Personal Injury Made Easy
Making Business Easier™

To Everyone Who Touches the Personal Injury Ecosystem:

I have written a lot about California's SB 623.

I've called what occurred **The Great Betrayal** because I believe a political compromise between powerful interests, regardless of the motivations behind it, placed significant burdens upon independent medicine and created a framework that could eventually extend far beyond rideshare cases.

But these Open Letters are not intended merely to criticize what happened.

They are about what happens next.

And that is far more important.

I have written eleven letters to eleven different audiences because there is no single villain in personal injury—and there is no single group capable of fixing it.

Medicine has problems.

Law has problems.

Medical funding has problems.

Insurance has problems.

Transportation has problems.

Government sometimes tries to solve complicated problems with overly broad solutions.

Associations sometimes react too late.

And consumers—the very people the entire system supposedly exists to serve—often have the least understanding of what is being negotiated in their name.

So these letters are not asking everyone to agree with me.

They are asking everyone to look beyond their own interests long enough to recognize our shared ones.

SB 623 Should Be a Beginning, Not an Ending

Uber had legitimate concerns about tort exposure, excessive medical specials, questionable practices, and nuclear verdicts.

The Legal Lobby had legitimate concerns about protecting access to legal representation and the contingency-fee system.

Government had a legitimate interest in avoiding an enormously expensive ballot fight and finding compromise.

Medicine has a legitimate interest in being reasonably compensated for medically necessary care, particularly when independent providers assume substantial financial risk and wait months or years for payment.

Medical funding companies have a legitimate interest in earning reasonable returns when their capital allows patients to obtain care they otherwise could not afford.

Insurers have a legitimate interest in challenging fraud, unnecessary treatment, unreasonable billing, and exaggerated claims.

And patients have the most legitimate interest of all:

Getting quality healthcare when they need it and receiving just compensation when someone else causes their injuries.

Those interests do not have to be mutually exclusive.

That is the premise behind these letters.

I Am Not Asking California to Repeal SB 623

I am asking California to **surgically repair it.**

That distinction matters.

Keep reasonable protections designed to prevent artificially inflated verdicts.

Keep transparency.

Keep accountability.

Keep legitimate tort reform.

But correct the provisions that unnecessarily reach beyond those objectives.

My Surgical Strike centers upon several basic principles:

Keep courtroom evidentiary restrictions focused on the courtroom. What a jury may consider as evidence of medical expenses does not necessarily need to dictate the underlying economics of medically necessary care delivered with substantial payment delay and financial risk.

Put disclosure obligations upon the people who possess the information. If a law firm originated a referral, the law firm should carry the principal responsibility for disclosing it.

Preserve legitimate medical funding. Patients sometimes need expensive care today that neither they nor their providers can finance for years. Funding can bridge that gap, but reasonable risk should produce reasonable—not abusive—returns.

Hold bad medical actors accountable without punishing good ones. Unnecessary care, unreasonable billing, fraudulent practices, and improper relationships should be attacked.

And most importantly:

Every stakeholder should carry its own burden.

Law should not shift its burdens onto medicine.

Medicine should not expect insurers to pay unreasonable bills.

Funding should not use patient access as an excuse for unreasonable profiteering.

Insurers should not use the existence of bad claims to undervalue good ones.

Transportation companies should not solve legitimate tort problems by creating new healthcare-access problems.

And government should target the conduct causing the problem rather than applying a broad brush to everyone.

Profit Is Not the Enemy. Abuse Is.

That principle runs through virtually every letter in this collection.

Doctors should be allowed to make reasonable profits.

Attorneys should be allowed to make reasonable profits.

Medical funding companies should be allowed to make reasonable profits.

Insurers should be allowed to make reasonable profits.

Transportation companies should be allowed to make reasonable profits.

There is nothing inherently unethical about making money while creating legitimate value.

The problem begins when profit becomes disconnected from value, reasonableness, ethics, or accountability.

That is where reform belongs.

There Is a Bigger Danger Than SB 623 Today

My greatest concern is not merely what SB 623 does to rideshare personal injury cases today.
It is what happens **tomorrow.**

Uber now has protections other defendants do not.

Why wouldn't other transportation companies want them?

Why wouldn't commercial fleets?

Delivery companies?

Municipalities?

Insurers?

Other corporate defendants?

Eventually someone will ask:

Why should two Californians with identical injuries and identical medical treatment operate under different rules merely because one collision involved a rideshare vehicle?

That is a logical question.

And one possible answer is to expand the more restrictive framework.

That is why the time for Surgical Repair is now.

Fix the provisions that went too far while the universe remains comparatively narrow.

Do not wait until the fight becomes whether SB 623 should govern **all California personal injury.**

These Letters Are Also a Challenge to My Own Industry

I work with independent medical providers.

I advocate for them.

I believe deeply in their importance to personal injury.

But I will not defend bad medicine.

Providers must treat because treatment is medically necessary.

They must bill reasonably.

They must document honestly.

They must refer appropriately.

They must stop treatment when treatment is no longer indicated.

Surgeons must never recommend procedures they know are unnecessary.

No healthcare provider should allow litigation economics to dictate clinical judgment.

If medicine wants others to defend good medicine, medicine must be willing to condemn bad medicine.

The same standard should apply to everyone else.

Good attorneys should condemn bad legal practices.

Responsible funding companies should condemn unreasonable funding practices.

Insurers should condemn unfair claims practices.

Transportation companies should accept responsibility when responsibility legitimately belongs to them.

Nobody gets a free pass.

The Patient Must Be at the Center

There is a dangerous tendency in personal injury to view a settlement as a pie.

The attorney wants a piece.

The provider wants a piece.

The funding company wants a piece.

The insurer wants the pie to be smaller.

Everyone negotiates.

Everyone protects their economics.

And somewhere in the middle is the person who was actually injured.

The patient.

That is backwards.

The objective should be:

How do we maximize the patient's medical recovery and just legal recovery while reasonably compensating every stakeholder who legitimately contributed value to those outcomes?

That is the ecosystem I want these letters to help create.

Eleven Audiences. Eleven Responsibilities. One Ecosystem.

Some of these letters are supportive.

Some are challenging.

Most are both.

I ask the PPC PAC to reconsider strategy.

I ask the CMA to revisit the implications of a compromise it participated in developing and more fully represent independent medicine.

I ask CalChiro to marshal the extraordinary grassroots power of California chiropractic.

I ask California's Legislature to surgically repair the law it enacted.

I ask Governor Newsom to bring the stakeholders back to the table and help finish the compromise he helped make possible.

I ask California's Legal Lobby to protect medicine as aggressively as it protected its own interests—and to clean up questionable practices within its own profession.

I ask citizen-patients to understand that this debate ultimately concerns **their access to care.**

I ask Uber and the transportation industry to pursue better tort reform—reform that targets abuse without driving good providers away.

I ask healthcare providers and associations across America to recognize California as a warning and organize **before** this strategy reaches their states.

I ask the insurance industry to use its extraordinary data and economic influence to reward ethical PI behavior and help create an **Ethical PI Fast Lane** for legitimate, well-supported claims.

And I ask medical funding companies to fight for their legitimate role in patient access while embracing transparency, ethical underwriting, and reasonable returns.

Different asks.

Different responsibilities.

One objective.

We Can Fight Over the Existing Pie—or Build a Better System

Personal injury does not have to remain an ecosystem where everyone distrusts everyone else.

Imagine instead:

Quality providers delivering medically necessary care.

Reasonable and defensible medical billing.

Excellent documentation telling the patient's actual injury and pain-and-suffering journey.

Transparent referrals.

Ethical attorneys charging reasonable fees.

Responsible medical funding producing reasonable risk-adjusted returns.

Insurers identifying legitimate claims earlier and paying them fairly and faster.

Transportation companies protected against fraud and artificial verdict inflation.

Bad actors aggressively identified and punished regardless of which industry they occupy.

And injured people receiving quality healthcare when they need it.

That system would be better for **everyone.**

It would also be far easier to defend against the next tort-reform attack.

So Read the Letter Addressed to You. Then Read One That Isn't.

That may be my most important request.

If you are a doctor, don't just read the medical letters.

Read the insurance letter.

If you are an attorney, read the Uber letter.

If you work in insurance, read the patient letter.

If you work in medical funding, read the provider letter.

If you are a legislator, read all of them.

Because understanding only your own perspective is part of how we arrived here.

Reasonable minds can differ.

I don't expect everyone to agree with every recommendation I make.

But disagreement should come after we understand each other's actual economics, risks, responsibilities, and motivations—not before.

That conversation is worth having.

Because SB 623 does not have to become the end of a political fight.

It can become the beginning of a better personal injury system.

But only if we stop protecting merely our own corners of it.

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

And pursue the four outcomes that should unite every stakeholder:

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

Respectfully,

Michael Coates

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PS: If you remember nothing else from these eleven letters, remember this: **Every stakeholder should carry its own burden, every legitimate stakeholder should be allowed to earn reasonable compensation for the value and risk it provides, and every reform should ultimately be judged by whether it makes the system better or worse for the injured citizen-patient.** That is the standard I believe should guide what California does next.