



November 29, 2024

Mr. Glen Padassery
Executive Vice President
Policy and Auto/Insurance Products
Financial Services Regulatory Authority of Ontario (FSRA)
25 Sheppard Ave West, Suite 100
Toronto, ON M2N 6S6

Re: FSRA review of the health service provider guidelines and frameworks

Introduction

The Ontario Association of Social Workers (OASW) welcomed the commitment in the 2024 Ontario budget to conduct a review of auto insurance. We are pleased to work cooperatively with Ontario's Financial Services Regulatory Authority (FSRA) as it conducts its review. Our submission responds to the three consultation papers issued by FSRA in September 2024:

- Statutory Accident Benefits Schedule (SABS) Guidelines Review
- Health Claims for Auto Insurance (HCAI) System Review
- Health Service Provider (HSP) Framework Review

Our submission contains the following elements:

- [The Social Work Role in Auto Insurance](#)
- [Response to the SABS Guidelines Review](#)
- [Response to the HCAI System Review and HSP Framework Review](#)
- [Appendix A: Letter of support from the Coalition of Health Professions in Auto Insurance regarding the authority of social workers to certify their own OCF-18 forms](#)
- [Appendix B: Chart of the hourly rates for Registered Social Workers across government programs and non-government insurance providers](#)

The Social Work Role in Auto Insurance

OASW is the voice of the social work profession in Ontario, representing about 10,000 social workers focused on mobilizing mental health and wellbeing. As the largest provider of mental health services in the province, especially in rural, Northern, and remote communities, Ontario's Registered Social Workers (RSWs) are on the front lines every day providing vital assessment, treatment, case management, and system navigation to Ontarians across the full continuum of care.

RSWs constitute the largest profession in Ontario providing mental health supports and services across Ontario's communities. The social work role is particularly important in areas outside large urban areas where access to psychiatric and psychological services is limited. RSWs support Ontarians at moments of challenge and crisis, including when auto accidents have left drivers and



passengers experiencing psychological trauma, depression, and anxiety, and confronting the stress that accompanies injury and rehabilitation.

Ontario's social workers have provided vital front-line services to victims of motor vehicle accidents (MVA) for decades, including providing assessments, treatments, and evaluations to assist individuals and families, and ensure they receive the high-quality and timely access to care they deserve.

Social work is a regulated profession with a regulatory college created by the *Ontario Social Work and Social Service Work Act, 1998*. Members of the Ontario College of Social Workers and Social Service Workers are explicitly authorized by the *Regulated Health Professions Act (RHPA)* to provide psychotherapy services, which is a controlled act under the RHPA.

Response to the SABS Guidelines Review

OASW wishes to respond to questions 1,4, and 6 of the Professional Services Guideline (PSG) consultation questions listed on page 14 of SABS Guideline Review.

RECOMMENDATION

OASW is an active participant in the Coalition of Health Professions in Auto Insurance ("the Coalition"), and we strongly support the recommendation of the Coalition on the question of indexation of professional rates.

Overall, rates of compensation for health professionals have been reduced due to the impact of inflation on the prescribed maximum rates. For social workers, their rates are not being negotiated as stipulated in the PSG. Instead, some insurers are unilaterally determining rates that do not reflect the market value of these services. As a result, we have seen that both experienced and less experienced social workers are more likely to choose to work in other sectors. This will mean that those injured in auto accidents will be increasingly unable to find the mental health supports and services they need to support their recovery. To remedy this situation, there must be good faith negotiation of new rates, followed by annual adjustments linked to the Consumer Price Index.

Question 6 asks whether there are other options/considerations related to rates and fees that should be considered for the PSG.

RECOMMENDATION

To ensure MVA victims continue to receive the care they need, OASW recommends that Registered Social Workers be placed in the Professional Services Guideline, with an hourly rate that reflects their years of education, training, and experience, as well as the customary market rate.



Background

Ontario's auto insurance system has historically failed to promote rapid access to a conflict-free determination of fair benefits. Unfortunately, over the past few years, this has been getting worse, and not better – in part due to the exclusion of RSWs from the PSG. Consequently, our members report an increase in LAT appeals, which are taking longer and longer, resulting in uncertainty for RSWs, delays in treatment for MVA victims, and unnecessary red tape within the system of care.

Currently, experienced social workers are increasingly reluctant to provide service to MVA victims as a result of arbitrary reductions in the hourly rate offered to RSWs, without notice. RSWs who provide valuable service with MVA clients cannot create and maintain viable business operations when historically accepted fees are arbitrarily reduced.

Benefit of PSG Inclusion

The inclusion of RSWs in the PSG will result in motor vehicle accident victims having faster access to the psychosocial supports and effective case management that support their recovery. It will also reduce disputes related to the pay of the primary professionals providing critical mental health care, will support greater consistency in pay, and reduce the number of LAT appeals. This will ultimately result in better access and faster care for victims.

Formalized PSG inclusion will also offer **fairer compensation to social workers** in a manner that is fair and proportionate and ensure that experienced social workers are able to provide timely, quality care for MVA victims. OASW has historically offered guidance on the hourly rate for social workers. The rate advice offered by OASW has reflected social work hourly rates across a wide range of programs, such as the Canadian Armed Forces/Veterans Affairs, WSIB, and the Government of Ontario (Ministry of Attorney General). In 2003, when Ontario introduced the PSG to replace costly disputes with standard maximum rates, an appropriate comparator to social work was Speech Language Pathology. This was selected because of a similar level of recommended education and training who provide services in the MVA sector (masters degrees). On the whole, this comparison continues to be valid.

More important than a professional comparison, however, is the **imperative to compensate social workers according to reasonable and customary rates**. As made clear in Appendix B, the customary hourly rate for the services of RSWs is significantly greater than has been recognized by recent decisions of the License Appeal Tribunal. This places the accessibility of mental health supports for the victims of auto accidents in jeopardy; we know that many social workers have already abandoned the auto sector due to uncompetitive rates.

A survey conducted by OASW in 2022 found that 69% of RSWs providing service to auto accident victims indicated that they are “contemplating leaving the sector but do not have a timeline for doing so.”



Those early in their social work career were the cohort most likely to be considering a move to other sectors, suggesting that the future availability of mental health supports for auto accident victims is at significant riskⁱ.

Extensive empirical research has documented the effectiveness of early, evidence-based mental health services and supports in reducing the length and severity of auto accident-related disability.ⁱⁱ The accelerated departure of mental health professionals from the auto accident sector due to uncompetitive compensation can be expected to prolong disability and suffering – and increase costs. **No profession in Ontario provides more mental health therapy than RSWs.**

Response to the HCAI System Review & HSP Framework Review

Both consultation documents request that stakeholders consider whether there are additional issues that should be addressed as part of the consultation. Question 6 in the HCAI System Review asks whether there are “any opportunities for administrative and cost efficiencies that FSRA should consider to make the HCAI system more modern and efficient”. Question 6 in the HSP Review asks stakeholders to identify “any considerations which have been missed that should be considered as part of the HSP review.”

RECOMMENDATION

To improve care for MVA victims, reduce costs, and streamline the process, authorize Registered Social Workers to certify their own OCF-18 forms.

Background

Under the previous government changes were introduced which created a barrier to accessing social work treatment. Prior to 2010, RSWs could prepare and certify their own assessment plans (OCF-22) and prepare – but not certify – their own treatment plans (OCF-18). In 2010, as part of larger system reforms, the government combined the OCF-18 and OCF-22 forms into a single OCF-18 form. As a result, RSWs must now have their Assessment and Treatment Plan (OCF-18) certified by another regulated health professional. **This needless oversight is both time consuming and costly to the system**, and results in significant delays in treatment and worsening mental health outcomes for victims.

Certification of an OCF-18 by another regulated health professional results in duplications of services amongst allied health professionals, additional fees to accident victims and the health system, and added liability to other health practitioners who in many cases do not hold distinct training in mental health.

Benefit of Allowing OCF-18 Certification

Enabling social workers to certify their own OCF-18 forms would provide the following benefits:



- **Streamlined, reliable, timely, and high-quality care for MVA victims**, which would reduce the risk of chronic disability and improve the likelihood of recovery and return to work. For example, research has shown that early delivery of evidence-based treatments such as cognitive behaviour therapy can assist in preventing post-traumatic stress disorder and decrease long-term negative consequences for MVA victims.ⁱⁱⁱ
- **Reduce unnecessary costs**, including the additional fees charged by the certifying party to MVA victims and costs associated with duplications of services.

The HSP Framework Review asks stakeholders about those areas of licensing and supervision where FSRA and regulatory colleges could work together.

RECOMMENDATION

FSRA should strengthen its information sharing relationship with Ontario's social work regulator, the Ontario College of Social Workers and Social Service Workers (OCSWSSW).

Of particular relevance to the RSWs who provide mental health support services to auto accident victims is the guidance issued by the OCSWSSW to those College members providing mental health services through private practice. The College has issued this advice: *Private practice is not an entry-to-practice competency. The knowledge, skills and judgement required to practice in a sound, ethical and competent manner are beyond what would be attained through completion of a social work degree or a social service work diploma alone*^{iv}. It also advises College members that "the controlled act of psychotherapy is firmly rooted in an integrated and well-developed knowledge base which includes a comprehensive understanding of biopsychosocial theories and models of psychotherapy, as well as a mastery of a range of intervention skills and therapeutic modalities."

Conclusion

As a profession that has provided vital front-line services to victims of motor vehicle accidents (MVA) for decades and cares deeply for the well-being of MVA victims, RSWs are frustrated. In many cases, their exclusion from FSRA's Professional Service Guideline has made them vulnerable to arbitrary fee reductions that threaten their livelihoods and risk victims not accessing critical care. Many are choosing to leave the auto insurance sector because compensation is significantly below fair and customary rates. Consequently, it is becoming more difficult to find the mental health supports that are often a critical element of rehabilitation. (We recognize that the frustration with low rates is shared by our professional colleagues who are included in the PSG, due to the failure to adjust rates with annual increases in the cost of living.)

We believe that the solutions identified in our submission would support FSRA's objectives by providing clearer and more efficient access to mental health treatment for auto accident victims, reducing disputes about compensation, and eliminating barriers to care.



We hope that FSRA will place a higher priority on the availability of high-quality rehabilitative services by including social workers in the PSG, negotiating fair and customary rates, and protecting the prescribed annual rates through indexation.

Thank you for the opportunity to provide feedback. We look forward to future opportunities to collaborate with you on our shared commitment to the modernization of Ontario's auto insurance regulation.

Sincerely,

Ajrioghene Evi, MSW, RSW
Chief Executive Officer

About OASW

The Ontario Association of Social Workers (OASW) is the voice of the social work profession in Ontario. It is a voluntary, provincial, non-profit association representing about 10,000 members. All members have a university degree in social work at the bachelor, master, or doctoral level. OASW works to actively speak on behalf of social workers on issues of interest to the profession and advocates for the improvement of social policies and programs directly affecting social work practice and client groups served.

References

- i In 2022 OASW conducted a survey of registered social workers who provide service to auto accident victims. There were 203 survey participants and 160 valid responses (the survey was completed by some RSWs not active in auto insurance work). Survey summary available upon request.
- ii Sources include:
 - Kar N. Cognitive behavioral therapy for the treatment of post-traumatic stress disorder: a review. *Neuropsychiatr Dis Treat*. 2011;7:167-81. doi: 10.2147/NDT.S10389. Epub 2011 Apr 4. PMID: 21552319; PMCID: PMC3083990;
 - Blanchard EB, Hickling EJ, Devineni T, Veazey CH, Galovski TE, Mundy E, Malta LS, Buckley TC. A controlled evaluation of cognitive behavioural therapy for posttraumatic stress in motor vehicle accident survivors. *Behav Res Ther*. 2003 Jan;41(1):79-96. doi: 10.1016/s0005-7967(01)00131-0. PMID: 12488121.
 - Kar N. Cognitive behavioral therapy for the treatment of post-traumatic stress disorder: a review. *Neuropsychiatr Dis Treat*. 2011;7:167-81. doi: 10.2147/NDT.S10389. Epub 2011 Apr 4. PMID: 21552319; PMCID: PMC3083990. (Includes this statement: *CBT [cognitive behaviour therapy] elements, like imaginal reliving and facilitating of post-traumatic growth, have been used in motor vehicle accident survivors with full or subsyndromal PTSD, which has led to significant improvement that has been stable at follow-up.*)
- iii See iii above.
- iv Ontario College of Social Workers and Social Service Workers, www.ocswssw.org/registrants/private-practice, retrieved November 25, 2024.



April 10, 2024

The Honourable Peter Bethlenfalvy
Minister of Finance
Frost Building South, 7th Floor
7 Queen's Park Cres.
Toronto, ON M7A 1Y7
Minister.fin@ontario.ca

Dear Minister Bethlenfalvy:

As the Chair of the Coalition of Health Professions in Auto Insurance (the “Coalition”), I am writing to provide support for the Ontario Association of Social Workers’ (OASW) request to include social workers in the definition of “health practitioner” in section 3(1) of O.Reg 34/10: Statutory Accident Benefits Schedule (SABS) under the *Insurance Act, 1990*.

The Coalition was formed in 1990 and represents eight regulated health professional associations¹, which, in turn, represent over 40,000 regulated, front line health professionals involved in the assessment and treatment of Ontarians injured in motor vehicle accidents.

The Coalition shares OASW’s concern that the inability of social workers to certify their own OCF-18 forms creates barriers to client care and is therefore a public protection concern. Moreover, requiring another health practitioner to certify a social worker’s OCF-18 form can imply that the certifying party is qualified to evaluate the reasonability and necessity of treatment without having met the client, or without having any distinct training in the proposed assessment and treatment by the registered social worker.

Since making clinical determinations on the assessment and treatment of individual claimants who are experiencing psychosocial and/or mental health concerns following an MVA falls within the social work scope of practice, there is no added liability for social workers to certify their own OCF-18 forms.

¹ The Coalition is comprised of the following eight member associations, the Ontario Association of Social Workers (OASW); the Speech-Language Pathology & Audiology Ontario; the Ontario Chiropractic Association (OCA); the Ontario Dental Association (ODA); the Ontario Physiotherapy Association (OPA); the Ontario Psychological Association (OPA); the Ontario Society of Occupational Therapists (OSOT); and the Registered Massage Therapists’ Association of Ontario (RMTAO).

Reducing barriers to mental health care for Ontarians who have been in MVAs is essential. I hope that the context I have provided assists you in considering the OASW's request to include social workers as health practitioners as defined in the SABS as we understand that this change in legislation will allow social workers to certify their own OCF-18 forms.

Sincerely,

Dr. Moez Rajwani

Chair, Coalition of Health Professions in Auto Insurance

Social Work Hourly Rates in Other Sectors/Benefit Programs

As of November 18, 2024

Program/Provider	Hourly Rate (\$)	Service (if specified) or Reasonable and Customary Limit
Desjardins	225	
Veterans Affairs	200	In Person Individual Visit; Assessment; Report; In-Person Couple Visit
First Nations and Inuit Health Non-Insured Health Benefits Program Mental Health Counselling Benefit	191.25	
Manulife	190	Initial Assessment
	184	Subsequent Treatment
	184	Family Therapy
	184	Group Therapy
	184	Marriage Therapy
	184	Report Fees
AGA Benefit Solutions	177	
Sunlife	175	Initial Visit & All other visits
Canada Life	174	
Pacific Blue Cross	170	
Empire Life	165	
WSIB	139	Serious injury program
	129.01	Family Services
	108.65	Private Practice