The Case for Maintaining Michigan's No-fault Auto Insurance in its Current Form

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It is an honor and it is with pleasure that I testify today on behalf of the present-day no-fault auto insurance program in the state of Michigan. It is my intent, as a rehabilitation specialist and developer of NeuroProsthetic devices--devices that electrically interact with the nervous system to restore muscle function and alleviate pain--that I speak to you regarding proposed changes in legislation that would degrade the medical care of those I treat. It is my understanding that some would prefer to see the Michigan system become like or mirror plans from other states like Ohio, whose premiums are "more affordable" and that reimbursement for medical care should be limited or that the responsibility should shift from the auto policy to one's medical insurance plan. A policy change that would alter the current medical care of those injured in an auto accident, from my perspective, would not be wise and may only cost-shift the responsibility of care to governmental programs like Medicare and Medicaid. At the end of the day, it would most certainly destroy the high quality and compassionate medical care received by those afflicted with life-long injuries under the prevailing system and those that will be needing it in the future.

Before I start with a description of the patient I will present to you as a case study, I want to first tell you about my professional background and what brought me to Michigan this past February from Ohio, after all, Ohio is where I was born, raised, attended college, developed my NeuroProsthetic technology and in conjunction with Case Western Reserve University, the Cleveland Veteran's Medical Center, and the Ohio State University, participated in the research of electrical stimulation technology. My business is now in its 15th year. Ohio was the launching pad for what has become one of the most beneficial technologies for the treatment of chronic pain and neurologically injured. Unfortunately, due to poor insurance reimbursement, I had to make a very difficult decision to leave Ohio to seek greener pastures in health care. The state I chose was Michigan. Michigan's no-fault auto insurance has allowed me to treat patients with TBI, SCI, and chronic pain with our technology in the manner it was meant to be and since February of 2008 I have treated many victims of auto accidents and have enjoyed seeing these patients improve their function, pain, and overall health.

What was wrong with Ohio? Ohio has auto insurance that simply doesn't function well in terms of the medical care its victims need. While the insurance plans might reimburse for restoration of the damage done to cars, it does not reimburse well on the medical side, if at all. In most instances, Ohio's plans will pay about $5000-$10,000 for the initial medical care one needs, but after those funds are used, there is no more available money to pay for additional health care. Attorneys are necessary to fight the insurance companies and the whole process takes years and years to play out. Meanwhile, the patients don't receive proper medical attention.

I found it impossible to help victims of auto accidents with our technology. Not only was the system unwilling to purchase NeuroProsthetic devices when needed, I discovered that the system and its protocols were quite adversarial to its victims and their health care providers. I can honestly report that in 15 years of business in Ohio, not one auto case I dealt with in that time lead to adequate care for the patient. In most of these circumstances it was the attorneys representing both parties who seemed to have control, not the medical team. In fact, not one of my auto cases resulted in favorable payment to my company. Most of the cases I dealt with did not result in the patient getting our services. If they did receive services from us, we got paid pennies on the dollar, and never in a timely manner, in most cases we were paid years later. Often patients would file bankruptcy to avoid paying for their medical care (on the advice of their attorneys). There were many lost court cases after years of waiting for the companies to decide who's at fault and who's going to pay and at what level of payment. Many attorneys would call us and state that a settlement had taken place (years after the initial contact with us) and that there was very little money to be spread around on behalf of the medical people who had taken care of the their clients and that payment for our services would come from a settlement that would be inadequate to pay us our fee. They would tell us that we would have to accept whatever it was they could pay. Understandably, this led to a great deal of frustration for both the patient and Axiobionics. I made a business decision to stop treating patients with auto cases simply because we could not get paid.

In contrast, Michigan's system is far more effective for both the patient and for its medical providers. Whereas in Ohio I did not treat one TBI or SCI, in Michigan I've treated scores of them and with great success. To my surprise, the patients I'm treating in Michigan are far more positive and optimistic about their situation and seem to cope much better than the patients I treated in Ohio, who were for the most part, abandoned and left to fight the legal system, not their medical condition. I enjoy my work in Michigan and find working within the guidelines of the system easy and doable. Case managers show up for appointments with the patients to advocate on behalf of the quality of care the patients need. In Ohio case managers do not exist so there is no one to take up the cause of the patient; they are simply left to fend for themselves.

Access to our technology was heavily constrained in Ohio because there were no provisions in the system to pay for it. Ohio's auto policies for reimbursement are antiquated and poor, at best. The amount of money set aside in a typical policy is pathetically low and certainly not in-step with the realities of the cost of caring for catastrophic injuries. It would be my guess that many never see proper care, not just care from Wearable Therapy and that most go on to lose their private health coverage by exceeding their lifetime maximum benefit. Many, I'm sure, go on disability, social security, and medicaid, and we all know that medicaid doesn't provide the best health care so there's no surprise that those patients end up with severe complications or that they never progress beyond a certain point since the system isn't designed to go the extra mile for these patients. Medicare and Medicaid have never paid for Wearable Therapy.

NeuroProsthetics is an emerging field of rehabilitation that promises significant and vitally-needed pain management, spasticity reduction, wound prevention and healing as well as increased efficiency of function following neurological injury such as brain or spinal cord injury. This technology can greatly improve the quality of life of these patient. When I started working with patients in 1995 one of my first clients was actor Christopher Reeve, who was spinal injured from a horse-riding accident. Needless to say I was absolutely thrilled to be involved in his health care. Mr. Reeve suffered a C1-2 spinal cord injury that was so severe he required round-the-clock care and ventilatory-breathing support. Despite this, Mr. Reeve lived almost ten years, helped in large part, by the Axiobionics Wearable Therapy Muscle Stimulation System that kept him as healthy and as free of medical complications as is possible.

Auto accidents is a leading cause of spinal injury and traumatic brain injury. To illustrate my point about why I strongly oppose changes that would affect the medical care of the motor vehicle injured, I would like to present to you a patient that acquired a traumatic brain injury in a serious car accident at the age of 6. Despite the severity of his injuries, Jamal Bell, now 14 years old, never gave up hope that one day he would be able to keep up with his friends or simply rely less on his parents for every day routine activities of daily living. Jamal's head injury left him with what is known as hemiplegia--paralysis that affects one side of the body. The paralysis essentially rendered Jamal's right upper extremity useless since it lacked control from the brain. The right lower extremity, too, had become so weak that if forced him to wear a brace to pick up the foot when walking so that he wouldn't trip or fall. His leg muscles, no longer controlled by brain signals, had become extremely weak and easily fatiguable. He could not keep up with his friends and always had to stop and rest even as the other boys kept marching on. Even playing sports was hampered. Jamal dreamt that one day he would be able to play basketball along side his contemporaries. That wasn't going to happen easily as long as his muscles remained unconditioned.

With this letter I am attaching Jamal's case study and results after having been fit with the Wearable Therapy Muscle Stimulation System for both his arm and leg. Jamal has done exceptionally well since he was fit with the system. He has regained the use of his arm and is now able to walk and even run far more efficiently than he could prior to receiving Wearable Therapy.

The no-fault system in Michigan has taken very good care of Jamal. He received proper care from the very beginning. Had Jamal lived just 45 minutes south in Ohio, I can assure you, he would have never been fit with the Wearable Therapy System and would not have seen the tremendous improvements outlined in his case study.

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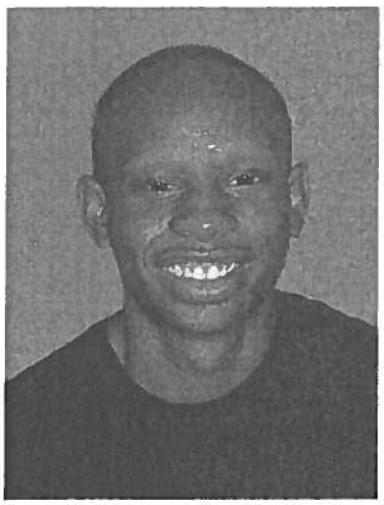
AxioBionics™ Traumatic Brain Injury Case Study

Wearable Electrical Stimulation for the Pain, Neuro and Orthopedic Patient



Jamal Bell 14 year old male
Dx: TBI, Right Hemiplegia
DOI: 1995 MVA / 6 years old at the time of injury

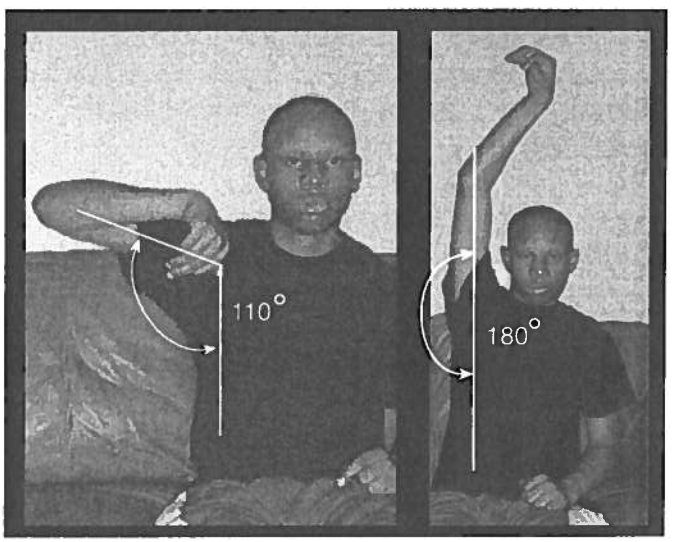
Right UE NeuroProsthesis: Stimulates the upper trapezius, deltoid, tricep, wrist flexors and extensors.

Right LE freeSTEP NeuroProsthesis: Stimulates dorsiflexors during the swing phase of gait.

Results:

Upper Extremity

1. Right wrist and fingers are significantly more relaxed.
2. Able to keep wrist neutral when active.
3. Can hold onto objects with adequate grip strength. Before NeuroProsthesis, he was unable to hold objects with his right hand due to weakness in the fingers.
4. Abducts shoulder to 180 degrees with no pain or spasm. Before NeuroProsthesis, he could only abduct to 110 degrees with pain and spasms of the arm.
5. Significant increase in the use of the right affected arm during sports and other physical activities.
6. Complete elimination of shoulder pain during activity. Pain level before NeuroProsthesis was 5/10.
7. Major increase in muscle hypertrophy and strength.
8. Improved fine motor control of the index finger.



Maximum abduction before using UE NeuroProsthesis.

Normal abduction achieved with daily use of the UE NeuroProsthesis.

Lower Extremity

1. Increased walking endurance.
2. Walking speed doubled.
3. Elimination of AFO. Unable to run with AFO due to increased spasticity.
4. Able to run with freeSTEP.
5. Walks unabated. Before freeSTEP, patient had to slow down or stop to rest.
6. Able to change running/sprinting direction on a dime. Before freeSTEP, he was unable to run.
7. Now able to play 5 consecutive games of basketball. Before freeSTEP, he had to stop playing after 1 game.

Clinical Representative:

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