

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. 40/2025

TITLE:	Reinstatement of Ozempic as an Open Benefit under the Non-Insured Health Benefits Program
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SUBJECT:	Health
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MOVED BY:	Chief Shawn Longman, George Gordon First Nation, SK
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SECONDED BY:	Chief Karen Bell, Ojibways of Garden River First Nation, ON
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DECISION:	Carried by consensus
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WHEREAS:

- A. The *United Nations Declaration on the Rights of Indigenous Peoples* (UN Declaration), which Canada has a legal and moral obligation to implement, states:
- Article 24(1): Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.
 - 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 Truth and Reconciliation Commission of Canada (TRC) *Calls to Action* states:
- Call to Action #19: We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.
- C. Due to historical and ongoing government-imposed health policies, First Nations people continue to face disproportionately high health challenges compared to the general population. The federal government

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CINDY WOODHOUSE NEPINAK, NATIONAL CHIEF

40 – 2025
Page 1 of 2

has an obligation to uphold its commitments to ensure First Nations people have non-discriminatory, timely, and equitable access to comprehensive health services, including preventative and chronic disease management.

- D.** The Non-Insured Health Benefits (NIHB) program provides registered First Nations and recognized Inuit people with coverage for a range of health benefits, including pharmaceuticals.
- E.** Ozempic (semaglutide) is a clinically proven glucagon-like-peptide-1 (GLP-1) receptor agonist that stimulates insulin secretion and promotes fullness to reduce appetite. When used along with diet and exercise, it improves blood sugar control, reduces cardiovascular events (such as heart attack, stroke) and further kidney complications in adults diagnosed with type 2 diabetes.
- F.** A growing body of clinical evidence, including studies published in the Lancet Diabetes & Endocrinology and British Columbia Diabetes Clinical Summary, demonstrates that Ozempic (semaglutide) provides significant benefits in weight loss, reducing risk of progression of type 2 diabetes and other weight-related chronic illnesses thereby improving health outcomes.
- G.** The reclassification of Ozempic (semaglutide) from the NIHB Program's open benefit to a limited benefit without an immediate acceptable GLP-1 receptor agonist alternative such as Wegovy (semaglutide), Saxenda (liraglutide) or Mounjaro (tirzepatide) introduces new access barriers that will lead to poorer health outcomes and increase health related costs associated with chronic diseases.

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) and relevant pharmaceutical advisory committees (e.g., Canada's Drug Agency, ISC's Drugs and Therapeutics Advisory Committee, and the Indigenous Pharmacy Professionals of Canada) to immediately assess and evaluate the recent change in Non-Insured Health Benefits (NIHB) program coverage of Ozempic (semaglutide), and other glucagon-like-peptide-1 (GLP-1) agonist drugs, including its implications for access, affordability, and chronic disease management in First Nations communities, and to prioritize First Nations' health equity in all NIHB coverage decisions.
- 2.** Call upon the federal government to recognize the growing evidence that Ozempic (semaglutide) is an effective medication that supports cardiovascular protection, promotes weight loss, and helps prevent progression of type 2 diabetes and other chronic illnesses, and to reinstate its NIHB coverage as an open benefit until an acceptable GLP-1 receptor agonist alternative is available.
- 3.** Direct the AFN to engage First Nations communities and conduct a comprehensive assessment on how access to preventative medicine affects diabetes and other chronic disease outcomes, with a focus on equity, prevention, and long-term health impacts.

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40 – 2025
Page 2 of 2