



Montie is a 62-year-old former HVAC contractor who was in a severe car accident while on his way to work. Today, he requires around-the-clock, in-home care — without it, he likely wouldn't survive.

In 2015, Montie was on his way to work one morning when an out-of-control semi-truck came barreling toward him, crossing the highway median and slamming into his driver's side. He flipped and landed on the roof of his work van. Montie sustained a severe, traumatic brain injury, including eight skull fractures and nine brain bleeds; a broken neck, cheek, and jaw; collapsed lungs; and a broken leg.

After suffering a stroke and coma, Montie required a two-year stay in an acute-care facility to recover. Montie was able to return home but still requires 24/7 care. I quit my job to tend to Montie, but he needs specialized care from a team of respiratory therapists and nurses. He needs breathing treatments four times per day, constant tube feedings, and is confined to a wheelchair.

Without access to the complex care covered by no-fault insurance, Montie would not survive. The treatments and services keep him breathing, communicating, and allow him to be the positive person he always has been. Being able to remain at home keeps him moving forward.

“ The fee schedule changes mean the difference between life and death for Montie. He will decline rapidly and die without the life-saving access to his team of specialized caregivers. I ask these lawmakers who refuse to act: if this was your family, would you allow them to die? ”

During the pandemic's early days, Montie got a preview of what would happen to him if he lost access to care when many of his services were temporarily halted. He got very sick and regressed quickly. Fortunately, this was only a short-term situation and he was able to recover.

However, the fee schedule changes slated for July 1 would mean the difference between life and death for Montie. We can't take a wait-and-see approach advocated by some lawmakers. He will decline rapidly and die without the life-saving access to his team of specialized caregivers. I ask these lawmakers who refuse to act: if this was your family, would you allow them to die?

- *Mary Schmier*
Resident of Dansville, MI

WHY WE NEED ACTION NOW

Montie is **one of roughly 6,000 patients expected to lose care** if HB 4486 and SB 314 are not passed well before July 1, 2021.

HB 4486 and SB 314 provide a narrow fix. **They do not rewrite Michigan's entire fee schedule or undo reforms.**

HB 4486 and SB 314 **preserve the cost controls implemented** in the auto insurance law passed in 2019.

According to a member survey by the Michigan Brain Injury Provider Council, **86% of post-acute care facilities have little or no confidence they will be able to remain open** after July 1 without HB 4486 and SB 314.

Support HB 4486 and SB 314

Put vulnerable Michigan citizens first

HB 4486 and SB 314 provide a **narrow, technical fix** to an unintended consequence of Michigan's 2019 auto insurance reform package — **without rewriting the entire fee schedule, adding costs to the system, or changing any other element of auto no-fault reform.**

This technical issue must be addressed well before the fee schedule written into the 2019 package goes into effect after July 1. If it isn't, 9 out of 10 post-acute centers do not have confidence they can continue to operate. Without access to these services, patients with horrific injuries from life-altering accidents will lose access to care, and face chaos and disruption in their recovery process. Your constituents deserve better!

What does this proposed legislative solution do?

- **Preserves access to specialized rehabilitative care** for people with serious injuries sustained in auto accidents — often as a result of somebody else's negligent driving.
- **Saves thousands of caregiver jobs**, according to a recent survey by the Michigan Brain Injury Provider Council.
- **Maintains cost controls** implemented as part of the 2019 insurance reform legislation.

Why should you support HB 4486 and SB 314?

- The bills offer a fair and reasonable cap on providers — no more than 200% of what Medicare will pay, just as the reforms dictate. **Providers are still held to their 2019 rates, if these rates are lower than the new fee schedule.**
- They allow **ethical practitioners** to remain in business.
- **They don't add costs to the system** while maintaining the long-term beds and services required to meet the needs of Michigan's patient population.
- **Time is of the essence**—even if the bills are passed quickly and immediate effect is granted, the 90-day waiting period puts additional strain on small businesses trying to keep their doors open to continue providing care.

Who supports it?

Affected patients and their families. If the new fee schedule goes into effect as is, even family caregivers able to keep their loved ones at home will see their reimbursement rates gutted.

Michigan voters. In a 2018 statewide survey, nearly two-thirds of voters said we have a responsibility to continue our long-honored promise to provide care for auto accident victims with catastrophic injuries.

Small businesses. The MBIPC survey found that 86% of providers had little to no confidence that they would be able to keep their doors open after July. Nearly 5,000 Michigan jobs are on the line — many in rural areas — in an already shaky pandemic economy.

Advocacy organizations, including:

- The Christopher and Dana Reeve Foundation
- The Michigan Assisted Living Association
- Disability Rights Michigan
- The Brain Injury Association of America
- Disability Network/Michigan