



**CANADIAN ASSOCIATION  
OF RETIRED PERSONS**

Submission for Consultations in Advance of the 2026 Alberta Budget

Submitted By:

Canadian Association of Retired Persons

January 15, 2026

**The Canadian Association of Retired Persons (CARP) makes the following recommendations for Alberta's Budget 2026:**

**Recommendation 1 - Ensure that Bill 11 Aligns with Canada Health Act Standards: No Extra Billing, No User Charges, & No Queue-Jumping.**

CARP recognizes that Alberta must deliver medically necessary services as efficiently as possible and at the scale required to meet residents' demand. If timely access can be achieved with new delivery models, CARP is open to innovation, provided that services remain accessible based on need, **not ability to pay**.

CARP's concern with the introduction of Bill 11 (Health Statutes Amendment Act, 2025) is that expanding dual public-private practice pathways must not become a system where patients can move to the front of the line based on the ability to pay or exacerbate wait times for publicly insured patients. Evidence suggests that public stream patients of dual practice physicians for cataract surgery experienced wait times up to 13 weeks longer than patients of physicians practising only in the public sector.<sup>1</sup>

A McMaster University Health Forum also notes concerns that physicians may feel a greater obligation to private patients who pay directly and out-of-pocket for services, underscoring the need for strict safeguards and regulations.<sup>2</sup>

CARP is particularly concerned that, rather than increasing overall capacity, poorly regulated dual practice can create incentives for physicians to shift focus and time towards the private sector, reducing public availability and worsening access for those relying on the publicly funded system. Without workforce and infrastructure investment, expanding private surgical capacity is simply redistributing a limited pool of physicians

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<sup>1</sup> Flood, C.M. et al. (2015) *Restricting private-sector practice using contracts*, CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC4435870/>

<sup>2</sup> *Impacts of dual private/public practice by healthcare ...* (2023) McMaster Health Forum. Available at: [https://www.mcmasterforum.org/docs/default-source/product-documents/rapid-evidence-profiles/rep49\\_cma-dual-practice\\_1\\_report\\_2023-07-06\\_final.pdf?sfvrsn=5465ad6c\\_5](https://www.mcmasterforum.org/docs/default-source/product-documents/rapid-evidence-profiles/rep49_cma-dual-practice_1_report_2023-07-06_final.pdf?sfvrsn=5465ad6c_5).

and nurses from the public sector to private, thus not addressing any real concern of timely access to care.

**Privatized delivery must never mean privatized access.**

CARP asks for the government to:

- Invest in the existing public-system capacity (workforce retention/recruitment and team-based care) to meet the growing needs as Alberta's population ages.
- Legislate and enforce "one-queue" access for any publicly funded surgical or diagnostic service. Care must be timely, clinically appropriate, and fully covered under Alberta's provincial health plan, with no extra-billing or user charges that create access barriers or undermine the principles of the Canada Health Act.
- Protect public hospitals from hollowing out, including minimum service commitments and maintaining the institutional expectation of the serviced communities, ensuring public facilities do not lose core staffing to private streams.

**Recommendation 2 - Maintain Alberta's Participation in the Canadian Pension Plan (CPP) and Discontinue Steps Toward an Alberta Pension Plan (APP).**

Before the modern retirement income system, including the CPP and Old Age Security, senior poverty in Canada was widespread and significantly higher than it is today. These programs remain essential pillars of retirement security, particularly for middle and modest-income retirees who do not have workplace pensions.

The CPP provides a foundational, predictable, and portable retirement benefit for most working Canadians. The CPP is one of our country's most invaluable public policy achievements. Its design features independent, professional investment management and regular actuarial review. The success of the CPP has drawn admiration and is widely regarded as one of the strongest public pension models globally. Alberta's pursuit of withdrawal and the creation of an APP would introduce avoidable uncertainty for

workers and retirees and divert public attention and resources from immediate affordability and poverty-reduction priorities.

CARP has two principal objections to Alberta's proposed plan.

**Firstly, it undermines portability and increases administrative complexity.** One of the greatest benefits of the CPP is that it follows Canadians across provincial borders over a lifetime of work. Albertans routinely work in other provinces, and many retire outside of Alberta; today, their contributions and retirement entitlements remain seamless. Any provincial withdrawal would require complex coordination of records and inter-jurisdictional rules, imposing transition burdens on seniors and retirees who are the least able to absorb administrative friction.

**Secondly, it increases the risk of political interference.** One of the core strengths of the Canada Pension Plan is its deliberately arm's-length structure, with assets managed independently by professional investors and insulated from day-to-day political priorities, an approach all governments, including Alberta's, agreed to in the 1990s precisely to prevent pension savings from being used as policy tools or exploited for partisan gain. Quebec's experience provides a cautionary example. Under the Quebec Pension Plan, the Caisse de dépôt et placement du Québec has repeatedly faced criticism for being pressured to support so-called "strategic" provincial champions, most notably Bombardier, despite weakening fundamentals. Those investment decisions ultimately resulted in significant losses for beneficiaries. Once pension assets are more closely tied to a single government, the temptation to use them to support industrial, regional, or political objectives grows. Pensions are for the people who paid into them, not for governments to deploy, and Alberta should not introduce governance risks into a retirement system that is already delivering stable, predictable outcomes for seniors.

The bottom line is simple: The CPP works. It is reliable and has been built over decades as a stable pillar of retirement security. The CPP is not broken, and Alberta should not

take the risk of pulling it apart. Let alone the fact that only 10% of Albertans support the province's plan to leave the CPP in the most recent survey conducted in 2023.<sup>3</sup>

CARP asks the Alberta government to:

- Commit to remaining in the CPP and suspend referendum planning that prolongs uncertainty for workers and retirees.
- Allocate resources toward improving retirement security with the existing framework (e.g., seniors' poverty reduction, benefits navigation and eligibility awareness, and programs that help low-income seniors access supports), rather than funding a costly transition project that increases uncertainty in a time of heavy economic turbulence.

### **Recommendation 3 - Fund Expert-Recommended Vaccines and Restore Convenient Access for Seniors (Pharmacies and Public Health Clinics)**

CARP commends the Government of Alberta for adjusting its approach and expanding eligibility so that more seniors can access publicly funded COVID-19 vaccines. Vaccines are not just a personal health decision; they are a public health imperative. As people age, immune protection naturally declines, and even healthy individuals over the age of 65 are at significantly higher risk of experiencing severe outcomes from COVID-19. Vaccines remain one of the most effective tools to reduce hospitalization and death, protect health system capacity, and keep seniors out of emergency rooms and intensive care units.

CARP remains concerned that Alberta's program structure is creating avoidable access barriers by concentrating publicly funded vaccines through public health clinic pathways and reducing the role of community pharmacy as a point of access. Pharmacies should be a core component of Alberta's vaccination strategy. They are among the most

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<sup>3</sup> *Written responses to the Alberta Pension Plan Online Survey (2025) Written responses to the Alberta Pension Plan online survey - Open Government.* Available at: <https://open.alberta.ca/publications/written-responses-to-the-alberta-pension-plan-online-survey>.

accessible healthcare professionals for many Albertans, particularly in rural and underserved areas, and have built long-standing, trusted relationships with their patients, particularly seniors. With access to comprehensive medication histories and relevant health information, pharmacists are well-positioned to provide individualized prevention support and improve vaccine uptake.

Alberta's Respiratory Virus Dashboard shows that as of January 2026, COVID-19 vaccine coverage for the 2025-2026 season is 7.4%, a significant decrease from 14% in 2024-2025.<sup>4</sup> CARP is concerned that this decline may reflect the reduced convenience and accessibility, particularly where delivery pathways limit where and how seniors can get vaccinated.

Vaccine access should never depend on a senior's income level or their postal code. Limiting points of access to public-funded vaccines is a barrier that will lead to fewer vaccinations, more illnesses, and drive higher downstream costs for Alberta's health systems.

CARP's 2025 member survey highlights just how vital pharmacists are in Alberta's healthcare and vaccine systems

- 93% of CARP members in Alberta received a COVID-19 vaccine in the past two years.
- 90% of those vaccinations were administered at local pharmacies.
- A majority of CARP members report that they receive their vaccine education from pharmacists, not from public agencies.
- Only 33.92% said they rely on government websites for information on recommended vaccines.

Sidelining this essential, community-based health infrastructure would be a missed opportunity. Instead of throttling access, Alberta should be promoting and facilitating widespread vaccine uptake among seniors by leaning into the proven strengths of its

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<sup>4</sup> *Respiratory virus dashboard* (no date) Government of Alberta. Available at: <https://www.alberta.ca/stats/dashboard/respiratory-virus-dashboard.htm?data=immunizations>.

pharmacy network. Public health policy must put people first. We urge Premier Danielle Smith and Minister Adriana LaGrange to expand funded points of access beyond public health clinics as a practical way to improve coverage and reduce severe outcomes and to address remaining access barriers.

CARP calls on the Alberta government to:

- Restore and expand convenient points of access for publicly funded COVID-19 vaccination by formally integrating community pharmacies as a funded delivery partner into delivery alongside public health clinics.
- Expand public funding to all expert-recommended vaccines for older adults, including RSV, pneumonia, high-dose flu, shingles, and COVID-19.
- Fund public awareness campaigns to promote understanding of available vaccines and their eligibility criteria.

Respectfully submitted,

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The Canadian Association of Retired Persons