

BC Election 2026 / ACE Four-Priority Matrix

Current campaign commitments assessed against ACE's four priorities. Includes reporting and debate analysis through October 16.

Ratings reflect alignment with ACE's arthritis care priorities. Commitments may apply broadly to healthcare rather than specifically to arthritis.

PARTIAL = limited or indirect alignment; MODERATE = meaningful alignment with gaps; DIRECT = addresses a requested care mechanism; STRONG = substantial alignment. NO COMMITMENT IDENTIFIED means none was located in reviewed material.

Party	1 Team-based arthritis care	2 Joint replacements and rehabilitation	3 Evidence-based arthritis medication access	4 Rural, remote and Indigenous care
BC NDP	DIRECT / MODERATE 20 additional team-based primary care clinics; 1,000 training seats across nursing and other health roles; faster pathways for international graduates. Second Urgent and Primary Care Centre in Courtenay–Comox.	DIRECT / MODERATE - Coordinated regional surgical waitlists; patient choice of surgeon, location or shortest wait; eight new MRIs and 10 CT scanners; referral tracking through a BC Health Passport app. - No hip/knee-specific targets, coordinated arthritis pathway or rehabilitation commitment identified.	NO COMMITMENT IDENTIFIED No current campaign commitment identified on public drug plan reimbursement coverage, including "try and fail" requirements or modernization of medication reimbursement criteria.	MODERATE Rural recruitment incentives and expanded diagnostic access; redirect agency-nursing savings to public rural travel nurses. New CT scanner for Haida Gwaii.
Conservative Party of BC	PARTIAL Recruit and retain doctors and nurses; train more doctors in BC; accelerate credential recognition.	PARTIAL - Expert commission within 100 days to recommend ways to cut waits; new MRI at Eagle Ridge Hospital. - No hip/knee-specific targets, coordinated arthritis pathway or rehabilitation commitment identified.	NO COMMITMENT IDENTIFIED No current campaign commitment identified on public drug plan reimbursement coverage, including "try and fail" requirements or modernization of medication reimbursement criteria.	DIRECT / MODERATE \$50 million emergency fund for rural medical practices and recruitment; keep ERs and maternity services open.
BC Green Party	DIRECT / STRONG Integrated Community Health Centre in every riding; team-based non-surgical and pre-surgical care through single-entry referrals; virtual group care for complex chronic disease.	DIRECT / MODERATE - Centralized surgical referrals and single-entry care models. - No hip/knee-specific wait-time targets or explicit post-operative rehabilitation commitment identified.	NO COMMITMENT IDENTIFIED No current campaign commitment identified on public drug plan reimbursement coverage, including "try and fail" requirements or modernization of medication reimbursement criteria.	DIRECT / MODERATE Support the First Nations Health Authority to address systemic racism; rural seniors strategy; broader access through Community Health Centres.
CentreBC	DIRECT / MODERATE Stable funding for team-based clinics; 600 additional public nurse practitioner positions by 2030; primary care attachment for everyone who wants it by end-2031.	DIRECT / MODERATE - 15,000 additional scheduled surgeries annually by 2030/31; five public hospital MRIs; public dashboard by spring 2028 and regional wait-time targets. - No hip/knee-specific target or rehabilitation commitment identified.	PARTIAL - Switch to lower-cost biosimilars as patents expire; generic tendering and PharmaCare pharmacy-fee changes. - No explicit improvement to arthritis coverage or Special Authority/fail-first criteria identified.	DIRECT / MODERATE Permanent rural retention bonus; \$25 million annual rural ER stabilization fund; halve unplanned ER closure hours by 2029/30.