

Arthritis Consumer Experts Questionnaire for B.C. Candidate and Political Parties

Arthritis Consumer Experts (ACE) is Canada's largest national patient-led arthritis organization. Through its #Vote4Arthritis campaign, ACE encourages political parties to address the healthcare issues that matter to more than 920,000 British Columbians living with arthritis.

ACE invites candidates and political parties to respond to the following questions and describe your party's proposed actions, funding commitments and timelines where available.

Responses may be published on the ACE website and included in Vote 4 Arthritis election materials to help people living with arthritis compare party commitments and make informed decisions during the provincial election.

Please submit responses by Tuesday, October 20, 2026.

Responses may be edited only for spelling, grammar, formatting and length. Any substantive edits will be shared with your party for approval before publication.

Question 1

Timely access to team-based arthritis care: Early diagnosis and treatment can reduce pain and prevent irreversible joint damage for people living with inflammatory arthritis. People with osteoarthritis also need timely access to exercise, education and rehabilitation. Clear referral pathways can connect patients with the care they need.

What specific actions will your party take to improve timely diagnosis and access to team-based arthritis care?

Please describe how you will connect primary care with rheumatologists, arthritis-trained practitioners, physiotherapists and occupational therapists, and expand access to community services such as the Mary [Mary Pack Arthritis Program](#) and [GLA:D](#).

Question 2

Joint replacement surgery and rehabilitation: In Canada, arthritis is the main diagnosis associated with 99% of primary knee replacements and 74% of primary hip replacements.¹ In 2025, only 57% of BC knee replacement patients and 64% of hip replacement patients received surgery within the 26-week benchmark.² Long waits can prolong pain and disability. Patients need support before surgery and timely rehabilitation afterward.

What commitments will your party make to reduce hip and knee replacement waits and improve access to preparation before surgery and rehabilitation afterward?

Will your party set and publicly report arthritis-specific targets, including provincial and regional performance against the 26-week benchmark?

Question 3

Access to evidence-based arthritis treatment: ACE's Arthritis Medications Report Card ranks BC eighth in Canada for public reimbursement coverage of advanced arthritis medications approved for inflammatory arthritis.³ BC PharmaCare requires Special Authority approval for many arthritis medications. Its prior treatment requirements can mean patients must try other medications and show that they have not worked before coverage is approved for the recommended treatment.

When a medication is not covered, or patients must complete additional steps to qualify, access to the most appropriate treatment recommended by their healthcare professional can be unnecessarily delayed.

What actions will your party take to improve BC PharmaCare reimbursement coverage for arthritis medications and modernize Special Authority criteria and "fail first" requirements to align with clinical evidence and treatment guidelines?

How will your party reduce administrative barriers and approval delays, and involve arthritis patient organizations in reviewing these policies?

¹ Canadian Institute for Health Information. *Hip and Knee Replacements in Canada: CJRR Annual Report, 2024–2025*. 2026. <https://www.cihi.ca/sites/default/files/document/hip-knee-replacements-in-canada-cjrr-annual-report-2024-2025-en.pdf>

² Canadian Institute for Health Information. *Wait times for priority procedures across Canada*. <https://www.cihi.ca/en/explore-wait-times-for-priority-procedures-across-canada>

³ Arthritis Consumer Experts. *ACE Arthritis Medications Report Card*. 2026.

Question 4

Equitable access to arthritis care: People in rural and remote communities can face long travel distances and limited access to arthritis specialists and rehabilitation. Indigenous people can also face barriers to culturally safe care. These gaps can contribute to delayed diagnosis, poorer health outcomes and greater disability.

The [Arthritis Action Now plan](#) calls for arthritis care pathways that reach underserved communities and for arthritis prevention and care programs to be co-developed with Indigenous communities.

How will your party improve access to rheumatologists, multidisciplinary arthritis care teams, rehabilitation and ongoing support in rural and remote communities?

What commitments will your party make to work with Indigenous partners to design and fund culturally safe arthritis care led by their communities?