking about EAs at this time.

Hon. Lisa Beare: Correct. About EAs in the classroom. We're providing that retention support in a number of ways, whether it be…. We spent a lot of time on the mental health supports we're putting in for workers. We're talking about the training we put in for workers, mentorship programs, all these things.

This does sound like a very specific local issue. Potentially, there are some challenges within the district. I've asked my team to reach out to the district following, and happy to have a conversation with…. The team will have a conversation with the superintendent there and see if there are any challenges that we need to be aware of.

David Williams: My question is…. A short time ago there was a public outcry regarding transgender bathrooms in the Armstrong high school. The whole school only had transgender bathrooms, and there were a lot of people that really weren't happy about that.

I was told at that time that the bathroom design and the school design is made at the provincial level.

Can you please clarify if that's true or not?

[6:20 p.m.]

Hon. Lisa Beare: I very much regret the framing of the question from the member. I want to back up a couple moments here first and say a few things.

Schools need to be a safe place for all students. They need to be safe and inclusive for every student who shows up at the school, no matter where they're from, how they present, how they dress, their orientation — any of the things the students need. We need to make sure that schools are a safe environment.

With that in mind, I want the member to realize that there is a guiding document that ensures that every student has right to access washrooms and change rooms to make sure that they are in a safe and harassment-free environment.

This includes making sure that students with accessibility needs, diverse needs or diverse genders that require privacy have a washroom or a change room where they feel safe and comfortable. This is universal design. Every school needs to have a universal design washroom to ensure that students feel safe. Not all washrooms, but safe spaces for students.

I know the member will want to make sure that students have a safe place in their schools.

While I regret the framing of the question by the member, I know the member will join me in making sure that we are supporting students with diverse needs all across the system to ensure they have a safe place within the school.

David Williams: My question to the minister is: going forward, will all new schools or schools being renovated have boys, girls and transgender bathrooms?

Hon. Lisa Beare: I was hoping the member would cor-

rect himself on this second question after me expressing my concerns about the framing around the first question.

There is no such thing as a transgender washroom. I believe the member was getting some education from his colleagues on the other side of the House. What we do have is a universal washroom, which is a non-gendered, single-stall washroom that can be used by students for a number of reasons.

[6:25 p.m.]

We are providing universal access to washrooms, whether it be, as I said, physical access, diverse abilities or gender and feeling safe. There are a number of reasons why we would have a single-stall washroom in schools.

As I said earlier, the guideline document is making sure that we provide those safe spaces for students, but not all washrooms.

[Jennifer Blatherwick in the chair.]

Really, this is a question, when we start getting into school design, that actually should be with the Ministry of Infrastructure. If we want to get deep into it, we've got to go over on that side as well. But for a number of reasons, we need to make sure we're providing safe spaces for all kids in schools.

Misty Van Popta: Child care advocates have referred to Langley as a child care desert. It has one child care space for every five children under the age of 12. With housing mandates being imposed on local governments, this will undoubtedly grow.

While the province demands municipalities to do their part, they are failing on their own. In 2023, staff from the Ministry of Education and Child Care met with staff from the township of Langley and strongly encouraged the municipality to pursue funding through the new spaces fund. They were told Langley was a high priority for the province and that there was ample funding available. "Provide the land and the child care spaces will come," they said to the township staff.

The township subsequently prepared four applications for nearly 300 spaces in every corner of the community. The process cost township taxpayers $126,000 and considerable staff time and resources.

Last Thursday the township of Langley was rejected by the Ministry of Education and Child Care for every single application. This past Thursday the minister confirmed that denials of applications were most likely due to the types of spaces requested. In the case of Langley township, all spaces requested were infant-toddler and three-to-five.

Can the minister answer why a municipality with no funded spaces was denied all four applications in the most-needed age brackets? Why collaborate with municipalities who are willing to partner with the province who have zero funded spaces in their municipality of 155,000 people if the province is going to waste years and thousands of taxpayers' dollars just to reject 100 percent of their funding requests?

Hon. Lisa Beare: I thank the member for the question.

I live just across the bridge from the member. I know both our communities are thriving and growing with many new families in them, and I know how important child care is in that. As I said on Thursday — I believe the member was probably listening when we were having this conversation — this intake we saw an unprecedented number of applications come into it.

[6:30 p.m.]

It was three or four times the demand of what the intake could actually hold, which was very significant and not something we've seen in the past. We work closely with communities as they build out their applications and, of course, are always encouraging communities to apply to the programs so that we can assess their applications alongside applications all across this province.

This is work that we continue to do. I know we're going to continue to work with Langley, moving forward, to address child care needs in their district.

I understand the member's frustration, and I thank the member for raising the question, because it is important to ensure that we're building out child care, which we are across the province. We have 138,000 families now with spaces, supporting kids all across this province to ensure that we're providing safe, affordable, reliable child care, so I thank the member.

Korky Neufeld: I know the minister and this government believe strongly in equity in public education. I've heard that many, many times. But the classroom enhancement fund is a disadvantage to many school districts.

I'll give you an example. Abbotsford has about 20,000 students. We get less than $20 million through the class enhancement fund. Richmond has 23,000-plus students. They get over $50 million. Langley has 26,000-plus students. They get over $50 million. So they, Richmond and Langley, can actually hire 250 to 300 more teachers than Abbotsford can.

Why is there this blatant inequity in the allocation of the classroom enhancement fund?

Hon. Lisa Beare: Thank you to the member.

The classroom enhancement fund exists to support school districts to meet their collective agreement language. It was introduced in the 2017-18 school year to fund the implementation of the memorandum of agreement, the MOA, with the BCTF in restoration of the class-size and composition language from 2002 to BCTF collective agreements.

School districts have different collective agreements all across this province, so the CEF provides allocations directly to school districts to implement the restored lan-

guage for the particular school year. That's how the CEF is allocated.

It has three components: its staffing, overhead and remedies. For the member, it's a very simple answer. It's directed by the collective agreement, and that's how it's allocated.

Gavin Dew: I'll turn to a couple of questions, with the remaining couple of minutes, around child care.

Private child care operators who have historically provided the majority of quality regulated child care spaces in B.C. have reported an increase in bureaucracy, a reduction in their access to things like start-up funding and a general feeling that their existence is unwelcome under this government.

Can the minister confirm whether it is her government's policy or political goal to eliminate private operators from the child care sector?

[6:35 p.m.]

Hon. Lisa Beare: Absolutely not. That's nonsense. We support child care operators all across the province — private, public, not-for-profit, First Nations, municipally led. Absolutely, we support providers all across this province.

Gavin Dew: I'm sure I know a few child care operators who would love to hear that said out loud.

With regard to the child care programming branded as $10 a day, can the minister please provide an estimate of the typically fully loaded daily cost of providing that child care, the share paid by parents taking advantage of the program and the share paid by taxpayers at large?

Can she further clarify whether the ministry has undertaken an integrated cost accounting of the various different capital assets and funding streams going into paying for what is functionally a transposition of child care out of the private sector and into a government system of care?

If that work has not been undertaken, can the minister please commit to do so?

Hon. Lisa Beare: The child care sector is very diverse. It varies, whether we're talking about child care being operated on school grounds or in the private sector. Throughout the province, it varies.

When we take a look at the $10-a-day sites, it also varies within the site when we take a look at the number of children, the type of care that's being offered — infant-toddler, for example, or three-to-five. It varies from operator to operator, as well, the monthly expenses. We have some sites that are operating in a world where they have a lease for $1 for a year for their site, and others are paying full market rental.

When we take a look at all these factors, it's diverse and it varies, so there isn't one clear factor that I can point the member to.

Gavin Dew: I appreciate the exposition of the complexity, but the question is a little more fundamental than that.

[6:40 p.m.]

It's that there has been a narrative or a branding out there around the cost of child care being $10 a day, which I think has been tremendously frustrating to many child care operators for whom the assumption that parents have arrived at is that child care can somehow be provided at a cost of $10 per day versus a sticker price of $10 per day.

There is an underlying set of costs and prices and fees that are being paid in order for the sticker price of child care to be $10 a day, and there is a lack of clarity as it relates to the stack of different capital and operating costs that contribute to the overall superficial sticker price of $10-a-day child care being $10.

What I am hoping the minister can illuminate, or can commit to commissioning a report on, is a more fulsome understanding of what that stack of different capital costs and operating costs are that are the iceberg beneath the surface underneath that sticker price of $10 a day.

I hope that that provides a little bit more clarity to the minister. I don't expect the minister to do magic math on the fly, but I do hope that she will commit to undertaking and making available a report that outlines that overall set of costs.

Hon. Lisa Beare: Thank you to the member for clarifying and explaining a little bit more. It's well-noted. I'll take it away.

Thank you, Member, for explaining.

Interjection.

The Chair: Minister.

Hon. Lisa Beare: I said noted, and I will take it away for consideration.

Lynne Block: Thank you, Minister and staff.

I believe that is my time, and I'm so delighted, actually, because I had a lot of questions that I was supposed to submit and get written answers for my colleagues, fellow MLAs, and what was lovely is they had the opportunity to ask those questions.

I appreciate that.

The Chair: Seeing no further questions, I ask the minister if they would like to make any closing remarks.

Hon. Lisa Beare: Thank you, Chair.

Just a very big thank you to the entire Child Care and Education team that we have here. It is a mighty team, very much appreciated, the support.

A thank-you to the members across the way for their questions as well. I know we all want to support children.

I now have the amazing privilege of supporting kids from birth to graduation, which is a fantastic honour for me to be able to do.

The Chair: Thank you, Minister and all members. Seeing no further questions, I will now call the vote.

Vote 20: ministry operations, $9,788,522,000 — approved.

The Chair: Thank you, Members. We will take a short recess for the Ministry of Post-Secondary Education and Future Skills staff to arrive.

Thank you. The committee stands recessed.

The committee recessed from 6:44 p.m. to 6:51 p.m.

[Jennifer Blatherwick in the chair.]

ESTIMATES: MINISTRY OF POST-SECONDARY EDUCATION AND FUTURE SKILLS

The Chair: I call the Committee of Supply, Section A, back to order. We are meeting today to consider the budget estimates for the Ministry of Post-Secondary Education and Future Skills.

On Vote 41: ministry operations, $3,515,868,000.

The Chair: Minister, do you have any opening remarks?

Hon. Anne Kang: Yes. Thank you so much, Chair, and good afternoon, everyone.

I would like to start by acknowledging with gratitude that we're gathered today, in the chambers, on the territory of the lək̓ʷəŋən peoples, the Songhees and Esquimalt Nations.

I also would like to welcome members across the way — my critic and the deputy critic there.

Thank you so much for working with us to make post-secondary education a valued education here in British Columbia, recognizing that they are the future workers. I really do appreciate the collegiality that we've had so far. I'm very lucky to be working with you.

I'd also like to recognize the staff and the amazing team that I have behind me who represent our ministry and will be supporting me through our estimate proceedings. There are some with me in this room and there are some behind in another room in the chambers, but I do want to thank them as well.

With me is my deputy minister, Trevor Hughes; EFO and assistant deputy minister of finance Kim Horn — she has a long title, and she's also the technology and management service division; Chris Rathbone, assistant deputy minister of post-secondary policy and programs division; Joanna White, assistant deputy minister, labour market development division; Rachel Holmes, assistant deputy minister, immigration services and strategic planning division, Tony Loughran, assistant deputy minister of governance, legislation and engagement division; as well, Shelley Gray, CEO of SkilledTradesBC.

Since returning as Minister for Post-Secondary Education and Future Skills, I've had the opportunity to visit several post-secondary institutions and really appreciated the opportunity to meet with so many educators and learners. I'm very grateful for the recent opportunities I've had to connect with trainers, with employers and with industry leaders from around the province.

While we are facing challenging and uncertain times, our government continues to invest in post-secondary training programs to support a strong economy in our province. We continue to make education and training more accessible, affordable and relevant so that British Columbians can gain the skills they need for good-paying and high-demand jobs. We remain committed to working with Indigenous partners to ensure that Indigenous learners can achieve their higher education goals.

[6:55 p.m.]

Our province-led immigration policy and program delivery ensures newcomers are welcome to British Columbia, and we are making the credential recognition process faster and easier for professionals with credentials issued in other jurisdictions.

I also would like to make a special shout-out to my colleague the member for Vancouver-Langara, also the Parliamentary Secretary for International Credentials. She has been meeting with stakeholders, people who are finding challenges in international credentials to make sure that their skills are valued here in British Columbia.

We are helping to address workforce gaps and continuing our commitments to workers, economic development and service delivery in key sectors, including health, trade and technology.

I am proud of the work of my ministry and the many positive impacts that all of our collective efforts have been for the lives of British Columbians. I look forward to discussing these important issues and the programs that the ministry supports with colleagues in here today and across the way.

With that, I will take my place.

Korky Neufeld: I just wanted to also mention that the member for Maple Ridge East is with me here and will be taking some of the questions throughout the time allotted.

Thank you to the minister and the staff. I know all of our time is important.

Having been in public education for a long time, I really love education. There's a saying that we use, that education is a bridge to everywhere, which means destinations that have already been discovered. But what I think is edu-

cation should also be a bridge to anywhere, to destinations yet to be discovered.

Our students entering into grade 8 and grade 9 today will work in jobs and careers that have not yet been created or invented, which is staggering to think. So it's hard for us to forecast where these students of ours will be heading and what they'll be learning and what jobs they'll be doing, what innovations they'll be creating. That is how fast our society and our economy and the global economy is changing. The B.C. education system needs to keep pace with that.

Bridging the gap between traditional education and the demands of a technology-driven economy will need to be crucial for B.C. to maintain its global competitive edge.

With that, if I heard the minister correctly, could she confirm that the budget for 2025 estimates is $3.515 billion and some-odd-thousand dollars for this next three years? Is that correct?

Hon. Anne Kang: The member is correct. For the next three years until 2027-28, our budget is $3,515,868,000.

Korky Neufeld: Is there any forecasted increase in investments for post-secondary in this budget?

[7:00 p.m.]

Hon. Anne Kang: Budget 2025 has incremental investments of $112 million more than last year.

Korky Neufeld: Thank you, Minister, for that answer.

Budget 2025 forecasts an increase in revenue from post-secondary education fees of $2.733 billion in this year, $2.76 billion in '26-27 and $2.827 billion in 2027-28. Why is there not a similar increase in investments for post-secondary despite the projected rise in revenue from education fees in this budget?

Hon. Anne Kang: I was wondering if you could clarify the numbers and where you got that from, perhaps a reference in the blue book, so we could get the appropriate answers to you.

Korky Neufeld: When I read this budget and I compared it to the projections for revenue coming forward, there's over $200 million in revenue increase from education fees, but there's only $112 million allocated.

I guess the question I have is: where will this additional funds be spent? Will it be spent on post-secondary education, or will it be going to general funds for the government?

[7:05 p.m. - 7:10 p.m.]

Hon. Anne Kang: We believe the member is referring to the material assumption table.

The revenues collected by post-secondary institutions are tuition and other ancillary fees. This does not refer to any fees being collected by the ministry. The fees collected are spent by the post-secondary institutions on educational programs and services, so none comes back to the ministry or government.

Korky Neufeld: So sorry about that. I thought…. I misunderstood, then, I guess.

Back in 2021, when the minister was also the Minister of Post-Secondary….

You mentioned back at that time that your government spent $40 million in student housing since 2019, so that's $40 million between 2019 and 2021.

How many housing units for students have been built since 2021? That's 2021 to 2024.

[7:15 p.m.]

Hon. Anne Kang: Thank you so much to the member across for this question.

We took a while because this question is actually for the Ministry of Infrastructure, but we are also very proud of the work that the post-secondary institutions are doing in partnering with government in building student beds.

We do have 12 new student housing already open, not 12 beds but with 12 different post-secondary institutions — namely, examples of September 2024, with Okanagan Campus in Vernon we opened 101 beds; with Salmon Arm, 60 beds; and Kelowna, 216 beds.

Another example in 2024 is 333 beds at Capilano University in Squamish; also, September 2024, Selkirk College in Castlegar, with 114 beds; and in Nelson, 36 beds.

There are ten more underway, so ten more post-secondary institutions that are collaborating with us — namely, in the members riding, University of the Fraser Valley in Abbotsford.

Interjection.

Hon. Anne Kang: Yeah, just about 400, so 398 beds.

We're very proud of the work that they're doing, and we will continue to support them. But this would be…. For more detailed answers, it would be more for Infrastructure to answer.

Korky Neufeld: Thank you very much to the minister.

I'll get to affordability later. If we do not build them on campus…. Students can't afford off-campus rentals. So if we do not partner with Infrastructure, as a post-secondary, to build these houses, we're basically saying to students who live in…. They can't go to school outside their own community is basically what we're saying, because if they can't have on-campus housing, they can't afford school.

Changing gears. In 2021, you also mentioned your government's goal of filling one million jobs through training over the next ten years. I believe, if I have my years correct,

that would be 2017 to 2027. How many of those one million jobs have been filled by post-secondary training?

[7:20 p.m.]

Hon. Anne Kang: Thank you so much to the member for that question.

I believe the member is referring to the labour market outlook. The labour market outlook projects how many jobs that we will have in the future, the next ten years. It is updated annually, but it doesn't take track of how many people are in certain fields.

However, our post-secondary institutions do use it as a tool of programming to make sure that we are up to date with our programming, making sure that our post-secondary institutions are providing the relevant education that is needed for our future workforce.

The current outlook does project that 75 percent of jobs do require post-secondary education, and our post-secondary institutions and their programming are preparing people for these jobs.

The 2024 labour market outlook was developed prior to the changes in federal immigration targets and the uncertainty around the tariffs. Work is underway on the next edition of the labour market outlook, which will include the new immigration targets and consideration around potential new tariffs.

Korky Neufeld: Thank you very much, Minister, for your answer.

I guess…. Is there a mechanism for the ministry to make sure that the post-secondary institutions are communicating with chambers of commerce, with people in our economy, so that we have a connection between what the needs of our economy are to who is getting educated and being trained in what fields?

Hon. Anne Kang: Absolutely, to the member across, our public post-secondary institutions, and our privates as well, are constantly communicating with industry, communicating with chambers.

[7:25 p.m.]

In fact, when we have chamber of commerce events, I do see many of them show up, being part of the round table, the panels or the presenters as well. Our post-secondary institution sector is communicating with industry, with chambers, with the sectors, and they're absolutely part of the community. We seek to be able to respond to the ever-changing economy that we have here and make sure that our post-secondary institutions and our programs are relevant to our future workers.

Korky Neufeld: Thank you to the minister.

Post-secondary institution spending is projected to rise from $8.39 billion in 2024 to $9.23 billion in 2026-27. That's an $845 million increase, primarily due to higher staffing requirements for a growing student base related to operation costs.

Despite the call or provincial budget constraints, the government provides institutions with a block grant that allows the university to spend the lump sum with autonomy. The post-secondary institutions enjoy autonomy for where the grant money they receive is spent. However, institutions argue that operating grants have not kept pace with rising costs and that more funding is needed.

While universities are provided with block grants to spend autonomously, institutions argue that operating grants have not kept pace with rising costs. How does the ministry plan to address the funding shortfall, and will there be any adjustments to the funding model to better support institutions?

[7:30 p.m.]

Hon. Anne Kang: The overall budget for Post-Secondary Education has increased by $1.45 billion since 2017, and that means we've seen increases in operating budgets across all programming fields, including a $126 million increase in funding for health training programs since 2019.

Another example is a $31 million increase in annual investment in operations for the SFU medical school, a $70 million increase in expanding tech education since 2020 and other investments that we have put in to make sure that we are ready for the future.

Korky Neufeld: Thank you, Minister, for your answer.

Why does the budget not include any clear mechanism or requirements for institutions to report on how they are cutting waste or improving efficiencies with the money that is allocated to them from the government?

[7:35 p.m.]

Hon. Anne Kang: I do recall the member opposite did mention that he recognizes they are autonomous.

Post-secondary institutions are independent entities with authority to manage their own budgets. Our ministry does work with them to make sure they deliver quality programs that meet the needs of students and their communities. I know that they have been working hard to reduce costs and maximize revenues, including working with each other to avoid duplications and coordinate to be as efficient as possible.

Korky Neufeld: Thank you, Minister, for that answer.

I guess I want to understand. When we're funding post-secondary institutions…. I remember from being on the school board that when the ministry would give us targeted funding, a lot of times it tied our hands. Out of the amount that you give to the post-secondary schools, how much of that is block or targeted funding and how much

of that is operating funding that they can have discretion on how they use?

[7:40 p.m.]

Hon. Anne Kang: The vast majority of our block funding does go to operating grants, and it is the discretion of the post-secondary institutions on how they will use it to meet their commitments and their communities' needs.

We do, in some limited circumstances, provide targeted funding for specific government initiatives and priorities. On a previous answer, I have read some of our commitments and priority funding.

Korky Neufeld: Thank you to the minister for that.

How much of the targeted funding for post-secondary is coming from the federal government through the labour market agreements with the province? I guess this would be the block funding that goes to the Crown around the skilled trades.

[7:45 p.m.]

Hon. Anne Kang: The member mentioned quite a few things. Federally, provincially, they were a bit mixed up together. I'll just give a brief explanation of who's funding what.

The targeted funding is for seats in high-priority programs like Allied Health, health care seats. The province provides that funding.

The second one is the labour market transfer agreement. This is federal funding to provinces and territories for a variety of labour market programming and employment supports. We use that funding with SDPR. So this is not part of any block funding to the post-secondary institutions.

The third thing the member did mention is SkilledTradesBC. SkilledTradesBC is a provincial Crown agency, so we provide trades training to SkilledTradesBC.

[7:50 p.m.]

Korky Neufeld: Thank you, Minister.

I don't know if that…. I guess I'm trying to get to a number here. We all know the needs in our economy. We also know the needs for skilled training.

Maybe I'll ask it this way. Have skilled trades programs in British Columbia seen an increase in funding and FTEs?

Hon. Anne Kang: We invested $107 million through SkilledTradesBC for trades, education and support deliveries, delivering 28,300 training seats in every region in the province.

SkilledTradesBC's core budget is about $107 million for service delivery and program management. That's an increase of 11 percent or $10.6 million from 2016-2017, which was $96.4 million.

B.C. is seeing a record number of apprentices, with nearly 50,000 registrations, the highest in the province's history, and we're very proud of that work.

Korky Neufeld: Thank you to the minister for that answer.

You mentioned targeted funds for high priorities. What are the high-priority areas that this government has determined this coming year for targeted funds? You mentioned health care. What else is on the table?

[7:55 p.m.]

Hon. Anne Kang: The member across the way did mention health care, and that definitely is a part of our government's priorities. Other priorities are expanding tech education since 2020 — we invested $17 million in that; and an increase in $900,000 for Indigenous law programs since 2019.

A lot of our work is work in collaboration with other ministries. We understand that there's a need for more teachers in British Columbia, so we invested in teacher education. Since 2017, government has added 430 new one-time teacher education program seats.

Examples of new seats include new hybrid rural and remote teacher education program spaces in community in Nelson — that's with UBC; with VIU, Indigenous teacher education spaces in Cowichan Valley; with UNBC, bachelor of education spaces in Skidegate; with SFU, French-language professional development program spaces in Burnaby; and with UVic, special and inclusive education diploma spaces in Victoria.

Korky Neufeld: Thank you to the minister for the answer.

There are targets that institutions must meet with FTEs. How many of our public post-secondary institutions in British Columbia are meeting their FTE targets as set out by this government?

[8:00 p.m.]

Hon. Anne Kang: At the consolidated systemwide level, the overall FTE target has been met or substantially achieved each year.

I want to take this opportunity to thank all the post-secondary institutions for doing that and really thinking about how they could be programming, attracting, attaining and supporting the success of our students here in B.C.

Korky Neufeld: I guess I just want to confirm. You're saying that all of the institutions have met their FTE targets. Is that what I'm hearing?

[8:05 p.m.]

Hon. Anne Kang: Thank you so much to the member for the follow-up question. Our public post-secondary in-

stitutions work very hard collectively as a whole, and my answer there was as a collective answer.

We do have an accountability framework. It includes consideration of capacity, access, quality, efficiency and relevance of the education here in B.C., and all public post-secondary institutions are working very hard to deliver all these elements.

When we think about this, we think about how we use the labour market outlook to make sure that our programming is very relevant. We make sure that students have the support they need to make sure that they have a high success rate of graduation and transferring and transitioning into the labour market.

Once again, we have a very robust public post-secondary system with an accountability framework of capacity, access, quality, efficiency and relevance.

Korky Neufeld: Regarding smaller and rural colleges that have been struggling financially for years, additional costs and, I guess…. From region to region, it's completely different, including additional costs like snow removal, extra heating costs, inflationary costs, etc. Rural and small communities have greater cost structure right now today. Is there any additional funding for smaller and rural colleges in this budget?

[8:10 p.m.]

[George Anderson in the chair.]

Hon. Anne Kang: Thank you so much to the member for that question.

I am very proud of the work that our rural community colleges are doing. They all have their unique circumstances in their institutions, and that's why this year's operating grants have increased in all of our post-secondary institutions. That includes our rural colleges as well.

They have the autonomy to be able to manage their budget according to what they need, and they're doing an absolutely amazing job.

Korky Neufeld: I guess I just want to emphasize that a dollar here on the coast won't go as far as a dollar up north, just because of the heating costs, snow removal, etc., that some of the small and rural colleges have. I'm wondering. Will this minister consider creating a rural adjustment fund, like many other provinces have?

We have it in public education where we realize that different regions have different issues and need additional supports. Creating a rural adjustment fund would alleviate some of that and make it an equal playing field for everybody, dollar to dollar, that the government gives.

Hon. Anne Kang: Thank you so much for your creative suggestion. We will take that under advisement.

We do work very closely with our rural colleges to identify the unique needs that they have, so we will continue to work very closely with them and support them.

Korky Neufeld: Thank you, Minister, for that. I think we can all appreciate the support the rural and smaller communities need.

When students can go to school in their local community, they're more likely to stay. So the more that we can support those smaller and rural communities, the more that will take place.

We can't afford for other provinces to recruit our students because we don't have sufficient supports in place. Once we lose them, let's say, to Alberta — which is not happening, is it? — we never get them back. It's important for students to have the opportunity to train in regions they live in, so they're most likely to stay.

[8:15 p.m.]

Does the minister know how many people in the northern medical program currently are actually from the North?

Hon. Anne Kang: Thank you so much to the member for that question. I do agree with him that when students study in their community, they fall in love with the community, they stay within the community.

To his question, 42 percent of the students in the northern medical program were from the northern community. I have been travelling and visiting different post-secondary institutions. I understand anecdotally from faculty professors and students themselves that when they train in the community and do the practicum in the community, they tend to stay in the community.

These numbers are from last year.

Korky Neufeld: I think it's important for us to realize that…. I'm hoping that the priorities of the seats available will be for those from the North and not be filled by others.

I don't know how you can answer that, but I'm just hoping that the ministry would be able to follow up with that, to make sure that the seats that are available there will be filled first by people locally and not from outsiders, and then it will only be infilling once there are empty seats available.

[8:20 p.m.]

Moving on to seats in post-secondary institutions. What does the minister think is the biggest barrier to resolving the doctor shortage? I know we train….

Just basically, what is your anecdotal…? You can have details.

What does the minister think is the biggest barrier to resolving the doctor shortage in British Columbia?

Hon. Anne Kang: Thank you so much to the member across for that very important question.

My role, and our ministry, is to make sure that we have our future workers trained, and that also means working very closely with the Ministry of Health to get more doctors trained. Our ministry is working in partnership with the Ministry of Health and also with the Ministry of Infrastructure to support the development of the second medical school in B.C., at SFU, which is adjacent to its Surrey campus.

[8:25 p.m.]

SFU anticipates welcoming 48 medical students by summer 2026, growing to 120 seats by 2036. Family medicine residents will begin training in 2027, with new family doctors graduating and entering practice by 2029.

This new medical school is one of the key actions in B.C.'s health human resources strategy that works to optimize the health system by expanding training and improving recruitment and retention of health care workers in the province. The School of Medicine at SFU will complement UBC's distributed undergraduate medical education program sites.

The School of Medicine at SFU will be the first new medical school in western Canada in over 55 years.

Korky Neufeld: Could you just repeat the numbers? I'm trying to write them down, and I missed a few of them. If you could just repeat that, and then I'll get to my next question. Thank you so much.

Hon. Anne Kang: We could do this in two ways. I could write them down for you… Just SFU?

SFU anticipates welcoming 48 medical students by summer of 2026, growing to 120 seats by 2036.

Korky Neufeld: Thank you to the minister for indulging me.

I'm going to share a personal story. I know someone who is a B.C. resident who lived, actually, in Victoria. From childhood on, always wanted to be a pediatrician. Applied for medical school, but her application wouldn't be looked at for another seven years.

So she applied to New York City, where she took her training. Then she did her practicum in Children's Hospital in Las Vegas and now has been practising as a pediatrician for the last six years in Washington state.

She's been navigating the system for over a year to try to get back in because she's got a young family, a five-year-old and a two-year-old. Before that five-year-old gets into public school, they'd like to return. She's willing to go to the Interior, willing to go to some of those places, because that's what she'd prefer, a slower lifestyle. Yet she's been navigating the system.

I guess the question is: what barriers are being removed to allow B.C. residents who have studied outside of B.C. to come back to serve in British Columbia?

The Chair: Members, I'd just like to remind individuals that their cell phones should be muted or silenced. Thank you.

Hon. Anne Kang: Thank you so much for sharing that story with us. It is certainly a story we've heard time and time again, that we have our British Columbians here who would like to practise here and are trying to find their way back here. That's why we have the international credentials recognition system.

[8:30 p.m.]

My ministry is supporting all professions other than doctors and health care workers. So this question would be most appropriately asked to the Ministry of Health. They are responsible for credential recognitions for health care professionals.

Korky Neufeld: What you're saying is that all other credentialing falls under your purview. The only credentialing under the Ministry of Health is for doctors.

Maybe I'll ask a broader question. Every other province in Canada has a re-entry pathway for training outside the country except for British Columbia. Why do we not have that re-entry pathway if it would be a tool to help attract and retain all kinds of trained individuals into our province?

[8:35 p.m.]

Hon. Anne Kang: When we're talking about credential recognition, we're talking about the pathway that one takes. Credential recognition allows individuals trained in other jurisdictions to transfer their credentials and obtain a licence to practise their profession in B.C.

The International Credentials Recognition Act that we passed last year applies to 18 B.C. professional regulatory authorities responsible for 29 occupations as in the scope of the act. The act does not cover health professions, which are separately governed by the Ministry of Health under the Health Professions Act.

B.C. continues to support professional regulatory bodies to make improvements to the credential recognition process for internationally trained professionals through the credential assessment improvement fund, and regulators are required to assess international credentials in the same way as domestic applicants.

Korky Neufeld: Thank you to the minister.

I think time and money is the thing I'm getting to, because when individuals are trained somewhere else, they come here, and they may have to do minimal training. That saves us a lot of time, and time is money.

Moving on, how many training seats are available to physicians each year in British Columbia? Since one million people in B.C. are still without a family physician, and

it continues to go year after year, how many training seats are available to physicians each year in British Columbia?

[8:40 p.m.]

Hon. Anne Kang: There are 328 physician training seats in B.C. each year. The new SFU medical school will add 48 seats by summer of 2026 and will continue to grow until it's fully operational.

Korky Neufeld: Thank you for that answer.

I guess one real quick question is: who decides how many training seats are available in British Columbia?

Hon. Anne Kang: Thank you so much for that question.

It's not as simple as who it is. It's a complex conversation. My ministry works very closely with the Health Ministry to determine the needs of the community and funding and the capacity in both our ministries. As well, we work with post-secondary institutions and the health authority.

It's a complex question, and this is the simplest answer that I can give you.

The Chair: I ask the minister to move the motion.

Hon. Anne Kang: I move that the committee rise and report resolution and completion of the estimates of the Ministry of Education and Child Care and report progress on the Ministry of Post-Secondary Education and Future Skills and ask leave to sit again.

Motion approved.

The Chair: Thank you, Members. This committee stands adjourned.

The committee rose at 8:43 p.m.

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