

# Auto No-Fault Reform

## TRADITIONAL MI No-fault

- + Reasonable and necessary care for all patient needs related to the auto accident, including attendant care and accommodations that promote the continuation of tasks necessary to daily life
- + If injured and unable to work – covers 85% of wages for up to 3 years
- + Patients have the right to select their own medical care provider
- + Law is considered best coverage in the nation and has served Michigan residents since 1973

## D-Insurance

- \$250,000 combined cap (applies collectively to ALL injured persons in the car)
- Physical therapy and other care capped at \$25,000
- Insurance companies make decisions about critical/life-stabilizing care, not your doctor
- Insurance companies can require pre-authorization for medical treatment
- Prohibits drivers from accessing benefits from the Michigan Catastrophic Claims Association
- Allows insurance companies to create their own provider networks and the ability to refuse payment for any treatment outside their network
- Increases liability risks for all Michigan motorists – any at-fault driver injuring a person covered under D-Insurance could be personally liable for the injured person's uncovered medical expenses
- **No guaranteed auto premium reduction**

## HOSPITAL-SUPPORTED No-fault Reforms

- + Acute care – 20% rollback from established 2015 hospital charges
- + Pass 20% healthcare savings to auto insurance consumers
- + Attendant care reform
- + Creation of an anti-fraud bureau
- + Development of clinical best practices for catastrophic auto accident victims to ensure providers are delivering evidence-based, appropriate care