

Ministry of Health

2026/27 – 2028/29
Service Plan

February 2026



For more information on the Ministry of Health contact:

Ministry of Health
PO BOX 9639
STN PROV GOVT
VICTORIA, BC
V8W 9P1

Toll free in B.C.: 1-800-663-7867

In Victoria: 250-387-6121

Or visit our website at

<http://www.gov.bc.ca/HLTH>

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Minister's Accountability Statement



The Ministry of Health 2026/27 – 2028/29 Service Plan was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared.

A handwritten signature in black ink, appearing to read "Josie Osborne".

Honourable Josie Osborne
Minister of Health
February 9th, 2026

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Strategic Direction

In 2026/27, the Government of British Columbia will prioritize support for people by taking action to make life better for everyone.

Despite a challenging fiscal environment due to global uncertainty, trade relationship reordering, and low resource prices, over the past year Government made significant progress on efforts to reduce costs for British Columbians, hire more doctors and nurses, and build more homes, hospitals and schools, faster. Government will continue to advance these key priorities even as tariffs, trade policies, and instability outside of the province's borders continue to put pressure on the province's finances.

Ongoing fiscal pressure means all parts of Government must continue to do their part to maximize efficiencies and make sure every dollar counts.

To respond to these extraordinary times, Government will focus on expanding trade and investment both within Canada and abroad and delivering major projects that offer good jobs and opportunities for people and communities. This focus on economic growth and prosperity is critical to delivering the revenue needed to provide services and infrastructure.

Good relationships and mutually beneficial partnerships with First Nations are critical to building a better future for everyone in British Columbia. Government will continue working diligently to implement the Declaration on the Rights of Indigenous Peoples Act Action Plan. Through collaboration and open dialogue, we aim to foster trust, stability, and certainty for all.

This 2026/27 service plan outlines how the Ministry of Health will support the Government's priorities and selected action items identified in the Minister's most recent [Mandate Letter](#).

Purpose of the Ministry

The [Ministry of Health](#) (the Ministry) is obligated under the [Medicare Protection Act](#) to preserve a publicly managed and fiscally sustainable health system for British Columbia (B.C.) and to support access to necessary medical care based on need and not an individual's ability to pay. The Ministry is responsible for ensuring that health services meet the needs of all individuals in B.C. and to support high-quality, appropriate, equitable, and cost-effective service delivery.

The Ministry stewards a high-performing health system by leading and enabling partners to deliver safe, timely, and effective care, so that people in B.C. can access the services they need, when and where they need them. While the Ministry has overall responsibility for the province's health authorities, the health authorities are primarily responsible for health service delivery.

Five regional health authorities deliver a full continuum of health services to meet the needs of the population within their respective geographic regions and are subject to the [Health](#)

[Authorities Act](#). A sixth health authority, the Provincial Health Services Authority (PHSA), is responsible for provincial clinical policy and delivery of specialized provincial clinical services.¹

The Ministry also works in partnership with the First Nations Health Authority (FNHA), which plans, funds, and delivers First Nations health programming in partnership with First Nation communities in the province, and other Indigenous-centred health service organizations like the B.C. Association of Aboriginal Friendship Centres, supporting urban and away-from-home Indigenous peoples, and [Métis Nation B.C.](#), which provides health and wellness programming and advocates for the interests of Métis in B.C.

Additional provincial legislation and regulations related to the health system include the [Hospital Act](#), the [Pharmaceutical Services Act](#), the [Laboratory Services Act](#), the [Community Care and Assisted Living Act](#), the [Mental Health Act](#), the [Emergency Health Services Act](#), and the [Health Professions Act](#).² Legislation and regulations related to the Ministry's public health role include the [Public Health Act](#), the [Drinking Water Protection Act](#), [Tobacco and Vapour Products Control Act](#), and the [Food Safety Act](#). The Ministry also directly manages a number of provincial programs and services, including the [Medical Services Plan](#), which covers most physician services, and [PharmaCare](#), which provides publicly-funded prescription drug benefits.

The Ministry's vision statement is for people throughout B.C. to be supported by a modern, accessible, and responsive health system and to live long and healthy lives. Although many people in B.C. enjoy excellent population health status and are resilient in times of crisis, the Ministry continues to focus on disease prevention, the quality of the health-system's services, and the social determinants of health.

The Ministry leads the Province's efforts to improve mental well-being and reduce substance use-related harms for all people in B.C., including advancing the response to the toxic drug crisis and increasing access to the full continuum of mental health and addictions services. The Ministry has responsibility for the development and delivery of a seamless, accessible, and culturally safe mental health and addictions system that meets the needs of individuals and families throughout the province.

Additionally, with an aging and growing population distributed across the significant geographic size of B.C., and with many health care workers retiring out of the workforce, there is a need for innovative, new models of care that close service gaps and improve health outcomes. Critically, this includes advancing work related to training, recruitment, retention, and system redesign to make sure our health human resources keep pace with the growing needs of people in B.C. to deliver better, faster care.

The Province affirms that reconciliation, Indigenous-specific anti-racism, and cultural safety and humility are foundational priorities for our Provincial health system. The Ministry's work is guided by the commitment to reconciliation and addressing Indigenous-specific racism

¹ In 2026, the Ministry will be establishing a new shared services organization that provides consolidated corporate, administrative, and health system planning services for all of B.C.'s health authorities, including PHSA.

² The *Health Professions Act* will be repealed and replaced by the *Health Professions and Occupations Act*, effective April 1, 2026.

outlined in the [*Declaration on the Rights of Indigenous Peoples Act*](#), as well as the recommendations of the [*In Plain Sight*](#) report, the [*Truth and Reconciliation Commission Calls to Action*](#), and the [*B.C. Cultural Safety and Humility Standard*](#).

The Ministry is committed to building and sustaining respectful relationships with First Nations, Métis, and Inuit peoples, using the Provincial [*distinctions-based approach*](#) that acknowledges the rights, interests, priorities, and concerns of each. This approach is grounded in respectful engagement with communities, partners, and the public to inform decisions, strengthen trust, and advance reconciliation. Through this ongoing effort, the Ministry strives to create an equitable health system that reflects the voices and priorities of First Nations, Métis, and Inuit peoples across B.C.

In the current economic and fiscal context, it is increasingly important to ensure that programs and initiatives remain relevant, efficient, sustainable, and help keep costs low for all in B.C. Complex and interconnected pressures require long-term, multi-year solutions. The Ministry continues to be resilient and innovative in its approach to creating and implementing solutions to address challenges facing our health system. The goals and objectives outlined in the Ministry's service plan focus on addressing existing risks and challenges, finding innovative solutions working across the health system, and embracing opportunities to further strengthen health services.

Performance Planning

Goal 1: Primary and community care services are integrated, accessible, equitable, and well-coordinated within the health system

Performance Measures

Performance Measure	2024/25 Baseline	2025/26 Forecast	2026/27 Target	2027/28 Target	2028/29 Target
[1a] Percentage of British Columbians attached to a family physician or nurse practitioner ¹	75.2%	77.0%	78.0%	79.0%	80.0%

Data source: Client Roster, Provincial Attachment System.

¹In this context, British Columbians refers to residents of B.C. with valid coverage under the Medical Services Plan. Attachment to a primary care provider is a cornerstone of longitudinal care. Attachment improves access to and continuity of care and is associated with many benefits, especially for complex patients with chronic disease and multimorbidity. Seamless access to longitudinal care is instrumental to support people to have control over their own health monitoring and actions to manage their health, improving quality of life and avoiding unnecessary hospitalizations for people in B.C.

Performance Measure	2017/18 Baseline	2025/26 Forecast	2026/27 Target	2027/28 Target	2028/29 Target
[1b] Percentage of new long-term care residents who potentially could have been cared for at home ^{1,2}	16.2%	13.3% ³	13.0%	12.7%	12.4%

Data source: Continuing Care Reporting System; data represents adjusted rates.

¹This performance measure captures the percentage of newly admitted long-term care residents whose clinical profile is like clients cared for at home with formal home care supports (i.e., help with daily tasks such as bathing, dressing, and eating).

²The performance measure is an indication that individuals are cared for in the most appropriate setting, ensuring long-term care homes have the capacity to care for residents with more complex health needs. Home health services aim to support individuals to remain in their own homes with appropriate services for as long as possible, aligning with the goal and desire of many seniors to age in place.

³Forecast based on data as of Q1 2025/26, generated as of November 2025.

Performance Measure	2025/26 Forecast	2026/27 Target	2027/28 Target	2028/29 Target
[1c] Percentage of people continuously on Opioid Agonist Treatment (OAT) for at least 12 months ^{1,2}	45.6% ³	46.0%	47.0%	48.0%

Data source: PharmaNet data as of November 2025.

¹The number of people continuously on OAT for 12 months or more are divided by the total number of people engaged in OAT at the end of the fiscal year and reported as a percentage.

²OAT is the standard of care for the treatment of opioid use disorder (OUD) and an important tool for separating people from the toxic drug supply. Consistent adherence to OUD treatment is a validated indicator for associated patient stability, improvements in health outcomes, and reductions in deaths.

³The forecast for 2025/26 is based on the most recent estimate for 2024/25 as there is not yet enough data available to forecast for 2025/26.

Performance Measure	2025/26 Forecast	2026/27 Target	2027/28 Target	2028/29 Target
[1d] Median number of days between client referral and accessing service for community bed-based treatment and recovery services ^{1,2}	30.5 days	30 days	TBD ³	TBD ³

Data source: Health Authority reported data.

¹Median number of days between client referral and accessing service' refers to service wait times for health authority-funded bed-based substance use treatment and recovery services but does not include withdrawal management or stabilization as these may operate differently than treatment and supportive recovery. For example, some may not use waitlists or have wait times for services (e.g., if a bed is not available, a prospective client is sent to their local hospital). It also does not include wait times for tertiary services such as Red Fish, Heartwood Centre for Women, and others.

²To date, wait time targets reflect the unweighted median of submitted aggregate data from all regional health authorities. This includes the 2025/26 forecast. Due to improvements in data quality and reporting, B.C. has been able to update our approach to wait time reporting, and future targets will reflect a weighted median of aggregate reporting.

³Policy work to determine future wait time targets is underway and will be informed by 2025/26 actuals, including allowing time for [Road to Recovery](#) to be implemented and evaluated. This ensures targets will continue to be informed by evidence on the impacts of ongoing system improvements.

Objective 1.1: Timely access to team-based, culturally safe, and comprehensive primary care services

Objective 1.2: Home and community care services ensure people living in B.C. can access the care they need, from health promotion and prevention to complex care supports, in their homes and local communities

Objective 1.3: Expand with key partners an accessible system of care for mental health and substance use

Discussion of Changes

“Percentage of people attached to a family physician or nurse practitioner” replaces the previously reported “Number of people newly attached to a primary care provider” as a performance measure. The new performance measure is representative of population-level attachment rates and, as such, is a stronger indicator of primary care access.

“Percentage of new long-term care residents who potentially could have been cared for at home” replaces “Potentially inappropriate use of antipsychotics in long-term care” as a performance measure. The new measure is a strong indicator of health services integration, demonstrating that home and community care services are meeting the needs of individuals and supporting seniors to age safely and comfortably in their homes and communities.

Goal 2: Quality acute and provincial health care services meet the diverse needs of all in B.C.

Performance Measures

Performance Measure	2025/26 Forecast	2026/27 Target	2027/28 Target	2028/29 Target
[2a] Ambulance in-service hours ¹	3,188,715 ²	3,200,000 ³	3,200,000	3,200,000

Data source: BCEHS.

¹ Ambulance in-service hours reflects the total available number of patient care hours provincially for ambulance services. This is inclusive of all BCEHS community response resources including stretcher ambulance, aircrafts, single responder SUV, and supervisors. This measure provides an indication of patient care service and system readiness.

² Forecast based on data between April 1, 2025, and October 31, 2025.

³ The 2025/26 forecast and outyear targets are higher than targeted in the previous Ministry service plan due to the addition of several permanent ambulances across the province to support health authority operations facing emergency department closures and hospital service disruptions. Future years are targeted to maintain this level, as stabilization efforts within health authorities should enable the ambulance service to focus on maintaining and optimizing hours associated with these permanent additions.

Performance Measure	2024/25 Baseline	2025/26 Forecast	2026/27 Target	2027/28 Target	2028/29 Target
[2b] Percentage of urgent surgeries completed within four weeks ¹	67%	68% ²	70%	72%	74%

Data source: Surgical Wait Times Database, Ministry of Health.

¹ An urgent surgery is defined as a surgery with a priority level 1 (2-week benchmark) or level 2 (4-week benchmark). The priority level is based on the patient's clinical urgency, which is determined by the specialist.

² Forecast based on Period 7, 2025/26 year-to-date.

Objective 2.1: Timely access to hospital, surgical and diagnostic services throughout the province

Objective 2.2: Improve access to cancer care services across the continuum of cancer care

Objective 2.3: Provide timely access to ambulance services to meet the needs of all in B.C.

Discussion of Changes

"Percentage of urgent surgeries completed within four weeks" replaces "Total operating room hours" as a performance measure. In focusing on the outcome (i.e., wait times) for patients, the new measure is an indicator of system performance.

Goal 3: A high-quality, culturally safe, and sustainable health system supported by a skilled and diverse workforce, and effective and efficient systems and structures

Performance Measures

Performance Measure	2025 Forecast	2026 Target	2027 Target	2028 Target
[3a] Nursing and allied health professionals' overtime hours as a percentage of productive hours ¹	9.1% ²	8.9% ³	8.8%	8.7%

Data source: Health Sector Compensation Information System; dataset is based on a calendar year cycle.

¹This performance measure tracks overtime hours for nursing and allied health professionals' as a percentage of productive hours. It serves as an indicator of workforce health. Overtime is often used to gauge factors such as burnout and workload pressures, which are key drivers of workforce sustainability and patient safety.

²Forecast based on historical data from 2018 to 2024, generated as of November 2025.

³In 2024, the actual overtime rate was 9%, exceeding the previous forecast of 8.5%. Overtime for nursing and allied health has been on an upward trend since 2018, accelerated during the COVID-19 pandemic, and has remained elevated since. Given these consistent patterns, the proposed targets for 2026–2028 have been updated from the previous Ministry service plan using revised model data, with the goal of establishing realistic improvement targets.

Objective 3.1: A sustainable, skilled and diverse health sector workforce supported by a healthy, safe, and engaging health care setting

Objective 3.2: Enable sustainable health sector innovation for quality population and patient health care

Discussion of Changes

The previous service plan included an objective focused on modernizing digital care services and tools and an associated performance measure tracking patient portal registrants in Health Gateway. While these remain Government priorities for the health care sector, they have been removed from the Ministry's service plan given the recent transfer of relevant accountabilities to the Ministry of Citizens' Services.

Financial Summary

(\$000s)	2025/26	2026/27 Estimates	2027/28 Plan	2028/29 Plan
	Restated Estimates ¹			
Operating Expenses				
Regional Services	24,782,281	25,287,349	26,172,103	27,075,624
Medical Services Plan	8,128,050	8,909,982	9,149,062	9,409,533
PharmaCare	1,787,903	1,597,405	1,597,405	1,597,405
Health Benefits Operations	64,310	64,310	64,310	64,310
Recoveries from Health Special Account	(147,250)	(147,250)	(147,250)	(147,250)
Executive and Support Services	254,108	257,079	257,079	257,079
Health Special Account	147,250	147,250	147,250	147,250
Total	35,016,652	36,116,125	37,239,959	38,403,951
Capital Expenditures				
Executive and Support Services	30	30	30	30
Total	30	30	30	30

¹ For comparative purposes, amounts shown for 2025/26 have been restated to be consistent with the presentation of the 2026/27 *Estimates*.

* Further information on program funding and vote recoveries is available in the [Estimates and Supplement to the Estimates](#).

Health Authorities Sector Financial Summary

As required under the Budget Transparency and Accountability Act, British Columbia's health authorities are included in the Government Reporting Entity. The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the *Ministry's 2026/27 – 2028/29 Service Plan* are related to services delivered by the health authorities. The majority of the health authorities' revenue and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from Ministry budgets.

(\$000s)	2025/26 Forecast	2026/27 Budget	2027/28 Plan	2028/29 Plan
Combined Operating Statement				
Total Revenue¹	30,605,000	31,296,000	31,986,000	32,800,000
Total Expense²	(30,605,000)	(31,296,000)	(31,986,000)	(32,800,000)
Annual Surplus³	0,000	0,000	0,000	0,000

¹ Revenue: Includes Provincial revenue from the Ministry of Health, plus revenues from the federal government, copayments (which are client contributions for accommodation in care facilities), fees and licenses and other revenues.

² Expenses: Provides for a range of health care services, including primary care and public health programs, acute care and tertiary services, mental health services, home care and home support, assisted living, and residential care.

³ The 2025/26 Forecast, 2026/27 Budget, 2027/28 Plan, and 2028/29 Plan are adjusted for inter-entity transactions between these agencies.

Appendix A: Public Sector Organizations

As of February 2026, the Minister of Health is responsible and accountable for the following organizations:

Health Authorities

[Fraser Health Authority](#)

Fraser Health delivers public health, hospital, residential, community-based, and primary health-care services in communities stretching from Burnaby to White Rock to Hope.

[Interior Health Authority](#)

Interior Health delivers public health, hospital, residential, community-based, and primary health-care services to residents across B.C.'s Southern Interior.

[Northern Health Authority](#)

Northern Health delivers public health, hospital, residential, community-based, and primary health-care services to residents of Northern B.C.

[Provincial Health Services Authority](#)

PHSA works collaboratively with the Ministry, B.C.'s five regional health authorities and the First Nations Health Authority to provide select specialized and province-wide health-care services, ensuring residents have access to a coordinated provincial network of high-quality specialized health-care services.

[Vancouver Coastal Health Authority](#)

Vancouver Coastal delivers public health, hospital, residential, community-based, and primary health-care services to residents living in communities including Richmond, Vancouver, the North Shore, Sunshine Coast, Sea to Sky corridor, Powell River, Bella Bella, and Bella Coola.

[Vancouver Island Health Authority](#)

Island Health delivers public health, hospital, residential, community-based, and primary health-care services to residents across Vancouver Island living in communities from Victoria to Cape Scott.

Agencies, Boards, Commissions, Tribunals, and Colleges

[BC Emergency Health Services](#)

BC Emergency Health Services is continued under the [Emergency Health Services Act](#). It is an agency of PHSA that oversees the BC Ambulance Service and Patient Transfer Coordination Centre, providing out-of-hospital and inter-hospital health service.

[BC Health Care Occupational Health and Safety Society](#)

The Society (also known as Switch BC) promotes safe and healthy workplaces at all worksites throughout the B.C. health system. In cooperation among unions, employers, and Doctors of

BC, it develops provincial frameworks, systems, and programs aimed at improving the health and safety of B.C.'s health-care workers.

Health Quality BC

Health Quality BC (formerly known as BC Patient Safety and Quality Council) provides system-wide leadership in efforts designed to improve the quality of health care in B.C. Through collaborative partnerships, the Council promotes and informs a provincially coordinated, patient-centred approach to quality.

Data Stewardship Committee

The Data Stewardship Committee is established under the [*E-Health \(Personal Health Information Access and Protection of Privacy\) Act*](#) and is responsible for managing the disclosure of information contained in a health information bank or a prescribed Ministry of Health database. The [*Pharmaceutical Services Act*](#) also mandates that the disclosure of PharmaNet data for research purposes is adjudicated by the Data Stewardship Committee.

Drug Benefit Council

The Drug Benefit Council is an independent advisory body that makes evidence-based recommendations on whether PharmaCare should include a drug in its formulary.

Emergency Medical Assistants Licensing Board

The Emergency Medical Assistants Licensing Board is responsible for examining, registering, and licensing B.C. emergency medical assistants, including first responders. The Board, under the authority of the [*Emergency Health Services Act*](#), sets license terms and conditions.

Forensic Psychiatric Services Commission

The Commission, which is part of the PHSA, operates the Forensic Psychiatric Hospital and seven community forensic psychiatric services clinics and is responsible for conducting fitness assessments of individuals appearing before the courts.

Health Profession Regulatory Colleges

Regulatory colleges govern the practice of their registrants in the public interest. The following regulatory colleges are currently established under the [*Health Professions Act*](#): College of Physicians and Surgeons of British Columbia; British Columbia College of Nurses and Midwives; College of Pharmacists of British Columbia; British Columbia College of Oral Health Professionals; College of Complementary Health Professionals of British Columbia; and, College of Health and Care Professionals of British Columbia. The primary function of colleges is to ensure their registrants are qualified, competent, and following clearly defined standards of practice and ethics. Effective April 1, 2026, the new *Health Professions and Occupations Act* will govern the health professions, replacing the *Health Professions Act*.

Medical Services Commission

The Medical Services Commission manages the Medical Services Plan in accordance with the [*Medicare Protection Act*](#) and regulations made under that Act. The responsibilities of the commission are two-fold: (1) to ensure that all B.C. residents have reasonable access to medical care, and (2) to manage the provision and payment of medical services in an effective

and cost-efficient manner. The Commission's audit powers over health-care practitioners are delegated to various special committees, including the [Health Care Practitioner Special Committee for Audit Hearings](#).

[Patient Care Quality Review Boards](#)

The Patient Care Quality Review Boards are six independent review boards created under the [Patient Care Quality Review Board Act](#). They receive and review care complaints that have first been addressed by a health authority's Patient Care Quality Office but remain unresolved.

Appendix B: Minister Mandate Letter



November 25, 2025

Honourable Josie Osborne
Minister of Health
Parliament Buildings
Victoria, BC V8V 1X4

Dear Minister Osborne:

Congratulations on your appointment as Minister of Health at a critical time for our province. Serving as a member of the executive council is a privilege and responsibility which I am confident you will fulfill with integrity and a commitment to the people of our province.

British Columbians have trusted us with a mandate to deliver for them in ways that make a tangible difference in their daily lives. They expect us to listen and learn from people of different perspectives – and work together to make things better for everyone.

Specifically, we will tackle the challenges people worry about at the kitchen table:

- **Grow the economy by creating good jobs across British Columbia.** We will collaborate with businesses, workers, and communities to attract investments in both new and traditional sectors as well as emerging sectors of the economy. This approach will bring certainty for business, security for workers, and generate the wealth needed to support the essential services British Columbians rely on.
- **Reduce costs for families** including by helping people access homes they can afford through support for first-time homebuyers, increasing the supply of rental housing stock, and stronger measures to crack down on housing speculation.

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- **Strengthen health care** by expanding access to family doctors and recruiting and training more health professionals, ensuring that every British Columbian can access the care they need, no matter where they live. We will also increase access to addictions treatment and provide help for people whose struggles require intensive supports.
- **Make our neighbourhoods and communities safer** by working with law enforcement and social agencies to address street disorder, crack down on organized crime, and do all we can to ensure repeat offenders stay behind bars.

Our commitment to take action on climate change remains foundational and will be key to a healthy and prosperous BC for future generations.

Underlying all this work is our partnership with Indigenous peoples. Advancing reconciliation, implementing the *Declaration on the Rights of Indigenous Peoples Act* and working in partnership with First Nations rights-holders to advance shared interests is the responsibility of every Minister.

Over this mandate I expect you to prioritize making progress on the following:

- In order to protect key services that British Columbians rely on, work with the Minister of Finance to review all existing Ministry of Health programs and initiatives to ensure programs support the health of British Columbians while keeping costs manageable. This is important in the context of current Provincial budget constraints, our growing and aging population, and emerging technologies.
- Tackle the training, recruitment, retention, and system redesign needed to make sure our health human resources keep pace with the growing needs of people in BC and deliver better, faster care.
- Ensure every British Columbian has access to primary care, continue connecting more and more people to family healthcare providers, and ensure that care can be delivered in person through standards established in consultation with the College of Physicians and Surgeons and Doctors of BC.
- Take necessary steps to address temporary emergency room closures.
- Improve cancer care delivery across the province to meet international benchmarks for outcomes and service delivery.

- Improve the delivery of maternity care, reproductive care, and gynecological cancer care for people across the province through targeted initiatives.
- Work with Indigenous communities and leadership to improve health outcomes for Indigenous peoples in our province.
- Improve the delivery of care for seniors and steward public investments made in seniors' care to improve efficiency and effectiveness given the growing population of seniors in our province.
- Reduce the cost of administration of the health care system to focus resources on the front line, including a review of Regional Health Authorities, and incorporating an active role for doctors, nurses, and Health Science professionals in designing and implementing healthcare solutions.
- Require professional colleges to recognize the credentials of Canadian healthcare workers immediately on confirmation of their good standing in another province or territory, and to recognize the credentials of international healthcare workers from foreign jurisdictions with similar or equivalent training programs within six weeks.
- Continue working collaboratively with stakeholders on initiatives to strengthen nurse-to-patient ratios.
- Support the work of the Chief Scientific Advisor for Psychiatry, Toxic Drugs and Concurrent Disorders in delivering high-quality care for people struggling with acquired brain injury, addiction, and mental health challenges – and work with partners across government to implement solutions.
- Bring together addiction health professionals and epidemiologists to expand peer-reviewed research to evaluate interventions for people struggling with addiction, and promptly implement best practices based on findings.
- Continue our work to build and deliver a seamless system of care for people seeking mental health and addiction services in the province on both an inpatient and outpatient basis, including services responsive to the unique needs of Indigenous peoples.
- Reduce the risk of diversion of prescribed opioids by taking action in these areas and any others identified: first, by identifying and implementing additional safeguards to prevent diversion of opioids prescribed for opioid dependence

treatment; and second, by working with all healthcare providers to find ways to reduce the population level frequency of opioid prescriptions generally.

- Review prescribing safety initiatives for psychoactive medications in order to enhance patient and public safety and reduce healthcare costs.
- Continue to expand access to nasal naloxone to respond to overdoses.
- Work with the Ministry of Children and Family Development, and with Indigenous peoples, key stakeholders and people with lived experience, to realign and improve services for children and youth with support and mental health needs.
- Work with the Cabinet Committee on Community Safety to ensure that initiatives identified by the committee are prioritized and delivered by your ministry as required.

To assist you in meeting the commitments we have made to British Columbians, you are assigned a Parliamentary Secretary for Mental Health and Addictions whose focus will be to:

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

You are also assigned a Parliamentary Secretary for Rural Health whose focus will be to:

- Work with you to engage with key stakeholders, including frontline service providers in rural and Indigenous communities, to seek their advice on how best to deliver accessible, effective care in their unique rural and remote communities.
- Ensure that issues and opportunities identified are communicated to you and ministry staff for consideration and possible implementation.

Additionally, you are assigned a Parliamentary Secretary for Seniors' Services and Long-Term Care whose focus will be to:

- Work with you to engage with service providers, advocates, and seniors to identify opportunities for improving seniors' care across the province and opportunities for

delivering this care in a way that is cost-effective and preserves dignity for our valued elders.

- Ensure that issues and opportunities identified are communicated to you and ministry staff for consideration and possible implementation.

Finally, you are assigned a Parliamentary Secretary for Primary Care Access whose focus will be to:

- Work with you to complete and act on the findings of the Primary Care Assessment, with a focus on supporting community health centres, strengthening team-based care and decreasing unnecessary emergency room visits.
- Work with you to strengthen access to effective primary care across the province, including in Indigenous, rural and remote communities facing unique challenges.
- Ensure that issues and opportunities identified are communicated to you and ministry staff for consideration and possible implementation.

You will work closely together and ensure your Parliamentary Secretaries receive appropriate support to deliver on this work.

As you are aware, we have established an accord with the BC Green Caucus that supports our shared commitment to ensuring stable governance focused on delivering progress and tangible outcomes for British Columbians. The commitments in that accord complement the direction in these mandate letters.

As a Cabinet, we will uphold the highest standards of ethics, collaboration, and good conduct in service of the public, and as a Minister of the Crown, you are expected to review, understand, and act according to the *Members' Conflict of Interest Act*. You will establish a collaborative working relationship with your Deputy Minister and the public servants under their direction, who provide the professional, non-partisan advice that is fundamental to delivering on our government's priorities. Your Minister's Office must meet the highest standards for integrity and provide a respectful, rewarding environment for all staff.

The work we have ahead takes place in a profoundly challenging geopolitical environment. Close friends and neighbours to our south are contemplating imposing draconian tariffs on our products that would hurt both Americans and Canadians. Our allies internationally face governmental instability. Hate and racism are on the rise around the world. Artificial intelligence breakthroughs with unclear implications and astonishing potential are announced daily. Global inflation, snarled supply chains, and war are threatening global economic growth and prosperity as well as the transition to a low-carbon economy.

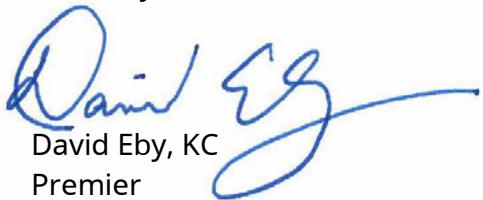
We have an obligation to protect and defend British Columbians, as well as seize opportunities, in these uncertain times.

The good news is that we have everything we need to succeed, and we will succeed. British Columbia's people – our workers, entrepreneurs, business leaders, artists, and innovators – are among the most talented in the world. We are home to world-class educational institutions and public services. Our natural beauty is unmatched, we have internationally envied resources, and we are one of the most diverse places on the planet. Your job is to help us leverage these advantages in perilous times.

Use this mandate letter to guide your work, and do not be afraid to challenge assumptions, or be innovative, bold and aggressive in achieving the goals set out for you and your Ministry by the people of this province.

Thank you for joining me in the work ahead.

Sincerely,

A handwritten signature in blue ink, appearing to read "David Eby".

David Eby, KC
Premier

cc: Amna Shah, MLA
Parliamentary Secretary for Mental Health and Addictions

Debra Toporowski, MLA
Parliamentary Secretary for Rural Health

Susie Chant, MLA
Parliamentary Secretary for Seniors' Services and Long-Term Care and responsible
for the Consular Corps

Stephanie Higginson, MLA
Parliamentary Secretary for Primary Care Access