

KEVIN O'REILLY—MLA FRAME LAKE
Changes to NIHB Formulary (Progressive Lenses)
Committee of the Whole—2017-2018 Operating Budget Review
Dept. of Health and Social Services—February 14, 2017

MR. O'REILLY: Thanks, Mr. Chair. I was glad to hear the Minister mention NIHB. Can he just give us a bit of an update of where the negotiations are at in terms of changing that or updating it or whatever? Thanks, Mr. Chair.

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

HON. GLEN ABERNETHY: Thank you, Mr. Chair.

CHAIRPERSON (Mr. Simpson): The Minister has indicated Ms. DeLancey.

MS. DELANCEY: Thank you, Mr. Chair. Our current contract to administer NIHB on behalf of Health Canada actually expires at the end of March of this fiscal year. We have had discussions with Health Canada and we have an agreement to extend that contract for an additional year while we go through contract negotiations. We've already had preliminary discussions with Health Canada. We have identified where we would like to see improvements in the contract in terms of administration. The reality is that we probably have very little ability as a government to influence the NIHB formulary or the levels of coverage. Those issues that are of concern right across Canada, and I know AFN has just a review as well, but where we do hope to have some influence is improving some of the speed with which approvals are given, and some of the coverage for the administrative costs that we incur in administering this program for the federal government. Thank you, Mr. Chair.

CHAIRPERSON (Mr. Simpson): Thank you, Ms. DeLancey. The Minister would like to add something.

HON. GLEN ABERNETHY: I would, Mr. Chair. Mr. Chair, over the years a number of MLAs have raised issues about what's covered in the formulary and what's not covered in the formulary, and we'd always hoped that we might have an opportunity to influence that. What's becoming particularly clear, as the deputy alluded to, is that we're not going to be able to have too much influence over what is in the formulary.

Having said that, they change the formulary all the time and they don't tell us necessarily what they've done or what they're changing. So apparently in December as I was writing letters to MLAs and others saying, you know, progressive lenses aren't covered, the federal government was in the process of changing their formulary to cover progressive lenses, which we were only notified that that is now covered in the NIHB formulary in late January. So I've asked the department to draft up a letter to the MLAs letting them know that progressive lenses are now covered and will be covered, and I've asked the department to also draft me letters to all the constituents over the last number of months who wrote about progressive lenses, a letter indicating that it looks like progressive lenses are now covered.

So I haven't got that information to the MLAs. This seems like as good a place as any to let you know I have asked the department to draft up letters and those should be coming to you soon, but, hey, progressive lenses are covered. Thank you, Mr. Chair.

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

MR. O'REILLY: Thanks, Mr. Chair. I'm going to let the Minister personally deliver that good news to a couple of constituents who have already shelled out of their own pockets for progressive lenses. Look, okay, good thing. How do we change that crazy system, like where we don't find out about these things? There are things that we've been trying to change for years. I personally know medical personnel who will shell out of their own pocket because of the ridiculous turnaround times or what's covered or not covered. How do we get a critical mass to change that ridiculous system? Sorry, there's a little bit of frustration there and I'm sure that the Minister probably shares that. Thanks, Mr. Chair.

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

HON. GLEN ABERNETHY: Thank you, Mr. Chair. We just keep trying to encourage them to make reasonable choices and to apply common sense. Unfortunately, common sense is so rare, it might as well be a super power, but we keep trying to encourage them to look at some of the realities as medicines change, as products change. As far as notifications, like this case apparently made the change in December and the notifications came out in January. We didn't see it until January, so unfortunately I sent out more letters to constituents saying this is not something we can cover at this time and apparently they could, not us but NIHB, but we'll be able to help facilitate that now. So I hear the Member's frustration; I share it. We'll keep trying to encourage them to utilize the super power known as common sense. Thank you, Mr. Chair.

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

MR. O'REILLY: Thanks, Mr. Chair. I wanted to ask, I believe I heard the deputy minister talk about switching to an Alberta formulary, so I just want to get a little bit more detail about what would we be switching from and whether it's going to leave any of our residents short in any way if they're not covered by personal plans or insurance and so on. Just a little bit of explanation would be helpful. Thanks, Mr. Chair.

CHAIRPERSON (Mr. Simpson): Thank you, Mr. O'Reilly. The Minister has indicated that Ms. DeLancey will answer this one. Ms. DeLancey.

MS. DELANCEY: Thank you, Mr. Chair. Right now our policy is that we apply the NIHB formulary to all of our extended health benefits programs, and the rationale behind that policy is that it provides equity so all residents of the NWT who are on a non-insured health benefits program are getting access to the same benefits. I am not the expert, so I'm not going to drill down into details, but generally when we had a review done by Alberta Blue Cross looking at where we might achieve some savings with respect to pharmaceuticals, there are some opportunities for buying lower cost drugs that are not included on the NIHB formulary, are included on the Alberta Blue Cross formulary.

So one of the things we're looking at is whether we want to actually make a policy change. This would then mean that eligible residents would remain on the NIHB formulary as we administer that program, but residents who are enrolled in one of our supplementary health benefits programs might have access to a slightly different suite of pharmaceuticals, medications, and supplies. We can certainly provide some examples in writing, but I don't have the detailed knowledge to speak to the details today. Thank you, Mr. Chair.

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

MR. O'REILLY: Thanks, Mr. Chair. I'd be interested in getting that information. Just maybe one last question on this is before making a switch: what formulary might be used? Is that something that the Minister and staff would bring to the Social Development Standing Committee before making the change? I would hope that the answer's going to be yes. Thanks, Mr. Chair.

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

HON. GLEN ABERNETHY: Thank you, Mr. Chair. Just to be clear, no decision has been made on this at all. We're just exploring opportunities, and I mean absolutely I think this is a big deal. It could be perceived as two-tier healthcare, which we don't want to create, but we have to make sure that remains affordable. So this is absolutely something that I would have a discussion with the social committee before finalizing or moving forward.