

Regional Hospital Districts: Funding Health Care Beyond Local Means

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Director Al Richmond

Regional Hospital Districts: An Overview

■ *Hospital District Act*

- Outlines the purposes and functioning of a RHD to raise funds from local property taxes to pay for health care capital.
 - Includes: renovations, new construction, medical equipment, acquisition of property
- Dictates the composition and terms of the Regional Hospital Board, including tenure, vacancies, remuneration of directors and officers.
- Does not:
 - Require RHDs contribute to health care capital
 - Define the RHD contribution amount (ie. 40%)
 - Outline role of Health Authority
 - Identify the Ministry responsible for RHDs
 - No reference to Metro Vancouver agreement to contribute to transit

RHD Reviews and Findings

- 2003 Sierra Report; 2008 Corpus Sanchez Report
- Recommendations include:
 - Define fixed funding amounts (RHDs, HAs)
 - Develop draft capital plans (HAs)
 - Update/confirm the definition of capital
 - Update legislation to reflect new definition of capital
 - MoH to lead implementation

UBCM Resolutions

2024-SR1 Unsustainable Local Government Contributions to Regional Hospital Districts

Whereas local governments are facing significant financial pressures due to the expansion of services which are being downloaded by the provincial and federal governments on many issues including housing, community safety and climate change;

And whereas local governments must share the capital infrastructure project costs for healthcare facilities with the provincial government through their Regional Hospital Districts with 60 percent contributed by the Province and 40 percent contributed by Regional Hospital Districts;

And whereas local governments must provide the 40 percent 'voluntary' contribution towards the provincial government's health care capital costs, including any cost overruns, or risk losing those projects to other areas of the province:

Therefore be it resolved that the provincial government work with Regional Hospital Districts and UBCM to review the cost-sharing model for funding health capital projects in BC, and acknowledge that the reliance on property taxes to fund areas of provincial health care responsibility is inconsistent and unsustainable for BC local governments.

Concerns and Challenges

- affordability for RHDs and taxpayers
- varying requisition rates/ financial contributions and taxation across the province
- increasing annual funding requests for major capital projects
- lack of consistency and equity in the negotiation process for priority investments
- ambiguity of capital streams required to be funded by Regional Hospital Districts
- inaccuracy in future year budgeting and expected contributions
- equity with Metro Vancouver paying towards transit instead of health



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The Rural Coordination Centre of BC

In appreciation of our speakers today and with thanks for your contribution, UBCM has made a donation to the Rural Coordination Centre of BC. Since their inception in 2007, RCCBC has grown into a network of hundreds of people - rural physicians and other healthcare providers, healthcare administrators, community members, policymakers, educators, researchers, and non-profit and business leaders – guided by the principles of cultural safety and humility.