ACTION PLAN

Non-Insured Health Benefits

A community-informed plan to advance equitable, culturally safe access to care across NAN Territory.

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FOREWORD

Letter from the Deputy Grand Chief

To the Leadership, Health Partners, and Citizens of Nishnawbe Aski Nation,
It is my honour to introduce this Non-Insured Health Benefits (NIHB) Action Plan on behalf of Nishnawbe Aski Nation (NAN). This Action Plan reflects the voices, experiences, and priorities shared directly by First Nations leadership, Health Directors, frontline workers, health authorities, and community members across NAN Territory.

> **Delayed approvals, missed appointments, unsafe accommodations, and systemic barriers have become common experiences. These are not isolated incidents — they are longstanding systemic issues.**
>
> — Deputy Grand Chief Anna Betty Achneepineskum

For far too long, First Nations people in our communities have faced unacceptable barriers when attempting to access health care services through the NIHB program. Delayed approvals, missed appointments, unsafe accommodations, inadequate transportation systems, lack of culturally safe support, and systemic barriers have become common experiences for our people. These challenges are not isolated incidents. They are longstanding systemic issues that continue to negatively impact the health, safety, dignity, and well-being of First Nations people across NAN Territory.

This Action Plan has been developed to clearly identify issues while also outlining practical, community-informed solutions and priorities for reform. It is grounded in the Charter of Relationship Principles and rooted in First Nations rights, self-determination, and the shared responsibility of governments to ensure equitable access to health care services for First Nations people. The recommendations and actions identified throughout this report are intended to support immediate, short-term, and long-term improvements while contributing to the broader work of Health Transformation across NAN Territory.
I want to acknowledge all of the leadership, Health Directors, frontline workers, and community members who have contributed their experiences, expertise, and advocacy to this work. Your voices continue to guide this process and strengthen our collective efforts toward meaningful change.
Together, we will continue advancing solutions that uphold the dignity, safety, and rights of First Nations people across Nishnawbe Aski Nation Territory.

Deputy Grand Chief Anna Betty Achneepineskum

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OVERVIEW

Executive Summary

The Non-Insured Health Benefits (NIHB) Action Plan was developed by Nishnawbe Aski Nation (NAN) in response to ongoing systemic barriers First Nations people face when accessing health care services. Chiefs, Health Directors, health partners, and community members across NAN Territory continue to report serious issues related to medical transportation, delayed approvals, unsafe accommodations, poor communication, inadequate patient supports, and restrictive policies that negatively impact access to care.

WHY THIS MATTERS

For remote and fly-in communities, medical transportation is an essential health care service. Current gaps within the NIHB system contribute to missed appointments, delayed diagnoses, worsening health outcomes, financial hardship, and preventable risks to patient safety.

These challenges are longstanding, systemic, and inconsistent with First Nations rights to equitable and culturally safe health care services.

Grounded in the Charter of Relationship Principles Governing Health System Transformation in NAN Territory (Health Canada, 2017), this Action Plan outlines immediate and long-term actions to improve accountability, strengthen advocacy, enhance coordination between partners, and advance Health Transformation efforts. Key priorities include coordinated data collection, creation of a NAN-specific NIHB Innovation Table, addressing urgent service gaps, and integrating NIHB reform into broader First Nations-led health system transformation.

NAN is treating NIHB and medical transportation as urgent, life-impacting issues that require immediate advocacy and longer-term systems undertaking through Health Transformation. The work is not limited to raising concerns. NAN is organizing leadership responses, supporting partners affected by current NIHB decisions, documenting community impacts, and planning forums and assemblies to develop practical next steps.

The immediate emphasis, as outlined further within *Appendix B: NIHB and Medical Transportation: Current Work* is on restoring safe and timely access to care, especially where service changes are creating barriers for remote and fly-in communities or destabilizing urban transportation support in places such as Thunder Bay.

This summary report reflects NAN's continued commitment to advocating for patient-centered, culturally grounded, and regionally responsive health care systems that uphold the dignity, safety, and rights of First Nations people across NAN Territory.

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CONTEXT

Introduction

The NIHB program offers registered First Nations and recognized Inuit people coverage for a defined and nationally standardized set of health benefits that are not covered by provincial or territorial health insurance, private insurance plans, or other publicly funded programs. The NIHB program operates within a broader network of federal, provincial, and territorial health care services with the expectation to collectively support the health and well-being of First Nation peoples in Canada.

Unfortunately, myriad issues and barriers are presented with this current model of NIHB, resulting in missed appointments and people not receiving the care that they have a right to.

Nanehkatehnimohiiwehwin: Medical Transportation, Final Report 2019, commissioned by Sioux Lookout First Nations Health Authority (SLFNHA), confirms that many of the challenges experienced by First Nations in Nishnawbe Aski Nation (NAN) Territory are systemic and longstanding rather than isolated incidents. The study found that medical transportation is a critical component of access to health care for remote and fly-in First Nations communities, where specialized services are often available only outside in urban centres such as Thunder Bay, Sioux Lookout, Winnipeg, and Kingston.

KEY FINDING

When transportation systems fail, individuals miss appointments, diagnostic tests, surgeries, and treatment- resulting in worsening health conditions, increased stress for patients and families, and avoidable costs to communities and the health system. Medical transportation must be understood as an essential health service, not an administrative support program.

The purpose of this summary report is to outline an Action Plan to address issues raised by Chiefs, Health Directors, and partners across NAN Territory.

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FOUNDATION

Guiding Principles

The Charter of Relationship Principles

The most significant guiding document informing the NIHB Action Plan is the Charter of Relationship Principles for Nishnawbe Aski Nation Territory (Health Canada, 2017), also known as "The Charter". The Charter is a trilateral agreement between the Government of Canada, the Government of Ontario, and NAN on behalf of the First Nations in NAN Territory. The Charter sets out a commitment for all three partners to work collaboratively to transform the delivery of health care to First Nations communities.

> FROM THE CHARTER
>
> “First Nations must have timely access to culturally safe health services and facilities, regardless of where they live, and have a right to equitable access to health services that meet the unique needs of the communities of NAN territory. Joint strategies are needed to identify and address structural barriers to health care delivery to First Nations.”

Health transformation is a community-driven process that engages the expertise of First Nations communities and health care professionals and collaboratively increases the involvement of First Nations to ensure decision-making concerning health services for communities is at the community level. New approaches build on First Nations' capacities and strengths with an emphasis on local control and authority over health care services.

NAN seeks to ensure all steps taken within the NIHB Action Plan materialize in alignment with The Charter. At the root of this Action Plan is First Nations' inherent Treaty Right to health and ensuring self-determination of First Nations people.

NAN Addictions Standards

NAN Addictions Standards (2025) is a working tool designed to guide care, healing, and wellness across NAN communities. This tool brings together cultural, community, and clinical knowledge, and identifies specific guiding principles. The principles of Cultural Safety, Relational Accountability, and Multiple Ways of Knowing are directly relevant to the advocacy work advanced through the NIHB Action Plan.

GUIDING PRINCIPLES

Grounded in the Charter of Relationship Principles

Cultural Safety

Systems and processes that respect First Nations realities, protocols, and the Treaty right to health care.

Relational Accountability

Ongoing, reciprocal advocacy rooted in the voices of Chiefs, Health Directors, and community members.

Multiple Ways of Knowing

Reform shaped by both empirical data and the stories of patients, families, and communities.

Together, these principles support this report's call to treat medical transportation and NIHB access as essential components of an equitable, culturally grounded healthcare system for First Nations people within NAN Territory.

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FINDINGS

NIHB Issues Identified

The NIHB program is experiencing significant and systemic challenges affecting First Nations communities across NAN Territory. These challenges are characterized by unilateral administrative changes, service gaps, funding pressures, and operational inefficiencies that compromise access to care, patient outcomes, and First Nation self-determination.

AT A GLANCE

Six interconnected challenges

1

Medical Transportation

Delayed approvals, missed appointments, stranded patients

2

Accommodation & Safety

Unsafe lodging, expired meals, limited availability

3

Communication Gaps

Long wait times, fax reliance, inconsistent decisions

4

Financial Barriers

Outdated rates, delayed reimbursements, out-of-pocket costs

5

Specialized Service Gaps

Dental, pharmacy, mental health, medical supplies

6

Governance & Policy

Unilateral changes, lack of consultation, rigid rules

Governance, Policy, and Systemic Design

Recent unilateral procedure changes introduced by NIHB- in particular, the elimination of phone-based requests in favour of a queue-based system without clear criteria or communication- have caused confusion, inefficiencies, and barriers to timely health care service for NAN community members. These changes were implemented without sufficient consultation with First Nations partners, reinforcing longstanding concerns that the NIHB program emphasizes policy-driven approaches rather than a patient-based approach. Despite prior submissions by NAN to the AFN – ISC Joint Review Process, no meaningful improvements have taken place at the community level.

Medical Transportation and Access to Care

One of the most significant and critical issues related to NIHB is access to medical transportation. Communities report delayed approvals, short-notice bookings, and insufficient coordination resulting in missed medical appointments, delayed diagnoses, declining health conditions, and in some cases, preventable deaths. Communities and individuals are forced to absorb accommodation and travel costs when NIHB coverage is delayed or denied.

NIHB policies related to "noncompliance" further exacerbate these issues. When patients miss appointments or flights (often due to circumstances beyond their control) return travel may be denied. This leads to individuals being stranded and reliant on their community logistically and financially in order to return home.

Travel Coordination and Flight Disruptions

Travel coordination challenges include late issuance of travel notice, limited flexibility in booking, and a lack of consideration for the realities of travel to and from remote communities. Patients often receive last-minute notice without sufficient time to arrange escorts, rides, childcare, or other required supports. Flight disruptions, including weather-related delays, are not adequately accounted for in NIHB policy, leading to appointments being incorrectly classified as "missed" and negatively affecting patient standing with health care providers.

Accommodation and Patient Safety

Patients frequently encounter unsafe, unsuitable, or unaffordable lodging. Limited hotel availability results in missed appointments. Inadequate meal supports are frequently cited. NAN community members have shared experiences of being provided with expired food or staying in accommodations that lack hot water for bathing. These issues are compounded by the inability of many clients to cover upfront costs such as deposits.

Client Experience, Communication, and Supports

Patients required to travel for health care services face significant gaps in support, particularly for Elders, individuals with disabilities, and those requiring translation services. Navigator roles and community travel clerks are essential, but grossly underfunded and improperly resourced. Challenges with communication are widely reported, including lengthy wait times on NIHB phone lines, reliance on outdated communication technology such as fax machines, and inconsistent service quality.

Financial Pressures and Reimbursement

NIHB reimbursement rates for travel, accommodation, and meals are insufficient to reflect actual costs, particularly in the context of rising fuel prices and urban living expenses. Delays in reimbursement payments to both clients and service providers place additional strain on individuals and communities, often forcing out-of-pocket expenditures that are not affordable to many.

Specialized Service Gaps

- Dental Care and Vision- Restrictive policies, lack of travel coverage, and delayed approvals.
- Prescription Medications- Restrictions on where certain medications can be filled, and delayed approvals.
- Medical Supplies and Equipment - Delays, coverage limits, and approval barriers leave patients without essential items such as mobility aids or prosthetics.
- Mental Health Services- Limited treatment centre availability, lengthy waitlists, and restrictive provider policies reduce access and increase safety risks.

Housing and Long-Term Care Access

The current three-month limit for accommodation support permitted under NIHB is insufficient for patients who require extended care in larger urban municipalities. This forces patients to rely on temporary and even unsafe housing arrangements while undergoing treatment, increasing their vulnerability to homelessness, instability, and in some cases, substance relapse.

THE BOTTOM LINE

Overall, the issues identified by Chiefs and partners reflect systemic failures in the design and delivery of the NIHB program. A comprehensive response requires structural reform, increased funding, improved accountability, and a shift toward patient-centred care rooted in First Nations realities, Treaty rights, and community-informed solutions.

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DIRECTION

Strategic Goals

On March 31, 2026, an NIHB partners meeting brought together NAN, Mushkegowuk Council, health authorities, and service providers to address critical and worsening failures within the NIHB system. Partners emphasized the need for a coordinated action plan based on priorities outlined within The Charter and re-affirmed at the 2026 Spring Chiefs' Assembly.

STRATEGIC GOALS

Six pathways to systemic change

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ACTION

Action Plan

The plan would address immediate health needs through joint action with government, while also strengthening accountability, improving transparency, and advancing long-term system transformation. The action items below were provided directly from partners in attendance at the March 31 meeting.

1. Establish Coordinated Data Collection

- Define specific data requirements to collect (missed appointments, delays, denials, outcomes).
- Develop data sharing agreements with partners.
- Ensure privacy compliance, credibility, and defensibility of data.

2. Launch NAN-Specific NIHB Table

- Develop urgent advocacy asks: guaranteed funding for NIHB Navigators; sustainable funding for transportation systems and hostels.
- Align with the Innovation Table model; initial focus on NIHB (medical transportation) and mental health (addictions and/or youth suicide).
- Participants: NAN, SLFNHA, WAHA, Mushkegowuk, and Matawa.
- Ensure senior decision-makers (ADM-level) are engaged.

3. Advocate for Immediate Service Gaps

- Document and escalate service reductions, staffing impacts, and patient safety risks.

4. Explore Political Advocacy Campaign

- Advance letter-writing campaign to federal ministers.
- Prepare for Special Chiefs Assembly (Spring 2026); develop unified political position.
- Engage leadership in an escalated advocacy approach.

5. Strengthen Coordination Across Organizations

- Conduct a resolution and policy review.
- Align advocacy efforts across NAN, Tribal Councils, and health authorities.
- Create shared strategy and communication channels.

6. Integrate NIHB into Health Transformation (Long-Term)

- Use Health Transformation to design future-state models that eliminate reliance on the current NIHB structure.
- Ensure guaranteed, culturally appropriate, and regionally responsive services.

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CLOSING

Conclusion & Implementation

In closing, as discussed by many of our leaders, partners and communities, the current approach to medical transportation does not adequately account for long-term wellness, sustainability, or human impact. Communities are often forced to repeatedly respond to preventable crises instead of breaking cycles.

A SHIFT IN PRIORITIES

There needs to be a shift in priorities from the fiscal responsibility of the federal government to the human responsibility of the First Nations and the people they serve. The true return on investment needs to be healthy people and thriving communities.

The reality is that delayed care, fragmented transportation systems, inconsistent escorts, mental health crises, and gaps in continuity of care all create significantly greater human and financial costs over time. Long-term improvements in health, well-being, dignity, and stability need to be the new markers for success.

Nishnawbe Aski Nation is listening to Chiefs, communities, and experts. We are listening carefully and intentionally; we are taking directions seriously and proceeding promptly. We are aligning our efforts with regional, provincial, and national efforts to ensure the highest possible outcome for our people.

This includes actively strengthening partnerships and coordinated advocacy efforts with organizations and partners such as the Chiefs of Ontario, hospitals and health service providers across the province, the Assembly of First Nations, tribal councils, health authorities, and federal and provincial partners. It also includes advancing the proposed Health Transformation Innovation Table as a practical, action-oriented space to bring partners together to address urgent systemic issues such as NIHB medical transportation, emergency response coordination, and mental health pressures while informing longer-term transformation work.

While the challenges discussed in this action plan are significant, there is also reason for hope. Across NAN territory there is growing momentum, stronger partnerships, increased collaboration, and a shared understanding that the current systems must improve. Communities are speaking clearly, leadership is engaged, and partners are increasingly recognizing the need for meaningful change.

This summary report reflects NAN's continued commitment to advocating for patient-centred, culturally grounded, and regionally responsive health care systems that uphold the dignity, safety, and rights of First Nations people across NAN Territory.

REFERENCES

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Nishnawbe Aski Nation. (2025, September 23). NAN addictions standards [Internal document].

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APPENDIX

A Summary of NIHB Issues

Medical Transportation — Travel

- Clients must originate from their home communities to access Medical Transportation benefits. If medical care is required while they are in urban centres, coverage is often unavailable.
- Patients are frequently notified of travel arrangements on short notice. Travel warrants are often issued on day of travel or a day before departure instead of the expected one week in advance. This increases stress and negatively affects health outcomes.
- When flights or appointments are missed, NIHB may deny return travel coverage, leaving First Nations communities responsible for covering costs.
- Travel for clients from remote communities attending appointments in Toronto is not consistently booked with adequate flexibility or advance planning. Sioux Lookout NIHB Analysts are reportedly unable to book travel beyond Thunder Bay.
- Road-access communities responsible for managing Medical Transportation have not received funding increases.
- Communication and responsiveness related to medical travel coordination need significant improvement.
- Improve the NIHB travel booking system to make it more efficient and user-friendly.
- Provide authority for navigators to directly book flights and accommodations to reduce delays and administrative burden.
- Increase the number of NIHB benefit analysts, as high demand and workload may be contributing to booking errors and service delays.
- Hire additional staff who are competent and able to communicate in Indigenous languages to better support clients.

Flight Disruptions

- Develop fair and consistent policies to address flight delays and cancellations, particularly those related to weather and airline delays.
- Clients that want to rebook appointments resulting from travel disruptions should not be categorized as “missed appointments”
- Ensure travel disruptions do not negatively affect patients' standing or continuity of care with specialists.

Access & Accommodation Issues

- NIHB reported at one meeting that an estimated 25% of missed appointments are linked to lack of accommodations — the actual percentage may be higher.
- Explore opportunities to expand hotel agreements and partnerships. Clients should not be placed in inappropriate spaces such as closets or foyers.

- Accommodations are often not booked in a timely manner. In one case, a patient travelled from their home community and then discovered no accommodations had been arranged, forcing them to stay at a costly hotel due to limited availability elsewhere.
- Many patients cannot afford out-of-pocket costs for hotels or security deposits.
- Review and address inadequate private accommodation rates that create barriers to accessing care.
- Patient safety concerns have arisen due to clients being placed in unsafe accommodations in Winnipeg and Thunder Bay.
- Current processes do not adequately account for limited flight availability, restricted seating, and rapid sell-out of accommodations during major events.
- Improve communication, coordination, and responsiveness related to travel and accommodation arrangements.

Local & Regional Transportation

- Address and resolve ongoing gaps within local and regional medical transportation systems.
- Restore funding to reopen the SLFNHA Thunder Bay Transportation Van Program. ISC advised SLFNHA funding would support 12 clients, but funding was only provided for 5.
- Clients who obtain urban residency are no longer eligible for local transportation to their medical appointments under medical transportation benefits.
- Clients requiring transportation from home communities to hospitals often rely on taxi services; expenses may not be approved or reimbursement is significantly delayed.

Client Support and Experience

- Improve access to escort services, including interpretation and translation, to ensure Elders receive culturally safe care.
- Clients are often left waiting in airport terminals and hotel lobbies for extended periods without access to meals, especially on weekends and after-hours.
- Clients should have reliable access to healthy meals and snacks. Concerns have been raised about hotels providing expired or days-old meals despite NIHB funding to cover client meals.
- Client supports become increasingly limited for those travelling beyond Thunder Bay and Timmins to larger southern urban centres.
- Elderly individuals, those with chronic illnesses, and persons with disabilities face challenges with multi-stop flights and long delays. Greater consideration should be given to Charter direct flight options.
- Ongoing issues with medivac escort documentation not being properly processed, leaving escorts without confirmed accommodations.
- Ongoing delays of TBRHSC patients receiving vouchers needed for discharge
- Ongoing delays of TBRHSC patients being discharged, also affecting bed flow.

Navigators, Travel Clerks & Program Staff

- Restore and stabilize funding for SLFNHA Navigator positions.
- Provide dedicated funding to train and sustain Navigator positions throughout NAN territory.
- Increase funding for community travel clerk positions to support staff retention and long-term sustainability.
- Funding levels should be increased to ensure salaries are competitive and aligned with comparable positions.

Payment and Reimbursement Delays

- Address ongoing delays in reimbursements to clients and payments to service providers.
- Delayed approvals often force patients who are financially able to pay out of pocket to attend necessary appointments. NIHB should ensure approvals are processed in a timely and efficient manner.

Financial Barriers

- Review and increase mileage rates to reflect actual travel expenses and the financial realities faced by patients.
- Current NIHB rates do not adequately cover rising costs associated with medical travel, including fuel, meals, accommodations, and transportation.
- Cases where bus travel costs exceed the mileage reimbursement available for personal vehicle use.
- Increasing travel costs and inadequate reimbursement rates are major pressures on patients and communities.
- Allocate funding to Tribal Organizations/SLFNHA to establish emergency funds that can be accessed when urgent needs arise.

3-Month NIHB Accommodation Limit

- 3-month accommodation is insufficient due to long waiting lists for social housing and the high cost of private rentals.
- People are often forced to move between temporary lodging, shelters, or unsafe environments while undergoing care.
- Administrative barriers and rigid rules create delays and denials that do not reflect medical realities, particularly for people with complex needs, disabilities, or addictions.

Communication Gaps

- Address communication gaps and reinstate telephone-based medical transportation booking options.
- Establish a reliable feedback mechanism to confirm receipt of submitted travel forms.
- NIHB support lines are frequently difficult to reach, with long wait times and unanswered calls.
- Reliance on fax machines as a primary communication method is outdated.
- Reports of unprofessional interactions, including perceived rudeness and lack of empathy.
- Strengthen the after-hours support line.
- Outcomes can depend on who answers the phone — different interpretations and inconsistent approvals raise accountability concerns.

Dental Care

- The "closest and most appropriate" policy creates barriers to out-of-community dental care.
- Community members frequently wait weeks or months to access visiting dentists (locums), and limited dental service days in communities mean not everyone can be seen.
- Continued lack of trauma-informed dental care; concerns about unnecessary tooth extractions.
- Approval processes for braces, crowns, and bridge work are lengthy and administratively burdensome, with many clients required to go through appeals.
- NIHB operates as a payor of last resort, which can delay or complicate access to care.

- Many dental and optometry providers do not offer direct billing through NIHB due to extensive paperwork. As a result, clients are required to pay out of pocket, which is not financially feasible for many individuals and families. A significant challenge for First Nations is finding service providers that offer direct billing services
- There is often no effective follow-up of child orthodontic care requests.

Vision

- No transportation support is available for clients requiring out-of-town vision care services.
- Clients are required to pay eye examination fees out of pocket.
- NIHB functions as the payer of last resort.
- The introduction of the bundled vision care benefit has created confusion for clients.
- Vision care coverage remains limited and does not adequately cover costs associated with frames, progressive lenses, lens thinning, and related expenses.

Pharmacy

- Growing concern that patients are being prescribed generic medications.
- The prior approval process can be time-consuming, delaying timely access to necessary medications.
- Clients are sometimes told at the pharmacy that medication is not covered, only to later discover that the pharmacist did not contact the Drug Exception Centre. In one case, a client waited two weeks for antibiotic approval.
- NIHB restrictions on where prescriptions can be filled create additional barriers.
- Difficulty for clients to track their medications. To start, clients may be prescribed a few days worth to a week then travel home.

Medical Supplies & Equipment

- Long delays for approvals. Patients need to start receiving supplies and equipment ina timely manner.
- Blister medicine packs are not arriving in time due to airline schedules.
- Communities and families often absorb costs for items or supports that are not covered, especially for medical aids and other practical needs.
- Mobile aids and medical beds are not always approved and go over maximum allowances.
- Hearing aids, c-pap machines, and blood pressure monitors (prior approval) are limited in coverage and if items break down beforehand, people are without them.

Mental Health Counselling

- Limited number of treatment centres covered under NIHB; long wait times impact community decision-making and safety.
- The "closest and most appropriate provider" requirement does not always align with client preferences.
- Transfer of IRS-related responsibilities has placed additional pressure on already limited NIHB resources.
- Reductions or discontinuation of Jordan's Principle funding have shifted demand onto NIHB services.
- Need to ensure NIHB supports off-reserve children in accessing treatment services.

- NIHB approval processes do not always reflect the urgency and complexity of mental health and addictions crises, particularly in situations involving risk, trauma, or concurrent disorders.
- Community members continue to experience challenges navigating NIHB processes and understanding eligibility requirement, approval pathways, and available mental health benefits, creating barriers to timely access to care.
- Community members continue to identify the need for increased access to culturally grounded, land-based, and Indigenous-led approaches to healing that may not always align with existing NIHB service pathways or provider structures.
- Community members continue to report difficulties navigating NIHB processes and understanding available mental health supports, including eligibility requirements, approvals, and treatment pathways. Complex processes can create confusion and may delay access to services, particularly for individuals and families already experiencing stress or crisis.
- Communities continue to identify concerns regarding increasing reliance on virtual mental health services, as this does not always reflect the realities of remote First Nations communities where barriers such as internet connectivity, access to technology, privacy, and limited alternatives may impact meaningful access to care and engagement in services.
- Communities continue to identify concerns that individuals may only access intensive supports once situations have significantly escalated, at times resulting in emergency responses and removal from community for higher levels of care rather than earlier intervention and prevention supports being available closer to home.

APPENDIX

B NIHB & Medical Transportation - Current Work

Current Work Underway

Work area	Current actions underway	Key partners / forums	Immediate purpose
Advocacy on phone booking change	Raised concerns with Chiefs of Ontario and ISC/NIHB representatives that medical transportation booking calls would no longer be accepted; preparing briefings for Health Directors and community leadership; preparing formal correspondence for NAN Executive leadership.	NAN; Chiefs of Ontario; Community and Tribal Council Health Directors; Health Authorities	Push back on a change seen as a major access barrier for remote and fly-in communities.
Support to SLFNHA on Thunder Bay transportation issues	Documented impacts of the SLFNHA Thunder Bay transportation situation; calling for continuation or stabilization of transportation supports; raising urgent risks created by reduced access to in-city transport, weekend wheelchair-accessible service limitations, and cuts to navigation supports.	SLFNHA; NAN	Protect access to appointments, airport transfers, dialysis, safe lodging connections, and movement between lodges, hospitals, and appointments.
Direct participation in NIHB operations discussions	Participated in the April 8 COO NIHB Ontario Region meeting and placed on record the need for better communication, reversal of unilateral changes, visibility into tracking tools, restoration of navigator support, better accommodation access, and policy work on delays, cancellations, reimbursement, and community clerk capacity.	Chiefs of Ontario caucus; Ontario Region NIHB officials; partner organizations across Ontario	Move beyond complaint toward operational and policy fixes with provincial and federal counterparts; advocate to create a NAN-specific NIHB working group, or utilize the start of the Innovation Table.
Leadership communications and coordinated response	Drafting email from Deputy Grand Chief Anna Betty Achneepineskum to Chiefs with the NIHB memo; drafting follow-up communication to Health Directors; maintaining weekly and monthly updates to Executive, Chiefs, and CCHT.	DGC office; Chiefs; Health Directors; CCHT; Executive Council	Ensure leadership has consistent information and can advocate in a coordinated way.
Research and evidence development	Advancing the Waapihk medical transportation review to document lived problems and produce fiscal analysis of what a corrected system	Waapihk Research; interviews with individuals working with NIHB	Build an evidence base for advocacy, costing, and longer-term system design.

	would cost; refining interview approach to include leadership, Health Directors, nurses, NIHB clerks, and ancillary service providers; seeking additional NIHB hotel-rate information.		
Partner coordination and relationship building	Deepening collaboration with SLFNHA and planning outreach to Mushkegowuk, Matawa Health Co-op, SLFNHA, AFN, and WAHA regarding an innovation table; continuing broader engagement with community partners and external stakeholders.	SLFNHA; MHC; Mushkegowuk; WAHA; AFN; Ontario Health North	Avoid siloed work and build aligned regional responses.
Health Transformation planning tied to medical transport	Planning a Special Chiefs Assembly focused in part on medical transportation and NIHB; preparing quarterly partner forums; aligning FAQs, governance materials, timelines, and executive packages.	Chiefs-in-Assembly; Executive; partners forum participants	Translate repeated concerns into decisions and mandates.
Community-informed issue collection	Gathering impacts from communities and partners, including late booking, after-hours discharge, unsafe or inadequate accommodations, travel disruptions, lack of clarity on coverage, delays in reimbursement, and burdens on community travel clerks.	Communities; Health Directors; clerks; hospitals; partner agencies	Keep advocacy grounded in specific operational realities and real client harms.