



B.C. Budget Recommendations 2024/25

November 2023



KEY RECOMMENDATIONS

1. Renewed three-year plan for economic recovery and pandemic resilience
2. Clean Indoor Air Act
3. Building retrofit strategy
4. PPE tax credit
5. Long COVID care
6. Improved digital health solutions and health authority interoperability

1. RECOVERY & RESILIENCE FUNDING

Following Budget 2023, funding for all COVID-related services is set to end as the Pandemic Recovery Contingencies expire. This means losing capacity for not only economic recovery and supporting vulnerable British Columbians, but for essential health management like vaccination, testing, and personal protective equipment for health care workers.¹

We call on the B.C. government to renew funding with a 3-year Recovery & Resilience plan for the same or lesser amounts. Funds should support:

- ongoing economic recovery;
- sustainable health management of communicable diseases;
- resilience against future pandemics and emergent health threats.

The pandemic's impact continues to be felt across numerous economic sectors, exacerbated by inflation. With the loss of COVID relief funding, **half of B.C.'s registered charities say there will be a negative impact on the services they provide their communities**, with moderate-to-high risks to their organization's continuity.²

Meanwhile, fluctuating COVID levels,³ new variants,⁴ fall/winter disease surges and hospital outbreaks⁵ underscore the need for ongoing health management. **Budget 2023 recognizes the emergence of new COVID variants as one of B.C.'s main fiscal risks.** These risks would be magnified by unchecked illness spread, which drives the evolution of variants⁶ that evade current treatments.⁷

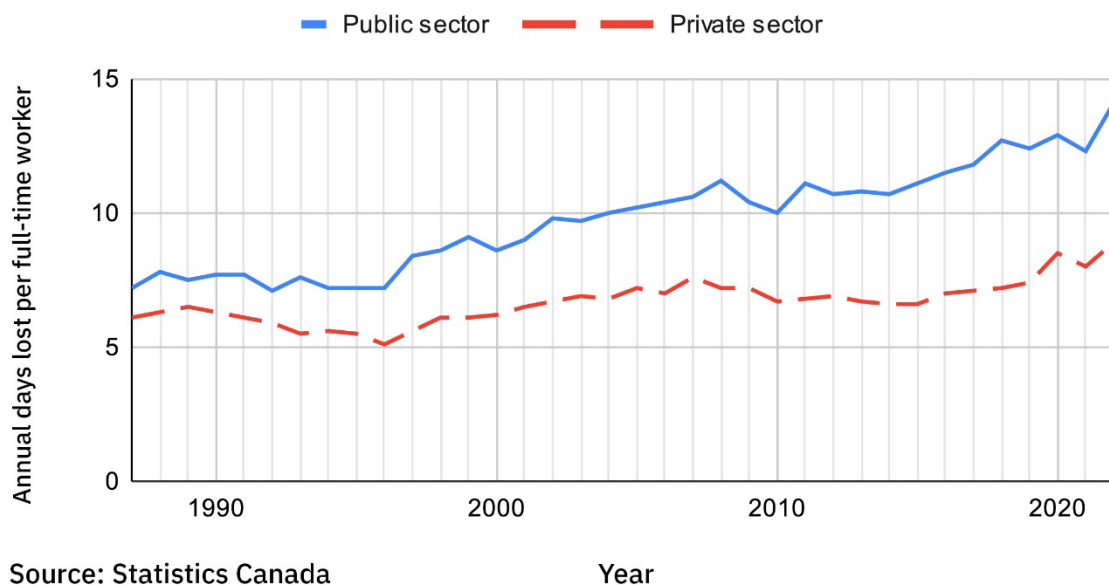
Whilst working on B.C.'s Emergency Disaster and Management Act, legislators have noted that **upstream preparation and mitigation help avoid greater downstream costs.**⁸ We wholeheartedly agree: strategic investment now will not only support continued recovery and more equitable health outcomes, but protect our communities, economy, and health care system against future pandemics (which are becoming more likely due to climate change).⁹

2. CLEAN INDOOR AIR ACT

In light of wildfire smoke and climate emergencies, as well as lessons learned from COVID-19, **we urge B.C. to enact a Clean Indoor Air Act to improve indoor air quality (IAQ)** including establishing an IAQ Advisory Council. In crowded indoor settings, **proper ventilation and filtration are one of the most cost-effective public health interventions,**¹⁰ **reducing illness at a benefit-cost ratio from 3:1 to 100:1.**¹¹

Poor IAQ has been tied to cognitive deficits,¹² increased chronic disease burden,¹³ and worsened employee retention.¹⁴ **Record-high absences due to illness¹⁵ are a substantial budget issue for B.C. organizations¹⁶** (see Table 1 for details on work absences), while Canada’s leading causes of death¹⁷ - heart disease¹⁸, cancers¹⁹, and COVID-19²⁰ - are all directly linked to air quality.

Table 1: Work days lost to illness or disability per full-time worker in Canada (1987-2022)



Poor IAQ also disproportionately affects marginalized and vulnerable groups, including Indigenous and racialized people,²¹ children, elders, and people with disabilities.²² This makes clean air a key issue in improving health equity and the accessibility of public spaces.

B.C.'s Report on the Budget 2024 Consultation reflected widespread interest in improving air quality. **Ontario²³, New Brunswick²⁴, and Nova Scotia²⁵ are already moving forward on clean air**, while ASHRAE (the global society of HVAC engineers) has acknowledged the need for higher air quality with the recent publication of the new ASHRAE Standard 241.²⁶

For these reasons and more, we urge B.C. to prioritize developing a Clean Indoor Air Act based on Johns Hopkins' Model Clean Indoor Air Act.²⁷

3. BUILDING RETROFIT STRATEGY

In B.C.'s Report on the Budget 2024 Consultation, **recommendation 47** includes developing a building retrofit strategy to ensure climate resilience.²⁸ In addition to supporting energy efficiency as a key commitment, **we urge B.C. to incorporate improved cooling and IAQ standards in the BC Building Code.**

It has become increasingly apparent that as the climate warms, cooling must become as standard as heating in our buildings.²⁹ **This is recognized by recommendation 47's support of heat pump installation**, and underscored by the tragic loss of 619 lives during the 2021 heat dome.³⁰ We should note the urgency of this issue in B.C., where **only 36% of households have any type of air conditioning - among the lowest of all provinces.**³¹ Our view is that for both cooling and IAQ improvements, high-risk congregate settings must be prioritized - particularly those with vulnerable groups, such as medical settings and schools.

By embedding cooling and IAQ into new construction and a comprehensive retrofit strategy, B.C. will help ensure our communities are better-positioned to navigate the multifaceted challenges of a changing climate.

4. PPE & MEDICAL DEVICES

As highlighted by the recent restoration of mask requirements to B.C. hospitals and long-term care,³² it remains crucial to use personal health and safety tools - **particularly for and around vulnerable British Columbians**. Not only is this central to questions of equity,³³ but it serves as a simple yet effective measure to reduce new or worsened illnesses, health care system pressures, and many socio-economic harms.³⁴

Because of this, we call on the B.C. government to provide \$5 million per year for tax credits offsetting costs of personal protective equipment for low-income seniors and persons with disabilities. The Government of Canada³⁵ and many others continue to recommend the use of masks for COVID-19, particularly for immunocompromised and high-risk people. The BCCDC also recommends N95-equivalent respirators for wildfire smoke.³⁶

Cost should not be a barrier to safety - particularly not when **COVID-19 and many high-risk health conditions disproportionately affect low-income people**.³⁷ This has been recognized in other areas like Montreal, which has distributed free respirators to the public.³⁸

We also strongly support **budget recommendation 89**, which calls to expand medical equipment coverage to ensure “comprehensive support”. We specifically call to **include air purifiers and filters for those with medical needs**, following the lead of the Government of Canada, which already recognizes these items as medical equipment.³⁹

Lastly, we urge B.C. to adopt **budget recommendation 153**, which aims to alleviate poverty by raising rates of income and disability assistance. It’s worth noting that even before the pandemic, research indicated **households with disabled members needed to spend an average of 28% more of their income to achieve the same standard of living**, due to both direct and indirect costs.⁴⁰

5. LONG COVID & COMPLEX CHRONIC DISEASES

B.C.'s Report on the Budget 2024 Consultation rightly emphasizes the need to improve care for those with chronic complex diseases. We wholeheartedly support both **recommendation 76** (to fund clinics and care hubs for chronic illnesses and co-morbidities) and **recommendation 80** (to improve supports and services for those with myalgic encephalomyelitis).

In implementing these recommendations, **we call for specific inclusion of provisions for Long COVID**, a chronic, post-infectious condition related to ME.⁴¹ B.C. doctors⁴² and patients⁴³ have highlighted the need for improved Long COVID resources, particularly after the closure of in-person Long COVID clinics.⁴⁴ A recent report from the Office of the Chief Science Advisor of Canada underscored the devastating impacts of this illness, and warned that **Long COVID could cause “profound” disruption to Canada’s labour market.**⁴⁵

Long COVID affects at least 10-20% of COVID survivors (including 16% of children),⁴⁶ with risks that persist even after vaccination, and increase with each reinfection.⁴⁷ This leads to not only life-changing human impacts,⁴⁸ but rising demands on our health care system and social assistance programs. A 2022 report from the World Economic Forum found 2-4 million working-age Americans unable to work due to Long COVID, translating to annual lost wages of US \$170-230 billion;⁴⁹ **economist David Cutler estimated Long COVID’s true economic costs in the trillions.**⁵⁰

In addition to acknowledging the overlap between ME and Long COVID (which meets ME criteria in nearly half of cases),⁵¹ it is also vital to recognize that **all of the complex chronic conditions in B.C’s 2024 budget recommendations may be triggered or accelerated by COVID-19**, including diabetes⁵², dementia⁵³, Parkinson’s disease⁵⁴, and multiple sclerosis⁵⁵.



6. DIGITAL HEALTH SOLUTIONS

We urge B.C. to invest in improved digital health solutions, with a focus on **enhancing usability and interoperability between different systems and health authorities**. In calling for this, we echo the recommendations of many parties, including Doctors of BC.⁵⁶

While digital health solutions (such as virtual care, online portals, and electronic medical records) play a vital, growing role in health care delivery, B.C. has faced challenges harnessing their full potential.⁵⁷ **23% of British Columbians say their care providers did not have their health information ahead of or during their visit; 32% have experienced at least one problem in the last 12 months with coordination of care.**⁵⁸ B.C.'s vaccine registration system has encountered issues,⁵⁹ while experts have repeatedly warned about digital security vulnerabilities.⁶⁰ This was exemplified by a recent data breach at the Health Employers Association of BC.⁶¹

Many B.C. doctors state that electronic medical records are one of the greatest barriers to efficiency due to issues with usability, information continuity, and data portability.⁶² Only 25% of Canadian doctors strongly agree that current systems are well-integrated and support their clinical workflow.⁶³ Usability issues can jeopardize patient safety when clinicians aren't aware of important patient information.⁶⁴

By investing in digital health improvements, we can create a more seamless, accessible, and cost-effective health care system that benefits both patients and health care providers.



CONCLUSION

Minister of Finance Katrine Conroy has highlighted that strengthening health care is a continued priority for the provincial budget. Our recommendations support that goal, while fostering economic recovery, climate resilience, and service provision equity through an evidence-based and cost-effective approach.

As you consider these recommendations, we would like to leave you with some words from the Director-General of the World Health Organization:

“The worst thing any country could do now is to use [ending the pandemic’s emergency phase] as a reason to let down its guard, to dismantle the systems it has built, or to send the message to its people that COVID-19 is nothing to worry about... If we all go back to how things were before COVID-19, we will have failed”.

- *WHO Director-General, 5 May 2023*⁶⁵

DoNoHarm BC is a non-partisan action group based in British Columbia, Canada. Our mission is to demand evidence-based safety measures in high-risk settings; advocate for effective and equitable public health policies; and help lead grassroots collective action promoting safety, equity, accessibility and resilience in response to the COVID-19 pandemic. www.DoNoHarmBC.ca

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