

# Non-Insured Health Benefits and Aboriginals

According to the 2010 Urban Aboriginal Peoples Study, 71 per cent of First Nations, Inuit and Métis people reside in an urban setting — and this number is likely to increase. As this happens, urban pharmacists and doctors will continue to see an increase in Aboriginal people claiming Non-Insured Health Benefits (NIHB).

NIHB is a national health benefit program that provides health coverage for eligible First Nations and Inuit people residing in Canada (Métis people are not covered by this plan). The aim of the program is to supplement a recipient's provincial or territorial health benefits by increasing access to health-care services and reducing the cost of medical, dental and pharmaceutical services.

## What do you need to know?

In 2009, there were 815,800 Aboriginal people receiving NIHB benefits. This marks a 72 per cent increase since 1990, according to Health Canada. The largest portion of NIHB recipients live in Ontario, Manitoba and Saskatchewan, and the average age of a recipient is 30. NIHB covers a wide range of services and pharmaceuticals. For example, NIHB covers maternal health needs such as prenatal vitamins and folic acid; however, in order for Aboriginal people to access any of these items, they must first have a prescription. This requires doctors to write prescriptions for items that typically do not require a prescription, such as vitamin D and iron supplements.

## Difficulties accessing coverage

Eligible Aboriginal people sometimes face difficulty accessing NIHB services and pharmaceuticals due to misinformation. Some doctors and pharmacists are not aware that NIHB coverage is not limited to Aboriginal people residing on reserve. Any eligible Aboriginal person is able to access NIHB coverage, regardless of geographical location.

As well, despite the importance of NIHB, access to certain medications is limited. Under NIHB guidelines, NIHB will only cover the cost of the lowest-cost drug available. Generally, this means that NIHB will only provide coverage for generic drugs. According to a 2004 study by the University of Toronto, the Canadian Association



of Pharmacists and the Association of Iroquois and Allied Indians, cite 'drug exemption' as a major barrier in providing pharmaceuticals to NIHB recipients. They explain that it is a lengthy procedure to have exempted drugs approved to be covered by NIHB. This procedure can take up to a few months to complete, depending on the geographical location of the recipient. They cite patients waiting four months for drug approval in communities that have only rolling access to specialists and physicians (Rana, 2004).

## What can you do?

There is a lot that you can do in order to help your patients access NIHB coverage. Below are four tips to help facilitate NIHB access for you patients:

- 1) Become informed about the NIHB program by visiting the NIHB website and speaking to your patients about how they use the program.
- 2) Increase your awareness about the social and economic reality of Aboriginal people residing in Canada and in your community.
- 3) Become aware of personal biases towards gender, race, culture, sexual orientation, ability, language, education and socio-economic status.



- 4) Provide information in your waiting room, office or store on NIHB coverage.

## Resources and links

If you want to learn more about NIHB, you can visit the following websites:

### Assembly of First Nations NIHB handbook (for recipients)

[www.afn.ca/cmslib/general/AFN\\_NIHB\\_Handbook.pdf](http://www.afn.ca/cmslib/general/AFN_NIHB_Handbook.pdf)

### Health Canada's NIHB website

[www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/index-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/index-eng.php)

## References

- Enviroics Institute. (2010). Urban Aboriginal Peoples Study. Toronto: Enviroics Institute.
- Health Canada. (2009). Non-Insured Health Benefits Annual Report 2009-2010. Ottawa: Health Canada.
- Rana, Z. B. (2004). Access to Essential Medicines and the Canadian Aboriginal Population: Core Feature of the Drug Program and Policy Issues. Toronto: University of Toronto.