

Samuel had his whole life ahead of him after his high school graduation—but an auto accident left him with severe injuries and in a coma for three months. Now, he’s getting his life back thanks to the rehabilitative care he receives.

After my high school graduation, I was working at the Harvard Medical School laboratories on patients with Lymphomatoid Papulosis (LyP)—a disease my sister had developed —while taking pre-med classes at Michigan State University.

On my way home while on break, I crashed my vehicle into a tree. My skull and lungs were crushed, and my neck and spine were broken. **During surgery, while the doctors removed my spleen and some of my brain, my heart stopped. I was in a coma for three months.**

After I left the ICU, my health insurance refused to pay for an acute rehabilitation and would only pay for a nursing home. My no-fault insurance stepped in and agreed to acute rehabilitation. I was able to start brain stimulants and woke up a week later on my dad’s birthday. I could only move the toes on my right foot, but after seven months, I went home. The doctors said I wouldn’t walk or speak again, and I would always be tube fed.

I couldn’t speak or eat for two years and I was in a wheelchair for seven years. My dad and my mom, who is a trauma nurse, took over my care. **With the help of the incredible doctors, therapists, and my family, I’ve been able to regain my life. I completed my college degree in biology with the help of my cognitive therapists and have overcome many of my disabilities.** I am thankful to be alive, although I’m still recovering. I have to give credit to Michigan’s no-fault insurance and system of care for making this possible. My recovery was a miracle.

**I am deeply concerned that many of the medical providers and therapists I rely on will no longer be able to continue my care if the fee schedule is not corrected.** I am making a difference now because I was able to recover, I hope you make a difference and pass this legislation.

*- Samuel Howell*

Resident of Saint Charles, MI



## WHY WE NEED ACTION NOW

Samuel 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**