

## FSRA Consultation Feedback

### Reduce the Red Tape and Follow the Mandate Increase “Fairness” and Protection for All Ontarians.

#### I support the Following recommendations:

- **Increase the scope** of FSRA’s review to include much needed changes to reduce red tape and increase fairness in the mandated review process by adopting additional “initiatives” to solve the problem plaguing drivers and Ontarians, owing to decades old rates for providers, decades old inadequate caps and red-tape fraught service delivery models, which are not delivering the “consumer-protection” mandate of the Insurance Act.
- Reduce the OHIP wait-times by restoring the right to sufficient funding to aid recovery for all accident victims by updating the decades old service provider rates for treatment and care providers and by increasing the corresponding out of date caps for rehabilitation and care costs to:
  - o \$15,000 for Minor Injuries
  - o \$125,000 for non-catastrophic injuries
  - o \$2,000,000 for catastrophic injuries
- Reduce the OHIP wait-times and protect all Ontarians and drivers from personal liability by updating the **1980** legislation setting the minimum limits for third party liability coverage at \$200,000, to today’s coverage needs : \$2,000,000. Doing so will prevent the 11,000,000 Ontarian drivers from personal liability for damages, and reduce OHIP wait-times, at minimal cost.

#### Eliminate Health Service Provider (HSP) Licensing

- Remove the HSP licensing framework, which duplicates oversight provided by healthcare colleges and adds significant financial and administrative burdens on providers without reducing fraud. Clinics owned and controlled by regulated healthcare professionals are unfairly burdened by this redundant licensing.
- **Reallocate FSRA Resources to Critical Areas:** Shift FSRA resources to unregulated sectors that significantly impact consumers, such as tow truck operators and body shops involved in the auto insurance process, where oversight is urgently needed to prevent exploitation and ensure fair practices. Furthermore, establish an **Adjuster Code of Conduct** to safeguard consumer rights and foster transparency in insurance claims handling. To enhance accountability and responsiveness, the FSRA should also create a new **Healthcare Professional Advisory Group** comprised exclusively of regulated healthcare professionals. This group would report directly to the FSRA’s Board of Directors, bringing forward consumer issues and concerns that affect auto insurance consumers.

### **Reform Professional Services Guidelines (PSG) and Minor Injury Guidelines (MIG)**

- Increase compensation rates under PSG to \$400 for 50 minutes of care to address inflation and ensure that regulated healthcare professionals can deliver quality rehabilitation services. Charting is a legal requirement and must be included in fees.
- Raise the MIG cap to \$15,000 and adjust for inflation to support adequate treatment for injuries requiring extensive rehabilitation. Remove the restrictive Blocks within the MIG.
- Improve FSRA accountability by tracking patient recovery outcomes and return-to-work rates, prioritizing patient care over cost containment. Rates should be indexed yearly to inflation and every three years there should be a review with healthcare associations.

### **Update Form 1 and Attendant Care Rates**

- Adjust Form 1 attendant care rates to reflect current costs, including wages, business overhead, and inflation, with a suggested rate of \$55-\$60 per hour for personal support worker (PSW) services.
- Clarify that Form 1's rates are meant for calculating monthly benefits, not as a cap on hourly rates, ensuring that rates align with market conditions and fair compensation.
- Expand the pool of healthcare professionals authorized to complete Form 1 to include physiotherapists and chiropractors, increasing access to attendant care assessments.

### **Prioritize Equity and Access to Care in Regulatory Decisions**

- Implement fair compensation standards that ensure providers can afford to serve accident victims without compromising care quality or availability.
- Align insurance practices with broader public health goals to prevent long-term societal costs, ensuring patients achieve optimal recovery and return to the workforce, reducing dependency on public health systems.

### **General Reforms to Address Malitskiy v. Unica Concerns**

- **Clarify Attendant Care Payments:** Ensure that Form 1 rates are not viewed as hourly caps but as calculation bases for monthly benefits, allowing agencies to charge market-aligned rates for services rendered.

### **Modernize the HCAI System**

- Streamline HCAI forms to eliminate redundancy and reduce administrative burden. Integrate features such as autofill and real-time error checking.
- Introduce a messaging system within HCAI for direct communication between providers and insurers, reducing delays from unclear feedback.
- Enable attachment uploads in HCAI for supporting documents like diagnostic reports to centralize patient information.
- Adopt real-time feedback mechanisms to allow prompt issue resolution and provide detailed explanations for claim decisions to avoid unnecessary resubmissions.

### **Strengthening Oversight of Consultations**

- To address consultation challenges more effectively, we recommend a reassessment of FSRA's role. Given the agency's historical and limited engagement on key healthcare

issues, we propose that the Ministry of Finance take a more direct role—or full oversight—of the consultation process to enhance responsiveness and ensure equitable outcomes for healthcare stakeholders.

Supporting Statement:

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Supporter Name: \_\_\_\_\_

Signature:  Signed at: \_\_\_\_\_  
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Email Address: \_\_\_\_\_

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By submitting this form, you agree that the information provided is accurate and truthful to the best of your knowledge. Please provide relevant and accurate information to support the cause.