



**Hear Our Voices: First Nations in New Brunswick and Prince Edward Island Recommendations for NIHB Reform**  
 September 12-13, 2016 Meeting Summary, Moncton New Brunswick Peter Birney, Union of New Brunswick Indians (UNBI)

## 1. Summary of observations and recommendations

The Assembly of First Nations (AFN) and the First Nations and Inuit Health Branch (FNIHB) have undertaken a 2014 - 2017 process to jointly review the Non-Insured Health Benefits (NIHB) Program. This report provides a summary of recommendations for changes to NIHB from First Nations people working daily with this program in First Nations communities in New Brunswick (NB) and Prince Edward Island (PEI). These recommendations are numbered, as a response regarding the status of each request is requested.

Program-specific changes as well as overall concerns with NIHB have been identified. When available, stories to illustrate the need for improvement have been included. It is critical to note that these stories are not unusual—frustration, inability to access care, poor quality care and the resulting harms from this due to poor NIHB policies and practices are a *daily occurrence* in First Nations communities.

The following is a short summary of observations and recommendations. Key messages are included in the visuals throughout.

The NIHB program is deeply flawed. Processes and services are sub-standard, racist and not culturally safe. This creates serious barriers to accessing/inadequate coverage for critical health services, medications, equipment, and supplies. These barriers and inadequacies contribute to poor health for First Nations individuals, families and communities in New Brunswick and Prince Edward Island.

### Recommendations

1. Work with First Nations communities to restructure and administer the NIHB program.
2. Create a program that provides quality services that match the best insurance coverage in the country.
3. Provide cultural safety training for NIHB staff and health providers, including pharmacists, doctors, and receptionists.

An inequitable level of scrutiny, inconsistencies and unnecessarily complex NIHB program requirements contributes to this lack of access. NIHB staff are denying the health and care recommendations and results in unethical and unsafe breaches in confidentiality. This also results in the loss of essential community health partners in care, with local pharmacies, among others, no longer willing to service NIHB clients.

### Recommendations



4. Simplify and clear eligibility and reimbursement requirements and follow these. Value the recommendations of health providers. Let clients and providers know why coverage has been denied.
5. Create new and improved ways to communicate the guidelines and processes with First Nations community members and health providers. Regularly communicate policy and practice changes with all clients and First Nations health staff. Report yearly to First Nations communities and leadership on the NIHB program, including denials (numbers and rationale), costs and expenditures.
6. Improve and share protocols to guarantee privacy and confidentiality.

In addition to the burden of illness from sub-standard care, NIHB is a drain on resources due to the need for community-based workers and family members to advocate for clients and assist with system navigation.

#### Recommendations

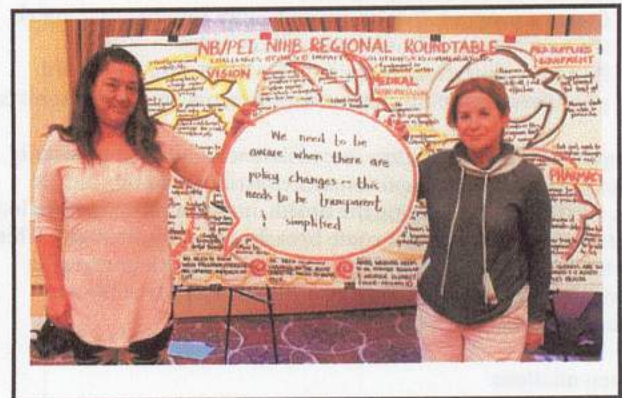
7. Simplify the processes. Improve the guidelines. Make criteria for programs and approvals more transparent and simplified. Make the forms easier to use and understand.
8. Keep the materials up-to-date. Distribute and share in a variety of ways: improve the website; provide better, easy-to-read print materials to community members and health centres; host regular community presentations.
9. Improve the audit process and ensure it is completed in a culturally safe manner.
10. Make sure NIHB staff are available and understand their job is to provide accurate information, advocate on behalf of clients and provide support when dealing with NIHB issues.
11. Fund navigators at the community level. Provide training and resources for First Nations health staff and community members to do this work more effectively

#### Vision care needs

1. Cover quality eyeglass lenses such as progressive lenses and scratch resistant coatings
2. Allow changes due to emergencies
3. Improve the repair and replacement policy
4. Approve the rates of approved providers

#### Dental care needs

1. Publish and share the criteria and requirements
2. Bring the administration of dental coverage to the region
3. Create, share and allow a reasonable criteria for orthodontics
4. Provide immediate approval for dental emergencies
5. Update the cost grid to reflect the rates of approved dentists
6. Cover the relining costs for dentures
7. Improve coverage for preventive dentistry procedures and support



better access to dental care providers such as hygienists instead of therapists

#### Pharmacy program needs

1. Add medications to the approved list, including pain medications that are non-habit forming
2. Remove the need for yearly approval for chronic conditions
3. Remove limits on medications needed for quality care and/or chronic conditions such as diabetes
4. Cover the cost of prescriptions
5. Recognize requests that result from changes to provincial regulations.

#### Short term crisis program needs

1. Modify this program to ensure it meets the mental health and addiction needs of adults and children in First Nations communities. This program does not work for individuals and families in crisis.
2. Value the expertise of traditional healers and knowledge keepers.

#### Medical supplies and equipment program needs

1. Remove supply limits associated with this program.
2. Provide coverage for private assessment services to reduce wait times for equipment
3. Expand coverage to include supplements for people who are frail

#### Medical transportation program needs

1. Build this into a group program with group insurance benefits
2. Enhance mileage and meal rates and cover parking costs and wait times
3. Improve transit for individuals in detox and/or addiction treatment
4. Remove the 'nearest facility' requirement
5. Provide coverage for wellness appointments and follow up care
6. Extend the escort support timeline
7. Increase reimbursement amounts for NNADAP workers transporting clients in their own vehicles



### 2. Graphic recording of highlights shared

