

July 15, 2020

Ms. Ann MacKenzie
FSRA Senior Manager, Policy Interpretation
Auto/Insurance Products
5160 Yonge Street, 16th Floor
Toronto, ON M2N 6L9

Dear Ms. MacKenzie,

Informed by a recent survey of our combined membership, the Coalition and the Ontario Rehab Alliance (ORA) are writing to express our shared concerns about persistent challenges facing auto insurance claimants and health service providers during the COVID-19 disruption. While we acknowledge and appreciate FSRA's recent efforts to safeguard access to care, fairness, and choice for consumers during the pandemic, our survey reveals that many insurance providers have not implemented the necessary and sustained accommodations to fully comply with your guidance.

As discussed at the Stakeholder Advisory Committee (SAC) meeting on June 23, the Coalition and the ORA recently undertook a joint survey of over 650 health service providers working in the auto sector from the 10 professions we represent to gain a better understanding of their experiences with health claims during the pandemic (See full survey results in File 1). The catalyst for this survey was frequent and persistent member reports of unusual insurer requests and denials that unreasonably impede access to care for auto claimants during the pandemic.

What has emerged from our survey findings is a pattern of behavior among some insurers that: 1) limits the very health service delivery options necessary (and widely supported by public health authorities) to respond to the pandemic, and 2) imposes arbitrary, cumbersome and sometimes conflicting administrative burdens on claimants and health providers. Furthermore, our findings highlight the need for a more transparent and effective complaints process to enable claimants and health providers alike to voice concerns freely and easily to FSRA – a mechanism especially important during this time of rapid change and disruption.

Summarized below are key highlights from the survey findings to help guide your review of the attached report:

1. Restricting Access to the Provision of Virtual Services

While current public health guidance in Ontario encourages the provision of virtual services to optimize social distancing, our survey revealed that **118 health service providers reported experiencing at least one instance where an insurance adjuster insisted on an in-person Insurer Examination.**

Other concerning trends reported by our respondents included blanket denials (or delays in approvals) for virtual care; denials for equipment to facilitate virtual care; denials due to lack of signed patient consent forms (as signed forms are difficult to obtain when services are provided virtually); arbitrary reductions in

treatment time for virtual services; requests for extensive documentation regarding virtual care platforms; and denials of virtual psychological care.

2. Restricting Reimbursement for Travel Time

While permitted by regulatory health colleges to conduct in-person care, while employing COVID-19 precautions to reduce the risk of transmission, many insurers continue to hamper in-person assessment and/or care when it is required for auto insurance claimants. In fact, our survey revealed that **65 providers have experienced an increase in the incidence of insurers denying travel time for in-person assessments and/or treatments.**

Similarly, respondents reported that some insurance providers are denying all in-person (including urgent) care due to company-wide policies or individual adjuster decisions. It is noteworthy that while some insurers actively discourage in-person care they also place substantial impediments to the delivery of virtual services.

3. Statutory Declarations

Although it is not an existing or required guidance or practice by FSRA, our survey revealed that **93 respondents (19%; n=496) reported instances when claimants were required to sign a “statutory declaration” to verify completion of treatment.** This creates a further barrier to care -- especially during the pandemic – and has implications on the relationship between patients and health providers.

4. Other Issues Constraining Service Delivery and Practice Management

A sizeable minority of our survey respondents continue to report a myriad of problems and issues that compromise service options for claimants and limit the ability of providers to effectively manage practices (and, in some cases, contravenes their authority as regulated health professionals). These issues include general insurer administrative delays (e.g., due to a lack of responsiveness or frequent adjuster changes); reduced fees for planning/preparation, progress reports and treatment time; denials of attendant care; lack of reimbursement for personal protective equipment (and other hazard controls); denials of all in-person (urgent) care; and lack of recognition of social workers (and psychotherapists) as a regulated health professionals.

While we recognize that not all insurers are engaging in these behaviors, inconsistency among insurers creates administrative problems for service providers, and highlights the need for industry-wide policies to ensure equitable access to care for auto claimants during the pandemic.

We have attached the survey findings for your further information. We welcome the opportunity to meet with you and your team at your earliest convenience to discuss our survey findings and recommendations in more detail.

Sincerely yours,

Dr. Moez Rajwani and Dorianne Sauv , Coalition Co-Chairs, Auto Coalition
Ms. Laurie Davis, Executive Director, Ontario Rehab Alliance