



Non-Insured Health Benefits NIHB

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NIHB Navigator

Confederacy of Treaty Six First Nations

What is NIHB?

The Non-Insured Health Benefits (NIHB) program provides eligible First Nations and Inuit clients with coverage for a range of health benefits that are not covered through other social programs, private insurance and provincial and territorial health insurance.



The six main benefit areas include; *Pharmacy and over the counter medication, Dental Care, Vision Care, Medical Supplies and Equipment, Medical Transportation, and Mental Health Counselling.*

Who is Eligible?

To be eligible, a client must be a resident of Canada, and one of the following:

- A First Nations person who registered under the Indian Act (commonly referred to as a “Status Indian”)
- An Inuk recognized by and Inuit land claim organization as outlined in Inuit client eligibility for the NIHB program
- A child less than 2 years old who parent is an NIHB-eligible client

To make sure that your child continues to be eligible for the program, you should apply for your child's:

- Indian status (this should be done as soon as possible), can be done at your FN membership department or ISC website under Indian Status
- For some clients, a self-government, or First Nations or Inuit health authority may be responsible for providing health benefits.
- To access benefit coverage, show your health care provider your client identification (status #) to confirm your eligibility with the program.
- Coverage is available only for eligible goods and services obtained in Canada.

NIHB Navigator Role

Provides support to the Treaty 6 Chiefs by preparing briefing notes, reports, summaries, presentations, and navigator updates on the NIHB program

Liaise between clients and service providers to mitigate potential challenges/barriers. Identify policy issues related to accessing the benefits through client feedback.

Provide resources and support for clients, families, service providers, social workers, and other organizations who serve Treaty 6 clientele

Improve awareness among First Nations on the NIHB program and how to access benefits and submit appeals

Compile data on database to track approvals, denials, and pending cases

The data collected is for reporting purposes, information will be provided to the Chiefs of Treaty 6 to advocate for policy change

History of Treaty Right to Health

Our Ancestors put the Medicine Chest and the Famine and Pestilence Clause as a pillar of Treaty No.6; The British House of Lords in the Indian Association Case in 1982 held that Treaty could not be altered through Canadian policy or legislation without our free, prior, and informed consent. *The Royal Proclamation of 1763 codified our right to free, prior, and informed consent.*



Dr. A.G. Jackson, Secretary to the Treaty Commissioner in 1876, provided insight into the provision of the Medicine Chest. He recorded the "Indians" requesting their medicine be provided free of charge, and as such Treaty No.6 provides in the relevant part: *"That a medicine chest shall be kept at the house of each Indian agent for the use and benefits of the Indians at the direction of such agent"*.

Treaty Right to Health

Treaty Relationship between the Crown and First Nations, Treaty No. 6 was signed in 1876

A Relationship developed and a covenant was established

First Nations have always maintained their part of the agreement and that is to share some of the land with the settlers and to maintain "peace"

It was understood by our ancestors that all health, education, and the right to hunting, fishing, and trapping, were "pre-paid" benefits

Treaty Rights reinforce our Inherent Rights

Responsibility, Rights, Relationship

Treaty 1 - 11: Each Treaty area holds a treaty clause specific to its territory. For example, Treaty No. 7 has the "Right to Education"; Treaty No. 8 has the "Right to Hunting, Fishing, and Trapping" and Treaty No. 6 has the "Medicine Chest Clause" - Treaty right to health.

All Treaty promises apply to Treaty 1 - 11 signatories

An example of how to exercise your Treaty Rights is when a band approves funding for post-secondary education, it is incumbent upon the student to do the academic work to obtain a diploma or degree.

Preventative health care is another way people can exercise their Treaty responsibilities. Regular dental visits, yearly medical check-ups and using prescription drugs responsibly are a few examples.

When exercising your Treaty rights to hunting, fishing, and trapping, only take what you need and respect your relationship to Mother Earth, and the Creator

Treaty Right to Health - Non-Insured Health Benefits Timeline

The federal government's position on treaty health care obligations was services and financial assistance would be provided when "medically necessary" (term still in framework)

The federal government introduces "payer of last resort" concept. Cutbacks to health benefits resulted in some services being delisted. The use of generic drugs for NIHB prescriptions was encouraged.

Predetermination began for NIHB. For example, a dentist must submit a dental claim form for approval before performing any dental work on an NIHB client.



NIHB begins

Before 1997, most NIHB benefits required prior approval.

All NIHB services now require prior approval, and the federal government is continuously delisting or relisting benefits

Payor of Last Resort

“Payor of Last Resort” is not a term specifically defined in legislation or by courts.

A “Payor of Last Resort” position can also be put forth through insurance contracts themselves. Some insurance policies may contain a provision which requires the insured person to exhaust all other means of compensation before making a claim under the policy

NIHB’s interpretation of “Payor of Last Resort” has evolved over time. Health Canada’s naming of the program “Non-Insured Health Benefits” by definitions, suggests that the benefit’s are for the “non-insured” and that those with their own insurance are not covered. FNIHB’s position appears to be:

Benefits under provincial or territorial (public) health plans or programs must be accessed first before NIHB covers anything;

If an individual has a private plan (whether held as a group through employment, or individually), any benefits payable under the plan must be accessed first before NIHB covers anything

Timeline Continued...

2010: First Treaty 6 Navigator hired

2011- 2013: NIHB denials in Treaty 6 territory increased by 26%

2015: Resolution on Treaty Right to Health (NIHB) passed

2015: A number of service providers pull out of the NIHB program

2014 - 2016: AFN-FNIHB Joint Steering Review on NIHB benefit Dental, Pharmacy, Vision, MS&E

2016: Non-Insured Health Benefits (NIHB) Joint Review; Final Report to First Nations Health Managers

2018-2023: AFN/FNIHB Joint Review Steering Committee meetings continue (paused during Covid)

2022: December 2022, INAN Report makes 18 recommendations on changes to NIHB

Reason for the AFN-NIHB Joint Review: Presented by FSIN Vice-Chief David Pratt at the House of Commons April, 2022

The NIHB program is perhaps the most frequently cited grievance related to federal health programs and has many factors, including inadequate coverage, lack of timely access, inconsistent adjudication of claims and burdensome administrative cases.

The NIHB program remains primarily concerned with cost containment rather than providing adequate and timely medical benefits and services to First Nations.

It is critical to note that First Nations are very clear that the NIHB program is funded in the federal fiduciary responsibility based on guarantees through treaty. Our Elders teach us that treaties between the First Nations and the Crown are an articulation of the Creator's gifts, wisdom, and are sacred. The treaties articulate relationships and ongoing legal obligations.

NIHB was constructed to be the "*Payer of Last Resort*", but for many First Nations it is their only option.

The NIHB program is cumbersome, with the burden carried by our citizens. Reimbursements from NIHB to service providers is rife with delays and denials. Service providers are dropping out of the NIHB program at an alarming rate.

Joint Review Steering Committee (JRSC) Membership

Chiefs Committee on Health (CCOH) - 1
representative

National FN Health Technicians Network -
4 representatives

NIHB National Navigators Network - 2
representatives

Observer - 1 representative

JRSC Members Dept. of Indigenous
Services Canada (ISC) - 10 representatives

Non-Insured Health Benefits Program; FNHIB Annual Reports only reports on expenditures of each benefit area for each region.

NIHB does not track denials of benefits so Treaty 6 will capture our own data to address what benefits are not covered.

The Treaty 6 NIHB Navigator has started tracking denials manually and recently on a database with the permission of the clients.

Tracking Denials

Treaty 1-11 NIHB Navigators should be tracking denials as well and share their information to identify which benefit areas are most denied.

NIHB denial data should be shared with the Treaty Chiefs, the NIHB Navigators, and the JRSC to influence positive changes to the NIHB framework/policy.

NIHB Express-Scripts Canada (ESC)

NIHB ESC is a private sector company that provides electronic claims processing services through a system that is tailor made for the NIHB Program.

Express Scripts Canada processes dental, pharmacy, vision, medical supplies and equipment, and mental health counselling benefits but does not process any aspects of medical transportation.

NIHB clients now have the option of creating a secure web-based personal account through NIHB ESC website
(<https://nihb.express-scripts.ca>)

By creating a secure NIHB client web account, clients can: View their benefit claim history and status of pending requests, submit client reimbursement requests, submit appeal requests, receive NIHB communication directly by email.

There is no age restriction for you to create an account; however, to receive payment of your claim(s), you must be 16 years of age or older.

How can I support T6 Communities

Communities; In-Service education, health fairs, workshops, intake information, and provide resource information

Individuals/clients; Intake, advocate, assist with appeals, provide resources, educate on Express Scripts Canada

NIHB Education; NIHB framework/policy, NIHB terms and meanings, eligibility formulary for cancer and nutrition, importance of registering newborn babies

Service Providers; Assist, advocate, problem solve, educate on updates and Express Scripts Canada, find loop holes

Communication; Network with schools, agencies and communities, newsletters, social media, radio messages, displays, brochures, participate in events

Did you know?

You are eligible for corrective eyewear every two calendar years, not anniversary years. Example: If you receive glasses December 1, 2021 you would be eligible for a new pair on January 1, 2023. You do not have to wait until December 1, 2022.

You are eligible for 22 hours of mental health counselling sessions every calendar year.

Pharmacy benefits recent additions;

- Suboxone (used to treat opioid disorder), limited use, prior approval not required
- Dexcom G6 (short acting insulin), limited use, prior approval required
- Freestyle Libre Coverage (short acting insulin)
- Smoking Cessation Treatment
- Entuziky KwikPen (insulin injection), an open benefit (prior approval not required)
- NIHB covers selected nutrition products (infant formula or nutritional supplements) when medically necessary, with prior approval
- All updates are provided in the pharmacy benefit area on NIHB Express Scripts Canada



Q & A

Please let me know if you have any questions or comments to the presentation.

Contact Information

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General NIHB Inquiries - AB Region

P. (780) 495-2694

F. 1-800-232-7301

Medical Transportation

P. (780) 495-2708

Toll Free. 1-800-514-7108

NIHB Call Centre at Express Scripts Canada

1-888-441-4777

Drug Exception Center (DEC)

1-800-580-0950

Dental Pre-determination Centre (DPC)

1-855-618-6921

Toll Free: 1-855-618-6290

Orthodontic Services

P. (780) 495-2708

Toll Free: 1-800-514-7106