



# Advocacy Program

## “One Powerful Voice Representing the Interests of OMERS Retirees”

MROO speaks on behalf of OMERS retirees to OMERS and all levels of government representing their interests on public policy matters that affect retirees and seniors.

We advocate in the best interests of MROO members in these areas:

- **OMERS Pension Plan** governance, performance and sustainability
- **Defined Benefit (DB) Pension Plans** principles, security and economic impact
- **Retirement Income:** public programs and policies
- **Seniors’ Independent Living:** public policies and programs for home care, community support and aging in place
- **Long-Term Care** options and public policies in Ontario and across Canada
- **Healthcare** for seniors in Ontario and Canada, including care where people live.

MROO partners with like-minded organizations that represent the interests of retirees and seniors such as the **Canadian Federation of Pensioners (CFP)** and **Single Seniors for Tax Fairness (SSTF)**.

MROO, together with the **Police Pensioners Association Ontario (PPAO)** and **Ontario Retired Firefighters Association (ORFFA)** form the **OMERS Retiree Group (ORG)** which has a representative on each of the OMERS Sponsors Corporation (SC) and Administration Corporation (AC) Boards of Directors.

## MROO’s Advocacy Principles

1. **Workplace pension plans** funded by employers and employees need to be a cornerstone of all compensation systems. **A defined benefit (DB) pension plan is the most effective** way to compensate employees after they retire, so they achieve a Canadian’s retirement income requirements which are not met by the Canada Pension Plan (CPP) and Old Age Security (OAS).
2. Research evidence shows **Defined Benefit (DB) Pension Plans** are an important part of Canada’s social infrastructure and are **significant contributors to the Gross Domestic Product (GDP)** of Ontario and Canada. This extends well beyond the economic multiplier effects of retirement pensions paid to DB plan members and the investments managed by DB pension plans.

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3. **The Canada Pension Plan (CPP) belongs to current and future CPP pensioners** and not Provinces. Governments must respect pensioners and the proven track record, successes and benefits of a uniform, Canada-wide public pension system.
4. Canada and Ontario need to formally adopt **Aging in Place as a fundamental principle** for the treatment of citizens and residents as they age. This principle should drive innovation (e.g. application of technology and decentralization of health care) and compel governments to act on reforms that will **create a true National Healthcare System (NHS)** that is less institution (hospital) centric and **provides more health care where we live**.
5. Canada and Ontario need to formally adopt **Compassionate Aging** as a safeguard principle to ensure the **protection of privacy** as they develop a fully integrated NHS information system and to promote the **secure and safe use of technology** by Canadians and at all points of contact within the healthcare system.
6. Canadians and Ontarians need a **full range of retirement living options**, including affordable seniors' rental units for independent and assisted living. Affordable housing, whether owned or rented by seniors, will be best realized by **public policies that increase the housing supply** to meet or exceed demand.
7. A significant "inventory" of **approved developments for housing already exists**. This includes subdivisions and building lots already approved and "on the books" in most of Ontario's 444 municipalities and those would meet foreseeable demand for many years ahead. Public policy should promote, support and exploit this inventory of development approvals through incentives and other measures (e.g., CMHC's **Housing Accelerator Fund** and municipal **inclusionary zoning**). Governments should not prioritize new development unless the public's and community's "profits" and benefits are commensurate with the profits of developers. We need to ask: **"What's in it for our residents and communities?"**

## Strategic in Plans and Actions

MROO's Strategic Plan 2022 – 2025 identifies Advocacy as one of MROO's Key Result Areas. This KRA includes the following strategic goal:

- ❖ **MROO develops proactive and effective advocacy to address relevant issues and concerns in real time.**

A number of objectives were also identified, including:

- ❖ "Develop/revise an **advocacy program** to address member and emerging issues in a timely manner."

# Advocacy Program

This document entitled “Advocacy Program” is a “living” document and will be updated and revised as and when the Board of Directors identifies and/or responds to advocacy issues. Effective September 2024, the Board approved the following Advocacy themes and topics to focus and guide MROO’s advocacy initiatives, activities and work:

## Theme A: **Better Retirement Security**

1. Encourage **well-managed defined benefit pension plans** that enable retirees to contribute to a strong economy.
2. Reject legislation that allows employers to walk away from their pension promises.
3. Identify or **support enhancements to the Canada Pension Plan** to ensure that those who do not have a workplace pension plan are able to save enough for retirement.
4. Strategically **promote increases in the Guaranteed Income Supplement (GIS)** to lift the most vulnerable seniors out of poverty.
5. Prioritize employees and retirees in bankruptcy, so that all Canadians can retire in dignity.
6. Advocate for **changes to the Income Tax Act (Canada)** and Canadian Revenue Agency requirements for RRSPs and RIFs to increase flexibility and reduce tax burden.

## Theme B: Comprehensive **National Seniors’ Strategy**

1. Advocate for a **Canada-wide strategy** that addresses the social determinants of health, such as income security, housing, and transportation.
2. Ensure it addresses the **continuum of health care**, including **mental health**, closer to home (i.e., **where seniors live**).
3. Ensure it provides for **resource planning and sustainable financing for health care**, health care workers and caregivers.
4. Recognize and support the work of informal caregivers in any strategy for seniors or elder life/lives care.
5. Promote funding of **innovation in home and community care**.
6. Ensure governments develop and implement policy solutions to address ageism, elder abuse, and social isolation.

## **Advocacy Work**

See **Attachment A** which is regularly updated.



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## Attachment A – Advocacy Work

### Financial Security in Retirement

- MROO partnered with the **Ontario Securities Commission** to educate members about **investor protection** and **fraud prevention**.
- MROO is an active partner with the **Canadian Federation of Pensioners** for **pension protection and CPP unity**, including successful submissions to the Senate of Canada for legislative protection of pensions when companies file for bankruptcy.
- MROO supported the **Single Seniors for Tax Fairness** budget submission to the Government of Canada to **improve fairness and reduce the tax burden** for single seniors and supports efforts to **remove mandatory RRIF withdrawals**.

### Housing, Long-Term Care and the Continuum of Care in Ontario

- MROO established a **Housing Support for Ontario Seniors (HSOS) Advocacy Committee** to research, develop and recommend advocacy priorities and positions for **housing and support services for seniors at various stages of retirement**.
- MROO made submissions to the **Minister of Long-Term Care** fully supporting the final report and recommendations of Ontario's Long-Term Care Commission and highlighting specific concerns for **inspections, infection control and staffing**.
- MROO made a submission to the **Minister of Seniors and Accessibility** supporting government commitments to **expanding home and community care** and to **build more long-term care beds** by 2028 and **hire more staff**.
- MROO made a submission to the **Minister of Long-Term Care** regarding the **More Beds, Better Care Act** expressing concerns about the lack of opportunity for public input, its impact on Personal Care Plans and advocating for one national system of long-term care.

### Equitable, Accessible and Responsive Healthcare in Ontario

- MROO wrote to Prime Minister Justin Trudeau and Ontario Premier Doug Ford regarding **COVID-19 response and relief efforts**.
- During the peak of the COVID-19 outbreak in Canada, MROO recognized a need for assistance in Ontario communities. In 2020 and 2021, **MROO donated \$63,000 each year to local community organizations across Ontario**.
- MROO wrote to Premier Ford urging intergovernmental work to improve Canada's 13 health care systems and move toward a **National Healthcare System (NHS)**.



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- MROO made submissions to the Minister of Health about “**Your Health: A Plan for Connected and Convenient Care**” and **Bill 60 – Your Health Act** requesting that the Ministry provides a timeline for rollout of each measurement and/or reporting commitment set out in the Plan and specific information about when and where the following information would be available on the Ministry website:
  - Amounts paid by OHIP individually and in total to private clinics that will now be providing services identified in the plan.
  - Verification of zero extra billing to Ontarians by private clinics.
  - Amounts, if any, withheld by the Government of Canada from health transfers to Ontario resulting from any violations of the *Canada Health Act* and regulations resulting from “extra billing” by private sector service providers.
- MROO has also respectfully advised the Minister of Health that the present reporting tools on the Ministry’s website fall short of the commitments made in “**Your Health: A Plan for Connected and Convenient Care**”, including the current **Wait Times tool** which is location specific and does not make it possible to **monitor province-wide performance** or have aggregate comparative trend data.
- MROO has also expressed to the Minister of Health that it is our expectation that the Ontario Government’s commitment to a national health information system will mean that **OHIP card holders will be able to view their own health records**, including services received and amounts paid by OHIP to each service provider.