

Thank you for inviting FAIR to this consultation. Today I have Tammy Kirkwood, FAIR Vice-Chair attending with me and we speak with the voice of Ontario's accident victims who use the system.

First let me say we like the name of the report so FAIR thanks you for that.

5 minutes isn't much time so we will be putting in a written submission for your review. So I'll get right to it.

We think the most pressing issue is the quality of the medical evidence on which access to med- rehab benefits and recovery depends. We strongly support changing the current system but we don't believe that an in- hospital setting will be workable. Ontario's public health-care system is already overloaded. The IEC or Independent Examination Center proposal too closely resembles the WSIB model which is what was adopted, flawed assessors and all, by the Minister of Finance when No-Fault was initially rolled out over 2 decades ago. It is a system that fails to achieve recovery maximums and that's not where we should go.

If the goal is "to provide a guaranteed safety net for those injured in auto accidents" then why are we using the insurers model and not our own patient model? Victims are patients too and they should be afforded duty of care even in the context of third party medical exams.

We hope the government will start round table discussion with stakeholders about improving the quality of the medical evidence as soon as possible. The changes suggested in this report will no doubt need to be sectioned off into manageable issues and we'd like to see some positive steps taken to initiate the discussion with the Ministry of Health participation. You can't have recovery or justice when flawed evidence is the driver behind the enormous volume of unpaid claims in Ontario's court system.

If an insurers goal is to control costs and the victims goal is best possible recovery it's clear that without government influence those two roads will not converge and there is no 'pathway' to recovery. That insurers desire to control costs is apparent in the flawed CTI report which we see as putting significant obstacles in the recovery path. I'd ask you to keep in mind that this 'new' study (that cost 2.8 million dollars) looked at a mere 11 MVA victims for less than 6 months and as a result didn't provide any data on outcomes. And it is the outcome that matters if injured MVA victims are not to become a financial burden for insurers and ultimately taxpayers. CTI will restrict access to many treatments currently available to victims by slotting them into a box and streaming them through prescribed treatments regardless of age or individual needs. As a consequence many treatment providers will see themselves in conflict with their college guidelines or with limits on their ability to treat victims. If you ignore the 'streaming' part of CTI

what you are left with is fewer options for victim recovery. It is not an improvement, it is insurers saving dollars by downloading to the public.

I'd like to put in a word of caution in the care not cash approach and this is coming from someone who has a family member who has collected some SABs benefits for over 2 decades – keeping accident victims under the thumb of an auto insurer has a seriously negative component to both the victim and their family members. It means that victims will have to have a lawyer on speed-dial forever. For those individuals who will never fully recover a cash settlement will open doors of opportunity to re-invent themselves.

In respect to Tort claims we'd like to see the 'deductible' significantly reduced and the public, including juries, made aware that insurers may not have to pay this amount to victims and how that decision is made. We'd like to see thresholds such as the MIG and the CAT made obsolete – it isn't working, and the only thing these thresholds have done is create more adversity for victims while creating an opportunity for insurers to deny coverage.

As for unidentified opportunities we urge the government to take action to hold insurers financially accountable to the taxpayers for the over \$2 billion dollars the taxpayer has paid for the healthcare of victims in the last 11 years. The taxpayer is now paying more for victim recovery than insurers are. The insurer transfer to the Province needs adjusting now, not later and new data should be acquired since the 2016 cuts to coverage were not included in the HSPRN report.

Faster action needs to happen at FSCO when it comes to consumer complaints. We brought the improper use of credit reports by insurers in claims adjusting to the Superintendent 4 months ago. PIPEDA investigated and their decision was made available to FSCO so we have asked for an advisory to be sent out to all insurers. An advisory should not take 4 months when the reasons for doing so have been supplied by PIPEDA – it's unacceptable and is a good illustration of why a better complaints handling system is needed for Ontario consumers who deal with auto insurers.

Thank you.