

**STUART-NECHAKO REGIONAL HOSPITAL DISTRICT
AGENDA
Thursday, October 23, 2025**

CALL TO ORDER

AGENDA

Approve

SUPPLEMENTARY AGENDA

Receive

MINUTES

**Stuart-Nechako Regional Hospital District Meeting Minutes -
September 18, 2025**

Page 3-5

Approve

REPORTS

**John Illes, Treasurer - Vanderhoof Primary Care Capital Grant
Increase**

Page 6-8

Recommendation

John Illes, Treasurer - Quarterly Financial Statements

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Receive

Curtis Helgesen, Secretary - Hospital District Act Reform - MOU

Page 11-14

Discussion/Receive

CORRESPONDENCE

**Corcan Meadowood Residents Association Letter the Honourable
Josie Osborne, Minister of Health**

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Receive

VERBAL REPORTS

RECEIPT OF VERBAL REPORTS

SUPPLEMENTARY AGENDA

NEW BUSINESS

ADJOURNMENT

Thursday, September 18, 2025

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**STUART-NECHAKO REGIONAL HOSPITAL DISTRICT
MEETING MINUTES
Thursday, September 18, 2025**

Directors Present: Chair Judy Greenaway
Clint Lambert
Linda McGuire
Shirley Moon
Kevin Moutray
Martin Elphee
Mark Parker
Michael Riis-Christianson
Sarrah Storey - via Zoom
Henry Wiebe

Staff: Curtis Helgesen, Secretary
Cheryl Anderson, Acting Secretary
John Iles, Treasurer
Wendy Wainwright, Recording Secretary

Other: Olava Brooke, BV Pool – via Zoom

Media: Jake Wray, LD News - via Zoom - arrived at 10:18 a.m.

CALL TO ORDER

Chair Greenaway called the meeting to order at 10:00 a.m.

AGENDA

2025-SNRHD-007

Moved by Director Lambert
Seconded by Director Parker

That the Stuart-Nechako Regional Hospital District Agenda for September 18, 2025 be approved.

CARRIED UNANIMOUSLY

MINUTES

Stuart-Nechako Regional Hospital District Meeting Minutes - September 4, 2025

2025-SNRHD-008

Moved by Director Lambert

Seconded by Director Moon

That the Stuart-Nechako Regional Hospital District Minutes of September 4, 2025 be approved.

CARRIED UNANIMOUSLY

CORRESPONDENCE

District of Tumbler Ridge News Release - September 4, 2025

2025-SNRHD-009

Moved by Director Elphee

Seconded by Director Lambert

That the Board receive the News Release from the District of Tumbler Ridge dated September 4, 2025.

CARRIED UNANIMOUSLY

The following discussion took place:

- Supporting small communities impacted by reductions in health care facility operating times
- Continued advocacy for health care for northern residents
- The Fraser Lake Health Centre's past experience that reduced service levels
- Downloading of healthcare to communities and local governments
- Concerns about communities funding health care
- Health care is a provincial responsibility
 - Advocacy
- Northern Regional Hospital Districts experience some of the highest taxation rates in the Province.

Thursday, September 18, 2025

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2025-SNRHD-010

Moved by Director Riis-Christianson

Seconded by Director Moon

That the Board write a letter to Northern Health in support of restoring the hours at the Tumbler Ridge Health Centre; and, that small communities are unable to continue to have their quality of health care eroded; and further, that the letter be cc'd to the District of Tumbler Ridge and the Minister of Health.

CARRIED UNANIMOUSLY**IN-CAMERA MOTION****2025-SNRHD-011**

Moved by Director Parker

Seconded by Director Riis-Christianson

That this meeting be closed to the public pursuant to Section 90(2)(b) of the *Community Charter* for the Board to deal with matters relating to:

- Vanderhoof Primary Care Facility.

CARRIED UNANIMOUSLY**ADJOURNMENT****2025-SNRHD-012**

Moved by Director Lambert

Seconded by Director Elphee

That the meeting be adjourned at 10:21 a.m.

CARRIED UNANIMOUSLY

Judy Greenaway, Chairperson

Wendy Wainwright, Deputy Director of Corporate Services

Stuart-Nechako Regional Hospital District Board of Directors

To: Chair Greenaway and Board
From: John Illes, Treasurer
Date: October 23, 2025
Subject: **Vanderhoof Primary Care Capital Grant Increase**

RECOMMENDATION: **(all/directors/majority)**

That Stuart-Nechako Regional Hospital District Capital Expenditure Bylaw No. 95 be given First, Second, Third Reading and Adoption this 23rd day of October 2025.

BACKGROUND

Bylaw No. 89, 2024 approved a maximum grant of \$5.828 million (20%) towards the construction of the new Vanderhoof Primary Care building. Bylaw No. 95 proposes to increase this amount by \$1,330,000 to a maximum amount of \$7,158,000 (or 20% of the total project cost if that is a smaller amount).

ATTACHMENTS:

Bylaw No. 95, 2025
Bylaw No. 89, 2024

**STUART-NECHAKO REGIONAL HOSPITAL DISTRICT
CAPITAL EXPENDITURE BYLAW
BYLAW NO. 95**

WHEREAS, the Board of the Stuart-Nechako Regional Hospital District proposes to expend money for capital expenditures included in the 2025 annual budget;

AND WHEREAS, those capital expenditures have received the approval required under Section 23 of the *Hospital District Act*;

AND WHEREAS, the Board of the Stuart-Nechako Regional Hospital District proposes to increase the amount for the Vanderhoof Primary Care project originally authorized in Bylaw No. 89;

NOW THEREFORE, the Board of the Stuart-Nechako Regional Hospital District enacts the following capital expenditure bylaw as required by Section 32 of the *Hospital District Act*;

1. The Board hereby authorizes and approves expenditures of money necessary to complete the following capital expenditures totaling up to the lesser of \$7,158,000 or 20% of the total project budget representing a portion of the capital expenditures included in the 2025 budget more particularly detailed as follows:

Description	Amount
Vanderhoof Primary Care	\$7,158,000
	<u>\$7,158,000</u>

2. The Board hereby delegates the necessary authority to the Treasurer to settle payment.
3. This bylaw may be cited for all intents and purposes as the "Stuart-Nechako Regional Hospital District Capital Expenditure Bylaw No. 95, 2025."
4. Stuart-Nechako Regional Hospital District Capital Expenditure Bylaw No. 89, 2024 is hereby repealed.

READ A FIRST TIME this __ day of __ 2025

READ A SECOND TIME this __ day of __ 2025

READ A THIRD TIME this __ day of __ 2025

ADOPTED this this __ day of __ 2025

Chairperson

Secretary

I, hereby, certify that this is a true copy of Bylaw No. 95 as adopted.

Secretary

**STUART-NECHAKO REGIONAL HOSPITAL DISTRICT
CAPITAL EXPENDITURE BYLAW
BYLAW NO. 89**

WHEREAS, the Board of the Stuart-Nechako Regional Hospital District proposes to expend money for capital expenditures included in the 2024 annual budget;

AND WHEREAS, those capital expenditures have received the approval required under Section 23 of the *Hospital District Act*;

NOW THEREFORE, the Board of the Stuart-Nechako Regional Hospital District enacts the following capital expenditure bylaw as required by Section 32 of the *Hospital District Act*;

1. The Board hereby authorizes and approves expenditures of money necessary to complete the following capital expenditures totaling up to \$5,828,000 representing a portion of the capital expenditures included in the 2024 budget more particularly detailed as follows:

<u>Description</u>	<u>Amount</u>
Vanderhoof Primary Care	\$5,828,000

\$5,828,000

2. The board hereby delegates the necessary authority to the Treasurer to settle payment.
3. This bylaw may be cited for all intents and purposes as the "Stuart-Nechako Regional Hospital District Capital Expenditure Bylaw No. 89, 2024."

READ A FIRST TIME this 7th day of March, 2024

READ A SECOND TIME this 7th day of March, 2024

READ A THIRD TIME this 7th day of March, 2024

ADOPTED this 7th day of March, 2024

Chairperson

Secretary

I, hereby, certify that this is a true copy of Bylaw No. 89 as adopted.

Secretary

Stuart-Nechako Regional Hospital District Board of Directors

To: Chair Greenaway and Board
From: **John Illes, Treasurer**
Date: October 23, 2025
Subject: **Quarterly Financial Statements**

RECOMMENDATION: (all/directors/majority)

Receive

BACKGROUND

Attached to this memo are the Third Quarter financial report for the hospital district. Because of the delay in the tender of the Vanderhoof Primary Care facility, the hospital district is in a large surplus situation for this year. The surplus will be utilized to fund this project when it continues in 2026.

ATTACHMENTS:

Financial Report

Stuart Nechako Regional Hospital District - 2025 Budget and Actuals to Date

Statements

To the Month Ending September 30, 2025

INCOME

Grant In Lieu of Taxes	25,000	19,106
Taxation	7,000,000	7,000,000
Interest	307,958	257,577
	<u>\$ 7,332,958</u>	<u>\$ 7,276,683</u>

EXPENSES

Business Planning		
Major Capital Project >\$5M		
Major Capital Project <\$5M	2,800,000	183,397
Major Equipment and Maintenance Capital	825,320	212,486
Building Integrity and Minor Capital Grant Grant	210,800	210,800
IT Projects Grant	-	-
Administration	20,000	3,991
Directors Remuneration	10,000	2,826
	<u>\$ 3,866,120</u>	<u>\$ 613,499</u>

NET INCOME AT END OF YEAR

	3,466,838	6,663,184
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ADD: SURPLUS CARRY FORWARD FROM PREVIOUS YEAR
NET ACCOUNT BALANCE AT END OF YEAR (PERIOD)

\$ 9,707,140	\$ 9,707,140
\$ 13,173,978	\$ 16,370,324

Stuart-Nechako Regional Hospital District Board of Directors

To: Chair Greenaway and Board
From: Curtis Helgesen, Secretary
Date: October 23, 2025
Subject: *Hospital District Act Reform - MOU*

RECOMMENDATION:**(all/directors/majority)**

Discussion/Receive

BACKGROUND

Over the last few years, the Northern Regional Hospital Districts have stepped up our joint advocacy with the Province and Northern Health regarding our concerns around the *Hospital District Act* and the financial sustainability, fairness and equity to our taxpayers. As our Board is aware, the SNRHD has the highest mill rate in the Province and struggles to fund 40% of capital projects within our region.

The Fraser-Fort George Regional Hospital District has drafted the attached MOU to provide an outline for our continued joint advocacy.

ATTACHMENTS:

Draft Memorandum of Understanding – *Hospital District Act Reform*

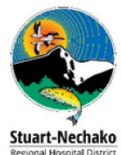
Memorandum of Understanding for Hospital District Act Reform

This Memorandum of Understanding (MOU) establishes a collaborative framework among the undersigned local governments to jointly advocate for changes to the current Regional Hospital District funding requirements and revisions to the *Hospital District Act*.

We, the undersigned six northern Regional Hospital Districts, share the following concerns about the current Hospital District funding structure in BC:

- current state of affordability for Regional Hospital Districts and their taxpayers
- absence of equity in financial contributions and taxation across the province as northern Regional Hospital District taxpayers pay more than our southern counterparts
- 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
- outdated percentage funding requirements that are unaffordable for taxpayers
- inaccuracy in future year budgeting and expected contributions

Our six northern Regional Hospital Districts pay some of the highest requisition rates annually and per average household in the province. These amounts are not sustainable for our taxpayers and fairness relating to Regional Hospital District costs is in question.



Memorandum of Understanding for Hospital District Act Reform

Our goals for joint advocacy are to work collaboratively with the Ministry of Infrastructure to:

- reduce the overall annual funding requests made to Regional Hospital Districts and the financial burden that places on taxpayers
- examine what taxpayers across the province contribute to their Regional Hospital District to evaluate fairness with consideration to tax rates and average household contributions
- develop a long-term capital planning framework that accurately predicts future contribution requirements

Joan Atkinson, Chair
Fraser-Fort George
Regional Hospital District

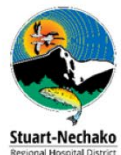
Al Richmond, Chair
Cariboo-Chilcotin
Regional Hospital District

Barry Pages, Chair
North West
Regional Hospital District

Rob Fraser, Chair
Northern Rockies
Regional Hospital District

Leonard Hiebert, Chair
Peace River
Regional Hospital District

Judy Greenaway, Chair
Stuart-Nechako
Regional Hospital District

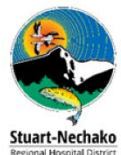


Appendix A

Commitments of the Parties

We commit to:

- meeting at least twice per calendar year with a maximum of three representatives designated from each Regional Hospital District – typically the Chairs, Vice Chairs and Chief Administrative Officers
- budgeting annually for a financial contribution towards consultancy services to advance advocacy efforts to a maximum of \$10,000 per calendar year per Regional Hospital District
- draw funding based on group consensus (majority vote) and an equal apportionment between the signatories
- a board representative from the Fraser-Fort George Regional Hospital District and a board representative selected from one of the other five Regional Hospital Districts to serve as the primary spokespersons for the parties
- the Fraser-Fort George Regional Hospital District providing administrative support for the organization of the parties and advocacy efforts
- ensuring our joint advocacy efforts are complimentary to those undertaken by UBCM and other local government organizations
- maintaining confidentiality regarding content reviewed and discussions held by the parties
- reviewing and renewing this agreement annually to ensure continued alignment and effectiveness





October 6, 2025

Honourable Josie Osborne

Minister of Health

Victoria, BC V8V 1X4

Via Email: HLTH.Minister@gov.bc.ca

Dear Minister Osborne:

Thank you for having Rob Byers, Assistant Deputy Minister, Corporate Service Division respond to our letter of May 1, 2025.

We were also pleased to see the announcement of June 10, 2025, the “Government is expanding its health authority review to include regional health authorities as it focuses on minimizing unnecessary administrative spending and ensuring resources support front-line patient care.” We hope the review identifies efficiencies within the entire healthcare system.

We again request that the Minister include the Regional Hospital Districts (RHDs) and the enabling legislation, Hospital District Act [RSBC 1996] Chapter 202, in the review announced on March 31, 2025, being led by Dr. Penny Ballem, interim president and CEO, PHSA and the June 10, 2025 announcement that Health Authorities will be included in the review and will be led by Cynthia Johansen, Deputy Minister of Health. It is our belief that examining and considering the four main areas as listed in the June 10, 2025, announcement is directly applicable to RHDs. As a reminder the announcement included these four main areas:

- consolidating administrative and corporate functions through a shared service model.
- optimizing existing shared services, such as procurement and IT services.
- reducing duplicative processes identified through the review; and
- improving and streamlining governance structures.

We are aware of the partnerships that occur between Health Authority's and RHDs and how RHDs receive their funding. We also recognize that the RHDs have filled an important role vacated by the Provincial Government 60 years ago resulting in RHDs (via property owner taxation) directly funding important medical equipment and infrastructure because the Provincial Government is unwilling or unable to provide adequate funding.

Unfortunately, little information is received by the public on how the Hospital portion of their property taxes go to fund the RHDs except when the government fails to fulfill an election promise. (i.e., "In fall 2024, Premier Eby promised to build a new patient tower and cardiac catheterization lab at Nanaimo Regional General Hospital (NRGH)." Or, when provincial funding fails to materialize.

We examined RHDs 2024 Financial Statements to support our request to include RHDs and the funding formula in the review. The review identified over \$2.5 million dollars spent on administration alone by the RHDs. We are unsure about the accuracy of financial statements as there is little detail on the specifics of revenue and expenses. It is our understanding that the RHDs must follow the Public Sector Accounting Standards (PSAS), but we were unable to find a policy statement referencing this requirement.

Mr. Byers stated in his letter *"With respect to the health authority review, the province is looking at ways to ensure that the health system is functioning as efficiently and effectively as possible in order to optimize how services are supported and delivered to those who reside in British Columbia."*

I would suggest that the current funding model to support an unwritten policy decision where the province provides 60% (revenue from Federal & Provincial income tax) and the local property owners provide the remaining 40% does not come close to optimizing healthcare services and in fact conflicts with the concept of universality as required by the Canada Health Act.

Requiring RHDs to collect the 40% of infrastructure costs results in:

- Unequal access due to unequal regional wealth,
- The province offloading responsibility onto unelected hospital districts,
- Property owners bearing a disproportional cost of healthcare funding, (property owners are taxed three times: at the local level, provincial and federally)
- Delays in crucial health investments.

Ultimately, increases in the Hospital Tax will continue to make homeownership unattainable to the young and will force lower income and retirees to sell their homes, defer taxes, or choose other alternatives.

It is our understanding that the Union of BC Urban Municipalities has been involved in review of the health system and/or requested changes to the funding formula since 2003. More recently "The chairs of six northern regional hospital districts, including the chair from Fraser-Fort George, sent a letter to BC's infrastructure minister back in May asking to discuss legislative reform that would ease the tax burden on their residents." Prince George Citizen July 25, 2025.

The present government must review the enabling legislation passed by the then Social Credit government some 60 years ago during the time universal healthcare was being implemented across Canada. The Hospital District Act was to remove the financial burden on the province by taxing property owners and this is no longer sustainable. The Federal Government and the Government of British Columbia and the preceding governments had 60 years to address the issues of an aging population, increased life spans and increased immigration, and you have failed. Without including the RHDs in the review of the health system and a review and consideration for legislative change, you will continue to fail the citizens of British Columbia.

Taxing citizens of British Columbia three times (Federal, Provincial & Local) to maintain a healthcare system and collecting property taxes to place in reserve accounts in the off chance of having a new capital project approved is an exercise in futility at best. Over-collecting taxes to build accumulated surpluses is taxation without a guaranteed project delivery. We are aware that all the RHDs conduct their financial planning in a similar manner. Actuals vary widely from budgets and Annual Surpluses continue to increase. Again, a review of the Financial Statements demonstrated an annual accumulated surplus ending December 31, 2024, of approximately \$422,000,000. Money that would be best suited to improve delivery of healthcare services to British Columbians.

The current model of accumulating large reserves while projects are delayed or unapproved result in public frustration over seeing taxes collected but no visible improvements in local healthcare delivery. It also demonstrates that the RHDs and Regional Districts and the local electorate have a total lack of control over when or if projects proceed because the Ministry of Health and Health Authorities have final say, whether politically or financially.

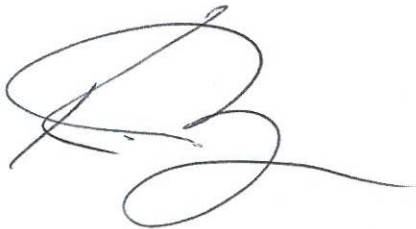
I would like to conclude that taxing property owners to build large reserves may not be illegal but is surely unethical considering no other province in Canada applies a Hospital Tax on property owners. The Hospital District Act fails to fulfill the universal health care system under the Canada Health Act, by creating a lack of accountability for universality, accessibility, and equity. As stated earlier, the inability to collect funding in

lower income areas leads to regional disparities and violates the concept that all Canadians have equal access to health care, regardless of where they live. In short:

- Local funding undermines universal access and adds administration costs,
- Regional disparities produce uneven infrastructure and quality of care,
- Property tax funding burdens lower income communities and places additional burden on taxpayers,
- Delay in building infrastructure reduces patient accessibility and patient outcomes.

In closing, we the members of the Regional District of Nanaimo Tax Payers Alliance request the Government to expanding the health system review to include Regional Hospital Districts

Sincerely,



Kevin Pilger

Director, Corcan Meadowood Residents Association

info@meadowoodresidents.com

A Member of the Regional District of Nanaimo (RDN) Taxpayers Alliance

cc. Premier David Eby david.eby.MLA@leg.bc.ca
 Honourable Josie Osborne, HLTH.Minister@gov.bc.ca
 MLA Sheila Malcolmson SDPR.Minister@gov.bc.ca
 Regional Hospital Districts