Meeting with Honourable Joanne Thompson
Minister for Seniors
January 30, 2025 @ 11:30 AM

Introductions and advisement of new membership groups to the Coalition: MUNPA, Seniors NL, and Bell Pensioners' Group. This Coalition is growing and through its growth it has increased its footprint on behalf of seniors, retirees, and older persons in this province.

We are pleased with your appointment as Minister for Seniors. You have been available and have listened to us in the past and we trust we can count on this same connection into the future, regardless of the results of the pending election.

Topics for Discussion:

We would like to address with you, the following:

National Seniors Strategy: This Coalition remains a strong advocate for a National Seniors Strategy. As you are aware, we have raised this matter for several years now and we continue to be disappointed that there is no commitment to such a Strategy.

- It has been over three years now and there is no update to the Mandate Letter for the Minister for Seniors. We are therefore assuming that the Mandate Letter for former Ministers Khera and O'Regan remains current, yet in this three years, the emphasis has shifted to care standards in out-of-home placements, actions that would encourage living well in the community, the need to transform health care from an acute care model to a community model, and services and supports that will enable people to live their best life possible in their environment of choice. The directions for past Ministers were not founded in any overall Government strategy and were focused a lot on recovery from the COVID crisis. Given what has been well documented and what we hear every day in media sources about the vulnerabilities of aging persons, it is time that the Government of Canada

directed the development and implementation of a National Seniors Strategy.

- Many of the associations in this Coalition and those with national parent associations have all called for a National Seniors' Strategy. To quote from the National Association of Federal Retirees:

  A comprehensive national seniors' strategy that would:

  1. Address the social determinants of health, such as income security, housing and transportation.

  2. Assure a continuum of health care closer to home.

  3. Provide for resource planning and sustainable financing for health care, health care workers and caregivers.

  4. Recognize and support the work of informal caregivers.

  5. Promote and fund innovation in home and community care.

  6. Develop and implement policy solutions to address ageism, elder abuse and social isolation.

- We had understood some years back that the National Seniors' Council would be doing some work on a National Seniors Strategy. This, however, seems to have changed as their current priorities are focused on the Sectoral Table on Care Economy by preparing a comprehensive presentation on older adults as caregivers and care recipients for the Sectoral Table and participating in consultations to develop a national caregiving strategy. This very direction as announced on January 7 confirms the need for an overall National Seniors' Strategy.

Canada Dental Care Plan. This Coalition is very pleased that Canada now offers a dental care plan for many Canadians who otherwise would not have this care. While this Coalition would have recommendations for enhancements to the Plan and we note that the plan is not universal, our biggest concern right now is the continuance of the plan.

- **If the Liberal Party is successful in the next election, will you be open to considering enhancements to the CDCP?**

- **If your Party is unsuccessful, will the Party make strong opposition to any reduction changes or possible cancellation of the plan, as has been widely spoken?**

National Universal Pharmacare: Bill C-64. The *Pharmacare Act* of February 2024 put forward a plan for the first phase of national universal pharmacare and an intent to work with provinces and territories to provide universal, single-payer coverage for a number of contraceptives and diabetes medications. The press announcements of a year ago indicated that the Government would consult widely for the path forward and would work with provinces, territories, Indigenous Peoples, and other partners and stakeholders to improve the accessibility, affordability, and appropriate use of pharmaceutical products.

- **How far has this consultation been? Is there a path forward? What is the expectation of provincial jurisdictions, especially our jurisdiction, for roll-out of the current pharmacare plan?**
- **As with the CDCP, if the Liberal Party is successful in the next election, will you be open to considering a fully universal pharmacare plan? If the pharmacare plan is to be a staged approach, will stage two be directed for antibiotics and other medications, including vaccinations, that support aging at home/community and promote wellness?**
- **If your Party is unsuccessful, will the Party make strong opposition to any reduction changes or possible cancellation of the plan, as has been widely spoken?**

Safe Long Term Care Act & National Long Term Care Standards. On August 29, 2024, Health Canada released the *Safe Long-Term Care Act engagement: What we heard report*, which summarized what the department heard through in-person and virtual public consultations on the proposed legislation to strengthen access to quality, safe, and equitable long-term care in Canada. This consultation confirmed that most people would prefer to age at home with necessary supports and when long-term care is needed, people want and deserve that the care will be high quality and safe.

- **Despite prorogation of the House, what was the status of the development of the Safe Long Term Care Act?**

- **Legislation and standards adoption should be mandatory and 2) federal funding for long term care provincially should require provincial implementation of long-term care legislation, regulation, standards and 3) public reporting of compliance with standards.**

This Coalition remains hopeful that the Act, when tabled and proclaimed, will have some form of accountability applied to the provincial/territorial jurisdictions to force compliance with the law. Historically, there has been a reluctance to apply accountability measures against the provinces and territories for their implementation and management of health care.

Aging At Home/Aging with Dignity. It is well known and accepted that aging with dignity at home or in the community is the desired outcome for most seniors in Canada. It is also known that seniors who can exercise autonomy and control of their daily lives in a comfortable and safe location and with needed supports are less likely to require intrusive and sometimes invasive acute care in an institutional setting.

- **Now that all jurisdictions have signed their Aging with Dignity agreements for improved access to home and community care and to support workforce stability, including wage top-ups and improvements to workplace conditions, is there any data to inform that more older persons are now able to remain at home or in their community or is there still a propensity towards institutional care? According to our Seniors' Advocate most recent report, our province is faring better than others in that 7% of new admissions to institutions could have been cared for at home, if home care services and supports were available.**
- **The issues, however, continue: lack of support services to age at home/community, quality of the in-home care provided, insufficient staffing to meet demand, ineffective monitoring of the quality of care, funding levels of eligibility for service are too low, and wait times for support services, to name just a few. As Minister for Seniors, what actions do you contemplate to remedy these issues that are impacting the opportunities for older persons to age well at home/community?**
- **One of the best preventative health measures for improved well-being for older persons and for preventing or mitigating serious illnesses is immunization. Yet, while some vaccines are publicly funded, such as**

COVID and flu vaccines, others that are recommended, such as shingles and RSV, are not. This Coalition is recommending that you exert influence on our Province to update its adult vaccination program to include approved and recommended vaccines for older persons and that this influence also include expanding the level of reimbursement for pharmacies for vaccines that are currently paid out-of-pocket by seniors (pneumococcal).

National Eye Care Strategy

Bill C-284 received Royal Assent on November 7, 2024. The Bill directs the Minister of Health, in consultation with representatives of the provincial governments responsible for health, Indigenous groups and other relevant stakeholders, to develop a national strategy to support the prevention and treatment of eye disease, as well as vision rehabilitation, to ensure better health outcomes for Canadians.

- **What is the plan for this consultation and is there a timeline to complete the development of this strategy? We urge you to work with the Minister of Health to facilitate the development and implementation of this strategy, as all improved health services, especially for older persons, will promote Aging with Dignity.**

Canada Health ACT (CHA) Services Policy. This policy will come into effect on April 1, 2026, with certain provisions for information gathering and accountability. When the CHA Services Policy is implemented, patient charges for medically necessary services, whether provided by a physician or other health care professional providing physician-equivalent services, will be considered extra-billing and user charges under the CHA.

This policy is not to expand the core basket of services insured under the CHA. It is, instead, to maintain the basket by ensuring patients are not charged for services that would otherwise be provided without charges if delivered by a physician. This advisement from the Minister of Health to provincial/territorial Ministers could be in jeopardy should a different political party form the next Government.

- **As with the CDCP, if the Liberal Party is successful in the next election, will you work with the Minister of Health to expeditiously implement this needed policy directive?**
- **If your Party is unsuccessful, will the Party make a strong demand of the governing party to honor the interpretation given by Minister Holland on January 10, 2025?**

COST OF LIVING:

Cost of Living. This Coalition acknowledges all past and new initiatives to put more money into the hands of Canadians, especially older persons. Notwithstanding these undertakings, however, the continuing increases to ordinary everyday living, such as the cost of groceries, medications, home heating costs, fuel, and some social activities are an everyday worry and concern for most Newfoundlanders and Labradorians.

- **More concrete remedies need to be made to ensure seniors are not choosing between food, medication, and housing to live with dignity in their later years.**
- **Will your Party consider reinstating the $628 Grocery Rebate, which was a one-time benefit in 2023. While this Coalition would indicate that the income eligibility rates for this benefit were too low, the benefit was helpful to many seniors who were struggling.**
-

FINANCIAL SECURITY

Canada Pension Plan

The enactment of Bill C-387 (private member's motion) C-387 – An Act to amend the Canada Pension Plan would make it more difficult for a province to withdraw from the Canada Pension Plan. Presently, if a province wants to pull out of the CPP and provide their own pension plan they first have to inform GC that they are going to do so, then they have two years to pass the legislation to establish their own plan. Once that has been done, GC will mark them out of the CPP. This Act changes this process to require the approval of two-thirds of the provinces still in the CPP, who must also have at least two-thirds of the population still in the CPP, before the GC can mark a province out of it.

The general idea here is that a province withdrawing from the CPP could impact the amount of money available in it for the rest of the provinces, so they should have a say in whether a province can leave.

Canadians need and deserve financial security in retirement, and the Canada Pension Plan is a critical component of financial security. Destabilizing the CPP by having a province impact the amount of money available to the rest of the provinces is something that would have extreme negative implications for persons in retirement, especially in this jurisdiction.

- **As Minister for Seniors, this Coalition strongly protests any destabilization of the CPP and asks for your support and influence to see this income security plan is protected to the utmost.**

Old Age Security. This Coalition does not support any action by any political party to raise the eligibility age for OAS. To undertake any such action would place more Canadians in financial insecurity or more likely into poverty.

- **This Coalition asks that there be full-on opposition to any such action.**

- **Likewise, the Coalition asks that consideration be given to including the 10% Bonus for Seniors 75+ that was introduced in 2022 to support older Canadians facing higher living costs be applied for seniors aged 65-74.**

- **This Coalition does not see any increase to the income eligibility levels for 2025 for receipt of OAS. In 2024 and now for 2025, seniors earning over $148,451 (ages 65–74) or $154,196 (75+) do not qualify for OAS. We urge you as minister for Seniors to ensure the OAS eligibility levels do not become frozen, or at worst, rolled back.**
- **The threshold for beginning the OAS claw back for 2025 is $93,454. Anything beyond that, OAS is clawed back at a rate of 15%. The concern is that seniors with that level of income could easily reduce expenditures is a fallacy. Nothing is more true than "talk a walk in my shoes" as no one is aware of the expenses, health matters, caregiving costs, etc., that someone is experiencing. This Coalition is asking that this threshold of $93,454 not be reduced, nor should the indexing (pegged to CPI) of the threshold be eliminated or be any less that the annual CPI rate.**

- **Mandatory RRIF Withdrawals. For some time now, RRIF holders have been requesting change in the management of their RRIF accounts, especially with the requirement to withdraw funds at age 71 or in the next year, following the year in which a RRIF is established if before age 71. Once Canadians turn 71, they must convert their RRSPs to RRIFs and begin making mandatory withdrawals at a set rate. For some time now, there has been a strong lobby to eliminate the mandatory RRIF withdrawal rule as seniors deserve to be in control of their retirement savings. Most holders of RRIF accounts are aware of the rules respecting taxation and can prepare themselves for the taxation impact in their retirement planning. When individuals are forced to draw down on their savings, they risk outliving their funds. This problem is further compounded by lower rates of return, declines in personal savings rates, and reduced access to workplace pension plans. Many depend on their RRIF to provide sustained income throughout their later years, especially since the longevity of persons is increasing beyond the lifetime of most pension, savings, or investment plans.**
- **This Coalition asks that the mandatory requirement to make RRIF withdrawals be eliminated.**

Protect Defined Benefit Pension Plans. The number of defined benefit plans continues to decline as corporations and governments seek to replace defined benefit plans with contribution and target benefit plans, thus transferring the risk to their retirees and placing them in danger of an uncertain future, especially in times of market downturns. Properly managed defined benefit plans have proven to make retirement secure.

- **As Minister for Seniors, will you stand up for Defined Benefit Plans and for DPP pensioners who could find themselves under threat of losing their DPP to a DCP or a TBP? The more DPPs are strengthened, the more security there will be for retirees in their retirement years.**

National Caregiver Strategy. A national caregiving strategy would set a standard for services and supports available to Canadian family caregivers, as well as the working environment of paid care workers. This would then reduce the inequity of current supports and services across provinces and territories. From spring to

fall 2024, the National Centre of Caregiving Excellence ran a pan-Canadian co-design consultation process, connecting caregivers, care providers and leaders across the disability, aging, healthcare, and illness communities to help prioritize what caregivers and care providers need the most.

- **In 2024, the federal government made an unprecedented commitment to a National Caregiving Strategy. What is the status of this National Caregiver Strategy?**
- **Also in 2024, some pilot projects were launched but were mostly targeted to immigration opportunities for persons to come to Canada as child/at home caregivers. Other pilot initiatives were begun through the Aging with Dignity plan. While these are welcomed, the subsidy amounts are insufficient, the income eligibility levels are too low, and payments for family caregivers are income-tested, often resulting in caregiver persons who had eligibility for other government services losing these benefits and thus creating an additional problem for the overall care system.**
- **Caregivers and care providers are insufficiently supported by meaningful public policy that addresses their needs, and this must be corrected.**
- **Some policy solutions that could address many of these issues include:**
    1. Make the Canada Caregiver Credit refundable and review the Disability Tax Credit, Registered Disability Saving Plan, and medical expense income tax allowances to make them work better for caregivers and recipients of care.
    2. Reduce the financial burden of care by implementing a caregiver benefit to put much-needed money in the pocket of caregivers, such as modeled in places such as Nova Scotia, Prince Edward Island, and the United Kingdom.
    3. Develop caregiver-friendly workplace policies and employment protections, starting with the federally regulated portions of the economy.
    4. Improve caregiver-specific leaves and benefits available through the Employment Insurance system.
    5. Fix the rules governing the Canada Pension Plan to ensure caregivers are not punished for taking years out of the workforce to provide care. Women are more likely to interrupt their careers or leave the workforce entirely to give care, impacting their ability to retire and overall financial security into their senior years.

6. Use future federal-provincial health accords to increase funding for home and community care and better integrated systems of care that will make home-care services more accessible for senior caregivers.
7. Implement the federal commitment to a $25 minimum hourly wage for personal support workers and expand the commitment to the rest of the frontline care provider workforce to retain and attract more people to the sector.

Elder Abuse. In December 2012, the Canadian Parliament passed the Protecting Canada's Seniors Act, which aims to protect older adults through amendments to the Criminal Code. This bill makes elder abuse an aggravating factor for sentencing purposes, such that criminal acts of elder abuse might be subject to maximal sentencing. There is no specific crime of elder abuse in the *Criminal Code*. Instead, several sections of the Code deal with cases where older people are harmed, including manslaughter, failure to provide the necessities of life, and sexual assault. In the Mandate Letter for the former Minister of Justice, the Minister was directed to work with the Minister of Seniors to strengthen Canada's approach to elder abuse by:

a. Creating a national definition of elder abuse;
b. Investing in better data collection and law enforcement related to elder abuse; and
c. Establishing new offences and penalties in the *Criminal Code* related to elder abuse.

- **As I could not find any proposed or newly enacted sections of the Criminal Code to support this direction to the Minister of Justice, are you able to elaborate on any happenings in this regard? Has there been a default to provincial and territorial jurisdictions to handle this through adult protection and guardianship legislation?**

Ageism. There is much talk these days about combatting ageism and this Coalition is asking if you could be specific about what leadership the Government of Canada is taking to offset this growing practice, but practically and rhetorically, within our country.

In June of 2024, the Canadian Coalition Against Ageism and the International Longevity Centre Canada (ILC) convened a conference in Ottawa for NGOs, healthcare professionals and elected representatives from across Canada. The purpose was to collaborate in roundtable groups, to create four priorities to inform service delivery and encourage healthy ageing for older people.

From this conference, **four initiatives were identified to guide programming and reduce ageism:**

1. **Health Care Must Change:** Ageism leads to older persons being dismissed, ignored, or receiving substandard care. Addressing these biases ensures that age does not determine the quality of care received.
2. **Education is Critical:** Teaching about ageism in schools, workplaces, and healthcare is one of the most effective strategies for change.
3. **Intergenerational Connection:** Programs fostering relationships between younger and older persons reduce stereotypes and promote understanding.
4. **Nothing About Us Without Us:** Older persons must be central to decision-making and research. Their lived experiences provide invaluable insights that drive meaningful change.

Below are some examples of how ageism is offsetting to successful living as an older person:

Employment: an increasing number of older adults are now working. Ageism may prevent older workers from finding a job or remaining in the workforce and could lead to older workers being treated unfairly in the workplace. Research has shown that employers often believe stereotypes about older workers, which can lead to age-based discrimination. Canada needs an employment base and with some slight modifications, such as minor changes to tax rules, businesses offering more workplace flexibility, and some accommodations for mobility challenges could have a huge positive impact on re-sourcing the employee crisis.

Health and health care: there is strong evidence that ageism impacts the health of older adult, which leads to a decline in memory function, increased risk of developing dementia, and decreased life expectancy. Ageism within the health care system can lead to poor quality health care or no care at all.

Social inclusion: ageism also acts as a barrier to the social inclusion of older adults within society and contributes to the social isolation and feelings of loneliness of older adults. Social isolation and loneliness have been linked to negative health outcomes for older adults. Social isolation and loneliness have also been linked to increased health care costs.

Safety and security: freedom from harm and access to shelter are two of the most basic standards for the safety and security of older adults. Attitudes of ageism and senior abuse are closely related.

Media and social media: media play an important role in shaping the views of a society. While the media are particularly powerful in shaping public perception, it is also the instrument that keeps ageism very much alive. We are referred to regularly as the "aging population" in such tone as to suggest we the cause of all the problems and are the reason there is no correction.

- **The F/P/T Ministers began speaking to this a few years ago and it appears on many political and agency agendas, but we are not seeing any concrete actions to ensure this does not become more rooted in our society/culture.**
- **The New Horizons for Seniors Program is a welcomed action, but as has been said by this Coalition, it needs correction to make application easier and it needs the infusion of more funding to enable more age friendly programming that will offset all the above examples of where ageism is deeply rooted into our Canadian culture.**
- **One area where we lay fault lately is the focus by the sitting government to make their priority for action to be middle- and working-class families. While we understand the need to direct attention to that segment of our community to engage a healthy economy, it is also exclusionary in that it defaults to the belief that other segments of our community, such as us, do not matter. There definitely needs to be offsetting language and leadership in this regard and as Minister, this is your opportunity to be a part of leading full inclusion with no age-related barriers.**

Conclusion

Thank you for your time today. Best wishes with the business of the people when the House of Commons resumes and best wishes in the upcoming election.

Whatever 2025 will bring, we welcome more such opportunities as this into the future.