OFFICIAL TRANSCRIPT

PROCEEDINGS BEFORE

THE SUPREME COURT

OF THE

UNITED STATES

CAPTION: AMERICAN MANUFACTURERS MUTUAL INSURANCE

COMPANY, ET AL., Petitioners v. DELORES SCOTT

SULLIVAN, ET AL.

CASE NO: 97-2000 6.2

PLACE: Washington, D.C.

DATE: Tuesday, January 19, 1999

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Supreme Court U.S.

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1	IN THE SUPREME COURT OF THE UNITED STATES
2	X
3	AMERICAN MANUFACTURERS :
4	MUTUAL INSURANCE COMPANY, :
5	ET AL., :
6	Petitioners :
7	v. : No. 97-2000
8	DELORES SCOTT SULLIVAN, ET AL. :
9	X
LO	Washington, D.C.
11	Tuesday, January 19, 1999
12	The above-entitled matter came on for oral
13	argument before the Supreme Court of the United States at
L4	10:02 a.m.
1.5	APPEARANCES:
16	MICHAEL W. McCONNELL, ESQ., Chicago, Illinois; on behalf
.7	of the Petitioners.
8	MALCOLM L. STEWART, ESQ., Assistant to the Solicitor
.9	General, Department of Justice, Washington, D.C.; for
20	the United States, as amicus curiae, supporting the
21	Petitioners.
22	LORALYN McKINLEY, ESQ., Philadelphia, Pennsylvania; on
23	behalf of the Respondents.
24	
5	

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1	PROCEEDINGS
2	(10:02 a.m.)
3	CHIEF JUSTICE REHNQUIST: We'll hear argument
4	first this morning in No. 97-2000, American Manufacturers
5	Mutual Insurance Company v. Delores Scott Sullivan.
6	Mr. McConnell.
7	ORAL ARGUMENT OF MICHAEL W. McCONNELL
8	ON BEHALF OF THE PETITIONERS
9	MR. McCONNELL: Mr. Chief Justice, and may it
10	please the Court:
11	As you know, in this case there are two
12	questions presented, one having to do with the State
13	action doctrine, one having to do with procedural due
14	process. And although my clients could prevail on either
15	of these theories, I'd like to begin by urging this Court
16	to reach both of these questions.
17	Certainly the Court has authority to reach both
18	because even if the private insurance companies are found
19	to not to be State actors and, thus, to have no further
20	liability in the case, there do remain other parties in
21	the case, the Commonwealth of Pennsylvania, and the School
22	District of Philadelphia, and they are they are
23	certainly affected by the due process holding in and of
24	itself. But more important

25

QUESTION: Have they petitioned, Mr. -- Mr.

1 McConnell?

MR. McCONNELL: They did petition. Their

petitions were denied. They are, of course, parties in

this Court pursuant to this Court's rules.

More important, from our point of view, is the effect upon the system in Pennsylvania were this Court to leave -- to affirm on the State action question but to leave the due process holding of the Third Circuit in place.

There is a single, comprehensive, integrated workers' compensation system in Pennsylvania that involves both government employers and private employers, both private insurance companies and a government insurance company with exactly the same rules and obligations applying to all of them and, very importantly, with risk sharing among them in the form of assessments that are -- that are put into a fund for the purpose of dealing with the -- with the risk of providing -- of medical providing of unnecessary and unreasonable care. Should --

QUESTION: Mr. McConnell, from what you've said, it seems to me that if the due process question were decided in your favor -- as you mentioned, you have the State insurance fund in there and public employers. If the due process question is decided in your favor, isn't the State action question academic?

1	MR. McCONNELL: Your Honor, that may very well
2	be true. I do think that the State action question is
3	logically prior, and so I assume that the Court must reach
4	that question first, but in terms of full relief excuse
5	me.
6	QUESTION: That was the way we decided Jackson
7	v. Metropolitan Edison. We have the State we decided
8	the State action question first because we thought it was
9	prior, but we did not go on to decide the due process
10	question.
11	MR. McCONNELL: Yes, Your Honor, although in the
12	in the San Francisco Athletic case, the Gay Olympics
13	case, the Court did both decide a State action question
14	and the First Amendment question which was logically
15	related to to the two. So, the Court the Court
16	certainly has authority
17	QUESTION: Leaving leaving later generations
18	to say that one-half or the other is dictum.
19	(Laughter.)
20	MR. McCONNELL: Lower courts, fortunately,
21	aren't free to say that, Justice Kennedy.
22	Well, if I can now turn to the State action
23	issue. At stake in this doctrinal question is whether to
24	constitutionalize major aspects of the administration of
25	workers' compensation and other State mandated but not

1	State	provided	insurance	and	employment		and	employee
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- 2 benefit programs. If these issues involve State action,
- 3 then quintessential questions of regulatory policy that
- 4 are now decided by private parties subject to regulation
- 5 by the State will become the regular business of the
- 6 Federal courts.
- 7 QUESTION: What's your best argument to
- 8 distinguish Tulsa Professional Collection? It seems to me
- 9 to be one of the cases that's closely on point.
- MR. McCONNELL: Well, Your Honor, in -- in Tulsa
- 11 -- an ordinary private citizen, such as the administrator
- of an -- of an estate does not have the power to -- to
- end, to cut off the rights of their creditors. That is
- 14 not something that private citizens can do on their own.
- In Tulsa, they go to the State and the State provides the
- active assistance that enables them to accomplish this
- 17 result, that is, cutting off their creditors' claims, that
- 18 they couldn't do on their own.
- In our case, by contrast, private companies
- 20 regularly withhold the payments to -- pending resolution
- of -- of disputes. There's no need for government
- 22 assistance. This is something which is done in the
- 23 private realm on a regular basis.
- In fact, what goes on in our case --
- QUESTION: So, the distinction is between

1	cutting it off all together and simply deferring payment?
2	MR. McCONNELL: Well, Your Honor, it has to do
3	with what the what the private party can do is
4	withhold payment pending some kind of legal process that
5	comes down the road, which is, of course, the standard
6	practice with insurance. If you have if you're
7	involved in a fender bender and you have a dispute with
8	your insurance company, the insurance company will decline
9	to pay, and then and you will have some sort of a cause
10	of action against the insurance company. That is all
11	that's going on in this case.

In fact, rather than State assistance in this case, all we have is -- is a limitation on what would otherwise be the perfectly private right of a private company to withhold payments pending resolution of a private dispute. And the Court was very clear in Jackson, as well as other cases, that regulation of private activity does not make that activity into -- into State action.

QUESTION: Well, that is true if you focus just on the specific action here, to wit, failing to pay benefits while you determine if it's reasonable or necessary. But if you look at the compensation -- workers' compensation scheme in a broader fashion, it is true, is it not, that Pennsylvania deprives people of

1	their private State tort	action as part	of the overall
2	workmen's comp scheme? I	Does that bring	this any closer to
3	State action?		

MR. McCONNELL: Well, Your Honor, workers' compensation is a substitute for private tort, but that seems to support our contention that this is private action. Workers' compensation has a different set of substantive rules, no-fault liability, instead of negligence liability, and has a somewhat different set of procedurals, a streamlined administrative procedure instead of having to go to court.

But in other respects, it remains the liability of private employers to their workers for work-related injuries. The obligation is not an obligation of the State of Pennsylvania. The obligation is a -- is an obligation mandated by the State, but a private obligation imposed upon the employer and then insured by the -- by the insurance company.

QUESTION: But you've pointed out the unseemliness of having two regimes. The State fund, which certainly is a State actor -- to bring them together, if you're right on the due process -- well, if you're wrong on the due process point, we wouldn't get to the due process point for your -- on your theory of State action. We wouldn't because it might be advisory.

1	MR. McCONNELL: I don't think that's correct,
2	Justice Ginsburg. If we're wrong on our theory of State
3	action, then the due process issue is certainly presented.
4	QUESTION: Yes, but if you're right on your
5	theory of State action.
6	MR. McCONNELL: If we're right on our theory of
7	State action, we still have there are still parties
8	before this Court who are bound by the judgment of the
9	Third Circuit and who are confessedly State actors.
10	QUESTION: Well, you say
11	MR. McCONNELL: And this Court certainly has the
12	authority to to reverse the Third Circuit.
13	QUESTION: If you're right on your theory of
14	State action, you say you're also right on your theory of
15	due process. And we've certainly given more than one
16	reason for our outcome in in other cases.
17	QUESTION: Well, if you're right on your theory
18	of State action, you wouldn't get involved with due
19	process because you wouldn't be a State actor.
20	MR. McCONNELL: Your Honor, we would not.
21	However, other parties that are still present within this
22	Court under this Court's rules remain bound by the due
23	process holding of the
24	QUESTION: But there would be wouldn't there
25	be a financial effect on on you depending on the due

1	process outcome? Because in as I understand the
2	scheme, you all contribute to the fund for, whatever you
3	call it, recoupments by companies that pay and then later
4	are determined not not to have been liable, so that the
5	amount that you have to contribute to that fund will vary,
6	I suppose, depending on how the due could vary,
7	depending on how the due process point comes out.
8	MR. McCONNELL: That's exactly right, Justice
9	Souter. The the risks of of these mispayments, that
10	is payment for medical care that turns out not to be
11	not to be reasonable and necessary, is borne by the system
12	as a whole, private insurers as well as public insurers.
13	So, we have a direct financial interest in the outcome as
14	applied to the government parties in this case as well.
15	But as this as the discussion so far has
16	already indicated, that this case is a does not involve
17	a traditional public function in any in any sense.
18	That is to say, neither the provision of workers'
19	compensation nor the specific decision in this case to
20	suspend payments in what amounts to a commercial dispute
21	is traditionally a public function, let alone an exclusive
22	public function.
23	Moreover, the decisions made here are not
24	mandated by the State. Even the Third Circuit concedes

that it is totally up to the insurance companies whether

25

1	to invoke utilization review. But what's more, they are
2	not even significantly assisted by the State. They are
3	regulated by the State, to be sure; that is to say, that
4	the State is involved in in requiring certain filings
5	and in and in requiring a prompt payment and in setting
6	forth a particular form of dispute resolution mechanism.
7	But those are limitations on what would otherwise be the
8	private authority of
9	QUESTION: Mr. McConnell, would you clarify one
10	thing for me? Under the Pennsylvania system, is it
11	possible that the insurer might pay for treatment, let's
12	say, chiropractic treatments, over a period of months and
13	then conclude maybe it should suspend further payment and
14	raise the question of whether it's reasonable and
15	necessary?
16	MR. McCONNELL: Yes, Justice O'Connor. The
17	assumption here is that a course of medical treatment
18	that's appropriate in one month is not necessarily
19	reasonable or necessary in some other period.
20	QUESTION: Is every payment a new issue, if you
21	will, or not?
22	MR. McCONNELL: Every bill
23	QUESTION: Or or does that add up to some
24	sort of expectation on the part of the patient?
25	MR. McCONNELL: Well, every bill is a new

1	payment, Your Honor, and so when the doctor submits the
2	bill, the insurance company decides whether if there's
3	no question about its appropriateness, they simply pay
4	within the 30-day period. If they believe that there's
5	some question, then they submit it for utilization review
6	and withhold payment pending that.
7	And that brings us to the due process issue,
8	because I'd like to be like to talk about what is the
9	impact on the individual worker of this kind of a of a
10	of an arrangement. Note that the
11	QUESTION: Yes, because if the worker were
12	receiving some kind of a series of medical treatments and
13	thought at least that it was helping and then, all of a
14	sudden, it suspended, is there some kind of a an
15	expectation that we have to weigh in the balance?
16	MR. McCONNELL: Well, Your Honor, I don't think
17	that people automatically assume that just because they've
18	been receiving a course of treatment that it necessarily
19	is going to be something that they have forever.
20	But let me be more specific about that because I
21	think it's important to distinguish between the effect on
22	the treatments that have already been received and then
23	for the future.

worker is essentially not affected. The question is, is

For those that have already been received, the

1	the doctor going to be paid? The focus of this litigation
2	has been on the indirect effect, the fear that because of
3	the process being invoked, that their medical provider
4	might choose not to provide further treatments in the
5	future. And the Third Circuit seemed to operate on the
6	assumption that a suspension in payment was tantamount to
7	terminating the medical benefits, but I think any
8	reflection upon that will show that that is simply not the
9	case.

What the medical provider has to do, the medical provider becomes on notice that someone is going to be examining the reasonableness and necessity of the course of treatment. And that medical provider will continue to provide the treatment if he believes that an impartial process will conclude that it's reasonable and necessary. It's only in the case where the medical provider himself realizes that the bill in the end is likely not to be payable that -- that the medical -- that the course of treatment will be -- not be provided.

But, Your Honor --

QUESTION: Do you say this as a matter of logic or experience? There are other States that have a similar regime. Has it, in fact, turned out that doctors are concerned about not being paid by anyone and so indeed suspend treatment?

1	MR. McCONNELL: Your Honor, I think it's a
2	matter of the logical implication of this of this
3	statutory scheme. The doctors will be paid if the
4	conclusion of of full process is that the that the
5	medical procedures are reasonable and necessary, and they
6	will be compensated for the delay in payment by 10 percent
7	annual interest. The only reason that the doctor would
8	or the provider would not continue treatment is if he had
9	some doubt about the the outcome of that proceeding.
10	And far from being a denial of due process, Your
11	Honor, I would submit that is exactly what we want health
12	care providers to be thinking about, that is, is the
13	course of treatment that that I'm proposing reasonable
14	and necessary. And by putting
15	QUESTION: Well, the the provider may simply
16	say, I think it's reasonable and necessary and I think
17	I'll win at the end of the day, but I'm not interested in
18	spending my time litigating. This this is simply a
19	patient I don't want to bother with. It's too much
20	trouble.
21	MR. McCONNELL: Well, Your Honor, if that
22	amounts to a due process violation on the part of the
23	worker, then any scheme
24	QUESTION: Well, I'm not sure it amounts to a
25	violation. I'm simply saying that it is it is it is

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1		it	is	one	of	the	fact	cors	that	Ι	think	have	got	to	be
2	con	nsid	lere	ed in	n a	ssess	sing	the	inter	res	sts inv	volve	d.		

MR. McCONNELL: Well, Your Honor, any scheme
that -- that requires the doctor to justify the treatment
is going to have that effect. Even if we paid in advance,
subject to recoupment, the doctor would have to spend time
litigating. So, that is not a product of this particular
scheme.

The only thing this particular scheme does is that it forces the health care provider to -- to bear the risk that at the end of the day the -- the care that he's providing may not be within the statutory limits.

QUESTION: Am I right about the scheme? I'm -I'm just trying to be sure I understand it. Is it the
case -- suppose a worker is -- everybody agrees he's -- he
was injured at work. And he -- his doctor submits a bill
that is absurd. Let's imagine trips to Florida, whatever
it is, totally absurd. The law is that the medical
insurer has to pay that bill unless he files a piece of
paper, according to this scheme, and if he files that
piece of paper, the State sends it to a doctor, another
doctor, who looks at it for reasonableness, and then there
are further proceedings that take place. In other words,
unless he submits that piece of paper, he has to pay.

MR. McCONNELL: Exactly.

1	QUESTION: If he submits the piece of paper, he
2	doesn't have to write a check. He doesn't have to pay a
3	penny
4	MR. McCONNELL: That's exactly right.
5	QUESTION: Thank you.
6	MR. McCONNELL: That's exactly right.
7	It's so reasonable as a system that it is
8	QUESTION: How does it compare how does it
9	compare with the determination of the disability, if
LO	there's a disagreement between the patient's doctor
1.1	let's say the question is, is this person totally disabled
12	or only partially disabled? Is he temporarily disabled or
1.3	permanently disabled? Is there the same thing when
L4	there's a disagreement for immediate suspension?
L5	MR. McCONNELL: No, there's not, Your Honor.
L6	That's it is assumed that once the person is disabled,
17	that they remain eligible for the disability benefits
18	until the insurance company has invoked a process and
19	and until after that process has been complete.
20	QUESTION: The payments would continue during
21	the process.
22	MR. McCONNELL: The payments would continue in
23	the interim.
24	QUESTION: If the insurer unreasonably filed
25	this piece of paper and unreasonably delays payment and

1	causes some injury to the patient in that fashion, does
2	the patient have a cause of action?
3	MR. McCONNELL: No, Your Honor. Because this is
4	workers' compensation, the liability, both for the
5	employer and for the insurer, is strictly limited to
6	within the workers' compensation scheme. Other outside
7	forms of liability are are preempted.
8	QUESTION: Against the insurer as well as the
9	employer.
10	MR. McCONNELL: That's the way I understand the
11	law.
12	QUESTION: May I ask if if on review of a
13	of a decision by the insurance company to terminate
14	payments, is that is that de novo, or does one side or
15	the other have the have the presumptively correct?
16	MR. McCONNELL: Within the utilization review
17	process itself, if the it's it's de novo, but that
18	unless the but there's an effect of presumption in
19	favor of the care because if the utilization reviewer is
20	unable to determine whether or not it is reasonable and
21	necessary, he must find that it is.
22	QUESTION: How would you describe the employee's
23	legal interest in the case? A claim or an anticipatory
24	claim? Because the Third Circuit said it was an

entitlement, which seems to me somewhat of a loose use of

25

1	that term. But how do you describe what the employee has?
2	MR. McCONNELL: Justice Kennedy, I believe that
3	what the the employee is a third party beneficiary of
4	of a contract between his employer and the insurer.
5	But I don't believe that anything hinges upon that
6	characterization.
7	I'd like to
8	QUESTION: May I just one quick question. If
9	you win on the State action issue, that would mean you
10	you could cease giving notice to the employee. That's
11	what would really be at issue here I suppose.
12	MR. McCONNELL: The actual notice to the
13	employee is given by the State and not by the insurance
14	company. So, I don't know that the notice would be
15	affected by that.
16	QUESTION: That's the revised procedure where
17	the State gives the notice.
18	MR. McCONNELL: If the State sends the notice to
19	the employee.
20	I'd like to reserve the remainder of my time.
21	QUESTION: Thank you, Mr. McConnell.
22	Mr. Stewart, we'll hear from you.
23	ORAL ARGUMENT OF MALCOLM L. STEWART
24	FOR THE UNITED STATES, AS AMICUS CURIAE,
25	SUPPORTING THE PETITIONERS

1	MR. STEWART: Mr. Chief Justice, and may it
2	please the Court:
3	The Government agrees with the petitioners both
4	that the withholding of payments under the workers'
5	compensation scheme is not State action and that even if
6	the insurers were regarded as State actors, the scheme
7	would comport with due process.
8	As to the State action question, in our view the
9	insurance company's actions under the Pennsylvania
.0	workers' compensation statute are no different in
.1	principle from an insurance company's actions in any other
.2	context. That is, the company gets the claim in order to
.3	determine whether it believes itself to be liable for
.4	payment. It must undertake an internal process of
.5	studying the facts, studying the laws, deciding what its
.6	rights and obligations are.
.7	If the company determines that it's not liable
.8	for payment, the it withholds payment, the consequence
.9	may well be the triggering of a State adjudicatory
0.0	mechanism. And the conduct of that adjudicatory mechanism
1	may well involve considerable State action, but the
2	insurer itself is not a State actor.
13	And the only difference between the Pennsylvania
4	workers' compensation scheme and other insurance contexts

is that a slightly different legal standard applies:

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1	fault	if	the	em	ploy	ver's	faul	t	is	not	at	issue	and,	second,
2	the o	nus	is	on	the	insu	er t	0	inv	roke	the	utili	zatio	on

3 review process, whereas in the normal context, as -- as

4 Mr. McConnell pointed out, if the insurance company denies

a claim, it would be up to the -- the claimant to file

6 suit or undertake other remedies.

And I think more generally we could analogize the insurance company to the defendant in any private civil action. That is, whenever somebody is sued for money, the defendant will first be required to make an internal determination as to whether it considers itself to be liable. It will have to decide whether to concede liability, enter into settlement negotiations, or undertake to defend against the suit on the merits.

But the -- the defendant's, the private defendant's, decision to insist upon judicial resolution of the dispute doesn't amount to State action. Again, the conduct of -- the resolution of the lawsuit by courts and juries will involve State action, but the private party who participates in -- in the dispute is not a State actor.

And in our view, the mistake that the Third
Circuit made was in focusing on the quantity of the
contacts between the insurance company and State officials
during the URO process. That is, the Third Circuit

1	pointed out that the the insurance company is required
2	to file a form with the bureau. It will be required to
3	to file other documents in connection with the URO process
4	itself.
5	Again, the same thing is true of any other civil
6	action between private parties. There's extensive
7	connection, interaction between the parties and the court
8	in the sense that they file briefs and pleadings, but the
9	private parties are not thereby engaged in State action.
10	QUESTION: Is the UR examiner a State actor?
11	MR. STEWART: We believe that it is. Certainly
12	the workers' compensation judge who made the the final
13	determination would be a State actor and we believe that
14	the UR that the utilization review organization would
15	also be a State actor because it is
16	QUESTION: Who is the who is the URO? Is it
17	a private doctor, a group of private doctors?
18	MR. STEWART: My understanding is that they are
19	organizations which will they will be selected at at
20	random. They will assign the the case to doctors in
21	the same or a similar specialty. They are they are
22	private people. They are not full-time State employees.
23	But in our view they would be exercising delegated
24	authority from the State, performing a classic

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adjudicatory function of resolving a dispute between

- private parties. So, we think that the UR itself would be a State actor, but neither the insurance company nor the provider would become a State actor simply by contesting the -- the question before the UR.
- QUESTION: So, if the UR cut off notice -- cut

 off plans without any notice, then you'd have a Tulsa

 Collection case.
- MR. STEWART: Well, certainly if -- if -- to 8 take the easiest example, if the doctors on the -- if the 9 utilization review organization was composed of people who 10 had a financial interest in the outcome of the dispute, 11 12 you would have a classic due process violation because the 13 UR itself would be subject to procedural due process rules. Its resolution of the dispute might or might not 14 affect a party's constitutional rights. 15

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I think what's -- what's crucial in this case with respect to the due process issue is that, at least as the case comes to this Court, there is no dispute as to the adequacy of the procedures by which the UR and the workers' compensation judge will make the ultimate determination as to whether expenses are reasonable and necessary. That is, the plaintiffs do not contend that the State procedures, at least as modified by the new notice that the State is giving, fail to provide an adequate mechanism for making that determination in the

1	end. Their only complaint is with the withholding of
2	payment by the insurer, pending the UR's determination of
3	the dispute.

And in our view, as -- as Mr. McConnell said, that's a practice that is consistent with the way that ordinary dispute resolution typically works. That is, when a person has a claim against him for money, the usual rule is that the person can withhold payment pending resolution of the dispute.

And in a sense, the -- the workers' compensation scheme here is more favorable to the employee and the doctor than the typical rule would be because if the -- if the doctor prevails before the UR, if the UR makes the determination that the care is reasonable or necessary, the insurance company is required to pay at that time, even if the insurance company intends to seek further review before the workers' compensation judge. So, the State doesn't even allow the insurer to wait until the final resolution of the dispute. The State has simply said the insurance company doesn't have to make payment until some neutral arbiter has agreed with the health care provider that particular services are reasonable or necessary.

The only type of exception to the general rule that this Court has recognized in -- is in cases such as

1	Goldberg v. Kelly where a claimant has initially
2	established all the prerequisites to entitlement to a
3	stream of benefits and where State officials attempt to
4	cut off those benefits on the ground that circumstances
5	have changed such that the individual has become
6	disentitled, and in that context, the Court has said that
7	procedural due process protections apply, that there is a
8	deprivation of property.
9	But here, the initial determination that the
10	worker is eligible for workers' compensation, that he was
11	injured on the job and has become disabled does not itself
12	imply any determination as to the reasonableness or
13	necessity of any particular course of treatment. So, when
14	the the UR when the insurer invokes the UR to
15	determine that question, it's not asking to for a
16	ruling that circumstances have changed, that something
17	which was originally established is no longer true. It's
18	simply asking for an initial determination that a
19	particular course of treatment is reasonable or necessary,
20	and in our view that's fully consistent both with the
21	the typical dispute resolution process and with
22	constitutional due process principles.
23	If there are no further questions.
24	QUESTION: Thank you, Mr. Stewart.

Ms. McKinley, we'll hear from you.

25

2	ON BEHALF OF THE RESPONDENTS
3	MS. McKINLEY: Mr. Chief Justice, and may it
4	please the Court:
5	Before I address the legal issues that are
6	before the Court, I'd like to clarify a few things about
7	the workers' compensation system in Pennsylvania and how
8	the utilization review processes actually work.
9	Workers' compensation in Pennsylvania is a no-
LO	fault system which was substituted for the claimant's
11	right to sue their employer for in tort for work-
12	related injuries.
L3	It is an exclusive system. Not only is the
L4	worker precluded from suing the employer for negligence or
L5	any other common law action that he might have had prior
16	to the passage of the act, but the individual is trapped
17	into the system. The individual is not permitted to go
18	outside of the system to secure medical treatment. So,
19	while utilization is going on, regardless how long that
20	might take and as the experience of the named
21	plaintiffs indicates, it can take years to be resolved.
22	During that
23	QUESTION: But you are only contesting the time
24	before the URO, as I understand it. Once the URO makes
25	its determination and it goes to the ALJ the URO
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ORAL ARGUMENT OF LORALYN MCKINLEY

1	procedure its	elf doesn't	take years,	does it?	That takes
2	30 to 70 days				

MS. McKINLEY: Well, the process itself is 3 4 integrated. The utilization review process is part of the 5 State system for the determination of disputes over 6 reasonableness and necessity of medical care. 7 utilization review process is the first step, but if the utilization review organization makes an adverse decision 8 9 to the claimant, which is made without notice to the claimant and without an opportunity for the claimant to be 10 heard --11

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QUESTION: Well, we -- we've over that now because I think it's taken as given under the new State notice. There is notice. There is an opportunity to submit something in writing. So, I thought that the issue was only suspending payment in the interim.

And my question is, how long is the interim you are challenging? I -- I probably misunderstood you then because I had assumed that you were talking about the URO determination, and if that determination were adverse, you were not saying that there was a due process right to continue to get paid after that. I thought you were just talking about the URO period.

MS. McKINLEY: I think, Justice Ginsburg, that you raised two separate issues.

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1	The first issue, as to the Commonwealth
2	defendants, obviously there is a final order by the Third
3	Circuit, the petition this Court was denied. The
4	Commonwealth has changed its procedures, but there's still
5	an issue as to whether the Third Circuit ought to be
6	reversed based on its due process findings in which there
7	was no notice and no opportunity to be heard. That is
8	what the petitioners have requested in this case.
9	The second question has to do with the impact of

the request for utilization review and the suspension of payments that results. Once the utilization review organization makes its decision, it then goes into another aspect of the State system, and during that entire process, from the minute the utilization review is invoked until the appeals are completed, the person is not able to receive medical treatment unless they can find a doctor that can treat them for free.

QUESTION: Yes, but if one -- I understand your argument to say this person's own doctor thinks they should be paid, and until the utilization review person makes a determination, it isn't fair to take these benefits away. But once that determination is made by an independent, private examiner, then it seems to me it's a separate question, that it isn't all one. Something significant has changed once the URO says that's an

- 1 unreasonable charge.
- MS. McKINLEY: All right. We agree that under
- 3 the present as the State has revamped the -- the
- 4 procedures after the Third Circuit's decision, once the
- 5 utilization review organization makes that determination,
- 6 there has been due process and there's nothing that the
- 7 claimant can do about it.
- 8 QUESTION: Right. So, we're not talking about
- 9 years. We're talking about -- the only due process claim
- 10 you can and are making is the one that concerns the URO
- 11 process, and that doesn't go on for years.
- MS. McKINLEY: It goes on for months. The
- individual -- I'm sorry. Go ahead, Justice Breyer.
- The utilization review is invoked by the
- insurance carrier. There are no --
- 16 QUESTION: The briefs say 30 to 70 days.
- MS. McKINLEY: There are no limits as to how --
- 18 QUESTION: Is that -- is that 30 -- is that
- 19 accurate --
- MS. McKINLEY: No. We don't think it is
- 21 accurate.
- QUESTION: -- that the statute says 30 days, but
- 23 it can go --
- MS. McKINLEY: It's clearly not 30 days. As you
- can see from the experience of the named plaintiffs in the

- 1 -- in the complaint, there are no limits as to how long it
- 2 takes the State to refer the -- or the request to the
- 3 utilization review organization.
- 4 QUESTION: Where did the 30 to 70 -- the average
- 5 is something like 70 days --
- MS. McKINLEY: I have no idea, Your Honor,
- because this case was dismissed on a 12(b)(6) and there is
- 8 no record.
- 9 After the decision goes to the utilization
- 10 review organization, they have 60 days because they have
- 11 30 days to acquire the records, 30 days to make a
- decision. It then goes back. The decision is circulated.
- So, it often takes more than 30 or 60 days in order for
- 14 this process to be completed.
- And during that process, which takes at least 2
- and a half months at the best -- at best, the individual
- is precluded from receiving medical treatment unless --
- unless the doctor is willing to provide the treatment for
- 19 free.
- QUESTION: Wait. I don't understand.
- 21 QUESTION: Where did that -- why is that
- 22 different from what -- from what would have obtain under
- 23 the system which you say workers' compensation replaced?
- You began by saying that you've been forced into this
- 25 system from a private tort system.

1	MS. McKINLEY: Right.
2	QUESTION: Now, in a private tort system,
3	couldn't the same thing happen? Couldn't the insurer just
4	simply say I don't think this is a proper claim and I'm
5	not going to pay it?
6	MS. McKINLEY: Yes, but this is not a private
7	tort system. This is clearly a public benefit system.
8	Pennsylvania, by any
9	QUESTION: Well, but but you you don't
10	claim you're any worse off than than what you would
11	have been like without workmen's comp.
12	MS. McKINLEY: Not without workers' comp
13	QUESTION: I mean, in fact, you might have to
14	wait years until completion of of all the appellate
15	proceedings in in a private tort suit
16	MS. McKINLEY: But
17	QUESTION: against the insurer.
18	MS. McKINLEY: But in that system you don't have
19	a public benefits system, which we clearly do in this
20	situation.
21	QUESTION: What about any medical? I mean, all
22	of us have medical insurance. I thought you said twice
23	we're talking about a person who doesn't you were
24	talking about a patient who won't get treated.
25	MS. McKINLEY: That's correct.

1	QUESTION: I thought that this was about
2	reimbursing the doctor. I mean, all of our doctors might
3	not get reimbursed if the insurer decides the treatment
4	they're getting is unreasonable, but that hasn't stopped
5	my doctor from treating me. And I and I and I don't
6	I don't know maybe I've mixed this up. That's why
7	I'm asking you. But I I thought we were talking about
8	the doctor running the risk that the insurer won't
9	reimburse him if the insurer considers the bill
10	unreasonable.
11	And and are there a lot of doctors who
12	whom that fact discourages from giving treatment? There
13	might be.
14	MS. McKINLEY: There are certainly many
15	doctors
16	QUESTION: It doesn't discourage yours or mine,
17	does it?
18	MS. McKINLEY: Well, I I can't say about
19	yours or mine, Your Honor, but clearly in this situation,
20	as the experience of most of the named plaintiffs
21	indicates, doctors don't treat unless they're going to get
22	paid within the within the
23	QUESTION: You know, but they'll get paid for
24	what the insurer considers reasonable. So, are the
25	plaintiffs in this case were were the plaintiffs

1	I'm interested. I'm not asking rhetorically. Were they
2	were they did they were they denied treatment?
3	MS. McKINLEY: Yes.
4	QUESTION: Why?
5	MS. McKINLEY: They were.
6	QUESTION: I thought 5 out of the 10 continued
7	to receive treatment?
8	MS. McKINLEY: No, it wasn't five. I believe it
9	was three. Three of the named plaintiffs received
10	treatment. Others did not receive any treatment during
11	the years that it took to resolve the utilization review
12	the utilization review request.
13	And I would like to point out that there's a
14	typographical error in our brief at page 5 and 6 on the
15	statute. Part of Act 44, which imposed the preclusion
16	upon a claimant from even going outside the system, but if
17	the claimant wins the lottery, the claimant still can't
18	for medical treatment while this medical process is going
19	on. It should say 531 section 531(7) instead of
20	531(i).
21	QUESTION: Well, to say to say you can't go
22	outside the system, I mean, that's really true long before

QUESTION: Well, to say -- to say you can't go outside the system, I mean, that's really true long before workmen's compensation came in. You can, if you're injured without a workmen's compensation, depend on private tort law. You know, you can pay your own expenses

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1	if you want to, but in order to get reimbursed for your
2	medical expenses, you have to follow the procedure of
3	suing in court or compromising with the insurer.
4	MS. McKINLEY: That's correct, Your Honor, but
5	Pennsylvania substituted that system. They put in place
6	public benefit system in which the
7	QUESTION: Why do you
8	MS. McKINLEY: plaintiffs have a property
9	interest.
10	QUESTION: Just a minute. Slow down, will you?
11	What do you gain for your case by calling it a,
12	quote, public benefit, closed quote, system?
13	MS. McKINLEY: We think that it changed the
14	nature of the property right. Clearly a State can't have
15	a public benefit system in which it does not ensure due
16	process. They have to
17	QUESTION: What do yo mean by public benefit
18	system?
19	QUESTION: What's a public benefit system?
20	MS. McKINLEY: I mean a system that is
21	guaranteed by State law, which is administered by State
22	law, in which all of the criteria, all of the the
23	payments, the nature of the payments, the amount of

payments, when the payments can be made, when they can be

stopped, the administration, everything is controlled

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- directly by the State. 1 QUESTION: Why isn't that essentially true of a 2 tort system? I mean, the State determines the content of 3 4 tort law, the obligation to pay, the procedure by which 5 the -- the payment obligation may be contested. It's -- I 6 mean, in each case the system, it seems to me, is equally a public benefit system on -- on your -- on your theory. 7 MS. McKINLEY: What the petitioners are 8 9 basically analogizing this to is car insurance and other kinds of private commercial insurance. That's not what 10 this is. 11 12 QUESTION: Yes, but what about the answer --13 what about the answer to my question? It seems to me that 14 every feature that you've just described under the comp 15 system, as -- as being a reason for calling it a public benefit system, is a feature that you could equally 16 17 describe in the same terms under the traditional tort 18 system. MS. McKINLEY: No, because it's not guaranteed. 19 20 This system guarantees coverage --21 QUESTION: Well, it -- it guarantees, if one determines eligibility, for the coverage. 22
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payment if one fulfills the conditions before a finder of

QUESTION: And the tort system quarantees

MS. McKINLEY: That's correct.

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- fact or a jury for -- for liability and damages. And in
- each case, the State sets the criteria for payment. One
- is a no-fault system, the other is not. But each, in
- 4 effect, is equally imposed by the -- by the State I would
- 5 suppose.
- MS. McKINLEY: What the State has done is to
- 7 substitute that system. The plaintiff does not have to go
- 8 through that process in order to be determined eligible.
- 9 All they have to do is to -- to sustain a work injury.
- 10 And each of the --
- 11 QUESTION: Well, now, just a minute. You have
- to show that under traditional workmen's comp that the
- injury arose out of and in the course of your employment,
- 14 don't you?
- MS. McKINLEY: That's correct, and there is
- 16 no --
- 17 QUESTION: So, there's a criteria just as there
- is in tort law where you have to show negligence. It's
- 19 not as if you could simply be injured and automatically
- 20 get coverage.
- MS. McKINLEY: But for the purposes of
- 22 utilization review, all of that is assumed. The insurance
- 23 carrier cannot dispute whether the person is eligible for
- 24 workers' comp.
- 25 QUESTION: But -- but your argument is that this

1	is a public benefit system, and I I think the question
2	suggests that we're curious as to know why that makes it
3	different analytically from the traditional tort system.
4	MS. McKINLEY: Because the State has the duty,
5	in the context of this system, which it has imposed on
6	itself. Clearly the State can't just delegate to the
7	insurance company the right to
8	QUESTION: Well, what what duty has the State
9	imposed on itself?
10	MS. McKINLEY: The State guarantees the benefit,
11	number one. The State guarantees that the benefits will
12	be paid, that there is a source for the payment of those
13	benefits through several different mechanisms, and
14	QUESTION: Are you are you saying that if
15	if the workmen's compensation insurer should default, then
16	the State comes in and itself makes the payment?
17	MS. McKINLEY: Yes, I am saying that.
18	Pennsylvania has a security fund that does just that.
19	What we're
20	QUESTION: Is the security fund appropriated
21	public money or is the security fund a fund established by
22	contributions of insurers?
23	MS. McKINLEY: I'm not exactly sure how it
24	works, but I know that
25	QUESTION: Well, it would make a difference,

1	though, I would think to your argument, wouldn't it?
2	QUESTION: Yes.
3	MS. McKINLEY: I don't think it does, Your
4	Honor. I don't think it makes any difference whether the
5	State says to the insurers we're going to tax you, you
6	have to pay us a certain amount of money every year in
7	order to insure coverage like they do in unemployment, for
8	instance, or whether they say, you have to go out and get
9	this insurance yourself, and if you can't get it on the
10	private market, we will provide it for you through our
11	State workers' insurance fund to make sure it's there.
12	QUESTION: Basically what I think is worrying at
13	least me is if you were to win this case on the State
14	action point, what about Blue Cross-Blue Shield? What
15	about accident insurance in Massachusetts where, after
16	all, there is a State fund to pay for uninsured? What
17	about ERISA where there is a Government fund to pay for
18	those people when the companies go bankrupt leaving a
19	pension? There are dozens of very complex regulatory
20	schemes that involve insurance companies, some but not all
21	of which have State backup funds. They're all
22	complicated. They all regulate private employers up,
23	down, and sideways. All right?
24	Now, we just see one more here, and so, what's
25	the difference between yours or do you think that all

1	private employer action or insurer action involving health
2	care, involving pensions, et cetera, insurance of any sort
3	that's regulated is government action?
4	MS. McKINLEY: No, that is not what we're
5	suggesting. We've never suggested that. What we have
6	here
7	QUESTION: Then what's the difference?
8	MS. McKINLEY: is a unique context in which
9	the benefits are guaranteed. The State can say to you
10	QUESTION: They're guaranteed in ERISA. They
11	are guaranteed in Massachusetts in respect to uninsured
12	motorists. There are it's common to have State money
13	backing up insurance that's given by private people.
14	MS. McKINLEY: But you have to look at the way
15	the statute works. In those situations, the insurance
16	company does not have to invoke a legal process like it
17	does in this context because we're not talking about a
18	commercial setting. The insurance company and the State
19	are intertwined in the delivery of these benefits to to
20	injured workers and in the way those benefits are
21	terminated, if and when they are
22	QUESTION: But does due process require the
23	particular scheme Pennsylvania has? I mean, suppose
24	Pennsylvania had said, we're going to have a workers'
25	compensation scheme, but we're going to have a check on

1	the reasonableness of the bill before it's paid, and
2	that's the statute. And so, they set up this checking
3	office and you never the worker, the doctor doesn't
4	get paid until the State official says that's okay. Would
5	that be a violation of due process?
6	MS. McKINLEY: Well, certainly if the individual
7	is precluded from receiving treatment during that time
8	QUESTION: Not precluded from receiving
9	treatment, certainly not. And the State's position is our
10	system is meant to work fairly. If a doctor's charge is
11	fair and reasonable, we'll pay it promptly. And they have
12	time limits on how long this review can take place, but
13	nobody gets paid up front without any check. Would that
14	be unconstitutional? Does due process require that the
15	provider's word be accepted?
16	MS. McKINLEY: I don't think it necessarily
17	does. But in the context of this of this system, we
18	have a system that vests a property right in the
19	individual. Prior to the act prior to Act 44, the
20	insurance carriers
21	QUESTION: Well, I wish you address my question.
22	Let let's take my hypothetical scheme that the doctor's
23	bill goes to a checker and it is not paid until the

checker says okay. Is it unconstitutional to run a

workers' compensation system that way?

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1	MS. McKINLEY: I think it would depend on now it
2	works. For instance, if you have a situation like the
3	named plaintiffs here, where they've been receiving
4	treatment for sometimes years for very serious work
5	injuries
6	QUESTION: No. I wish you would focus on
7	mine
8	MS. McKINLEY: I'm trying to.
9	QUESTION: Nothing is going to happen for years
10	because there's going to be a check on each bill. And so,
11	there won't be a payment unless a stop signal is given
12	within 30 days. But there will be in other words, you
13	will have to get a green light instead of this system that
14	Pennsylvania now has where a red light can be turned on.
15	MS. McKINLEY: I think as long as it's quick,
16	very quick, and as long as the individual has a right to
17	be heard and the treatment is not stopped during a lengthy
18	process, probably that system will be constitutional, but
19	clearly that's not what we have here.
20	Act 44
21	QUESTION: I don't know what you mean by the
22	treatment not stopping because I've given you my
23	question is, must there be payment first during litigation
24	or can there be like it would be in the tort system? You
25	get paid eventually if you're right, but there's no

- 1 immediate right to be paid.
- MS. McKINLEY: It doesn't necessarily have to be
- 3 that -- that way -- you're correct -- as far as a due
- 4 process -- for due process purposes.
- But in this particular context, what we have is
- a situation in which claimants had a vested entitlement to
- 7 their medical treatment prior to Act 44. That -- that
- 8 treatment could not be stopped by an insurance carrier.
- 9 The insurance carrier in this case is relying upon the
- authority of State law which is delegated to them through
- 11 the passage of this act. That's why the direct challenge
- 12 to the law is so important here. It is State power that
- is being exercised in a way that was never permitted to be
- 14 exercised before. The State always exclusively controlled
- the circumstances under which an insurance carrier could
- 16 stop paying medical treatment and --
- 17 QUESTION: Excuse me. Are you saying that your
- answer to Justice Ginsburg's question, which was that it
- 19 would have been okay, would change if the State had
- 20 initially had a system in which it paid the medical bills
- 21 -- in which the insurer had to pay the medical bills
- immediately and then changed to a system in which for
- everybody, nobody gets any payment until the medical bills
- 24 are substantiated? In the latter situation you say it
- would be unconstitutional because the earlier statute had

1	conferred	a	vested	right	to	get	the	payment	immediately	r .
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- MS. McKINLEY: What I'm saying is that in this
- 3 context what we have is a transfer of State power from the
- 4 State to the insurance carrier.
- 5 QUESTION: No. I want you to answer my
- 6 question.
- 7 QUESTION: You've been -- you've been asked
- 8 several questions, Ms. McKinley, and the people who have
- 9 asked them have felt you haven't answered them. Try to
- 10 answer to questions directly.
- MS. McKINLEY: I'm attempting to do that.
- 12 I'm sorry. Could you repeat your question?
- 13 QUESTION: The question is -- you recall Justice
- 14 Ginsburg's question, a State system in which you don't get
- any payments until you establish that -- that it was
- 16 reasonable medical care. As I understand your position,
- 17 you say that's okay because there was no vested right
- 18 anyway from the beginning.
- MS. McKINLEY: Right.
- QUESTION: Would your answer to that question be
- 21 different if Justice Ginsburg's system were imposed by the
- 22 State after the State had initially had a system in which
- you could get your medical payments immediately? And then
- 24 the State found out too many of them were unreasonable, so
- it said, we're changing the system. From now on you don't

1	get any payments until after you've established you've
2	established that it's reasonable and necessary. And in
3	that situation, would your answer to Justice Ginsburg be
4	different?
5	MS. McKINLEY: I'm not sure it would be
6	different. What I think what you're getting at is
7	QUESTION: Well, what I'm getting at is it seems
8	to me you say that once a State passes a statute enacting
9	a certain welfare scheme, everyone has a vested interest
10	in that welfare scheme, and any change from it I mean,
11	it's your characterization that it's a welfare scheme.
12	I'm not sure I agree with it, but assuming it is, any
13	change from that original welfare scheme is the
14	elimination of a vested right and is therefore invalid.
15	MS. McKINLEY: Not necessarily. Not
16	necessarily. It depends upon the nature of the property
17	interest that the State has conferred to begin with. And
18	in this situation, what we had was a State conferring a
19	property interest that could not be divested without the
20	State itself making a determination that the treatment was
21	not reasonable and necessary.
22	QUESTION: No, but the I think you're saying,
23	though, that the State cannot change its law. Maybe we

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misunderstood your argument. I understood your argument

to be something like this, that in the original State --

1	the the version of the workmen's comp scheme that
2	preceded this one, there was an obligation of immediate
3	payment. There was there was no option, in effect, to
4	to file the protest as there is now. And I understood
5	you to say that that was the reason why the State could
6	not go to the scheme that it has gone to without providing
7	this this prior notice and hearing.
8	And it sounds to me as though what you're
9	arguing is that, in effect, the State cannot change its
10	law, that there is a due process reason that forbids the
11	State to make it harder to get the benefit, that due
12	process is a one-way ratchet. If if that's not your
13	argument, then I think probably all of our questions could
14	be forgotten.
1 =	MC Makiniev. No That/a not our argument

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15 MS. McKINLEY: No. That's not our argument. 16 We've never suggested that the State can't change the 17 context under which an individual receives public benefits. 18

QUESTION: Then what is the relevance of the fact that in the scheme prior to the modification that is in question here, there was an obligation to pay without an option to withhold payment under protest? What is the relevance of that for your argument?

MS. McKINLEY: Because the nature of the property interest hasn't changed. There's no dispute that

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1	these individuals
2	QUESTION: But the nature of the property
3	interest was derived from the State law, wasn't it?
4	MS. McKINLEY: It was and
5	QUESTION: And now the State law has changed and
6	you have agreed with me that the State can change its law.
7	There's no due process right to to have the law
8	continue. And that's so, that's why I I don't
9	follow your argument.
10	MS. McKINLEY: Well, there's no due process
11	right to necessarily have the law always be the same, but
12	in this context, you have a State system providing public
13	benefits to individuals. The State has to ensure due
14	process in that system. We have never suggested that the
15	State does not have the right to come in and say we need
16	to contain costs in the system. We've never said that
17	that
18	QUESTION: It sounds like you're saying that if
19	the State is more generous, then it's going to be saddled
20	with the due process obligations that it wouldn't have if
21	it had been less generous to the worker.
22	MS. McKINLEY: No. The State always has the due
23	process obligation. That's the whole point. The State

doesn't pay up front, if it says we want proof before we

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QUESTION: But you have just said if the State

1	pay any bill, then you wouldn't have your claim about no
2	suspension. Due process wouldn't require it. But if the
3	State says, we're going to pay but if it turns out that we
4	think it's getting unreasonable, we'll stop.

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That -- that's what's the hardest thing for me to accept about your due process argument. You seem to say the State could do anything it wants. It doesn't have to pay any bill without a check. You told me that. once it is more generous in paying immediately, then it has these extra requirements.

MS. McKINLEY: We don't have to -- we don't have to even look at the prior statute before Act 44 to answer the question. In the context of a benefit delivery system, the State always has to proceed -- if they're going to use a State established procedure, which they clearly have here, due process has to be included in that process. This Court has said that over and over again.

QUESTION: My question is what process is due, and you told me that in a case of -- that the State could say, we'll check every bill, and that wouldn't violate due process. So, why is it different when they say we'll start by paying, but if we think it's unreasonable, we'll stop?

You can't have a State established procedure --

MS. McKINLEY: Because you're taking away a

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1	vested property right, and that's what the problem is,
2	through a State established procedure. This Court has
3	said over and over again that when you have a State
4	established procedure and a private individual
5	QUESTION: So, if you were to prevail, an
6	appropriate answer for the State would be to say, we're
7	going to move this checking system up and we're not going
8	to pay any bill without without determining as insurers
9	isn't that the way insurers ordinarily work? They
10	don't pay you just on you call up and say something
11	happened to me. I want to be paid.
12	MS. McKINLEY: I think that's correct. That's
13	in a completely different system, in a commercial system
14	where the tort laws clearly are in place. But that
15	QUESTION: Let me get into these hypotheticals
16	for a second. Do I correctly understand that it's your
17	your theory that once the State has started to make
18	payments, they have, in effect, given the injured worker a
19	property right that cannot be terminated without following
20	certain due process procedures. That's the essence of
21	your argument, as I understand.
22	MS. McKINLEY: That's exactly what I'm saying.
23	QUESTION: But can one not respond by saying the
24	right is not an unlimited right to continued payment
25	forever. The right is merely a right to continue payment

- until the -- until a serious question is raised, that it's
- 2 inherent -- it's a limitation on the right rather than a
- 3 termination of the right that the request for review
- 4 triggers.
- MS. McKINLEY: That's correct. We've never said
- 6 that they can't have a utilization review system. That's
- 7 perfectly fine as long as the individual has an
- 8 opportunity to be heard and notice of the -- of the
- 9 process until -- until that happens. If the evidence
- shows that treatment is not reasonable and necessary,
- we've never suggested that they have a right to continue
- having treatment forever. That has never been our
- argument. All we've said is that the individual requires
- 14 notice and an opportunity to participate before the
- 15 suspension takes place.
- 16 QUESTION: Well, is that then -- is it different
- in your -- I take it the same statute, the same scheme
- 18 applies whether the insurer protests the first bill or
- whether he protests the 18th bill.
- MS. McKINLEY: That's correct.
- 21 QUESTION: But you're only talking about the
- 22 second and subsequent bills.
- MS. McKINLEY: That's -- that's really the --
- that's really where the problem comes in.
- QUESTION: You're not talking about that first

- 1 bill. It's as if the insurer pays the first -- if he
- doesn't pay the first bill, you say that has nothing to do
- 3 with your case.
- MS. McKINLEY: Because you don't have -- you
- 5 don't have --
- 6 QUESTION: Is that right? Am I right? Am I
- 7 right?
- 8 MS. McKINLEY: That's correct. I think that's
- 9 correct. You don't have an interruption in something that
- 10 the person has and believes that they have. And -- and
- 11 the State hasn't vested a property interest in that
- 12 individual.
- 13 QUESTION: All right. Then -- then I guess from
- 14 the State's point of view, it becomes difficult for them
- 15 to decide what this due process right does or does not
- apply to because there will be -- you know, there will be
- a series of medical bills and they won't all be for the
- 18 same thing, and the -- the insurance company will protest
- 19 some and they won't protest others. And which one does
- this apply to and what's a continuation of a payment? Oh,
- 21 I mean --
- MS. McKINLEY: Well --
- QUESTION: How in your mind is all that stuff
- 24 sort itself out?
- MS. McKINLEY: The real -- the real problem

- comes in in the way the cost containment actually works
- and what they're really focusing on is ongoing treatment
- and the experience of the named plaintiffs shows that. We
- 4 have people that have serious work injuries, people who
- 5 are going to need treatment for the rest of their lives.
- 6 They're receiving therapy --
- 7 QUESTION: All right, but you see -- I
- 8 understand that. My question was just how in your view is
- 9 it supposed to work in terms of sorting out the people for
- whom this is a continuation of treatment and those for
- whom it's a new treatment and those for which it's a new
- 12 treatment in some -- do you see the problem?
- MS. McKINLEY: Well, there are --
- 14 QUESTION: I'm just asking you how you've sorted
- 15 that out --
- MS. McKINLEY: There are --
- 17 QUESTION: -- in your mind.
- MS. McKINLEY: There are precertification
- 19 provisions in the act for that particular thing.
- 20 Precertification provisions. For instance, if an
- 21 individual wants to have an MRI and the insurance company
- isn't sure, they can -- there is a precertification
- 23 provision in the statute so that they can take a look at
- 24 it before the MRI even happens. So, you don't have to
- 25 worry about it.

1	What really happens and what the insurance
2	carriers are really targeting their behavior toward in
3	this case is the ongoing treatment, the treatment in which
4	people have a vested interest. And in order for them to
5	stop it, they cannot do it by themselves. This is not a
6	self-executing statute.
7	QUESTION: Is there anything in the Third
8	Circuit's opinion that says what it's talking about is
9	limited simply to those situations in which there has been
10	an ongoing set of treatments of the same sort that now the
11	company wants to terminate?
12	MS. McKINLEY: No, I don't believe there's
13	anything
14	QUESTION: So, as far as we're concerned, we're
15	dealing with an opinion that applies as much to the first
16	treatment as to the last treatment.
17	MS. McKINLEY: Except that it's not
18	QUESTION: Is that right?
19	MS. McKINLEY: Yes, but it doesn't
20	QUESTION: That's right, okay.
21	MS. McKINLEY: really work that way. That's
22	that's what I'm trying to tell you.
23	I would like to go back to Justice Kennedy's
24	point about Tulsa because it's our position that for State
25	action purposes, Tulsa controls this case. This is a case

1	in which	the	statute	is	not s	self-executing	g. The	insurance
2	company	has	to invoke	a	State	established	procedu	re in

order to interrupt the property interest at stake here,

and the State remains substantially involved in that

5 procedure.

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The petitioners would like to divorce the decision to initiate the process from the process itself, and we submit to you that that is not appropriate. This process is a State process from start to finish -
QUESTION: Of course, in Tulsa, the claim was cut off completely.

MS. McKINLEY: Yes, but --

QUESTION: Here there's just a procedure established to defer its adjudication.

MS. McKINLEY: Yes, but this Court has said time and time against that interim deprivations of property are subject to due process constraints just as complete deprivations of property. It goes to the nature of what process is due, not whether process is due at all.

QUESTION: How in your opinion is the insurance company supposed to deal -- in your opinion under the Constitution as you see it -- with a claim that's clearly fraudulent, vastly overstated? Is it supposed to just pay the bill? The Constitution requires it to pay this bill regardless and then try to get its money back after these

hearings, et cetera, or not?
MS. McKINLEY: Well, first of all, outside of
the system, they would clearly have the right to do that
QUESTION: I'm asking how you
MS. McKINLEY: But in this system, they should
ask for utilization review, and they will
QUESTION: Can you just say do they have to
pay the bill initially and then try to get the money back
even the clearly fraudulent ones?
MS. McKINLEY: Yes, they do.
But, you know, the whole premise here is that
what we have here is a huge system in which people are
running around making fraudulent claims and doctors are
running around giving fraudulent treatment. That is
ordinarily not the case. We're not here suggesting that
there are no claims out there like that. What we are
suggesting is that you can't throw the baby out with the
bath water.
QUESTION: Thank you, Ms. McKinley.
Mr. McConnell, you have 1 minute remaining.
MR. McCONNELL: I waive my time for rebuttal.
CHIEF JUSTICE REHNQUIST: Very well.

(Whereupon, at 10:59 a.m., the case in the

The case is submitted.

above-entitled matter was submitted.)

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CERTIFICATION

Alderson Reporting Company, Inc., hereby certifies that the attached pages represents an accurate transcription of electronic sound recording of the oral argument before the Supreme Court of The United States in the Matter of:

AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY, ET AL., Petitioners v. DELORES SCOTT SULLIVAN, ET AL.

CASE NO: 97-2000

and that these attached pages constitutes the original transcript of the proceedings for the records of the court.

BY: Siona M. may
(REPORTER)