



Submission on FSRA's 2026-27 Statement of Priorities & Five-year Strategic Framework.

January 14, 2026

Introduction

The Ontario Rehab Alliance (ORA) appreciates this opportunity to offer comments on the 2026-27 Statement of Priorities and Strategic Framework. Since our inception in 2012, through the formation of FSRA and to the present day we have been diligent in taking every opportunity to make constructive contributions to discussions of process and policies.

Within the last 18 months, we have made numerous submissions and had correspondence with FSRA on the issues of relevance to our stakeholder group, Health Service Providers. The submissions include: *Proposed Amendments to the Insurance Act (Optional Benefits) in September 2024; Fraud Reporting Service and Preferred Provider Networks*, both in October 2024; *HSP Framework, HCAI and SABs: Minor Injury Guideline, Professional Service Guideline and Attendant Care*, in November of 2024. In this same period we have corresponded with FSRA on various matters, including partial denials, provider travel time, the complaints process, and newsletter tone. Our Director of Advocacy sits on FSRA's Auto Insurance Stakeholder Advisory Committee.

This submission will be brief given the extent of our contributions, outlined above. Prior submissions will be noted and quoted as they relate to the *2026-27 Statement of Priorities*. For ease of reading we have used shaded text boxes to indicate excerpts from the Statement of Priorities. Our comments follow those.

Transform Capabilities

Modernize internal systems and strengthen technology and data capabilities in supervision to improve transparency, efficiency and timeliness of oversight.

Priority: Implement improvements to stakeholder and consumer experiences, such as enhancements to accessibility and digital-first communications.

The ORA supports this priority and urges speed in implementation. Please see our submission to FSRA's *Health Claims for Auto Insurance (HCAI) System Review*, November 28, 2024:



Feedback from our members suggests that prior to increasing the variety and volume of forms transmitted through HCAI, priority should be given by FSRA to updating HCAI program coding and transforming it into a fully integrated system.

We support revising forms for the many credible reasons outlined in the discussion paper. It is vital that the HSPs who use these forms be meaningfully included in this process to ensure that drop downs and other features are properly populated and that the intended outcomes will be achieved. Pre-populating forms and consolidating forms as much as possible should take place.

It is urgent that the language on the Form 1 be revised to clarify that it is intended to merely provide a tool for calculation of a quantum value of monthly care requirements within the AC monthly allowance caps. This was previously noted in the *Revised Attendant Care Hourly Rate Guideline* and *Clarification of Health Care Providers Subject to the Professional Services Bulletin No. A-03/18* and *Superintendent's Guideline No. 01/18* issued by FSCO on April 11, 2018.

Use of the Form1 for calculation of benefit quantum must be clearly divorced from billing and payment processes. The Form 1 was not designed nor intended to dictate payment amounts nor invoicing and payment procedures. Despite the aforementioned regulatory guidance to this effect, the past number of years have seen an increase in insurer demand that providers itemize their invoices in a line-by-line adherence to the levels and minutes used for calculation; this often runs contrary to the reality of how personal support is provided and puts an undue administrative burden on providers.

The ORA has long advocated for improved data to better support policy and regulatory developments and ensure future changes are data-driven and evidence-based.

We do not believe that HCAI is suited to, or should be used as, a tool to proscribe clinical activities but it is ideally positioned to capture data to illustrate trends and identify obstacles to system effectiveness and efficiency and help to ensure that claimants' needs are promptly and appropriately met. Once properly updated and expanded into the integrated tool for transmission, communication and analysis that we envision, the following types of data should be collected:

- Wait times for
 - Initial access to care
 - Length of time for catastrophic designations
- Number of IEs by:
 - Claim
 - Injury type
- Denials
 - By type rates, brokerage, travel, etc)
 - By source (insurer)



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- AB Limits, Discharges
 - Real-time data on AB usage including attendant care and med rehab accessible to claimants, HSP providers and insurers
 - Numbers of claimants who exhaust accident benefits before rehabilitation goals have been met
 - Types of injuries/claimants who exhaust accident benefits before rehabilitation goals have been met

Embrace and Embed Principles Based Oversight

Advance FSRA's approach to regulation and strengthen supervisory effectiveness.

Priority: Undertake a review of FSRA's supervisory activities and regulatory approach for Ontario-incorporated insurance companies and reciprocals to identify any potential areas for further improvement.

We would like to offer here as comment an extract from our submission regarding *Financial Services Regulatory Authority of Ontario Proposed Rule 2024 – 003, Automobile Insurance – Fraud Reporting Service* in October 11, 2024:

It is our understanding that the proposed reporting mechanism will feature a definition of suspected fraud that incorporates the expectation/requirement that the reporting insurer will have taken action on suspected fraudulent incidents and that one of these actions is to have denied a Claim.

The ORA's members have seen increasing rates of denial over the past several years; many of these are rate-based denials, or denials based on arbitrary insurer decisions about how long a treatment visit should take, or a reluctance to pay for legitimate aspects of treatment (e.g. sourcing appropriate equipment, case conferencing, travel time).

We ask that much care be taken as this rule is further developed to support implementation to ensure that such denials will not be cited by reporting insurers as indicators of having taken action on fraud. If that should happen it would seriously compromise the integrity of the resulting data.

Priority: Implement a new supervisory model for auto insurance rates and underwriting.

As noted in our submission to FSRA consultation on *Proposed Guidance on Automobile Insurance Rating and Underwriting Supervision Guidance*:



We commend FSRA for initiating a project intended to establish principles and consumer outcomes centred around fair treatment of consumers and high standards for sound insurer operations, controls and governance in pricing and underwriting. These consumer-centred goals are to be achieved by a trade-off with a benefit to insurers.

As we understand it, this is a voluntary accreditation scheme targeted at auto insurers specifically. Insurers that participate will have access to fast-track rate changes enabling them to get to market faster and respond more nimbly to market forces. The benefit to insurers seems evident.

The benefit to consumers is more opaque. This scheme is intended to ensure that premiums are more closely aligned with drivers' individual risk profiles and rate setting and underwriting is free of unfair discrimination and bias. Surely these 'benefits', underpinned by Human Rights legislation, recent regulatory guidance, and universally accepted consumer protection standards, should now be business-as-usual practices regardless of whether or not an insurer is accredited under the proposed scheme?

We applaud the aspect of this initiative pointed at ensuring consumers can access the information they need to understand the factors that influence pricing, underwriting and implications for future claims. We very much hope that this includes ensuring that brokers and agents themselves understand the implications of coverage choices that will be made in an expanded optional benefits environment and that they are able in turn to educate consumers. Historically, this has not been the case. Laudable as accreditation will be if it has that effect, we suggest that this should be an expectation of all insurers selling auto insurance, accredited or not.

Promote Proactive and Collaborative Partnerships

Support government priorities and make a meaningful impact through engagement and collaboration with stakeholders and the public.

Priority: Support implementation of auto insurance reform initiatives.

We have previously shared, primarily through the series of Fall 2024 consultations, our observations, recommendations and requests with respect to the implementation of auto insurance reform. Aspects of proposed reform of the greatest importance to our members can be found in full in our submissions to the *HSP Framework Review* and the *SABs, MIG, PSG and AC Guideline Review*. Below, we have extracted those portions most relevant to this section regarding development of Proactive and Collaborative Partnerships.



- The ORA and other HSP representatives (eg. HSP SACs) have asked FSRA and the legacy regulator multiple times to share the risk factors in use to identify fraud. This information has not been shared nor are we aware how this risk matrix is assembled in the ongoing absence of data on fraud. Technology, whether updated or obsolete, can only usefully analyze data if there is any data and is only valuable when there is data integrity.
- Prior to implementation of AI tools there should be a pilot testing phase. History can be instructive: shortly after the launch of HCAI it was shut down because it was not functioning properly; it was reviewed and adjusted to make it a better system – “better” being relative in this context. As with many of the other proposed initiatives, especially the use of new tools, there is a need for collaboration between FSRA and HSPs. Further user feedback mechanisms should be established.
- We believe that more meaningful communication and collaboration between FSRA and Regulated Health Colleges (RHC) will only be valuable in supporting FSRA’s anti-fraud mandate for HSP licensing if it is accompanied and informed by meaningful communication and collaboration with HSP licensees and/or the associations that represent them. As a starting point, FSRA should identify and report on current problems and successes, in order to determine the objectives of the new model and evaluate if it subsequently works as intended. HSPs should be involved in the development and review of the model. Privacy will be a paramount concern regarding data-sharing between FSRA and RHCs. It is vital that FSRA share its privacy protection strategy, ensuring it is in compliance with all relevant legislation.
- Collaboration should ensure that licensing criteria align with professional standards and best practices. FSRA and RHCs must be aligned on appropriate communications to HSPs, especially those that impact and announce any regulatory changes that HSPs must be aware of. Reduction of red tape and administrative burdens in both licensing processes is critical. Feedback mechanisms must be established in order that HSPs can communicate concerns, observations, etc..
- It is imperative that FSRA clarify its objectives and what problems it is trying to resolve so that stakeholders may be satisfied that the real problems have been addressed and that the solutions being recommended by FSRA are a necessary and well considered response to the problems identified.
- There should be further consultations once FSRA and the Ministry of Finance have determined policy changes to be made so that stakeholders know whether FSRA understood the submissions made, the stakeholder concerns that were raised, whether stakeholders were heard and, more generally, whether the regulator and government truly understand how the final proposal will impact HSPs and claimants.



In conclusion, we further suggest that FSRA consider including an HSP- focussed component of its' upcoming May 25 2026 Annual FSRA Exchange. The ORA believes that such an addition will increase and enhance engagement.

We appreciate the opportunity to contribute to this process and welcome any opportunity to further discuss or elaborate on our remarks.

Sincerely,

A handwritten signature in black ink that reads "Laurie Davis".

Laurie Davis
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