

Questions on recent changes to accident benefits in Ontario

Q: What are the changes in accident benefits that took effect on June 1?

A: There are significant changes to the accident benefits that took effect June 1, 2016 for people who are injured in a motor vehicle accident. The limits for medical/rehabilitation benefits and attendant care benefits for both catastrophic and non-catastrophic injuries are being severely reduced. In addition, there are changes to the definition of Catastrophic Impairment which will dramatically reduce the number of injured people whose injuries will qualify as being a catastrophic impairment.

Q: How wide ranging are the changes and who will the changes affect?

A: The changes are as follows:
For Non-Catastrophic injuries, the previous \$50,000.00 for medical/rehabilitation benefits and \$36,000.00 for attendant care benefits has been reduced to a combined limit of \$65, 00.00 for both categories.

For Catastrophic injuries, the previous \$1,000,000.00 for medical/rehabilitation benefits and \$1,000,000.00 for attendant care benefits have been reduced to a combined limit of \$1,000,000.00

The Definition of Catastrophic Impairment has been changed for virtually every category of injury. The former Glasgow Coma Scale test has been deleted, essentially removing the only test which was available to have someone's injury deemed catastrophic at an early stage following the accident. The new definitions will build in a minimum of a six month delay, and often longer, in order to have an injured party's injury deemed to be a catastrophic injury, which would entitle them to the increased accident benefits funding.

Q: How will the changes affect hospitals and hospital workers?

A: The changes are going to have a huge impact on hospitals and hospital workers, particularly when dealing with seriously injured people. Under the new legislation, since very few people will qualify as suffering a catastrophic injury while they are still in hospital, there will be no entitlement to a case manager or other healthcare provider who can assist the injured party with the transition from hospital to rehabilitation facility or hospital to home. A few examples of how these changes are going to impact on the staff at hospitals:

i) If an injured person needs additional attendant care services or other services over and above what can be provided by a hospital, it is unlikely that such care will be able to be arranged, because the insurer will likely take the position that the person has yet to be deemed catastrophic, and therefore no approval of these services will be granted.

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ii) Hospital case managers and discharge planners will be forced into the role of organizing and getting approval from the insurer for all services required by the injured party upon discharge from hospital. In addition, hospital case managers and discharge planners will be asked by families to assist in deciding what medical/rehabilitation/attendant care services should take priority upon discharge from hospital, because injured people will be concerned about using up their reduced insurance limits too quickly.

iii) when a person is ready to be discharged from hospital, if their injury has still not been deemed catastrophic, there will likely be no private health care professionals (case manager, OT etc.) involved in the case, who will be able to assist in transferring the patient to a rehabilitation facility/home or to arrange appropriate assessments of the home to ensure that necessary modifications are made to accommodate the injured party's needs.

iv) since the overall limits for medical/rehabilitation benefits and attendant care have been cut in half, when people run out of these funds their only resort for continuing treatment and care will be to resort to the public health care system. Therefore hospitals are likely to be inundated with people coming back into hospital for treatment/care once their insurance funding runs out.

v) Since accident benefit funding is going to be cut in half for the most seriously injured people, many of these patients will have to make hard choices about what medical/rehabilitation/attendant care services they can afford to continue with in order to preserve this fund of money for future services. This may lead to people not pursuing various treatment or services which they require, which in turn can lead to slower recovery, deteriorating of their condition, or the development of other conditions which arise because the injured party did not get the benefit of all of the necessary treatment they required.

Q: What can we do as hospital workers to help patients and families in view of the reduction in benefits?

A: Hospital workers, social workers and discharge planners will have to work more closely with lawyers and private rehabilitation professionals to try to come up with a workable approach to assisting those seriously injured in a motor vehicle accident. It will be more important than ever that injured people and their family consult with legal counsel as soon as possible following an accident, to understand their rights and to begin planning for how to manage the limited accident benefits available for those suffering catastrophic injuries. ■

For more information about these changes contact Leonard Kunka at lkunka@thomsonrogers.com or go to the Thomson Rogers website at www.thomsonrogers.com

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