

Assembly of First Nations

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Assemblée des Premières Nations

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SPECIAL CHIEFS ASSEMBLY
December 2-3-4, 2025, Ottawa, ON

Resolution no. 39/2025

TITLE: Reform of the Non-Insured Health Benefits Program to Eliminate Exclusion Policies and Address Service Gaps

SUBJECT: Health

MOVED BY: Chief Lorie Whitecalf, Sweetgrass First Nation, SK

SECONDED BY: Chief Erica Beaudin, Cowessess First Nation, SK

DECISION: Carried by consensus

WHEREAS:

- A. The *United Nations Declaration on the Rights of Indigenous Peoples* (UN Declaration) states:
- i. Article 23: Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous peoples have the right to be actively involve in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.
 - ii. Article 24(2): Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.
- B. The Indian Health Policy (1979) committed Canada to strengthen capacity and support First Nations-led health systems; however, the Non-Insured Health Benefits (NIHB) program has failed to keep pace with evolving models of care or First Nations community needs and continues to impose restrictive exclusion policies that deny access to medically necessary care.
- C. NIHB coverage restrictions violate First Nations' Inherent and Treaty Rights to equitable healthcare and must be rescinded as per Federation of Sovereign Indigenous Nations (FSIN) Resolution 1094/2001 and AFN Resolutions 42/2024, *Treaty Medicine Chest Clause Political and Legal Strategy*, and 75/2024, *Non-Insured Health Benefits Medical Transportation Policy Discriminatory to First Nations*.

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CINDY WOODHOUSE NEPINAK, NATIONAL CHIEF

39 – 2025

Page 1 of 3

- D. NIHB's exclusion policies deny coverage for medical care, and related supports based on location or circumstance, forcing First Nations to self-fund or forgo care, which undermines the portability of health rights and places Elders and citizens at risk, especially in situations involving medical transportation needs.
- E. NIHB's exclusion policies are not subject to transparent appeal or review, leaving First Nations with no recourse or creating inconsistent access across regions. Furthermore, exclusions contradict NIHB's mandate to provide access to medically necessary benefits that cause additional suffering to First Nations people and contribute to systemic service gaps that must be identified, tracked and remedied immediately.
- F. The 2025 Auditor General's Report entitled *Follow-up on Programs for First Nations* found that Indigenous Services Canada (ISC) has made unsatisfactory progress in closing health gaps and lacks accountability in addressing program deficiencies, including NIHB.
- G. The recent restructuring of ISC, effective September 2, 2025, was undertaken without prior engagement of First Nations leadership. Despite the stated objective of establishing a "one-ISC, single-window approach," this restructuring conflicts with the ISC department's mandate to support First Nations self-determination and service delivery, creating uncertainty regarding the governance and delivery of the NIHB program and risking further recentralization, reduced accountability, and service fragmentation.
- H. While the ISC restructuring relocated NIHB under the new Services to Individuals sector, First Nations have received no clear plan on how NIHB policy reform, including exclusions, will be addressed within this new structure.

THEREFORE BE IT RESOLVED that the First Nations-in-Assembly:

1. Direct the Assembly of First Nations (AFN) to call upon Indigenous Services Canada (ISC) to conduct and present an immediate, transparent review of all Non-Insured Health Benefits (NIHB) exclusion policies, including Sections 12E and 12G of the NIHB Medical Transportation Framework, in full partnership with First Nations leadership and technical experts, and to demonstrate legislative, policy, and administrative factors that may limit or create barriers to implementing necessary program reforms.
2. Call upon ISC to suspend the application of NIHB exclusion policies in instances where they create barriers to accessing medically necessary care, particularly where ISC cannot clearly demonstrate that alternative public services are available and accessible within the affected region(s).
3. Call upon ISC to work in partnership with the AFN to establish an independent First Nations-led review and appeal mechanism within NIHB to ensure decisions related to coverage and exceptions are transparent, fair, and culturally safe.
4. Call upon ISC to track and publish denial and exception data by region and benefit type to identify systemic service gaps, and to communicate any current shortcomings in data tracking along with clear, time-bound action plans to address and mitigate these gaps immediately, ensuring policy reform is guided by community need.
5. Call upon ISC to provide dedicated resources to the AFN to contract an independent consultant to perform a cross-program evaluation of existing program exclusions, available resources elsewhere and identify gaps in service that must be remedied by ISC.

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Cindy Woodhouse

CINDY WOODHOUSE NEPINAK, NATIONAL CHIEF

39 – 2025
Page 2 of 3

6. Direct the AFN to urge ISC and the NIHB program to review, monitor, and analyze Jordan's Principle claims and utilization data to identify trends, highlight systemic gaps in NIHB coverage, and reduce reliance on Jordan's Principle as a workaround, ensuring that unmet health needs of First Nations children are met and that NIHB program gaps are addressed and mitigated, with findings reflected in publicly reported utilization statistics.
7. Direct the AFN to request ISC to report annually to the First Nations-in-Assembly on progress made toward NIHB exclusion policy reform, data transparency, and equitable service delivery.

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