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Submission to the Standing Committee on Indigenous and Northern Affairs

Administration and Accessibility of Indigenous Peoples to the NIHB Program

The resilience of the Indigenous peoples of Canada cannot be disputed. The ongoing assertion of our inherent rights, the negotiations of our land claims and self-government agreements, the work to preserve and teach our culture and languages, and our continued engagement with government in spite of over a century of cultural genocide and systemic discrimination are evidence of this. Nonetheless, the impact of Canada's intensely racist and colonial policies, such as the residential school system, transcends generations. Significant educational, income and health disparities between Indigenous peoples and non-Indigenous Canadians are the reality in 2022.[1]

The Non-Insured Health Benefits (NIHB) program has been operating for nearly three decades and provides eligible First Nations and Inuit clients with coverage for a range of health benefits not covered through other social programs, private insurance plans, or provincial/territorial health insurance, including coverage for a limited range of medically necessary goods and services. [2] As such, it is not unreasonable to believe that the program should offer health services that would enable First Nations and Inuit to achieve health status' comparable with other Canadians.

In this respect, NIHB is a failure.

The program is not designed for low-income users, the socio-economic reality for many Indigenous peoples in Canada. Furthermore, NIHB's intensely bureaucratic approvals process has a disempowering effect on individuals who have been affected directly or indirectly by the lessons of obedience ingrained into the children who attended residential schools. The majority of NIHB clients live with this legacy and are unable or uncomfortable advocating for themselves or their needs.

This submission outlines some of the most pressing concerns that the Kwanlin Dün First Nation and the Yukon NIHB Navigator have with the administration and accessibility of NIHB. It also offers some interim

[1] Truth and Reconciliation Commission of Canada. (2016). *Canada's Residential Schools, Volume 5. The Legacy.* McGill-Queen's University Press.
[2] Health Canada. (2021). *About the Non-Insured Health Benefits program* https://www.sac-isc.gc.ca/eng/1576790320164/1576790364553

recommendations for how these concerns can be addressed. However, it cannot be overemphasized that NIHB does not provide adequate or appropriate health care services to Indigenous peoples in Canada.

In light of Canada's commitments to reconciliation, to implementing Joyce's principle, and to the United Nations Declaration on the Rights of Indigenous Peoples, Canada should prioritize responding to the Truth and Reconciliation Commission, particularly Calls to Action 18, 19 and 20,[3] and work in collaboration with Indigenous peoples to overhaul access to health services.

BARRIER TO CARE #1. ACCESS TO MEDICAL AND DENTAL TREATMENT

Unequal access to medical and dental services

- NIHB is only available to registered First Nations and recognized Inuit. Registered First Nations are issued status cards with expiry dates. An expired status card, a bureaucratic technicality, can prevent a client form being able to access care. The status renewal process is comparable to the passport renewal process, minus the processing fee, and includes the requirement for guarantors for your photos. During the pandemic, renewal applications couldn't be done in person. Overall, the need for access to computers and the ability to navigate online applications is very limiting to NIHB clients.
- NIHB requires a doctor's note in order to cover an extension of medical travel for further treatment. NIHB will not accept medical notes from other health practitioners. Clients, concerned about having to cover the costs and time associated with additional appointments, may chose to forgo further treatment, against medical advice.
    - In practice, access to physicians in Yukon communities is often limited to a couple days a month. Requiring clients to wait for the few days a month when a physician is in their community is a huge inefficiency in an already overburdened system, when it is well within the scope of practice of other health care providers such as nurse practitioners, primary care nurses and midwives to offer the same insight and advice on the need for extended medical travel.
- In the regional offices, NIHB staff don't always understand that their job is to provide clients with medical travel to appointments that *meets client needs*. Clients have felt reprimanded and intimidated when trying to advocate for their needs in the planning of medical travel. An example of such a situation:
    - In the Yukon, it is often assumed that clients are able to travel to and from appointments by vehicle and travel reimbursements are pre-assigned without consulting the clients. Clients may

[3] Call to Action 18: *We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.*
Call to Action 19: *We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals and to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, additions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.*
Call to Action 20: *In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserve es, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.*

not be able to afford gas and parking or they may not be able to find someone willing to drive them, particularly as reimbursement rates are $0.30 per kilometre.[4] Even if a client is able to find a ride into town for their medical appointment, the driver may not be able or willing to drive them to their appointments.

- The NIHB allowance rates are not sufficient to meet the daily nutritional needs of most clients (see page 4). As a result, clients may skip meals only to arrive at appointments in a vulnerable state (symptoms of confusion, lethargy, low blood sugar, etc.) making them susceptible to racist stereotypes about Indigenous peoples that affect their quality of care.
- Dental coverage in Yukon is not comparable to other First Nations in Canada. Dental procedures for Yukon First Nations follow the NIHB dental fee guide. However dental procedures for First Nations registered in British Columbia follow the Pacific Blue Cross rates. NIHB rates in the Yukon will only cover 4 crowns per lifetime, and provides no coverage for bridges. With Pacific Blue Cross, both of these procedures are covered. This demonstrates only one of the inequities within the program itself with respect to dental coverage.
- NIHB policy permits clients one escort while on medical travel, although exceptions can be made if deemed "medically necessary." For parents with more than one child, ensuring safe childcare for the period of medical travel is a barrier to care:
    - Parents whether themselves the client or the medical escort, are often put in the position of having to fundraise to bring their children with them, or risk leaving them behind in unsafe accommodations.
    - For clients who are parents, this can result in ongoing delays in accessing medical services as most parents will chose to cancel their scheduled medical appointment rather than put their children at risk.
- Although their travel is covered by NIHB, medical escorts are not compensated for the time they spend out of their community and off work. Medical escorts provide an essential service with respect to ensuring that clients are able to navigate their surroundings and access the care they require:
    - Clients travelling for medical are typically more vulnerable due to their health condition and/or the health procedure they may be having done. They may also be brought to a higher level of care center by medevac and then have to travel back on a commercial flight and require assistance to do so.
    - Clients may not be fully fluent in French or in English, or be comfortable in an institutional setting or navigating in a big city such as Vancouver.
    - Although clients tend to chose family members or friends to be medical escorts, there may not be a shared understanding of the role of the medical escort once they have arrived in the city where the appointments are booked.
    - Chosen medical escorts are often the only breadwinner in their home and are put in a position of imposing financial burden on their household in order to support a friend or family member's access health care.

[4] 2019/2020 kilometer rates.

NIHB definition of "medically necessary" inhibits provision of preventative health care services

- There is no guarantee that services deemed medically necessary by health care practitioners won't ultimately be rejected by the NIHB claims departments in Ottawa. Cases in which this is a regular occurrence include:
    - A health care provider recommends that a client see another health care practitioner (could be physician, midwife, counsellor, physiotherapist, etc.) for regular follow-ups on their health condition and each follow up appointment would require medical travel.
    - Dentists and dental specialists tell clients that they can be reimbursed if they pay upfront for services. This is often the case for services that may be determined by NIHB to be "cosmetic procedures", which in turn leaves a client out of money.
    - Providers prescribe certain medications or procedures that Yukon Insured Health may offer by exception, but that will be denied by the NIHB claims office.
    - NIHB clients do not have the same access to health care procedures as someone who has access to Insured Health. For example, if a NIHB client is waiting for a cardiac procedure that takes place in Vancouver, and an Insured Client comes in with the same condition a day later and both are now waiting, the Insured Client will be taken first for the procedure.

System for booking medical travel puts clients at risk: safety and paying out-of-pocket

- Appointments for medical services covered by NIHB are scheduled by a local health professional before a request for travel can be submitted and travel approval comes from NIHB headquarters in Ottawa before the Whitehorse office can book the travel itinerary. The delays around this process often results in client-cancelled appointments due to concerns about having to pay out of pocket for medical travel. This leads to a further delay in the provision of health services, as the client will have to arrange for a new appointment to be scheduled, approved and booked.
- NIHB provides a fixed rate for hotel accommodation. The current rates result in the local FNIHB booking low-budget accommodation, without consideration for the safety and cleanliness of the accommodation, or for the distance between the hotel and the scheduled appointments. This can also mean limited rooms and services available for individuals with mobility issues, as well as issues with bed bugs.
- Hotel costs are covered by NIHB, but the security deposits on hotel rooms are not. Some NIHB clients do not have a credit card and do not have cash to put down on a room deposit. This can prevent the client from accessing needed care, or in some First Nations, the First Nations Government has had to circumvent the process by offering to pay the deposit needed for the client in order for the client to receive medical care deemed necessary.
- NIHB-issued taxi slips are only accepted by NIHB-approved cab companies and taxi slips are only to be used for transport to medical appointments and to the hotel. This can pose a risk to the client's safety and to their ability to access the health services they have travelled to obtain:
    - Clients sometimes find themselves stranded upon arrival at the airport in a new city, without transport to their hotel.
    - Clients are penalized by NIHB for missing scheduled appointments, which sometimes occurs through no fault of their own, but is the result of arguments between cab drivers who have NIHB clients booked, and taxi drivers that are waiting their turn for business at a taxi rank.

- NIHB allowances for meals are provided at fixed rates that do not reflect the price of inflation and do not account for the higher costs of meals that accommodate dietary requirements for chronic conditions such as diabetes, gluten-intolerance or other digestive issues. Clients often work around this barrier by skipping meals, or taking medication on empty stomachs.

BARRIER TO CARE #2. PROGRAM NAVIGATION

NIHB systems are not accessible

- The NIHB claims, reimbursement and appeals process is heavily bureaucratic. The system requires the hiring of NIHB Navigators across Canada to support client access to medical services. It is inherently not an accessible program.
- NIHB has launched the Express Service Canada Portal as a self-service option available to clients for claims processing. The assumptions underpinning the provision of this service are in fact accessibility issues for NIHB clients, particularly for Elders and individuals living in remote communities:
    - Not all NIHB clients have access to a computer, photocopier/scanner and reliable internet.
    - Not all clients have the computer literacy skills to navigate an online portal.
    - For client-confidentiality reasons, the NIHB Navigators are unable to help clients navigate the portal.
- According to NIHB policy, the health care provider and/or the client may update the client's file in order to ensure continued services. This might occur in situations where a client previously had accessed benefits through a private or employer plan. However, health care providers themselves are not always clear on NIHB policy and/or, like clients, may be unable to navigate the system properly. Clients fall through the cracks when it comes to health coverage as a result.
- Medical escorts have to be approved by the health care provider's for NIHB to reimburse their travel, however NIHB may override the health care provider's assessment of need. The reasoning for this decision is often not clearly communicated to patients or their families, particularly in emergency situations.
- In an effort to bridge the gap created by the NIHB medical travel approval and reimbursement process, First Nations governments may offer up-front financial support to clients that they do not in fact have the budget for. NIHB's slow reimbursement process (often several weeks to months long) may result in First Nations governments operating in the red as they support many of their citizens to access health care deemed medically necessary.

INTERIM RECOMMENDATIONS

- **Review rates across Canada for food and accommodation.** Include mid-range rates for both food and accommodations that reflect the current economic environment. Consider accommodating seasonal changes to rates. Hotel rates in Whitehorse and Vancouver during the summer season are much higher than shoulder seasons.
- **Establish a disbursement process that does not put clients at a financial loss**. Consider alternative methods of disbursement, such as prepaid credit cards that come back with receipts to cover hotel room deposits, etc.

- **Implement a "right health care provider at the right time" policy.** NIHB should acknowledge that health care providers (registered nurses, nurse practitioners, midwives and physicians) are all aware of their scope of practice and can all determine health diagnoses within their own scopes. Having physicians be the main access-point to health care services is a significant barrier to care and leads to poor health outcomes, particularly in regions like Yukon, that are facing a shortage of physicians.
- **Design programs and policies that empower clients.** Clients should have the autonomy to book their own appointments and follow ups without a health care provider's written permission where appropriate. Clients should also be able, independently of a doctor's prescription, to determine whether physiotherapy, massage or acupuncture are viable treatment options for their health conditions.
- **Conduct a jurisdictional scan of territorial and provincially offered plans in comparison to NIHB,** including a comparison of private plans such as Blue Cross to support evidence-based decision-making around closing the existing gaps in the quality and access to health care provided to NIHB clients.
- **Address the systemic racism entrenched in the provision of health care to Indigenous peoples in Canada by providing the Working Group for the co-development of distinctions-based Indigenous health legislation with the mandate to create legislation that commits the Government of Canada to:**
    - Work with Indigenous governments and territorial/provincial governments to close existing gaps in the quality and access the health care provided to NIHB clients;
    - Allocate adequate funding to provide culturally-relevant, high-quality health care that results in health outcomes for Indigenous people that are comparable (or better) with the rest of Canada.

Sincerely,
KWANLIN DÜN FIRST NATION

Chief Doris Bill

cc:

The Honourable Patty Hajdu, P.C., M.P., Minister of Indigenous Services Canada
The Honourable Marc Miller, P.C., M.P., Minister of Crown—Indigenous Relations Canada
The Honourable Dan Vandal, P.C., M.P., Minister of Northern Affairs
The Honourable Senator Pat Duncan
Mr. Brandon Hanley, M.P.