

November 28, 2024

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

Re: Modernizing Ontario's Auto Insurance to Better Support Brain Injury Recovery

Brain injury happens in an instant, causing life-long challenges for many Ontarians. Motor vehicle collisions are one of the leading causes of concussions and brain injuries in Ontario, resulting in countless injuries daily across the province. When a brain injury occurs, auto insurance plays a critical role in supporting recovery.

The Ontario Brain Injury Association (OBIA) appreciates the opportunity to provide input on the Financial Services Regulatory Authority of Ontario's (FSRA) review of the health service provider guidelines and frameworks. As an organization dedicated to supporting individuals with acquired brain injuries (ABI) and their families, OBIA recognizes the critical role of the auto insurance system in ensuring accident victims receive timely and effective care. Through our programs and connection with Ontario's brain injury community, we hold a unique position to offer feedback based on the lived experiences of those who have utilized auto insurance.

We appreciate FSRA's efforts to modernize and streamline the system, while maintaining its commitment to consumer protection. Below, we offer our feedback on the three consultation papers in hopes that it will provide insight into the importance of key areas.

OBIA appreciates FSRA's review of the Statutory Accident Benefits Schedule (SABS) guidelines and offers the following suggestions:

1. Minor Injury Guideline (MIG):

- Reassessing the \$3,500 cap for minor injuries is essential to reflect the true costs of care and recovery. While we understand that for less complex injuries, such as a sprained wrist or other straightforward orthopedic issues, \$3,500 may be sufficient. However this is often not the case for concussions or mild

traumatic brain injuries. 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. OBIA, having received more than 100,000 calls to its 1-800 Helpline, has seen firsthand how many Ontarians fall through the cracks. Time and time again, we hear from individuals who share that their funding has run out, leaving them without the resources needed to address their ongoing injuries. This lack of support often leaves them feeling lost, with their injuries unaddressed. Many of these individuals purchased auto insurance in good faith, believing it would provide the coverage they needed in the event of an injury. To better support those with mild brain injuries and ensure they can access the care required for a successful recovery, we recommend adjusting the maximum for minor injuries up to \$15,000. While we recognize that not all cases will require this amount, it is crucial that adequate funds are available when deemed medically necessary. This adjustment would help bridge the existing gap in care and provide essential support that many individuals currently lack.

- Implement more robust criteria for determining eligibility under the MIG to prevent individuals with potentially serious injuries from being underserved.

2. Current Benefit Limits

- The current limits for medical, rehabilitation, and attendant care benefits for non-catastrophic injuries, set at \$65,000, are often insufficient to cover the costs of necessary care. The next threshold of \$1,000,000 is a significant leap, leaving many individuals with injuries that exceed the \$65,000 maximum but do not qualify as catastrophic, leading to these individuals falling through the cracks.

To address this gap, we recommend increasing the limit for non-catastrophic injuries from \$65,000 to \$125,000. This adjustment would ensure that individuals with more complex injuries receive the care they need without being prematurely cut off from critical services.

Similarly, for catastrophic injuries, we recommend raising the threshold from \$1,000,000 to \$2,000,000. This change reflects the true cost of care for individuals with severe and long-term injuries, providing them with access to the comprehensive and sustained support necessary for their recovery and quality of life.

These adjustments are essential to creating a more equitable and effective system that supports all accident victims appropriately.

3. **Education and Accessibility of Optional Benefits**

- While it is true that insurers offer optional benefits allowing for increased SABS coverage at an additional premium, this option is not accessible for everyone. Many individuals cannot afford to purchase additional coverage, leaving them with only the minimal coverage provided under the basic policy. Furthermore, **there needs to be significantly more public education** on the reasons why individuals should consider purchasing optional benefits. Even those who can afford to “buy up” often do not because they do not realize the true costs of care following an injury, especially when it involves brain injuries.

Moreover, the consequences of insufficient coverage extend far beyond the individual. Without prompt or adequate treatment, many individuals experience long-term challenges, including mental health issues such as depression, anxiety and PTSD or physical. Tragically, the lack of early and appropriate treatment for brain injuries has also been linked to homelessness and addiction in some cases.

4. **Professional Services Guideline (PSG):**

- The fee schedule should 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 brain injuries, as their recovery often requires specialized expertise and comprehensive support. Ensuring providers are fairly compensated allows them to continue delivering the high 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 pace with inflation and evolving care needs.

5. **Attendant Care Hourly Rate Guideline (ACHRG):**

- Revise the hourly rates for attendant care to reflect the growing costs of delivering these essential services, ensuring accident victims have access to adequate support during their recovery. Attendant care is a critical service for individuals living with ABI and their families, providing vital assistance for daily living. However, the current hourly rates for attendant care are insufficient, failing to meet minimum wage standards and placing a financial strain on accident victims. Many individuals with ABI cannot afford these essential services without incurring additional financial burden.

OBIA recently surveyed its members about the financial impacts of brain injury, and the results were concerning. The report revealed that 45% 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. 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.

OBIA's Broader Recommendations

1. **Focus on Consumer-Centered Outcomes:** It is essential that the proposed changes prioritize the recovery and well-being of accident victims, particularly those with complex and long-term injuries like ABI. Individuals living with ABI often require specialized care. To truly support recovery, the auto insurance system must offer sufficient coverage for the full range of treatments and services needed, including medical care, psychosocial support and vocational rehabilitation.
2. **Mandate Consumer Education:** Many consumers focus on finding the lowest possible rate to reduce their short-term costs, often without fully understanding the long-term consequences of this choice. As a result, accident victims may find themselves with insufficient coverage after a motor vehicle collision, leaving them unable to access the care they need. Insurers have a critical role in educating consumers about the importance of premiums and coverage, ensuring that individuals make informed decisions about their auto insurance and secure the necessary protection for their future well-being.
3. **Engage Stakeholders:** Maintain open lines of communication with healthcare providers, advocacy organizations, and consumers throughout the reform process to ensure the system addresses real-world challenges effectively.
4. **Alignment with Public Healthcare Resources:** Reduce the strain on OHIP by ensuring the auto insurance system provides adequate funding and coverage for rehabilitation and care for those injured in motor vehicle collisions.

OBIA commends FSRA for taking a proactive approach to modernizing the auto insurance framework. We look forward to continued collaboration and are confident that these reforms, if implemented thoughtfully, will result in a more efficient, fair, and consumer-focused system.

Thank you for considering our input.

Sincerely,

A handwritten signature in blue ink that reads "Ruth Wilcock". The signature is written in a cursive, flowing style.

Ruth Wilcock

Chief Executive Officer

Please note that we sent this letter to our constituents and asked for their input. Below you will find the feedback that was received.

FEEDBACK From Constituents

We asked our constituents for feedback on FSRA's review of the health service provider guidelines and frameworks. The following comments and statements have been shared by our constituents, offering valuable insights into the challenges and impacts of brain injury recovery within this context. For full transparency, OBIA committed to forwarding all feedback to FSRA without filtering or alteration.

Please note that these submissions reflect the personal experiences and viewpoints of the contributors. *OBIA is sharing them as part of its commitment to amplifying the voices of those affected but does not necessarily endorse or support all individual comments. Thank you.*

1.	I completely agree with everything that OBIA is recommending in OBIA's letter to the FSRA. I was in a car accident in May of 2021, which resulted in Whiplash and Concussion, and am still experiencing symptoms of both. I have still not returned to work because it is a choice between being able to take care of my kids after school OR going to work, there is no way that I could do both without being completely overwhelmed and stuck in bed. We did not have extra insurance coverage to provide me with non-worker benefits, or to have extra household assistance - the education about coverage would have been amazing to know, we would have gladly added the coverage had we known about it. I have to pace myself daily and plan around larger events. My Accident Benefits have recently been settled, and I will only have ~\$12,000 to use towards my care for the foreseeable future. I would give it all up to just be better and able to live my life how I did before my accident
2.	A car accident, which was not my fault, left me with a TBI. The rehabilitation of brain injuries has been developing and changing as scientific research is revealing the extent to which this injury affects our whole body. Auto insurance coverage has been determined on past medical data which is antiquated and does not recognize and cover the expenses for the various rehabilitation treatments that brain injury survivors require. Therefore I have to pay out of pocket for some treatments that are necessary for my recovery. This is not right since I have paid for auto insurance coverage!
3.	We recognize the critical role of the auto insurance system in ensuring accident victims receive timely and effective care. Please see below feedback from a family based on the lived experiences of utilizing auto insurance after a catastrophic motor vehicle accident in 2016. This feedback is based on the eight-and-one-half years that have followed the MVA and the fact that we consider ourselves to be a success story. We are doing well. We will always be in rehabilitation rather than healed but we are grateful for the coverage through insurance and the continued support through various agencies that are

accessible to us. I speak on behalf of my spouse who was injured because of his brain injury. 2. Current Benefit Limits re current limits for medical, rehabilitation and attendant care benefits for non-catastrophic injuries – recommend increasing the limit from \$65, to \$125,000 – we totally support this recommendation based on our records of our own costs being in the range of \$100,000 per year, every year for the first 4 years post MVA. Similarly, for catastrophic injuries, recommend raising the threshold from \$1,000,000 to \$2,000,000 – we totally support this recommendation based on our records of our own costs after settlement for the 4-8 years post MVA, being in the range of \$40,000 per year and will continue until the end of life of the injured. These costs are necessary and not excessive. “These adjustments are essential to creating a more equitable and effective system that supports all accident victims appropriately.” – We totally agree and support this recommendation and we have the paperwork to prove that these costs are current and valid and necessary in order to continue on in our lives without losing our home and savings. Unforeseen secondary illness and medical requirements continue to need to be addressed as each year passes, we both have been hospitalized several times, and with the loss of employment for both caregiver and spouse, all expenses outside of OHIP have had to be paid out-of-pocket. 3. Professional Services Guideline – We totally support OBIA’s recommendations – Eight years of being associated with professionals has shown the importance in the quality of instruction through each phase of recovery. We continue to benefit to our ever-changing needs with their help and we are acutely aware that not all professionals are funding well enough to support their own needs. 4. Attendant Care Hourly Rate Guideline – We totally support OBIA’s recommendations of these to ensure quality recovery and highest possible health for the injured. Eight years of being associated with fellow accident victims that do not have personal and financial support already in their home has shown that these individuals struggle with the daily tasks of living and are unable to participate in the finer tuned levels of recovery because they are not well enough to do it themselves and not able to receive services of someone advocating on their behalf. OBIA’s Broader Recommendations – I cannot express how important each one of these recommendations are. The consequences of NOT addressing each one of these is a fallen group of injured cohorts; people whose lives are sadly forever changed; families who lost homes due to financial depletion; and individuals overcome with depression and illness. Mandate Consumer Education – Absolutely imperative - We don’t know what we don’t know. People need to be able to make an informed choice for accident coverage. I have paperwork to show that the insurance settlement we received is support that meets our continued evolving care needs. The stability of society begins in the home. We have told all of friends and family to read the fine print before signing their auto insurance to make sure that they apply to the best coverage that they can for the future of them and their loved ones. My spouse and I are aware of how fortunate we were to have the auto insurance to cover catastrophic and cover attendant care costs. It saved his life, helped me to be caregiver, allowed us to stay in our home and rebuild our lives so that we are not a burden to OHIP and to our families. We continue to improve and take

	<p>advantage of doctor's suggestions to live a healthier life. It is working. We are participating as partners, friends, neighbours, parents and grandparents to the best of our abilities every day. Every single OT, physio, rehab specialist, doctor, psychologist, GP and pain specialist, lawyers, financial advisors and accountants specializing in personal injury, and our exceptional insurance adjustor have contributed to this journey being successful.</p>
4.	<p>The benefits under auto insurance are difficult to access for brain injury survivors. First I had to fight to get out of the minor injury guideline. Then I had to fight at every turn for access to necessary care. I agree with OBIA that \$65,000 is insufficient to meet rehabilitation needs after a brain injury. The system is not set up to support those injured in car accidents. It makes us feel like we are trying to cheat the system, when in reality we are just seeking care to recover from our injuries. The paperwork is onerous and an added burden that brain injury survivors can often not navigate alone.</p>
5.	<p>My life and world were completely destroyed and forever negatively impacted because of a MVA when the driver failed to adhere to his stop sign in 2019. I was an innocent passenger.</p> <p>No one could have prepared me for the monumental and continuing losses, or the financial hardships and devastation attributed to recovering from a traumatic brain injury.</p> <p>I initially and naively believed my insurance company would cover all services, treatments, and support necessary to recover. However, I shockingly discovered otherwise</p> <p>Insurance only partially covered some treatments such as massage, meaning I the victim ... unable to return to work, am to deplete my pension savings, my personal savings in order to assist financially supporting my recovery.</p> <p>\$65,000.00 was not sufficient and I ran out of funds after my first year. This meant I had to choose which treatments, services and support I would continue and which I would put on hold til I was deemed catastrophic.</p> <p>I chose incorrectly due to my TBI cognitive inabilities. I paused my OT and others not understanding the ramifications and long-term negative impacts on my recovery. This caused regression, which started a vicious cycle of starting all over; financially, physically, emotionally, mentally, etc</p> <p>I was also denied vision therapy by my insurance provider until I was deemed catastrophic. This two-year delay hindered my recovery possibilities and my quality of life</p> <p>ABI/TBI recovery requires more funding than other injuries. The recovery is not</p>

	<p>linear nor predictable. Each brain injury is unique, there is not one size fits all recovery plan and voila you are better!</p> <p>I was 50.72 years old the day of the MVA. The catastrophic \$1,000,000.00 will not be sufficient for all the treatments, services and support I will require the rest of my life.</p> <p>The monies insurance company allows for home support care is not representative of the actual hourly wage required to obtain qualified and trained brain injury personnel. The rate needs to be drastically increased to ensure safe, proper, adequate, and meaningful home care support. I have experienced neglect and abuse in home as a result of being sent staff that is not ABI/TBi “friendly” or educated. This is not acceptable. We are people with brain injuries, not wild stock to be herded and disregarded. We are worthy of qualified and adequately paid personnel</p> <p>Insurance companies need to realize this and must act accordingly and responsibly to their respective TBI clients. The cost of recovering from a TBI is insurmountably high.</p> <p>I’ve been with the same company since the age of 17. I expected to be covered and taken care of not mistreated, begging for consideration for treatments funds and left feeling unworthy and living with no dignity</p> <p>Double, triple the \$65, 000.00 Double triple the \$1,000,000.00 support workers should be paid as they are in hospitals not minimum wage Treatments, services should never be denied or not fully covered</p> <p>Insurance companies must Keep up with the yearly cost of living.</p> <p>As a Traumatic Brain Injury Survivor, I am begging to be treated with respect, dignity and responsibly.</p> <p>I thank you for ensuring we are not a demographic which is overlooked, minimized or forgotten</p>
6.	<p>Individuals don’t know what kind of funds they will need post-accident or injury until it has happened, and the regulations need to protect people, not insurance companies. At the same time, the insurance companies need to pay service providers fairly or new professionals will not enter service provision careers and claimants will suffer due to lack of service providers.</p>
7.	<p>I am in agreement with everything OBIA has recommended. I would like to see affordability in the options to choose extra coverage. When the premium rates increase by 500\$/year simply for choosing more SABS or even liability, that’s not</p>

	right. I would also like to see a process to hold providers accountable when they charge individuals with insurance more than they charge an individual without insurance.
8.	In addition to the recommendations in the letter, I suggest limiting the number and frequency of Insurance Examinations, at least for persons with a concussion or TBI diagnosis on the Disability Certificate (OCF-3). Many clients I have seen have been subjected to multiple Insurance Examinations, which can be very stressful to persons with brain injuries, particularly if travel out of their home area is required. Sometimes, the examinations are repeated at 6-month intervals for no clear reason but make the TBI clients' lives unnecessarily difficult. While I accept that Insurance Examinations play an important role in awarding benefits to persons needing assistance, I believe that some insurers make unnecessary demands on injured clients.
9.	I agree with OBIA insurance covers too little of the expense for brain injury and should cover all costs associated with medical expenses
10	Navigating life after a brain injury is difficult enough when you have family and friends to help you, but for all those injured who have to manage on their own, well, it's nearly impossible. Your old life has ended, forever. Do insurance companies provide brain injury resources to their clients? Can they refer them right away to OBIA? For the first few years after my daughter's injury, we hadn't even heard of it. It would have been really helpful for our family to have a resource like that at the very beginning.
11	I found the insurance company I dealt with had horrible service people who preceded the kind effective one I finally was given. When you have a brain injury it is very difficult to understand written documentation and especially under time pressure. I found myself overwhelmed often by their demands and always felt like I had to defend myself when I was least able to. After I received a more compassionate representative I was able to cope better with their demands and the lawyer for my insurance company was also very kind and supportive, as far as she could be. Suing was an awful experience for me and as I was hit from behind, injured and never able to work again, I had no choice. But it left me with a heart condition and high blood pressure. Would not recommend it. My daughter was injured in one and we didn't sue. Too distressing. The injured need compassion, kindness and understanding. Brain injuries make it so hard to understand all the jargon and demands. Also, the testing is absurd. A psychiatric evaluation was demanded by the other side's insurance and silly people, another condition was discovered, caused by the accident and it cost them even more money. All in all an awful experience and no amount of money is enough to put yourself through this when you have a brain injury. It delays your recovery!
12	Definitely the MIG is too little and forces people to weigh in and choose only part of the relative benefits of different interventions vs having multiple options available. Forcing people to exhaust their extended health benefits for an MVA is

	<p>unfair; they often have nothing left for any other non-MVA incidents in that benefit year. Hourly rates for physiotherapy are far below industry standard (currently \$99 per hour; Ontario Physiotherapy Association set a standard of \$150/hour as an 85% of the average rates in the province).</p>
<p>13</p>	<p>As someone that has sustained a brain injury leading to permanent detrimental effects, I'm outraged that the insurance companies can arbitrarily make decisions that are detrimental to their paying customers. Many operate in bad faith. Also, something needs to be done to educate people so that when MVA injuries occur, they know that they have sufficient coverage to sustain their recovery. This also applies to loss of income coverage. they know they have sufficient coverage to sustain their recovery. This also applies to loss of income coverage.</p>
<p>14</p>	<p>As a survivor of a catastrophic motor vehicle action I feel I need to comment. Many people including my care team assumed my position as a firefighter had short or long term disability insurance- it did not! As well, when you're hit by a SUV and trying to be able to stand and walk, all while trying to manage pain, lack of insurance coverage is not a catalyst for optimal recovery. The amount of people involved to assist someone in a motor vehicle accident recovery is remarkable . The occupational therapist, physiotherapist, speech therapist, social worker, specialist such as back / bone surgeons, acupuncturist, chiropractor, neurologist, psychologist, ophthalmologist just name a few that I personally used and still use regularly. These practitioners see people at their worst in pain and sadness that unfortunately is given to not just the mental health professionals but all such speech therapist or care workers who are now dealing with a person with a brain injury that struggles not cry when they fail at understanding a clock or being unable to remember someone's name that is important to them. I cannot thank all these professionals enough. But when they are overworked ,underpaid or undervalued in a position where " kindness " is paramount , we need to work on this immediately, please! Thank you for this opportunity to be heard and I hope anyone reading this never goes through my journey</p>
<p>15</p>	<p>Many very skilled clinicians are leaving the auto insurance industry because, as alluded to in the OBIA letter, hourly rates have not increased since 2014. These rates are vastly different from current market rates, and service providers are no different from other workers in the sense that they need to keep up with inflation and rising costs. This is unacceptable and fails to respect the important work that service providers do to restore injured individuals' health, wellness, and productivity. Many insurers have autonomously begun clawing back on service providers' recommended treatment time/preparation time, and reducing the time for OCF form completion. Insurers should be contacting service providers directly to determine why they made the recommendations they made, rather than simply slashing time/activity. Many service providers are concerned about the quality and quantity of Insurer's Examinations. While insurers are certainly entitled to the right to obtain a second opinion about whether a good or service is reasonable and necessary, these often occur too frequently and critical information provided</p>

	<p>by clients' treating service providers is often overlooked or omitted. This, in my opinion, is a misuse of everyone's auto insurance premiums, and likely contributes to an increase in everyone's premiums</p>
<p>16</p>	<p>Increase attendant care wages as long as they have taken a brain injury specialized course. Attendant Care should work under a rehabilitation specialist to better serve the client.</p>
<p>17</p>	<p>I am writing the below as an Accident Benefits (AB) Adjuster for almost 10 years, a Brain Injury Survivor, in support of the OBIA letter dated November 28, 2024, after reading the September 2024 Statutory Accident Benefit Schedule (SABS) Guidelines Review. Acquired Brain Injury (ABI) survivors suffer from significant and immediate changes in brain functioning resulting in pain and psycho-social symptoms. Many fall through the cracks in Medicine and Insurance. The first because some don't specialize in ABI and are unable to assess functional changes; the latter because they rely on the first and because they adhere to the financial and procedural limits in the SABS. As such, it is critical to update SABS Guidelines to better apply the 'functional restoration approach' for ABI 'impairments' of policyholders as defined by the SABS. Research has shown the following - one doesn't have to hit their head or injure their spine, or have a bruise or bleed to have an ABI. - chemical and cellular changes in the brain affect brain function - physical, cognitive, emotional, and behavioural symptoms vary per individual, and are exponentially worse each time - symptoms are worse for women than men. Personal and health system challenges include - loss of identity, unable to do things that used to define us, that we love, that was our livelihood. - changed and sometimes ruptured family dynamics and roles - Lack of education in General Practice Medical Doctors and Health Practitioners - waiting for diagnostic imaging through OHIP, thus delaying functional restoration - visiting multiple specialists who may not specialize in ABI, and/or want to handle accident benefits. - incorrect diagnoses and treatment - researching functional therapists and paying for initial assessments privately. - accumulating debt, and/or forcing self to return to work with functional challenges, prolonging recovery, if at all. Challenges in SABS and Insurers include - Financial and procedural limits which do not adequately reflect highly-individualized ABI treatment by specialized health practitioners, or current economy. - Insurers maintaining MIG, pending clinical records that support pre-existing ABI, recent diagnosis of ABI, or the changes in functional challenges with the new ABI. - Not approving assessments by ABI health practitioners because of the financial and procedural limits of the the MIG - initial assessment, block billing, and supplemental goods and services. - Proceeding to Insurer Examinations with inappropriate Assessors, by specialty and/or specialization. For example, those in general practice vs specializing in ABI, orthopedic vs vestibular physio, or Ophthalmologist vs. Neuro Optometrist, Psychiatry vs Sensory/Functional Therapists. . - Relying on the above medical opinions. - Deadlocked and awaiting litigation, therefore prioritizing legal and claim handling expenses. As outlined above, ABI survivors are dealing with plenty. Having to fight for coverage that we</p>

	<p>pay for - to prove that we're not malingering or fraudulent, to have specialized opinions based on up-to-date research ignored - adds another layer of trauma. This complicates and prolongs recovery, and is opposition of the 'functional restoration approach'. It is my hope from a professional and personal level that the SABS Guidelines are updated to better reflect its spirit - functional restoration of the policy holder.</p>
18	<p>Many of my professional colleagues have left the industry and no longer provide rehabilitation services due to the limited increases in fees. Most employees are given cost of living increases but that has not been the standard in the auto insurance industry. As well, most of our clients are now deemed non-catastrophic and often run out of funds while they are in the process of trying to gain the catastrophic impairment designation. A brain injury is not a minor injury and the consequences on employment, family life and community engagement are catastrophic; these factors need to be taken into consideration. As well, it seems that there are practitioners who are willing to let their judgements be influenced by the people paying the bill for service. This part of the industry needs to be better patrolled. Thanks to OBIA for your support in this issue.</p>
19	<p>I agree with OBIA and the desperate need to update the auto insurance mandates, completely outdated fee guidelines, unrealistic fees for attendant care and excessive red tape. I am concerned with the increasing non responsiveness by adjusters as well. I run a nutrition company and have regulated health professionals including Naturopathic Doctors and Registered Dietitians. For some unknown reason these disciplines are not identified on the fee guidelines and adjusters drop their rates to non regulated rates which is completely insulting and unprofessional. We are unable to provide service to the clients with these accurate rates.</p>
20	<p>Please include that the Professional Fee Guidelines have not been increased since 2014; 10 years, which is not in keeping with Canadian cost of living increases (i.e., food items have increased by 20.7% in Canada since September 2021). Mileage for services required in-home should include mileage at the rates stated by the Canada Revenue Agency (the current CRA mileage rates for 2024 are: 70¢ per kilometer for the first 5,000 kilometers 64¢ per kilometer over 5,000 kilometers An additional 4¢ per kilometer in the Northwest Territories, Nunavut, and Yukon.)</p>
21	<p>OBIA's draft letter did an excellent job advocating for increased access to A/B funds for those with ABI. I would suggest that in OBIA's Broader Recommendations the OBIA includes the need to increase all limits in line with inflation (as was mentioned in the Professional Service Guidelines paragraph)</p>
22	<p>In 2021, when I was 26 years old, a reckless driver t-boned my vehicle going 80km/h, throwing my vehicle across opposite lanes and almost flipping me into a rural road drainage ditch. I am blessed to be alive. At the time I was a third year full time University student in the honours program and making deans list every</p>

	<p>year, I was also working full time at an HVAC company to support myself. In my haste to get back to work and school I began paying out of pocket for treatments the insurance kept delaying and denying, unfortunately over 3 years later I have been unable to return to work or school due to the brain injury, cervical and thoracic spine injuries and depression, anxiety and panic attacks which I have been hospitalized several times. The only thing worse than the accident, is dealing with the insurance companies. I have become completely destitute living with my parents and relying on Ontario Works and waiting for ODSP since the insurance has not supported me since last December. When my therapist wrote a letter urging them to assist more and help me get back on my feet I was told that I was not worth it, my future according to them was that I forget about my studies and prior work experience to work as a Walmart Cashier making less than minimum wage since disabled Ontarians are not required to be paid even minimum wage. I am currently working with the Ontario SPCA & Humane society to find my dog a new home since I can no longer care for him physically, mentally or financially. I raised him since he was 8 weeks old and he is now 7 years old. I have been deemed catastrophically injured but the insurance continues their strategy of delay, deny, dehumanize. Litigation takes years and despite having some of the best lawyers working my case there is little they can do for now despite filing a bad faith claim as well. As my car was deemed a complete writeoff so have I been written off from society. What happened to me could've happened to anyone, I was at the prime of my life being an active member in my community and a productive member of society, but in my time of need I have been abandoned. I have consistently heard that more could have been done to help me if treatment was approved sooner or if there weren't month long delays in reapprovals and now a complete cessation of all my treatments but one, group therapy. I believe that group therapy is the only thing keeping me going at this point, being able to discuss weekly challenges and accomplishments or vent about hardships with others whose lives have been flipped over by car accidents. My suggestion is that Virtual Group Therapy be mandated for brain injury victims and others who are in the non-catastrophic and catastrophic designations. Many of us are unable or lack the will to socialize leading to severe isolation when we need the most support. Insurance in Ontario gets more expensive every year, yet the quality of service gets worse, a result of the industries oligopoly and lack of oversight. More can be done, more should be done, more must be done. A car accident is a devastating setback, but with adequate support getting productive members of society back to work and school pays off in the long run, we are still human after all.</p>
23	<p>Brain injury victims often have a difficult time with the claims process and obtaining the benefits they need. While getting legal assistance is vital, some victims need help navigating the claims process and understanding what is taking place. Having a form of advocacy assistance of some kind to guide, explain, mentor them would decrease the level of anxiety and stress they will be experiencing. Personal injury lawyers do not always do a good job of this. Also, the extent of medical examinations seems to be excessive and is little more than</p>

	<p>a fishing expedition for the insurers. Are there any standards of practice or procedures that define what medical examinations are reasonable? It has been my observation after looking at one collection of medical reports that the final summaries seem to read like 'boiler plates' of the same findings. It makes me question the independence and impartiality of the reports</p>
24	<p>Adjuster and ABI Survivor with pre-existing issues here regarding Extended Health care first. I need those annual limits for other issues that SABS may not cover. Kindly abolish submitting expenses to Extended Health Care first for MVA-related impairments, OR since my pre-existing complicates recovery, pay for those as well.</p>
25	<p>We had terrible experiences with auto insurance .. denied claim .. After 10 years we were successful at changing out of province laws for auto insurance and received a small monetary settlement.. with that said the expenses of treatment, assessments etc were tripled so therefore funds were quickly exhausted .. benson vs Blair insurance</p>
26	<p>I don't have a car and don't drive! But! However I do support auto insurance for people who have brain injury like me. who drives.</p>
27	<p>I agree with OBIA insurance covers too little of the expense for brain injury and should cover all costs associated with medical expenses</p>
28	<p>November 22, 2024 Financial Services Regulatory Authority of Ontario (FSRA) 25 Sheppard Avenue West, Suite 100 Toronto, ON M2N 6S6 Re: Enhancing Ontario's Auto Insurance for Brain Injury Recovery Dear FSRA Team, Thank you for the opportunity to provide feedback on the review of Ontario's Motor Vehicle Insurance Legislation. As a service director in the rehabilitation sector and an advocate for individuals with acquired brain injuries (ABI), I have seen the critical role that auto insurance plays in ensuring accident victims receive the necessary support to rebuild their lives. While FSRA's modernization efforts are taking a step in the right direction, we believe targeted amendments are essential to better address the needs of individuals living with ABI. Below, I outline key areas that require immediate attention:</p> <ol style="list-style-type: none"> Minor Injury Guideline (MIG) Raise the Funding Cap: The \$3,500 cap is inadequate for addressing the complexities of concussions and mild traumatic brain injuries (mTBI). Increasing this limit to \$15,000 would ensure interdisciplinary care is accessible, helping patients avoid long-term deficits. Refined Criteria: Implementing robust assessment criteria would prevent misclassification of serious injuries as "minor," which currently denies many individuals appropriate care. <ol style="list-style-type: none"> Adjusting Current Benefit Limits <ul style="list-style-type: none"> Non-Catastrophic Injuries: The \$65,000 cap frequently leaves individuals with moderate brain injuries underfunded. Increasing this to \$125,000 - \$150,000 would bridge the gap between standard and catastrophic injury designations. Catastrophic Injuries: Raising the catastrophic injury benefit from \$1,000,000 to \$2,000,000 would more accurately reflect the long-term costs associated with severe ABI and other neurologically severe injuries (SCI) from motor vehicle

	<p>collisions, including rehabilitation, attendant care, housing modifications, high-cost, specialized equipment, and life-long supports. 3. Professional Services Guideline (PSG) The fee schedule for healthcare providers must reflect the real costs of delivering high-quality, evidence-based rehabilitation services. Establishing a mechanism for regularly updating fees will ensure sustained access to qualified professionals and specialized care for ABI patients. Without this, the high-standards and experienced rehabilitation professionals will not stay working in this sector, and others will not join. 4. Attendant Care Hourly Rate Guideline (ACHRG) Current rates do not reflect Ontario's wage standards or the cost of living. Revising these rates is essential to ensure ABI patients can access the critical support required for daily living without undue financial hardship. 5. Broader Recommendations Consumer Education: Insurers should be mandated to educate consumers on the implications of their coverage decisions, enabling them to select policies that meet long-term care needs. Stakeholder Engagement: FSRA should continue consulting healthcare providers, advocacy organizations, and consumers to ensure reforms align with real-world needs. Alignment with Public Health Resources: Adequate insurance funding reduces the strain on OHIP and other public systems, ensuring ABI patients can access timely, effective rehabilitation. We applaud FSRA's commitment to creating a more equitable and consumer-focused auto insurance system. By adopting these amendments, Ontario can better support those recovering from motor vehicle accidents and foster a more inclusive and compassionate society. Thank you for considering these recommendations. I look forward to future opportunities to collaborate on these important reforms.</p>
<p>29 .</p>	<p>I am a rehabilitation therapist with over 20 years of ABI/TBI frontline care, support and rehab. I wholeheartedly agree with the recommendations brought forward by OBIA to help adjust for the increase in costs and specialized care for those with brain injuries, ranging in all categories. Most I serve are underfunded when involved in MVC's for lack of knowledge on how much global care can be after a significant injury and not understanding that maximizing rehab benefit/income replacement dollars should be strongly emphasized when choosing insurance. Most clients are living on ODSP and it is shamefully under the level required to live out of poverty. Please increase these funding dollars. It never captures all the services required and the length of time needed. People shouldn't have to scrimp to live out their complicated lives after ABI.</p>
<p>30 .</p>	<p>As a company who provides rehabilitation support to those affected by brain injury, the most noticeable and troublesome areas are the current benefit limits and the PSG. \$65,000 for non cat does not allow enough care for our clients and they so often are left without much needed support. The same goes for the cat limit of 1 million. We fully support and agree with OBIA's suggestion of \$125,000 non cat and 2mil cat limits. As rehabilitation support workers, we come on board after regulated health care providers and therefore often have 1 maybe 2 OCF 18s approved before the limit has been reached. Just as we are getting started building rapport, facilitating goals, supporting someone getting back into the</p>

	<p>community, our services are cut. We are often left with invoices that are denied (despite approved OCF 18s) or we are asked to work under protected account which is incredibly financially difficult. Our clients are in need of so much more support than \$65,000 allows and an increase in this area would allow for more OCF 18 approvals and the ability to work for longer supporting someone, especially with the type of practical, functional goals we carry out. For PSG, this increase is a MUST. We need to hire skilled, educated, highly trained individuals who deserve to be compensated accordingly for their time. This means we can provide the high quality of care to our clients. This also means we would have the margins to be able to continue to operate in this industry. There are so many people who need help and support and we are losing trained and skilled workers to other industries because of the low rates and uncertainty in this sector.</p>
<p>31</p>	<p>After reviewing the letter, the one topic I see that is neglected is some coverage for caregivers in the first 2 or 3 months after the event that often means they can not attend work. Specifically for those of us that have/had no work benefits and feel obligated to go to work or loose our jobs. With a moderate amount of replacement income (documented) I believe families would be more healthier during the early hospitalization and recovery process. ..or a similar idea.</p>
<p>32</p>	<p>Helius Medical Technologies supports the feedback and recommendations that OBIA has articulated to FSRA in response to it's review of the health service provider guidelines and framework. In particular we support OBIA's broader recommendations regarding the engagement of stakeholders. Healthcare professionals provide expertise and emerging services that are able to transform the lives of accident victims who are too often asked to live with pain and suffering as a 'new normal'.</p>
<p>33</p>	<p>My car insurance never paid for any further medical treatments other than the initial \$3500. There fake doctors who do fake assessments have all denied me medical help to the point my brain injury symptoms are worse and overall decline in my health as a whole</p> <p>No one cares the results are life long damage and life altering and no one fights for me cause it's years the game I'm told is a process takes to go through and I'm put through</p> <p>Things that trigger my brain injury symptoms causing me to be in bed for days, the insurance does that and seems to be allowed to. The insurance refuses To pay for the horrible migraines and headaches I suffer as a result of the accident and no one forces the insurance to pay so I' can be in bed from 1-3 days until it goes</p> <p>Nothing going to change and it's a reminder for me that I'm screwed</p> <p>Thank you</p>

34	When accident took place there was no compensation for me due to government
35	Fees go up, benefits go down, how fair?
36	<p>MIG \$15,000 is too high. It will cause a massive increase to car insurance premiums. Ontario already has the most expensive car insurance. Families can't afford this. \$7000 is more reasonable. Then, the priority should be on having access to testing to see if the injury is more serious than MIG. People who need more than \$7k shouldn't be in MIG. With MIG \$3500, the problem is 1 Neuropsych Assessment costs \$2000+, and without that you can't even get out of MIG. But if the testing shows you need a lot of care, you should be taken out of MIG. Another issue is overbilling. Some companies purposely overbill insured clients (and you have a brain injury so you don't audit the receipts too carefully). One big name provider would bill 2.5 h of time for a 1 h appointment, and the insurer thought I was having a 2.5 h treatment. Then your benefits run out faster. Can we help stop overbilling people with brain injuries, who may not be able to notice and advocate for themselves? That's why our insurance runs out.</p>
37	<p>I felt with the insurance companies that sometimes I wasn't allowed to do some of the rehabilitation I thought would benefit me until I got in OK from the insurance companies. I truly believe this helps me back from getting to where I am now sooner. And sometimes I always wonder if I would've gotten even further. And then when I did some things on my own, I would be constantly questioned. Why did you do that? An example was buying earplugs and because the insurance companies take so long to make agreements the lawyer bills keep going up and up so when you think you've got an OK settlement the reality is your lawyer took most of it</p>
38	<p>Give the injured more input in how SAB funds are accessed - give the injured the right and power to use funds at their discretion - as there are 2 rates charged by provider 1) the much higher 'insurance paid rate) vs 2) the lower 'out of pocket rate' ... and stop making TBI recovery a BIZ 'way to make money for everyone' at the expense of the injured ... our recovery should be top priority NOT how much money lawyers and service providers can deplete our SABs ... and stop the practice of denying SABs in yr 5 of the SAB benefit period ... more harm than good is being done ...a brain injury is not as simple as a broken leg ... not a case of 1 and done with treatment - ongoing and evolving ... TBI recovery should be paramount ... not doing so is costly to OHIP/medical system ... and ultimately our quality of life ... personally I haven't been able to afford dental care since 2009, only eat 1 main meal a day since 2019 and cannot afford much needed Osteopathy treatments despite ... and can only work P/T - wk for the gov't and transition from hourly to salary Nov 2023 which will result in a loss of \$8,000 or more in income for 2024 ... PLEASE DO BETTER AND RESPECT THE TBI-INJURED! Thank you for your time and consideration.</p>

39

Hello all,

This campaign is well overdue ... and might I add another letter should be sent to the OPP and other First Responders ... Mar 16/2017 MVC with a deer that totaled my car leaving me with my 7th TBI... at the time the Officer made light of my 7th TBI adding he plays hockey and has several ... despite trying 4x's to pull my car behind his cruiser on the opposite side of the highway, clearly in shock by my shaking and cold ... my car was blocked in by another OPP Officer with his Suburban ... and then I was sent on my way ... an ambulance should have been called I could have easily gone off the highway given my condition and when I brought my car into the collision centre I was told my car should not have been driven after the accident given the condition of the strut, brakes ...

I met with a NE Region OPP Commander a few years later who told me after weeks we met that the Officer did nothing wrong ... I showed him the OBIA survivor ID card and I believe he made a photocopy ...

As for the SABs - ... everything was great the first few years ... then I kept getting different insurance personnel - was offered a payout of \$15,000 when I had about \$40,000 left and I said no as it was year 2 of 5 years ... after that it was tougher to get approvals and then with about a year to go nothing approved ... those who are injured should a) have more control, input and access to SAB benefits since I was told by my PT that there are two rates a) rate paid if insurance is covered and b) lower rate when out of pocket ... I was charged almost \$400 by a service provider for "paperwork" and when I questioned it my insurance adjuster said it was an acceptable charge ... clearly there is a "business of brain injury recovery" where the providers made money while those injured are not getting what they need ... I even had one provider tell me "if you opt for mental health on paperwork" you will get more services ...

I will not lie on any legal document ... and those who have sustained multiple TBIs are sick and tired of being gaslit as "mental health impaired" ... would a blind person or a quadriplegic be gaslit in a similar fashion - I doubt it...

As you all know a brain injury can impact in many ways the quality of life of brain injured ...

And Revenue Canada needs to be held accountable for their discrimination by denying those with multiple TBIs ... an RevCan agent also told me to use mental health ...

When I tried to use cumulative ... I was told I did not qualify ... yet with my TBI (and many others) my brain injury impacts my hearing, what and how I see, what and how I comprehend, skeletal issues ... and as a result I can only work PT and work is questioning my "slowness" compared to others ... brain controls everything ... when damaged ... ergo diminished ability of sight, hearing and

	<p>comprehension...and I am now experiencing issues with swallowing...</p> <p>Thank you for all your efforts - keep up the good work ... but please in addition to insurance overhaul ... First Responders ... and the Medical Community/as well as service providers need long overdue overhaul as well ...</p> <p>Those who are injured deserve more respect and acknowledgement and understanding of our quality of lieu of what we experience in terms of systems ... we are not merely a means to make some rich at our expense...while we are left unhealed with financial bills to pay off... or no longer access to therapy we need ...</p>
40 .	<p>While I'm here because of an auto accident I had no fault of and quite frankly i was treated like i never paid at all. i was owed nothing the business i worked for shut me out i went from being 100 percent self sufficient to not being able to ambulate or walk due to the doctor and hospital staff not doing their job of diagnosing a stroke i was pushed across the hall and told ill deal with you later in the emergency room this was Christmas eve so the next morning i was sent for a CT scan again still no sign was told i would be admitted to they could determine what was wrong with me and i wanted to be transferred to my home hospital in Sudbury where they were familiar with stroke patients and the hospital i was at admitted to not being able to handle a stroke patient so was assured on the 31 first day of December the doctor would come back at midnight and if i was the same id be transferred guess what doctor never showed up when she came in at 7:00 the next morning i was worse and was transferred to my home hospital in Sudbury where they were familiar with me as I've had a history of head problems. This hospital failed me. I am in a wheelchair now and can't even walk or drive driving was my passion its how i provided for my family so i was in the hospital for new year's my birthday/ and saw my family whenever possible. but i was in a big hospital miles away from home I had a wife and 3 children at home as well as my mom the list goes on and on but i did it guess what i'm saying is you can to with strength and determination i'm telling you never give up the fight you are in charge of your own life thank you very much.</p>