## COMMONWEALTH OF PENNSYLVANIA

# HOUSE OF REPRESENTATIVES

:

Judiciary Committee of the House of Representatives

Re: Legislative Responses to
Insurance Crises
(Governmental Immunity Act 57

(Governmental Immunity, Act 57, : Senate Bills 1427, 1428 and 1395) :

Public Hearing :

Pages 1 through 219

Majority Caucus Room 140 Main Capital Building Harrisburg, Pennsylvania

Thursday, September 4, 1986

Met, pursuant to notice, at 10:07 a.m.

### JUDICIARY COMMITTEE MEMBERS:

H. WILLIAM DEWEESE, Chairman
GERARD KOSINSKI
DAVID J. MAYERNIK
ALLEN KUKOVICH
WILLIAM E. BALDWIN
MICHAEL DAWIDA
KEVIN BLAUM
MICHAEL BORTNER

PAUL MCHALE
JOHN F. PRESSMAN
NICHOLAS B. MOEHLMANN
JEFFREY E. PICCOLA
LOIS SHERMAN HAGARTY
ROBERT D. REBER, JR.
CHRISTOPHER WOGAN
JOHN CORDISCO

## Commonwealth Reporting Company, Inc.

700 Lisburn Road Camp Hill, Pennsylvania 17011

Camp Hill (717) 761-7150 Philadelphia (215) 732-1687 <u>C Q N T E N T S</u>

2	<u>Witness</u>	Page
3	Jay Angoff, Counsel National Insurance Consumer Organization	3
5	Andrew Sislo, Counsel Virgil F. Puskarich, Executive Director Local Government Commisison	24
6 7	Mark Peterson, Vice President Pennsylvania Public Interest Coalition	50
8	Lois Backus People's Medical Society	57
9	Judy Maietta Carlisle Day Care Center	63
11	Barbara Woods Director of PennPIC	68
12 13	Paul Laskow, General Counsel Insurance Federation of Pennsylvania	78
14	Michael Lovendusky, Assistant Counsel American Insurance Federation	85
15 16	Honorable Robert J. Flick, Sponsor Act 57 of 1986	132
17	Harold Goldner, Liason Compulsory Arbitration Committee	160
18	Philadelphia Bar Association	
19	William A. K. Titelman, Legislative Counsel Pennsylvania Trial Lawyers Association	168
20 21	William Graham, Assistant General Counsel and Chairman, Risk Management COmmittee Pennsylvania Chamber of Commerce	203
22	Fred Fox, Staff Member, Chamber of Commerce	
23 24	-0-	
44		

# PROCEEDINGS

CHAIRMAN DeWEESE: Good morning, everyone, and welcome to the House Judiciary Committee Hearing. I am Bill DeWeese, from Greene County. To my left is Nick Moehlmann, Republican Chairman of the Committee.

We are happy to welcome you here this morning as we take a look at some legislative responses to the insurance crisis that confronts the state.

We have received an abundance of mail regarding a variety of bills and specific legislative initiatives that have been proposed by members on both sides of the aisle.

Today is a chance for us to commence our own formal hearings on some of these bills. I would like to at this time welcome Mr. Jay Angoff, counsel of the National Insurance Consumer Organization, for his testimony.

I apologize, we are about eight minutes late. We are going to try desperately to keep on schedule. Thank you very much for joining us here today, Mr. Angoff.

MR. ANGOFF: Mr. Chairman, Members of the Committee,

I am very glad to be here. My name is Jay Angoff. I am

counsel to the National Insurance Consumer Organization, which

is a non-partisan, non-profit consumer group located in

Alexandria, Virginia outside of Washington, D.C. which

monitors the insurance industry.

It was founded by Bob Hunter in 1980. He was the

2

federal insurance administrator under both President Ford and President Carter.

Refusals to deal and large rate increases by insurance companies are old news. The issue has been around for quite a while, and I think people on both sides now are more sophisticated than they had been when insurance rates first started skyrocketing.

I think there are certain things that people both within the insurance industry and outside the insurance industry agree on.

The first is the cyclicality of the insurance industry.

I think there is no disagreement that the insurance industry is cyclical, that the profitability of the industry more or less tracks interest rates.

When interest rates are high, insurance industry profits are high. When interest rates are low, insurance industry profits are low. That is not exact, but it does track interest rates.

Another thing that there is agreement on -- there may be some disagreement as to how exactly it affects the cycle -- but there is agreement on the proposition that the insurance industry is a uniquely privileged industry.

It has got four unique privileges on the federal level: first, the exemption from the anti-trust laws. Insurance companies, as you probably know, are permitted to fix prices.

They can't boycott, that is they can't totally withdraw from a market legally, but they can legally agree to all charge the same price. So, they are exempt from the antitrust laws.

They are exempt from federal rate regulation. They are exempt from federal consumer protection regulation, and they are exempt from federal income taxation.

That will change when the new tax reform law is enacted this year, but the last ten years, anyway, they earned a net profit of \$75 billion, yet paid not a penny of federal income tax, in fact got \$125 million back from the government as a tax refund.

So, those are the four special privileges on the federal level. On the state level, there are two unique protections from competition.

The first is, as a general matter, it is very difficult in most states for commercial risks to get together and either join together to self-insure, that is put a pool of money aside from which claims are paid, or to become a purchasing group, that is join together to buy insurance and thereby exercise their leverage in buying insurance. There are antigroup laws in most states which make this very difficult, as a practical matter impossible.

And the second protection from competition is again a practical prohibition on banks selling insurance. There are

\_\_

legitimate policy reasons underlying that prohibition, but the fact is that banks, the most likely potential entrant, the most viable potential entrant, is, by both federal and state law and regulation, as practical matter, prohibited from getting into the insurance industry.

So, as a practical matter, this is an industry which is insulated from competition, and which is really accountable only to itself and the state insurance commissioner.

What is there disagreement about? There is agreement about the fact that the industry itself, to a certain degree, is responsible for its own problems.

There is a disagreement about the extent if any to which the legal system is responsible for what we see in the insurance industry in the last 18 months.

And I am particularly glad to be here in Pennsylvania, because the answer can be found here in Pennsylvania. There are many people in this room who are more expert on this provision of the law than I am, but my understanding is that in 1978, Pennsylvania enacted a cap on municipal liability of \$500,000 per occurrence.

That cap allows you to discover, by analyzing what happened in Pennsylvania before 1978 and what happened after 1978, as far as municipal liability is concerned and what is happening in Pennsylvania now versus what is happening in the other states that don't have caps on municipal liability, by

analyzing that data, you will be able to tell what if any effect the limitation on municipal liability had on insurance rates.

We get calls all the time from small business people and from mayors of small towns, and the statement is always the same thing. It's always along the same line.

It is this: "I paid my premiums on time for 17 years.

I have never had a claim against me. And all of a sudden, I
get a letter in the mail canceling my insurance or raising my
rates 1000 percent."

And we and others have asked the insurance industry how this happens, and the answer always is that despite the insured's past record, there is always a possibility under the law that that insured, there could be a huge claim against that insured, and therefore the rates must go up.

In Pennsylvania, the insurance companies, as far as municipal liability is concerned anyway, do have certainty. My understanding is that the cap is \$500,000, not just on pain and suffering but on all damages.

And it is not just per individual, but it is per occurrence, so that for example in a bus accident, if 50 people become quadriplegics, the municipality is absolutely guaranteed paying no more than \$500,000 in total or \$10,000 for each person.

That gives certainty, and we would expect, therefore,

to find in Pennsylvania, unlike the other states, we would expect to find whatever is the case in Pennsylvania as far as day care centers and nurse midwives and doctors and other insureds, we would expect to find, if there is any connection between legal doctrine and insurance rates, we would expect to find that municipalities in Pennsylvania have no problem because of this cap.

And I would think that before going ahead with any kind of legislation, you would try to find the answer to that question.

Where do you get the data The data today is unavailable. The insurance companies file with the Pennsylvania Insurance Commission data on how much they pay out for a large general category called "Other Liability." Other liability includes product liability, day care center liability, liquor liability, nurses, midwives, product, premises, municipal.

It includes many difference categories, but it is not disaggregated today. In order to find out what if any effect the cap on municipalities has had on Pennsylvania, it is essential that you get from the insurance industry how much they actually take in, that is how much they collect in premiums, and how much they actual pay out in claims in each year.

And that data can be gotten, and I think you can do a very good study on the basis of that data. I should mention, Congressman Peter Rodino, the Chairman of the U.S. Congress

House Judiciary Committee, has gotten some of that data on a nationwide basis, and he has found that the insurance companies take in between two and three times more than they pay out in claims on muncicipal liability countrywide.

It would be interesting to see what the case is in Pennsylvania. I think something else that is very important to do before enacting any changes in the legal system is to look around at your neighbors and see what happened to them when they enacted changes in their legal system.

For example, let's take two states that border on Pennsylvania; Maryland and West Virginia. In Maryland, a cap on damages for paralysis and disfigurement and other kinds of pain and suffering of \$350,000 was enacted a few months ago.

As soon as the bill was enacted, the major medical malpractice insurer in Maryland came in and asked for a 50 percent rate increase.

And the response of some people in Maryland was, "We enacted this cap. The reason for the cap was, we thought rates would go down."

And the response of the medical malpractice insurer was, "Well, if it weren't for the cap, we would have asked for an 80 percent increase. This time we only asked for a 50 percent increase."

Probably the most famous case in the entire country is what happened in West Virginia, and I think that is very

1

3

5

6

7

8

9

10

11

12 13

15

16

17

18

19

20

21

22

23 24

25

instructive for our legislators particularly.

In March, the legislature there passed a law. scheduled to go into effect in June, which would limit liability to a certain extent, but it would also require certain financial disclosure by companies, and it would prohibit arbitrary cancellation.

It was scheduled to go into effect June 6, I think. Ιn the middle of May, all malpractice insurers in West Virginia sent notices to all the doctors in West Virginia, saying, "Your insurance is cancelled effective May 31 unless the Legislature repeals this law which we just find that we can't do business in West Virginia if it goes into effect."

The Legislature then came into special session, repealed the provisions the insurance industry found objectionable, that is the disclosure -- or substantially modified them, the disclosure and anticancellation provisions.

And it added some more tort reform on join and several liability, specifically, in addition. After that happened, just last week, in fact, the St. Paul, the major malpractice insurer, asked for a 136 percent rate increase.

I know Charlie Brown, the attorney general in West Virginia, just had a press conference saying he was going to try to put a freeze on rates and maybe even ask for rate rollbacks.

But I know that controversy is brewing in West Virginia,

ar

and I think that is instructive for legislators here.

If we are skeptical of changes in the legal system down insurance rates, what can be done to bring down insurance rates? A number of things in the area of creating more competition: there are three different ways to go.

The first is to make it easier for people to selfinsure, make it easier for them, and I mean businesses,
municipalities, others to get together and put aside money in
a pool and in effect become their own insurance company, make
it easier for them to form a purchasing group and thereby have
some leverage when they form insurance.

The second thing is, with adequate consumer protections, allow banks to a certain extent, anyway, to get into the insurance industry.

Banks would love to write insurance. They have got the money, they have got the wherewithal, and they are more efficient than insurance companies.

They would love to get into the industry. I think there is a problem with potential tying arrangements, but that can be taken care of by legislation.

Banks would inject a tremendous amount of competition into the insurance industry.

A third way to get more competition into the industry -and now again, some people have ideological problems with
this -- but it is to have the state itself write insurance.

--

2

There are many states that write workers' comp insurance. There is no conceptual reason why the state could not set up its own insurance company.

That was something that was talked about in West

Virginia. I know some people there are still interested in it.

It hasn't happened yet.

CHAIRMAN DeWEESE: Excuse me. If you had item one and item two, would you need item three?

MR. ANGOFF: Item one --

CHAIRMAN DeWEESE: If you are either self-insured or you had banks involved, would you need number three?

MR. ANGOFF: No, probably not.

The point is, that is one way to go to inject more competition into the industry, and those are three ways to do it.

Another approach would be to have more effective regulation, and I think there are five ways that we think are the most -- five different types of making regulation more effective and would have the greatest effect.

The first is to do what New York has already done and a number of other states are already considering, which is to establish a system of flex rating.

All that means is, you let the insurance industry raise or lower its rates without having to get any kind of approval from the insurance commissioner within a narrow band, say 10

or 20 percent above and below the existing rate. But above that 20 percent, you have got to get approval from the insurance commission.

A second way would be to require that all risks are experience rated. What many people don't understand is that doctors, for example, are not rated like drivers.

Good drivers pay less than bad drivers, but good doctors don't pay less than bad doctors, because doctors are not experience rated.

That is, if you have been sued successfully 10 times, you pay the same rate as somebody who has never been sued, all other things being equal, same specialty, same practice, same area.

And what that creates is a system in which the good doctors, who are the huge majority of doctors, subsidize the few doctors that are responsible for a large percentage of the malpractice.

A third approach is to have an insurance consumer advocate, that is when an insurance company files for a rate increase, generally there is -- not generally -- exclusively, there is the insurance commissioner hearing the rate increase and the insurance company asking for the rate increase, but there is nobody opposing the rate increase.

And if some arm of the government were empowered to intervene when it in its independent judgment thought a rate

3

2

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20 21

22

23

24

25

increase was excessive, I think that would have an effect on holding down rates.

Another thing obviously is to beef up the resources, the manpwer and the money of insurance commissions. for example, there are 7,000 rate increases a year.

There is a person and a half that is in charge of analyzing those 7,000 rate increases a year. I don't know what the statistics are in Pennsylvania.

They are probably a little better, but maybe not substantially so. I think it is important that the insurance commissioner does have sufficient actuaries and accountants so that he can do independent analysis of these rate filings.

Finally, the fifth regulatory approach is, require that insurance companies break down their expenses, break out their expenses when they are seeking rate increases.

There was just a decision in Oklahoma a few weeks ago making Oklahoma the first state to require this breakdown. What happens today is, they don't break down their expenses by type or by state. They just pass them on pro rata to the rateholder, and some people, including us, don't think this is just.

For example, the type of expenses they pass on are their lobbying expenses and their public relations expenses. Obviously, these are things that an insurance company has a right to do, but we think it is fairer that the stockholders

of the company pay for those rather than the ratepayers.

In conclusion, I haven't talked at all this morning, and I won't, about the fairness of limiting compensation to severely injured people.

That is a question that legislators have to decide for themselves, whether, assuming that limiting liability, limiting compensation to severely injured people will bring insurance rates down, is that a fair thing to do.

I think there is room for disagreement on that question. But I do think that before even getting to that question, it is essential that you get the data from the insurance industry which will enable you to tell, if you do limit compensation to quadraplegics and brain-damaged people and amputees and so forth, will that bring insurance rates down.

And then only after you get that data and get the answer to that question, I think, should you consider whether or not these suggested changes are fair.

That concludes my prepared statement, Mr. Chairman.

I would be glad to answer any questions the committee may have

CHAIRMAN DeWEESE: Ladies and gentlemen, questions?

Allen Kukovich?

REPRESENTATIVE KUKOVICH: Mr. Angoff, first of all, I would like to thank you for your testimony. I think it was an excellent job. There is only one point that needs to be clarified.

In your three key areas of reform to try to promote competition, you talked about allowing banks to become involved in the insurance industry.

And earlier in your testimony, you alluded to some rationale for preventing that. I didn't understand what the problem was. Can you elaborate, number one, on what the problem is and number two, how we can pass state laws to correct that problem?

MR. ANGOFF: Yes. The problem is this: the fear is that if banks are allowed to get into the insurance industry, they will tie. That is, they will not, for example, give you a mortgage unless you agree to buy mortgage insurance from them, or they won't give you a loan to buy a car unless --

MR. ANGOFF: That's right. And I think that is a substantial concern, but I think that that can be taken care of with legislation.

REPRESENTATIVE KUKOVICH: Unless you buy auto from them.

There would just be severe penalties -- I mean, tying agreements are unlawful under most circumstances anyway, but the law could be tightened and there could be severe state penalties established for such practices.

And I think on balance, although I don't dismiss the fears, on balance I think that banks should be allowed to a certain extent to get into the insurance industry.

In Florida, for example, they have just allowed banks to

get into reinsurance, to invest in reinsurance companies. 1 Those are companies that sell insurance to insurance 2 They haven't gone so far as to let them into the 3 insurance industry, but I think that will happen in some states. REPRESENTATIVE KUKOVICH: In the rather voluminous 5 testimony you provided us, did you provide a listing of --6 CHAIRMAN DEWEESE: Excuse me. Could both of you 7 gentlemen get closer to your microphones, please? 8 REPRESENTATIVE KUKOVICH: Yes. Did you provide a list 9 of states that are writing insurance themselves or a list of 10 states that are allowing banks to compete in insurance? 11 MR. ANGOFF: We didn't provide a list. What we did do 12 was give sample legislation from Florida on allowing banks to 13 get into insurance, reinsurance, and a sample of legislation from Ohio, which is the workers' compensation statute. 15 But a list is not included. I could provide such a 16 list to the committee, though. 17 REPRESENTATIVE KUKOVICH: That would be helpful. 18 we could compare what other states have done. 19 I will provide such a list to the committeel. MR. ANGOFF: 20 REPRESENTATIVE KUKOVICH: Thank you very much. 21 all I have. 22 CHAIRMAN DeWEESE: Lois Hagarty? 23 REPRESENTATIVE HAGARTY: Thank you, Mr. Chairman. 24

my understanding that New York, on the medical malpractice

side, has no private insurance, that they have a state insurance for doctors, and a non-profit doctor's insurance.

I am told, though, that they still have the same problems that other states have in terms of the dramatically escalating medical malpractice.

And I wondered, in light of your comment that states should consider insuring, what you state of that New York experience, which certainly would dissuade me from thinking about the state getting involved if the result has been the same as Pennsylvania where we have only private insurance on the medical side.

MR. ANGOFF: My understanding is that the New York -first, let me say that New York doesn't have the same problems,
it's got worse problems.

New York is in terrible shape. My understanding is that it is not a state-run malpractice insurance. It is a doctor-owned but insurer-run, obviously, malpractice insurer, and they are in terrible trouble because of various management decisions.

And I would rather not comment on that, except to say that I don't think the New York experience could be taken as a precedent either way.

That is unique, and they are in serious trouble for a number of different reasons.

REPRESENTATIVE HAGARTY: I am told that in addition to

the doctor non-profit, that the state also provided insurance, but you are either not sure of that, or you have different information, so you can't comment specifically on that?

MR. ANGOFF: I am not sure of that. My understanding is that it is not a state-run company. The major one is a doctor-run company.

But New York is a bad situation, and it is a unique situation. I think we will learn more about that over the next year.

REPRESENTATIVE HAGARTY: Thank you.

CHAIRMAN DeWEESE: Representative Kosinski?

REPRESENTATIVE KOSINSKI: This testimony is fantastic.

It is very comprehensive, and I appreciate the solutions that you have offered.

The one thing I want to point out to you is, in Pennsylvania there are currently a number of proposals for an insurance consumer advocate.

You covered that in your paper. Could you explain why the system works so well? Are there certain things we should build into our Pennsylvania system that would make it effective?

MR. ANGOFF: Yes. The way to do it most cheaply and effectively I think is to do what they do in New Jersey, and that is this: you bill back to the insurance company the cost of intervention by the Consumer Advocate.

That creates an incentive on the insurance company not to ask for a huge rate increase, obviously to ask for the biggest rate increase it thinks it can get away with without having the consumer advocate intervene.

The overall incentive is for the insurance company to moderate its increase because it knows, if it asks for a rate increase, the advocate will intervene, the company won't get what it wants, and it will have to pay for the opposition in addition.

So, I think that is a very effective way to do it, and my understanding is that in New Jersey, it does work.

REPRESENTATIVE KOSINSKI: How long has that system been in effect in New Jersey?

MR. ANGOFF: I am not sure, I think only a few years.

REPRESENTATIVE KOSINSKI: Because what I am afraid of, in this current situation, and what really bothers me is that whenever we make a move that would help the situation, the insurance companies come back and say, "Well, we won't write any policies, we won't do this, we won't do that."

In July, I had the pleasure to be in Florida on vacation.

I stopped in a local legislator's office down there, and we talked about two hours on their tort reform measure that the insurance companies are fighting in Florida, much like the West Virginia situation, where the insurance companies have told people that they will not write any policies in the state

of Florida.

For those of us who are not familiar with that, Florida put a cap on pain and suffering, but in the first year of the new bill down there, they put a 40 percent cap or 40 percent reduction on insurance rates.

And right away, the insurance industry said, "We are not going to write another policy in Florida," which I find hard to believe.

But as far as this is concerned, it has been my opinion all along, and the more I read about it, it is more of an insurance crisis and an industry than a system crisis as far as tort reform.

MR. ANGOFF: The data that is available shows that, as I touched on at the end. There is an issue that people can argue about, that we can argue about the legal system, whether it is too liberal, whether it is too strict.

But the problems -- and there certainly are problems in the legal system -- are not responsible for insurance rates, for the skyrocketing insurance rates of the last 18 months.

We need more data, and can only get it from the insurance industry. But to the extent data exists, I think that is what it shows pretty clearly.

As far as the first question, what Pennsylvania can do to prevent insurance companies from withdrawing from the market, and your allusion to what happened in West Virginia and

Florida, Pennsylvania -- West Virginia is in a terrible position because it is a small state. I think it has got about two million people.

Pennsylvania is a big state and a strong state, just as Florida is. West Virginia, they threatened the legislature, and they won, they successfully blackmailed the legislature.

In Florida, they have threatened to withdraw, but they haven't. Ironically, the industry that criticizes the legal system so much is arguing in court today that the law the legislature in Florida passed is unconstitutional because it requires the rate rollback.

But the point is, they haven't withdrawn from Florida because Florida is too big a market. It's too good a market, and so is Pennsylvania.

And whereas West Virginia may not be able to stand up to the industry, Pennsylvania does have that power because it is just too good a market for the industry to withdraw from.

CHAIRMAN DeWEESE: Chris Wogan?

REPRESENTATIVE WOGAN: Thank you, Mr. Chairman.

Mr. Angoff, I agree with you that it may prove interesting to look at what is happening to municipalities in Pennsylvania since the 1978-1979 limitation on liability insurance was adopted by the Legislature.

I feel constrained to point out that I believe your example is invalid when you mention bus companies. In the

1 Commonwealth of Pennsylvania, we have transit authorities which are actually creatures of the Commonwealth of Pennsyl-2 3 vania. 4 And they are certainly not subject to the \$500,000 limitation on liability that you mentioned. I thought I would 5 6 point that out to you. 7 CHAIRMAN DeWEESE: Bob Reber? REPRESENTATIVE REBER: Thank you, Mr. Chairman. 8 Mr. Angoff, could you give committee the names of the 9 10 insurance companies that carried out the acts that you described in the state of West Virginia? 11 12 MR. ANGOFF: Yes. 13 REPRESENTATIVE REBER: Just for my information, are any 14 of those companies or all of those companies writing medical 15 malpractice insurance in Pennsylvania? 16 MR. ANGOFF: I don't know, but I can find that out, 17 and I will provide that to you. 18 REPRESENTATIVE REBER: If you would, thank you very much. 19 Thank you, Mr. Chairman. 20 CHAIRMAN DeWEESE: If there are no further questions for 21 the witness, thank you very much, Mr. Angoff. 22 MR. ANGOFF: Thank you, Mr. Chairman. 23 I would also like to say this is CHAIRMAN DeWEESE:

COMMONWEALTH REPORTING COMPANY (717) 761-7150

National Congress of State Legislators in New Orleans, and his

excellent testimony. I heard Mr. Angoff speak at the

24

tesimony there was the impetus for him to visit with us today.

The next witness is Andrew Sislo and his partner,

Virgil Puskarich. Virgil is the executive director of the

Local Government Commission here in the Capitol Complex, and

Andy is the legal counsel. Welcome to both of you gentlemen.

Please be aggressive with the microphone. Put it about two inches from your mouth and share with all of us what you have to say.

MR. SISLO: Mr. Chairman and members of the committee, again we thank you for the -- how is that, is that okay? Can you hear me?

CHAIRMAN DeWEESE: Can everybody hear? If I am known for anything ten years from now, I would like for people to know that when they came to our hearings, they could hear people.

Number one, we are going to turn this machine off, please. I think it is better sweat than to not hear. Both are unfortunate circumstances, but if I had to pick one at a committee meeting, I guess I would rather hear.

So, be even more aggressive, please. Get down there and testify.

MR. SISLO: Okay, Mr. Chairman.

As you indicated, my name is Andrew Sislo, and I am the legal counsel of the Local Government Commission, of which I am sure you are all very aware, as an agency of this Legislature itself.

With me today is Virgil Puskarich, who is the executive director of the Local Government Commission. The Commission was requested by your Committee to present testimony at this hearing which hopefully would provide the Committee with what we might call a frame of reference to help it formulate conclusions about the impact which proposed restrictions upon the civil justice system might have on both the availability and affordability crisis in the liability insurance marketplace.

We all know what the prolem is. Liability insurance is either unavailable or unaffordable for many businesses, local governments and individuals.

Certain special interest groups throughout the Commonwealth, including insurance companies, have waged a strong and persistent campaign before the Legislature and in the press, advocating tort reform as the most effective solution to the problem.

Others, on the other hand, have counter-argued that restricting access to the civil courts, limiting damage awards and restricting procedures for collecting damage awards cannot be justified by substantiated, empirical data and that tort reform may in fact not be the panacea for the crisis in the insurance marketplace.

As currently promoted, tort reform implies and assumes that lawsuits are either an exclusive or substantial cause of

high insurance rates. The issue, if we should be so bold to phrase it, for the Committee appears to us to be, whether the assumption has any legitimate basis to warrant further consideration of tort reform, or is the assumption mostly rhetoric.

Thus, with these considerations in mind, the Local Government Commission today would like to refer to the Committee, A, generally, its report of its hearing on municipal liability insurance, which is dated September 24, 1985; and the Commission would also today like to specifically refer the Committee to, B, the Political Subdivision Tort Claims Act as comparative existing law which is similar to current proposals for general tort reform both within the Commonwealth and nationally in that it imposes restrictions upon the civil justice system when a local government is the tortfeasor.

We would also like to specifically refer to the Committee the Act's impact upon availability and affordability of municipal liability insurance; and finally, the issue of availability of data as evidence to support allegations that municipal insurance rates have risen because claims against local governments have risen.

At the Local Government Commission's hearing, some witnesses most frequently cited excessive use of the judicial system and unprecedented jury verdicts as the major cause for the current insurance problem.

Selected cases -- none of which, we would note, were Pennsylvania cases -- were cited in an attempt to substantiate this allegation.

The testimony, as well as responses to some very pointed questioning from members of our Commission, very clearly established that no empirical data was available to substantiate the indictments of the Pennsylvania tort system as it impacts municipal governments of the Commonwealth.

Thus, due to the unsubstantiated allegations, it appeared to the Commission that either, A, the allegations leveled against the tort recovery system are overstated or have little basis in fact, and that the system of tort recovery has adapted itself to an age of technology where harms and dangers unknown a decade ago are perhaps now commonplace.

The conclusions also raised the possibility, however, admittedly, that maybe the time for tort reform has in fact arrived.

But in any event, any reasonable doubt as to the validity of the allegations set off warning signals to avoid what might be called a quick fix which may have a substantial and far reaching effect upon the rights of every individual and upon fundamental concepts of social accountability and social justice.

Avoidance of these quick fix solutions for municipal insurance woes became more evident to the Commission when it

compared testimony about local government claims experience with the effects of the Political Subdivision Tort Claims Act.

Both the testimony and the acquired knowledge of the Commission led it to find that over the last ten years, tort claims against local governments have been minimal.

No real data exists to support any ocnclusions to the contrary, and minimal claims are consistent and compelling evidence that the provisions of the Political Subdivision Tort Claims Act have substantially and effectively insulated local governments from legal accountability for their tortious conduct.

Given these findings of fact, the only ultimate and logical conclusion is that municipal insurance rates and availability should not have reached crisis proportions in Pennsylvania.

As a study in comparative legislation, the Committee could reasonably characterize the Political Subdivision Tort Claims Act as municipal tort reform.

It is a very restrictive immunity statute. It excuses local governments from accountability for its negligent acts or conduct or the negligent acts or conduct of its employees.

This immunity is complete and absolute, except for eight very limited categories, which include things like operation of motor vehicles, care and custody of real personal property, street, sidewalks, traffic controls, utility services

and even care and custody of animals. What that anticipates are animals such as police dogs.

Moreover, even if authorized, a lawsuit is not allowed unless a written claim is filed within a six months statute of limitations, and if timely filed, the plaintiff still must prove negligence.

Other restrictions of the Act include limited damages for pain and suffering when medical expenses exceed \$1,500 -- thus, there is a threshold -- and only in the following cases: death; permanent loss of bodily functions; permanent disfigurement; permanent dismemberment.

Another restriction as noted by earlier testimony is a \$500,000 absolute cap on damages per occurrence, and that is no matter how many plaintiffs are involved.

Another restriction is that the Act spells out or has specificity of recognized losses. Historically, again, if we are looking at this as comparative legislation, historically, beginning in 1973, legislators in this Commonwealth faced the difficult task of accommodating inherently mutually exclusive fundamental social and politican interests not unlike -- and perhaps even more critical than -- those which legislators face in the insurance crisis today.

Then, as now, accountability for tortious conduct and redress through adjudication for harm and damage to personal property competed with the more general interests of the

Commonwealth in protecting the collective interests of its citizens from adverse impacts upon the ability of local governments to provide both necessary services and to

In passing the Political Subdivision Tort Claims Act, the Legislature made a declaration of public policy that the rights of individuals to seek redress and damages for harm must yield to a paramount and more compelling state interest in the integrity of local government.

maintain the health, safety and welfare of all its residents.

Nevertheless, the legislative proces which proceeded passage of the Act was deliberate. Perhaps this procedure is instructive in that even in the face of the Pennsylvania Supreme Court's complete abrogation of the common law doctrine of governmental immunity in 1983, serious questions still remain for the Legisture about the extent to which individual rights should defer to state interests.

I earlier referred to the report of the hearing of the Local Government Commission on municipal liability insurance. The Commission's recommendations as a result of that hearing can be found on pages 9 through 11 of the report, and I do believe we have provided the Committee with copies of our report.

Many of those recommendations have found their way into legislation. One which did not is recommendation number 11 calling for recordkeeping requirements.

(717)761-7150

COMMONWEALTH REPORTING COMPANY

As a result, the Commission recommended and initated introduction of an amendment to the Political Subdivision

Tort Claims Act to require municipal recordkeeping of claims and lawsuits filed against local governments.

The Commission recognized that the virtual nonexistence of such data hindered the Commission as well as local governments and we dare say insurance companies also in assessing the probable cause of the municipal insurance crisis more definitively.

A copy of the amendment, defeated in the Senate, as well as pertinent debate extracted from the Senate Journal are also attached to our testimony.

In conclusion, the Local Government Commission in the report of its hearing acknowledges the municipal tort reform embodied in the Political Subdivision Tort Claims Act as a conscious deference of individual rights to a compelling state interest of local government immunity from liability for otherwise tortious conduct.

The Commission files persuasive evidence that governmental immunity has in fact protected Pennsylvania local government from suit to the degree to which it was intended to do so.

And finally, the Commission finds that nevertheless, municipal liability insurance rates have escalated, while availability of coverage has diminished or disappeared.

The Commission does express its appreciation for the invitation to come before the Committee and offer its comments to the Committee on this very important issue of tort reform.

Again, we would emphasize that we are not pretending to have any special expertise in either insurance matters or the civil justice system.

However, we do hope that our comments will cause the Committee to at least pause and reflect upon the effects and impacts existing municipal tort reform has had on insurance costs and availability as it considers general tort reform.

As I indicated, a copy of our report is also attached for your convenience. We thank you for the opportunity, and we would, both Mr. Puskarich and I, would certainly welcome and entertain any questions you may have.

CHAIRMAN DeWEESE: Thank you, counsel.

Virgil, do you want to say anything, or do you just want to respond to questions?

MR. PUSKARICH: Just respond to questions.

CHAIRMAN DeWEESE: Nick Moehlmann?

REPRESENTATIVE MOEHLMANN: In the situation of a municipally owned and operated solid refuse landfill operation, in the event that that were to widely pollute the groundwater and make the groundwater unusuable for some distance around the area, for example making the groundwater unusuable for a small municipality, is it your opinion that the municipal tort

act covers that situation and limits the municipality's liability to \$500,000?

MR. SISLO: I shouldn't say obviously, but obviously to me, it appears that the answer to your question is going to have to be determined by a court saying what is an occurrence.

The case that has been so well publicized and referred to in New Jersey, according to my understanding, turned on that exact determination.

If the court should determine that there was more than one occurrence, yes, very posibly more than \$500,000 could be involved in terms of liability.

But if the occurrence is only one occurrence, it would be my opinion that the \$500,000 cap would be sustained. I would also point out that one of our recommendations, one of the Commission's recommendations in the report was to have the Environmental Resources Committee in the Senate and its counterpart in the House of Representatives to study the possibility of developing some type or kind of superfund insurance program to take care of those contingencies.

The Commission did recognize that the kinds of losses that may be suffered as a result of pollution from landfills or similar kinds of waste disposal facilities may in fact be beyond the means of local governments to fund if in fact liability was found.

REPRESENTATIVE MOEHLMANN: Thank you, Mr. Chairman.

CHAIRMAN DeWEESE: Bob Reber?.

\_\_

REPRESENTATIVE REBER: Thank you, Mr. Chairman.

Just following up on that, I guess it was the Jackson Township

case in New Jersey you were referring to.

MR. SISLO: Yes.

REPRESENTATIVE REBER: And Representative Moehlmann was regarding the occurrence language as a possible way of being dispositive under Pennsylvania existing law.

I was wondering, did you analyze that case at all from the standpoint that, if it was brought against a Pennsylvania municipality, would that in fact be capped at \$500,000, or would that fall under the exemption language in the eight specific areas as a utility type use and therfore be available for an uncapped award?

Do you understand my question?

MR. SISLO: Yes, sir, I do. We would not view the operation of a landfill as what is traditionally viewed as a utility.

It certainly is the delivery of a municipal function or service by municipal government to its citizens and residents.

Care and control of real property, possibly, it may be within that exemption. I think the answer to your question would depend upon the exact factual pattern in any particular case. Did the municipality own the landfill, did it lease it,

was it under its case and custody; I think all those things could possibly bring it within the exemption.

But we must remember that the exemption still triggers all of the other restrictions and limits of liability that are set forth in the Act.

So, I think what your question is asking, if I can even extend it more generally, is that yes, there are exemptions in the Act that do allow individuals to sue local governments.

But when they do sue, the Legislature in 1978 spoke and said, we recognize the harms that were caused to you, the dangers, the damages that you suffered because of the local government doing things that it should not have done, and we feel that you should recover for that. But we also recognize that we can't let local governments go bankrupt; thus, we are limiting your recovery.

REPRESENTATIVE REBER: I tend to agree with what you are saying. I just wanted your comments.

Mr. Chairman, there is one other thing that I think this Committee should take a long, hard look at, and that is the testimony on page page 2, at the beginning of the second paragraph on page 2.

That is the testimony that was elicited at the Local

Government Commission hearing where many witnesses cited

excessive uses of the judicial system, and more importantly,

I think, various unprecedented jury verdicts, and what have you

and the fact that each and every one of those particular cases was citing litigation, cases, verdicts if you will that had their genesis outside the Commonwealth of Pennsylvania.

I think a little bit later today we are going to be hearing from Representative Flick, who is the sponsor of Act 57. And I would call it to the rememberance, if you will, of this Committee that when we were having hearings on that particular piece of legislation, myself and Representative McVerry pointed out to the Committee that again, in that particular instance, we were hearing about "excessive uses of the judicial system" and excessive verdicts on those particular issues.

And after questioning, I believe, if my memory serves me correct, again, none of those were taking place in the Commonwealth of Pennsylvania,.

I think we see a pattern developing here, and I would caution the Committee throughout to not be caught up by sensationalisms that take place in some of our more radical states, if you will. Thank you, Mr. Chairman.

CHAIRMAN DeWEESE: You're welcome, Robert.

Speaking of radicals, from Pittsburgh's South Side, Mike Dawida.

REPRESENTATIVE DAWIDA: Following up on that, Mr. Sislo, your point is that the Pennsylvania law regarding municipalities and torts is a pretty good one for keeping your cases

down and should keep your rates lower, is that your point?

MR. SISLO: That's correct, sir. Not only is it a pretty good one; our correspondence and Virgil's participation in the National Conference of State Legislators indicates that it in fact be one of the most restrictive if not the most restrictive in the nation.

REPRESENTATIVE DAWIDA: That being so, it is your presumption that part of the problem with your rates lies in cases and places outside of Pennsylvania?

MR. SISLO: Yes, sir.

REPRESENTATIVE DAWIDA: That being so, if you were to extrapolate that logic to all other areas where there is an insurance crisis, if we were to restrict our tort responsibilities, it would seem that we would still have an insurance crisis because the problem in many cases lies outside Pennsylvania.

MR. SISLO: As I indicated earlier, we are not going to comment upon how you should interpret or draw conclusions from our testimony, but I at least would say that it would seem to me that that would be a reasonable conclusion that any reasonable person could reach.

REPRESENTATIVE DAWIDA: Thank you.

CHAIRMAN DeWEESE: Any more reasonable people want to ask questions? Mike Bortner, York County?

REPRESENTATIVE BORTNER: In your view, does the municipal

tort claims act adequately protect the individuals that serve on the boards of the municipality as well as the municipality itself?

In other words, passing on from the liability of the municipality, how about the individual liability of the people that serve on the recreation commission, sewer authority, council members, et cetera?

MR. SISLO: I think the answer to your question, sir, without being too technical, really could be found in the definition of what an employee is in terms of the coverage that is to be provided by the tort act. And that definition is extremely broad, and I will read it for you.

I quote, "Any person who is acting or who has acted on behalf of a local government unit, whether on a permanent or temporary basis, whether compensated or not, and whether within or without the territorial boundaries of the government unit, including any volunteer firemen and any elected or appointed officer, member of a governing body or other person designated to act for the government unit." And it goes on to talk about independent contracts.

REPRESENTATIVE BORTNER: It's everybody.

MR. SISLO: Which is basically everybody.

REPRESENTATIVE BORTNER: My understanding is that as long as you are acting within the scope of your authority, all these protections would apply to you, is that correct?

2

3

5

6 7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

MR. SISLO: Yes. sir.

REPRESENTATIVE BORTNER: One of my concerns is, speaking from personal experience in York, I think some very good people have resigned from positions on the sewer authority and recreation commission, I believe because of a misunderstanding of the law.

When the municipality's insurance was cancelled, there was some question, and I think many of them felt that they had exposure for all their personal assets, and many people resigned.

I guess I kind of wanted to hear it I agree with you. from somebody else, somebody who has studied it more than I have in terms of what the municipal tort claims act does.

MR. SISLO: With your permission, Mr. Chairman, I would like to take a few minutes to expand on the question that was just presented by Mr. Bortner.

> CHAIRMAN DEWEESE: I'd appreciate it.

It does appear to the Commission -- and MR. SISLO: again, the Commission has virtually daily contact with local elected officials in terms of inquiries and through inquiries that come through your offices, as well as the local government conference and associations.

It appears to us that the resignations with respect to the insurance liability crisis may in fact be knee jerk reactions because of a lack of understanding of the kind of

protection that they have under the Political Subdivision Tort Claims Act.

However, we must admit that there may be some reason for concern, and that reason for concern and also for the resignations is something beyond the control of certainly the Commission and even beyond the Commonwealth and the Legislature, and that is -- and as must of the lawyers on the Committee, I am sure, are aware -- there is always the possibility that local officials will be sued for a federal tort or civil rights action.

Our immunity statute will not give them protection.

That is completely beyond our control and completely beyond what the Legislature can do.

So, thus, that is something that would have to be addressed at the national level, and has really no impact upon this, but probably is one of the concerns in terms of the resignations.

As a matter of fact, at some local government workshops that I have both attended and addressed, one of the major concerns has been and continues to be, what do I do if I get sued because I have allegedly violated somebody's civil rights?

Just as an aside, however, the courts do appear to be whittling down the use of the federal civil rights statutes, particularly 1983, as a substitute for getting around immunity statutes such as Pennsylvania has.

The Supreme Court of the United States just handed down a case -- unfortunately, I can't remember the name of it -- wherein they said, we are not going to allow you to try to frame your otherwise common law negligence action in terms of a federal civil rights statute.

REPRESENTATIVE BORTNER: So, your answer would be, if there is a problem, if there is exposure, it is to those federal suits under 1983, but there is pretty adequate protection for common law torts that would be brought in Pennsylvania?

MR. SISLO: To a large degree, yes, sir.

REPRESENTATIVE BORTNER: Thank you.

CHAIRMAN DeWEESE: Nick Moehlmann?

REPRESENTATIVE MOEHLMANN: Thank you, Mr. Chairman.

Just a brief comment to which I would like your comment. Your answer to Representative Dawida that a reasonable person would presume that the municipal tort claims act cured the problem of the large verdict with regard to municipal claims is perhaps an oversimplification.

You said in answer to my question that you didn't know whether the -- or I think this is what you said, that you didn't know whether the tort claims act would cap a claim at \$500,000 with a landfill problem because the court would have to interpret the term "occurrence."

And I think you said in answer to Representative Reber

that you didn't know or you were not sure that that situation would not fall within exceptions covering public utilities or the custody of real property.

And I think that points up this conclusion, that in fact the insurance companies don't know, even though we have this good law, insurance companies don't know whether they are subject to the big hit on a problem like that because it hasn't been tested, those points haven't been tested in the court.

And what we need in addition to a law is the testing before the Pennsylvania Supreme Court of those points. And up until now, that having not occurred, the insurance companies are not certain that they have that protection.

MR. SISLO: I think the issue you are raising is the question of the constitutionality of the liability damage limitation.

You are correct, that that has not been finally settled in the courts, although it is our understanding that there is -

REPRESENTATIVE MOEHLMANN: Excuse me. That may be a corrollary point, but it is not the point I am raising. The point I am raising is, assuming that this act is found constitutional, how will the court interpret it. There may also be a problem with constitutionality.

MR. SISLO: I think the interpretation question arises

in those very special and dramatic cases of landfills.

Outside of the landfill area, the cap will be \$500,000. There is no question. It will be \$500,000 per occurrence. I think the problem we have with the landfill situation, as shown in the Jackson case, is what is an occurrence under those circumstances, only because the pollution that caused the injury to the citizens and residents was an activity that had occurred over a very long period of time.

I think if you are talking about a simple automobile accident involving a municipal vehicle, there is no question what the occurrence is. It is one, and there will be one damage limitation.

CHAIRMAN DeWEESE: Bob Reber, and then Paul McHale.

REPRESENTATIVE REBER: Just a quick followup that was triggered by Representative Bortner's comments on some of the problems we are facing with some of the local government resignations.

Has there been a determination that a municipal authority doesn't fall within the purview of the political agency definition and members there who would be employees under the act? Is there any discrepancy as to that?

Adn the reason for that, it has been my experience, understanding and working with some local governments, that they are not necessarily per se having trouble getting coverage for the governing bodies, even thoughthe cost is

somewhat prohibitive.

But there is virtually a lack of desire to write coverage at all for municipal authorities. I was wondering if we have some case law problem that brought this about, or if there is a lack of clarity in the definition. I would ask your thoughts.

MR. SISLO: First with respect to the definition, there does appear to be some lack of clarity on that issue. With respect to the first question that you had asked, the cases don't seem to come down clearly in determining whether or not an authority -- and we are running a big gamut by using that term; I mean, we can run from housing authorities to municipal authorities to parking authorities, all of which have different and separate enabling legislation, all of which contain different provisions within them that run to the issue, an important issue of, are they local government, i.e. are they political subdivisions, or are they agencies of the Commonwealth.

But in terms of the liability question, I can say that some cases are coming down and saying they are political subdivisions and others are coming down and saying they are state agencies, in which event the effect is really the same because if they are state agencies, then they get the protection of the sovereign immunity act, which by the way is virtually identical to the Political Subdivisions Torts Claims

•

Act, except the damage limitations are in fact a lot stricter; \$250,000, I believe, \$1 million aggregate.

CHAIRMAN DeWEESE: Paul McHale of Lehigh Valley?
REPRESENTATIVE McHALE: Thank you, Mr. Chairman.

Mr. Sislo, did I understand you to say that in your opinion Pennsylvania has one of the most restrictive and that is most protective municipal tort claims acts in the nation?

MR. SISLO: Yes, sir.

REPRESENTATIVE McHALE: I represent a series of communities where we do not have landfills, for instance, so the question of what is an occurrence is not a relevant issue, at least with regard to possible pollution from a sanitary landfill.

I represent communities that do not have a track record of previous federal complaints based on Section 1983. Yet, these stable communities have experienced enormous increases in their liability insurance premiums.

You indicated that your agency is in touch with local officials on a daily basis. When those local officials are told that they will face an unpercedented increase in their premium and they ask why, what are they being told by the insurance industry?

MR. SISLO: I am not sure I can answer that question.

I think you are going to have to ask the insurance industry.

I am not trying to hedge, because I am not so sure.

Some of the things we hear is --

REPRESENTATIVE McHALE: That's not what I am asking you.

MR. SISLO: The things that we hear really comes down
to, to use a phrase, quote-unquote, "It's those damn lawyers."

Bottom line, that is the most frequent response we get when
we ask them as to what kind of answer did you get from your
carrier or your agent?

REPRESENTATIVE McHALE: I don't find that to be a very satisfactory answer. I have several communities that, to the best of my knowledge, have never been sued, at least they have never been sued successfully.

These are very stable communities, very little development, no history of federal civil rights actions, no unusual occurrences within their boundaries that might give rise to extraordinary liability.

And yet, these communities with a clean track record and very responsible local government are being told that their premiums will go up next year at an unprecedented enormous rate.

And I would hope that during later testimony, we can get very specific economic information as to why these kinds of communities, unlike some others that might justifiably be faced with higher premiums, why these stable communities with good track records are nonetheless being told that they either aren't to have insurance, or if they are to have it, it is at

an extraordinarily high rate.

Thank you, Mr. Chairman.

CHAIRMAN DeWEESE: Paul, just to clear the record, I think you meant not that the counselor's answer was not satisfactory, but what he is hearing out there from the people is not satisfactory.

REPRESENTATIVE McHALE: That's exactly what I meant.

I didn't mean to put Mr. Sislo in the shoes of the insurance industry when we ask the industry questions, but I was curious as to what you were hearing on a daily basis from the local communities in terms of what they are being told.

And I would hope that the phrase that you used would not be the bottom line answer that we will receive. I would like to know why a community of 6,000 people that has never been successfully sued either in state or federal court, that doesn't have an unusual risk within its boundaries such as a sanitary landfill, that has never been sued in federal court on a federal civil rights violation, is now being told that its annual premium must be doubled in order to have insurance available.

I would like to see the economic facts and figures that would justify that. So far, I am not very persuaded.

CHAIRMAN DeWEESE: Right. I understand that,
Representative McHale, and hopefully some of our future people
that are going to testify will be able to illuminate that

subject.

Virgil Puskarich, executive director of the Local Government Commission?

MR. PUSKARICH: I think, Mr. Chairman, in some part, Representative McHale's question can be answered by taking a look at an attempt we made at the Local Government Commission to amend a piece of legislation in the Senate to require recordkeeping, reporting by both the industry and local governments.

It was characterized by some in the Senate as being bureaucratic overkill, and we ought not to hamper our local governments with this kind of onerous, burdensome task.

As a result, the amendment was defeated by a vote of 20 to 30. And we have appended to the testimony -- and I recommend that each of you have a look at it -- the copy of the Senate Journal from that day with of course the amendment printed in it.

We would like you to take a look at it. It's a major concern that we have at the Commission and something we feel you ought to give consideration to.

REPRESENTATIVE McHALE: Thank you very much.

Mr. Chairman, I would simply state that I strongly support that. At least in my communities, we would much rather keep a few more records documenting a clean litigation record than pay double our premium on liability insurance.

MR. PUSKARICH: If your premium is going to be increased, tell me why. That should be the response of the local government unit. How many claims have we had against us? We find that the insurance companies do settle claims against local governments and not even tell them.

The local government feels then in turn that they have had a very clean record. So, we feel that recordkeeping is most important, and perhaps you should consider it.

REPRESENTATIVE McHALE: Mr. Speaker, I agree with the gentleman's comments. Thank you.

CHAIRMAN DeWEESE: Thank you very much. That concludes the testimony of the gentlemen from the Local Government Commission. Thank you, Virgil; thank you, Andy.

We are running behind, but I used to say when Max Bieski was the chairman, I was always raising hell because he wouldn't let me ask questions, so we are going to run a loose ship. Anybody who wants to ask questions, feel free.

We are just going to run behind, my adherence to the schedule notwithstanding.

Mark Peterson, vice-president of the Pennsylvania

Public Interest Coalition. Mark, you have some other folks
who are going to join you, so please introduce them at your
convenience.

That makes me happy. I thought they were all going to get 20 minutes according to my paper up here. I am glad that

2

3

4

5

6

7

8

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

we will condense it a little bit.

I think each one of us will introduce MR. PETERSON: ourselves and save a little time in that way. I will start I handed out copies of my statement, and I think you have or will soon have copies of everyone else's.

I will not go over all of my statement. I will try to cut my remarks, although I would like to point out that everything in the statement we are handing out is what we want to say today.

My name is Mark Peterson. I am the vice-president of Pennsylvania Public Interest Coalition. The individuals with me this morning represent different points of view on the problems created by insurance companies in our state over the last two years.

They have experienced a crisis in the availability and price of insurance in different ways. Our purpose in asking them all to join us is to create a picture of how pervasive the crisis actually has become.

My role is to lead off by summarizing our recommendations to restore some reason and balance to the operation of the insurance industry in the state.

You clearly hear about these problems in your district in a regular basis and a frequency that is getting alarming. One thing the insurance industry has accomplished by creating this crisis is clearly illustrating the central role

25

that insurance plays in our lives.

Your list of witnesses today shows how many institutions that are vital to our day to day existence are threatened by the business practices of the insurance industry.

Insurance is now the fourth most expensive item in the average Pennsylvania family's budget. Analysts at the 1986 meeting of the National Association of Insurance Commissioners predicted that the crisis of availability and price is about to move into the area of automobile premiums.

As we knock on thousands of doors, including those of our 80,000 members across the state, we find this prediction is quickly becoming a reality, as people complain more and more about their automobile premiums.

And they are increasingly angry about this new expense in their already broken budgets. Because insurance plays a key role in so many areas of our lives, it is vital that an inclusive and comprehensive understanding of the problems of the industry be developed.

We think your committee is to be commended for taking that challenge on and for taking a broad approach and a broad point of view on this question.

We believe that many of the problems of the industry can be solved by the active intervention of the General Assembly. The Legislature made major improvements in the

operation of the Public Utility Commission, and therefore the utility companies of the state this summer.

Our organization is confident that you will begin a similar process this year that will eventually result in improved regulation of the insurance industry in our state.

Your investigation is an important step in this process. We also look forward to the pending report of the House Insurance Committee and expect that to be helpful to all of us as we grapple with this problem.

We appreciate your interest in our organization's point of view. As an organization practiced in representing the interests of consumers on the question of utility rates and policies, the right to know about chemical dangers in our workplace and neighborhoods and the economic health of the Commonwealth, we are concerned about the operation of insurance companies in two ways.

We believe that consumers of insurance, whether they are institutions, individuals or small businesses, must be protected from what has been the damaging up and down cycles created by the business practices of the industry.

In addition, we are convinced that the crisis in tort cases is simply a public relations myth manufactured by the insurance industry to advance their own narrow objectives.

The ancient legal right of Pennsylvanians are too precious to quickly toss out the window because of this

public relations myth.

Extensive information I believe has already been provided to you about the financial health of the insurance industry, and the dimensions of the myth called the tort crisis, so I will skip over our information about that.

We are particularly impressed with the excellent work of the National Insurance Consumer Organization, and find that their work on this has been very accurate and helpful.

We also know that the media has unearthed a few individuals around the country who seem to be lawsuit-happy. But in all of our discussions, canvassing and public speaking around the state, we have yet to find any Pennsylvanians who have somehow gone off the deep end, become a litigious mad dog and aggressively sued everybody they could find.

We have not found any jury members who have gone crazy and tried to turn the civil justice system into a new form of welfare.

Nevertheless, the insurance industry would of course have us believe that all this has happened to the brother-in-law of each of us and if we don't clamp down on them, if we don't blindly agree to restrict our access to attorneys and the courts, then these suit-happy Americans will ruin the country.

The truth is that the insurance industry has gone off the deep end. They got drunk on the high interest rates of

COMMONWEALTH REPORTING COMPANY

the late seventies and early eighties. To raise investment capital and take advantage of these interest rates, they severely undercut prices in a premium selling frenzy. They are still drunk on their incredible profits, but we, the policyholders, already have the hangover. The insurance companies must be stopped before they ruin the country.

Fortunately, the General Assembly has the power to stop them in Pennsylvania. You have the authority to bury their outrageous tort reform proposals so deeply they are completely forgotten.

In addition, you can consider some straightforward improvements in the state's regulation of the industry. We have the following recommendations for bringing the industry back into a balanced, reasonable level of operation. Many of these ideas have been mentioned earlier. Some are already proposed in legislation, and others require further development. Our main points are:

Prohibitions on excessive premium price increases;

Creation of an insurance consumer advocate like the one for utility rate cases;

Disclosure of insurance company operating costs by type or line of insurance, profits by line of insurance, details about overhead expenses and investment income;

Prevention of the cancellation of insurance policies of consumers who have good claim records;

Allowing the group purchase of auto and homeowner policies to reduce premium costs:

Provisions for joint underwriting associations that make insurance available to good risks that cannot obtain or afford coverage;

And finally, improvements in the Workers Compensation law to require speedier claim processing and allow for cost of living increases.

Based on recent experiences we have had at the Insurance Commission, PennPIC is convinced that an urgent priority for action this year are the financial disclosure amendments attached by Representative Dawida to Senate Bill 934 which is still before the House, I believe.

These amendments would require the increased reporting of key information by insurance companies operating in the state. The vital information includes the operating expenses of each company by line of insurance, including overhead items like office furnishings, executive salaries, perks, travel and entertainment expenses which should be included.

Companies would also be required to report their net income by line of insurance in Pennsylvania and to break down their operating losses in the same manner.

It is impossible for the Insurance Commission to make a fair determination about the prices of premiums without this information.

To further illustrate how important we feel this bill is, I can tell you about our recent review of current auto insurance premiums in Pennsylvania.

We found that in 1985, the 14 largest auto insurers in the state wrote \$1,572,241,914 in premiums. After they covered claims against those premiums, against those policies, they had \$543,850,377 left over.

That amounts to about 35¢ on every premium dollar.

Our question is, what was this money used for? Where is it now? Did it really cost that much to operate the auto insurance business of these 14 companies? And based on that \$543 million figure, are the prices of these premiums justifiable?

CHAIRMAN DeWEESE: Just out of curiosity, where did you get the information?

MR. PETERSON: This is from the Insurance Commission reports that the insurance companies file on a regular basis at the Commission.

The policyholders of these companies, the General

Assembly and the people of the state have a right to answers to these questions. The Insurance Commission should be required by law to obtain this information.

We also like Representative Lloyd's amendment to Senate Bill 936 that will sunset the Insurance Commission on December 31, 1987, which will provide another key opportunity to

improve the Insurance Commission, if the House version of this bill survives in conference committee.

I will end my remarks there and turn the microphone over to a representative of the People's Medical Society, Lois Backus.

CHAIRMAN DeWEESE: The mic that you have your right hand on is the one that affects those in this room. The others are for the media.

MS. BACKUS: I am Lois Backus, director of policy affairs of the People's Medical Society, a national organization of health-care consumers.

We have 85,000 members nationwide, and 5,500 members in Pennsylvania. I am also speaking on behalf of the People's Justice Alliance, a coalition of over 200 victims and consumers advocacy organizations in the United States.

In keeping with the goals of both our organizations,

I am going to restrict my comments to the medical malpractice
situation.

Medical malpractice and the supposed medical malpractice liability insurance crisis is a unique and separate problem from the general liability crisis.

Medical malpractice is unique because medical care is a necessity, and in cases of illness, an obligation for consumers. And obtaining that care requires faith and trust in the practitioner.

The potential for harm at the hands of medical practitioners is far greater than possible economic loss.

To what extent actual incidents of medical malpractice occur is not exactly known.

The only study that has been done on this subject was done in 1974 by the California Medical Association and the California Hospital Association.

And they found in their study of acute care hospitals in California that they could expect one out of every 126 hospital admissions to result in a case of medical malpractice.

Despite these large numbers of medical malpractice victims -- that would extrapolate to roughly 1.5 million victims per year in the United States -- it is esitimated that only 6 to 10 percent result in the filing of a medical malpractice claim.

There are obviously many medical malpractice victims who never seek compensation through the courts. In the mid-seventies and now, 10 years later, an alleged malpractice crisis has arisen, and this crisis is the result primarily of large malpractice insurance premium rate hikes, and it is a crisis of both availability and affordability of malpractice insurance.

Tort reform legislation was passed in every state, including Pennsylvania, in the mid-seventies, and is being proposed again today as a solution to this crisis.

 The reasoning behind the tort reform movement is that measures such as abolishing the collateral source rule and joint and several liability, reducing the statutes of limitations and limiting awards will make the system more predictable, thereby allowing insurers to set more actuarially sound rates and avoid the cyclical nature of the industry.

A study of the medical malpractice insurance crisis in Pennsylvania, however, commissioned by the Pennsylvania Bar Association, the Pennsylvania Medical Association, the Pennsylvania Hospital Association and others, disputes this claim.

Drs. Hofflander and Nye, authors of the study, point out that the current crisis in Pennsylvania is not based on increased malpractice claims occurrence.

Rather, it is based on what they describe as the effects of ineffectively regulated competition in the malpractice insurance market.

They say specifically that many suggested modifications to the tort law system, caps on malpractice awards, reductions in the statute of limitations applicable to malpractice claims or elimination of the collateral source rule, are merely cost shifting devices that partially shift the costs of medical malpractice from health care providers and their insurers to other forms of insurance, to state programs or the taxpayers, and to malpractice victims themselves. They

do not save money in the aggregate.

The most important point to be made here is that these same tort reform provisions were passed all over the country ten years ago, and they did not prevent the crisis today.

Tort reform proponents claim that greedy consumers are subjecting medical professionals to frivolous claims, thereby forcing insurers to steeply raise premium rates to the point where many medical providers complain that they are not able to afford them.

Fifty percent of the physicians in Pennsylvania in 1984, however, paid less than \$3,500 in premiums that year. An analysis of premium increases shows that the premiums rose at a rate exceeding the Medical Care index only for orthopedic surgery, neurosurgery, and emergency medicine.

Tort reform proponents also claim that the combined costs of malpractice insurance and the tort system have contributed significantly to the rise in health care costs.

But Hofflander and Nye's data show, however, that the costs of both of these are roughly i of 1 percent of total health care costs, hardly a significant contribution.

The tort system is designed to do two things: one, compensate victims of medical malpractice; and two, deter health care providers from careless or incompetent practice.

The solutions to the medical malpractice crisis

proposed by tort reformers address neither of these goals and actually compromise both of them. Victims' access to full compensation would be limited, and health care providers would have little to fear from court proceedings.

The only substantive solutions to these recurrent crises are changes in insurance regulation and a stronger disciplinary procedure for malpracticing health care providers.

A major barrier to effective rate-setting by malpractice insurers is the lack of comprehensive data on claims and incidence information.

Insurers collect data on those they insure for the period insured, but have little or no access to malpractice-related data on individual insureds before they set the rates for that person.

Therefore, insurers set rates by class of practitioner.

And as Florida and Pennsylvania data show, there is good

reason to be able to evaluate the risks of individuals and

set premium rates accordingly.

In Pennsylvania, it is estimated that 1 percent of all the licensed physicians are responsible for 25 percent of all CAT fund losses since the inception of the CAT fund. And in Florida, 3 percent of Florida's physicians accounted for 48 percent of the claims paid.

In order to establish a useful and comprehensive

database of malpractice claims information, all insurers would have to be required to report such data routinely. The data could then be made available to insurers, the State Board of Medical Education and Licensure, hospitals reviewing individual practitioners for attending status, and in some form to consumers.

Medical providers in general and physicians in particular lay claim to a large amount of public trust, and that trust requires that they accept a large responsibility.

Medical professionals control vast amounts of highly specialized knowledge, knowledge which in less skilled hands could do serious harm.

Medical professionals have the responsibility, in the absence of of skilled and knowledgeable consumers, to insure that consumers will not be victimized by substandard care.

We urge this committee not to consider any solutions to the medical malpractice crisis which do not include creating a comprehensive database of malpractice claims and incidence data to enhance the abilities of state regulatory boards to perform their duties and enable and require insurers to provide insurance at demonstrably reasonable, actuarially sound rates, and we endorse all of the recommendations of PennPIC.

CHAIRMAN DeWEESE: Thank you. You have one more or two more people?

MR. PETERSON: Two more people.

--

CHAIRMAN DeWEESE: I am going to let you answer this question, but could we have a little more shooting the breeze, give-and-take? We have the statements in front of us, only in the matter of time, because we have a good amount of people.

Since we have the testimony of your other witnesses, could they just share with us for three, four, five minutes some of their general views on that, rather than read the entire statement?

MS. MAIETTA: If I may, I would rather read this. I can do it faster. It is just three pages.

CHAIRMAN DeWEESE: Well, I will allow that. Go ahead.

MS. MAIETTA: I thank you for the opportunity to allow me to read this. My name is Judy Maietta, and I am the executive director of a private, non-profit day care that has been in operation for 22 years.

During this time, we have never had a liability claim, yet in the past two years, our insurance costs have increased more than 600 percent, while our coverage has been cut in half.

The Carlisle Day Care Center offers center-based care to 78 preschool children, maintaining a child-staff ratio of 7 to 1. The state, by the way, requires 10 to 1.

We provide family day care homes for 20 infants and toddlers with a ratio of one adult for every four children. The primary concerns of our program are the safety and

well-being of our children and the promotion of a positive self-image with a feeling of independence.

To this end, the center and home staff are trained in program philosophy and objectives, child development, discipline and first aid.

All classroom lead teachers have a bachelor's degree in early childhood development and elementary ed. Staff members are offered numerous opportunities each year to attend or participate in conferences and workshops.

These rigorous requirements have enabled the Carlisle

Day Care Center to provide a quality program to the children

of working parents in our community for a quarter of a century.

However, the level of excellence the center has achieved has had little impact on the insurance industry. Fiscal year 1984-85, the center paid \$1,300 a year for liability coverage.

That gave us a \$1 million policy. This same coverage increased to \$2,800 in 1985-86. In August of 1985, I was told that our policy would not be renewed at the end of the contract period, so in September, 1985, I began a massive campaign to secure coverage by July 27, 1986.

With 10 months ahead of me, I felt reasonably sure that I would be able to find coverage. By April, 1986, my insurance broker had been unable to locate a single company willing to provide coverage to my program.

I became concerned and asked a second broker to assist us in our search. With two brokers now tracking every possible lead, I was hopeful that we would find coverage in time.

By June 27, I was very worried, and applied to the Market Assistance Program for help. After spending three hours with my broker filling out the application forms, we submitted the paperwork and a check for \$150 to MAP. Then I waited.

Two weeks later, I had not had a single response from anyone with the Market Assistance Program, not even an acknowledgement of my application being received.

By now, I was desperate. I had only two weeks to find coverage for my program, or I would be faced with closing the doors on 98 preschool children and possibly putting 150 low-income parents out of work because affordable child care would not be available.

I could not run a day care program without liability coverage. When my broker called with an offer from a carrier, I jumped at the chance to secure coverage.

Now came the bad news. To receive only \$500,000 in coverage, it would cost \$6,700 for liability insurance alone. A separate property policy would be written that would cost an addition \$1,300. Property and liability insurance would now cost a total of \$8,000 a year.

In addition to this high price, we would no longer be

able to take the children on field trips, since our policy would not cover transportation of any kind.

I had no choice but to accept this outrageous and unreasonable offer. My alternative was to go out of Eusiness. In 1984-85, I spent \$13 per child per year for a million dollar property and liability policy.

Now, in 1986-87 fiscal year, I am spending \$81.63 per child per year for a \$500,000 coverage. To pay these exorbitant prices, I am jeopardizing the quality of my program.

With the exemplary track record the Carlisle Day
Care Center has, there is no logical reason for these
astronomical increases.

CHAIRMAN DeWEESE: Just one second. In rough mathematics, you are paying five times as much for half the coverage?

MS. MAIETTA: Right, half the policy.

CHAIRMAN DeWEESE: So, ten times, in one year?

MS. MAIETTA: Right.

CHAIRMAN DeWEESE: What did your insurance guy say?

MS. MAIETTA: First of all, the coverage is from a brand new company we have never had coverage with. Our other carrier cancelled our policy because we had five minor violations which were corrected within 24 hours.

The violations were of a type -- we had an extra fire

extinguisher that we did not need. We had seven in serviceable condition. It was in a storage room. It had not been renewed in two years, this extinguisher which we did not need to use.

CHAIRMAN DeWEESE: Bottom line, 10 times what you were paying last year, with no adequate explanation?

MS. MAIETTA: No adequate explanation whatsoever.

MS. MAIETTA: If there are programs operating without licenses or providing poor quality or unsafe conditions for children, let them bear the brunt of the insurance industry concerns.

CHAIRMAN DeWEESE: Continue.

Each day care program should be evaluated on its own merits and not lumped together and viewed as a collective problem.

I am not alone in my plight. Many quality day care programs in Pennsylvania have been faced with cancellation or inability to find affordable coverage.

We are struggling to survive in an economic climate that does not recognize the importance of preschool education. Why is the insurance industry being given free rein to rob us of desperately needed dollars for child care?

This abuse of quality educational programs must stop.

Thank you.

CHAIRMAN DeWEESE: I don't see Jack Mull.

OF

MR. PETERSON: No, you see Barbara Woods, the director of PennPIC. Jack and his wife are working today to try to pay their auto premium and cannot be here. They submitted a statement that we would like Barbara to deliver. It is about two paragraphs.

MS. WOODS: I can summarize it very briefly.

CHAIRMAN DeWEESE: Fine.

After this, we will take a five-minute break, which in this setting usually means seven or eight, but I am going to try to hold it to five.

We are over halfway through, and we are going to have some expert testimony from a variety of folks as soon as Barb is finished. Five minute break, and then we are going to finish up. Welcome.

MS. WOODS: Thank you.

Basically what I wanted to deliver today was the fact that Pennsylvania Public Interest Coalition has a door-to-door canvas. When we meet people on a face-to-face basis, we talk about issues that we are concerned about.

Of course, we are talking now about insurance reform.

I wanted to bring to you today the statement by Jack Mull and his family because they couldn't be here, but it is just a number. We could have just piles of these kinds of scenarios. This one is on automobile insurance. We have heard it on businesses that can't afford insurance liability coverage

anymore. We have heard it from church members that are worried about their congregation getting coverage.

ß

The Mull family just happened to be notified in February of this year that as of November 1 of this year, they will not be covered by this company. They have a cancellation notice as of November 1, 1986.

Mr. Mull's problem was -- looking at this, he has dealt with this same company for 30 years. He has dealt with the same insurance agency for 40 years. He and his wife have had no problems with insurance.

They have a 20-year old son that over the past two years, one accident in 1984, one accident in 1985 -- both accidents were weather related.

On one accident, he received no citation as to cause, because it was deemed an act of God. There was ice on the road. There was nothing that anyone involved in the accident could do about it.

On the other one, again, it was a snow-covered road situation. He was cited as failing to yield right-of-way.

The car was -- there was nothing he could do about it, but he did receive a citation on that one.

The family has been troubled by the fact that even with all of the money that they have paid to this insurance company over these 30 years, because their son had two accidents over which he really had no clear control over,

where to go. They don't know what to do.

3 4

5 6

7

8 9

10

11

12 13

14

15

16

17

18

19

20

21

22

23

24

25

They are not known by other insurance companies. premiums they are paying at this point, this year they paid \$1,592 for that coverage.

they are jeopardized with no insurability. They don't know

It used to be, he said, that he could remember paying \$150 for automobile insurance. Now it's \$1,592, and now they are telling him he can't even get insurance because of his son being a driver on any of their automobiles.

He is saying, do I have to lie to companies now, put my son on a separate policy so that I can even find a company to insure, and then we are not even guaranteed what kind of a rate we are going to get.

My son, he said, could actually end up paying over \$1,000 himself for insurability, and my wife and I, because he is still in our household and still has access to our cars, would still be liable to very high rates and we have no protection.

He is saying, these kinds of things are totally beyond anyone's control, and it is a real indication to them that we have a major problem.

Their health insurance runs them \$2,200 a year for the three of them, another area where they are totally out of He said, what do we do? We can't afford to be without control. health insurance. We can't afford to be without automobile insurance. We can't afford to be without a homeowner's policy.

We have no control over what the cost of these -these current costs are costing us per year, and we have no
protection that even though we have no problems, no liability
suits, no other things that have happened to us as a family,
we have been very responsible, we have no protection or
guarantee to access to adequate coverage. That is all that I
wanted to say to that.

CHAIRMAN DeWEESE: Thank you for your verve. Do members have questions? Gerry Kosinski from Philadelphia.

REPRESENTATIVE KOSINSKI: I have a few. First of all, where are the Mulls from?

MS. WOODS: The Mulls are from Harrisburg.

REPRESENTATIVE KOSINSKI: Thank God. If they were from Philadelphia, they would probably be paying double, because I alone as a single male pay more for one car for one driver than the Mulls pay.

So, the only consolation in this matter is, thank God they are not in Philadelphia, because we are getting killed down there.

One moving violation, you're an assigned risk. One accident, no matter what it is, no matter what cause, you wind up losing it.

And the thing that really bugs me, that really gets me upset are the drivers who are suspended administratively by PennDOT who go down to Philadelphia Traffic Court, pay the

citation before they're supposed to be suspended, think that Philadelphia Traffic Court is going to inform PennDOT, but they don't, and then next insurance find out they're an assigned risk.

So, I agree with you wholeheartedly there.

CHAIRMAN DeWEESE: I think we'll have Gerry as a witness at our next hearing.

MS. WOODS: PennPIC is a clear indicative case of that, because we have suburbans in all of our regional offices.

The suburban in Philadelphia alone is over \$2,000 this year.

It used to be less than \$600 for coverage in Philly.

REPRESENTATIVE KOSINSKI: I have a question for Lois.

I agree with most of what you say, especially that physicians should be judged on an individual basis of malpractice.

The one thing I am going to talk about here is the licensing fee of \$500. Where did you pull out that \$500?

MS. BACKUS: That's a recommendation from Ralph Nader's public citizens. And we feel, although we don't know why they pulled out \$500, our recommendation in other policy papers has been I percent of gross income.

But of course, it really is quibbling about figures, because most physicians would fight it to the death.

REPRESENTATIVE KOSINSKI: See, here's my concern about \$500. First of all, is it reasonable? I can't see charging a resident at a hospital who is working his or her tail off and is

getting peanuts the same amount as a --

MS. BACKUS: The reason \$500 is in there is because it's the public citizen recommendation.

REPRESENTATIVE KOSINSKI: Because I think we may have a problem legally setting an arbitrary \$500 unless we could prove that the fee charge is related to the cost of maintaining such a staff --

MS. BACKUS: What is really important there is that there is no required cost to physicians right now for licensing, and that is totally unacceptable.

REPRESENTATIVE KOSINSKI: That's it.

CHAIRMAN DeWEESE: Other questions from the committee?

REPRESENTATIVE MOEHLMANN: Just very briefly, I hear

you saying that no licensing fee for physicians is totally

unacceptable, and I am not sure why.

What will be accomplished by imposing a \$500 licensing fee on physicians?

MS. BACKUS: Primarily that that money could be used to create a more effective disciplinary board. I am sure that all of you at different times have talked to members of the medical education and licensure board.

And every one of them complain that they are understaffed. And that is true even in states like Connecticut which have relatively high licensure fees of \$120 or \$130.

CHAIRMAN DeWEESE: Jack Pressman, Lehigh County?

REPRESENTATIVE PRESSMAN: The lady from the People's Medical Society, you gave a figure, 1 percent of doctors in Pennsylvania causing how many percent of the CAT?

MS. BACKUS: 25 percent of the CAT fund losses since its inception.

REPRESENTATIVE PRESSMAN: Are you talking about number of claims or dollars?

MS. BACKUS: Dollars.

REPRESENTATIVE PRESSMAN: The same numbers for Florida were 3 percent --

MS. BACKUS: 3 percent accounted for 48 percent of all the claims from private insurers.

REPRESENTATIVE PRESSMAN: Dollars?

MS. BACKUS: Dollar losses from private insurers.

REPRESENTATIVE PRESSMAN: That's all, Mr. Chairman.

CHAIRMAN DeWEESE: Paul McHale?

REPRESENTATIVE McHALE: This is a followup to

Representative Pressman. On that variation with regard to

1 percent of physicians being responsible for 25 percent of

the losses to the CAT fund, are you aware that Representative

Lloyd introduced an amendment four or five months ago, which

would have required, whenever a major settlement is made in a

medical malpractice case, that notice be given to the medical

board of education and licensure so that there can be a followup

investigation as to the competency of that particular doctor?

And if you are aware of that, how do you feel about it?

MS. BACKUS: I was not aware of that, but we would

strongly endorse that.

REPRESENTATIVE McHALE: I am glad I cosponsored it. Thank you.

CHAIRMAN DeWEESE: Subcommittee Chairman Kosinski?

REPRESENTATIVE KOSINSKI: Just a little problem on that, and I think Lois brought it out in her testimony very well, is the medical board doesn't have the investigatory capacity or staffing to do it.

I think it would be an excellent way to help some of the malpractice problems to police the doctors like us attorneys are policed, as far as the disciplinary board, because we have a quite active disciplinary board.

In fact, we pay more in fees to compensate victims of crooked attorneys than we do for our administrative fee, is that correct?

REPRESENTATIVE McHALE: I don't know anything about crooked lawyers.

CHAIRMAN DeWEESE: Okay, thank you. Yes, John Cordisco from Bucks County.

REPRESENTATIVE CORDISCO: Thank you, Mr. Chairman.

I arrived a little late. I heard most of the testimony that was given by the Medical Society. There is a reference to Hofflander and Nye?

MS. BACKUS: Yes.

MS. BACKUS:

2

REPRESENTATIVE CORDISCO: The report was done by who?

It was commissioned by a group of at

3

least ten organizations in Pennsylvania, including the

5

Pennsylvania Bar Association, the Medical Association and the

REPRESENTATIVE CORDISCO: These are the same people

6

Hospital Association.

7

that came up with the stats that were quoted earlier?

8 9

10

Malpractice Insurance in Pennsylvania, and it was published in

11

1985. If anyone here needs a copy, we can make sure that you

12

get one.

13

14

15

16

17

18

19

20

21

22

23

24

25

The title of the report is, Medical MS. BACKUS: Yes.

REPRESENTATIVE CORDISCO: Mr. Chairman, I would request

CHAIRMAN DeWEESE: I was not paying attention, John, but I am sure that someone will be forthcoming and provide you with that. Is that correct, from the folks at PennPIC?

(No response.)

a copy of that report.

CHAIRMAN DeWEESE: Thank you very much, .We will take a break, and then we are going to have some very interesting testimony from the trial lawyers, the Insurance Federation, the Chamber of Commerce, our good friend Bob Flick, and Harold Goldner of the Bar Association. So, come on back in about five minutes. Thank you.

(Recess.)

CHAIRMAN DeWEESE: Ladies and gentlemen, I am going to call the hearing back into session, and if Paul Laskow, the general counsel of the Insurance Federation of Pennsylvania and Mike Lovendusky, assistant counsel of the American Insurance Association, can make their way forward to the table, we will get started here in just a matter of a minute or two or three.

I would like to thank both of you gentlemen for your indulgence, and if we have fallen behind schedule, I think that is intrinsic in these settings.

I am anxious to hear your testimony, and I welcome you to this event. Would you please tell me which one is Paul and which one is Mike?

MR. LASKOW: I am Paul.

CHAIRMAN DeWEESE: Thank you. As I said earlier, that microphone is very powerful if you will just be affectionate with it.

MR. LASKOW: Thank you, Mr. Chairman. I would like to give my prepared testimony and then perhaps answer a couple of the issues that were raised earlier.

For instance, I would like to assure Representative

Kosinski that you can't be cancelled for one moving violation.

You can't be cancelled for one accident. You have already --

REPRESENTATIVE KOSINSKI: B. S. I can prove to you different.

CHAIRMAN DeWEESE: We'll get into the repartee --

REPRESENTATIVE KOSINSKI: Don't smile and tell me different. I have one right now that was cancelled for an administrative suspension. The guy is going nuts.

MR. LASKOW: This Legislature acted very effectively with Act 78 to prevent cancellation for less than two accidents within a 36-month period.

REPRESENTATIVE KOSINSKI: It is being done. I can prove it to you. I can prove to you that there have been claims that have been put in that haven't been paid.

CHAIRMAN DeWEESE: I am sure you and Paul, with your keen legal backgrounds, can pursue the obscurantism of this issue at a later time.

Right now, I would like for Paul to commence.

MR. LASKOW: Thank you, Mr. Chairman.

Again, my name is Paul Laskow and I am general counsel of the Insurance Federation of Pennsylvania. I understood the purpose of this hearing to be an evaluation of the impact of the Political Subdivision Tort Claims Act, Act 57 in 1986, and several Senate Bills now pending before this committee.

It is my intention to advocate that these legislative initiatives and other pending bills such as House Bill 2426 and House Bill 2230 be examined first in terms of their effect on the parties to any civil action, and second in terms of the effect on the cost of the civil action to the various parties

to any such civil action.

Before deciding we want to try to curb the cost of the civil liability system and in turn tame the cost of liability insurance, you should satisfy yourself that the change you would enact is fundamentally fair to the parties or perhaps even more fair than the system as it stands now.

For example, with Act 57, it lowers the standard of care for volunteer and non-profit entities who cause an injury or loss to another during the course of the voluntary activity or the non-profit activity.

This may result in some individuals who are injured because of the actions of a volunteer to suffer a loss not compensated for by the volunteer.

Indeed, I expect that was your intention. Nonetheless, it is fair that someone who gives their time as a volunteer be protected to whatever degree this statute achieves that end because of the net benefit to society from volunteerism and non-profit activity.

There remains, however, the question of whether Act 57 will have any impact on the cost of the liability system which underlies the price of liability insurance.

This requires some estimation of the impact of Act 57 on the frequency and severity of claims against volunteers or non-profit entities.

First, there is no reason to believe or to suppose that

-

Act 57 should reduce the severity or the amount that may be sought in any individual claim. The severity of the claim could be altered by imposing either a threshold or a limit on what could be claimed.

As to the frequency of claims, logic suggests that there should be a decrease in the number of claims, because a higher degree of negligence must be shown in order to recover.

But the degree of negligence is an issue of fact, and one that must be resolved by a judge or a jury. It may be that insurers will face the same number of claims with only a small change in the wording of the claims or in the complaints filed in court.

In order to gauge your own evaluation of the effectiveness of this new law in reducing the frequency of claims, how many among you would advise the board of a non-profit entity on which you serve to go without insurance or to reduce its limits of coverage based upon this law's enactment.

Legislation action that addresses the severity of claims such as the Political Subdivision Tort Claims Act with its cap on per-occurrence liability tends to have a more quantifiable impact on costs and more easily survive the question of fairness, that part of the two-pronged test that I urged you to consider in evaluating tort reform.

Action to curb directly the frequency of claims are harder to quantify in terms of the savings against cost of the

system and to justify in terms of fairness.

This is because legislation aimed at frequency of claims essentially involves raising a barrier to seeking redress in court.

For this reason, the omnibus tort reform package in House Bill 2426 focuses on the severity of claims and not the frequency of claims.

Only that section imposing a penalty for frivolous suits may mildly impact on the frequency of claims, but I submit to you it is not much of a barrier to going to court.

Similar language is found in one of the bills before this committee, Senate Bill 1427, but I question the efficacy of this bill.

The federal experience with Rule 11 has been not very encouraging. A recent monograph published by the American Bar Association has found that courts are unwilling to impose sanctions that are afforded them under Rule 11.

And the conclusion is that if the court is unwilling to dismiss frivolous suits, why would they impose sanctions after the fact?

In addition, you have a question as to what is a frivolous suit. For example, it would have been frivolous to bring an action for emotional distress, a classic non-economic loss, for merely observing an automobile accident a few years ago.

Now, merely observing someone else be injured is a

1

3

4

Б 6

7

8

9 10

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

compensible injury or loss in three state.

CHAIRMAN DeWEESE: How about Pennsylvania?

MR. LASKOW: Not yet the law in Pennsylvania.

Whether such a development in the law is progressive or not is debatable, but that such a progression in the law or development in the law increases the frequency and severity of claims is not debatable.

Although there is an economic component to most of the reforms contained in House Bill 2426, some are compelled more by fairness, and some, while fair, are compelled by economics.

The restoration of the law on joint and several liability is plainly a fairness issue first and foremost. If someone is 75 percent responsible for an injury or loss, that person should pay 75 percent of any award.

But if someone is only 10 percent responsible, perhaps even less responsible than the claimant, they should not be required to pay 75 percent of the award, as may now happen.

Another fairness issue is the scheduling of contingent fees so that the jury's award reaches the person it is intended to make whole.

There is no fairness in allowing a windfall fee to be taken from an injured person in order to support the bringing of an action against someone entirely different.

The schedule of fees set forth in House Bill 2426 creates no disincentive for a lawyer taking a case of merit.

Indeed, under the schedule, it would provide \$115,000, a fair wage, in any million dollar case. Better still would be to adopt the provisions in House Bill 2230 that provide for a separate award of attorney's fees.

Establishing a limit on the amount awarded for non-economic loss is an issue driven by compelling economic impact.

The United States Department of Justice found that limiting these awards, which are now left completely to the unbounded discretion or speculation of a jury, limiting these awards to \$100,000 would affect less than 3 percent of all claims in the area of medical malpratice, but would reduce the total payout for such claims by an estimated 38 to 50 percent.

There is no reason why this reduction in costs would not be applicable to all personal injury claims. Moreover, the experience of the National Federation of State High School Associations, with its athletic injury program, shows that an injured claimant will trade an early commitment to meet the economic losses of an injury for the speculative pain and suffering award that they may win under the tort system.

Apart from being fundamentally fair, the tort reforms contained in House Bill 2426 and 2230 will work at ameliorating the problems of the availability and affordability of liability insurance.

The California experience with the Medical Injury

Compensation Reform Act, MICRA, has shown that the cost and price of insurance responds to tort reform.

For the last decade, despite court challenges and repeal efforts, MICRA has resulted in medical malpractice awards half the national average.

Likewise, California doctors' premiums have gone up at half the rate that premiums have risen nationally. MICRA provides for periodic payments of awards over \$50,000, disclosure to the jury of collateral sources of benefits to the plaintiff, a limitation of \$250,000 on non-economic loss, and a schedule of attorney's fees identical to that found in House Bill 2426.

An independent actuarial analysis estimates that the savings for each of these provisions is 6 percent, 8 percent, 12 percent and 9 percent, respectively.

Tort reform will lead to more predictability and stability in the insurance market. Companies will tend to stay in the market and be able to price their products prudently and properly.

Reforms in other states, such as Connecticut, Michigan, and California, have resulted in companies shifting their capacity to offer insurance in those states.

Indeed, this is precisely what the chief economist at First Pennsylvania Bank predicted earlier this year. He suggested that states enacting tort reform would attract

business and jobs the way that certain states attract business and jobs by creating tax advantages for certain businesses.

I am confident that if you apply the analysis that I have outlined, you will find that House Bills 2230 and 2426 are fair in their treatment of the parties, including the plaintiff's lawyer.

Significantly, but not more importantly, tort reform will have a direct, immediate impact on the severity of claims and perhaps a second order effect on the frequency of claims.

I appreciate the opportunity to contribute to this committee's consideration of the issues of tort reform.

CHAIRMAN DeWEESE: Thank you.

Michael, do you have some comments?

MR. LOVENDUSKY: Yes, sir. Thank you for allowing me to appear before you today. I am Michael Lovendusky, associate counsel with the American Insurance Association in Washington, D.C.

My name was inadvertently left off the printed witness list, so I thank the Chairman for indulging me.

CHAIRMAN DeWEESE: No problem.

MR. LOVENDUSKY: I have prepared a written statement which, if the Chairman will accept it for the record, I will simply summarize pertinent parts of it.

CHAIRMAN DeWEESE: I think the most vital aspect of the next 10 or 15 minutes will be the question and answer

1 se

session, but please, go ahead and summarize.

MR. LOVENDUSKY: Fine. Thank you. My written testimony does suffer something of a shortcoming in that it was tailored to address those particular issues identified as the subject matter of the hearing today.

Nevertheless, I will proceed and just mention a few things, that the bills that are before the committee today do not constitute civil justice reform.

The bills before us today tinker with the mechanics of the insurance delivery and civil just system in ways that maybe will and maybe will not save the Pennsylvania consumers some amounts of money.

More probably, the effect of their enactment on the overall costs of the civil justice system would be to shrink certain areas.

It would be the same as squeezing an inflated balloon. The costs would shrink where they are squeezed and bulge elsewhere in the system.

If it is this committee's intention to increase insurance availability, lessen civil justice and insurance costs, and help consumers of Pennsylvania, the committee should look at serious system reform.

The committee should eliminate joint and several liability -- establish several liability in all cases except in instances of concerted action by joint tortfeasors;

cap non-economic damages;

2

abolish the collateral source rule;

3

repeal Supreme Court Rule 238 regarding the application

4

of interest on judgments;

5

and modify the current law regarding reduction of

6

awards to present worth.

7

These true civil justice reforms --

8

CHAIRMAN DeWEESE: Just a little bit slower, for those

9

of us who aren't as intimately familiar with the issues, please.

10

MR. LOVENDUSKY: These true civil justice reforms can

11

be found in detail in House Bill 2426, a bill also before this

12

committee.

13

The improvements embodied in House Bill 2426 will

14

benefit all Pennsylvanians and restore balance to a civil

15

justice system which today benefits fewer and fewer people.

16

The first particular issue that the committee was

17

going to address was governmental immunity statutes of the

18 |

°∥ state.

19

20

21

22

23

There are several reasons why the law is not providing

The law passed by the Legislature in recent years was

good law then and it is good law now, and the association has

advocated the adoption of similar legislation in other states

24

more dramatic insurance relief for municipalities and state

25

local government divisions.

of the nation.

COMMONWEALTH REPORTING COMPANY (717) 761-7150

First, the current law does not change the applicability of joint liability to governmental units. This is a major problem.

Second, excess and surplus line carriers suffered a constriction in capacity to a degree even more so than primarily carriers. To a large degree, governmental insurance is written by excess and surplus carriers and not primary carriers.

Consequently, the markets served by the excess and surplus carriers was the hardest hit and remain the markets suffering severe availability problems today.

Third, insurers await the interpretation of the governmental immunity laws by Pennsylvania courts, especially the Pennsylvania Supreme Court, before they will rely upon it to improve the predictability of local government and state government risks.

Pennsylvania courts have been activist in expanding tort liability and insurer exposures over the past decade. Only since 1984 have Pennsylvania courts reviewed the constitutionality of sundry pieces of the governmental immunity laws. Simply put, the judicial atmosphere gives insurers pause.

Fourth, the problem with any state-passed sovereign immunity bill is that it suffers the inherent weakness of not being able to limit either the severity or frequency of claims

against a state or its local divisions under federal statutes, particularly the civil rights statute.

It would not be surprising to learn that the number of federal claims against state and local governments have increased at a more rapid rate than state claims against state and local governments.

Finally, insurers are waiting to see if the bill will succeed in actually dampening the frequency of cliams filed against state and local subdivisions.

The bill clarifies when an individual can and cannot sue the state or local government, and it may well be that aggressive trial lawyers will be more imaginative in fitting their claims against the state and local subdivisions into those categories where suits are sitll permitted.

The cost of defending against claims, whether or not they are frivolous, is an increasing part of an insurer's cost and something that an insurer takes into consideration when calculating a premium for a particular policy.

Again, the single most important legislative action that could be taken to improve the governmental immunity situation is reform of joint and several liability law.

A party should be only liable for the amount of injury attributable to that party. The law needs an adjustment to avoid the search for the deep pocket.

The search for the deep pocket has often been directed

towards the state and local governments, with their ability to tax. The governor and the insurance department understands this, and listed the reform of joint and several liability as number one priority in its list of possible amendments to 42 Pa. C.S. 85.

The American Insurance Association generally endorses the other amendments proposed by the governor and the commissioner which were communicated to you in July.

With regard to Act 57 of 1986, former House Bill 1625, which establishes a negligence standard for volunteer coaches and non-profit organizations, that bill is an attempt to lessen the ability exposure in order to ease availability problems in a particular class of a particular line.

It won't work, because its exceptions swallow the whole. That is, the unusual, fuzzy exceptional standard of conduct created in \$8332.1 defies predictable interpretation.

Triers of fact still have free rein to find liability without restraint. An amendment striking this particular language would be the first step in making the new law effective.

With regard to Senate Bill 1395, authorizing establishment of local government joint insurance funds, this bill attempts to directly ease local government insurance problems by permitting them to underwrite risks from a common pool.

In recent years, various legislative proposals have been advanced to permit insurance pooling or group self-insurance. Generally, the impetus has come from municipalities or entities like school boards.

Although the details may vary, all of these proposals have certain common elements and deficiencies from a regulatory and public policy perspective.

Political questions, such as the propriety of assessing taxpayers of one municipality to pay for the losses of another municipality, or the problems of adverse membership selection as among rural and urban areas with distinct loss experience, are beyond the scope of my comments today.

That is something which should be considered by this committee before approving this particular bill. The one comment I would urge upon the committee is that what really differentiates recent group self-insurance proposals from those traditional insurance mechanisms with which we are all familiar is the way in which the group self-insurance proposals and pools would be regulated.

The cornerstone of most proposals is an exemption from the requirements of the insurance law that would otherwise apply.

Instead, the group self-insurance pools would be regulated only under whatever provisions are set forth in the particular bill.

The hope is that in addition to retaining the benefit of any profits, the insureds will also save themselves the significant costs of regulatory compliance, not to mention premium taxes, licensing fees and various assessments paid by all insurance companies.

Logically and as a matter of public policy, it makes no sense to create a favored class of insurance companies for particular interest groups.

The laws regulating insurance companies in Pennsylvania have been developed over the better part of the century. These laws reflect the public policy of the state in terms of protecting policyholders and claimants from the consequences of mistreatment or mismanagement.

The potential cost savings in an exemption from the insurance regulatory laws has a hidden danger: increased risk of harm to everyone who must look to the insurance mechanism for protection.

With respect to municipalities, for example, this means that the interests of municipal entities, local taxpayers, municipal employees, and accident victims would not be protected to the same extent as if insurance were purchased from a regulated insurer.

In my written testimony, I summarize ten particular areas of the law which should be made applicable to any group self-insurance pool, and I would urge the committee to

review those ten things and apply them to any legislation that is approved by this committee which would allow municipalities to form group self-insurance pools.

With regard to Senate Bill 1427, which increases the claim amounts of cases subject to compulsory arbitration, the bill is a modest, commendable gesture.

The association urges that consideration be given to, first, increasing the limits of the amount in controversy under which cases are compelled to arbitration, and secondly, requiring pleadings to be verified by affidavit, the violation of which is punishable pursuant to the perjury statutes. The association does recommend that this bill be reported to the full House for consideration.

With regard to Senate Bill 1428, regarding punitive damages, the bill could be greatly improved. The association strongly urges the committee to adopt the approach embodied in House Bill 2426

Senate Bill 1428's creation of a standard of "outrageous conduct" is an unusual, poorly defined concept that lowers the level of behavior punishable by punitive damages to include unintentional "reckless indifference." The entire notion will exacerbate the problems engendered by the misuse of punitive damages.

Further, Senate Bill 1428 could increase rather than decrease the frequency of punitive damage awards with its use

of the preponderance of evidence standard rather than that of clear and convincing evidence.

The bill does contain one commendable nugget at \$8364, which would deny prejudgment interest or delay damages to be added to a punitive damage award. The association also urges the committee to approve this bill and report it also to the full House for its consideration.

Tahank you for your consideration of my written testimony. Together with Paul, we are available to answer any questions the committee may have.

CHAIRMAN DeWEESE: You said you may have a few reactions to some things that were said earlier. Before you get to that, I would like to entertain a few questions from here, and we have Representative McHale, Representative Baldwin, Representative Kosinski, Dave Mayernik, Mike Bortner. So, we've got some questions.

Paul McHale, Lehigh County?

REPRESENTATIVE McHALE: Thank you, Mr. Chairman.

Mr. Laskow, just so we are clear as to what we mean by some of these terms that the lawyers I think are very aware of, that to laypersons are possibly obscure in the sense that these are terms that people don't run into on a daily basis, non-economic loss, that is a very sanitized term in my opinion.

We are really talking about what has traditionally been called pain and suffering, is that correct?

MR. LASKOW: That's correct.

REPRESENTATIVE McHALE: Why do you use the term "non-economic loss" instead of pain and suffering, which is the term which has traditionally been used under the law?

MR. LASKOW: Because that is what it is. It is a non-economic loss. It is not quantifiable. It is completely speculative.

REPRESENTATIVE McHALE: I think there is an opinion there, and obviously it's your right to express that.

You indicate on page 4 of your testimony, basically what you have just reiterated, that is that pain and suffering is now, and I quote, "left to the unbounded speculation of a jury."

I trust juries. Why don't you?

MR. LASKOW: I do. I was a trial attorney for the
U.S. Department of Justice for eight years. I have a great deal
of respect and trust in juries. It's just that --

REPRESENTATIVE McHALE: Why do you describe them in terms of unbounded speculation of juries?

MR. LASKOW: Because that is what it is. They have no guidelines.

REPRESENTATIVE McHALE: Why do you call it speculation?

MR. LASKOW: Because there is no way of quantifying a

non-economic loss.

REPRESENTATIVE McHALE: Is it true that juries have been making these kinds of decisions for better than 300 years?

MR. LASKOW: I don't think they have been awarding pain and suffering for 300 years. I don't know exactly when that innovation was adopted.

The problem is that you are substituting some predictability for speculation. And that is a tradeoff that you I think as arbiters of society have to weigh.

And if you can save 38 to 50 percent of the payout for claims and roll that savings back into savings on premiums, as has happened in California, then a good argument can be made along the same lines of the argument that justified your action on Act 57, that it's fair.

3 percent will only get, only, \$100,000, but 38 to 50 percent of the payout will be saved. And so I submit that that is a fair imposing of a standard.

REPRESENTATIVE McHALE: Mr. Laskow, if you are saying to this committee, we will accept these limitations on a jury award in order to keep down the costs of insurance, that is an economic argument that I think we ought to consider.

But when you begin to, I think, partially and unfairly criticize the system of justice that we have had for better than 200 years by indicating that juries act in an irresponsible manner or with unbounded speculation, I don't think that is factually correct, and I think that does a disservice to the system of civil justice which I believe very strongly in.

Isn't it true, the jury is not making these decisions

based on unbounded speculation? Isn't it in fact true that a jury makes this type of determination after a full trial, cross-examination, presentation of evidence on both sides of the case, and then the jury decides if any compensation is appropriate in terms of the pain suffered by the victim?

I find that to be due process of law, not unbounded speculation. Could you comment on that?

MR. LASKOW: It is completely speculative. There is no other way to characterize it. We look at the same facts and we draw different inferences. I don't disagree with you.

REPRESENTATIVE McHALE: For folks who are unfamiliar with the process, unbounded speculation is not the kind of decision which is made based on the evidence following a full trial.

I guess what I am saying is, if you are arguing we will save insurance dollars, that's an argument that I think is respectable and we ought to take a look at that.

But when you begin to criticize, not only in terms of your testimony but in terms of the ads that I see in the media over the last six months the very jury system itself, I find that to be unfair.

MR. LASKOW: You are reading more into my testimony than is there. I am not attacking the jury system. I am saying that the juries need guidance here, where they are unfettered now.

REPRESENTATIVE McHALE: You're not suggesting guidance. You're suggesting a limit.

MR. LASKOW: Well, they can award as they see fit up to the limit.

REPRESENTATIVE McHALE: I would simply suggest to you that the argument that has been presented by your industry does a disservice to the people who serve on juries and who for better than 200 years have been making these kinds of decisions.

Now, I agree with you on a number of major points.

Please don't view me simply as an antagonist. I am on this point, but I agree with you on joint and several liability, and I agree with you in terms of limiting contingency fees.

Having said that, how will a limitation on contingency fees keep down the costs of insurance? I understand how it will keep more money in the pocket of the injured person, and I find that to be a worthwhile goal, and that is why I support it.

But I don't understand how it will keep down the cost of insurance.

MR. LASKOW: Because juries are made up of people who read and write English and know that there are such things as contingent fees, and they inflate awards to compensate for it.

REPRESENTATIVE McHALE: Are you saying they inflate the award to take care of the attorney?

MR. LASKOW: Absolutely. It would be fanciful to suggest otherwise.

CHAIRMAN DeWEESE: I am not a lawyer, Paul, and I find that to be an outrageous observation. If I am on a jury -- I just don't think that's accurate. I just had to intercede there.

REPRESENTATIVE McHALE: Mr. Laskow, isn't it fact true that if you limit contingent fees -- I emphasize again that I support a reasonable limit on a contingent fee -- that that will not keep more money in the pocket of the insurance industry, but it will keep more money in the pocket of future victim; but whether it's in the victim's pocket, where I think it belongs, or in the attorney's pocket, it is still going to cost the insurance companies the same amount of money?

MR. LASKOW: The actuarial study which I referred to earlier, which I will be happy to provide to the committee, found that there were quantifiable savings to be had from limiting contingent fees.

REPRESENTATIVE McHALE: I understand that conclusion.

I am asking why.

MR. LASKOW: Because a jury wants to make a person whole, and they know that in addition to whatever their real economic losses are, there is an attorney that has spent the last week or two or three with them arguing that case who needs to be paid.

It's a fiction to suppose otherwise.

3

2

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

REPRESENTATIVE KOSINSKI: The last week or two or three? Paul, how long does it take to bring these cases to court? Years.

MR. LASKOW: I am saying, that's how long the person is on the jury --

REPRESENTATIVE KOSINSKI: One or two or three weeks? Paul, be real.

MR. LASKOW: And bear in mind that an insurance company has to defend their cases as well, so there is not one lawyer but two.

REPRESENTATIVE McHALE: Mr. Laskow, I would simply make the point, as you argue -- and this is my opinion -- that people of moderate financial means should be limited in terms of their access to an attorney by means of a limitation on contingency fees, and I support that limitation, I find it ironical to hear that argument from an attorney who is being paid by the insurance industry.

The problem has been historically, the contingency fee has given access to the courtroom for people who otherwise would not be able to appear there.

I find it ironic that an attorney who is probably being paid on an hourly basis comes in and so boldly criticized the sensibility of the contingency fee with regard to people who can't afford to pay \$150 per hour.

MR. LASKOW: You assume incorrectly that I am paid on an hourly basis.

REPRESENTATIVE McHALE: I am certain you are being paid, sir.

MR. LASKOW: I am. The problem is not -- in no way does this very modest limitation keep someone out of court.

As I noted, on a million dollar case, the attorney gets
\$115,000, a very substantial fee, I suspect you would agree.

REPRESENTATIVE MCHALE: Yes, I would.

MR. LASKOW: The problem is that in medical malpractice cases, the plaintiffs lose eight out of ten cases. The doctors win eight out of ten cases. But the insurance company loses ten out of ten cases, because they have to pay to defend that case, at a subtantial cost.

REPRESENTATIVE McHALE: Mr. Laskow, I agree with your conclusion. I emphasize again that the contingency fee ought to be limited. I agree that we ought to give the trial judge discretion to award legal fees in the event of a frivolous lawsuit.

Again, that is a position that I think you would advocate. What I resent is the erroneous implication that a limitation on a contingency fee will bring down the cost of insurance. I don't think that it will.

I think it will result in greater justice to the injured victim, and that is why I support it, but I don't think

it is going to lower insurance premiums at all.

If I may ask a final question, and this really arises out of the municipalities in my district -- you may have heard me ask this question earlier -- why would a community that has an unblemished litigation record, the community either has never been sued or has never been sued successfully, the community is a very stable community, relatively little development, the community does not have a sanitary landfill or other major risk involving potential liability, the community has never been sued in federal court for a civil rights violation; when you have in fact what appears to be a model community in terms of insurance risk, why would that community in the course of one or two years experience a 300 or 400 percent increase in premium coverage for liability insurance?

MR. LASKOW: Because of claims in that class of business generally among municipalities similarly situated. The idea of insurance is that you spread the risk among similarly situated entities.

In Pennsylvania in 1980 there were 159 claims against municipalities. In 1981, it went from 159 to 268. In 1982, it went from 268 to 586. That's almost double.

REPRESENTATIVE McHALE: How are you defining your classes? What I don't understand is, insurance ought to be based on risk.

When a community has a demonstrable record of not being a risk, why is that community classified in a manner that results in a higher premium?

I can give you community after community where that has happened throughout the commonwealth of Pennsylvania.

MR. LASKOW: Insurance is not strictly experience-based. If it were, you would have no need for insurance. If every doctor starting out had a claim in his first year of practice which resulted in a \$100,000 award, should his premium the next year be \$100,000? That would be very pure experience rating.

REPRESENTATIVE McHALE: You raise a good analogy. What I am saying is, in the same sense that general practitioners should not be classified with neurosurgeons and anasthesiologists, why should a stable community with an unblemished track record in terms of litigation experience be classified in a manner that results in a substantially higher premium?

That kind of classification does not make sense to me.

If that is not your method of classification, why are these stable communities experiencing horrendous increases?

MR. LASKOW: They are being grouped with similarly situated communities. The problem is that the claims experience has gone up dramatically. I was telling you that, from 159 to 268 to 568 to 730.

REPRESENTATIVE McHALE: That's for all municipalities?

MR. LASKOW: Correct.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

REPRESENTATIVE McHALE: What I'm saying is, why isn't that broken down?

MR. LASKOW: Because any municipality or most municipalities suffer some sort of exposure due to the fact that they maintain roads and bridges.

REPRESENTATIVE MCHALE:

MR. LASKOW: I think this committee had testimony from one insurance company in Pennsylvania located here in Harrisburg who said at the present time they have 89 cases open where the municipality has been joined in the suit in a traffic accident, merely as the deep pocket.

And if you maintain roads and bridges, you are a very attractive target in any sort of traffic accident. are 5 percent at fault, 10 percent at fault because the weeds have grown up or the stop sign is five feet placed in the wrong direction, then the city or municipality is going to be held liable, and perhaps liable --

REPRESENTATIVE McHALE: If you have a municipality maintaining the same roads and bridges 30 years and has never been sued, now recognizing the fact that that history is not the sole factor being considered, is it not an extremely important factor in determining future risk?

MR. LASKOW: Yes, it is an important factor, and it is taken into account.

REPRESENTATIVE McHALE: It is not being reflected in

1 insurance premiums.

MR. LASKOW: Not to perhaps the degree that you would like, but it is reflected to some degree.

REPRESENTATIVE McHALE: When I see increases of 300 or 400 percent over a two-year period in a community which is 6,000 people and where that community has never successfully been sued, I scratch my head as to the logic involved in those insurance increases.

MR. LASKOW: But you see a claims experience that is more than five times greater over four years.

REPRESENTATIVE McHALE: No question about it. There are communities that have sanitary landfills. There are communities that may have poor records in public service in terms of their litigation experience. They have been sued successfully.

REPRESENTATIVE HAGARTY: While he has the chart out, ask him how many of those suits were successful?

REPRESENTATIVE KUKOVICH: I would like to know, and Paul, I think this is a followup for you --

CHAIRMAN DeWEESE: The chair recognizes the gentleman, Mr. Kukovich.

REPRESENTATIVE KUKOVICH: A couple of points: whether or not you have statistics on claims pre-79, when the new law went into effect; and secondly, more importantly, we don't know how many of these -- are these incurred claims?

MR. LASKOW: Yes.

2 3

5

6

7

8

9

10

11

12

13

15

16

17

18

19

20 21

22

23 24

25

REPRESENTATIVE KUKOVICH: They are incurred claims. If they are incurred claims, how many of these were actually paid and how many are known claims and maybe haven't been paid, and how many are incurred but not reported? I assume that is all rolled in.

MR. LASKOW: I think you can appreciate, this was beyond the scope of my testimony. I just had access to this chart, and I thought I would give it to you. I don't have --

REPRESENTATIVE KUKOVICH: So, if you can't answer that, this chart doesn't mean a thing, does it?

MR. LASKOW: No, that's not true. That's completely unfair to say such a thing. That shows you the claims that have been received by those companies, claims that have to be adjusted, claims that have to be defended.

.REPRESENTATIVE HAGARTY: These are just filed claims, and we have no idea whether these were --

MR. LASKOW: That chart doesn't tell you, but certainly that information is otherwise available.

REPRESENTATIVE KUKOVICH: Can you provide that information? I mean, it is possible, if you don't have --

MR. LASKOW: No, I don't have that information. The Insurance Federation is not a statistical agent. insurance department may have that information. I assume they have that information, but I do not.

REPRESENTATIVE KUKOVICH: So, it's possible that on your 1983 chart, the 730 incurred claims, maybe none of those even resulted in a payment; that's possible, isn't it?

MR. LASKOW: That's very unlikely, wouldn't you admit?

REPRESENTATIVE KUKOVICH: Yes, but it's possible, isn't

it, or maybe only a few of them were actually paid.

MR. LASKOW: Equally unlikely, I would submit.

REPRESENTATIVE KUKOVICH: But possible?

MR. LASKOW: Anything is possible.

REPRESENTATIVE KUKOVICH: And you don't have any documentation to support it, either?

MR. LASKOW: I have no documentation with me to support that.

REPRESENTATIVE KUKOVICH: Okay.

CHAIRMAN DeWEESE: Paul, do you have any further comments?

REPRESENTATIVE McHALE: One final comment. I would emphasize for the gentleman that there are several fundamental points where I agree with him.

That may not be something that certain other groups want to hear, but I agree with you on issues such as joint and several liability, a limitation on contingency fees, a reasonable limitation.

Those are very controversial issues. But I really resent the whole tone of your industry over the last year,

in mounting what I consider to be a fundamental assault on the jury system.

Our juries are not foolish. The people back in my home community sit there as a group of 12 people and by and large make pretty good choices as to what is appropriate in order to compensate an injured victim.

And I resent the ad campaign, I resent the innuendo that is raised in your tsetimony with regard to the arbitrariness or the unbounded speculation of juries.

We have trusted juries both in the criminal system and the civil system for better than 300 years, and I think, consistent with that faith, you could make some pretty good arguments.

But when you begin to attack the jury system or place unreasonable limits on jury judgment, then you lose me.

MR. LASKOW: You find an innuendo that isn't there.

I made no such attack.

REPRESENTATIVE McHALE: Unbounded speculation.

MR. LASKOW: I stand by that.

REPRESENTATIVE McHALE: That is not the system we have, neither in case law nor in practice. Thank you, Mr. Chairman.

CHAIRMAN DeWEESE: Thank you for your emphatic observations. Any questions? The Chair recognizes Bill Baldwin, then Gerry Kosinski, then Dave Mayernik, then Mike Bortner, so you'll have an idea; then Allen Kukovich will

follow up, then Lois Hagarty. 1 REPRESENTATIVE HAGARTY: If you're still patient enough. 2 CHAIRMAN DeWEESE: Bill Baldwin. 3 REPRESENTATIVE BALDWIN: Thank you, Mr. Chairman. 4 Mr. Laskow, getting back to a point that Paul raised 5 about the municipalities, and Mr. Lovendusky, you mentioned a 6 lot of municipalities are experiencing problems because of 7 those civil rights actions. 8 If you have a municipality that has no police force, 9 no landfill, why should they join together for insurance 10 purposes with other municipalities who do have a police force, 11 12 who do have a landfill? 13 MR. LASKOW: They are not. You're right. 14 REPRESENTATIVE BALDWIN: They are not? 15 MR. LASKOW: Correct. They are rated separately. They 16 pay different premiums than people who have landfills. 17 REPRESENTATIVE BALDWIN: Then why would they experience 18 such a vast increase when they don't have claims experience, 19 and those municipalities don't have --20 MR. LASKOW: If they maintain a stop sign, they are at 21 risk. 22 REPRESENTATIVE BALDWIN: Not to that extent. 23 Absolutely correct, you're right. MR. LASKOW: 24 REPRESENTATIVE BALDWIN: But they're lumped altogether 25 in that chart.

\*

MR. LASKOW: No, no. You're asking two separate questions. You asked, are they lumped together for rating purposes. The answer is no.

Are those claims aggregated on that chart? Yes, they are.

REPRESENTATIVE BALDWIN: You are using those claims in that chart to justify the rates that you are charging.

MR. LASKOW: No, I am trying to explain to you why rates have gone up. Rates have gone up because of the frequency of claims.

REPRESENTATIVE BALDWIN: The only thing I don't understand, it seems to me there would be three things that an insurance company would have to look at in terms of monies paid out.

One is the frequency of claims, and the other is severity, and the third thing, which I don't see you addressing anywhere, is how many times you actually paid the amount of damages, so that if you have a win, if you defend something successfully, sure you're going to have defense costs, but you are not paying the claim, you're not paying the damages.

It would seem to me that that is a statistic that should bear on your rates, that you are not paying that money out of your pocket.

MR. LASKOW: As I say, the medical malpractice area, the doctors win eight cases out of ten. That is reflected in

the rates. They can't charge --

•

REPRESENTATIVE BALDWIN: Well, you have the Political Subdivision Tort Claims Act that has been in effect now for seven or eight years. That has a cap on the amount of damages that can be paid and limits very severely how you can sue in the first place.

You have to fit in to one of eight categories. And yet, I have municipalities throughout my district who can't even get insurance, and if they do get it, they are paying three or four times what they did before.

I think Mr. Lovendusky said, they have to wait for the courts to decide. That has been seven years. He is telling us that if we adopt this whole tort reform, which I view as a major blow to the civil justice system, then we are going to have to wait seven or eight years to see any change in insurance rates anyway.

MR. LOVENDUSKY: Generally speaking, there has to be some amount of time pass between the passage of a law and its interpretation by the courts in order to ascertain what the effect of the bill will be.

There have been insurers in particular states who, as a matter of good faith, have either restrained or even lowered their ratemaking in the particular states that have passed significant tort reform. The states of Washington state and Connecticut come to mind, where primary carriers, in response

to the legislatures' enactment of significant tort reform, have moderated, either by restraining or actually lowering, their rates for particular lines of insurance.

REPRESENTATIVE BALDWIN: The insurance industry is advocating this modification of the civil justice system. What I am asking is, are you saying to the Legislature that if we make these changes, that we are going to see a decrease in rates?

MR. LOVENDUSKY: I am not certain, sir, what changes we are talking about. The more changes that you make along the lines of say House Bill 2426, the more impressive the action would be upon insurers and the more able insurers would be to restrain their ratemaking.

But we are talking speculation here as to what you are going to do, as to what the House is going to do, as to what the Legislature --

REPRESENTATIVE BALDWIN: I am asking, if we adopt the whole package that you are advocating, you still can't guarantee that you are going to reduce the rates.

MR. LOVENDUSKY: I can't, no.

REPRESENTATIVE BALDWIN: Then you are not really saying anything.

MR. LASKOW: If I may, that's where you look to the California experience, with the Medical Injury Compensation Reform Act. There, after ten years, you can see tort reform

works.

Rates have gone up at half the national average, and the awards are half the national average. There is no question that tort reform works. All you have to do is look west.

REPRESENTATIVE BALDWIN: I am looking at the experience in Pennsylvania with the Political Subdivisions Tort Claims Act, that it has gone in the opposite direction and it is doing almost exactly the same thing that you are asking us to do with the whole civil justice system.

MR. LASKOW: No, it hasn't gone in the opposite direction.

Your earlier witness from the Local Government Commission, I

think it was, says that the Political Subdivision Tort Claims

Act has been very effective at limiting claims and awards.

REPRESENTATIVE BALDWIN: It has been very effective in shielding them from liability, but it has not shielded from exorbitant insurance premiums?

MR. LASKOW: Right, because of the increase of the frequence of claims. And you have got to break your analysis between the frequency of claims and the severity of claims. The tort claims act, political subdivision act, addresses the severity of claims and not the frequency of claims.

MR. LOVENDUSKY: Sir, contrary to your interpretation of what an insurer has to look at before deciding how to rate a class of risk, one of the elements that an insurer must look at is the evolution of the law, both the case law and the

legislative law.

And the evolution of the law in certain areas, including municipality law, has been such to alarm insurers and to cause them to pause before writing those risks.

As I mentioned in my testimony, municipal liability, local and state governmental liability insurance is, to a large degree, written by excess and surplus lines carriers, those carriers that write the riskiest kinds of lines.

The primary carriers left that particular line of insurance long ago, because of the erosion in sovereign immunity both at the state and at the local subdivision level.

REPRESENTATIVE BALDWIN: As Paul said, I can see an argument concerning the joint and several liability issue in terms of fairness.

But on the contingent fee issue, I think what you are saying is, there is no question that lowering the contingent fee is going to put more money into the victim's pocket.

But I think what you are really looking at, from your point of view, is to reduce the frequency of the claims. And I think you can talk around that --

MR. LOVENDUSKY: Sir, the frequency of claims is certainly one of the most troublesome areas in --

REPRESENTATIVE BALDWIN: When you are going to try to make the accessibility of an attorney reduced for the person in lower income brackets, then I think you have to also couple

that with some kind of limitation on what the defense side can do from an attorney's point of view, so you have fairness in the system.

I don't think there is an attorney practicing anywhere who does any claimant's cases who can't tell you stories where the other side has tried to bury claimants in paper, so it gets so expensive to try a case that they want to run to a settlement. They can't afford to go any further.

There are automobile manufacturers that are selfinsured. When you sue one of those, you end up getting
interrogatories by UPS in cartons, and then you have to answer
them.

If there is no limitation on what the defense can do, how is that fair in giving the plaintiff equal access to the courts? There are cases that a plaintiff could not afford to take without the contingent fee situation.

MR. LASKOW: We are not changing the contingent fee system, but just tinkering with the top end, the windfall fee at the top end.

This schedule allows the claims attorney to take 40 percent of the first \$50,000, so you are talking about the vast majority of cases already, 40 percent.

It then sets 33-1/3 of the next \$50,00. Is that any limitation on the contingent fee system?

REPRESENTATIVE BALDWIN: I think 40 percent of the first

\$50,00, you are talking about the vast majority of cases, and most attorneys aren't even charging that now. What I am concerned about is a situation where you have the Dalkon Shield case, where the attorneys had to finance \$800,000 -- I am not sure if that is the figure -- in pretrial costs just to get that case that far.

You are talking about a major case with major damages, and that is where you want to limit it. How could a claimant get an attorney to take that on, with no guarantee of a win?

MR. LASKOW: By paying him 40 percent of the first fifty, 33-1/3 of the next 50, 20 percent of the next \$100,000, and then 10 percent of the next \$100,000, everything over \$100,000. That's a whopping fee.

REPRESENTATIVE BALDWIN: Shouldn't you couple that with some kind fo limitation on what the defense can spend on the other side?

MR. LASKOW: We are not limiting what the plaintiff can spend in presenting his case. We are merely limiting how much the plaintiff's lawyer walks away from the courthouse with.

REPRESENTATIVE BALDWIN: You know very well that the low income plaintiff doesn't advance the cost for medical experts and engineering experts, that they don't have the money, if they have the money to go out and hire an attorney in the first place.

That's coming out of the contingent fee a lot of times, 1 and that's why attorneys take them on a contingent fee basis 2 because they have to advance all their costs to the client in 3 order for the client to get to court. If you are not going to have some kind of balance on the 5 defense side, how will you have a fair justice system? 6 REPRESENTATIVE McHALE: You would allow 40 percent of the 7 first \$50,000? 8 MR. LASKOW: Correct. 9 REPRESENTATIVE McHALE: Isn't that unethical under 10 existing law? 11 12 MR. LASKOW: No. It's unbounded, again. REPRESENTATIVE McHALE: That's not true. I suggest you 13 14 take a look at Pennsylvania law. MR. LASKOW: Attorneys can charge 40 percent. 15 16 REPRESENTATIVE McHALE: Generally it's 1/3. MR. LASKOW: Generally it is 1/3, but they can charge 17 18 40 percent. 19 REPRESENTATIVE McHALE: I find 40 percent to be excessive. 20 I think it is excessive as well. MR. LASKOW: 21 REPRESENTATIVE MCHALE: Why are you advocating it? 22 23 MR. LASKOW: Because the idea is not to curtail access to court for the bulk of cases. If you want to amend it to 33-1/3, 24

I would certainly be willing to have that.

25

But there are cases now where it's 40 percent. The court does have authority to regulate the fee for minors, settlements of awards for minors.

But otherwise, it is whatever the lawyer can get.

CHAIRMAN DeWEESE: Representative Kosinski?

REPRESENTATIVE KOSINSKI: I am going to yield temporarily to Representative Cordisco, who must get back to his district.

REPRESENTATIVE CORDISCO: I have listened back and forth as to the question and answers, and I think there is one question that I would like to ask before I leave here.

I see the testimony following that the insurance industry basically is pointing the finger to tort reform and the trial lawyers are pointing the finger to the insurance industry.

I think I would prefer that the individuals coming before us today say something in the way of policing their own, rather than back and forth.

My question to you is going to be, what effect do you think that the poor investment of the insurance industry per se had on the cost of the premiums over the last four or five years?

And the second part of that question would ask, what do you see as a recommendation of policing your own industry so that we see some type of guarantee that in fact, if tort reform

should become a reality, that in fact we are going to see a reduction in rates? And please do not refer to the comparison in California, because that is theoretical.

Can you give us a guarantee here today that in fact if that takes place, that you are going to guarantee a certain percentage, if certain recommendations come forth?

Because I'll tell you why. Basically I heard the same thing when we looked at no-fault when we recently made some corrections there, that we would see a drastic reduction.

And I will say for the record that I cast a vote in that fashion, and saw an increase, not a reduction, and I am really sorry that I cast a vote that way.

So, if you can follow what I have told you, what I am requesting is, A, what effect have your poor investments had on premiums, the increases thereof; and secondly, what police recommendations can you give or mechanisms can you give to police your own industry so that we would see a guarantee of a reduction in rates?

MR. LASKOW: First, you assume a fact for which there is no evidence, and that is that there were poor investments.

Investment income in the industry rose dramatically throughout the last decade.

REPRESENTATIVE CORDISCO: Let's clarify it then. At what point would you say that it is fair to say that some of the members within your industry were accepting premiums at

maybe a loss to gain that money to put it out where the interest rate was somewhere between 15 and 18 percent, to gain the revenue, so they were making up for that loss --

MR. LASKOW: That's right, as well they should. They were accepting an underwriting loss because they knew they would make it up in investment income.

REPRESENTATIVE CORDISCO: That's speculative. You are putting that dollar out there --

MR. LASKOW: That's not speculative. They did invest and cover their underwriting losses with their investment income, as well they should.

To charge higher premiums because you are making more investments would be excessive. You couldn't do that. The state insurance department through not allow you to ignore your investment income.

So, premiums did go down because companies were making more on their investments. That is the way it should work.

REPRESENTATIVE CORDISCO: What was the result when the interest rates dropped?

MR. LASKOW: Then they couldn't cover their underwriting losses, and they had to increase the premium side to cover the losses and make sure there was money there to pay the claims when they come in.

REPRESENTATIVE CORDISCO: What impact did that have?

Can you give me an idea as to -- you're saying, you have given

us at this point testimony that said, due to the amount of claims and so forth, that there was an increase in premiums. Now you are saying, if I follow you, that you also have to take into consideration what we just went through in the last few minutes, that because in fact the interest rates dropped, premiums had to be raised to cover your costs.

MR. LASKOW: Interest rates dropped; the investment income didn't drop, that's correct.

REPRESENTATIVE CORDISCO: Are you saying 50/50, 40/60?

MR. LASKOW: I am not an actuary. I wouldn't hazard

a guess.

REPRESENTATIVE CORDISCO: But it did have a substantial impact --

MR. LASKOW: Absolutely.

REPRESENTATIVE CORDISCO: Now that we have --

MR. LASKOW: And we all benefit from that drop in insurance rates. When I bought my house, I financed it at 17.25. I have now just refinanced it at 9. It stands to reason.

REPRESENTATIVE CORDISCO: So did I, but I don't see the relevancy of that.

MR. LASKOW: The point is that the insurance industry is not free to ignore the fact that interest rates are much lower, and their return on investment is much lower, so they must charge more premiums.

Đ

REPRESENTATIVE CORDISCO: I am concerned with the fact that you have ability to go out and take my dollars that I give you to cover those risks so that you can invest it on the open market, and hopefully maintain those interest rates at a certain rate with no protection, because once they drop, you are protected. You are basically insulated, because you can come back over to me to cover those losses.

MR. LASKOW: Well, if you have a loss of \$1,000, and we have taken a \$500 premium, the insurance industry eats the other \$500. We don't get to come back to you for more premium.

So, both sides are at risk in the system, where you take the premium in advance of knowing what the loss is.

REPRESENTATIVE CORDISCO: I think a lot of us would like to go to the stock market and pick stock, knowing that in case it should drop tomorrow, someone else is going to have to pick up that loss.

MR. LASKOW: You are not paying more premium for the past year. What you are saying is that prospectively, if they are only going to have investment income at a lower level in the next year, then your premiums have to increase.

There is no making up or going back. That seems to be what your question is suggesting.

MR. LOVENDUSKY: I might point out that despite the vagaries of the interest rates and whatnot, that nevertheless between the period of 1979 to 1985, generally earned premiums

were up 153 percent. But nevertheless, for that same period of time, paid losses were up 194 percent. So, despite the increase in premiums from 1979 to 1985, they were not enough to compensate for the paid losses paid out by the property and casualty insurance industry.

REPRESENTATIVE CORDISCO: I take it then, the next logical conclusion, are you telling me at this point in time that the drop in interest rates had no bearing, no impact on individual premiums?

MR. LOVENDUSKY: They certainly did. They had a good benefit for our consumers. When interest rates were high, insurance companies were able to make sufficient income from their invesments to have a sale of insurance for consumers, and everyone benefited by that.

If there were any concerns about the actuarial soundness of the rates that were to be charged at that time, no one raised a voice about it.

I don't believe there were any legislators complaining about the sale of insurance. The commissioner didn't take any action to charge actuarially sound rates, and everyone benefited through the insurance mechanism of the higher interest rates.

When the interest rates dropped, the insurers, in order to maintain their solvency, had to have income adequate to pay their debts and to maintain their surplus, and the only way to

do that was to go back to the ratemaking mechanism and charge higher rates.

Those rates were reviewed by the commissioner, found actuarially correct, and approved.

CHAIRMAN DeWEESE: Okay, thank you.

REPRESENTATIVE CORDISCO: I don't know whether I heard them respond to whether they had any recomendations as to how they could police their own industry.

MR. LOVENDUSKY: I might observe that the commissioner has a considerable amount of authority existing to review rates to determine whether they are excessive or whether they are inadequate.

That ratemaking function and the scrutiny that the commissioner has to require both normal reported data as well as any particular data that he may require from any insurer, any particular line or class of insurance, should be enough to insure that rates are neither excessive nor inadequate.

The insurance industry is one of the most regulated industries of any of them, and I suggest that there is adequate insurance existing in the Pennsylvania code and regulations to supervise insurance companies.

REPRESENTATIVE CORDISCO: The conclusion is that there is adequate regulation, and you see no further --

MR. LOVENDUSKY: No, there are areas in which the insurance industry is diligent in looking for improvements or

2

3

5

7

6

8

10

9

11

12 13

14

15

16

17

18

19

20

21

22

23

24

25

coming forward with information or changes that --

REPRESENTATIVE CORDISCO: I think I am becoming repetitious. Do you have any --

MR. LOVENDUSKY: Well, no, but there are mechanisms to do it. One of the mechanisms is the National Association of Insurance Commissioners. That organization, for example, is looking at the question as to whether insurance data provided to every state insurance commissioner is sufficient.

The industry is expecting the NAIC in the near future to approve the requirement of supplementary data, information from insurers which will be then recommended to the states on a uniform basis, and left to the different state commissioners to adopt or not to adopt.

That is the appropriate way to go in considering additional regulation, is to look to the institution with the expertise and the staff and the experience to properly regulate an industry as sophisticated and complicated as the insurance industry.

CHAIRMAN DeWEESE: Counselor, if some of us would ask you your opinion on sunsetting the insurance commission in the next couple of years, how would you react to that?

MR. LOVENDUSKY: Sunsetting the commission?

CHAIRMAN DeWEESE: Right, let it go through the sunset process here in Pennsylvania.

MR. LOVENDUSKY: Sir, I am an advocate of free enterprise

and competition. There is more competition in the insurance industry than virtually any other industry.

4

3

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

In fact, it is arguable that it is because of the degree of competition in the industry that you have the sale that we experienced in those years when interest rates were high.

I believe that competition and the free market is the best way to regulate the insurance industry. So, I suspect that my association would not oppose a sunset of the insurance department.

CHAIRMAN DeWEESE: Okay. Have a good trip. Thank you very much.

REPRESENTATIVE KOSINSKI: John, thank you for keeping that question short.

CHAIRMAN DeWEESE: We are not going to cut anybody off, but one question and one followup, and then we are just going to keep on coming around to everybody so everybody gets a shot. I am personally not doing anything until the weekend, but one question and one followup.

REPRESENTATIVE KOSINSKI: Mr. Chairman, I have two questions that were original in nature, and I would appreciate if I could ask them.

> Mr. Blaum had one observation. CHAIRMAN DeWEESE: REPRESENTATIVE BLAUM: Thank you, Mr. Chairman.

A few minutes ago we were talking about fees, contingency fees and a schedule. I don't know if the schedule Paul

mentioned, whether he was taking it from House Bill 2230 or another bill, but the schedule in House Bill 2230 is similar, that is 40 percent of the first \$50,000, 33-1/3 of the next fifty, 25 percent of the next 100 and the next would be 10 percent of the next \$100,000 and everything above.

The point I want to make is that that fee is separate from the award, that the 40 percent of the first \$50,000, that does not come out of that \$50,000.

The insurance company would write two checks, one for the plaintiff for \$50,000, and then a separate check to the attorney, so that the plaintiff would not be -- I explained that to Representative McHale on his way out, and I wanted all the other members to know that the fee does not come out of the award. Thank you, Mr. Chairman.

CHAIRMAN DeWEESE: All right. Mr. Kosinski?

REPRESENTATIVE KOSINSKI: One of the things that greatly upsets me with this whole tort reform issue is something that Representative McHale touched on.

There is a great amount of misinformation being spread around, and the more I read on the subject -- and I read a great amount -- the more upset I get.

You were talking about actions for emotional distress recognized in three states. I would imagine California is one, New York is another; what's the third state?

MR. LASKOW: I am not certain.

REPRESENTATIVE KOSINSKI: Okay. How long ago was that emotional distress tort?

MR. LOVENDUSKY: Within the last 15 years.

REPRESENTATIVE KOSINSKI: Within the last 15 years; was it about 15 years ago, Paul?

MR. LASKOW: I couldn't tell you.

REPRESENTATIVE KOSINSKI: It was about 15 years ago, because when I was in law school, we were pointed out to the California cases in about 1970 that did that.

Now, what gets me upset here is, in fairness, let me give you a little legal lesson, if you forget law school -- I may forget it after ten years or so -- that economic distress, I doubt if it will ever become a tort in Pennsylvania.

It has been brought up again and again in the courts and knocked down. It isn't strict liability, which was adopted by almost all the 50 states.

So, it is something that will never happen or probably won't happen -- I shouldn't say never, but probably won't happen.

But you throw this up as a red flag. And as the members of this committee know, I hate anything that is red. That's the first thing.

Second, I am upset that the insurance industry doesn't talk about economic disincentive for defense attorneys. One of the problems that attorneys have, plaintiffs' attorneys have

is, we know exactly how much -- and you do, too, the insurance industry knows how much a soft tissue injury is, how much a broken bone is.

We give the insurance companies a fair settlement, okay, and they say, no, take it to court, take it to court, take it to court, take it to court, because their static costs for the defense attorneys remain the same, but the plaintiffs' attorneys are going to have to go out, get the experts, get the testimonies, get the depositions, the whole thing.

And it is of course going to cost more in the long run.

I would like to see some type of economic disincintive for
the defense part built into any tort reform cases.

The third comment I would like to make is, you said let's look west to California. I say let's look west, too, to Washington, where they passed massive tort reform legislation, yet the insurance rates went up 15 percent.

Let's look south to Florida, where they put the cap, everything the insurance industry wanted, but a 40 percent cut in the rates. The insurance industry is fighting that tooth and nail.

And as pointed out this morning, let's look at Maryland, where they put caps on medical malpractice, yet the rates go up 130 percent. Would you care to comment on that?

MR. LASKOW: I would assume that the Maryland insurance commissioner has reviewed those rates, found them not excessive

or inadequate, and that those rates were justified by the claims frequency, severity, and adjustment expense.

REPRESENTATIVE KOSINSKI: I find that most insurance commissioners should have the middle name of rubber-stamp.

MR. LASKOW: I think that is very unfair. I worked in the insurance department. I think George Grody is perhaps the finest example of a public servant that I have observed in 14 years of public practice of law.

That's a glib comment, perhaps one that you didn't reflect on before making it, and I am sure that upon reflection, you would find George Grody to be equally as fine a dedicated public servant as I have.

REPRESENTATIVE KOSINSKI: That doesn't matter. That doesn't mean he is not a rubber stamp. If he doesn't have the staffing, if he doesn't have the wherewithal to investigate or if he doesn't have the ability to use all the enforcement mechanisms that he has, he is no good.

And that is part of the problem we have. We have insurance commissioners who do not use the full power of their office. I point to Herb Denemberg. There's a gentleman who used the full power of his office.

And I am not casting aspersions on Mr. Grody or his predecessors, but I think they are afraid to use the full powers of their office, unless the insurance industry steps on their toes like it did with the unisex. And then we saw the full

power of the insurance commissioner being used for a change.

MR. LASKOW: I would commend the record of Commissioner Grody and his predecessors on rate matters. If you have some particular rate filing in mind --

REPRESENTATIVE KOSINSKI: I certainly do. Right after we passed the flexible auto insurance plan. I, like Representative Cordisco, voted on only one reason.

This is the bottom line for any sort of reform measure: will the rates go down? At public hearings, the insurance industry said yes, they would go down. Guess what happened.

We were fooled. We are not going to be fooled again.

We are going to take a look at this very carefully, and I will

be very honest with you. The more I see, the more I read, the

more I feel it is an insurance problem and we are going to have

to settle it that way.

There are some matters that have to be taken care of tortwise with tort reforms with the civil justice system; fine. But I think there is more to be done with the insurance companies than anything else.

CHAIRMAN DeWEESE: The questioning I assume is over -- REPRESENTATIVE KOSINSKI: Yes.

CHAIRMAN DeWEESE: -- and gentlemen, your reaction to those questions.

One quick interruption: Representative Bob Flick, prime sponsor of what eventually became Act 57, 1986, Bob,

you stand to be recognized.

Representative Flick has another obligation in his home district. I apologize for the hearing going so far behind, and you are going to submit your comments for the record?

REPRESENTATIVE FLICK: It was submitted to the committee, yes, and it is not uncommon. You are very thorough and complete, Mr. Chairman.

CHAIRMAN DeWEESE: Yes, we did, went overtime for your bill, so I appreciate your flexibility. Thank you for staying. The gentlemen from the insurance industry still have some members who would like to talk to them: Dave Mayernik, and then the gentlelady from Montgomery County, Ms. Hagarty.

REPRESENTATIVE MAYERNIK: Mr. Laskow, since I have been up here for about three or four years, all we have talked about is tort reform. People in my district, a small district, call me up and say, we need tort reform.

The question I keep asking is, will the insurance rates go down if we have tort reform? That is the question I am asking you today.

I looked at your testimony and in Senate Bill 1427, you say it's a modest, commendable gesture; 1428 could be greatly improved.

If we were to pass your package, could you guarantee that insurance rates would go down? Because my consumers at

The

home, all they understand is how much they are paying. The businessman understands the insurance rates are too high.

Will the rates go down?

MR. LASKOW: If you can tell me the number of claims will go down, and if you can tell me that the severity of those claims will go down, then I will guarantee you that insurance rates will go down.

But unfortunately, you can't guarantee that the number of claims are going to go down, and you cna't guarantee that the severity of those claims is going to go down.

I attempted in my testimony to point out how, in Act 57 which is already enacted, you can't even gauge it for that bill, a fairly simple, narrow, minor adjustment of the law. And it is still completely left to experience to see whether or not that reduces the frequency and severity of claims.

So, until we have the answers to those two questions, I can't give you an answer to your question.

REPRESENTATIVE MAYERNIK: Let's say the severity of claims stays the same and the number of claims stays the same. Would the insurance rates go down?

MR. LASKOW: No, they wouldn't go down. They would stay the same, subject to the cost of money, interest rates and --

REPRESENTATIVE MAYERNIK: With those minor changes in the law, though, you should see some type of profit or some type of relief, right?

MR. LASKOW: No. If the number of claims and the severity of claims remains constant, then the premiums remain constant. They can't go down if the number of claims and the severity of claims doesn't go down.

REPRESENTATIVE MAYERNIK: I don't think they are going to go down. My entire problem is that we are going to change the entire system, everybody is pushing tort reform, the insurance premiums aren't going to go down and we are going to be in the same spot.

We passed the auto insurance bill last session, the insurance rates went up. Once we start messing around with the insurance companies, it ends up the consumer always gets the short end of the stick, and the insurance rates go up. That is what I am afraid of in this case.

CHAIRMAN DeWEESE: The gentle Republican lady from Montgomery County.

REPRESENTATIVE HAGARTY: Thank you, Mr. Chairman.

Somewhere along the line in the testimony, there was indication that each additional section of the tort reform package that we pass, there would be an associated decrease in rates.

To give you a specific example, let's say that we pass the joint and severable liability section that has been suggested. How much would rates go down?

MR. LASKOW: I believe that was part of my testimony.

didn't say rates would go down by that amount. I said that much was saved against the increase in awards and the increase in premiums that were experienced in California.

If you recall my testimony, I said that the omnibus tort reform bill only went to severity of claims. It didn't go to the frequency of claims.

You cannot -- it's impossible to say that the rates will go up or down unless you know what is happening to the frequency of claims.

REPRESENTATIVE HAGARTY: Let me ask you, on joint and severable liaiblity, do you keep statistics as to your payouts, what portion of that payout is attributable to the law on joint and severable liaiblity?

MR. LOVENDUSKY: I am not sure I understand the question, but I suspect that even if I did, the answer would be no, that statistics are not kept in such a way as to be able to ascertain how much are paid out on behalf of a claim to which a joint tortfeasor defendant was five percent negligible but levied 100 percent of the award.

REPRESENTATIVE HAGARTY: Do you keep any specific breakdown on claims that come in and claims that go out, other than an overall -- I see you have an overall figure of payout and premiums received. Do you keep any breakdown whatsoever?

MR. LOVENDUSKY: Unfortunately, I suspect you are

asking the question of the wrong representatives of the insurance industry. You want to speak to claims officers or perhaps a statistical reporting organization.

REPRESENTATIVE HAGARTY: Representing the Insurance Federation, you have no idea how they keep their information, is that the answer?

MR. LASKOW: I have some idea. You are asking whether or not the --

REPRESENTATIVE HAGARTY: My problem is that it has been suggested that we should make a number of changes in tort law. And I have yet to hear anyone tell me that there are any statistics kept which enable you to reach a conclusion that any one of those changes will affect your payout.

MR. LASKOW: I have asked you to look at the experience in California.

REPRESENTATIVE HAGARTY: I am interested in the experience in Pennsylvania.

MR. LASKOW: We don't have the experience yet. That was my whole point.

REPRESENTATIVE HAGARTY: I am asking, do you keep those statistics to make that determination.

MR. LASKOW: No, those statistics are not --

REPRESENTATIVE HAGARTY: I will make one statement, although I shouldn't, because I have listened to all the other committee members, but I said the same thing on automobile

insurance. I think we all feel that way from what you have heard today. We are not going to cut back, which is what this is, on individual rights to recovery without any indication by the insurance committee that we will save one dollar in premiums paid. And we have not heard it to date.

MR. LASKOW: Unfortunately, you are not cutting back rights, you are restoring rights. When you adopt --

REPRESENTATIVE HAGARTY: When I tell people that they are going to get less money if they sue or no money for pain and suffering, you term it anything you want. I have no other term, and I said the same thing on automobile insurance, other than to say that I am cutting back on rights.

MR. LOVENDUSKY: If I may, there is a lot of talk about tort reform, but really it is a misnomer. It I think creates misunderstanding.

REPRESENTATIVE HAGARTY: I agree it's a misnomer. It's tort abolition.

MR. LOVENDUSKY: No, it is not tort reform. As the members of this committee know, as attorneys, the concept -- CHAIRMAN DeWEESE: We are not all attorneys.

MR. LOVENDUSKY: As the members --

CHAIRMAN DeWEESE: I know that might come as a surprise to you.

MR. LOVENDUSKY: For the benefit of those members who are not attorneys, the concept of tort law is that it holds a

party responsible for harm caused by the party, either through the negligence by that party or by intention by that party.

Inasmuch as the problem that is created in insurance is to the degree that we have moved away from tort law, that we have moved into new areas of law, concepts of liability such as strict liability or even more unusual concepts of liability such as market share liability, that is a departure from traditional tort liability concepts.

It is to the degree that you depart from the traditional concepts of tort liability that causes problems with the insurance mechanism, the insurance system.

That is why to call it tort reform is a bit of a misnomer.

We are looking at civil justice reform, and we are trying to

bring an imbalance that has creeped into the judicial system

back to a level where there is a way to predict the risks out

there.

And the way to do that is by adherence to a traditional tort law.

REPRESENTATIVE BALDWIN: Excuse me.

CHAIRMAN DeWEESE: Bill Baldwin.

REPRESENTATIVE BALDWIN: I don't mean to interrupt Lois, but I think this committee is entitled -- you are representatives of the insurance industry testifying before this committee. For you to answer Lois' question that we have to talk to a claims adjuster to get data I think is not being

fair to this committee. You are the representatives. If you are telling us that we should make these changes and these changes have to be made because of the insurance crisis with the premium dollars that are being charged and the lack of insurance, I think we are entitled to know what statistics you have to justify that these changes will bring about relief of that crisis.

And if you don't have the statistics, how can you tell us that it is going to happen?

MR. LOVENDUSKY: There are studies done by actuaries and by experts of the civil justice system that come to the conclusion that the particular kinds of reforms in the civil justice system will translate over time into savings; if not reductions in actual rates, at least restraints in the rate of increase in those particular rates.

The reform of the civil justice system is only one part of addressing the ratemaking process. We have already had a discussion earlier about the effect of interest rates, for example, on ratemaking.

REPRESENTATIVE BALDWIN: But I can't believe that you don't have statistics. You are telling us that joint and several liability is one of the worst problems you have to deal with. I can't believe that you can't identify what kind of money you have had to pay out because of that provision in the law.

\*

MR. LOVENDUSKY: The impact of joint and several liability is not measured so much by the amount of dollars paid out as it is in the incidence of claims coming in, the frequency of claims.

You can see different areas of --

REPRESENTATIVE BALDWIN: Do you have statistics about the frequency of claims --

MR. LOVENDUSKY: Yes.

REPRESENTATIVE BALDWIN: -- that could be attributed to joint and several liability, not overall claims?

MR. LOVENDUSKY: No, because joint and several liability isn't factored out of any particular -- first of all, claims are not merely litigation claims. Claims come from a variety of sources.

Claims include claims that are paid through settlements and are not litigated.

REPRESENTATIVE HAGARTY: You're saying your big costs are not in paying out verdicts?

MR. LOVENDUSKY: May I suggest, there is one resource available to the committee that would have a better understanding as to what amount of claims are paid through the operation of joint and several law, and that is the Trial Bar, that priesthood of lawyers who do know what kinds of claims are made, which ones are settled, which ones are paid, and that might be the more appropriate way to go to find an

. .

answer to a question lke that.

REPRESENTATIVE HAGARTY: My problem is, all we have heard is frequency of claims is the issue, so therefore verdicts are not your big cost, it's frequency of claims.

MR. LOVENDUSKY: No. I'll --

REPRESENTATIVE HAGARTY: I suggest that what you are paying then in frequency of claims is, it's your own employees and your own defense counsel that are incurring costs. It's not verdicts, you're telling me, it's how many claims are filed. That's the only chart you've brought, and that is what you are telling me will affect future rates.

MR. LOVENDUSKY: With regard to the charts we've brought, we limited our testimony to the items that were before us on the agenda. The committee has expanded the scope of this hearing to include areas which we did not come to educate the committee on, unfortunately.

The frequency of claims is one of the aggravating factors affecting the insurance system and driving rates up, but the severity of claims is another one that is documented.

It has been referred to by the justice department. We know that in 1952, we had one million dollar claim, which in 1984, we had 401 million dollar claims.

REPRESENTATIVE HAGARTY: In Pennsylvania?

MR. LOVENDUSKY: No, nationally.

REPRESENTATIVE HAGARTY: I don't know about the other

members of the committee, but I am interested in Pennsylvania.

I am not in Congress.

REPRESENTATIVE BALDWIN: Are our rates in Pennsylvania written on national experience, even though we might change the law in Pennsylvania?

MR. LOVENDUSKY: Generally, no. Generally, lines of insurance are written on a state --

REPRESENTATIVE BALDWIN: Then why aren't we hearing Pennsylvania statistics? I agree with what Lois said. I am interested in Pennsylvania, too.

MR. LOVENDUSKY: I will give you some Pennsylvania statistics. In Pennsylvania, the commercial multiperil loss ratio is 142 percent --

## REPRESENTATIVE BALDWIN: What?

MR. LOVENDUSKY: The commercial multiperil -- commercial multiperil is a particular line of property casualty insurance. That line of insurance has, in 1984, experienced a loss ratio of 142 percent.

That means that for every \$1.00 in premiums that was brought in by an insurer, that insurer paid \$1.42 out in claims.

Another Pennsylvania statistic is that municipal liability claims rose 359 percent between 1980 and 1984, despite the enactment of a very good law restoring a balance of sovereign immunity to both the state and its local

subdivisions.

I'll give you another Pennsylvania statistic.

REPRESENTATIVE HAGARTY: Claims, or money paid out?

MR. LOVENDUSKY: Claims.

In medical malpractice, another line of insurance, the loss ratio in 1984 in the state of Pennsylvania was 160 percent. For every dollar of premium that the insurer brought in on the medical mal line, they paid out \$1.60.

You can't run a business that way.

CHAIRMAN DeWEESE: Okay, thank you. You have been pilloried and buffeted, and you have withstood the testimony very well. Excuse me, Mr. Reber, you do have a question?

Because I asked you earlier and you didn't have one.

REPRESENTATIVE REBER: Yes. They were not touched upon by my colleagues on the committee, so I feel compelled to delve into them.

I will ask either of you gentlemen, and I guess since
Mr. Lovendusky did not come prepared to comment, I will ask you,
Mr. Laskow, because your testimony does in part fall within
that area.

A great bit of the concern appears to be excess profits on the part of attorneys in the contingency process. I would like your comments as to excess profits and financial disclosure law to be mandated upon insurance companies in the commonwealth of Pennsylvania.

...

MR. LASKOW: If you heard me say that I thought that there was an excess profit problem for attorneys generally, that is not what I intended to say or intended for you to understand from my testimony.

I just think that there should be a modest capping or scheduling of attorneys' fees at the very upper level.

REPRESENTATIVE REBER: I understand that, and I understand the basis of the rationale, where you feel that it is an inflated target figure and it is inflated accordingly.

I am more concerned about, and I am extremely concerned and troubled as a result of the nonresponsiveness to Representative Hagarty's questions about certain what I consider to be financial and statistical database that in my mind should be readily spoutable by anyone who is advocating this position.

I am not being critical of you. I just think that somebody had better get that information to us. And if Mercator is out there, hear me well.

What bothers me though is that we don't have that information readily ascertainable. And I made the comparison I don't know if the members of the Democratic staff have provided their members with it, but we were provided with it a month and a half, two months ago, with the statistical information as a result of our experience rating under the catastrophic loss trust fund that is being administrated

vis-a-vis the recent automobile legislation.

And I found it very interesting, for once, to finally get information as to the amount of money taken in a la premiums paid, as to the amount of money spent on administration, as to the amount of money available for claims in the future, and most importantly, as to money paid out on claims processed.

And I was astounded to the good side, to see that there was a sufficient amount being generated by the fund, that the amount that was being paid out was nowhere near what I had thought and what I had been told by various representatives of the insurance industry from 1981 when we were battling House Bill 1285 up through the finalization fo the enactment of the recent bill or legislation and now act that we are laboring under.

I find that information rather interesting, and I can't understand why the insurance companies don't provide that particular type of information on each and every particular set of experience ratings of particular types of coverage that they are presenting.

I wonder about your comments on that, and that goes back again to my original question on excess profits mandated legislation to insurance companies, and on financial disclosure legislation mandated to insurance companies.

I haven't gotten yet to the premium rollback rate

(717) 761-7150

COMMONWEALTH REPORTING COMPANY

And I

reduction mandated legislation. We will follow that up next. 1 MR. LASKOW: First of all, it would be redundant to 2 have some sort of excess profit legislation. It was quite 3 incredible that the gentleman who testified earlier from PennPIC said that, his words were, the industry --5 CHAIRMAN DeWEESE: Credible or incredible? 6 MR. LASKOW: Incredible -- that the industry was --7 CHAIRMAN DeWEESE: Some things that are incredible are 8 credible. 9 He said that the industry was still drunk MR. LASKOW: 10 on profits. The industry in 1984 had a 4 percent return on 11 12 equity, maybe one-quarter of what the return on equity was for other Fortune 500 companies. 13 So, there aren't excess profits. Secondly --14 REPRESENTATIVE REBER: What did it average between 15 16 1979 and about 1982, do you have those figures? 17 MR. LASKOW: Well, never higher than the Fortune 500. 18 I may have some additional information. 19 REPRESENTATIVE REBER: Maybe you could provide it to us later. I would rather have it statistically and empirically 20 21 correct. MR. LASKOW: First, there weren't excess profits. 22 23 Secondly, you've got a statute in Pennsylvania that provides that rates can't be inadequate or excessive. 24

So, the rates are examined by the commissioner.

25

am sure you take the view that perhaps there are too many rate filings asking for increases, but they are reviewed each time to make sure that the rate is based upon the loss experience of the company, the loss adjustment experience.

So, it would be redundant to have an excess profits law, even if you knew how to fashion one. There was another part to your question, and I don't recall it.

REPRESENTATIVE REBER: Let's just shift gears for a moment. As a followup to the comments I made concerning the data that we received from the experience on the CAT fund, let me ask you this: what would be your particular reaction to this particular scenario.

And the scenario I am going to take, I am sure you are familiar with the movie "The Verdict." I can't imagine anybody in the insurance industry not being familiar with "The Verdict."

MR. LASKOW: I don't remember the plot line, but Paul Newman --

REPRESENTATIVE REBER: It was a medical malpractice case in Boston.

MR. LASKOW: I couldn't have told you that much. Go ahead.

REPRESENTATIVE REBER: In any event, in that particular case, there was some very, very severe problems arising out of leadups, if you will, to the administering of anaesthesia prior

2

3

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

to a particular delivery.

How are you, sitting as a legislator who is going to in essence cast a vote to cap the maximum that a person could recover on a particular case like that being \$250,000, going to explain to someone that has to experience for the rest of their lifetime a mother, a wife of a husband who is absolutely "vegetable-ized", for lack of better words, to that particular type of status, and to be compensated to the max being \$250,000? How do you justify that?

MR. LOVENDUSKY: Sir, what will compensate a person in that situation? Will a million dollars compensate the person?

REPRESENTATIVE REBER: A lot better than \$250.000.

MR. LOVENDUSKY: The fact is that nothing will compensate somebody --

REPRESENTATIVE REBER: And two million does an even The point I'm trying to make -better job.

MR. LOVENDUSKY: But those costs --

CHAIRMAN DeWEESE: Bob, let the guy answer the guestion.

REPRESENTATIVE REBER: First of all, I directed the question to Mr. Laskow. I wasn't completed my question. It is an emotional issue, that's the problem, and it is emotional for us because it is going to be emotional for each and every one of those particular individuals when they are faced with that situation.

Obviously, sitting here in a very sterile atmosphere, it is easy to talk about \$250,000 cap. But it unfortuatee, and it is difficult, and there is no way in our society we can equate that any other way than monetarily.

We don't allow the husband of that woman that is a vegetable to go out and tar and feather that particular doctor who is extremely negligent in the case.

We don't allow them to run around and chase the insurance company because they didn't insure that doctor with excess limits.

We are only allowed to do it, under our system of justice and compensation vis-a-vis that award in that system of justice, in dollars and cents.

Now, no doubt, in many instances, that causes your problems. But to place an arbitrary amount in what I consider to be a ridiculous sum, that affronts my senses, my dignity.

If you came in with \$2.5 million, I don't think I could be as incensed. But \$250,000, my God, the doctors charge fees these days that could eat that up in two years over and above of continuing care after the award is entered.

I am sorry if I have gone on, but I think I have set the tone of the concern of arbitrary caps of such ridiculous low amounts when you are placing it on every possible conceivable injury which has to be governed by the particular award entered under those caps. That's my problem.

MR. LASKOW: I can certainly appreciate the question and the origin of the question, and I think there are several parts to my answer.

First is, I think the person would be consoled by the fact that 100 percent of their economic loss would be covered. When the trial lawyers got together and cranked up a tort reform bill found in Senate Bill 1530, they concocted a cap on liability that allows the insurance company and the doctor to get out of a case without paying all of the economic loss.

If you offer your limits, \$200,000, the doctor and the insurance company walk away. That's the trial lawyers at work, capping economic loss.

So first, the person's economic losses, their medical costs, the lost wages and the rest of them, are covered.

REPRESENTATIVE REBER: Can I just comment on that? On the economic side, in our great society today, most people are going to have other types of medical coverage, health care coverage that is going to cover that. So, I don't think that necessarily flushes, either.

Go ahead. I am sorry I interrupted you, but that one bothered me a little bit because I don't think it was, on the majority side, statistically correct, again.

MR. LASKOW: Well, be sure to ask Bill Titelman or whoever testifies for the trial lawyers, about their --

REPRESENTATIVE REBER: Like Mr. DeWeese, I have nothing

to do until the weekend. And Mr. Titelman, if he was party to some of those things you said, he will also have to answer for it.

MR. LASKOW: Very well. I think that your constituents are probably not too different from the parents of people who participated in the National Association of High School Athletics. I reference the association in my testimony.

What they set up was a program where, for \$1.25 per annum per student athlete, they could cover the unlimited medical costs of any athlete injured in the country, plus \$300 a week lost wage benefit.

All the injured athlete had to do was make the decision that he wanted to take 100 of his economic loss, including the lost wage benefit, or go to the tort system, where he could get pain and suffering.

In every single one of the cases where someone was injured covered by that program, the parent has chosen to have the certainty of the economic loss covered, and not to take the wheel of fortune, pain and suffering route.

Two things fall out of that experience of that national association. First, people really don't want the lottery system that you have when you go for pain and suffering.

Secondly, by putting a cap on the amount of pain and suffering, you eliminate one of the major elements of what drives cases to trial, why these cases can't settle.

There is usually no dispute in a lot of these personal injury cases that the person suffered a certain injury, that they suffered certain economic losses.

The economic losses are easily quantifiable. It is quantifying the unquantifiable, non-economic loss, that drives the tort system, creates the need for trials.

And when you look to the person who says, why should I only have \$100,000 to compensate me for my pain and suffering, you can say, we have liberated, by doing that, billions.

The AMA estimates that one in three tests given by doctors are unnecessary and are defensive medicine. They put a figure of \$15 billion on those unnecessary tests.

They put another I think \$21 billion on the costs of defensive medicine, apart from tests. Think of the poor people, the dollars that you have liberated in terms of the medical treatment available in this country to pay poor people by doing away with the need for defensive medicine, doing away with the need for useless tests.

That is what you would achieve by capping this non-economic loss. You could take care of hundreds of thousands of people who don't have adequate health care now by doing this. And that would be the answer that I would give.

REPRESENTATIVE REBER: My only thought and my only response is that if you are going to talk about capping, I tend to think that the appropriate capping is done by

appropriate defense counsel on behalf of the particular insurer which is in essence working for the insurance company, the expertise that goes with that.

There is additional aspect of the case being factually presented. We went over this with Representative McHale a little bit earlier, and his faith in that particular process, which heretofore has gone on.

I think that many of those particular instances far outweigh the various abuses that you have pointed out and others have pointed out in particular cases outside the commonwealth of Pennsylvania, incidentally, which I always find to be rather troublesome when we sit here and hear people testifying as we have heard over the years on these issues. I am not necessarily referring to yourself, of course.

MR. LASKOW: When you tell the lawyers that they can no longer cite a New Jersey case in their Pennsylvania brief, when you tell the people in Philadelphia that they can't read about jury awards in New York City or Washington State, then we can just limit ourselves to talking about Pennsylvania.

It's a national problem, and courts are influenced by decisions in New Jersey. The Jackson County case has been cited in any number of environmental cases in Pennsylvania.

You cannot just sort of blindly decide that

Pennsylvania sits by itself. As I say, if you are willing to

limit lawyers and what they plead in cases and ask lawyers not

--

to ask courts to extend the law from other states to Pennsylvania, then we could agree that we should limit our debate to only Pennsylvania law.

REPRESENTATIVE REBER: I guess what I am saying though, is that I have a lot of faith that even with that process being carried out, we still don't have that. Even though the juries, as you say, have been referenced to this particular precedent in this particular state, and this particlar outcome and decision in this state, they still seem to not be reacting to the ridiculum that I hear is running rampant because we don't have that particular --

MR. LASKOW: I didn't say that it was running rampant.

I said that the juries get it right 97 percent of the time.

It's only 3 percent of the time that juries, I think, are unbounded in their speculation.

REPRESENTATIVE REBER: For that 3 percent, we are going to penalize generations to come that have extraordinary medical residual problems which far exceed necessary care in excess of \$250,000 by taking that as an artificial basis and capping it by state law and saying that you cannot be compensated any further.

MR. LASKOW: That is not what we are saying. We are only capping the non-economic loss. We are not capping any one of the economic losses.

It is merely the non-economic loss that would be modestly

capped in 3 percent of the cases.

REPRESENTATIVE REBER: Loss of consortium is a non-economic loss, correct?

MR. LASKOW: Correct.

REPRESENTATIVE REBER: The lack of motherly care to children, the attendance to those particular children and a husband, again is a non-economic loss, is that not correct?

(No response.)

REPRESENTATIVE REBER: The fact that an individual cannot pursue that for which he or she has trained for, the
profession and the type of profits that might be generated
from that, again, non-economic loss. I can go on and on and on
with various examples of how that reflects back on the
individual victim as well as the victim's immediate family.

MR. LASKOW: The last one on the list I think is economic.

REPRESENTATIVE REBER: The last one may be rather speculative --

MR. LASKOW: No, no, it's economic --

REPRESENTATIVE REBER: -- but we'll work it out in the courtroom for the judge and see if we can get the appropriate instruction.

I am sorry, Mr. Chairman. I do appreciate your putting up with the pursuing of this, but I think these are the hard, real facts that we have to deal with, and the type of setting

in which we have to place them when we are looking at them, and not just the sterile arguments of legislators and lobbyists, if you will.

I appreciate your indulgence, thank you.

CHAIRMAN DeWEESE: Any further questions? Kevin Blaum?

REPRESENTATIVE BLAUM: Question for Mr. Laskow. Before if ask it, on the issue of caps, I think before anyone begins to worry about caps, there is a provision in the Pennsylvania Constitution which says that we cannot cap what a person can sue for.

And I think anyone would have difficuties drafting any language to get around that constitutional amendment. In Pennsylvania, it may be for all time impossible to cap what a person can sue for.

Paul, my only question is, a lot of us think that the insurance commission should go through the sunset process, and Michael has answered the question that his organization probably would not oppose that. Would yours?

MR. LASKOW: I am not sure I understand completely what the sunset process is. If it is merely the examination of their functions and definition of their role in the regulatory process --

REPRESENTATIVE: BLAUM: We would review the insurnace - commission, make improvements, changes, even abolition if that was desired, although that probably wouldn't be the case.

MR. LASKOW: I think the risk that you would actually abolish the insurance department and the chaos that would result probably outweighs the benefit of doing the analysis of their function.

I think that you should dedicate more state resources to the insurance department.

REPRESENTATIVE BLAUM: The risk the Legislature would.

do something that egregiously off-target and take a look at
what they're doing?

MR. LASKOW: It would be out of character. But they did it with IRRC. I mean, IRRC went out of existence, and that created I think some disruption, not nearly as much as there would be with the insurance department.

REPRESENTATIVE BLAUM: .But, would your association be opposed to the Legislature having the insurance commission go through the sunset process whereby it would be looked at under a microscope by various committees and the entire House as a whole?

MR. LASKOW: I think, because of the possibility for chaos that would result from actual sunsetting, we would have to be against it.

But we would not be opposed to some specially fashioned legislation that would do everything but actually put them out of business. Unfortunately, I guess your choices are either to go through the sunset provision or fashion some special

ne.

legislation. Even though it may be more work for you, I think it would be probably more prudent to not run the risk of accidentally sunsetting the insurance department.

REPRESENTATIVE BLAUM: Even though the odds of that happening are probably zero --

MR. LASKOW: If the odds were zero --

REPRESENTATIVE BLAUM: -- that the insurance commission would go out of business?

MR. LASKOW: If the odds were zero, then we wouldn't oppose it.

REPRESENTATIVE BLAUM: You would not oppose it?

CHAIRMAN DeWEESE: If the odds were zero. The odds are one in a hundred, but that's all right. My interpretation of his remark is that he opposes it, the sunset process.

MR. LASKOW: Yes.

CHAIRMAN DeWEESE: Because they are one in a hundred.

MR. LOVENDUSKY: Mr. Chairman, if I may, with regard to my testimony on whether or not the American Insurance
Association would support a sunset, I really don't know.

That is not a subject that I came here prepared to address. But I will stand by the statement I made, that the American Insuranc Association is a big believer in free enterprise and in the free market, and that excessive regulation is a cost that is passed through the insurance mechanism to the insureds, to the consumers of Pennsylvania.

So, I know that that statement, which is the philosophy of the American Insurance Association, would be considered in any review of any legislation or move to sunset the insurance department.

REPRESENTATIVE BALDWIN: It seems that the American

Insurance Federation would like to see the -- or be in favor

of sunset if it meant that the insurance department would go

out of existence, and the Pennsylvania Federation is against

it because of the possibility that it would go out of existence.

MR. LASKOW: Mine is a practical observation. His is a philosophical. I think that it would be chaotic to have no Pennsylvania insurance department.

CHAIRMAN DeWEESE: Well, this has been a rather chaotic experience for all of us, but I think it is worthwhile in our society and in the purview of the committee.

Thank you both very much. You might have felt at times as popular as Custer's Indian scouts did when Crazy Horse was on the horizon, but nevertheless as Chairman I would like to again, for the third time, say thanks for coming and visiting with us and sharing with us your points of view.

MR. LASKOW: Thank you, Mr. Chairman.

MR. LOVENDUSKY: Thank you, Mr. Chairman.

CHAIRMAN DeWEESE: We have one quick change in the agenda. Harold Goldner of the Philadelphia Bar is trying to catch a 3:00 train. I am under the impression that there are

3

5 6

7

8

9 10

11

12

13

14

15

16

17

18 19

20

21

22

23

24

25

two Bills, Bill Titelman and Bill Graham, who are local folks, and if they would be so kind as to let this gentleman jump ahead on the schedule, the committee would be grateful.

MR. GOLDNER: Thank you.

CHAIRMAN DeWEESE: I understand you have a very brief testimony.

MR. GOLDNER: Yes, that is correct.

I want to thank Mr. Titelman and Mr. Graham for allowing me to jump ahead here. I am primarily here as a liason from the Compulsory Arbitration Committee of the Philadelphia Bar Association.

I note from your agenda that I have been unilaterally and summarily promoted to chairman of that committee; I am not the chairman. I am merely a liason.

I have provided a brief, one-page statement. I am not going to read from that statement. You can read that yourselves.

I am going to basically explain to you why I am here in support of only Senate Bill 1427. I am here only in that capacity.

Senate Bill 1427 has been designed to do what we have been attempting to do for a substantial period of time, now, and that is to increase the limits of compulsory arbitration from the present level of \$10,000 for the smaller counties and \$20,000 for I think it is Class 1 cities, the first class

2

3

5

7

6

8

9

10

11

12

13

15

16

17

18

19

20

21

22

23

24

25

1-A and two, and home rule counties, to the level of \$17,500 and \$35,000 for the same categorization.

The jurisdictional limits of compulsory arbitration started out in 1968 at only \$3,000, and one year later, the court said, "Let's try it up to \$10,000 on a voluntary basis," and by 1971, only three years later, that \$10,000 was made mandatory.

Only a few years later, eight years later, it went up to the present level of \$20,000 and \$10,000. When you talk about tort reform or insurance reform, what you are really talking about is cost to the system.

And compulsory arbitration definitely reduces the cost to the system. Trials in Philadelphia County, a weekly jury trial where that jury can only hear one case costs in excess of \$2,000.

An arbitration panel, a single arbitration panel assembled in the same county costs approximately \$600, and that panel will usually hear more than one case.

It should be noted that the Legislature has already increased the limits of compulsory arbitration for motor vehicle cases to \$25,000. That is effective January 1, 1987, and that is part of the Motor Vehicle Financial Responsibility Law.

So, the concept of higher limits has already been entertained. The Eastern District of Pennsylvania has

compulsory arbitration of claims without any federal mandate that it do so, claims not in excess of \$75,000. That was raised from \$50,000.

So, the change from \$10,000/\$20,000 to \$17,500/\$35,000 is not significant. I note that the insurance industry is not opposed to it. I know the trial lawyers are not opposed to it. The Bar Association is obviously in favor of this sort of thing.

When you file a claim now in excess of \$20,000, in most counties, you begin the arduous process of pleading and discovery, and sometime, in excess of one year to maybe four years later, you may be assigned to trial.

And once you are assigned to trial, you may wait another six months to a year before you actually see a courtroom. In most counties -- and I speak of the Greater Philadelphia area in most counties, if you file an arbitration matter in Delaware County within one year, it is listed for arbitration.

In Bucks County, as soon as you say you are ready to go, within one month a panel is assembled. In Montgomery County, as soon as you certify you are ready to go, within three months a panel is assembled.

And in Philadelphia, when you file suit, you have eight months until you see an arbitration panel. So, by increasing the limits of arbitration, you suddenly take out of this immense court system those cases worth less than \$35,000 and

put them into a process which will essentially dispose of them usually within a year.

We will be proposing a technical amendment which allows for incremental increases in the arbitation limits. A Supreme Court case called <u>In re: Smith</u> sometime ago mandated that counties, Courts of Common Pleas of the various counties adopt the entire compulsory arbitration system or not at all.

By proposing this amendment, we will allow counties to say, "We don't want to go from \$10,000 to \$17,500 immediately, or we don't want to go from \$20,000 to \$35,000 immediately; we would like to go in step increments of \$5,000 or some other increments and see what it does to our trial calendar."

So, we are going to propose that amendment. My understanding is that a technical amendment is being prepared. I don't think it has been forwarded to you yet.

The second portion of Senate Bill 1427 I just want to mention briefly. It essentially codifies Federal Rule 11. It would dispose of the antiquated requirement of affidavit of verification to pleadings, and essentially say that a signature on a pleading or anything filed in court by either a party or their attorney would constitute certification that it is made in good faith after an investigation and with no intent to delay.

Although the insurance industry indicated that Federal Rule 11 has not worked, I think that is a bad characterization.

--

There has always been the availability of sanctions under the rules of civil procedure. In fact, the language of Federal Rule 11 echoes the Dragonetti statute, the wrongful use of civil procedeedings statute which already exists.

And the tendency now is for courts to in fact encourage sanctions for frivolous claims. So, there is no real change in the law by the second section of Senate Bill 1427. It will just codify a federal rule of civil procedure.

I want to urge you, this is not a tort reform bill. I would hate to see it tied up really in the concept of tort reform and insurance reform. It is a bill that is designed to let claims see the light of a courtroom much sooner than they would otherwise by increasing the limits of compulsory arbitration.

I will be happy to entertain any questions you have.

CHAIRMAN DeWEESE: Jack Pressman?

REPRESENTATIVE PRESSMAN: Just a couple brief questions.

I am not really familiar with this arbitration system. I am more familiar with it as a result of labor relations type things. Who are the arbitrators?

MR. GOLDNER: There are basically three types of arbitration in this state. There is statutory arbitration, which is voluntary, and that is labor arbitration, you are referring to. That is also used for public employees, schoolteachers, policemen, firemen.

•

a

There's common law arbitration, which has existed in this country and in this commonwealth for hundreds of years, where parties may voluntarily submit to arbitration.

There is also compulsory arbitration, which is a provision of the judiciary code, which says that all cases, excluding equity matters and certain real estate matters -- foreclosures and so forth -- where the amount in controversy is not in excess of \$20,000 or \$10,000, depending on the jurisdiction, will be submitted to a board of arbitrators.

The board of arbitrators are attorneys from that jurisdiction who usually, I think in every county they are required to have tried at least one case. So, they are experienced trial attorneys.

In Philadelphia County, they are required to attend a seminar which is a three-hour session where they are instructed on exactly what is appropriate and inappropriate for an arbitrator to do and what they can expect to see.

So, they are attorneys who are schooled in the law, and they hear these controversies.

REPRESENTATIVE PRESSMAN: And these decisions by arbitrators can be appealed?

MR. GOLDNER: Yes. You have to preserve the right of appeal de novo from arbitration, otherwise you are tampering with the constitutional right to trial by jury.

The Smith case also said that compulsory arbitration was

constitutional because you had the right to appeal de novo.

Now, what in fact happens is, of those cases filed in arbitration, statewide, the average is less than 5 percent ever actually see a jury.

And of those that are filed in arbitration, less than a third actually go to a panel of arbitrators. Most of them are settled before.

So, by increasing the limits of jurisdiction, what we are in fact doing is increasing the likelihood that more suits will settle long before they get caught in the court system.

REPRESENTATIVE PRESSMAN: So, 5 percent of the ones that are originally heard by an arbitrator end up in front of a jury?

MR. GOLDNER: No. Five percent of all cases filed in arbitration, that means a complaint is filed -- when you file a complaint, you have to state whether it is arbitration or excess, in every county.

And what is known as the ad damnum clause at the end of a complaint says, we are demanding judgment in excess of 20 or in excess of 10, or not in excess.

And that says to the prothonotary, this is an arbitration matter, this is not an arbitration matter.

Thank you very much for your attention.

REPRESENTATIVE REBER: Basically I guess what you are saying is, the attorney is capping the case in part, where it is a minimal amount?

MR. GOLDNER: That's right. It essentially takes those cases that are not as serious out of the system and brings them up for quicker review.

That is why, when you get involved in concepts of caps, fee caps, this is --

REPRESENTATIVE REBER: Although conceivable and technically, in a negligence action, a case that is framed with that cap put on by plaintiff's counsel could in fact be framed in a pleading that could be an unlimited amount, is that correct?

MR. GOLDNER: Not in an arbitration amtter.

REPRESENTATIVE REBER: I am saying, a particular claim could be framed on the facts as a cause of action and could go to whatever amount, any high level amount.

MR. GOLDNER: No, because usually the wherefore close, the ad damnun clause of the complaint says, not in excess or in excess.

REPRESENTATIVE REBER: We're going in a different direction. I understand what you are saying. I am trying to characterize it in a different light.

Basically what I am saying is that by the arbitration process, the parties at the outset, even in a negligence action -- which conceivably could have unlimited award potential -- are in essence capping it by the initial proceeding.

MR. GOLDNER: Yes, that's correct, although it should be noted that once the case is appealed, it is conceivable that a jury verdict could be entered in excess of the arbitration limits, and then you may come into contact with the cap.

There are stories of arbitration awards that have come in within the limits, and then have been appealed, and for some reason there has been an astronomical jury award. That has occurred.

Thank you all very much.

REPRESENTATIVE KOSINSKI: Thank you very much, Mr.

Goldner. I would like to call upon William Titelman,

legislative counsel, Pennsylvania Trial Lawyer's Association.

Mr. Titelman, thank you for your patience.

MR. TITELMAN: Thank you. It is a pleasure to be here.

I was hoping the other -- oh, he did stay. As a member of the priesthood, I forgive you, for you have sinned.

It truly is a pleasure to be here today. You have, I trust, the folders that I have provided the committee. And included in the folders, first of all, is an article of mine which really grew out of the testimony I gave to both the House Insurance Committee and the Senate Banking and Insurance Committee on this issue, as well as to the Local Government Commission.

And I commend it to you. I am not going to review it at this time with you, but I also would suggest to you that you

might find it extremely useful to request from the House

Insurance Committee particularly, because of thieir extensive
hearings, some of the testimony that they received as well as
material from the Local Government Commission.

I would like first to begin my comments by, I am going to sort of go through a few of the clips that I have provided the committee, and you will see the first one -- and I think the prior witnesses from the insurance industry sort of proved the headline which appeared the other week in the Inquirer on this Op-Ed piece: "Insurance Companies Aren't Convincing."

I would like to go into that. You heard some very interesting things, and I would like to talk about this chart, and perhaps use the blackboard to try to be instructive to the committee about some aspects of insurance, if that is all right.

REPRESENTATIVE KOSINSKI: That would be fine, Mr. Titelman.

MR. TITELMAN: You were told that we have all these claims here, and you were told about a loss ratio, loss ratios of 140 and 160 percent.

Those were with reference to something -- I don't see any chalk here --

REPRESENTATIVE KOSINSKI: It's a budget measure, Mr. Titelman.

MR. TITELMAN: It is tough to draw it on paper.

REPRESENTATIVE KOSINSKI: In caucus, we usually use

blood.

MR. TITELMAN: I hope not mine.

The industry is using incurred claims, incurred losses.

Now, you must understand something about insurance industry

jargon and how insurance industries work.

You see, under the tax law and under the way insurance companies work, they declare a loss and they take a loss and they immediately reserve some of their assets -- in a sense, they become liabilities -- to pay claims.

And some of those losses -- they're all incurred losses -- some of those losses are claims paid. And some of those losses are known claims.

And others are a category called claims incurred but not yet reported. In other words, the way normal people would think of it is, they aren't claims. They haven't become a claim.

It is not something that somebody has filed a suit on.

They haven't even notified the insurance company about it. It
is a claim that an actuary thinks might occur.

And so you have claims paid, and you have known claims, and IBNR, claims incurred but not reported. And that is what incurred claims are.

Now, these are the only ones that have been paid, and these are the only ones in addition to that that they know about, that they have a file on, that something is happening.

So that when they cite you a loss ratio or they talk

about this (indicating), they are talking about the whole shebang.

Now, why is that significant? It is significant because --

REPRESENTATIVE KOSINSKI: First of all, Mr. Titelman, let me interrupt you for one reason. How come the people from the insurance industry couldn't give us this information if you can give us this information? Where did you get your information from?

MR. TITELMAN: Well, I guess I have just sort of paid attention over the years and tried to learn, and I read, and I study. I don't know what else to say.

REPRESENTATIVE KOSINSKI: In other words, would this same information be available to the presenters in the insurance industry?

MR. TITELMAN: Yes.

The fact of the matter is that of every dollar that they take in, they may have only paid out that year 26 cents, but they get to say that they had a loss ratio because of all these incurred claims, even though they may not pay it out until next year, in which case they also will have taken in premiums that year.

Here, we have a very interesting thing. There are two things that are not shown here. One, again, you know about incurred claims. But also, you don't know about the occurrence

5

years of these claims.

Now, we know that what happened in Pennsylvania was, we went from having complete, sovereign immunity to no sovereign immunity to the partial reinstitution, substantial reinstitution of sovereign immunity.

When did these claims arise? I mean, they may have written them down here in 1983, we have 730 incurred claims. Only some of them are known claims. There are a whole bunch of them out there they say we think were claims, but we can't tell you which ones they are, we can't tell you who was involved, we can't tell you who the parties are because we don't know anything about them.

They are claims we think that are out there, we guess are out there. Now, they have motivations for changing their guesses. Let me give you one example of a motivation for changing their guesses: taxes.

You know, you're doing real well, you need tax writeoffs; the more losses you have -- they can take the loss now. They may not pay the claim until five years or ten years down the road, but they take the loss now.

They have a great year, they may find it prudent to raise reserves, to increase the number of incurred claims, increase the IBNR in this example, because they don't want ot pay taxes. I mean, it is just that simple.

It is perfectly legal. The IRS may come back at them,

but the business is a cyclical business, so they have reasons other times for reducing IBNRs. Why do they want to increase IBNRs and why do they want to reduce them?

Well, they might want to increase IBNRs, they might want to increase incurred claims during times when investment yields are declining.

They don't want to write more insurance when investment yields are declining, they want to write less. They've got to justify, they want to justify increased premiums, okay, because their investment yield is declining.

So, it is very, very convenient for them to do that.

Their losses are rising during that period. But when interest rates are rising, it is prudent for them, for example, to reduce IBNRs. Why? They may want to write more insurance.

They write more insurance, they are allowed to write insurance based upon what their net worth is. The typical ratio is a three to one ratio. They can write in premiums three times what the net worth is, what their surplus is. That is the insurance jargon for net worth.

Obviously, you know the accountant's formula: assets minus liabilities equals net worth. If their assets decline, their surplus goes up; they can take on more risk, they can take in more premium dollars and earn more on the investment yield.

So, you have those kinds of factors in there, plus you

have questions about, what were the occurrence years of these claims, these 730 incurred claims, only a percentage of which are known, only a percentage of which are paid.

Some of them may be pre-1978. Some of them may be post-1978. We don't know that. Unless we have an analysis that shows us claims paid by occurrence year, we don't know anything. This is just a piece of paper with a chart.

And the kind of ratio that has been presented to you is just a number that sounds great, but its real relevance to you I question.

So, this is the kind of thing -- I mean, I hear very, very interesting testimony that the representatives of the insurance industry gave.

They say to you that it really doesn't matter what laws you pass, because we are going to find a reason to keep on doing what we have always done.

If you pass the law, we are going to say it might be unconstitutional, you know, so what difference does it make?

Therefore, we are going to continue to do what we want to do regardless of what you do. I mean, that is really what they are saying to you.

If you and the people of this Commonwealth want to continue to take that, I guess that's on all of us. I too feel like I was suckered as a party to the auto insurance law. We made the mistake once of believing the figures that we were

presented by the insurance industry, and I can tell you, we are not going to make that mistake again, and I urge you not to make that mistake again.

They tell you to rely on the insurance commissioner, rely on the NAIC. There was a General Accounting Office study put out about 1979 or 1980 of the problems of insurance regulation and it detailed how our insurance regulatory mechanism was totally inadequate to the task; that there was of course no federal regulation; that the big insurance companies ran circles around the state regulators.

They detailed that one of the biggest problems was the revolving door between the regulators and the industry. And the classic example is the man who sat right here in this seat, general counsel of the Insurance Federation; his immediately preceding place of employment was as general counsel of the Insurance Department.

And he is sitting here giving you that self-serving testimony about the insurance department and this and that and the other thing.

Well, you know, fine, he's welcome to do it. They ask you to take away rights. You know, when you, this Legislature, and the general public dealt with the issue of no-fault insurance and no-fault schemes, what you were offered, at least there was a tradeoff. You were going to give up some rights and you were going to get something back in return.

.

Where's the tradeoff in what they're proposing? Where is the tradeoff? What are they giving back to the people? They're taking their rights away. What are they giving back to the people?

You know, they talk about the civil justice system in other countries and it's not like it is here. You know, in other countries, in some of the great western industrial nations, they have an enormous social welfare system, cradle to grave security for everything.

Here in this county, over half of the American public has no, no security whatsoever for long-term nursing care if they are ill, none.

Seventeen percent of the public has no health insurance. And I could go on and on and on. We have a different civil justice system in this country in part because we don't have the social welfare system that we have in the other socialist democracies of Western Europe or Japan or some of the other countries.

Now, if we want to have a tradeoff, fine. Where's the other half of the tradeoff? Are we prepared to have the business and personal taxes to support that? I can tell you that time and experience has proven that there is only one thing that is more expensive than the tort system, if there is one thing that happens to be more expensive than the tort system. It happens to be social welfare systems, that guarantee

benefits to everybody regardless of the issue of fault in all instances.

But if we want to go that route, fine, I am prepared to begin that exploration. I submit to you that that is a major, fundamental change in our society.

They are proposing one-half of it, just take the rights away. And I tell you that we really are confronted with a conspiracy.

We never before, ever, have had in my examination of history, had an industry and its allies come forward and say that the way to improve profitability is to remove rights.

I think that is unheard of. I mean, to me, the way to improve profitability is to make a better mousetrap, do a better job, reduce overhead, reduce expenses and all that kind of stuff.

They come here, they want to talk about contingent fees.

I'll talk about attorneys' fees all day, if that's what you want to talk about.

Isn't it astounding that what you had in front of you was a bunch of defendants who want to regulate the agreement that the claimant can make with his attorney, how much that claimant can spend on employing his representation, but they don't want to do anything at all about what they are able to spend on their representation.

And the data submitted to you by the National Insurance

Consumer Organization shows that defense costs are at least twice, the defense bar nets at least twice what the plaintiffs bar nets, at least.

CHAIRMAN DeWEESE: Why?

MR. TITELMAN: You have a member of your committee who wants to answer.

REPRESENTATIVE KOSINSKI: They bill on an hourly basis, and the hourly rate is inflated.

MR. TITELMAN: For a fascinating story on the subject, you ought to read Broder's book on the asbestos litigation, in which you would read a horror tale of phalanxes of defense lawyers asking the same witness and repetitive witnesses the same interrogatories time and time again, just running the meter, when they could have settled these cases for a fraction of what they ended up doing.

It is fascinating that they failed to mention to you that the Rand Corporation, which is financed by big business and the insurance industry, did a study for the Reagan Administration, which they haven't mentioned lately after the Willard Report, which found that the only way that contingent fee regulation could save money would be by preventing people with legitimate claims from bringing them, because of the way it changed the economics of the practice of law; or, in those cases with a sliding scale kind of concept, what it does for the first time is, for the first time, it puts the plaintiff's

1 attorney in a potential conflict of interest with his client so that he may be induced to settle the case for less than the case is worth to the client, because the economic value to him has been so diminished, he's looking at his other cases and saying, "For me to get the extra half a million dollars 6 that my client deserves, it's not worth it to me."

Is that justice? Is that justice? In private, these same people who sit here and say this to you, in private they say to me, when we've sat down in meetings, "We know contingent fees is nonsense." Why don't they be honest?

Let's be forthcoming here. I am offended. am truly, truly offended by the testimony that I heard before from the insurance industry.

Now they go on and they talk about frequency and severity and things like that, and I am glad to talk about frequency and severity all day.

Fortunately, the Pennsylvania General Assembly is not about to be stampeded anymore by the insurance industry, at least it seems that way to me.

And thank God, because we have had the time here to see studies and all these things come out, some of which are included here, the National Association of Attorney Generals' Report, the Consumer Federation of America, a synopsis of their study.

There is the National Center for State Court study which

2

3

5

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

is reported in some of these articles.

There is also a letter from the Administrator of the State Courts of Pennsylvania, who said, and I just want to note, that according to state court records, in 1984, there were 36,283 new civil case filings in Common Pleas Courts in Pennsylvania, compared to the 39,784 filed in 1980, a decline of 8.8 percent.

There's your litigation explosion for you. Now, with regard to exploding jury verdicts, isn't it fascinating that the chairman of the board of jury verdict research in front of the U.S. Congress testified that the insurance industry and the proponents of tort reform have been misusing our data, and that they do not support the allegations either of an explosion of verdict or of an explosion of claims.

What about the explosion of verdicts? You may hear from the Chamber of Commerce, because I have heard them say it before, that jury verdicts have risen at a rate twice the Consumer Price Index.

You know, you can do all kinds of things with statistics.

I want to ask you what relevance the Consumer Price Index has
to verdicts.

If you read the study from the Consumer Federation of America, they point out that it really has no relevance. They point out that first of all, personal injury claims, the value of personal injury claims is controlled by the special damages,

the economic loss, the total value. Most of them are settled, and that is what people look at when they go to settle cases.

And the fact of the matter is that the bulk of the special damages more often than not are medical expenses.

And the rate of inflation of the Medical Care Index has been pretty close to twice the rate of inflation of the Consumer Price Index, and that is a far more controlling index than anything else.

Plus, there are other factors that are overlooked.

These are some of them: the lengthening life expectancy. It costs more to maintain a person who is going to live longer.

The fact that we can keep people alive today who used to die, but at substantial expense, with some of the extraordinary advances of medical technology, and we pay for this. We can't expect not to pay for this -- and so on.

So, all of these kinds of factors have to be considered, and the Consumer Federation of America, when it did its study, found -- guess what -- when you consider those factors, no change in verdicts, none, when those factors are considered.

So, they talk about, isn't terrible that there were 400 million-dollar verdicts in the United States a year or so ago, isn't that terrible.

This is a nation of 240 million people. I think it's terrible people get injured like that, but I think frankly, from a risk management standpoint, it isn't all that bad that

through the fault of someone else or a faulty product that they require a million dollars or more in compensation.

And how many of those actually receive the million dollars? How many of those cases are thrown out of court, as the CAT scan case was? Mr. Laskow talked about, there are 3 percent aberrations, and there may be.

there are only 400 people in this county injured so grievously

There are checks and balances in our judicial branch just as you have checks and balances in the legislative branch. That's what the appeals process is for.

And the system works. And for proof that the system works, we don't have to look outside of Pennsylvania. We can look at what happened with that CAT scan case. It is a classic example.

We can go on and on and on. The fact of the matter is, one of the other things I put in here was a recent report just a few days old out of the Wall Street Journal: "Property and Liability Insurers Report Strong Profits, Signaling Easing of Crisis."

Let me tell you what the conspiracy has been. The conspiracy has been to fool the public. They got themselves into this mess. They shot themselves in the book. They over-competed for dollars when interest rates were high so they could get that big, high investment income.

Now they don't want to compete, because they don't want

•

these premiums at these low yields. They don't want to take on risks. They want to be more investment bankers.

And so, what have they done? They went out to get the claims-made form, and they got it in virtually every state, over 40 states -- I tell you, a potential threat to every policyholder who buys it and every person who needs to look to that insurance coverage for payment.

There are real consumer problems with that. And they blackmailed the insurance regulators of this country into approving the claims-made form in over 40 states now. That's what they got out of it.

And that makes, virtually makes the Jackson Township case that was referred to earlier a moot point, because you no longer have occurrence policies, you are going to have claim-made policies. If you want to get into that, I will get into it.

What else did they conspire to do? They put on an advertising campaign intended to shift the focus of attention from their internal problems onto the legal system.

You have seen all these things with the lawsuit crisis. You know, they did all this fancy stuff. They got a Madison Avenue firm and they got focus groups together and they determined that they could change the public perception if they called it that, because it plays to popular images about courts and verdicts and all that kind of thing.

And they told you that we had a crisis in clerical malpractice, you saw that ad, and the one with the babies and the high school sports coaches.

Mr. Laskow mentioned the high school sports coaches, and of course in Pennsylvania, the Tort Claims Act, there is no cause of action for supervision, for lack of supervision. You can't sue your high school sports coach in Pennsylvania.

And they ran this advertising campaign, which I tell you is the single biggest job of jury tampering that has ever been done in this country.

And I think that if a real investigation were run, a really interested investigation, I think you would find that jury verdicts are way down, because they got into the minds of every single person that walks in the jury.

I can tell you this, we've done polling that shows it.

I can tell you, in those states that allow lawyer-conducted voir dire, which Pennsylvania doesn't, they have found that.

That's occurring right now. And these are very shrewd people. They didn't spend \$6.5 million on this advertising campaign for tort reform laws which they knew would be spotty and different and unique and all that in every single different state, because a lot of their rating is done on a national basis and a lot of their rating is done very subjectively.

They didn't do it for that. They knew they were going to win when they bought the advertising, because they knew that

it would show up in the bottom line in reduced verdicts to deserving victims. They knew that they would get the claims-made form.

These are the kinds of things that they were going for.

They hoped in the process they might get a few windfalls, a

few windfalls in terms of gifts that the General Assemblies

of the various states would give them.

People have asked, what about joint and several? I have heard that today. Maybe we should do joint and several, that's a good one.

You know, they did joint and several, and one of the clips, the last one I have, they did it in Iowa and Kansas back in 1983. Guess what?

When this insurance crisis hit in Iowa and Kansas, in Iowa, 41 of the 49 counties had their insurance coverage canceled.

They can't even give us data on joint and several liability. A principle of law which had its beginnings 400 years ago, all of a sudden it's an issue now.

Do you think maybe the real issue is the fear that insurers may have to pay substantial claims on pollution liability, that we have a ticking time bomb here, we have 2,000 identified hazardous waste sites in the Commonwealth of Pennsylvania, over 30 per county on average?

Do you think maybe they're worried about that? Look at

•

this: "Chemical Firms Battle Insurers on Policy." Do you think maybe this was what is underlying some of the attempts to change the tort law?

This is a shell game. And we can play into it or not play into it as we choose. The choice is yours, and the choice is the people's choice.

I suggest to you that the public of this state wants to correct abuses, but they don't want to give up their rights.

I don't think a person was ever elected in this country on a platform of giving up the people's rights.

I don't believe that. Someone could convince me otherwise. Now, with respect to the reputed bill which is not the subject of the testimony today, House Bill 2426, it has been suggested that it is a fair bill and all that kind of stuff.

It wasn't a group of plaintiff's lawyers, it was the Pennsylvania Bar Association's House of Delegates at their annual meeting, a roomful of 250 lawyers, more than half of which were defense lawyers.

And the presentation on this bill was made by a defense lawyer. And the House of Delegates of the Pennsylvania Bar Association voted unanimously -- in fact, there was not a single voice raised in the room in support of 2426, not a single voice -- they voted unanimously to oppose House BIll 2426. They described it as favoring the interests of special

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

interests, as being one-sided and unfair, as being not philosophically honest.

One of the things that was pointed out in the report that was written on it was that it takes away the rights of personal injury victims in tort claims but doesn't do anything in commercial tort claims where these same big corporations may be plaintiffs, you see, suing someone else. It doesn't affect them.

We could go, of course, on and on about that. They also pointed out that these changes in law, experience has shown us, will do absolutely nothing about the cost and availability, the affordability and availability of liability insurance.

It is very interesting, again, Mr. Laskow commented about some states were responding to the tort reform in other states and writing insurance for municipalities and all that kind of stuff.

Where is the response for the municipalities in our state in the wake of the law that municipal people consider to be one of the most restrictive in the United States? Where's the response? Do you think it may be a little bit political? Do you think there may be some other motivations behind that response?

Mr. Laskow pointed you to California as an example that tort reform works, because the insurance rates increased at

half the national rate. He failed to tell you a few things.

He failed to tell you that the insurance law, like the law in Pennsylvania, prohibits excessive rates. But unlike the law in Pennsylvania, the insurance law in California allows a private right of action.

In Pennsylvania, the only person that can bring an action against the insurance industry for excessive rates is the commissioner.

And so, what did the doctors do in California? They sued their insurance companies. And in just one case -- and there were several of them -- I believe it was with Traveler's, they got a \$46 million refund for excessive premiums.

Do you think that might have had something to do with what happened with insurance rates in California? So, we can go on through -- oh, yes, I really wanted to comment on pain and suffering.

We lawyers make a mistake, it's a real error that we make in allowing people to call it pain and suffering. We refer to it as that ourselves.

Pain and suffering, so-called pain and suffering is really general damages. If you want to call it non-economic loss -- it's general damages, is the real term of art.

And it is in fact the only compensation the victim receives for the injury itself, the only compensation the

victim receives for the injury itself and the way that injury adversely altered the victim's quality of life. It is the only compensation.

Mr. Blaum is a very good friend of mine and I have a high admiration for him. He sponsored a bill that the Medical Society want to put in which absolutely abolished any compensation for that.

And the result of that, I'll give you examples, because it also handled the collateral source rule: a woman, let's say she's a housewife. She goes in for a procedure, and they mistake her for the wrong patient and they do a radical mastectomy.

She has no lost wages. Her medical bills are paid. Under House Bill 2230, not a dime of compensation for the injury itself -- not one thin dime.

I could give you example after example of how egregious, how unfair, how outrageous that is. I don't think I have to, because frankly, I think that the witnesses that went before me concluded my case.

And so, I think you for your patience, and I would be glad to answer any questions.

CHAIRMAN DeWEESE: You don't have to call me "Your Honor," but that was -- I think one of the former witnesses said you were part of the priesthood of the Bar; regardless, that was a heck of a performance there.

MR. TITELMAN: And I wasn't paid on a contingent fee.

CHAIRMAN DeWEESE: This is no bull, committee members.

We are going to have one question and one followup, and that is it, and then we will come back around, rather than what we did before.

By the way, to the general public here, we are learning. This is a good agenda. I have learned something here, and I will take full responsibility for it. Next time, it will be an all-day event, and we will have four or five people before lunch and four or five people after lunch, and you won't have to get here early.

I apologize for this scheduling aspect only, the time. Everything else, I am not going to apologize for. Question? Lois Hagarty? And then Gerry Kosinski is next.

REPRESENTATIVE HAGARTY: Could you tell me your opinion on the constitutionality of limiting attorneys' fees?

And I say that because it is my understanding that the Supreme Court has already decided that limiting attorneys' fees by the Legislature is unconstitutional.

MR. TITELMAN: I think that you are right about that.

I think that Article V of the Constitution -- lawyers are officers of the court. I think we sometimes perhaps forget that, but shouldn't. And it gives them complete authority over the regulation of the practice of law, so that it is my personal opinion that regulation of attorneys' fees is

unconstitional.

You know, I am very fond of telling poeple that they ought to shop around for lawyers, too. They don't. They don't shop around for insurance companies. They don't shop around for lawyers and all that kind of stuff, and consumers sometimes do themselves an injustice.

You work out a fee agreement with your lawyer like you work out any other contract.

REPRESENTATIVE HAGARTY: Thank you.

REPRESENTATIVE REBER: Can I just expound on that answer, because I think it is apropos to what we are hearing today.

CHAIRMAN DeWEESE: Yes, you can.

REPRESENTATIVE REBER: I also tell many of my corporate executives with insurance companies down in the big city that they also ought to shop around for defense counsel, because the hourly rate in Western Montgomery County is a lot less than it is in Center City Philadelphia, and I think the quality of representation for those insurance companies might be enhanced at a much cheaper price, which again, as we heard earlier, will ultimately be reflected in the premium paid by the consumer.

So, there are some lessons to be learned about shopping around by all.

MR. TITELMAN: I would like to comment, if I could, on

a couple other sort of constitutional issues that were raised by earlier witnesses.

CHAIRMAN DeWEESE: Anything to do with Ms. Hagarty's question?

MR. TITELMAN: Well, no, it is not.

CHAIRMAN DeWEESE: Then we are going to continue the question and answer. Go ahead, do you have a follow-up?

REPRESENTATIVE HAGARTY: I will just yield to Mr.

Titelman on the constitutional issues, because I fee -- and I have begun to answer my correspondence in terms of indicating to people my concern to support bills that at least in my understanding have very unconstitutional provisions. So, I think that it is important.

CHAIRMAN DeWEESE: You want to enhance your earlier comments relative to --

MR. TITELMAN: Just that there were some other issues raised, for example relating to the Political Subdivision Tort Claims Act and things like that.

There are several cases that are up in the courts now with regard to whether transportation authorities come under the purview of sovereign immunity.

I am actually told by someone from SEPTA that they have reason to believe that they are going to be, very shortly, afforded the protection of sovereign immunity as a commonwealth agency, so all these things that do get resolved by the courts,

you aren't going to ever have perfect predictability in anything in this world. The insurance companies have lived with that. Change is the one constant, we all know that.

But there are cases in the courts now on some of these issues, and the courts have consistently to date upheld the constitutionality of the Political Subdivision Tort Claims Act and sovereign immunity, although I must tell you that I personally believe that the cap contained within that legislation is blatantly unconstitutional.

The other thing that was mentioned that relates to that was the liability of public officials and employees arising under federal law, and it was said that nothing could be done about that, that we have taken care of that on our Pennsylvania law as far as liability arising under Pennsylvania law.

And I spoke to Mr. Sislo afterwards, and he said that I could quote his agreement with this. There is one thing that could be done that would close the loop, that would solve that problem, and that is in one of the bills before you, l Senate Bill 1395.

While you cannot change federal law, you cannot address federal law, what you can do is provide that public officials and employees are to be defended by the municipality and indemnified by the municipality.

You can do that, and we feel that you should do that.

ß

.

That way, there would be absolutely no fear of personal liability on the part of public officials or employees acting within the scope of their authority.

CHAIRMAN DeWEESE: Gerry Kosinski, one question and one followup.

REPRESENTATIVE KOSINSKI: Mr. Titelman, are we close to any sort of settlement on medical malpractice?

MR. TITELMAN: Certainly we are all hopeful for that, and working very, very hard. That has been a two-year process that we have dedicated the substantial resources of our association almost exclusively to.

And it is my understanding that there is some degree of communication through the office of the Senate President Pro Tem who has taken the lead in this. And I hope so.

CHAIRMAN DeWEESE: No followup?

REPRESENTATIVE KOSINSKI: No followup.

CHAIRMAN DeWEESE: Bill Baldwin.

REPRESENTATIVE BALDWIN: On the constitutional issue in Senate Bill 2426 and some others, talking about taking away damages, isn't that also a function of the court?

MR. TITELMAN: Yes, and I am glad you raised that,
because again there is a case up in the Supreme Court on that
issue, and rumor has it that they are going to take some action
on that issue that might not exactly make members of my
association happy. And I understand that that action is

imminent.

But yes, it's a rule of court. I think that the court guards their prerogatives very closely, just as the legislative branch guards its prerogatives closely.

I think that you might have a real conflict between two of the three branches of our government on that issue. While we are on the constitutional thing, there was one other point that was made, and that was the so-called cap on medical malpractice bill.

That is not an absolute cap. It could not be, to withstand constitutional muster. And if you really want to get into the details of how that works, I would be glad to do it, but somehow I don't think you do.

I resented the comments again which were made earlier which I think portrayed it in a rather self-serving fashion.

CHAIRMAN DeWEESE: Any other questions? Kevin Blaum?
MR. BLAUM: Thank you, Mr. Chairman.

In relation to the 2230 bill which you mentioned, you may have heard me say earlier that I believe -- and I think you may have just referred to it -- that any cap on what somebody can sue for probably violates the constitution of Pennsylvania because of the amendment that was put in way back in nineteen-whatever.

And I am happy to hear you say that you are hopeful there will be a solution to medical malpractice, an agreed-upon

2

solution, which I think 2230, 1513 will primarily be responsible for.

3

4

5

6

7

8

9

10

11

12

13 14

15

16

17

18

19

20

21

22

23

24

25

MR. TITELMAN: I think that you are probably right, and I think, Kevin, you certainly made a contribution that is an important contribution, helping bring people together and urging a constructive solution.

I really think that it is a highly complex issue and it requires the best minds on all sides of the issue to sit down and work it out, and I hope we do.

CHAIRMAN DeWEESE: Bob Reber?

REPRESENTATIVE REBER: Thank you, Mr. Chairman.

Mr. Titelman, you have been eloquent in getting to a lot of what you consider to be per se distinctions on the issues that are facing us on this.

But I would prefer if you would really get to the jugular and tell this committee, if you will, what, one, two, three, as you see it, might be the areas which could be addressed legislatively, stand the constitutional muster, not get into a conflict of separation of powers, and yet provide the relief that our particular constituents, municipal, governments, doctors, tavern owners, day care center operators will see in the form of reduced premiums? All the rhetoric is real good.

MR. TITELMAN: I would be glad to do that. I did think that I had gotten to the jugular, and if I missed, I'm sorry.

REPRESENTATIVE REBER: You danced around it, but you didn't give me anything that --

MR. TITELMAN: I sure made an effort, but I will make another leap at that jugular right now.

REPRESENTATIVE REBER: Concise, to the point.

MR. TITELMAN: First of all, I will comment with these particular bills on your agenda, and then I will move to some other things that you might want to consider.

CHAIRMAN DeWEESE: Concise, please.

MR. TITELMAN: Very quickly.

allows municipalities to get out of the grip of the insurance industry to a degree and not be so victimized by the insurance industry's business cycle, and it provides a very important security from personal liability to public officials and employees, fear of personal liability. I think it is a definite step in the right direction and improvement.

Senate Bill 1427 codifies into state law Federal Rule

11 and increases the arbitration limits, and I think that this
is appropriate kind of reform in our legal system with respect
to the arbitration limits in that it speeds the process of
justice, reduces the cost of justice, and I think that is
something that justice is all about. And I think that is
a plus.

With regard to Federal Rule 11, I would be glad to

<del>-</del> 

provide evidence to the Committee, including the ABA book that Mr. Laskow referred to, because they pointed out that it was being used with increased frequency.

In fact, I am aware of a very recent case in the federal court in the Western District of Pennsylvania where a very prominent member of our association was socked with over \$100,000 of defense costs, merely because he tried to pursue the enterprise liability theory in Pennsylvania.

So, the one fear that I do have with this piece of legislation is that it could be abused. But we are as lawyers opposed to frivolous lawsuits.

They don't serve any of us well, and anything we can do to cut down on frivolous lawsuits as well as frivolous defenses -- and Rule 11 in that respect is even-handed -- is I think something we could live with. I am concerned about the potential for abuse.

With regard to punitive damages, Senate Bill 1428, it is an extremely restrictive law. The problem with punitive damages -- and this is a classic red herring, because punitive damages are not paid by insurance companies, unless the insurance company did the actual act and is being sued itself for punitive damages, because you can't insure punitive damages. They have nothing to do with insurance rates.

The problem with punitive damages is that sometimes they are pleaded in cases where they don't belong, and may in fact

incur some defense costs in that respect.

And this would really put a chilling effect on that without preventing punitive damages from being brought in the types of cases where they are absolutely appropriate, and by that I refer you to cases like the Dalkon Shield, the repetitive conduct.

It is very interesting, the Chamber's bill, 2426, says you can bring one punitive action, as best as I recollect, the first case, and then there's no more.

What about repetitive conduct? What about the fact that you keep putting the product in the market, in the stream of commerce, knowing full well what it is going to do, and it does it again and again and again and again.

Punitive damages are an important part of the law, and we should prevent them from being pleaded in cases where they are inappropriate, but not tamper with them otherwise, and 1428 does that, and the people in the insurance industry have agreed with me in that respect.

With respect to 1625, I think it is truly, as I said once before, an acid test of tort reform just as the Political Subdivision Tort Claims Act was.

And once again, the insurance industry came up wanting.

And that is your Act 57. There are other areas. I frankly

think that the record is replete with evidence that changes in

tort law are not going to do anything about affordability and

y

availability of insurance, and that is the problem, and that is the issue that ought to be focused on.

And if you want to do something about affordability, and if you want to do something about availability, there are things you can do.

What are they? First and foremost is insurance company financial disclosure, complete, thorough, line by line classification by classification, so we know the experience of our political subdivisions in Pennsylvania and we are not being hurt by something that happened over in New Jersey, so that we know what the experience of day care centers is and nurse midwives and so on.

Knowledge is the beginning of wisdom. Without it, how can we make fair judgments affecting people's rights? And we shouldn't.

Market mechanisms to assure availability of insurance; a joint underwriting association — the Market Assistance Plan is at best a weak response and I think totally inadequate, and I think that you need a stick, and the stick with the industry to make they write insurance is a joint underwriting association, a mechanism which says to the insurance industry, if you decide because of your market conduct that you are not going to write a specific line, then by golly we are going to make the lot of you the insurer of last resort.

It keeps the state out of the insurance business and it

2

makes the insurance industry pay a price, which it ought to pay, for its adverse market conduct.

3

CHAIRMAN DeWEESE: How about banks?

4

6

5

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

I certainly think that is something that MR. TITELMAN: ought to be looked at. You know, the insurance industry, broadly speaking, appears competitive.

But in some lines, it is not competitive at all. When

you have one or two people selling in a line, that is not competition. And we ought to be looking at that.

We ought to be doing something about removing their protection from antitrust liability. We ought to be --

CHAIRMAN DeWEESE: That is not this level, though.

MR. TITELMAN: We could do that on the state level, yes, we could. We could have a state antitrust law that relates to insurance companies.

We ought to provide a private right of action for insureds from unfair insurance practices, including excessive profits and unfairly discriminatory practices, a private right of action, so we don't have to rely on the good graces of whoever the insurance commissioner may be, without characterizing any insurance commissioner.

We ought to put a band around rates, that is have flexible insurance rates in this sense: you get a rate, it's an actuarily sound rate, there are limits as to how far you can deviate from that rate up or down.

That would protect insurance consumers from the enormous volatility of the market cycle. These are at least some of the things, and I would be glad to submit to the committee some more detail in terms of insurace regulation.

A consumer advocate may not be a bad idea in that area. There's an interesting bill that Senator Bell just put in that ought to be looked at, creating a real insurance commission. It's called a commission, but it's not really. It's a cabinet office like any other.

Maybe we ought to be looking at that kind of thing. But we've got to be focusing our attention on affordability and availability of insurance and the kind of market conduct that was revealed, for example, in the medical malpractice study where you see a company like PIMSLIC being preyed upon -- that's the doctor-owned insured -- being preyed upon by private insurers who know how to time their market entry, who skim the cream of the market and do things like that.

There are all kinds of tactics that they use in the marketplace that ultimately inure to the benefit of certain insurance companies, but are definitely to the detriment of the public.

REPRESENTATIVE KOSINSKI: Who is PIMSLIC's provider, private provider?

MR. TITELMAN: No, I am saying, they are competitors of PIMSLIC who engage in market conduct that cause them

CHAIRMAN DeWEESE: Any further questions?

(No response.)

CHAIRMAN DeWEESE: If there are no further questions, thank you very much, Mr. Titelman, for your testimony.

MR. TITELMAN: I appreciate the opportunity, thank you.

CHAIRMAN DeWEESE: The last gentleman to testify before

our committee is Bill Graham, assistant counsel and chairman

of the risk management committee of the Pennsylvania Chamber

of Commerce.

--

I profusely apologize for the delay. It will not happen again, I hope, ever under my stewardship.

MR. GRAHAM: That's quite all right. We are happy to have the opportunity to speak at any time of the day. Good afternoon, Mr. Chairman and members of the committee.

I would like to take this opportunity to thank you for providing me with the opportunity to testify today concerning the vital issue of tort reform.

My name is Bill Graham, and I am employed as an assistant general counsel for the Bethlehem Steel Corporation. I am here today on behalf of the Pennsylvania Chamber of Commerce as the chairman of its risk management committee.

Also with me today is Fred Fox of the Chamber's staff.
Whether you choose to characterize it as a problem or as a crisis, it is simply beyond debate at this point that the cost of liability insurance has increased dramatically for most

business, governmental and non-profit activities. In many instances, it has become either unaffordable or unavailable at any cost.

It is also clear that while the burden of this problem may initially be borne by the businesses, professionals, municipalities or non-profit organizations seeking insurance, it is ultimately borne by the taxpayers and consumers generally, whether it is in the form of higher costs and higher taxes on the one hand, or in the loss of services and goods available on the other. Whether it's a municipality forced to close a recreational program or facility, a drug company no longer willing to manufacture vaccines, or an obstetrician's decision to stop delivering babies, it is the taxpayers and consumers as a whole who are the ultimate losers.

And it is also they who ultimately bear the costs and burdens of an overcrowded court system where the resolution of even meritorious claims is often delayed by the glut of meritless claims, claims spawned by a tort law system where liability standards have steadily departed from traditional concepts of fault or causation and where damage awards can exceed a reasonable measure of compensation for the actual injury suffered, a system where the ever-increasing costs of defense, the growing reluctance of the courts to dismiss frivolous claims, and the unrelenting increase in jury verdict exposure often combine to compel the so-called nuisance value

settlements of even clearly groundless actions.

It is this problem with the current tort law system which we believe must be addressed in order to achieve any meaningful, lasting relief from the liability insurance problem. By specifically addressing frivolous or dilatory pleadings and the unwarranted assertion of punitive damage claims, Senate Bills 1427 and 1428 serve as laudable first steps toward that end.

It should be noted, however, that the bills do not fully remedy either the particular problems at which they are directed or the overall problem with the tort law system.

On the one hand, the effectiveness of Senate Bill 1427 in eliminating frivolous claims and dilatory procedures will necessarily be determined by the actual practice of the courts in imposing sanctions under it.

Since it is essentially analogous to Rule 11 of the Federal Rules of Civil Procedure, the experience with the federal rule should be instructive.

Unfortunately, however, in spite of repeated attempts to effect more vigorous use of the federal rule, the actual imposition of sanctions under it, particularly for the bringing of frivolous actions, has remained relatively infrequent.

While there is little reason to believe that the experience in Pennsylvania under this bill would be

substantially different, the possibility of sanctions alone would nonethelness necessarily have some favorable deterrent value.

On the other hand, the effectiveness of Senate Bill 1428 in eliminating the coercive use of unwarranted punitive damage claims may be limited by its own terms. In many of its provisions, it does not significantly depart from current law and, in some, it essentially restates it.

Because punitive damages have traditionally been intended to apply in only the extreme cases, involving intentionally malicious conduct, because they constitute a windfall to the claimant and their attorney, and most importantly, because they are all too frequently used merely as a device to drive a wedge between the defendant and his insurance company and to enhance the nuisance value of a claim, we believe that the provisions contained in House Bill 2425 and 2426 with regard to punitive damages would more appropriately remedy this problem.

Specifically, punitive damages should only be awarded where the evidence is clear and convincing that the defendant personally acted out of hatred or spite directed toward the injured party, or knowingly acted with malice in violating the injured party's legal rights, or for the similar actions of their agent where they knowingly authorized the doing and the manner of the act.

Any such award of punitive damages should be limited to 150 of the compensatory damages awarded, and should only be awarded once for the same act or course of conduct.

Finally, evidence of a defendant's wealth or financial condition should only be admissible after an actual liability determination, so as to avoid any prejudice to the defendant in that determination or any unnecessary harassment of the defendant in the interim.

It should be reemphasized, however, that even if enacted in the most effective forms, Senate Bills 1427 and 1428 would provide only a small measure of the tort reform necessary to bring about lasting, meaningful relief from the liability insurance problem.

Such relief can only be achieved through the more comprehensive approach embodied in House Bills 2425 and 2426. Specifically, any successful solution must additionally address, among other issues, the following:

The abrogation of joint and several liability;

The reduction of awards for future damages to present worth;

A limitation on awards for noneconomic loss;

The modification of the collateral source rule;

A contingent fee limitation;

Modification of Rule 238 relating to delay damages;

The admissibility of evidence of remarriage, and that

awards are not subject to income tax;

2

More definite standards of proof in toxic torts;

3

The nonadmissibility of advance payments;

The notice of intent to sue:

5

Clear definition of "Commonwealth Party";

6

Modification of the strict liability theory in

7

products liability cases;

8

State of the art, alteration, modification and misuse

9

defenses and a seller's exemption in products liability cases;

10

And a limited statute of repose and the limited

11

admissibility of post remedial improvements in products cases.

12

Time precludes me from discussing these provisions in

13

I will, however, remain to answer all questions

14

relating to all those specific provisions.

15

As they are treated in House Bills 2425 and 2426, however, they do not constitute a dramatic departure from

16 17

the current tort law system.

18

Under no circumstances do any of the provisions,

19

either standing alone or taken together, take away anyone's

20

right to bring an action in the first instance or to have it

21

determined by a jury.

22

measure of balance to the system and to ameliorate some of the

The thrust of the bills is solely to restore some

23 24

unfair and coercive elements of the system which have

25

encouraged the filing of meritless claims and the payment of

в

nuisance value settlements.

while these bills may not be a panacea, they do address a number of critical problems and will provide a large measure of predictability, fairness and relief.

We solicit your favorable consideration of these important bills, and I again thank you for the opportunity to be here.

CHAIRMAN DeWEESE: Thank you very much.

Chris Wogan or Lois Hagarty, any questions or observations?

REPRESENTATIVE HAGARTY: No.

REPRESENTATIVE WOGAN: Nothing, Mr. Chairman.

CHAIRMAN DeWEESE: Counsel has a couple questions.

MR. EDMISTON: Mr. Graham, do you have some commentary that you can share with us concerning the discussion that I imagine you have heard some of regarding the kind of data that is available on the insurance industry and the practices that take place?

MR. GRAHAM: I have been here all day, and I will try and recount as well as possible the basic line of that questioning.

As I understand it, there has been a request of the insurance industry to provide concrete, dollar percentage figures in terms of the effect that the enactment of these bills would have on future premiums.

I am not a representative of the insurance industry.

In fact, my company is for most purposes self-insured. It is my feeling, though, that it would be difficult for the insurance industry to give you finite figures with regard to an event and an experience which has yet to occur.

I do believe that the experiences in Connecticut,

California, and other states where they have enacted similar provisions are instructive.

At the same time, I have not heard any figures from any of the other speakers or studies for that matter that demonstrate that the enactment of these provisions would not have a substantial, positive effect on liability insurance premiums.

One of the problems, of course, is you are required to look into a crystal ball and determine what effect the courts will ultimately give to these provisions, and in fact what effect that will have on both the filing of the claims and the ultimate overall cost, referred to before as the severity of claims.

I am not sure how anybody could give you a definitive answer on that. I have heard no evidence or testimony today that it would not have a positive effect, and I believe just common logic suggests that.

I am not an underwriter, but the scope or parameters of liability of the insured are necessarily determined by the

expansiveness of the liability theories and the damage theories to which they are ultimately subjected in our court system.

If those are restricted, if those are limited, logic dictates that it has to have a positive effect. Given the future's economic conditions, I don't know that anyone could promise that it would in fact lower rates or lower them by a set amount or percentage.

But I don't believe anybody could sit here and tell you that they wouldn't have a positive effect in that regard.

CHAIRMAN DeWEESE: Fred Fox, I didn't recognize you with the contact lenses. I apologize for not saying hello earlier.

A couple of questions to both you gentlemen. Financial disclosure, line by line, for the insurance companies -- by the way, I am not an attorney, and I am not self-abnegating, either, so I am just going to admit, I don't know some of these things, and the people in Monroe or Snyder or Pike or Greene or Fayette Counties that we represent are obviously lost quickly in this kind of setting.

And what we hear from the insurance people as opposed to what we hear from Mr. Titelman as opposed to what we hear from doctors and Cliff Jones and everyone else is very, very confusing to some of us.

But if we had financial disclosure, line by line, would

that enhance our current system in Pennsylvania, if the insurance companies were to give us this information?

MR. GRAHAM: I am not sure, again, that I can give you a definitive answer. I think, in terms of additional requirements that are imposed on the insurance company or the industry, what you have got to look at is, is the cost that adheres to those additional requirements outweighed by the benefit that is conferred by having that information.

The problem that we are dealing with right now is one of availability and affordability of insurance. I think you have to carefully consider the cost of any measures that are considered so that ultimately the net effect is not to drive up the cost, which is one of the problems we are dealing with, or to make it more unattractive or desirable to write insurance in this commonwealth, so that we drive off the insurance companies.

But if, in reviewing the matter, it appears to you that the benefit conferred by having that line by line information exceeds the cost of the burden on the insurance company, then it is desirable.

CHAIRMAN DeWEESE: You have been here all day, sir.

Paul McHale, my colleague from Lehigh Valley, was talking about a municipality that was paying exponentially more this year than it was a couple of years ago.

What is going to happen if the Chamber's tort reform

concept was realized; would Paul McHale's municipalities still be paying those high premiums, or are they going to plummet?

MR. GRAHAM: I think that goes back to my response to the earlier question about the inability to predict a precise amount or percent that the premiums may be affected.

But again, I think these bills could have nothing but a positive effect on premium levels, whether it is in terms of reducing premiums or whether it is in terms of holding back increases due to economic considerations.

today with the red suit on and said that her day care center was paying 10 times, really five times for half the coverage, what they were a year ago, as an attorney and as a citizen of the commonwealth, do you think that is the responsibility of the civil justice system, or do you think the insurance companies are ripping us off, or is it somewhere in the middle?

What do you think about that? I mean, ten times in a year, this didn't exist when you and I were little boys. This didn't exist ten years ago. Is there no way that Cordisco and Blaum and some of these other men are right, that the insurance companies invested heavily and put a lot of money out there a few years ago, and all of a sudden they are trying to recoup their losses?

Is there no way the insurance company couldn't be 100

percent or 80 percent or 60 percent culpable for the confusion that allowed this lady's day care center to have the probem it did?

MR. GRAHAM: I don't think that there's no way that the insurance industry may not have had something to do with the dramatic rise.

I do think that if you look at a ten-fold rise in a year in terms of the cost of premiums, that is something that would cause you to take a second look and a very hard look at the causes of that.

I think, without a doubt, that a cause and a significant cause is indeed the tort law system. And when we talk about, why not 10 years ago, why not 15 years ago, the answer is because the expansion of liability theories and damage exposure in the last 10 to 15 years is virtually unprecedented.

We heard many comments about the fact that our common law system derives from a history of 300 to 400 years. Most of the elements of this system that are addressed in these two bills are very recent vintage.

Some go back a great length of time, and I am interested to hear that that argument is used both ways in opposing it; if it has been here forever, it can't be changed, which is with regard to most of the provisions that we are seeking to change.

And on the other hand, if it is of relatively new

vintage, that's okay, too. I mean, it seems to me you can't have it both ways.

But I want to point out, too, in that regard that putting aside all the economic arguments, the provisions of 2425 and 2426, when you go and take them item by item, which really hasn't been done today -- there's been focus on a couple of them -- when you take them item by item, besides the economic considerations, what they are intended to do as well is restore a measure of balance to the system.

I don't think anybody who practices in the system -- and I have been trying cases within it now for 13 years -- can sit here and tell you that there hasn't been a dramatic expansion in terms of liability theories and damage theories as well.

But to go back to the original thrust of your question, can the insurance industry be viewed as having had something to do with it? I believe that that is something that ought to be looked at.

But again, I think you have to look at what you might do with respect to the insurance industry on a cost/benefit basis so you don't exacerbate the problem.

CHAIRMAN DeWEESE: There's some degree of objectivity.

Obviously, there are certain other aspects of the day's proceedings we haven't seen or felt in that answer.

Fred Fox, Chamber of Commerce, what do you folks think

about a consumer advocate for insurance?

MR. FOX: Mr. Chairman, if we have a policy on that, at the moment I am unaware of it. We have not taken a position either favoring or opposing a consumer advocate in the insurance commission that I am aware of.

CHAIRMAN DeWEESE: What does Fred Fox think about it?

MR. FOX: I think that is irrelevant in this proceeding.

CHAIRMAN DeWEESE: Well, you are well paid and you are

a man on the hill --

MR. FOX: I dispute that(laughter) --

CHAIRMAN DeWEESE: -- and let the record show that I was interested in what the lobbyist of the Chamber of Commerce thought about a consumer advocate for insurance. Insurance is big business in this state. You represent business, Fred Fox. I just asked you what you thought about that, so let the record show that.

Fred Fox, you were preceded by a couple very affable, knowledgeable folks from the insurance industry about an hour ago, and they are free enterprisers just like you and Cliff, Bethlehem Steel.

Somehow, we forget to ask them what they thought about banks getting involved in insurance. I don't know how we let that go.

What do you think about banks, free enterprise, getting more people involved; what do you think about banks in

## insurance?

MR. FOX: Generally speaking and philosophically speaking, we do favor a competitive marketplace for insurance. I am not prepared, I did not come here today prepared to address that specific issue of banks in the insurance business or insurance companies in the banking business.

I really cannot answer that question. I don't have the knowledge to.

CHAIRMAN DeWEESE: Bill, you say Bethlehem Steel is self-insured?

MR. GRAHAM: It is for most purposes with regard to liability claims, but any company our size is required to retain insurance under some contractual provisions and under some financing terms.

But for most of the types of claims that have been the subject of discussion today, we are indeed a self-insured.

CHAIRMAN DeWEESE: Would you find it favorable for the Commonwealth to make it easier for people to self-insure in Pennsylvania?

MR. GRAHAM: I guess the answer would have to be yes.

For most purposes, we already are. I can see no vice in making it easier for people to self-insure.

CHAIRMAN DeWEESE: Last question: as a lawyer, representing Bethlehem Steel, I don't know if it was Titelman or one of the people who testified earlier who said

something about, antitrust legislation could be offered in 1 the state, that it might have a positive impact. Do you 2 have any observation on that, relative to the insurance 3 companies? MR. GRAHAM: It is my belief that that is an area that 5 has been preempted by Congress. And my view, without having 6 researched it, would be that it is not an area that can be 7 filled by the state. 8 But I didn't come here prepared to address that 9 question. We could certainly do so. 10 CHAIRMAN DeWEESE: That is one of my peculiar problems, 11 12 that I like to ask questions on different parts of the dart board except for the bull's-eye. 13 14 I have nothing else. Lois Hagarty? 15 REPRESENTATIVE HAGARTY: No questions. 16 CHAIRMAN DeWEESE: I assume there is nobody else. 17 Thank you for your perdurability, and tell Cliff I 18 said hello. MR. GRAHAM: Thank you for the opportunity. 19 CHAIRMAN DeWEESE: That's the end of the meeting. 20 21 (Whereupon, at 3:12 p.m., the proceedings were concluded.) 22 23

24

25

T homobus a

## CERTIFICATE

I hereby certify, as the stenographic reporter, that the foregoing proceedings were taken stenographically by me and thereafter reduced to typewriting by me or under my direction; and that this transcript is a true and accurate record to the best of my ability.

COMMONWEALTH REPORTING COMPANY, INC.

Зу:\_\_\_\_\_\_\_*\_\_\_\_* 

John A. Kelly

-0-