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



**Canadian Association of Retired Teachers**

###### POLICIES

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**ACER-CART POLICIES**

**Introduction**

1. **Definition**

ACER-CART Policies are statements, or the official stand being taken by the Association regarding the policies and/or actions being taken or contemplated by outside parties such as governments, corporations, organizations, or individuals. They are also the statements of belief of an Association concerning priority issues they wish to promote for the well-being of their members. Policies belong to the AGM.

1. **Adoption, Amendments and deletion of Policies**
2. Policies may only be adopted, deleted, or amended by resolution of a General Meeting.
3. A policy adopted by a General Meeting may only be amended or deleted by a General Meeting except where its retention would, in the judgment of 75% or more of the Directors, cause or be likely to cause harm to one or more members or to the Association. If the Directors resolve to amend suspend or delete a policy for such a reason, it shall be reported to the next general meeting, which shall decide whether any further action is required.
4. The adoption or amendment shall be recorded in this Handbook, and the date of changes or reaffirmation shall be added as part of the record.
5. Policies remain in force until amended or deleted.
6. The directors shall review policies every five years.

**A. PENSION AND RETIREMENT INCOME**

**A-01 PENSION**

**1. Introduction**

a) All employed persons should have access to a pension plan that will guarantee retirement benefits, based on salary and service in employment.

**2. Pension Plans – General**

a)  A pension should provide a person completing a full working career to continue in retirement the standard of living attained at the end of that career.

b) A pension (or aggregation of pensions) based upon a short working career or a series of careers should provide a person with a living standard in retirement that accurately and reasonably reflects the person’s period of employment.

c) Pension payments should be adjusted on a regular, automatic basis in accordance with annual increases in the Canadian Consumer Price Index.

d) A pension plan should provide a pension to the surviving spouse of no less than sixty per cent (60%) of the original pension, except where that provision is waived, in writing, by the spouse.

e) A pension plan should recognize common law and same sex spouses (as defined by provincial statutes) in the same manner as legally married spouses.

f) A pension plan should provide that, where significant improvements are made in the plan, provisions exist for the re-examination and adjustment of the benefits currently provided retired plan members.

g) Pension plan members (retired and active) should have a major role in making decisions affecting plan administration and the investment of pension funds.

h) Medical and dental health benefits (comparable to those provided actively employed members of the pension plan) should be provided to retired members of the plan, including surviving spouse in receipt of a survivor pension from the plan.

i)  Governments should, in consultation with pension plan sponsors and plan members, set standards and regulate the administration and funding of pension plans.

j) All pension plans should be fully funded.

**3. Pension Plans - Federal Government**

a) Teachers should be entitled to have continuing representation on the Advisory Board of the Canada Pension Plan.

b) Old Age Security should be paid on a universal basis to all eligible Canadians.

c) Old Age Security should be established and maintained at fifteen per cent (15%) of the Average Industrial Wage.

d) Old Age Security should not be subject to any special tax, and the existing " claw-back " of the Income Tax Act should be repealed.

**4. Teacher Pension Plans – Reciprocity**

a) Teacher pension plans in Canada should participate in a single reciprocal agreement (based upon an equitable and actuarially determined transfer of funds ) that would provide teachers who transfer from one pension plan to another with full recognition for previous service in the new jurisdiction for that period of time.

**(1994)**

**(2010 reaffirmed)**

**(2016 reaffirmed)**

**A-02 REPRESENTATION ON PROVINCIAL PENSION BOARD AND COMMITTEES**

1. Members of ACER-CART should continue to seek representation on provincial pension boards and committees.

**(1995) (2010-2016 reaffirmed)**

**A-03** **TAX CREDIT INCREASE**

1.ACER-CART supports a tax credit increase or taxable seniors that reflects the Consumer Price Index (CPI) increases.

**(1995)**

**(2010 reaffirmed)**

**(2016 reaffirmed)**

**B. HEALTH SERVICE**

**B-01** **HEALTH-CARE IN CANADA**

1. The five historic principles of the Canada Health Act (1984) (universality, access, comprehensiveness, portability and public administration) shall define any vision, current or renewed, for publicly funded health care in Canada. These principles shall inform all ACER-CART interventions on health care in Canada.

2. The Federal Government is an essential partner with the provinces in the provision of health care. Among other things, it has the responsibility to define national standards for health care and to provide funding, supplementary to provincial funding, adequate to ensure the implementation of such national standards. ACER-CART shall, insofar as it is able, support efforts of the Federal Government in renewing existing national standards and in monitoring their implementation

3. Timely access to health care and required services, provided by qualified medical personnel, in the official language of the patient's choice (2005), shall be the right of all Canadians, irrespective of their place of residence, financial circumstances, or state of health.

4. Health care shall be deemed to include education, prevention, diagnosis and counseling, and shall be the element upon which all health care pivots in a Canadian comprehensive health care system.

5. Seniors constitute an increasing proportion of Canadian society. Seniors have special needs and ACER-CART, on their behalf, urges health care policy- makers to take an integrated approach to health care, one that will ensure seniors a measure of independence commensurate with their history; and will ensure a quality of life and death with dignity through care at home, in long-term care facilities, and in hospital settings.

6. Many Canadians rely on medications for their very lives. Given the proportion of seniors making up the Canadian population and their special needs, a review of costs in providing necessary drugs is mandatory. This review shall include, inter alia: the way pharmaceuticals are prescribed to an ageing population and the benefits to be derived from more holistic approaches to medical treatment. ACER-CART believes that adequate provision of medication ought to form an essential component in the national health care program.

7. All citizens of Canada have a right to health care. System efficiencies, streamlining operations, and restructuring health care facilities shall not be accepted as sufficient reason to deny citizens this right, regardless of location or wealth. It is conceded, however, that such services need to be provided as efficiently as possible.

8. Health care shall be provided out of revenues gleaned by governments from public taxation.

9. Possible expansion of publicly funded health services shall not compromise the availability and quality of those medical services currently insured, except for those services no longer deemed basic or required.

10. Organizations of retired teachers will continue to be involved with the development of health care strategies intended to benefit Canadians of all generations, in a meaningful and continuing way.

11. ACER-CART urges all levels of government to determine, in concert, their share of the costs of health care and make a commitment to paying such shares each year for several years and that information concerning such agreements is made public.

12. ACER-CART believes that home care should constitute an essential element of the national health care system.

**(2002) (2005 amended) (2010-2016 reaffirmed)**

**B-02**  **LONG TERM H****EALTH-CARE**

The following is a consideration of where ACER-CART stands in terms of Health Policy, particularly in the area of long term health care.

**1. General Policy on Health:**

a) ACER-CART supports and accepts as policy the continued acceptance of the five core principles of the Canada Health Act(1984): universality, access, comprehensiveness, portability and public administration as the basis of any future national or provincial health care policy.

b) ~~To ensure that national standards for medicare are adhered to, free from undue political influence, ACER-CART supports the establishment of a National Medicare Oversight Council independent of government. Its mandate would be to monitor the implementation of national standards and, where advisable, to propose new ones.~~

c) ACER-CART supports the establishment of a funding formula which would clarify the proportion of financing for health care which could be expected on a long term basis from taxation revenues collected by the various levels of government: federal, provincial/territorial and municipal.

d) To meet the growing demands for home care, particularly for seniors, ACER-CART supports a national seniors strategies which would include the establishment of a long term national plan for home care as an integral part of health care services for those who would benefit from such care.

e) To ensure fairness in the cost of medications especially pertaining to seniors, ACER-CART supports the development of a plan and a framework for a national pharmacare program ~~to be created and implemented in a reasonable length of time.~~

f) With a view to meeting the special health care needs of seniors, Governments, federal and provincial, should work towards the creation of geriatric centres whose mandate would include the provision of health care to the elderly outside of hospital settings.

g) ACER-CART supports the inclusion of hearing aids, eye glasses and diabetic supplies in publicly insured programs.

**2. Long Term Health Care:**

a) Long term health care, pharmacare, visual health care are but some of the main health issues facing seniors.

b) In the area of long term health care, Governments, federal and provincial, should provide adequate resources to enable seniors to:

i) receive long term care as long as possible in their own homes, with care provided by trained personnel and medication provided through publicly administered hospital insurance;

ii) have access when it becomes necessary to long term care homes with the same provisions for nursing care and medication delivery as would be provided in a hospital setting;

iii) live in dignity in their own homes and with a standard of living, when spouses have to be institutionalized, that is not threatened by ruinous income splitting.

c) While income may be used as a means test, its division should be assessed with recognition that one spouse left to live in a community when one is institutionalized has much more than half of the living expenses that were needed before separation. When governments assess the contributions towards long term institutional or home care, hard earned and often frugally saved assets should not be taken into account.

**(2004)**

**(2010 reaffirmed)**

**(2016 reaffirmed)**

**B-03 National Pharmacare and Pharmaceutical Formulary**

1. ACER-CART supports the development of a national pharmacare program and the establishment of a national pharmaceutical formulary.

**(2012-E13)**

**C- POLITICAL ADVOCACY**

**C-03 SUPPORT AND ASSISTANCE TO ACTIVE TEACHERS’ ORGANIZATIONS**

1. ACER-CART believes that well-funded, public education systems provide the best opportunity for a quality education for all citizens in Canada.

2. ACER-CART supports the Canadian Teachers’ Federation and its affiliates in those activities that will enhance the quality of teaching and learning for teachers and students in the publicly-funded education systems across Canada.

3. ACER-CART supports active teachers in their efforts to maintain and improve the publicly-funded education systems of Canada, which teachers, past and present, have worked so diligently to build.

4. ACER-CART supports the right to work sanctions by both teachers and support staff in Canadian schools as a basic condition of employment and a legitimate means to achieve collective agreements.

**(2007) (2010 2016 reaffirmed)**

**C-04** **SUPPORT FOR HUMANITARIAN ORGANIZATIONS**

1. ACER-CART may support charitable causes related to human relief and support services; civic and cultural development; environmental and ecological preservation; promotion and advancement of the education, physical and mental health and well-being of children.  ACER-CART’s support may be in many forms, for example: letters of support, in-kind services, and lobbying.

**(2007)**

**(2010 reaffirmed)**

**(2016 reaffirmed)**