

Written Submission for Pre-Budget Consultations
in Advance of the 2027 British Columbia's Budget



CANADIAN ASSOCIATION
OF RETIRED PERSONS

Submitted By:

June 19, 2026

Recommendation 1 - Restore and Accelerate Long-term Care (LTC) Capacity Investments.

CARP urges the Province to restore and fully fund LTC capacity expansions. Delaying projects will worsen an already serious shortage of publicly subsidized LTC beds, increase wait times, intensify pressure on overburdened hospitals, and further strain family caregivers who are already stretched thin.

BC is not prepared to meet the LTC needs of its aging population. More than 7,000 seniors are waiting for placement, with average wait times approaching 10 months¹. Between 2016 and 2025, the LTC waitlist increased by approximately 200%, while average wait times nearly doubled². LTC bed availability has declined from 77 beds per 1,000 British Columbians aged 75+ a decade ago to 58 beds today³. These are the statistics before the Province's 2025 announcement delaying LTC projects. Private-pay LTC beds cannot close this gap, particularly for seniors with low or fixed incomes.

BC's population aged 75+ is projected to grow substantially over the next decades, from 517,000 to 772,000 by 2035⁴. Many will require higher levels of care for complex health conditions, dementia, mobility limitations, and support with activities of daily living. These are not individuals who can simply wait without consequences.

Delaying LTC building projects does not eliminate costs; it shifts them elsewhere. Seniors unable to access LTC often remain in hospitals as alternative levels of care patients, rely heavily on emergency departments and primary care, or place

¹ <https://carecompare.ca/blog/bc-long-term-care-waitlist-guide>

² <https://carecompare.ca/blog/bc-long-term-care-waitlist-guide>

³ <https://carecompare.ca/blog/bc-long-term-care-waitlist-guide>

⁴ <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2025/07/From-Shortfall-to-Crisis-Report.pdf>



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unsustainable pressure on family caregivers who then must take time off from work to fulfill caregiving responsibilities.

CARP National and CARP BC urge the Province to reverse delays and commit to a transparent, funded, multi-year plan to meet current and projected demand. This plan should include clear timelines for new beds, annual public reporting, LTC workforce investments, caregiver supports, and stronger community-based alternatives that help seniors age in place safely.

Recommendation 2 - Reverse Changes to B.C's Property Tax Deferrals Program for Seniors.

CARP is deeply disappointed with the provincial government's decision to change the rules for this program and urges the Province to reverse the 2026 changes to the BC Property Tax Deferment Program. The program was created as a safety net to help lower-income seniors and other eligible homeowners who are "house rich but cash poor" to remain in their homes when rising property taxes, fixed incomes, and increasing cost of living make annual tax payments difficult. It was not intended to be a revenue generator for the government.

This change undermines the original purpose of the program. For many seniors, home equity is not disposable wealth; it is their housing security, often their only major asset, and their retirement plan. The higher deferred tax costs (shift to compound interest at a higher rate) means that seniors, especially those on fixed incomes, could see increasing balances on their deferred property taxes, reducing equity, and creating uncertainty for older homeowners who are trying to age in place.

Aging in place is widely recognized as preferable for many seniors and less costly than premature reliance on publicly funded housing, healthcare, assisted living, or



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LTC. Making it more expensive and difficult for seniors to remain in their homes risks shifting costs from the property tax system onto already overburdened hospitals, public housing, and LTC systems, as seniors would have nowhere else to go.

CARP National and CARP BC urge the Province to reverse the 2026 interest changes for seniors and restore the previous simple-interest structure for the seniors' stream of the Property Tax Deferment Program. At minimum, the Province should consider exempting low- and modest-income seniors before implementing changes that could reduce housing stability for older British Columbians.

Recommendation 3 - Publicly Fund Expert-Recommended Vaccines for Seniors.

CARP calls for universal, publicly funded coverage of the “Big 5” vaccines for seniors: high-dose quadrivalent influenza, pneumococcal, shingles, RSV, and COVID-19. While BC provides publicly funded flu, pneumococcal, and COVID-19 vaccines, high-dose quadrivalent flu, shingles, and RSV are not consistently covered for all seniors. Seniors are expected to pay out of pocket for vaccines that are recommended to prevent serious illness, hospitalization, and long-term disability. Pharmacists are well-positioned to expand access for adult immunization, but require sustainable reimbursement structures and delivery supports.

Shingles remains a significant and preventable burden for older adults. One in three Canadians will develop shingles in their lifetime⁵. Shingles is an extremely painful and debilitating condition that can lead to more serious complications, yet costs seniors around \$200 per dose, thus creating a barrier for seniors who are

⁵[https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-8-herpes-zoster-\(shingles\)-vaccine.html](https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-8-herpes-zoster-(shingles)-vaccine.html)



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fixed or low-income. New research shows shingles vaccination reduces dementia risk by 20% over seven years; Shingrix also offers 91-97% efficacy⁶.

Other provinces, including Nova Scotia, Ontario, Newfoundland and Labrador, Prince Edward Island, and Yukon, already provide some form of public shingles and RSV vaccine coverage for seniors - BC must not lag behind and follow the NACI recommendations.

Every dollar spent on adult vaccination yields over \$3 in health and economic returns by preventing illness, lowering healthcare costs, reducing pressure on hospitals and primary care, and improving productivity⁷. However, BC's government-funded vaccine budget dropped to \$48.88 million in 2023–2024 from \$54.99 million the year prior, and then to \$43.65 million in 2025-2025⁸.

CARP BC and CARP National urge the Province to publicly and fully fund shingles, high-dose quadrivalent flu, and RSV vaccines; maintain COVID-19 programs; ensure broad pneumonia coverage; expand pharmacy access and delivery capacity; and launch a seniors vaccine awareness campaign.

About the Canadian Association of Retired Persons

CARP is a non-partisan, non-profit association advocating for financial security, health care, freedom from ageism, and aging with dignity. With more than 20,000 members in British Columbia and chapters across Canada, CARP represents older adults at all levels of government. Given the province's growing senior population and the wide range of issues affecting older adults, limiting submissions to three recommendations restricts meaningful stakeholder input. We respectfully ask the

⁶ <https://med.stanford.edu/news/all-news/2025/03/shingles-vaccination-dementia.html>

⁷ <https://chamber.ca/vaccines-a-potential-key-to-unlock-many-of-canadas-healthcare-challenges/>

⁸ https://www2.gov.bc.ca/assets/gov/health/health-drug-coverage/pharmacare/pharmacare_trends_2023_2024.pdf#page15

Committee to reconsider this limit and permit broader representation of seniors' priorities, concerns, and lived experiences across British Columbia.

Respectfully submitted,

The Canadian Association of Retired
Persons National Office

CARP North Fraser Chapter

CARP White-Rock-Surrey Chapter

CARP Vancouver Chapter

CARP Vancouver Island Chapter