

**RESPONSE OF THE GOVERNMENT OF CANADA TO THE STANDING COMMITTEE ON INDIGENOUS
AND NORTHERN AFFAIRS REPORT**

***MOVING TOWARDS IMPROVING THE HEALTH OF INDIGENOUS PEOPLES IN CANADA: ACCESSIBILITY
AND ADMINISTRATION OF THE NON-INSURED HEALTH BENEFITS PROGRAM***

INTRODUCTION

The Government of Canada thanks the Standing Committee on Indigenous and Northern Affairs for the report and supports the intent of the recommendations to advance continual improvement in the Non-Insured Health Benefits (NIHB) Program and related services.

Our Government is committed to working in partnership with Indigenous partners, organizations and communities as well as private sector health care providers and provinces and territories (PTs) to ensure that individuals can have access to evidence-based health benefits that contribute to improved overall health.

The NIHB Program works directly with First Nations and Inuit partner organizations at the national and regional levels to share program and benefit information, identify areas for improvement and obtain input and guidance. Indigenous Services Canada (ISC) is engaged in a multi-year joint review of the NIHB Program, in partnership with the Assembly of First Nations (AFN). The objectives of the review are to identify and implement actions that enhance client access to benefits, identify gaps in benefits, and streamline service delivery to be more responsive to client needs. This work is ongoing since 2014 and many changes and improvements have been made by the NIHB Program to date. This dialogue and work continues, and the NIHB Program is committed to working with partners to continuously improve the program for clients.

The joint review is overseen by a steering committee guided by an Elder and comprising an equal number of First Nations and ISC representatives. First Nations representatives are nominated through an AFN-led process and selected based on their expertise on NIHB and client experiences. They include representatives of the AFN Chiefs Committee on Health, the National First Nations Health Technicians Network, and regional NIHB Navigators.

Officials also meet regularly with representatives of Inuit Tapiriit Kanatami (ITK), including through a multi-lateral engagement table recently established with the National Inuit Committee on Health, to share information, discuss issues of concern, and identify opportunities to improve the NIHB Program to better meet the needs of Inuit clients.

Some of the recommendations included in the report reflect needs also identified by Indigenous partners through engagement tables and processes. The Government continues to work closely with First Nations and Inuit partner organizations to identify areas for improvement and make meaningful changes in support of client benefits and services.

Further, recognizing the important role of health service providers as partners in the delivery of NIHB benefits and services, the NIHB Program, together with Indigenous partners, hosts numerous working groups and bilateral meetings with health professional associations. These tables provide an important forum for information sharing and dialogue in support of ongoing program improvement.

The Committee's recommendations fall under several broad themes: (1) mental health and traditional healing, (2) cultural competency and addressing systemic racism, (3) medical transportation, (4) modernizing program administration (5) Métis health services, (6) access to coverage of continuous glucose monitoring systems, (7) comparability and equity of health benefits coverage, (8) Indigenous Oral Health Investment Strategy, and (9) increasing awareness of the NIHB Program. The government response aligns with these themes and, while not exhaustive, provides an overview of what Canada is doing to address the recommendations raised by the Committee.

MENTAL HEALTH AND TRADITIONAL HEALING

Current Programming – ISC, First Nations and Inuit Health

The Government of Canada is committed to working with Indigenous communities and organizations, provinces, and territories to improve access to high quality and culturally safe health care services, including for mental health and wellness. ISC invests approximately \$6.2 billion annually to support First Nations and Inuit health, including over \$689 million annually to support First Nations and Inuit access to mental wellness services and supports. This investment funds community-based programs and services that provide culturally-relevant mental wellness services and supports, including trauma-informed health and cultural supports, life promotion and suicide prevention, substance use and addictions prevention and treatment, crisis response, and after care.

The NIHB Program provides coverage for mental health counselling. The provision of this benefit is part of the Government's commitment to work towards the development of a coordinated and comprehensive approach to mental health and addictions programming. In 2020-21, NIHB mental health benefits expenditures totalled \$73.7 million, representing a 33.6% increase over the previous year.

The Government of Canada has directed significant support in recent years towards distinctions-based mental wellness strategies. Most recently, Budget 2022 provided \$228 million over two years for distinctions-based mental health and wellness strategies developed with First Nations, Inuit, and the Métis Nations. This funding provides support for a continuum of services including trauma-informed health and cultural supports, life promotion and suicide prevention, substance use treatment and prevention, and capacity building within Indigenous communities.

As outlined in a previous response to the Committee, other recent investments in support of First Nations and Inuit mental wellness include \$69 million in 2016, \$200 million in 2018, and \$596.7 million in 2021. These investments supported several mental wellness initiatives, including increasing the number of mental wellness teams to a current total of 71. These teams support a community-driven, interdisciplinary approach that increases access to mental health services for individuals, families, and communities in culturally grounded ways, and that promotes collaboration and coordination among service providers and all levels of government. The funding also provided enhanced support for community capacity building, and the establishment of the toll-free, 24-hour *First Nations and Inuit Hope for Wellness Help Line*. Since its launch in October 2016 and up to the end of December 2022, the Hope for Wellness Help Line provided support and crisis intervention services through over 139,000 calls and online chats and provided over 44,677 referrals for additional services, when requested.

Traditional Healing

In response to the Committee's recommendations, the Government is pleased to advise that ISC's NIHB Program already recognizes and funds the important role of traditional healers in support of mental health and wellness. Budget 2017 included \$118.2 million for mental health programming for First Nations and Inuit and an additional \$86 million for the NIHB Program to expand access to mental health professionals and—for the first time—make available the services of traditional healers to address mental health needs.

As a result of work undertaken in partnership with the AFN to review the NIHB mental health counselling benefit, it was jointly agreed that a process should be developed for coverage of mental health counselling services provided to NIHB clients by traditional healers and Elders. Advice received from the AFN Elders Council in 2017 identified a number of key considerations and priorities for how such funding should be delivered, including that the approach should ensure community ownership and control at all service levels (including the design, delivery, implementation, and evaluation of programs and services), and minimize the administrative burden on communities, Elders and traditional healers.

As a result of this collaborative work, the additional funding provided through Budget 2017 for NIHB Program mental health benefits included contribution agreement funding for First Nations and Inuit organizations in each region to fund traditional healer services in support of mental health. These

services are funded exclusively through contribution agreements to ensure that First Nations and Inuit recipient organizations have the flexibility to determine appropriate providers, to compensate them in a manner that is culturally appropriate in their region, and to define the types of activities that traditional healers may undertake to support the mental wellness of NIHB clients (in line with the priorities identified by the AFN Elders Council).

Unregulated Mental Health Counselling Providers

The Committee also raised concerns regarding the eligibility of unregulated mental health counselling providers under the NIHB Program. It should be noted that health professional regulation and licensing falls under provincial and territorial (PT) jurisdiction. PT health professional regulatory bodies serve important functions including administering qualifying examinations, certification, handling professional complaints and imposing disciplinary measures (which can include removal of a provider's license or credential, where warranted). The NIHB Program relies on these regulatory bodies to provide this oversight of regulated professional mental health providers, which protects the client and supports service quality.

For professional mental health counselling providers to be eligible under NIHB and to bill the NIHB Program directly, providers must be registered in good standing with a legislated professional regulatory body and eligible for independent practice in the province or territory in which the service is provided (i.e. psychologists, social workers and, in those provinces where the profession is regulated, psychotherapists/counsellors). Further, the NIHB Program encourages mental health counselling providers to self-identify as Indigenous when they enroll as professional mental health counselling providers under the NIHB Program. Providers are encouraged to demonstrate their cultural competency by providing relevant information, including any experience working with First Nations and/or Inuit individuals or communities, as part of their enrolment application.

Based on Program data, access to mental health services is not restricted by the number of eligible counsellors (as stated in some witness testimony). As of December 2022, over 4500 mental health counselling providers were enrolled with the Program to bill directly for services provided to NIHB eligible clients. NIHB Program claims processing data show an increasing number of distinct eligible clients accessing NIHB mental health counselling benefits annually, from over 25,800 in fiscal year 2021-22 to over 27,000 clients in 2022-23 to date (as of January 2023). In addition, these figures do not take into account clients served through in-community mental health counselling arrangements, which are funded through contribution agreements or contracts. In 2021-22, there were 53 mental health counselling contribution agreements which represent \$22.2 million of NIHB expenditures.

Further, should there be geographic areas where access to mental health counselling services are found to be limited or have been identified as a concern, the Program may, on an exception basis, recognize and enroll other providers belonging to a non-legislated entity that functions as a self-regulatory body (such as the Canadian Certified Counsellor members of the Canadian Counselling and Psychotherapy Association). Other than these exceptional situations, unregulated psychotherapy/counselling practitioners are not eligible for NIHB enrollment.

Regarding witness testimony that an individual First Nation or Indigenous practitioner was unable to practice and bill the NIHB Program, for traditional healing practitioners, service provision and billing arrangements are made through First Nations and Inuit communities/organizations themselves. These communities/organizations are funded through contribution agreements for traditional healing services in support of mental health, as outlined above.

CULTURAL COMPETENCY AND ADDRESSING SYSTEMIC RACISM

ISC is committed to achieving reconciliation with First Nations, Inuit and Métis through renewed nation-to-nation, Inuit-Crown, and government-to-government relationships based on affirmation and implementation of rights, respect, cooperation and partnership.

Mandatory Cultural Competency Learning for ISC Employees

The Government agrees with the Committee on the importance of ensuring cultural competency of Departmental employees, and ISC's Indigenous Cultural Competency Learning Policy establishes a

common approach to ensuring that all employees, regardless of their position, are required to meet cultural competency learning objectives which are reflected in the Learning and Development Plan section of their Public Service Performance Agreement. Cultural competency helps staff provide more culturally appropriate care and contributes to building a culturally safe environment for Indigenous Peoples.

The integration of learning programs on cultural competency and cultural safety exposes employees to Indigenous ways of knowing, being and doing, which go far beyond superficial references to cultural awareness and cultural sensitivity. For cultural competency to have a lasting positive impact, it must be effectively integrated into the delivery of all internal and external programs and services by all employees.

The First Nations and Inuit Health Branch's Indigenous Programming Team is responsible for providing all Branch employees, including NIHB Program employees, with access to training and cultural safety enhancing activities to create a better understanding of the Indigenous communities they serve, and services they provide. The Branch provides a series of educational tools, resources, events and activities through the Iskotew Teaching and Healing Lodge with Indigenous Elders and Knowledge Keepers, including the Department's mandatory Introduction to Indigenous Peoples series, which offers an introduction to Indigenous cultures and Elder protocol. This is in response to the mandate commitment to transform service delivery to First Nations, Inuit and Métis, and to continue to make progress on ensuring cultural safety within the federal workforce. The training is meant as a "first step" towards a deeper understanding of Canada's Indigenous groups and includes presentations from Knowledge Keepers from each distinct Indigenous group, success stories, and a broad description of a healthy Indigenous community.

This program provides participants with an opportunity to reflect on their work and how it connects to the improvement of services and partnerships with Indigenous communities. This national, distinctions-based training program, developed in consultation with the AFN, ITK and the Métis National Council, supports the First Nations and Inuit Health Branch's commitment to increasing cultural safety and humility.

In addition, the Department (in partnership with the AFN and the First Nations Child and Family Caring Society) is developing a framework for an independent third-party evaluation of departmental reform. This work stems from the Agreement in Principle on Long Term Reform regarding First Nation child and family services and Jordan's Principle signed between Canada and the parties, which along with the more recent *2022 Immediate Measures Decision* (Canadian Human Rights Tribunal 8 No. 6) "commits Canada to work with Parties to establish an expert advisory committee within sixty (60) days of the order to develop and oversee the implementation of an evidence-informed work plan to prevent the recurrence of discrimination relating to First Nations children. Canada shall take reasonable measures to begin implementing the work plan."

Cultural Competency of Health Professionals and Addressing Systemic Racism

It is unacceptable that First Nations, Inuit and Métis continue to endure racism and discrimination when seeking health services. All Indigenous Peoples must have fair and equitable access to quality and culturally safe healthcare services, from any health professional, anywhere and anytime they need it. It is acknowledged that both patient safety (defined as the ability to minimize risk of harm to patients through individual performance and implementation of effective systems) and cultural competency (which refers to the ability to provide high-quality, culturally sensitive care) are distinct and important objectives in this context.

Following the death of Joyce Echaquan at a Québec hospital in September 2020, the federal government held an emergency meeting in October 2020 that included Ms. Echaquan's family, representatives from Indigenous communities and organizations, officials from the federal, PT governments and other institutions. Participants listened to Indigenous Peoples' stories about their experiences of racism in Canada's health systems. A second and third National Dialogue were convened in January 2021 and June 2021 respectively to identify actions that governments, health systems and Indigenous partners could undertake to drive substantive and immediate change. The fourth National Dialogue in January 2023 initiated work towards collaborative data strategies and

cultural safety measurement that will enable action against anti-Indigenous racism and racist outcomes in health systems.

The Government of Canada recognizes the fundamental importance of addressing anti-Indigenous racism and discrimination in health care systems to increase access and improve Indigenous health outcomes. Budget 2021 provided \$126.7 million over three years to ISC and Health Canada, beginning in 2021-22, to take action to foster health systems free from racism and discrimination where Indigenous Peoples are respected and safe. This investment aligns with the federal response to the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice, in recognition of the fact that Indigenous women and other marginalized groups, such as 2SLGBTQQIA+ people, are disproportionately impacted by anti-Indigenous racism.

Through this funding, over 148 initiatives that respond to many of the recommendations from the National Dialogues and other key reports are currently underway across all PTs and distinctions, aimed at improving access to culturally safe services for Indigenous Peoples. Examples of these initiatives include:

- \$630,000 to support the Indigenous Dental Association of Canada for its work on the Indigenous Oral Health Knowledge Transfer Project which includes producing resources and tools for Indigenous communities on oral health;
- \$470,000 has been provided to the Indigenous Physicians Association of Canada to create and implement a framework for accreditation changes needed to reduce anti-Indigenous racism and improve the success of Indigenous medical learners;
- \$935,000 has been provided to the First Nation University of Canada to support the further development of a Certificate Program in Indigenous Birth Practices, including Elder and Knowledge Keeper engagement and videography to permanently capture traditional approaches to birthing; and
- \$1.01 million in funding to the National Collaborating Centre for Indigenous Health for their H.E.A.L. Healthcare: Hearts-based Education and Anticolonial Learning project to develop, implement and evaluate curriculum for use in any healthcare education program across Canada. This includes schools of nursing, pharmacy programs, faculties of medicine and dentistry, social work programs, and allied healthcare professional programs (midwifery, homeopathy, etc.).

The federal response to the national dialogues, funded through the Budget 2021 investment, consists of a suite of initiatives that will improve access to high quality and culturally safe health services under four key themes:

- A. Improve access to culturally safe services:** \$33.3 million over three years focuses on services for Indigenous women, 2SLGBTQQIA+ people, people with disabilities and other marginalized groups who may experience intersecting discrimination through:
 - Expanding support for Indigenous midwives and doulas;
 - Supporting capacity of National Indigenous Women's Organizations (to help ensure that women's voices and perspectives are included in policy development);
 - Distinctions-based funding to grassroots organizations that serve women, 2SLGBTQQIA+ people, people with disabilities and other marginalized groups and work towards improving access to culturally safe health services; and
 - Strengthening youth sexual health networks.
- B. Adapting health systems:** \$46.9 million over three years supports the integration of cultural and patient safety at the local and systems levels, as well as through increased Indigenous representation in health professions. These funds are being used to:
 - Enhance and integrate cultural and patient safety in health systems, including new funding through Health Canada to support Indigenous organizations and health system partner initiatives that address systemic anti-Indigenous racism and support capacity development to enable Indigenous partners to engage on their health priorities.

- C. **Improve supports and accountability:** \$37.8 million over three years to provide Indigenous patients with supports and recourse to safely navigate federal and provincial health systems, including distinctions-based funding for Patient Navigator positions to support Indigenous patients in navigating federal and PT health services; distinctions-based funding for Indigenous patient advocates to help patients navigate the PT and professional regulatory complaints processes and work to resolve issues within existing ombudsperson/complaint resolution frameworks; as well as other tools and resources, including targeted data collection to inform a longer-term approach to addressing anti-Indigenous racism.

- D. **Provide federal leadership:** \$8.7 million over three years to continue bringing together all partners to advance concrete actions to address anti-Indigenous racism in Canada's health systems and to lead by example through the evaluation and improvement of our own programs and practices.

The way forward needs to be rooted in cultural safety and humility, informed by the ongoing impacts of colonialization, and guided by Indigenous Peoples and the contributions they bring to Canada's health systems. The longer-term approach will therefore be informed by the ongoing National Dialogues, the renewal of Canada's Anti-Racism Strategy and the co-development of distinctions-based Indigenous health legislation. NIHB Program benefits are delivered primarily through private sector, fee-for-service health service providers (who are not federal employees) and moreover, the administration of regulations relating to health professions and their education requirements falls within the jurisdiction of PT governments. Canada remains committed to working with all partners, including Indigenous organizations, PT governments, health systems partners, and educational institutions to develop a longer-term national approach.

Making meaningful progress towards eliminating anti-Indigenous racism in Canada's health systems will require action at all levels. We recognize that the federal government has a leadership role to play by bringing together all partners for meaningful engagement and discussion, providing funding to support Indigenous-led initiatives and leading by example with concrete actions that will improve the Government of Canada's policies, programs, and service delivery.

For information about the actions taken by the Government of Canada to address anti-Indigenous racism, please see the following website: [Addressing anti-Indigenous racism in health systems: federal response webpage](#).

MEDICAL TRANSPORTATION BENEFITS

The Government is committed to ongoing dialogue and collaborative work with First Nations and Inuit partners to identify and address the specific medical transportation challenges experienced by clients, as well as to explore the need for related services (such as escorts to accompany clients while on medical travel), and to continually improve program administration and client service. This work has already begun through engagement tables with First Nations and Inuit partner organizations.

To date, through the Joint Review of the NIHB Program conducted in partnership with the AFN, reviews of the mental health counselling, dental, vision care, pharmacy and medical supplies and equipment benefits have been completed. The review of the medical transportation benefit is in progress, and provides a space for the NIHB Program to hear key issues and priorities raised by First Nations partners, and work together to develop solutions. Of note, the AFN conducted extensive consultation with First Nations clients and communities that provide the basis for each benefit review, including medical transportation. Through the Joint Review and other fora, NIHB will continue to work with national and regional First Nations partners to identify and address medical transportation issues.

ISC works with Inuit partners to improve the quality, access, and delivery of NIHB benefits to Inuit clients. NIHB and ITK representatives meet regularly to explore issues of concern, including those related to medical transportation, and identify opportunities for improvement. NIHB shares information and updates Inuit partners regularly on progress made to advance priority issues for Inuit clients. ISC officials and the National Inuit Committee on Health representatives from all Inuit regions have recently established a new multilateral engagement table on NIHB and are committed to

working collaboratively to develop and implement policies and processes that are responsive and reflective of Inuit needs and realities.

Many of the recommendations pertaining to medical transportation reflect feedback from First Nations and Inuit partners through these engagement processes and are areas in which the Government is taking action. For example, Budget 2017 provided \$121.9 million over five years and \$28.1 million ongoing to expand escort coverage to ensure that all pregnant people are eligible for coverage of an escort if they require transportation outside the community to deliver their babies. Travel and accommodation benefits for both the expectant person and their escort are provided for the duration of their stay, until parent and baby are medically fit to travel home. In addition, NIHB is already examining client escort criteria in response to partner recommendations, and will continue to work closely with partners through existing engagement tables to propose policy clarifications or changes to enhance access to coverage for these important support services. Ongoing engagement and dialogue with First Nations and Inuit partners is also underway regarding a review of medical transportation reimbursement rates. NIHB welcomes the INAN recommendation on these topics, which will be further explored with partners through existing engagement tables.

The NIHB Program is committed to continuing dialogue and working with partners to continuously improve the program for clients. Further revisions to NIHB medical transportation policies are anticipated, as these review and engagement processes continue, and are completed.

MODERNIZING PROGRAM ADMINISTRATION

The Government recognizes the importance of engaging in dialogue directly with Indigenous partners to identify challenges and opportunities to improve programming to meet client needs. Recommendations in this report calling for modernization of NIHB Program administration echo what ISC has heard from First Nations and Inuit partners in recent years through the joint review and other ongoing engagement tables. The NIHB Program has already begun to identify and implement changes that streamline and simplify benefit coverage approval processes, such as by automating coverage approval requests where possible, and removing or reducing prior approval requirements for coverage of certain benefits while maintaining appropriate risk mitigation and financial controls to ensure accountability for public funding.

Through the aforementioned engagement tables, partners also called for new and enhanced technology to improve access to benefits, which ISC began implementing in 2020 through a new Health Information and Claims Processing Services (HICPS) contract. Express Scripts Canada is ISC's claims processing contractor.

The HICPS system and services contract provides a real-time claims-processing system for NIHB pharmacy, dental, medical supplies and equipment, vision care and mental health counselling benefit claims. The requirements for the new contract were developed based on a three-phased industry engagement which took place between May 2015 and December 2016. This process allowed NIHB to engage with industry to identify the latest advancements available on the market, new and future technologies, best practices and innovative business or service models (in line with the recommendations of this Committee). This information was then used to create the statement of work for the new HICPS contract. There have also been multiple improvements to the existing system functions such as search capabilities, improved document management, and electronic work queues for better workload management, all of which contributed to improved client service.

As part of this new suite of services, NIHB has also implemented new digital and web-based services for providers and clients, while retaining traditional ways of accessing services (telephone, paper based) that are better suited for some clients. Since the implementation of the new contract in July 2020, providers and clients can now access a secure portal by signing up for a free web account that allows them to:

- Enroll with the NIHB Program online (providers);
- Update contact information;
- Update direct deposit information;
- Update communication preferences;
- Submit prior approval requests (for all benefits except Dental);

- View the status of pre-determination and prior approval requests;
- For Dental Providers - view whether a client is eligible for program benefits and if the procedures are eligible (this was previously only available by calling the NIHB call centre);
- View confirmation letters;
- Submit Claims online in real-time;
- View claim history; and
- View claim statements.

Further to the Committee's recommendation, all transactions in the HICPS system, including those on the portal, have an audit trail (i.e., every data save is recorded as well as every login, search, performed actions and screens viewed).

In terms of technological advancements in service delivery to ease claims submission, under the new system and services contact, all claims can be submitted via a provider's own Electronic Data Interchange office software or the NIHB portal. Open benefits or claims that have been previously approved can be auto-adjudicated in real time (under 2 seconds). Payments to providers or to clients who seek client reimbursement are made every two weeks, via either direct deposit or cheque (as per the preference indicated by the provider or client).

Only claims that are received by fax, mail, and/or require coordination of benefits or third party payment must be manually entered into HICPS. For these types of claims, the service standard for the contractor is three business days from receipt of the claim, however this represents a relatively small proportion of total claims processed by the NIHB Program. In 2022, 33,221,966 claim lines were processed by Express Scripts Canada on behalf of the NIHB Program. Of those claim lines, 31,135,490 were processed electronically in real-time in less than two seconds (93.7%), vs. 2,086,476 claim lines which were processed manually (6.3%).

In the NIHB Program pharmacy benefit, the program is continually reviewing prior approval data to identify opportunities for streamlining prior approval requirements and to create efficiencies. For example, the NIHB Drug Exception Centre has implemented a special authorization process which identifies specific drugs for which extended authorization periods can be granted beyond one year (or indefinitely, in some circumstances), thereby facilitating access for NIHB clients and reducing the volume of calls that pharmacists need to make to the Drug Exception Centre. Implementing these extended authorization periods for drugs used in certain chronic conditions has significantly reduced the administrative burden on pharmacy providers and enabled the NIHB Drug Exception Centre to deal with more complicated reviews, such as supporting the NIHB Client Safety Program (formerly known as the Prescription Monitoring Program), which focuses on reducing client safety risks associated with problematic use of restricted medications such as benzodiazepines, opioids, gabapentin, and stimulant drugs.

Further, improvements to system functionality have enabled prior approvals to be obtained automatically for a select group of limited use drugs via the electronic claims adjudication system when a claim is submitted and meets the criteria. The Program has also implemented a series of special formularies, which are lists of medications typically required by clients with certain diseases or conditions. When a client receives coverage approval for one medication on a specific formulary, they automatically have open benefit access to other drugs on the formulary. These special formularies help to expedite access to medications for clients with specific and intensive medical needs. Current special formularies include: formulary for chronic renal failure; end-of-life care formulary; formulary for adjunct medications used during active cancer treatment; and formulary for medically necessary nutrition products.

The NIHB Program continues to work toward future administrative modernization and advancements such as:

- Further enhancing the NIHB online portal to allow many pre-determination requests to be submitted by providers electronically along with the required supporting documents (at the moment, pre-determination requests must be submitted to the Dental Pre-determination Centre via mail). This enhancement is expected to be completed in 2023.
- Planning to replace the existing medical transportation system with a modern system/solution that will bring improved efficiencies such as a secure client/provider portal, improved claims

processing services and reporting capabilities. To date, NIHB's project team has engaged stakeholders and subject matter experts (including Contribution Agreement holders) to address existing challenges, needs, and to document future system/solution requirements. NIHB has also engaged with industry through two requests for information, including one-on-one sessions, which have allowed the Program to gain insight into current available technology, assess industry interest and gauge their ability to deliver a solution that meets the needs of program users and delivery partners.

More information on the most recent improvements and changes made by the NIHB Program, including through the joint review process, can be found on the Canada.ca website. Quarterly updates on NIHB coverage and services can be found by visiting the NIHB Program updates webpage. The changes implemented and announced by the NIHB Program in recent years reflect Program responsiveness to ongoing engagement with partners, to improve and modernize program and benefit administration, as recommended in this report.

MÉTIS HEALTH SERVICES

In addition to the work to advance Métis Recognition and Self-Governing Agreements, the Government of Canada is committed in 2023-2024 to continuing discussions on health and wellness with Métis partners. ISC has already indicated to partners its openness to discussing the Committee's Report and Recommendations.

ISC is collaborating with Métis partners to build on the work that has been done to better meet their needs. This has included direct investments during the COVID-19 pandemic through the Indigenous Community Support Fund and through new investments announced in Budget 2021 to support distinctions-based mental health and wellness initiatives, as well as initiatives to address anti-Indigenous racism and discrimination in Canada's health systems.

On February 7, 2023, the Government of Canada announced an investment of \$2 billion over 10 years to address the unique challenges Indigenous Peoples face when it comes to fair and equitable access to quality and culturally safe health care services. The Government of Canada will work with Indigenous partners through a distinctions based approach to prioritize investments.

Given that health is a shared responsibility with PTs, a coordinated approach to address the health needs of First Nations, Inuit, Métis and Non-Status Indians must include all governments including Indigenous governments.

ACCESS TO COVERAGE OF CONTINUOUS GLUCOSE MONITORING SYSTEMS

Further to the Minister's testimony before the committee, ISC agrees to explore expanded coverage of continuous glucose monitoring systems to better align with PT approaches. Currently, the NIHB Program provides coverage of continuous glucose monitors for clients 19 years of age and younger managing diabetes with intensive insulin, and for clients with type 1 diabetes. Other requests for continuous glucose monitors are considered on a case-by-case basis.

COMPARABILITY AND EQUITY OF HEALTH BENEFITS COVERAGE

The Government is committed to ensuring that First Nations and Inuit receive coverage through the NIHB Program that meets their health needs, including oral health and vision care needs. Further, the Government agrees that dental and vision care coverage provided through the NIHB Program should be comparable to other publicly funded programs.

As part of engagement with First Nations partners on the aforementioned joint review of the NIHB Program, reviews of the dental benefit and vision care benefit were both completed in 2018. The NIHB Program has implemented many changes and improvements as a result, and this work continues with a focus on contributing to improved First Nations and Inuit health.

Dental Care

Consistent with the mandate of the NIHB Program, it should be noted that the structure of NIHB dental benefit coverage differs from other public and private dental plans in several main respects.

First, the NIHB Program is universal, meaning that it covers all eligible First Nations and Inuit clients regardless of age, income or other proxy measures of socio-economic need (such as, recipients of social assistance). Outside of ISC's NIHB Program, there is currently no publicly-funded universal coverage for dental or orthodontic services. Other publicly funded dental care programs provide coverage only for low-income groups, or for certain age categories (i.e. children or seniors), and/or only cover basic dental care services.

Compared to private plans (either employer-funded dental care plans or private dental insurance paid by individuals), the major difference in NIHB dental coverage is the maximum value of coverage provided. NIHB is needs-based and has no annual monetary coverage limit per client, whereas private insurance plans do. For example, current coverage limits under the Public Service Dental Care Plan are \$2,500 per client per year for basic and major dental services. Further, the NIHB Program does not require clients to pay deductible amounts, whereas private plans have annual deductibles (e.g. \$25 per person and \$50 per family under the Public Service Dental Care Plan). Another distinction between NIHB and other types of dental plans is coverage of travel costs to access dental services. Generally, neither public nor private dental plans cover travel costs, whereas NIHB clients can access support for transportation costs to access eligible dental services through the NIHB medical transportation benefit.

In some important respects, NIHB dental benefit coverage has similarities with other public and private dental plans, which also have governing policies, guidelines and coverage criteria. For example, the requirement of predetermination for certain services (e.g. crowns) is an industry standard within the private and public insurance sector. Under the Public Service Dental Care Plan, before beginning a treatment or procedure that is expected to cost more than \$300 and for all orthodontic treatments, the dentist must submit an estimate of the proposed work to Canada Life. Canada Life will review the estimate and send a predetermination of benefits statement to let the client and provider know if the work is covered by the plan, and how much will be covered. As such, both public and private plans require pre-determination in writing (including all relevant information to support the request) to confirm coverage.

The NIHB Program continually looks to streamline administrative requirements for benefit coverage, including by reducing or removing requirements for prior approval or predetermination. Within the NIHB dental benefit, the proportion of paid claims that required predetermination of coverage is decreasing over time. In 2012-13, 7.4% of total paid claims required predetermination, versus 92.6% of claims which did not require predetermination. In 2021-22, only 2.9% of paid dental benefit claims required predetermination.

Most recently, on February 1, 2023, NIHB announced numerous dental benefit changes that continue to streamline the coverage approval process. NIHB removed the predetermination requirement for surgical extraction procedure codes, prefabricated posts procedure codes, and initial placement of a standard complete denture, and removed the frequency limit for standard root canal treatment procedure codes. Also on this date, NIHB announced increased dental benefit coverage by adding new eligible diagnostic services (computerized tomography and cone beam computerized tomography). More information on improvements to NIHB dental benefit coverage and administrative processes made since 2015 can be found on the [Canada.ca](https://www.canada.ca) web page, including changes made during the joint review process with the AFN.

Vision Care

Similarly, public or privately sponsored vision care benefit coverage is typically structured either in terms of annual or biannual coverage maximums (private coverage) or by establishing rates for specific services (eye exams, tests) as well as eyewear (frames, lenses, contact lenses). All vision care benefit plans set standard maximum coverage amounts for eyewear, because the actual market cost of corrective eyewear varies widely based on consumer preferences.

Private insurance plans provide coverage of costs up to the annual or biannual coverage maximums provided under the beneficiary's insurance plan and, depending on plan design, the client pays a deductible or copayment amount. For example, the Public Service Health Care Plan currently provides 80% reimbursement of the cost of eyewear, up to a maximum of \$275 every two calendar years, in effect meaning that plan beneficiaries receive benefit coverage of up to \$220 every two

years. In contrast, NIHB Program eyewear coverage also covers up to \$275 every two calendar years (and every year for children and seniors) for standard eyewear coverage needs, but does not limit coverage to 80% of costs. Further, the NIHB Program provides additional eyewear coverage for clients with higher vision care needs, such as those with high index prescriptions, or who have a very high prescription with extra costs. The NIHB Program vision care benefit may also cover additional costs such as specialized tests based on medical need, repairs (an amount in addition to the purchase of the eyewear), or early replacement. In contrast, private plans with annual coverage maximums do not provide such additional coverage, or consider the age of the beneficiary in setting benefit frequency.

While coverage rates for eye examinations also vary nationally, NIHB vision care coverage rates for eye exams are reviewed regularly and align with eye exam rates reimbursed by PT public vision care programs. As a result of work undertaken through the joint review of the NIHB vision care benefit with the AFN, the NIHB Program will be undertaking an evidence review of laser eye corrective procedures, with consideration for coverage under the NIHB Program. While many clients have long qualified for contacts in addition to glasses, contact lenses have been an eligible eyewear benefit since 2018.

INDIGENOUS ORAL HEALTH INVESTMENT STRATEGY

Indigenous Peoples currently experience much higher rates of oral health disease compared to non-Indigenous people. ISC provides a variety of programming aimed at reducing oral health disparities experienced by First Nations and Inuit, and improving overall oral health.

ISC's Children's Oral Health Initiative strives to improve, and ultimately maintain the oral health of First Nations living on-reserve and Inuit living in Inuit communities at a level comparable to other Canadians. Children's Oral Health Initiative services are delivered by federal employees, or through contractual agreements or contribution agreements with regional or local First Nations health care organizations or PT health authorities. All oral health service providers, including dentists, dental therapists, dental hygienists, as well as dental assistants, trained community members (aides), Community Health Nurses and community-based dental support staff (such as Community Health Representatives or educators) increase access to dental care for First Nations living on-reserve and for Inuit living in Inuit communities. They deliver and/or manage a broad range of oral health activities including dental disease prevention, promotion of good oral health practices and basic clinical services. The Children's Oral Health Initiative serves children aged 0-7, their parents, caregivers and pregnant people with the objectives of reducing rates of oral disease through prevention, education and oral health promotion, as well as increasing access to oral health care.

The Children's Oral Health Initiative activities are delivered primarily in communities south of 60°. In collaboration with the governments of Nunavut and the Northwest Territories, they are also offered in a number of First Nations and Inuit communities in the north where there are dental therapists employed by the territorial governments to provide the services.

Budget 2017 provided resources to expand the Children's Oral Health Initiative from 246 to 311 communities. More recently, Budget 2022 provided further funding to upgrade dental infrastructure to ensure appropriate infection prevention and control while resuming normal service levels to address COVID-related backlogs in access to dental services.

The suspension of oral health services in First Nations and Inuit communities due to the COVID-19 pandemic delayed access to oral health prevention and treatment services for many, and these impacts continue to be felt. As part of overall efforts to improve access to oral health services, in 2021-22, \$2.1 million in funding was provided to establish the first and only accredited Indigenous dental therapy degree program of its kind in Canada, through the Anti-Indigenous Racism Health Human Resources fund. This proposal was put forward by the University of Saskatchewan's College of Dentistry, together with the Northern Inter-Tribal Health Authority, Northlands College and Saskatchewan Polytechnic. In addition, ISC also launched an internal review of the new treatment, Silver Diamine Fluoride, introduced in 2020 to determine its impact on improving the oral health status of First Nations and Inuit.

More broadly, the Government of Canada has also recently introduced a new Canada Dental Care Plan, which is also available to eligible Indigenous Peoples. Together these investments will help improve access to oral health in Indigenous communities. In addition, ISC is supporting the capacity of the Indigenous Dental Association of Canada and developing a strong relationship with the association as part of the work on anti-Indigenous racism in Canada's health systems.

INCREASING AWARENESS OF THE NIHB PROGRAM

The Government recognizes the importance of working with First Nations and Inuit partners and health professional organizations to increase awareness of NIHB Program benefits and services. NIHB strives to make essential program information easily accessible to clients and health benefit providers to promote awareness of available benefits and how to access them. Continued collaboration and dialogue with client and health provider stakeholder organizations will inform continual improvement and the development of clear and effective communications products and increase the reach of communications through a variety of media, channels and approaches.

This work has been ongoing for a number of years through partner engagement tables, including the Joint Review of the NIHB Program with the AFN, which resulted in several joint action items to improve awareness and communications with program clients and benefits providers. As well, the program regularly meets with a national network of NIHB Navigators employed by First Nations and Inuit organizations to discuss communications priorities and needs. NIHB Navigator positions are funded by the NIHB Program to act as a resource for communities, organizations or individuals who need support or information on NIHB-related issues. They help to increase awareness and understanding of the NIHB Program, share information on eligible benefits and help clients to access NIHB benefit and services. The Program also meets bilaterally with ITK to share information and discuss issues of concern, and recently established a multilateral engagement table with the National Inuit Committee on Health.

Essential NIHB Program information is available on the NIHB section of the Canada.ca website, including information on client eligibility, benefit coverage and policies, claims, reimbursement and appeals. ISC social media (Twitter, Facebook) is used to increase the reach of program information and promote awareness of NIHB benefit coverage. Client-focused NIHB Program updates are produced quarterly and as needed to share updates and information regarding changes to benefit coverage. These are posted on the Canada.ca website, promoted via social media, and also available through a web-based email subscription service.

The NIHB Program responds to client and health service provider inquiries by phone through a number of call centres (including the NIHB Drug Exception Centre, NIHB Dental Predetermination Centre and through NIHB offices in each region), as well as via email. Contact information for the Program is available on the NIHB section of the Canada.ca website. First Nations and Inuit partners have stressed the importance of communicating with clients through a variety of media. As such, NIHB is currently developing brochures for print and distribution in community and health care settings. NIHB will continue to work with First Nations and Inuit partners to discuss and develop new communication products and activities.

Health benefit providers are a key target audience for NIHB communications. Over 35,000 health professionals are enrolled with NIHB to bill the Program directly for dental, pharmacy, medical supplies and equipment, vision care and mental health counselling benefits provided to NIHB clients. The NIHB Program notifies enrolled providers of benefit policy updates and program information through quarterly provider newsletters, periodic bulletins and broadcast messages distributed by Express Scripts Canada, ISC's claims processing contractor.

NIHB also hosts working groups with health professional associations including the Canadian Dental Association, the Denturists of Canada, the Canadian Dental Hygienists Association, the Canadian Association of Optometrists, and the Canadian Pharmacists Association. These working groups provide important fora to share information and raise information about NIHB benefits and services among health professional associations and their members, as well as to hear and respond to provider questions and concerns, and identify opportunities for Program improvements.

The Government agrees to continue working with First Nations and Inuit partners to improve NIHB Program awareness, including exploring opportunities to work with PT health professional regulatory authorities. Although the NIHB Program does not have a direct relationship with health professional regulatory authorities, through its existing relationships with health providers and professional associations, program officials will collaborate with Indigenous partners (and other federal departments) to share NIHB information with PT regulatory bodies, and advance related issues (such as Indigenous cultural competency education requirements) that may be within the scope of their mandate and authorities.

CONCLUSION

We would like to thank the Standing Committee on Indigenous and Northern Affairs for their Report and recommendations which contribute to a shared objective of continual improvement in the NIHB Program as well as other related programs and services. We recognize the critical role of the NIHB Program in supporting improved First Nations and Inuit health and wellbeing, and welcome the opportunity to consider and respond to this fulsome study that touches on many aspects of First Nations and Inuit realities. The above response is by no means an exhaustive list of the dialogue and work being undertaken by ISC, with Indigenous partners and other government departments, to support improved health including access to health benefits and services for First Nations and Inuit.

The Government is committed to continuing engagement and joint work with Indigenous partners to address these and other issues, in the context of broader commitments to Indigenous health, including:

- Fully implementing Joyce's Principle and ensuring that it guides work to co-develop distinctions-based Indigenous health legislation to foster health systems that will respect and ensure the safety and well-being of Indigenous Peoples.
- Co-developing and investing in a distinctions-based Mental Health and Wellness Strategy to meet the needs of First Nations, Inuit and the Métis Nation, including culturally appropriate wraparound services for substance use and trauma, suicide prevention and life promotion and the building of treatment centres.
- Co-developing a distinctions-based Indigenous Long-term and Continuing Care Framework to ensure Indigenous Peoples can receive these services in or near their own communities and bolster Indigenous health system navigators to provide dedicated support for Indigenous people and their families to navigate services related to long-term and continuing care.
- Fully implementing the United Nations Declaration on the Rights of Indigenous Peoples Act across government.
- Prioritizing with Indigenous partners \$2 billion in investments announced in February 2023 to help address the unique challenges Indigenous Peoples face when it comes to fair and equitable access to quality and culturally safe health care services.