



January 28, 2025

Ms. Vanessa Kattar
Whitney Block, Room 1405
Standing Committee on Finance and Economic Affairs
scfea@ola.org

Dear Ms. Kattar,

Re: Coalition 2025-2026 Prebudget Submission to the Standing Committee on Finance and Economic Affairs

The Coalition of Health Professions in Auto Insurance (the “Coalition”) appreciates the opportunity to provide input to the Standing Committee on Finance and Economic Affairs on the upcoming 2025-2026 Ontario Budget. We support efforts to modernize Ontario’s auto insurance sector and create a sustainable auto insurance system that improves access to benefits and affordability for Ontarians.

The Coalition was formed in 1990 with a membership of eight regulated health professional associations.¹ These Associations, in turn, represent over 40,000 regulated health professionals involved in the assessment and treatment of Ontarians injured in motor vehicle accidents (MVAs). The Coalition brings an important perspective -- shared across multiple health disciplines -- on the needs of claimants and consumers in a viable and sustainable auto insurance system in Ontario.

Underpinning guidance we provided during the Financial Services Regulatory Authority of Ontario (FSRA) recent auto reform review consultation are three immediate and interrelated priorities for ensuring timely access to the appropriate levels and duration of care for MVA claimants, along with fair and appropriate compensation for regulated health service providers and business owners:

¹The Coalition is comprised of the following member Associations: Ontario Association of Social Workers (OASW); Ontario Chiropractic Association (OCA); Ontario Dental Association (ODA); Ontario Physiotherapy Association (OPA); Ontario Psychological Association (OPA); Ontario Society of Occupational Therapists (OSOT); Registered Massage Therapist’s Association of Ontario (RMTAO); and Speech-Language & Audiology Canada (SAC).

1. Updating the Professional Services Guideline (PSG) hourly rates, which have remained unchanged since 2014, to adjust for inflation, cost of living, and market value.
2. Directing FSRA to issue guidance to insurers on applying the PSG to reduce inappropriate denials and partial approvals for health services to MVA claimants.
3. Increasing all three benefit levels under the Statutory Accident Benefits Schedule (SABS), which have remained unchanged since 2014, and adjusting annually for inflation and cost of living.

Priority Recommendation #1: Updating of the hourly rates in the Professional Services Guideline (PSG) to adjust for inflation, cost of living and market value.

Health service providers (HSP)s working in the auto insurance system are in their 11th year without a fee increase. The cost of operating a business and providing patient care has escalated substantially during this same time. This has made it extremely difficult for HSPs as small business owners to continue providing services to individuals injured in motor vehicle accidents. Furthermore, the lack of amendments to fees to meet inflationary pressures compromises the ability of clinics and practices to recruit and retain staff. Many private practice health professionals and clinics are either leaving the sector or reducing the number of accident-benefit cases they accept, creating more difficulty for claimants in accessing care.

Priority Recommendation #2: FSRA should issue guidance to insurers on the application of the PSG to reduce inappropriate denials and partial approvals for health services to MVA claimants.

Increasingly, insurers in Ontario are issuing partial denials for health professional services such as planning, brokerage/communication and travel time related to client care. Hourly rates (for some HSPs) and form completion costs are also partially denied. These partial denials are often driven by arbitrary administrative decisions of insurers/adjustors and frequently reduce the duration and/or level of care recommended by a regulated HSP, or require that a claimant forego care altogether.

Under the current system, partial denials do not trigger an Independent Examination (IE) and very often impact a claimant's access to care and lead to poorer patient health outcomes and/or delayed recovery. In many of these instances, regulated HSPs continue to provide health care services to their patients despite the partial denial (and due, in part, to obligations of their respective professional regulatory Colleges), thereby further diminishing their adequate hourly compensation.

Recommendation #3: Increase all three benefit levels under the SABS, which have remained unchanged since 2014, and adjust annually for inflation and cost of living.

The three benefit levels under SABS (i.e., the Minor Injury Guideline, non-catastrophic, and catastrophic limits) have not been changed since 2014. As a result, in today's dollars, Ontarians have substantially less coverage than they had a decade ago, and healthcare providers in this sector (often small to medium-sized clinics) struggle to meet increased costs. Furthermore, nonessential approval processes (for care that exceeds \$2200.00), coupled with inappropriate insurer denials and partial approvals, create barriers to care for motor vehicle accident claimants with minor injuries, and generate backlogs at the License Appeal Tribunal.

The Coalition also recommends increasing the default benefit limit for those catastrophically impaired in an accident from \$1 million to \$2 million, as was announced in the Ontario Government's 2019 Budget, "*Protecting what Matters Most.*"

Thank you for the opportunity to provide advance input on the forthcoming 2025-2026 Ontario budget.

Regards,

Dr. Moez Rajwani and Ms. Kim Doogan, Coalition Co-Chairs