

Supplementary Health Benefits Review

Madam Speaker, the Department of Health and Social Services is reviewing the supplementary health benefits available to NWT residents. These benefits cover prescription drugs for approximately 1,500 residents, benefits that go beyond coverage provided by the NWT Health Care Plan. Unfortunately, these programs are not currently available to everyone, so we are now updating the policies that underpin this program.

To access the supplementary health benefits program, you must be a senior or have a specified disease named on a list of conditions developed more than 30 years ago. The Seniors program remains unchanged. Our current focus is on replacing the Specified Disease Conditions program with one that provides more with people coverage. The Specified Disease Conditions program discriminates against residents based on their diagnosis, rather than their need for help to pay for medication.

We want everyone to have access to benefits and we know that some people can afford to pay a portion of the costs. We also know that some medication is very expensive. We are working to find the balance where we can provide benefits to more people, by having those with the financial means to pay do so, without creating hardship.

There are 2,200 people in the territory who do not have benefits through work, Non-Insured Health Benefits or Metis Health Benefits. We know that some of the residents do not get prescriptions filled because they cannot afford them. As a result, they end up accessing the health care system when their needs become urgent. The change in policy will enable residents to access the medication they need when it is prescribed and before a trip to the emergency room or doctor becomes necessary.

Madam Speaker, recognizing that medication can be very expensive, we have already made changes to existing programs to enhance sustainability. We introduced the Lowest Cost Equivalent policy which specifies that the Extended Health Benefits program covers the lowest cost alternative drugs in generic brands. We also put in place the long-term dispensing policy that requires certain medications be dispensed as a 100-day supply, therefore reducing the number of dispensing cycles. We launched the Biosimilar policy in 2021 to switch patients from biologic drugs to their biosimilar versions.

All these initiatives have reduced the cost of the department's supplementary health benefits programs. Work continues to identify further administrative improvements that will make them more sustainable. We are acutely aware of the continually rising costs of health care overall.

Madam Speaker, the proposal we have put forward for public engagement is based on what we have learned from research on benefits programs across Canada. The NWT is one of the only places in the country that does not have a government funded benefit program for low-income residents. It is time to change that.

We are proposing that residents with low income have access to the same suite of benefits as residents who are eligible for the federal Non-Insured Health Benefits and Métis Health Benefits programs. Benefits available under these programs are covered at no cost to those eligible for them.

Residents above the low-income threshold will be required to pay for their drugs, on a scale rising with income level, until maximums are reached. When costs are maxed out, the GNWT will pay for the drugs required by residents.

We have posted a discussion paper outlining the proposed changes on-line for review and feedback, as well as sample scenarios and frequently asked questions. We have developed an on-line calculator to help residents understand how the proposed changes may affect

them. We have met with interested parties, and we are planning to host a virtual Town Hall mid-November, where the public can ask more questions and provide feedback.

It is important for residents to make us aware of their many unique circumstances and nuances. We have been getting a lot of feedback so far. Keep it coming. We are learning a lot and have your responses been extremely valuable. For example, through the engagement we have learned more about the need for coverage of medical equipment and supplies. We want to create the program best represents peoples' needs. We will continue to accept feedback until November 23.

Madam Speaker, by embracing this important work, we are taking care of those who do not currently have access to supplementary health benefits. We are working to ensure all residents have consistent access to medication without a financial barrier.

Thank you, Madam Speaker.