TITLE:	Review of Non-Insured Health Benefits
SUBJECT:	Health
MOVED BY:	Chief R. Don Maracle, Mohawks of the Bay Quinte, Ontario
SECONDED BY:	Chief Bernie Elkins, Alexandria Band, British Columbia
DECISION:	Carried by Consensus

WHEREAS:

A. In 1979, the Government of Canada's Indian Health Policy was issued, establishing a framework for the delivery of all Indian and Inuit health programs including the Non Insured Health Benefits (NIHB) Program; and remains within Health Canada's Program Mandate and Authority for First Nations Inuit Health Branch (FNIHB).

B. The NIHB Program provides benefit coverage for 815,800 (March 2009) registered First Nations and recognized Inuit on a limited range of medically necessary health related goods and services.

C. The addition of new beneficiaries to the NIHB Program is estimated to be approximately 50,000 new Status First Nations as a result of the McIvor Case and other First Nations that are in the process of recognition under the *Indian Act.*

D. Since the 1979 Indian Health Policy was issued, Health Canada has failed to provide the "health indicators" to show an improved health status in the First Nations population that is better or comparable to the Canadian population.

E. The 1993 Auditor General's (AG) report called for a clearer policy and program mandate and recommended appropriate consultations with First Nations & Inuit to establish an authority base including a purpose and objective for the program, requirements for eligibility and entitlement, nature

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and extent of program benefits, and base funding required for benefits. The AG also recommended NIHB look at legislating NIHB to address inequities and ambiguous policy.

F. The First Nations Leadership Action Plan on NIHB, published by the AFN in May 2009, reveals serious issues with the federal program.

G. The AFN Health and Social Secretariat estimates a funding shortfall of approximately $376 million next year, and $805 million overall in five years in Health Canada's national NIHB Program budget.

H. The AFN recognizes the Treaty and Inherent Rights to health.

THEREFORE BE IT RESOLVED that the Chiefs-in-Assembly:

1. Direct the AFN to facilitate consultations with Health Canada and First Nations on a Nation-to-Nation basis to establish policies that are based on *health needs* in order to fulfill the government's fiduciary obligations.

2. Direct the AFN to advocate that the federal government issue a Senate Order of Reference to the Standing Committee on Social Affairs, Science and Technology to conduct a thorough study of the NIHB Program to investigate the following, including but not limited to:
   a) Conduct comparison of NIHB with other Federal programs, i.e. Veteran Affairs Canada, Canadian Forces, Citizenship and Immigration Canada, and Correctional Services Canada to ensure equitable access to services for First Nations citizens, and that this comparison consider differences in geographic and demographic as well as health issues and access to health services between First Nations and other populations;
   b) Contractual obligations of the Express Scripts Incorporated related to transparency and accountability in staffing, timely response to claims and release of payment to health service providers;
   c) Policy implementation related to all benefit areas be reviewed using Nation-to-Nation consultation process; and that this review consider emerging trends for health management issues e.g. pain management alternatives;
   d) Review of the impact of additional resource needs (administrative and benefit provision) as a result of increased population resulting from McIvor Decision and First Nations that are in the process of recognition under the *Indian Act*; and
   e) Administrative procedures including predeterminations and prior approvals, and costs of these administrative activities related to actual provision of benefits under review.

3. Direct the AFN to participate in this study.

4. Direct the AFN to advance the Treaty and Inherent Rights to health in the Spirit and Intent of the Treaties to full Health benefits including our hospitals, dental care, eye care, transportation, medical supplies and equipment.

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