



April 30, 2014

Grant Crack, MPP
Chair
Standing Committee on General Government
Room 1405, Whitney Block
Queen's Park, Toronto ON M7A 1A2

Dear Mr. Crack,

The Ontario Society of Occupational Therapists (OSOT) is pleased to have opportunity to provide input to the Standing Committee on General Government regarding *Bill 171, Fighting Fraud and Reducing Automobile Insurance Rates Act, 2014*. Specifically, the Society forwards comments on the proposed amendments to the *Insurance Act* that introduce a new subsection 288.2 (1.1) relating to licensure of service providers in the auto insurance system.

The Ontario Society of Occupational Therapists represents over 3900 occupational therapists in the province. Amongst the Society's membership are over 500 OTs who identify that they work in the province's auto insurance system.

Occupational therapists (OTs) are regulated health professions who work with people across the lifespan who experience barriers to managing the day to day living skills or occupations of their lives as a result of injury, illness, disability, mental health issues, aging, etc. Occupational therapists play a valuable role in returning injured persons to their prior occupations, whether these are at home, at work, at school or in the community at large. Occupational performance is the domain of occupational therapy and addresses an individual's ability to manage the day to day living skills that give purpose and meaning to life. The philosophical and theoretical underpinnings of occupational therapy lend an informed and congruent perspective to the government's goal: to assure that our auto insurance system balances a capacity to restore injured persons to their healthy pre-accident lifestyle with the delivery of a compensation system that fairly supports claimants when their injuries legitimately preclude their ability to function and earn a living.

OSOT is supportive of efforts to eradicate fraud in the auto insurance system. Government can be assured of our support to measures that are necessary and appropriately targeted to identify and address fraudulent activity. While we recognize that clinic registration or licensing has been proposed as one measure to address a range of concerns addressed by the Anti-Fraud

Task Force, we remain concerned about whether licensing of service providers who invoice auto insurers is the best option at this time. We identify the following perspectives which we urge the Committee to consider:

- **Licensure of health professional service providers in the auto insurance sector introduces an additional layer of regulation that is contrary to the recommendations of the 2010 SABS review to “reduce regulatory complexity”.** Regulated health professionals are already subject to the regulatory rigour of their health profession’s regulatory College whose mandate is to protect the public interest. The suggestion that FSCO become a regulatory body for health care practices raises concern relating to duplication of effort, standards and cost to the public purse. Every Regulated Health Professional College has Professional Misconduct guidelines related to business practices and billing and has the authority to investigate and sanction their registrants. We believe the Colleges have had decades to develop and improve on methods of ensuring compliance to professional conduct. OSOT has pointed to the regulated nature of occupational therapy practice for many years with a request that if insurers have concerns about professional business conduct that the regulatory complaints process be exercised.
- **Auto insurance rates approved by FSCO have dropped for a total of almost 6% since August 2013 (as reported by FSCO in April 2014) and further reduction strategies are underway related to the towing and vehicle storage industry, usage based insurance, etc.** While much attention has already been focused on the accident benefits components of auto insurance, we query whether further, costly regulation, is required in advance of determining the outcomes of additional cost reduction strategies.
- **We query whether the presumed significant costs related to a licensure system which has an ongoing lifespan could be more practically invested in audits and complaint investigations to result in real action to address fraudulent activity.** The proposed voluntary nature of the licensure system (must only be licensed to bill insurers) brings to question whether the very candidates a licensing system is targeted to “catch” would simply opt out of the licensing requirement and choose to bill claimants directly, requesting that claimants seek their own compensation from insurers.
- **Licensing requirements must fairly recognize the range of service providers in the auto sector and not impose such onerous requirements or expense of licensure upon small businesses or single providers that their capacity to continue to operate in the sector is challenged.** To date we are not assured that this is the case. Health professional services are delivered through a variety of service delivery organization structures from sole practitioners to large multi-disciplinary businesses. All will wish to demonstrate their accountability to standards, however, the potential and relative costs, time commitments and procedural requirements may be more demanding for smaller provider organizations or sole practitioners. We are concerned that licensure requirements could result in loss of service provider options, the elimination of small to

medium sized provider organizations and a resulting monopoly of large provider organizations. We know of no evidence that large service provider organizations are more effective or provide more cost effective services.

- **Although the development of regulations to engage licensure is well underway, the Society is unable to meaningfully comment on proposed directions and requirements as a result of the lack of fulsome consultation during the development and operational planning for implementation.** The development process to date has restricted health provider input to representation from the Coalition of Associations in Auto Insurance (of which OSOT is a member) to the Service Provider Business Licensing Implementation Forum. While OSOT is respectful of our representatives, they are unable to relay detail about the evolving process as a result of confidentiality limitations. Without this information, it is difficult for associations to provide effective guidance to the representatives to ensure that issues that may be unique to a profession's practice are addressed or to provide comment about the practical implications of directions to be taken. We are being asked to provide input on a process that has not been presented to us. In the absence of such a reasonable opportunity, we forward our recommendations which were included in the Coalition's submission to the 3 Year Review of Auto Insurance.

Recommendations:

Should the Government continue to proceed down the road of licensing clinics, we want to ensure that:

- any business licensing model be readily accessible to all health professionals that want to be licensed;
- the process should not be prohibitive by way of cost;
- the process should not be prohibitive by way of time required to enroll or to become eligible;
- if there is an alleged infraction, the health care practitioner should be able to continue to practice until or unless the allegations have been proven valid; there should be protection of due process and an appeal process in the event that the health care practitioner does not agree with the outcome. This process should not be cost prohibitive.
- it should not infringe upon the privacy of business-related and financial information; and
- all those health care practitioners who meet the requirements should be able to be licensed.
- The insurer should be required to directly compensate all licensed providers for approved services provided to patients, rather than the patient being paid by the insurer.
- Licensed providers should be paid within 30 days of submitting the invoice.

- The licensing process should be simple and not create any further administrative barriers to facilities/practitioners that apply.

We thank the Committee for consideration of our concerns and recommendations.

Sincerely,

A handwritten signature in black ink that reads "Christie Brenchley". The script is fluid and cursive, with a large initial 'C' and a long, sweeping tail on the 'y'.

Christie Brenchley
Executive Director