ANNUAL REPORT 2024-2025

INDIGENOUS SERVICES CANADA

# NON-INSURED HEALTH BENEFITS PROGRAM



Indigenous Services Canada
Services aux Autochtones Canada

Canada

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Catalogue: H33-1/2E-PDF
ISSN: 1910-0426

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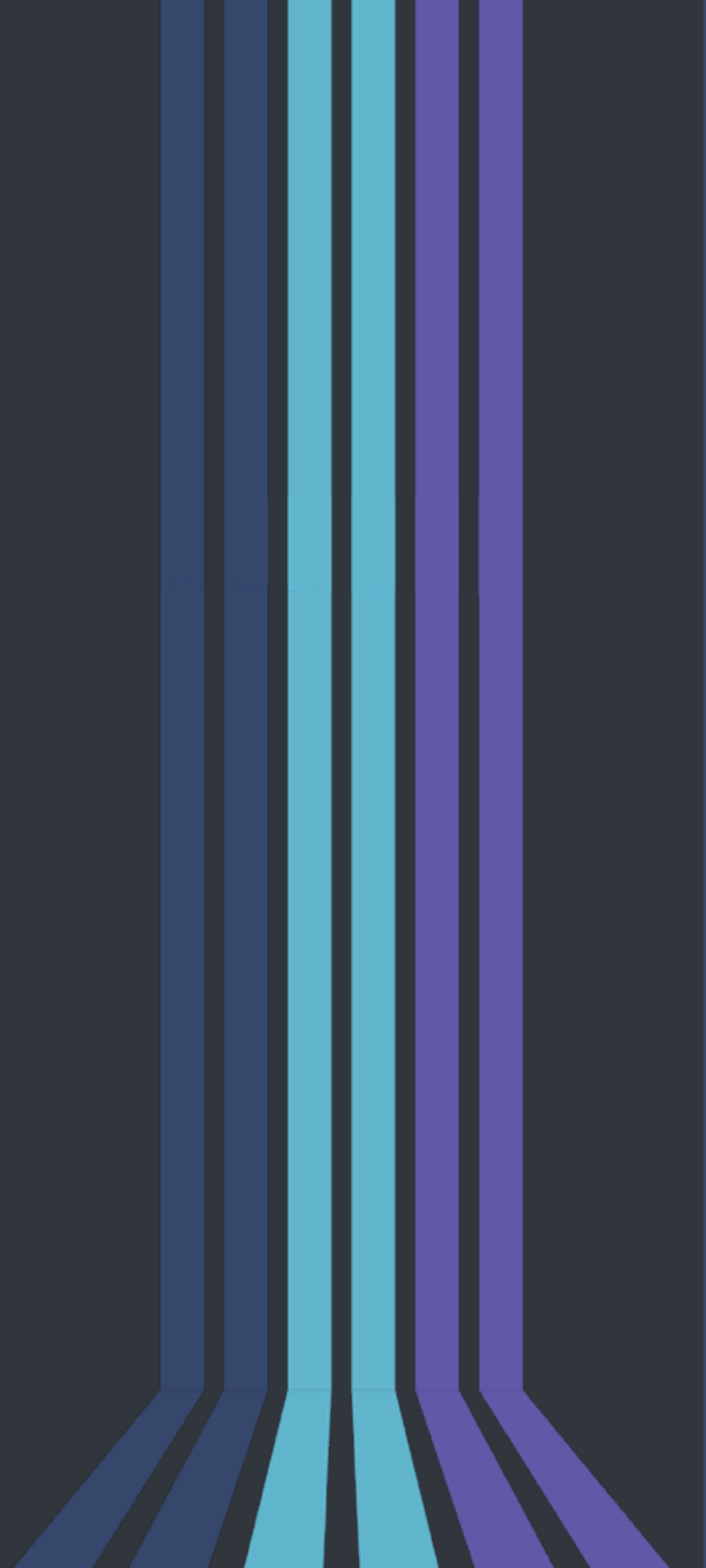
This publication is also available in French under the title:
Programme des services de santé non assurés. Rapport annuel 2024-2025



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# 1 OVERVIEW

## Introduction

Indigenous Services Canada (ISC)'s Non-Insured Health Benefits (NIHB) program is a national program that provides eligible registered First Nations and recognized Inuit with coverage for a range of medically necessary health benefits when these benefits are not otherwise covered through private or provincial or territorial health insurance plans or social programs.

NIHB program benefits include prescription drugs and select over-the-counter (OTC) medications, dental and vision care, medical supplies and equipment (MS&E), mental health counselling and medical transportation to access medically required health services that are not available on the reserve or in the community of residence. This report covers the 2024 to 2025 fiscal year. A fiscal year runs from April 1 to March 31. During 2024 to 2025, NIHB provided access to benefits coverage for 983,461 eligible clients.

Now in its 31st edition, the 2024 to 2025 NIHB Annual Report provides national and regional data on NIHB client population, expenditures, benefit types and benefit utilization. This Report is published in accordance with the NIHB program's performance management responsibilities and is intended for the following target audiences:

- First Nations and Inuit organizations and governments at community, regional and national levels
- Regional and Headquarters managers and staff of Indigenous Services Canada
- Others in government and in non-government organizations with an interest in the provision of health services to First Nations and Inuit communities



# 2 CLIENT POPULATION

## Introduction

To be eligible for the NIHB program, a client must be a resident of Canada and 1 of the following:

- a First Nations person who is registered under the Indian Act
- an Inuk recognized by an Inuit Land Claim organization
- a child less than 24 months old whose parent is a registered First Nations person or a recognized Inuk

Some clients receive their health benefit coverage directly from a First Nations or Inuit government, community or health authority. This applies to:

- those served under self-government agreements or other arrangements, including Nisga'a (BC), Nunatsiavut (NL), Nunavik Inuit or James Bay Cree (beneficiaries living in the land claims region), and First Nations residents of BC who are clients of the First Nations Health Authority
- Bigstone Cree Nation (AB), which manages all NIHB benefits for their members under a contribution agreement
- Akwesasne (ON), which manages most NIHB benefits for their members under a contribution agreement
- clients served by other First Nations and Inuit communities or organizations that deliver some or all NIHB benefits directly to community members under a contribution agreement

As of March 31, 2025, 983,461 First Nations and Inuit clients were eligible to receive benefits under the NIHB program, an increase of 2.5% from March 2024.

First Nations and Inuit population data are drawn from the Status Verification System (SVS), which is operated by the NIHB program. SVS data on First Nations clients are based on information provided by Indigenous Services Canada. SVS data on Inuit clients are based on information provided by the Governments of the Northwest Territories and Nunavut, and Inuit organizations including the Inuvialuit Regional Corporation, Nunavut Tunngavik Incorporated and the Makivik Corporation.

# 2 | CLIENT POPULATION

## Eligible client population by region

March 2025

Ontario had the largest number of eligible clients, at 24.3% of the national total, followed by Manitoba and Saskatchewan at 17.8% each.

Note that population values are based on region of band registration, which is not necessarily the client's current region of residence. The majority of British Columbia clients previously covered by the NIHB program are now covered by the British Columbia First Nations Health Authority (FNHA) and are not represented in this chart. The remaining NIHB clients in British Columbia are Inuit clients, or clients associated with British Columbia bands but residing in other provinces and territories of Canada, where they are covered under the NIHB program.

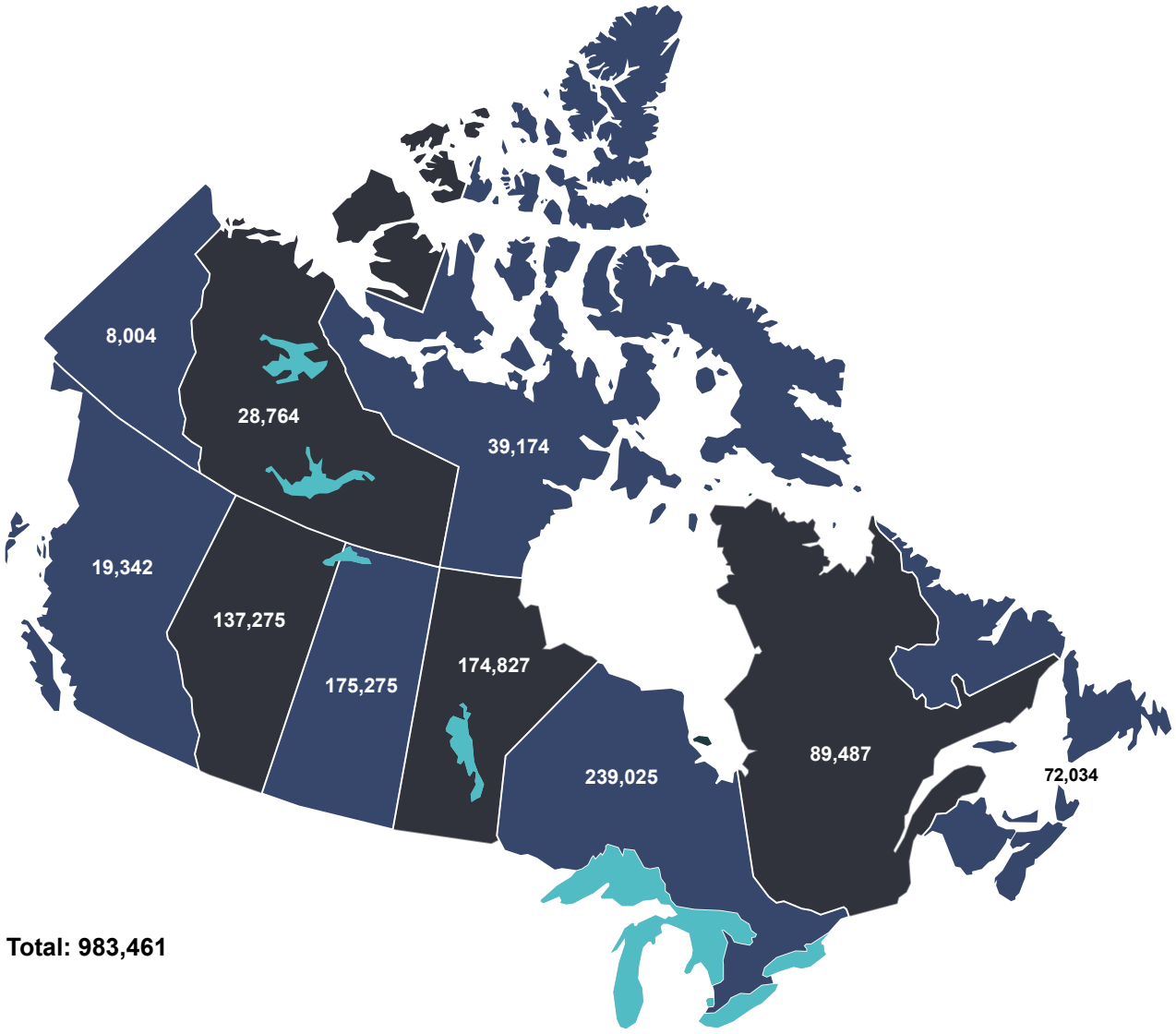



**FIGURE 2.1:** Eligible client population by region.
**SOURCE:** SVS adapted by Program Analytics and Risk Mitigation

## Eligible population by client type and region

March 2024 and March 2025

Of the 983,461 total eligible clients at the end of the 2024 to 2025 fiscal year, 929,270 (94.5%) were First Nations clients while 54,191 (5.5%) were Inuit clients. The number of First Nations clients increased by 2.6% and the number of Inuit clients increased by 1.8% over the previous year.

From March 2024 to March 2025, British Columbia had the highest percentage change in total eligible clients with a 3.9% increase, followed by Quebec and Saskatchewan with increases of 3.5% and 3.4% respectively.

| | FIRST NATIONS | | INUIT | | TOTAL | | % CHANGE |
|---|---|---|---|---|---|---|---|
| REGION | MARCH 2024 | MARCH 2025 | MARCH 2024 | MARCH 2025 | MARCH 2024 | MARCH 2025 | 2024 TO 2025 |
| ATLANTIC | 70,308 | 71,554 | 464 | 480 | 70,772 | 72,034 | 1.8% |
| QUEBEC | 84,372 | 87,340 | 2,057 | 2,147 | 86,429 | 89,487 | 3.5% |
| ONTARIO | 232,165 | 238,013 | 975 | 1,012 | 233,140 | 239,025 | 2.5% |
| MANITOBA | 170,074 | 174,553 | 262 | 274 | 170,336 | 174,827 | 2.6% |
| SASKATCHEWAN | 169,728 | 175,415 | 104 | 114 | 169,832 | 175,529 | 3.4% |
| ALBERTA | 134,339 | 136,405 | 829 | 870 | 135,168 | 137,275 | 1.6% |
| BRITISH COLUMBIA | 18,179 | 18,903 | 433 | 439 | 18,612 | 19,342 | 3.9% |
| YUKON | 7,775 | 7,848 | 157 | 156 | 7,932 | 8,004 | 0.9% |
| NORTHWEST TERRITORIES | 19,050 | 19,239 | 9,402 | 9,525 | 28,452 | 28,764 | 1.1% |
| NUNAVUT | 0 | 0 | 38,534 | 39,174 | 38,534 | 39,174 | 1.7% |
| **NATIONAL** | **905,990** | **929,270** | **53,217** | **54,191** | **959,207** | **983,461** | **2.5%** |

**TABLE 2.1:** Eligible population by client type and region
**SOURCE:** SVS adapted by Program Analytics and Risk Mitigation

# 2 | CLIENT POPULATION

## Eligible client population over time

March 2016 to March 2025

Over the past 10 years, the total number of eligible clients in SVS has increased by 17.2%, from 839,129 in March 2016 to 983,461 in March 2025.

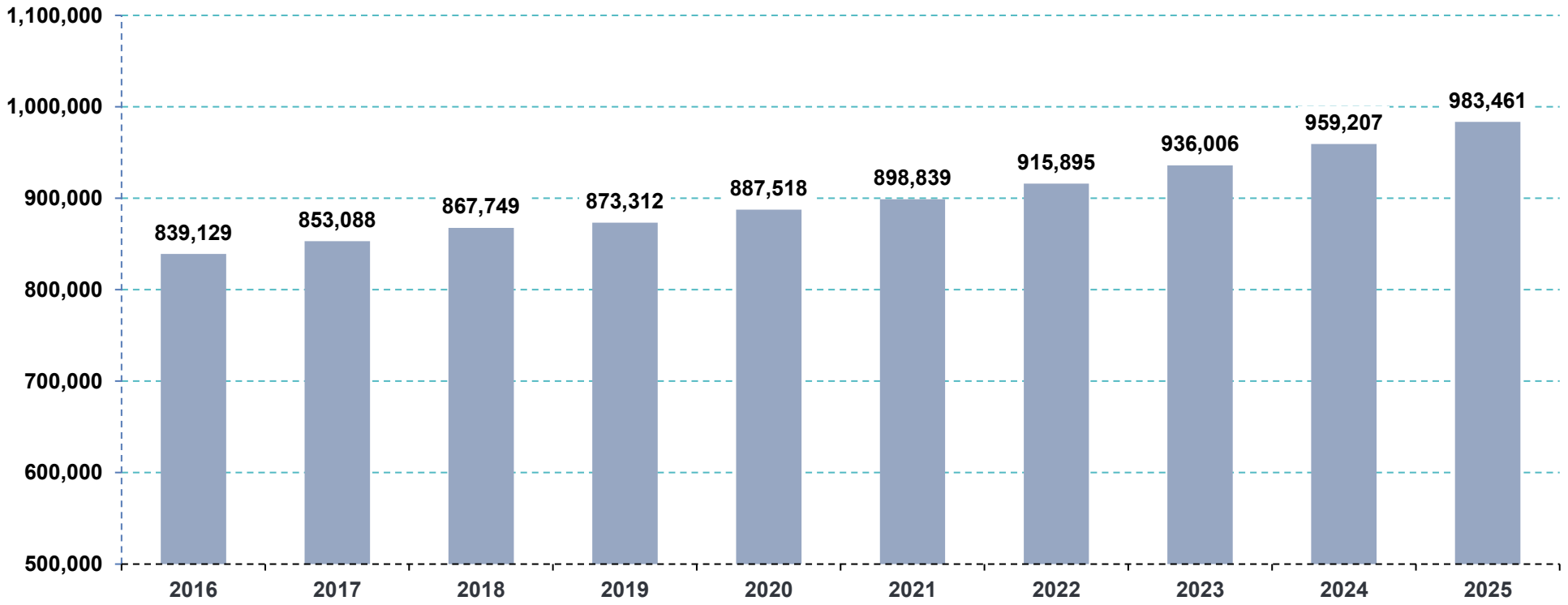



**CHART 2.1:** Eligible client population, March 2016 to March 2025.
**SOURCE:** SVS adapted by Program Analytics and Risk Mitigation

Over the past 5 years, the NIHB program's total number of eligible clients increased by 7.9% from 898,839 in March 2021 to 983,461 in March 2025. Quebec had the largest increase in eligible clients over this period, with a growth rate of 17.6%. British Columbia and Saskatchewan followed with growth rates of 13.6% and 10.5% respectively.

| | MARCH 2021 | MARCH 2022 | MARCH 2023 | MARCH 2024 | MARCH 2025 |
|---|---|---|---|---|---|
| ATLANTIC | 66,782 | 68,277 | 69,589 | 70,772 | 72,034 |
| QUEBEC | 76,085 | 79,715 | 83,279 | 86,429 | 89,487 |
| ONTARIO | 218,784 | 223,709 | 228,734 | 233,140 | 239,025 |
| MANITOBA | 160,954 | 162,588 | 165,855 | 170,336 | 174,827 |
| SASKATCHEWAN | 158,785 | 161,518 | 165,347 | 169,832 | 175,529 |
| ALBERTA | 128,230 | 129,657 | 131,796 | 135,168 | 137,275 |
| BRITISH COLUMBIA | 17,019 | 17,622 | 17,897 | 18,612 | 19,342 |
| YUKON | 7,742 | 7,801 | 7,852 | 7,932 | 8,004 |
| NORTHWEST TERRITORIES | 27,847 | 27,956 | 28,233 | 28,452 | 28,764 |
| NUNAVUT | 36,611 | 37,026 | 37,418 | 38,534 | 39,174 |
| **TOTAL** | **898,839** | **915,895** | **936,006** | **959,207** | **983,461** |
| ANNUAL % CHANGE | 1.3% | 1.9% | 2.2% | 2.5% | 2.5% |

**TABLE 2.2:** Eligible client population by region, March 2021 to March 2025
**SOURCE:** SVS adapted by Program Analytics and Risk Mitigation

# 2 | CLIENT POPULATION

## Annual population growth, eligible client population and population of Canada

2016 to 2025

Over the previous 10 years, the NIHB eligible client population has grown faster than the population of Canada. From 2016 to 2025, the population of Canada increased by 12.8% while the NIHB eligible First Nations and Inuit client population increased by 16.4%.

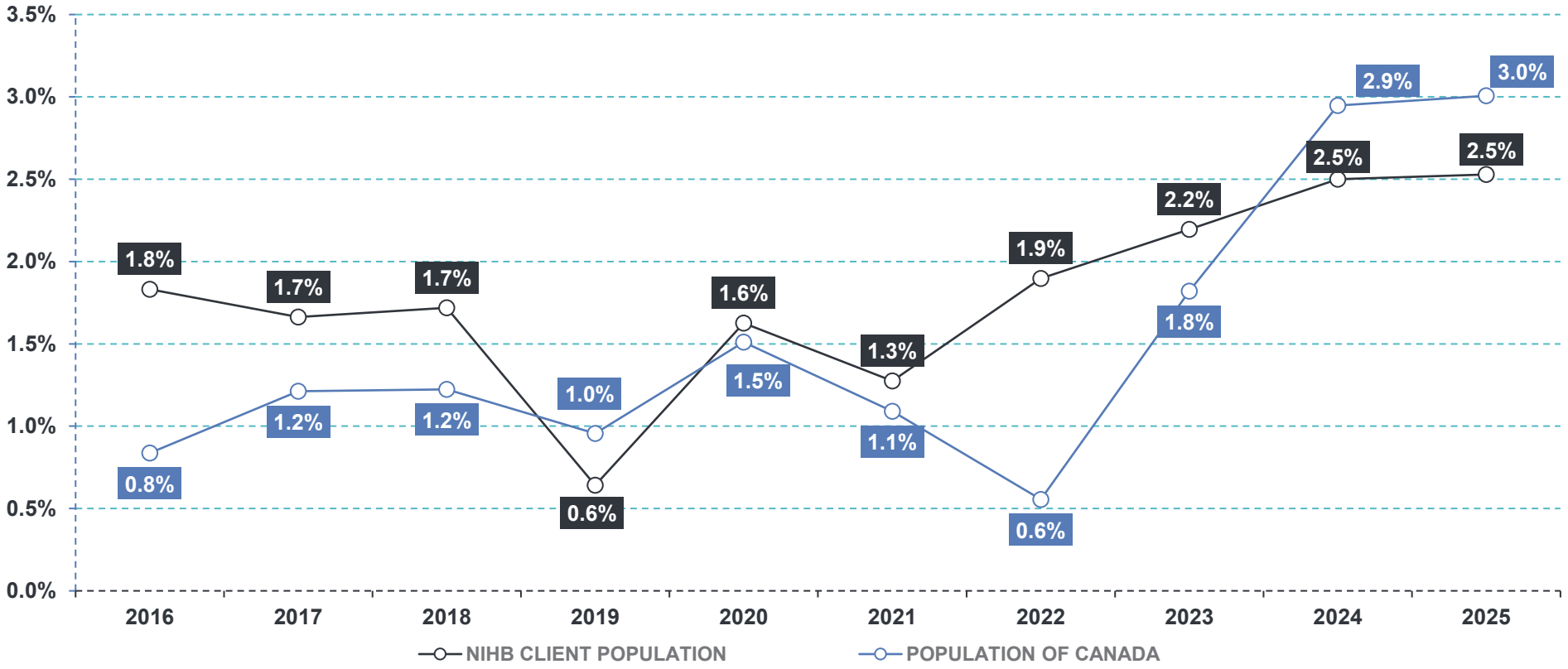



**CHART 2.1:** Annual population growth, eligible client population and population of Canada.
**SOURCE:** SVS and Statistics Canada Catalogue No. 91-002-XWE, Quarterly Demographic Statistics, adapted by Program Analytics and Risk Mitigation

## Eligible client population by age group, gender and region

March 2025

The NIHB program recognizes the importance of representative data for our gender diverse client population. As of 2020, clients can choose Male, Female or Another Gender as a gender identifier when applying for or updating their registration with Indigenous Services Canada, which is captured in population and benefit utilization data. Given that the number of individuals choosing Another Gender is small, data aggregation to a 2-category gender variable is sometimes necessary to protect the confidentiality of responses provided, in keeping with government practices for safeguarding the privacy of individuals.

In these cases, individuals in the category "Another Gender" are randomly distributed into the other two gender categories and are denoted by the "+" symbol.

- "Male+" includes men (and/or boys), as well as some non-binary persons.
- "Female+" includes women (and/or girls), as well as some non-binary persons.

Of the 983,461 NIHB eligible clients on the SVS as of March 31, 2025, 49.3% were male, 50.7% were female, and a small percentage of clients were another gender (329).

The average age of the eligible client population was 36 years of age. By region, this average ranged from a low of 29 in Nunavut to a high of 42 in British Columbia.

The average age of the male and female eligible client population was 35 and 37 years, respectively. The average age for males ranged from a low of 29 in Nunavut to a high of 41 in British Columbia. The average age for females varied from a low of 29 in Nunavut to a high of 44 in British Columbia. The average age for clients choosing Another Gender was 24 years.

# 2 | CLIENT POPULATION

| REGION | ATLANTIC | | | QUEBEC | | | ONTARIO | | | MANITOBA | | | SASKATCHEWAN | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AGE GROUP | Male+ | Female+ | Total | Male+ | Female+ | Total | Male+ | Female+ | Total | Male+ | Female+ | Total | Male+ | Female+ | Total |
| 0-4 | 1,181 | 1,101 | 2,282 | 1,184 | 1,076 | 2,260 | 2,986 | 2,803 | 5,789 | 3,540 | 3,358 | 6,898 | 4,300 | 4,185 | 8,485 |
| 5-9 | 1,976 | 1,861 | 3,837 | 2,599 | 2,419 | 5,018 | 6,305 | 5,870 | 12,176 | 7,271 | 6,952 | 14,223 | 7,174 | 6,985 | 14,159 |
| 10-14 | 2,349 | 2,355 | 4,704 | 3,201 | 3,081 | 6,282 | 8,493 | 8,221 | 16,714 | 8,802 | 8,373 | 17,175 | 8,504 | 8,327 | 16,831 |
| 15-19 | 2,810 | 2,690 | 5,500 | 3,731 | 3,524 | 7,255 | 9,536 | 9,160 | 18,696 | 9,165 | 9,091 | 18,256 | 9,310 | 8,993 | 18,303 |
| 20-24 | 2,742 | 2,567 | 5,309 | 3,433 | 3,274 | 6,707 | 9,478 | 9,145 | 18,623 | 8,096 | 7,617 | 15,713 | 8,146 | 8,024 | 16,170 |
| 25-29 | 2,773 | 2,750 | 5,523 | 3,564 | 3,445 | 7,009 | 9,843 | 9,498 | 19,341 | 7,831 | 7,473 | 15,304 | 7,742 | 7,663 | 15,405 |
| 30-34 | 2,893 | 2,840 | 5,733 | 3,775 | 3,674 | 7,449 | 10,081 | 9,932 | 20,013 | 7,759 | 7,725 | 15,484 | 7,880 | 7,842 | 15,722 |
| 35-39 | 2,619 | 2,533 | 5,152 | 3,224 | 3,293 | 6,517 | 8,981 | 8,857 | 17,838 | 6,388 | 6,346 | 12,734 | 6,866 | 6,755 | 13,621 |
| 40-44 | 2,350 | 2,416 | 4,766 | 2,940 | 2,922 | 5,862 | 7,734 | 8,069 | 15,803 | 5,303 | 5,216 | 10,519 | 5,568 | 5,482 | 11,050 |
| 45-49 | 2,211 | 2,261 | 4,472 | 2,695 | 2,673 | 5,368 | 7,189 | 7,429 | 14,618 | 4,600 | 4,597 | 9,197 | 4,625 | 4,745 | 9,370 |
| 50-54 | 2,354 | 2,351 | 4,705 | 2,542 | 2,682 | 5,224 | 7,021 | 7,373 | 14,394 | 4,427 | 4,701 | 9,128 | 4,268 | 4,572 | 8,840 |
| 55-59 | 2,329 | 2,525 | 4,854 | 2,534 | 2,826 | 5,360 | 7,041 | 7,499 | 14,540 | 4,220 | 4,434 | 8,654 | 3,997 | 4,332 | 8,329 |
| 60-64 | 2,074 | 2,361 | 4,435 | 2,587 | 2,861 | 5,448 | 6,756 | 7,636 | 14,392 | 3,524 | 3,959 | 7,483 | 3,213 | 3,694 | 6,907 |
| 65+ | 4,758 | 6,004 | 10,762 | 5,729 | 7,999 | 13,728 | 15,074 | 21,015 | 36,089 | 6,123 | 7,936 | 14,059 | 5,197 | 7,140 | 12,337 |
| **TOTAL** | **35,419** | **36,615** | **72,034** | **43,738** | **45,749** | **89,487** | **116,518** | **122,507** | **239,025** | **87,049** | **87,778** | **174,827** | **86,790** | **88,739** | **175,529** |
| AVERAGE AGE | 38 | 40 | 39 | 38 | 40 | 39 | 38 | 41 | 39 | 32 | 34 | 33 | 31 | 33 | 32 |

| REGION | ALBERTA | | | BRITISH COLUMBIA | | | YUKON | | | NORTHWEST TERRITORIES | | | NUNAVUT | | | TOTAL | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AGE GROUP | Male+ | Female+ | Total | Male+ | Female+ | Total | Male+ | Female+ | Total | Male+ | Female+ | Total | Male+ | Female+ | Total | Male+ | Female+ | Total |
| 0-4 | 3,147 | 2,859 | 6,006 | 119 | 142 | 261 | 92 | 83 | 175 | 463 | 425 | 888 | 1,719 | 1,726 | 3,445 | 18,731 | 17,758 | 36,489 |
| 5-9 | 5,650 | 5,492 | 11,141 | 295 | 281 | 576 | 191 | 208 | 399 | 859 | 773 | 1,632 | 2,154 | 2,048 | 4,202 | 34,474 | 32,889 | 67,363 |
| 10-14 | 6,901 | 6,539 | 13,440 | 415 | 420 | 835 | 251 | 222 | 473 | 1,006 | 990 | 1,996 | 2,087 | 2,029 | 4,116 | 42,009 | 40,557 | 82,566 |
| 15-19 | 7,379 | 7,093 | 14,472 | 607 | 587 | 1,194 | 280 | 228 | 508 | 1,144 | 1,036 | 2,180 | 2,018 | 2,012 | 4,030 | 45,980 | 44,414 | 90,394 |
| 20-24 | 6,454 | 6,206 | 12,660 | 712 | 670 | 1,382 | 303 | 284 | 587 | 1,007 | 1,061 | 2,068 | 1,838 | 1,697 | 3,535 | 42,209 | 40,545 | 82,754 |
| 25-29 | 6,195 | 5,878 | 12,073 | 844 | 773 | 1,617 | 308 | 297 | 605 | 1,136 | 1,137 | 2,273 | 1,622 | 1,573 | 3,195 | 41,858 | 40,487 | 82,345 |
| 30-34 | 6,073 | 5,849 | 11,922 | 858 | 863 | 1,721 | 342 | 332 | 674 | 1,448 | 1,438 | 2,886 | 1,537 | 1,532 | 3,069 | 42,646 | 42,027 | 84,673 |
| 35-39 | 5,209 | 5,178 | 10,387 | 892 | 821 | 1,713 | 305 | 303 | 608 | 1,224 | 1,244 | 2,468 | 1,363 | 1,346 | 2,709 | 37,071 | 36,676 | 73,747 |
| 40-44 | 4,236 | 4,441 | 8,677 | 811 | 819 | 1,630 | 291 | 292 | 583 | 1,068 | 1,021 | 2,089 | 1,084 | 1,057 | 2,141 | 31,385 | 31,735 | 63,120 |
| 45-49 | 3,564 | 3,747 | 7,311 | 654 | 726 | 1,380 | 260 | 211 | 471 | 848 | 923 | 1,771 | 886 | 949 | 1,835 | 27,532 | 28,261 | 55,793 |
| 50-54 | 3,208 | 3,513 | 6,721 | 679 | 654 | 1,333 | 268 | 248 | 516 | 890 | 890 | 1,780 | 811 | 841 | 1,652 | 26,468 | 27,825 | 54,293 |
| 55-59 | 2,997 | 3,265 | 6,262 | 579 | 728 | 1,307 | 294 | 259 | 553 | 896 | 942 | 1,838 | 800 | 838 | 1,638 | 25,687 | 27,648 | 53,335 |
| 60-64 | 2,504 | 2,931 | 5,435 | 535 | 696 | 1,231 | 307 | 335 | 642 | 757 | 897 | 1,654 | 618 | 659 | 1,277 | 22,875 | 26,029 | 48,904 |
| 65+ | 4,443 | 6,324 | 10,767 | 1,196 | 1,966 | 3,162 | 491 | 719 | 1,210 | 1,399 | 1,842 | 3,241 | 1,112 | 1,218 | 2,330 | 45,522 | 62,163 | 107,685 |
| **TOTAL** | **67,960** | **69,315** | **137,275** | **9,196** | **10,146** | **19,342** | **3,983** | **4,021** | **8,004** | **14,145** | **14,619** | **28,764** | **19,649** | **19,525** | **39,174** | **484,447** | **499,014** | **983,461** |
| AVERAGE AGE | 32 | 34 | 33 | 41 | 44 | 42 | 40 | 42 | 41 | 37 | 39 | 38 | 29 | 29 | 29 | 35 | 37 | 36 |

**TABLE 2.3:** Eligible client population by age group, gender and region.
**SOURCE:** SVS adapted by Program Analytics and Risk Mitigation

# 2 | CLIENT POPULATION

## Population analysis by age group

March 2025

The overall NIHB client population is relatively young compared to the general population of Canada. The share of the NIHB client population under 20 years of age was 28.1% compared to 20.8% for the population of Canada. Nearly two-thirds (61.0%) of eligible clients are under the age of 40, compared to 49.6% for the population of Canada. The average age of NIHB clients is 36 compared to 40 years of age for the population of Canada.

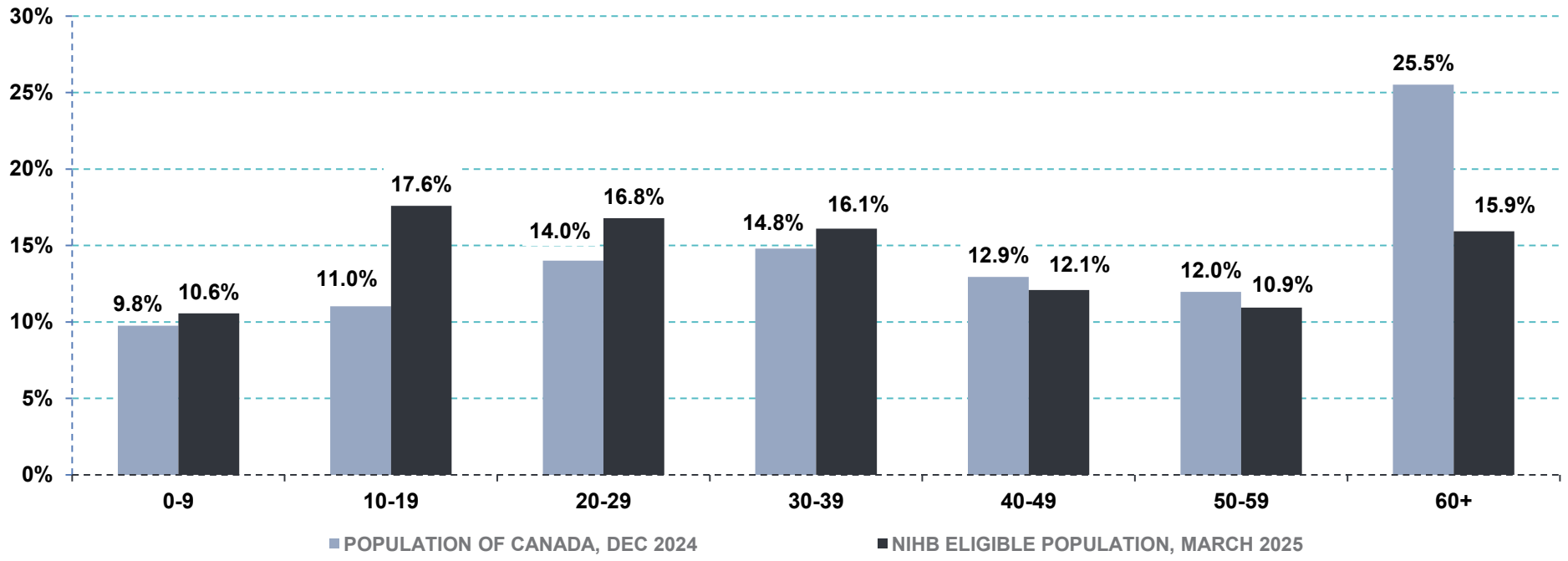
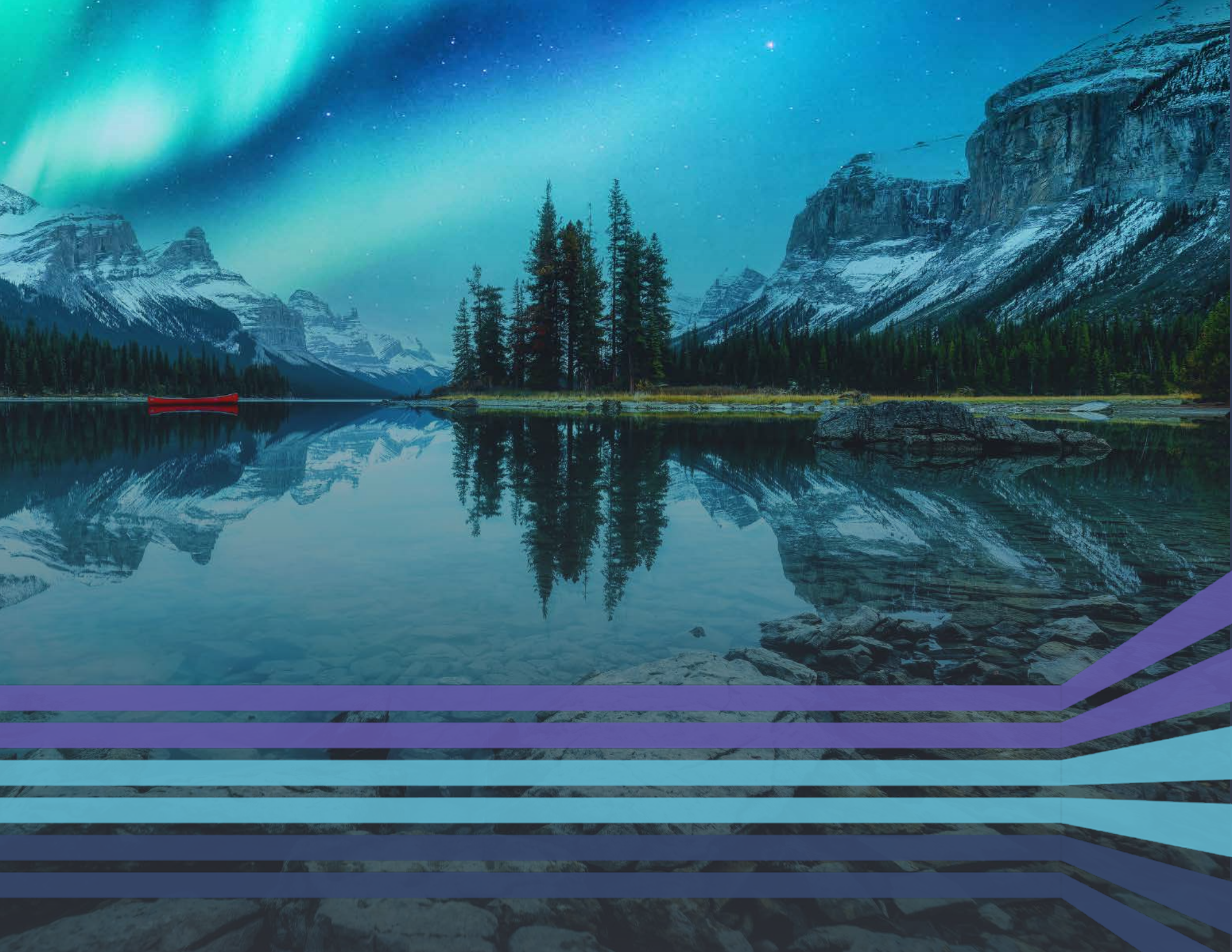



**CHART 2.3:** Proportion of population of Canada and of the NIHB client population by age group.
**SOURCE:** SVS and Statistics Canada CANSIM table 051-0001, Population by Age and Sex Group, adapted by Program Analytics and Risk Mitigation





# 3 NIHB PROGRAM BENEFIT EXPENDITURES

## Factors influencing NIHB program sustainablity

2024 to 2025

Cost and service pressures on the Canadian health system have been linked to factors such as an aging population and the increased demand for and utilization of health goods (particularly pharmaceuticals) and services. In addition to these factors, NIHB program expenditures are driven by the number of eligible clients and their medical needs. A significant proportion of NIHB clients live in small and remote communities and require medical transportation to access health services that are not available locally.

Factors that influence NIHB program sustainability include population, market and professional practice changes including:

- Changing demographics, including population growth and registration, and an aging population
- Health status, including disease burden and prevalence of chronic and infectious diseases
- Geographic distribution of client population and accessibility of health services
- Advancements in medical research/ evidence, treatments and health technologies
- Input received from First Nations and Inuit partners
- Introduction of newer high-cost therapies and procedures
- Changes in health professional fees and scope of practice
- Provincial/Territorial health insurance decisions
- Shift from hospital treatments (insured) to non-insured coverage
- Economic factors which cause increases in the price of fuel, food/meals and accommodations
- Insurance industry dynamics

# 3 | NIHB PROGRAM BENEFIT EXPENDITURES

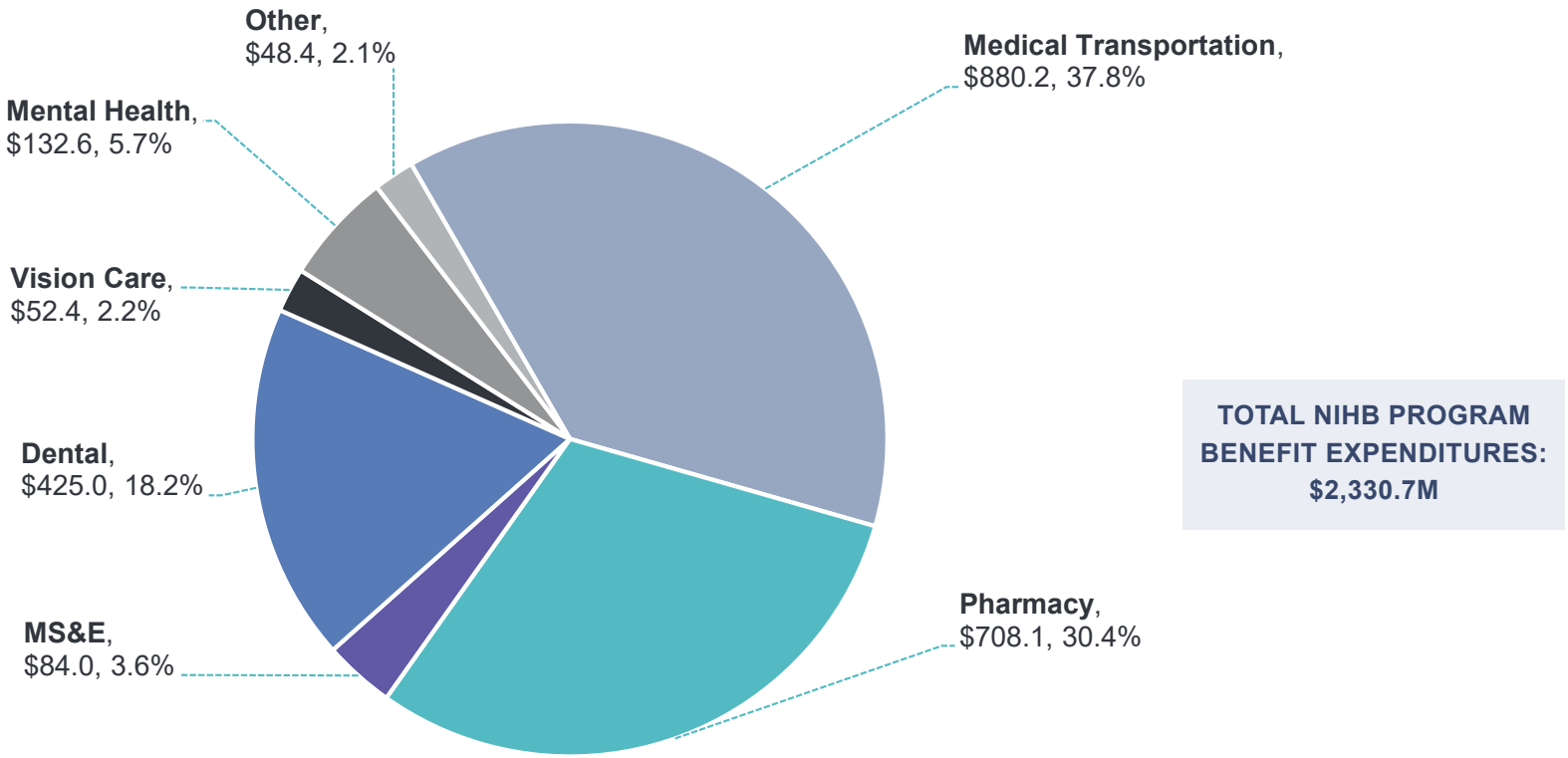
## NIHB expenditures by benefit ($ millions)

2024 to 2025

In 2024 to 2025, total NIHB program benefit expenditures were $2,330.7 million. This represents an increase of 11.1% over NIHB expenditures of $2,098.2 million in 2023 to 2024. Medical transportation costs represented the largest proportion of expenditures at 37.8% ($880.2 million), followed by pharmacy benefit costs at 30.4% ($708.1 million) and dental benefit costs at 18.2% ($425.0 million).

NIHB medical transportation, pharmacy and dental benefit expenditures accounted for 86.4% of all NIHB expenditures in 2024 to 2025.

Not reflected in the $2,330.7 million in NIHB expenditures are approximately $71.8 million in administration costs. More detail is provided in Section 11.




**TOTAL NIHB PROGRAM BENEFIT EXPENDITURES: $2,330.7M**

**CHART 3.1:** NIHB expenditures by benefit ($ millions).
**SOURCE:** FST adapted by Program Analytics and Risk Mitigation

## NIHB expenditures and growth by benefit

2024 to 2025

NIHB program benefit expenditures increased by 11.1%, or $232.4 million from fiscal year 2023 to 2024. The highest net increase in expenditures were in the NIHB medical transportation and pharmacy benefits at $90.6 and $59.5 million, respectively. Factors affecting benefit expenditure growth are discussed in subsequent sections of this report. sts. More detail is provided in Section 11.

Expenditures in the “other” category include:

- program oversight including costs for claims processing through the Health Information and Claims Processing Services (HICPS) system
- supplementary funding for the FNHA for additional clients who became eligibleafter the transfer of responsibilities due to changes in federal legislation
- contribution agreements to support engagement with Indigenous partner organizations
- NIHB navigators

| | TOTAL EXPENDITURES ($ 000’S) 2023-2024 | TOTAL EXPENDITURES ($ 000’S) 2024-2025 | % CHANGE FROM 2023-2024 |
|---|---|---|---|
| MEDICAL TRANSPORTATION | $789,621 | $880,222 | 11.5% |
| PHARMACY | $648,600 | $708,069 | 9.2% |
| MS&E | $75,131 | $84,011 | 11.8% |
| DENTAL | $379,940 | $425,024 | 11.9% |
| VISION CARE | $52,038 | $52,356 | 0.6% |
| MENTAL HEALTH COUNSELLING | $117,425 | $132,565 | 12.9% |
| OTHER | $35,462 | $48,411 | 36.5% |
| **TOTAL** | **$2,098,218** | **$2,330,658** | **11.1%** |

**TABLE 3.1:** NIHB expenditures and growth by benefit
**SOURCE:** FST adapted by Program Analytics and Risk Mitigation Division

# 3 | NIHB PROGRAM BENEFIT EXPENDITURES

## NIHB expenditures by benefit and region ($ 000's)

2024 to 2025

Manitoba accounted for the highest proportion of total expenditures at $573.1 million, or 24.6% of the national total, followed by Ontario at $454.0 million (19.5%), and Saskatchewan at $447.4 million (19.2%). By comparison, the lowest expenditures were in the Atlantic region at $113.5 million (4.9%).

Headquarters expenditures represent costs paid for claims processing services, as well as operational expenditures associated with NIHB program oversight and policy development. This includes arrangements with the FNHA to provide funding for additional clients who became eligible following the transfer of responsibilities in 2013, due to changes in federal legislation, as well as contribution agreements with Indigenous partner organizations, such as the Assembly of First Nations and Inuit Tapiriit Kanatami, and regional Indigenous organizations. Headquarters expenditures account for 1.4% ($32.3 million) of total NIHB expenditures and do not include the $93.0 million in administration (HQ) costs outlined in Section 11.

| | MEDICAL TRANSPORTATION | PHARMACY | MS&E | DENTAL | VISION CARE | MENTAL HEALTH COUNSELLING | OTHER | TOTAL |
|---|---|---|---|---|---|---|---|---|
| ATLANTIC | $17,848 | $55,701 | $5,721 | $16,003 | $3,929 | $8,966 | $5,319 | $113,488 |
| QUEBEC | $32,649 | $75,758 | $4,275 | $26,352 | $4,056 | $8,613 | $2,169 | $153,872 |
| ONTARIO | $185,502 | $131,045 | $13,358 | $82,516 | $9,804 | $31,210 | $556 | $453,992 |
| MANITOBA | $304,285 | $140,287 | $17,418 | $78,577 | $8,270 | $23,533 | $802 | $573,171 |
| SASKATCHEWAN | $137,570 | $148,399 | $20,830 | $86,957 | $12,077 | $35,304 | $6,219 | $447,356 |
| ALBERTA | $79,500 | $110,449 | $13,965 | $82,829 | $9,153 | $20,344 | $503 | $316,744 |
| NORTH | $122,868 | $40,397 | $8,443 | $48,198 | $5,067 | $4,595 | $508 | $230,077 |
| HEADQUARTERS | $0 | $0 | $0 | $0 | $0 | $0 | $32,335 | $32,335 |
| **TOTAL** | **$880,222** | **$708,069** | **$84,011** | **$425,024** | **$52,356** | **$132,565** | **$48,411** | **$2,330,658** |

**TABLE 3.2:** NIHB expenditures by benefit and region.:
**SOURCE:** FST adapted by Program Analytics and Risk Mitigation

## NIHB annual expenditures ($ Millions) and percentage change

In 2024 to 2025, NIHB program expenditures totalled $2,330.7 million, an increase of 11.1% from $2,098.2 million in 2023 to 2024. Since 2015 to 2016, total expenditures have grown by 111.8%. The annualized rate of growth over this period was 8.5%. There has been wide variation in growth rates between 2015 to 2016 and 2024 to 2025, from a low of -1.9% in 2020 to 2021 to a high of 13.7% in 2021 to 2022.

Fluctuations in NIHB expenditures growth rates are impacted by a number of factors. Changes in the eligible client population have a direct impact on growth, including an increase in eligible clients as a result of amendments to the Indian Act. The coronavirus (COVID-19) outbreak and provincial/territorial public health restrictions on the provision of in-person services in fiscal year 2020 to 2021, along with larger than typical utilization of NIHB benefits in fiscal 2021 to 2022 once restrictions were ended, impacted growth in those years.

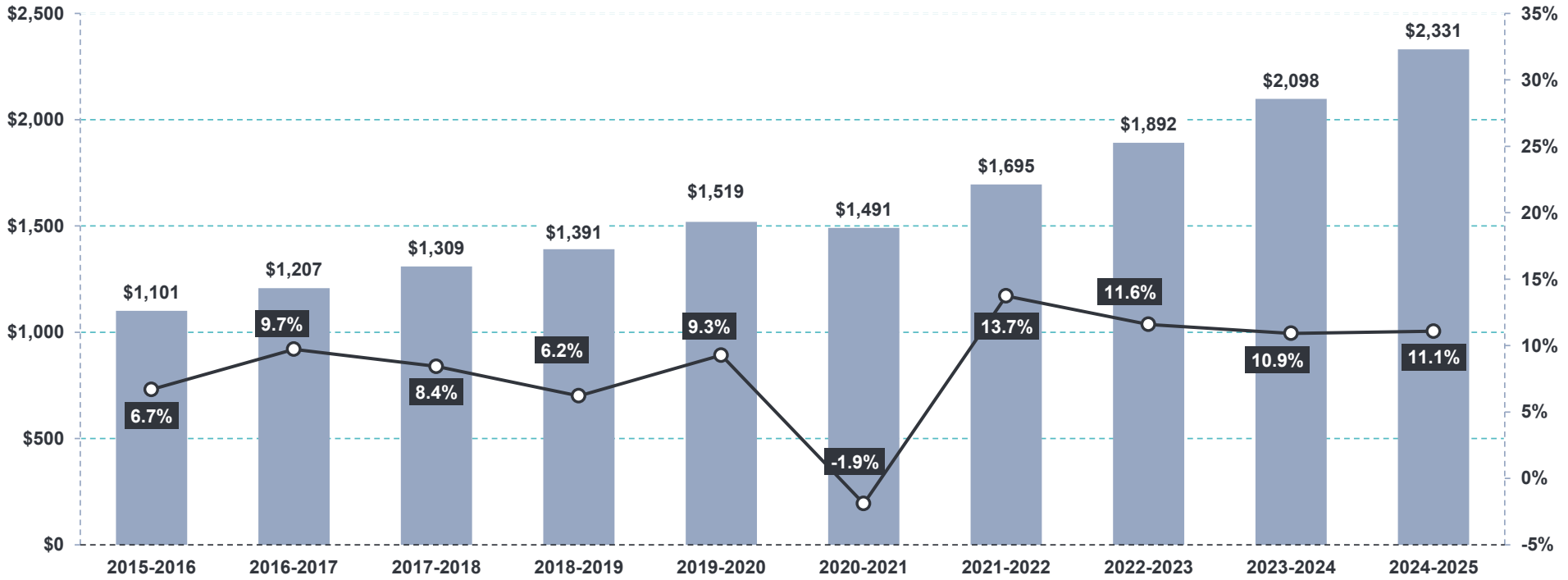



**CHART 3.2:** NIHB annual expenditures ($ Millions) and percentage change.
**SOURCE:** FIRMS and FST adapted by Program Analytics and Risk Mitigation

# 3 | NIHB PROGRAM BENEFIT EXPENDITURES

## NIHB annual expenditures by benefit ($ 000's)

In the 10-year period ending 2024 to 2025, expenditures for NIHB mental health services grew faster than other benefit areas. Mental health expenditures counselling had the highest percentage growth at 718.8%, from $16.2 million in 2015 to 2016 to $132.6 million in 2024 to 2025. Medical transportation had the biggest increase in expenditures from $375.9 million in 2015 to 2016 to $880.2 million in 2024 to 2025, a change of 134.2%. Over the same period, medical supplies and equipment (MS&E) expenditures increased by 174.0% and dental expenditures increased by 98.4%.

| | 2015-2016 | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 | 2020-2021 | 2021-2022 | 2022-2023 | 2023-2024 | 2024-2025 |
|---|---|---|---|---|---|---|---|---|---|---|
| MEDICAL TRANSPORTATION | $375,921 | $417,035 | $459,505 | $495,034 | $537,179 | $525,719 | $602,208 | $710,614 | $789,621 | $880,222 |
| PHARMACY | $409,227 | $441,186 | $467,094 | $471,641 | $510,691 | $536,680 | $566,082 | $605,837 | $648,600 | $708,069 |
| MS&E | $30,657 | $37,031 | $40,167 | $46,481 | $53,222 | $50,932 | $60,050 | $65,181 | $75,131 | $84,011 |
| DENTAL | $214,189 | $232,954 | $246,222 | $264,015 | $277,547 | $233,224 | $299,075 | $329,123 | $379,940 | $425,024 |
| VISION CARE | $30,016 | $32,370 | $33,578 | $36,467 | $45,968 | $39,594 | $47,609 | $49,246 | $52,038 | $52,356 |
| MENTAL HEALTH COUNSELLING | $16,191 | $21,728 | $33,066 | $42,656 | $55,126 | $73,652 | $93,686 | $98,585 | $117,425 | $132,565 |
| OTHER | $24,311 | $25,172 | $29,609 | $34,270 | $39,751 | $30,814 | $26,586 | $33,157 | $35,462 | $48,411 |
| **TOTAL** | **$1,100,512** | **$1,207,458** | **$1,309,240** | **$1,390,563** | **$1,519,483** | **$1,490,615** | **$1,695,295** | **$1,891,743** | **$2,098,218** | **$2,330,658** |
| ANNUAL % CHANGE | 6.8% | 9.7% | 8.4% | 6.2% | 9.3% | -1.9% | 13.7% | 11.6% | 10.9% | 11.1% |

**TABLE 3.3:** NIHB annual expenditures by benefit ($ 000's).
**SOURCE:** FIRMS and FST adapted by Program Analytics and Risk Mitigation

## Per capita NIHB expenditures by region

2024 to 2025

Expenditures per capita are total NIHB expenditures divided by the number of eligible clients, regardless of whether clients submitted a claim in the reporting period.

National per capita expenditures for all benefits in 2024 to 2025 were $2,337.

Manitoba had the highest per capita cost at $3,279. The Northern region followed with a per capita cost of $3,030. The higher than average per capita cost for these regions is partly attributable to high medical transportation costs due to the large number of First Nations and Inuit clients living in remote or fly-in only northern communities. By contrast, the Atlantic region had the lowest per capita cost of $1,575, due to the comparatively low medical transportation expenditures in the region.

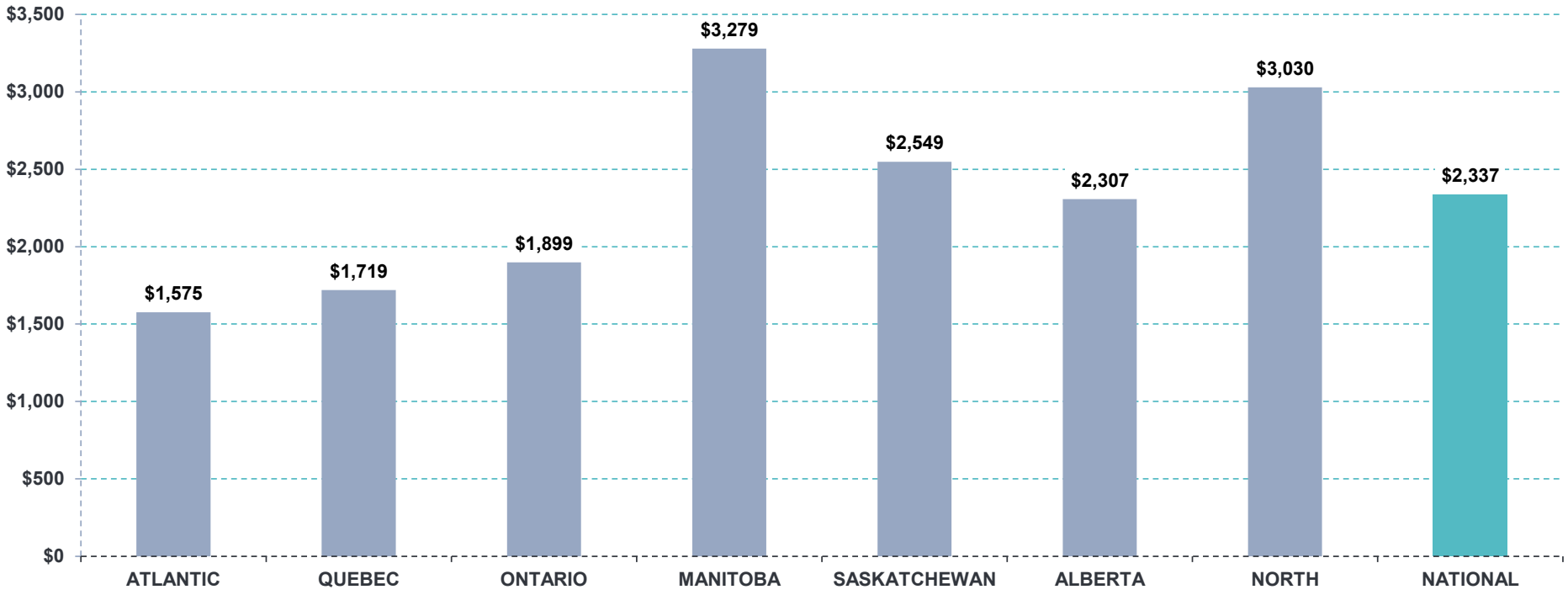



**CHART 3.3:** Per capita NIHB expenditures by region.
**SOURCE:** FST and SVS adapted by Program Analytics and Risk Mitigation



# 4 NIHB PHARMACY

The NIHB program covers a comprehensive range of prescription drugs and select over-the-counter medications listed on the NIHB Drug Benefit List (DBL). Pharmacy benefits are evidence based and eligible prescription and over-the-counter medications are covered in accordance with program policies as set out in the NIHB Pharmacy Benefits Guide.

In 2024 to 2025, the NIHB program paid for pharmacy claims made by 601,045 First Nations and Inuit clients. The total spent for these claims was $708.1 million or 30.4% of total NIHB expenditures. Of all the NIHB program benefits, the pharmacy benefit accounts for the second largest share of expenditures and is the benefit most utilized by clients.

# 4 | NIHB PHARMACY

## Distribution of NIHB pharmacy expenditures ($ Millions)

2024 to 2025

The NIHB pharmacy benefit has multiple parts. Prescription drugs paid through the Health Information and Claims Processing Services (HICPS) system was the largest piece, accounting for $554.5 million or 78.3% of all NIHB pharmacy expenditures, followed by over-the-counter (OTC) and controlled access (CAD) drugs (HICPS) which totalled $137.4 million or 19.4%.

Pharmacy benefit expenditures outside of HICPS, at $2.1 million or 0.3% of pharmacy benefit costs, refers to prescription drugs and OTC medications paid through Indigenous Services Canada regional offices.

Contribution agreements, which accounted for $14.2 million or 2.0% of total pharmacy benefit costs, are used to fund pharmacy benefits through agreements such as those with the Mohawk Council of Akwesasne in Ontario and the Bigstone Cree Nation in Alberta.

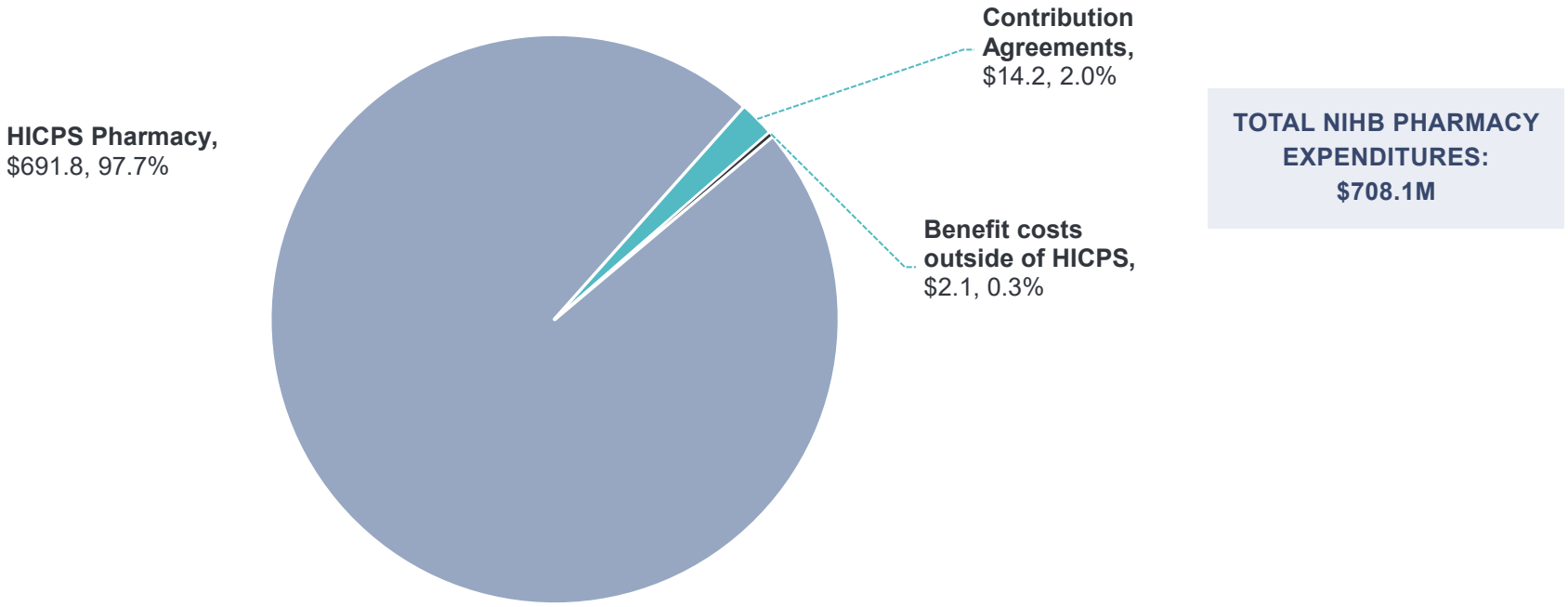



**CHART 4.1:** Distribution of NIHB pharmacy expenditures ($ Millions).
**SOURCE:** FST adapted by Program Analytics and Risk Mitigation

## Total NIHB pharmacy expenditures by type and region ($ 000's)

2024 to 2025

Prescription drug costs paid through the HICPS system represented the largest component of total NIHB Pharmacy costs accounting for $554.5 million. Saskatchewan had the largest proportion of these costs at 20.6%, followed by Manitoba at 19.9% and Ontario at 18.7%.

The next highest component was over-the-counter (OTC) and controlled access drug (CAD) costs at $137.4 million or 19.4%. Saskatchewan (23.6%), Manitoba (21.9%) and Alberta (16.1%) had the largest proportions of these costs in 2024 to 2025.

| REGION | OPERATING COSTS | | | TOTAL OPERATING COSTS | TOTAL CONTRIBUTION COSTS | TOTAL COSTS |
|---|---|---|---|---|---|---|
| | HICPS PRESCRIPTION DRUGS | HICPS OTC/CAD DRUGS | DRUGS OUTSIDE OF HICPS | | | |
| ATLANTIC | $45,341 | $10,361 | $0 | $55,701 | $0 | $55,701 |
| QUEBEC | $62,296 | $13,462 | $0 | $75,758 | $0 | $75,758 |
| ONTARIO | $103,673 | $21,584 | $0 | $125,257 | $5,788 | $131,045 |
| MANITOBA | $110,196 | $30,091 | $0 | $140,287 | $0 | $140,287 |
| SASKATCHEWAN | $114,284 | $32,456 | $1,585 | $148,324 | $75 | $148,399 |
| ALBERTA | $80,023 | $22,165 | $0 | $102,187 | $8,262 | $110,449 |
| NORTH | $33,451 | $6,431 | $476 | $40,358 | $39 | $40,397 |
| **TOTAL** | **$554,482** | **$137,361** | **$2,061** | **$693,905** | **$14,164** | **$708,069** |

**TABLE 4.1:** Total NIHB pharmacy expenditures by type and region ($ 000's).
**SOURCE:** FST adapted by Program Analytics and Risk Mitigation

# 4 | NIHB PHARMACY

## Annual NIHB pharmacy expenditures

NIHB pharmacy expenditures increased by 9.2% during fiscal year 2024 to 2025. Over the past 5 years, growth in pharmacy expenditures ranged from a high of 9.2% this year to a low of 5.1% in 2020 to 2021.

The 5 year annualized growth rate for NIHB pharmacy expenditures is 6.8%. The introduction of lower cost generic drugs as they become available on the market has kept pharmacy benefit growth moderate. As well, NIHB has negotiated Product Listing Agreements (PLA) with drug manufacturers to allow for the coverage of certain medications at a reduced price through the use of rebates. On March 31, 2025, NIHB had over 350 PLA in effect.

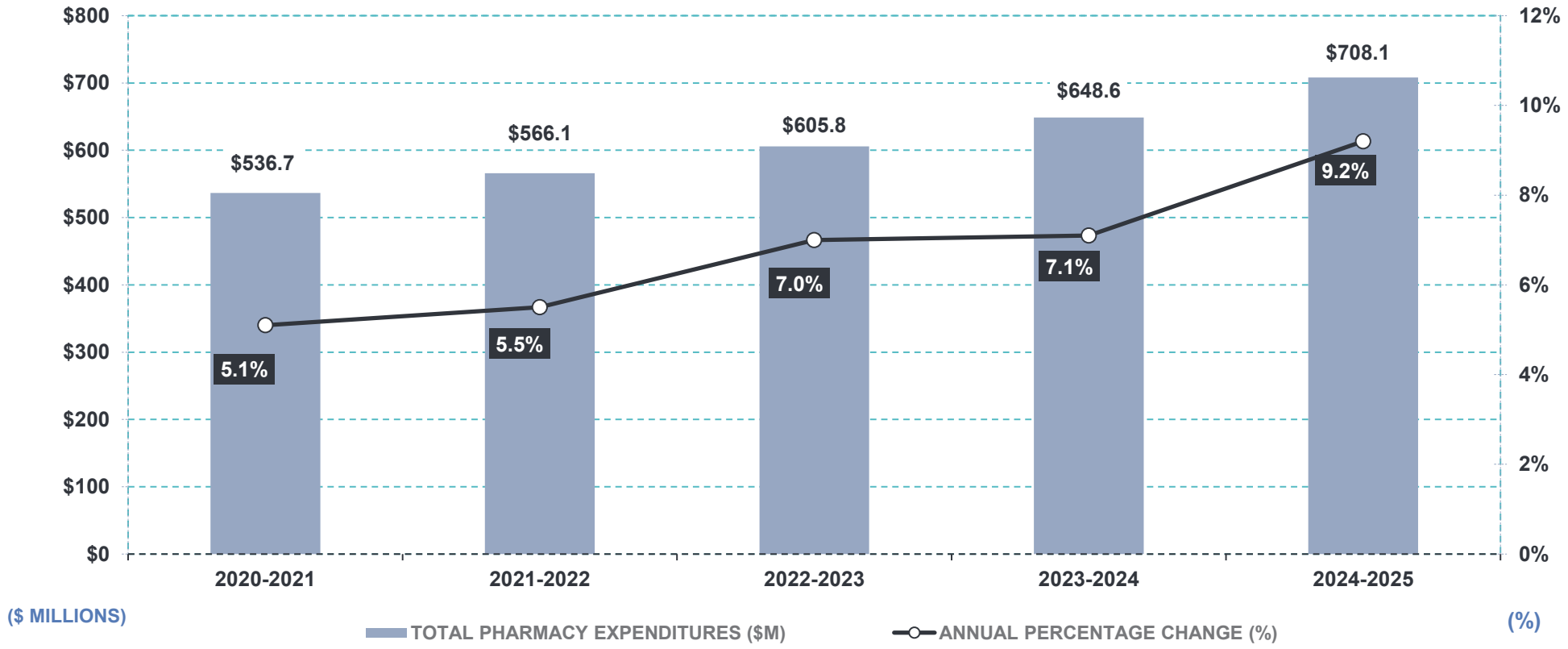



**CHART 4.2:** Annual NIHB pharmacy expenditures and percentage change
**SOURCE:** FST and FIRMS adapted by Program Analytics and Risk Mitigation

## NIHB pharmacy expenditures ($ 000's)

| | NIHB PHARMACY EXPENDITURES ($ 000'S) | | | | |
|---|---|---|---|---|---|
| | **2020 - 2021** | **2021 - 2022** | **2022 - 2023** | **2023 - 2024** | **2024 - 2025** |
| ATLANTIC | $37,323 | $40,657 | $45,819 | $49,470 | $55,701 |
| QUEBEC | $53,282 | $58,827 | $64,799 | $70,023 | $75,758 |
| ONTARIO | $105,300 | $112,069 | $113,842 | $119,964 | $131,045 |
| MANITOBA | $106,851 | $112,353 | $120,207 | $128,221 | $140,287 |
| SASKATCHEWAN | $116,188 | $120,000 | $126,676 | $137,470 | $148,399 |
| ALBERTA | $84,920 | $86,680 | $96,511 | $102,556 | $110,449 |
| NORTH | $29,479 | $31,499 | $33,457 | $35,869 | $40,397 |
| **TOTAL** | **$536,681** | **$566,082** | **$605,837** | **$648,600** | **$708,069** |

**TABLE 4.2:** NIHB pharmacy expenditures ($ 000's) by region
**SOURCE:** FST and FIRMS adapted by Program Analytics and Risk Mitigation

# 4 | NIHB PHARMACY

## NIHB pharmacy utilization rates by region

Utilization rates represent the number of clients who received at least 1 pharmacy benefit paid through the HICPS system in the fiscal year, as a proportion of the total number of eligible clients.

In 2024 to 2025, the national utilization rate was 63% for NIHB Pharmacy benefits paid through the HICPS system. The rate understates the actual level of utilization as the data do not include pharmacy services provided through contribution agreements and benefits provided through community health facilities or regional offices.

Clients of the Bigstone Cree Nation in Alberta and Akwesasne in Ontario are not included in this calculation as those clients receive pharmacy benefits through a contribution agreement and not through HICPS.

| | PHARMACY UTILIZATION | | | | |
|---|---|---|---|---|---|
| **REGION** | **2020 - 2021** | **2021 - 2022** | **2022 - 2023** | **2023 - 2024** | **2024 - 2025** |
| ATLANTIC | 60% | 61% | 63% | 64% | 65% |
| QUEBEC | 58% | 59% | 61% | 63% | 64% |
| ONTARIO | 51% | 52% | 53% | 54% | 54% |
| MANITOBA | 62% | 65% | 67% | 67% | 67% |
| SASKATCHEWAN | 63% | 65% | 68% | 68% | 69% |
| ALBERTA | 64% | 65% | 68% | 71% | 70% |
| NORTH | 50% | 50% | 52% | 53% | 53% |
| **NATIONAL** | **58%** | **59%** | **61%** | **62%** | **63%** |

**CHART 4.3:** NIHB pharmacy utilization rates by region.
**SOURCE:** HICPS and SVS adapted by Program Analytics and Risk Mitigation

## NIHB pharmacy claimants by age group and gender

2024 to 2025

Of the 983,461 clients eligible to receive benefits under the NIHB program, a total of 601,045 claimants received at least 1 pharmacy item paid through the Health Information and Claims Processing Services (HICPS) system in 2024 to 2025. Of this total, 339,448 were female (56.5%) and 261,597 were male (43.5%). This compares to the total eligible population where 50.7% were female and 49.3% were male.

The average age of pharmacy claimants was 38. The average age for female and male claimants was 38 and 37, respectively.

Pharmacy benefit utilization varies by age. In 2024 to 2025, 3.7% of all clients were in the 0 to 4 age group, but this group accounted for only 0.5% of all pharmacy claims made and only 0.7% of total pharmacy expenditures. In contrast, 10.9% of all eligible clients were in the 65+ age group, but accounted for 25.9% of all pharmacy claims submitted and 17.7% of total pharmacy expenditures.

During 2024 to 2025, the average claimant aged 65 or more submitted 92 claims compared to 73 claims for their counterpart in the 60 to 64 age group and 6 claims for the average claimant in the 0 to 9 age group.

Pharmacy benefit cost per NIHB claimant expenditures vary according to age. For example, in 2024 to 2025 the average cost per child aged 0 to 4 years was $285. The cost increased steadily for every age group, with claimants aged 30-34 having an average cost of $1,113, comparable to the total average claimant cost of $1,178. Claimants aged 60-64 years had the highest cost per claimant with an average of $2,027 for all pharmacy claims received throughout the fiscal year.

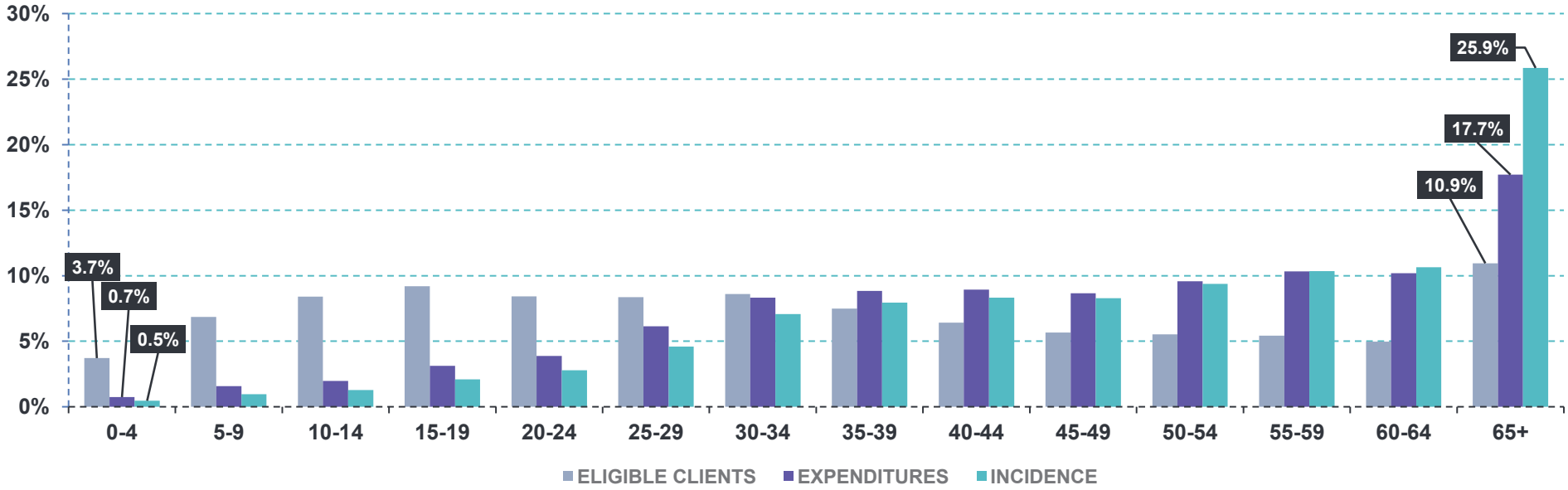



**CHART 4.4:** Distribution of eligible NIHB population, pharmacy expenditures and pharmacy incidence by age group
**SOURCE:** HICPS, FST and SVS adapted by Program Analytics and Risk Mitigation

## NIHB Top ten therapeutic classes by number of claimants

2024 to 2025

Table 4.5 ranks the top ten therapeutic classes of prescription drugs according to number of claimants. In 2024 to 2025, Penicillins had the highest number of distinct claimants, at 181,721. Antidepressants ranked second in number of claimants, with 132,336 followed by Proton Pump Inhibitors with 120,214 claimants.

| THERAPEUTIC CLASSIFICATION | CLAIMANTS | % CHANGE FR0M 2023 - 2024 | EXAMPLES OF PRODUCT IN THE THERAPEUTIC CLASS |
|---|---|---|---|
| PENICILLINS | 181,721 | 6.8% | Amoxil (Amoxicillin) |
| ANTIDEPRESSANTS | 132,336 | 4.8% | Effexor (Venlafaxine) |
| PROTON PUMP INHIBITORS | 120,214 | 11.0% | Losec (Omeprazole) |
| NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAID) | 119,526 | 4.2% | Voltaren (Diclofenac) |
| BETA-ADRENERGIC AGONISTS | 104,800 | 9.1% | Ventolin (Salbutamol) |
| HMG-COA REDUCTASE INHIBITORS (STATINS) | 92,696 | 6.2% | Lipitor (Atorvastatin) |
| OPIOID AGONISTS | 92,318 | 1.9% | Statex (Morphine Sulphate) |
| ADRENALS | 88,965 | 8.8% | Flovent (Fluticasone Propionate) |
| CEPHALOSPORINS | 79,924 | 3.5% | Keflex (Cephalexin) |
| ANGIOTENSIN-CONVERTING ENZYME INHIBITORS | 74,197 | 1.5% | Altace (Ramipril) |

**TABLE 4.5:** NIHB top ten therapeutic classes by number of claimants
**SOURCE:** HICPS adapted by Program Analytics and Risk Mitigation

## NIHB OTC (including CAD) drug claims incidence by therapeutic class

2024 to 2025

Table 4.6 looks at the number of claims by therapeutic classification for over-the-counter (OTC) drugs.

Vitamins accounted for the largest number of OTC drug claims in 2024 to 2025 at 1.6 million paid claims, or 28.3% of all OTC claims. Central nervous systems agents had the next highest share of OTC claims at 1.1 million (19.9%) followed by electrolytic/caloric/water balance drugs at 481,632 claims (8.8%).

| CATEGORY | CLAIMS | % CHANGE FR0M 2023 - 2024 | EXAMPLES |
|---|---|---|---|
| VITAMINS | 1,544,068 | -7.5% | Vitamin D (Cholecalciferol) |
| CENTRAL NERVOUS SYSTEM AGENTS | 1,086,492 | 1.6% | Tylenol (Acetaminophen) |
| ELECTROLYTIC/CALORIC/WATER BALANCE | 481,632 | 300.2% | Pedialyte (oral electrolyte solution) |
| BLOOD FORMATION AND COAGULATION | 429,378 | 12.6% | Iron (Ferrous Gluconate) |
| GASTROINTESTINAL DRUGS | 426,440 | 9.2% | Senokot (Sennosides) |
| DIABETIC DEVICES | 367,847 | 17.5% | Lancets |
| SKIN & MUCOUS MEMBRANE AGENTS | 268,386 | 19.5% | Nix (Permethrin) |
| HORMONE & SYNTHETIC SUBSTITUTES | 221,575 | 4.0% | Lantus (Insulin Glargine) |
| ANTIHISTAMINES | 154,066 | 7.8% | Reactine (Cetirizine) |
| AUTONOMIC DRUGS | 122,043 | 18.5% | Nicoderm (Nicotine) |

**TABLE 4.6:** NIHB OTC (including CAD) drug claims incidence by therapeutic class.
**SOURCE:** HICPS adapted by Program Analytics and Risk Mitigation



# 5 NIHB MEDICAL SUPPLIES AND EQUIPMENT (MS&E)

A range of medical supplies and equipment (MS&E) items are covered by the NIHB program. Items covered through the MS&E benefit are intended to address NIHB clients' medical needs in relation to basic activities of daily living (ADL) such as eating, bathing, dressing, toileting and transferring. MS&E benefits are covered for use at the client's place of primary residence and include:

- Audiology supplies and equipment
- Limb and body orthotics supplies and equipment
- Footwear supplies and equipment
- Oxygen supplies and equipment
- Pressure devices supplies and equipment
- Prosthetics supplies and equipment
- Respiratory supplies and equipment
- Self-care supplies and equipment
- Low vision supplies and equipment
- Mobility supplies and equipment
- Communication supplies and equipment
- Medical surgical supplies and equipment

MS&E benefits are evidence-based and covered in accordance with program policies as set out in the NIHB MS&E Benefits Guide. Some items must be reviewed by the corresponding NIHB regional office before they are distributed by an NIHB provider.

Prior to the 2020 to 2021 NIHB Annual Report, expenditure and utilization data for the MS&E benefit were combined with pharmacy benefits in reporting.

In 2024 to 2025, NIHB paid for MS&E claims made by a total of 86,247 First Nations and Inuit clients. The total spent for these claims was $84.0 million or 3.6% of NIHB expenditures.

# 5 | NIHB MS&E EXPENDITURE AND UTILIZATION DATA

## Distribution of NIHB MS&E expenditures ($ Millions)

2024 to 2025

The NIHB MS&E benefit has multiple components. The cost of medical equipment paid through the HICPS system was the largest component, accounting for $58.3 million or 69.4% of all NIHB MS&E expenditures, followed by medical supplies paid through HICPS which totalled $23.9 million or 28.4%.

Contribution agreements, which accounted for $0.8 million or 1.0% of total MS&E benefit costs, are used to fund benefits through agreements such as those with the Mohawk Council of Akwesasne in Ontario and the Bigstone Cree Nation in Alberta.

MS&E benefit costs outside of HICPS, which refers to MS&E items paid through Indigenous Services Canada regional offices, accounted for $1.0 million or 1.2%.

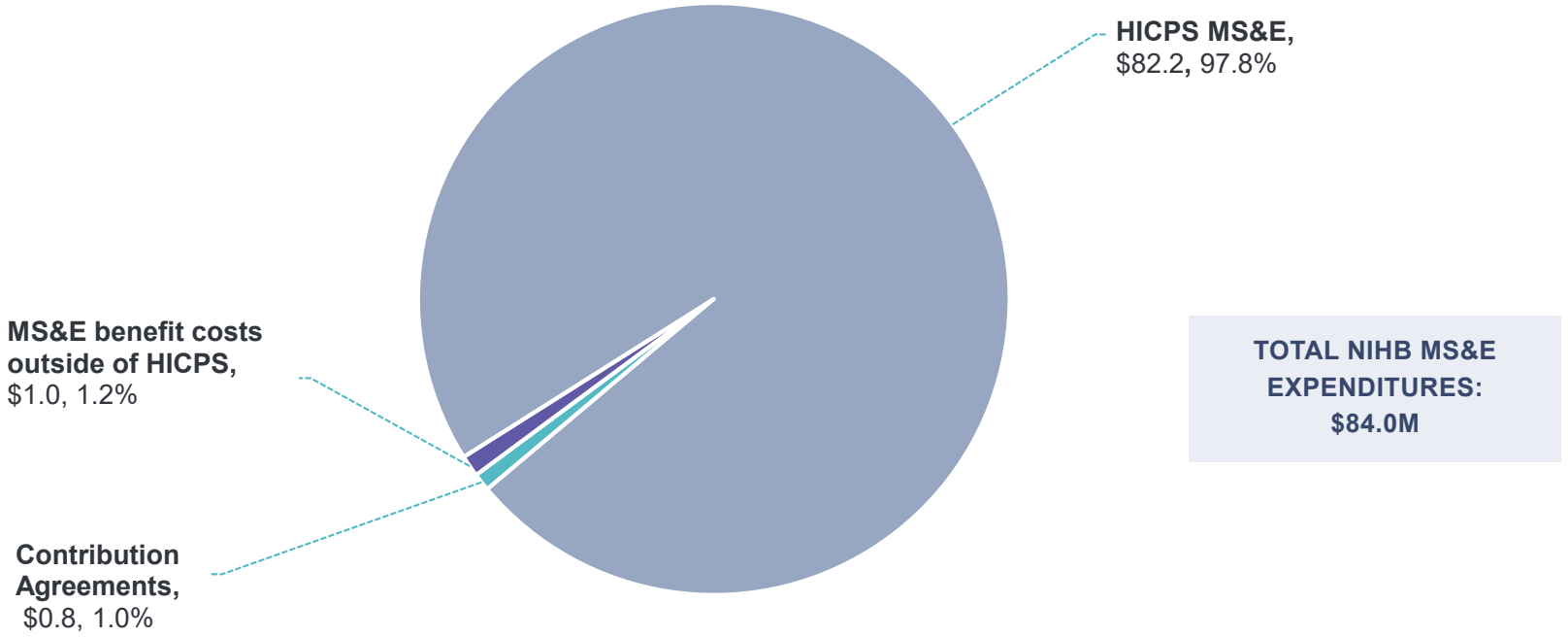



**CHART 5.1:** Distribution of NIHB MS&E expenditures ($ Millions)
**SOURCE:** FST adapted by Program Analytics and Risk Mitigation

## Total NIHB MS&E expenditures by type and region ($ 000's)

2024 to 2025

Medical equipment costs paid through the HICPS system represented the largest component of total NIHB MS&E expenditures at $58.3 million. Saskatchewan had the largest proportion of these costs at 24.2%, followed by Manitoba at 22.0% and Alberta at 17.3%.

The next highest component was medical supplies costs at $23.9 million. Saskatchewan (28.0%), Ontario (17.8%) and Manitoba (17.0%) had the largest proportions of these costs in 2024 to 2025.

All other MS&E expenditures, including contribution agreement costs, account for only 2.0% of total MS&E expenditure.

| | OPERATING COSTS | | | TOTAL OPERATING COSTS | TOTAL CONTRIBUTION COSTS | TOTAL COSTS |
|---|---|---|---|---|---|---|
| REGION | HICPS MEDICAL SUPPLIES | HICPS MEDICAL EQUIPMENT | MS&E OUTSIDE OF HICPS | | | |
| ATLANTIC | $1,386 | $4,334 | $1 | $5,721 | $0 | $5,721 |
| QUEBEC | $1,304 | $2,972 | $0 | $4,275 | $0 | $4,275 |
| ONTARIO | $4,243 | $8,138 | $382 | $12,762 | $596 | $13,358 |
| MANITOBA | $4,057 | $12,834 | $526 | $17,418 | $0 | $17,418 |
| SASKATCHEWAN | $6,673 | $14,122 | $36 | $20,830 | $0 | $20,830 |
| ALBERTA | $3,886 | $10,074 | $5 | $13,965 | $0 | $13,965 |
| NORTH | $2,314 | $5,867 | $42 | $8,223 | $220 | $8,443 |
| **TOTAL** | **$23,863** | **$58,341** | **$992** | **$83,196** | **$816** | **$84,011** |

**TABLE 5.1:** Total NIHB MS&E expenditures by type and region ($ 000's).
**SOURCE:** FST adapted by Program Analytics and Risk Mitigation

# 5 | NIHB MS&E EXPENDITURE AND UTILIZATION DATA

## Annual NIHB MS&E expenditures

NIHB MS&E expenditures increased by 11.8% during fiscal year 2024 to 2025. Over the past 5 years, growth in MS&E expenditures has ranged from a high of 17.9% in 2021 to 2022 to a low of -4.3% in 2020 to 2021.

The 5 year annualized growth rate for NIHB MS&E expenditures is 9.6%.

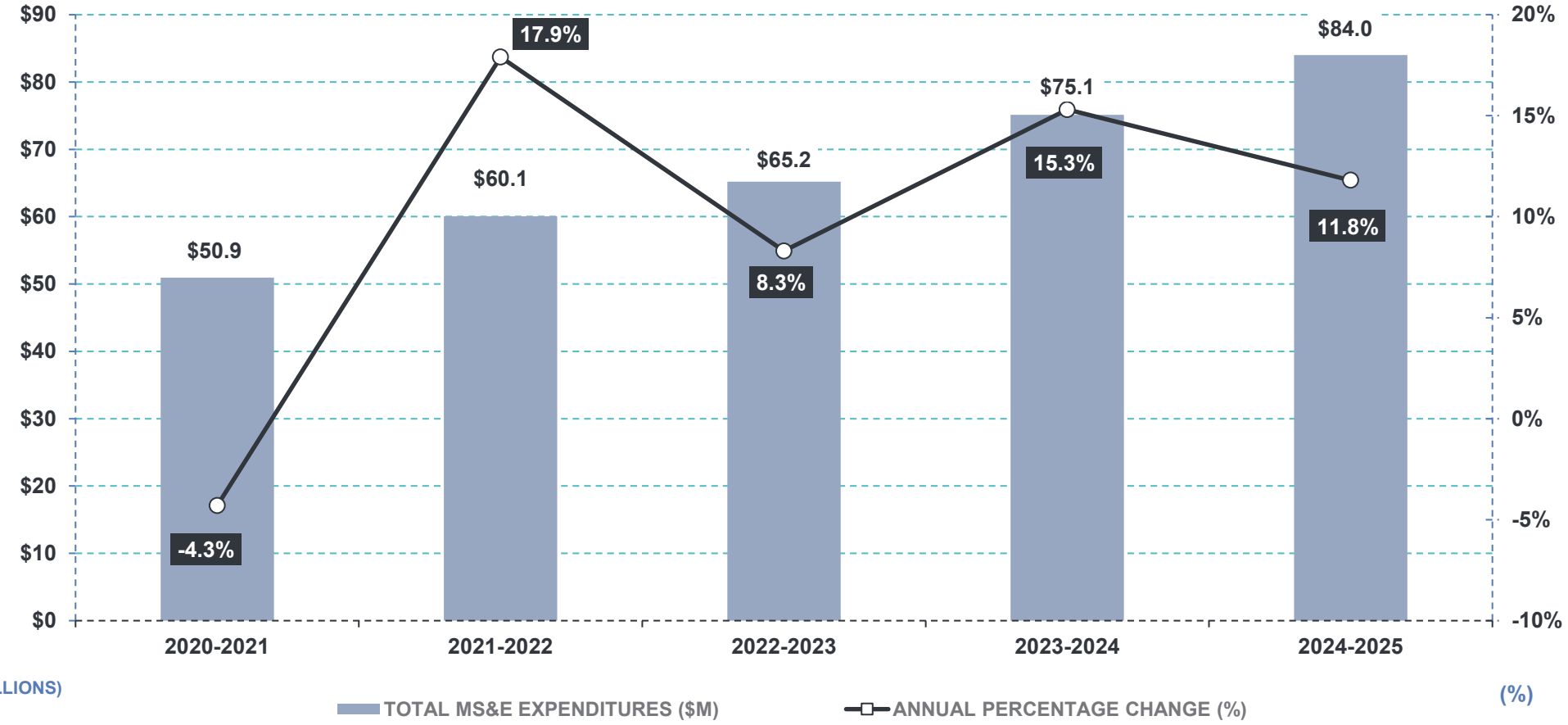



**CHART 5.2:** Annual NIHB MS&E expenditures
**SOURCE:** FST and FIRMS adapted by Program Analytics and Risk Mitigation

## Annual MS&E expenditures by region ($ 000's)

| | MS&E EXPENDITURES BY REGION ($ 000'S) | | | | |
|---|---|---|---|---|---|
| | **2020 - 2021** | **2021 - 2022** | **2022 - 2023** | **2023 - 2024** | **2024 - 2025** |
| ATLANTIC | $4,177 | $4,508 | $4,785 | $5,473 | $5,721 |
| QUEBEC | $2,379 | $2,855 | $3,149 | $3,828 | $4,275 |
| ONTARIO | $7,297 | $8,701 | $10,045 | $12,071 | $13,358 |
| MANITOBA | $11,146 | $13,330 | $13,870 | $15,661 | $17,418 |
| SASKATCHEWAN | $11,908 | $13,352 | $15,310 | $17,587 | $20,830 |
| ALBERTA | $9,647 | $11,658 | $12,503 | $13,614 | $13,965 |
| NORTH | $4,024 | $5,647 | $5,520 | $6,898 | $8,443 |
| **TOTAL** | **$50,933** | **$60,050** | **$65,181** | **$75,131** | **$84,011** |

**TABLE 5.2:**Annual MS&E expenditures by region ($ 000's)
**SOURCE:** FST adapted by Program Analytics and Risk Mitigation

# 5 | NIHB MS&E EXPENDITURE AND UTILIZATION DATA

## NIHB MS&E utilization rates by region

Utilization rates are the number of clients who received at least 1 MS&E benefit paid through the HICPS system in the fiscal year, as a proportion of the total number of eligible clients.

In 2024 to 2025, the national utilization rate for NIHB MS&E benefits paid through the HICPS system was 9%. The rate understates the actual level of utilization as the data do not include MS&E services provided through contribution agreements and benefits provided through community health facilities.

Clients of the Bigstone Cree Nation in Alberta and Akwesasne in Ontario are not included in this calculation as those clients receive MS&E benefits through a contribution agreement and not HICPS.

| | MS&E UTILIZATION | | | | |
|---|---|---|---|---|---|
| | 2020 - 2021 | 2021 - 2022 | 2022 - 2023 | 2023 - 2024 | 2024 - 2025 |
| ATLANTIC | 10% | 12% | 10% | 10% | 10% |
| QUEBEC | 7% | 9% | 7% | 7% | 8% |
| ONTARIO | 5% | 7% | 6% | 6% | 6% |
| MANITOBA | 12% | 14% | 11% | 11% | 12% |
| SASKATCHEWAN | 10% | 13% | 10% | 11% | 11% |
| ALBERTA | 8% | 10% | 8% | 8% | 9% |
| NORTH | 8% | 11% | 8% | 8% | 9% |
| **TOTAL** | **8%** | **11%** | **8%** | **8%** | **9%** |

**TABLE 5.3:** NIHB MS&E utilization rates by region
**SOURCE:** HICPS and SVS adapted by Program Analytics and Risk Mitigation

## NIHB MS&E claimants by age group and gender

2024 to 2025

Of the 983,461 clients eligible to receive benefits under the NIHB program, a total of 86,247 claimants, representing 9% of the NIHB client population, received at least 1 MS&E item paid through the Health Information and Claims Processing Services (HICPS) system in 2024 to 2025. Of this total, 49,594 were female (57.5%) and 36,653 were male (42.5%). This compares to the total eligible population where 51% were female and 49% were male.

The average age of MS&E claimants was 50. The average age for female and male claimants was 51 and 49, respectively.

MS&E benefit utilization varies by age. In 2024 to 2025, 3.7% of all clients were in the 0 to 4 age group, but this group accounted for only 1.5% of all MS&E claims made and only 2.2% of total MS&E expenditures. In contrast, 10.9% of all eligible clients were in the 65+ age group, but they accounted for 35.2 % of all MS&E claims submitted and 36.7% of total MS&E expenditures. The average MS&E claimant submitted 5 claims in 2024 to 2025, a rate that is relatively consistent over all age groups.

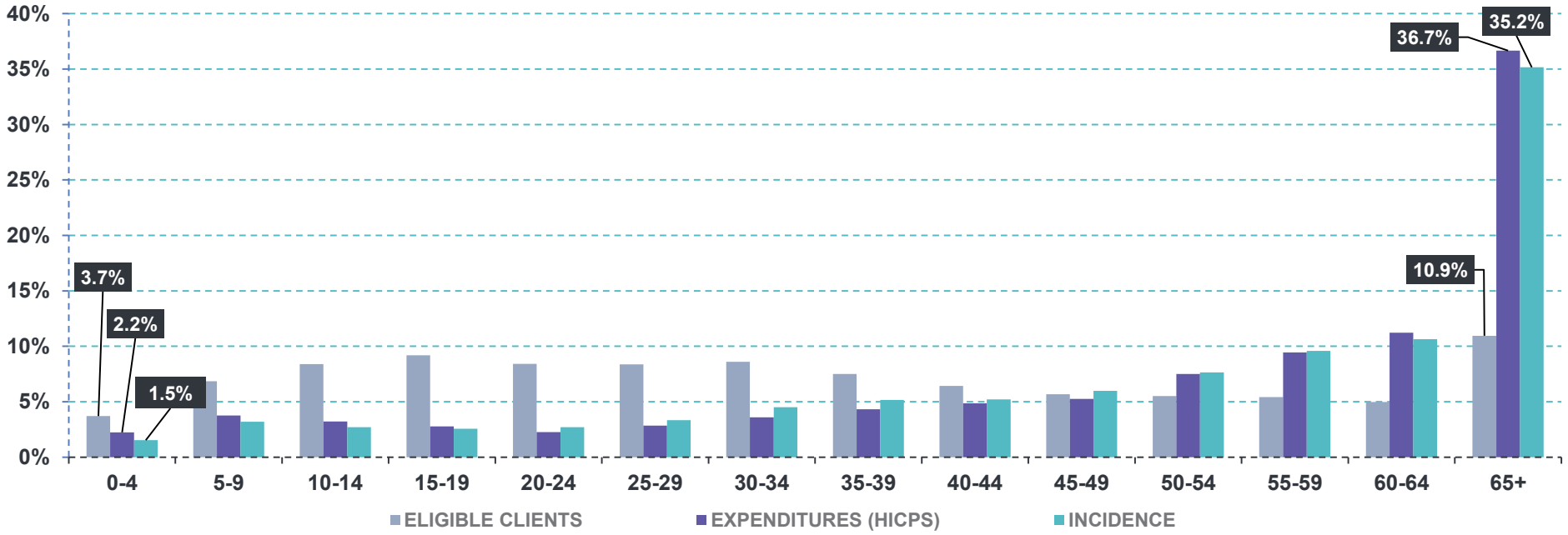



**CHART 5.4:** Distribution of eligible NIHB population, MS&E expenditures and MS&E incidence by age group.
**SOURCE:** HICPS, FST and SVS adapted by Program Analytics and Risk Mitigation

## NIHB medical supplies expenditures by category

2024 to 2025

In 2024 to 2025, medical surgical supplies such as incontinence items accounted for 80.3% of all medical supply expenditures, an increase from the 78.5% recorded in 2023 to 2024.

Self-care supplies, such as enteral feeding bags, represented 6.3% of all medical supply expenditures, followed by prosthetic supplies, such as prosthetic liners at 4.1%.

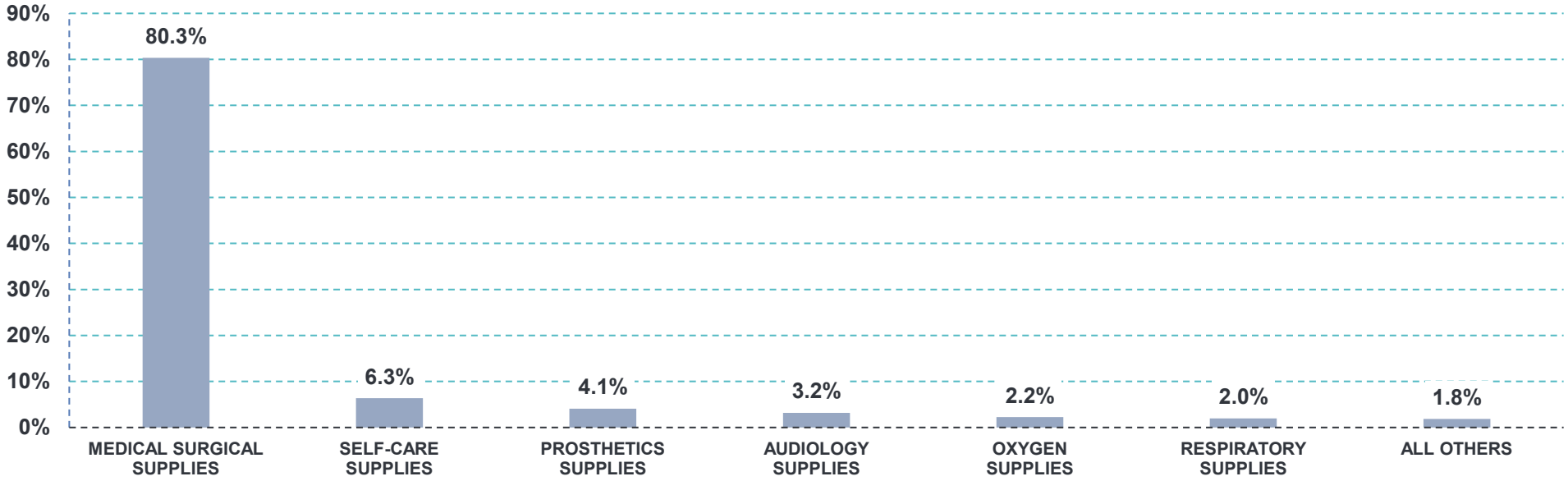



**TABLE 5.5:** NIHB medical supplies expenditures by category
**SOURCE:** HICPS adapted by Program Analytics and Risk Mitigation

## NIHB medical equipment expenditures by category

2024 to 2025

In 2024 to 2025, mobility equipment such as wheelchairs accounted for 19.0% of all medical equipment expenditures, a decrease from the 21.7% recorded in 2023 to 2024.

Audiology equipment, such as hearing aids, represented 18.3% of all medical equipment expenditures, followed by respiratory equipment such as CPAP machines at 11.8%.

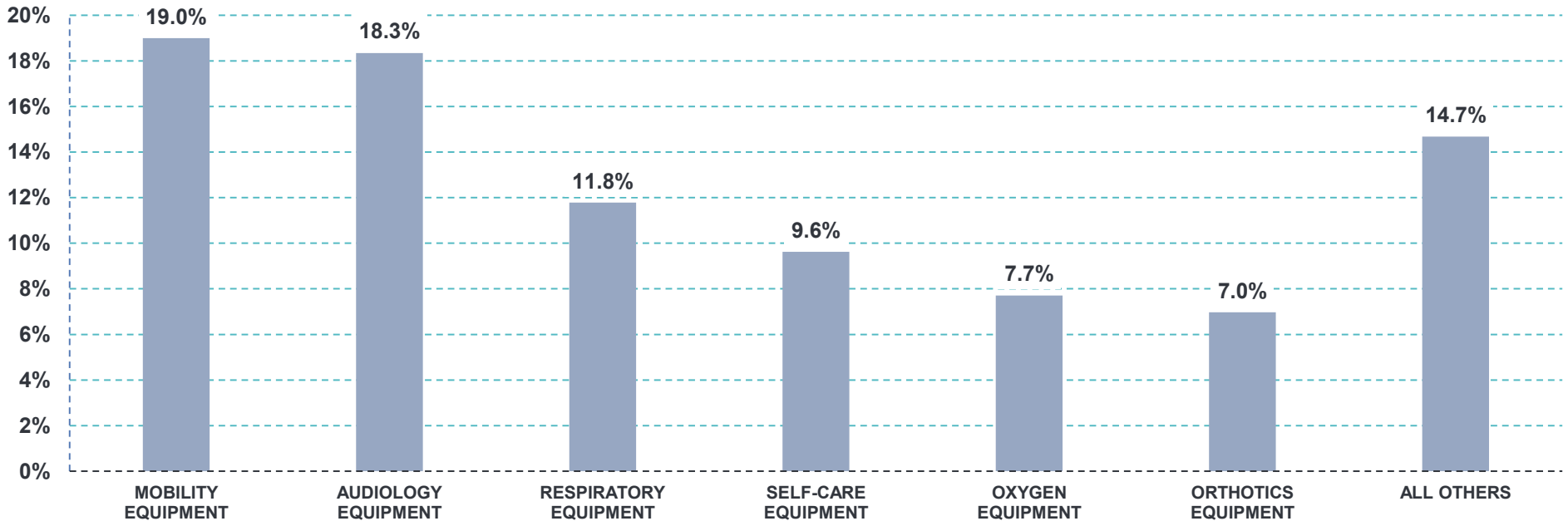



**CHART 5.6:** NIHB medical supplies expenditures by category.
**SOURCE:** HICPS adapted by Program Analytics and Risk Mitigation



# 6 NIHB DENTAL

The NIHB program covers a broad range of dental services, including:

- diagnostic services such as examinations and radiographs
- preventive services such as scaling, polishing, fluorides and sealants
- restorative services such as fillings and crowns
- endodontic services such as root canal treatments
- periodontal services such as deep scaling
- removable prosthodontic services such as partial or complete dentures
- oral surgery services such as extractions
- orthodontic services such as braces
- adjunctive services such as general anesthesia and sedation.

Dental benefits are covered in accordance with program policies as set out in the NIHB Dental Benefits Guide.

In 2024 to 2025, a total of 359,138 First Nations and Inuit clients accessed dental benefits through the NIHB program, based on claims paid through the HICPS system. The total expenditure for dental benefits was $425.0 million or 18.2% of total NIHB expenditures. The dental benefit accounts for the third largest program expenditure.

Some dental services require predetermination prior to the initiation of treatment. Predetermination is a review that determines if the proposed dental service is covered under the program's guidelines and criteria, as described in the guide. This review is undertaken by the Dental Predetermination Centre (DPC).

# 6 | NIHB DENTAL

## Distribution of NIHB dental expenditures ($ millions)

2024 to 2025

NIHB dental expenditures include multiple components. Dental costs paid through the HICPS system represented the largest expenditure portion, accounting for $399.2 million or 93.3% of all NIHB dental costs.

The next highest component was contribution agreements, which accounted for $16.1 million or 3.8% of total dental expenditures.

Contribution agreements are used to fund dental benefits through agreements such as those with the Mohawk Council of Akwesasne in Ontario and the Bigstone Cree Nation in Alberta.

Dental benefit expenditures outside of HICPS, which are comprised mostly of contract dentists providing services to clients in remote communities, totalled $9.7 million or 2.3% of total costs.

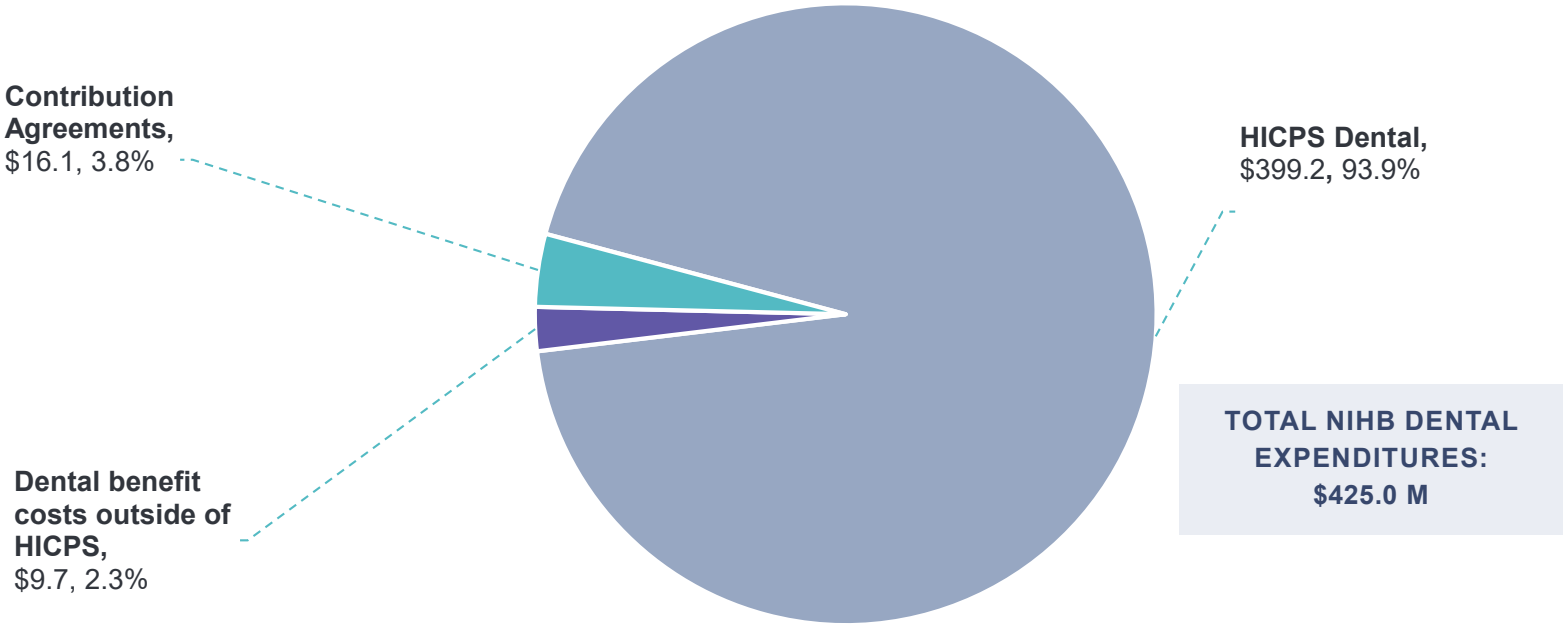



**CHART 6.1:** Distribution of NIHB dental expenditures ($ millions).
**SOURCE:** FST adapted by Program Analytics and Risk Mitigation

## Total NIHB dental expenditures by type and region ($ 000's)

2024 to 2025

Of the $425.0 million in NIHB dental expenditures in 2024 to 2025, Saskatchewan (20.5%), Alberta (19.5%) and Ontario (19.4%) had the largest overall proportion.

Saskatchewan had the highest total dental expenditures at $87.0 million and the Atlantic region had the lowest total dental expenditures at $16.0 million.

| REGION | OPERATING COSTS | | TOTAL OPERATING COSTS | TOTAL CONTRIBUTION COSTS | TOTAL COSTS |
|---|---|---|---|---|---|
| | HICPS DENTAL | DENTAL OUTSIDE OF HICPS | | | |
| ATLANTIC | $15,965 | $37 | $16,003 | $0 | $16,003 |
| QUEBEC | $26,352 | $0 | $26,352 | $0 | $26,352 |
| ONTARIO | $72,260 | $2,904 | $75,165 | $7,352 | $82,516 |
| MANITOBA | $71,284 | $6,414 | $77,698 | $879 | $78,577 |
| SASKATCHEWAN | $82,651 | $0 | $82,651 | $4,306 | $86,957 |
| ALBERTA | $79,467 | $0 | $79,467 | $3,363 | $82,829 |
| NORTH | $47,658 | $348 | $48,005 | $193 | $48,198 |
| **TOTAL** | **$399,228** | **$9,704** | **$408,932** | **$16,093** | **$425,024** |

**TABLE 6.1:** Total NIHB dental expenditures by type and region ($ 000's).
**SOURCE:** FST adapted by Program Analytics and Risk Mitigation

# 6 | NIHB DENTAL

## Annual NIHB dental expenditures

NIHB dental expenditures increased by 11.9% during fiscal year 2024 to 2025. Over the last 5 years, annual growth rates for NIHB dental expenditures have ranged from a high of 28.2% in 2021 to 2022 to a low of -16.0% in 2020 to 2021.

The coronavirus (COVID-19) outbreak and provincial/territorial public health restrictions on the provision of in-person services in fiscal year 2020 to 2021, along with larger than typical utilization of the benefit in fiscal 2021 to 2022 once restrictions were ended, significantly impacted growth in those 2 years.

The 5 year annualized growth rate for NIHB dental expenditures is 8.9%.

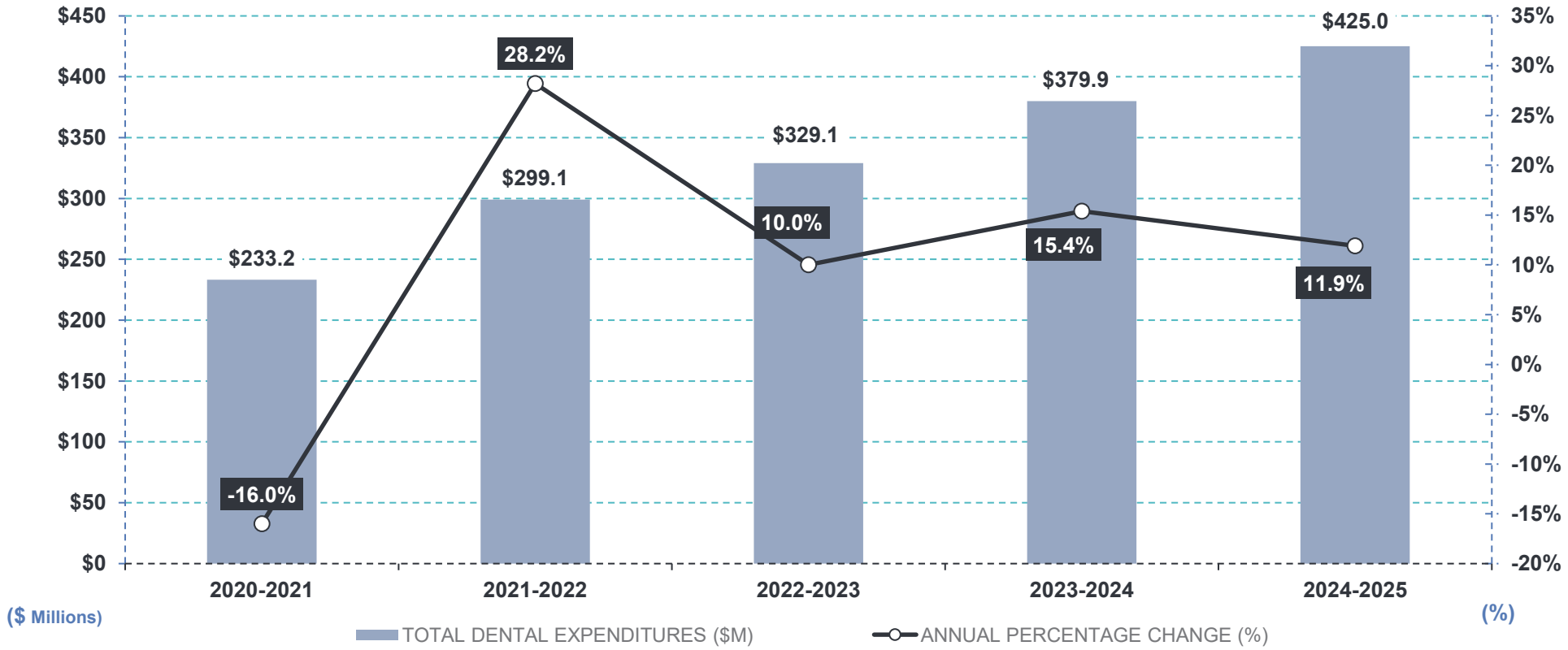



**CHART 6.2:** NIHB dental expenditures and annual percentage change.
**SOURCE:** FST adapted by Program Analytics and Risk Mitigation

## NIHB dental expenditures by region

| | NIHB DENTAL EXPENDITURES BY REGION ($ 000'S) | | | | |
|---|---|---|---|---|---|
| | 2020 - 2021 | 2021 - 2022 | 2022 - 2023 | 2023 - 2024 | 2024 - 2025 |
| ATLANTIC | $9,455 | $11,801 | $12,638 | $14,425 | $16,003 |
| QUEBEC | $14,934 | $19,092 | $20,427 | $23,367 | $26,352 |
| ONTARIO | $49,251 | $59,326 | $67,128 | $78,995 | $82,516 |
| MANITOBA | $49,414 | $57,381 | $60,247 | $68,952 | $78,577 |
| SASKATCHEWAN | $47,507 | $63,408 | $70,480 | $78,046 | $86,957 |
| ALBERTA | $47,799 | $58,790 | $65,240 | $74,484 | $82,829 |
| NORTH | $20,703 | $26,830 | $30,332 | $38,600 | $48,198 |
| **TOTAL** | **$233,224** | **$299,075** | **$329,123** | **$379,940** | **$425,024** |

**TABLE 6.2:** NIHB dental expenditures by region ($ 000's).
**SOURCE:** FST and FIRMS adapted by Program Analytics and Risk Mitigation

# 6 | NIHB DENTAL

## NIHB dental utilization rates by region

Utilization rates reflect the number of clients who, during the fiscal year, received at least 1 dental service paid through the HICPS system as a proportion of the total number of eligible clients.

In 2024 to 2025, the national utilization rate for dental benefits paid through the HICPS system was 37%. NIHB dental utilization rates in 2020 to 2021 were impacted by provincial/territorial public health restrictions on the provision of in-person services due to the coronavirus (COVID-19) outbreak.

The rates understate the actual level of utilization as the data do not include dental services provided through community health facilities or other Indigenous Services Canada programs such as Community Oral Health Services which include dental therapy services and the Children's Oral Health Initiative (COHI). Clients of the Bigstone Cree Nation in Alberta and Akwesasne in Ontario are not included in this calculation as those clients receive dental benefits through a contribution agreement and not through HICPS.

Over the 2 year period between 2023 to 2024 and 2024 to 2025, 477,993 distinct clients received NIHB dental services through HICPS, resulting in an overall 50% utilization rate over this time.

| | DENTAL UTILIZATION | | | | | NIHB DENTAL UTILIZATION LAST 2 YEARS 2023-2025 |
|---|---|---|---|---|---|---|
| | 2020 - 2021 | 2021 - 2022 | 2022 - 2023 | 2023 - 2024 | 2024 - 2025 | |
| ATLANTIC | 30% | 35% | 35% | 36% | 37% | 48% |
| QUEBEC | 34% | 38% | 39% | 39% | 39% | 50% |
| ONTARIO | 28% | 32% | 34% | 35% | 34% | 45% |
| MANITOBA | 27% | 32% | 33% | 34% | 34% | 47% |
| SASKATCHEWAN | 32% | 37% | 38% | 38% | 39% | 53% |
| ALBERTA | 38% | 43% | 44% | 44% | 46% | 60% |
| NORTH | 29% | 33% | 35% | 35% | 37% | 52% |
| **NATIONAL** | **30%** | **35%** | **36%** | **37%** | **37%** | **50%** |

**TABLE 6.3:** NIHB dental utilization rates by region.
**SOURCE:** HICPS and SVS adapted by Program Analytics and Risk Mitigation

## NIHB dental claimants by age group, gender and region

2024 to 2025

Of the 983,461 clients eligible to receive dental benefits through the NIHB program, 359,138 claimants (37%) received at least 1 dental procedure paid through the HICPS system in 2024 to 2025.

Of this total, 201,591 were female (56%) and 157,547 were male (44%), compared to the total eligible NIHB population where 51% were female and 49% were male.

The average age of dental claimants was 34, indicating clients tend to access dental services at a slightly younger age compared to pharmacy services (38 years of age). The average age for female and male claimants was 35 and 32, respectively.

Approximately 32% of all dental claimants were under the age of 20. 36% of male claimants were in this age group compared to 30% of female claimants. Approximately 9% of all claimants were seniors aged 65 and over in 2024 to 2025.

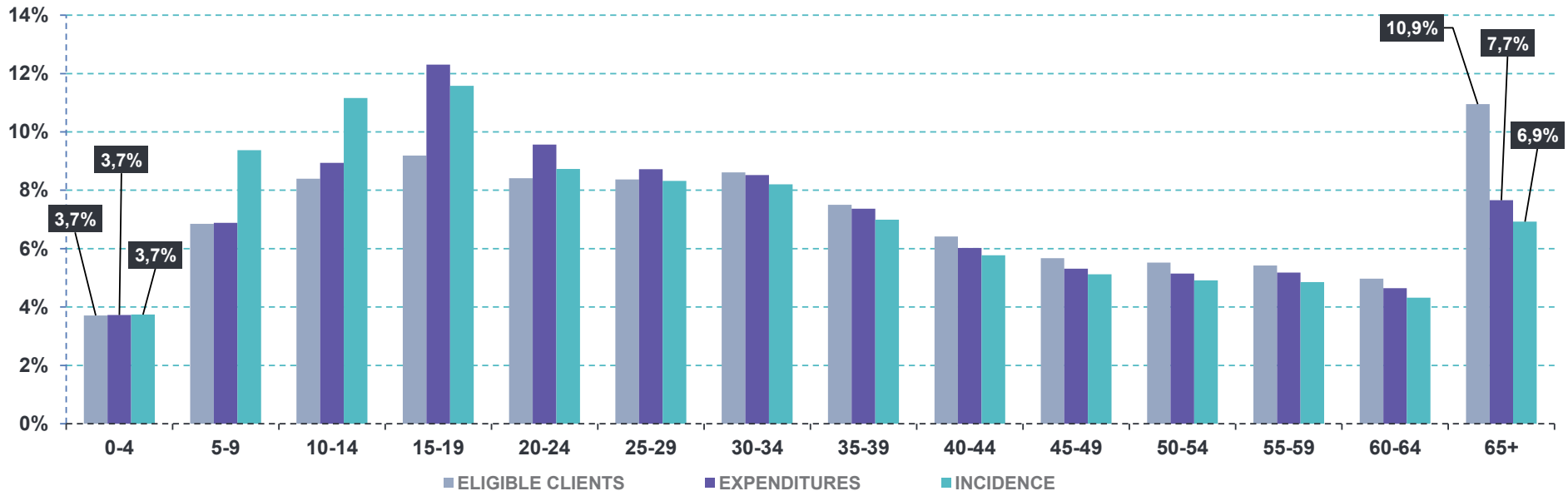



**CHART 6.4:** Distribution of eligible NIHB population, dental expenditures and incidence by age group.
**SOURCE:** HICPS and SVS adapted by Program Analytics and Risk Mitigation

## NIHB fee-for-service dental expenditures by service category

In 2024 to 2025, expenditures for restorative services (crowns, fillings, etc.) were the highest of all dental service categories at $179.6 million. Diagnostic services (examinations, radiographs, etc.) at $47.2 million and preventive services (scaling, sealants, etc.) at $45.0 million were the next highest service categories. Rounding out the top 5 were oral surgery (extractions, etc.) at $41.7 million and endodontic services (root canal treatments, etc.) at $30.9 million.

| | FEE-FOR-SERVICE TOP 5 DENTAL SERVICE CATEGORIES ($ MILLIONS) AND PERCENTAGE CHANGE | | |
|---|---|---|---|
| **DENTAL SUB-BENEFIT** | **2023 - 2024** | **2024 - 2025** | **% CHANGE FROM 2023 - 2024** |
| RESTORATIVE SERVICES | $161.3 | $179.6 | 11.3% |
| DIAGNOSTIC SERVICES | $41.7 | $47.2 | 13.2% |
| PREVENTIVE SERVICES | $38.5 | $45.0 | 16.7% |
| ORAL SURGERY | $37.2 | $41.7 | 12.2% |
| ENDODONTIC SERVICES | $28.3 | $30.9 | 9.3% |

**TABLE 6.5:** NIHB NIHB fee-for-service dental expenditures by service category.
**SOURCE:**HICPS adapted by Program Analytics and Risk

In 2024 to 2025, the 3 highest dental procedures by expenditure were composite restorations ($152.4 million), scaling ($30.8 million) and extractions ($30.2 million).

| | FEE-FOR-SERVICE TOP 5 DENTAL PROCEDURES ($ MILLIONS) AND PERCENTAGE CHANGE | | |
|---|---|---|---|
| **DENTAL PROCEDURE** | **2023 - 2024** | **2024 - 2025** | **% CHANGE FROM 2023 - 2024** |
| COMPOSITE RESTORATIONS | $138.4 | $152.4 | 10.1% |
| SCALING | $27.9 | $30.8 | 10.3% |
| EXTRACTIONS | $26.6 | $30.2 | 13.4% |
| ROOT CANAL THERAPY | $26.1 | $28.3 | 8.4% |
| INTRAORAL RADIOGRAPHS | $15.8 | $17.8 | 12.6% |

**TABLE 6.6:** NIHB fee-for-service dental expenditures by procedure.
**SOURCE:** HICPS adapted by Program Analytics and Risk Mitigation



# 7 NIHB MEDICAL TRANSPORTATION

In 2024 to 2025, Non-Insured Health Benefits Medical Transportation expenditures were $880.2 million or 37.8% of total NIHB expenditures. The medical transportation benefit is the largest program expenditure.

NIHB medical transportation benefits are intended to assist eligible clients to access medically necessary health services that are not available on reserve or in their community of residence.

Medical transportation benefits are managed by Indigenous Services Canada regional offices, or by First Nations or Inuit Health Authorities, organizations or territorial governments who manage the benefit through contribution agreements.

Medical transportation benefits include:

- ground travel (private vehicle, commercial taxi, fee-for-service driver and vehicle, band vehicle, bus, train, snowmobile taxi, and ground ambulance)
- air travel (scheduled flights; chartered flights; helicopter; and air ambulance)
- water travel (motorized boat; boat taxi; and ferry)
- living expenses (meals and accommodations)
- transportation costs for health professionals to provide services to isolated communities

Medical transportation benefits may be provided for clients to access the following types of medically required health services:

- medical services insured by provincial/ territorial health plans (e.g., appointments with physicians, diagnostic tests, hospital care)
- publicly funded alcohol, solvent, drug abuse and detox treatments
- traditional healers
- eligible benefits and services covered by the NIHB program

Medical transportation benefits may also be provided for a medical escort, such as a nurse, or a non-medical escort, such as a family member or caregiver, to travel with a client who needs assistance or to accompany pregnant clients who require transportation outside their community to deliver their babies.

In addition to client travel, medical transportation expenditures also include costs associated with transporting healthcare professionals to under-serviced and/or remote and isolated communities to provide services.

# 7 | NIHB MEDICAL TRANSPORTATION

## Distribution of NIHB medical transportation expenditures ($ Millions)

2024 to 2025

In 2024 to 2025, NIHB medical transportation expenditures totalled $880.2 million.

Contribution agreements for the management of medical transportation benefits by First Nations communities, territorial governments and other organizations represented the largest component, accounting for $342.4 million, or 38.9% of total benefit expenditures.

Of benefit expenditures managed by the NIHB program, accommodations and meals at $150.2 million (17.1%), scheduled flights at $135.9 million (15.4%) and air ambulance at $123.4 million (14.0%) were the largest expenditures, accounting for a combined total of over 45%.

Rounding out medical transportation expenditures are costs for land ambulance at $69.5 million (7.9%), land and water transportation at $39.8 million (4.5%) and chartered flights at $19.0 million (2.2%).

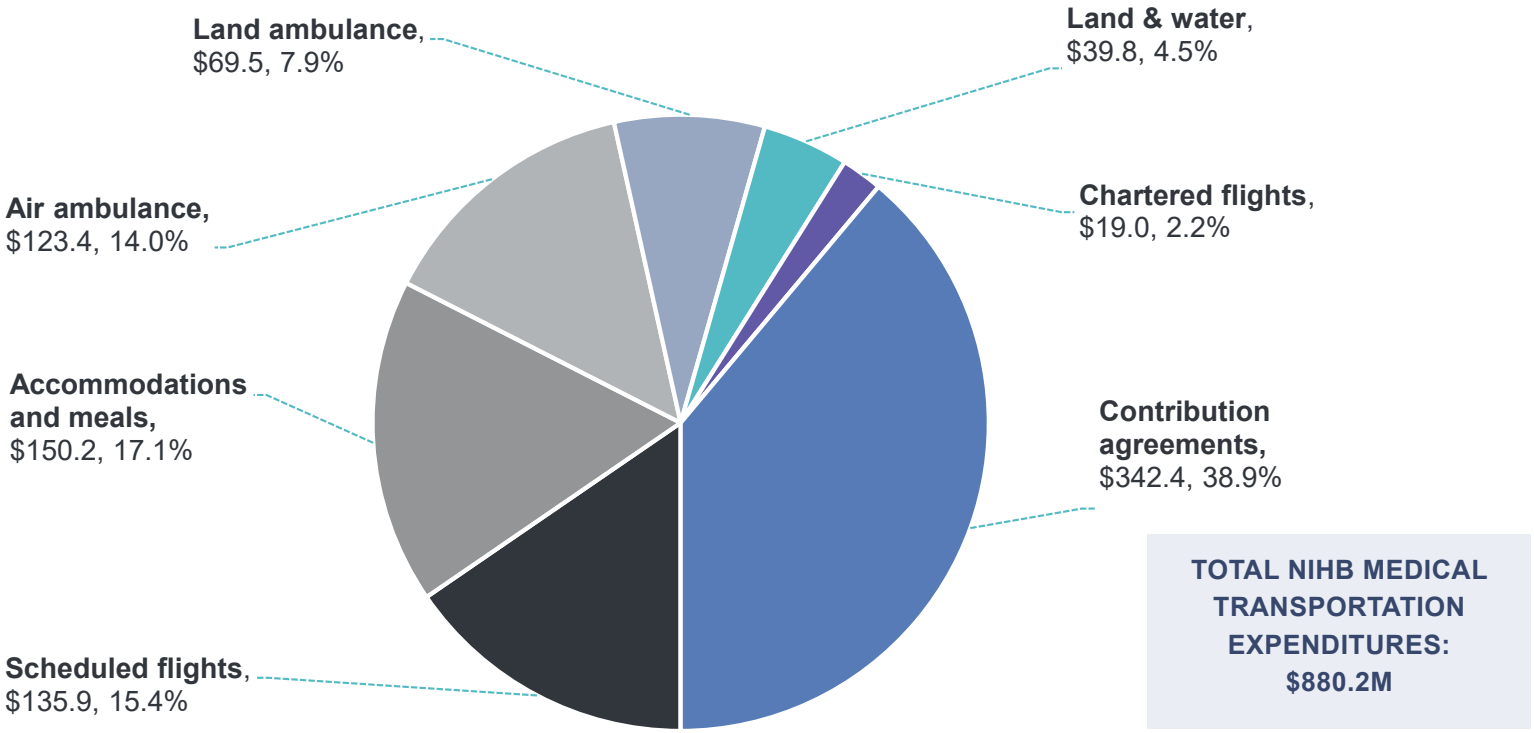



**CHART 7.1:** Distribution of NIHB medical transportation expenditures ($ Millions).
**SOURCE:** FST adapted by Program Analytics and Risk Mitigation

## Annual NIHB medical transportation expenditures

NIHB medical transportation expenditures increased by 11.5% in 2024 to 2025 compared to the previous year. Over the past 5 years, overall medical transportation costs have grown by 67.4% from $525.7 million in 2020 to 2021 to $880.2 million in 2024 to 2025.

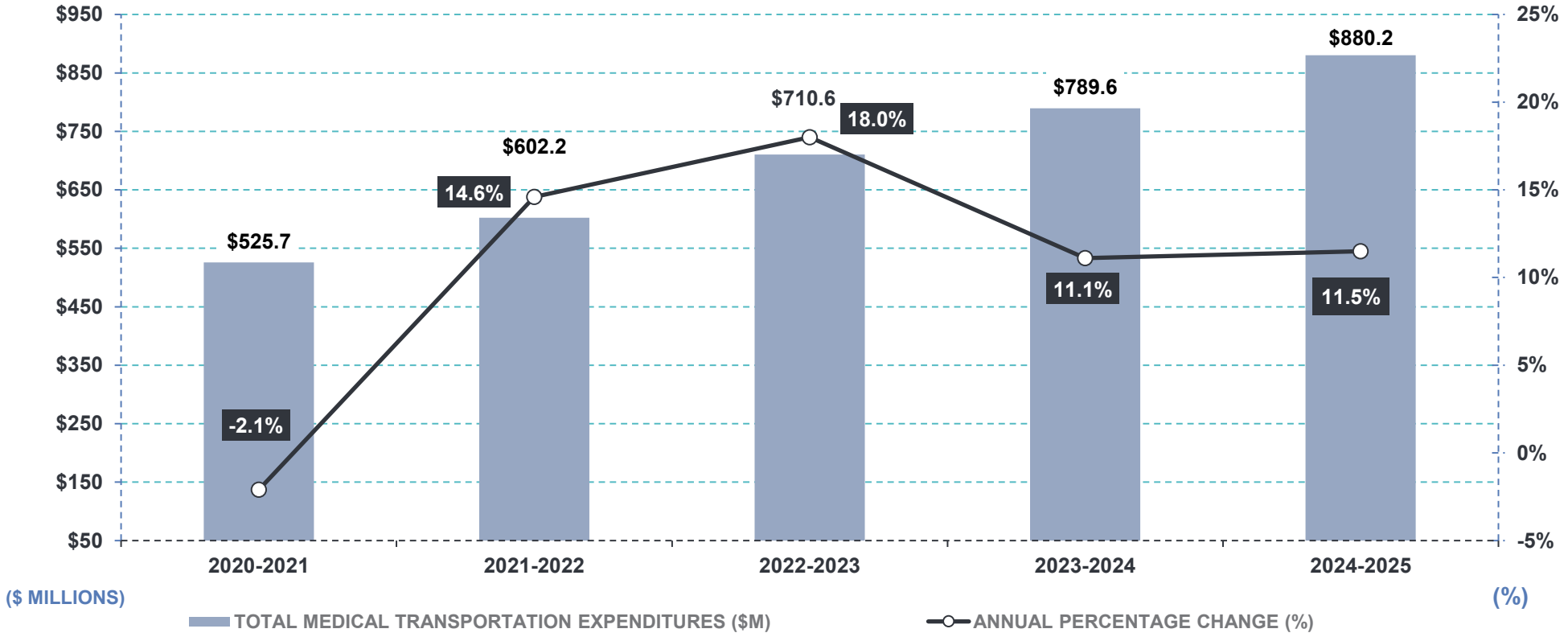



**CHART 7.2:** Annual NIHB medical transportation expenditures.
**SOURCE**: FST adapted by Program Analytics and Risk Mitigation

# 7 | NIHB MEDICAL TRANSPORTATION

On a regional basis, the highest 5 year growth rate was in Ontario where expenditures grew by 104.6% from $90.6 million in 2020 to 2021 to $185.5 million in 2024 to 2025. This was followed by Manitoba with an increase of 95.3% from $155.8 million in 2020 to 2021 to $304.3 million in 2024 to 2025.

| | NIHB MEDICAL TRANSPORTATION EXPENDITURES ($ 000'S) | | | | |
|---|---|---|---|---|---|
| | **2020 - 2021** | **2021 - 2022** | **2022 - 2023** | **2023 - 2024** | **2024 - 2025** |
| ATLANTIC | $13,263 | $15,776 | $17,512 | $18,294 | $17,840 |
| QUEBEC | $25,379 | $26,775 | $28,921 | $28,596 | $32,649 |
| ONTARIO | $90,646 | $114,814 | $140,343 | $166,036 | $185,502 |
| MANITOBA | $155,790 | $184,200 | $233,140 | $261,374 | $304,285 |
| SASKATCHEWAN | $84,951 | $103,152 | $114,863 | $115,915 | $137,570 |
| ALBERTA | $59,492 | $67,206 | $71,908 | $69,508 | $79,500 |
| NORTH | $96,194 | $90,286 | $103,926 | $129,898 | $122,868 |
| **TOTAL** | **$525,715** | **$602,208** | **$710,614** | **$789,621** | **$880,213** |

**TABLE 7.1:** NIHB vision care expenditures ($ 000's) by region
**Source:** FST adapted by Program Analytics and Risk Mitigation

## NIHB medical transportation expenditures by type and region ($ 000's)

2024 to 2025

In 2024 to 2025 Manitoba had the highest overall NIHB medical transportation expenditures at $304.3 million, primarily as a result of air transportation, which totalled $180.4 million. High medical transportation costs in the region reflect in part the large number of First Nations clients living in remote or fly-in only northern communities.

Ontario had the second highest medical transportation expenditures total in 2024 to 2025 at $185.5 million. Saskatchewan followed at $137.6 million.

| TYPE | ATLANTIC | QUEBEC | ONTARIO | MANITOBA | SASKATCHEWAN | ALBERTA | NORTH | TOTAL |
|---|---|---|---|---|---|---|---|---|
| SCHEDULED FLIGHTS | $2,607 | $556 | $60,736 | $63,656 | $4,588 | $1,103 | $2,627 | $135,872 |
| AIR AMBULANCE | $72 | $42 | $613 | $105,683 | $10,969 | $3,319 | $2,700 | $123,397 |
| CHARTERED FLIGHTS | $0 | $4 | $1,125 | $11,073 | $3,592 | $3,238 | $0 | $19,033 |
| LAND AMBULANCE | $493 | $236 | $1,085 | $10,644 | $40,137 | $16,881 | $1 | $69,475 |
| LAND & WATER | $1,179 | $387 | $7,372 | $5,612 | $19,608 | $4,496 | $1,180 | $39,834 |
| ACCOMMODATIONS & MEALS | $1,759 | $258 | $64,384 | $55,531 | $14,256 | $10,283 | $3,723 | $150,195 |
| TOTAL OPERATING | $6,102 | $1,483 | $135,314 | $252,199 | $93,150 | $39,321 | $10,230 | $537,797 |
| TOTAL CONTRIBUTIONS | $11,738 | $31,167 | $50,187 | $52,086 | $44,420 | $40,180 | $112,638 | $342,416 |
| **TOTAL** | **$17,848** | **$32,649** | **$185,502** | **$304,285** | **$137,570** | **$79,500** | **$122,868** | **$880,222** |
| % CHANGE FROM 2023-2024 | -2.4% | 14.2% | 11.7% | 16.4% | 18.7% | 14.4% | -5.4% | 11.5% |

**TABLE 7.2:** NIHB medical transportation expenditures by type and region ($ 000's).
**SOURCE:** FST and FIRMS adapted by Program Analytics and Risk Mitigation



# 8 NIHB VISION CARE

The NIHB program provides coverage for vision care benefits as set out in the NIHB Guide to Vision Care Benefits, including:

- eye examinations when they are not insured by the province or territory
- corrective eyewear (glasses, contact lenses) when prescribed by a vision care professional
- eyeglass repairs

Some items such as ocular prosthesis and low vision aids are covered by NIHB as medical supplies and equipment benefits.

In 2024 to 2025, a total of 178,094 First Nations and Inuit clients accessed vision care benefits through the NIHB program, based on claims paid through the HICPS system. The total expenditure for vision care benefits was $52.4 million or 2.2% of total NIHB expenditures.

# 8 | NIHB VISION CARE

## Distribution of NIHB vision care expenditures ($ millions)

2024 to 2025

NIHB vision care expenditures are comprised of several distinct components. Fee-for-service vision care costs paid through HICPS system represented the largest expenditure portion, accounting for $47.7 million or 91.2% of all NIHB vision care costs.

The next highest component was contribution agreements, which accounted for $4.6 million or 8.7% of total vision care costs. Contribution agreements are used to fund First Nations or Inuit communities and organizations and/or Territorial Governments directly for the provision of vision care benefits.

Vision outside of HICPS, at $39,200 or 0.1% of vision care benefit costs, refers to vision care claims paid through Indigenous Services Canada regional offices.

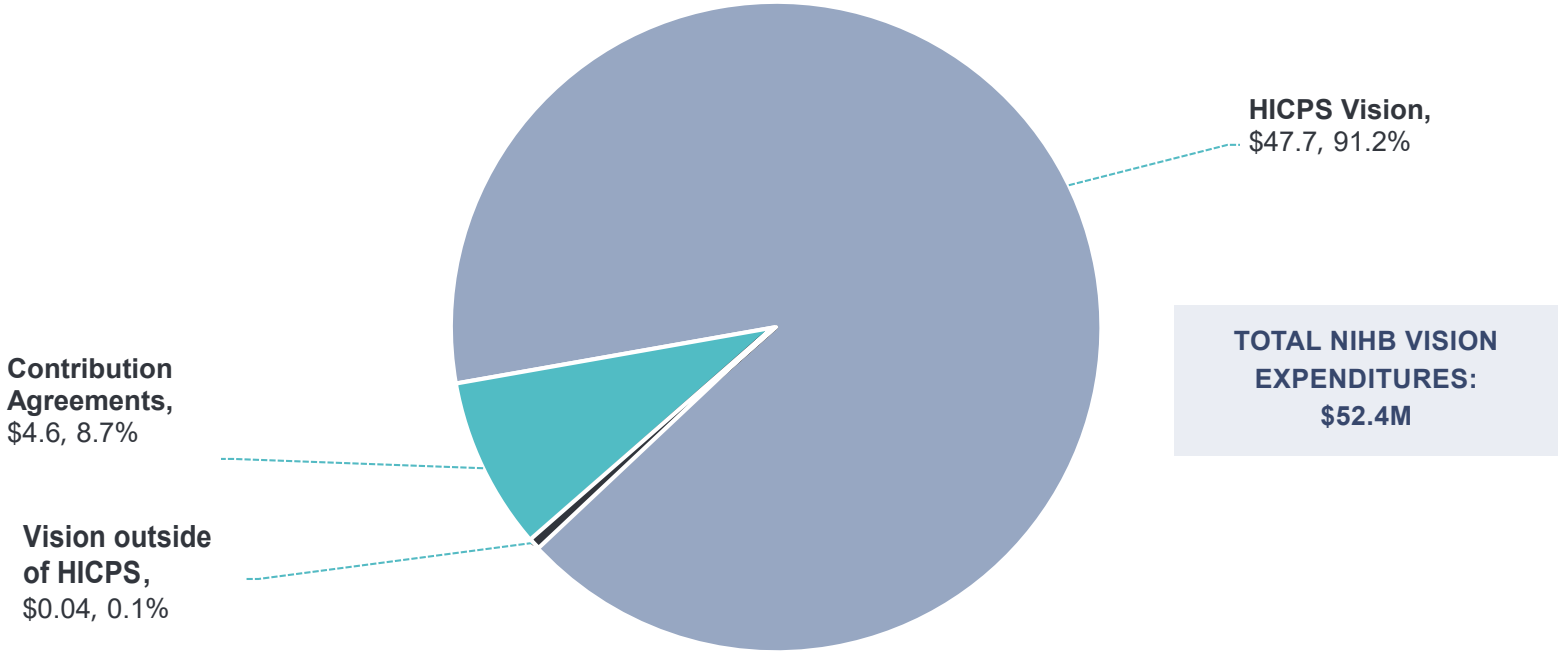



**CHART 8.1:** Distribution of NIHB vision care expenditures ($ Millions). :
**SOURCE:** FST adapted by Program Analytics and Risk Mitigation

## NIHB vision care expenditures and growth by region ($ 000's)

2024 to 2025

NIHB vision care expenditures totalled $52.4 million in 2024 to 2025, an increase of 0.6% from the previous year.

Saskatchewan had the highest vision care costs at $12.0 million, or 23.1% of total vision care expenditure, followed by Ontario at $9.8 million (18.7%) and Alberta at $9.2 million (17.5%).

| REGION | OPERATING COSTS | | TOTAL OPERATING COSTS | TOTAL CONTRIBUTION COSTS | TOTAL COSTS |
|---|---|---|---|---|---|
| | HICPS VISION | VISION OUTSIDE OF HICPS | | | |
| ATLANTIC | $3,927 | $1.7 | $3,929 | $0 | $3,929 |
| QUEBEC | $4,056 | $0.0 | $4,056 | $0 | $4,056 |
| ONTARIO | $9,160 | $0.0 | $9,160 | $644 | $9,804 |
| MANITOBA | $7,577 | $0.0 | $7,577 | $693 | $8,270 |
| SASKATCHEWAN | $12,077 | $0.0 | $12,077 | $0 | $12,077 |
| ALBERTA | $7,620 | $0.0 | $7,620 | $1,533 | $9,153 |
| NORTH | $3,327 | $37.6 | $3,364 | $1,703 | $5,067 |
| **TOTAL** | **$47,743** | **$39.2** | **$47,783** | **$4,573** | **$52,356** |

**TABLE 8.1:** NIHB vision care expenditures and growth by region ($ 000's).
**SOURCE**: FST adapted by Program Analytics and Risk Mitigation

# 8 | NIHB VISION CARE

## Annual NIHB vision care expenditures and percentage change

NIHB vision care expenditures increased by 0.6% during fiscal year 2024 to 2025. Over the past 5 years, growth in vision care expenditures has ranged from a high of 20.9% in 2021 to 2022 to a low of -14.4% in 2020 to 2021.

The 5 year annualized growth rate for NIHB vision care expenditures is 2.6%.

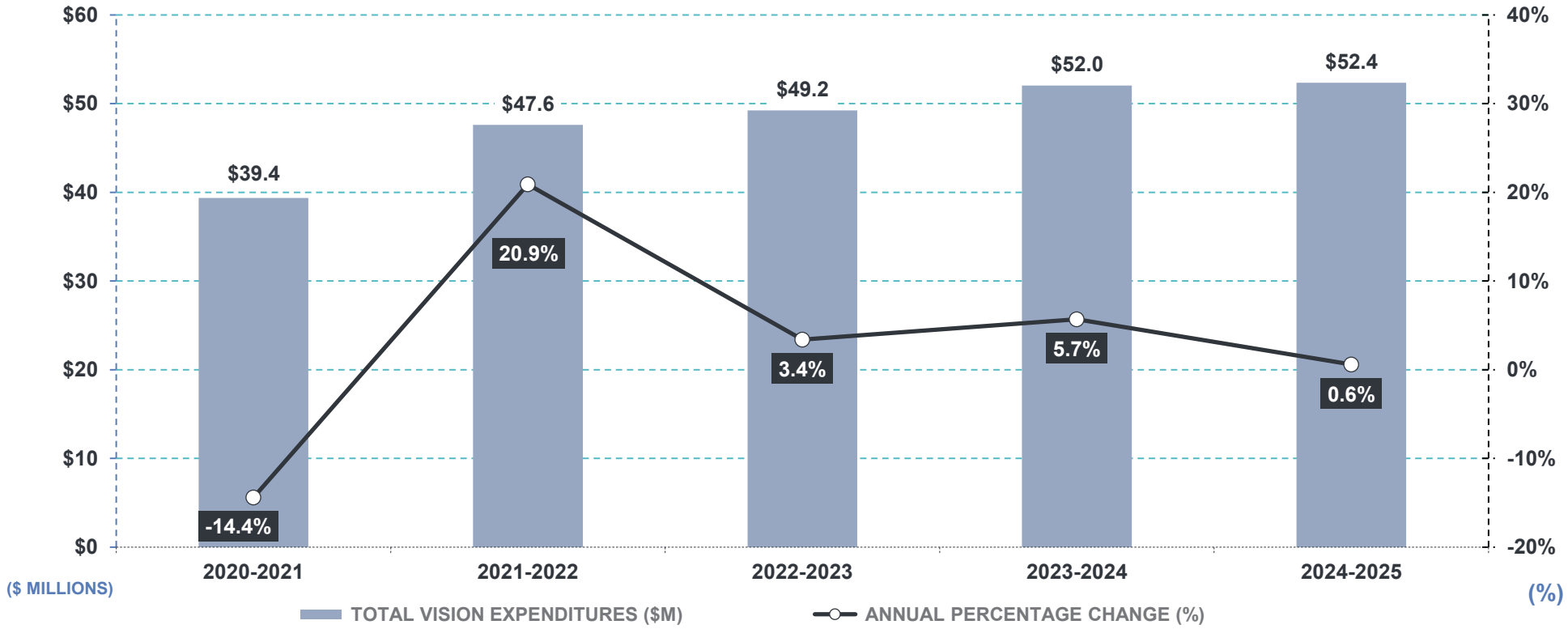



**CHART 8.2:** Annual NIHB vision care expenditures.
**SOURCE**: FST adapted by Program Analytics and Risk Mitigation

On a regional basis, the highest growth rate over this 5 year period was in the North where expenditures grew by 58.1% from $3.2 million in 2020 to 2021 to $5.0 million in 2024 to 2025. Saskatchewan had largest net increase in expenditures over this period, where costs grew by $3.6 million.

| | NIHB VISION CARE EXPENDITURES ($ 000'S) | | | | |
|---|---|---|---|---|---|
| | **2020 - 2021** | **2021 - 2022** | **2022 - 2023** | **2023 - 2024** | **2024 - 2025** |
| ATLANTIC | $3,436 | $4,158 | $4,149 | $3,986 | $3,929 |
| QUEBEC | $2,814 | $3,938 | $4,081 | $4,113 | $4,056 |
| ONTARIO | $7,346 | $8,113 | $8,633 | $9,732 | $9,804 |
| MANITOBA | $6,042 | $7,334 | $7,669 | $8,605 | $8,270 |
| SASKATCHEWAN | $8,493 | $10,581 | $10,585 | $11,243 | $12,077 |
| ALBERTA | $8,030 | $9,405 | $9,446 | $9,355 | $9,153 |
| NORTH | $3,206 | $4,081 | $4,683 | $5,004 | $5,067 |
| **TOTAL** | **$39,367** | **$47,609** | **$49,246** | **$52,038** | **$52,356** |

**TABLE 8.2:** NIHB vision care expenditures ($ 000's) by region
**SOURCE**: FST adapted by Program Analytics and Risk Mitigation

# 8 | NIHB VISION CARE

## NIHB vision care claimants by age group, gender and region

2024 to 2025

Of the 983,461 clients eligible to receive benefits under the NIHB program, a total of 178,094 claimants, representing 18.1% of the NIHB client population, had at least 1 vision care claim paid through the Health Information and Claims Processing Services (HICPS) system in 2024 to 2025.

Of this total, 107,261 were female (60.2%) and 70,833 were male (39.8%). This compares to the total eligible population where 51% were female and 49% were male.

The average age of  vision care claimants was 37. The average age for female and male claimants was 37 and 36, respectively.

## NIHB vision care utilization rates by region

Utilization rates reflect the number of clients who, during the fiscal year, received at least 1 vision care service paid through the HICPS system as a proportion of the total number of eligible clients.

In 2024 to 2025, the national utilization rate for vision care benefits paid through the HICPS system was 18%. NIHB vision care utilization rates for 2020 to 2021 are artificially low as the data for that year are incomplete.

The rates understate the actual level of utilization as the data do not include vision care services provided through contribution agreements and benefits provided through community health facilities or other Indigenous Services Canada.

Over the 2 year period between April 1, 2023 and March 31, 2025, 304,784 distinct clients received NIHB vision care services through HICPS, resulting in an overall 31% utilization rate over this time.

| | NIHB VISION CARE EXPENDITURES ($ 000'S) | | | | | NIHB VISION CARE UTILIZATION LAST TWO YEARS 2023-2025 |
|---|---|---|---|---|---|---|
| | 2020 - 2021 | 2021 - 2022 | 2022 - 2023 | 2023 - 2024 | 2024 - 2025 | |
| ATLANTIC | 18% | 22% | 22% | 21% | 21% | 36% |
| QUEBEC | 13% | 17% | 16% | 16% | 16% | 28% |
| ONTARIO | 10% | 13% | 13% | 14% | 14% | 26% |
| MANITOBA | 12% | 15% | 15% | 17% | 16% | 29% |
| SASKATCHEWAN | 18% | 24% | 24% | 25% | 26% | 42% |
| ALBERTA | 16% | 21% | 19% | 20% | 20% | 34% |
| NORTH | 9% | 11% | 13% | 13% | 15% | 25% |
| **NATIONAL** | **13%** | **17%** | **17%** | **18%** | **18%** | **31%** |

**TABLE 8.3:** NIHB vision care utilization.:
**SOURCE**: HICPS and SVS adapted by Program Analytics and Risk Mitigation

# 8 | NIHB VISION CARE

## NIHB vision care expenditures by category

2024 to 2025

In 2024 to 2025, new eyewear, such as eyeglasses, accounted for $42.1 million or 85.9% of all HICPS vision care expenditures. Eye exams were $6.3 million or 12.9%, followed by repairs at $258 thousand or 0.5%.

| CATEGORY | CLAIMANTS | EXPENDITURES | % CHANGE FROM PREVIOUS YEAR |
|---|---|---|---|
| NEW EYEWEAR | 150,807 | $42,089,794 | 3.7% |
| EYE EXAMS | 84,645 | $6,324,707 | 6.4% |
| REPAIRS | 2,665 | $258,571 | -8.2% |
| EARLY REPLACEMENT | 1,440 | $242,420 | 0.2% |
| ADD ONS | 8,301 | $71,393 | -7.4% |

**TABLE 8.4:** NIHB vision care claimants and expenditures ($ 000's) by category.
**SOURCE:** HICPS adapted by Program Analytics and Risk Mitigation





# 9 NIHB MENTAL HEALTH COUNSELLING

The NIHB program provides coverage for mental health benefits as set out in the NIHB Guide to Mental Health Counselling Services. The NIHB program's mental health counselling benefit is intended to provide coverage for professional mental health counselling to complement other mental wellness services that may be available to clients or in communities. Mental health counselling is eligible for coverage when it is provided by an NIHB recognized mental health professional such as a registered psychologist. The mental health counselling benefit is offered in a way that:

- recognizes NIHB mental health counselling benefit as a component of a mental wellness continuum that includes other Indigenous Services Canada, community-based and provincial or territorial mental health programming and services
- supports culturally competent mental health counselling

In 2024 to 2025, a total of 46,700 First Nations and Inuit clients accessed mental health counselling benefits through the NIHB program, based on claims paid through the HICPS system. The total expenditure for mental health counselling benefits was $132.6 million or 5.7% of total NIHB expenditures.

# 9 | NIHB MENTAL HEALTH COUNSELLING

## Distribution of NIHB mental health counselling expenditures ($ millions)

2024 to 2025

NIHB mental health counselling expenditures are comprised of several distinct components. Fee-for-service mental health counselling costs paid through HICPS system represented the largest expenditure portion, accounting for $84.6 million or 63.8% of all NIHB mental health counselling costs.

The next highest component was contribution agreements, which accounted for $29.7 million or 22.4% of total mental health counselling costs. Contribution agreements are used to fund First Nations or Inuit communities and organizations and/or Territorial Governments directly for the provision of mental health counselling benefits.

Regional mental health counselling, at $18.3 million or 13.8% of mental health counselling benefit costs, refers to mental health counselling claims paid through Indigenous Services Canada regional offices.

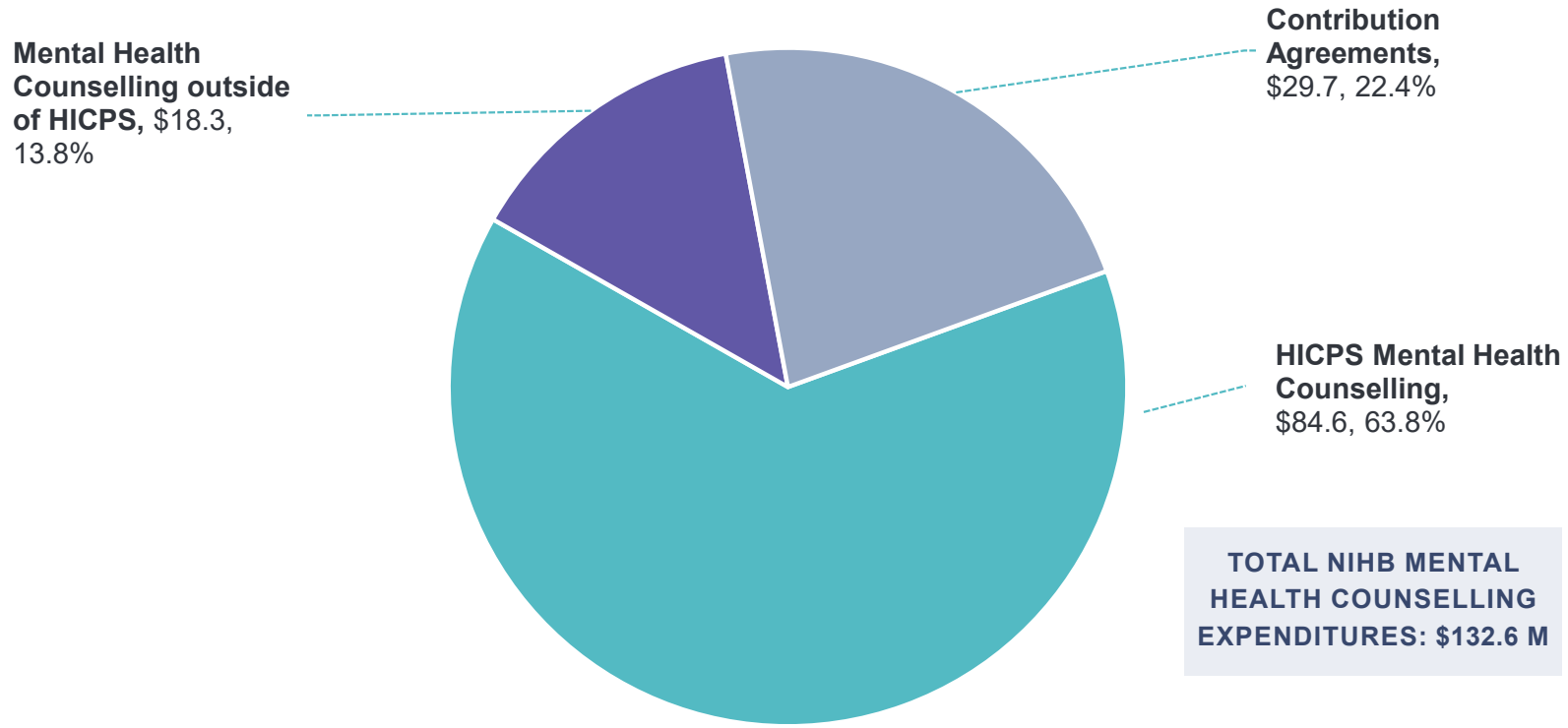



**CHART 9.1:** Distribution of NIHB mental health counselling expenditures ($ Millions)
**SOURCE:** Distribution of NIHB mental health counselling expenditures ($ Millions)

## NIHB mental health counselling expenditures by region ($ 000's)

2024 to 2025

NIHB mental health counselling expenditures totalled $132.6 million in 2024 to 2025, an increase of 12.9% from the previous year.

Saskatchewan had the highest mental health counselling costs at $35.3 million, or 26.6% of total mental health counselling expenditures, followed by Ontario at $31.2 million (23.5%) and Manitoba at $23.5 million (17.8%).

| | OPERATING COSTS | | TOTAL OPERATING COSTS | TOTAL CONTRIBUTION COSTS | TOTAL COSTS |
|---|---|---|---|---|---|
| | HICPS MENTAL HEALTH COUNSELLING | MENTAL HEALTH COUNSELLING OUTSIDE OF HICPS | | | |
| ATLANTIC | $5,358 | $78 | $5,436 | $3,531 | $8,966 |
| QUEBEC | $5,183 | $1,943 | $7,126 | $1,487 | $8,613 |
| ONTARIO | $29,549 | $0 | $29,549 | $1,661 | $31,210 |
| MANITOBA | $9,555 | $8,811 | $18,366 | $5,167 | $23,533 |
| SASKATCHEWAN | $21,391 | $3,307 | $24,699 | $10,605 | $35,304 |
| ALBERTA | $10,898 | $4,197 | $15,095 | $5,249 | $20,344 |
| NORTH | $2,626 | $0 | $2,626 | $1,969 | $4,595 |
| **TOTAL** | **$84,559** | **$18,336** | **$102,895** | **$29,670** | **$132,565** |

**TABLE 9.1:** NIHB mental health counselling expenditures by region ($ 000's).
**SOURCE**: FST adapted by Program Analytics and Risk Mitigation

# 9 | NIHB MENTAL HEALTH COUNSELLING

## NIHB mental health counselling expenditures and annual percentage change

NIHB mental health counselling expenditures increased by 12.9% during fiscal year 2024 to 2025. Over the past 5 years, mental health counselling costs have grown by 80.8% from $73.3 million in 2020 to 2021 to $132.6 million in 2024 to 2025. Over the past 5 years, growth in mental health counselling expenditures has ranged from a high of 33.0% in 2020 to 2021 to a low of 5.2% in 2022 to 2023.

The 5 year annualized growth rate for NIHB mental health counselling expenditures is 19.2%.

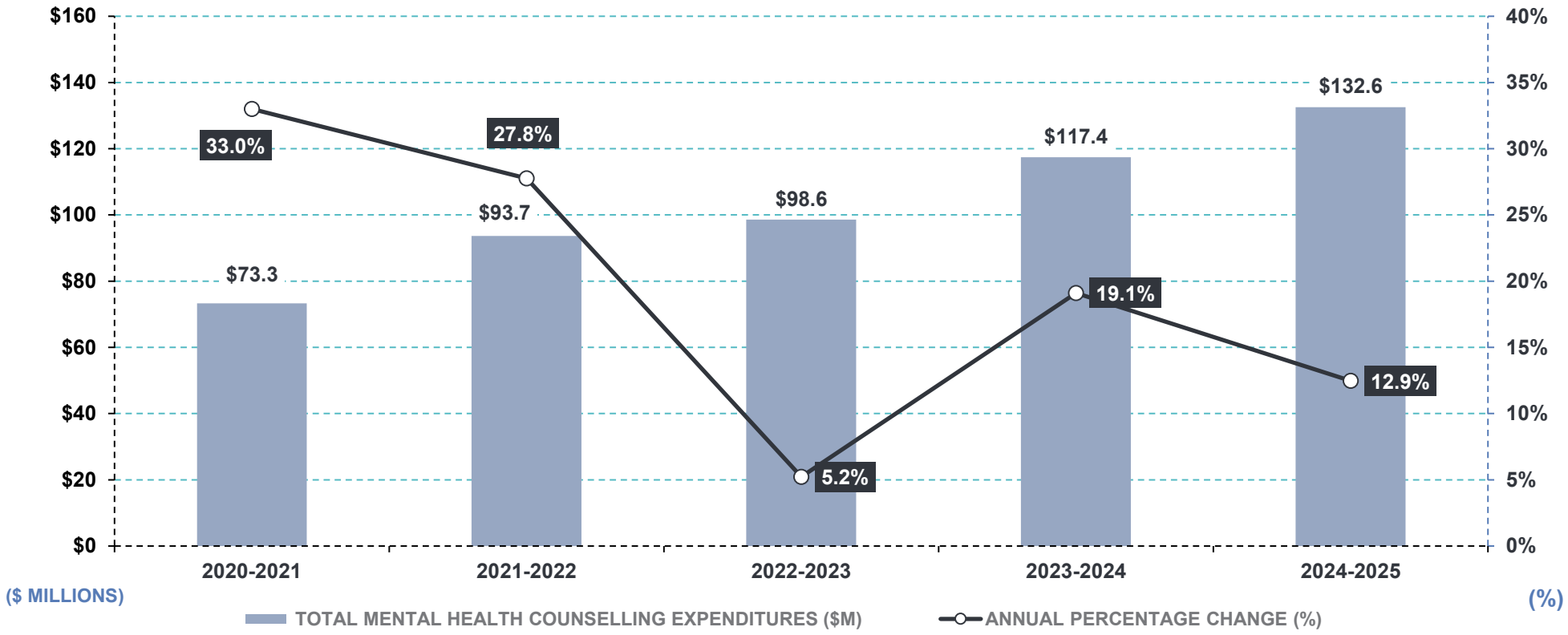



**CHART 9.2:** NIHB Mental health counselling expenditures and annual percentage change
**SOURCE**: FST adapted by Program Analytics and Risk Mitigation

On a regional basis, the highest growth rates over this period were in Saskatchewan where expenditures grew by 110.5% from $16.8 million in 2020 to 2021 to $35.3 million in 2024 to 2025. This was followed by Ontario with an increase of 101.5% from $15.5 million in 2020 to 2021 to $31.2 million in 2024 to 2025.

| | 2020 - 2021 | 2021 - 2022 | 2022 - 2023 | 2023 - 2024 | 2024 - 2025 |
|---|---|---|---|---|---|
| ATLANTIC | $6,037 | $7,001 | $6,918 | $7,788 | $8,966 |
| QUEBEC | $4,493 | $5,604 | $6,381 | $7,404 | $8,613 |
| ONTARIO | $15,491 | $21,762 | $24,491 | $27,432 | $31,210 |
| MANITOBA | $13,803 | $16,333 | $16,393 | $20,003 | $23,533 |
| SASKATCHEWAN | $16,770 | $24,881 | $25,194 | $31,869 | $35,304 |
| ALBERTA | $12,843 | $14,771 | $15,815 | $18,216 | $20,344 |
| NORTH | $3,895 | $3,333 | $3,394 | $4,711 | $4,595 |
| **TOTAL** | **$73,332** | **$93,686** | **$98,585** | **$117,425** | **$132,565** |

**TABLE 9.2:** NIHB mental health expenditures ($ 000's).
**SOURCE**: FST and FIRMS adapted by Program Analytics and Risk Mitigation

# 9 | NIHB MENTAL HEALTH COUNSELLING

## NIHB mental health counselling claimants by age group, gender and region

2024 to 2025

In 2024 to 2025 a total of  46,700 claimants, representing 5.3% of the NIHB client population, had at least 1 mental health counselling claim paid through the Health Information and Claims Processing Services (HICPS) system. Of this total, 32,018 were female (68.6%) and 14,682 were male (31.4%). This compares to the total eligible population where 51% were female and 49% were male.

Note that these figures underrepresent mental health counselling utilization because they do not include clients accessing mental health counselling benefits delivered through contribution agreements or through travelling provider arrangements. Clients in Nunavut and the Northwest Territories, where mental health counselling services are funded via contribution agreements, are not included in this calculation.

The average age of  mental health counselling claimants was 32. The average age for female and male claimants was 33 and 31, respectively.

## NIHB mental health counselling utilization rates by region

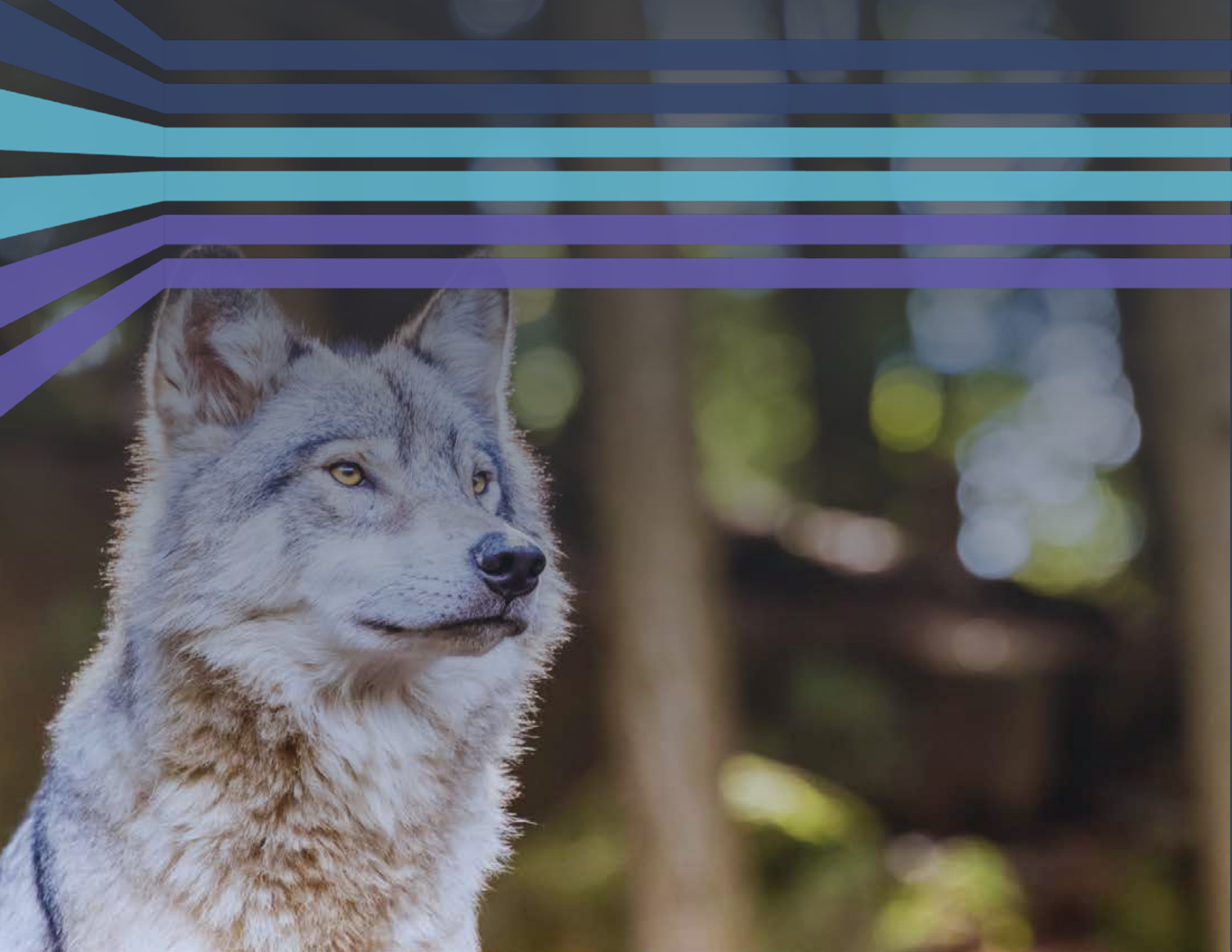
Utilization rates reflect the number of clients who, during the fiscal year, received at least 1 mental health counselling service paid through the HICPS system as a proportion of the total number of eligible clients.

In 2024 to 2025, the national utilization rate for mental health counselling benefits paid through the HICPS system was 5%. NIHB mental health counselling utilization rates in 2020 to 2021 are artificially low as the data for that year are incomplete.

The rates understate the actual level of utilization as the data do not include mental health counselling services provided through contribution agreements and benefits provided through community health facilities or other Indigenous Services Canada. Note that mental health counselling utilization in the North is unavailable as mental health counselling services for clients in Nunavut and the Northwest Territories are funded via contribution agreements.

| | NIHB MENTAL HEALTH EXPENDITURES ($ 000'S) | | | | |
|---|---|---|---|---|---|
| | 2020 - 2021 | 2021 - 2022 | 2022 - 2023 | 2023 - 2024 | 2024 - 2025 |
| ATLANTIC | 2% | 3% | 3% | 3% | 4% |
| QUEBEC | 2% | 2% | 2% | 3% | 3% |
| ONTARIO | 4% | 4% | 5% | 5% | 6% |
| MANITOBA | 2% | 2% | 2% | 3% | 3% |
| SASKATCHEWAN | 3% | 4% | 5% | 6% | 7% |
| ALBERTA | 2% | 3% | 3% | 4% | 5% |
| **TOTAL** | **2%** | **3%** | **3%** | **4%** | **5%** |

**TABLE 9.3:** NIHB mental health counselling utilization
**SOURCE**: HICPS and SVS adapted by Program Analytics and Risk Mitigation



# 10 YEAR REGIONAL EXPENDITURE TRENDS

# 10 | 10 YEAR REGIONAL EXPENDITURE TRENDS

## Atlantic region

Annual expenditures in the Atlantic region for 2024 to 2025 totalled $113.5 million, an increase of 11.0% over the $102.3 million spent in 2023 to 2024. Pharmacy expenditures increased by 12.6 to $55.7 million, medical transportation costs decreased by 2.4 to $17.8 million and dental expenditures increased by 10.9% to $16.0 million. Mental health expenditures increased by 15.1%, MS&E expenditures increased by 4.5% and vision care expenditures decreased by 1.4%.

Pharmacy expenditures accounted for almost half of NIHB expenditures in the Atlantic region at 49.1%. Medical transportation expenditures ranked second at 15.7%, followed by dental at 14.1%. MS&E, vision care and mental health counselling expenditures accounted for 5.0%, 7.9% and 4.7% of total expenditures, respectively.

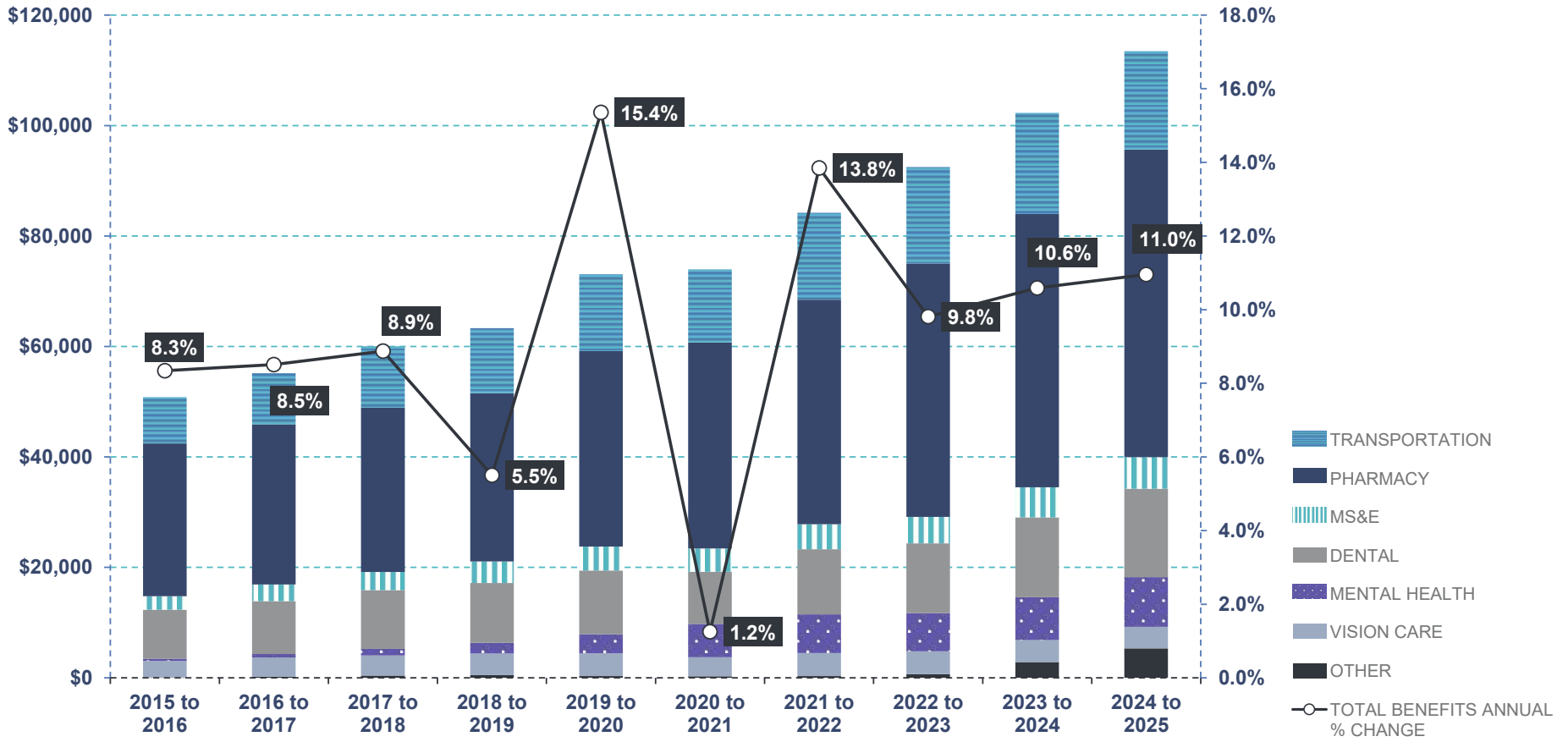



**CHART 10.1:** Percentage change in Atlantic region NIHB expenditures ($ 000's).
**SOURCE:** FST and FIRMS adapted by Program Analytics and Risk Mitigation

## Annual expenditures by benefit ($ 000's)

| | 2015-2016 | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 | 2020-2021 | 2021-2022 | 2022-2023 | 2023-2024 | 2024-2025 |
|---|---|---|---|---|---|---|---|---|---|---|
| TRANSPORTATION | $8,380 | $9,277 | $11,147 | $11,820 | $13,910 | $13,263 | $15,776 | $17,512 | $18,294 | $17,848 |
| PHARMACY | $27,665 | $28 976 | $29,741 | $30,448 | $35,365 | $37,323 | $40,657 | $45,819 | $49,470 | $55,701 |
| MS&E | $2,449 | $2,990 | $3,279 | $3,900 | $4,359 | $4,177 | $4,508 | $4,785 | $5,473 | $5,721 |
| DENTAL | $8,846 | $9,593 | $10,610 | $10,841 | $11,545 | $9,455 | $11,801 | $12,638 | $14,425 | $16,003 |
| MENTAL HEALTH | $419 | $601 | $1,204 | $1,932 | $3,428 | $6,037 | $7,001 | $6,918 | $7,788 | $8,966 |
| VISION CARE | $3,021 | $3,502 | $3,632 | $3,885 | $4,150 | $3,436 | $4,158 | $4,149 | $3,986 | $3,929 |
| OTHER | $44 | $207 | $427 | $516 | $314 | $293 | $326 | $666 | $2,844 | $5,319 |
| **TOTAL** | **$50,824** | **$55,146** | **$60,040** | **$63,342** | **$73,071** | **$73,984** | **$84,227** | **$92,488** | **$102,281** | **$113,488** |

**TABLE 10.1:** Atlantic region annual expenditures by benefit ($ 000's).
**SOURCE:** FST and FIRMS adapted by Program Analytics and Risk Mitigation

# 10 | 10 YEAR REGIONAL EXPENDITURE TRENDS

## Quebec

Annual expenditures in Quebec for 2024 to 2025 totalled $153.9 million, an increase of 7.8% from the $138.0 million spent in 2023 to 2024.

Medical transportation expenditures increased by 14.2% to $32.6 million, pharmacy expenditures increased by 8.2% to $75.8 million and dental expenditures increased by 12.8% to $26.3 million. MS&E costs increased by 11.7%, mental health expenditures increased by 16.3% and vision care expenditures decreased by 1.4%.

Pharmacy expenditures accounted for half of total NIHB expenditures in Quebec in 2024 to 2025 at 49.2%. Medical transportation expenditures ranked second at 21.2%, followed by dental at 17.1%. Mental health counselling, MS&E and vision care expenditures accounted for 5.6%, 2.8% and 2.6% of total expenditures, respectively.

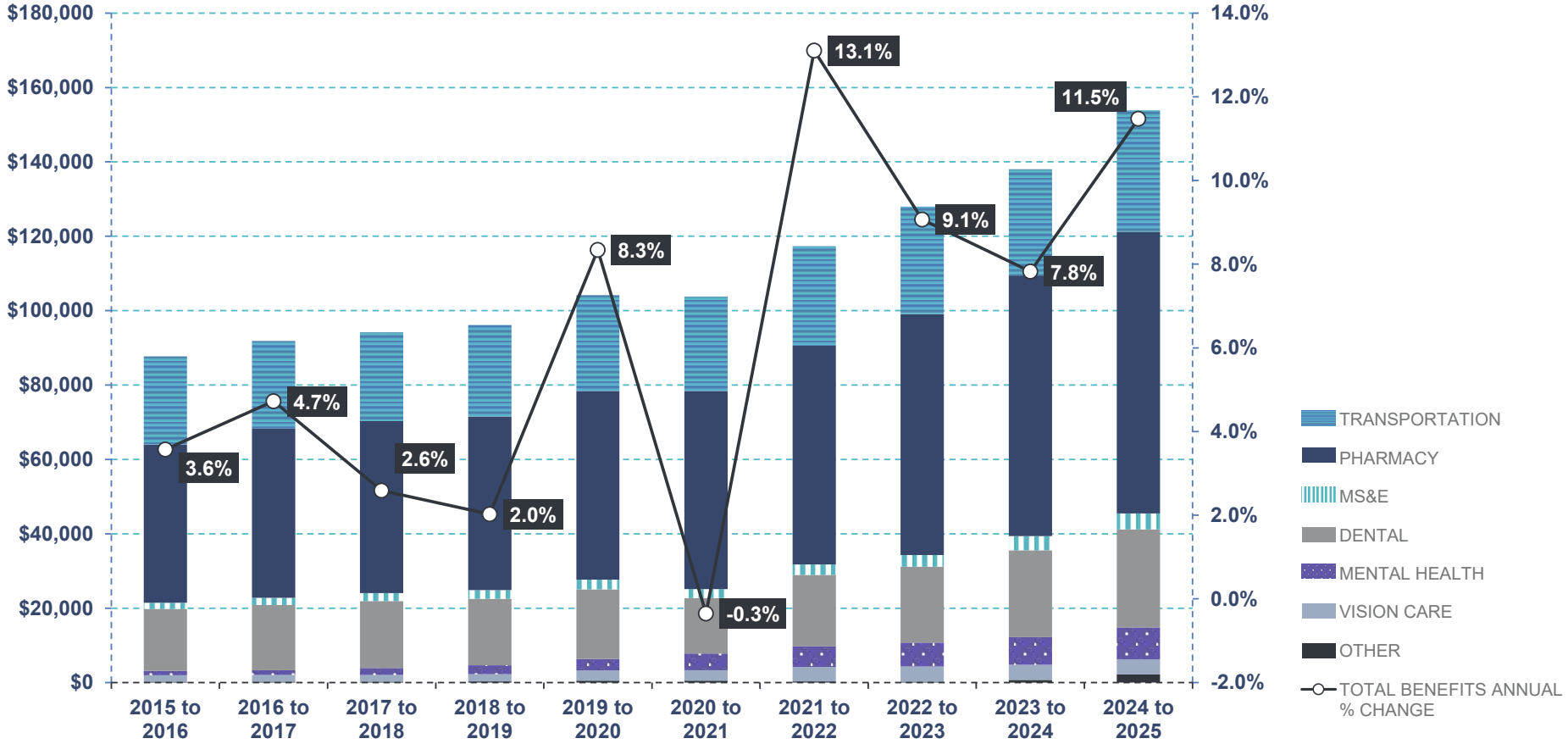



**CHART 10.2:** Percentage change in Quebec NIHB expenditures ($ 000's).
**SOURCE:** FST and FIRMS adapted by Program Analytics and Risk Mitigation

## Annual expenditures by benefit ($ 000's)

| | 2015-2016 | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 | 2020-2021 | 2021-2022 | 2022-2023 | 2023-2024 | 2024-2025 |
|---|---|---|---|---|---|---|---|---|---|---|
| TRANSPORTATION | $23,687 | $23,501 | $23,918 | $24,642 | $25,729 | $25,379 | $26,775 | $28,921 | $28,596 | $32,649 |
| PHARMACY | $42,554 | $45,554 | $46,227 | $46,623 | $50,747 | $53,282 | $58,827 | $64,799 | $70,023 | $75,758 |
| MS&E | $1,652 | $1,890 | $2,163 | $2,345 | $2,564 | $2,379 | $2,855 | $3,149 | $3,828 | $4,275 |
| DENTAL | $16,641 | $17,569 | $17,961 | $17,882 | $18,733 | $14,934 | $19,092 | $20,427 | $23,367 | $26,352 |
| MENTAL HEALTH | $1,148 | $1,292 | $1,861 | $2,382 | $3,138 | $4,493 | $5,604 | $6,381 | $7,404 | $8,613 |
| VISION CARE | $1,749 | $1,762 | $1,819 | $1,908 | $2,736 | $2,814 | $3,938 | $4,081 | $4,113 | $4,056 |
| OTHER | $258 | $263 | $260 | $339 | $490 | $493 | $282 | $258 | $700 | $2,169 |
| **TOTAL** | **$87,690** | **$91,831** | **$94,210** | **$96,120** | **$104,136** | **$103,773** | **$117,373** | **$128,017** | **$138,032** | **$153,872** |

**TABLE 10.2:** Quebec Annual Expenditures by Benefit ($ 000's).
**SOURCE:** FST and FIRMS adapted by Program Analytics and Risk Mitigation

# 10 | 10 YEAR REGIONAL EXPENDITURE TRENDS

## Ontario

Annual expenditures in Ontario for 2024 to 2025 totalled $454.0 million, an increase of 9.4% from the $414.8 million spent in 2023 to 2024.

Medical transportation expenditures in Ontario increased by 11.7% to $185.5 million, while pharmacy costs increased by 9.2% to $131.0 million and dental expenditures increased by 4.5% to $82.5 million. Mental health counselling expenditures increased by 13.8%, while MS&E increased by 10.7% and vision care expenditures increased by 0.7%.

Medical transportation expenditures accounted for 40.9% of total expenditures for Ontario. Pharmacy costs ranked second at 28.9%, followed by dental at 18.2%. Mental health, MS&E and vision care expenditures accounted for 6.9%, 2.9% and 2.2% of total expenditures respectively.

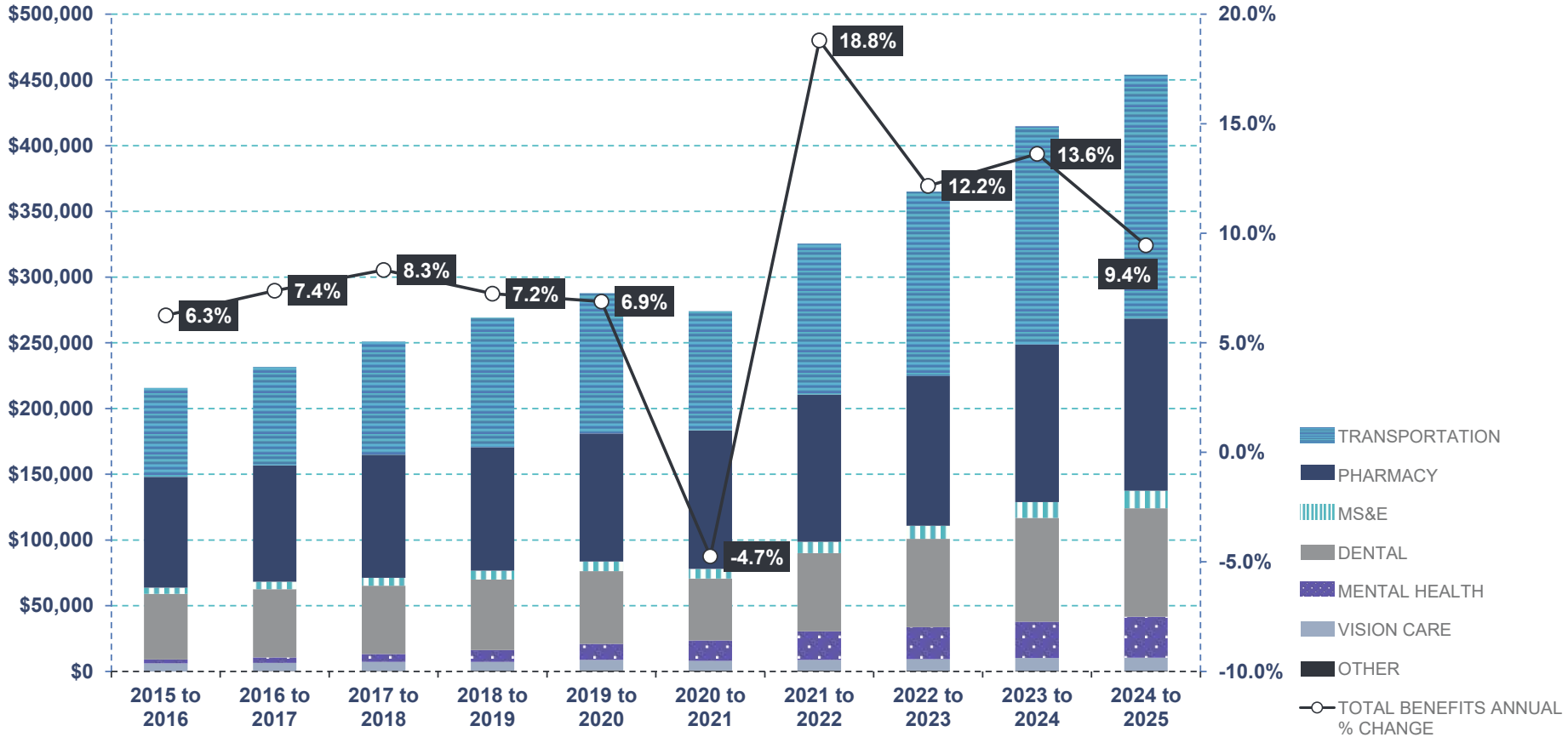



**CHART 10.3:** Percentage change in Ontario NIHB expenditures ($ 000's).
**SOURCE:** FST and FIRMS adapted by Program Analytics and Risk Mitigation

## Annual expenditures by benefit ($ 000's)

| | 2015-2016 | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 | 2020-2021 | 2021-2022 | 2022-2023 | 2023-2024 | 2024-2025 |
|---|---|---|---|---|---|---|---|---|---|---|
| TRANSPORTATION | $67,772 | $74,890 | $86,091 | $98,605 | $106,638 | $90,646 | $114,814 | $140,343 | $166,036 | $185,502 |
| PHARMACY | $84,232 | $88,466 | $99,550 | $100,558 | $104,760 | $105,300 | $112,069 | $113,842 | $119,964 | $131,045 |
| MS&E | $4,639 | $5,634 | $5,915 | $6,662 | $7,322 | $7,297 | $8,700 | $10,045 | $12,071 | $13,358 |
| DENTAL | $49,903 | $52,105 | $52,055 | $53,667 | $55,386 | $47,218 | $59,326 | $67,128 | $78,995 | $82,516 |
| MENTAL HEALTH | $3,021 | $4,091 | $6,028 | $9,053 | $12,116 | $15,491 | $21,762 | $24,491 | $27,432 | $31,210 |
| VISION CARE | $6,160 | $6,223 | $6,848 | $6,744 | $7,860 | $7,346 | $8,113 | $8,633 | $9,732 | $9,804 |
| OTHER | $11 | $254 | $375 | $500 | $883 | $688 | $710 | $587 | $567 | $556 |
| **TOTAL** | **$215,738** | **$231,663** | **$250,947** | **$269,127** | **$287,643** | **$273,987** | **$325,494** | **$365,069** | **$414,797** | **$453,992** |

**TABLE 10.3:** Ontario Annual Expenditures by Benefit ($ 000's).
**SOURCE:** FST and FIRMS adapted by Program Analytics and Risk Mitigation

# 10 | 10 YEAR REGIONAL EXPENDITURE TRENDS

## Manitoba

Annual expenditures in Manitoba for 2024 to 2025 totalled $573.2 million, an increase of 13.9% from the $503.1 million spent in 2023 to 2024. Medical transportation expenditures in 2024 to 2025 increased by 16.4% to $304.3 million, while pharmacy costs increased by 9.4% to $140.3 million. Dental expenditures increased by 14.0% to $78.6 million. Mental health counselling and MS&E expenditures increased by 17.6% and 11.2% respectively while vision care decreased by 3.9%.

Due to the higher proportion of clients living in northern or remote communities in Manitoba, medical transportation expenditures comprised more than half of total expenditures in Manitoba at 53.1%. Pharmacy costs ranked second at 24.5%, followed by dental at 13.7%. Mental health counselling, MS&E and vision care expenditures accounted for 4.1%, 3.0% and 1.4% of total expenditures respectively.

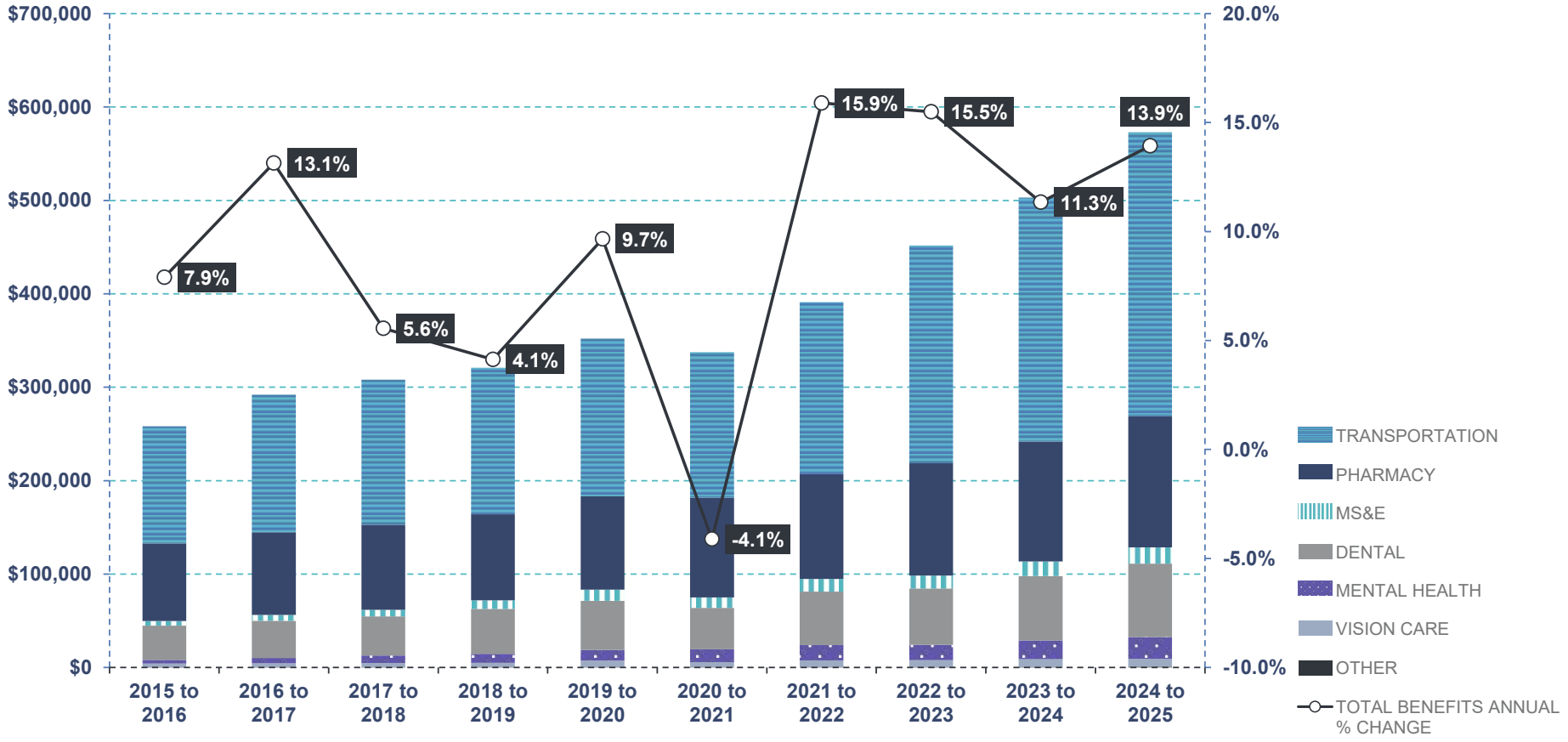



**CHART 10.4:** Percentage change in Manitoba NIHB expenditures ($ 000's).
**SOURCE:** FST and FIRMS adapted by Program Analytics and Risk Mitigation

## Annual expenditures by benefit ($ 000's)

| | 2015-2016 | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 | 2020-2021 | 2021-2022 | 2022-2023 | 2023-2024 | 2024-2025 |
|---|---|---|---|---|---|---|---|---|---|---|
| TRANSPORTATION | $125,308 | $147,167 | $155,370 | $156,961 | $168,686 | $155,794 | $184,200 | $233,140 | $261,374 | $304,285 |
| PHARMACY | $82,922 | $88,639 | $98,046 | $101,250 | $112,025 | $106,851 | $112,353 | $120,207 | $128,221 | $140,287 |
| MS&E | $5,075 | $6,119 | $6,985 | $9,166 | $11,966 | $11,145 | $13,330 | $13,870 | $15,661 | $17,418 |
| DENTAL | $36,764 | $39,986 | $41,949 | $48,099 | $52,622 | $44,149 | $57,381 | $60,247 | $68,952 | $78,577 |
| MENTAL HEALTH | $3,780 | $5,635 | $8,124 | $9,705 | $11,475 | $13,803 | $16,333 | $16,393 | $20,003 | $23,533 |
| VISION CARE | $4,212 | $4,204 | $4,479 | $4,699 | $6,935 | $5,529 | $7,334 | $7,669 | $8,605 | $8,270 |
| OTHER | $17 | $240 | $240 | $240 | $240 | $245 | $247 | $273 | $255 | $802 |
| **TOTAL** | **$258,077** | **$291,989** | **$308,208** | **$320,953** | **$351,983** | **$337,517** | **$391,177** | **$451,799** | **$503,072** | **$573,171** |

**TABLE 10.4:** Manitoba Annual Expenditures by Benefit ($ 000's).
**SOURCE:** FST and FIRMS adapted by Program Analytics and Risk Mitigation

# 10 | 10 YEAR REGIONAL EXPENDITURE TRENDS

## Saskatchewan

Annual expenditures in Saskatchewan for 2024 to 2025 totalled $447.4 million, an increase of 13.7% from the $393.3 million spent in 2023 to 2024.

NIHB pharmacy expenditures increased in Saskatchewan by 8.0% to $148.4 million, while medical transportation costs increased by 18.7% to $137.6 million. Dental cost increased by 11.4% to $87.0 million. Mental health counselling, MS&E and vision care costs increased by 10.8%, 18.4% and 7.4% respectively.

Pharmacy expenditures comprised the largest portion of total NIHB expenditures in Saskatchewan at 33.2%, medical transportation costs ranked second, at 30.8%, followed by dental at 19.4%. Mental health, MS&E and vision care expenditures accounted for 7.9%, 4.7% and 2.7% of total expenditures respectively.

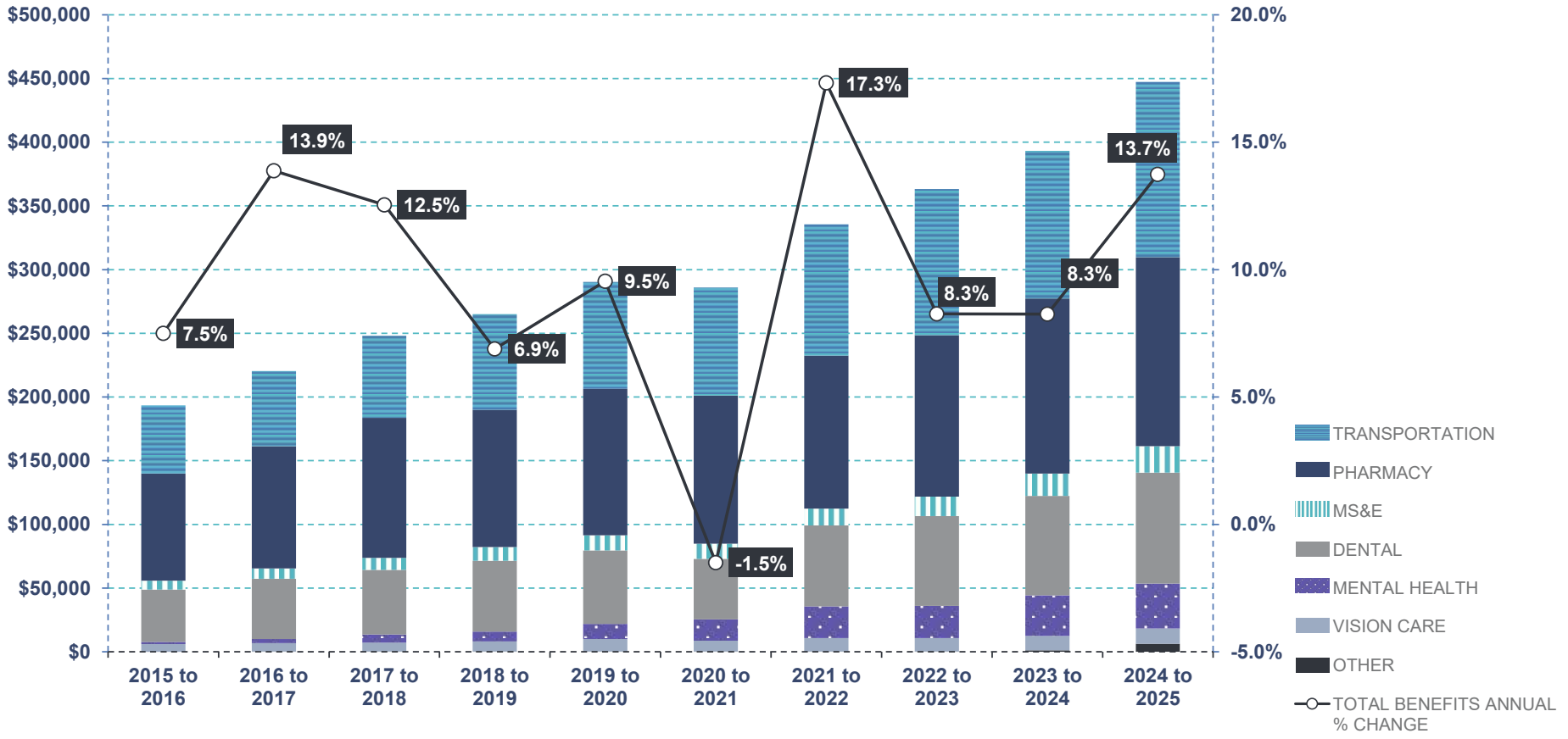



**CHART 10.5:** Percentage change in Saskatchewan NIHB expenditures ($ 000's).
**SOURCE:** FST and FIRMS adapted by Program Analytics and Risk Mitigation

## Annual expenditures by benefit ($ 000's)

| | 2015-2016 | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 | 2020-2021 | 2021-2022 | 2022-2023 | 2023-2024 | 2024-2025 |
|---|---|---|---|---|---|---|---|---|---|---|
| TRANSPORTATION | $53,566 | $58,902 | $64,363 | $75,330 | $83,947 | $84,951 | $103,152 | $114,863 | $115,915 | $137,570 |
| PHARMACY | $84,129 | $95,937 | $119,326 | $118,250 | $126,963 | $116,188 | $120,000 | $126,676 | $137,470 | $148,399 |
| MS&E | $7,041 | $8,145 | $9,426 | $10,762 | $11,889 | $11,908 | $13,352 | $15,310 | $17,587 | $20,830 |
| DENTAL | $41,028 | $47,321 | $50,635 | $55,603 | $57,639 | $47,507 | $63,408 | $70,480 | $78,046 | $86,957 |
| MENTAL HEALTH | $1,631 | $3,304 | $6,559 | $7,867 | $11,783 | $16,770 | $24,881 | $25,194 | $31,869 | $35,304 |
| VISION CARE | $6,104 | $6,533 | $6,905 | $7,822 | $9,844 | $8,493 | $10,581 | $10,585 | $11,243 | $12,077 |
| OTHER | $4 | $210 | $210 | $210 | $210 | $211 | $211 | $211 | $1,186 | $6,219 |
| **TOTAL** | **$193,502** | **$220,352** | **$247,997** | **$265,082** | **$290,386** | **$286,028** | **$335,584** | **$363,319** | **$393,315** | **$447,356** |

**TABLE 10.5:** Saskatchewan Annual Expenditures by Benefit ($ 000's).
**SOURCE:** FST and FIRMS adapted by Program Analytics and Risk Mitigation

# 10 | 10 YEAR REGIONAL EXPENDITURE TRENDS

## Alberta

Annual expenditures in Alberta for 2024 to 2025 totalled $316.7 million, an increase of 9.9% from the $288.1 million spent in 2023 to 2024. Medical transportation expenditures increased by 14.4% to $79.5 million, while pharmacy costs increased by 7.7% to $110.4 million. Dental expenditures increased by 11.2% to $82.8 million. Mental health counselling and MS&E expenditures increased by 11.7% and 2.6% while vision care expenditures decreased by 2.2%

Pharmacy expenditures accounted for 34.9% of total NIHB expenditures in Alberta. Dental costs ranked second at 26.2%, followed by medical transportation at 25.1%. Mental health counselling, MS&E and vision care expenditures accounted for 6.4%, 4.4% and 2.9% of total expenditures respectively.

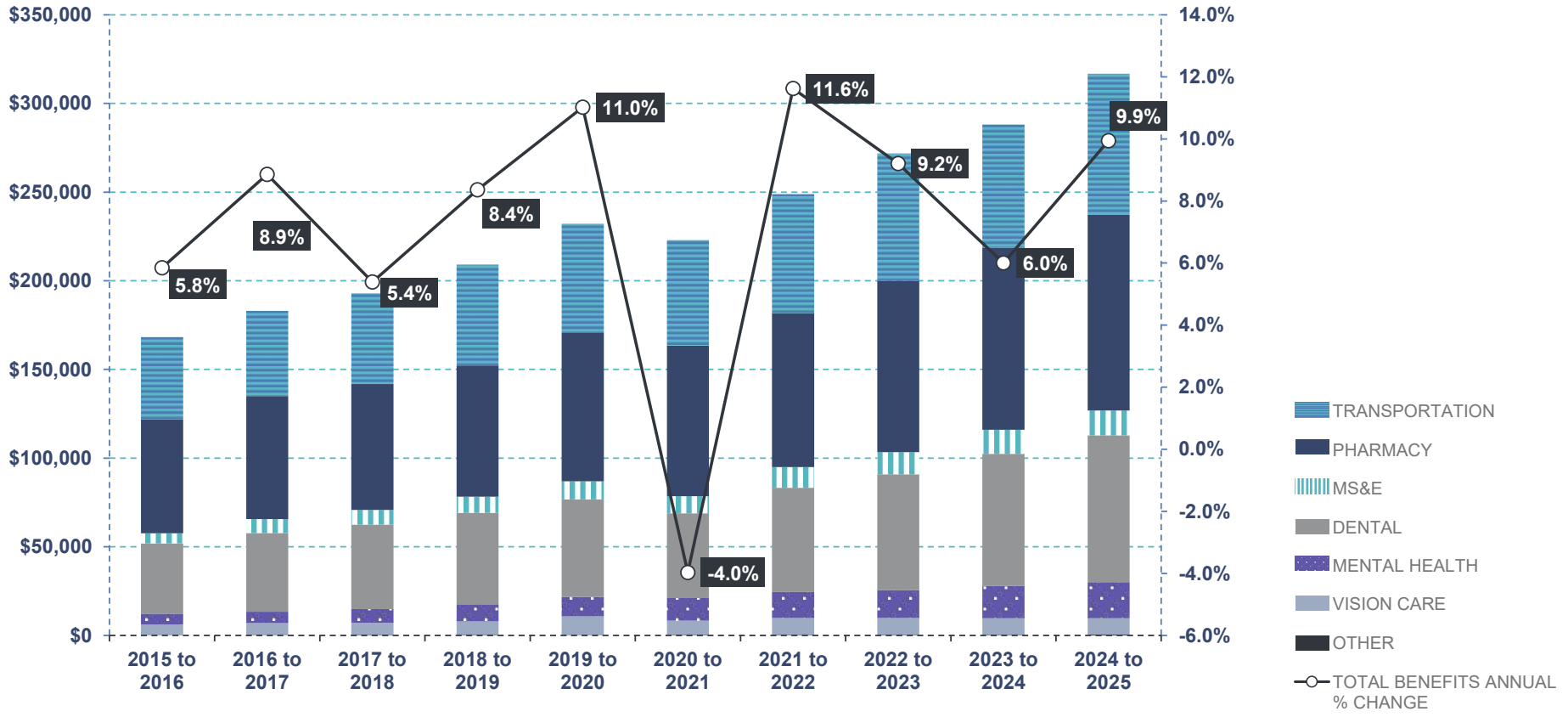



**CHART 10.6:** Percentage change in Alberta NIHB expenditures ($ 000's).
**SOURCE:** FST and FIRMS adapted by Program Analytics and Risk Mitigation

## Annual expenditures by benefit ($ 000's)

| | 2015-2016 | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 | 2020-2021 | 2021-2022 | 2022-2023 | 2023-2024 | 2024-2025 |
|---|---|---|---|---|---|---|---|---|---|---|
| TRANSPORTATION | $46,252 | $48,157 | $51,187 | $56,870 | $61,669 | $59,492 | $67,206 | $71,908 | $69,508 | $79,500 |
| PHARMACY | $64,370 | $69,362 | $79,343 | $83,103 | $93,776 | $84,920 | $86,680 | $96,511 | $102,556 | $110,449 |
| MS&E | $5,623 | $7,902 | $8,260 | $9,127 | $10,250 | $9,647 | $11,658 | $12,503 | $13,614 | $13,965 |
| DENTAL | $39,753 | $44,315 | $47,637 | $51,617 | $54,993 | $47,741 | $58,790 | $65,240 | $74,484 | $82,829 |
| MENTAL HEALTH | $6,003 | $6,444 | $7,761 | $9,545 | $11,020 | $12,843 | $14,771 | $15,815 | $18,216 | $20,344 |
| VISION CARE | $6,207 | $6,928 | $6,764 | $7,696 | $10,514 | $8,030 | $9,405 | $9,446 | $9,355 | $9,153 |
| OTHER | $3 | $0 | $291 | $291 | $204 | $280 | $360 | $360 | $360 | $503 |
| **TOTAL** | **$168,211** | **$183,108** | **$192,983** | **$209,122** | **$232,177** | **$222,953** | **$248,869** | **$271,783** | **$288,092** | **$316,744** |

**TABLE 10.6:** Alberta Annual Expenditures by Benefit ($ 000's).
**SOURCE:** FST and FIRMS adapted by Program Analytics and Risk Mitigation

# 10 | 10 YEAR REGIONAL EXPENDITURE TRENDS

## Northern Region

Annual expenditures in the Northern region for 2024 to 2025 totalled $230.1 million, an increase of 3.9% from the $221.5 million spent in 2023 to 2024. Medical transportation expenditures decreased by 5.4% to $122.9 million while pharmacy costs increased by 12.6% to $40.4 million. Dental expenditures increased by 24.9% to $48.2 million. MS&E and vision care costs increased by 22.4% and 1.3% respectively while mental health counselling costs decreased by 2.5%

As with Manitoba, medical transportation expenditures comprised the largest portion of total NIHB expenditures in the Northern region at 53.4%. Dental costs ranked second at 20.9%, followed by pharmacy at 17.6%. MS&E, vision care, and mental health counselling expenditures accounted for 3.7%, 2.2% and 2.0% of total expenditures respectively.

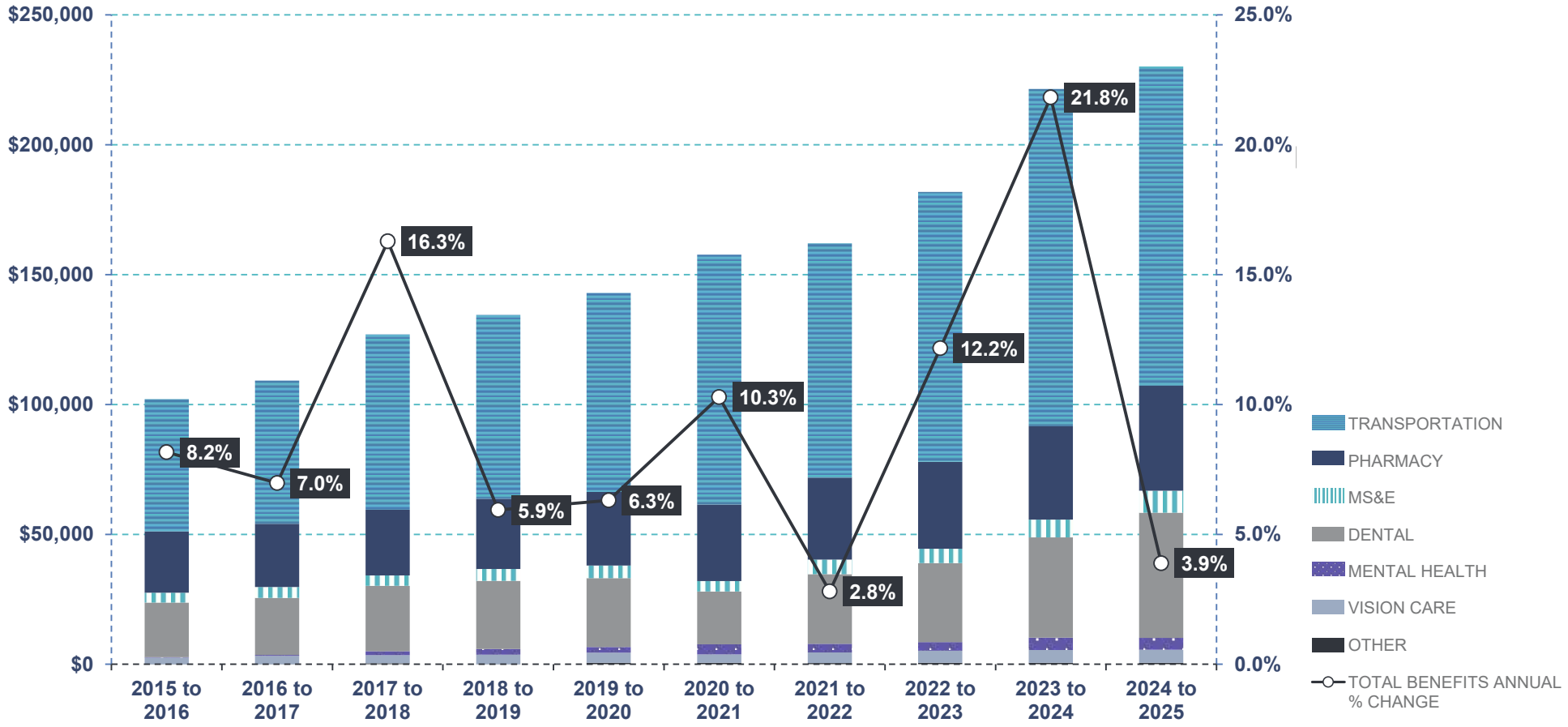



**CHART 10.7:** Percentage change in Northern Region NIHB expenditures ($ 000's).
**SOURCE:** FST and FIRMS adapted by Program Analytics and Risk Mitigation

## Annual expenditures by benefit ($ 000's)

| | 2015-2016 | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 | 2020-2021 | 2021-2022 | 2022-2023 | 2023-2024 | 2024-2025 |
|---|---|---|---|---|---|---|---|---|---|---|
| TRANSPORTATION | $50,940 | $55,125 | $67,413 | $70,806 | $76,601 | $96,194 | $90,286 | $103,926 | $129,898 | $122,868 |
| PHARMACY | $23,528 | $24,283 | $29,373 | $31,571 | $33,220 | $29,479 | $31,499 | $33,457 | $35,869 | $40,397 |
| MS&E | $3,880 | $4,205 | $4,018 | $4,529 | $4,884 | $4,024 | $5,647 | $5,520 | $6,898 | $8,443 |
| DENTAL | $20,936 | $21,966 | $25,141 | $26,211 | $26,546 | $20,342 | $26,830 | $30,332 | $38,600 | $48,198 |
| MENTAL HEALTH | $191 | $362 | $1,528 | $2,172 | $2,167 | $3,895 | $3,333 | $3,394 | $4,711 | $4,595 |
| VISION CARE | $2,564 | $3,217 | $3,131 | $3,713 | $3,929 | $3,206 | $4,081 | $4,683 | $5,004 | $5,067 |
| OTHER | $1 | $0 | $346 | $1 | $498 | $524 | $405 | $485 | $490 | $508 |
| **TOTAL** | **$102,040** | **$109,157** | **$126,933** | **$134,474** | **$142,961** | **$157,664** | **$162,080** | **$181,796** | **$221,469** | **$230,077** |

**TABLE 10.7:** Northern Region Annual Expenditures by Benefit ($ 000's).
**SOURCE:** FST and FIRMS adapted by Program Analytics and Risk Mitigation



# 11 NIHB PROGRAM ADMINISTRATION

The roles of NIHB headquarters include:

- program policy development and determination of eligible benefits
- development and maintenance of the HICPS system and other national systems, such as the Medical Transportation Reporting System (MTRS)
- claims verification and provider negotiations
- data analysis and reporting
- adjudicating benefit requests through the NIHB Drug Exception Centre and the Dental Predetermination Centre
- providing expert advice through the MS&E Review Centre
- producing national program communications for NIHB clients and providers and
- maintaining relationships with national partner organizations, as well as with other federal departments and agencies.

The roles of NIHB regional offices include:

- adjudicating benefit requests for medical transportation, mental health counselling, vision care and medical supplies and equipment
- coordinating medical transportation arrangements such as flights and accommodations
- maintaining relationships with partner organizations at the provincial/territorial level as well as with provincial/territorial officials
- managing contribution agreements (CA) and certain contracts
- managing arrangements for providers who travel into community.

# 11 | NIHB PROGRAM ADMINISTRATION

## Non-insured health benefits administration costs ($ 000's)

2024 to 2025

Table 11.1 outlines program administration expenditures by region and at NIHB headquarters (HQ) costs. In 2024 to 2025, total NIHB administration costs were $93.0 million, an increase of 6.9% over the previous fiscal year.

Claims processing contract costs are related to the administration of pharmacy, medical supplies and equipment, dental benefits, mental health counselling and vision care benefits through the Health Information and Claims Processing Services (HICPS) system.

### NIHB program administration expenditures by region ($ 000's)

| | ATLANTIC | QUEBEC | ONTARIO | MANITOBA | SASKATCHEWAN | ALBERTA | NORTH | HQ | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| SALARIES | $2,383 | $2,455 | $6,552 | $5,901 | $5,170 | $5,437 | $2,153 | $24,107 | $54,158 |
| EBP | $639 | $657 | $1,751 | $1,593 | $1,390 | $1,460 | $578 | $6,488 | $14,555 |
| OPERATING | $66 | $27 | $144 | $107 | $139 | $104 | $58 | $2,492 | $3,136 |
| SUBTOTAL | $3,088 | $3,140 | $8,446 | $7,601 | $6,698 | $7,001 | $2,789 | $33,087 | $71,849 |
| | | | | | | | | CLAIMS PROCESSING CONTRACT COSTS | $21,112 |
| | | | | | | | | **TOTAL ADMINISTRATION COSTS** | **$92,961** |

**CHART 11.1:** NIHB program administration expenditures by region ($ 000's).
**SOURCE:** FST adapted by Program Analytics and Risk Mitigation

## Non-Insured Health Benefits administration costs as a proportion of benefit expenditures ($ Millions)

In 2024 to 2025, total NIHB benefit expenditures were $2,330.7 million, of which direct benefit expenditures totalled $2,309.57 million and expenditures for claims processing administration amounted to $21.1 million. An additional $71.8 million was spent on salaries and operating costs associated with program administration. Some administrative costs paid within contribution agreements are not captured in these data.

Total NIHB program administration costs ($93.0 million, including claims processing and other program administration) as a proportion of direct benefit expenditures ($2.3 billion) was 4.0% in 2024 to 2025. Over the past 5 fiscal years, the percentage of NIHB program administration costs as a proportion of total benefit expenditures has ranged from a high of 5.0% in 2020 to 2021 to a low of 3.9% in 2022 to 2023.

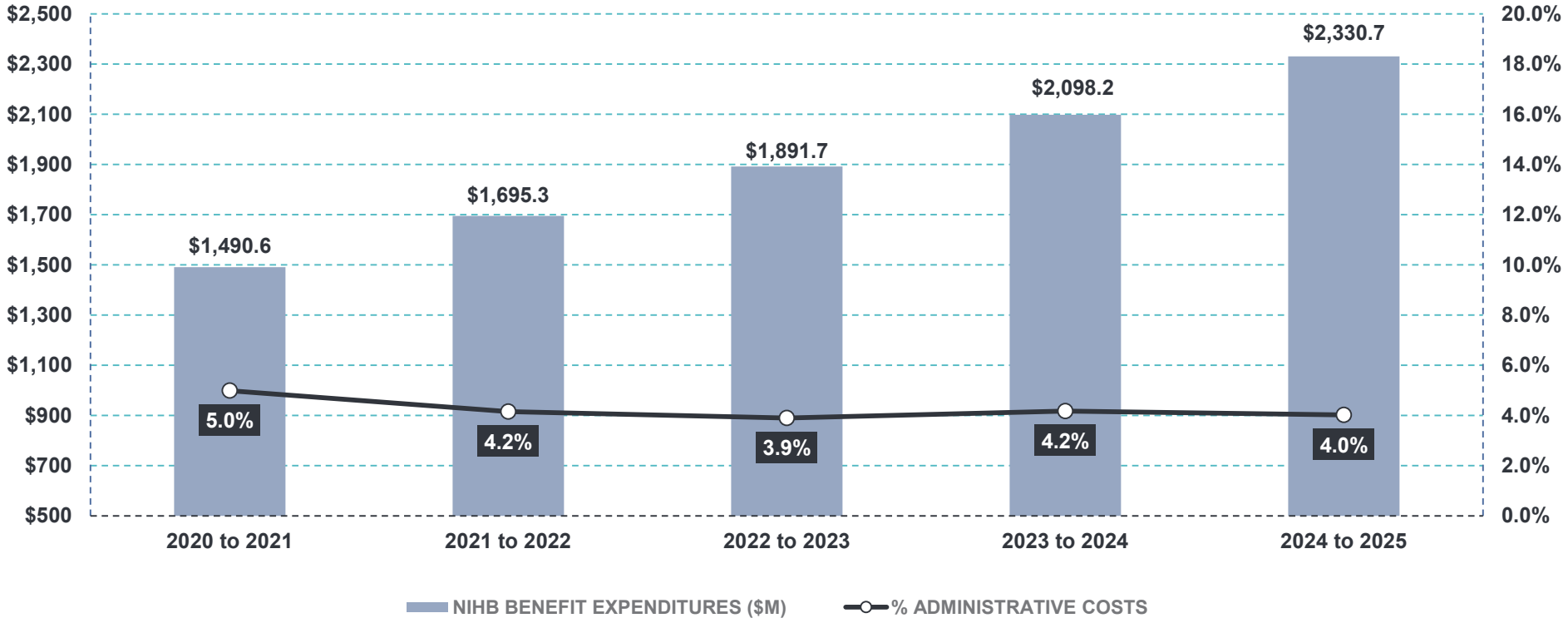



**CHART 11.1:** Non-Insured Health Benefits administration costs as a proportion of benefit expenditures ($ Millions)
**SOURCE**: FST and FIRMS, adapted by Program Analytics and Risk Mitigation

# 11 | NIHB PROGRAM ADMINISTRATION

## Health Information and Claims Processing Services (HICPS)

2024 to 2025

Claims for NIHB pharmacy, dental, MS&E, as well as most mental health counselling and vision care benefits provided to eligible First Nations and Inuit clients are processed via the Health Information and Claims Processing Services (HICPS) system. HICPS includes administrative services and programs, technical support and automated information management systems that are used to process and pay claims in accordance with NIHB program client/benefit eligibility and pricing policies.

Since 1990, the NIHB program has retained the services of a private sector contractor to administer the following core claims processing services on its behalf:

- claim processing and payment operations
- claim adjudication and reporting systems development and maintenance
- provider registration and communications
- provider audit programs and audit recoveries
- standard and ad hoc reporting

The current HICPS contract is with Express Scripts Canada. This contract came into force on June 28, 2020, following a competitive contracting process led by Public Services and Procurement Canada (PSPC). The NIHB program manages the HICPS contract as the project authority in conjunction with PSPC, the contract authority.

## Number of active providers registered in the Health Information and Claims Processing Services (HICPS)

2024 to 2025

Benefit providers can register with Express Scripts Canada to provide benefits to NIHB clients and bill the program directly. An active provider is a provider who is registered and has submitted at least 1 claim in the 24 months prior to March 31, 2025.

As of March 31, 2025, there were 47,242 active pharmacy, dental, MS&E, mental health counselling and vision care providers. The number of active providers by region and by benefit is outlined in the table below.

| | PHARMACY | MS&E | DENTAL | VISION CARE | MENTAL HEALTH COUNSELLING |
|---|---|---|---|---|---|
| ATLANTIC | 945 | 298 | 1,428 | 583 | 515 |
| QUEBEC | 2,156 | 293 | 3,579 | 449 | 991 |
| ONTARIO | 5,160 | 993 | 9,135 | 2,116 | 1,804 |
| MANITOBA | 574 | 110 | 1,290 | 452 | 199 |
| SASKATCHEWAN | 518 | 173 | 935 | 747 | 357 |
| ALBERTA | 1,974 | 437 | 4,413 | 894 | 1,071 |
| BRITISH COLUMBIA | 1,057 | 43 | 854 | 10 | 68 |
| NORTH | 35 | 33 | 469 | 54 | 30 |
| **TOTAL** | **12,419** | **2,380** | **22,103** | **5,305** | **5,035** |

**TABLE 11.2:** Number of NIHB providers by region and benefit April 2023 to March 2025
**SOURCE**: HICPS adapted by Program Analytics and Risk Mitigation

## Number of claim lines settled through the Health Information and Claims Processing Services (HICPS) system

2024 to 2025

During 2024 to 2025, more than 36 million claim lines for pharmacy, dental, MS&E, vision care and mental health counselling benefits were processed through HICPS. Ontario had the highest volume of claims processed at 9.1 million, followed by Alberta at 7.5 million and Manitoba at 6.8 million.

### Claim lines vs. prescriptions or visits

The program reports annually on claim lines. This is an administrative unit of measure as opposed to a health care unit of measure.

A claim line represents a transaction in the claims processing system and is not equivalent to a prescription or health practitioner visit. Prescriptions can contain several different drugs with each one represented by a separate claim line. Prescriptions for a number of drugs may be repeated and refilled many times throughout the year. In the case of repeating prescriptions, each time a prescription is refilled, the system will log another transaction (claim line). Therefore, it is possible for an individual who has a prescription that repeats multiple times in a year to have numerous related claim lines associated with the single prescription. Likewise, an appointment with a medical practitioner may result in multiple claim lines as several procedures are performed at the same visit.

Mental health counselling services for clients in Nunavut and the Northwest Territories are funded via contribution agreements. Claim lines are not captured in the HICPS system for those territories.

| | PHARMACY | DENTAL | MS&E | MENTAL HEALTH | VISION CARE | TOTAL |
|---|---|---|---|---|---|---|
| ATLANTIC | 2,004,238 | 218,340 | 62,250 | 40,024 | 30,820 | 2,355,672 |
| QUEBEC | 3,876,430 | 237,110 | 57,103 | 27,008 | 22,203 | 4,219,854 |
| ONTARIO | 7,933,785 | 873,076 | 85,294 | 189,175 | 55,146 | 9,136,476 |
| MANITOBA | 5,766,174 | 739,900 | 147,269 | 57,626 | 43,158 | 6,754,127 |
| SASKATCHEWAN | 4,493,337 | 641,197 | 163,262 | 121,732 | 73,868 | 5,493,396 |
| ALBERTA | 6,194,936 | 1,043,260 | 115,190 | 91,455 | 67,303 | 7,512,144 |
| BRITISH COLUMBIA | 63,491 | 14,021 | 394 | 235 | 345 | 78,486 |
| NORTH | 888,035 | 249,499 | 42,315 | 6,482 | 11,327 | 1,197,658 |
| **TOTAL** | **31,225,743** | **4,029,289** | **673,142** | **533,737** | **304,170** | **36,766,081** |

**CHART 11.3:** Number of claim lines processed through HICPS by region and benefit.
**SOURCE:** FST adapted by Program Analytics and Risk Mitigation

## Claims verification activities

2024 to 2025

As part of risk management activities for the NIHB program, Indigenous Services Canada mandates its claims processor to maintain a set of pre-payment and post-payment processes, including claims verification activities.

During 2024 to 2025, the claims processor carried out claims verifications as directed by the NIHB program. These verifications address the need of the NIHB program to comply with accountability requirements for the use of public funds and to ensure provider compliance with the terms and conditions of the program as outlined in the appropriate NIHB Benefit Guide, Claims Submission Kit, Provider Billing Agreement and other relevant documents.

There are 5 components within claims verification activities for the pharmacy, medical supplies and equipment, dental benefit, vision care, and mental health counselling areas. These are:

- Daily Claim Verification Program, which consists of a review of a defined sample of claims submitted by providers the day following receipt by the claims processor.
- Client Confirmation Program, which consists of a monthly mail-out to NIHB clients to confirm the receipt of services that have been paid on their behalf.
- On-Site Claim Verification Program, which consists of the selection of a sample of claims for administrative validation against a provider's records through an on-site visit.
- Desk Claim Verification Program, which consists of the selection of a sample of claims for administrative validation against a provider's records and conducted at a distance.
- Financial Recovery Program, which consists of a focused recovery assessment.

# 11 | NIHB PROGRAM ADMINISTRATION

The following figure identifies recoveries from all components of the claims verification process during the 2023 to 2024 fiscal year.

Completion of a verification process often spans more than 1 fiscal year. Recoveries from claims verification activities are recorded in the fiscal year in which they are received. Subsequent appeals to reversals may result in claim payment if confirmed services comply with the terms and conditions of the NIHB Program.

| | PHARMACY RECOVERIES | DENTAL RECOVERIES | MS&E RECOVERIES | VISION CARE RECOVERIES | MENTAL HEALTH COUNSELLING RECOVERIES |
|---|---|---|---|---|---|
| ATLANTIC | $0 | $0 | $9,316 | $0 | $0 |
| QUEBEC | $112,039 | $0 | $31,931 | $0 | $0 |
| ONTARIO | $0 | $2,251 | $23,916 | $0 | $126,383 |
| MANITOBA | $49,122 | $29,544 | $173,770 | $0 | $0 |
| SASKATCHEWAN | $17,343 | $10,713 | $21,779 | $190 | $75,763 |
| ALBERTA | $0 | $26,940 | $23,946 | $0 | $0 |
| BRITISH COLUMBIA | $0 | $0 | $0 | $0 | $0 |
| YUKON | $0 | $1,280 | $0 | $0 | $0 |
| N.W.T. | $0 | $0 | $0 | $0 | $0 |
| NUNAVUT | $0 | $0 | $0 | $0 | $0 |
| **TOTAL** | **$178,505** | **$70,728** | **$284,659** | **$190** | **$202,146** |

**TABLE 11.4:** Claim verification recoveries by region.
**SOURCE:**: Express Scripts Canada adapted by Program Analytics and Risk Mitigation





# 12 PARTNERSHIP INITIATIVES

In line with Canada's commitments under the United Nations Declaration of the Rights of Indigenous Peoples and the Truth and Reconciliation Commission's Calls to Action, Indigenous Services Canada (ISC) works with Indigenous organizations including the Assembly of First Nations and the Inuit Tapiriit Kanatami, to advance shared priorities focused on improving health outcomes for First Nations and Inuit.

**Collaboration with First Nations and Inuit partners**

Indigenous Services Canada (ISC) is engaged in a multi-year Joint Review of the NIHB program in partnership with the Assembly of First Nations (AFN). The overall objectives of the review are to identify and implement actions that enhance client access to benefits, identify gaps in benefits, streamline service delivery to be more responsive to client needs, and increase program efficiencies. The AFN conducted a robust program of client, provider and stakeholder engagement activities to gather broad input and perspectives that will inform recommendations for program improvements. The Joint Review is guided by a Steering Committee comprised of First Nations and ISC representatives.

As of March 31, 2024, joint reviews of the mental health counselling, dental, vision care, pharmacy and medical supplies and equipment benefits are complete, and the review of the medical transportation benefit is in progress. Meanwhile, the NIHB Program continues to implement many improvements to benefit coverage and administration. For more information on the Non-insured Health Benefits program joint review, including highlights of changes and improvements made by NIHB throughout the process, visit us on the web.

Indigenous Services Canada continues to work with the Inuit Tapiriit Kanatami (ITK) to improve the quality, access, and delivery of NIHB benefits to Inuit clients. NIHB and ITK representatives meet regularly to discuss issues of concern and identify opportunities for improvement. In January 2023, NIHB and ITK established a new engagement table including representatives of the National Inuit Committee on Health to discuss priorities and concerns for Inuit NIHB clients. NIHB shares information and regularly updates Inuit partners on progress made to advance priorities identified by Inuit partners.

**Client and provider communications**

NIHB is continually seeking ways to improve communications with clients, providers and partners regarding benefit coverage and administration.

The NIHB program regularly produces newsletters and updates to inform clients and providers about any changes to NIHB policy and benefit coverage. For example, NIHB enrolled providers for dental, pharmacy, MS&E, vision care and mental health counselling receive notification of policy updates and relevant information regarding benefits through regular provider newsletters, periodic bulletins and broadcast messages.

These communications are distributed to enrolled providers by Express Scripts Canada (ESC), Indigenous Services Canada's claims processing contractor, and are available via the ESC website at: nihb.express-scripts.ca.

The Government of Canada website is a key venue for sharing NIHB program information to clients. NIHB program updates are produced quarterly and as needed to provide information for clients regarding changes to benefit coverage. Clients can subscribe to receive email notifications when these updates are published, and those who have set up web accounts through Express Scripts Canada also receive notification of new updates. Client-focused communications are also promoted through social media on the Government of Canada's *Healthy First Nations and Inuit* Facebook Page and *GCIndigenous X* (Twitter) account. Additional social media posts promote client awareness

of benefit coverage, often in conjunction with broader public health promotion campaigns. For example, a post on diabetes awareness will include a reminder about NIHB coverage of diabetes medications and supplies, and a post on vision health may include a reminder about NIHB coverage of eye exams.

NIHB strives to be accessible and responsive to clients. Clients can contact NIHB directly by calling Indigenous Services Canada regional offices, the NIHB Dental Predetermination Centre, or the NIHB Drug Exception Centre. The "Contact Us" web page for the NIHB program also provides an email address for direct inquiries to the NIHB program.

**NIHB Navigators**

NIHB Navigators help eligible clients to navigate and access the NIHB program. They are a resource for communities, organizations or individuals who need support or information on NIHB-related issues. Navigators are employed by regional First Nations and Inuit organizations. Their roles and activities are adapted to meet regional needs, and generally include the following:

- increase understanding of the NIHB program and share information on eligible benefits
- help clients and communities to resolve NIHB-related issues
- link with health departments and agencies to help improve client access to NIHB benefits and related health services.

NIHB program representatives regularly engage with Navigators and support them in their work by sharing Program information, responding to inquiries, and assisting with client cases. Navigators also provide valuable support to the program by sharing their insight on client experiences, and working collaboratively to improve client-focused service.

**NIHB drug benefit listing and review**

The NIHB Drug Benefits List (DBL) is a listing of all of the drugs provided as benefits by the NIHB program. Drugs considered for, or currently listed on, the DBL must meet established criteria. For example, they must be legally available for sale in Canada with a Notice of Compliance (NOC) and Drug Identification Number (DIN) or Natural Product Number (NPN), and be dispensed in a pharmacy. The drugs must also demonstrate evidence of therapeutic efficacy, safety, and incremental benefit in proportion to incremental cost.

The review process for drug products that are considered for inclusion as a benefit under the NIHB program varies depending on the type of drug submitted. Submissions for new chemical entities, new combination drug products and existing chemical entities with new indications, must be sent to Canada's Drug Agency (CDA-AMC), an independent organization that provides research and information about the effectiveness of drugs and other medical treatments.

Through the Reimbursement Reviews and Recommendations process, and pan-Canadian Oncology Drug Review (pCODR), CDA-AMC evaluates the clinical, economic, and patient evidence on drugs and medical technologies. Based on this information, CDA-AMC expert committees provide coverage recommendations and advice to Canada's public drug plans, including the NIHB program. These processes were established by federal, provincial and territorial public drug plans to reduce duplication of effort in reviewing drug submissions, to maximize the use of resources, and to enhance the consistency of drug reviews.

**NIHB Drugs and Therapeutics Advisory Committee (DTAC)**

The NIHB DTAC is an advisory body of highly qualified health professionals who bring impartial and practical expert medical and pharmaceutical advice to the NIHB program to promote improvement in the health outcomes of First Nations and Inuit clients through effective use of pharmaceuticals. The

approach is evidence-based and the advice reflects medical and scientific knowledge, current utilization trends, current clinical practice, health care delivery and client healthcare needs.

More information on DTAC and its members

**NIHB Oral Health Advisory Committee (NOHAC)**

The NIHB Oral Health Advisory Committee (NOHAC) is an independent advisory body of highly qualified oral health professionals and academic specialists. They bring impartial and practical expert views, advice, and recommendations to the NIHB program to support the improvement of oral health outcomes for First Nations and Inuit clients. The advice and recommendations provided by the Committee follow an evidence-based approach and reflect scientific knowledge, as well as clinical and oral health care delivery and disease prevention best practices.

More information on NOHAC and its members

**NIHB Medical Supplies and Equipment Advisory Committee (MSEAC)**

The NIHB MSEAC is a multidisciplinary advisory committee of highly qualified health professionals and academic specialists who bring evidence-informed impartial and practical expert advice and recommendations to the NIHB program regarding both medical supplies and equipment and vision care benefits. The approach reflects medical and scientific knowledge, current utilization trends, current clinical practice, health care delivery and client healthcare needs and is intended to promote improvement in the health outcomes of First Nations and Inuit clients.

**Drug Exception Centre (DEC)**

The Drug Exception Centre is a call centre that provides efficient responses to all requests for drugs that are not on the NIHB Drug Benefit List or require prior approval, for extemporaneous mixtures containing exception or Limited Use (LU) drugs, for prescriptions on which prescribers have indicated “no substitution,” and for claims that exceed $1,999.99.

The DEC also supports the implementation of the Problematic Substance Use Strategy to address and prevent potential misuse of prescription drugs. The program has set limits on medications of concern, and developed a structured approach towards client safety which includes the implementation of the Client Safety Program across the country.

**Dental Predetermination Centre**

The Dental Predetermination Centre (DPC) is a call centre that provides efficient adjudication of all dental and orthodontic predetermination requests, post-determination requests and appeals. In addition, the DPC is responsible for addressing client and provider inquiries, and for assisting clients and providers with the submission of the predetermination, post-determination, client reimbursement and appeal requests.

**Medical Supplies and Equipment Review Centre**

NIHB staff at the regional level manage prior approval of medical supplies and equipment benefit requests, with support from the MS&E Review Centre (MSERC) at the NIHB national office. The MSERC is staffed in-house by various health professionals, including registered nurses. In cases where advice is required by a particular specialist, such as an audiologist or an orthotist, information is forwarded to the appropriate specialist consultant for review. Consultants make their recommendations based upon the current standards of practice, best practices, current scientific evidence, program policy and recommended guidelines within their field of specialty.



# 13 TECHNICAL NOTES

Information contained in the 2024 to 2025 NIHB Annual Report has been extracted from several databases. All tables and charts are footnoted with the appropriate data sources. These data sources are considered to be of very high quality but, as in any administrative data set, some data may be subject to coding errors or other anomalies. For this reason, users of the data should always refer to the most current edition of the NIHB Annual Report. Please note that some table totals may not add due to rounding procedures.

To address reporting challenges related to NIHB clients registered to British Columbia bands but living elsewhere, and Inuit clients living in BC, select financial and utilization data relating to the British Columbia Region have been suppressed. National totals, however, include these values.

To address reporting challenges related to the small number of NIHB clients choosing a non-binary gender designation at this time and in keeping with government practices for safeguarding the privacy of individuals and in respect of departmental privacy obligations, population and utilization data relating to individuals in the category "Another Gender" have been distributed into the other 2 gender categories and are denoted by the "+" symbol.

- "Male+" includes men (and/or boys), as well as some non-binary persons.
- "Female+" includes women (and/or girls), as well as some non-binary persons.

Starting in 2020 to 2021, expenditures for the NIHB MS&E benefit are being reported separately from NIHB pharmacy benefit expenditures. As such, historical values reported for NIHB pharmacy will not match those reported in previous editions as those values included MS&E.

Starting in 2023 to 2024, expenditures relating to administration of the HICPS contract are being reporting only at the program level. As such, historical values reported for individual benefits will not match those reported in previous editions of the NIHB Annual Report.

**Population data**

First Nations and Inuit population data are drawn from the Status Verification System (SVS), which is operated by NIHB. SVS data on First Nations clients are based on information provided by the Registrar's office of Indigenous Services Canada (ISC). SVS data on Inuit clients are based on information provided by the Governments of the Northwest Territories and Nunavut, and Inuit land claim organizations including the Inuvialuit Regional Corporation, Nunavut Tunngavik Incorporated and the Makivik Corporation.

**Pharmacy, MS&E, dental, mental health counselling and vision care data**

Two Indigenous Services Canada data systems provide information on the expenditures and utilization of the NIHB pharmacy, MS&E, dental, vision care and mental health counselling benefits. Financial Services and Training (FST) is the source of most expenditure data, while the Health Information and Claims Processing Services (HICPS) system provides detailed information on utilization. Expenditure data prior to fiscal year 2019 to 2020 were collected from the Framework for Integrated Resource Management System (FIRMS).

**Medical transportation data**

Medical transportation financial data are provided through FST. Medical transportation data are also collected regionally through other electronic systems. Operational data at the regional level are tracked through the Medical Transportation Reporting System (MTRS). Contribution agreement data are also collected, but in a limited manner. In

some communities, MTRS is used to collect contribution agreement data, while other communities report data using spreadsheet templates, in-house data management systems, or through paper reports.

The Medical Transportation Data Store (MTDS) serves as a repository for limited operational data, as well as the data collected from medical transportation contribution agreements, and ambulance data systems.

