LINDA B. BREHME; **Plaintiff-Appellant,** **v.** **THOMAS IRWIN; NEW JERSEY MANUFACTURERS INSURANCE COMPANY; JOHN DOES 1-5; ABC CORPORATIONS 1-5,** **Defendants-Respondents;**	**SUPREME COURT OF NEW JERSEY** **Docket No: 089025** **ON APPEAL FROM:** **SUPERIOR COURT OF NEW JERSEY APPELLATE DIVISION** **Docket No: A-3760-21** **SAT BELOW:** **Hon. Mary Whipple, P.J.A.D.** **Hon. Jessica Mayer, J.A.D.** **Hon. Catherine Enright, J.A.D.**

Plaintiff-Appellant Linda Brehme's Brief in Opposition to New Jersey Defence Association's Amicus Curiae Brief

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PRELIMINARY STATEMENT

The New Jersey Defense Association ("NJDA" or "Association") claims in rather Orwellian fashion that it is "[O]rganized to encourage the prompt, fair and just disposition of tort claims…and work for the elimination of Court congestion and delays in civil litigation." (*Ab1*). But it is well known the NJDA is aligned with, if not an actual arm of, the insurance industry, regularly advocating its special interests.[1] But courts and the public are familiar with the insurance industry's mantra of "deny, delay, defend," or as otherwise articulated by Judge Baime in *Owens v. United Ins, Co.*, 264 N.J.Super. 460, 491 (App.Div. 1993) as, "the unholy mantra" of "we collect premiums,we do not pay claims."

The claim that the insurance Association is dedicated to promptly resolving claims in a fair manner is belied by its litigation history, passage of the New Jersey Unfair Claim Settlement Practices Act, passage of the Insurance Fair Conduct Act (aka Bad Faith Bill), and its advocacy on behalf of the defendant here which forced this matter through an arduous litigation and trial where, among other things, the evidence showed they picked and paid defense medical doctors to claim Linda

[1] A simple Westlaw search shows the NJDA has appeared as amicus in some 43 cases going back to 1977, always supporting insurance defense issues. *See e.g. DiFiore v. Pezic*, 254 N.J. 212 (2023); *Pareja v. Princeton Intern. Properties*, 246 N.J. 546 (2021); *Haines v. Taft,* 237 N.J. 271 (2019); *Rodriguez v. Wal-Mart Stores, Inc.*, 237 N.J. 36 (2019); *Rowe v. Bell & Gossett Co.*, 238 NJ 531 (2019); *Lippman v. Ethicon, Inc.*, 222 N.J. 362 (2015); *O'Boyle v. Borough of Longport*, 218 N.J. 168 (2014); *Smith v. American Home Products Corp. Wyeth-Ayerst Pharmaceutical*, 372 N.J. Super. 105 (App. Div. 2003); *Crown v. Campo*, 136 N.J. 494 (1994); *Lang v. Baker*, 101 N.J. 147 (1985) *Pennsylvania Mfrs' Assoc. Ins. Co. v. Government Employees Ins. Co.*, 72 N.J. 348 (1977); *Haines v. Taft*, 450 N.J. Super 295 (App. Div. 2017); *see also Napolitano v. MSS Vending Inc.*, 2019 N.J. Super. Unpub. LEXIS 2278 (App. Div. 2019).

Brehme was faking and exaggerating her injuries[2], just like they have done to countless others. (4T:42-46,48,50,96-98) *see also DiFiore v. Pezic*, 254 N.J. 212, 237-238 (2023) (permitting third party observers at "inherently adversarial" defense medical exams).

Notably here, the NJDA has submitted a 28 page brief which consists almost entirely of new issues and arguments never before seen in this litigation. Furthermore, these arguments appear to be largely or entirely repeats of arguments they previously made both before and after the Legislature's 2019 amendment to *N.J.S.A.* 39:6A-12 to specifically permit the recovery of unpaid medical expenses. In pushing to bar crash victims from being able to recover unpaid medical expenses in *Haines v. Taft,* 237 N.J. 271 (2019), the NJDA argued for a strict construction of *N.J.S.A.* 39:6A-12. This Court agreed it was constrained to follow its plain language, despite it leading to the unfortunate result of barring recovery for uncompensated medical losses.

But now that the Legislature has amended *N.J.S.A.* 39:6A-12 in response to this Court's invitation in *Haines*, the NJDA suddenly ignores its plain language. Amicus' presentation simply ignores that *N.J.S.A.* 39:6A-12 was amended specifically in response to this Court's decision in *Haines*. In fact, in the opening

[2] The jury rejected this shameful tactic, which is reattempted by the insurance defense Association here. (Ab16)

sentence of its legal argument, and continuing on for some 7 pages, it deceptively cites the outdated version of the controlling statute and case law. (Ab8-14) Amicus further ignores the Legislative history which specifically notes it, "codifies the recent holding of the Appellate Division in the consolidated case of *Haines v. Taft*, 450 N.J. Super 295 (App. Div. 2017)." New Jersey 218th Annual Session, *Senate, No. 2432*. (emphasis added). In doing so, its brief consists almost entirely of law which long predates the 2019 amendment, and not a single case which supports its position on the issue *sub judice*.

I. Legislative Intent Clearly Favors Admissibility of Plaintiff's Medical Bills in this Situation

The Amicus Curiae brief filed by New Jersey Defense Association ("NJDA") disregards the purpose of the 2019 amendment to *N.J.S.A.* 39:6A-12. NJDA has a long record of opposing the ability of crash victims to recover uncompensated medical expenses. They did so in *Haines v. Taft*, 450 N.J. Super 295 (App. Div. 2017), filing a brief by the same counsel they have here. NJDA then filed another amicus brief in *Haines v. Taft,* 237 N.J. 271 (2019). Then when the amendment was introduced in the Legislature, the insurance lobby unsuccessfully opposed it and it was signed into law. Undeterred, they still opposed its correct application in

Napolitano v. MSS Vending Inc., 2019 N.J. Super. Unpub. LEXIS 2278 (App. Div. 2019)[3].

The NJDA prevailed in disallowing uncompensated medical bills in *Haines* by urging this Court to strictly follow the language of the PIP statute. *Haines v. Taft*, 237 N.J. 271 at 294-295 (permitting uncompensated medical bills must, "[A]bide a time when the Legislature has more clearly indicated its intention....[and] Should the Legislature disagree with our restrained interpretation of its statutory scheme, we invite the Legislature to make its intention to introduce fault-based suits into the no-fault medical reimbursement scheme more explicit.") Despite the Legislature having done so, this time around they now urge this Court to disregard its plain language and legislative intent to still deny crash victims the right to recover unpaid medical expense damages.

From the beginning of NJDA's brief they seek to deceive and confuse the Court by stating the old version of *N.J.S.A.* 39:6A-12 which predates the 2019 amendment at issue in this matter. It is clear that this is not the intent of the law and the Legislature made clear that the amendment applies to this matter. P.L. 2019, c. 244, § 2. In further unusual fashion, on pages 8-14 of their brief, NJDA seeks to

[3]The legal argument section of NJDA's brief here is nearly identical to the one they filed in *Napolitano. Docket No.* A-003119-17.

emphasize the outdated statute despite being fully aware the 2019 amendment controls here and these recycled arguments must be rejected this time around.

The plain language and legislative intent behind the 2019 amendment to *N.J.S.A.* 39:6A-12 clearly shows the Legislature now permits plaintiffs, like Linda Brehme here, to introduce and recover uncompensated medical expenses, such as the future medical expenses at issue on this appeal.

In ascertaining the Legislature's intent in enacting a statute, Courts are to "look first to the plain language of the statute." *Pizzullo v. N.J. Mfrs. Ins. Co.*, 196 N.J. 251, 264 (2008). Where a statute is silent on a specific issue, courts are permitted to look to secondary sources for guidance, mindful that the "primary task…is to effectuate the legislative intent in light of the language used and the objects sought to be achieved." *State v. Hoffman*, 149 N.J. 564, 578 (1997) (quoting *Merin v. Maglaki*, 126 N.J. 430, 435 (1992) (internal quotation marks omitted)).

N.J.S.A. 39:6A-12, as amended in 2019 in response to *Haines v. Taft*, 237 N.J. 271 (2019), clearly states in pertinent part:

> § 39:6A-12. Inadmissibility of evidence of losses collectible under personal injury protection coverage [As amended by L. 2019, c. 244, § 1]
>
> Nothing in this section shall be construed to limit the right of recovery, against the tortfeasor, of uncompensated economic loss...including all uncompensated medical expenses not covered by the personal injury protection limits applicable to the injured party and sustained by the injured party. **All medical expenses that exceed, or are unpaid or uncovered by any injured party's medical expense benefits**

> **personal injury protection limits, regardless of any health insurance coverage, are claimable by any injured party as against all liable parties,** including any self-funded health care plans that assert valid liens.

N.J.S.A. 39:6A-12 (emphasis added). The clear plain language of the statute states that medical expenses which exceed, are unpaid, or not covered by an injured party's PIP plan are claimable and thus admissible. NJDA's reading creates a paradoxical situation wherein a plaintiff would be allowed to recover such expenses but not be allowed to introduce the same to a jury, thus preventing any such recovery–which expressly contradicts the statute itself.

The statement which accompanied the introduction of the 2019 Amendment is clear:

> The bill makes it clear that economic loss, as defined in "New Jersey Automobile Reparation Reform Act," P.L. 1972, c.70 (C.39:6A-1 et seq.) otherwise known as the "no-fault law," may include economic loss for uncompensated medical expenses, **notwithstanding the longstanding interpretation of that definition in the statute to the contrary.** In doing so, the bill codifies the **recent holding of the Appellate Division** in the consolidated case of *Haines v. Taft*, 450 N.J. Super 295 (App. Div. 2017).

New Jersey 218th Annual Session, *Senate, No. 2432.* (emphasis added). Despite NJDA arguing that this statute has a longstanding and clear rule of inadmissibility, the Legislature clearly rejected the same and points out the passing of the 2019 amendment that such was done "notwithstanding the longstanding interpretation in

the statute to the contrary." *Ibid.* As such, the Legislature codified *Haines v. Taft*, 450 N.J. Super 295, 310 (App. Div. 2017), which held:

> **Such expenses are a kind of uncompensated economic loss that an injured party may seek to recover against a tortfeasor**. *See N.J.S.A.* 39:6A-12 and *N.J.S.A.* 39:6A-2(k). Because evidence of plaintiffs' medical expenses above those paid by their respective PIP policies are **not inadmissible**, the two orders under review are reversed.

Id. (emphasis added). It is clear the Legislature expressly intended plaintiffs to recover uncompensated medical expenses, including by expressly allowing such evidence in auto crash trials. The insurance industry speculatively argues here, with no evidence and in hyperbolic fashion, that this will explode the cost of insurance to consumers. But these insurance lobby arguments were rejected by the Legislature in enacting the amendment. Undeterred, they argue here the trial court which applied the old version must be upheld.

In *Haines v. Taft*, 237 N.J. 271, 294-95 (2019), this Court looked to the Legislature and invited them to let their intentions be known:

> In closing, we recognize that there are plausible readings of AICRA -- **such as those adopted by the Appellate Division and plaintiffs and their supportive amici -- that result in a different outcome than we come to today**. Should the Legislature disagree with our restrained interpretation of its statutory scheme, **we invite the Legislature to make its intention to introduce fault-based suits into the no-fault medical reimbursement scheme more explicit**. Without greater clarity of statutory language, we find any other reading of AICRA results in too large of a shift from the historical priorities and purposes of the statute.

Id. (emphasis added). The Legislature unequivocally and expressly answered this call by amending the statute to include plaintiffs' uncompensated medical expenses. In doing so the Legislature expressly adopted the view of the Appellate Division in *Haines*. As such it is clear that plaintiffs, like Linda Breheme, are entitled to recover uncompensated medical expenses.

II. Plaintiff's Future Treatment is Not Subject to PIP Under *N.J.S.A.* 39:6A-13.1(a) and thus is Admissible

The issue of whether Plaintiff's future medical expenses would be subject to PIP fee scheduling or "collectable" is moot as the statute of limitations to make a claim under PIP has run. Beyond that, the insurance company cut her off. As such, Plaintiff cannot bring a claim under her PIP for the future medical care she will need and therefore is admissible as uncompensated damages not subject to PIP.

As NJDA acknowledges, Plaintiff had a "three-year period between the termination of her PIP benefits and the time of trial." (*Ab27*). As per the January 14, 2022 PIP Ledger for Plaintiff, Plaintiff's last date of treatment was August 21, 2019. (1T:42). Under *N.J.S.A.* 39:6A-13.1(a):

> Every action for the payment of benefits payable under a standard automobile insurance policy pursuant to sections 4 and 10 of P.L. 1972, c. 70 (C. 39:6A-4 and 39:6A-10), medical expense benefits payable under a basic automobile insurance policy pursuant to section 4 of P.L. 1998, c. 21 (C. 39:6A-3.1) or benefits payable under a special automobile insurance policy pursuant to section 45 of P.L. 2003, c. 89 (C. 39:6A-3.3), except an action by a decedent's estate, shall be commenced not later than two years after the injured person or survivor suffers a loss or incurs an expense and either knows or in the exercise

> of reasonable diligence should know that the loss or expense was caused by the accident, or not later than four years after the accident whichever is earlier, provided, **however, that if benefits have been paid before then an action for further benefits may be commenced not later than two years after the last payment of benefits**.

Id. (emphasis added).

Linda Brehme was cut off from receiving further PIP benefits by her insurer, and as such any future treatment will not be covered by the same. After that cut off, Linda could not afford to treat out of pocket, and the two year statute of limitations would bar any further PIP benefits. Future medical expenses are permitted under the rubric of Model Jury Charge § 8.11(I) and *Coll v. Sherry*, 29 N.J. 166, 174 (1959). As such, *N.J.S.A.* 39:6A-12 is moot and inapplicable since any future care will not fall under PIP.

Additionally, the suggestion of the insurance Association that the testimony of Plaintiff's experts is somehow not in line with the Model Jury Charge and legal standard for admissibility of future medical care is wholly belied by the record. (Ab at 14,15,16 and 28). In fact, the testimony of Plaintiff's medical experts, Drs. Landa and Kim, were directly in line with Model Civil Jury Charge 8.11(I) and the underlying case law. Both Drs. Landa and Kim explained in detail Plaintiff's serious medical injuries from the crash and the probable need for and cost of related future treatment based upon a reasonable degree of medical probability, exactly as

contemplated by the Model Jury Charge. (Plaintiff/Appellant Initial Appellate Brief at 8-12) (1T43:22-52:2).

NJDA argued for strict construction of *N.J.S.A.* 39:6A-12 when it suited them, but now wants to ignore the amended and controlling version because that would actually result in fairness to crash victims. They also ignore the express time limitations of *N.J.S.A.* 39:6A-13.1(a) in claiming she should only have to pay PIP fee schedule rates for her care. NJDA twists itself in knots over its 28 page presentation to get around the plain language of the amended version of the *N.J.S.A.* 39:6A-12 statute it once championed.

III. NJDA's Brief is Advocacy not Advisory and Should be Disregarded

The amicus brief submitted by NJDA is not an advisory position which seeks to aid the Court but rather is acting as Defendant's second bite of the apple to add new arguments which they failed to raise at trial and on appeal below. Indeed, virtually the entire Legal Argument section of the amicus brief has never before been seen in this litigation.

Amicus curiae has been said to be one who gives information to the court on some matter of law in respect of which the court is doubtful, or who advises of certain facts or circumstances relating to a matter pending for determination. This status is advisory rather than adversary and one who appears as Amicus curiae has no right to question the ruling of the court or prosecute an appeal. The status is not

one of right but of privilege resting solely in the sound discretion of the court. *Casey v. Male*, 63 N.J.Super. 255, 258 (Essex Cty.1960)(citing, *Kemp v. Rubin*, 187 Misc. 707 (Sup.Ct.1946)); *Givens v. Goldstein*, 52 A.2d 725 (Mun. Ct.App.D.C.1947).

The function of an Amicus curiae is to provide the court with information pertaining to matters of law about which the court may be in doubt, not to advocate. *Keenan v. Board of Chosen Freeholders of Essex County*, 106 N.J.Super. 312, 316 (App. Div. 1969) (citing *Casey v. Male*, 63 N.J.Super. 255, 258 (Essex Cty.1960)). An Amicus curiae is a neutral party who appears to aid the court. Where one who seeks to appear as an amicus is advocating a position of one of the parties, this is inconsistent with the impartiality which clothes amicus curiae, and the court within its discretion may deny the application to appear as amicus. *U. S. v. Edwards*, 430 A.2d 1321, 1348 (D.C. Ct. App, 1981)(citing, *Casey v. Male*, 63 N.J.Super. 255 (1960)).

Indeed, as New Jersey Courts have made clear decades ago, "Where a petitioner's attitude toward the litigation is patently partisan, he should not be allowed to appear as Amicus curiae." *Casey v. Male*, 63 N.J.Super. at 259, (citing *Central Hanover Bank & Trust Co. v. Saranac River Power Corporation*, 243 App.Div. 843(1935)).

Here, NJDA seeks to veil its advocacy in the cloak of "Amicus curiae" just as the amicus did in *Casey v. Male* 63, N.J.Super. 255. It is clear that this brief does

not seek to add anything new nor is it advising of facts or circumstances relating to this matter. Rather their brief is little more than arguments against the 2019 amendment itself, which the Legislature flatly rejected in enacting it. Additionally, this brief seeks to add some 28 pages of new arguments the defendant itself never raised at any judicial level.

In *Napolitano v. MSS Vending Inc.*, 2019 N.J. Super. Unpub. LEXIS 2278 (App. Div. 2019) a near-identical brief was filed by the same counsel and firm on behalf of NJDA. In *Napolitano*, the Appellate Division affirmed the trial court's decisions and jury award in favor of Plaintiff which included unpaid medical expenses. This is just a second bite of the apple on an issue which NJDA has already lost numerous times.

As such, the arguments raised by NJDA should be disregarded as adversarial and reductive.

IV. NJAD's Brief Raises Issues and Arguments Not Presented at Trial or Appeal and Should Therefore be Disregarded

Just as it is the general rule that the trial of a case will be limited to issues properly raised by the pleadings, *Bubis v. Kassin*, 323 N.J.Super. 601, 618 (App.Div.1999) (Claim that trial judge erred in not making findings as to issue not asserted in amended complaint or in pretrial order was not cognizable on appeal), it is the general rule that an appeal will be limited to issues actually litigated below; appellate courts normally will decline to consider questions or issues not properly

presented below when an opportunity for their presentation was available. *Tung v. Briant Park Homes, Inc.*, 287 N.J.Super. 232, 240 (App.Div.1996); *Sell v. New Jersey Transit Corp.*, 298 N.J.Super. 640, 649 (App.Div.1997).

Absent compelling reason, appellate courts will decline to consider questions or issues not properly presented at trial level when opportunity for such presentation is available. *Spiegle v. Seaman*, 160 N.J.Super. 471 (App.Div.1978); *Housing Authority of City of Newark v. Sagner*, 142 N.J.Super. 332 (App.Div.1976); *Nieder v. Royal Indem. Ins. Co.*, 62 N.J. 229 (1973); *Naftal v. Township Committee of Eastampton Tp.*, 123 N.J.Super. 450 (App.Div.1973); *Gilborges v. Wallace*, 153 N.J.Super. 121 (App.Div.1977) (Interest of justice did not permit further delay which would have followed injection of new issues with possible further appeals with respect thereto, and contention first raised on appeal would not be considered.); *Cipala v. Lincoln Technical Ins.*, 179 N.J. 45, 52 (2004) (An employee waived for appellate review the issue of whether she was totally and permanently disabled, and thus entitled to lump sum benefits, where the issue was raised for the first time on appeal.); *Smith v. Schalk*, 360 N.J.Super. 337, 346 (App.Div.2003) (the Appellate Division would not consider allegedly prejudicial statements made by opposing counsel since the issue was not raised either at the time of the closing argument or during the motion for a new trial.)

It is also well-settled that "[a]n amicus curiae may not interject new issues, but must accept the issues as framed and presented by the parties." *James v. Arms Tech., Inc.*, 359 N.J. Super. 291, 324 (App. Div. 2003) (quoting *Fed. Pac. Elec. Co. v. N.J. Dep't of Envtl. Prot.*, 334 N.J. Super. 323, 345 (App. Div. 2000)).

Here, a large portion of NJDA's brief argues new issues and law which have neither been certified by this Court nor presented by the parties at any judicial level. (*Cert. Petition, Transaction ID E1044854-01162024*). NJDA's brief does not concern itself with Questions 2 or 3 and thus only addressed Question 1. NJDA's brief goes on to cite nearly a dozen cases and statutes which neither respondent nor plaintiff originally addressed and attacks issues far beyond the certified issues.

For example, issues regarding whether the bills are collectible under PIP or are subject to the PIP payment scheme are issues that were never raised below. NJDA goes so far afield they even argue against the payment of any future medical to any plaintiff in any action, which is not a certified question and is in any event contradictory to long standing precedent. *See Model Civil Jury Charge* 8.11("Plaintiff has a right to be compensated for any future medical expenses resulting from the injuries brought about by defendant's wrongdoing"); *see also Coll v. Sherry*, 29 N.J. 166, 174 (1959) (holding a plaintiff has a right to damages for "future medical care and treatment as well as to anticipated pain and suffering").

Again, it is clear that this amicus is little more than a vehicle for the Defendant to have a second bite at the apple on issues not previously raised, much less certified.

Many of the new cases relied on by NJDA are irrelevant as they predate the 2019 amendment of the *N.J.S.A.* 39:6A-12. Of those cases which do come after the 2019 amendment, none of those cases have decided the issue at bar. *See Goyco v. Progressive Ins. Co.*, 257 N.J. 313 (2024) (interpreting whether Plaintiff was a "pedestrian" operating a "vehicle" under statutory definition); *New Jersey Transit Corp. v. Sanchez*, 242 N.J. 78 (2020) (plaintiff sought to recover worker's compensation benefits paid in a work-related motor vehicle incident and did not involve a plaintiff's claims against a tortfeasor); *see also Cooper Hosp. Univ. Med. Ctr. v. Selective Ins. Co. of Am.*, 249 N.J. 174 (2021) (This matter involved the application of the 1977 version of *N.J.S.A.* 39:6A-1 *et seq* and did not address the 2019 amendment).

In addition, statutes not cited below, such as *N.J.S.A.* 39:6A-4.6(c), are not the subject of this appeal and have no bearing on the issues presented in this matter. This statute deals with medical fee schedules for reimbursement of health care providers which are payable under PIP. Not only has Plaintiff's own insurer cut her off from PIP benefits, but as stated *supra*, Plaintiff cannot bring a claim for future treatment due to the PIP statute of limitations. As such, no such future medical treatment would ever be paid for by PIP discounted rates.

NJDA's argument to use this schedule only releases the specter that (1) Plaintiff's insurer would be liable to pay future medical benefits and (2) that all medical benefits paid will not exceed Plaintiff's remaining PIP benefits. This speculation contradicts the established facts in this matter. In short, Linda Brehme would have to pay out of pocket for the care she needs, not any reduced PIP fee schedule rate.

NJDA also brings up off-planet arguments that have no connection to reality, much less the record on this appeal. For example, in what appears to be lifted from another brief, NJDA says plaintiff has "refused" to follow an alternative dispute resolution from a "forum from which they were removed long ago." (Ab18). This simply makes no sense and has zero connection to anything in this case.

The Legislature considered all aspects of the 2019 amendment prior to its passage and as such it clearly intends to allow Plaintiff to present evidence of uncompensated medical damages, despite the otherwise longstanding history of the statute to the contrary. *See* New Jersey 218th Annual Session, *Senate, No. 2432*. NJDA's brief rings more of a losing floor speech or lobbyist cocktail reception, rather than a legitimate position grounded in the controlling version of *N.J.S.A.* 39:6A-12. It should be rejected.

CONCLUSION

NJDA has submitted a 28 page brief which consists almost entirely of new arguments never before raised at any judicial level in this litigation. Beyond that, it relies largely on copy and past briefing which served it well before the Legislature, at this Court's invitation, amended *N.J.S.A.* 39:6A-12 to specifically permit these unreimbursed medical expense damages. In doing so, it repeats the same arguments the insurance industry no doubt made in opposing this legislation and ignores the fact that it lost the issue and the amendment was enacted into law. It misstates the record and repeats arguments the defense lost at trial; namely that Linda Brehme has exaggerated her damages. Instead, the testimony of doctors Landa and Kim were directly in line with the model jury charge and longstanding case law permitting future medical expenses.

The trial court simply ignored the amended version of *N.J.S.A.* 39:6A-12, and applied the old one. The insurance Association successfully argued in *Haines v. Taft,* 237 N.J. 271 (2019) that the plain language of *N.J.S.A.* 39:6A-12 must be strictly followed so that people could be denied the right to recover unpaid medical expenses. Now that it has been amended to correct that, the insurance Association has suddenly become a liberal constructionist, arguing that this Court is somehow no longer constrained to follow it, to achieve its goal of denying people the right to recover unpaid medical expenses. This should be rejected.

Respectfully Submitted,
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