



January 29, 2026

Ms. Lesley Flores
Clerk, Standing Committee on Finance
And Economic Affairs (SCFEA)
Whitney Block, Room 1405
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Dear Ms. Flores,

On behalf of the Coalition of Health Professions in Auto Insurance (the “Coalition”), we applaud your ongoing efforts to modernize Ontario’s auto insurance sector and your commitment to 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.

The Coalition was pleased to see the Ontario Government begin modernizing the province’s auto insurance system in 2025 and supports regulatory changes that will make auto insurance the primary payer for medical and rehabilitation benefits following an auto accident before extended health care plans.

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).

To catalyze the next phase of modernization of the auto insurance system in Ontario, the Coalition is recommending three common-sense reforms to ensure small businesses led by licenced health-care providers can provide viable and sustainable rehabilitation care to Ontarians injured in auto accidents.

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, and adding registered social workers to the PSG.
2. Directing FSRA to issue guidance to insurers on the application of the PSG in an effort to address the increasing occurrences of inappropriate denials and partial approvals for health services to MVA claimants.
3. Increasing all three benefit levels (minor injury, non-catastrophic, catastrophic) under the Statutory Accident Benefits Schedule (SABS), which have remained unchanged since 2014, and increasing the attendant care benefit monthly maximums.

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

Health service providers (HSPs) working in the auto insurance system are in their 13th 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 hourly rates 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.

While it has been almost 14 months since FSRA completed its auto reform reviews in November 2024 -- to which the Coalition provided detailed feedback on behalf of the over 40,000 HSPs represented by our member associations -- FSRA has yet to announce any specific plans for updating the PSG.

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 are issuing partial denials that contravene standards of practice set by Ontario's profession-specific health regulatory colleges for clinically relevant services such as documentation and communication with other health professionals. Arbitrary partial denials that are without merit are also more frequently being issued for HSP hourly rates, treatment duration/frequency, and the cost of completion of mandatory Health Claims for Auto Insurance (HCAI) forms by HSPs.

It is important to note that partial denials do not trigger an Independent Examination (IE) and very often impact a claimant's access to care, leading to poorer patient health outcomes and/or delayed recovery. Furthermore, there is widespread recognition that arbitrary partial denials by adjusters and insurers have resulted in inadequate and unsustainable hourly compensation for HSPs working in the auto insurance sector -- who frequently continue to provide care despite such denials -- thereby, jeopardizing their ability, as small business owners, to continue offering care to motor vehicle accident victims.

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 (LAT).

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.*](#)"

The monthly attendant care benefit maximums have remained at \$3000 (for non-catastrophic impairments) and \$6000 (for catastrophic impairments) since 1994 (at which time there was also an additional \$10,000 per month maximum which was subsequently removed under Bill 59, in 1996). The costs for claimants to receive attendant care (via hourly rates charged by care agencies) has increased since this time. Whereas a catastrophically injured person could previously afford approximately 8 hours of care per day using the average hourly care rates charged by agencies, today, they are able to only afford an average of between 4 and 6 hours per day. In cases where individuals require 24-hour care (e.g. due to complex medical, cognitive, or

behavioural difficulties), this leaves the client at risk. Families/caregivers struggle to manage their ability to maintain their employment and are often faced with difficult choices due to inadequate funding for the critical hours of care that are required.

We look forward to collaborating with you to ensure the implementation of planned auto insurance reforms continues to advance the provision of care for motor vehicle accident victims across the province.

Regards,

Handwritten signatures of Kim Doogan and Moez Rajwani in black ink.

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