3. Program-specific observations and recommendations

a) Dental Program

These policies are discriminatory. The federal process is not good.
I do not know one person in this region who has ever had a crown paid for through NIHB. Their policy is to pull teeth.
How can we expect our young people to smile and have self-confidence if they are unable to get braces and are in constant pain?
I know someone who uses super glue to keep her dentures in. She is elderly, has lost weight and cannot get new dentures nor have hers relined. This affects her ability to eat and her health.
Dentists are leaving due to the process.

Overall concerns

➢ Services in the NIHB dental program result in substandard dental care and poor oral health for First Nations people.
➢ Improve the overall program: enhance benefits; develop, clarify and share guidelines and policies; make it easier for people to understand what they are entitled to and how to easily access it; make it easier for providers to be reimbursed.
➢ Access to dental services overall is an issue for communities. Communities have worked hard to develop relationships with local dentists but frustration with NIHB coverage, approval process and reimbursement means providers opt out. And the dental therapist option is a poor substitute for quality care offered by a team of dental providers (see rationale below).

Access

1. Develop a policy to approve treatment during dental emergencies.
2. Develop a policy for dental emergencies, including root canals.
3. Improve/simplify the approval process and remove the need for unnecessary approvals.
4. Bring the Dental Pre-Determination Centre back to the region.

Rationale: Requiring national approval results in unnecessary service and payment delays and very challenging support and information issues. Wait times for reimbursement are, on average, 5 months or more.

5. Improve access to dental services on reserve: More providers/the right providers are needed to work on reserve (dentists, dental assistants and hygienists.) Ensure
dental providers can rely on NIHB as an insurance program. Provide education and awareness to First Nations clients and dental service providers so they are aware of the program, coverages, access and reimbursement systems. Ensure these systems work effectively and efficiently. Pay providers in a timely manner.

Rationale: Many communities have challenges accessing dental services generally. COH! Aids are not paid enough, not recognized off reserve, no training in Canada and these positions cannot be filled. Full scope of quality care is needed.

Coverage

6. Broaden the criteria regarding what is covered (currently nine things).
7. Return to percentage-based coverage of total fees, versus coverage of items/procedures.
8. Provide approval when dentists recommend the use of crowns.
9. Expand the list of what is covered to include orthodontics when it affects speech, eating or when medically necessary. Remove age limitations.
   Rationale: Not being able to have braces is affecting mental and physical health.
10. Fund dental procedures according to the grid, paying the cost as per provincial rates.
    Rationale: Individuals cannot pay the difference and these costs are being paid by bands or through Social.
11. Allow people to access new dentures more often than every 8 years. Pay for dentures to be relined in the interim.
12. Ensure that ALL fees related to dental surgeries are covered.
13. Anesthesia for people who are traumatized by dental procedures (adults and children) should be covered.
    Rationale: First Nations people, families and communities have experienced and suffer ongoing effects of trauma. For some people, pain, including dental treatment pain, can trigger the reoccurrence of trauma.

Reimbursement Process

14. Reimburse providers and clients in a timely manner.
15. Update the coverage amounts to match the most recent grid the dentists receive annually. When a dentist is approved to provide services, they should be paid according to the grid.
16. FNIB needs to inform all dentists of the NIHB coverage, approval and reimbursement process (and should pay providers in a timely fashion).
   Rationale: Some dentists are completing work before learning about what has been approved and clients are left with payment/unable to pay. Many providers will no longer take NIHB clients due to long payment delays.
b) Vision Program

The only way I could get my sons glasses replaced was if I called the police to report them stolen.

Overall concerns

- Needs are increasing at the same time as budgets are being cut.
- The appeal process is designed to be difficult in order to discourage people from following through. The goals seem to be to have people give up and thus cut costs/services. It needs to be user friendly and simplify.
- Stay up-to-date with new procedures, new products and new ways to purchases/purchase deals for glasses and frames.
- Make sure our coverage is comparable to good quality insurance programs, like Blue Cross.
- Improve, update and regularly share the list of what is covered.
- Medical transportation policies are linked to vision care. Coverage should not be limited to nearest facility but to facility where best care, continuity of care and most culturally safe care can be provided.

Access

1. Develop an effective policy for vision coverage in medical emergency situations.
2. Develop an effective policy for repairing glasses. Improve/simplify the approval process and remove the need for unnecessary approvals.
3. Improve/simplify the approval process and remove the need for unnecessary approvals.

Coverage

4. Allow a more reasonable period for the replacement of glasses.
5. Allow replacement when the need for new glasses is due to medical conditions, age/vision changes, for children and elders, allergies and work environments.
6. Upgrade lens coverage to include progressive, scratch resistant, anti-glare and/or tinted lenses.
7. Ensure the cost of testing for cataracts or glaucoma or other vision-related services is covered.
8. Ensure there is an up-to-date list of providers for each province.
9. If the provider is pre-approved by NIHB, NIHB also needs to approve/cover the rates the provider charges.
10. Soft contacts need to be covered. They are the better quality product.
11. Do away with pre-payment requirements. This does not work for low income community members.
12. Eye laser surgery vs. NIHB costs (long-term) and out of pocket costs above what NIHB covers.
13. Cover the full pathway of treatment so the support is client-centred. This includes covering referral costs from optometrists to ophthalmologists

Reimbursement Process
14. Reimburse providers and clients in a timely manner.

c) Pharmacy Program

Overall concerns
- Medications prescribed by health professionals should be covered if on the approved list. NIHB staff should not overrule health provider decisions.
- Many helpful medications have been removed from the benefit list—this is not acceptable.

Access
1. People should not have to provide a yearly letter for pre-existing conditions.
2. Need greater awareness of traditional medicines.
3. People who take regular medications need to have an adequate supply so lack of access does not hold up treatment.
4. Improve/simplify and shorten the approval process and remove the need for unnecessary approvals.
5. Remove the need for special authorization for medical diapers. This is degrading.

Coverage
6. Change the regulation for coverage of nicotine patches, specifying what is required (a detailed prescription that includes duration) and communicate this with clients, pharmacists and physicians.
7. Review the list of items that are approved and restricted. NIHB is rejecting claims for medications that clients need (such as those for diabetes) but are approving medications that can be abused (such as covering opioid pain...
medications but NOT covering non-opioid pain medications).
8. Remove limits on products that are needed to manage serious medical conditions common in First Nations peoples, such as diabetes. There should not be a limit on the number of diabetes test strips and lancets that can be paid for, for example.
9. Cover diabetes pumps for clients over 19 years of age.
10. Review, update, improve and share a comprehensive NIHB Drug benefits list. Share this with pharmacies and physicians.
11. Cover medications needed to support patients with multiple sclerosis, such as Tecsidera.
12. Coverage is needed for weight loss medications such as Zenical.
13. Coverage is needed for new addiction medications.
14. Add these medications to the approved list: cancer medications, Cialis, Viagra, shingles vaccine, Pulicort puffers, codeine syrup, Salofalk (for Crohn's).
15. Ensure that fees charged by physicians to complete NIHB approval forms are covered by NIHB

Approval and Reimbursement Process
16. Reimburse providers and clients in a timely manner.
17. Remove restrictions on out-of-province restrictions—use the status card as proof to process.

d) Short Term Crisis Program

Imposing provincial standards [for mental health] on First Nations communities is unethical. Individual client history may indicate repeated traumatization or may have a ripple effect on the family. This leads to intergenerational trauma. This is supposed to be a bridge, but from what to what? Is anything in the province working to such capacity that our people are improving in the area of mental health as a result of access to these services? NO!
People need counselling, not prescriptions!

Overall concerns

- First Nations peoples require culturally safe, high quality, community-based mental health supports and services. The STC program does not address this need and, in many ways, is structured in a way that can do harm to our most vulnerable youth and adults.
- This program is inadequate and structurally unsafe, hence it is also underused.
  - Provider list is not up-to-date
  - Quality of care, language and cultural safety of providers is not considered
  - People are not aware of the program or process
  - The counselling period is too short to be helpful and does not follow best practice (continuity of care). The program also assumes that the client will then get help from community mental health counselling (which does not exist in most communities/is not funded or provincial mental health services, which are inadequate and not culturally safe.
  - It does not address counselling needs across the life course
  - First Nations Elders and traditional healers and cultural approaches are not valued within the program.
Discharge planning and case management is inadequate or not considered.
- The auditing process is resulting in a loss of providers
- Communities are not notified when policies change (for example, extending coverage to 15 hours).

Recommendations
1. This program needs to be completely restructured to support culturally safe, high quality, community-based mental health supports and services for adults and children/youth.
2. Restructuring must be done with real inclusion. Program development needs to involve front line First Nations community workers and front line provincial workers.

Coverage
3. Improve the number of hours available for crisis counselling.

**e) Medical Transportation Program**

*Dialysis patients are struggling to get transportation.*

*There is no compassion in this program.*

*People are on methadone for years, not just four months.*

**Overall concerns**

Individuals need better access to medical transportation that is reliable, safe and respects privacy.

Recommendation
1. Investigate group insurance rates for medical for drivers.

**Access**
2. Remove the approval process for escorts for elders and persons with disabilities.
3. Transportation is needed during after-hours emergencies.
4. Change the 'nearest facility' rule to ensure continuity of care and client needs are valued. Review all service providers and locations and share these with clients and drivers.
5. Provide an allowance for payment of taxi for medically necessary procedures such as dialysis.

**Coverage**
6. Expand medical transportation coverage for methadone clients beyond 4 months. Continue coverage for as long as client is on methadone.
7. Increase the mileage and meal rates so they are at par with Health Canada Treasury Board guidelines.
8. Recognize all wellness appointments, in all benefit areas, not just physician appointments.
10. Reimburse escorts for meals.
11. Increase the coverage for private accommodations to $50/night.
12. Coverage for long-term stays is too short (7 days) and should instead reflect the length of healing time required.
13. Expand coverage so families can visit loved ones in treatment.
14. Aftercare is part of treatment and this medical transportation should be paid for.
15. Addiction counsellors need vehicles to take clients to supports and services.
17. Cover the cost of family members to travel to hospital for support.
18. Pay for wait times. Appointments can take 3-4 hours.

**f) Medical Supplies and Equipment Program**

I had a client who needed extra ostomy supplies. This was not her fault—the appliance was not staying on. She was seeing/being followed by a stoma specialist at the hospital, as well as a surgeon, dermatologist, plastic surgeon, internist, communicable disease specialist, family doctor and extra-mural nurse. She was followed by all these people but yet denied supplies because NIHB said she had used too many. She was told to use a grocery bag.

When clients need a walker or a wheelchair, the doctor’s prescription should be adequate. We do not have access to occupational therapy or physiotherapy.

A client needed pull-up diapers due to bowel and bladder incontinence. The prescription received on April 21st and we received notice on June 7th that more information was required before these could be covered. This is unacceptable. The family has been dealing with enough issues without being declined on necessary diapers.

My diabetic client has been waiting over one year for special shoes because NIHB is requiring him to see multiple specialists and because he has received conflicting information from NIHB.

**Overall concerns**

Many improvements are needed here. This program is for equipment needed by people who are very sick—there should be no question as to whether the products are needed.

**Access**

1. Remove the requirement for PT/OT assessments for needed equipment. Or, pay for PT/OT providers/private services for First Nations communities.
2. Remove the limits of necessary items, such as adult diapers, ostomy supplies.
3. Provide education and awareness of this program at hospitals.
4. Hire a discharge planning nurse for care coordination.
5. Remove the authorization/approval requirements for medically necessary items.
6. Clarify and share the process and forms for special approvals.
7. Advance payment should not be required for large cost items such as wheelchairs and hearing aids.
8. Provide a list of NIHB approved providers in each area.

Coverage
9. Cover Ensure and Glycera for non-palliative cases.