



Eric was a fourth grader out for a bike ride when a car slammed into him, leaving him in a coma for nearly a year. Now four decades later, he has quadriplegia and still struggles with brain seizures.

Eric was a typical fourth grader in 1983. While riding his bike to a friend's house, a car hit him. The impact sent him across the hood and into the windshield before slamming him onto the pavement. He had been in a coma for six months when the hospital decided to discharge him.

Searching the country, we finally found a Pittsburgh facility offering therapies to comatose children. It took five more months for Eric to smile when he heard his family's voices, and we were finally able to bring him home two years after the accident.

Eric continued aggressive therapies over the years and made steady progress: he eventually began eating on his own and his feeding tube was discontinued. Today, Eric has quadriplegia with limited use of his left arm and hand. He suffers brain seizures and is unable to speak but understands what is said. He communicates by pointing, nodding, and facial expressions.



Eric continually improves both cognitively and physically thanks to the excellent care he receives from his highly trained caregivers and therapists, and he would quickly and dramatically regress without them.



Eric continually improves both cognitively and physically thanks to the excellent care he receives from his highly trained caregivers and therapists, and he would quickly and dramatically regress without them. He loves being in the pool, going to movies, and participating in a therapeutic horseback riding program. He is very social and enjoys going to church and visiting with family and friends.

We feel it is important for Eric to remain at home so we can support and interact with him daily. **However, because of the limits placed on home care companies under the new fee schedule, Eric will lose the one-on-one in-home care he needs and deserves. As a result, he would likely be placed in a nursing home where he would regress—as they are not staffed to adequately offer the care needed—which would cause us all stress and emotional pain.**

*- Hlene, mother of Eric*  
Resident of Reed City, MI

### WHY WE NEED ACTION NOW

Eric 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.

**The Christopher and Dana Reeve Foundation,** a national nonprofit organization supporting the paralysis and spinal cord community.

**The Michigan Assisted Living Association,** a nonprofit organization with members providing services to over 42,000 persons throughout the state.

**Disability Rights Michigan,** a nonprofit that advocates and protects the legal rights of people with disabilities in Michigan.

**The Brain Injury Association of America,** a national organization serving and representing individuals, families and professionals who are touched by a traumatic brain injury.

**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 jobs are on the line — many in rural areas — in an already shaky pandemic economy.