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To the Leadership of the PPC PAC:

I want to begin exactly where I began publicly during your August 10 Town Hall:

I applaud you.

I applaud the time, energy, money, passion, and commitment you have devoted to protecting independent physicians and medical providers in California. I do not question your intentions. I believe we want the same thing: to protect independent medical practices, preserve patients' access to quality care, and prevent SB 623 from becoming something far more damaging than what it is today.

But good intentions do not guarantee a winning strategy.

I spoke with members of your leadership before the Town Hall. I spoke up during the Town Hall. The following day, I wrote directly to your leadership because what I heard that evening did not alleviate my concerns.

It amplified them.

Several of the arguments presented at the Town Hall actually demonstrated why I believe the current strategy has little realistic chance of protecting independent medical practices in the short or even mid-term.

And the stakes are too high for reasonable disagreement to prevent us from pressure-testing another approach.

I Believe We Are Missing the Forest for the Trees

At the Town Hall, you acknowledged the political danger of directly attacking SB 623 or attempting to undo the compromise because of the powerful stakeholders responsible for getting it passed.

I understand that concern.

But from a negotiation standpoint, that admission should set off alarms.

Once the other side knows what you are unwilling to challenge, your negotiating leverage changes.

At the same time, you discussed the growing prospect that municipalities, industries, insurers, transportation companies, and others will look at the protections Uber obtained and understandably ask:

Why does Uber get this and we don't?

That is where today's problem can become exponentially larger.

What presently applies to a defined category of rideshare personal injury cases creates two systems: one set of rules for those cases and another for other California PI cases.

How long will California maintain that distinction?

I cannot say with certainty that SB 623 will be expanded to all PI. Reasonable minds can disagree about that prediction.

But I believe the risk is substantial enough that **we should be acting now as though expansion is a likelihood, and not waiting until someone introduces the legislation or ballot initiative that makes it real.**

Because once the political question becomes, *"Why should the rules be different depending upon who caused the accident?"*, independent medicine may find itself fighting a vastly larger and far more expensive battle.

Your own Town Hall recognized the extraordinary resources required to fight even one major statewide initiative.

So why would we choose a strategy that potentially requires fighting dozens … or hundreds … of battles when there may be an opportunity to fight **one carefully targeted battle now?**

The Answer Is Not Amputation. It Is Surgery.

This is why I continue advocating what I call the Surgical Strike.

If your surgeon told you: *"We need to operate on your entire body,"* you would probably run from the operating room.

But if that surgeon said: *"The body is fundamentally sound. There are simply a few areas we need to surgically repair,"* you would listen.

That should be our approach to SB 623.

Do not seek to repeal the entire law. Do not attack the entire compromise. Do not demand that Uber, the Legal Lobby, the Legislature, or Governor Newsom admit they were wrong.

In fact, do almost the opposite.

Acknowledge what the agreement legitimately sought to accomplish.

Preserve reasonable protections against excessive verdicts. Preserve transparency. Preserve efforts to identify improper financial relationships. Preserve efforts to address unreasonable billing, unnecessary treatment, and bad actors.

And then say:

You accomplished the principal objectives you intended. Now let us help you surgically correct several unintended consequences that unnecessarily harm ethical independent medical practices and the patients who depend upon them … without taking away the reforms you legitimately sought.

That is a dramatically different political ask. It is also the strategy I laid out to you in our first online meeting and again after the Town Hall.

What Would the Surgical Strike Look Like?

I believe there are several provisions that deserve immediate analysis, but three illustrate the concept.

First: FAIR Health.

If the concern is that extraordinarily high medical bills are being presented to juries to inflate medical specials and contribute to “nuclear verdicts,” then address **what evidence is presented at trial.**

That is a litigation issue.

It does not necessarily follow that the same evidentiary benchmark should dictate the underlying economics between an independent provider and patient outside the courtroom.

A physician may wait years for payment, assume collection risk, provide specialized trauma care, incur substantially higher administrative costs, and ultimately negotiate the bill downward.

Those economics are different from prompt insurance reimbursement.

Limit the evidence if necessary to accomplish the tort-reform objective. Do not unnecessarily regulate the underlying provider-patient receivable to accomplish it.

That distinction deserves serious legislative consideration.

Second: Referral Declarations.

Transparency is a legitimate objective. But place the burden where the information actually resides.

Providers frequently may not know the true origin of a patient referral. The law firm that directed or influenced the referral generally knows whether it did.

So shift or appropriately allocate the declaration obligation toward **the party with actual knowledge of referral origination** … the Law Firms.

Uber still gets transparency. The Legislature still gets accountability.

And independent providers are not placed in the position of declaring under penalty of perjury facts they may not actually know.

That was one of the surgical solutions I previously proposed.

Third: Medical and Surgical Funding.

Again, separate **trial evidence** from the underlying healthcare funding or financing transaction.

Reasonable limitations can govern what evidence of financed medical expenses reaches a jury without destroying the legitimate ability to finance medically necessary care.

Some patients simply cannot afford the surgery they need.

Some qualified surgeons and specialists understandably will not perform expensive procedures and personally carry that financial risk for years on a lien.

Responsible funding fills that gap.

Regulate abuse. Require appropriate transparency. Allow reasonable returns for real financial risk.

But don't inadvertently eliminate the mechanism that allows an injured patient to obtain medically necessary care **when the patient needs it,** rather than years later after litigation concludes.

That distinction was also part of the proposal I presented before and following the Town Hall.

And What About the Proposed Database?

You discussed developing an alternative database to challenge FAIR Health.

Perhaps such a project has long-term value. But I question whether it solves the problem facing independent providers **now.**

Building a sufficiently robust healthcare-pricing database and then establishing its credibility for legislative, regulatory, or judicial purposes is not a short-term undertaking. My concern, expressed in my earlier email to you, is that pursuing that solution could consume substantial time, attention, and money while doing little to protect practices in the immediate or intermediate future.

We do not have unlimited resources. That means strategy requires prioritization.

Don't Wait Until This Becomes All PI

This is the issue that concerns me most.

Today we are discussing rideshare. Tomorrow it may be transportation more broadly.

Then municipalities. Then other commercial defendants. Then insurers. And eventually the political argument becomes painfully simple:

Why should an injured Californian's medical damages be treated differently because one vehicle had an Uber decal and another didn't?

I fear the easiest legislative answer will not be to eliminate SB 623. It will be to **expand it.**

The Great Betrayal series has consistently presented that as a risk and prediction …not an established certainty … but one serious enough that the medical industry should prepare before it arrives at the front door.

And if we wait until expansion is underway, the negotiating dynamics become much worse.

Instead of asking for several narrow corrections to a new law, independent medicine could find itself opposing a statewide tort-reform movement backed by transportation companies, insurers, businesses, municipalities, the Legal Lobby's own interests, and enormous amounts of money.

That is not the battlefield I want independent physicians fighting on.

My Request to the PPC PAC Is Simple

I am not asking you to accept my strategy because I proposed it. I am asking you **not to dismiss it because it differs from yours.**

Put the Surgical Strike on the table. Pressure-test it.

Bring in sophisticated legislative strategists, healthcare counsel, political negotiators, and people who understand PI medicine—not merely PI litigation.

Map every stakeholder. Determine what Uber actually needed. Determine what the Legal Lobby actually needed. Determine what the Governor needed. Determine what legislators believed they were accomplishing.

Then identify which provisions are fundamental to those objectives and which were simply part of the bargain.

Ask: **Can we change two, three, or four provisions without unraveling the compromise?**

Then price that strategy against the alternative.

How much does a narrowly targeted corrective legislative effort cost?

And how much will it cost to fight repeated initiatives, legislation, municipal efforts, industry campaigns, and ultimately a statewide push to expand SB 623?

Your own arguments at the Town Hall raised that very resource problem. My subsequent letter specifically asked the PAC to compare the cost of a surgical replacement/corrective bill against the potentially enormous cost of fighting expansion battle after expansion battle.

We Should Also Correct Our Own Analysis

There is another reason I am asking for reconsideration.

I believe parts of the medical community's understanding of the original Uber initiative were flawed.

For example, the proposed **25% attorney contingency-fee limitation was an attorney-fee limitation.** It was not, as you know California law placing the obligation of the medical provider bills on the patient, a 25% combined bucket from which medical liens also had to be paid.

Likewise, the concern over medical charges in the initiative was principally tied to **how medical expenses could be used as evidence in litigation**, rather than simply prohibiting independent providers from billing their charges outside the evidentiary context.

Those distinctions matter. And this is also where the Legal Lobby mislead the Medical Lobby as a scare tactic to raise funds and support fighting a ballot initiative to stop the 25% attorney fee cap.

My concern is not that anyone intentionally got them wrong. It is that **good intentions built upon an incomplete analysis can still produce the wrong strategy.**

The Great Betrayal series itself recognizes that the legitimate objectives … predictability, transparency, consumer protection, cost control, and combating unethical conduct … deserve respect. The question is whether the mechanisms chosen accomplish them without unnecessarily damaging ethical care.

We should be willing to reexamine our assumptions just as we are asking Sacramento to reexamine theirs.

This Is Not About Winning a Political Fight

It is about building a better PI healthcare system.

I do not want unreasonable medical billing protected. I do not want unnecessary procedures protected. I do not want unethical referral arrangements protected. I do not want predatory funding protected. And I do not want inflated medical specials used simply as a lever for an unjustified verdict.

Bad actors hurt all of us.

But neither do I want the cure to damage ethical independent physicians and providers who deliver medically necessary care, assume financial risk, wait for payment, document their work, charge defensible amounts, and help injured Californians recover.

And above all, I don't want good providers to reach the easiest conclusion: **“I'll just stop taking rideshare cases.”**

Because if this later expands: **“I'll just stop taking PI.”**

That may protect the practice. It does not protect the patient.

Lien-based care often fills the gap for patients who lack insurance, cannot afford deductibles, cannot find appropriate specialists in-network, or need imaging, pain management, therapy, psychological care, or surgery before their legal case concludes.

One Battle. A Few Incisions. A Better System.

PPC PAC leadership, you have demonstrated that you are willing to fight.

You have raised money. You have organized providers and physicians and those supporting the personal injury industry. You have created attention.

You have put independent medicine into a conversation where it was largely absent when SB 623 was negotiated.

Don't squander that accomplishment by fighting on the wrong battlefield.

Before committing millions of dollars and years of effort to a strategy whose own assumptions suggest an escalating series of battles, give the Surgical Strike a genuine independent evaluation.

Not because I am necessarily right. Because the consequences if this warning is right are simply too great not to test it.

One focused legislative effort. A handful of carefully selected provisions. Preserve what works. Repair what harms. Give every stakeholder something they can defend publicly.

And do it **before SB 623 becomes the blueprint for all California personal injury.**

I remain willing to sit down with the PAC, its counsel, its strategists, legislators, CMA representatives, the Governor's Office, or other stakeholders and work through the proposal provision by provision. As I told you previously, I am even willing to go to Sacramento on my own dime.

We want the same destination.

My request is simply that we make certain we are taking the road most capable of getting us there.

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

And pursue the outcome all of us should want:

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

Respectfully,

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

PS: I want to emphasize that this letter is not criticism for criticism's sake. I respect the work the PPC PAC has done, the money it has raised, and the commitment of those trying to protect independent medicine. My concern is strategy. If there is even a reasonable chance that a narrowly focused Surgical Strike can preserve the legitimate protections of SB 623 while correcting the provisions harming providers and patients, then that approach deserves a serious, independent evaluation before millions more are spent fighting battle after battle. **The goal should not be to prove whose strategy was right. The goal should be to choose the strategy most likely to protect independent medicine before SB 623 becomes the model for all California PI.**