Dear Dawn as Executive Director of CalChiro:

This letter is different for me.

We have known each other for decades. I consider you not merely a respected leader in California chiropractic, but a friend.

I know your commitment to chiropractors. I know how long you have advocated for this profession. And I know that when you believe something matters to California chiropractic, you don't merely talk about it, you work to move the profession forward.

That is precisely why I am writing this open letter directly to you.

California chiropractic needs you and CalChiro right now.

Not because CalChiro failed to recognize the original threat. You didn't.

CalChiro helped educate chiropractors about Uber's proposed 2026 ballot initiative and encouraged the profession to organize, contribute, educate colleagues, and protect patient access and fair reimbursement.

I applauded that then, and I applaud it now.

But the ballot initiative disappeared. **The threat did not.**

It changed form.

We now have SB 623. And while the immediate application is limited to certain rideshare personal injury cases, my fear … and I believe the logical direction of travel … is that what Uber obtained will ultimately be sought by others.

Other transportation companies. Municipalities. Commercial defendants. Insurers.

And eventually the question becomes obvious: **Why should California have one set of PI rules when an Uber is involved and another when it isn't?**

That is why I believe the chiropractic profession cannot simply say: **We fought the Uber initiative. That battle is over.**

It isn't. In many ways, **the more important battle has just begun.**

Dawn, Chiropractic Has More at Stake Than Almost Anyone

There is something unique about chiropractic and personal injury that I don't think we should understate.

There may be **no significant segment of healthcare where chiropractic occupies the #1 lead medical role the way it does in personal injury.**

Think about that.

When someone gets rear-ended, sideswiped, T-boned, or otherwise experiences the musculoskeletal trauma of an automobile collision, who is very often at the front door of that patient's healthcare journey?

The chiropractor.

Chiropractors evaluate these patients early. They document the mechanism of injury. They identify functional loss. They provide conservative treatment. They watch the patient's condition evolve over time. They document the pain and suffering journey.

They also recognize when something isn't resolving. They order or refer for imaging. They identify when the patient needs pain management, neurology, orthopedics, psychology, PT, or surgical evaluation.

And because they often see the patient repeatedly, chiropractors may have one of the clearest longitudinal pictures of what that crash actually did to the patient's life.

Personal injury isn't some peripheral part of chiropractic medicine.

For many California chiropractors, it is one of the areas in which their training, patient relationships, clinical role, and business model come together most powerfully.

So when California changes the economics of PI healthcare, chiropractic should not merely participate in the conversation.

Chiropractic should help lead it.

You Don't Need Uber's War Chest

I know the obvious response. CalChiro doesn't have Uber's money. And chiropractic doesn't have the political resources of the Legal Lobby.

And I know from decades of being around this profession that getting thousands of independent chiropractors to move together is never easy.

But Dawn, you have something money cannot simply manufacture:

A profession.

Doctors throughout California. Doctors in legislative districts. Doctors who own businesses. Doctors who employ people. Doctors who have patients. Doctors whose patients have families. Doctors who vote. Doctors who can call legislators.

Doctors who can tell real stories about what happens when an injured Californian cannot find a provider willing to accept the financial risk of PI care.

And you also have associations that will be impacted next as Uber rolls its roadmap more nationally, so Chiro Congress and the various state associations are there for you too. So could be the Chiropractic Strategic Plan, which has a governmental affairs committee, and the Chiropractic Summit, which marshals together the key chiropractic organization and vendor stakeholders together.

That is political power too.

Marshall it.

A war chest is one weapon. A mobilized profession is another. And you have the Chiro Congress convention coming up this November in Kentucky, where I will also be speaking to them on the legislative pre-session. Come and support a more national approach.

In fact, lead it.

I Am Not Asking Chiropractic to Defend Everything Chiropractic Does

This is important.

The credibility of this effort depends upon our willingness to say something uncomfortable: **here are bad actors in PI medicine.**

There are bad actors in chiropractic. Just as there are bad actors in law, insurance, medical funding, transportation, and virtually every other industry.

Don't defend them.

If someone overtreats because a patient has a PI claim, condemn it. If treatment continues after it is no longer medically necessary, stop it. If someone bills amounts that cannot reasonably be defended, don't defend the bill. If clinical decisions are being driven by litigation value rather than patient need, reject it. If attorney relationships compromise clinical independence, reject them. If documentation is templated nonsense rather than a meaningful record of the patient's condition, improve it.

Chiropractic does not strengthen its position by defending its worst actors.

It strengthens its position by distinguishing them from its best.

Bill reasonably. Treat what is medically necessary. Document extraordinarily well. Refer appropriately. Discharge appropriately. Put the patient first, always.

And then stand unapologetically behind the chiropractor's right to be **reasonably and fairly compensated for doing all of that.**

That is the position I believe CalChiro can credibly lead.

Reform the Abuse. Don't Destroy the Value.

This is why I am not advocating repeal of SB 623.

There were legitimate problems being addressed.

If unreasonable medical specials are being used to artificially drive verdicts, address that. If there are improper referral relationships, expose them. If there is unnecessary care, address it. If medical funding is being abused, regulate the abuse. If providers are charging amounts that cannot reasonably be justified, hold them accountable.

But don't use a shotgun when a scalpel will do.

Surgically repair SB 623.

Preserve what legitimately protects against abuse.

Change what unnecessarily harms good providers and their patients.

FAIR Health Is a Perfect Example

If the problem is what a jury hears about medical expenses, then solve the **evidentiary problem at trial.**

Don't unnecessarily turn an evidentiary benchmark into an economic restriction on the underlying provider-patient relationship.

A chiropractor treating a PI patient on lien is doing something fundamentally different from treating a conventional insured patient and receiving contracted reimbursement shortly afterward.

The chiropractor may wait: A year. Two years. Often longer.

Meanwhile, the practice pays: Staff. Rent. Equipment. Insurance. Software. Compliance. Documentation expenses. California wages. California taxes. California's extraordinary cost of doing business.

And after waiting all that time? Liability may become disputed. Policy limits may be inadequate. The case may settle poorly. The attorney may demand a significant reduction. Or the case may be dropped or lost and the chiropractor may never recover the bill.

That risk has economic value.

It doesn't justify unreasonable billing. But neither should it be ignored when deciding what constitutes reasonable compensation.

So if FAIR Health serves a legitimate purpose in controlling what medical numbers are presented to a jury, **keep that protection where the problem exists … at trial.**

Don't unnecessarily convert it into a de facto limitation on the underlying healthcare economics. That is a surgical repair.

The Same Is True of Referral Declarations

Transparency? Absolutely.

Kickbacks? Stop them.

Improper attorney-provider relationships? Expose them.

But if the government wants to know who referred Patient Smith to Dr. Jones, place the principal burden on **the person who actually made the referral.**

Often that is the attorney or law firm.

The chiropractor may know the patient came from Firm X. The chiropractor may not know which attorney originated it, whether a case manager made the decision, whether another provider recommended the office, whether the patient requested it, or whether another referral source was involved.

Why make the provider declare under penalty of perjury something the provider may not actually know?

Move the burden to the party with the knowledge … the law firm.

Transparency survives. Accountability survives. The unnecessary risk to the provider does not.

Again: **Surgery, not amputation.**

The Easy Answer Is to Stop Taking Uber Cases

This may be my greatest concern for chiropractic.

Doctors are rational business owners.

If rideshare cases become too difficult, too risky, or too economically unattractive, many will simply say: **“Fine. I won't take Uber cases.”**

Problem solved.

Except it isn't. Because the injured patient still needs care.

And what happens if this expands?

Then perhaps the answer becomes: **“Fine. I won't take any PI.”**

That may protect the chiropractor. But what does it do to the patient?

And what does it eventually do to chiropractic?

I don't want chiropractors surrendering one of the most important healthcare segments their profession has earned because Sacramento made the space more difficult.

Don't abandon it. Navigate it. Improve it. Fight intelligently to fix it.

There are ways to operate even in difficult PI environments.

My company and I intend to continue helping providers do precisely that regardless of what ultimately happens with SB 623. But navigating a bad system is not the same thing as accepting that the system should remain bad.

We should still fight for the best system.

CalChiro Already Helped Sound the Alarm

That's another reason I am coming to you personally.

CalChiro already understood that the original Uber initiative threatened PI practices and patient access.

That concern didn't vanish. SB 623 simply changed the battlefield. And in some ways, it created an opportunity.

The enormous political confrontation over the ballot initiative has ended.

Now we can say: **Keep the compromise.**

Keep the protections Uber legitimately sought. Keep reasonable tort reform. Keep transparency. Keep mechanisms directed toward unreasonable billing and unnecessary care.

But fix the few provisions that went too far.

That is a much more achievable political objective than attempting to tear apart the entire statute.

Dawn, I Am Asking You to Help Build the Coalition

I would like CalChiro to become one of the driving forces behind a **Surgical Repair Coalition.**

Not a chiropractic-only coalition. That won't be enough.

Bring together the CMA, independent physician practices in all medical specialties, responsible medical funding companies, other physician and provider associations. And ethical PI attorneys and law firms willing to recognize that their clients need access to excellent medical care.

Then mobilize the chiropractic base.

Educate every district. Give doctors concise talking points. Identify chiropractors in key legislative districts. Collect real patient stories. Collect examples showing how long providers wait to be paid.

Demonstrate the real economic risk of PI receivables.

Show what happens when good providers decide the risk isn't worth accepting.

And then go to Sacramento with something lawmakers can actually support:

We are not asking you to repeal SB 623. We support reasonable tort reform and accountability. We are asking you to surgically repair several provisions that unnecessarily harm ethical providers and threaten patient access before those provisions are ever considered for broader PI application.

That is a strong position.

It is reasonable. And importantly:

It doesn't require a $100 million war chest.

There Is Another Reason Chiropractic Should Lead

Chiropractors know what it is like to have other professions define them. They know what it is like to have others explain chiropractic to legislators. They know what it is like to fight for scope, recognition, reimbursement, and legitimacy.

So don't allow Uber, the Legal Lobby, insurers, or anyone else to define the economics of legitimate chiropractic PI care without chiropractic speaking for itself.

Tell your own story. But tell it credibly.

Acknowledge the problems. Offer solutions. Police the profession. And defend what deserves defending.

That is far more persuasive than simply saying: **“Don't reduce our bills.”**

The message should be: **“Hold us accountable for reasonable billing and medically necessary care. But don't make good doctors financially responsible for solving abuses they didn't create, and don't make injured patients collateral damage.”**

Personal Injury Is Too Important to Chiropractic to Sit This One Out

Dawn, you and I have known one another long enough that I can say this plainly.

I believe this is one of those moments when leadership matters.

Not because the sky is falling tomorrow. Not because every chiropractor needs to panic. But because **now is when a small correction may still be possible.**

If we wait until another industry demands Uber's protections...If we wait until another bill is introduced...If we wait until SB 623 has become politically entrenched...If we wait until the debate becomes whether these provisions should apply to all PI... The fight becomes dramatically harder.

So don't wait.

Use the relationships you have spent decades building. Use CalChiro's statewide infrastructure. Use the doctors. Use their patients and their stories. Use the other state associations and national chiropractic organizations. Join with the rest of independent medicine.

And help us ask Sacramento for something eminently reasonable:

Don't destroy SB 623. Surgically repair it.

Keep what works. Fix what doesn't. Punish bad actors. Protect good providers. Preserve reasonable compensation.

And most importantly, make sure an injured Californian can still find a quality chiropractor willing to say: **“Yes. I will treat you.”**

That is worth fighting for.

And I hope, as both a long-time colleague and a friend, that you will help lead that fight.

Reform the Abuse. Preserve the Value. Protect the Patient.

And pursue the outcome every stakeholder should want:

Better Patient Outcomes.
Better Provider Outcomes.
Better Case Outcomes.
Better Claim Outcomes.

Respectfully and personally,

Michael Coates
Michael Coates, Esq.
President, Personal Injury Made Easy

PS: Dawn, CalChiro helped sound the alarm when the Uber initiative threatened chiropractic PI care. Now I hope you will help make sure the profession doesn't mistake the withdrawal of that initiative for the finish line. **SB 623 is now the issue, and the opportunity is to repair it while the repair can still be surgical.**