

**Association canadienne des enseignantes et des enseignants retraités**

**Canadian Association of Retired Teachers**

**President’s Report**

**Executive Conference Call–January 11, 2019**

**Pharmacare Consultations** –

*Dr. Eric Hoskins Advisory Council on the Implementation of National Pharmacare*

I attended the September 19, 2018, meeting in Halifax with thirty other participants which included health care providers; the pharmaceutical industry; private insurance companies; pharmacists; and business, labour and patient groups. Over three hours participants in small group discussions were asked to respond to the following questions:

1. How should pharmacare be delivered and who should be covered?
2. What drugs should be covered?
3. How should pharmacare be paid for?

I was not surprised by the many divergent opinions of the participants due to the groups they represent. I was very forceful in advocating for a single payer universal national pharmacare program with the principles of universality, accessibility, comprehensiveness, public administration and portability. The insurance industry representatives, on the other hand, argued for a national catastrophic drug plan and the business community representatives advocated for a “fill in the gaps” national program.

On September 20, 2018, I wrote a letter to the Advisory Council on behalf of ACER-CART and emphasized the development of a universal, national pharmacare plan with the establishment of a national pharmaceutical formulary. I would like to thank Marg Urquhart for her Health Services Committee for providing the research for the letter and in particular the eleven suggestions on how to implement the plan.

On November 7, 2018, Alyson Hillier, ACER-CART director for RTO-NSTU, attended the public meeting in Halifax with Dr. Hoskins’ Advisory Council. Some of the interesting points that came up with the public were the following:

1. Social assistance recipients often stay on the government assistance plan since minimum wage jobs do not contribute to health plans
2. Since drugs dispensed in the hospital are of no cost to the patient, many go to emergency to be treated
3. The complexity of the system is often overwhelming and while recipients have coverage, they are not accessing the benefit due to the challenging nature of the system.
4. University students register as full-time students in order to receive health coverage and then drop courses as part-time students are not provided coverage

**Eastern Canadian Retired Teachers Organization (ECRTO)**

I attended the biannual ECRTO Conference in Charlottetown, Prince Edward Island on October 24-25, 2018. Over twenty-five participants of the six organizations from the Atlantic Provinces and Quebec were provided an opportunity to meet and share our current practices and learn from each other.

I was provided an opportunity to speak on the ACER-CART priorities as established at the June 1-2, 2018 AGM and in particular the importance of a national pharmacare program and national strategy for seniors in the October 2019 Federal Election. I also presented copies of Protocol 7–Advocacy and Promotion Guidelines for Retired Teachers and Seniors in Canada. Delegates were pleased with the nine points in the document and understand that the document will be presented and voted upon at the June 7-8, 2019 AGM.

On behalf of the participants I sent a letter of congratulations and thanks to Cynthia MacDonald, President, Prince Edward Island Retired Teachers Association for the excellent conference.

**Vibrant Voices**

ACER-CART was invited to affiliate with the Retired Teachers of Ontario and the National Association of Federal Retirees in sponsoring Leadership Alignment Session for Canada’s Vibrant Voices–2019 Federal Election in Toronto on November 16, 2018. Representing the organization at the conference was Gordon Cumming, Gerry Tiede, Martin Higgs, Roger Régimbal and myself.

Eight organizations were invited to participate and the conference was designed to help each organization reach alignment on one to three key areas of opportunity to advocate together in the October 2019 Federal Election. The vision was to align, collaborate and champion a national campaign with one vibrant voice.

The twenty participants spent considerable time discussing possible campaign issues and all agreed on the following key priorities for the October election:

1. National Pharmacare Program
2. National Health Care Strategy for Seniors
3. Pension/Retirement Income Security

I have received e-mails and telephone calls from Candace Jazvac, Advocacy Coordinator, National Association of Federal Retirees, providing me with up-to-date information as a follow up to the conference. On January 10, 2019, there will be a meeting in Ottawa with the organizations on deciding the next step in the process.

**Government of Canada**

*National Consultation on Enhancing Retirement Security*

A big thank you to Gerry Tiede for bringing this consultation paper to the Executive in early December. I was very impressed with the background information gathered by Gerry and his Pension and Retirement Income Committee, as well as Gordon Cumming’s thoughts in what our correspondence should be promoting. The letter on behalf of ACER-CART was sent on December 10, 2018; five days after Gerry brought the consultation document to our attention!

I was also pleased to see correspondence from the ARTA, RTANL, QART, BCRTA and RTO-NSTU providing their organizations’ views on the enhancing retirement security for all Canadians.

**Seniors Advisory Council of Nova Scotia**

The Nova Scotia Department of Seniors paid for the publication of 2,000 copies of the ACER-CART pamphlet Elder Abuse and each organization received 200 copies to distribute to their members.

On November 27, 2018, I attended a meeting with Dr. David Gardner and Dr. Andrea Murphy at the Nova Scotia Department of Health and Wellness on their Sleep Well program. In attendance was the Minister of Health and Wellness, Minister of Seniors and Deputy Ministers of both departments. The two researchers from Dalhousie University provided information on a direct-to-patient education proposal to reduce sedative-hypnotic use and associated harms and improve sleep outcomes for Older Adults across Nova Scotia. The Department of Health and Wellness representatives were very impressed with the proposal and there will be a follow-up meeting in the spring of 2019.