



September 28, 2026

The Honourable Mandy Gull-Masty, P.C., M.P.
Minister of Indigenous Services
House of Commons
Ottawa, Ontario K1A 0A6

Dear Minister Gull-Masty,

We are writing on behalf of the First Nations, Inuit and Métis Health Committee of the Canadian Paediatric Society to reiterate and expand upon the concerns raised in our [March 10, 2025 letter](#) about changes made by Indigenous Services Canada to narrow the scope of Jordan's Principle. As we observe the National Day for Truth and Reconciliation on September 30, we remind the federal government of the Truth and Reconciliation Commission of Canada's (TRC) Call to Action 3, which calls upon all levels of government to fully implement Jordan's Principle. Our concerns about the impacts of the changes that were implemented last year on health and well-being remain, and in many cases, the situation has worsened for children and youth, families, and paediatricians alike.

Paediatricians have reported that group-funded programs for First Nations children and families have been reduced, interrupted, or lost, following changes that require communities to obtain approval before services can proceed. Reported impacts include the suspension of on-reserve early childhood development services, school therapy programs, mental health supports, and Choose Life suicide-prevention programs. While some of these group-funded programs have started to be approved once again, funding levels have often been considerably less than prior to February 2025, forcing communities to either terminate essential programs or draw from other funding pools.

There are also ongoing concerns with individual-based requests. Our patients continue to report long wait times for decisions on their applications and, even if approved, delays or challenges in receiving reimbursement or securing direct payment to suppliers. We have seen clinically necessary supports, such as respite care for children with complex mental health needs, denied despite clinical assessment that respite care could reduce caregiver burden and help keep families together. Additionally, the loss of Jordan's Principle workers and navigators in some settings has shifted more of the application process onto families and healthcare providers. A lack of transparency regarding decision-making, timelines, and backlogs makes it difficult for us to advise and advocate for children and families.

Paediatricians are also increasingly being asked to provide additional documentation, increasing our administrative burden and creating another barrier for families who do not have timely access to paediatric care to request documentation. We are being asked to provide documentation for services or necessities that were previously arranged through broader agreements or did not require our documentation. For example, we are asked to specify plans of care for allied healthcare services that are beyond our scope of practice, such as the number of sessions a child needs with occupational therapy or speech-language pathology. These administrative demands contribute to backlogs, delay access and take paediatricians away from providing direct care to children and youth.

While Jordan's Principle continues to support valuable services, access remains inconsistent. Families often face long waits or uncertainty of the likelihood of approval for vital services. Paediatricians are seeing firsthand how delays in necessary care, including medical care, mental health care and developmental supports, can have lifelong effects on children and youth. **Children's needs do not have a pause button. Families cannot continue to wait for commitments to child-first care and substantive equality to translate into timely services.**

We strongly urge your government to meet its commitments to the TRC Calls to Action by adopting a truly child-first approach and fully implementing Jordan's Principle, including through **adhering to the Canadian Human Rights Tribunal orders to stop discriminatory service gaps and delays for First Nations children and youth**. This must include **stable and uninterrupted funding** for essential group programs, **timely decisions and payments** for individual requests, **greater transparency** regarding decision-making criteria and outcomes, and **reduced administrative burdens** on families and healthcare providers.

We reiterate what we have said in our last letter: the health and well-being of First Nations children and youth is simply too important to be caught up in programming challenges. We urge you to ensure that First Nations children receive the services and supports they need, when they need them.

Sincerely,

Dr. Ryan Giroux
Co-Chair, First Nations, Inuit and Métis Health Committee
Canadian Paediatric Society

Dr. Daniel Bierstone
Member, First Nation, Inuit and Métis Health Committee
Canadian Paediatric Society

CC: Hon. Mark Carney, Prime Minister of Canada
CC: Hon. Rebecca Alty, Minister of Crown-Indigenous Relations