

**STATE OF MICHIGAN**

MI Supreme Court

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**IN THE MICHIGAN SUPREME COURT  
ON APPEAL FROM THE MICHIGAN COURT OF APPEALS  
(Markey, P.J. and Shapiro [Author] and Patel, JJ.)**

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ELLEN M. ANDARY, a legally Incapacitated adult, by and through her Guardian and Conservator, MICHAEL T. ANDARY, M.D., PHILIP KRUEGER, a legally Incapacitated adult, by and through his Guardian, RONALD KRUEGER, and MORIAH, INC., d/b/a EISENHOWER CENTER, a Michigan Corporation,

Supreme Court No. 164772  
Court of Appeals No. 356487  
Ingham County Circuit Court  
Case No. 19-738-CZ  
Hon. Wanda M. Stokes

Plaintiffs-Appellants,

v

USAA CASUALTY INSURANCE COMPANY, a foreign corporation, and CITIZENS INSURANCE COMPANY OF AMERICA, a Michigan Corporation,

Defendants-Appellees.

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**AMICUS CURIAE BRIEF OF BRAIN INJURY ASSOCIATION OF MICHIGAN  
IN SUPPORT OF PLAINTIFFS**

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## STATEMENT OF AMICUS CURIAE INTEREST BIAMI<sup>1</sup>

The Brain Injury Association of Michigan (“BIAMI”) is a non-profit organization that serves as the conduit between approximately 200,000 brain injury survivors living in Michigan and the nation’s largest network of brain injury providers. BIAMI has over 1,000 members, over 500 of whom are brain injury survivors. 18,000 auto accident survivors living with traumatic brain injuries are currently receiving no-fault benefits in Michigan, and approximately 1,600 of those are receiving 24-hour lifetime care. According to the Michigan Public Health Institute, motor vehicle accidents is the second leading cause of traumatic brain injuries in the state (the first is falls).

At its core, BIAMI is a patient advocacy organization that strives to establish, protect, and preserve the laws, policies and systems that comprise Michigan’s brain injury care. BIAMI also seeks to help provide immediate and equal access to these services for all brain injury survivors and their families. BIAMI works tirelessly on a grassroots level through its 20 chapters and support groups across the state, which meet monthly to provide support and community involvement opportunities for brain injury survivors and family members. BIAMI also offers training to family members so that they can learn how to provide appropriate care to their loved ones who are brain injury survivors.

BIAMI presents this amicus brief to shed light on how the retroactive application of MCL 500.3157(10) will gravely impact brain-injured auto accident survivors and the family members who have committed themselves to their loved ones’ care. BIAMI fully embraces the arguments presented in Plaintiffs’ Brief on Appeal as to why this the Court of Appeals’ decision should be affirmed by this Court. Further, BIAMI wholeheartedly

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<sup>1</sup> Pursuant to MCR 7.312(H)(4), BIAMI states that neither party’s counsel authored this brief in whole or in part. BIAMI further states that none of the parties or their counsel contributed money that was intended to fund the preparation or submission of the brief and that no person other than BIAMI and its members made such a monetary contribution.

agrees with the legal analysis presented in the amicus brief of the Coalition Protecting Auto No-Fault. Because BIAMI relies on the Plaintiffs' Brief on Appeal and CPAN's Amicus Brief, the focus of BIAMI's Amicus Brief is to show this Court how the No-Fault Act has helped families with brain-injured accident survivors, and more significantly, how enforcing the new legislation against these families will harm those brain injury survivors.

### INTRODUCTION

Under the No-Fault Act of 1973, MCL 500.3107, first party insurance provides for reasonably necessary care for an injured person's care, recovery, and rehabilitation, which includes attendant care. Many brain injury accident survivors require 24-hour per day attendant care. There are 18,000 catastrophically injured auto crash survivors in Michigan and approximately 6,500 of those survivors require 24/7 care because of spinal cord, brain, or other traumatic injuries. The other 11,000 require some care, therapies, medications, home modifications, durable equipment, supplies, transportation, or other necessities provided through the No-Fault Act. These brain-injured auto accident survivors live at home with their parents, spouses, siblings, or some combination of family members. Often, family members have given up their careers so that they can take care of their loved ones, in reliance on their vested right to insurance coverage for that care. These brain injury survivors have been able to obtain superior care because the no-fault system protected them, and enabled family members to devote the 24/7 care these survivors require.

The new law caps reimbursement for family-provided attendant care at 56 hours per week (8 hours per day). MCL 500.3157(10). This limitation is imposed without regard to the extent of the brain-injured auto accident survivor's injuries or whether a doctor has prescribed more than 56 hours per week of attendant care. For those families who are

currently caring for critically injured auto accident survivors, the family will be required to bring strangers into their home to provide commercial in-home care for up to 112 hours every single week. The statute makes no exceptions for brain-injured auto accident survivors who require 24-hour care. The statute makes no exceptions for families who have been successfully—and economically—providing that care to the survivor patient for years. The statute makes no exception for family members who have given up careers, including careers in the medical field, to provide attendant care to their family members. The statute provides no exceptions whatsoever.

In addition, the statute places caps on the dollar amounts for medical equipment, transportation, medical care, and attendant care – cutting all of those items by 45%. These caps have not only actively harmed brain-injured auto accident victims and their families, but also the businesses who provided care to the auto accident survivors. Many of those business have closed since the new No-Fault Act went into effect (because the insurance industry immediately began to apply the Act retroactively) while others have had to turn away brain-injured auto accident survivors because they cannot afford to operate with only 55% of their business revenue.

The insurance industry’s goal is to continue to harm thousands of families – even after the published *Andary* decision by the Court of Appeals, which held that the Act could not be retroactively applied to those auto accident survivors who were injured in an auto accident before July 1, 2019 – by asking this Court to overturn the Court of Appeals’ published decision.

This amicus brief will endeavor to share with this Court some examples of the negative consequences that have resulted to brain-injured auto accident survivors and their families who have been wrongfully subjected to the retroactive application of the

new No-Fault law. This Court should issue an opinion or order that affirms the Court of Appeals' published decision.

### STATEMENT OF FACTS

This case was brought by Plaintiff-Appellants, in part, to challenge the constitutionality of MCL 500.3157(10), which limits No-Fault benefits for attendant care provided by family members to only up to 56 hours per week—effective July 1, 2021. When Defendants sought dismissal of the lawsuit, BIAMI filed an amicus brief in support of Plaintiffs.

On November 13, 2020, the Trial Court granted Defendants' motion to dismiss the case, and ruled that MCL 500.3157(10) applies retroactively to persons injured prior to enactment of the amendments to the act. The Court of Appeals ultimately reversed the Trial Court's decision in a published decision. The Court of Appeals held that the legislation could not retroactively apply to auto accident survivors and their caregivers for injuries incurred before the effective date of the statute. (08/25/22 COA Opinion, p. 13).

This Court granted leave and also granted BIAMI's motion to participate as amicus. (09/29/22 SCt Order). This Court directed the parties to address whether the Court of Appeals erred when it did the following:

(1) held that claimants injured before the effective date of 2019 PA 21 are not subject to the limitations on benefits set forth in MCL 500.3157(7) and (10); (2) held that application of the amended statute to such claimants would violate the Contracts Clause of the Michigan Constitution, Const 1963, art 1, § 10; and (3) remanded the case to the circuit court for discovery to determine whether the no-fault amendments, even when applied only prospectively, pass constitutional muster.

(09/29/2022 Sct Order).

## ARGUMENT

- II. **Retroactive application of the new No-Fault Act has actively harmed auto accident survivors and their families who relied on medical care, attendant care, medical supplies, and transportation pursuant to the insurance policies they purchased to protect their families and pursuant to the contracts they signed with the insurance companies after there was an auto accident causing a need for benefits under those policies and according to the No-Fault Act as it existed at the time of their accidents.**

A new or amended statute is presumed to only apply prospectively unless the Legislature indicated an intent to give it retroactive effect, and that intent is “clearly manifested.” *Seaton v Wayne Co Prosecutor (On Second Remand)*, 233 Mich App 313, 316; 590 NW2d 598 (1998); *Frank W Lynch & Co v Flex Technologies, Inc*, 463 Mich 578, 583; 624 NW2d 180 (2001). Retrospective application of a new law is improper where the law “takes away or impairs vested rights acquired under existing laws.” *In re Certified Questions*, 416 Mich 558, 572; 331 NW2d 456 (1982).

The retroactive application of MCL 500.3157(10) is improper because the Legislature did not express that it applies retroactively, and applying it retroactively impairs vested rights, impairs the insurance contracts formed prior to enactment of the amendments to the act—as injured persons paid premiums that were set based on the prior entitlement to payment for all reasonably necessary care—and violates due process. As the Michigan Supreme Court noted in *Shavers v Attorney General*, 402 Mich 554 (1978):

The existence of interests or benefits entitled to due process protection depends on the extent to which government activity has fostered citizen dependency and reliance on the activity. We are reminded: "It is a purpose of the ancient institution of property to protect those claims upon which people rely in their daily lives, reliance that must not be arbitrarily undermined.

Limiting the number of hours for family-provided care has no basis in quality of care and is overly broad in protecting insurers from fraud. The new act is arbitrary and has no rational basis. Moreover, the Trial Court here held that MCL 500.3157(10) applies retroactively to these brain injury accident survivors who receive 24/7 care. (11/13/20 Trial Court Opinion, p. 9).

This amicus brief will show how taking away that immensely successful and cost-effective care will be detrimental to the health and safety of these brain injury survivors. Accordingly, BIAMI advocates that this Court should not permit the retroactive application of MCL 500.3157(10), and instead allow those brain injury survivors who are receiving benefits from a no-fault auto insurance policy purchased before July 1, 2021 to continue to receive the reasonably necessary attendant care benefits that they purchased with their insurance policies, and as existed at the time of the auto accident that caused their brain injuries. Therefore, BIAMI asks this Court to issue a decision affirming or adopting the Court of Appeals' published decision.

The alternative has been devastating for these auto accident survivors and their families. Families will be required to hire strangers to provide attendant care services because the family members cannot afford to care for their loved ones 24/7. Family members who abandoned careers to care for their loved ones will face financial hardship and may need to pursue new employment, while leaving their loved ones in the care of strangers. Everything changed for these brain-injury accident survivors and their families on July 1, 2021 due to the retroactive application of this legislation and the Trial Court's decision.

Many of the facilities who provide commercial in-home care are at risk of going out of business due to the fee schedules imposed by the Legislature. If family members can only provide 56 hours of paid attendant care (and only one family member can be



reimbursed for providing care) – and consequently are forced to work outside the home and bring in commercial care providers to cover the balance of the 24/7 required -- then it is critical that commercial care providers be able to operate their businesses. If these commercial home health care providers are forced to close their doors – and many of them have already done so or are in the process of doing so due to the new legislation putting them out of business – then family members may have no choice other than to institutionalize their loved ones and throw away all the progress they have made with family provided in-home care.

This Amicus Brief addresses the cost-effective and successful care provided by families to brain injury accident survivors before July 1, 2021, how those families and survivors have suffered since the insurance companies began retroactively applying the new no-fault law, and how commercial care providers have not been able to afford to serve these accident survivors under the draconian terms of the new no-fault law.

**A. Family-provided attendant care is often better than commercial in-home care by strangers, as brain injured auto accident victims have achieved greater improvements than expected, while simultaneously being more cost-effective than commercial care or institutionalization.**

For those brain injury survivors who can live at home, their family members provide hygiene care, such as helping use the toilet (or changing diaper), bathing and grooming, and assisting with dressing and undressing. Family members also assist the brain injury survivors with eating (for those survivors who are not intubated), moving them from a bed to a wheelchair, assisting with walking, meal preparation, and transportation. Many family members also provide necessary medical care, such as administering medication (including injections and upwards of 40 different medications each day), changing bandages and dressing wounds, and assisting with the use of medical

equipment. Family members provide socialization and reintegration, which is extremely important for the recovery of brain injury survivors. In addition to all of these necessary day-to-day activities in the life of a brain injury survivor, for those survivors who require 24/7 care, the family members are present to supervise and monitor their loved ones and are “on-call” all day and night to help the brain injury survivor from suffering further injury.

Many brain injury survivors live with multiple family members, such as their parents, siblings, nieces, and nephews. These family members re-arrange their lives to provide the full-time attendant care required by their loved one. Having a brain-injured family member literally becomes a family affair, particularly when the patient cannot be left unattended. For brain injury survivors, the day-to-day care under the new legislation is completely different than what it has been under the No-Fault Act. Retroactively applying the attendant care limitations of MCL 500.3157(10) will be injurious to the health of the brain-injured auto accident survivors. Patient care is higher quality care when it is rendered by properly trained, instructed, and supervised family members rather than a revolving door of aides and nurses sent from an agency.

Moreover, the family members who have sacrificed to care for the brain injury survivors will be subjected to an invasion of their privacy in their home by the new act. Because the act only permits 56 hours per week of family-provided care, the remaining 112 hours per week of care will have to be provided by strangers. This means that 66% of the care currently being provided by family members for patients requiring 24/7 care will need to be provided by others. There is not one single person who will be able to provide the commercial care. In fact, there will most often be an endless stream of strangers traipsing through their homes at all hours of the day and night in order to provide the required 24-hour care to the brain injury survivor. These strangers will often be “aides”

with less training than the typical family member who have devoted themselves to the full-time care of their loved ones.

There is no rational basis for MCL 500.3157(10) because family-provided attendant care is more economical than in-home commercial care for those patients who require 24/7 care and certainly less expensive than institutional care. The new act is irrational because its stated goal is to reduce insurance rates, yet retroactively applying its terms to brain injury survivors will be more expensive under the new act, as compared to the family-provided care under the No-Fault Act. Moreover, the quality of the commercial care provided by strangers, often who have less training than the family members, will most certainly be a lower quality care (but more expensive).

This Amicus Brief will share the experiences of just a few of the brain injury survivors (and their family members) that BIAMI serves.<sup>2</sup>

*The Howell Family.* At age 15, Sam Howell won the International Science Fair in biochemistry finding a cause of a disease from which his sister suffered. At age 18, Sam went to work at Harvard Medical labs to continue his research. A few months later, in February 2005, while Sam was home on break from Harvard, he sustained a traumatic brain injury in an auto accident. Sam's parents devoted themselves completely to his care. Sam's mother Maureen was a trauma nurse manager and neuro-nurse educator who

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<sup>2</sup> Much of the factual recitation in this Amicus Brief derives from phone interviews conducted by Attorney Liisa Speaker with Linda St. Amant, the mother of David St. Amant (interviewed on April 20, 2020 and February 2, 2023; Jim and Maureen Howell, the parents of Sam Howell (interviewed on April 20, 2020 and February 3, 2023); Laurie Oleksa, the mother of Danny Oleksa (interviewed on February 2, 2023), Heather Boyer, the daughter of Karen King (interviewed on November 21, 2022), Peg Campbell, a co-founder of an auto accident survivor advocacy group (interviewed on September 19, 2022), and Bob Mynarek, owner of First Call Home Health Care (interviewed on September 17, 2022).

taught other nurses how to treat brain injury patients, while James Howell was an attorney and Republican legislator representing Saginaw in the Michigan House (1999-2004). Jim worked for 2 years after the accident but had to quit his job as Maureen was unable to care for Sam without assistance. Later, Jim was the Chairman of BIAMI (2012-2014). (04/20/2020 Jim and Maureen Howell interview).

Sam was in a coma for 3 months. He remained in the ICU and his mother stayed by his side. Sam went into arrest and the on-call nurse did not know what to do, so Sam's mother stepped in and saved Sam's life. The doctor recommended a rehabilitation facility, and again, Sam's mother stayed by his side and provided Sam the majority of his care. Sam came home after 8 months of hospitalization. Sam's condition was still acute. He had to be turned every 2 hours, he required a feeding tube for 2 years, he could not speak for 2 years, and was in a wheelchair for 7 years. Sam had pituitary and pulmonary system failures, required every other day labs drawn by Maureen, and he used IVs, catheters, and tube feedings. Sam's spleen was removed and he is a high risk for infections. His parents worked very hard for Sam's condition to improve. Jim slept on a mattress in Sam's room for 2 years so that Maureen could have a good night's sleep, particularly since she spent all her waking hours caring for Sam's needs. (04/20/2020 Maureen Howell interview).

Sam has greatly improved. Sam attended college, both remotely and in-person (with his mother in the college hallway and a cognitive therapist in the classroom next to Sam). Sam obtained a B.S. degree in human health. Sam can feed himself. He walks without assistance inside the home, but otherwise requires stand-by assistance due to balance issues. When Sam is under stress or ill, he requires pills or injections of steroids to prevent adrenal crises. Although Sam has suffered 5 seizures due to adrenal failure, his mother has learned to assess his condition, so she recognizes the signs and can often prevent a medical crisis from occurring. Maureen has also trained her husband to give

intramuscular injections in the event of a seizure. Sam has never been readmitted to the hospital in 14 years. He has also never been left alone since 2005. (04/20/2020 Maureen Howell interview).

Sam is blind in his right eye and has balance issues. He is also a choking hazard. He has trouble using appropriate judgment, particularly when it comes to his safety. His brain does not recognize his left arm, so he needs cueing or assistance while doing simple tasks. He has difficulty with visually scanning his environment, which means he is a tripping hazard because he does not notice objects on the floor. Sam is unable to use divided attention; he cannot read and cognitively learn at the same time. In class, he cannot listen and takes notes. No doubt, Sam is a success story of the no-fault system, but he still requires 24/7 care. (04/20/2020 Maureen Howell interview).

Sam would be far worse off without in-home family-provided attendant care. Receiving commercial care is a tricky business. There would be a revolving door of aides. These aides would not know the patient. There are many reports of home healthcare workers stealing from the patient or the family. For a brain injury survivor like Sam who requires care 24/7, the family members would have to spend all their time monitoring the commercial care providers, at which point they may as well provide the care themselves. Sam's parents, having both left their jobs to commit themselves completely to Sam's care, would be without financial compensation for many hours of care, and may need to re-enter the workforce outside of the home. But doing so would be a dramatic change for Sam, who may suffer from medical crises due to the increased stress of having a revolving door of strangers in the home. In all likelihood, medical costs for insurers would increase, and at the same time, Sam's quality of care would be reduced as strangers with less experience take on more of his care.

On the financial side, under the former law, no-fault insurance also pays for the 24/7 attendant care provided by the Howell family, including 4 hours daily of RN care (by Maureen) but at far lower rate than a commercial RN. In fact, the rate paid is even less than a commercial LPN or aide. And certainly, the cost of family-provided attendant care for Sam is far less than the cost of Sam living in a nursing home or rehabilitation facility. (04/20/2020 Jim Howell interview).

Jim Howell noted that there are many ways for insurance companies to control and minimize the risk of abuse in the no-fault system. The insurance company can assign a case manager to come into the home to verify that the brain injury survivor is receiving the appropriate care from family members. And of course, the level of family-provided attendant care is dictated by a doctor's recommendation based on the needs of the brain injury survivor. The current no-fault system adequately protects the insurance companies, while allowing brain injury survivors to receive the most beneficial care possible – from their family members. (04/20/2020 Jim Howell interview).

*The St. Amant Family.* David St. Amant suffered a traumatic brain injury in an auto accident in 2003. He was 16 years old. David was in a coma for 3 months and spent more than 5 months in a hospital after the accident. David suffered a “full brain injury.” When he was released from the hospital, he could not walk for over one year. David's speech was unintelligible. David had to be retaught absolutely everything. A full brain injury survivor has to retrain his brain on how to move limbs, chew food, communicate, and see. Even today, David has to “mindfully swallow” which means swallowing is not a reflex but requires careful thinking to tell his muscles to swallow food. He is a fall hazard and a choking hazard. (04/20/2020 Linda St. Amant interview).

Once David returned home, David's parents took care of him full-time. Linda St. Amant was a dental hygienist, and Steve St. Amant was a prominent attorney in Ingham and Clinton Counties. For a time after David's accident, his mother continued to work as a dental hygienist, which required commercial care to come into their home for 8-9 hours per day for 4 days per week. The commercial care provided a false sense of security, especially when it came to David's outbursts, which occur regularly but are difficult to predict, especially for a stranger. When David would have outbursts, the commercial care provider would not know how to handle David and often their solution was to recommend medication to sedate David. In contrast, David's mother has learned how to anticipate and minimize outbursts, and when they do occur, she and other family members know how to manage David without medication. (04/20/2020 Linda St. Amant interview).

In 2010, David's parents attempted institutional care by placing David with the Hope Network, a very well-respected brain injury treatment center. David stayed at Hope Network for 4 months. Their idea was to move David to Hope Network so he would have more opportunities to interact. It did not work. David was extremely confused by the different caretakers in his room and being in a strange place—particularly one that he did not know before the auto accident. His parents brought him home because he fared better at home with fewer outbursts. (04/20/2020 Linda St. Amant interview).

When David's father passed away 10 years ago, Linda needed help. She had already stopped working as a dental hygienist and devoted herself to the full-time care of her son. But she could not provide 24/7 care alone. David's sister and brother-in-law (and their young daughter) decided to move from Arizona into the family home to help Linda with David's full-time care and so that an adult could always be home with David. (04/20/2020 Linda St. Amant interview).

When David was released from the hospital, his doctors told Linda that he would have all his noticeable improvement in the first year following the accident. The doctors were totally wrong. The continued therapy that David receives and the family-provided 24/7 attendant care is only available because of the No-Fault Act, and it has resulted in David continuing to improve even 17 years post-accident. David's family members organize his schedule to maximize the therapies and socialization available to him. (04/20/2020 Linda St. Amant interview).

Up until July 2021, David was doing well. He is articulate, has a sense of humor, enjoys music, ambulates with assistance of AxioBionics, a device that stimulates his muscle to replace the fact that his brain does not communicate with his leg (he is still a fall hazard), feeds himself (with supervision as he is a choking hazard). Reading was still a challenge because David's brain has difficulty doing two things at once—so he can read the words or he can comprehend the words, but his brain cannot do both at the same time. Instead, he could listen to a family member read to him so he can comprehend the words as he is listening. David enjoyed spending time with his extended family—the family who live with him along with visits from his brother and his 4 children. (04/20/2020 Linda St. Amant interview).

After 17 years of improvement, returning David to commercial care—which is what is required under the new legislation—would be returning him to the care of strangers, which failed in the past. David's mother left her employment to care for David full time. She has also proven more capable of controlling his outbursts than strangers. But without this Court's intervention, the Trial Court's ruling would prevent people like David from receiving the care that not only works best but is most cost effective. Not to mention that a revolving door of different commercial aides means that David's mother, sister, brother-in-law, and niece, would all be exposed to various strangers every day in their own home.



On the financial side, once her husband became ill, Linda St. Amant negotiated a contract with David's insurance carrier. She received \$5,500 per month for David's care. This includes the 24/7 attendant care by her and other family members, David's living expenses, and David's therapies. This rate has not been increased in over 8 years. Even by attributing the entire monthly allotment to 24/7 attendant care of a single family member, that is less than \$8/hour—far less than what commercial care would cost the insurance company. Yet this monthly amount has allowed Linda to stay home full-time and care for her son, as well as pay for his other necessary expenses. It is unthinkable to Linda and the rest of David's family who have devoted themselves to his care that the insurance company is willing to pay more for strangers to come to their home, while simultaneously reducing the quality of David's care. (04/20/2020 Linda St. Amant interview).

*The Park Family.* Robert Park shares how his family's life has changed after his sister Letrice suffered a brain injury in an auto accident. Letrice's auto accident occurred in 2006. Robert was 20 years old and returned home to provide full-time care to his sister. Shortly after the accident, Letrice was told she had a 10% chance of survival. The No-Fault Act enabled Robert to make his sister's care his full-time job. Due to her severe brain injury, when commercial care came into the home, Letrice had an adverse reaction. "She has great difficulty working with those she didn't know before the accident and often has seizures, outbursts and severe breakdowns when working with others. I have spent my time as her caregiver researching and creating programs for her recovery and rehabilitating her myself. The new law will take away my ability to care for her full time." (12/04/19 Robert Park letter to the Governor, attached as **Exhibit A**).

These families are only a small sampling of the families that will be affected by the retroactive application of the statutory amendments to MCL 500.3157. The Coalition Protecting Auto No-Fault (CPAN) conducted a survey of its members, and 187 of the 254 members who responded indicated that they provide attendant care services to an individual they knew or had a relationship with prior to the accident. (IBH No-Fault Business Survey, attached as **Exhibit B**; CPAN attendant care press release, attached as **Exhibit C**). For over 157 of those individuals, family, friends, and prior acquaintances provided more than 56 hours per week of attendant care services. Many of the individuals who responded expressed concerns similar to the families detailed above: that it would be financially difficult or impossible to continue to have family members provide attendant care with only compensation for 56 hours per week; that family members would likely have to obtain other jobs and turn the patient over to commercial care; that the patients do not respond well to strangers or change, and starting commercial care could make their conditions worse; and that commercial care is both less effective and costs more.

There is no rational basis for the new act's limitations on family-provided attendant care. In the vast experience of BIAMI, there is no question that family-provided attendant care is better than commercial care, but also that brain injury survivors fare worse, deteriorate, and lose progress when their attendant care is provided by strangers. The COVID-19 pandemic highlights how the new act will actively harm brain-injured auto accident survivors and their families. If the new act were in effect during the height of the COVID-19 pandemic, it would have forced brain injury survivors and their families to interact with strangers on an intimate basis every day, exposing the vulnerable brain injury survivors and their family members to the coronavirus.

Moreover, as witnessed in the examples above, properly administered family-provided attendant care has many benefits to the brain injury survivor, including substantial therapeutic value which cannot be replicated either in an institutional setting or by commercial attendant care providers.

**B. Retroactive application of new No-Fault Act has actively harmed brain injury survivors and their families.**

The new No-Fault Act went into effect on July 1, 2021. It did not take long before families and brain injury accident survivors began feeling the pinch – due to the insurance industry’s decision to immediately apply the new act retroactively. Numerous individuals lost the best care they could have received, while their family members suffered financial hardship, even though they abandoned careers in reliance on the No-Fault Act, in order to provide such care for their loved ones.

In 2022, BIAMI and the Michigan Public Health Institute commissioned an independent survey of brain-injured auto accident survivors to gauge how their lives have changed since July 1, 2021. Among the 498 respondents, the following outcomes were reported:

- Increased feelings of anxiety, depression, or despair - 66%
- Increase in health and medical problems - 33%
- Lack of progress in rehabilitation - 35%
- Increase in behavioral problems - 32%
- Unable to get needed Durable Medical Equipment - 18%
- Medication errors due to lack of support - 14%

- Unable to get medications or missing medical appointments - 8%
- Unable to get needed transportation - 15%
- Hospitalizations - 8%
- Had to move into other residential setting – 3%

BIAMI/MPHI, Survey Results from a Study Tracking Impact of the 55% Fee Cap and 56-hour Family-Provided Home Care Limit on Crash Survivors Following the 2019 No-Fault Auto Insurance Reform, pp. 15-16 (September 21, 2022) (survey attached as **Exhibit D**).<sup>3</sup>

Discussion with family members of brain injury accident survivors reveal how much the retroactive implementation of the new no-fault law has impacted all survivors injured before July 1, 2021.

Follow up with the St. Amant Family. Linda St. Amant and her daughter's family continue to care for David St. Amant. However, cutting the reimbursement rate to 45% reimbursement has really hurt the family financially. The family suffered under the cuts for 18 months, but fortunately recently were able to resolve it with their insurance company. During those 18 months after July 1, 2021, the family had trouble making their mortgage payments. They had to pay for many of David's treatments out-of-pocket because the providers would not work with the no-fault carriers, but then the family was only reimbursed for 45% of what they paid. In addition, like many families, David lost his transportation services because the transport companies could not afford to operate

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<sup>3</sup> For more detailed analysis of the BIAMI/MPHI survey, see the Amicus Brief filed by Steve Hicks on behalf of the Michigan Brain Injury Provider Council (MBIPC). (02/06/2023 MBIPC Amicus Brief).

under the pay rates authorized by the no-fault law. Linda St. Amant is still searching for a new transportation provider. (02/03/23 Linda St. Amant interview).

Previously, the insurance company was paying for Linda to provide attendant care for 16 hours per day (or 112 hours per week), but they reduced the hours to 56 per week and only paid for Linda's care. This reduction occurred in spite of the fact that David's sister and her family relocated to Michigan and moved into the same house to help care for David. (02/03/23 Linda St. Amant interview).

The St. Amant family had been trying to prepare for a home modification project for a number of years so that David would have a bedroom that was wheelchair accessible. But due to the rates authorized by the no-fault law, they are not even able to obtain bids to satisfy the insurance company because the building contractors will not be paid in full for home modifications under the new no-fault law. Linda approached a contractor who she had previously used, but they required a substantial down payment up front to work on the home modification, which the family cannot afford and then only to have the insurance company delay reimbursement and only reimburse at 45%. (02/03/23 Linda St. Amant interview).

Sadly, David is backsliding in his recovery. He is having more trouble with balance and he cannot be left alone. Linda is concerned about the downturn in David's abilities. It represents another loss for the family and David is aware that he is backsliding despite his best efforts. (02/03/23 Linda St. Amant interview).

Follow up with the Howell Family. Undoubtedly Sam Howell has a special situation due to his mother's nursing career before his accident. Sam still has seizures and Maureen is up with him 2 to 3 times per night. Jim retired so he could help provide Sam's care.

But under the current law, only one person can be paid and only 56 hours per week, even when the survivor requires 24/7 hour care. (02/04/2023 Maureen Howell interview).

The Howells took a voluntary cut to their contract once the new no-fault law went into effect to avoid the expense and delay of a lawsuit. Like many other families, however, the Howells have to deal with the utilization reviews under the new no-fault law. Due to Sam being crushed on his head, his spine is twisted, which means one hip will come higher. This causes falls, which are especially dangerous for a brain injury survivor. To alleviate this physical situation, Sam has been receiving myofascial treatments with an occupational therapist. He used to receive those treatments three times per week, but due to his hard work, he is down to one time every two weeks. Now every month, the insurance company wants to perform a utilization review, claiming that the myofascial treatment has “gone on too long.” Due to Sam’s injuries, however, he will need myofascial treatments for the rest of his life. (02/04/2023 Maureen Howell interview).

The Oleksa Family. Laurie Oleksa is the mother of Dan Oleksa. Dan was 11 years old when he suffered a severe (anoxic) brain injury in 2003. Dan has no functional movement, he is tube fed, suffers from a severe seizure disorder, and is in a wheelchair. When Dan came home from the hospital, he required 24/7 skilled nursing care. Laurie was married at the time to Dan’s father, but they divorced 4 years later. Laurie has been a single mother caring for her son for the past 16 years. (02/03/2023 Laurie Oleksa interview).

Laurie is completely in charge of the management of Dan’s care. Health Partners provided the skilled nursing that Dan requires. Due to the 24/7 care, Dan has 4 nurses plus his mother. One nurse was with them since 2003, another for 17 years, and the most recently hired nurse had been there for 6 years. Sadly, once the insurance companies began to

retroactively apply the new No-Fault Act, and particularly the 45% price cut, Health Partners went out of business. Over 500 people lost their jobs with Health Partners' closure.<sup>4</sup> (02/03/2023 Laurie Oleksa interview).

Laurie and Dan were in desperate straits when Health Partners closed. Another local provider, Bob Mlynarek of First Call Home Healthcare, took their case and hired Dan's longtime nurses to continue to provide Dan's care. But due to the insurance cuts, Mlynarek's company is not able to pay those nurses any overtime, cannot provide them benefits or sick time, and their wages were cut. Slowly, one by one, the nurses could not afford to work for reduced pay and they had to leave. Dan was left without any care for an entire month, leaving Laurie to do everything on her own 24/7. The insurance company assigned a new provider, but the home health care provider was merely a contract worker who had never worked with that provider before, was told she could live at the Oleksa house, that she would be paid \$600 per day, and that Laurie would take care of Dan at night. Thankfully, after one month, the insurance company settled a contract with Mlynarek, so he could send out care professionals to the Oleksa home. Yet the insurance company delayed reimbursing Mlynarek for 5 months, causing great financial harm to Mlynarek's company. Laurie continues to be the sole care provider for 60 hours per week (4 night shifts and 1 day shift). Although at 62 years of age, Laurie worries how long she will be able to sustain this schedule. (02/03/2023 Laurie Oleksa interview).

We Can't Wait Advocacy Group. The stories of families suffering even worse than the ones described above are too many to recount here. Several members of BIAMI have formed a grass roots FaceBook advocacy group called "We Can't Wait" so that the families

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<sup>4</sup> For more details about Health Partners, see the Amicus Brief on Michigan Brain Injury Providers Council. (02/06/2023 MBIPC Amicus Brief).

and caregivers of brain-injured accident survivors could share their horror stories of how the loved ones and families have suffered since the insurance industry began to retroactively apply the new No-Fault legislation. (09/19/2022 Peggy Campbell Interview). The organization is called “We Can’t Wait” for a reason – these accident survivors’ lives are literally on the line and their families are facing destitution and mounting debt just to provide a fraction of the care that the accident survivors were receiving before July 1, 2019. Jackson, Supporters of car crash survivors start summer protest series, Michigan Radio (July 12, 2022) (attached as **Exhibit E**).

Although We Can’t Wait was only formed in April 2021, the group has grown to nearly 9,000 members. (09/19/2022 Peggy Campbell Interview). Co-founder Peggy Campbell explained that “Every day there are stories of the devastation that is taking place because of the change.” (09/19/2022 Peggy Campbell Interview). Ms. Campbell recounted: “There are different stories and tragedies but one underlying theme. Before the reform, survivors were leading meaningful lives, although life proved a challenge, most living happily on their own, with their families or in specialized facilities. Care and therapies were provided through or by family members.” (09/19/2022 Peggy Campbell Interview). However, since the new No-Fault law went into effect on July 1, 2021, “it has been a downward spiral for survivors, care agencies, providers and specialized facilities. They go hand in hand. Survivors and families had a normalcy and quality of life that came to a sudden halt with the implementation of the reform that cut reimbursements by 45%. Many agencies and specialized facilities changed their business model, no longer accept auto accident patients, or closed. This has been disastrous to survivors and families left without care, not to mention thousands of caregivers without work.” (09/19/2022 Peggy Campbell Interview).



Maureen Howell is one of the co-founders of We Can't Wait. She continues to hear stories of non-payment by insurance companies, even after this Court denied the motion to stay the precedential effect of the *Andary* decision. (02/04/2023 Maureen Howell interview). In rural areas, there are not care provider companies available, so brain injury survivors have to rely exclusively on their families – or be institutionalized. Some families have been left with no choice other than to hire an attorney and file suit so they can receive the benefits they were entitled to. (02/04/2023 Maureen Howell interview). But even winning in court may not provide relief to the families of brain injury survivors due to the attorney fees and other costs associated with litigation. (02/04/2023 Maureen Howell interview).

Peggy Campbell described the devastation she has observed among the members of We Can't Wait. “The other devastating consequence of the reform is the 56-hour limit on family care. One of the most humane aspects of the prior No-Fault Act was that families could provide care for their loved ones or continue working in their career fields while their loved ones were cared for by agency caregivers, relatives, or friends. Sometimes family members are forced to abandon their careers because caregivers did not show up or were not properly trained. Some survivors with a TBI were intolerant of strangers, exhibited bizarre behaviors, were belligerent or refused to take direction from a caregiver. A benefit of the prior No-Fault Act was these family members could be compensated as a caregiver which allowed them to pay bills, while also being far cheaper for the insurance company than a professional agency.” (09/19/2022 Peggy Campbell Interview).

Ms. Campbell shared that there have been recurring problems with the new No-Fault law because it has made it “nearly impossible for family members to work outside the home because there are no outside caregivers coming into the homes due to the 45%

pay cut.” (09/19/2022 Peggy Campbell Interview). The tragedy continues for these many families struggling to get by: “without that income provided by being the caregiver, they cannot pay bills and increasingly they are losing their cars, homes, and are having to move in with relatives, often aged parents.” (09/19/2022 Peggy Campbell Interview).

Konstantinov story. Former Red Wings hockey player and brain-injured auto accident survivor, Vladimir Konstantinov, has helped bring attention to the havoc wreaked on auto accident survivors since July 1, 2021. “Next week, Konstantinov is in danger of losing the round-the-clock care that has enabled him to remain home. Due to the high costs of such care and changes to a Michigan law, he might be moved to an institution where restraints or medication would be necessary to keep him safe.” Lage, New law puts NHL great Konstantinov’s 24/7 care in jeopardy, Associated Press (May 27, 2022) (attached as **Exhibit F**). State representative Phil Green (Republican) sponsored a bill to raise the reimbursement amounts for rehabilitative treatment and home-based care. He noted that, while both the health care and insurance side “need[ed] a hair trim,” the reality from the new No-Fault Act is that “the home health attendant care as well as the rehab facilities” received “more of a scalping.” Lage, New law puts NHL great Konstantinov’s 24/7 care in jeopardy, Associated Press (May 27, 2022). Yet in spite of these tragic stories, the Legislature has failed to fix the legislation.

Brian Woodward. Another tragic example of how the new No-Fault legislation impacted auto accident survivors is the case of Brian Woodward. Mr. Woodward did not suffer a brain injury, but instead was rendered quadriplegic by his auto accident. In spite of his physical limitations, Mr. Woodward represented a true success story of the no-fault system – until 2021 and the retroactive application of the new No-Fault law. See In the

Name of the Law, Woodward Segment, WLAJ 53, Season 3, Episode 9 (aired on July 13, 2022). (<https://youtu.be/mj5JChEE85A>).

After his auto accident, Mr. Woodward was gainfully employed as a contractor at Ford Motor Company. But on July 1, 2021, his caregivers could not afford the 45% cut to reimbursements. Due to the loss of his caregivers, Mr. Woodward had no choice but to abandon his home which had been modified to accommodate his lifestyle and needs. He was forced into tiny room in a nursing home, which nursing home was not prepared to care for a disabled catastrophically injured person. The result was that Mr. Woodward was in and out of the hospital with various infections and almost died of sepsis. (02/04/2023 Maureen Howell interview). He now lives in a rehab facility. His quality of life is greatly diminished. He can no longer participate with his church, sing in the choir, manage a little league team, or be a sportsman. The rehab facility is ill-equipped for the care he needs and they did not even have staff to help him get out of bed so that he can use his computer. (02/04/2023 Maureen Howell interview). Rather than live the fulfilling life that he had created for himself post-accident, he now just lies in bed all day. (02/04/2023 Maureen Howell interview). He lost his job, health insurance, dental and vision care, and 401K. Colthorp & Clarke, Man paralyzed in crash speaks out against Michigan's no-fault auto reform: 'I had a life. I don't have one now. Click on Detroit (March 21, 2022).

- C. The retroactive application of MCL 500.3157(7), which limits reimbursement to healthcare providers, has resulted in commercial care providers being unable to sustain viable businesses and their patients losing care.**

MCL 500.3157(7) cuts reimbursement to providers by 45% for types of care for which there is no corresponding Medicare code, which includes most services provided by brain injury rehabilitation centers. A recent survey of over 110 brain injury rehabilitation providers across Michigan commissioned by the Michigan Brain Injury Provider Council indicates that 86% of those providers have no or very little confidence they will be staying in business after July 1, 2021. (MBIPC Survey, attached as **Exhibit G**).

Since the insurance industry began to apply the new No-Fault legislation retroactively, 6,857 crash survivors have been discharged from local care providers, and 4,082 health care workers have lost their jobs. Martin, Look at the facts and act': 2nd report on impact of No-Fault law changes is released, Fox 17 (August 11, 2022) (attached as **Exhibit H**). The report found that 10 care companies have had to close their doors completely since the changes took effect, while 14 more companies expect to close in the next 12 months." Martin, Look at the facts and act': 2nd report on impact of No-Fault law changes is released, Fox 17 (August 11, 2022).

A survey conducted by IBH Analytics of firms who serve persons injured in auto accidents indicated that 90% of firms anticipate a reduction of services offered for traumatic brain injury patients once the law takes full effect in July 2021. (IBH No-Fault Business Survey). 57% of those firms stated that they are likely to exit the business of serving individuals injured in auto accidents. Almost all of the firms cannot sustain quality services with a 45% pay cut.

Health Partners indicated it will be unable to continue business and expects to close its doors on June 30, 2021. (04/13/21 Affidavit of John G. Prosser for Health Partners, II, ¶ 6, attached as **Exhibit I**). Indeed, Health Partners did close, as described above with the experience of the Oleksa Family. Many other companies saw the writing

on the wall before July 1, 2021 – they had to close their doors or stop taking auto accident clients. (04/29/21 David Hutchings Affidavit for Eisenhower Center – forced to close by December 31, 2021, attached as **Exhibit J**; 04/29/21 Aspire Rehabilitation Letter – closing doors on June 30, 2021, attached as **Exhibit K**; 05/03/21 Joseph Richert Affidavit for Special Tree Rehabilitation System – forced reduction of services starting July 1, 2021, attached as **Exhibit L**).

In addition, the CEO of Neurocare Home Health said his “business was severely impacted by the reform. He said for about every hour of care they give, they lose about five dollars, which adds up fast.” Holland, “We can’t give up”: Auto crash survivors rally for no-fault reform in Lansing, WTOL (April 12, 2022) (attached as **Exhibit M**). “Larger facilities are also feeling the pinch from the insurance reimbursement cap for auto crash survivor clients. BSHS, Beaumont Health and Spectrum Health's chief financial officer said in the eight months since the changes were in effect, their payments were cut by \$65 million. ... One of the biggest impacts of the reform for Spectrum Health is closing Residential Rehabilitation, a long-term neuro care program.” Holland, “We can’t give up”: Auto crash survivors rally for no-fault reform in Lansing, WTOL (April 12, 2022).

One commercial care provider expressed the anguish for his patients who have now lost care. Bob Mylnarek of First Call Home Healthcare shared that many of his patients have experienced serious regression since July 1, 2021: “I have patients that were progressing, learning to walk and talk again, then insurance stopped paying for therapies and transportation to the sessions.” (09/17/22 Bob Mylnarek Interview). Mr. Mylnarek had another patient on a ventilator and with a doctor’s prescription for a nurse and aide. But instead “All companies have left because of low reimbursement for such a high acuity case. Insurance is paying non trained family \$13 per hour. No nurses.” (09/17/22 Bob Mylnarek Interview).

Karen King family. Karen King sustained serious injuries in an auto accident. While 71-year-old survivor she still lives independently at her home in Potterville, she had commercial attendant care 7 days per week and 4 hours per day. That care was supplemented by her daughter Heather Boyer, who lived twenty minutes away. Due to her brain injury, whenever there is a disruption to Karen's routine, it causes anxiety and impacts her entire day and week. Typical of brain injury accident survivors, Karen struggles with poor judgment and balance. She also has difficulty with her knee and hip, which limits her mobility. (11/21/2022 Heather Boyer interview).

Those disruptions went into overdrive with the new No-Fault Act. In June 2021, Karen received a letter from Optimal Medical Staffing and Home Care, her attendant care provider, stating they could no longer service her due to the no-fault cuts. (06/17/21 Optimal Letter, attached as **Exhibit N**). Karen was left without any commercial care, and now relies almost completely on her daughter. In June 2022, Karen's daughter had to quit her job so she would have a more flexible schedule and now can only do freelance work. Because Karen does not have attendant care, she now needs modifications to her home (such as lowering kitchen cabinets and safe bathroom accommodations). Yet she cannot afford to pay for these needed modifications. In addition to attendant care, Karen's medical transportation went out of business in 2022 and there is no alternate transportation in Potterville. Now Karen's daughter has to make sure her mother gets to all of her doctor's appointments. (11/21/2022 Heather Boyer interview).

### **CONCLUSION AND REQUEST FOR RELIEF**

Retroactive application of MCL 500.3157(10) has actively harmed brain injury survivors who receive family-provided attendant care, while costing the insurance industry and taxpayers more money. BIAMI respectfully requests this Court affirm the

Court of Appeals' decision in *Andary* so that brain injured auto accident survivors, their families, and the commercial care companies can provide the care as intended when the survivors sustained their injuries.

February 6, 2023

/s/ Liisa R. Speaker  
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## CERTIFICATE OF COMPLIANCE

I hereby certify that this document complies with the formatting rules in MCR 7.205 and MCR 7.212(B). I certify that this document contains 9,428 countable words. The document is set in Georgia Pro, and the text is in 12-point type with 1.5-point line spacing and 12 points of spacing between paragraphs.

/s/ Liisa R. Speaker  
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## AMICUS CURIAE APPENDIX

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# Tab A: 12/04/19 Robert Park letter to the Governor

**mlevandowski@cpan.us**

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**From:** donotreply@votervoice.net  
**Sent:** Wednesday, December 04, 2019 5:11 AM  
**To:** Martha Levendowski  
**Subject:** Protect the right to recover. Fix the new auto insurance law.

Martha Levendowski:

User Robert Park has sent message to following recipients:

- \* Governor Gretchen Whitmer
- \* Senator Adam Hollier
- \* Representative Joe Tate

The content of the message is as follows:

[The message(s) you sent had each recipient's salutation here]:

Below is some information that I have written about my personal story as a family caregiver and how my sisters life and future are in jeopardy. We are not alone there are thousands of recovering persons and family members that care for them whose lives will be destroyed if the law goes through as is. The good news is that the final details haven't been written and there's still time to change people's minds and bring to their attention what the new auto no fault law really means to both drivers and accident victims. Thank you for your time and please let me know if you'd like more information? I'd love the opportunity to talk to you more about it. I have a passion for helping people who are differently abled have a good quality of life and this new bill strips auto accident victims of their "right to recover" something that was promised to them under the old law.

It was 2006 on "Good Friday" my sister was in an auto accident and sustained many injuries to her body and her mind. She broke her femur, ulna and tibia and shattered her sacrum. In addition to this she sustained a severe traumatic brain injury. She was given a 10% chance to live and despite that small chance of survival she came through and lived. For me and my family it was the best "Good Friday" of our lives because God allowed her to live and allowed us to keep her. I slept in the hospital's ICU wing for a month and a half until she recovered enough to go home. I never left the hospital and lived in the waiting room during that time. I didn't know at the time just how hard her recovery would be for her or for my family. I was caught in a difficult situation and had to choose between living my life as a twenty year old or caring for my sister full time. I made the decision to care for her full time because it was the right thing to do and because she deserved it. Under the old law I have been able to be her full time care provider and in that time myself and her medical team have taken her from a 10% chance to live to make it to her recently celebrated 36th birthday. Had the law been the one that was just passed I would not have had the opportunity to take care of my sister full time and I would have had to bring on outside people. However because of her severe traumatic brain injury she has great difficulty working with those she didn't know before the accident and often has seizures, outbursts and severe breakdowns when working with others. I have spent my time as her caregiver researching and creating programs for her recovery and rehabilitating her myself. The new law will take away my ability to care for her full time. This is something that was promised to her under the unlimited lifetime benefits part of the previous no fault law. The main thing that we are fighting for is to show people that this new law will take away care from people like my sister and it will not save them any money, which is how the law was passed in the first place. I believe that when we work together we all win. By allowing people who are differently abled as a result of an auto accident to properly recover we can help make our whole society better. Under the new law I will have to stop taking care of my sister full time and bring on strangers to care for her. Not only will this not work for us but it will also cost much more money as agencies can charge two to three what a family caregiver can

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charge. I have more details that I'd like to share with you but I wanted to give you a condensed version to give you and idea of what the situation is and how our lives have been improved by the old law and how they will be drastically changed by the new law.

For years, Michigan's no-fault system offered unparalleled medical care and rehabilitation for auto accident victims. Now, under the law passed earlier this year, many motorists will be woefully underinsured and won't be able to afford needed rehabilitation or therapy. I and many other survivors will have nowhere to turn without the help of specialized rehabilitation centers that have changed the lives of so many.

The new law will likely raise taxes in Michigan, as more accident victims are forced to declare bankruptcy and end up on Medicaid. Further, Medicaid nursing homes do not have the space nor specialized care available to support traumatically injured patients. The 56-hour attendant care limit is devastating to people who need round-the-clock care.

We're counting on you to make the right choice for your constituents. I urge you to look at the law, look at its shortcomings, and work together before it fully takes effect to ensure it protects drivers, accident victims and all consumers.

Thank you for your service to Michigan.

Sincerely,

Robert Park

[User's postal address was included here]

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## Tab B: IBH No-Fault Business Survey

# MI LAW CHANGE BUSINESS IMPACT

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## Survey Details

IBH Analytics conducted an industry survey to determine the impact of changes to Michigan's No-Fault Insurance laws that came into effect in July of 2020. IBH Analytics surveyed firms who serve those who have suffered injuries from vehicle accidents. The firms invited to participate in the survey were contacted via an email list provided and are all located in the State of Michigan. Firms self-reported their projected impacts once the laws come into full effect.

## Impact to Services

**A negative impact to services provided:** 90% of firms estimate a reduction in services offered for TBI clients once the law is in full effect. 0% believe that they will be able to expand their services for TBI clients and only 10% believe that their services will stay the same once the law is enacted.

**Exiting the business:** 57% of firms stated they are either very likely or likely to exit the business of serving individuals who have experienced a vehicle accident. 29% of firms reported they were unlikely or very unlikely to exit the business of serving individuals who have experienced a vehicle accident 14% of firms that were indifferent to this question.

**Fee schedule to sustain quality services:** Almost all firms note they cannot sustain quality services at the fee schedule enacted to begin July 2021. The average pay cut an organization can withstand while continuing to provide quality services is 13.7% compared to enacted pay cut of 45%.

## Impact to Revenue

**Confidence in replacing no-fault revenue severely diminished:** 72% of firms are not at all confident that they would be able to replace No-Fault revenue due to the law that has been enacted. 16% are only slightly confident in their ability to replace No-Fault revenue while 8% are moderately confident. Only 3% of firms are highly confident that they would be able to replace No-Fault revenue.

**Change in annual revenue:** 81% of firms estimate a decrease in annual revenue due to the law enacted. Approximately half of these estimate a decrease in revenue of 50% or more with 9% estimating a 100% decrease in revenue. 19% of all firms estimate no change or a positive change to the firm's annual revenue due to the newly enacted law.

# REVENUE AND EMPLOYEE IMPACT

Across all organization settings the average number of full-time employees in 2021 is projected to decrease from 2019. The table to the right shows the average annual revenue percent change estimate by organization setting along with 2019 and projected 2021 average full-time employee counts.

With the number of full-time employees projected to decrease in 2021, industry layoffs are expected to occur.

Percent Change in Revenue by Organization Setting with Full-Time Employee Summaries				
Organization Setting	Number of Firms	Revenue Percent Change	2019 FTE	Projected 2021 FTE
Acute Care Hospital	5	-39%	308	254
Inpatient Rehabilitation Unit within an Acute Care Hospital	5	-45%	153	119
Specialty Care Hospital (Long Term Acute Care Hospital)	4	-39%	33	29
Free Standing Rehab Hospital	3	-48%	29	25
Subacute Rehabilitation Facility	6	-38%	749	314
TBI Residential Program (AFC licensed beds)	13	-45%	1,360	755
TBI Residential Program (Semi-independent or apartments)	12	-45%	1,002	510
Outpatient Rehabilitation (Hospital Based or affiliated)	4	-45%	127	97
Outpatient Rehabilitation (Non-Hospital Based – Private)	19	-45%	1,212	627
Vocational Programs/ Sheltered Workshops	9	-37%	1,042	496
Private Practice	20	-36%	388	329
Home Health Care	13	-31%	1,555	1,030

## SUMMARY OF IMPACTS

72%

of firms are not at all confident that they will be able to replace the lost No-Fault revenue

OVER HALF

of firms are likely or very likely to exit the business of serving individuals who have experienced a vehicle accident

9 OF 10

firms estimate a reduction of services once the law is in full effect

13.7%

the average pay cut a firm can withstand while continuing to provide quality services

## Tab C: CPAN attendant care press release



**\*\*FOR IMMEDIATE RELEASE\*\***

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[517.582.0084](tel:517.582.0084)

### **CPAN survey finds vast majority of Michigan accident victims who receive in-home care are concerned about their future**

*Home care elements of no-fault reform will cause chaos for vulnerable patients*

LANSING, Mich.—(April 29, 2021)—A new **CPAN** survey of Michigan auto accident victims and their home-based attendant caregivers—often family members—finds that the majority are deeply worried about how they'll continue to function after impending cuts to reimbursement rates are enacted.

2019 changes to the no-fault insurance law which take effect this July limit reimbursement for in-home family-provided attendant care to 56 hours per week—even if the patient requires help and supervision around the clock. If the patient requires additional care beyond 56 hours per week, he or she will have to turn to a commercial agency. In addition to this hourly limitation, a new fee schedule cuts reimbursement rates for attendant care by 45% after July 1, 2021. This will have a devastating impact on both the family members and the commercial agencies that provide home health care. Family members will be unable to adequately be compensated for their services and commercial home health care agencies will be forced to lay off staff or close their doors entirely, leaving many patients without recourse to get the care they need.

CPAN's survey found that the majority of provider respondents (56%) deliver home-based attendant care services to patients that need 24/7 care. Nearly half of accident victims have been receiving attendant care for more than five years and rely on routines that allow them to live with some measure of independence and dignity. Fifty percent of accident victims are cared for at home exclusively by family members.

There were 568 total responses to the survey, which gave users the opportunity to anonymously tell their heartbreaking stories.

"I had to quit my job in 2009 due to the severity of issues she encounters on a daily basis," one caregiver said. "Things have worsened over the past couple years and I have to be with her 24/7

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because NO ONE understands her or her reactions as I do. She has five types of seizures, a traumatic brain injury, is non-verbal, has left side hemiparesis and has over 50 allergies to medications... she requires my attention every second of the day. Her survival is crucial to my diligence and detail of her everyday care.”

Another caregiver added: “If we are limited to 56 hours of care a week, Angie will drastically lose her care... care that keeps her from injury or death.”

Said another: “Our family doesn’t want our daughter to go into a group home or other facility... my daughter would be extremely lonely without her loved ones nearby.”

A whopping 81% of patients said they are concerned that the services they receive are going to be affected by the 56 hour per week limitation, throwing vulnerable Michigan residents into chaos while they’re contending with a resurgent pandemic that continues to rage across the state.

“I have been providing attendant care to my brother for almost 14 years,” a caregiver said. “I made a decision to walk away from my career to help with his care. I knew family being involved was the key to him surviving. I am the one who changes his trach (tracheostomy tube) monthly. I am the one who drives him to all his appointments. I am the one who is there to wipe his tears when he gets depressed.”

In addition to issues with access to care, patients and family members are concerned about having to rely on commercial providers. In many cases, family-provided attendant care is the best suited for the patient’s needs. Having to get additional care from a commercial agency would result in a disruption of the care system that the patient is used to and oftentimes does not provide the patient with the same level of care and dedication that a family member provides.

Another caregiver said: “My daughter requires all of her needs to be done by others. Hygiene, dressing, meds, feeding, positioning, everything. Many of these functions require two caregivers to [perform]. My wife and I want to provide care to our daughter and want to be compensated the same as anyone else would be. She is familiar with us and we provide the absolute best care available. We do use professional caregivers also. Problems we have with professional caregivers are, they don't show up, they are late, it could be a different caregiver every day, every time we have a new caregiver, they have to learn all the procedures for caring for our daughter. Our daughter is a human being not a robot without feelings. She deserves the most appropriate care at a reasonable price that is available, family provides that care.”

CPAN President **Devin Hutchings** said the survey was conducted to provide lawmakers and other decision makers with data around attendant care, since there is no database of individuals who receive home-based care stemming from auto accidents. Home-based care is an important tool in health care delivery and often critical for the progress in patient recovery.

Hutchings said our lawmakers need to understand the ripple impact of these changes on patients and the health care community in our state.

"As Michigan's watchdog for policyholders and accident victims, it is important to gather this information, especially as coronavirus is still spreading," Hutchings said. "The cuts to home-based, family-provided care impacts not only current accident victims, but also anyone who needs care in the future. We will continue to fight to ensure that these vulnerable Michiganders receive the access to the care they need."

Please see an additional fact sheet on the survey here.

###

*CPAN is a broad bi-partisan, Michigan based coalition, whose mission is to be the consumer advocate for auto insurance policyholders, those who have been injured in a motor vehicle crash and the medical providers caring for them, representing them at the Capitol, in the courts, and in the public forum. For more information, please visit [www.CPAN.us](http://www.CPAN.us).*

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Tab D: BIAMI/MPHI, Survey Results from a Study Tracking Impact of the 55% Fee Cap and 56-hour Family-Provided Home Care Limit on Crash Survivors Following the 2019 No-Fault Auto Insurance Reform

**Survey Results from  
a Study Tracking Impact of  
the 55% Fee Cap and 56-hour  
Family-Provided Home Care Limit on  
Crash Survivors  
Following the 2019  
No-Fault Auto Insurance Reform**

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September 2022

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## Executive Summary

The Brain Injury Association of Michigan (BIAMI) commissioned this independent study by the Michigan Public Health Institute (MPHI) to document the impact of the fee structure changes in the 2019 Michigan no-fault auto insurance reform law that took effect on July 1, 2021, on auto crash survivors and their families. MPHI was chosen because of its expertise and depth of understanding of public health research. This report summarizes the results from two rounds of surveys of auto crash survivors, distributed in fall 2021 and in spring 2022, respectively.

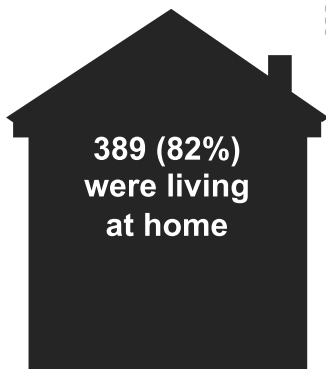
### Results

#### Survey Participants

- 498 unique auto crash survivors (patients) participated in the surveys, including a cohort of 346 patients who participated in both surveys, and 152 who only participated in the first survey.
- 247 (50%) patients completed the surveys themselves, with the remainder completing the surveys with help of an authorized representative.
- 258 (52%) patients are male, 300 (60%) are over 45 years of age, 422 (85%) are white, 263 (53%) are single, 261 (52%) have at least some college education, and 272 (55%) have a household income of less than \$50,000.
- Patients were geographically diverse, residing in 56 of the 83 Michigan counties
- 380 (76%) patients have suffered traumatic brain injury from their auto crash, 320 (65%) have been living with their injuries for more than 10 years.

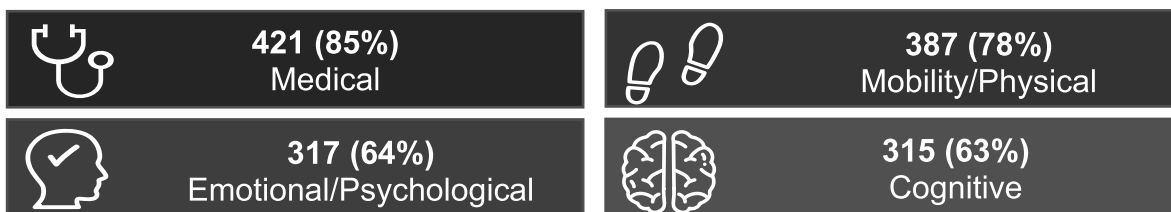
#### Before July 1, 2021

- 389 (82%) patients were living at home, 79 (17%) in a residential facility, and 4 (1%) in a skilled nursing facility. 251 (55%) had been living in their living arrangement for at least 10 years.



- 126 (27%) were living at home and receiving paid family-provided home care exclusively
- 111 (24%) were living at home and receiving commercial agency-provided home care exclusively
- 90 (19%) were living at home and receiving combined commercial agency and family-provided home care
- 62 (13%) were living at home without paid support
- On average, paid caregivers worked 145 hours per week to support the patient

- The following health needs were addressed before July 1, 2021



### After July 1, 2021

- **456 (92%)** patients reported having been **affected** by either the 55% fee cap, the 56-hour limit, or others such as non-payment for services, delays in needed surgeries, medication, and equipment.
- **390 (78%)** patients reported **loss of services** such as physical or occupational therapy and transportation.
- **407 (82%)** patients have experienced an adversity, such as not being able to get medications or durable medical equipment (DME), increased family stress, depression, and despair.
- **256 (51%)** patients reported **having to use personal funds** to pay for services that they did not need to pay before.
- **42 (8%)** reported **hospitalizations** directly related to changes brought by the no-fault insurance reform, and 24 of them also reported an **average of 2.5 and up to 8 hospitalizations** since July 2021.
- **70 (20%)** patients reported in spring 2022 that they have applied for **Medicaid assistance** since July 2021. and 45 of them have enrolled.
- **153 (44%)** patients reported in spring 2022 that some of their **health needs are not currently being addressed**.
- On average, 126 weekly hours of attendant care are prescribed by a patient’s doctor, and 109 weekly hours, or **87% of the prescribed hours**, are received by the patient. On average, patients receive **33 hours of un-paid family care** per week.

### Comparing Before July 2021 and Spring 2022

- Among the cohort of 346 patients, there is a **universal reduction from before July 2021 to spring 2022** across all categories of the health needs addressed, level of care provided, rehabilitation services received, and other services, products, or accommodations received.
- Among the most received services before July 2021, there was a **39% reduction in therapy, 41% reduction in occupational therapy, and 40% reduction in transportation services** received in spring 2022.
- **16% more** patients are living at home with family-only support or without any support. **13% fewer** patients are living at home with agency-only or combined agency and family support.
- **77% more patients are unable to work due to disability, 43% fewer patients are employed full-time.**

## About this Study

### Limitations

The target patient population of this study are auto crash survivors in Michigan whose care were provided by no-fault auto insurance funding. However, MPHI does not have a mailing list of the target populations. The first survey in fall 2021 was distributed as a public link, sent to BIAMI's networks and their members by BIAMI and partners. The first survey respondents who provided contact emails were invited to participate in the second survey. The second survey was also distributed through a public link. There is no way to know whether the survey invitation reached all the auto survivors, and whether the respondents are representative of the target population.

### MPHI Research Team

MPHI is a public-private partner with a variety of public health, government, and community organizations and is committed to conducting public health work based on strong scientific evidence and the needs of Michigan residents. This study is conducted by a team from MPHI's Center for Data Management and Translational Research (CDMTR), including Dr. Clare Tanner, director; Dr. Shaohui Zhai, Statistician; Dr. Issidoros Sarinopoulos, Senior Research Scientist; and Kayla Kubehl, Research Assistant.

## Survey Results

### Patient Demographics and Injury Information

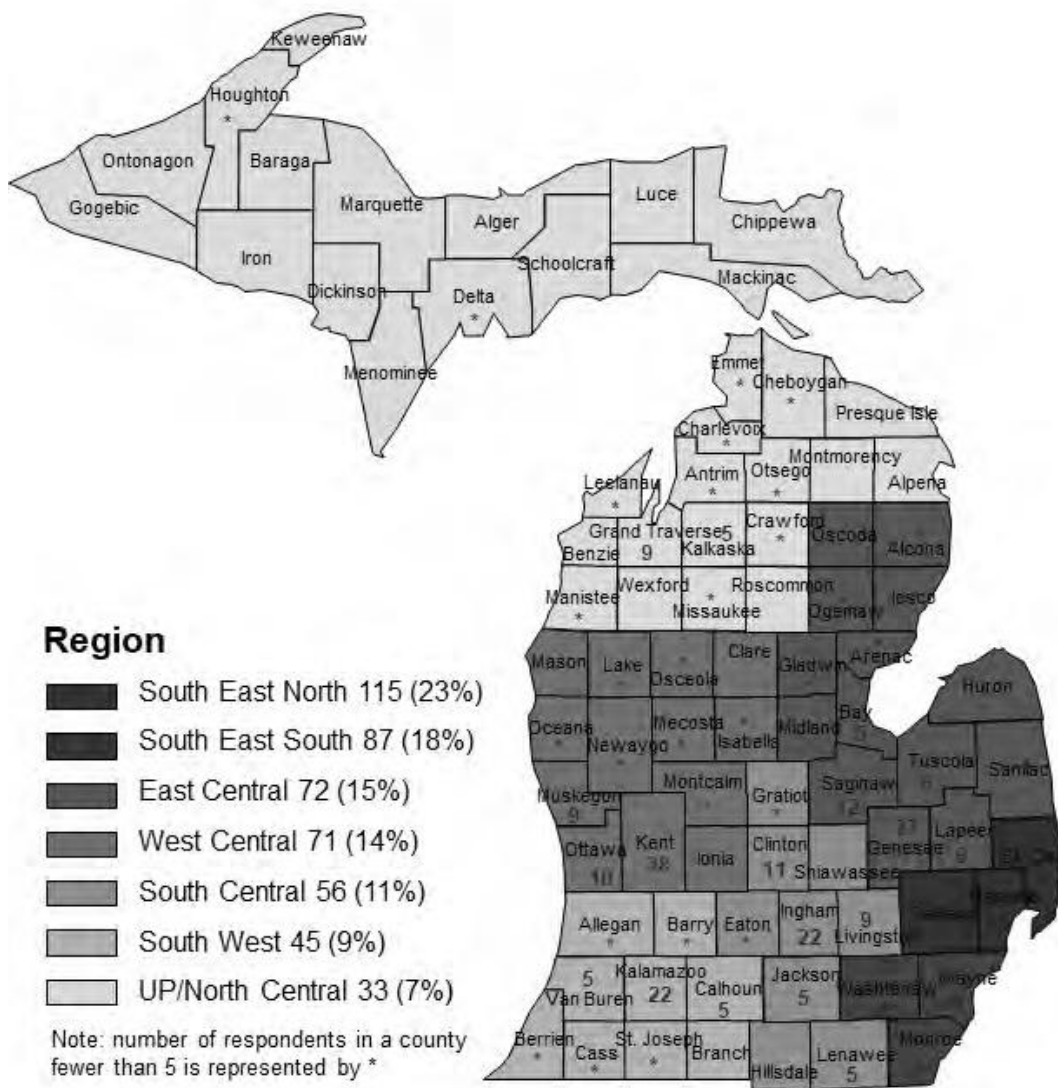
A total of 498 unique patients participated in the surveys. 247 (50%) of the patients filled out the surveys by themselves and the remainder were represented by parents/guardians in the case of minor patients or assisted by guardians/patient-authorized representatives in the case of adult patients needing assistance to complete the surveys.

#### Demographics of patients

	Frequency	%
<i>Age</i>		
<24	28	6%
25-34	67	14%
35-44	103	21%
45-54	108	22%
55-64	114	23%
65+	78	16%
<i>Gender</i>		
Female	234	47%
Male	258	52%
Not disclosed	5	1%
<i>Race</i>		
White	422	85%
African American	38	8%
Other race	26	5%
Not disclosed	27	9%
<i>Highest Degree</i>		
Less than high school	49	10%
High school diploma or equivalent	155	31%
Vocational or technical training	30	6%
Some college	135	27%
Bachelor's degree	82	17%
Master's degree or above	44	9%
<i>Household Income</i>		
Less than \$25,000	188	38%
\$25,000 - \$50,000	84	17%
\$50,000 - \$100,000	90	18%
More than \$100,000	31	6%
Not disclosed	101	20%
<i>Marital Status</i>		
Single	263	53%
Married or in a domestic partnership	135	27%
Divorced	64	13%
Widowed	21	4%
Other/Not disclosed	10	2%

Other patient information includes household size, health insurance coverage, county of residence, and court-appointed guardianship and conservatorship.

- The average household size is 2, with an average of 1.6 adults and 0.4 children. The higher income households reported higher numbers of adults and children, and the lowest income households reported lowest numbers of adults and children
- 304 (61%) patients are on Medicare, 185 (37%) are on Medicaid, 142 (29%) have private/commercial coverage, and 23 (4%) have no medical insurance.
- 479 (96%) patients live across 56 of the 83 Michigan counties, 19 live outside of Michigan or have no location data. The map below shows the distribution of the Michigan patients across counties and regions (Michigan Trauma Regions).
- 265 (53%) do not have a court-appointed guardian. 178 (36%) have a family member as a court-appointed guardian, 37 (7%) have a professional as a court-appointed guardian. 145 (29%) have a court-appointed conservator.



**Information about the Injury**

Respondents were asked about the length of time since the car crash that led to the patient's injury(s) as well as the resultant ongoing impacts from the injury(s).

- Traumatic brain injury (380, 76%), spinal cord injury (162, 33%), and back injury (131, 26%) are the most common ongoing health impacts.
- 320 (65%) patients have been living with their injuries for more than 10 years.

**Years since injury and ongoing health problems**

	Frequency	%
<i>Time since injury (n=490)</i>		
More than 20 years	183	37%
11-20 years	137	28%
6-10 years	81	17%
3-5 years	58	12%
1-2 years	27	6%
Less than a year	4	1%
<i>Ongoing health problems (n=498)</i>		
Traumatic Brain Injury	380	76%
Spinal Cord Injury	162	33%
Back Injury	131	26%
Limb or hip injury	44	10%
Vision Problems	30	7%
Organ Damage	18	4%
Pain (including headaches)	12	3%
Mobility Problems	12	3%
Amputation	12	3%
Hemiparalysis	10	2%
Mental Health	8	2%
Speech and/or Communication	6	4%
Seizures	6	1%
Nerve Damage	6	1%
Psychological Problems	4	1%
Hearing Problems	4	1%
Memory Problems	3	1%



## Before the 55% Fee Cap and 56-Hour Limit Taking Effect on July 1, 2021

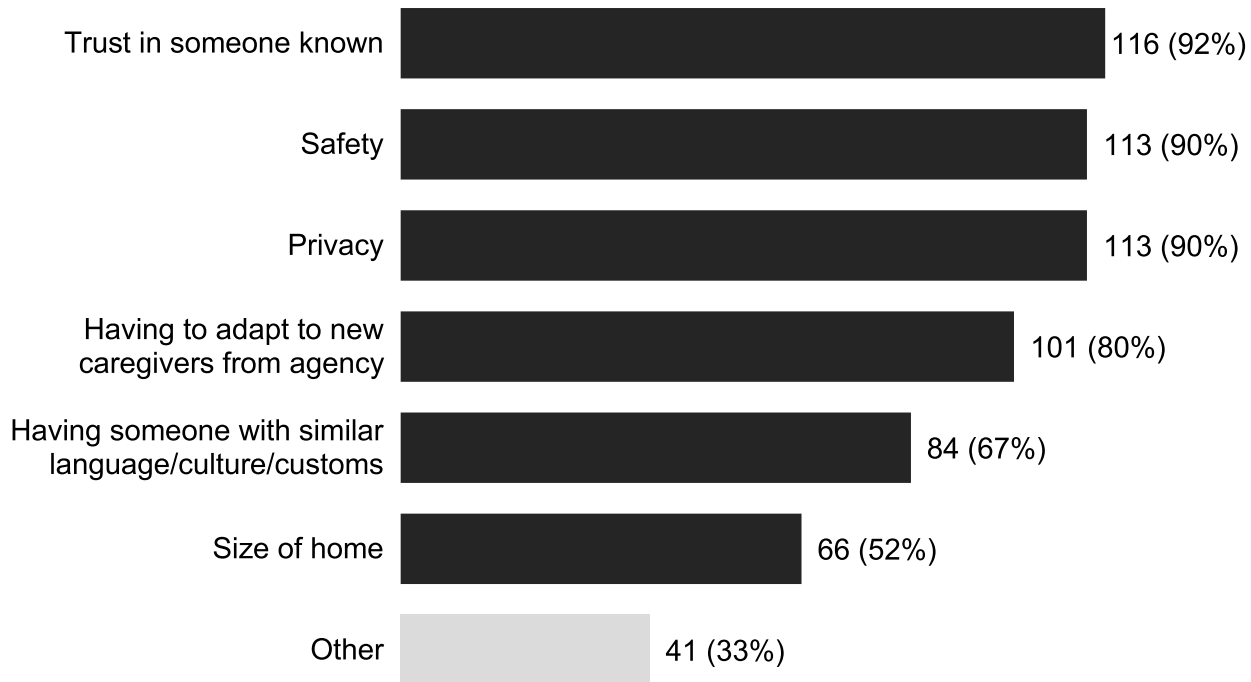
To establish a baseline, the surveys asked about patients' life circumstances before the 55% fee cap and 56-weekly-hour limit on family-provided home care under Michigan's no-fault insurance law reform took effect on July 1, 2021.

- 152 (31%) patients were employed in some capacity (full-time, part-time, or/and through a supported work program).
- 389 (82%) were living at home. Of those, 327 (84%) had paid home support, 62 (16%) were without paid home support
- 251 (55%) patients had been in the reported living arrangement for at least 10 years before July 1, 2021.

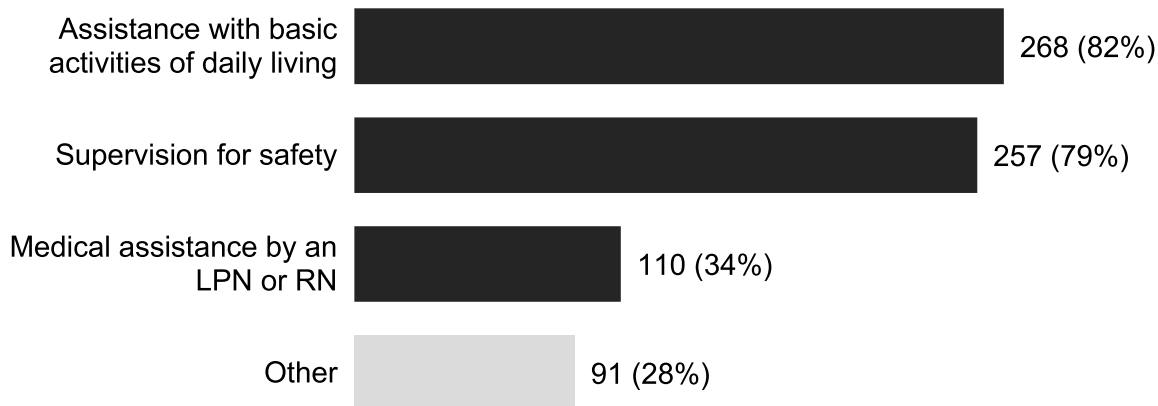
### Employment status, primary living arrangement, and health needs addressed before July 1, 2021

Employment Status (n=498)	Frequency	%
<i>Employed</i>	152	31%
Full-time	68	14%
Part-time	41	8%
Employed through a supported work program	50	10%
<i>Unable to work due to disability</i>	154	31%
<i>Unemployed and looking for work</i>	16	3%
<i>In school</i>	31	6%
<i>Retired</i>	64	13%
<i>Other</i>	110	22%
Living Arrangement (n=472)		
<i>Living at home</i>	389	82%
with support from paid family	126	27%
with support from an agency	111	24%
with combined support from paid family and agency	90	19%
Independent without in-home support	62	13%
<i>Residential treatment facility/group home</i>	44	9%
<i>Semi-independent living through a residential program</i>	35	7%
<i>Skilled nursing facility</i>	4	1%
Length of Time in Living Arrangement (n=455)		
<i>More than 15 years</i>	175	38%
<i>10-15 years</i>	76	17%
<i>5-10 years</i>	86	19%
<i>2-5 years</i>	84	18%
<i>Less than 2 years</i>	34	7%
Health Needs Addressed (n=498)		
<i>Medical</i>	421	85%
<i>Mobility/Physical</i>	387	78%
<i>Emotional/Psychological</i>	317	64%
<i>Cognitive</i>	315	63%
<i>Other</i>	83	17%

**Reasons rated as very important for choosing to have in-home care provided exclusively by family, before July 1, 2021 (n=126)**



**Level of care provided for patients who were living at home with support from family, agency, or combined family and agency, before July 1, 2021 (n=327)**

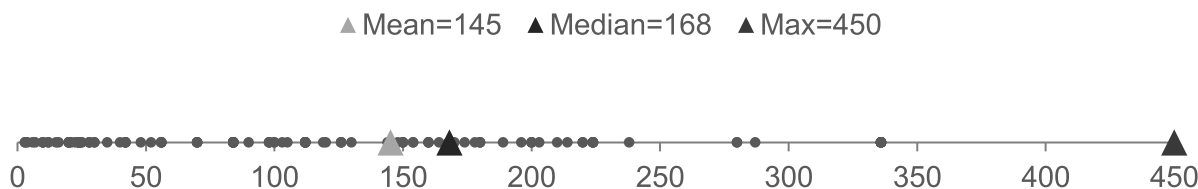


**Home Care Hours before July 1, 2021**

Among patients who were living at home with paid support, either by family, agency, or combined family and agency:

- 298 (94%) patients were receiving home care 7 days a week.
- 239 (75%) patients were receiving home care 24 hours a day.
- 258 (83%) patients were receiving total weekly care hours exceeding the 56-hour cap, ranging from 3 to 450 hours (when multiple caregivers were needed), with a median of 168 hours (equivalent to 24 hours a day and 7 days a week) and an average of 145 hours.
- Of the 126 patients who were supported by family exclusively, 98 (78%) were receiving weekly care hours exceeding the 56-hour cap.
- Of the 90 patients who were supported by combined family and agency, the portion of total weekly hours provided by the agency was 54%, 12 hours per day 6 days per week, on average.

**Total weekly caregiver(s) hours supporting patient before July 1, 2021 (n=312)**

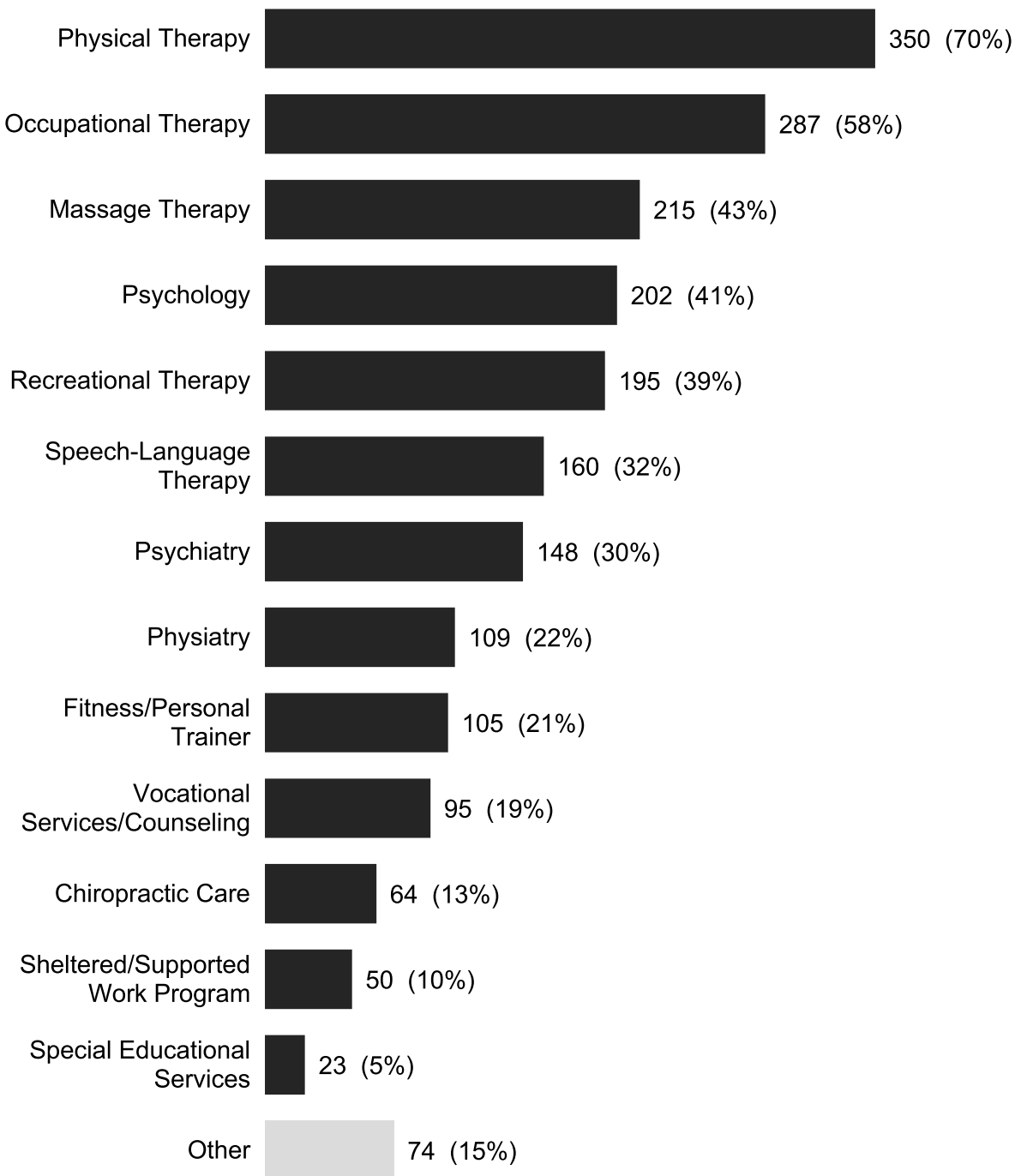


**Services Provided before July 1, 2021**

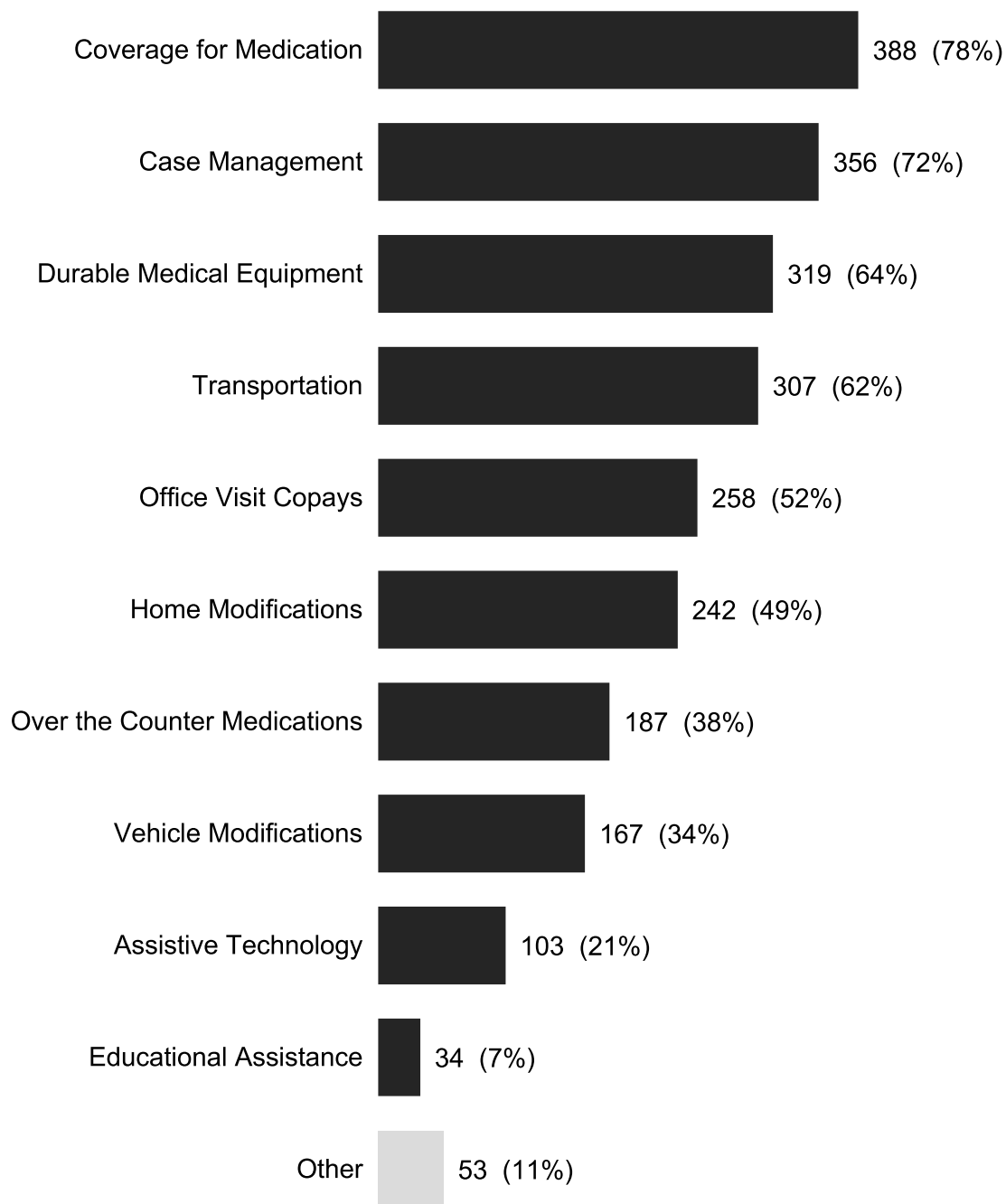
Respondents reported on what rehabilitation services, other services, products, or accommodations patients were receiving before July 1, 2021, that were covered by their no-fault insurance company.

- The most frequently reported rehabilitation service was physical therapy (350, 70%).
- The most frequently reported other services/products/accommodations was coverage for medication (388, 78%).
- Reported in the other rehabilitation category included pain management (e.g., Botox or acupuncture), hydrotherapy, vision therapy, dental care, and other specialized therapies.
- Reported in the other category for other services/products/accommodations included recreational therapy, orthodontics, medications, and assistive technology.

**Rehabilitation services being provided before July 1, 2021 (n=498)**



**Other services, products or accommodations provided before July 1, 2021  
(n=498)**

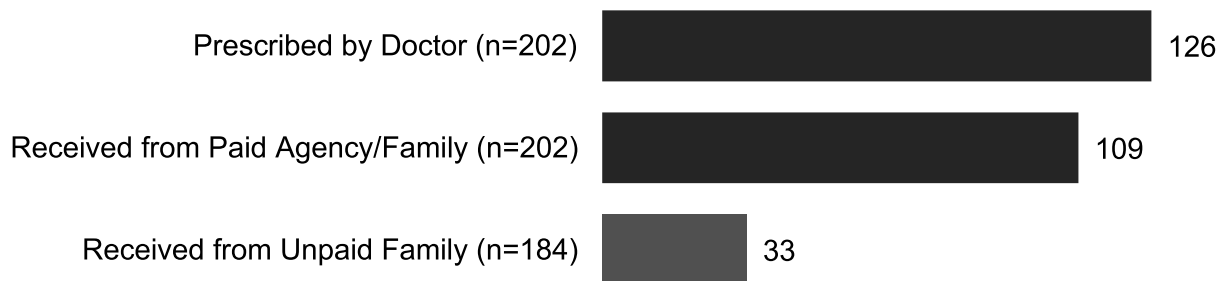


### After the 55% Fee Cap and 56-Hour Limit Taking Effect on July 1, 2021


















Almost all respondents (445, 91%) reported that they were aware of the provider 55% fee cap and 56-weekly-hour limit on paid family-provided home care under Michigan's no-fault insurance reform that took effect on July 1, 2021.

- 379 (76%) reported having been affected by the 55% fee cap, and 238 (48%) reported having been affected by the 56-hour limit.
- 456 (92%) reported having been affected by either the 55% fee cap, the 56-hour limit, or others such as non-payment for services, delays in needed surgeries, medication, and equipment.
- 390 (78%) reported that they have lost services. The top three services lost are physical therapy (186, 37%), hours of agency-provided home care (142, 29%), and transportation (139, 28%).
- 407 (82%) reported having experienced adversities. The top four adverse experiences are: increased feelings of anxiety, depression, or despair (331, 66%), lack of progress in rehabilitation (172, 35%), increased health and medical problems (164, 33%), and increased behavioral problems (158, 32%).
- 42 (8%) reported hospitalizations directly related to changes brought by the no-fault insurance reform. Of those, 24 also reported at the second survey the number of hospitalizations since July 1, 2021. The reported average is 2.5, ranging from 1 to 8 hospitalizations.
- 292 (59%) reported experiencing financial hardship, 256 (51%) reported having to use personal funds to pay for services that they did not need to pay before, and 126 (36%) reported having to rely on unpaid help from family, friends, or neighbors.
- 70 (20%) of those who responded at the second survey reported having to apply for Medicaid programs. Of those, 45 (64%) have since enrolled in Medicaid programs that they did not need before July 2021.
- On average, 126 weekly hours of attendant care are prescribed by a patient's doctor, 109 weekly paid hours of care (87% of the prescribed hours) and 33 weekly hours of un-paid family care are received by the patient.

### Average weekly hours of attendant care currently prescribed by doctor and received by patient, reported in spring 2022



**Services lost since July 1, 2021, due to the changes (n=498)**

	Loss of physical therapy	186 (37%)
	Reduced hours of home care by agency	142 (29%)
	Loss of transportation	139 (28%)
	Gaps in support/care	133 (27%)
	Family/friends are no longer able to provide care	117 (24%)
	Loss of massage therapy	64 (19%)
	Loss of occupational therapy	50 (15%)
	Loss of recreational therapy	48 (14%)
	Lost home care altogether	45 (13%)
	Loss of Durable Medical Equipment	44 (13%)
	Family-owned agency nursing limited to 56 h/week	60 (12%)
	Loss of medication coverage	27 (8%)
	Loss of medical supplies	36 (10%)
	Loss of speech-language therapy	22 (6%)
	Loss of special educational services	21 (4%)
	Discharged from a residential treatment facility	9 (2%)
	Discharged from a supported living program	7 (1%)


**Adversities experienced since July 1, 2021, due to the changes (n=498)**



**331 (66%)**  
Increased feelings of anxiety, depression, or despair




**172 (35%)**  
Lack of progress in rehabilitation



**164 (33%)**  
Increase in health and medical




**158 (32%)**  
Increase in behavioral problems




**89 (18%)**  
Unable to get needed Durable Medical Equipment




**70 (14%)**  
Medication errors due to lack of support



**51 (15%)**  
Unable to get needed transportation



**42 (8%)**  
Hospitalizations



**41 (8%)**  
Unable to get medications or missing medical appointments



**Adversities experienced since July 1, 2021, due to the changes (continued)**




**35 (7%)**  
Loss of employment




**29 (6%)**  
Increase in substance misuse



**14 (3%)**  
Had to move out of home into a facility




**11 (3%)**  
Had to move into other residential setting



**5 (1%)**  
Dropped out of school



**3 (1%)**  
Had to spend time in jail or prison



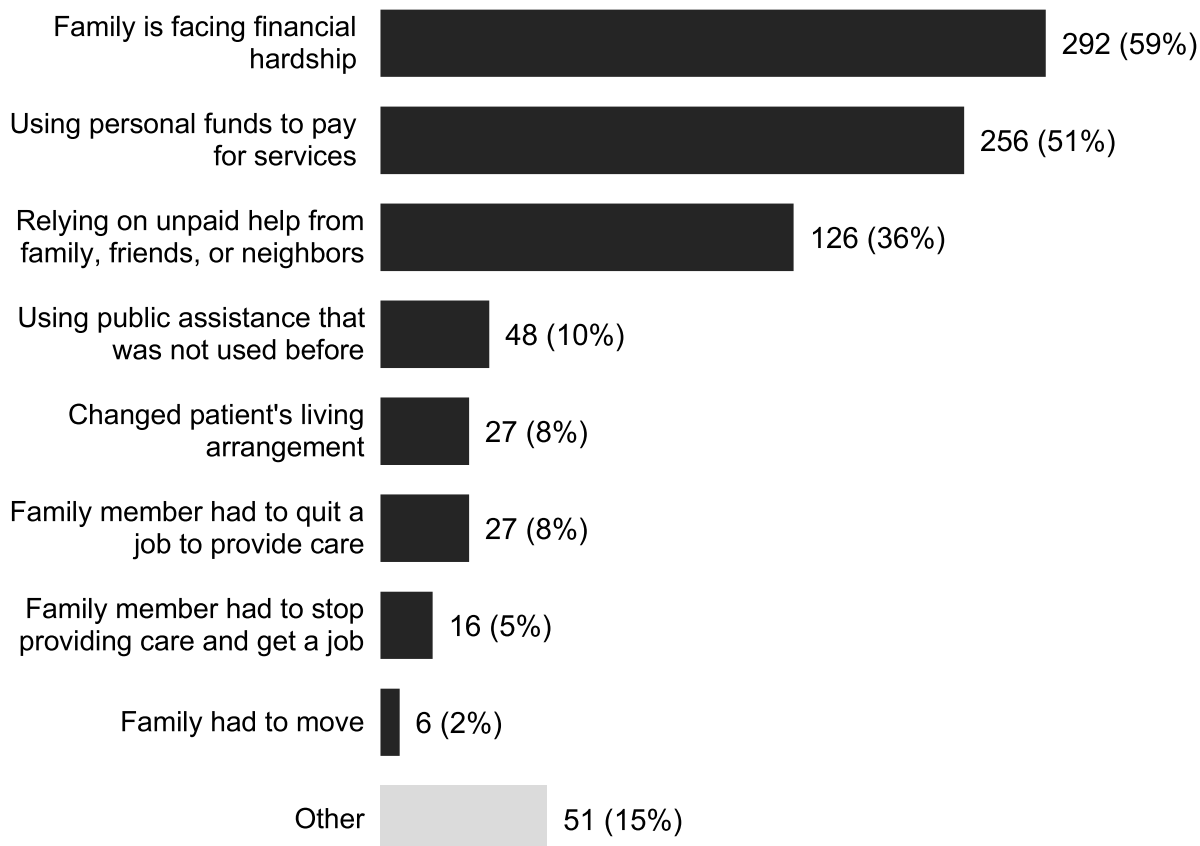
**3\* (1%)**  
Death



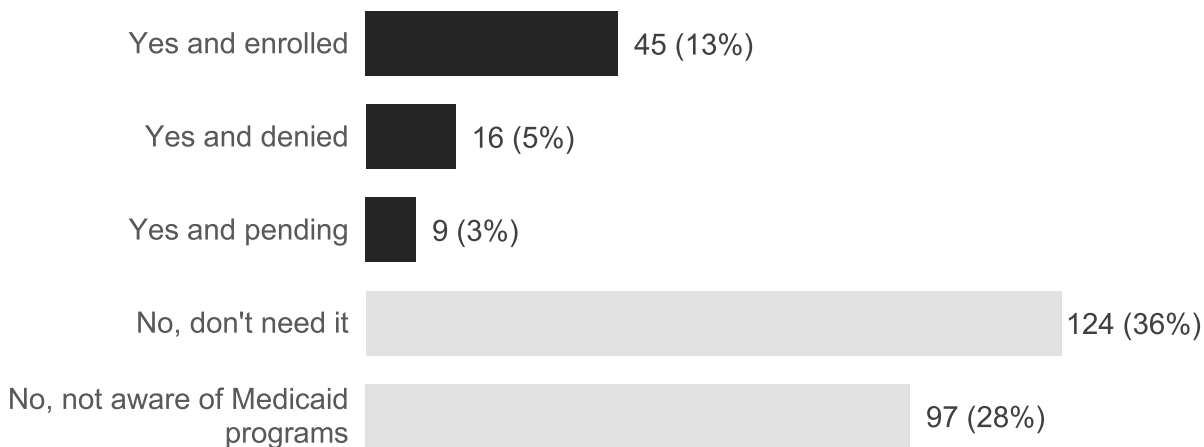
**2 (1%)**  
Expelled or suspended from school

\* Not included here are 3 more deaths since the first survey that the research team learned about during the phone calls to the second survey non-respondants who participated in the first survey.

**Financial and family impacts by the changes since July 1, 2021 (n=498)**



**Patients who applied for Medicaid programs since July 1, 2021, reported in spring 2022 (n=346)**



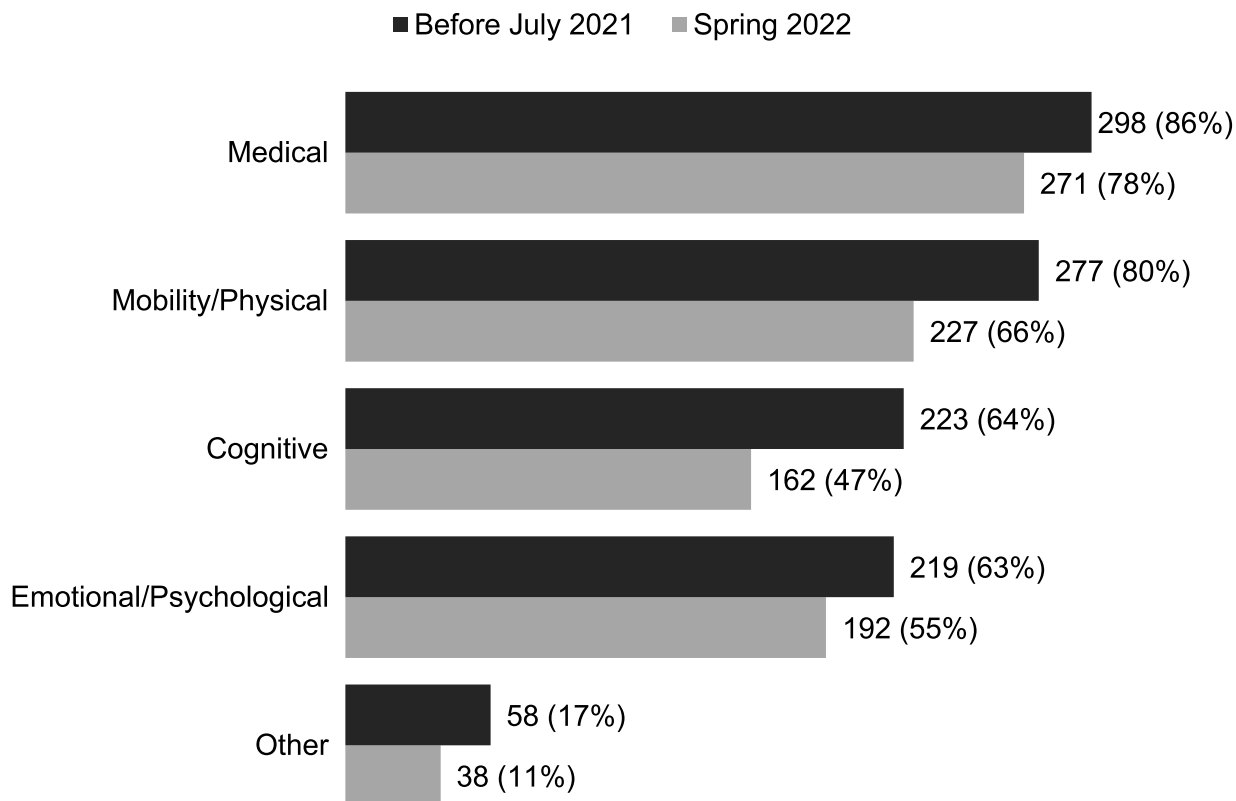
### Comparing Before July 2021 and Spring 2022

This section tracks the same 346 patients who have data for both the baseline (before July 2021) and the time of the second survey in spring 2022, reporting on changes in health needs addressed, living arrangement, level of care received, rehabilitation services received, other services/products/accommodations received, and employment status.

#### Health Needs Addressed

- In all categories of health needs that were being addressed before July 2021, fewer patients reported in spring 2022 that these needs are being addressed.
- The largest reduction is 17 percentage points in cognitive needs.
- 153 (44%) patients reported currently having unmet health needs, including physical therapy, recreational therapies, attendant care, doctor appointments, medication, living support, cognitive therapy, occupational therapy, transportation, speech therapy, pain management, durable medical equipment, and mental and social needs. Lesser mentioned unmet needs included case management, memory, vision care, dental care, and other specialized therapies.

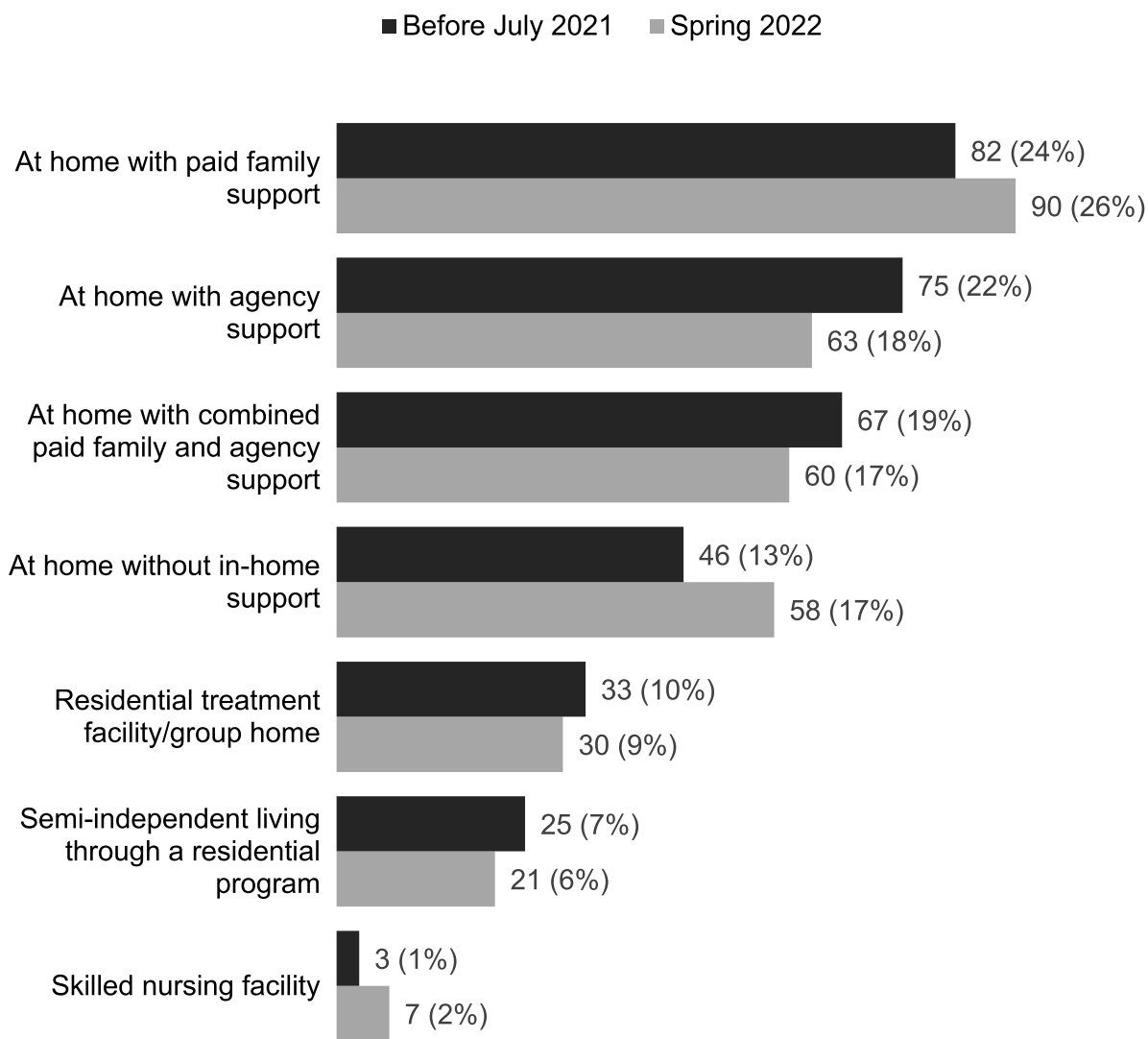
#### Health needs addressed before July 2021 and in spring 2022 (n=346)



**Living Arrangements**

- Compared to before July 2021, more patients are currently living at home with family support exclusively (82, 24%) vs. (90, 26%).
- Compared to before July 2021, more patients are currently living at home without in-home support (46, 13%) vs. (58, 17%).
- 3 (1%) patients were discharged from residential treatment facility/group home, 4 (1%) patients were discharged from semi-independent living through a residential program.
- 4 (1%) patients were moved to a skilled nursing facility.

**Living arrangement before July 2021 and in spring 2022 (n=346)**

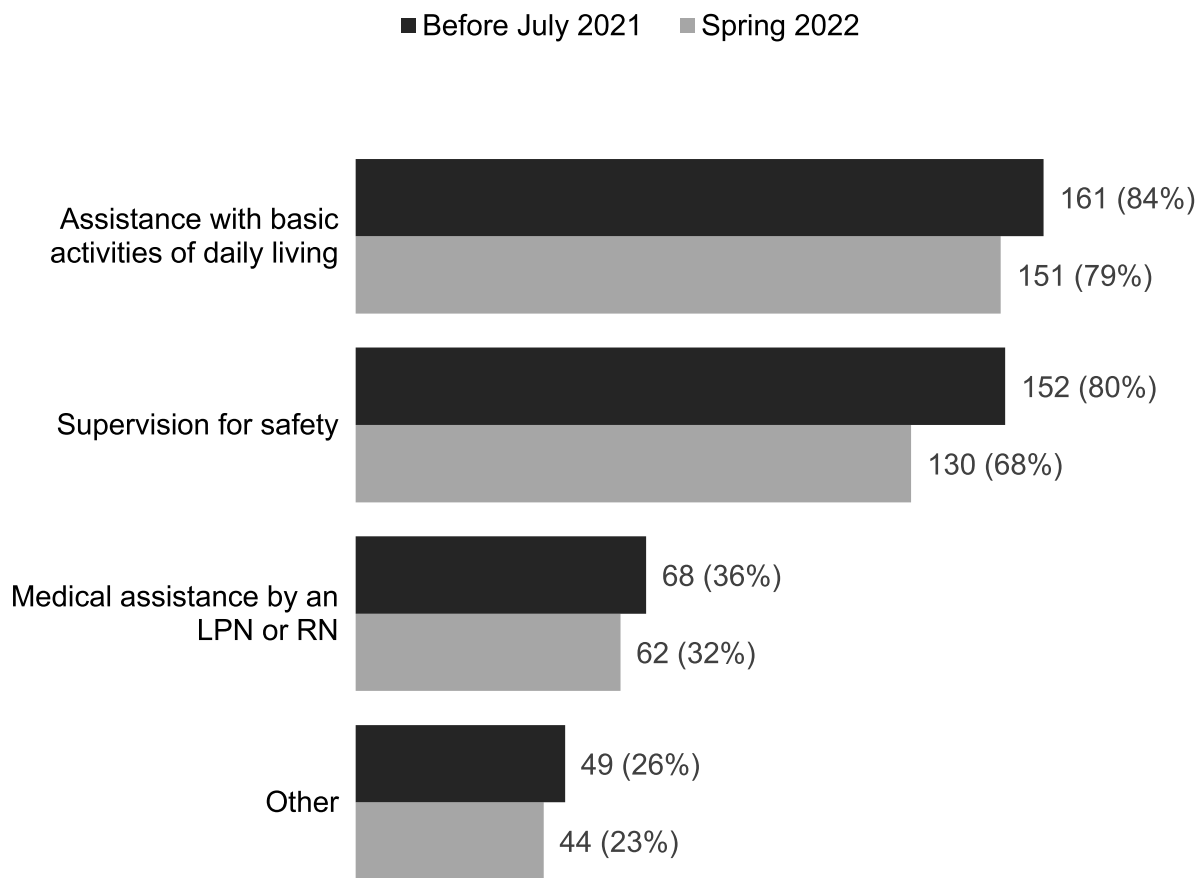


**Level of Care Provided at Home**

Among the 191 patients who were living at home with support before July 1, 2021 and are still living at home with support in spring 2022:

- In all categories of level of care received at home before July 2021, fewer patients reported that they are currently receiving these cares at the second survey.
- 161 (84%) patients received assistance in basic activities of daily living before July 2021, 151 (79%) are currently receiving this care, a reduction of 5 percentage point.
- 152 (80%) patients received supervision for safety before July 2021, 130 (68%) are currently receiving this care, a reduction of 12 percentage points.

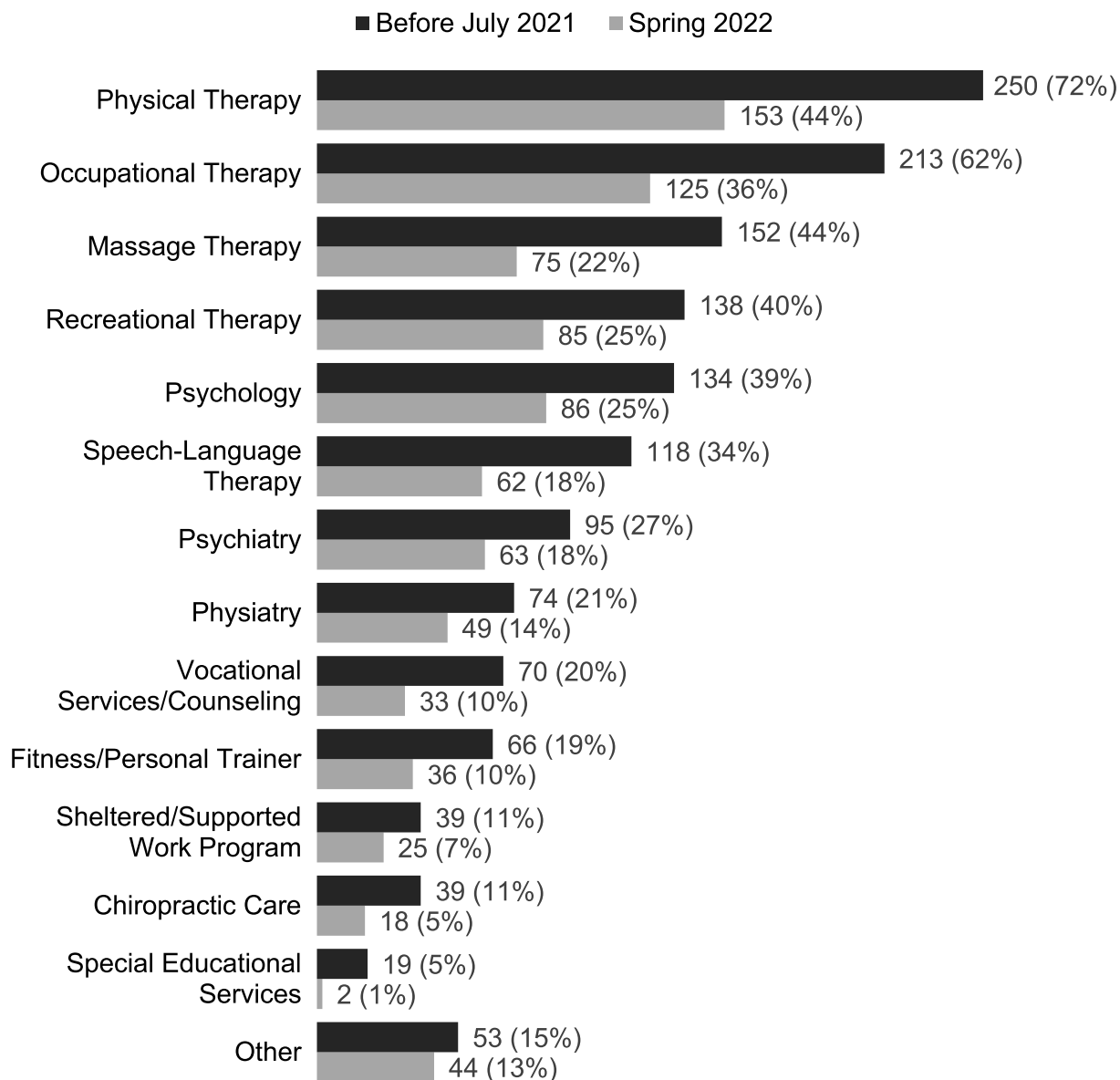
**Level of care before July 2021 and in spring 2022 (n=191)**



**Rehabilitation Services**

- In all categories of rehabilitation services received before July 2021, fewer patients reported that they are currently receiving these services.
- 250 (72%) were receiving physical therapy before July 2021, 153 (44%) are receiving currently, a reduction of 28 percentage points.
- 213 (62%) were receiving occupational therapy before July 2021, 125 (36%) are receiving currently, a reduction of 26 percentage points.
- 152 (44%) were receiving massage therapy before July 2021, 75 (22%) are receiving currently, a reduction of 22 percentage points.

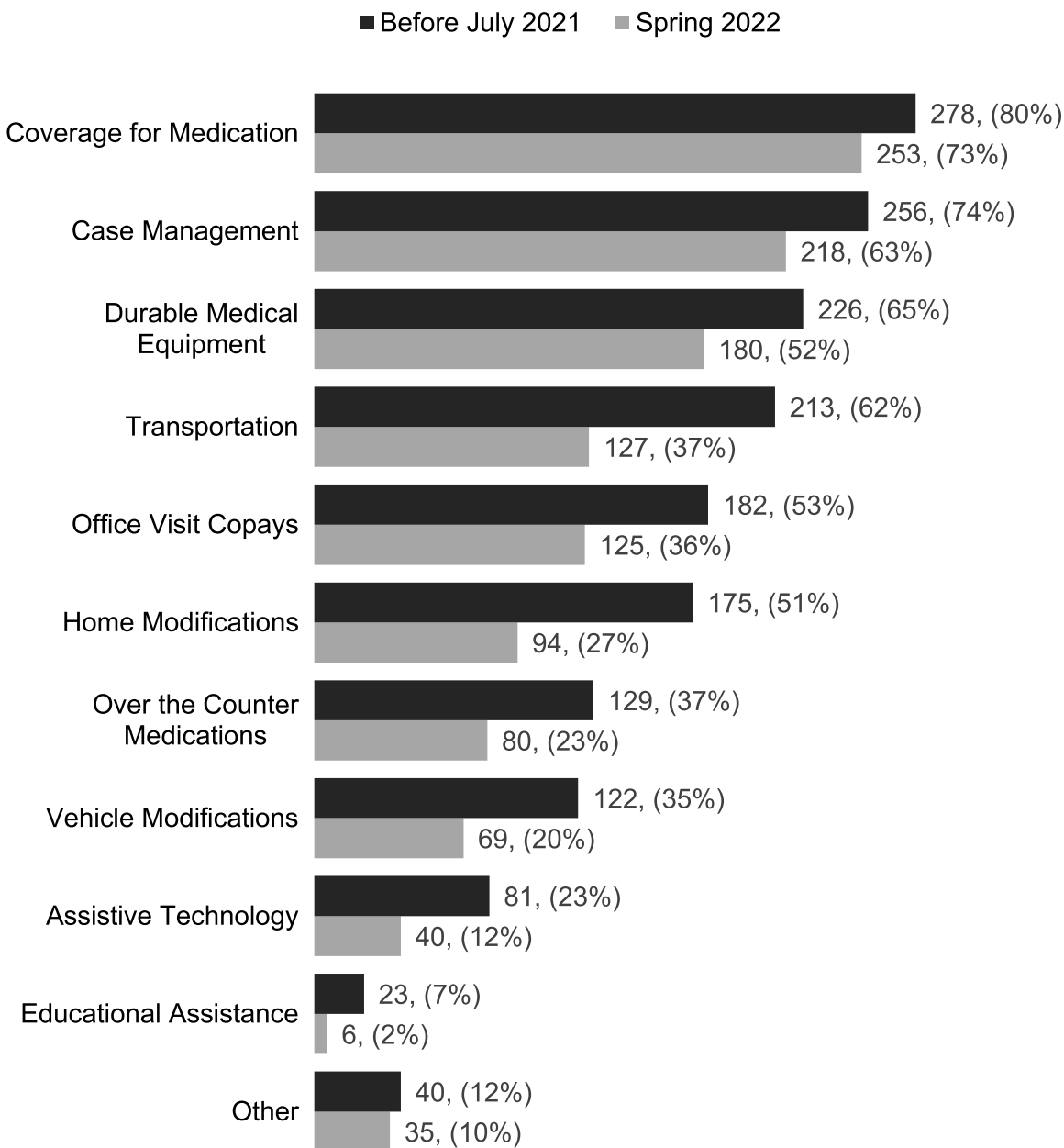
**Rehabilitation services received before July 2021 and in spring 2022 (n=346)**



**Other Services, Products, and Accommodations**

- In all categories of other services/product/accommodations received before July 2021, fewer patients reported that they are currently receiving them.
- Transportation services had the largest reduction of 25 percentage points, from 213 (62%) before July 2021 to 127 (37%) in spring 2022.

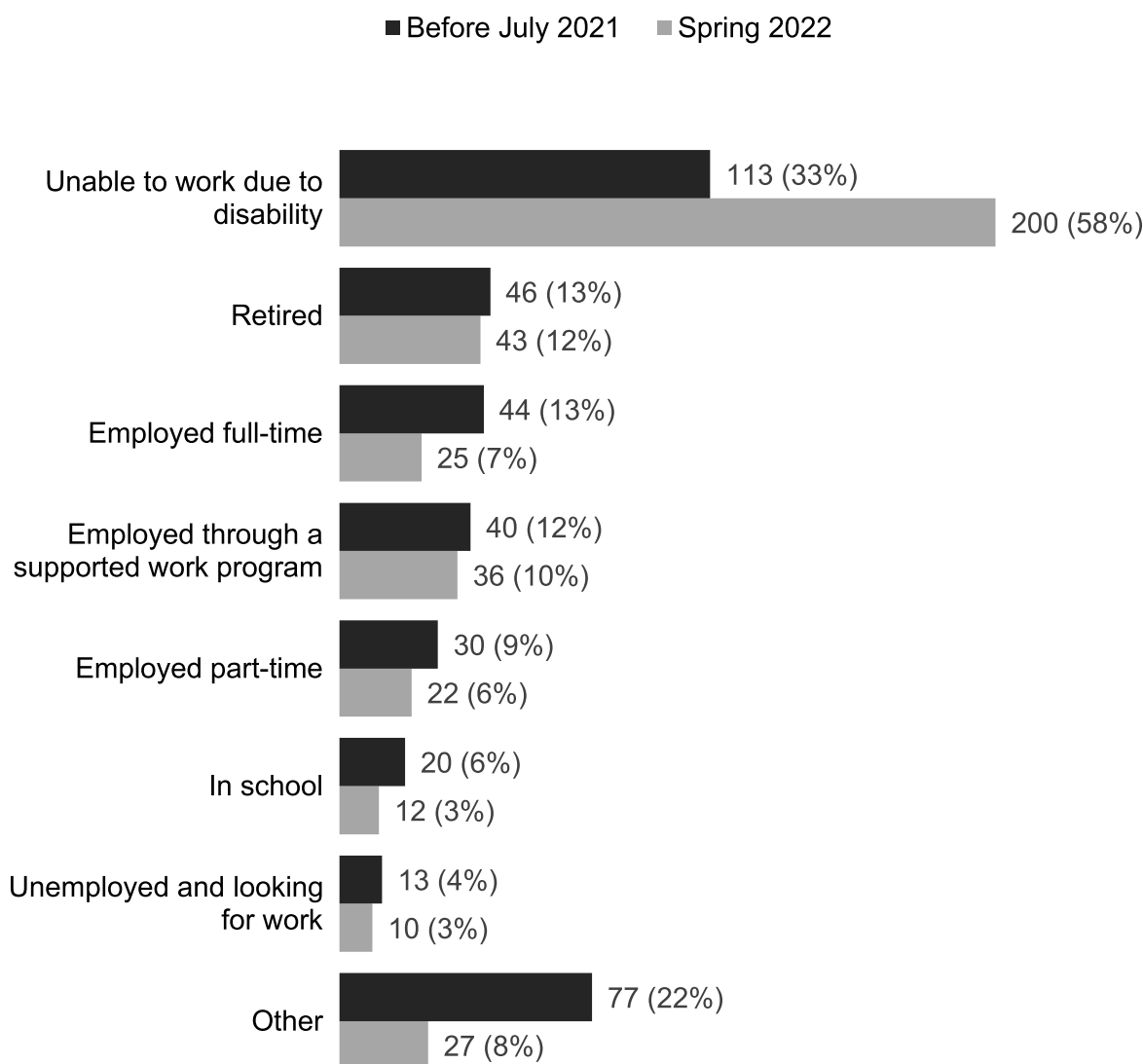
**Other services/products/accommodations received before July 2021 and in spring 2022 (n=346)**



**Employment Status**

- The number of patients reported unable to work due to disability increased from 113 (33%) before July 2021 to 200 (58%) in spring 2022, an increase of 25 percentage points.
- The unique number of patients reporting any employment (full-time, part-time, or through supported work programs) decreased from 108 (31%) before July 2021 to 78 (23%) in spring 2022, a decrease of 8 percentage points.
- The Other category includes vocational rehabilitation program, freelance work, and seasonal work.

**Employment status before July 2021 and in spring 2022 (n=346)**





## Patient & Family Perspectives

Respondents were asked to describe in their own words what these changes meant to them. 219 respondents provided an answer in the first survey and 196 respondents provided an answer in the second survey.

Not included in the following table but worth mentioning are sentiments obtained through the survey reminder phone calls from some of the first survey respondents who chose not to participate in the second survey. They expressed discouragement with the ability to change the law, did not feel their voices would be heard or would make a difference, and feared they would have less services covered if they spoke out about the law changes.

<b>Loss of services or care</b>	<i>“Lost massage therapy that reduces the pain and contracture in the left foot. These massage therapies reduce the number of Botox shots needed to keep the foot flat to provide walking without pain and reduce the abnormal gait.”</i>
<b>Increase in stress</b>	<i>“The stress of the entire situation and what it could mean if the law isn't fixed is a heavy burden that we shouldn't have to bear.”</i>
<b>Financial burden</b>	<i>“Family is exhausted, and this has created a tremendous strain on our family, marriage, and finances. We have paid thousands of dollars out of pocket as few services will deal with no-fault or [insurance company's] insurance due to reduced payments or slow payments.”</i>
<b>Lack of caregivers</b>	<i>“It has been an absolute disaster. Our daughter has regressed due to reductions in therapy, finding nurses and aides to assist in care is almost impossible because the agencies cannot pay them a competitive wage. Our aide agency is the last standing in our areas and if they go bankrupt, which they are close to doing, we have no other options as our daughter needs 24-hour care.”</i>
<b>Decline in mental health (increased anxiety, depression, and PTSD)</b>	<i>“My mental wellbeing is shot. I feel I've been given a 'death sentence' that will be executed in a couple years when I run out of my personal funds.”</i> <i>“They have made me want to give up.”</i>

<b>Originally promised benefits</b>	<i>“Those car accident victims prior to 7-1-21 should be grandfathered in for the benefits they signed a contract for. Now it seems that the insurance companies can make changes any time they want. The home care we receive can change negatively very quickly that would put our family in financial jeopardy. The Michigan legislature should do the right thing and correct the problems.”</i>
<b>Selling property to survive</b>	<i>“We can only last another four to six months before we will have to sell our home to survive.”</i>
<b>Non-payments</b>	<i>“Every day I am nervous and concerned that I will soon lose my 24-hour nursing care due to lack of adequate reimbursement to the agency providing my care. They will not be able to carry on business with this rate of non-payment.”</i>
<b>Increased transportation issues</b>	<i>“With the rate of inflation and the increase cost of gas, and wear and tear on the car, the mileage rate should have been increased instead of decreased.”</i>
<b>Deteriorating health</b>	<i>“My son is receiving the most basic services required for his safety and wellbeing, but he is consistently deteriorating physically and mentally since 7/1/21. And the facility continues to state he must be removed to another facility because they cannot continue to staff his needs. So far, I have been able to maintain his position only because I refuse to remove him to an unsafe facility.”</i>
<b>Needing more care than receiving</b>	<i>“The other issue is that family is limited to how many hours we are able to care for [him], since the law change it went from unlimited to 56 hours. Before the law change, we had 6 family members helping (117 hours) and now we have had to drop down to about 90 hours (34 hours unpaid). [He] is 32-7 care total. We asked our insurance agency for an increased attendant care contract and we were denied without reason.”</i>
<b>Taking legal action</b>	<i>“My wife is a plaintiff in a major lawsuit to overturn the law.”</i>

<p><b>Inadequately equipped facilities to deal with car crash survivors</b></p>	<p><i>“My wife is under constant stress &amp; fear of losing my caregivers because she can't take care of me alone and needs to work outside the home. I am afraid I will end up dying if I have to go to a nursing home.”</i></p> <p><i>“I am a nervous wreck wondering what will happen to me. Nursing homes are 1 nurse to 40 patients. They can't possibly take care of that many patients properly. I am not eating well and feel like I am going to have a nervous breakdown.”</i></p>
<p><b>Loss of progress</b></p>	<p><i>“My life has turned upside down since July 01-2021. Notable gains I had made during the various treatments have significantly decreased since the change in the no-fault law.”</i></p>
<p><b>Home modification or durable medical equipment</b></p>	<p><i>“He has to pay out of his pocket for durable equipment.”</i></p>
<p><b>Worse quality of life</b></p>	<p><i>“I've learned from personal experiences that long-term care for someone with a spinal cord injury requires specialized care. Without it, quality of life and well-being becomes compromised.”</i></p>
<p><b>Poor communication from the insurance company or DIFS</b></p>	<p><i>“[Insurance company] stated nothing will change after I had an evaluation that determined I needed the hours I was getting because of my injury but eventually they changed from 112 hours per week to 56 hours and reduced my hourly rate from 16.25 to 13\$. They told me to send in any documentation to support my needs and every time I send them what they ask for I never hear anything back only that they're waiting.”</i></p>
<p><b>Wanting family to provide care</b></p>	<p><i>“The laws have forced me into receiving care from strangers and non-family members for my personal and embarrassing needs. It makes me extremely uncomfortable and is causing me distress and mental anguish.”</i></p>
<p><b>Increased anger</b></p>	<p><i>“But because her sister needed to get a job due to the cut in hours of pay from no-fault, this impacted [patient]'s behavior, from somewhat calm to outright anger and hostility towards me her now primary care giver. She hates the instability of not knowing who will take her to her doctor's appointment, or care for her.”</i></p>

<b>Cutting mileage for case worker</b>	<i>“The insurance company is threatening stopping mileage for my case worker. She said she will continue to see me if they do this.”</i>
<b>Hospitalization or calling for ambulance</b>	<i>“So now we are calling for ambulance to pick him up to go to the hospital to have his blood work done. That's cost more than if they would pay for RN to come to the house.”</i>
<b>Unpaid family caregiver hours</b>	<i>“My husband is now providing many more hours of my care than he was before the law changed, but is only being paid for 56 hours, at a rate that is not adequate to cover our expenses. Yet he is not able to work at a regular job to make up for the lost income because I don't have enough reliable agency caregivers to provide me help while he would be working. As a result, we have seen our savings dwindle drastically, and we worry about paying our mortgage and other bills.”</i>
<b>Signed a new contract</b>	<i>“I signed a contract that left my family paid attendant care as is, but it is only for 5 years. My concern is what will happen after the 5 years is up.”</i>
<b>Death</b>	<i>“He died of a heart attack on October 25, 2021. After his death, his family doctor reported that he had given him a physical exam about a month earlier. The doctor said that looking back on his records, he could find no reason to suspect any heart difficulties, and he just shook his head when asked what he thought had happened. His parents and caretaker brother believe the stress of not being able to pay for caretakers was the underlying cause of his death. After the new rules were enforced, our normally cheerful child went into a, 'funk,' with comments like: 'I'm just a burden.'; 'I'm ruining everybody's life now,'; 'You'd be better off if I was dead.' Here's the comment that brings tears to my eyes as I type it for this report: 'What can I do now, Dad?’”</i>
<b>Worried to speak out</b>	<i>“I want to complain but I don't want to mess up what we still have provided.”</i>

## Methodology

### Survey Development

The Auto Crash Survivors Surveys were collaboratively developed by MPHI and BIAMI. The surveys can be completed by either the adult patients themselves, by their parents/guardians in cases of minor patients, or by guardians/patient-authorized representatives if adult patients needed assistance in completing the surveys. Survey questions asked about patients' health status, living arrangements, and services received before and after the fee changes in the no-fault auto reform that took effect in July 2021, and some demographic information. The surveys also asked for some personally identifiable information, including respondent and/or patient names and contact email, and patient birthdate. MPHI researchers trained in survey development finalized all questions to ensure readability, clarity, and lack of bias.

### Survey Implementation

The surveys were implemented in REDCap (Research Electronic Data Capture) by MPHI. REDCap is a secure web application for building and managing online surveys and databases. While REDCap can be used to collect virtually any type of data in any environment (including compliance with 21 CFR Part 11, FISMA, HIPAA, and GDPR), it is specifically geared to support online and offline data capture for research studies and operations.

MPHI and BIAMI pre-tested the surveys internally to make sure that the survey was implemented as designed. Additionally, a pilot test of the first survey with 15 patients was conducted between September 3 and 21, 2021.

### Survey Distribution

The first survey was distributed by BIAMI to their members and networks, between September 29 and October 20, 2021. The invitation contained a public survey link to the survey, instructions on how to access, complete, save, submit, and print out a PDF copy of the survey, as well as how to contact MPHI for questions and assistance. Two rounds of reminders were sent out by BIAMI.

The second survey was distributed using two methods, one was by MPHI through email to the first survey respondents who provided contact emails, the other was by BIAMI and partners through a public link to their members and networks to recruit patients who did not participate in the first survey. The survey was distributed between March 9 and May 15, 2022. Three rounds of reminders were sent out during the distribution period. Additionally, the research team made phone calls to the non-responding patients who provided contact phone numbers in their first survey, encouraging and helping them to complete the second survey.

## Internal Review Board Approval

MPHI's IRB operates following FDA regulations and is formally designated to review and monitor biomedical research involving human subjects with the authority to approve or disapprove research. This review is designed to ensure that researchers protect the rights and welfare of research participants. The IRB review assures that appropriate steps are taken to protect the rights and welfare of research participants. MPHI's IRB panel reviews research protocols and related materials to ensure protection of the rights and welfare of research participants.

The MPHI project team submitted a Human Participant Protections Application to the MPHI Institutional Review Board (IRB), and the approval of the project was granted on September 27, 2021.

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This project was funded by BIAMI.

The study was conducted by MPHI with assistance from BIAMI.



# Supporters of car crash survivors start summer protest series

Michigan Radio | By Colin Jackson

Published July 12, 2022 at 10:29 PM EDT



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Colin Jackson / Michigan Public Radio Network

People catastrophically injured in car crashes protest in Lansing over a 2019 law that is driving some of their care providers out of business.

A handful of summer protests against the impact of Michigan's 2019 auto insurance changes kicked off Tuesday in Lansing.

The law capped what care providers could charge for reimbursement at 55% of their previous rate and limited the number of billable hours for at home treatment.

Crash survivor David St. Amant said that has made it harder for him to find care he needs.

Since the changes took effect a little over a year ago, a small group of demonstrators has frequently gathered at the state Capitol many weeks. Tuesday afternoon, they were across the street from Governor Gretchen Whitmer's office.

Peggy Campbell leads the Facebook advocacy group coordinating the efforts.

"We've always felt that the governor signed the bill and she's really the one who made it happen," Campbell said Tuesday.

Whitmer has hailed the 2019 no-fault law as a bi-partisan win. Earlier this year, she celebrated \$400 refund checks issued using money described as surplus from the Michigan Catastrophic Claims Association fund.

The governor has also publicly stated she'd work with lawmakers to fix issues with the 2019 auto insurance law.

"It's important that we explore all ideas to protect people's care while maintaining the savings that the law has delivered for Michigan drivers," spokesperson Bobby Leddy said in a written statement.

But evidence that the law has delivered savings is scant, and legislative leadership hasn't shown any willingness to support changing the law yet.

In the meantime, Whitmer's administration is pointing to a directive she gave to the state Department of Insurance and Financial Services to hold auto insurers accountable.

"We are closely monitoring the Legislature's engagement on this issue while working to ensure that auto insurers take responsibility for assisting survivors with securing appropriate care," a statement from a department spokesperson read.

The agency reiterated it's available to take complaints over the phone, through email, or online.

But Campbell, who estimated that thousands of people have lost necessary care as a result of the new law, said the department has served as more of a speed bump to survivors than an ally.



“The forms that you fill out are so complicated and so convoluted, many people, especially those who are injured with either spinal cord or brain injuries just cannot fill those out,” Campbell said.

Military veteran and crash survivor Laszlo Szalay shares that sentiment. He said he called 64 health care providers across Livingston, Oakland, Macomb, and Jackson counties before being turned away because he was a car-crash survivor. Now he relies on a network of friends for help.

“These folks have jobs. They don’t have the time to watch me all the time. I don’t know what I’m going to do,” Szalay said. “I was a 46-year-old guy who was working full time, professor, and I worked for the CIA at the time. I got injured, I lost everything. Now I’m just worried what’s tomorrow going to bring me.”

**Tags**

Health

no-fault

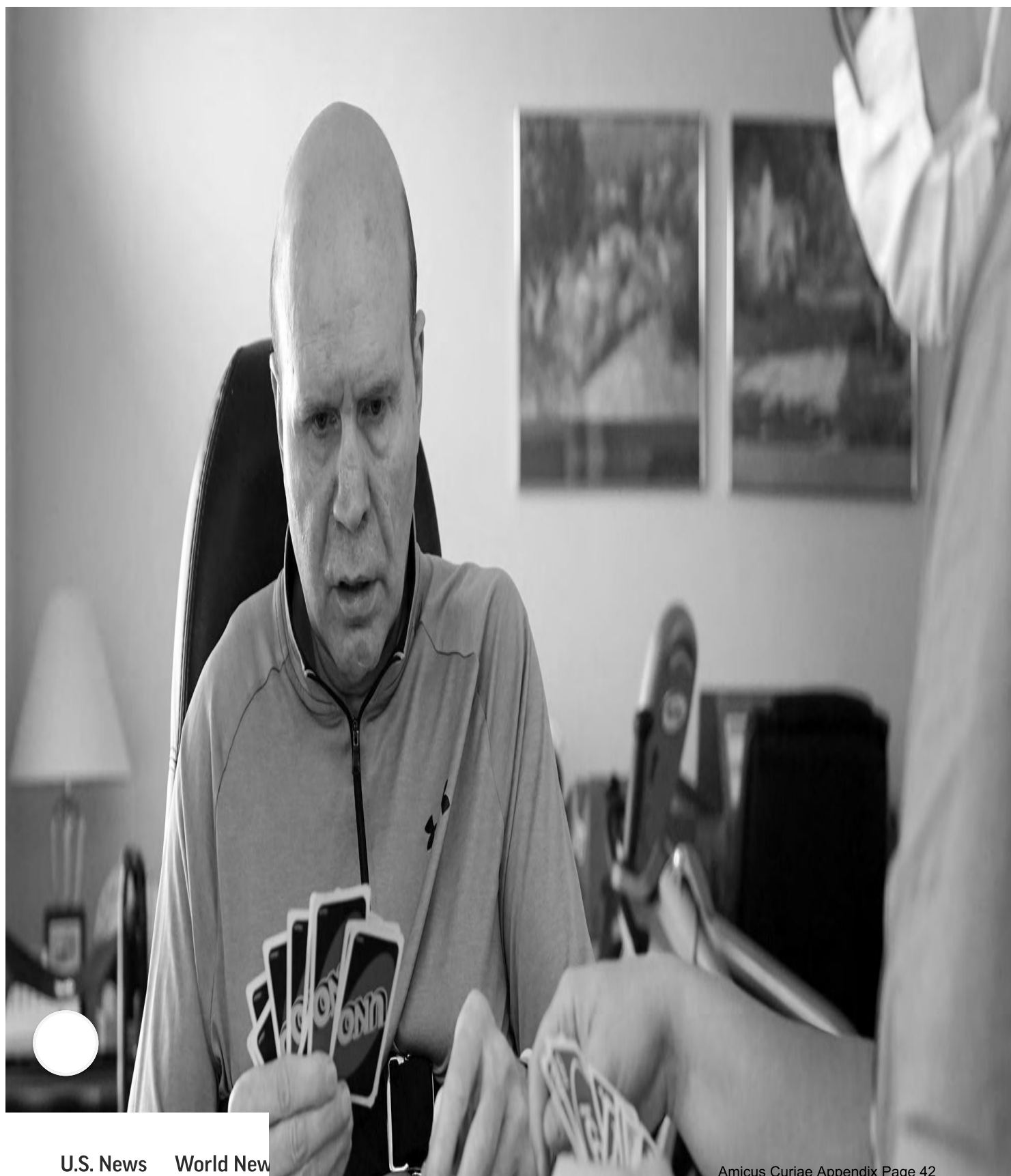
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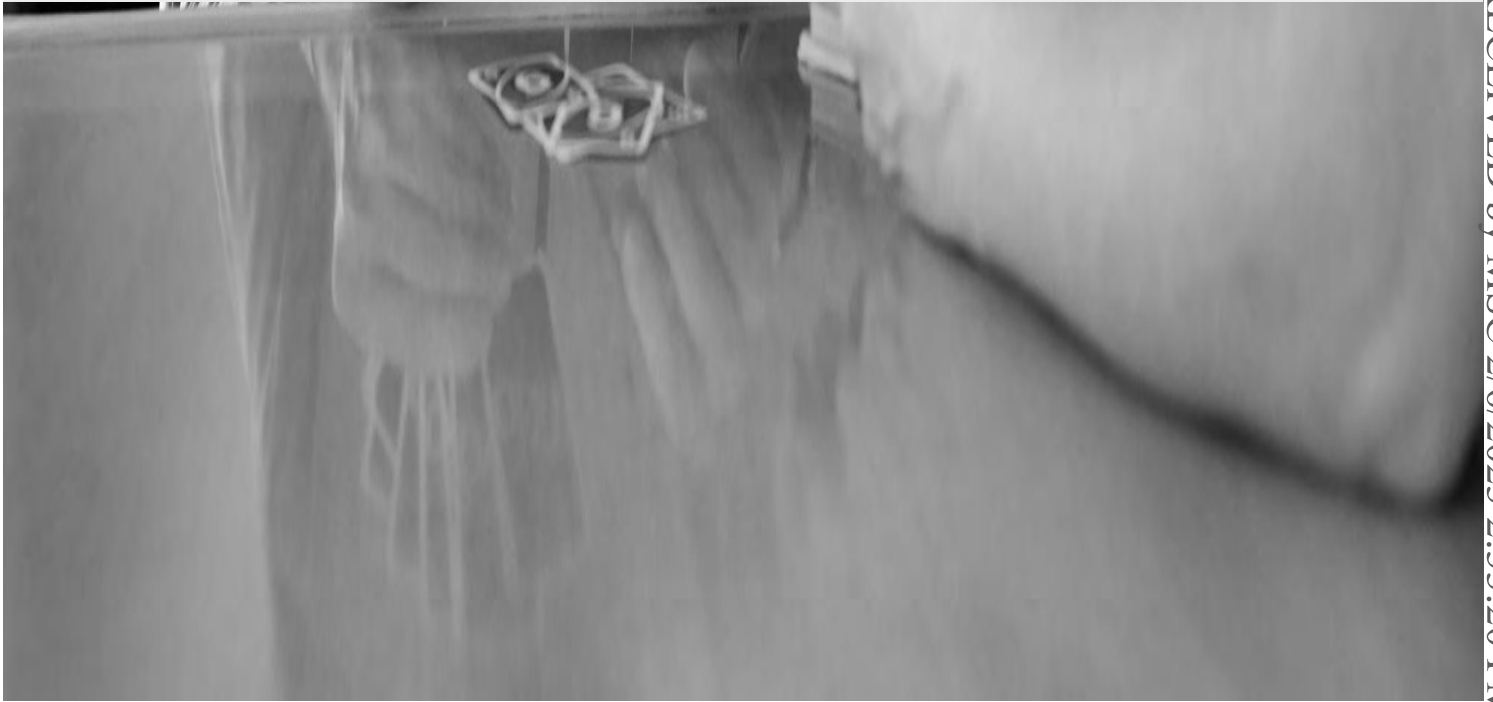


**Colin Jackson**

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## New law puts NHL great Konstantinov's 24/7 care in jeopardy

By **LARRY LAGE**  
May 27, 2022



WEST BLOOMFIELD, Mich. (AP) — Vladimir Konstantinov has traded hockey sticks for an Uno deck. Many, in fact. The onetime Soviet and Detroit Red Wings star plays so often that he goes through a pack per week, wearing out cards with the hands that once made him one of the world’s best defensemen.

During a recent visit to the Konstantinovs’ suburban Detroit condominium, he handily defeated his longtime nurse, Pam Demanuel, and smiled. That’s about as good as it gets for him these days.



caregiver stays awake while he sleeps in case he needs to walk to the bathroom. Although he seems to comprehend questions, his answers are limited to a few words and aren't always easy to understand.

02:01



Nurse Pam Demanuel talks about caring for Vladimir Konstantinov. (AP Video/Mike Householder)

Next week, Konstantinov is in danger of losing the round-the-clock care that has enabled him to remain home. Due to the high costs of such care and changes to a Michigan law, he might be moved to an institution where restraints or medication would be necessary to keep him safe.

- AP VIDEO: Michigan law threatens ex-hockey star's home care

Konstantinov is the public face of a predicament facing roughly 18,000 Michigan  
dents who suffered serious traffic-related injuries and have lost their state-funded, unlimited lifetime medical care that every driver used to have to pay into by law. A bipartisan change to the law, which had contributed to Michigan having the country's highest auto insurance rates, took effect last summer and left Konstantinov and the

Faced with the specter of losing his 24/7 care, Konstantinov's family has sought help from the Legislature and public, starting a GoFundMe to help offset their significant expenses and giving reporters a behind-the-scenes look at their lives.

"This is the first time we have let people in to see the struggles he has every day," his wife, Irina Konstantinov, told The Associated Press earlier this month. "Fans see him at a Red Wings game waving to people and think he must be doing great, but he's not."

Konstantinov was 30 years old and coming off a championship season in which he was voted runner-up as the NHL's best defenseman when his limo driver crashed on June 13, 1997, ending his career and changing his life forever. His friend and teammate Slava Fetisov, another member of the Red Wings' vaunted Russian Five, was also in the limo but didn't suffer career-threatening injuries.



St. Louis Blues' Al MacInnis (2) checks Detroit Red Wings' Vladimir Konstantinov into St. Louis goalie Grant Fuhr during the first period of an NHL hockey game in Detroit on April 18, 1997. (AP Photo/Andrew Cutraro, File)

Konstantinov's wife and daughter, Anastasia, tried to care for him after he emerged from a two-month coma, but they quickly found that they needed constant professional help. After years of round-the-clock professional care, therapy and a lot of determination, Konstantinov learned how to walk and talk again.

But seeking to lower Michigan's highest-in-the-nation auto insurance policies, the Republican-led Legislature and Democratic Gov. Gretchen Whitmer in 2019 passed a law that took effect last July allowing drivers to choose their level of personal injury protection and to opt-out of the previous requirement that they buy unlimited lifetime coverage. Among other changes, the new law also scaled back the state fund's reimbursements for health providers that treat accident victims.

Although the law lowered Michigan car insurance premiums to a degree and led the state to issue \$400 per-vehicle refunds during an election year, it left Konstantinov and others like him facing the prospect of losing the constant care they need. Reimbursements for certain post-acute services under the new law were reduced to 55% of 2019 levels, which home care agencies say is financially unsustainable.

"We're carrying approximately \$200,000 in (losses) on Vlad's case alone," said Theresa Ruedisueli, regional director of operations for Arcadia Home Care & Staffing, which provides Konstantinov's home care.

If the company can't care for Konstantinov without losing more money, it plans to charge him as a client on June 1.





(AP Video/Mike Householder)

Anastasia Konstantinov started a GoFundMe three years ago to help pay for her father's care, but it has raised less than 10% of its \$250,000 goal. The Red Wings and NHL Players' Association are also exploring ways to help maintain Konstantinov's home care.

"We're actively working with him and his team and plan to organize a fundraising event to help maintain his care and provide more resources for extending it in the future," the Red Wings said in a statement.

The NHLPA has been in contact with the family and is working to determine how to address the matter, according to spokesman Jonathan Weatherdon.

Few if any of the others affected by the change in the law have Konstantinov's notoriety in Michigan, though, and many are also struggling to come up with the money to keep their round-the-clock home care.

Some legislators have said they never intended for the revisions to apply retroactively to crashes that occurred before the new law was signed. But their efforts to amend it have

led.

"I do not believe it was the intent of the Legislature for the home health care attendants to take this type of a cut," said Republican state Rep. Phil Green, who sponsored a bill that would raise reimbursements for rehabilitative treatment and

facilities, this was more of a scalping than it was a hair trim.”

But the Michigan House’s Republican speaker, Jason Wentworth, who supported the current law, said in March that efforts to change the law during this year’s session were dead, pointing to the savings it has brought to drivers. He declined an interview request from the AP.

As for Konstantinov, who has met with legislators at the Capitol, he appears to be well aware that his quality of life is at risk.

“I like live here,” he said during the AP’s visit to his home.

Why?

“My house,” he replied.





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Associated Press reporters David Eggert in Lansing and Mike Householder in Detroit contributed.

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**\*\*FOR IMMEDIATE RELEASE\*\***

## **Statewide survey finds 6,000 accident victims expected to lose care and 5,000 health care providers to lose jobs if House Bill 4486 is not passed** *The bill provides a technical fix to legislation, but its passage is needed well before July 1 to avoid devastating impacts*

BRIGHTON, Mich. — (March 18, 2021) — A recent survey of more than 110 brain injury rehabilitation providers across the state commissioned by the **Michigan Brain Injury Provider Council (MBIPC)** indicates that nearly all are planning for the worst, including going out of business, if legislators don't pass a technical fix that enables post-acute facilities to continue providing care.

The statewide survey found that facilities will be forced to lay off thousands of workers, discontinue catastrophic care for thousands of auto accident patients and potentially go out of business, if House Bill 4486 isn't passed well before July 1.

"Nearly nine in ten post-acute care facilities have little or no confidence that they will be staying in business after July 1 of this year if House Bill 4486 is not passed. It behooves us to listen to those on the front lines, providing care for the most vulnerable. They have first-hand knowledge of the day-to-day realities and the urgent need for this fix. Lansing bureaucrats and special interests won't find more reliable data than that," said MBIPC President **Tom Judd**. "We are hurtling toward a crisis of catastrophic proportions for Michigan caregivers and the post-acute patients they serve."

The bill contains a technical legislative fix to the state's auto insurance law. Under the 2019 auto insurance reform, health care services that do not have a corresponding "Medicare code"—which includes most services provided by brain injury rehabilitation centers—would be required to slash reimbursements by 45%.

The statewide survey of providers reveals the following key findings:

- **Nearly nine in ten post-acute care facilities have little or no confidence in staying in business under the fee schedule outlined in Michigan's Public Act 21:** Eighty-six percent (86%) of post-acute care facilities have either no confidence at all (65%) or very little confidence (21%) that they can operate their business at a sustainable level under the new auto no-fault fee schedule in its current form. Another 21% are only slightly confident.
- **Thousands of patients will potentially lose care across the state:** Nearly eight in ten of all respondents (79%) expect a decrease in the number of auto no-fault patients for which their facility can provide care, if the fee schedule goes forward unchanged. When asked to quantify how many patients will potentially lose care, the average response was between 31 to 40 expected patients lost per facility; meaning that between 4,800 and 6,200 patients across the state will potentially lose care from these facilities alone.
  - Nearly four in ten (38%) expect that care to be lost immediately, while more than eight in ten (85%) expect it to be lost within the first few months after the new fee schedule goes into effect.

- The facilities surveyed currently provide care for between 6,350 and 7,800 post-acute care patients across Michigan.
- **Thousands of jobs will potentially be lost across the state:** Nine in ten facilities (90%) expect to decrease their number of employees if the fee schedule goes forward unchanged. When asked to quantify how many jobs will be lost, the average response was between 21 and 30 expected jobs lost per facility; meaning that between 3,250 to 4,650 jobs will potentially be lost across all facilities in the state. This estimate does not account for indirect jobs lost.
  - More than four in ten (45%) expect to lose those jobs immediately, while more than eight in ten (85%) expect those job losses within the first few months after the new fee schedule goes into effect.
  - The facilities surveyed currently provide jobs for between 6,350 and 7,800 post-acute care practitioners across Michigan.

The survey was commissioned by MBIPC and conducted by **ROI Insight**, a Michigan-based market research company.

“The most vulnerable individuals with the most complex needs will need to be transitioned out of specialized residential programs, beginning well before July 1,” Judd said. “It’s unclear where these individuals will go to receive the specialized care, supervision, and treatment they need and deserve – not to mention the potential job losses we are facing. In addition, this survey does not capture the disruption facing families providing care to their loved ones inside their homes.”

Last week, **HB 4486** was introduced by Rep. **Doug Wozniak** of Shelby Township, proposing limits on how much post-acute care providers can charge while enabling patients to access care and providers to remain in business.

“This proposed legislative solution to the unintended consequences of Public Act 21 is a simple fix and narrowly focused on meeting the intent of the law,” Judd said. “It does not add cost to the system.”

###

*Members of the Michigan Brain Injury Provider Council are committed to providing high quality, ethical rehabilitation services, with the mission of achieving the best outcomes for patients. As a trade association established in 1987 and based in Brighton, Michigan, MBIPC offers resource-sharing, information exchange, professional development and education, advocacy for brain injury standards of care and legislation protecting Michigan families, and the promotion of ethical conduct.*

## **PRESS CONTACT**

Rose Tantraphol  
 Moonsail North  
[rose@moonsailnorth.com](mailto:rose@moonsailnorth.com)  
 517.775.2152

# Support HB 4486

## Support Access to Care

House Bill 4486 is needed to protect access to care for thousands of individuals and families, and must be passed into law quickly to prevent the closing of brain injury rehabilitation centers throughout the state. HB 4486 maintains access to care and averts mass job layoffs. This legislation does not add cost to the system.



4,800 to 6,200 Patients  
Lose Access to Care

### Doors Shut on Michigan Patients

Nearly 8 in 10 of all respondents (79%) expect a decrease in the number of no-fault patients at their facility if HB 4486 does not get enacted. On average, each facility expects to lose 31 to 40 no-fault patients – this extrapolates to 4,800 to 6,200 patients across the state losing care from these facilities.



Community-Based  
Centers Close

### Nearly 9 in 10 post-acute care facilities have little or no confidence in staying in business

Eighty-six percent (86%) of post-acute care facilities have either no confidence at all (65%) or very little confidence (21%) that they can operate their business at a sustainable level under the auto no-fault fee schedule set to go into effect July 1.



3,250-4,650  
Lose Jobs Across Michigan

### Pink Slips Statewide

Nearly all respondents (90%) expect a decrease in the number of jobs at their facility if House Bill 4486 does not get enacted. On average, each facility expects to lose 21 to 30 jobs – this extrapolates to 3,250 to 4,650 jobs lost across the state that are directly connected to these facilities. This does not even account for thousands of lost jobs dependent on these community facilities.

# Survey

## Under the New Auto No-Fault Law Fee Schedule, Michigan Expected to Lose Nearly 5,000 Health Care Jobs, More Than 6,000 Patients to Lose Care

A recent survey of brain injury rehabilitation care providers across the state indicates that nearly all are planning for the worst, including going out of business, if legislators don't fix technical issues in the fee schedule set by the new auto no-fault reform law. This new fee schedule goes into effect July 1 this year. Because of a technical error in the language of the fee schedule, the codes established treat these post-acute care facilities more negatively than other health care providers, slashing the amount they can charge for care by nearly half. It unfairly and severely diminishes their ability to be reimbursed for the care provided to patients with catastrophic injuries from automobile accidents.

To quantify the impact of the new auto no-fault law fee schedule on the industry, the Michigan Brain Injury Provider Council (MBIPC) commissioned a survey of care providers in professions related to brain injury rehabilitation. According to this statewide survey of over 110 brain injury rehabilitation care providers, their facilities will be forced to lay off thousands of workers, discontinue catastrophic care for thousands of auto accident patients and potentially go out of business, if a legislative fix to this flawed fee schedule isn't passed.

Here is a summary of the survey's findings:

- » **Nearly nine in ten post-acute care facilities have little or no confidence in staying in business:** More than six in ten (65%) post-acute care facilities have no confidence at all that they can operate their business at a sustainable level under the new auto no-fault fee schedule in its current form. Another 21% are only slightly confident. Only 3% say they are either somewhat or extremely confident they will be able to continue their business at a sustainable level.
- » **Thousands of patients potentially losing care across the state:** Nearly eight in ten of all respondents (79%) expect a decrease in the number of auto no-fault patients for which their facility can provide care, if the fee schedule goes forward unchanged. When asked to quantify how many patients will potentially lose care, the average response was between 31 to 40 expected patients lost per facility; meaning that between 4,800 and 6,200 patients across the state will potentially lose care from these facilities alone.
  - Nearly four in ten (38%) expect that care to be lost immediately, while more than eight in ten (85%) expect it to be lost within the first few months after the new fee schedule goes into effect.
  - The facilities surveyed currently provide care for between 6,350 and 7,800 post-acute care patients across Michigan.
- » **Thousands of jobs potentially lost across the state:** Nine in ten facilities (90%) expect to decrease their number of employees if the fee schedule goes forward unchanged. When asked to quantify how many jobs will be lost, the average response was between 21 and 30 expected jobs lost per facility; meaning that between 3,250 to 4,650 jobs will potentially be lost across all facilities in the state. This estimate does not account for indirect jobs lost.
  - More than four in ten (45%) expect to lose those jobs immediately, while more than eight in ten (85%) expect those job losses within the first few months after the new fee schedule goes into effect.
  - The facilities surveyed currently provide jobs for between 6,350 and 7,800 post-acute care practitioners across Michigan.

This survey of more than 110 post-acute care facilities across Michigan was commissioned by MBIPC and conducted by ROI Insight, a Michigan-based market research company.

# 'Look at the facts and act': 2nd report on impact of No-Fault law changes is released

Report is the 2nd survey conducted by the Michigan Public Health and commissioned by the Brain Injury Association of Michigan



Tab H: Look at the facts and act': 2nd report on impact of No-Fault law changes is released, Fox 17 (August 11, 2022)



By: Michael Martin

*Posted at 5:53 PM, Aug 11, 2022 and last updated 10:27 AM, Aug 12, 2022*

LANSING, Mich. — A survey released Thursday is shedding more light on the impact that changes to Michigan's No-Fault Auto law have had on medical providers and the patients they serve.

This is the second survey conducted by the Michigan Public Health and commissioned by the Brain Injury Association of Michigan.

“The purpose of the survey is to track the long-term deterioration of care that is occurring right now” said Tom Constand, president and CEO of the Brain Injury Association of Michigan.

“It's a crisis of care, and it has to stop.”

While the law was aimed at lowering the state's sky high car insurance rates, it has also impacted the care existing crash survivors have been able to access.

According to CPAN, a group focused on preserving our previous no fault auto system, there have been at least eight people who have died since the changes went into effect, because of losing access to some care.

Under the new law, which took effect on July 2, 2021, any medical service not already covered under our federal Medicare law, which includes in-home caregivers and transportation to medical services, will now only be reimbursed by insurance companies at 55% of what they were back in 2019. The law also caps the number of hours that family members can provide care to just 56 hours a week.

According to the new report released Thursday, 6,857 crash survivors have been discharged from local care providers, and 4,082 health care workers have lost their jobs.

They found that 10 care companies have had to close their doors completely since the changes took effect, while 14 more companies expect to close in the next 12 months.

You can see what they found during their first survey at this link [HERE](#).

The changes are impacting people such as Laurie Oleksa's 31-year-old son Danny.

"As of June 30 of 2021, we had full staff. We had nurses that had been with us since he left the hospital in '04," she said Thursday.

The company that was providing Danny's in-home caregivers prior to June 2021 let them go after the changes took effect. They were then temporarily picked up by another company that was trying to help them out.

She is currently going back and forth with a company based out of Livonia, desperate to find caregivers for her son.

For now, she is taking care of her son 24 hours a day, all on her own.

"So, I usually am able to lay down at about 11:30, lay down till 12:30 when I need to get up and catheter him, lay back down around 1:00, get back up around 2:15, lay back down at 2:45, get back up at 4:20," she explained.

It's been like this since July 27.



Until then, advocates believe the situation will only get worse.

"We urge the legislators to do something... We urge legislative leadership to listen to look at the facts and act," Constand said Thursday.

"And finally, we encourage the Governor to do the same."

FOX 17 received the following statement from Erin McDonough, the executive director of the Insurance Alliance of Michigan, after the report was released:

"The latest pseudo-survey bought and paid for by the Brain Injury Association of Michigan isn't a fair representation of all the Michigan providers providing care to long-term care patients, which its own survey acknowledges. There is data from the Michigan Department of Insurance and Financial Services that shows a small number of individuals have reported issues with their care and current open complaints only total 12.

The bipartisan auto no-fault reforms reined in costs and lowered premiums, the market is adjusting and IAM member companies remain focused on working to ensure medically necessary care is continued."

### ***FOX 17's Coverage of No-Fault Auto Reform Care Crisis***

**May 17, 2021 — New Law Could Have Devastating Consequences**

**June 2, 2021 — "We're Paying the Price With Our Lives": FOX 17 Extended Coverage**

**June 9, 2021 — Hundreds of Survivors Protest at Capitol**

**June 10, 2021 — Rep. Berman Introduces Bill to Prevent Cuts**

**June 23, 2021 — Advocates Rally Again at Capitol**

**June 26, 2021 — House Approves \$10M Fund**

**June 30, 2021 — Advocates Say \$25M Isn't Enough**

- Aug. 4, 2021 – **Patients Continue to Lose Care**
- Sept. 24, 2021 – **Changes Causing Chaos for Survivors**
- Sept. 27, 2021 – **'We Can't Wait' ArtPrize Entry Highlights Care Crisis**
- Oct. 4, 2021 – **Protest Outside Business of SML Shirkey**
- Oct. 14, 2021 – **Some Insurers Not Following Intent of Law**
- Oct. 27, 2021 – **New Round of Bills Announced**
- Jan. 11, 2022 – **Report Says No Fault Reform Created Crisis of Care**
- July 1, 2022 – **1 Year Under the New Auto No-Fault Law**

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**i understand** love heals Recognizing mental health is health  
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# Break the Stigma

**September 22**

**6-9p at Frederik Meijer Gardens**

with special guest

**Zak Williams**



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Tab I: (04/13/21 Affidavit of John G. Prosser for Health Partners, II)

AFFIDAVIT OF JOHN G. PROSSER II

STATE OF MICHIGAN )  
 )  
COUNTY OF Oakland )

I, John G. Prosser II, being first duly sworn, deposes and states as follows:

1. I am the Vice President of Health Partners, Inc., a Michigan medical provider that specializes in rehabilitation home care programs and private home care solutions.

2. My current staff consists of approximately 530 field staff who perform home health care services and 50 administrative staff.

3. Health Partners currently services approximately 100 patients. Of these 100 patients, approximately 95 are motor vehicle accident victims, many of whom have been serviced by Health Partners for many years. Many of these patients need around the clock care, 24 hours per day/7 days per week.

4. Of the 530 field staff, approximately 46 of those individuals are family members of the patient and are employed by Health Partners to provide attendant care services to their injured family member.

5. 100% percent of the services that Health Partners provides are not compensable by Medicare. Thus, beginning on July 1, 2021, reimbursement for these services will be capped at 55% of what Health Partners was charging for these services on January 1, 2019 pursuant to the no-fault amendments, MCL 500.3157(7).

6. This 55% non-Medicare fee schedule is unsustainable and un-survivable for Health Partners, and therefore if the 55% non-Medicare fee schedule will begin being applied on July 1, 2021 to patients of Health Partners who were injured prior to that date, I know that

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Health Partners will be unable to continue in business and will expect to be closing its doors on or about June 30, 2021. When Health Partners ceases to do business it will lay off approximately 580 employees.

7. I am an adult competent to testify and I can completely testify as to the facts contained in this Affidavit. I have read the contents of this Affidavit and my statements are made voluntarily and I make this Affidavit based upon the personal knowledge of the statements contained herein.

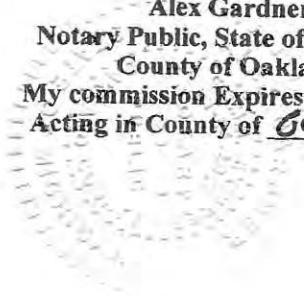
FURTHER, AFFIANT SAYETH NOT.

  
John G. Prosser II

Subscribed and sworn before me on this  
13<sup>th</sup> day of April, 2021.

  
Notary Public, ~~Ingham County~~, Michigan Oakland County  
My Commission Expires: 01/25/2027

Alex Gardner  
Notary Public, State of Michigan  
County of Oakland  
My commission Expires 01/25/2027  
Acting in County of Oakland



# Tab J: 04/29/21 David Hutchings Affidavit for Eisenhower Center – forced to close by December 31, 2021

## AFFIDAVIT OF DEVIN HUTCHINGS

STATE OF MICHIGAN    )  
                                          )  
COUNTY OF Washtenaw )

I, Devin Hutchings, being first duly sworn, deposes and states as follows:

1. I am the President and Chief Operating Officer of Eisenhower Center, a Michigan medical provider that specializes in traumatic brain injury rehabilitation.

2. Eisenhower Center currently employs approximately 464 people.

3. Eisenhower Center currently services approximately 192 patients, including 170 residential patients who live at the Eisenhower Center. Of these residential patients, approximately 125 are catastrophically injured motor vehicle accident victims, many of whom have lived at Eisenhower Center for years.

4. One of the patients the Eisenhower Center currently treats is Philip Krueger. Mr. Krueger was involved in a motor vehicle collision in 1990 in which he sustained catastrophic injuries, including a traumatic brain injury. Mr. Krueger has been a residential patient of Eisenhower Center since 1997. Due to his traumatic brain injury, Mr. Krueger is unable to live on his own. He requires a very structured environment and constant supervision.

5. 90 percent of the services that Eisenhower Center provides are not compensable by Medicare. Thus, beginning on July 1, 2021, reimbursement for these services will be capped at 55% of what Eisenhower Center was charging for these services on January 1, 2019 pursuant to the no-fault amendments, MCL 500.3157(7).

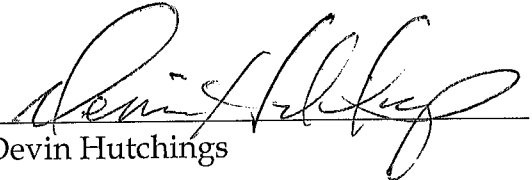
6. This 55% non-Medicare fee schedule is unsustainable and unsurvivable for Eisenhower Center, and therefore if the 55% non-Medicare fee schedule will begin being

applied on July 1, 2021 to patients of Eisenhower Center who were injured prior to that date, I anticipate that Eisenhower Center will be unable to continue in business and would expect to be closing its doors on or about December 31, 2021. When Eisenhower Center ceases to do business it will lay off approximately 450 employees and approximately 130 residential patients, including Philip Krueger, will have to find alternative living facilities.

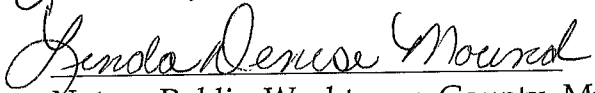
7. If Eisenhower Center closes and Philip Krueger is forced to leave, it is likely that he will not be able to receive the care and supervision he needs. Mr. Krueger's father and guardian, Ronald Krueger, has terminal cancer and will likely be unable to care for him. I am unsure of what will happen to Mr. Krueger if Eisenhower Center closes.

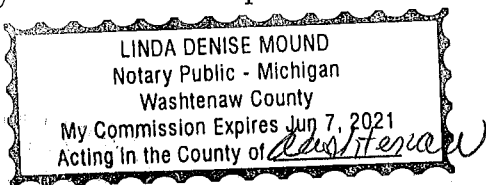
8. I am an adult competent to testify and I can completely testify as to the facts contained in this Affidavit. I have read the contents of this Affidavit and my statements are made voluntarily and I make this Affidavit based upon the personal knowledge of the statements contained herein.

FURTHER, AFFIANT SAYETH NOT.

  
Devin Hutchings

Subscribed and sworn before me on this 19th day of April, 2021.

  
Notary Public, Washtenaw County, Michigan  
My Commission Expires: \_\_\_\_\_



# Tab K: 04/29/21 Aspire Rehabilitation Letter – closing doors on June 30, 2021

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April 29, 2021

Dear Clients, Guardians, and Case Managers:

In June of 2019, Governor Whitmer signed the auto no-fault 'reform' bill that brought many changes to the insurance law. One of these changes will take effect on July 1, 2021, which is a 45% reduction in what auto no-fault insurers reimburse rehabilitation companies (including Aspire Rehabilitation Services, LLC ("Aspire")), in caring for injured individuals such as our Clients.

This is a catastrophic market-changing decrease, and is well beyond Aspire's ability to absorb as a functioning company. Although we have fought hard and long against these changes that will cut company revenue nearly in half, have looked at every option, and have run every reasonable scenario, and we cannot find a way forward under this new law.

Based upon these imposed circumstances well beyond our control, Aspire will cease all Client care at 5:00 PM, E.S.T. on June 30, 2021, and wind-up its business operations. We are very sorry to bring this news to you, but we have no other choice.

As a result, we will need to have all Clients transition to one of the options below on or before 5:00 PM, E.S.T. on June 30, 2021:

1. Move to a new program and vacate your apartment, or
2. Assume the lease in your current apartment, if landlord consent is obtained on or before May 31, 2021, or
3. Find a program that will take over your lease and allow you to stay in your apartment, if landlord consent is obtained on or before May 31, 2021.

Aspire does not plan on hiring any new staff and we may experience attrition as our employees may transition to other employment prior to planned termination on June 30, 2021. This unavoidable dynamic may impact the performance of certain services. We will promptly notify you if Aspire may be unable to provide any service that we consider essential. However, due to the uncertainty of the situation, Clients should plan to transfer to a new placement or program as soon as able.

Additionally, Aspire will no longer be able to provide any transportation, including transportation to any appointment, activity, or other event after May 30, 2021. We will continue to provide for all apartment utilities, including cable and internet services through June 30, 2021, and continue to provide \$75 per week for groceries, but the activity cards and the \$40 per week for activities will be discontinued on April 30, 2021.

We thank you sincerely for your business and allowing us to provide the care that we have taken such pride in and which has been our privilege to undertake. As a token of our appreciation and in exchange for your helpful cooperation in this process, we are allowing clients to take certain property with them if they move out by 6/30/2021. The client and/or their team members will need to make a list of what they would like to take, and this list will need approval by Aspire Management prior to move-out. Clients are allowed to take anything that is not attached to the apartment, such as furniture, tables, TVs, dishes, pots and pans, silverware, bedding, towels, etc. Clients are not allowed to remove fixed items such as window shades and blinds, microwave, stove, refrigerator, washer, dryer, cable, modem and wi-fi boxes. It will be the responsibility of the client/team to move anything out of the apartment, including approved Aspire property and personal belongings. Aspire staff and management will not be able to provide any assistance with moving.

Should you have any questions, please feel free to reach out to us at 248-951-8180, and we would be happy to answer any questions you may have. We want to wish you all the best in your continued rehabilitation, and for a healthy and happy life ahead.

Best wishes,  
Aspire Rehabilitation Services Management



# Tab L: 05/03/21 Joseph Richert Affidavit for Special Tree Rehabilitation System – forced reduction of services starting July 1, 2021

## AFFIDAVIT OF JOSEPH RICHERT

STATE OF MICHIGAN    )  
                                  )  
COUNTY OF INGHAM    )

I, Joseph Richert, being first duly sworn, deposes and states as follows:

1. I am the President and Chief Executive Officer of Special Tree Rehabilitation System, a Michigan medical provider that specializes in traumatic brain injury and spinal cord injury rehabilitation.

2. Special Tree currently employs approximately 300 people.

3. Special Tree currently services approximately 96 patients, including 21 residential patients who live at the Special Tree. Of these residential patients, approximately 95 are catastrophically injured motor vehicle accident victims, many of whom have lived at Special Tree for years.

4. 12.3 percent of the services that Special Tree provides are not compensable by Medicare. Thus, beginning on July 1, 2021, reimbursement for these services will be capped at 55% of what Special Tree was charging for these services on January 1, 2019 pursuant to the no-fault amendments, MCL 500.3157(7).

5. If the 55% non-Medicare fee schedule will begin being applied on July 1, 2021, Special Tree will have to reduce its costs by approximately \$1.3 million in order to be able to stay in business. In order to make up these costs, Special Tree will have to lay off employees and turn away patients that require more extensive care. Additionally, Special Tree will have to reduce the services and level of care it currently offers. Patients will have to reduce their expectations regarding the services that Special Tree can provide them.

6. I am an adult competent to testify and I can completely testify as to the facts contained in this Affidavit. I have read the contents of this Affidavit and my statements are made voluntarily and I make this Affidavit based upon the personal knowledge of the statements contained herein.

FURTHER, AFFIANT SAYETH NOT.

  
\_\_\_\_\_  
Joseph Richert

Subscribed and sworn before me on this  
3 date of May, 2021.

Jan Kiser  
\_\_\_\_\_

Notary Public, Oakland County, Michigan  
Acting in the County of Ingham

My Commission Expires: 9/4/2025

# Tab M: We can't give up": Auto crash survivors rally for no-fault reform in Lansing, WTOL (April 12, 2022)

STATE

## 'We can't give up': Auto crash survivors rally for no-fault reform in Lansing

"We can't give up" was the message at the Capitol today. Meanwhile, Speaker of the House Wentworth says, "It's time to move on."



Author: Alana Holland (WZZM13)  
Published: 6:51 PM EDT April 12, 2022  
Updated: 10:43 AM EDT April 14, 2022



LANSING, Mich. — Tuesday, auto crash survivors and advocates rallied in the halls of the Capitol building in Lansing. Their rally cry: "Save our survivors. Fix auto no fault."

Diane Mills-Gutierrez, a survivor of a 2016 auto crash, said "we can't give up."

This comes after last month, House Speaker Jason Wentworth says he's spent the last year looking at proposals to fix to the law made back in 2019 to bring down auto insurance payments.

"They all either move us backward toward the old status quo or put the savings and refund checks for Michigan drivers at risk," he said in a statement. "At this point, it's time to move on."

No-fault auto insurance was originally reformed to save drivers money.

Those calling for a change say the no-fault auto reform had unintended consequences that stripped survivors of their care. Two of the major issues are a fee schedule, reimbursement cap and a limit on paid in-home care hours.

Five bills proposed to fix these issues have stalled on the state house and senate floors.

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"It was very frustrating," said Nick Long, CEO of Neurocare Home Health about V comments. "I just can't believe, especially on a bill that has as much support as it his own party, that he's going to say he's not interested in seeing a change this s ridiculous."

Long said his business was severely impacted by the reform. He said for about e care they give, they lose about five dollars, which adds up fast.

"It's hard for me as a business owner," said Long, "Because I can't just walk away. These clients would have to go to a hospital or nursing home if we can't provide care."

wroull

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Credit: 13 OYS

Long said, "We're at a severe loss business-wise, so we're trying to sustain things so we can continue to provide care to clients," about impacts no-fault auto reform has had on his rehab business.

Larger facilities are also feeling the pinch from the insurance reimbursement cap for auto crash survivor clients. BSHS, Beaumont Health and Spectrum Health's chief financial officer said in the eight months since the changes were in effect, their payments were cut by \$65 million. That is "a huge amount of money for us," he said.

One of the biggest impacts of the reform for Spectrum Health is closing Residential Rehabilitation, a long-term neuro care program.

Other survivors are losing their home caregivers, and having to rely more on family and friends. And yet, the reform puts a cap on family care reimbursement at 56 hours a week.

"So many agencies have gone out of business, they're falling left and right like flies," said Mills-Gutierrez, "I'm afraid at any day I could get a letter or phone call letting me know they can't hold on any more because of the 45% cut in reimbursement."

Mills-Gutierrez relies on her caregiver to live her life. Her husband helps as much as he can, but he cannot be her primary caregiver.





Credit: 13 OYS

Mills-Gutierrez said her caregivers, "help me to be able to live my best life, and help me do things I used to take for granted."

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Meanwhile, \$400 checks have begun being sent out by insurance companies to Michigan drivers. The \$400 refunds per vehicle are from a \$3 billion surplus in funds from the Michigan Catastrophic Claims Association (MCCA) fund. That fund is used to ensure continued care for catastrophic accident survivors. The surplus is an effect of the no-fault auto insurance reform.

However, those checks, are "a punch in the gut for us," said Mills-Gutierrez.

"That money was taken from the MCCA fund which was designated to provide our care," she said, "That's money taken away from us."

The MCCA is still maintaining approximately \$2 billion in surplus funds to ensure continuity of care for catastrophic accident survivors.

Ralph and Amy Dubey own Therapy Solutions, a neuro-rehab clinic in Petoskey. They say they are fighting battles with insurance companies every day. It has made it "near impossible" to take on auto insurance clients.

"It's devastating," said Dubey, "Because it impacts their independence and progression in life skills. If they don't have therapies, they won't get any better."

According to the Michigan Brain Injury Provider Council, 18,000 people in the state rely on funds from the Michigan Catastrophic Claims Agency for their long-term care.

The Brain Injury Association of Michigan is collecting for the Auto No Fault Survivor Fund through its donation page.

The accident survivor advocacy group "We Can't Wait" has also set up a GoFundMe page for people to donate their refunds if they wish. Peggy Campbell, the founder, said the fund would be for continuing to educate the public and legislatures about what has happened for accident survivors.

**RELATED VIDEO: No-fault auto reform creates \$65 million payment cut for hospital system**

No-fault auto reform creates \$65 million payment cut for hospital system



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STATE

# Volunteer firefighter task force looks to help tackle volunteer firefighter challenges

State Fire Marshal Kevin Reardon said more than 11 million people in Ohio rely on emergency services. But, departments are spread thin and stressed.



# Tab N: 06/17/21 Optimal Letter

**From:** Julia Clark-Brownell <[jbrownell@optimalstaffing.com](mailto:jbrownell@optimalstaffing.com)>  
**To:** [bartley@ambroseconsult.com](mailto:bartley@ambroseconsult.com) <[bartley@ambroseconsult.com](mailto:bartley@ambroseconsult.com)>; [kingkar58@yahoo.com](mailto:kingkar58@yahoo.com) <[kingkar58@yahoo.com](mailto:kingkar58@yahoo.com)>; [hboyer@boyerlaw.org](mailto:hboyer@boyerlaw.org) <[hboyer@boyerlaw.org](mailto:hboyer@boyerlaw.org)>  
**Cc:** Toni Kircher <[tkircher@optimalstaffing.com](mailto:tkircher@optimalstaffing.com)>; Jackie Miller <[jmiller@optimalstaffing.com](mailto:jmiller@optimalstaffing.com)>; Teresa Hiatt <[thiatt@optimalstaffing.com](mailto:thiatt@optimalstaffing.com)>; Heather Kluemper <[hkluemper@optimalstaffing.com](mailto:hkluemper@optimalstaffing.com)>  
**Sent:** Thursday, June 17, 2021 at 12:52:48 PM EDT  
**Subject:** KK

This message was sent securely using Zix<sup>®</sup>

Karen,

We hope that this letter finds you doing well. As you may be aware Michiganders are in the throes of some big changes. On July 1, 2021, the laws and benefits of Auto No Fault are more than likely going to change. While **auto** patients that have been injured requiring nursing and/or attendant care services will not lose their benefits, homecare companies will be reimbursed at 55% of our billing costs. This essentially means that the reimbursement rates are lower than your caregiver/nurse is currently being paid. This is not sustainable. At this point, we can commit to providing care to you at least through **July 1st of this year. After this date you will need to find alternative staffing. Please let me know what I can do to assist you in this transition. If you would like to use our services after this date the difference in cost out of pocket will be \$14 to \$15 per hour.**

I am sorry for the anxiety this is undoubtedly creating for you. We will work very hard to provide a smooth transition to your new care providers. Please know that Optimal has worked very hard since the day the law was published to educate our legislators on the devastating impact this change would have on our clients and their families. Please feel free to contact me directly with any questions, concerns, or ideas that you may have to protect yourself and others.

Julia Clark-Brownell, LPN

Home Care Nursing Supervisor

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