



HEALTH SERVICES COMMITTEE 2024 AGM

Membership

Sharon Penney Chair, RTANL,
Bill Berryman ACER-CART President, RTO-NSTU
Helen Sukovieff STS,
Peggy Prendergast RTAM
Dolaine Koch ARTA,
Roger Régimbal, Executive Director, ACER-CART

Terms of Reference

ACER-CART seeks to promote the optimal health of retired teachers and seniors. The Health Services Committee shall

- a) provide Members with links to reliable information on personal health and well-being;
- b) advocate for health goals identified in ACER-CART's strategic plans and Member resolutions; and
- c) prepare for the Executive proposals, position papers and appropriate recommendations related to health concerns.

Health Committee met five times this year. We met by zoom on November 3, December 9, February 26, April 22, and May 24.

Review of the priorities list for 2023-24 did not reveal that any changes were necessary due to the changes within ACER-CART.

The mandate of the committee was reviewed. As part of fulfilling that mandate, it was decided that some of the articles being received from the Canadian Health Coalition and the Canadian Labor Congress, which directly relate to the work of the Health Committee, would be forwarded to the Communications Committee for inclusion on the website.

The priority for 2023 was to advocate for a National Pharmacare Care Plan. After a considerable amount of discussion, a letter was composed by the committee and forwarded to ACER-CART Executive for approval, then on to the Political Advocacy Committee for action, and then to the Communications Committee for dissemination on our website. The New Mode letter, which was distributed to our membership, is an online resource that can be sent to your local MP and other policy makers. This letter is available on our website, and we encourage all to go online and fill it out. It is a simple process that requires you to put in your name and address. We were pleased to see the Supply and Confidence Agreement resulted in a fledgling National Pharmacare Program. The coverage of

contraceptive and diabetic medications is viewed as a good starting place. It is important to note that plan is being promoted as a “single-payer system.”

There was an extensive discussion of “creeping privatization” into the healthcare landscape. Privatization continues to be an area of great concern and seems to be encroaching on the public health plan in increasing disciplines. Members were aware of privatization initiatives in their provinces. It is disheartening to realize that the Canadian Medical Association has not spoken out against this practice. This issue will be forward to the PAC to discuss how we might want to follow up with the Canadian Medical Association. Unfortunately, there has not been any response from the Canadian Medical Association regarding our concerns to date. It seems that the CMA is promoting a public/private system rather than a fully public plan. Of the ten (10) items, they presented at a recent conference seven (7) referenced a combination of private and public health involvement. Private clinics for profit are a contravention of the Canada Health Act.

We investigated the Dental Plan that is listed on the Service Canada Website. We are pleased to report that in addition to the provision for children under the age of twelve (12) it now includes seniors in the 70 plus age group. It is the expectation that the age requirement will decrease as the program becomes functional. There are limitations around the eligibility for the program. There is an income test and an existing coverage test. You are considered to have access to dental insurance even if you chose to opt out of your plan and are therefore not eligible to join the Canadian Dental Care Plan. There are some exemptions, but they will be determined on an individual need basis. There is a concern that not all dentists are opting into the plan. This new government plan in some cases provides less coverage than some private dental plans.

ACER-CART President Bill Berryman reached out to the National Pensioners’ Federation and the Canadian Health Coalition with an offer to work collaboratively with them. These two organizations are closely aligned with our efforts. Our plan is to continue to keep in contact with them and work to our mutual advantage.

We reaffirmed a commitment to ensuring that Ageing in Place becomes a reality, and the first form of care. There is a realization that Ageing in Place comes with a lot of associated costs. Our committee discussed the necessary components of an Ageing in Place. From this discussion a list of twelve priorities was developed and forwarded to the members for further refinement.

They are adequate in-home care workers at all levels.

- 1) Assessments for home care needs to be readily available.
- 2) Economic stability.
- 3) Publicly funded to ensure equal access.
- 4) Social and emotional supports (both in the home and community).
- 5) Transportation is seen as a must to provide access to these supports. These support partnerships needed with other groups to facilitate these supports.
- 6) An emergency care system to take care of vulnerable peoples.
- 7) Access to medical personnel.
- 8) Safety and accessibility in ones home.

- 9) Appropriate housing and adequate availability
- 10) Plans to mitigate social isolation.
- 11) Physical and social activities.

Next steps require a compilation and refinement of the information and forwarding it to PAC.

We look forward to another busy and successful year of committee work in 2024-2025.

Sharon Penney

Chair,

Health Services Committee