



## Brief: 2021 Québec Budget

Prepared for the Pre-Budget Consultations  
Presented to the office of the Minister of Finance of Québec

January 19, 2021

### Réseau FADOQ

4545, avenue Pierre-De Coubertin  
Montréal (Québec) H1V 0B2

Téléphone : 514 252-3017  
Sans frais : 1 800 544-9058  
Télécopie : 514 252-3154  
Courriel : [info@fadoq.ca](mailto:info@fadoq.ca)

© Réseau FADOQ 2021

Representatives: Gisèle Tassé-Goodman, president, and Danis Prud'homme, executive director

Author: Philippe Poirier-Monette, Collective Rights Advisor

Copyediting and corrections: Sophie Gagnon

# Table of Contents

Presentation of the Réseau FADOQ.....	4
Home Care and Support .....	5
Direct Allowance Program – Service Employment Paycheque (DA/SEC) .....	5
Tax Credit for Home-Support Services for Seniors .....	6
Refundable Independent Living Tax Credit for Seniors.....	8
Informal Caregivers.....	9
Québec Informal Caregiver Insurance Plan (QICIP).....	10
Stop Penalizing Retirement.....	11
Preventive Health Measures.....	12
Medical Expenses.....	12
Expenses for Medical Treatment and Assistive Equipment.....	12
Québec Immunization Program .....	13
Shelter and Housing .....	14
Shelter Allowance.....	14
AccèsLogis.....	14
Income, Tax and Retirement.....	15
Tax Credit for Seniors’ Activities .....	16
Death Benefit.....	15
Age Amount, Amount for a Person Living Alone, and Amount for Retirement Income.....	16
Senior Assistance Tax Credit .....	16
Pension Insurance Plan.....	16
Contribution to the Public Drug Insurance Plan.....	17
Québec Pension Plan.....	17
Experienced Workers .....	18
Québec Pension Plan (QPP) .....	19
Tax Credit for Career Extension.....	19
The Organization of Health Care .....	19
Recommendations .....	22
Bibliography .....	24

## Presentation of the Réseau FADOQ

The Réseau FADOQ is an association boasting a membership of over 550,000 people aged 50 and over. Fifty years ago, the primary goal of FADOQ's founder, Marie-Ange Bouchard, was to reduce seniors' isolation by providing them with diverse recreational, sports, and cultural activities.

One of our priorities is to make presentations to various political bodies to maintain and enhance seniors' quality of life, now, and in the future. In this regard, we offer our assistance and expertise to encourage different levels of government to make judicious choices that take into account Québec's demographic situation, namely, that Québec's population is aging faster than most Western societies.

To this end, the Réseau FADOQ is using every occasion to raise awareness and make the voices of seniors heard, and—especially on political issues—taken into account. Although population aging is very real, we believe that pessimism is not an appropriate attitude to adopt.

Still, government authorities must seriously consider the impacts of this phenomenon. We at the Réseau FADOQ believe that in the face of population aging, we must develop proactive and innovative solutions that move us forward as a society.

## Home Care and Support

---

Home care must be a governmental priority. Population aging in Québec will exert pressure on the public purse for decades to come. This approach should be prioritized because people much prefer their homes to hospitals and institutions. It is the ideal place to recover from illness or injury, manage long-term illnesses and live out our last days.

Furthermore, the costs of institutional residential facilities are enormous. “The total average cost for a space in a CHSLD is estimated at \$78,000 per year (including the user’s contribution), or roughly \$6,521 per month. Of this amount, 33% is allocated to support (food, household maintenance, facility maintenance, safety, etc.) and administration” (AQESSS, 2011). Places in these kinds of facilities must be reserved for clients with very complex needs who require specialized care.

Investing in home support services is a way to support the independence of older persons, increase their well-being and generate savings of taxpayers’ money. In November 2020, the Réseau FADOQ praised the Québec government’s increased investments in home care. Although this announcement brings total additional funding to nearly \$1.4 billion over 4 years, our organization is nevertheless continuing to urge the Québec government to maintain and intensify its efforts in home care and services. Québec spends 1.3% of its gross domestic product on long-term home care for seniors, which is well below the average of 1.7% reported by other OECD countries (Ginoux, *Le Devoir*, 2020). The Réseau FADOQ finds this incomprehensible when Québec is one of the most rapidly aging societies in the West.

More people should be able to access needs assessment services and home care. The Réseau FADOQ is also pressing for a fair distribution of the basket of services provided across Québec.

### Direct Allowance Program/Service Employment Paycheque (DA/SEC)

The Québec government currently offers a program under which workers are paid directly to provide home care and assistance to people who require it. This is a government program for people with disabilities or loss of independence who require long-term home support.

To determine eligibility for this allowance, a health and social services centre (CSSS) must assess the person's needs and establish an intervention plan that includes a specific number of hours of home support services. A variety of needs may be covered, ranging from bathing and eating to specialized care.

Once the intervention plan has been established, the program recipient must choose the person who will provide home support services. Activities and schedules must be organized in accordance with the intervention plan, in which tasks are described and explained.

Thereafter, the worker providing the services receives his or her pay through the employment service paycheque processing centre, based on an hourly rate that is set according to regional criteria. The program beneficiary is required to complete a bi-weekly “social component” form, which is used to prepare payroll and other statements.

Naturally, the hired person benefits from the conditions set out in the *Act respecting labour standards*, including statutory holidays, absences and family leave. The worker is entitled to vacation pay and is covered under the *Workers’ Compensation Act*.

Recently, the Québec government has made this program more flexible, notably by offering the possibility for users to privately hire family members to provide home support services, as long as these people do not live under the same roof. It is also possible, on an exceptional basis, to hire a relative living under the same roof when a particular situation justifies it. The Réseau FADOQ naturally applauded these improvements, particularly in the context of the COVID-19 pandemic.

In the wake of last November's announcement on home care, the working conditions of workers hired via private arrangements under the direct allowance/employment service paycheque program have been improved. Notably, the minimum hourly rate was set at \$16.00 per hour, which represents an overall increase of \$1.75 per hour. This bonus was much needed.

However, a unique aspect of the Direct Allowance /Employment Service Paycheque program is that a beneficiary of this program becomes an employer under the law. The employed person can invoke his or her rights, rights of which the program beneficiary may be unaware. In addition, the responsibilities assumed by beneficiaries are numerous, and they are not necessarily aware of the implications.

In fact, people who receive home care through this program can be prosecuted by the state. The Service Employment Paycheque program was unfortunately the subject of a Radio-Canada report in which Gesualdi-Fecteau, a professor at UQAM, explained that the program's structure is such that its beneficiaries assume most of the employer's responsibilities (Desjardins, 2019). The report concerned a program beneficiary who was being prosecuted under the *Act respecting labour standards*.

The burden imposed on program beneficiaries is also criticized by Professor Louise Boivin of UQO's Department of Industrial Relations. She points out that for more than 20 years, organizations representing beneficiaries have been pressing the government to modify this program to avoid legal recourse against beneficiaries. To date, no government has modified the program.

The current Québec government has confirmed that it is also maintaining the status quo in this regard. In response to a written question criticizing the situation from the MNA for Marie-Victorin, Ministers Boulet and McCann said that the program would not be changed (Gouvernement du Québec, 2019a).

However, the ministers did commit to implementing measures to accompany and support users in the event of recourse against them and to adequately inform users, at the time of their enrolment in the program, about their roles and responsibilities as employers. Informing program beneficiaries is obviously a bare minimum requirement. The Réseau FADOQ has denounced the lack of information on this subject previously.

With regard to accompanying measures, the Réseau FADOQ suggests instead that the government allow community organizations to administer the DA/ESC to assist users, and make a fund available to these organizations to cover management costs. With this change, the government would no longer place the burden of responsibility on users and would improve a program that is meant to compensate for the public system's lack of resources.

### Tax Credit for Home-Support Services for Seniors

This refundable tax credit is offered to people aged 70 and over who incur costs for personal support services and housekeeping and supply services.

The reimbursement rate for eligible expenses has been set at 35% since 2017. The limit of eligible expenses is \$19,500 for an independent adult and \$25,500 for a dependent adult. The amount is reduced by 3% for every dollar of income of the senior and his/her spouse that exceeds \$58,380, unless the senior is deemed dependent.

Except for cases in which the beneficiary owns the residence<sup>1</sup> (e.g. a house), the tax credit for home-support services for seniors is calculated in two ways: eligible expenses included in the lease and eligible expenses not included in the lease. For services that are included in the lease, many distinctions are

made based on where the tenant lives. But, regardless of the situation, the limit for eligible expenses is the same.

People who live in a private seniors residence (known by the French acronym RPA) can request a tax credit for eligible services based on a rate of up to 80% of the rent (for a senior deemed dependent).

For tenants of an apartment located in an apartment building, condo, or house, the amount of eligible expenses included in the rent corresponds to 5% of the monthly rent appearing on the lease up to a maximum of \$600.

Réseau FADOQ's position is that the maximum rent amount is insufficient for apartment-dwellers wishing to take advantage of the 5% of eligible expenses under this program. In 2018, the Canada Mortgage and Housing Corporation (CMHC) estimated that the average monthly rent for a two-bedroom apartment in Québec was \$815 (CMHC, 2020a). The Réseau FADOQ thus recommends that the amount associated with the price of an apartment rental be increased to \$815 and adjusted periodically based on the market.

Last, this tax credit involves substantial costs that must be covered by the beneficiary, because only 35% of eligible expenses are refunded. Someone requesting the maximum tax credit for eligible costs totalling \$19,500 must spend \$12,675 of their own money while the government pays them \$6,825. To put all this in perspective, the Institut de la statistique du Québec reports that over half of people aged 65 and over have a disposable income of less than \$24,000 (Institut de la statistique du Québec, 2019).

Although the Tax Credit for Home-Support Services for Seniors can be paid in advance, and the reimbursement rate for eligible expenses has been increased recently, the burden for beneficiaries remains onerous. Therefore, the Réseau FADOQ recommends that the Québec government raise the reimbursement rate to 40% of eligible costs.

Furthermore, the Réseau FADOQ also recommends that the government make the tax credit for home support more equitable so that it achieves its objective, i.e., to contribute to the home support of seniors so that they can remain in their homes as long as possible. In fact, our organization mandated a team from the Université de Sherbrooke to examine this tax measure. Their main observation is that the tax credit for home support is essentially monopolized by a certain segment of the population.

For the 2015 fiscal year, claimants of the home support credit for seniors who lived in a private seniors' residence accounted for 39.7% of all claimants, but received 85.5% of the total credit envelope. Conversely, claimants who were not living in a residential centre accounted for 60.3% of all claimants, but benefited from only 14.5% of the total credit envelope. Claimants living in a private seniors' residence received an average credit of \$3,027—almost nine times more than seniors who were not living in a residential centre, who received an average credit of \$338.

---

<sup>1</sup> These two criteria also apply to the owner of a condominium unit, but a condo owner is not subjected to the same rules as a tenant of a seniors residence or apartment.

The Réseau FADOQ recommends that the tax credit for home support be enhanced in order to broaden the financial assistance available to people outside of private seniors' residences, without impacting people who have chosen this living environment. In addition, it is important to better inform seniors about this tax measure and to ensure that they claim all the credits, deductions, programs and grants for which they are eligible.

### Refundable Independent Living Tax Credit for Seniors

This refundable tax credit covers part of the costs incurred for the purchase, lease and installation of eligible items and equipment used to maintain the independence of a person aged 70 or over. In effect since 2012, it is equal to 20% of the total cost of the purchase, lease and installation of eligible equipment. The first \$250 of incurred expense is not eligible, however.

Eligible equipment includes emergency call devices, devices to help someone get in or out of the bathtub, GPS locators, walkers, and mechanized rail-mounted chairs to carry a person up or down a staircase.

There have been many horror stories concerning seniors in the Québec media. Disappearances of individuals suffering from a cognitive impairment are common. Québec's public health institute [Institut national de santé publique du Québec or INSPQ] reported in 2018 that falls are the main cause of injuries among seniors. In a study conducted by the INSPQ, it was revealed that nearly one out of five seniors living at home reported having suffered a fall in the 12 months preceding the survey (INSPQ, 2018a). For its part, the Canadian Institute for Health Information reports that nearly 16% of seniors with dementia and 7% of seniors without dementia are hospitalized in connection with a fall (Canadian Institute for Health Information, 2019). Given that the average cost of a hospital stay in Québec is \$5,839 (Canadian Institute for Health Information, 2018), it is important to take action to curb the problem.

In this respect, the purchase of assistive equipment will help to limit the number of these accidents. The Refundable Independent Living Tax Credit for Seniors is thus an important tax measure to encourage potential beneficiaries to purchase eligible equipment.

The reimbursement rate for this tax credit is low, however, while the cost of assistive equipment is high. For example, a watch with a GPS locator costs at least \$250, and a used mechanized rail-based chair lift would cost at least \$1,500. For the purchase of these two items, the Québec government would pay a beneficiary \$300 (the first \$250 being ineligible). An outlay of \$1,450 for assistive equipment represents a major expense for many seniors. The Réseau FADOQ recommends that the reimbursement rate for eligible equipment under the Independent Living Tax Credit for Seniors be raised to 30%.



## Informal Caregivers

---

The number of informal caregivers will grow steadily in the next few years due to population aging. In 2016, L'Appui pour les proches aidants d'aînés, an organization that supports informal caregivers working with seniors, estimated that 2.2 million adults in Québec performed an informal caregiver task on a weekly basis. Of this number, 630,000 Quebecers spent more than five hours per week supporting a loved one (L'Appui pour les proches aidants d'aînés, 2016).

This reality has become so widespread that the Québec government held a forum on informal caregivers in 2018 that was attended by over 200 practitioners. The Réseau FADOQ naturally applauded this initiative and was an active participant. In the wake of its participation in this forum, the Réseau FADOQ wrote a brief containing proposals that could be integrated into a national caregiver policy. In it, we made more than 20 recommendations that we presented to the Minister responsible for Seniors and Caregivers, Marguerite Blais, in September 2019. We also presented the brief to interested representatives of the opposition parties.

In June 2020, Minister Blais introduced Bill 56, *An Act to recognize and support caregivers and to amend various legislative provisions*. The bill was adopted in October 2020, following a legislative process, including special consultations, in which the Réseau FADOQ participated and submitted a brief. This law is a first step towards the tabling of a national caregiver policy. For the Réseau FADOQ, this bill highlights the importance of caregivers and the need to recognize their contribution and to better support them. Certain actions have been taken by the Québec government, for instance, modifying the tax credit for informal caregivers. This tax measure is now simplified, improved and available to more Quebecers. The amounts associated with this tax measure have been increased and the tax credit is now refundable, so that those with little means can benefit. This was a long-standing request of the FADOQ that our organization did not fail to highlight. Caregivers will finally receive more financial assistance since the tax credit has been increased to \$2,500.

Nevertheless, other concrete measures to support family caregivers will have to be implemented in the coming months. Remember that informal caregivers spend significant amounts of money in carrying out their role. Indeed, in a study published by the Institute for Research on Public Policy, Janet Fast points out that in Canada, family caregivers spend an average of \$7,600 per year on the person they care for, regardless of their initial income level (Fast, 2015). Moreover, 20% of family caregivers experience financial insecurity and many reduce their work hours, resulting in a loss of income of approximately \$16,000/year for family caregivers (ibid.). This considerable financial burden must be alleviated by the various governments in place. The Conseil du statut de la femme has estimated that only 5.6% of informal caregivers received money from government programs (Conseil du statut de la femme, 2018).

The COVID-19 pandemic has definitely not improved the situation for informal caregivers. Indeed, a survey conducted in the fall of 2020 for the Regroupement des aidants naturels du Québec (RANQ), revealed a significant increase in spending and a lack of resources and support among caregivers. According to RANQ data, 20% of caregivers have reported increased expenses related to their role averaging nearly \$900 (RANQ, 2020). These figures confirm the harsh reality that investing in caregiving involves a considerable loss of income.

A person supporting a loved one with reduced autonomy is on a path that can have significant impacts on his or her personal finances. Moreover, as we have previously pointed out, this involvement generally pushes caregivers to withdraw partially or totally from the labour market.

## Québec Informal Caregiver Insurance Plan (QICIP)

Although it is technically possible to take time off work without pay to take care of a loved one in need, few people can afford to take time off work without pay.

To compensate for the income lost due to this absence, the employment insurance program provides for the possibility of obtaining financial assistance of up to 55% of the caregiver's income. However, the maximum payment is \$573 per week, which represents an annual income of \$29,796.

These measures are fragmented and uneven however, since they are planned on the basis of the situation of the person being cared for and not that of the caregiver and his or her needs. Moreover, assistance is temporary and variable.

The federal program is divided into three components, each of which has a distinct duration: Family Caregiver Benefit for Adults (maximum 15 weeks); Compassionate Care Benefits (maximum 26 weeks); Family Caregiver Benefit for Children (maximum 35 weeks). Note that, under certain conditions, it is possible to combine two types of benefits in order to extend the period during which a family caregiver will receive support through Employment Insurance.

However, although there are no specific statistics for Québec, international statistics suggest that the average time invested as a caregiver is 4.1 years (IFOP & MACIF, 2008). It should be noted, moreover, that increased life expectancy is likely to increase this average. Thus, while appreciated, EI benefits for caregivers generally compensate for an individual's loss of income over a short period of time. Consequently, the Réseau FADOQ would like the Québec government to introduce a Québec Informal Caregiver Insurance Plan (QICIP), which would be based essentially on the same model as the Québec Parental Insurance Plan (QPIP).

In effect since January 1, 2006, the QPIP is a concrete way to better balance the family and work responsibilities of Québec workers. Depending on the combination of components the worker chooses, the QPIP can extend up to 52 weeks. Remuneration depends on the plan selected. Because of the QPIP's flexibility, it is possible to obtain lower benefits for a longer period of time (basic plan) or higher benefits for a shorter period of time (special plan). The QPIP is financed by contributions collected by Revenu Québec from salaried workers, self-employed workers and employers. The management of the Québec Parental Insurance Plan has been entrusted to the Conseil de gestion de l'assurance parentale.

Such a plan for caregivers should not be seen as an expense. More than 57% of caregivers are employed (Institut de la statistique du Québec, 2014). Since there are few caregiver-work-family balance measures, the impact of caregivers' situation is already being felt in our economy. Currently, Canadian businesses suffer productivity losses of \$1.3 billion per year (Bernier, 2015). In Canada, it is estimated that the government loses \$641 million in tax revenues due to the reduction of caregivers' working hours and the loss of productivity related to their absences (Fast, 2015).

However, caregivers make a major contribution to our society. One study also indicates that for a person requiring 22 hours of care per week, the caregiver will provide approximately 16 hours (Kempeneers, Battaglini, & Van Pevenage, 2015). The actual cost of such care would be between \$4 billion and \$10 billion (ibid.). From a national perspective, it would be necessary to hire 1.2 million full-time professionals to replace the hours worked by family caregivers (Fast, 2015).

Caregivers must be allowed to concentrate on their role without burning out. This is why it is important for the government to provide concrete support to caregivers by introducing a Québec caregiver insurance plan. This program could emulate the QPIP in terms of its flexible duration and associated compensation. Moreover, since the Québec Parental Insurance Plan is already entrusted to the Conseil de gestion de l'assurance parentale, the Council could also manage the Québec Informal Caregiver Insurance Plan since it has expertise in the field. In this regard, we would like to point out that the Québec Parental Insurance Plan (QPIP) is in excellent health and currently has a record surplus of \$281 million in its coffers (Cloutier, 2019).

### Stop Penalizing Retirement

As we have pointed out, being a caregiver usually means a drop in income. It should also be noted that the caregiver's retirement income may be affected. First, when they take a temporary leave from the labour market or definitively leave employment, caregivers stop contributing to their retirement plans, whether public or private. Anyone who receives employment insurance benefits suspends their contributions to the Québec Pension Plan. Furthermore, some people decide to withdraw funds that had been set aside for retirement to make up for lost income due to diminished hours, further jeopardizing their future income.

The financial impact is thereby doubled and the Réseau FADOQ considers that measures are needed to mitigate these consequences. Recognizing caregivers' work must include the granting of an annual pension credit under the Québec Pension Plan (QPP) to any contributor who withdraws from the labour market to care for a sick or disabled family member who is losing his or her autonomy. The Réseau FADOQ recommends that Retraite Québec accord credits based on 60% of the maximum pensionable earnings or the average of their other contribution years, whichever is less, to individuals who stop contributing to the QPP because they are caring for a sick adult or a person living with a disability or reduced autonomy.

## Preventive Health Measures

---

The Réseau FADOQ believes that several measures can be put in place to enhance seniors' well-being. This includes preventive health care for seniors in Québec. In addition, it is important to put into perspective the major financial impact that the purchase of additional equipment and medical expenses represents for many.

### Medical Expenses

Currently, certain tax measures are in place to help taxpayers deal with medical expenses. The non-refundable tax credit for medical costs corresponds to 20% of eligible medical costs exceeding 3% of the family income.

Households with employment income equal to or greater than \$3,080 have access to the refundable tax credit for medical expenses. The reimbursement of incurred medical costs is calculated according to a set maximum household income. In 2019, it was no longer possible to obtain this tax credit when family income exceeded \$47,400, regardless of what was spent. Moreover, individuals eligible for this tax credit will only be reimbursed for the portion of eligible medical costs that exceeds 3% of the family income.

In line with what has been asked of the Government of Canada regarding the federal medical expense tax credit, the Réseau FADOQ believes that the Québec government must give some financial freedom to less wealthy Quebecers by reducing the deductible portion of the provincial medical expense tax credit from 3% to 1.5%. For someone with an income of \$24,000, this change represents an additional \$360 in their pockets. The IRIS institute of socio-economic information and research quantified this demand as representing \$8 million.

In addition, the Réseau FADOQ suggests that the Québec government combine the two tax credits for medical expenses and make this tax measure a refundable tax credit. Although some costs can be reimbursed through the refundable Medical Expense Supplement, this measure comes with many conditions and the maximum refund is set at \$1,205, which is often insufficient, given actual and accumulated costs. In addition, such an amendment would simplify taxation by instituting a single measure.

### Expenses for Medical Treatment and Assistive Equipment

The Institut de la statistique du Québec reports that over half of people aged 65 have a disposable income of less than \$24,000 (Institut de la statistique du Québec, 2019). They must stick to a very tight budget and so know how much every dollar counts. However, the needs of seniors are significant, and the purchase of dentures, glasses or hearing aids can overwhelm a budget with limited wiggle room. These expenses are common among seniors in Québec.

Since existing tax measures, such as the tax credit for medical expenses, do not adequately support seniors in the purchase of these essential goods, the Réseau FADOQ recommends that the Québec government introduce a grant (or RAMQ coverage) renewable every five years to low-income people 65 and over for the purchase of dentures, glasses and hearing aids, when necessary. In 2018, the IRIS institute of socio-economic information and research quantified this demand as representing \$94.2 million.

In addition, the Réseau FADOQ has heard from numerous Québecers who have been fiscally penalized for withdrawing funds from their RRSPs in order to cover medical expenses. Withdrawals from an RRSP (or RRIF) have a direct impact on the amounts granted under the Guaranteed Income Supplement, in addition to adding to the taxable income of the individuals concerned. As we have recommended to the federal government, the Réseau FADOQ is asking the Québec government to ensure that RRSPs or RRIFs withdrawn for medical reasons are excluded from an individual's taxable income, subject to the presentation of proof of payment of medical expenses.

## Québec Immunization Program

Shingles is an important health problem that will affect about one in three people over the course of their lives. Recently, the Comité sur l'immunisation du Québec (CIQ) at the INSPQ national public health institute published a notice on the appropriateness of adding the shingles vaccination to the Québec Immunization Program.

In this notice the INSPQ asserted that advanced age and immunosuppression are the greatest risk factors for shingles. The rate of consultation for shingles increases sharply around the age of 50 and rises even more after the age of 70.

The INSPQ believes that every year in Québec there are some 27,000 cases of shingles, with 600 hospitalizations and 10 deaths caused by the illness. Some 80% of the deaths occur among individuals aged 80 and over. The average annual cost of shingles to Québec's health system is estimated to be approximately \$25 million.

Currently, two effective and safe licensed vaccines are available in Canada. According to the INSPQ, vaccination of persons aged 65 to 75 generates more positive economic ratios, increasing the appropriateness of this vaccine.

In February 2018, the CIQ unanimously recommended the creation of a shingles vaccination program based on the following order of priority: immunosuppressed individuals aged 50 and over and older adults aged 65 and over. One year later, on February 20, 2019, the Québec National Assembly unanimously adopted a motion regarding the inclusion of shingles in the Québec Immunization Program (Québec National Assembly, 2019). In addition, a petition of close to 8,000 petitioners calling for the implementation of a shingles vaccination program was tabled in the National Assembly in early 2020.

Echoing the CIQ's recommendation and the will expressed by all Québec parliamentarians, the Réseau FADOQ recommends that the Québec government include the shingles vaccine in Québec's immunization program for people aged 65 and over, as it has for pneumonia. In 2018, the IRIS institute of socio-economic information and research quantified this demand as representing \$21 million.

## Shelter and Housing

---

The living environment is a major factor associated with seniors' well-being. Places of residence are multiple and vary depending on the resident's state of health. Some living environments, such as private seniors' residences, are unaffordable for many people. The Réseau FADOQ stresses the importance of having a healthy diversity of living environments for seniors in Québec. Our organization believes that seniors in Québec should be able to choose the best place to live based on their needs, and this applies to home owners and tenants, low-rent housing, cooperatives, private seniors' residences and residential and long-term care centres (CHSLD). It is unacceptable to be forced to choose a living environment because of a lack of other options.

### Shelter Allowance

The Shelter Allowance program provides financial support to low-income households who dedicate too much of their budget to housing. Managed by Revenu Québec, this program is addressed to low-income households composed of either a single person aged 50 or over, a couple, one of whose members is 50 or over, or a family with at least one dependent child. To be eligible, applicants must be paying over 30% of their total income on housing. The shelter allowance is non-taxable, may attain \$80 per month, and is paid directly to the beneficiary.

Although the Rent Supplement Program is much more generous, it is administered by the municipalities and is less accessible. Subsidized spaces are limited and applicants are registered on a waiting list that is prioritized according to socio-economic and other types of criteria.

The Shelter Allowance is thus an accessible alternative for those who are less well off. But the financial assistance needs to be increased, especially since the amount was set many years ago and rental costs continue to rise. The Réseau FADOQ therefore recommends that the Québec government increase the amount paid under the Shelter Allowance program to \$150 per month and index it annually. In 2018, the IRIS institute of socio-economic information and research quantified this demand as representing \$142.3 million.

### AccèsLogis

The AccèsLogis Québec program supports community housing start-up projects in various settings. Housing offices, housing cooperatives, non-profit groups and non-profit purchasing groups are eligible for this program. AccèsLogis' financial aid takes the form of a grant from the Société d'habitation du Québec (SHQ) to cover half of admissible costs.

Projects may involve the renovation of existing housing, the transformation of non-residential buildings into housing complexes, the construction of new housing units, or a simple purchase. AccèsLogis target clientele comprise three groups, two of which are older adults with or without reduced independence.

As previously mentioned, access to housing and housing diversity remain issues of concern to the Réseau FADOQ. Some areas are underserved in terms of seniors' housing. It is important to encourage the construction of seniors housing to ensure market diversity (non-profit, cooperative or other).

In 2019, the proportion of the population aged 75 and over living in private retirement homes was 18.4% in Québec, the highest in Canada. Indeed, "The closest Canadian province [to Québec] is Prince Edward Island, with an attraction rate of 10.5%. In the other Atlantic Provinces, the Prairies, Western Canada and Ontario, the attraction rate varies between 1.9% and 8.7%.

Thus, excluding Québec, the average attraction rate in the rest of Canada is only 6.1%" (CMHC, 2020b). In addition, it has been observed that nearly 64% of private seniors residence rental units are located in residences comprising more than 110 units (JLR Solutions foncières, 2017). Diversity in terms of residence size should also be ensured.

In addition, "on July 9, 2019, the Société d'habitation du Québec (SHQ) announced changes to the AccèsLogis Québec program that will accelerate the creation of 15,000 new social and affordable housing units over the next few years" (Société d'habitation du Québec, 2019). This is a positive signal that the Réseau FADOQ welcomes. Our organization urges the Québec government to renew and improve the AccèsLogis program.

## Income, Tax and Retirement

---

There are many tax benefits now available for seniors in Québec. They affect various aspects of an older adult's life and are measures that seniors can incorporate into their annual budget. In this section, we will consider the measures that relieve the tax burden on older persons. In addition, we will discuss the issue of retirement protection.

### Tax Credit for Seniors' Activities

This tax measure is a refundable tax credit that can be paid to seniors to cover 20% of their registration fees for a physical, artistic, cultural or recreational activity. Eligible individuals must be 70 or over and have an income of \$42,215 or less. The maximum amount payable under this program is \$40 annually.<sup>2</sup>

It is important that the Government of Québec encourage seniors to maintain an active life through activities that can both reduce their isolation and improve their quality of life.

Thus, the Réseau FADOQ recommends that the Québec government double the tax credit for seniors' activities, raising the annual allocation to \$80.

### Death Benefit

The Québec Pension Plan death benefit is a lump sum payment of up to \$2,500. It is paid if the deceased person contributed sufficiently to the Québec Pension Plan.

In 2017, during special consultations on the improvement of the Québec Pension Plan (Bill 149), the Coalition du domaine funéraire emphasized the need to increase the amount associated with this tax measure (Coalition du domaine funéraire, 2017). Introduced in 1998, this benefit has never been increased, adjusted or indexed.

In its brief the Coalition du domaine funéraire stated that the sum of \$2,500 covers only a simple or direct cremation, with no visit to the funeral home, urn, or ceremony for the deceased. What's more, the death benefit covers only 37% of the average funeral costs, a percentage which continues to dwindle as the years go by. It should be noted in passing that this benefit is taxable, meaning that beneficiaries receive only \$1,500 after tax.

Paradoxically, the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) and the Société d'assurance automobile du Québec (SAAQ), both of which are governmental agencies, pay the estate of the deceased over \$5,000 to cover funeral costs.

<sup>2</sup> 20% of \$200 annually.

Currently, Retraite Québec's death benefit is such that many bereaved individuals must go into debt to cover a loved one's funeral costs. The Réseau FADOQ therefore recommends that the Québec government increase the death benefit provided to the estate to \$5,000. In 2018, the IRIS institute of socio-economic information and research quantified this demand as representing \$118 million.

### Age Amount, Amount for a Person Living Alone, and Amount for Retirement Income

This non-refundable tax credit applies to three situations. Regardless of the situation, the amount provided by this tax benefit is significant. However, because it is non-refundable, many people in need will not be able to benefit from this tax benefit.

Low-income seniors number among the most disadvantaged members of our society. To better support disadvantaged people in Québec, the Réseau FADOQ recommends that the Québec government transform the Age Amount, Amount for a Person Living Alone and Amount for Retirement Income into a refundable tax credit.

### Senior Assistance Tax Credit

Introduced in Minister Girard's first economic update in December 2018, the Senior Assistance Tax Credit allocates a maximum amount of \$203 (\$406 for a couple) to people aged 70 or older. Since this tax credit is refundable, it is accessible to those who are less fortunate. The maximum credit is reduced by five per cent for each dollar of income in excess of \$22,885 (\$37,225 for a couple). This tax credit is paid automatically to any eligible individual who files an income tax return.

As previously mentioned, many seniors are struggling to make ends meet. Although positive, this tax measure has little financial impact on beneficiaries. The Réseau FADOQ therefore recommends that the government increase the Senior Assistance Tax Credit to \$500 for a single person and \$1,000 for a couple.

### Pension Insurance Plan

The situation experienced by Media Capital Group retirees reminds us how poorly protected private pension plans are in Québec and Canada. In essence, these former workers saw their pension benefits cut by roughly 26%. This type of drama is not new, we have only to think back to the retirees of Sears, Mabe and the Cliffs mining company, all of whom suffered the same fate. The Réseau FADOQ has made representations to the federal government to have the *Bankruptcy and Insolvency Act* (BIA) and the *Companies' Creditors Arrangement Act* (CCAA) amended to raise pension funds to the rank of priority claims.

The Québec government can also take action by creating a pension fund insurance plan. This system, implemented in Ontario, "ensures the protection of Ontario members and beneficiaries of single-employer private defined benefit pension plans in the event of insolvency of the plan sponsors" (Financial Services Commission of Ontario, 2019). In the event that a company declares bankruptcy even though the pension fund for which it is responsible has actuarial deficits, pension fund insurance helps to partially offset the losses suffered by retirees. In Ontario, this system pays up to \$1,500 per month to workers who have been victimized.

In Québec, such a plan would allow retirees to maintain their standard of living and continue contributing to the economy. In addition, this type of measure would reduce the use of government support services. Concretely, a pension fund insurance plan could be financed through a contribution from private single-employer companies responsible for a defined benefit pension fund. The Québec government would not need to inject money into this plan. The employer's contribution could vary depending on the capitalization of the pension fund for which it is responsible.

In the wake of the tragedy of the Groupe Capitales Médias retirees, Premier François Legault said he was open to examining the possibility of introducing a pension fund insurance plan in Québec (Crête and Sioui, 2019). However, Finance Minister Éric Girard preferred to defend the interests of businesses over those of workers and retirees, stating that he had no intention of introducing such a safety net (Lavoie,



2020). The Réseau FADOQ encourages the Premier of Québec to convince his Finance Minister to have the Québec government implement a pension fund insurance plan.

### Contribution to the Public Drug Insurance Plan

Québec's public drug insurance plan is a mixed system that generally involves the private and public sectors and individuals. For the most part, Québécois must pay a portion of the cost of a prescription, which includes the dispensing fee and the cost of the medication. Individuals' contributions for the purchase of a drug covered by the public plan generally include a monthly deductible as well as an amount associated with co-insurance. These parameters vary based on the person's private insurance, if applicable. However, a maximum contribution is set by the government so that Québécois do not have to pay more than \$1,144 annually for covered drugs.

Some people are covered free of charge by the public drug insurance plan. This is the case for holders of claim slips, children of persons insured by the public plan and persons with a functional impairment. For people aged 65 and over, drug insurance coverage is more complex. As soon as a person turns 65, they are automatically enrolled in the public drug insurance plan, although they can choose to be covered through a private plan. This public plan involves the payment of a contribution by the person, which includes a monthly deductible of \$21.75 as well as an amount representing 37% of the cost of the prescription, from which the deductible is subtracted.

However, the amount paid by people aged 65 and over under the public drug insurance plan varies depending on their eligibility for the Guaranteed Income Supplement (GIS) as well as the amount received through this program. The GIS is provided to the most disadvantaged members of our society. Through this program, a basic income is provided to people 65 years of age and older. In concrete terms, a person who is strictly dependent on Old Age Security and the Guaranteed Income Supplement will have an annual income of \$18,377.16.

Individuals receiving the Guaranteed Income Supplement at a rate of 94% to 100% are covered free of charge by the public drug insurance plan, while those receiving 1% to 93% of the Guaranteed Income Supplement have to pay a fee.

Specifically, an individual eligible for 94% of the GIS receives annual GIS benefits of \$10,336.77, while an individual eligible for 93% of the GIS receives annual GIS benefits of \$10,226.80. Thus, in addition to receiving \$100 less per year, a person eligible for 93% of the GIS must also pay drug insurance costs. This involves a monthly deductible of \$21.75 as well as an amount representing 37% of the cost of the prescription from which the deductible has been subtracted. Not only does that individual receive \$100 less in benefits than someone receiving 94% of the GIS, but they also have to pay up to \$648 annually in drug costs.

The Réseau FADOQ recommends that the Québec government review the contribution scale for the purchase of medication for people eligible for the GIS. We believe that it is important to maintain free access for those receiving between 94% and 100% of the GIS. However, it is necessary to introduce a progressive contribution for the purchase of medication for people receiving between 1% and 93% of the Guaranteed Income Supplement.

### Québec Pension Plan

Administered by Retraite Québec, the Québec Pension Plan is a compulsory public plan that provides Québec workers with basic retirement income and protection in the event of death or disability. Every year, Québécois' employment income is recorded in the register of QPP contributors up to the maximum pensionable earnings (\$58,700 in 2020). The amount of pension benefits is equal to 25% of the average of these annual income amounts. It should be noted, however, that this rate will be increased to 33% by 2025.

Over the period to 2065, the replacement rate will gradually increase from 25% to 33.33%, an increase of 8.33 percentage points for the first component of the supplemental plan.

In addition, the level of income covered by the QPP will increase up to 114% of the maximum allowable earnings for the second component of the supplementary plan (Retraite Québec, 2020a).

Unfortunately, the QPP improvement will mainly compensate for the reduction in OAS income replacement and will not substantially improve things for future retirees who earned an average salary during their working life. Thus, on balance, a person who retires in 2065 with only public pensions as his or her sole income will not see an increase in his or her standard of living. Now that the 2018 reform is just getting under way, the Réseau FADOQ Network believes that the Québec Pension Plan should benefit from an increase in the enhancements adopted previously. Our organization also recommends improving the income replacement rate and increasing the maximum allowable earnings.

Moreover, since we are addressing the subject of the Québec Pension Plan, the Réseau FADOQ would like to point out to legislators an aberrant inequity that is still in effect and should be quickly corrected. If a person suffers from a severe and permanent disability that prevents him or her from returning to the labour market and that person has made sufficient contributions to the Québec Pension Plan, a disability pension may be paid to that person. This disability pension will automatically be replaced by a retirement pension when that person reaches age 65.

"However, the amount of the retirement pension is reduced to take into account the years during which the person received a disability pension. The pension is reduced by 6 to 7.2% for each year (0.5 to 0.6% per month) that a disability pension was paid when the person was aged between 60 and 65 " (Retraite Québec, 2020b).

Thus, an individual considered disabled by the State will be treated in the same way as a worker who decides, voluntarily, to withdraw her or his pension from the Québec Pension Plan before the age of 65, even though the beneficiary of the disability pension did not choose to be in this situation. For the Réseau FADOQ, this situation amounts to State discrimination. We therefore recommend to the Québec government that Québec Pension Plan disability pensioners receiving a payment from age 60 to 65 not be penalized on their retirement pension when they reach age 65.

## Experienced Workers

---

Older job seekers face specific challenges. On numerous occasions the Réseau FADOQ has decried the ageism to which experienced workers are subjected, the scarcity of government initiatives to retain or reintegrate them, the lack of continuing training, taxation that impedes phased retirement, and the lack of incentives for employers of experienced workers. All of these things make older unemployed people more pessimistic about their job prospects (Statistics Canada, 2015).

Statistics show that official and long-term unemployment rates increase with age, which is indicative of the growing problems of workers as they approach legal retirement age (Réseau FADOQ, 2018). Moreover, these rates do not account for people who retire early from the labour force because they have not found a job. These individuals face a substantial loss of income they need to ensure a decent retirement. They are not in this situation because they were overly fussy about the type of job they would accept, because older unemployed workers are usually more willing to accept a drop in pay than the rest of the population (Statistics Canada, 2015).

The Réseau FADOQ urges the Québec government to more actively support experienced workers to promote their retention in the labour market. Measures should include continuing training and job orientation and reintegration services. In this section, we will present many measures that the Québec government could implement to incite experienced workers to remain on the job or return to the labour market.

## Québec Pension Plan (QPP)

If a person under 65 starts collecting his or her QPP retirement pension, it is reduced for each month between the beginning of the pension payment and his or her 65th birthday. Conversely, an individual who begins collecting his or her pension after 65 will receive a bonus of 0.7% for each month since his or her 65th birthday up to a maximum of 42% at age 70. In order to encourage workers to maintain their jobs, the Réseau FADOQ recommends maintaining the pension increase until age 75, at a rate of 8.4% per year worked.

Keep in mind that a worker will have paid over \$3,146.40 in contributions to the QPP, or double that amount if the worker is self-employed. In this respect, the Réseau FADOQ recommends that active workers who are receiving their retirement pension have the option of ceasing to contribute to the QPP. In such cases, pension benefits would no longer be increased, and the amount would change only with indexation.

It should be noted that Québécois who begin collecting their Québec Pension Plan benefits have only six months to change their mind, stop collecting their pension and go back to work. This time limit seems very short given the average retirement age of Québécois. Once the six-month time limit has expired, experienced workers who are collecting their pension must pay tax on both their pension and their employment income.

In this respect, the Réseau FADOQ recommends that the Québec government double the length of time during which an individual may decide to stop collecting their QPP benefits.

## Tax Credit for Career Extension

Recently amended, this tax measure is a non-refundable tax credit for taxpayers aged 60 or older with eligible employment income over \$5,000. The credit is reduced by 5% of the portion of income that exceeds \$34,610. The amount of this tax benefit varies based on the beneficiary's age and income. In order for this tax credit to be accessible to the less wealthy, the Réseau FADOQ recommends that this credit intended for experienced workers be modified to be a refundable tax credit.

## The Organization of Health Care

---

Under normal circumstances, the Québec health care system is under constant strain. Periodically, situations of institutional elder abuse make headlines in the media. Institutional abuse occurs when a facility's policies or procedures create situations that may cause harm or distress to users. In practice, it is not a question of malicious gestures made by a worker towards a particular patient. Rather, it is the combined result of a lack of human resources, successive reforms, and underinvestment in health care, among other things, that results in patients not having access to quality care and services.

Human resources must be deployed to meet patient needs. Frequently, health care workers must work mandatory overtime, which many can no longer do because of burnout. Many patients suffer the consequences of this personnel shortage. This situation was present long before the outbreak of the COVID-19 health and social crisis. In 2018, in her annual report, the Québec Ombudsman emphasized that living conditions in long-term care facilities were akin to abuse (Protecteur du citoyen, 2018). The report noted that only basic needs were provided in many CHSLDs and that services such as weekly baths and oral hygiene care were postponed.

Only recently, the Québec Ombudsman blasted successive government administrations when he tabled his 2020 annual report. The concerns enumerated by the Ombudsman are similar to those repeatedly raised by the Réseau FADOQ: caregiver burnout, dilapidated facilities, lack of staff training, inadequate home care and service provision. These shortcomings were still observable, even as Québec entered a second wave of COVID-19 (Protecteur du citoyen, 2020).

Recently, Statistics Canada published a report in which it was shown, sadly and unsurprisingly, that the average overtime hours among health practitioners has increased significantly in Québec, from 6.2 hours per week in May 2019 to 16.9 hours per week in May 2020 (Carrière, Park, Deng and Kohen. 2020). Statistics Canada notes that overtime is closely linked to a worker's health. The agency's report also found that almost half of nurses (48.5%) reported high job stress (ibid.). In this context, it is clear that the COVID-19 health and social crisis has had an impact on the quality of care for people living in CHSLDs.

The Québec government watched in horror as the shortage of personnel had an impact on its health care system in the context of a health and social crisis. Last June, in the hope of recruiting some 10,000 candidates to fill orderly positions, the Québec government launched accelerated training with incentives to fill vacant positions. This intensive recruitment has been necessary even though since its election the current government has tried to increase the numbers of orderlies with incentive grants for new students and a new staffing process for positions to be filled (Cousineau, 2020). This recruitment campaign was and continues to be necessary.

It is, however, a short-term solution to a current need. While a ban on staff mobility is constantly evoked as a way to prevent COVID-9 from spreading from one living environment to another, the Québec government is still not in a position to put an end to this practice. According to the Minister of Health, Christian Dubé, more staff, especially nurses, are needed to prohibit this type of situation. The government rightly prefers to avoid a breakdown in service through better-supervised staff mobility than was the case in the first wave of COVID-19. Notably, the ministerial order of May 15 prohibits agency employees who have been exposed to COVID-19 from moving among facilities, but only these employees (Gerbet, 2020).

Unfortunately for the Québec government, fast-track training for certain health care professions is not feasible in the short term. The shortcomings observed during the COVID-19 crisis will need to be addressed through medium- and long-term actions. In the short term, certain steps must be taken. For many years, the Réseau FADOQ has insisted on the need to decompartmentalize the health professions.

The Government of Québec has committed itself to this path, with the introduction of bills concerning dental hygienists, specialized nurse practitioners and pharmacists. While appearing before the parliamentary commission on Bill 31, *An Act to amend mainly the Pharmacy Act to promote access to certain services*, the Réseau FADOQ welcomed the initiative while insisting on the importance of financial accessibility. However, current and future clinical procedures that can be performed by a pharmacist are subject to co-insurance fees. These fees constitute a financial barrier limiting access to this care, whereas these same services rendered by a physician are covered by the Régie de l'assurance maladie du Québec (RAMQ) if this care is provided in the public network. Thus, the Réseau FADOQ recommends that clinical procedures performed by a pharmacist that do not involve filling a drug prescription be covered by the Régie de l'assurance maladie du Québec. These include acts permitted under *An Act to Amend the Pharmacy Act* passed in 2011 as well as those that will be permitted as a result of the passage of Bill 31.

Although the Réseau FADOQ has welcomed these bills, our organization believes that the issue deserves a more holistic consideration. All of the professional associations working in the health field must be involved if we are to reduce the impact of the labour shortage. The Réseau FADOQ therefore recommends that the Québec government set up a forum bringing together all of these professional orders so that a reflection can be initiated on the decompartmentalization of the professions and the improvement of the efficiency of our health care system.

In the medium term, we need to launch an aggressive health system staffing process and increase student cohorts in health fields where there are significant shortages.

Moreover, although the staff currently in place is working to exhaustion, it is clear to the Réseau FADOQ that the problem lies in the professional care/patient ratios. In connection with this issue, an agreement between the Fédération interprofessionnelle de la santé du Québec (FIQ) and the previous government led

to the implementation of several pilot projects on these ratios (Ministère de la Santé et des Services sociaux, 2018). Of the 17 pilot projects, four were deployed in CHSLDs. These pilot projects demonstrated that changing the ratios allows for work reorganization and the use of mandatory overtime only as a last resort.

The demands of the health care environment, personnel management and mandatory overtime are all impediments to a career in this field. The pilot projects have been so successful that all of them have been extended. These professional care/patient ratios are methods adapted to people' reality and needs. Furthermore, this type of reform ensures the attractiveness of health and social service professions at all levels.

The Réseau FADOQ is therefore asking the Québec government to take note of the results of the pilot projects and to implement new professional care/patient ratios throughout Québec. Changes to the ratios will improve the care given to users over the long term. It should be noted, however, that a sectoral agreement in principle between the FIQ and the Legault government seems hopeful and should make it possible in the short term to reduce the workload of healthcare personnel and stabilize the workforce. This will not only improve the quality of patient care, it will also make the health care professions more attractive.

## Recommendations

---

- 1- That the Government of Québec intensify its efforts in the area of home care and services.
- 2- That an equitable distribution of the basket of services offered in the area of home care and services be ensured in all regions of Québec.
- 3- Enable community organizations to administer the Direct Allowance/Employment-Service Paycheque program for the benefit of users and make a fund available to these organizations to cover management costs.
- 4- Increase the amount associated with the price of a rental unit to \$815 under the Tax Credit for Home-Support Services for Seniors and periodically adjust it to the rental market.
- 5- Raise the reimbursement rate for eligible expenses under the Tax Credit for Home-Support of Seniors up to 40%.
- 6- That the tax credit for home support be enhanced in order to broaden the financial assistance available to people outside of private seniors' residences, without impacting people who have chosen this living environment.
- 7- Better inform seniors about the tax measures available to them.
- 8- The Réseau FADOQ recommends that the rate of reimbursement of goods eligible for the tax credit for expenses incurred by a senior to maintain his or her autonomy be increased to 30%.
- 9- Introduce a Québec Informal Caregiver Insurance Plan (QICIP), which would be based on much the same model as the Québec Parental Insurance Plan (QPIP).
- 10- Enter contribution credits based on 60% of the Maximum Pensionable Earnings or the average of his or her other contributory years, whichever is lesser, when a person makes zero contributions to the Québec Pension Plan because they are caring for an adult who is ill, disabled or losing his or her independence as a caregiver.
- 11- Lower the deductible for the medical expense tax credit from 3% to 1.5%.
- 12- Combine the two tax credits for medical expenses and make this tax measure a refundable tax credit.
- 13- Create a grant (or coverage under the public health plan), renewable every five years, for low-income people aged 65 and over to purchase dentures, eyeglasses or a hearing aid.
- 14- That money withdrawn from RRSPs or RRIFs to cover medical expenses be tax exempt subject to the presentation of receipts for such expenses.
- 15- Include the shingles vaccine in Québec's immunization program for people aged 65 and over, as it is for pneumonia.
- 16- Increase the amount paid through the Shelter Allowance program to \$150 per month and index this amount annually.
- 17- Renew and enhance the AccèsLogis program.
- 18- Double the tax credit for seniors' activities so that the amount allocated reaches \$80 annually.

- 19- Increase the death benefit provided to heirs to \$5,000.
- 20- Modify the tax credit based on age, for a person living alone, and for retirement income so that it is a refundable tax credit.
- 21- Increase the Senior Assistance Tax Credit to \$500 for a single person and \$1,000 for a couple.
- 22- Establish a pension fund insurance plan.
- 23- That the Québec government revise the scale of contributions to the public prescription drug insurance plan for people eligible for the Guaranteed Income Supplement in order to ensure a more progressive contribution.
- 24- That the Québec government further improve benefits under the Québec Pension Plan by boosting the income replacement rate and increasing maximum allowable earnings.
- 25- That recipients of the Québec Pension Plan disability pension who collect benefits from age 60 to 65 not be penalized on their retirement pension when they reach age 65.
- 26- Extend the increase in the Québec Pension Plan to age 75, at a rate of 8.4% per year worked.
- 27- Allow workers who are collecting retirement benefits to stop contributing to the QPP.
- 28- Double the length of time during which an individual may decide to stop receiving their QPP benefits in order to return to the labour market.
- 29- Modify the credit for career extension to make it a refundable tax credit.
- 30- That clinical procedures performed by a pharmacist that do not involve filling a drug prescription be covered by the Régie de l'assurance maladie du Québec.
- 31- Establish a forum bringing together all the professional orders working in the health field so that a comprehensive reflection can be undertaken to promote the decompartmentalization of professions and the improvement of the efficiency of the Québec health system.
- 32- Launch an intensive health system staffing process and increase student cohorts in health fields where there are significant shortages.
- 33- Acknowledge the results of the pilot projects and establish new professional care/patient ratios for all of Québec.

## Bibliography

---

AQESSS (2011). 6 cibles pour faire face au vieillissement de la population. Retrieved from [http://www.ville.rimouski.qc.ca/webconcepteurcontent63/000022830000/upload/pdf/six\\_cibles\\_vieillissement\\_rapport\\_2011.pdf](http://www.ville.rimouski.qc.ca/webconcepteurcontent63/000022830000/upload/pdf/six_cibles_vieillissement_rapport_2011.pdf).

Bernier F., Nicole (2015). Il faut une stratégie nationale pour les travailleurs aussi proches aidants. *Le Devoir*. Retrieved from <https://www.ledevoir.com/opinion/libre-opinion/444150/il-faut-une-strategie-nationale-pour-les-employes-proches-aidants>.

CMHC (2020a). Retrieved from <https://assets.cmhc-schl.gc.ca/sites/cmhc/data-research/data-tables/urban-rental-market-survey-data/2019/urban-rental-market-survey-data-average-rents-urban-centres-2019.xlsx?rev=2a1fbed-9a36-4ade-8dc2-47dfa71b7cc0>.

CMHC (2020b). Private Row (Townhouse) and Apartment Average Rent by Bedroom Type and Census Subdivision for Centres 10,000+. Retrieved from <https://assets.cmhc-schl.gc.ca/sf/project/cmhc/pubsandreports/seniors-housing-report/2019/seniors-housing-report-Québec-65989-2019-a01-fr.pdf?rev=1b0c0191-c537-4ec3-9fef-278fb65d5aa8>.

CMHC (2019). Portail de l'information sur le marché de l'habitation. Retrieved from <https://www03.cmhc-schl.gc.ca/hmip-pimh/fr#Profile/24/2/Québec>.

Canadian Institute for Health Information (2019). Les personnes âgées atteintes de démence qui touchent un faible revenu plus susceptibles d'être admises à l'hôpital en raison d'une chute. Retrieved from <https://www.cihi.ca/fr/la-demence-au-canada/pleins-feux-sur-les-enjeux-de-la-demence/demence-et-chutes>. English version: Lower-income seniors with dementia more likely to be admitted to hospital for falls. Retrieved from: <https://www.cihi.ca/en/dementia-in-canada/spotlight-on-dementia-issues/dementia-and-falls>.

Canadian Institute for Health Information (2018). Renseignements sur coût d'un séjour standard à l'hôpital — Québec. Retrieved from [https://votresystemedesante.icis.ca/hsp/indepth?lang=fr&\\_ga=2.114207043.598874673.1547045538-1483293923.1545408043#/indicator/015/2/C4000/](https://votresystemedesante.icis.ca/hsp/indepth?lang=fr&_ga=2.114207043.598874673.1547045538-1483293923.1545408043#/indicator/015/2/C4000/). English version: Costs of a standard hospital stay: details for Québec. Retrieved from: <https://yourhealthsystem.cihi.ca/hsp/indepth?lang=en#/indicator/015/2/C4000/>.

Carrière, Gisèle, Jungwee Park, Zechuan Deng and Dafna Kohen (2020). StatCan et la COVID-19 : Des données aux connaissances, pour bâtir un Canada meilleur. Statistics Canada. Retrieved from <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00074-fra.htm>. English version: StatCan COVID-19: Data to insights for a better Canada. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00074-eng.htm>.

Cloutier, Patricia (2019). Surplus records dans le Régime québécois d'assurance parentale. *Le Soleil*. Retrieved from <https://www.lesoleil.com/actualites/surplus-records-dans-le-regime-Québécois-dassurance-parentale-fd6dcf924d90cf59fa583583aed7164b>.

Coalition du domaine funéraire (2017). Bonification du Régime de rentes du Québec/Ajustement de la prestation de décès des cotisants. Retrieved from [http://webcache.googleusercontent.com/search?q=cache:Pp-EIU5Q4hkJ:www.assnat.qc.ca/Media/Process.aspx%3FMediaId%3DANQ.Vigie.Bll.DocumentGenerique\\_134341%26process%3DDefault%26token%3DZyMoxNwUn8ikQ%2BTRKYwPCjWrKwg%2BvLv9rij7p3xLGTZDmLVSmJLoqe/vG7/YWzz+&cd=8&hl=fr&ct=clnk&gl=ca](http://webcache.googleusercontent.com/search?q=cache:Pp-EIU5Q4hkJ:www.assnat.qc.ca/Media/Process.aspx%3FMediaId%3DANQ.Vigie.Bll.DocumentGenerique_134341%26process%3DDefault%26token%3DZyMoxNwUn8ikQ%2BTRKYwPCjWrKwg%2BvLv9rij7p3xLGTZDmLVSmJLoqe/vG7/YWzz+&cd=8&hl=fr&ct=clnk&gl=ca).

Conseil du statut de la femme (2018). Les proches aidantes et les proches aidants au Québec – Analyse différenciée selon les sexes. Retrieved from [https://www.csf.gouv.qc.ca/wp-content/uploads/por\\_proches\\_aidants20180419\\_web.pdf](https://www.csf.gouv.qc.ca/wp-content/uploads/por_proches_aidants20180419_web.pdf).



Cousineau, Marie-Ève (2020). En attente d'un nouveau cycle de formation de préposés aux bénéficiaires. *Le Devoir*. Retrieved from <https://www.ledevoir.com/societe/585299/un-flou-entoure-la-prochaine-formation-acceleree-de-prepose-aux-beneficiaires>.

Crête, Mylène and Marie-Michèle Sioui (2019). Québec n'aidera pas les retraités de Groupe Capitales Médias. *Le Devoir*. Retrieved from <https://www.ledevoir.com/politique/Québec/569348/Québec-ne-viendra-pas-en-aide-aux-retraites-de-groupe-capitales-medias-dit-legault>.

Desjardins, Nancy (2019). Soins à domicile : une dame de 92 ans poursuivie par le Gouvernement. Radio-Canada. Retrieved from <https://ici.radio-canada.ca/nouvelle/1158592/soins-domicile-plaintes-poursuites-aidantes>.

Fast, Janet (2015). Caregiving for Older Adults with Disabilities - Present Costs, Future Challenges. Institute for Research on Public Policy. Retrieved from <http://irpp.org/fr/research-studies/caregiving-for-older-adults-with-disabilities/>

Financial Services Commission of Ontario (2019). Le fonds de garantie des prestations de retraite (FGPR). Retrieved from <https://www.fSCO.gov.on.ca/fr/pensions/pbqf/pages/default.aspx>. English version: Pension Benefits Guarantee Fund. Retrieved from: <https://www.fSCO.gov.on.ca/en/pensions/pbqf/pages/default.aspx>.

Gerbet, Thomas (2020). Encore des déplacements de personnel entre CHSLD; confusion au ministère. Radio-Canada. Retrieved from <https://ici.radio-canada.ca/nouvelle/1735705/deplacement-main-oeuvre-mobilite-personnel-employes-sante-covid-coronavirus>.

Ginoux, Sophie (2020). Soins à domicile: 100 millions pour quoi faire? *Le Devoir*. Retrieved from <https://www.ledevoir.com/societe/sante/590346/soins-a-domicile-100-millions-pour-quoi-faire>. Gouvernement du Québec (2019a). La réponse aux questions écrites n° 86 et 87 concernant le programme Chèque emploi-service, inscrites au Feuilleton et préavis du 25 septembre 2019 par Mme Fournier (Marie-Victorin). Retrieved from [http://www.assnat.qc.ca/Media/Process.aspx?MediaId=ANQ.Vigie.Bil.DocumentGenerique\\_152143&process=Original&token=ZyMoxNwUn8ikQ+TRKYwPCjWrKwg+vIv9rjij7p3xLGTZDmLVSmJLoqe/vG7/YWzz](http://www.assnat.qc.ca/Media/Process.aspx?MediaId=ANQ.Vigie.Bil.DocumentGenerique_152143&process=Original&token=ZyMoxNwUn8ikQ+TRKYwPCjWrKwg+vIv9rjij7p3xLGTZDmLVSmJLoqe/vG7/YWzz).

IFOP & MACIF (2008). Connaître les aidants et leurs attentes. Mutuelle d'assurance des commerçants et industriels de France. Retrieved from <http://www.aveclesaidants.fr/wp-content/uploads/2008/08/MACIF-IFOP-Les-aidants-Lecture-seule.pdf>.

INSPQ (2018a). Chutes et facteurs associés chez les aînés Québécois. Retrieved from [https://www.inspq.qc.ca/sites/default/files/publications/2347\\_chutes\\_aines\\_Québécois\\_domicile.pdf](https://www.inspq.qc.ca/sites/default/files/publications/2347_chutes_aines_Québécois_domicile.pdf).

INSPQ (2018b). Avis sur la pertinence d'ajouter la vaccination contre le zona au Programme québécois d'immunisation. Retrieved from [https://www.inspq.qc.ca/sites/default/files/publications/2381\\_pertinence\\_vaccination\\_zona\\_programme\\_Québécois\\_immunisation.pdf](https://www.inspq.qc.ca/sites/default/files/publications/2381_pertinence_vaccination_zona_programme_Québécois_immunisation.pdf).

Institut de la statistique du Québec (2019). Revenu médian, revenu après impôt, ménages, Québec, 1996-2017. Retrieved from [http://www.stat.gouv.qc.ca/statistiques/conditions-vie-societe/revenu/revenu/mod1\\_hh\\_1\\_1\\_5\\_0\\_.htm](http://www.stat.gouv.qc.ca/statistiques/conditions-vie-societe/revenu/revenu/mod1_hh_1_1_5_0_.htm).

Institut de la statistique du Québec (2014). Coup d'œil sociodémographique. Portrait des proches aidants et les conséquences de leurs responsabilités d'aidant. *Conditions de Vie*. Retrieved from <http://www.stat.gouv.qc.ca/statistiques/population-demographie/bulletins/coupoeil-no43.pdf>.

JLR Solutions foncières (2017). Rapport sur le marché des résidences pour personnes âgées. Retrieved from [https://solutions.jlr.ca/hubfs/Etudes\\_et\\_rapports/2017-05-ResidencesPersonnesAgees.pdf](https://solutions.jlr.ca/hubfs/Etudes_et_rapports/2017-05-ResidencesPersonnesAgees.pdf).

Kempeneers, Battaglini and Van Pevenage (2015). Chiffrer les solidarités familiales. *Carnet-synthèse*, Montréal, CIUSSS Nord-de-l'Île-de-Montréal—Centre InterActions.

L'Appui pour les proches aidants d'âinés (2016). Portrait démographique des proches aidants d'âinés au Québec. Retrieved from [https://www.lappui.org/content/download/17423/file/Portrait%20d%C3%A9mographique%20des%20proches%20aidants%20d%27a%C3%A9n%C3%A9s%20au%20Qu%C3%A9bec\\_FAITS%20SAILLANT\\_S.pdf](https://www.lappui.org/content/download/17423/file/Portrait%20d%C3%A9mographique%20des%20proches%20aidants%20d%27a%C3%A9n%C3%A9s%20au%20Qu%C3%A9bec_FAITS%20SAILLANT_S.pdf).

Lavoie, Jonathan (2020). Pas d'assurance pour les régimes de retraite privés, dit le ministre des Finances. Radio-Canada. Retrieved from <https://ici.radio-canada.ca/nouvelle/1517554/assurance-regime-retraite-Québec-sears-capitales-medias-girard-finance>.

Ministère de la Santé et des Services sociaux du Québec (2018). Dévoilement des lieux des premiers projets sur les ratios professionnels en soins / patients. Retrieved from <https://www.msss.gouv.qc.ca/ministere/salle-de-presse/communiqué-1575/>.

Protecteur du citoyen (2014). Les conditions de vie des adultes hébergés en centre d'hébergement et de soins de longue durée — mandat d'initiative. Retrieved from [https://protecteurducitoyen.qc.ca/sites/default/files/pdf/Memoire\\_projet\\_de\\_loi/2014/2014-02-17\\_Memoire\\_conditions\\_vie\\_CHSLD.pdf](https://protecteurducitoyen.qc.ca/sites/default/files/pdf/Memoire_projet_de_loi/2014/2014-02-17_Memoire_conditions_vie_CHSLD.pdf).

Protecteur du citoyen (2018). Rapport annuel d'activités 2017-2018. Retrieved from [https://protecteurducitoyen.qc.ca/sites/default/files/pdf/rapports\\_annuels/rapport-annuel-2017-2018-pcq.pdf](https://protecteurducitoyen.qc.ca/sites/default/files/pdf/rapports_annuels/rapport-annuel-2017-2018-pcq.pdf).

Protecteur du citoyen (2020). Rapport annuel d'activités 2019-2020. Retrieved from [https://protecteurducitoyen.qc.ca/sites/default/files/pdf/rapports\\_annuels/RAA-2019-2020-protecteur-citoyen.pdf](https://protecteurducitoyen.qc.ca/sites/default/files/pdf/rapports_annuels/RAA-2019-2020-protecteur-citoyen.pdf).

Québec National Assembly (2019). Journal des débats de l'Assemblée nationale - Le mercredi 20 février 2019 - Vol. 45 No. 16. Retrieved from [http://www.assnat.qc.ca/fr/travaux-parlementaires/assemblee-nationale/42-1/journal-debats/20190220/235833.html#\\_Toc1655036](http://www.assnat.qc.ca/fr/travaux-parlementaires/assemblee-nationale/42-1/journal-debats/20190220/235833.html#_Toc1655036).

RANQ (2020). Les personnes proches aidantes, épuisées et appauvries par la pandémie. Retrieved from <https://rang.qc.ca/wp-content/uploads/2020/08/SondageRANQ-cons%C3%A9quences-pand%C3%A9mie-Aout2020-VFinale-1.pdf>

Retraite Québec (2020a). La bonification du Régime de rentes du Québec. Retrieved from [https://www.rrq.gouv.qc.ca/fr/programmes/regime\\_rentes/bonification/Pages/bonification-du-rrq.aspx](https://www.rrq.gouv.qc.ca/fr/programmes/regime_rentes/bonification/Pages/bonification-du-rrq.aspx).

Retraite Québec (2020b). Paiement de la rente d'invalidité du Régime de rentes du Québec. Retrieved from [https://www.rrq.gouv.qc.ca/fr/invalidite/vivre\\_invalidite/regime\\_rentes/rente\\_invalidite/Pages/paiement\\_rente\\_invalidite.aspx](https://www.rrq.gouv.qc.ca/fr/invalidite/vivre_invalidite/regime_rentes/rente_invalidite/Pages/paiement_rente_invalidite.aspx).

Réseau FADOQ (2018). Le travail après 50 ans. Retrieved from [https://www.fadoq.ca/wp-content/uploads/2018/07/le-travail-aprs-50-ans\\_2018.pdf](https://www.fadoq.ca/wp-content/uploads/2018/07/le-travail-aprs-50-ans_2018.pdf).

Société d'habitation du Québec (2019). AccèsLogis Québec. Retrieved from [http://www.habitation.gouv.qc.ca/programme/programme/acceslogis\\_Québec.html](http://www.habitation.gouv.qc.ca/programme/programme/acceslogis_Québec.html).

Statistics Canada (2015). La recherche d'emploi chez les chômeurs âgés. Retrieved from <https://www150.statcan.gc.ca/n1/pub/75-001-x/2012003/article/11698-fra.htm>. English version: The job search of the older unemployed. Retrieved from: <https://www150.statcan.gc.ca/n1/pub/75-001-x/2012003/article/11698-eng.htm>.