



LEGISLATIVE ASSEMBLY  
*of* BRITISH COLUMBIA

First Session, 43rd Parliament

OFFICIAL REPORT  
OF DEBATES  
(HANSARD)

Tuesday, April 8, 2025  
Afternoon Sitting  
Issue No. 37

THE HONOURABLE RAJ CHOUHAN, SPEAKER

ISSN 1499-2175



## 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

### EXECUTIVE COUNCIL

|                                                                     |                               |
|---------------------------------------------------------------------|-------------------------------|
| Premier and President of the Executive Council .....                | Hon. David Eby, KC            |
| Minister of State for Local Governments and Rural Communities.....  | Hon. Brittny Anderson         |
| Minister of Agriculture and Food .....                              | Hon. Lana Popham              |
| Attorney General and Deputy Premier .....                           | Hon. Niki Sharma, KC          |
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| Minister of Finance .....                                           | Hon. Brenda Bailey            |
| Minister of Forests.....                                            | Hon. Ravi Parmar              |
| Minister of Health .....                                            | Hon. Josie Osborne            |
| Minister of Housing and Municipal Affairs.....                      | Hon. Ravi Kahlon              |
| Minister of Indigenous Relations and Reconciliation .....           | Hon. Christine Boyle          |
| Minister of Infrastructure .....                                    | Hon. Bowinn Ma                |
| Minister of Jobs, Economic Development and Innovation .....         | Hon. Diana Gibson             |
| Minister of State for Trade.....                                    | Hon. Rick Glumac              |
| Minister of Labour .....                                            | Hon. Jennifer Whiteside       |
| Minister of Mining and Critical Minerals.....                       | Hon. Jagrup Brar              |
| Minister of Post-Secondary Education and Future Skills .....        | Hon. Anne Kang                |
| Minister of Public Safety and Solicitor General .....               | Hon. Garry Begg               |
| Minister of State for Community Safety and Integrated Services..... | Hon. Terry Yung               |
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| Minister of Transportation and Transit.....                         | Hon. Mike Farnworth           |
| Minister of Water, Land and Resource Stewardship.....               | Hon. Randene Neill            |
| Minister Without Portfolio .....                                    | Hon. Grace Lore               |

### LEGISLATIVE ASSEMBLY

|                                              |                    |
|----------------------------------------------|--------------------|
| Leader of the Official Opposition .....      | John Rustad        |
| Leader of the Third Party .....              | Jeremy Valeriote   |
| Deputy Speaker.....                          | Mable Elmore       |
| Assistant Deputy Speaker .....               | Lorne Doerkson     |
| Deputy Chair, Committee of the Whole .....   | George Anderson    |
| Clerk of the Legislative Assembly.....       | Kate Ryan-Lloyd    |
| Law Clerk and Parliamentary Counsel.....     | Seunghee Suzie Seo |
| Clerk Assistant, Parliamentary Services..... | Artour Sogomonian  |
| Clerk of Committees.....                     | Jennifer Arril     |
| Committee Clerk .....                        | Karan Riarh        |
| Committee Clerk .....                        | Darryl Hol         |
| Senior Legal Counsel .....                   | Hayley Hill        |
| Sergeant-at-Arms .....                       | Ray Robitaille     |
| Director of Hansard Services.....            | D'Arcy McPherson   |
| Legislative Librarian.....                   | Peter Gourlay      |

## ALPHABETICAL LIST OF MEMBERS BY PARTY

### BC NDP

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

### CONSERVATIVE PARTY OF BC

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

### BC GREEN PARTY

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

### INDEPENDENT

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

### 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 Boulton  
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 Valeriotte



## CONTENTS

Tuesday, April 8, 2025  
Afternoon Sitting

Page

### Routine Business

|                                                 |      |
|-------------------------------------------------|------|
| Question of Privilege ( <i>continued</i> )..... | 1179 |
| Hon. Brenda Bailey                              |      |

### Orders of the Day

|                                                    |      |
|----------------------------------------------------|------|
| Committee of Supply .....                          | 1180 |
| Estimates: Ministry of Health ( <i>continued</i> ) |      |
| Brennan Day                                        |      |
| Hon. Josie Osborne                                 |      |
| Kiel Giddens                                       |      |
| Anna Kindy                                         |      |

### Proceedings in the Douglas Fir Room

|                                                                                        |      |
|----------------------------------------------------------------------------------------|------|
| Committee of Supply .....                                                              | 1204 |
| Estimates: Ministry of Post-Secondary Education and Future Skills ( <i>continued</i> ) |      |
| Lawrence Mok                                                                           |      |
| Hon. Anne Kang                                                                         |      |
| Korky Neufeld                                                                          |      |
| Estimates: Ministry of Environment and Parks                                           |      |
| Hon. Laanas / Tamara Davidson                                                          |      |
| Trevor Halford                                                                         |      |
| Donegal Wilson                                                                         |      |
| Claire Rattée                                                                          |      |
| Kiel Giddens                                                                           |      |



TUESDAY, APRIL 8, 2025

The House met at 1:32 p.m.

[The Speaker in the chair.]

### Routine Business

#### Question of Privilege (continued)

**Hon. Brenda Bailey:** I rise to respond to the question of privilege raised by the member for Kamloops Centre.

I take my responsibilities seriously to this House, to British Columbians and to upholding the long-standing rules, laws and conventions that govern the budgetary process in British Columbia.

The member for Kamloops Centre's argument appears to centre on a claim regarding the applications of sections 5 through 7 of the Budget Transparency and Accountability Act. I have reviewed the member's statement and written submission in detail.

Budget 2025 was tabled on March 4, 2025, in accordance with the legislative requirements outlined in sections 5, 6 and 7 of the Budget Transparency and Accountability Act. Section 5 lays out the process for what must be considered in the main estimates. Section 6 lays out when the estimates must be presented, and section 7 lays out documents that must be presented with the main estimates, including but not limited to the economic and fiscal forecasts, including a range of economic forecasts.

The tabling of Bill 6, the Supply Act, has also been done in accordance with that act. Like all budgets, it was prepared at a point in time based on the latest information available and inclusive of government decisions to date. There was no decision to remove the carbon tax at the time of the tabling of the budget on March 4.

On March 14, the federal government signed a directive to eliminate the carbon tax on consumers, and B.C. followed suit by introducing Bill 8 to eliminate the carbon tax at the very next sitting.

This was fully canvassed when you considered the Government House Leader's application to consider Bill 8 through Standing Order 81. Mr. Speaker, you also heard the replies from the official opposition and the Third Party. Ultimately, you granted the application for Standing Order 81.

In the application for Standing Order 81, the government followed the practice and courtesy to this House to provide notice to this House. In the instance of this question of privilege, no such notice was given to this House.

[1:35 p.m.]

There is no requirement in the legislation or practice of this House to continuously update the budget after it has been tabled. Changes to forecasted revenue, expenditures and debt that arise after the budget is tabled are addressed

in quarterly reports, as contemplated in section 10 of the Budget Transparency and Accountability Act. Otherwise put, there is no requirement in the act to table revised estimates or otherwise delay the consideration of the budgetary estimates process for the budget or ministerial service plans that were tabled on March 4.

Government plans to remain within the proposed Supply Act appropriations, which is the basis of the estimates debate. The economic and fiscal forecast is always subject to change. This is not unusual. The current fiscal plan notes heightened uncertainty caused by U.S. tariffs and the impact it's already having on our economy.

This House is aware that there is an established process set out in legislation to provide quarterly updates that incorporate the latest information and forecasting that is based off government decisions and external factors. Section 10 of the Budget Transparency and Accountability Act sets out the quarterly reporting requirements, including the tabling of the first quarterly report on or before September 15.

We have publicly shared the financial impact of the carbon tax decision. The program review is also an ongoing process that is happening now. Decisions on specific programs have not been made at this time.

As I shared with the member opposite during Committee of the Whole, government intends to meet our quarterly reporting requirements and provide a report on the impacts of the carbon tax decision, including any offsetting mitigation strategies, at Q1.

Similarly, the member's comments about the climate action tax credit regulation are inaccurate. The tax credit was eliminated through legislative amendments to the Income Tax Act in Bill 8, which has received royal assent. The regulation is not required to be amended to eliminate the climate action tax credit, as this was done through legislation.

Government does not hold that a prima facie breach of privilege has occurred. The government is following the relevant sections of the Budget Transparency and Accountability Act. Further, I recognize that this House has the right to scrutinize and consent to the main estimates, and the government has provided all relevant information to this House to consider.

In addition to the legislative requirements in keeping with past practice, each ministry has provided each recognized caucus critic the opportunity for a technical briefing with the public service as well as the allowance for a submission of written questions for any member of this House to ensure that the budgets and ministry service plan objectives are fully scrutinized.

As I have said before, I take my responsibility seriously and am committed to continuing to follow the rules, laws and conventions that govern the budgetary process in British Columbia.

I have further documentation to submit to you, Mr.

Speaker, to support the government's position, including selected *Hansard* debate and sections of the Budget Transparency and Accountability Act.

Thank you, Mr. Speaker.

**The Speaker:** Thank you, Minister. Thank you for your submission. We'll take it under advisement. If you have all the documents, please send them to my office.

### Orders of the Day

**Hon. Ravi Kahlon:** In the main chamber, I call Committee of Supply for the Ministry of Health.

In the Douglas Fir, I call estimates for Post-Secondary Education and Future Skills. After the conclusion of Post-Secondary Education and Future Skills development, I call the Ministry of Environment and Parks.

The House in Committee, Section B.

The committee met at 1:40 p.m.

[Lorne Doerksen in the chair.]

### Committee of Supply

#### ESTIMATES: MINISTRY OF HEALTH (continued)

**The Chair:** Good afternoon, Members. We'll bring the chamber to order, and we will encourage the minister to move the vote.

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

**The Chair:** Carrying on with budget estimates of the Ministry of Health.

We'll recognize the member for Courtenay-Comox.

**Brennan Day:** Chair, thank you for recognizing me. Good to see you again this afternoon.

Thank you to the minister and all the staff behind the scenes that I know are working very hard over the last few days and will continue to work very hard on behalf of British Columbians.

I've pared my rural health section down a little bit, just due to the time constraints. Once we're finished that, I will be moving into a few questions on perinatal and pre-natal health, and then we'll be moving on to seniors.

Minister, I think we all recall the case of Don Chamberlain, a resident of Courtenay-Comox, who faced severe barriers accessing his ultimately unsuccessful lung transplant. He reached out to me again and brought up the issues with pre-approval for the travel assistance program.

I know we've discussed it today, but reading about Don,

another resident from my riding, Russell Vida, a veteran with ALS, who has to travel regularly to Vancouver often on busy weekends on B.C. Ferries, feels "neglected" by the lack of ferry travel priority and "like a second-class citizen."

What measures in this budget ensure timely reimbursement and priority access for medically vulnerable Vancouver Islanders?

[1:45 p.m.]

**Hon. Josie Osborne:** Thank you to the member for the question and, again, raising the issue of barriers that people face to receive medical treatments and treatments important for their health.

I have actually been speaking with constituents of my own around issues like this to do with B.C. Ferries travel and, in my capacity as an MLA, have actually raised this directly with B.C. Ferries. Now, I understand that B.C. Ferries does have a program for medically assured travel. That is not a Ministry of Health program, though, so I can't really comment on it further.

What I would say, though, is that I appreciate the question from the member, and I'd be happy to sit down with him and talk about this further, because I think, again, this is an issue that we share in common. We're hearing from our own constituents, and, of course, there are many more British Columbians who are facing these kinds of challenges.

**Brennan Day:** Certainly, it shouldn't just be MLAs with priority boarding on the ferry. I feel that people under medical duress that are travelling should be prioritized. I would have got to that question yesterday, on Green Shirt Day, but we've only been doing about five questions an hour.

I'll close with rural health transport and the TAP program. The \$5 million top-up is a bit of a drop in the bucket in a \$35 billion budget that's spending \$4 million a quarter to park an air ambulance in a closed Port Hardy ER to ensure people can get to care. On that note, I will now move on to paramedic shortages and transport delays.

Initially, this was going to be a 15-question set, but for the sake of time, I have condensed the questions. I do understand if the minister wants to get back to me, either written or later in the session, with these responses. I think they're very critical to BCEHS and the many members that have reached out to me.

[1:50 p.m.]

I want to raise a serious concern about the ongoing crisis in emergency medical services across rural and remote British Columbia. I've heard directly from paramedics, patients and families in my constituency, many of whom have waited for hours, even overnight, for basic emergency transport. This is particularly acute in Indigenous and northern communities, which was brought to

attention by the member for Skeena, where delays can stretch beyond 16 hours.

Despite repeated commitments, the on-call model remains broken. Full-time staffing is inadequate, and transparency continues to be an issue across the sector.

Given the long response times in this process, I will keep my questions brief.

For critically ill or injured patients in rural and remote communities, including many First Nations, the median transport time to hospital can range from two to four hours. In some cases, delays have exceeded 11, even 16 hours. Meanwhile, BCEHS reports a 25 percent vacancy rate for full-time paramedics.

What urgent measures is the minister taking to reduce response and transport times and to recruit and retain qualified staff? Does that vacancy figure include the driver cap classification, positions that require only a class 4 licence and minimal medical training that are now being included in the numbers?

[1:55 p.m.]

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

I couldn't agree with him more in the sentiment that people need to have timely and reliable access to emergency health services. People need to know that when you call 911 in the event of an emergency, paramedics are ready, willing and available to come and assist you.

That's why we've taken the steps of increasing annual spending on emergency health services, including more than 475 million additional dollars since 2017, when we formed government, now reaching close to \$1 billion a year.

What has this helped to do? Well, this has helped to increase B.C. emergency health services staffing, training, mental health supports for employees, as well as investing in more equitable access to ambulance services to support communities across B.C., large and small. The member specifically refers to rural communities, of course.

I would disagree with his characterization that the model is broken. In fact, an incredible amount of work has been done, in collaboration with the union itself, around changes to the staffing model and increasing those supports to rural communities.

Since 2017, we've added, or BCEHS has added approximately 1,900 new full-time and part-time permanent paramedic emergency medical responder positions, with 700 of those individuals working in rural and remote communities around the province.

Since 2020, we've added 77 ground ambulances, five new air ambulances. Fifty-five of the new ground ambulances and five of the air ambulances were added as part of the rural, remote, First Nations and Indigenous COVID-19 response framework and represent an important investment into rural areas.

In November 2023, a year and a half ago, government

announced that the scheduled on-call staffing model in 60 different rural and remote communities across the province would be converted, through to March 2023, to improve the overall coverage in rural communities.

Certainly, some of the rural communities that I represent as an MLA — places like Denman Island, places like Ucluelet — were involved in this. I've seen the difference that it's made in my communities, and I know that this is making an impact in small communities around B.C.

Now 22 new communities have converted to 24-7 emergency response service, where staff are in the station and on duty 24 hours a day, seven days a week. As of April 1, 2024, as part of the schedule and call phase-out, an additional 55 FTE stand-alone community paramedics were added to provide dedicated community-based care and community outreach.

These community paramedics are an important expansion of service in rural communities. We piloted some of them on the west coast of Vancouver Island. Seeing the difference that community paramedics make in being able to visit people in their homes and really extend the services of the health care system in a way that they're already being paid, they're already on shift, they're able to deliver.... If there's an urgent emergent call, of course, then they respond to that.

We still have a lot of work to do, of course, but I think we're making serious progress. It shows the commitment to an investment in rural and remote communities in ensuring that they have the services, the emergency services, that they need.

I'm not too sure where the member is citing his figures from, in terms of median wait times, so I do want to directly quote what we have for rural median response times.

The last full year that we have these data for, because we're approaching the end of the next year and don't have the data quite ready, is for the 2023-2024 fiscal year. The rural median response time for purple calls is seven minutes and 20 seconds; for red, it's eight minutes and 56 seconds. Purple and red, of course, are the most life-threatening situations.

For non-life-threatening situations, the orange and yellow, the median response time being ten minutes and five seconds and 13 minutes and 54 seconds for orange and yellow, respectively.

Now, I understand those are median, so obviously, that means half of the response times are greater than that and half of the response times are lesser than that. But it does show an important investment in rural paramedic services and an investment of our government.

[2:00 p.m.]

We're going to continue to work with the union and with BCEHS on recruitment and retention measures. We've been canvassing this quite a lot, of course, in estimates around the particular issues that rural commun-

ities face in attracting and retaining the high-quality health care staff that they need.

Paramedics are no exception to this case, where there is more work to continue to be done to ensure that the full complement of staff is available, that they have the training that they need and that we continue to work with them around scopes of practice and ensuring that they can provide the maximum benefit and improve patient care as much as possible.

**Brennan Day:** I thank the minister for the answer.

Again, we see the use of “new” here used interchangeably versus the “net new” staff levels, so if we could break that down by net new positions.

Also, given my experience with several friends that have been head of ambulance and also with new recruits dropping out after a short time, do you have the two- and five-year attrition rates in the Ambulance Service available?

**Hon. Josie Osborne:** In response to the first part of the member’s question, the figures that I cited, the addition of positions, are positions. These are net new positions.

He asked a question around retention rates, two- and five-year rates. That’s information that we would have to get directly from B.C. emergency health services.

Retention is an important issue that the member raises. That’s why working with the union to understand and be able to support access to mental health services, for example, and supporting paramedics and the work that they do.... That’s why adding more positions to the paramedic complement around the province is very important so that the relief is there and that people have access to increased training to be able to develop their skills, to practise their skills and to stay in their job.

I know paramedics are incredibly dedicated, professional people. These are people who put themselves right at the centre of some of the worst moments, the worst days that a person could experience. We all owe them a debt of gratitude, and I know that the member shares that sentiment with me, that these are individuals who work incredibly hard and help to keep people and communities safe.

**Brennan Day:** That’s the fastest non-response we’ve had yet, but it did clarify a couple of things. I would just seek clarification, then.

I cited a 25 percent vacancy rate which you did not deny. So all of the answers you said for created new positions, net new positions, not net new staff — I asked the question wrong, so I apologize — we can round down by 25 percent, since those positions.... You can create thousands of positions. If you have a 25 percent vacancy rate, you’re only getting three-quarters filled — so again, slippery language.

I will move on to the next question. In 2022, one in five interfacility transport shifts was understaffed. What was

that figure last year? Will the minister commit to creating net new full-time paramedic positions and staffing them in rural and remote communities and to ending the province’s continued reliance on the broken on-call model?

Finally, will rural British Columbians receive regular public reporting on ambulance staffing and response times, transparent with the actual numbers broken down by region, since the disparities are wide, or will you continue to keep British Columbians in the dark?

**The Chair:** Just a reminder to keep those questions coming through the Chair, Member.

[2:05 p.m.]

**Hon. Josie Osborne:** I’m just going to start off my reply by repeating something I said a couple of days ago about estimates, and that is that it’s always my commitment to get the best information possible to the member, the House, in the shortest amount of time.

[2:10 p.m.]

But it does take time to confer with staff sometimes, and the level of granular detail that is asked for is not something that’s easily at our fingertips. You may have noticed we’re using binders. We don’t have access to devices where all these data are stored.

So I’ll continue to do that. But I think that it is unfortunate — the choice of words that is being used in some of the questioning here. If I do not agree with the data or the source, and the source of data that’s being cited is not disclosed, the fact that I don’t dispute it does not mean I agree with that. I’m going to continue to give the best data that I have, and that’s my commitment to you and to this House and to the members asking questions.

Now, B.C. emergency health services does have a centralized tracking system for vacancy rates. Again, as I noted, there is a level of data that we’re just not able to deliver within 30 seconds or three minutes here today. My commitment is to get the best information that I can to the member, after today and after these estimates are over perhaps, because I think we only have a couple more days.

**Brennan Day:** Over the course of the last four hours, we’ve raised serious and pressing concerns around access, staffing, infrastructure and transparency in the delivery of rural health care across British Columbia. While I appreciate the time the minister has taken, I must note that many of the answers provided were exceedingly long to generate, as I noted before. I would be happy if the minister could defer if she can’t answer in a reasonable amount of time, just in that we have a limited time together here.

I would also like to acknowledge that I tend to have trouble speaking in the third person, as I noted to the minister last night. I appreciate the patience of this chamber as I find my parliamentary legs, so thank you very much for that space.

There remains a noticeable gap between what is being promised in this government's mandate letters and budgets and what is being delivered on the ground in communities where emergency rooms are closing, paramedics are stretched beyond capacity and residents continue to wait too long for care — a budget, I will note, that is under threat from not only this government's mismanagement but from factors south of the border at a national and international level that are out of your control.

Unfortunately, despite repeated questioning, there has been little commitment to timelines, minimal data shared and a concerning absence of measurable outcomes or clear accountability mechanisms. And this is just the known budget, which, eight days into this fiscal year, is, as this government has admitted, already not reflective of the current reality and challenges facing British Columbia.

With that said, I do sincerely want to thank the minister and her staff for their time today. This dialogue is important, even when their answers fall short of the urgency of the issues raised.

Before I get to our next section of questions, I would note for the record that we will be addressing the matter of perinatal and postnatal mental health funding, at the request of the member from Langley-Willowbrook, before turning our focus to seniors care. We will not be leaving our elders to the end, as is so often the case, because the crisis facing our seniors cannot afford to wait. Following my time, I will be turning the floor over to the member for North Island for general Health questions, just so we can set the priorities.

During committee proceedings on Bill M204, government members stated that Perinatal Services B.C. and the Ministry of Health are developing a provincial perinatal and postnatal mental health strategy. However, there is no mention of this initiative in the '25-26 budget estimates or service plan.

Can the minister indicate the specific line item, budget code or program area where this work is funded? If this strategy is truly underway, where is it reflected in the current fiscal framework?

[2:15 p.m.]

**Hon. Josie Osborne:** Thank you to the member for the question raising the issue around perinatal and postnatal mental health, maternity and reproductive care, even as a larger issue facing people in British Columbia. It's a key priority in the Ministry of Health. I'm glad to speak a little bit about this and then talk to the member's question specifically.

First of all, I just want to note that it's reflected in my mandate letter to improve the delivery of maternity and reproductive care for people across the province through targeted initiatives. The member asks why a specific initiative is not listed in the budget or does not appear in the service plan. The simplest answer for that is that the

budget, as he knows, is not an exhaustive list of every single expenditure in every single ministry.

There are many different programs and initiatives, including the development of different strategies and plans that are embedded within the funding that is provided to a ministry. Ministries and cabinet and government make decisions about what rises in priorities and then tackles those issues. That's exactly our intention here.

We're committed to advancing perinatal mental health, substance use issues, as well, as part of a broader commitment to improving maternity and reproductive care. The initiatives that are currently underway include focuses on expanded specialized services, on increasing accessibility, on integrating supports within the existing health care system as it stands.

We have already requested Perinatal Services B.C. develop a refreshed maternity care strategy. That would be inclusive of perinatal mental health. It's expected to bring forward an action-oriented roadmap to be completed.

To note, the private member's bill raises some very important questions and, obviously, has had the support from all sides of the House to get to the place where it is. I think that's a very positive move forward, and I look forward to progress in this area.

[2:20 p.m.]

**Brennan Day:** Again, another "We're working on it, and we continue to work on it" response. I hope that the minister could share with the public when that program will take effect.

Moving on to the next question, the Minister of Health's mandate letter includes a commitment to improving maternal and reproductive care. Government members have repeatedly referenced this as evidence that perinatal mental health is a priority. However, no corresponding funding appears in the estimates.

If perinatal and postnatal mental health is indeed a mandate priority, why is there no specific budget allocation or measurable investment for it in this year's estimates? When can we expect to have that information available publicly?

**Hon. Josie Osborne:** As previously described, perinatal and postnatal mental health care fall under a larger umbrella of maternity and reproductive care. That is an item specifically listed in my mandate letter.

As I also previously explained, the fiscal plan does not provide a detailed line-by-line budget of every single expenditure, and there is, by necessity, an amalgamation of some of those programs. But it is clear to see, from the overall budget that is provided and also the statement of government's objectives through the mandate letters, for example, that these remain a priority.

Again, I appreciate the private member having brought forward the bill, and it has opened up the opportunity to

have a lot of discussion around the services that are already in place that support women, families and children, particularly around perinatal and postnatal care and with respect to some of the biggest challenges facing certain individuals — for example, around addictions issues.

Just to be clear, I think that through the committee stage of the private member's bill, there will be an opportunity for a lot more discussion there, and then this House will arrive at a decision on whether to move forward with a specific strategy as it's laid out in the private member's bill or not.

In the meantime, programs do exist, and we will continue to invest in them. For example, health care providers across British Columbia have access to a perinatal mental health and substance use specialist consultation service, and that supports patient care through the clinician-only RACE line and the perinatal addiction service from the B.C. Women's Hospital.

The perinatal and newborn health hub is a clinical information resource system that's provided by Perinatal Services B.C. through the PHSA, and it is an evidence-informed, up-to-date perinatal and newborn health information system that's accessible for all health professionals in B.C.

There's an education and training program called Not Just the Blues. This is a program for health care providers to support screening for perinatal anxiety and depression, and it's available through UBC's continuing professional development program.

[2:25 p.m.]

We've talked during these estimates about the longitudinal family physician plan and incentives and how these were extended, too, to family physician maternity providers back in June 2024; primary care, team-based care and nurse and practice resources that are available to maternity clinics; Family Practice Services Committee maternity programs; a number of different care programs, networks; and a care grant that's available.

For people who are experiencing peri- and postnatal mood and anxiety disorders, there is the ability for those individuals to access professional supports through their primary care provider and other outlets and to access specialized reproductive mental health services. These services include assessment, treatment and referrals that are provided by a multidisciplinary team on an in-patient or an out-patient or a virtual basis.

The B.C. Women's Hospital families in recovery program provides specialized supports to individuals who are pregnant or new parents that are navigating mental health and substance use concerns and, again, as we've canvassed quite a lot in estimates with the member for Skeena, substance use and treatment recovery beds. There are 415 female-only substance use and treatment recovery beds here in British Columbia.

These are all important services that are provided and

many.... You can see how they cut across the different programs and services provided in the Ministry of Health and throughout our health care system here.

The private member's bill, with its intention of really bringing a focus on a concerted strategy, is an important discussion that's taking place in this chamber, and I look forward to the committee stage of that bill and continuing that discussion about this really important work.

**Brennan Day:** Just to clarify, the private member's bill is about mental health and not substance use, the strategy surrounding mental health and trauma, as it stands. I'm sure the ministry is familiar with that act.

Moving on, if the ministry is actively collaborating with Perinatal Services B.C. on a strategy, as we just heard, can the minister table any operational documents, draft frameworks, memorandums of understanding or records of meetings that can demonstrate that this work is indeed in progress?

**Hon. Josie Osborne:** I can confirm that a perinatal working group was struck in July 2024, and it has a mandate to improve services for people who are pregnant or new parents who are navigating mental health and substance use concerns. That is part of the focus there of that working group.

I do just want to comment, though, on the member's previous comment around the separation of mental health and substance use issues and note that often for people these are inextricably linked or that mental health issues can lead to substance use issues. By being able to tackle mental health issues, provide supports for people, we can help avoid issues with substance use that could otherwise develop.

I think it would be inappropriate, perhaps, to divorce these two subjects entirely, and I think that the sponsor of the bill would understand that. Although the subject of the private member's bill is specifically around mental health, there are aspects of substance use issues that, of course, we always want to be aware of and incorporate into that work so that we can ensure we are providing the very best supports for people who are experiencing issues, people who are pregnant or planning to have a family or have recently given birth.

[2:30 p.m.]

**Brennan Day:** In committee, government members suggested that a perinatal mental health strategy is being developed on the same timeline as Bill M204's proposed one-year deadline, yet no public-facing documentation confirms this.

Again, can the minister confirm the specific timeline for the ministry's perinatal and postnatal mental health strategy and whether the ministry intends to table or publicly release this within the next year?

**Hon. Josie Osborne:** As I previously explained, the Ministry of Health has already requested Perinatal Services B.C. to develop a refreshed maternity care strategy. I want to be clear that that is inclusive of perinatal mental health.

That's expected to bring forward an action-oriented roadmap, and that would be completed in a one-year time frame. So I actually think the attention for perinatal services, and the work that they are doing and will bring forward, is very congruent with what's suggested in the private member's bill.

**Brennan Day:** I'm going to just read this into the record. It was a late submission, but we want to make sure that we get some responses. This one, if you could just follow up with me after, or if the minister could send over written responses later, that would be excellent.

Can the minister confirm what analysis or stakeholder engagement was conducted prior to the March 12, 2025, decision by the College of Health and Care Professionals of B.C. to no longer accept the National Board of Examiners of Optometry, NBEO, for registration purposes?

Specifically, can the minister provide a copy of the review or summary that found the NBEO and OEBC exams not to be interchangeable; the number of optometry students impacted by this transition, particularly those enrolled in U.S. institutions; and what transition support was provided by the ministry, if any, to assist affected students navigating the shift to the OEBC exam requirements?

**Hon. Josie Osborne:** Thank you for the submission. Noted, and we will follow up.

**Brennan Day:** We'll be moving now into seniors care. Obviously, everybody in this room is affected in some way with the severity of the seniors challenge.

In the mandate letter, it includes a commitment to improving seniors care and ensuring public investments are used efficiently and effectively, especially as B.C.'s senior population continues to grow. However, recent long-term-care investments have overwhelmingly gone to health authority-owned and -operated projects, with costs averaging \$1 million per bed and, in some cases, as high as \$1.8 million per bed.

Minister, can you please explain how spending \$1 million per bed on each long-term-care residence is proper stewardship of public funds? With the limited resources and increasing demand, what is the plan by this ministry to ensure that public funds are allocated strategically to maximize capacity?

[2:35 p.m.]

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

It's good to move into a section of questioning around seniors care, because I couldn't agree more with the member that this is one of the most important parts of our health care system and the responsibility and obligation that we have to care for seniors, who have done so much for so many of us. As the member says, it touches every aspect of our lives, too, with the people that we love in our families and in our communities.

The member is asking specifically around long-term care and the establishment of long-term-care facilities. As I know he is aware, we're deeply committed to that and the work that we are doing to invest in new long-term-care facilities.

Now, provincially owned and operated long-term-care facilities are an important part of the equation. Noting the rising costs of infrastructure projects like this is one of the reasons why the Ministry of Infrastructure was created. The Ministry of Health no longer has the responsibility for the capital part of this part of health care and service delivery.

I would direct the member towards the Ministry of Infrastructure and just note that they will be undertaking some very important work, looking at how to reduce the costs; looking at procurement, for example; looking at how to streamline things; and noting that we all share a responsibility to steward the resources that we are provided by taxpayers in British Columbia and other sources and to use those dollars as effectively and as efficiently as possible, while maintaining the quality and standards of care that people deserve and expect.

**Brennan Day:** I believe that response is going to come in very handy later as we talk about what we can do to deliver the overwhelming resources that are going to be required as our grey wave crashes over us and the lack of preparation multiple governments have made in addressing this issue.

Budget 2025 outlines that the province has committed \$2.3 billion to long-term-care-bed redevelopment and replacement projects that will provide 2,297 beds, built to modern standards, in Vancouver, Colwood, Abbotsford, Richmond, Nanaimo, Delta, Campbell River, Kelowna, Squamish, Chilliwack and Cranbrook.

However, the Conference Board of Canada projected a need for over 30,000 new long-term-care beds by 2035. Meanwhile, other provinces, like Ontario, are making significant strides, with plans to build over 31,000 new beds and upgrade almost 39,000 by 2028.

[2:40 p.m.]

Minister, how many net new beds will be built within the next five years, and how does this align with the projected need for a net increase of 30,000 beds by 2035, as was forecasted all the way back in 2019, very close to the beginning of this government's mandate?

**Hon. Josie Osborne:** Thank you to the member for the question and discussion around projections of our growing and aging population and the need for the supports and health care that people need to age well and to be well as they enter into their later years.

[2:45 p.m.]

The member has referred to the lack of investments in the past. I couldn't agree more, in that we are faced with a situation — and were in several areas, forming government in 2017 — in making up for the lack of investments from previous governments. It's a difficult place to be, and it requires us to not only continue to invest in long-term-care and assisted-living facilities for people who depend on them but also an opportunity to be more creative, thinking of other solutions to help people age with dignity and to stay well.

One of the things that we know is that people are often healthier and happier by being at home. One of the ways that we are approaching this is through the long-term care at home initiative. I want to take a moment to talk about that. We know that these kinds of innovative models are needed to meet this growing demand for seniors health services. It's incumbent on all of us to do this in a way that's cost-effective and, again, really preserves dignity for valued elders in our lives.

This is a program that equips seniors homes with technology for virtual care that is customizable to an individual's needs. A person is monitored by a care team that checks in if an alert is received. It also includes respite care for family members, to help alleviate the kind of caregiver burnout that can happen and really extend the ability for people to care for their loved one in their home for longer.

The program's technology is pretty interesting. It can monitor for fall detection, activity levels, medication adherence, wandering and even vitals. By supporting people to stay at home in a way where it's appropriate to do so, it's very essential to reducing some of the pressures that the member is talking about in terms of physical spaces that are required in the health care system.

It helps us to improve care delivery and efficiency and often aligns with the preference of seniors themselves, of people themselves who want to stay home. They want to stay connected to their neighbours, to the places and the spaces that they are familiar with and comfortable in.

We have undertaken this as a pilot project, and we are collaborating with more health authorities now to implement sites across Island Health, Fraser Health and Vancouver Coastal Health this spring. By the end of the '27-28 fiscal year, the program is targeted to support thousands more seniors to age safely and independently in their homes.

Now, in addition to the 24-7 remote monitoring that can be provided through the long-term care at home program, it also provides an opportunity for connection to

social activities and that predictable respite support that people need.

I want to talk, too, about the seniors programming helping people stay at home and age and a personal experience that I had visiting an assisted-living facility in Surrey several months ago where I had the opportunity to meet people who lived there and also to meet seniors who were living at home, who came in on a bus to the facility and undertook four-odd hours of programming there. They were able to socialize. They had a meal. They have opportunities to take seminars or education sessions. They do an exercise session.

I sat down and talked with one woman in particular and asked her what she liked about the program. She explained to me how, for her, it was a perfect solution to getting access to some of the supports that she needed. She really, really appreciated the physical interaction with people and the ability to visit with people but that she was able to go home — she could watch TV on her favourite couch and her chair — and that she was able to sleep in her own bed at night.

Now, what the program providers told me during that visit was that their understanding is that, on average, people who are able to access those kinds of day programs can delay the need to enter into a long-term-care facility by two years. That's incredible — to be able to provide cost-effective supports for a person who's able to stay home and stay healthy.

I use these examples as ways of saying that we have to be creative. We have to be innovative. We have to be willing to look at different models of care for people that work best for them, to help them age with dignity and to be the most cost-effective that we can.

[2:50 p.m.]

If the member has further ideas or insights, I certainly welcome them.

Again, these are the kinds of conversations that take place with the seniors advocate. I'm very grateful for the work that the office of the seniors advocate does in highlighting the need for innovative programs like these and continuing to urge government and this House always to do better.

**Brennan Day:** I suppose, then, we can just hold you to the 2,297 beds to be built to modern standards that are projected in this budget, and you're not making any commitment or even attempting to reach the net increase of 30,000 beds.

Also, by your own conversation here, relying on telehealth.... I believe there is definitely a need for that in certain cases. It does not address personal care issues, feeding issues, meal preparation or any of the multitude of other tasks that family members do on a regular basis.

Given that response, can we presume that you will be issuing another projected number, revising that 30,000

projection, based on the investments you're making in other areas, or should we rely on the 30,000 number, and maybe we'll get partially there?

**The Chair:** Through the Chair, Member, please.

**Hon. Josie Osborne:** By way of the ministry's statistics, to share with the member opposite and, actually, as was highlighted in the news even as recently as this morning, B.C.'s senior population of people aged 75 and older.... We know that it's grown by 26 percent from 2020 to 2025 and that it continues to grow rapidly.

In 2025, more than 517,000 people in the province are aged 75 years or older. That's 9 percent of our population right now. But by 2035, that number is expected to increase to just over 772,000 people.

[2:55 p.m.]

As the member is pointing out, clearly the demand for long-term care in British Columbia is expected to increase significantly. Yes, the ministry does do projections, and our projection is that 16,300 new long-term-care beds will be required by 2035.

I will note too, though, and even the B.C. seniors advocate has been clear, that some of seniors who are in long-term care could potentially be accommodated in other settings, like in their homes, and that seniors need home support services in order to be able to stay at home.

I think this is the point I really want to drive home, which is that — as the member describes it, a silver wave — this growing and aging population demands some creativity and flexibility and innovative approaches in how we do things. That is how we do two main things here.

First of all, treat people with dignity, provide the best care possible for people and also be responsible with taxpayer dollars. We're in a situation where the thought of 16,300 new long-term-care beds being required by 2035 is a daunting figure. But we are making progress, and we have made commitments to building new long-term-care beds, and we need to continue to do everything we can to avoid people having to use long-term-care beds by providing services in a different way.

I have described one of those programs, being the long-term care at home pilot program, which shows a lot of promise for its ability to help keep people at home.

A second innovation that also leverages technology that supports healthy aging and aging in place is the HealthyBC self-assessment tool, a tool that's designed for adults who are aged 50 and older, empowering them to reflect on and monitor their own health and wellness needs. Is this going to be a silver bullet? No. Is it perfect for everybody? No. But it is another tool to help people be well and to be able to undertake the things that they need to do to age well, to stay healthy and active.

It is work like that.... Again, I invite the member to bring forward his ideas and innovations too, because as

our former Premier John Horgan used to say, good ideas come from everywhere, and we need good ideas to deliver services in the best way possible for people.

Now, with respect to the budget and its investments into seniors and the programs that can be used to help people age well and to, again, help to delay the need to go into long-term-care facilities, and perhaps even avoid the building of hundreds and hundreds of long-term-care beds, I would note that in this year alone, '25-26, the budget contains \$58.933 million for investment into community-based senior services. It contains \$42.682 million to go into care management.

This includes the addition of full-time-equivalents, of about 400 FTEs in the health authorities to help undertake this kind of care management for helping people age at home, and \$43.949 million in home support.

These investments continue and, in fact, increase in the following year to continue the kinds of programs and services that need to be developed, again, to help seniors age at home — help them maintain their independence and their quality of life; maximize the capacity of the health care system by diverting seniors care from acute care settings into homes and other appropriate places; and deliver what we all know that we need, which is a financially sustainable continuum of care.

**Brennan Day:** Thank you for the response.

I would be very interested to see what the model looks like that is bringing down that projection so dramatically and what that might look like. That's a large change in demand over six years.

I'm going to move now onto long-term-care wait-lists. According to the office of the seniors advocate, there were 6,464 seniors waiting for a publicly funded long-term-care bed last year. The long-term-care wait-list has more than doubled in the past five years, and the number of seniors waiting increased by 25 percent last year alone. The average wait time for people on the wait-list was 242 days. In 2023, 83 percent of alternate-level-of-care, ALC, days in acute care hospitals were for seniors.

[3:00 p.m.]

As the minister knows, there's a trickle-down effect of that impact that plugs up the rest of the hospital system and the health care system. This represents seniors who are ready to be discharged but have no appropriate place to go. The reasons for that can be various: lack of family supports, the housing shortage and other care options that aren't maybe available with home delivery. So I'm very glad to hear that the ministry is working on improving those.

Without significant investments in long-term-care beds, access challenges will continue to escalate, as older adults are denied appropriate care in the community and fewer beds are locally available for acute care patients requiring surgery or medical intervention.

The current state of ALC wait times and long-term-care waits in this province is unacceptable to British Columbians. What actions are being taken to ensure that seniors are not left waiting in the hospital beds but can access timely support in the community, whether that be through home health services, as you've described, or expansion of long-term care?

[3:05 p.m.]

**Hon. Josie Osborne:** Thank you to the member for the question and raising the issue around seniors — mostly seniors, but not exclusively — in acute care settings, ALC status and waiting for long-term care and the wait-lists that people are experiencing.

In previous questions, I've been talking a lot about some of the work that we are doing to ensure that people can age at home healthier and in a way that prevents them from having to enter long-term-care facilities. Despite this, we know that there are seniors in hospital settings, for example, who are waiting for long-term care.

Health authorities each have strategies to deal with what we call how people are decanted, how people are moved from ALC to long-term care, to LTC. I just want to talk a little bit about some of the actions that health authorities have been taking.

This is really to recognize the urgency of this problem. These initially were proposed as sort of interim solutions, if you will. That includes prioritizing admissions to long-term care from acute care and community emergency settings; implementing a first appropriate bed policy for acute care ALC patients; enabling acute care patients to have time, to have 24 hours, for a consent or decision of admission to a long-term-care home; striving for seven-day admissions to long-term care; and implementing a 72-hour lost bed-day target for targeted facilities for admission of ALC patients.

Again, these are short-term solutions that are helping to make some progress. Of course, they're not perfect in any way, and there's more work that needs to be done.

I want to emphasize the work that's being done through the HealthyBC assessment tool, being piloted right now and to be rolled out, as one way of helping people think about their lives and where they are at and making plans for the future and understanding what their needs might be.

One of the incredibly important steps forward is the age forward strategy that we put out. This is B.C.'s 50-plus health strategy. It comes with a three-year action plan and really recognizes that with a population that is growing and aging and changing at an unprecedented rate, we really need a proactive and evidence-based strategy and action plan to enhance the health and well-being of older adults.

The plan focuses quite specifically on fall prevention and related health care challenges, focuses on preventing

and reducing falls and the associated health care challenges that result from that. As the member probably knows, this is a really serious issue for older adults. The prospect of entering into an acute care setting after experiencing a bad fall can often lead to a pathway where there is literally no alternative except to go into long-term care.

That's why it's so important to continue to take actions to prevent those kinds of incidents from happening. That's exactly what the strategy is helping us to do.

Now, the goals of the strategy are to help expand people's lifespan, their health span, if you will — health span as opposed to lifespan, the length of time in your life where you are healthy and well and able to function and hopefully be independent; and also to support aging in place, to reduce the preventable health care utilization through the kinds of programs and services that can be provided for people at home.

[3:10 p.m.]

These are all part.... With each of these answers, I hope I'm adding a little bit more of a layer of information in terms of a flexible and creative and innovative approach, not just assuming, for example, that nature is going to take its course.

There are so many ways that we can support people as we age and do everything that we can to prevent people from having to enter, obviously, into acute care settings and into long-term care if it's not suitable or necessary and, again, doing it in a way that really supports the dignity and well-being of older adults and their families who are providing care for them.

**Brennan Day:** Thank you for the response. I think the more time we spend in this House, the less demand the members here are going to have for long-term care given the stress of the job.

I'm going to move over to hours per resident, per day. The Health Standards Organization's new national standards, although not prescriptive, cite 4.1 hours as the minimum level of acceptable care. The Ontario government is increasing the hours of direct care for each long-term-care resident to an average of four hours per resident day. Likewise, in 2021, the government of Alberta recommended increasing it to 4.5 hours over four years.

Currently British Columbia provides an average of 3.43 hours of care, including allied health services. However, many care homes in the province are only funded for 3.36 hours of care, a target that was identified in 2016 when resident care needs were much lower than they are today. This raises concerns about whether the current level of care provided in the province is adequate to meet the needs of older adults living in care and, obviously, the ripple effect that that has on staff burnout and satisfaction.

Minister, can you speak to what actions will be taken to ensure B.C. keeps pace with other provinces and moves

beyond the minimal 3.36 hours of care per day? The B.C. Care Providers Association has recommended that the government of British Columbia invest \$550 million over three years to meet staffing needs for a new minimum standard of four hours of direct care per day, which would still put us behind two neighbouring provinces, for each resident in long-term care.

Will the minister consider endorsing this recommendation and make these investments to ensure the quality of care for our elders?

[3:15 p.m.]

**Hon. Josie Osborne:** Thank you to the member for the question and for talking about the levels of care that are required in long-term-care facilities to ensure that seniors, of course, are always treated with dignity and respect and get the care that they need.

The member cites the hours that are provided in British Columbia's long-term-care facilities. He cites 3.43. I am happy to provide an updated figure, which is that we are moving higher, and we are now at 3.61. I think that's important to note, because moving forward with being able to provide more and better care is always a good thing.

It's also very important for government to continue to monitor this very closely, taking into account the fact that we are seeing staffing challenges and, as we've discussed throughout estimates, a global shortage of health care workers. Despite best efforts in training new staff, in enabling them to work in excellent work environments, there's more work to be done in order to attract more staff and meet some of the levels that the member is referring to.

Despite this, another thing that's incredibly important to monitor and to have oversight over is the quality of care, so not just the number of hours of care that a senior would be receiving or a resident would be receiving in a long-term-care facility but the quality of that care.

So a few things that we've undertaken.

First of all, I'll just point to the really amazing work of family councils, groups of caregivers and family members of residents in long-term-care facilities that provide absolutely vital feedback into the ministry and into health authorities. It's a line of sight coming from a perspective that's really important here, and that is of the residents themselves and their family members.

The second is a reporting tool that we have established that gives the ministry a much better line of sight into long-term-care facilities and the ways that funds are being spent. This is a really important tool to have so that we have the data that we need, too, to understand and to hold facility operators, of course, to account for the conditions of care and the standards and ensuring that they're reaching those.

[3:20 p.m.]

The last thing I want to talk about is something that we have established called the long-term-care quality frame-

work — again, with that emphasis on quality of care, an evidenced-based quality framework and policy directive that enables and formalizes comprehensive provincial-level reporting, monitoring and evaluation. That really supports continuous quality improvement within the long-term-care sector.

This is a policy directive that came into effect just over a year ago, April 1, 2024. It requires the health authorities to report on and monitor and evaluate the quality of long-term-care services in their region, and they use 16 different indicators to do that. Those indicators are established in the framework, identified in the framework. They establish regional quality improvement initiatives that are consistent with the framework. They establish regional quality improvement leadership structures that monitor the quality and enable them to continuously and collaboratively participate in the quality improvement that health authorities need to undertake with long-term-care providers.

There is a report. The first annual report of this long-term-care quality framework will come out this fall. It will be a public report. We will all be able to see it and understand what we can learn from it and how we can evolve the framework, which we expect it to do. Again, we're going to need the collaboration of stakeholders in doing that work. It'll help us identify additional actions that we can take to enhance seniors care.

I'll note, too, the recently announced aging with dignity funding from the federal government, which has been an important component of this. It's to help really strengthen that access for people to high-quality and safe and dignified home and community care in long-term-care settings, for example. And it's to help stabilize the long-term-care workforce, particularly with the impacts of the COVID-19 pandemic and what we saw taking place in long-term-care homes.

Our government's commitment is to meet and exceed standards of care for people and ensure, again, that residents of long-term-care facilities are receiving the care they need, that they are treated with the dignity and respect that I know the very hard-working workers in long-term-care facilities provide. Obviously, it's to ensure that those workers, the people whose heart and soul really go into caring for seniors, are also treated with the dignity and respect and have the safe working conditions that they deserve, with the pay that is compensatory for the work that they do.

**Brennan Day:** I have a few comments to that response. I've definitely been meeting with many family councils, both at public and private facilities, and some of the concerns that they have are obviously very personal. I don't want to get involved in each individual dispute.

But it's very clear to me from visiting those facilities that there's a long way to go in terms of getting that trans-

parency and that feedback loop closed. I'm hoping, perhaps, that myself and the minister could work on that process to give some more teeth to the legislation governing the family councils to ensure that we are holding whoever is managing those facilities, whether it be public or private, to account for the care that our elders are getting.

With that, we have seen many, many changes. COVID certainly changed the landscape around long-term care. We obviously had an outsized impact here with the seniors population that ravaged our long-term-care homes.

Even previous to that, under your predecessor and the predecessor of my riding, the Comox Valley Seniors Village had a crisis in care there and management under Golden Life. Much of that has been resolved, but the feedback I've got from the ground, from people that have been there over that entire duration with family in care, is that despite the attention that got paid early on in 2019, pre-COVID, to these issues and then the subsequent crisis in care over COVID, nothing actually changed.

There was a lot of talk and a lot of attention, but as usual, seniors came last. Unfortunately, I think there's a long way to go. I do look to working with the ministry in advancing serious reform in the sector.

I'm going to move on now to the long-term funding model.

Minister, as I'm sure you're aware, your predecessor committed to reforming the funding model for the province's long-term-care sector. This work is of critical importance to delivering services efficiently and sustainably into the future, particularly as many long-term-care operators are experiencing significant fiscal pressures that were exacerbated during the COVID-19 pandemic we just spoke about.

[3:25 p.m.]

This funding model work has been in progress for quite some time. In fact, during last year's estimates, your predecessor outlined timelines for this work to be committed. He stated the following: "The long-term-care funding model is targeted to be delivered in three phases: phase 1, direct care funding envelope, to be completed by the end of Q2 '24-25; phase 2, remaining operating expenditure categories, to be completed by fall '24, along with policy work related to the capital funding envelope; and phase 3, completion of the capital funding envelope, by spring 2025."

Minister, can you please provide an update on the progress made on this work and when it is expected to be completed?

Subsequently, can the minister outline what their consultant, PricewaterhouseCoopers, has actually done to move this file forward?

Finally, what actions are being taken to ensure that the new funding model reflects the true cost of the delivery of high-quality long-term care in B.C., including the true cost of compensating workers, building and operational supplies, capital costs, inflation and the increasing com-

plexity of residents requiring far more hours of care as our hospitals are overwhelmed and they get shoved back into the system?

[3:30 p.m.]

[Mable Elmore in the chair.]

**The Chair:** Minister.

**Hon. Josie Osborne:** Welcome, Madam Chair. Nice to see you there.

Thank you to the member for the question. I'm going to answer first the component around PricewaterhouseCoopers, and then I'll move into the funding model discussion.

The member asked specifically about the work that PricewaterhouseCoopers has been doing. They were awarded a contract back in December 2023 to support the advisory committee and the sub-working groups that had been pulled together. They have provided project management support, including the development of a detailed work plan to achieve key deliverables and track the key milestones in this project.

They've conducted a jurisdictional scan of capital funding approaches, and they've provided a report recommending an appropriate target profit surplus margin for contracted for-profit and not-for-profit long-term-care operators in British Columbia.

They've conducted a jurisdictional scan of environmental services standards and funding model considerations to inform the non-direct care funding envelope.

[3:35 p.m.]

I'm just going to speak a little bit about the progress of the project. Since the establishment of that long-term-care advisory committee and the sub-working groups that are part of it, the progress to date is around the policy sub-working group, which has produced draft policies on long-term-care access and occupancy, long-term-care staffing models, long-term-care specialized populations, long-term-care innovation and long-term-care nutrition care and food services. This work is important to informing the broader work of the funding accountabilities and the funding methodology sub-working groups, two components of the larger group.

Now, the funding accountability sub-working group has focused on developing draft funding letter accountabilities that would be required to meet the policy objectives, like bed occupancy targets; direct care hours delivered, as we were previously talking about in another question; and the implications on funding allocations if those deliverables are not achieved.

The funding methodology sub-working group has finalized the direct care funding envelope, funding model input parameters, looking at things like staffing mix, com-

pensation rates, the rates of overtime and agency staff utilization.

Where the project lies now is that previous to the election, there was a discussion that took place with partners in the sector and a request at that time to pause the work. An election took place, clearly — a transition into a new minister and new leadership in the Ministry of Health. Since then, what I've done is direct staff to convene this table back again so that this project can continue into the next stages. The timing, I think, is good as we move into a new budget cycle as well.

In the meantime, operators are experiencing cost pressures, so I have committed and we will be providing additional overtime and agency costs. Of course, coming out of the COVID-19 pandemic, we've seen a lot of impact on long-term-care facility operators, and it's important to help keep them whole as much as possible while this important work around a long-term-care funding model takes place.

My commitment is to continue those discussions, and as I pointed out, to reconvene this table. Now seems absolutely like the appropriate time to do that.

**Brennan Day:** Thank you for the questions. I feel there are a few supplementals I would love to send over to you, but in the interest of time, I'm going to move on to nurse-to-patient ratios.

Last year the B.C. government committed to implementing nurse-to-patient ratios in the health care sector, which has helped improve staffing levels in hospitals. I'm sure you, like I, was approached for the 2-to-1 model. However, this has also drawn more nurses away from long-term-care and assisted-living facilities, where staffing shortages were already a challenge.

The government promised to introduce similar nurse-to-patient ratios in long-term care and assisted living but have yet to follow through. They've also committed to consulting with the affiliate care sector on how this should be implemented, but that consultation has not yet taken place.

Will this government commit to consulting with our affiliate care partners as your staff work to develop and implement minimum nurse-to-patient ratios in the long-term-care and assisted-living sector?

Could the minister please provide an updated timeline for this critically important work? When can the workers in this sector, who deliver critical care for our elders each day, expect to benefit from increased support and improved staffing levels?

Finally, the affiliate care sector has long suffered from regional health authorities poaching staff, an issue that's been brought to my attention in multiple regions of the province. If nurse-to-patient ratios are only to be implemented in the acute care sector, what will this ministry do

to prevent long-term-care homes and assisted-living residents from losing these critical professionals?

[3:40 p.m. - 3:45 p.m.]

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

I'm going to start with, for the folks at home, a little bit of information around the policy solution that we're talking about here, minimum nurse-to-patient ratios, and dig into the member's questions.

As a first jurisdiction in Canada to make this commitment, it's a representation, I think, of government's understanding and deep commitment to bolstering the workforce for nurses, ensuring that a quality and standard of care is delivered for patients and, so importantly, a quality of workplace and an environment where nurses are supported and are able to do the critical work that they do. In creating a better working environment for nurses, we enable the improvement of the quality of patient care.

We have worked very closely as a ministry with the B.C. Nurses Union to adopt these new minimum nurse-to-patient ratios. I think, again, this commitment, being the first jurisdiction in Canada to make this, is really saying that we want British Columbia to be the best place in Canada to be a nurse.

Now, the ratios represent the minimum number of nurses that would be required for care for a maximum number of patients on a unit. It is incredibly important that we do this work thoughtfully and that we do it collaboratively, in close partnership with nurses and operations leaders throughout the province, to ensure that the implementation of this achieves the greatest-possible impact with the best-possible outcomes, both for nurses and for patients. Implementation is ongoing.

Again, I just want to pause here to reflect on the fact that this work needs to be done thoughtfully and in deep collaboration with the Nurses Union and also with employers like health authorities. To do that and to achieve the commitments that we are making over the next years, we are also mindful of the fact that we continue to operate in an environment of a shortage of nurses. That's why having minimum nurse-to-patient ratios will help to attract and retain nurses.

We have to find those nurses too. So a lot of work at the ministry, as we have canvassed throughout estimates, is around the training of health care workers, including nurses, here in British Columbia; increasing the number of nursing seats; ensuring that incentives are in place and that we are reducing the barriers for internationally educated nurses to come to British Columbia and practise here; reducing the barriers for American nurses, for example, and attracting American nurses to come to British Columbia; and launching a new recruitment strategy right into the States, for example. And this is an important part of that work.

My mandate letter is also very clear about making progress on working collaboratively with partners to strengthen the nurse ratios and ensuring, of course, that we continue the actions that are outlined in the health human resources strategy. This, specifically, is action 18 of that strategy: developing workload standards to balance workload and staffing levels and optimizing quality of care.

We have published a policy directive and implementation framework for hospital sector ratios that are to be used by health employers to support implementation. The directive and the framework are supported by the minimum nurse-to-patient ratio executive steering committee. That includes the ministry, the union, the Nurses Bargaining Association, the Health Employees Association of B.C. and health employers.

[3:50 p.m.]

The policy for mNPR outlines the necessary actions, the expected benefits and goals for introducing ratios. It provides a clear roadmap for improving care quality and nursing practice. It promotes safer, more effective nursing practices by improving supervision from other jurisdictions where similar ratios have enhanced patient outcomes and nurse satisfaction.

I'll pause here too, for a moment, to reflect on the learnings from jurisdictions like Australia that have brought in minimum nurse-to-patient ratios, but I note that it took them about a decade to do that and to do it in a staged and collaborative way, and that they were able to achieve that at a time when they were not experiencing the same kinds of shortages in the nursing workforce that we are now.

That's why, again, it's important to continue to do this work very collaboratively, particularly with the Nurses Union.

The policy for mNPR also implements and evaluates the ratios to improve care. It's an important part of that work as well.

We're going to continue this. We are going through a process looking at minimum nurse-to-patient ratios in other settings. As the member mentioned, long-term care, community care — there is planning around that.

Again, I have to emphasize that no other jurisdiction has done this work. That's why taking a phased approach to this.... That's exactly what's taking place. In fact, health employers are using a sequencing approach — and activation is currently underway for phase 1, as the member had mentioned — and doing this in a way that best aligns with the unit needs, the geography and the care-based needs of a different organization.

That's why — again, I am going to keep coming back to this — it's really important that we do this in a very thoughtful and collaborative way. We've made this commitment. That commitment is, again, around creating a better working environment for nurses, creating a stable and safe working environment where nurses are sup-

ported and that enhances and improves the quality of patient care.

Now, we have not seen evidence of nurses leaving long-term care for acute care specifically due to minimum nurse-to-patient ratios. The member mentioned that. That's not evidence that we have seen.

We will continue these efforts, achieving the minimum nurse-to-patient ratios; training, attracting and retaining nurses here in British Columbia; and doing everything here to really strengthen B.C.'s health care system and deliver the best possible, highest-quality care for people.

**Brennan Day:** That's going to be my last question for this session. I'm going to hand it over to my colleague from Prince George–Mackenzie.

Before I do, I would like to take this time for all of you. We've spent some rather late nights here over the last couple days. I would like to thank everybody, including the minister, for their time and all the hard work I know you are doing and will continue to do in the coming months. I look forward to collaborating.

I do reserve.... I will try and get an update of the questions that I had as follow-ups, which I wasn't able to ask in this session to you, read into the record prior to the end of session tomorrow so that we can get a follow-up on behalf of all the stakeholders and front-line workers, to make sure that they can get those answers.

Thank you very much, Minister, and I'll turn it over to my colleague from Prince George–Mackenzie.

**Kiel Giddens:** Thank you to the Health critics for giving me this time.

And of course, thank you to the minister and all of the staff for the work that you are doing answering these questions today.

There's been some considerable discussion on long-term care. I wanted to add to some of those comments on behalf of residents within the Northern Health region. Of course, the community-based care and home support is all important, but those long-term-care beds are still absolutely critical for seniors when they need it.

Of course, the challenges are greater in Northern Health as seniors are on longer wait-lists for long-term care. According to the B.C. seniors advocate, from a hospital in the North, seniors are likely to wait approximately 239 days, or eight months. That's a long time, and particularly, many of those seniors would be in a hospital setting.

I'm wondering if the minister could explain a little bit about what the ministry is doing specifically about addressing the challenges in Northern Health for long-term care.

[3:55 p.m.]

**Hon. Josie Osborne:** Thank you to the member for the question, the member for Prince George–Mackenzie, and

raising, specifically, issues for people living in the North. We have spent a fair bit of time during estimates for the Ministry of Health talking about the unique challenges that people living in the Northern Health Authority, the northern half of the province, face. I am not a resident of the North, but I am a resident of a rural community and have some understanding of those kinds of challenges.

I want to, first of all, assure the member that my attention is very much paid to matters like this, and he has my assurance of that. I won't cite again or canvass again the things that we've already talked about around the supports for people to stay at home as long as possible and to avoid care except to briefly just reiterate that all health authorities are implementing home and community care strategies to reduce the need for ALC beds and providing additional supports for people that help.... Having their care needs met in community is an important part of this, and, certainly, Northern Health is absolutely no exception.

The community-based transitional care programs, similarly, that the health authorities are working on across the province provide people with that opportunity to maintain, or sometimes actually even improve, their functional status in a very supportive and non-hospital health care environment after an acute hospital stay — being able to be released into a setting where people's needs are met and, hopefully, even see improvement.

[4:00 p.m.]

Across the province, there is a provincial access and flow committee. It's working on standard provincial ALC categories and really helping in reporting, in service accountability and planning for those safe care transitions.

Despite this, as the member notes, we know that there are people who stay for a long time in that ALC, alternative level of care, and are waiting for admission into long-term-care facilities or into a place that is more appropriate for them.

Specific to the Northern Health Authority, I will talk about some of the initiatives that are taking place there.

First is around admission avoidance and the implementation of an emergency department admission avoidance team to reduce hospital admissions and support care in the community, an increase of day program hours and spaces.

The second initiative is around improved patient flow, so evaluating the current system tables and creating a strategic table to enable placement of ALCs beyond the current health service delivery area boundaries, evaluating system gaps for placement, which includes the hospital community and mental health teams, reviewing all of the ALC patients for the creation of a list of patients and barriers to movement that is then taken to the strategic table, and establishing a rehabilitative care model in northeast acute care facilities.

The third bucket, if you will, is around community transition. The work that the Northern Health Author-

ity is doing here is around increasing sub-acute transition spaces by ten to 14; securing spaces and identifying staffing models; establishing these sub-acute beds in Terrace and Prince Rupert, as well as criteria for admission; and then opening new beds, opening beds specifically for dementia, for acquired brain injury; and establishing a family residence suite, as well, to accommodate families that are visiting ALC patients awaiting placement. This is taking place in Fort Nelson, for example, for people who had a home community that was not Fort Nelson.

These are initiatives that are specific to Northern Health Authority and some of the work that they are doing, again, to help move people out of acute care settings into a more appropriate care setting.

Again, I'll just emphasize the importance of the home-based programs, and I've talked about the long-term care at home pilot program, for example, and other tools that are being used to help avoid admission into long-term-care facilities but then, where it is required, again, to begin to reduce those wait times.

I thank the member for the question.

**Kiel Giddens:** I want to ask a little bit more of a specific question on long-term care, because some of it is obviously complex, including dementia care, specifically. The minister may be aware that Northern Health and the ministry are partnering on a dementia care facility in Prince George, a proposal. This is with land that was donated by the Catholic Church.

I'm wondering if the minister can confirm the timelines, costs and budget of this program and the capital program with it. Also, just if the minister could explain the long-term contractual arrangement with Providence Living to operate the facility.

[4:05 p.m.]

**Hon. Josie Osborne:** We are digging around for the specific information, but the member can probably predict what I'm about to say, which is, first of all, with respect to construction timelines. Although I can say the facility is scheduled to open in December 2026, the costing side of things is actually now being delivered by the Ministry of Infrastructure, so I would direct the member to the Ministry of Infrastructure.

On the contractual side of things, that is a Ministry of Health responsibility and those relationships through health authorities or places like Providence Health Care on the operations side.

I'm going to take the member's question on notice and then provide him with information afterwards, because we just don't have it at our fingertips right now. But I appreciate the question, and thank you for that.

**Kiel Giddens:** Thanks to the minister. I appreciate that. I would like to get the follow-up afterwards.

I just want to maybe go back, for my final question, to another specific question about long-term care in rural B.C. in particular. I appreciate the longer answer that the minister gave to the last question about Northern Health as a whole. But really, there are 55 percent fewer publicly subsidized long-term-care beds per 1,000 population that are over 65, and the median wait times to access these publicly subsidized long-term-care beds is, really, twice as long in rural B.C. — so trying to see some improvements here.

I want to use Mackenzie as an example of this. I really want to thank the Williston Lake Elders Society for the important work that they're doing to advocate for seniors health care and housing in Mackenzie specifically.

The latest census data in Mackenzie shows that there are about 1,150 residents over 55, and that's about a third of the population. And it's a growing number. A lot of seniors are moving to places like Mackenzie because of the affordable housing. It's really a growing issue in some of these smaller communities.

There are currently only four long-term-care beds and one respite bed in Mackenzie. It's just a challenging situation with a community that's two hours away from Prince George as the closest centre.

I'm wondering if the government could explain a little bit more about — for smaller rural communities, not just the Northern Health region as a whole but smaller communities like Mackenzie — what the government is doing to provide more long-term-care beds if possible and more respite opportunities.

[4:10 p.m. - 4:15 p.m.]

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

Maybe a little bit of a joke, but I have to say, if the tables were turned and we were in the opposite seats, I would ask the exact same question. The reason why, I think, is because of my life growing up mostly in rural communities and in being the MLA for Mid Island–Pacific Rim, representing rural communities and being faced with these kinds of questions from my constituents all the time.

For example, where I live on the west coast of Vancouver Island, there is no long-term-care facility. We have talked for years and years about a dream of having a long-term-care facility that would enable people to stay on the west coast. In particular, we've long talked about the dream of a facility that really serves and honours Indigenous Elders

It's very challenging for communities when very much loved members of our communities, especially small places where we're so well connected, need to leave to receive an appropriate level of care. Myself personally, I have lost community members, people who are now living in places on the east coast of Vancouver Island or in Port Alberni. And it's really difficult. For the community of

Mackenzie, for example, I would imagine it's very much the same. It's a challenging thing to do.

It's important that we continue to do everything we can to invest in facilities in small towns. I would point to Fort St. James, which I will admit I'm being envious of, because it's a town of about 1,300 people and has had a renewed long-term-care facility with some beds added and now has 18 beds there. That's a fantastic and amazing thing for that community.

In the meantime, as I've been speaking about in some of my previous answers, it is so important to support seniors, elders living in homes and being able to stay at home as long as possible.

I'm really glad that the member mentioned the Williston Lake Elders Society. I haven't had the privilege of meeting with them or meeting them yet, but I can imagine how tenacious they probably are, how deeply committed they are. What they do is represent one of the very best assets we have in rural communities, and that is people. That is the non-profit sector, these community organizations that are driven to help people.

[4:20 p.m.]

I recently was on Hornby Island and had a round table with the Hornby and Denman Island Community Health Society. As I listened to them and the initiatives that they are undertaking to care for seniors in their community — there's no long-term-care facility there either — and the way they are helping people who are leaving the hospital in Comox Valley to return home, the supports and their vision around, for example, purchasing a home or being bequeathed a home to be able to provide respite care for people who are caregivers living with seniors in their homes.... It's really inspiring.

That's why supporting community-based seniors services is a very important thing to do, and it's a priority of government that we are investing in.

I do want to talk about how community-based seniors services for rural areas, particularly, are really integral to the plan to support seniors aging in place. Of course, they provide seniors with a very broad range of different supports, from non-medical home supports and health promotion programs and services that really address the social determinants of health, be it, for example, access to nutritious food, access to transportation supports that enable people to get out of home.

These kinds of services really demonstrated their value through the rapid rollout that took place during the COVID-19 pandemic of the safe seniors, strong communities program and the support that that program and these organizations provide during climate emergencies, for example.

A modernized, community-based seniors-services service delivery model is being implemented in phases. That is work that's actively underway. Better at Home is the flagship program that many people have heard of — the

member is familiar with it, I believe — providing non-medical support to seniors. There are 97 Better at Home programs in B.C.

What's also exciting about this, as the program takes shape and develops in a more concrete way, is the creation of 90-odd community collaboratives, bringing together these organizations to coordinate program delivery. Instead of one program here and there, the organizations come together and understand the services that each of them are delivering and can coordinate them in a much better and focused way.

Forty-five of these community collaboratives were established in the last fiscal, '24-25, and there are more to come. Mackenzie, specifically, as part of a Mackenzie-McBride-Prince George collaborative, is being stood up. So that's on the list for implementation.

These collaboratives have a community connector position that supports each collaborative and helps to coordinate care for at-risk seniors, in particular, to coordinate care with health authorities, to strengthen those partnerships within the community to really be able to deliver the best services possible.

Budget 2024 is where you can find the funding line for that. That was \$127 million over three years to modernize community-based senior support services and expand and improve services and stabilize the workforce.

I hope that gives a little bit of insight. We're going to continue, obviously, to invest in home health and continue to expand community-based senior services support. I hope to have a lot more to say on that relatively soon.

In closing, I want to acknowledge the challenges that rural communities face with the economies of scale in having a full-blown, long-term-care facility. That's why it's an achievement for Fort St. James to have the facility that they do and then to see facilities throughout the North. It is difficult. The geographical distances in the North really provide, I think, the impetus for us all to think very creatively and innovatively and to help build really strong, resilient communities where people support each other despite their political differences or their backgrounds.

We had a lot of very heartening stories during the pandemic, and we see it during climate disasters and emergencies, for example, of the way that people come together. I know that in my riding, I'm incredibly inspired by the Denman and Hornby Island Community Health Care Society, and it sounds like the member is equally inspired by the Williston seniors group.

I appreciate the opportunity to be able to talk about this during estimates.

I think, with that, that was the member's last question. I'm going to ask for a ten-minute recess.

**The Chair:** Okay, we will take a ten-minute recess. It's 4:24, so we'll see you back in ten minutes.

The committee recessed from 4:24 p.m. to 4:34 p.m.

[Mable Elmore in the chair.]

**The Chair:** Okay. I'll call the committee back to order. We are undertaking consideration of estimates for the Ministry of Health.

Recognizing the member for North Island.

[4:35 p.m.]

**Anna Kindy:** Thanks for the opportunity, Chair.

Just a quick note when I'm starting. I want to talk about the Medicare Protection Act from 1996. There's a preamble and some of the principles of the Medicare Protection Act. I'm going to pull out a few words just to give us context of how we're doing: accessibility, sustainability, individual choice, transparency, accountability, reasonable access to medically necessary service, responsive to patients, value for money, fiscally sustainable health care system, individual access to necessary medical care solely based on need. That's sort of the baseline of what we're trying to achieve together.

I also want to put the context, as well, of our fiscal situation, because that does impact health care. In 2017, we had a surplus, and 2024-25 went up to \$10.4 billion of debt. We're up to \$133 billion as of 2024, and projected is \$208 billion. That's without including the carbon tax, which will add \$3 billion per year. And also on that, we have to pay interest, which, if I recall, goes from \$4 billion to about \$6 billion in 2028.

Those are moneys that we don't have, and it's going to impact in terms of the contingency fund for health care. I just want to give that context to sort of see where we're at, because we always have to begin with that when we start, I personally think.

With that in mind, this is a friendly question to the Minister of Health. What is the salary of the Minister of Health, translated to hourly wages — I mean number of hours that the Minister of Health works, and including the constituency office work?

[4:40 p.m.]

**Hon. Josie Osborne:** Welcome to my Health critic, the MLA for North Island. It's good to be here, and I look forward to the questions over the next few hours.

Thank you for the question. I will state that compensation of MLAs in this House is, I would say, more a matter for the Minister of Finance. It's not specific to the Ministry of Health.

All remuneration is defined under the Members' Remuneration and Pensions Act, where the base salary for an MLA right now is \$118,532.72. Then pursuant to that act, members who hold ministerial office or other offices do receive additional salaries. In the case of any cabinet minister, that is 50 percent.

Other questions of that nature probably are best directed to the Ministry of Finance.

**Anna Kindy:** My point to the question is that I think it's a huge job and dramatically underpaid, and I just want people out there to know that.

Now, going to the Ministry of Health.... The funding from the Ministry of Health to the B.C. Health Authority has increased from \$12.3 billion in 2017 to \$22.1 billion in 2024, an 80 percent increase, while the corporate expenditure has increased from \$1.2 billion to \$3 billion, so 140 percent. This is telling me that during a time of health care crisis, we've increased the spending for administrations over the front line.

The Provincial Health Services Authority saw an increase of corporate expenditure of 322 percent in that same time frame, from \$283 million to \$1.2 billion. If we look at comparing, for example, to Germany.... I'm just going to compare Canada to Germany and Alberta to B.C.

B.C. spends two times more on health administrators than Alberta, \$350 million versus \$180 million, according to an independent Canadian institute. I think we need to start looking outside our borders, just to improve our health care.

So if we look at Germany, Germany has one health administrator for — I'm going to round it out — 15,500 citizens, and Canada has one health administrator for 1,400 citizens. Basically, Canada has 11 times the health administrators that Germany does.

I know the minister is addressing this issue. In a sense, Penny Ballem has recently been hired. She stepped out of her role as a board chair, and she was a board chair at Vancouver Coastal Health from 2019 to 2025. We have to recall that during those years is when the health expenditure increased and the administration increased. She's also a political insider.

My question to the minister, and I think it's an important question: have you ever considered an independent, non-biased investigator for this review so vital for the fiscal success of health care delivery in B.C.?

[4:45 p.m.]

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

I want to start out by addressing some of the mandates that the Premier has given to all cabinet ministers in his cabinet and the progress that he expects us to make over the mandate, specifically around protecting key services that British Columbians rely on. He has instructed every cabinet minister to work with the Minister of Finance to review all — in my case, Ministry of Health — programs and initiatives to ensure that programs support the health of British Columbians while keeping costs manageable. This is important in the context of current provincial

budget constraints and our growing and aging population and emerging technologies.

Further, my mandate letter directs me to make progress in tackling the training, recruitment, retention and system redesign that's needed to make sure our health human resources keep pace with the growing needs of people in B.C. and deliver better, faster care.

Now, we've been talking throughout the estimates process here about some of those measures and programs and initiatives that the Ministry of Health is taking. I think, especially in light of Trump's unjustified tariffs, now more than ever is a time to protect those core services that British Columbians depend on, to ensure that we are working to strengthen our universal public health care system and ensure people have access to the health care that they need and deserve.

We've talked about a number of different challenges that we're facing in the context of a global health care worker shortage, the challenges in delivering services in rural communities, for example, and needing to provide more equitable access for health care throughout British Columbia. Part of this work in ensuring that we are making the best use of investments into the health care system means that we are accommodating the needs of an aging and growing population.

As the member knows, the Ministry of Health has received a \$4.2 billion lift over the next three years to ensure that that caseload growth, the growing population, is accounted for. But it's incumbent on me and incumbent on our cabinet and this government to continue to do everything we can in reviewing programs and services to ensure that we are getting the best value for the investments that we're making.

[4:50 p.m.]

Indeed, over my political career as the minister of four different ministries and previously as a mayor of a small town, that very much has been part of the drive, ensuring that the best use of precious public taxpayer dollars is being invested into the supports that people need and, at the same time, taking the steps that we've been talking a lot about in this House: growing and diversifying our economy; making sure that the assets and resources of British Columbia, both natural resources and the people of British Columbia, are being used and being harnessed in a way that supports an equitable society and provides those services and opportunities for all.

Part of the work that we've initiated in the Ministry of Health, of course, is undertaking a review of the Provincial Health Services Authority. I've spoken about that, and my mandate letter is very clear that we will not only undertake that review but also of the regional health authorities.

Again, the intention here is to really ensure that we are minimizing any unnecessary administrative expenditures and making sure that those are reprofiled and allocated

to the front line, so delivering that direct health care that people depend on.

B.C.'s corporate services expense ratio — now, this measures administrative spending as a percentage of total health sector spending — was 3.5 percent, based on the latest calculations. That is the second lowest in Canada, behind one other major province. I say that to point out that it's important to measure that, to monitor that, but it's not a reason to not take that close look, which we are doing through program reviews and through the health authority reviews.

As the member also indicated, Dr. Ballem has moved out of her role as the chair of Vancouver Coastal Health, and she's moved in as the interim CEO of the Provincial Health Services Authority to be leading the review and working with an independent team. So there is an independent team of consultants whose expertise is in exactly this kind of work, and they are supporting Dr. Ballem and the program review team that's been assembled by the Ministry of Health.

Dr. Ballem has my full confidence. She has been active in the health care sector for 35 years and held a number of sequential roles in management, in local government, in the health care sector. And as a deputy minister in a Gordon Campbell government, I'll say, so not a B.C. NDP government, she was responsible for overseeing the creation of the Provincial Health Services Authority in the first place.

Now, that was over 20 years ago, so it is high time that the Health Services Authority had that review and that we are able to take a very thorough, careful look at the kinds of roles and responsibilities that are articulated as part of the health authority, looking at administrative spending, the different structures inside the PHSA and ensuring, again, that we're minimizing administrative spending, putting those resources out on the front line.

I look forward to her recommendations, and I certainly will say that Dr. Ballem does not shy away from speaking her mind, and she will always bring me recommendations alongside the team, I think, that she and the team see fit and think are appropriate. It is up to us as government to make decisions about those implementation pieces.

Together with the board of the PHSA, together with the program review committee, the steering committee and the assistance of these independent consultants, we expect to see progress with the first report coming to me, the first update of how the authority's review is being undertaken and the initial scope and services and what it's going to look like. I'll be able to speak then, too, more concretely about some of the questions that have been asked around timelines and steps that are to be taken.

It's also important to ensure that the voices of employees, the people who are on the front lines who are delivering these services, are part of that review, so establishing pathways and processes for them to bring ideas forward

and to share their experiences. Certainly, over the last four-odd months that I've been the Minister of Health, I have had the opportunity to hear from many, many different front-line workers, as I'm sure the member opposite has too. I know she takes her role as Health critic very seriously and is doing that work really diligently.

I hope that that helps to answer some of the questions from the member opposite, and I look forward to more dialogue.

[4:55 p.m.]

**Anna Kindy:** I'm glad you talked about global short-ages. If we again compare apples to apples or apples to oranges or whatever, in terms of the OECD, which is 31 countries with universal health care — we're talking Europe, Australia and New Zealand — we rank, in terms of number of physicians, 28th out of 30. So I think we can probably do better. I think the global comparison is a good one because I think we need to start moving our health care towards a global comparison.

My question, and it comes out a little bit to what you've been talking about, Minister.... Two things. I'm going to ask two quick questions. As you review, I imagine, there's accountability to running a health authority, meaning if people do well, there's a compensation somehow. If you don't do well, there isn't.

The two questions I have. Are there any accountability measures in the contract of any of the people working in the health authority? It seems like there's.... We were talking about Penny Ballem. She was in Vancouver Coastal as board chair from 2019 to 2025. We know from 2019 to 2025 the Vancouver Coastal Health, in terms of expenditure, went down, and their parameters actually worsened in terms of health care. So I'm wondering about accountability measures to the contract.

The other question. You talked about getting input from the front line. I know for a fact people in the front line and also in positions of leadership in hospitals seem to be afraid of talking, or they're reprimanded for speaking out. I've got knowledge of that happening, so I'm wondering. Is there a non-disclosure, as well, with a health authority contract that adds to the censorship happening on the ground?

[5:00 p.m.]

**Hon. Josie Osborne:** Thank you to the member for the question and a discussion around accountability and measures in place and the health authorities.

I'm going to take a little bit of time just to describe the health authorities and the boards and chairs and the relationship that I have as the Minister of Health. The member mentioned specifically around non-disclosure. I have a lot to say on that.

First of all, as the member knows, the health authorities have been established under the auspices of the Health

Authorities Act, and that really lays out a lot of the roles and responsibilities for the health authorities. I'd be very pleased to arrange for a detailed briefing for the member around the Health Authorities Act, if that's something that's of interest to her.

The board is appointed by the minister through ministerial orders. It is my expectation that the boards and their chairperson will always be acting in the best interests of people first and foremost in delivering the highest-quality health care for people and also being responsive to government and government's priorities.

[5:05 p.m.]

The relationship that I, as the Minister of Health, have with each of these health authority boards and their chairs in particular is incredibly important. I take those relationships very seriously and meet with board chairs on at least a monthly basis, with conversations in between. Having laid out my expectations there and building an understanding and a relationship between me, as the new Minister of Health, and them is incredibly important.

The boards are provided with mandate letters so that it is clear, as well, around government's expectations of health authorities and their ability to deliver. I know in the initiation of the Provincial Health Services Authority review, for example, and in discussions with the health authorities and their board chairs that the participation of the boards in these reviews is also an incredibly important exercise.

They have responsibilities as boards around governance and the fiduciary obligations. I know that they take them very seriously. There's a vetting process that is in place for selecting board members. It's important, over the years as various Health ministers have appointed members to these boards, that people come from a variety of backgrounds and expertise for the most well-rounded board possible and ensuring that the voices of patients and community members are heard, as well, in addition to the skills and expertise that board members bring.

With respect to non-disclosure, I want to be very, very clear that no employee of a health authority should ever fear reprisal in bringing forward concerns that they have and that the input of employees at every level of an organization.... Be it a health authority or the Ministry of Health, these voices are valuable.

People feel a very big responsibility and understand that they are in positions of responsibility to do their very best in delivering health care services for people. I would expect nothing less than for matters to be brought forward and to be dealt with fairly, in the right time, respectfully, urgently and in accordance with any legislation and policy that guides that.

This government was the government that brought in the Public Interest Disclosure Act that came into force in December 2019 for government ministries and independent offices of the Legislature to allow for confidential dis-

closures of serious wrongdoing that affect the public interest by employees of public sector organizations. The act protects employees who report concerns or participate in investigations from reprisal, such as demotion or termination, ensuring that employees under investigation are treated fairly. That is of utmost importance.

It applies to wrongdoings in or relating to a ministry, a government body or office and includes wrongdoings that occurred before the coming into force of the act.

The types of wrongdoings that it includes are: a serious act or omission that, if proven, would constitute an offence under an enactment of British Columbia or Canada; an act or omission that creates a substantial and specific danger to the life, health or safety of persons or to the environment, other than a danger that is inherent in the performance of an employee's duties or functions; a serious misuse of public funds or public assets; gross or systemic mismanagement; and knowingly directing or counselling a person to commit a wrongdoing such as I have just described.

The public sector organizations, including health authorities and agencies, boards and commissions, were brought under the Public Interest Disclosure Act in a phased approach between April 2022 and June 2024. The organizations have specific obligations under this act, and that includes appointing one or more designated officers to receive reports, developing procedures for managing reports of wrongdoing, reporting annually about reports of wrongdoing in investigations and ensuring that staff are well informed about the act, including how to make an act of wrongdoing both internally to the organization and also to the Ombudsperson.

This is something that we take, and I certainly take, incredibly seriously, as I know the health authority boards do, as well as leadership in the Ministry of Health. It is my expectation, and I hope that does help to clarify the concerns and the questions that the member brought forward. I appreciate that question.

With respect to.... I haven't gotten into, and I won't unless asked perhaps, but around the interests and rights of patients and the avenues that patients have to bring forward their concerns of patient care and quality, there is a rigorous system in place for that, as well, which I'd be pleased to talk about further.

[5:10 p.m.]

**Anna Kindy:** I want to thank the minister for that answer. As the minister has stated, a front-line health worker that is advocating for better care should not be reprimanded. So that's fantastic to hear.

My next question is related to Doctors of B.C. They've been doing a health authority engagement survey report. The 2024 report is pending, if it's going to happen, but I've got the 2023 report, which is the last one available. I'm going to just quote here from a physician that was quoted

during the report: “We are prevented from speaking up or communicating frankly with patients about working conditions or the reasons for the long ER wait times as the health authority has previously threatened a response to the college.”

They’ve been doing this engagement report for the last eight years, and the average score for engagement questions has been trending down. The lowest was Vancouver Island Health Authority at 25 percent, and the highest was Vancouver Coastal at 42 percent. Of note, the question was: “Senior leaders seek physicians’ input when setting health authority goals.” The average was 19 percent. “This health authority values physicians’ contributions” was at 26 percent. “Physicians and medical leaders trust one another in my health authority” was at 33 percent. These are dismal, actually. I think we need to address that.

I’m going to ask the same question, in a sense, but I want something a little bit more concrete. What is the Minister of Health and the health authority’s plan to increase front-line engagement and reduce the fear of repercussion for speaking out?

I think you’ve answered that, so I’ll move on.

One consideration would be regional elections for board members as opposed to appointments. I think maybe having half the board members coming from the front line somehow would be a very good accountability measure, so that would be a suggestion I would have here. Just wondering if the minister would take that into consideration.

[5:15 p.m.]

**Hon. Josie Osborne:** I’ll keep my answer quite short this time. First of all, I just want to say thank you to the member for the suggestion. I think, probably, if she’s interested, having a briefing of the Health Authorities Act and then reviewing the governance with the staff would be really helpful and a bit of a deeper discussion there.

I also want to point out, though, that part of the Provincial Health Services Authority review is an examination of its governance.

Again, I really appreciate the suggestion from the member.

**Anna Kindy:** Just wondering, in terms of efficiency of time for review of the health authorities: why are we just reviewing the PHSA as opposed to reviewing all the health authorities? We all know they have issues. I don’t see the strategy of reviewing one when we should be reviewing all when there is a health care crisis.

**Hon. Josie Osborne:** Thank you for the question.

The intention is to review all of the health authorities, and that is clearly stated in my mandate letter from the Premier.

We chose to start with the Provincial Health Services

Authority because of the provincial nature of that organization and the services and programs that it provides and the way they touch all British Columbians in all corners and communities, large and small — from providing direct services through facilities like Children’s Hospital and Women’s Hospital and also through their work with the B.C. emergency health services, B.C. Cancer, the B.C. Centre for Disease Control.

It makes sense to look first at a provincial organization with the kind of reach that it has, but the regional health authority reviews will form an important part of this. It wouldn’t make sense to complete a PHSA review without also initiating the regional health authority reviews in time, because as the recommendations come forward, there are a lot of dovetailing and opportunities there.

I’ll point to some of the shared services that regional health authorities already have and how they dovetail with the PHSA around things like procurement, information technology and lab services. That is, I think, a logical sequence of events, and those regional health authority reviews will be initiated in relatively short order.

We’ll get underway with the PHSA review first. That will guide us in certain directions and, I think, give a lot of insight into the health authority reviews. Then, also, in the reverse, the results of the health authority reviews will provide a lot of guidance and insight into changes that may be made at the PHSA.

[5:20 p.m.]

**Anna Kindy:** I’m going to move on, but I just want to comment, because there is an engagement problem. Right now, as it’s structured, I’m not foreseeing changes happening, unless there’s true engagement with the front lines. I’m just hoping the minister hears this loud and clear.

I’d like to move forward to the Health Professions and Occupations Act. I’m just giving a little preamble here. This was one of the biggest bills ever passed in B.C. — 276 pages, 645 sections. It was passed without proper consultation, something that we’re becoming known for in this province. The Doctors of B.C. were given a two-week period over Christmas, and they got 56 responses out of 14,000 doctors. It was also improperly passed, by this government invoking closure, when only 223 of the 645 sections had been reviewed and debated.

This bill, as big as it is, does not contain any measures to respect, protect or ensure the rights to deliver or receive health care that is timely, personalized, confidential and consent-based. It establishes two new offices, the discipline tribunal and the superintendent’s office, all appointed by the government, reducing self-regulation — again, government taking over.

The health colleges are reduced from 16 to six, with board members all appointed by the minister. Just to give context, previously to that, with the College of Physicians

and Surgeons, half of the board members were elected and half appointed, and it seemed to work quite well.

I'm going to ask a question. What is the evidence that it was and is necessary or beneficial to health and safety? We're abolishing a democratic governance of health professions and occupations and imposing governance by political appointees not required by law to be competent or accountable. It also authorizes the Minister of Health to make appointments of people without notice, consultation or oversight by the public, by the health care workers or by the Legislative Assembly.

Again, from these two points, what is the evidence that it was and is necessary or beneficial to health and safety to pass this bill?

[5:25 p.m. - 5:30 p.m.]

[Lorne Doerkson in the chair.]

**The Chair:** Minister of Health.

**Hon. Josie Osborne:** Thank you very much. Welcome back to the chair, Mr. Chair. Nice to see you again.

Thank you to the member for the question. I'm going to start out with some general comments and then provide a level of detail so that we all have the same understanding of the sequence of events that took place leading to the passing of this act.

I will start out by saying it's quite possible that the member and I will disagree on some matters, and I understand that and respect that, and that's part of the estimates debate process.

First of all, I want to emphasize that in no way did this government undertake this act on a whim. There is a sequence of events, and I will go through that, that led us to this place, and first and foremost, we remain committed to ensuring that regulatory colleges always are acting in the public interest. The regulatory colleges are resourced to do the work that they need to do, and the changes made under this act provide a real opportunity to modernize the regulatory framework for health professions here in B.C.

We are the first province to undertake this degree of concerted effort and action to address concerns that were brought forward by both the public and by professionals. I do understand that there are some individuals who disagree, even vehemently disagree, but there are a great number of others who have been incredibly supportive of this work.

I want to go back to 2016 and the initiation of this effort that took place. I'll recognize that this is in a previous government of a different political stripe. At that time, the College of Dental Surgeons of B.C. held board elections, and a self-declared slate of six candidates stood with the intention of replacing the then president, the registrar,

and bringing the then registrar under control while also committing to take back the college for the profession.

From 2016 to 2018, ministry staff and a consultant — again, recognize that this passed through two different governments from 2016 to 2018 — made numerous efforts to help the college board understand its legal mandate to protect the public. That included doing numerous full-day governance 101 sessions and getting the minister at the time to have dialogue with the chair, and none of this seemed to make a significant difference. In the meantime, the Health ministry continued to receive numerous complaints from the public.

In March of 2018, five new public members were appointed to the College of Dental Surgeons of B.C. board to try to stabilize the board and get them very focused on patient safety. This increased the board's public members from 33 percent to 50 percent. At the same time, the Minister of Health announced that he would appoint Harry Cayton to do an inquiry into the college as well as review the framework for professional regulation in the province.

I just want to pause here and note that Harry Cayton is the former CEO of the Professional Standards Authority of the United Kingdom and that he's an incredibly well-respected leader in regulatory frameworks worldwide.

[5:35 p.m.]

In September 2018, the minister appointed Mr. Cayton under section 18.1 of the Health Professions Act to inquire into the college, and this really confirmed that the minister felt it was necessary to take this step and to do this in the public interest.

In April 2019, the following spring, the minister released the Harry Cayton report titled *An Inquiry into the Performance of the College of Dental Surgeons of British Columbia and the Health Professions Act*. It included 21 recommendations for the college to help make sure that it was acting in the public's best interests. All of the recommendations were accepted, and the Health Minister directed the College of Dental Surgeons of B.C. to bring forward an implementation plan within 30 days, which the college completed.

From May 9, 2019, through to June 14, 2019, a consultation on the Harry Cayton report took place. There were over 300 written submissions received from a very broad cross-section of respondents, including approximately 190 members of the public, 50 health practitioners, 25 professional associations, 18 regulators and 30 other health sector stakeholders.

In May 2019, the same year, a steering committee was struck on the modernization of health professional regulation. This was led and formed by the then Minister of Health, and he did so alongside the two other parties in this Legislature: Norm Letnick, who at the time was Health critic of the official opposition, and Sonia Furstenu, who was the Health critic and House Leader of the Third Party. It was noted at this time that this was a non-

partisan issue, that it was important for these three leaders from the three different parties to come together.

In November 2019, the steering committee released a consultation paper seeking public input on their proposal, *Modernizing the Provincial Health Profession Regulatory Framework: A Paper for Consultation*. Then from November through to January 2020, consultation on the paper and the survey was completed. Close to 4,000 people responded to the survey, and the Ministry of Health received over 300 written submissions. The survey had close to 70 percent of its responses from people who identified as health professionals.

It showed a number of things, but one thing I will note is that 92 percent of the respondents indicated that ensuring regulatory college boards are composed of members appointed on merit and competence was important or very important.

In August 2020, based on feedback from the consultation, the multiparty steering committee released its recommendations report to modernize the province's health profession regulatory system and taking the next step to ensure that patient safety and improved transparency was at its forefront, leading us to the development of the act and to today.

I want to, again, just reiterate that this all stems from the need to ensure that, first and foremost, regulatory colleges are always acting in the public interest. Then in specific response to the appointments to colleges, the Minister of Health makes the appointments, but these are based on recommendations that come forward from an independent superintendent who undertakes that process, looking at merit and competence, and brings that forward.

The purpose here is to depoliticize on both sides — to depoliticize from membership of colleges, to depoliticize from political appointments made by governments. That is the development of how this act came into being and why it is important and why government will continue to carry forward with it.

**Anna Kindy:** I'm just going to take your last statement and move backwards, Minister.

The independent superintendent is Sherri Young, I believe — a career bureaucrat with no disclosed education in medicine, health or law.

Now, when we're talking about the HPOA, we're talking about all of health care. We're talking about nurses, doctors, dentists, hygienists, massage therapists, physios, all of health care.

[5:40 p.m.]

You're stating input from 300 people, 50 of which were identified as health care workers. I wouldn't call that consultation.

This seems to be a repeated pattern. We've seen it with the health authorities and their engagement with the front lines, which is completely lacking, and of censorship. And

now we have the HPOA. To be fair to the minister, I did ask a question that wasn't answered, but I'll go to my next one anyhow. I asked: what was the evidence that it was and is necessary or beneficial to health and safety?

The other point I want to make is that the HPOA was years in the making. Consultation was minimal. It completely changed the parameters of how regulation was done. It's a bit of an insult to mention that physicians should be regarded, really, with this bill, as potentially presenting "risk of harm to the public" — i.e., considered potential felons.

I'm going to go on to the next question. Hopefully, we'll get an answer with this one. Just to again give context, when this bill....

I'm new to politics, and I have to say that politicians are extremely busy. That was the premise of my first question — extremely busy, seven days a week, I would say, trying to keep up with emails and new bills and all the rest. This bill was one of the biggest bills ever passed in B.C. It was this thick. And for me.... I don't quite understand how any MLA could have read this bill in a period of two weeks and come to any conclusion as to if it was a good bill to actually pass or not. I have to say that here.

My next question. Again, I hope I get an answer. What is the evidence that it was and is necessary or beneficial to health and safety to delegate law-making powers to political appointees whose decisions will not be subject to appeal — i.e., challenge to the decision itself but only to a review of the legality of a decision-making process? Also, it shields appointees from accountability and prevents or restricts remedies for violations by appointees.

[5:45 p.m.]

**Hon. Josie Osborne:** I'll just go back to a couple of the comments I made in the last answer around the evidence that was provided through public complaints that were received and through the work that Harry Cayton did in his report.

[5:50 p.m.]

Again, his report was looking, really, at three major objectives here around improving patient safety and public protection, improving the efficiency and effectiveness of the regulatory framework, increasing public confidence through transparency and accountability, and the work that was then undertaken by a non-partisan committee of legislative members to, again, review that and come up with their own report and recommendations.

Now, the member talks about 50 individuals providing feedback and that not being sufficient in her perspective. But I would point out that the 25 professional associations that provided feedback did so on behalf of their membership, so I think that gives a much broader voice to the health professionals who had their input into the act.

I'll just come back to the initial action that inspired this or really led to this. When the College of Dental Surgeons

of B.C. held their board elections and had a self-declared slate of six candidates standing with the explicit intention of replacing the registrar and bringing the registrar under control and committing to take the college back, that, I think, really opened up the possibility and the need to address this and to depoliticize this.

Again, regulatory colleges exist to protect, first and foremost, the public interest, setting the standards of entry into the profession of what safe and competent and ethical care is, receiving concerns, receiving complaints, having a disciplinary process in place — again, acting, first and foremost, in the public interest. This is that intersection of politics and electoral politics and the need for objective standards that are developed in a way that protects, first and foremost, that public interest.

In the case of health care, of course, that is what we depend on health care professionals to do: to deliver safe, competent, ethical care for people and that we know and can trust where people are trained, how they are trained, how they are certified and come into a profession and are licensed to practice in British Columbia. That always has to be at the centre of this. The patient, the people, have to be at the centre of this.

Again, as I commented, I know that the member and I are not going to agree on all aspects of this, but I think that I've provided a thorough background. I would point the member into the Harry Cayton report itself to review the evidence that he also received and reviewed and point to his extensive experience in regulatory frameworks around the world and having been a key person in helping develop those recommendations that then came forward, expressed in the legislation as was presented to this Legislature.

**Anna Kindy:** I asked for evidence, and Cayton did not provide the evidence that all these measures are necessary for health and safety. So if you report back to Mr. Cayton, this does not answer my question. He did not provide the evidence.

You mentioned about depoliticizing. Let me again give you context. Physicians are busy, and obviously, that two-week period, nobody was aware. When you get 56 responses out of 14,000, that's not what we call consultation.

But physicians did become aware. As busy as they were.... Because there were so many emails sent to Doctors of B.C. regarding concerns about the HPOA, they had a Zoom in-service, I would call it, with two bureaucrats, health bureaucrats, to talk about the HPOA.

The bureaucrats gave sort of a superficial talk about the HPOA without going into the details of it. The 400 doctors, through the whole — whatever it was; I can't remember — half-hour, continually asked questions, hard questions, expecting answers. To this day, there have been no answers.

I would argue, as well, that when you look at physicians

as prospective felons.... We're looking at a manpower issue, and the HPOA has driven some doctors away from B.C., and some doctors have retired early because of it.

[5:55 p.m.]

My next question regarding the HPOA, and it will probably be my last.... Again, hopefully, we get an answer. We haven't had an answer so far, and I will reiterate that going back to Cayton's report does not provide answers to my questions.

What is the evidence that it was and is necessary or beneficial to health and safety to authorize adoption as law in B.C. of any law, made anywhere, by any state and any rule, adopted by any organization, anywhere?

What is the evidence that it was and is necessary or beneficial to health and safety to create acts of misconduct and criminal offences that violate the principles of legality and predictability? An example of that: providing false or misleading information to patients or the public is both an act of misconduct and a criminal offence.

I may add: who decides what is misinformation; makes rules regarding informed consent, ethical standards or what health care services can be provided by who, to whom and in what location; empowers appointees to mandate vaccination for transmittable disease as a condition of licensing and employment?

We have to remember this is all done by appointees without input from the front line, since there is no democratic process whatsoever in this bill.

[6:00 p.m.]

**Hon. Josie Osborne:** At the heart of this is the issue of public trust in health care professionals. Health care professionals — particularly physicians, but others too — are in positions of power and authority. They have extensive training that they undertake. British Columbians entrust their lives to professionals each and every day, not only the care of our own selves but the care of the people that we love. That's why it's important, always, that a patient's interests are at the heart of this and that public interest remains paramount.

The tools provided in this act, and the consequences that the member is highlighting, are not an aspersion of all professionals or of any profession that they participate in. Instead, what this is about is, sadly, acknowledging that things happen that need to be dealt with.

[6:05 p.m.]

We need tools to go after those people who do not meet the standards of competent and safe and professional care, ethical care that British Columbians deserve. Having those tools that are applied in a consistent and fair manner, doing everything that can be taken to depoliticize those processes, is absolutely important.

An elected board of members of its own profession, responsible for providing disciplinary decisions for its own profession, is not able to act in the best interests of the

public in a way that would meet the expectations of British Columbians. Again, that's really what is at the heart of this act.

Undertaking the advice of a well-respected professional in this field, who undertook an extensive report and undertook engagement, having a multiparty committee come together in a non-partisan way to come up with recommendations and then take their consultation report out and having almost 4,000 responses to that, 2,800 of which, almost 70 percent, were health professionals themselves....

This is not something that the public of British Columbia made up to express issues with. These were issues that came forward from health professionals themselves. Trust is at the heart of the delivery of health care — the relationship between the patient and the provider. Ensuring that health care is delivered in that safe, ethical, competent manner and ensuring that the processes that are in place protect the health care provider as well as the recipient, the patient, is of utmost importance.

I know that the member and I aren't going to agree on everything, but this is an act that has had support, support that has come forward through every stage of its development to address serious issues that have been identified by both members of the public and health care professionals themselves. It makes changes that will make our health care system stronger and will enable the public to continue to have the confidence and trust in the system and in health care professionals that they deserve to have. It's an act that I am glad this Legislature passed.

**Anna Kindy:** I still haven't had the answer. What is the evidence that it's keeping people in B.C. healthier and safer?

What I did hear was that health care workers are not competent to be objective in the protection of the public. Appointees are, but front-line health care workers are not. I think that is why none of the other provinces are doing what we're doing. It's because you need context, and you need the outlook of a front-line health care worker.

I would argue that if the positions were all elected, you'd be right. I think there needs to be a balance, and we did have that balance, where half were appointed and half were elected. That balance has been removed, and to me, it's government overreach, which makes people less safe.

I'm just going to ask one more last question on this. What are the costs to date and the anticipated costs of amalgamation? Will these costs, or any of them, be billed to licensed health professionals and health occupations? What are the anticipated annual operation costs of the HPOA, and who will pay those costs?

[6:10 p.m. - 6:15 p.m.]

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

I'm just going to run through the amalgamation of the colleges and then who bore the costs and what they were.

Then I'll talk about the annual operations budget like the member asked.

In 2018, first of all, the three nursing colleges came together, and the cost of that was borne by the colleges themselves, using the resources that they had.

In 2020, the College of Physicians and Surgeons and the college of podiatrists came together. Again, the costs were borne by the colleges themselves, although they were largely borne by the College of Physicians and Surgeons, because the low membership of the college of podiatrists prevented them from having sufficient funds.

In 2019, the three nursing colleges, also, then amalgamated with the College of Midwives. Again, the costs were borne by the college.

In 2022, the oral health college was formed as an amalgamation of dentists, dental hygienists, dental technicians, dental therapists, dental assistants and denturists. Again, the costs were borne by the colleges.

In 2024, the final two colleges came together. The first was the complementary college of massage, naturopaths, chiropractors and traditional Chinese medicine and acupuncturists. The second college that came together was the health and care professionals college with physiotherapists, occupational therapists, dietitians, optometrists, opticians, speech and hearing professionals and psychologists. Now, those two colleges were an amalgamation of very small colleges that didn't have sufficient resources to undertake that work. Government provided a total of \$5.2 million to enable that work to occur.

Then with respect to the office itself and the independent superintendent.... Establishing that college in the first year, 2023-2024, budgeted for just under \$2.5 million.... Then as the superintendent's office hires the staff that it needs, the annual budget is projected to rise to just under \$7 million or around \$7 million per year. That is funding that will be managed through the existing Ministry of Health funding envelope.

**Anna Kindy:** So as I'm hearing it, the colleges are bearing the brunt of the cost. Does that mean that the health care workers are? As far as I know, dues are paid by the health care workers. Is that what I'm hearing correctly?

[6:20 p.m.]

**Hon. Josie Osborne:** It's important, I think, to note.... I spoke first about the three nursing colleges that came together in 2018. That was actually an initiative that the colleges undertook themselves because they recognized the economies of scale there. Rather than having three boards and three registrars and three disciplinary committees that they needed to operate, they took the decision to amalgamate.

Yes, the costs were borne by the colleges, and to the member's point, colleges are funded primarily through membership dues. As I pointed out, the last two amalgam-

ations that took place in 2024 — those colleges were so small and, in some cases.... In the other amalgamations as well.... For example, the podiatrists, with 77 members, simply did not have the funds themselves, so working with the other colleges with which they amalgamated, they used the resources that they had to undertake those amalgamations.

With the final two, the complementary and the health and care professionals colleges, coming together with some government assistance because they were not able to do that.

Hopefully, that answers the questions. I know we've canvassed a lot today, and I appreciate the member's submissions and questions.

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

Motion approved.

**The Chair:** This committee stands adjourned.

The committee rose at 6:22 p.m.

The House resumed at 6:22 p.m.

[The Speaker in the chair.]

**Lorne Doerkson:** Committee of Supply, Section B, reports progress of 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 Post-Secondary Education and Future Skills and reports progress on the Ministry of Environment and Parks and asks leave to sit again.

Leave granted.

Hon. Spencer Chandra Herbert moved adjournment of the House.

Motion approved.

**The Speaker:** This House stands adjourned until 1:30 p.m. tomorrow.

The House adjourned at 6:23 p.m.

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### Proceedings in the Douglas Fir Room

The House in Committee, Section A.

The committee met at 1:39 p.m.

[George Anderson in the chair.]

### Committee of Supply

#### ESTIMATES: MINISTRY OF POST-SECONDARY EDUCATION AND FUTURE SKILLS (continued)

**The Chair:** Good afternoon, everyone. Before we start, I neglected to do something, which is to wish my sister a happy birthday. So I just want to wish her a very happy birthday.

Thank you for being such a great sister.

On that note, I call the Committee of Supply, Section A, to order. We are meeting today to continue the consideration of the budget estimates for the Ministry of Post-Secondary Education and Future Skills.

On Vote 41: ministry operations, \$3,515,868,000  
(continued).

[1:40 p.m.]

**Lawrence Mok:** My question to the minister: what measures are in place to support Indigenous students in post-secondary education, and what are the outcomes of these initiatives?

**Hon. Anne Kang:** Indigenous learners are opting to enrol in varying institution types and programs to show increasing enrolments, so the FTEs we have seen increase, as well, in credential attainment after COVID.

[1:45 p.m.]

There has been consistent enrolment growth of Indigenous learners in Indigenous language programs, aligning with language revitalization efforts and the StrongerBC future-ready action plan.

We are working closely with Indigenous partners and other lead ministries to advance our declaration action plan commitments. My ministry leads four specific actions and supports another five actions led by the Ministry of Education and Child Care or the Ministry of Indigenous Relations. We do work very closely with Indigenous and First Nation partners. My ministry is the lead for four declarations and actions.

Specifically, our action 1.8, Indigenous institutes. The First Nations Mandated Post-Secondary Institutes Act passed in May of 2024, continuing to collaborate on regulations, policies and procedures to implement the act. Work with Métis Nation B.C. on Métis Institute continues.

Also, action 1.9, Native Education College. Our ministry staff are working with NEC staff to bring it into alignment with public institution standards, as well as the Urban Indigenous Youth and Education Project. The business case is in development, and it's underway.

Action 4.05, Indigenous policy framework. Our min-

istry work will begin in 2025 and '26 with Indigenous and sector partners. We are working on two subcomponents; the Aboriginal service plan and the student housing have been underway for some time.

As well, action 4.41, Indigenous skills training and education funding. Some funding allocated directly to First Nations and Métis partners, as well as First Nation and urban organizations. A program review is planned for 2025-26.

**Lawrence Mok:** Thank you, Minister. It's wonderful to know that your ministry is doing a lot for the Indigenous people.

My question to the minister: how does the government ensure that post-secondary education institutions are accessible to students in rural and remote areas?

**The Chair:** Just a reminder to members in the chamber that you are not able to eat in the chamber. Just a reminder to all members.

**A Voice:** Unless you share.

[1:50 p.m.]

**The Chair:** Not even if you're sharing.

**A Voice:** Is candy okay, hon. Speaker?

**The Chair:** It depends what type of candy.

**A Voice:** It's for my throat.

**The Chair:** I'll allow it. But chocolate bars and chips, not so much.

**Hon. Anne Kang:** I'm very proud of the 25 public post-secondary institutions that we have here in British Columbia. All 25 are located in various locations around British Columbia. That way we can serve learners of various different regions, including remote and rural communities.

There are options of distributed learning, where people are able to learn where they are. Our colleges have a regional mandate. That means that rural and remote learners will be able to access education. As well, through Thompson Rivers University, there's an option of open learning available to access courses online or to be learning remotely.

I also understand that our post-secondary institutions work very hard to keep in mind how they can be more accessible to learners. So there are options of blended learning. They also work very closely and in partnership, in collaboration with First Nations learners, as well as using technologies to make sure that barriers are broken.

**Lawrence Mok:** It's good to know.

My next question. The Federation of Post-Secondary Educators of B.C. is calling for a plan to stabilize the post-secondary system in light of this crisis. Does the ministry have a clear, concrete strategy for supporting B.C.'s institutions through this crisis?

[1:55 p.m.]

**Hon. Anne Kang:** I believe the member may be speaking in terms of the financial challenges in our post-secondary system, and we are very much aware of them. B.C.'s public post-secondary institutions continue to face operational pressures from post-pandemic inflation, labour shortages and declining student enrolment, and it's worsened by the sudden federal cap on the international student permits that was introduced this year.

[Nina Krieger in the chair.]

I've had the opportunity to speak with the previous federal minister about the challenges we've been having and the unilateral decisions that they have made that have had very negative impacts to B.C.'s post-secondary sector.

[2:00 p.m.]

Our ministry is considering how to best support institutions to reduce costs and increase revenues in the coming years, and we are working closely with all of our post-secondary sectors on the pathway forward.

**Lawrence Mok:** When I look online at the app for international nurses in B.C., it says that licensing for international nurses in B.C. is currently a 14-step process, even as we experience a dire health care shortage.

Does the ministry budget cover improvements to the credentialing process, and can we expect to see these changes implemented?

**Hon. Anne Kang:** Thank you so much to the member for that question. As I have said previously to the other member, health care professionals are regulated by the Ministry of Health.

You may come back and ask that question to the Ministry of Health during.... I think she's already gone. Okay, maybe you get a briefing from the Ministry of Health. Internationally trained nurses are under the purview of the Ministry of Health.

**The Chair:** Recognizing the member for Abbotsford West.

**Korky Neufeld:** Thank you, Chair, and good afternoon. Good afternoon to the minister as well.

Private institutions. This government, I believe, needs to give more recognition to private institutions. I believe this government also needs to increase the support for private institutions, not necessarily financial, because they play a very important role by providing trained and qualified young people into our workforce.

We need to remove the barriers of adding new programs, which can take up to three years or more to process by this government. Especially today, with all the uncertainties, we need every institution to produce as many qualified and trained individuals to enter our workforce as possible and as soon as possible. Private institutions are more nimble and can respond quickly to emerging needs and still meet the regulatory requirements and quality assurances.

Is this correct — that this ministry oversees all programming and course requirements for all 330-plus private institutions across British Columbia?

[2:05 p.m.]

**Hon. Anne Kang:** That is correct. My ministry is in charge of the regulation of private institutions and review and approval of their programming.

We do recognize that they play a very valuable role in our post-secondary sector. They are flexible. They develop and implement training programs, and we thank them for the work that they do.

**Korky Neufeld:** I don't know if the minister has been to Western College, just in Surrey. They also have a medical district there, and it's just a phenomenal institution with five towers now that they're planning to build, all privately funded.

The number of students that they push out of there.... So 97 percent are in the workforce after graduation. I think that's very commendable of them. But it still takes three years for some of their courses and new programs to be put through the system.

How many ministry staff actually exist to oversee the quality assessment, the certification and the monitoring of these 330 private institutions? How many staff members, under the ministry, oversee the quality assessment, certification and monitoring of these 330 private institutions?

**Hon. Anne Kang:** Approximately 40 staff.

[2:10 p.m.]

**Korky Neufeld:** Why does it take up to three years to go through the government's process? Either they don't have enough staff, or they're not moving quickly enough through all the processes when institutions apply for programming, courses and changes.

I've got it specifically from certain institutions. It takes up to three years for some of these to run through the process in the government. I guess the question is why.

**Hon. Anne Kang:** The length of the approval process varies from application to application. Generally, it takes about ten months for any new program approval.

It all depends on the quality of the application that has

been received. Sometimes the completeness of the application plays a huge role in how much time goes back and forth to collect the complete data that is needed and, as well, the number of applications that are in the process.

[2:15 p.m.]

**Korky Neufeld:** I think it would be helpful if the ministry would look at the institutions that are requesting the courses and look at their history.

If they have a really solid reputation of actually completing and doing what they say they're doing and they're graduating qualified students and their attrition rate for graduation is high and their employment is high, I'm wondering if we could speed up some of those processes and have, maybe, different avenues to check and balance.

When an institution has a great track record, I'm hoping that the ministry would say: "You know what? They're a quality institution, they have quality programs, they have quality staff, and they produce quality outcomes. Let's move it through the system a little bit quicker." I'm hoping you can do that.

The question I have: do those 42 staff also oversee compliance and quality assurance in the Ministry of Post-Secondary? Is that part of their job?

**Hon. Anne Kang:** Just to make sure that we're talking only about private institutions, the answer is yes, they are the same team that are responsible for compliance and enforcement at private institutions and programming.

**Korky Neufeld:** The reason why this is important is that it takes up to three years to get through the compliance and quality assurance process. Our society and economy is changing at an ever-increasing pace. Can you imagine that three years later, the program gets initiated, and it needs major revisions or it may be obsolete altogether because of the changing times? I'm hoping the minister can work with the private institutions and shorten that time frame to the shortest possible outcome.

[2:20 p.m.]

Also, there's a lack of certified teachers. I know that in our district, we have about 50-plus uncertified teachers in public education classrooms presently. I know that throughout the province.... I think especially in the Interior, it's more so, because people don't want to live there, but now it's happening locally, and it's happening in urban centres as well.

How many teachers short are we now, today, across the province of British Columbia?

**Hon. Anne Kang:** Thank you so much to the member for that question.

We do work very closely with the Ministry of Education and Child Care, and that question of numbers would be best directed towards that ministry. My role, and our

ministry's responsibility, is training of teachers. Since 2018, government has invested \$10.2 million in teacher education, including \$4.1 million in targeted one-time funding to create 430 additional student spaces.

We are working closely with the Ministry of Education and Child Care, as well as education partners, on implementation of a K-to-12 workforce plan. We are investing to train more teachers and improve program accessibility by expanding UBC's rural and remote teacher education program to allow students to remain in rural communities while studying, supporting the creation of two new teacher education programs to be delivered partly online and funding additional seats in French teacher education programs.

In 2023-24, 1,720 new teachers trained in approved B.C. public teacher education programs received a certificate of qualification from ECC's teacher regulation branch.

**Korky Neufeld:** How many speech pathologists or speech-language pathologists are we short of, and how many seats are available today across the institutions?

**Hon. Anne Kang:** In B.C., we currently have 44 SLP seats.

[2:25 p.m.]

**Korky Neufeld:** Thank you to the minister.

It's very important. Once students fall behind, it's most likely they will never catch up in their education. They say that in K to 3, you learn to read, and then from grade 3 on, you read to learn. So it's very important, that.

I know there are challenges in our public school system. The complexities of the classrooms are ever changing.

I just want to publicly say thank you to all the public education teachers, teacher assistants, staff for the wonderful work that you do each and every day. The students show up as they are, and you deal with each and every one of them with the best that you can. We just want to make sure that the supports are there for you.

Autism assessments are completed by pediatricians, psychologists and psychiatrists. How many available seats for these crucial positions are in B.C. today?

**Hon. Anne Kang:** Supporting a student with autism requires team-based care, and there are so many professionals inside school bases or in the community supporting a child with autism. It's hard to really identify how many when you talk about it in those terms.

But a pediatrician and a psychiatrist are medical doctors, so this question would be best determined by the Ministry of Health. In terms of psychologists, there are many pathways and routes to becoming a psychologist, so the exact number would be hard to determine.

[2:30 p.m.]

I do want to recognize that it is very important for all

children to have a high-quality education and to be supported and met where they are in terms of education. Previously, coming into the MLA role, I was a special education teacher as well, supporting students in their classroom. This is a very important job that we need to do, and I recognize the importance of it.

**Korky Neufeld:** Well it's unfortunate that we can't get a clear answer. I mean, it's interesting how we kick things from one ministry to the other.

These are trained professionals, and it takes, I think, up to five years before a kindergarten student sometimes can receive a proper diagnosis, which means they have not benefited from focused education for five of their formative years in education.

If we're going to do assessments, we need to make sure that people are in the seats for training. So maybe the number of seats is not the problem. Maybe it's in registration, so maybe I can ask the question in these areas. What is the plan to attract registrations in these skilled areas, or is that under Health, as well, and nothing to do with Post-Secondary?

**Hon. Anne Kang:** My ministry is the Ministry of Post-Secondary Education and skills training. Our responsibility is to be training professionals that are in our post-secondary sector.

[2:35 p.m.]

I understand that the Health Ministry and Education and Child Care are attracting and recruiting new teachers and health professionals, so the question would be best addressed to either the Ministry of Health or Education and Child Care.

However, I would like to note that in our post-secondary system, we have high enrolments for these programs. We are maximizing the registration, and we are graduating as many as possible with a high-quality education that we are providing in our sector.

If you would like to address those questions in terms of attraction, which is your question, to the Health Ministry, as well as school districts.

**Korky Neufeld:** I want to go through.... Because we're going to run out of time, I want to throw out a bunch of questions that can be taped, and if the minister wants to get back to me on these, they can.

I have documents here that B.C. Kwantlen University is going to lay off 70 faculty due to a \$49 million revenue loss because of the student policy change of the federal government. The Okanagan College faces an \$8 million deficit due to international student enrolment. Some programs shut down at CNC in Prince George. So we can see how, in light of the federal international student policy changes, it's going to impact our institutions.

I'm hoping that the ministry will be able to keep track

of what is happening and how many institutions will be filing deficit with the government in 2025. Also, what are the dollar amounts for that shortfall?

Does the minister know how many programs will no longer be offered to students across the province? Once you get rid of faculty, you get rid of programs. So how many employment-ready degrees will not be offered anymore?

I think what I've heard from many people is there are too many bachelor of arts degrees and not enough employment-ready degrees in training. Will the minister make sure that those programs that are employment ready will not be part of the cuts that these institutions are making because of their financial shortfall?

What additional supports have been put in place for these institutions during this international student crisis? I think, if I read the documents.... When the minister was, in 2021, Minister of Post-Secondary, there was a concern for the international student fees for institutions and how vulnerable it was. I believe when I read the documents, it was already put forward in 2021, when the minister was in Post-Secondary the first time. I'm hoping that we don't wait for a crisis but that we are proactive in these things.

When you were, back in 2021, the Minister of Post-Secondary Education, there was an international education framework. I guess the question is: has that framework been completed? Has that framework been made public?

Will this government ensure that British Columbians and their post-secondary institutions remain fiscally viable? I'm thinking especially of some of the smaller, more rural institutions that are probably going to be hit the hardest financially by this and probably be the hardest to recoup anything. I'm hoping that the ministry will be supporting them.

Also, how many institutions have submitted debt mitigation letters through to the treasury? How many of those institutions have submitted letters through the treasury three years in a row?

In other words, there's obviously been some concern for some of these institutions about their financial viability, and they've been referred to the Ministry of Finance for debt remediation three years in a row, and still nothing is done. I think the fiscal cliff for many of these institutions is before us now, so action needs to be taken. How will we meet the job market needs if our institutions are not fiscally viable?

I have with me here the post-secondary funding formula review of December 2022, and the question is: has that been made public? Also, all these institutions, unions, faculties, students and community members who gave their information to this review — have they been given this funding formula, which has been delayed and delayed in being made public for some time? Those are some things that the minister could look into.

[2:40 p.m.]

Has the minister looked at all these layoffs that'll be taking place and how much that'll impact their FTE targets? Does the minister have a plan about the direction they are providing to post-secondary institutions? How is the ministry tracking the total impact across the province? Is it your understanding that post-secondary education costs for students are becoming more affordable in the past eight years or less affordable?

What I also wanted to bring forward was Kwantlen Polytechnic University and Langara College student societies. I know that the minister and I, when I was in her office about a month ago, touched on this topic about student unions.

I was told that it doesn't fall under her purview. It does, though, under the Minister of Finance. But I think it directly impacts the affordability of students to be able to afford post-secondary education when they're forced to pay their student fees, and then the student fees aren't being used appropriately in our institutions.

I know that the minister knows about this, because letters have been sent from students from Kwantlen Polytechnic University and Langara College with deep, deep concerns about their student unions. I think there need to be some changes made to this, and I think if we care about our students, the minister will take these up with the proper authorities.

I know you received information like this that talks about some of the remedies, and I'm going to go through some of the remedies until my time is up. Some of the remedies for the student unions are very simple, because....

What is very interesting, actually, is that the Premier, who was then, back in 2015 — November 18, when he was speaking to Langara College... He was the Post-Secondary critic at the time. When he heard their concerns, this was his response: "I am very concerned about the information you presented about what is happening at Langara, as an advocate for open government and transparency at all levels." Ten years ago and no action. That is the concern — when somebody says something and doesn't follow through with it.

These students were hanging on every word, hoping that somebody would follow through and deal with these student unions. Some of these staff members in these student unions get paid as much as an MLA, and that's on the backs of our students and student loans. It is absolutely reckless, and something needs to be done.

Here are some of the remedies for this.

The Premier needs to ask the B.C. Auditor General to perform a full audit of student societies for the past five years.

Two, amend the B.C. Freedom of Information and Protection of Privacy Act to cover student societies.

The Premier needs to launch a comprehensive, all-party public inquiry into the structured powers of B.C. student societies and their continued necessity, if any, or

at least a public consultative process. This inquiry would produce a report with recommendations.

Four, create a new, stand-alone B.C. student societies act.

Five, Victoria urgently needs to legislate a hard cap on student society staffers' salaries, expenses, bonuses and overtime.

What is happening at these student unions is that staff members who have control of their finances, and nobody's checking on it, are loaning money to their friends without any payment back. That's on the backs of our students, because our students have to pay the fee. They have no choice to pay the fee, but they're not getting their bang for their buck.

These two groups especially are reckless. We've known about it for ten years. I'm hoping the ministry will take this to the Minister of Finance and, once and for all, deal with it, because our students are counting on us.

**The Chair:** Seeing no further questions, I ask the minister if they would like to make closing remarks.

**Hon. Anne Kang:** I do want to really graciously thank my two critics for this time that we've been able to spend together to ask questions on the estimates. From what I can see, they are very passionate about the post-secondary sector, the industry and, as well, the success of our future workers. I really want to thank them for the work that they do to hold government to account.

Thank you so much for that.

We've had a very productive conversation today. Our ministry has captured all of your questions, and we'll make sure to provide you a written response on your questions as soon as possible.

As Minister of Post-Secondary Education and skills training, I endeavour to provide high-quality education. I want to thank all my staff who are in this room today, who have spent the last two days with us in supporting our ministry and supporting the sector in the work that they do not only in our 25 public post-secondary institutions but also recognizing the important roles that private institutions are playing, whether they're post-secondary or they're training institutions and skill training institutions.

We will continue, also, working with First Nation-mandated institutes and, as well, with our Indigenous partners to make sure that Indigenous learners can achieve their higher educational goals. These are all very important to us. I endeavour to be their champion and to be a strong advocate as we see the impacts on revenue streams, as we are impacted by unilateral decisions made by the federal government.

It is my endeavour to continue the good work that we need to do for British Columbians.

**The Chair:** Seeing no further questions, I will now call the vote.

Vote 41: ministry operations, \$3,515,868,000 — approved.

**The Chair:** Thank you, Members.

We will now have a brief recess and reconvene in ten minutes, at 2:55 p.m. sharp.

The committee recessed from 2:45 p.m. to 2:54 p.m.

[Nina Krieger in the chair.]

#### ESTIMATES: MINISTRY OF ENVIRONMENT AND PARKS

**The Chair:** Good afternoon. I call the Committee of Supply, Section A, back to order. We are meeting today to consider the budget estimates of the Ministry of Environment and Parks.

On Vote 24: ministry operations, \$162,410,000.

**The Chair:** Minister, do you have any opening remarks?

**Hon. Laanas / Tamara Davidson:** Yes, I do. Thank you, Chair, for the opportunity to offer a few remarks before we begin.

[2:55 p.m.]

As the MLA representing North Coast-Haida Gwaii, it's my honour to stand here today as the Minister of Environment and Parks to debate our budget estimates.

I'll begin by recognizing the territory of the *lək'wəḡən*-speaking people, including the Songhees and Esquimalt Nations, where we're gathered here today.

[Jennifer Blatherwick in the chair.]

I'd also like to introduce a few of the extraordinary staff that I have representing me today: my deputy minister, Kevin Jardine; associate deputy minister for the environmental assessment office, Alex MacLennan; Chris Trumpy, ADM for the environmental assessment office operations division; Kathryn Forge, ADM for our environmental protection division; Jim Standen, ADM for conservation and recreation division, which includes B.C. Parks, Recreation Sites and Trails, and the B.C. conservation officer service.

There's John Hawkings, executive lead for our parks and recreation program; Amy Avila, ADM for our strategic services and Indigenous partnerships division; Julie Chace, executive director of strategic services and compliance division; and Ranbir Parmar, our executive financial officer.

I'd also like to take this opportunity to thank the members across the way for the time that they're taking today

to learn more about our work to protect the environment. And I'll offer a reminder that our climate action secretariat is now with the Minister of Energy and Climate Solutions.

As a newly elected representative, I can't thank the public service enough for getting me up to speed and supporting my unwavering commitment to protect our environment. I can assure you that we are completely aligned in this work. I also want to express my gratitude to the opposition for what I'm sure will be fruitful discussion for the next number of hours to discuss our environment and parks.

What I'll say now, and to put it into the record after about five months on the job, is how impressed I am with what our government has accomplished since 2017 and how excited I am to build upon this work in my new role as B.C.'s Environment Minister.

Protecting our land, water, air and wildlife is extremely important to me. In the face of tariff threats from the U.S., my top priority is ensuring that our growing economy goes hand in hand with the strong environmental protections that are so important to the people of B.C.

Properly assessing large-scale projects is critical in making sure that development is sustainable so that we get the good jobs and economic growth we need while protecting our environment and wildlife and keeping communities healthy and safe. That is the critical role of environmental assessments and permitting. That's why we're focused across government on accelerating major natural resource projects by making assessment processes more efficient and getting to decisions sooner.

Of course, that does not come at the expense of strong environmental protections or upholding our commitments to meaningful consultation with First Nations. And this is the work our government has already begun making progress on.

A great example is the Cariboo Gold mine, the first project to go through the new Environmental Assessment Act, which was completed in three years. It also now has its permits in place thanks to a streamlined process between the EAO, my ministry and the Ministry of Mining and Critical Minerals.

We continue to do this work and, as you may know, we are reviewing the Environmental Assessment Act to make sure it's working well and as intended. That includes looking at timelines and finding ways to streamline our processes.

We know that these processes need to be responsive to the needs of society as we move forward, especially when it comes to timely decisions regarding projects that are critical to our economy, like getting more clean energy online faster to meet the electricity needs of people and the economy. That's why we're exempting wind farm projects from environmental assessments and working on expediting reviews of projects, like solar farms.

It's important that investors are able to move forward

with confidence that government is committed to streamlining decisions within our jurisdiction while protecting the environment and properly consulting First Nations.

Of course, a great benefit of stewarding our environment is the value it brings not only to the lands and water themselves but also to the diverse people, cultures, families and local economies in our province.

[3:00 p.m.]

That's evident in our renewed focus on provincial parks and recreation sites, which will be more popular than ever this spring and summer as people choose to spend more of their time and money travelling locally and supporting Canadian businesses and communities.

Since 2017, we've added more than 2,000 new campsites to B.C. parks and recreation sites, with more to come, and we will continue to purchase more land to provide people with better access to the outdoors as our population grows.

Since 2020, we have purchased 520 hectares of land for addition to the protected areas system. Just last year we were able to purchase 11.4 hectares of waterfront land, with an intention to expand Okanagan Lake Park, and we built 30 new campsites at Fintry Park near Kelowna.

Projects like these are drivers of tourism and support local businesses and jobs, and we're excited to continue this work under our ministry's new name, for parks, recreation sites and trails are also at the forefront of climate change, with extreme heat and heavy rain causing significant, costly damage.

This has led to temporary closures of popular parks that are important to local communities and economies, from the Othello Tunnels in Hope, to Golden Ears Park in Maple Ridge, to Berg Lake Trail near Valemount. Popular trail networks near Logan Lake and Kelowna have also been affected by wildfires.

The cost of repairing damage from extreme weather is substantial: about \$9 million in 2023 from the wildfires alone. We've estimated approximately \$5 million will be needed for the ongoing repairs of Golden Ears Park, and we invest \$1.2 million annually to reduce the risk of wildfires in provincial parks.

One of the ways that we do this is by working in partnership with First Nations and the B.C. Wildfire Service on prescribed burns. These burns reduce the risk and intensity of wildfires, while returning an integral and culturally significant process to lands across B.C.

Climate events have also prompted us to build back better, to withstand the impact of climate change into the future. For example, we've been repairing trails damaged by floods by rerouting them with less river crossings or on higher ground. We do this because we're all extremely grateful for our province's natural beauty and because it's one of our commitments to stewarding it for future generations to benefit from, care and enjoy.

As part of our commitment to the environment, we are

steadfast in our work to reduce waste, to invest in innovative projects to better repurpose the plastic we use and to keep more material out of our landfills. This is how we can contribute to a healthier future, with lower emissions and less pollution.

I'm so proud of this ministry's work through the CleanBC plastics action plan to help people and businesses move away from single-use plastics towards more sustainable options, working with First Nations and our industry partners to move forward in a way that works for everyone. This includes the CleanBC plastics action fund, which supports innovative projects that prevent and reduce plastic waste in B.C.

Since 2020, we have provided \$40 million to help find new ways to repair, reuse and recycle plastics into new products. This year we will be distributing an additional \$8 million to fund new projects throughout the province.

British Columbians should be proud of the leadership our province has shown in recycling. Ninety-eight per cent of the plastic collected in our blue boxes is sent to recycling and markets, and we're going to strive to keep improving, especially in the industrial, commercial and institutional sectors. We have always been leaders in this field, and we will continue to be.

We're also looking to make more progress in composting of our organic waste, which can take up space in landfills and be a source of emissions, something none of us wants to see. I speak for all of us when I say we'd rather see organics composted into healthy soil. Right now 40 per cent of all material sent to landfills is organic waste, but we are making progress, composting more than ever before, and we're going to keep going.

[3:05 p.m.]

Since 2020, we have invested over \$71 million through organics infrastructure and collections programs to help build and expand organics processing facilities and collection systems. This directly supports B.C. communities, and it reduces waste management costs for local governments and First Nations. This is important work and another example of how we are supporting British Columbia's circular economy, creating jobs and building a sustainable future for our province.

As you can see, I'm excited about what we've accomplished and where we're going. We'll continue taking steps to protect the environment, taking action against pollution, toward a sustainable future for our province. I look forward to talking more about our environment with the opposition.

**Trevor Halford:** I want to thank the minister, and I want to thank the minister's staff for allowing us to have this time today. I'm sure it will be a fruitful and important conversation. I really want to get down to the heart of it.

I'm going to hand this over to my colleague, the MLA for Boundary-Similkameen. She's got some questions spe-

cifically on conservation and enforcement. She'll take the floor, and then I'll have another colleague come in and join us as well.

**Donegal Wilson:** Thank you, Minister, for the opportunity to ask some questions today.

You may or may not know that I come from the snowmobile sector previously. I worked extensively with the recreation sites and trails branch and B.C. Parks. I look forward to delving into some of that.

I also want to recognize Mr. Hawkings, who I worked with closely in my previous role.

Basically, I wanted to talk about conservation officers, natural resource officers and environmental protection officers. I have questions about all three, but rather than asking them separately, I'd like to just lump them, ask the questions and know that I'm looking for the response for each of the three streams of enforcement.

I'll start with: what portion of the budget is allocated to each of these front-line enforcement services in '25-26?

[3:10 p.m.]

**Hon. Laanas / Tamara Davidson:** Thank you to the member across the way for the question.

For the natural resource officers, that question would actually need to be directed to the Ministry of Forests. They are housed under the Ministry of Forests.

I can say also that once the budget is passed, we will be loading each of the budgets into each branch. Although I'm unable to tell you precisely the allocations, I can confirm that there are approximately 197 conservation officer service officers and 53 within compliance and enforcement under the environmental protection division.

**Donegal Wilson:** Thank you very much. I didn't actually think it would be that complicated of a question, but I appreciate it. I will put it to my critic for Forests for them to talk about the natural resource officers.

I didn't hear the EPOs, the environmental protection officers. Is that not in your ministry either, or was that included in the conservation number?

[3:15 p.m.]

**Hon. Laanas / Tamara Davidson:** I did confirm, for the member across the way, that there are 53 people in the compliance and enforcement branch, of which 33 of them are the environmental protection officers.

Then the member may also be interested in knowing that there are three integrated pest management officers, as well, that do compliance and enforcement.

**Donegal Wilson:** Just to dig into that a little bit, the first number you gave me for the COs was 197 — is that correct? — of which 53 are front-line staff.

[3:20 p.m.]

**Hon. Laanas / Tamara Davidson:** Of the 197 in total in the conservation officer service, 167 are conservation officers, and then the rest are administrative or civilians.

**Donegal Wilson:** I must have written that down wrong, because I thought that it was 53 the first time, but maybe you were speaking about the EPOs. Thank you for that.

Can you provide some clarity on whether those numbers, say, since 2020...? Are they up, down; are we on the same...? What has been happening, in the last five years, on our front-line enforcement?

[3:25 p.m.]

**Hon. Laanas / Tamara Davidson:** Sorry for taking the time to get the information. We don't normally track this on a year-over-year basis, but I can say that for the conservation officers, there was an increase. In the 2024-2025 budget, there was an increase by ten officers.

It's a bit more complicated for the EPO and IPM because there has been a reorganization since that time, but overall, the numbers have not gone down. There are no fewer since 2020, and I'm confident that the numbers have not declined.

**Donegal Wilson:** I would appreciate if the minister were able to just provide me those numbers in writing at a later date.

[3:30 p.m.]

I understand that it's hard to compile, but at the same time, from the ground, it seems like there's less enforcement. I believe that there are quite a few positions that are vacant, that may need to be filled and that are included in those counts but perhaps aren't actually people on the ground.

I know for Boundary-Similkameen, there was a point in time in this last winter where we had one conservation officer operating out of our Grand Forks office. That's a really big region for one conservation officer.

If I could just get that in writing. I understand.... I don't want to take up all the time on that.

I do have another question. I anticipate that it would take a long time as well, so I'm going to submit that to you in writing. It's specifically around enforcement on recreational closures.

I would like to know how much the province is spending on enforcement related to recreational closures related to caribou habitat. I understand that species at risk is within a different ministry, but the enforcement is over here, which makes it a very confusing number. If I could have that maybe later. I know that will take some time to pull.

I would like to pass it over to the member for Skeena for a few questions, and then I'll continue a couple more.

**Claire Rattée:** I have actually condensed this into one

question. Let me read through it, because it's a little bit wordy.

Thank you again for the time. I appreciate it.

Given the federal government's move to label PFAS or polyfluoroalkyl substances as toxic and given that they've been linked to cancer, reproductive issues and environmental contamination, has the ministry identified firefighter training sites or municipal runoff zones as high risk for PFAS entering drinking water or local ecosystems? Is the ministry monitoring PFAS contamination in rural or northern communities, where runoff from firefighting foam may enter local waterways?

Also, will the ministry support or require the phased elimination of PFAS from turnout gear and fire equipment in B.C.?

What funding or remediation is being provided to help municipalities like Kitimat mitigate or monitor PFAS contamination from historic firefighting operations?

Also, what is the province doing to support transitions in the public safety sector away from PFAS?

[3:35 p.m. - 3:40 p.m.]

**Hon. Laanas / Tamara Davidson:** Thank you to the member across the way for the question.

As we know, Environment and Climate Change Canada and Health Canada released a state of PFAS report in March 2025. As we also know, this is a federally regulated issue. The federal government is proposing new management actions through a phased prohibition, and each phase will consider exemptions based on available alternatives and the cost and feasibility of eliminating and replacing PFAS use.

In terms of the firefighting foams, which the member brought up, right now the federal government, I understand, is in consultation in the summer and the fall of 2025, and the new regulation is expected in spring of 2027.

We know that PFAS is a regulated federal issue, but we also, in 2024, published recommendations from a technical working group on compost and biosolids quality, including a focus on PFAS chemicals. The working group outcomes are going to be informing policy and sampling requirements for Organic Matter Recycling Regulation implementation.

This continues to be an emerging field, and we are taking steps to meet the requirements. B.C. has already set standards for three PFAS chemicals in the Contaminated Sites Regulation, and the ministry will continue to adapt and evaluate this regulation as more research emerges.

Then, finally, in regards to the firefighting equipment, this would be referred to the fire commissioner, who is under the Ministry of Public Safety and Solicitor General, for their standing operating procedures.

**Trevor Halford:** I want to thank my colleagues. We're

going to get back to my colleague from Boundary-Similkameen in a minute.

I just wanted to switch topics to the environmental assessment office. I don't know if the minister has got the proper staff there. Looks like they.... They're good. Okay.

Very quickly to the minister, how many current, filled FTE positions for this fiscal exist within the EAO today?

[3:45 p.m.]

**Hon. Laanas / Tamara Davidson:** At this time, we have 111 FTEs, and 100 percent of those positions are filled.

**Trevor Halford:** That was a pretty basic question.

My next one is going to be basic as well. For the previous fiscal, how many FTEs were in the environmental assessment office?

**Hon. Laanas / Tamara Davidson:** The previous fiscal there was 118.

**Trevor Halford:** So we see a reduction in staff. Previous fiscal we had 118 full-time employees at the environmental assessment office. Today, as of right now, there are 111. So obviously, reduction in staff.

How many projects are currently before the EAO today in, we'll say, the permitting phase right now?

**Hon. Laanas / Tamara Davidson:** Thank you to the member across the way for the question.

Just a bit of a correction. There is no permitting phase within the environmental assessment office. I can say that there are six projects in the pre-assessment, not in the environmental assessment phase.

[3:50 p.m.]

There are 16 in the environmental assessment phase, and there are 13 projects in receipt of an environmental assessment certificate that have now requested amendments.

**Trevor Halford:** Thank you to the minister for that answer.

Given the economic position we're in now.... I think that I've said a few times that I think it's a good thing that this government has now found the resource sector to be of importance when it comes to our economy.

Ministers will get up in the House, and they'll talk about the number of projects that they are fast-tracking, which I think is a good thing to some degree. We'll get into some of those projects specifically as we go forward here.

The challenge is this, that the EAO plays an essential part of getting to yes. The fact is that we've seen a reduction in staff at the EAO level at a time where we actually need to make sure that we are getting these projects shovel-ready and done in a very responsible way. It's

also at a time, too, where we've seen the Premier's office increase. We've seen communications increase, yet for something as vital as the environmental assessment office, we've seen a reduction in staff.

I've canvassed this in question period before, and I was assured that wasn't the case. But now we've got, the numbers are.... I'm not good at math, but 111 FTEs versus the previous 118. So at a time when we are saying that we are all in when it comes to getting projects approved — and then even once they're approved, there's still a component of the EAO in terms of making sure that compliance is in order — this government has actually chosen to reduce staff.

I guess my question to the minister is a fairly straightforward one. We've seen the environmental assessment office budget. I believe it's a small increase. But what is that increase attributed to?

[3:55 p.m.]

**Hon. Laanas / Tamara Davidson:** Thank you to the member across the way for the question.

I just wanted to say that for the environmental assessment office, the base budget has increased over time. We have gone from approximately 90 staff up to the 111 staff. This has also allowed us to improve the timelines.

For example, Cariboo Gold. We met the timelines within 3½ years. We do meet the timelines 90 percent of the time, the legislated timelines, when the proponent has not asked for an extension.

The budget increase can be attributed to the wages for the positions. The environmental assessment office has been successfully working to find efficiencies and streamline processes for the past few years and working with other ministries to do so.

**Trevor Halford:** I'm just a little bit confused now with that answer.

So the fact is that currently we have 111 FTEs under the EAO. Previously we had 118. The Premier and other ministers have said that their priority is to make sure that we are getting a fair number of our projects — I think the number is 18, or something like that — ready to go, important projects.

We are now operating with less, even though the budget has gone up. Salaries have gone up. That number is evident in the budget. Employees have gone down.

[4:00 p.m.]

Again, I am trying to figure out from the minister.... That is a cut to me. If we are looking at 118 full-time, and now we have 111, that is, by my definition, a reduction in the EAO. Even though the budget has somewhat, very incrementally, gone up, including wages, in terms of on-the-ground personnel, there has been a decrease. Can the minister confirm that?

[4:05 p.m. - 4:10 p.m.]

**Hon. Laanas / Tamara Davidson:** Thank you to the member across the way for the question.

I would just like to say that year over year we have seen an increase to the budget for the Ministry of Environment and Parks. We're also seeing, as we talked about, a lot of our efficiencies coming forward with the work that we're doing in terms of working with other ministries.

We're also seeing that we're getting results, based on meeting the legislated timelines 90 percent of the time. We feel that the base budget represents an increase this year, and we're going to continue working through the base budget and looking at the efficiencies that we can find for this upcoming year as well.

**Trevor Halford:** Just in relation to LNG, can the minister list out the number of LNG proponents by name that are currently in the environmental assessment process?

**Hon. Laanas / Tamara Davidson:** The three proponents that we have for liquefied natural gas proponents in the environmental assessment process are FortisBC, Western LNG, along with Nisga'a and Summit Lake.

**Trevor Halford:** In regard to the Nisga'a LNG project, I'm just going through a briefing note. I think it was issued October 8, 2024. It says in there, specifically, if asked about the energy action framework, what it means for LNG projects that haven't received environmental approval. All new LNG project proposals need to develop credible plans to reach net-zero emissions by 2030.

Is that still an accurate statement today?

[4:15 p.m.]

**Hon. Laanas / Tamara Davidson:** Thank you for the question.

LNG facilities that are in the environmental assessment process must be net-zero-ready by 2030, meaning that they need a credible plan for net-zero emissions, depending on grid electricity availability.

**Trevor Halford:** Just to clarify that, within the three projects that the minister listed just previously, the mandate is a credible plan to reach net zero by 2030?

**Hon. Laanas / Tamara Davidson:** Yes.

**Donegal Wilson:** Switching gears a little bit, I would like to talk about the Cathedral Lakes Lodge, specifically the bridge that was essential for accessing the park's core areas and the lodge's staging facilities. The destruction of this infrastructure in 2023 continues to impact our community and the business park operator themselves.

I'm just looking for some commitments on what's happening with the Cathedral Lakes Lodge. Specifically, I would like to know: what are the projected costs and time-

line for the full reconstruction or replacement of the Cathedral Park base camp bridge?

[4:20 p.m.]

**Hon. Laanas / Tamara Davidson:** Thank you to the member for the question.

I'm really pleased to say that we've been working closely with the local Indigenous community and with the lodge operator, and my understanding is that this bridge is of critical importance to the lodge operations and for the local tourism in the area.

The work window right now for the bridge is for late summer or early fall, and we have to wait for the fish window to make sure that we are able to do the work on that during a time that isn't going to disrupt fish habitat. I'm really confident to see that we're in the final stages of the contract, and we're working closely with the Indigenous community and the lodge operator.

**Donegal Wilson:** I'm going to assume that's this year, early summer or early fall. This originally was a promise in spring of 2024.

Those timelines.... While I appreciate that the bridge is moving forward, it's a second season that this operator hasn't been able to operate their business. There are many community petitions going around supporting this business. I understand that there are restrictions, but it feels really like this has been dragged on and should have been done last fall.

Is any compensation going to be provided to this park operator, with their operations impacted for a second season?

[4:25 p.m.]

**Hon. Laanas / Tamara Davidson:** I recognize the challenge this has presented for the lodge owner. This was a consequence of a major fire, and the widespread impacts created a really complex situation. Despite every effort that we've made to try to replace it as quickly as possible, in the circumstances such as they are, compensation is not being contemplated at this time.

**Donegal Wilson:** That's pretty disappointing. My understanding is that one of the complications was that with the original bridge that was planned for installation in 2024, somebody hadn't gone to measure it, and it doesn't actually fit. There were 15 months when we thought that bridge was going to be in play for April of last year. Yeah, it's disappointing to hear that there's going to be no compensation.

To go back to the bridge, the one that's being installed this late summer or fall, it will be a vehicle bridge, it will be paid for by the province, and it is in your budget. Is that correct?

**Hon. Laanas / Tamara Davidson:** Thank you for the question.

Yes, it will be a vehicle bridge. It will be paid for by the Ministry of Environment and Parks and is currently included in our budget.

**Donegal Wilson:** Thank you very much. We will take that as good news.

Unfortunately, with no compensation for that operator.... I am hopeful that they are able to hang on until such time as the park is able to reopen and that their clients continue to support them, as they did last season, by allowing them to hold their reservation funds for another season. I hope that happens for them, and I appreciate that we are moving forward with the vehicle bridge.

I do want to switch again and talk about roads. I know that road access to our B.C. parks, recreation sites and trails continues to be a challenge in this province. I am hearing that recreation clubs are being asked to take on agreements to be the road maintenance agreement holder. These clubs are being asked to put down a \$10,000 deposit, invest \$50,000 in a bridge, in partnership with the province, and then take on the liability of that road long term.

As these are volunteer groups that are managing these roads, trails and rec sites on behalf of the public, I wanted to know what the planning is from B.C. Parks and from Rec Sites and Trails B.C. around access to these recreation sites and parks.

These agreements take five to seven years to get in place. We make investments in the infrastructure and the trails, yet we're continuing to lose the roads to them, and they need to be included in the budgets, going forward. Is there going to be funding in the budget for access trails to parks, rec sites and trails?

[4:30 p.m.]

**Hon. Laanas / Tamara Davidson:** The Ministry of Forests is the one that has the responsibility for the roads. Most of the time, the roads have been constructed for a specific purpose, which is for forestry. We do work closely with the Ministry of Forests to balance and to make recommendations to prioritize and identify roads that are leading into rec sites and trails, and that support going into those places, and also with Parks.

We also work closely with the conditions or requirements regarding the road with our community groups, and we're supporting the road maintenance and the road access through that.

**Donegal Wilson:** I don't know that I actually got the answer in there. Is it the intent, then, that these volunteer recreation groups are going to become road maintainers long term on these roads? I can think of three right off the top of my head that are within this space.

I'm looking at John, because he knows there are way

more than that. We have the Kakwa Park access, which has been limited for some time. We have the McBride Bridge. My inbox is full of businesses in McBride that are struggling from losing access to McBride.

We have a major road into Allan Creek in Valemount. That is one very small area that is being severely impacted by these road accesses.

If it's the intent of the government to download the maintenance of these roads onto volunteer groups, is it also the intent of government to extend their insurance to these groups for these new types of operations, or are they going to be sourcing liability insurance for road maintenance on their own?

[4:35 p.m.]

**Hon. Laanas / Tamara Davidson:** To answer the question, the Ministry of Forests has the statutory responsibility for the road maintenance, and they also include the securities and the financial arrangements. All of those are under the purview of the Ministry of Forests, and I would welcome the members to canvass the Minister of Forests.

**Trevor Halford:** I want to thank my colleague from Boundary-Similkameen for canvassing these important issues.

I want to go back to the LNG sector for a minute and just confirm a couple of things on record here. We've had a lot of talk, and obviously, we're in the middle of a federal election right now. We're seeing LNG Canada come on-line, which I think is an absolutely important milestone in the history of our province.

When it comes to phase 2 of LNG Canada, the minister referenced the three projects previously in terms of getting a net zero by 2030. My understanding from the Minister of Energy's comments publicly....

I just want to hear it from the Ministry of Environment. LNG Canada phase 2 is completely exempt from any net-zero requirements for 2030?

**Hon. Laanas / Tamara Davidson:** Thank you to the member across the way for this question.

For LNG Canada, both phase 1 and phase 2 received both federal and provincial authorization in 2015, and the net-zero policy does not apply retroactively.

**Trevor Halford:** I thank the minister for that answer.

Just going into the budgetary estimates on the minister's office, previously we see that it was \$658,000. It's now in excess of \$130,000.

Can the minister explain why, at a time when we've got a Finance Minister and a Premier that are talking about restraints in terms of hiring, budgetary measures, budget responsibilities, we would see a 26 percent increase in the minister's office budget?

[4:40 p.m. - 4:45 p.m.]

**Hon. Laanas / Tamara Davidson:** The increase in the budget, the additional money, was provided to reflect the number of positions that are needed to support my office.

**Trevor Halford:** With all due respect to the minister, I can't believe that it took that long to get that answer. But here we are.

My question to the minister then: what exactly are those positions that have been added to that office. It's the minister's office. I expect that it's pretty straightforward.

**Hon. Laanas / Tamara Davidson:** I have five people that work in my office.

**Trevor Halford:** That's not what I asked. I asked the minister....

We have seen an increase in the minister's budget by 26 percent, at a time where the Premier and the Finance Minister have been talking about fiduciary accountability, restraint in terms of new hires and spending. Can the minister please detail why a 26 percent increase in positions in the previous year?

[4:50 p.m.]

**Hon. Laanas / Tamara Davidson:** When the Ministry of Energy and Climate Solutions was formed, it was partially formed out of the minister's office budget, mid-year. Funding was provided to form that office. The additional funds provided this year were simply a reallocation back to support the pre-existing positions.

**Trevor Halford:** Okay. The minister is saying the rationale for that 26 percent increase is because of a realignment with another ministry. That's what the minister is saying? Is that the justification for the 26 percent increase in her own office budget?

[4:55 p.m.]

**Hon. Laanas / Tamara Davidson:** If we take a look at last year's blue book, page 82, the funding was \$822,000 for '24-25. What the member is looking at is the money that was transferred out to support the Ministry of Energy and Climate Solutions. The \$832,000 brings us back close to where I started last year.

**Trevor Halford:** My numbers are the Ministry of Environment, office budget, \$658,000; the current Ministry of Environment and Parks budget, \$832,000. That's an increase, to me, of 26 percent.

Just on the budget, we're looking at capital, and we're talking about cuts. We see a 27 percent cut out of the capital budget. I think that amounts to about \$12 million, down from \$45.1 million. Now I think it's approximately \$33 million.

Can the minister detail what exactly was cut within that \$12 million?

[5:00 p.m.]

**Hon. Laanas / Tamara Davidson:** Thank you to the member for the question.

This can largely be accounted for in the one-time, \$21 million five-year recreation expansion project. That project was time-limited and is coming to an end.

There are also some minor amounts to the capital budget. For example, a one-time capital investment for the ten new conservation officer services, and the specialized equipment was a one-time purchase for fitting the new Environmental Lab.

**Trevor Halford:** I just want to switch gears here very quickly to the Zero-Emission Vehicles Act and talk, specifically, when that legislation was passed, if those targets are currently being met, and does the Minister of Environment still stand by that 2035 mandate for zero emissions by vehicles?

**Hon. Laanas / Tamara Davidson:** As the responsibility for CleanBC has transferred to the Minister of Energy and Climate Solutions, the member will have to canvass him for the question.

**Trevor Halford:** The original mandate was under the Ministry of Environment, so is the minister confirming that they have no jurisdiction regarding the EV vehicle mandates that are mandated for 2035?

[5:05 p.m.]

**Hon. Laanas / Tamara Davidson:** That is correct.

**Trevor Halford:** When you look at some of the initiatives that have been done under CleanBC and we talk about the targets, whether they're vehicle targets.... One of the things I met with was actually a condo owner in White Rock that is now facing exorbitant charges to have their unit become able to be.... It's an older unit, but having challenges to be able to retrofit and have charging stations. That has been done.

I understand that's under the Ministry of Housing, and I'll canvass that with the minister at the time. But I think part of the challenge that I'm hearing from people — this has been talked about for the last six months — is clear direction on what the province's targets are when it comes to electric vehicles and when it comes to the mandates that the province has set out.

Again, we look at different elements inside of this ministry's budget. I think part of the challenge is clear delineation of responsibilities. We understand that some things have switched over.

Then I will ask this. When we look at climate enforce-

ment, does Budget 2025 increase funding for enforcing climate regulations? That's whether it's industrial emissions or targets without compliance or what new staff have been allocated for that.

**Hon. Laanas / Tamara Davidson:** Thank you for the question.

Once again, that has been transferred to the Ministry of Energy and Climate Solutions.

**Trevor Halford:** Try this one, carbon offsets. How much is being spent on carbon offsets for government operations? Is relying on offsets sustainable within this budget?

**Hon. Laanas / Tamara Davidson:** Once again, that would be under the Ministry of Energy and Climate Solutions.

**Trevor Halford:** Okay.

NGO grants accountability. Which NGOs or partners get ministry funding this year, and how does this minister ensure accountability for those dollars?

[5:10 p.m.]

[George Anderson in the chair.]

**Hon. Laanas / Tamara Davidson:** We have canvassed staff, and we have no line item for grants to NGOs; nor were we able to immediately identify any planned grants.

Any grants beyond funds to support.... We do have support for local societies, such as \$100,000 to the B.C. Lake Stewardship Society and similar types of organizations.

**Trevor Halford:** When the service plan says "transferred to third parties," is that the example the minister just gave? Is that within that? So what the minister just listed — is that the transfer to third parties that we see within the service plan?

**Hon. Laanas / Tamara Davidson:** Yes, that is an example. Any type of society or local government municipalities that are doing such things as monitoring activities, administration of programs such as the wood stove replacement, all things that are in support of the mandate.

[5:15 p.m.]

**Trevor Halford:** Just moving on to land acquisitions and new park expansion, let's talk about, like, a 30 by 30 funding gap. The government has pledged to protect 30 percent of B.C.'s lands by 2030. It's a pretty ambitious target in terms of doubling protected areas under five years.

In the budget, though, it doesn't seem to show any indicated or direct funds increasing for new park acquisitions. I think we're only at around 14 percent of the land base.

So how does the minister see achieving this goal with no significant new investment?

**Hon. Laanas / Tamara Davidson:** The Water, Land and Resource Stewardship Ministry, through their modernized land use planning processes, will identify lands that will contribute to the 30 by 30. We definitely support them in their process.

Further, once the land use planning process is completed, they may or may not become a park. The land acquisitions that we do are usually private land purchases, and they're intended to strengthen the current park systems.

**Trevor Halford:** I thank the minister for that answer.

Then, I guess my question would be: how much money has the minister allocated this fiscal for those private land purchases?

**Hon. Laanas / Tamara Davidson:** We have allocated \$2 million for land acquisitions.

**Trevor Halford:** Is that in totality? Is that \$2 million for all private lands throughout, or is that...? Sorry if I misheard. Is that for one specific element of that?

**Hon. Laanas / Tamara Davidson:** That is for all private land acquisitions.

[5:20 p.m.]

**Trevor Halford:** Okay, so within that.... If we're talking about the 30 by 30 context, then, if we're allocating \$2 million for the purchase of private lands, and I know there are.... I think there are some third parties that are doing fundraising as well, and we'll get to that in a second. But is the minister confident that that allocation is going to get them to the 30 percent by 2030?

**Hon. Laanas / Tamara Davidson:** B.C. Parks is a small element for the 30 by 30. As I stated previously, our land acquisitions are really there to strengthen the park system, so looking at infills or adjacent lands to the existing parks. The most recent large acquisitions have been made through conservation organizations and organizations such as the B.C. Parks Foundation.

**Trevor Halford:** If we're looking at \$2 million budgeted for this fiscal, what was the amount allocated for last fiscal?

**Hon. Laanas / Tamara Davidson:** For last year, the budget was \$6.9 million. This was the last year, as I'd mentioned, of the previous rec expansion program, and the purchases made were for Tribune Bay and the Okanagan property.

[5:25 p.m.]

**Trevor Halford:** I think one of the concerns we have here is....

**The Chair:** Member, just one....  
I'd ask that members....

Interjection.

**The Chair:** Member, I'd ask that you please keep your conversations to a minimum. There are questions being asked in estimates. It's important that the member be able to ask their questions directly, and it's challenging if even I'm sitting up here and I can hear your conversations.  
Thank you.

**Trevor Halford:** Thank you, Mr. Chair.

I think part of the challenge here is trying to figure out the reliance on third parties and donations. The minister cited the B.C. Parks Foundation. I think, out of the Okanagan example the minister just raised, B.C. Parks Foundation raised over \$2 million of that, if I'm not correct.

Again, when we are talking about this 30 by 30 target that this government has cited, how much revenue are they counting coming in from third-party organizations or donors?

It's almost looking like there's a GoFundMe system here to try and meet this target. With an allocation of just \$2 million for this year, I find it fairly hard to believe that this ministry or this government is on track to meet those targets of 2030.

**Hon. Laanas / Tamara Davidson:** Once again, I think that the member would be best to redirect his question to the Ministry of Water, Land and Resource Stewardship. They are the ones that are leading the land use planning process. They are the ones that are looking at the 30 by 30 targets, and they are the ones that are managing partnerships.

**Trevor Halford:** Just to be clear, this isn't a trying-to-gotcha moment, or anything like that.

When we're talking about the B.C. Parks Foundation, that relationship is managed through the ministry that the minister just cited?

**Hon. Laanas / Tamara Davidson:** Thank you to the member.

I'm more than happy to clarify the question that you had. The work that the B.C. Parks Foundation does.... They have two roles. They work directly with Water, Land and Resource Stewardship, as I said, for the 30 by 30 targets and looking at land acquisitions and land use planning. The relationship that they have with the Ministry of Environment and Parks is to work with us to enhance the current park system.

**Kiel Giddens:** Thank you to the Environment critic for allowing me to ask a question or two, and I appreciate the minister and the staff being here today.

My question is regarding Whiskers Point Provincial Park. There is going to be a closure this year, in 2025, due to four bridges that are being replaced. There was an engineering report that came out last fall saying that the park had to actually be closed.

[5:30 p.m.]

I'm wondering, from an asset management planning perspective, if the minister could describe what happened in this scenario where the park actually had to be closed for the 2025 season. This is a very popular park. It's one of the limited provincial park camping opportunities in the regional district of Fraser-Fort George region.

It is really something that residents in my riding are concerned about, so I'm wondering if you could describe a little bit more about what happened in that scenario and the asset management planning process overall.

**Hon. Laanas / Tamara Davidson:** The recent inspection of the bridges found that they did not meet the vehicle load ratings, and these are an integral part of the overall system within the park. The closure was needed in order to make sure that public safety is number one.

We have budgeted, and we will be replacing the bridges as quickly as possible, hopefully this summer. We are prioritizing our asset capital, and we're looking at addressing all of the assets as quickly as we can.

**Kiel Giddens:** I really appreciate the answer from the minister.

I would like to just understand if there are any more specifics on the timelines. It is the only public boat launch on McLeod Lake that is publicly accessible, so residents will be interested to understand their access to the park and what it may look like in summer 2025.

[5:35 p.m.]

**Hon. Laanas / Tamara Davidson:** Right now it would be too early to tell. We're currently in the planning and design stage, so we've reprioritized our capital to make this happen as quickly as possible.

**Kiel Giddens:** When this engineering report came out, it was last fall, sort of at the end of last season. With the overall asset management planning process for parks, why wasn't this in a more scheduled and organized manner that didn't require a park closure? Based on the timing, this work could have been done this spring or even perhaps last fall, after the season.

I'm wondering, from an asset management perspective, how B.C. Parks plans its activities to prevent these closures from happening in the first place. Then I'm wondering — if not today, maybe it could be noted into the

record: what other parks in the province are going to be closed for this season, the 2025 season?

**Hon. Laanas / Tamara Davidson:** We estimate that we have about \$1.5 billion in assets, which cover about 14 per cent of the provincial land base. When issues arise, the planning can be complex, and public safety is our number one priority. We need to make sure we're doing it right.  
[5:40 p.m.]

All capital projects are complex. We have to ensure the right engineering; we have to make sure if it crosses a stream. Sometimes these don't happen immediately.

Then also, I would say that we would have to get back to you on what the park closures will be for this season.

**Kiel Giddens:** I do agree that public safety has to be paramount and would just really ask for that planning to be really thorough, to make sure that park closures don't happen.

As far as the broader question of park closures for this year, it would be great to get that information afterwards. I'm wondering if it's possible to also get the same information for camping sites that are also managed by the Ministry of Environment.

**Hon. Laanas / Tamara Davidson:** Yes, we can get that information to you as well.

**Donegal Wilson:** Since we're talking about bridges, we can't continue on without at least mentioning — I mentioned it earlier — the bridge in McBride accessing the snowmobile area. It was inspected in, I believe, 2023. The club was notified that it was zero-rated in January 2024. We are now in April of 2025. Is there a timeline and a budget for that bridge to be in place for the coming snowmobile season?

Based on what's in my inbox right now, there are many businesses that are failing in McBride due to the lack of snowmobile tourism. That bridge is very important. If we could have a timeline and a commitment that that's going to be fixed this summer, it would be appreciated.  
[5:45 p.m.]

**Hon. Laanas / Tamara Davidson:** This particular bridge that the member is talking about would be under the Ministry of Forests. We are aware that the bridge and the road management is under the Ministry of Forests, but we have been working with the community, with the club, and trying to help to find alternative areas, perhaps recreation trails or rec sites.

We know the importance of snowmobiling, and we are definitely working with the communities to try to help find alternatives.

**Donegal Wilson:** It was my understanding that the

Ministry of Forests had moved that to Recreation Sites and Trails B.C. because that particular bridge is under a rec agreement. Forgive me if I'm wrong on that. I will take it to Forests if that's the case, but my understanding was that that particular bridge was the responsibility of Recreation Sites and Trails.

**Hon. Laanas / Tamara Davidson:** Yes, the bridge is under the Ministry of Forests, but there is an established recreation trail near there. I am aware that our ministry is going to be working with the Ministry of Forests and the Jobs, Economic Development and Innovation Ministry to try to look for some solutions for this.

We're aware that it's not just that bridge. There are four other bridges as well that the snowmobile association uses, and we're going to be working together to try to find some solutions.

**Trevor Halford:** Has the minister signed off on or is she aware of any travel outside of Canada, either by herself or by ministry staff? Has any budget been allocated for international travel?

[5:50 p.m.]

**Hon. Laanas / Tamara Davidson:** I am not aware of any planned international travel. Where it does happen for some of our staff, it's usually for operational necessity.

**Trevor Halford:** Just a quick follow-up. An operational necessity to travel outside of Canada would be an example of that?

**Hon. Laanas / Tamara Davidson:** Examples of the international travel. B.C. Parks staff going through Alaska to get to Atlin is an access issue. The conservation officer service attending wildlife predator attack training. There are shared enforcement actions with the United States. Then also transboundary environmental emergency planning — for example, scientists going to meet with the Idaho government.

**Trevor Halford:** Thank you to the minister for that answer.

Switching to the diversity, equity and inclusion initiatives, it's pretty hard, if it's not impossible, to find out where that's allocated in the budget of Environment and Parks. What is the total budget allocated to that specific DEI initiative, if any?

[5:55 p.m.]

**Hon. Laanas / Tamara Davidson:** The initiatives that you are talking about.... The corporate lead is out of the Public Service Agency, which is under the Minister of Finance.

Beyond having an executive sponsor, this is just part

of our regular operations. We have \$1.2 million that we do set aside for providing more accessibility in B.C. parks.

**Trevor Halford:** I see in Budget 2023 that I think it was \$3.6 million that was earmarked for accessibility upgrades in parks. Then we talk about the B.C. Parks.... I think they made a commitment to inclusion that was launched in 2023, with that \$3.6 million.

The allocation that the minister just referenced for this fiscal.... How many parks does the minister anticipate that funding being able to provide accessible facilities for, whether that's washrooms, ramps or anything like that? What is the list of parks where that funding will be allocated? That's a pretty small envelope. Where will that money be allocated if that decision has not already been made?

[6:00 p.m.]

**Hon. Laanas / Tamara Davidson:** We're going to take that on notice, and we will provide a list.

Right now we're just at the beginning stages, and we're still in some of the planning stages for some of the parks. It's really hard to say which projects will be going forward for this year, but we will advise the member.

**The Chair:** I would just like to remind the members who are also participating virtually that you are not to be on your cell phone.

Excuse me, member from Richmond.

Just so you know, I am watching everyone.

Recognizing the member for Surrey-White Rock.

**Trevor Halford:** Thank you, Mr. Chair. Thank you for your due diligence. I mean that sincerely.

When we talk about park operations in the budget there, we have.... I think this is a good-news story where we have an almost record-setting number of people that are utilizing our parks post-pandemic. We've heard stories about trying to get reservations, and all that stuff. But it's good. It's good that we have a lot of people that are getting out there and enjoying our beautiful parks.

I think the challenge I see is that with attendance likely setting record levels, we see the park enhancement fund and operating budget only increased by, I think it was, somewhere around \$40,000 or \$44,000. I don't want to sell that short, but a \$44,000 increase. We're seeing a vast amount of more people utilizing these parks.

So my question to the minister is: why such a marginal increase when we have such a vast number increasing in terms of utilizing our parks? How are we able to keep

up with maintenance and also making sure that we're not overrunning the people that are working within B.C. Parks and doing their best? Why just that short \$44,000 lift to that budget item?

[6:05 p.m.]

**Hon. Laanas / Tamara Davidson:** The \$44,000 that the member across the way was referring to is actually from the special accounts appropriation act. It's one of the special funds that is set up through the licence plate program and reservation fees that we receive. It's simply a forecast of what we anticipate to receive for this year. It does not fund our base operations or maintenance.

**Trevor Halford:** What were the last year's park fee revenues?

[6:10 p.m.]

**Hon. Laanas / Tamara Davidson:** The revenue that we received last year was \$23.6 million.

**Trevor Halford:** Out of that almost \$24 million, how much of that is reinvested into actual park facilities? If we're looking at the \$23.6 million that is received through the park fees, how much of that is reinvested when it comes to park operations and facilities?

**Hon. Laanas / Tamara Davidson:** All of the fees go directly to the park operators.

**Trevor Halford:** Okay. I want to just be clear on something. If the entire enormity of the \$23.6 million goes.... Those are collected in the fees from parks. One hundred percent of that goes back into the parks in terms of that maintenance. Then how much is...? What's the discrepancy there in terms of the shortfall?

[6:15 p.m.]

**Hon. Laanas / Tamara Davidson:** So 100 percent of the fees collected go to the park operators. The shortfall is approximately \$8.3 million, with deficiency payments, which we make up to the current contracts.

I move that the committee rise, report resolution and completion of the estimates of the Ministry of Post-Secondary Education and Future Skills, report progress on the Ministry of Environment and Parks and ask leave to sit again.

Motion approved.

The committee rose at 6:17 p.m.

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