

Policies

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1 *Introduction*

1.1 *Definition of Policies*

Policies are statements of 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.

1.2 *Adoption, amendment and deletion of Policies*

- (a) Policies may only be adopted, deleted or amended by resolution of a General Meeting or a meeting of the Board of Directors.
- (b) 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.
- (c) The adoption or amendment of a policy shall be recorded in this Handbook, and the name of the body making the change and the date of its meeting shall be added as part of the record.
- (d) Policies remain in force until amended or deleted.
- (e) The Directors should annually initiate a review of BCRTA policies.

2 *Education Sector*

2.1 *BCTF Collective Bargaining*

- (a) The BCRTA supports BCTF efforts to maintain free collective bargaining in the education sector. **AGM, 2001**
- (b) Should extracurricular activities be deemed “essential services” by government and/or the employer, the BCRTA will advise its members not to take part in any school, district, or provincial extracurricular activity. **Dir., Oct. 2001**

2.2 *Commercialism in Schools*

Dir., Apr. 2002

The BCRTA believes that:

- (a) business partnerships should not violate the integrity of public schooling or take advantage of students as a captive market;
- (b) any business-education partnership must not exploit the school or the student for material, ideological, or other advantage, and it must have a positive impact on a student’s school and personal life;
- (c) corporate logos should not appear in any educational materials or school buildings and grounds; and
- (d) resources provided by education-business partnerships should complement, not replace, public funding for education.

2.3 Education and Trade Agreements

2.3.1 General Agreement on Trade and Services (GATS)

Dir., Apr. 2002

The BCRTA urges the federal government not to include any aspect of education in the General Agreement on Trade and Services (GATS).

2.3.2 World Trade Organization (WTO)

Dir., Dec. 1999

The BCRTA strongly opposes the inclusion of trade in services in the World Trade Organization (WTO) agenda because such action could result in the loss or diminishment of democratic control over the determination of the kinds of services offered in Canada, and how those services are administered.

2.4 Public School Funding

Dir., Mar. 2017

2.4.1 General Principles:

- (a) The BCRTA believes that one fully-funded public education system is foundational to the establishment and maintenance of a democratic society.
- (b) The BCRTA believes that the government public funding of private schools must be eliminated.

2.4.2 Governance and Scope

- (c) Public Education refers to education programs and facilities established and controlled by elected governments and funded from taxation revenues.
- (d) Public Education is the right of all.
- (e) It is the responsibility of governments to fund all aspects of a quality public education system that is free of discrimination, including but not limited to, social status, religion, ethnicity, sexual orientation, gender identification and special needs.

3 Regulated Products and Services

3.1 Regulatory Bodies

Dir. May 2001

The BCRTA endorses the Council of Canadians' stance that regulatory bodies considering matters of significant public concern follow a sequence of public consultation before making any final decision re the concerns.

3.2 Natural Gas

Dir., Nov. 2000

The BCRTA strongly opposes the continual increase in natural gas prices, emphasizing the detrimental effect of not only monetary loss but also on the impact on the health of our senior citizens.

3.3 BC Hydro

Dir., Apr. 2002

The BCRTA:

- (a) supports publicly owned and operated electric power facilities as the most effective way to develop, control and distribute electric power in British Columbia; and therefore opposes privatization or deregulation of BC Hydro transmission lines;
- (b) supports continuous review of BC Hydro to improve its structure, operation and/or administration, believing that this can be done effectively without the introduction of more private, for-profit elements;
- (c) supports policies and actions which enhance BC Hydro's ability to provide the lowest-cost energy, consistent with environmental sustainability and meeting the social needs of the public as a whole;
- (d) strongly opposes any elements of legislation, regulation or policy which could have the effect of diminishing that ability;
- (e) strongly opposes any further creation or expansion of private, for-profit facilities unless they satisfy a public process of needs analysis, environmental and social impact analysis; and
- (f) calls for a public referendum on any government plan to change the ownership structure or price regulation of BC's publicly-owned electric utility.

3.4 Water

AGM, 2001

The BCRTA urges the federal and provincial governments to recognize that water is a human right and that they carry out the following policies:

- (a) Enact legislation prohibiting water exports.
- (b) Open negotiations to exempt water from International Trade Agreements.
- (c) Develop a broad national water policy ensuring that ownership and control of Canada's fresh water remains in public hands.
- (d) Join with other countries and non-governmental organizations world-wide to promote more efficient use and conservation of local fresh water.

3.5 Food

Dir., Oct. 1999

3.5.1 Genetically altered products

The BCRTA believes that:

- (a) legislation should require the labeling of all foods that have been genetically altered; and
- (b) genetically altered food products should be restricted to experimentation only, until government established food and drug laboratories have proven such products safe for use by humans and/or animals.

3.6 Automobile Insurance

Dir., Apr. 2002

3.6.1 Public Ownership

The BCRTA calls for:

- (a) BC public ownership, control and administration of auto insurance;
- (b) universal compulsory coverage;

- (c) non-discriminatory rates, based on the individual driver's record, not on age, sex, or marital status;
- (d) public accountability through government and public advisory bodies;
- (e) investments to be made in projects which reduce the accident rates; and
- (f) maintenance of ICBC's role in the optional insurance area.

3.6.2 Private Competition

Dir., Apr. 2002

The BCRTA opposes expansion of private “competition” in auto insurance because private insurance systems tend to develop features such as:

- (a) costliness, because of duplicated and competitive business expenses, and the pressure for increased profits;
- (b) diversion of surplus or investment income away from the public, and into private corporations;
- (c) transfer of money from BC to corporations based elsewhere, including many foreign countries;
- (d) excessively high rates;
- (e) discriminatory rate-setting based on age, sex, marital status, and postal code, not on an individual’s driving record;
- (f) absence of accountability and control by the public;
- (g) problems with uninsured drivers (e.g. police in Ontario estimate anywhere between eight and thirty percent of motorists drive uninsured);
- (h) possible cancellation of policies unilaterally, and without notice;
- (i) little public power to rectify any flaws in the system, such as unfair operating or administration practices;
- (j) opportunity and incentive for collusion between companies; and
- (k) international agreements, such as FTAA, NAFTA and the WTO rules could prevent any return to the public system.

4 Health Care

4.1 User Fees and For-Profit Health Care

4.1.1 For Profit Health Services

Dir., Feb. 2000

The BCRTA strongly opposes for-profit provision of any health services.

4.1.2 Pharmacare and User Fees

Dir., Sept. 2001

The BCRTA opposes any actions of the BC Government to limit Pharmacare benefits or to reduce access to health care in BC through the imposition of user fees.

4.2 Health Care Position Paper

Dir., March 2005

4.2.1 Introduction

The British Columbia Retired Teachers’ Association is an organization of retired educators who formed an association to speak with one voice about their common interests and concerns. One such major concern is Health Care for Seniors. The BCRTA made a submission to the Romanow Commission on Health Care in November 2001. It strongly supported the final recommendations of the Royal Commission and felt that they should be implemented as soon as possible. The implementation has not occurred.

The Advocacy Committee of the BCRTA developed the following position paper to reflect the common concerns and issues the membership has with health care in B.C. The BCRTA will continue to advocate for the restoration of quality health care services for retired teachers and seniors.

4.2.2 Accessibility

The BCRTA believes that:

- (a) care is a continuum that includes home support for independent living, primary and acute care, assisted living, long term and end of life care; and
- (b) care must be timely and affordable, provided as closely as possible to where the senior lives, and subsidizing travel in and from remote/rural areas.

Therefore

- (c) there must be an increase in the number of long term care beds, including intermediate and extended care beds; and
- (d) there must be an increase in the level of home care and home support.

4.2.3 Accountability

The BCRTA believes that:

- (a) all federal transfer payments for health must be targeted for health rather than going into general revenue; and
- (b) public input at the local/community level is essential in any aspect of health care service.

Therefore

- (c) there must be transparency in federal, provincial and health authority spending on health care costs; and
- (d) there must be annual, independent, audited statements by the Auditor General.

4.2.4 Quality of Care

Dir., June 2014

The BCRTA believes that every individual should be guaranteed quality health care.

Therefore

- (a) the number of health care personnel must be increased to provide home support/care as well as acute care;
- (b) wait lists must be reduced;
- (c) respite service for in-home support workers/family, and end of life care must be provided; and
- (d) the Fair Pharmacare program must be eliminated; and
- (e) a national pharmaceutical strategy must be established.

4.2.5 *Health renewal and maintenance*

Dir., Mar. 2005, June 2014

The BCRTA believes that physical and social well-being are critical parts of a healthy lifestyle.

Therefore

- (a) preventative programs focused on physical, social and mental wellbeing, must be available at the local level;
- (b) there must be an adequate level of mental health services at the local level; and
- (c) there must be an adequate level of services for people with disabilities.

4.3 *Integrated Health Care System for Seniors*

Dir., Mar. 2013 and June 2014

The BCRTA supports an integrated care system that delivers a seamless continuum of care:

- (a) to allow people to be able to age in place;
- (b) to allow seniors to live independently in their own homes with dignity for as long as possible;
- (c) to provide a single and highly coordinated administrative structure with integrated information systems consistent throughout all health authorities; ensuring that accessing information is simplified for seniors and family members;
- (d) to provide an integrated full range of health, community, and social services commensurate with the diversity of needs of an older population, including addressing preventive health care needs with sustainable funding;
- (e) to establish a one-stop shop for seniors and their loved ones when a need arises, providing a single point of access to a facility that includes but is not limited to services such as physiotherapy, hearing, vision, pharmacy, chiropractic and counseling;
- (f) to establish a system of home support that will empower people to live independently in their own homes with dignity for as long as possible;
- (g) to provide home support services beyond medical, such as socializing, cooking meals, laundry, transportation to shopping and house cleaning.

4.4 *Health and Support for Seniors*

Dir., May 2014

- (a) **Home Support for Seniors:** The Federal Government should work with provincial and territorial health ministers to increase the span of home care for seniors, so that they may remain in their homes as long as possible, in order to improve seniors' quality of life, and to contribute towards a reduction in health care costs through lessening the dependency on institutional care.
- (b) **National Health Accord:** The Federal Government should meet with the provinces and territories to renegotiate and improve upon the 2004 Health Accord.
- (c) **Transportation:** The Federal Government should work with provincial and territorial government bodies to ensure that transportation is readily accessible to Canadian seniors who have mobility issues.
- (d) **National Formulary:** The Federal Government should establish a national pharmaceutical formulary to help keep the cost of medications manageable for seniors.

- (e) **Guaranteed Income Supplement Review:** The Federal Government should review the Guaranteed Income Supplement with the aim of simplifying the requirements for and administration of the application process.
- (f) **Computer Literacy:** The Federal Government should reinstitute a plan designed to encourage and help seniors to become computer literate.
- (g) **End-of-Life Care:** The Federal Government should establish a cross-Canada Palliative and end of life care model that takes into account the geographic, regional and cultural diversity of urban and rural Canada and has the goals of:
 - i ensuring that all Canadians have access to high quality home-based and hospice palliative and end of life care;
 - ii providing more support for caregivers;
 - iii improving the quality and consistency of home and hospice palliative end of life care in BC and the rest of Canada; and
 - iv encouraging Canadians to discuss and plan for end of life care.
- (h) **Old Age Security:** The Federal Government should change the age of eligibility for OAS back to 65 from 67.
- (i) **Canada Pension Plan:** The Federal Government should adjust the CPP contribution requirements upwards to ensure adequate income for working Canadians upon their retirement.
- (j) **Pension Plans as Secured Creditors:** The Federal Government should enact legislation that protects pension plans as secured creditors.
- (k) **Alzheimer Disease and Dementia:** The Federal Government should have a policy that recognizes Alzheimer Disease and Dementia as major public health challenges and develop a national action program that provides support to Alzheimer and Dementia patients and their caregivers.

5 *Pensions and Benefits*

5.1 *The Teachers' Pension Plan*

Dir., Nov 2011

Statement of common pension policy with the BCTF, BCPVPA AND BCSSA

5.1.1 *Pension Goal*

The attainment of a pension plan that is fully funded, jointly trustee, service based, fully indexed, and that maintains the relative economic status of members of the pension plan and/or their designated beneficiaries following retirement, disability or death.

5.1.2 *Plan Members*

That all members of the BCTF bargaining unit, administrative officers, and superintendents in the BC public school system, and all recipients of a BC teacher pension be members of the pension plan (hereinafter referred to as plan members).

5.1.3 *The Pension Plan*

- (a) That the pension be:

- i vested after 20 months of contributory service;
 - ii based on service and on highest average salary earned;
 - iii defined on a two percent formula integrated with the Canada Pension Plan;
 - iv indexed fully to the Canadian Consumer Price Index; and
 - v payable at age 55, or later.
- (b) That the pension plan recognize as contributory service up to five years of child rearing time.
 - (c) That contributions, when vested, be locked-in to the plan, to another registered pension plan, or to a locked-in RRSP.
 - (d) That, subject to spousal waiver, the plan member may name a beneficiary eligible to receive a refund, a guarantee of pension payment, or a pre-retirement death benefit.
 - (e) That there be no discrimination on the basis of gender or marital status in the eligibility for, or the calculation of, single life pensions or their equivalent.

5.1.4 Purchase of Service

That there be provision for:

- (a) reinstatement of refunds taken prior to January 1st, 1996;
- (b) purchase of periods of leave of absence;
- (c) purchase of service in other jurisdictions; and
- (d) purchase of service by plan members who were employed in a less than 50% assignment prior to January 1st, 1993, provided that the plan member had not signed a waiver declining participation in the pension plan.

5.1.5 Portability

- (a) That there be portability between pension plans provided that:
 - i transfers of service be cost neutral to the pension plan;
 - ii all service in the exporting plan be credited for eligibility in the importing plan; and
 - iii service credited for pension calculation be determined by the ratio of the actuarial liability in the exporting plan to the actuarial liability in the importing plan.
- (b) That, if the actuarial liability in the exporting plan is less than the actuarial liability in the importing plan, the plan member be permitted to pay the difference to receive full service credit.

5.1.6 Pre-Retirement Death Benefit

That, upon the death of a plan member prior to retirement, a benefit be payable to a spouse, the named beneficiary, or the estate.

5.1.7 Group Disability Plans

That a plan member in receipt of benefits from an approved group disability plan be credited with service for that period of disability, and that salary for pension calculation purposes be indexed.

5.1.8 Pension Options

- (a) That the normal form of a pension be single life 10-year guarantee.
- (b) That the following further options be available:
 - i single life no guarantee;
 - ii single life 5-year guarantee;
 - iii single life 15-year guarantee;
 - iv joint life and last survivor;
 - v temporary annuity in the amount of the Old Age Security; or
 - vi a combination of the above.
- (c) That a plan member who has a spouse be required to select at least 60% of the pension on a joint life and last survivor basis, unless the spouse signs a waiver.

5.1.9 Governance

- (a) That the pension plan be managed through a joint trust agreement between the BCTF as the plan member partner, and the BC government as the plan employer partner.
- (b) That the Pension Board of Trustees be at least 10 persons representing equally each of the plan partners, with the provision that an outside person may be appointed as a non-voting chair.
- (c) That the plan member partner trustees be nominated by and from the Teachers' Pension Plan Advisory Committee and appointed for three years by the BCTF Executive Committee as follows:
 - i three active plan members who are members of the BCTF and/or BCTF staff;
 - ii one excluded plan member; and
 - iii one retired plan member.
- (d) That a plan member trustee remain a member of the Teachers' Pension Plan Advisory Committee throughout the term of her/his trusteeship.

5.1.10 Fund Financing

- (a) That the pension plan be fully funded to provide a basic pension and indexing.
- (b) That contributions required to maintain a fully funded pension plan be shared equally by the plan members and the employer.

5.1.11 Plan Changes

That the following principles be followed in pursuing improvements to the pension plan:

- (a) Improvements shall be equitable in that they apply or are available to a broad range of the plan members.

- (b) Improvements shall be affordable in that they can be fully funded within the established contribution rates, or within increased rates acceptable to the plan member partner.
- (c) Accrued pension for plan members and retired plan members shall be protected.
- (d) Social policy, as endorsed by the member organizations, shall be taken into consideration.

5.1.12 *Early Retirement/Severance Plan*

That an early retirement/severance plan be on a non-cost basis to the pension plan.

5.2 *The Teachers' Pension Plan: BCRTA Policy*

Dir., Nov. 2011

5.2.1 *Health Benefits*

- (a) The BC government should fund the Medical Services Plan of BC for all retired plan members.
- (b) Extended Health and Dental Plan benefits should be provided for all retired plan members.
- (c) The schedule of Dental and Extended Health Care Plan benefits should be determined by the Teachers' Pension Plan Board in consultation with the licensed benefit carrier;
- (d) Any proposed changes to the schedule of health benefits should take into consideration:
 - i the wishes of the members as expressed through General Meetings, Branch meetings, Zone meetings, BCRTA Annual Conferences and member surveys;
 - ii the long-term interest of all members; and
 - iii the long-term cost impact on members.

5.2.2 *Administration*

The administration of the Pension Plan, including services and communications, should be the best of any pension plan in Canada.

Dir., Apr. 2002

5.2.3 *BCRTA benefit and insurance programs*

- (a) Any benefit or insurance program designed by and for Association members should be administered by an outside agency, with the BCRTA's role limited to publicizing and making the program available, and monitoring its operation.
- (b) The BCRTA may utilize the services of a broker to investigate, implement, monitor and report on any or all benefit and insurance programs, and may appoint a broker of record.

Dir., Nov. 2011

6 *Seniors Advocate*

Dir., Mar. 2013

BC Seniors' Advocate should be an independent officer of the legislature.

7 *Children in the Workplace*

Dir., May and June 2014

The BCRTA urges the development and enactment of legislation that improves the protection of children in the workplace, including:

- (a) establishment at the national level of a minimum work-start age of 15 years, in compliance with the UN Convention on the Rights of the Child;
- (b) a federal prohibition on the establishment by provinces of legislation or regulations permitting a lower work-start age; and
- (c) provincial legislation and/or regulations imposing restrictions on the occupations, tasks and times of day that children can work.