

Our primary goal as healthcare professionals is to provide the highest standard of care – a standard which emphasizes ethics and equality, while being free from unprofessionalism, discrimination, racism, and sexual misconduct. We unequivocally support a system which upholds these values. We also support a system which embodies unity and democracy while creating public policy. These qualities help to reassure British Columbians that they are receiving the quality of healthcare that they deserve.

However, without a democratic and collaborative policy driven process, our health care system risks erosion of the quality and safety of the care that we can provide.

Bill 36 will single-handedly deteriorate the quality of healthcare delivery in British Columbia. It will cause deleterious, catastrophic, and irreparable consequences to this system and our patients.

Bill 36 promotes partisanship and empowers our Government to unilaterally dictate how healthcare services are delivered to British Columbians. Political influence has no role in healthcare, and this is exactly what Bill 36 enables. Failure to repeal this Act will have devastating consequences to healthcare delivery in British Columbia.

Bill 36 will allow the Ministry of Health to unilaterally determine:

- Which healthcare services may present a risk of harm to the public.
- The regulation of the practice of a profession which is necessary to prevent, detect and respond to actual and potential harm to the public, and protect or promote the public interest.
- How the risk of harm to the public from the practice of a health profession or occupation will be defined, identified and assessed.
- The likelihood and nature of any direct or indirect harms that may occur if health services are provided.
- Whether persons have sufficient education, training, experience and other qualifications to have the level of knowledge, skills and ability necessary to protect the public from harm in providing health services.
- The set of prohibitions, requirements, limits, conditions, and practice standards of a designated profession or occupation.
- The ethical standards respecting the practice of a designated health profession.
- Whether a healthcare professional failed to meet a person's needs with respect to health services.
- What the categories of regulated health practitioners will be, and to then make different regulations for different categories.
- The authorization of a board or health occupation director to make bylaws or rules establishing restricted or provisional classes of regulated health practitioners.
- Whether a person will practice a designated health profession based on a person's entire disciplinary record, character, past conduct and other relevant factors.
- Whether a person is fit to practice, is competent, and is capable of being part of a designated health profession.
- Whether a person's competence to practice is not unduly impaired by a health condition.
- Whether a licensee must provide additional information or records, including personal information or other types of confidential information.

- Bylaws respecting eligibility standards, including standards respecting evidence of good character, including character references and other types of checks and references.
- Bylaws respecting mandatory vaccinations, required under an enactment other than the bylaws, against transmissible illnesses.
- Bylaws regarding the provision of false or misleading information to patients or the public, and also respecting health and matters relating to health, including, without limitation, health services, drugs, devices and other health products.
- That a licensee must participate in quality assurance assessments conducted under a quality assurance program.
- That an investigation or a disciplinary action must take place with respect to whether a licensee is fit to practice or has committed an act of misconduct.
- Whether a regulatory complaint must be heard, based on information from the media or another public source.
- Whether an investigation will take place, and then to enter the premises used by a practitioner to practice a designated health profession without a court order.
- Whether an investigation will take place to inspect and copy any records found on the premises or produced under an information and production order, including records containing personal information or other types of confidential information, without a court order.
- If a practitioner must undergo a competence assessment.
- To issue a citation or cancel a citation solely because the respondent's license has expired or has been revoked or surrendered, or the respondent is no longer a resident of British Columbia
- To publicly disclose personal information if deemed necessary to protect the public from harm.
- **To enforce fines not exceeding \$200,000 or to cause imprisonment for a term of not more than 6 months, or to both, for those who provide false or misleading information.**
- Any other matter that the Health Minister directs.