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May 3, 2022

The Honourable Marc Garneau, P.C., C.C., C.D., M.P., Chair
Standing Committee on Indigenous and Northern Affairs
House of Commons
Ottawa, Ontario K1A 0A6

**RE: Administration and Accessibility of Indigenous Peoples to the Non-Insured Health Benefits (NIHB) Program**

Dear Mr. Garneau,

I am writing to you on behalf of the Canadian Dental Association (CDA), the national voice for dentistry in Canada. Since our founding in 1902, we have been dedicated to the promotion of optimal oral health, an essential component of general health and to the advancement and leadership of the dental profession. A federation of Canada's provincial and territorial dental associations, CDA represents over 21,000 dentists from coast to coast to coast.

At CDA, we believe that oral health is an essential component of overall health, and that Canadians have a right to good oral health. That is why we are fully supportive of efforts by all levels of government to improve Canadians' oral health, and to increase access to dental care, especially for those Canadians who need it most. CDA has long advocated for investments in Indigenous oral health and access to dental care and we have been collaborating for more than a decade with officials administering the dental component of the NIHB program, providing technical advice on its administration. In relation to the Committee's current study, please find below three key recommendations with respect to oral health and the dental component of the NIHB program.

*Access to surgical facilities for treatment of Indigenous children under general anaesthesia*

Many high needs patients—particularly children—require dental procedures to be performed under sedation, specifically under general anaesthesia, which requires appropriate surgical facilities. This is especially the case for Indigenous children who live in remote communities without access to regular dental treatment, or where there is rampant dental decay, which cannot be treated conventionally in a dental office. While this treatment is ostensibly covered by the NIHB program, the ability to receive treatment can be challenging due to the barriers in accessing the required surgical facilities. In many cases, hospital operating rooms are used. Even prior to the pandemic, there could be delays caused by the inability to book space or staff due to healthcare systems being stretched thin. This has been exacerbated by the toll the pandemic has taken on hospitals and the broader healthcare system, and with the resulting surgical backlog, this will likely persist for some time.

One alternative option to hospital operating rooms are private surgical facilities which exist in many larger centres across Canada. However, these privately run clinics often charge fees significantly higher than what the NIHB program will reimburse. In some cases, they even charge fees outside of the Uniform System of Coding and List of Services (USC&LS) which catalogues dental services in Canada. The program should review its reimbursement rates and policies with respect to the use of private surgical facilities for dental treatment done under general anaesthesia to ensure that patients covered by the NIHB program can receive necessary dental treatment in a timely manner. Additionally, the government should review the possibility of funding the construction of dedicated, Indigenous-run surgical facilities in communities that serve a high population of NIHB program patients.

*Improving the administrative efficiency of the program for patients and providers*

While the NIHB program covers a wide range of dental treatment and reimburses at a rate higher than many publicly funded dental programs at the provincial or territorial level, patients still face significant barriers in accessing care due to the administrative burden the program requires. This takes several forms. Many common treatments, such as partial dentures, continue to be listed on Schedule B, which requires pre-authorization from the federal government, despite the program rarely rejecting the proposed treatment. The approvals process for Schedule B treatments can also be more burdensome under the NIHB program than with other dental programs, including the federal government's Public Service Dental Care Plan (PSDCP). Crowns are a notable example.

Furthermore, some common services—such as night guards for bruxism—are included as a service under most dental plans, including the PSDCP, but are not covered by the NIHB program. The government should conduct a thorough review of which treatments require pre-authorization as well as the criteria required and ensure that requirements are in line with best practices and the standard among other dental programs (both private and public).

*Investing in Indigenous oral health*

The federal government's 2022 Budget announce a historic investment of $5.3 billion over the next five years in improving access to dental care for Canadians. CDA applauds this investment, which by the time it is fully implemented will mean federal funding for dental care will be more than double that of all provinces and territories combined. However, it is worth noting that as it currently stands, none of this funding will benefit the nearly one million First Nations and Inuit in Canada eligible for the NIHB program, as they already have coverage. Given that there remains a substantial gap in oral health indicators between Indigenous and non-Indigenous populations in Canada, this federal investment risks perpetuating inequities in oral health. The federal government should, in partnership with Indigenous governments and other relevant stakeholders, develop an oral health investment strategy to improve the overall oral health of Indigenous communities. Beyond resolving issues around access to the appropriate facilities as well as easing the NIHB program's administrative burden, as outlined above, this could include investments in education and awareness campaigns, public health programs providing preventative care, access to clean drinking water and community water fluoridation, and other measures.

Should the Committee have further questions, require additional information, or wish to discuss our insights and recommendations further, CDA would be happy to do so. We would also welcome the ability to participate in this study as a witness and are recommended other relevant experts in Indigenous oral health whom the Committee may wish to hear from as part of this study.

Sincerely,

Dr. Aaron Burry
Interim CEO
Canadian Dental Association

c.c.

House of Commons Standing Committee on Indigenous and Northern Affairs

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