CANADIAN INDIGENOUS NURSES ASSOCIATION
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Senate of Canada – 44th Parliament
SOCI – Standing Committee
Social Affairs, Science and Technology

Indigenous Nursing Knowledge: The agents of change in Bill C-64, an Act respecting Pharmacare

October 02, 2024, OTTAWA

Executive Summary

The Canadian Indigenous Nurses Association (CINA) supports the intent of Bill C-64. As indicated in the Bill:

> Purpose
>
> 3 The purpose of this Act is to guide efforts to improve, for all Canadians, the accessibility and affordability of prescription drugs and related products, and to support their appropriate use, in collaboration with the provinces, territories, Indigenous peoples and other partners and stakeholders, with the aim of continuing to work toward the implementation of national universal pharmacare. Its purpose is also to support the development of a national formulary of essential prescription drugs and related products and to provide for the development a national bulk purchasing strategy.

While the preliminary version of this legislation was made available in the past few years to FPT governments, and to the public to ensure timely access to the information, the engagement of Indigenous organizations, stakeholders and partners for research and analysis was carried out amongst many multiple mainstream organizations. Previous legislation related to Pharmacare have been brought forward in Parliamentary sessions in Bill C-213 and Bill C-340. None of these bills were delivered beyond the first reading. At this time, we do have concerns that the implementation of the bill may cause additional hardship, confusions, delays and administrative complications through existing health care (pharma) systems managed by the provincial and territorial government structures. In addition, there will be additional burdens place on First Nations and Inuit who already receiving program benefits under the Non-Insured Health Benefits (NIHB) program delivery. There are also numerous issues that address jurisdictional issues, residency, identification, geography and so on. These additional layers of bureaucracy will expand upon a Nurses' already overwhelmed environment and their existing scope of work.

Introduction

The Canadian Indigenous Nurses Association (CINA) is the longest serving Indigenous health professional association in Canada. Throughout our 50-year history, the organization has engaged in extensive community-based, regional, national and international activities related to health human resources, member support, consultation (including regulatory and legislative affairs), policy, research and education. CINA has had and continues to have a history of successful collaborations with numerous Indigenous health and leadership organizations, mainstream nursing organizations, educational institutions, federal-provincial-territorial governments and local indigenous governments. We have also maintained our liaison with the national Indigenous organizations representing First Nations, Inuit and Métis people.

Of particular importance and significance, our recent work with the Indigenous Pharmacy Professionals of Canada (IPPC). The IPPC is a non-profit membership-based association that represents pharmacists, pharmacy technicians, and pharmacy assistants with proof of Indigenous ancestry. The IPPC serves to cultivate a thriving and empowered community of Indigenous Pharmacy Professionals to support safe and equitable care of patients, families, and their communities. The IPPC is governed by an elected Board of Directors with diverse practice backgrounds and ancestries. This is an organization that is strengthened by the perspectives, expertise, representation, and perspectives of its membership - Western-trained pharmacy professionals with Indigenous ancestry.

Moving Forward with Indigenous and non-Indigenous healthcare providers

The work relating to the accessibility, affordability and appropriate use of prescription drugs and related products is to be accomplished together with the pharmacare partners, and with the goal of designing, developing and implementing a national, universal pharmacare. The participation of CINA will help to address the priorities to patient safety, address better health outcomes and maintain the healthcare system accountability. The engagement of CINA members (**source:** uSask nursing report, Table attached) will also be able to provide a voice for all nurses and will include the participation of non-Indigenous nurses working in Indigenous healthcare settings.

In 2021, there were 459,005 regulated nurses eligible to practise. The distribution of nurses by licence type is as follows:

- **312,382 registered nurses (RNs)** — a growth of 2.5% from 2020.
- **7,400 nurse practitioners (NPs)** — a growth of 10.7% from 2020, the largest increase of all the nursing designations. In fact, NPs became one of the fastest-growing professions in health care.
- **132,886 licensed practical nurses and registered practical nurses (LPNs and RPNs)** — a growth of 1.6% from 2020.
- **6,337 registered psychiatric nurses**— a growth of 3.6% from 2020.

(**source:** Canadian Nurses Association: https://www.cna-aiic.ca/en/nursing/regulated-nursing-in-canada/nursing-statistics)

While this is only an overview of the nursing profession expertise available – there are many other healthcare providers who are allies and essential to the work of CINA. The network of Indigenous healthcare providers not only includes those trained in a western institution setting, but also includes our Elders, Indigenous knowledge holders, medicine people, to name a few.

Culturally appropriate considerations in the design of a strategy

The financially supported coordination of these healthcare provider groups through CINA will be able to provide technical and/or expert advice on some of the following matters:

- Clinical tracking of prescription drugs and related products (note: this may not include traditional medicine practices)
- Prescriptions that should be covered under various plans and the conditions of that coverage
- Collection and analysis of data on prescription drugs and related products (note: this may include items that are covered by NIHB)
- Information that will help identify improvements to be made to the pharmacare system (this may include items under the national formulary, geographical considerations such as access for medication based on their residency, etc.)

Of course, a strategy of these level must be:

- devised jointly with partners and stakeholders (western trained and Indigenous providers);
- designed within an appropriate timeline following the Royal Assent of the bill;
- and must recognize and support the protocols and principles of Indigenous governance structures.

To that end, CINA was present at the design of an outstanding resolution delivered by the Assembly of First Nations (AFN) Annual General Assembly in July 2019. This resolution has rejected the national pharmacare model. (source: AFN Resolution 23/2019). It is therefore additionally essential and critical that the inherent rights of Indigenous people's access to health coverage remains unaffected.

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Recommendations / Conclusion

The implementation of Bill C-64 presents an opportunity for many Canadians, and a unique opportunity for Indigenous people. There are other facets/paths presented to enhance data collection and reporting to improve healthcare policy decisions and reduce health inequities for an otherwise vulnerable Indigenous population. We provide the following considerations:

- ◊ Indigenous engagement, discussion and process to develop a framework that establishes how FNIM will participate in a national pharmacare strategy
- ◊ Allowances for Indigenous leadership to establish timelines that resonate with their community-based needs, issues and perspectives of Indigenous people
- ◊ Collaboration with, and ongoing funding, to support Indigenous healthcare provider organizations to design, develop and implement an arms-length structure to oversee an evidence-based policy/research/education structure in pharmacare
- ◊ Indigenous Nursing professionals and healthcare providers are allocated federal funding to cover the initial and incremental costs of a pharmacare strategy
- ◊ CINA and Indigenous (non-Indigenous) professionals continue to work with schools of nursing, research institutions and industry sector to sustain and support Indigenous nursing knowledge, innovative approaches and new (or traditional) therapies in pharmacare
- ◊ All levels of governments should know that there is streamlined access to Indigenous health professional feedback and consultation. They should be reminded of the value of Indigenous healthcare professionals in general, our intersectional personal, professional, family and community experiences efficiently translate and transform Indigenous health equity challenges into practical, Indigenous-led, Innovative and effective systemic solutions.

CINA Collaboration study with University of Saskatchewan: College of Nursing:

Aboriginal Nursing in Canada

("Professional Occupations in Nursing" NOC 2016-301)

There are 9,695 Aboriginal nurses in Canada. Aboriginal people make up 3.0% of the Registered Nursing workforce, but form 4.9% of the overall Canadian population.

	Total % of Aboriginal Nurses (2011)*	Total % of Aboriginal Nurses (2016)	Number of Aboriginal Nurses in Canada/ Number of Nurses in Canada (2016)	First Nations	Métis	Inuit	Multiple/ Other
Canada	2.4	3.0	9695/327780	4195	4995	125	155
AB	2.5	3.1	1295/41495	455	780	10	50
BC	2.6	3.0	1305/43495	580	650	15	60
MB	7.2	9.2	1310/14285	420	870	10	15
NB	1.6	2.4	210/8745	90	105	0	10
NL	5.0	8.5	515/6060	375	90	20	30
NT	23.7	15.9	65/410	20	35	10	0
NS	2.6	4.0	440/11010	170	245	15	20
NU	24.2	14.3	20/140	10	0	10	0
ON	1.9	2.2	2540/115910	1325	1060	25	130
PEI	1.8	1.5	25/1675	10	10	0	0
QC	1.0	1.6	1125/72320	415	630	15	65
SK	6.1	7.0	830/11900	310	510	0	10
YK	11.1	5.9	20/340	20	0	0	0

** The 2011 National Household Survey used different occupational classifications; this column refers to NOC-S 2006-D111 which entails "Nurse Supervisors and Registered Nurses".*

It is common knowledge that an increase in the number of Aboriginal health professionals is needed to improve the future health outcomes for Aboriginal people in Canada. The 2015 Truth and Reconciliation Commission of Canada Call to Action #23 calls for an increase in the number of Aboriginal professionals working in the health-care field. Although there has been good progress in improving the number and proportion of Aboriginal health professionals, the country still has far to go to achieve representation. Registered Nurses are the backbone of the health care system and are central to First Nations, Métis and Inuit health care delivery. This factsheet provides the most current information available on the status of the Aboriginal Registered Nursing workforce in Canada, based on the 2016 Census.

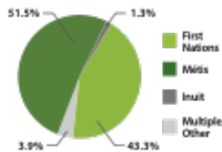
74.5% of Aboriginal health professionals are Registered Nurses.

Aboriginal health professionals include physicians, dentists, veterinarians, pharmacists, occupational therapists, optometrists, chiropractors, speech pathologists, dieticians, nutritionists, physiotherapists, audiologists and registered nurses, etc. There are 13,010 health professionals identifying as Aboriginal; of which 9,695 are nurses.

1.2% of all Canadian health professionals are Aboriginal health professionals.

7.3% of Aboriginal Registered Nurses are male (705 out of 9,695). 8.2% of all Canadian RNs are male (26,785 out of 327,780).

Identification of Aboriginal RNs



For more information and access to the dataset, please contact:

Heather Exner-Pirot, Strategist for Outreach and Indigenous Engagement College of Nursing, University of Saskatchewan: heather.exner@usask.ca

Aboriginal Registered Nurses are younger than the average Canadian nurse.

	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65+
All Nurses	4.9%	26.0%	22.3%	23.8%	18.5%	4.5%
Aboriginal Nurses	4.8%	27.6%	25.8%	23.6%	15.0%	3.1%

This fact sheet uses the term "Aboriginal" instead of "Indigenous" to reflect Statistics Canada and TRC terminology.

nursing.usask.ca

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ANNUAL GENERAL ASSEMBLY
July 23, 24 & 25, 2019, FREDERICTON, NB

Resolution no. 23/2019

TITLE:	**Reject the National Pharmacare Plan and any other plan that will violate the Medicine Chest for First Nations**
SUBJECT:	Protection of Treaty and Inherent Rights
MOVED BY:	Chief Elaine Johnston, Serpent River First Nation, ON
SECONDED BY:	Chief Walter Spence, Fox Lake First Nation, MB
DECISION:	Carried by Consensus

WHEREAS:

A. By way of Treaty making, the Crown wanted to access our territories for her subjects. As the First original peoples we agreed to only share our Treaty Territories. The Crown acquired specific obligations and responsibilities to ensure the health and well-being of all First Nations.

B. The Honour of the Crown upholds Treaty and Inherent Rights for "as long as the sun shines, the waters flow, and the grass grows," for the sustenance of life as long as there are Treaty Peoples, which includes health and livelihood affirmed by the Medicine Chest for all Treaty and Inherent Territories.

C. The Crown has the obligation through the Medicine Chest provisions under Treaty which cannot be contracted to a third party.

D. First Nations recognize that the present Non-Insured Health Benefits program pharmaceutical component does not meet the needs of our Treaty peoples in its current administrative framework and the existing administrative framework through the Pharmacare National Plan if First Nations are included.

E. First Nations have not given the Assembly of First Nations the authority to pursue discussions on Treaty and Inherent Rights.

Certified copy of a resolution adopted on the 25th day of July 2019 in Fredericton, New Brunswick

PERRY BELLEGARDE, NATIONAL CHIEF

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ANNUAL GENERAL ASSEMBLY
July 23, 24 & 25, 2019, FREDERICTON, NB **Resolution no. 23/2019**

THEREFORE BE IT RESOLVED that the Chiefs-in-Assembly:

1. Reject the federal government's National Pharmacare initiative based on its impact on our health and livelihood which violates our Medicine Chest for all Treaty Territories.
2. Assert that the First Peoples who entered into International Treaty with the Crown insist that pharmacy coverage for First Nations must not be contracted to any third party at any time as it will violate provisions under the medicine chest which are guaranteed by Treaties.

Certified copy of a resolution adopted on the 25th day of July 2019 in Fredericton, New Brunswick

PERRY BELLEGARDE, NATIONAL CHIEF

23 – 2019
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