

KEVIN O'REILLY—MLA FRAME LAKE

Non-Insured Health Benefits

Committee of the Whole—2016-2017 Operating Budget Review

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MR. O'REILLY: Thanks, Mr. Chair. I was directed, though, to ask questions here in this section about non-insured health benefits. As I understand it, this is a federal program. But my understanding is that the feds, or whoever runs this program, have sort of whittled away at what services and things were actually covered under this over a period of many years. I don't think that is a good thing. So I am wondering, with the new federal government in Ottawa, one that seems to be taking a stronger interest in Indigenous peoples across this country, what sort of prospects the Minister sees for expanding the scope of some of the services and things that are covered under non-insured health benefits? Thanks, Mr. Chair.

CHAIRPERSON (Mr. Simpson): Thank you, Mr. O'Reilly. Minister.

HON. GLEN ABERNETHY: Thank you, Mr. Chair. This is one of the areas that the PT Ministers of health have been pushing to have on the agenda. It is certainly an area that they want to address for the reasons that the Member has described. We have indicated that we want to work with our Aboriginal partners moving forward. We want them to be involved in the process. They badly want to be involved in the process. One of the issues that we know they want to raise is some of the stuff that doesn't exist within the formulary, or the list of what is covered and what is.

For example, I have had a number of individuals approach us saying that they are really frustrated that they can't get progressive lenses, as opposed to bifocals. They are forced to get bifocals because progressives aren't covered. The reality is bifocals are a hardly-used technology anymore, whereas progressives are the norm. So these are issues that they want brought forward. That is why we want to make sure that we are working closely with our Aboriginal partners as we move forward. I can't say whether or not the federal government is going to be interested at all in amending their formulary. But we will certainly raise our concerns with the formulary that exists today.

CHAIRPERSON (Mr. Simpson): Thank you, Minister Abernethy. Mr. O'Reilly.

MR. O'REILLY: Thank you, Mr. Chair. A couple of other, maybe, pieces of advice or suggestions here. I think there are some opportunities to work with our northern partners, particularly Yukon and Nunavut on this because there might be some strength in numbers in approaching the federal government on this. I understand they have similar issues on this. That is one piece of advice or suggestion.

The other would be I have heard the Minister say he is going to consult with Aboriginal governments about this. I hope he will actually consult with health care professionals because I know that they experience a great amount of frustration in what services and products and things are covered under NIHB. I know that there are some health care professionals -- sometimes they are dealing with folks that come in from communities, people are here for a relatively short period of time, trying to get approval for things that may not be on the formulary or it may vary from it. It is just incredibly crazy and difficult. I am aware that some health care professionals actually just pay out of their own pocket to get things done in the interest of their clients. It is great that we have professionals that will do that, but that is just how ridiculous this system has got over the years. Anyways, some frustration on my part from a number of health care professionals. So I really want to encourage and urge the Minister to consult with the

whole gamut of health care professionals in the Northwest Territories in putting together our position that we are going to bring forward to the federal government on that. So can you commit to do that? Thanks, Mr. Chair.

CHAIRPERSON (Mr. Simpson): Thank you, Mr. O'Reilly. Minister Abernethy.

HON. GLEN ABERNETHY: Thank you, Mr. Chair. We have actually already done that. In the review of our existing contract, we polled staff, health professionals from across the territories, together, tried to get a fair, representative balance of professionals and had them participate in review of the contract and help us identify some of the areas we really want to push.

As far as the three territories, we are planning a tri-territorial Ministers of Health meeting to talk about exactly these issues as well as other shared issues that we have and for the exact reason the Member has described. United, we have a lot of voice. We are three really small jurisdictions that can easily be overlooked. When we go to our PTs, the three of us usually band together to make a louder voice. We are certainly going to have our own tri-territorial meeting before the next PT. Thank you, Mr. Chair.