

Diane’s family was involved in a rollover accident after an impaired driver struck her car. If she didn’t have auto no-fault insurance, she would be in a nursing home and facing significant physical and emotional health issues.

My family was involved in a rollover accident five years ago after an impaired driver struck our car and changed our lives forever. While we were grateful that our children walked away from the accident, my husband suffered a brain injury and a broken hip, and I sustained a high-level spinal cord injury. **Today, I have paralysis from the neck down, although I have some use of my hands and arms after many hours of physical and occupational therapy.**

Because of my injuries, my relationship with my family has been severely impacted. I’m not able to do some things, like cooking, for my husband and kids like I could before the accident. However, because of my therapies, I’m able to interact with them a lot more than if I didn’t have them available.

If I didn’t have auto no-fault insurance to cover my medical costs and therapies, I believe I would be in a nursing home, likely in bed much of the time, due to paralysis/weakness and chronic pain, which is worsened by

inadequate movement. I would have significant emotional health issues, not being able to live with my family.

Instead, my husband cares for me about 85 hours per week, with home health aides making up the difference. **Without a fix to the fee schedule, our family will be negatively impacted if caregivers go out of business and can’t assist with care in our home.**

We paid our insurance premiums on time for several decades before the accident disrupted our lives. At that time, **our no-fault coverage guaranteed medical care and therapies in case of a catastrophic auto accident for as long as we needed it.** We should be able to access those benefits under the contract in force at the time of our accident in 2016. It is unthinkable that I and others who survived catastrophic accidents before January 2019 should have the guaranteed benefits we paid for taken away now.

- Diane Mills-Gutierrez
Resident of Okemos, MI



WHY WE NEED ACTION NOW

Diane is **one of at least 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 **preserve the cost controls implemented** in the auto insurance law passed in 2019.

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

The bills offer legislators a stark choice: Protect access to care for thousands of critically injured accident victims, as well as future accident victims—or take the side of big auto insurance companies, who have raked in record profits during the pandemic.



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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—this will be especially devastating for access to care in rural areas, in an already shaky pandemic economy.

Advocacy organizations, including:

- **The Christopher & Dana Reeve Foundation**
- **The Michigan Assisted Living Association**
- **Disability Rights Michigan**
- **The Brain Injury Association of America**
- **Disability Network/Michigan**
- **Michigan Occupational Therapy Association**
- **Michigan League for Public Policy**
- **Michigan Developmental Disabilities Council**
- **Michigan HomeCare & Hospice Association**