



A Division of Gauthier Social Work Professional Corporation
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November 29, 2024

Financial Services Regulatory Authority of Ontario (FSRA)
25 Sheppard Avenue West, Suite 100
Toronto, ON M2N 6S6

Re: Consultation on Auto Reforms

Professional Services Guideline (PSG)

The current Professional Services Guideline (PSG) has been in effect since September 2014. It must be updated to reflect the current costs of care, ensuring that providers can deliver high-quality, evidence-based rehabilitation services. Access to skilled and qualified care is especially critical for individuals living with complex injuries. Ensuring well-qualified providers are fairly compensated allows them to continue delivering the elevated level of care necessary for individuals to regain independence and improve their quality of life. Establishing a mechanism to periodically review and adjust fees will help ensure that the system keeps up with the pace of inflation, the cost of living and evolving care needs. These costs should be calculated from 2014 to the date of the revised Guideline, and the hourly rates should be established as minimum hourly rates payable. The “maximum” language should be eliminated.

The PSG and Bulletin A-02/04 state that regulated providers not listed in the PSG (e.g., social workers) are not covered by the Guideline and the amount payable to such service providers *is to be determined by the parties involved*. It has been our experience, and the experience of our social work colleagues, that this rarely happens. Unfortunately, AB adjusters regularly make arbitrary decisions about the hourly rates *they* feel are appropriate and do not consult with “the parties involved”, even after those parties send the insurance company’s representative information and documentation to support the hourly rate as submitted on an OCF-18.

This issue can be easily resolved by including Social Workers in the PSG at a rate that has been deemed appropriate by existing dispute resolution decisions and in consultation with the Ontario College of Social Workers and Social Service Workers. Including Social Workers in the PSG will reduce or eliminate disputes between the parties involved and, most importantly, ensure that insureds can access the psychological supports they require without delay, which will result in better rehabilitation outcomes.

(Note: A 2021 U.S. study found that survivors of motor vehicle accidents reported substantial rates of mental health problems, with 32.3% suffering from post-traumatic stress disorder (PTSD), 17.4% suffering from depression, and 5.8% suffering from anxiety)

Attendant Care (AC)

Hourly rates for attendant care need to be revised to reflect the growing costs of delivering these essential services, ensuring accident victims have access to adequate supports during their recovery. Attendant care is a critical service for individuals living with serious injuries and their families, providing vital assistance for daily living. AC services should be paid out at market rate, benchmarked with PSW rates paid through Ontario Health at Home. The current hourly rates for attendant care are insufficient, failing to even meet minimum wage standards and place financial strain on accident victims. FSRA needs to enforce the guidance that the Form 1 be used for calculation purposes only.

Many individuals cannot afford these essential services without incurring additional financial burden. The Ontario Brain Injury Association recently surveyed its members about the financial impacts of brain injury. Their report revealed that 48% of participants' annual household income did not meet the Market Basket Measure for their region, indicating that many individuals living with ABI are already struggling to meet basic living costs. It can be surmised that individuals suffering from other serious psychological and/or physical injuries (both catastrophic and non-catastrophic) are experiencing the same financial struggles. Revising the hourly rates for attendant care to reflect Ontario's current economic landscape is essential to ensuring that accident victims are not forced to choose between necessary care and their financial stability. A working group with HSP involvement should be established to revise the Form 1.

Minor Injury Guideline (MIG):

Reassessing the \$3,500 cap for minor injuries is essential to reflect the true costs of care and recovery. Although \$3,500 may be sufficient for less complex injuries, such as a sprained wrist or other straightforward orthopaedic issues, this is often not the case for psychological injuries, concussions, or other mild ABIs. These injuries frequently result in a range of cognitive, physical, and emotional challenges that require interdisciplinary support throughout recovery. The current cap on funding leaves many individuals without the necessary resources, which can prolong or even prevent their recovery.

In addition to the above, in order to expedite access to treatment, the need for an OCF-18 to access the remaining \$1,800 after discharge from the \$2,400 block care should be eliminated.

HCAI

The proposed changes to HCAI do not reflect the technological sophistication users require. It should instead be transformed into a one-stop integrated portal for invoicing and payments. Claimants should be provided with access to monitor their AB usage and limits in real-time, thereby helping to identify fraud early.

HCAI should collect and analyze data of value to stakeholders, policy makers and regulators, which will serve to improve upon deficiencies/inefficiencies.

Health Service Provider (HSP) Framework (Licensing)

Given the reasons for the implementation of HSP Licensing, evidence of the effectiveness of the current regime to identify and mitigate fraud should be provided. FSRA should identify problem areas and how proposed initiatives will address these concerns.

The proposed initiatives indicate regulatory overreach and cost increases without a demonstrable need for same.

Lastly, Health Service Providing Licensing (HSP) should be integrated with HCAI to streamline the process overall.

Conclusion

In conclusion, the outlined recommendations aim to enhance the equity, efficiency, and effectiveness of Ontario's auto insurance system by addressing critical gaps in the Professional Services Guideline, Attendant Care rates, Minor Injury Guideline, HCAI system, and Health Service Provider Framework. These reforms are essential to ensure that accident victims receive timely access to the care and support they need, without unnecessary financial or administrative burdens. By updating rates to reflect current costs, including social workers in the PSG, and modernizing technological platforms, FSRA can foster a system that prioritizes rehabilitation, reduces disputes, and ensures fair compensation for service providers. Implementing these changes will not only improve rehabilitation outcomes but also uphold the integrity and sustainability of the auto insurance framework in Ontario.

Sincerely,



Kelly Gauthier MSW, RSW



Tara Payne MSW, RSW