

Please find enclosed the input of the Ontario Kinesiology Association towards FSRA's 2025-26 Statement of Priorities.

The Ontario Kinesiology Association (OKA) is a non-profit health professional organization with a membership of more than 1,500 Registered Kinesiologists. Initially established in May 1982, the OKA actively works on behalf of its members to promote Kinesiology as an integral part of Ontario's healthcare and workplace health and safety systems.

OKA notes with interest Section 4.2 of the proposed FY 2025-26 Statement of Priorities, seeking reforms of the auto insurance product. We particularly focus on the following sought outcomes:

More choices for consumers to design auto insurance coverage to best suit their needs.

Ensure that consumers injured in auto accidents receive the care they need and that the health service provider ("HSP") framework and the Health Claims for Auto Insurance ("HCAI") system are more modern and efficient.

Kinesiologists were recognized as Regulated Health Professionals under Health Claims for Auto Insurance (HCAI) in 2013 and can prepare and supervise a treatment and assessment plan for Motor Vehicle Accident victims. These are contained in Part 5 of the Treatment and Assessment Plan form (OCF-18 form) filled out as part of the Accident Benefits process. With Kinesiologists, however, that plan must be certified by a second regulated health professional. This is unnecessary: the Treatment and Assessment Plan falls within the Scope of Practice of Kinesiologists. While the form includes a checkable box for "other" professions, Kinesiologists should be listed directly – they are a regulated health profession whose scope of practice directly covers this area.

Rehabilitation of injury falls within Registered Kinesiologists' practice. As such, Kinesiologists should have the authority to independently sign off on OCF-18 Part 5, rather than requiring certification by another health professional.

OKA participated earlier this year in a consultation session concerning proposed reform of the Health Service Provider Framework, the Health Claims for Auto Insurance System and the Statutory Accident Benefits Schedule Guidelines. As an association, we were disappointed that the review was scoped in such a way as to exclude giving a second look to updating the list of regulated professionals as defined by the SABS. **Updating the regulations to ensure that they incorporate currently-regulated and applicable health professionals, particularly Kinesiologists, should be a priority for FSRA in the year ahead.**

The definitions in Section 3, Subsection 1 of the SABS include an outline of what is considered a health practitioner for the purposes of statutory accident benefits. The definition covers nine professionals: Physician, chiropractor, dentist, occupational therapist, optometrist, psychologist,

physiotherapist, speech-language pathologist or registered nurse with extended certificate of registration. This definition is outdated in that it was not updated to include Kinesiologists when the profession of kinesiology became regulated in Ontario in 2013.

The Scope of Practice of Kinesiologists gives them the skills and competencies necessary to contribute to the Accident Benefits system. A Kinesiologist has the necessary knowledge to fill out the relevant section of OCF-18. Many of the controlled acts available to Kinesiologists are directly relevant to auto accidents, including:

- Automobile accident claims management;
- Disability claims management;
- Case and program management;
- Musculoskeletal assessments;
- Postural evaluation and education;
- Rehabilitative and functional re-training exercises;
- In-home assessments;
- Assessment and utilization for assistive and adaptive devices;
- Assessment of attendant care needs;
- Functional ability evaluation;
- Return-to-work coordination and implementation;
- Gait assessments;
- Task analyses;
- Physical demands analyses.

Requiring Kinesiologists to seek a second professional to certify treatment plans is an unnecessary duplication that adds cost and inefficiency to the Motor Vehicle Accident System.

**The proposed adjustments will not only provide consumers more choice and improve access to the care they need, they will help to alleviate Ontario's present health human resources crisis.** There is a pressing and urgent need for greater capacity in the health care system to help alleviate the burden on practitioners. From an efficiency standpoint, it makes no sense to arbitrarily exclude qualified professionals from important aspects of the auto accident benefits system at a time when such professionals are in demand.

OKA recommends the following adjustments to the text of the SABS.

Part I Section 3 provides the Definitions on which the SABS regulations are based:

"health practitioner" means, in respect of a particular impairment,  
(a) a physician,  
(b) a chiropractor, if the impairment is one that a chiropractor is authorized by law to treat,  
(c) a dentist, if the impairment is one that a dentist is authorized by law to treat,

- (d) an occupational therapist, if the impairment is one that an occupational therapist is authorized by law to treat,
- (e) an optometrist, if the impairment is one that an optometrist is authorized by law to treat,
- (f) a psychologist, if the impairment is one that a psychologist is authorized by law to treat,
- (g) a physiotherapist, if the impairment is one that a physiotherapist is authorized by law to treat,
- (h) a registered nurse with an extended certificate of registration, if the impairment is one that the nurse is authorized by law to treat, or
- (i) a speech-language pathologist, if the impairment is one that a speech-language pathologist is authorized by law to treat; (“praticien de la santé”)

OKA recommends adding a new sub-bullet:

- (j) a kinesiologist, if the impairment is one that a kinesiologist is authorized by law to treat

A new definition for Kinesiologist is also needed:

“kinesiologist” means a person authorized by law to practice kinesiology; (“kinésologue”)

In Part III Section 15 (1), the regulation specifies that medical benefits shall cover a wide range of expenses stemming from the accident in question. These cover:

- (a) medical, surgical, dental, optometric, hospital, nursing, ambulance, audiometric and speech-language pathology services;
- (b) chiropractic, psychological, occupational therapy and physiotherapy services;
- (c) medication;
- (d) prescription eyewear;
- (e) dentures and other dental devices;
- (f) hearing aids, wheelchairs or other mobility devices, prostheses, orthotics and other assistive devices;
- (g) transportation for the insured person to and from treatment sessions, including transportation for an aide or attendant; and
- (h) other goods and services of a medical nature that the insurer agrees are essential for the treatment of the insured person, and for which a benefit is not otherwise provided in this Regulation. O. Reg. 34/10, s. 15 (1); O. Reg. 251/15, s. 5.

Our recommended change is to bullet 15(1)(b):

- (b) chiropractic, psychological, occupational therapy ~~and~~, physiotherapy and kinesiology services;