

# 22-3054

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In the  
**United States Court of Appeals**  
**For the Second Circuit**

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DANIEL HALLER and LONG ISLAND SURGICAL PLLC,

*Plaintiffs-Appellants,*

v.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, XAVIER BECERRA,  
IN HIS OFFICIAL CAPACITY AS SECRETARY OF HEALTH AND HUMAN  
SERVICES, U.S. OFFICE OF PERSONNEL MANAGEMENT, KIRAN AHUJA,  
IN HER OFFICIAL CAPACITY AS DIRECTOR OF THE U.S. OFFICE OF  
PERSONNEL MANAGEMENT, U.S. DEPARTMENT OF LABOR, JULIE SU,  
IN HER OFFICIAL CAPACITY AS ACTING SECRETARY OF LABOR,  
U.S. DEPARTMENT OF THE TREASURY, JANET YELLEN, IN HER OFFICIAL  
CAPACITY AS SECRETARY OF THE TREASURY,

*Defendants-Appellees.*

ON APPEAL FROM THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF NEW YORK (CENTRAL ISLIP)

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## PETITION FOR PANEL REHEARING

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## I

### **Introduction**

This petition is submitted under Federal Rules of Appellate Procedure (“FRAP”) 40- Petition for Panel Rehearing. On appeal from the District Court, on January 23, 2024, this Court issued its Summary Order, finding that the common law to sue insurers was forfeited. Thankfully, this Court remanded to District Court to dismiss it without prejudice to refile the claim in a new complaint.

On another note, this Court held that the appeal of the District Court’s denial of the same challenge of the prohibition against billing and suing patients was “abandoned”. Respectfully this is incorrect, and this Order reflects a misapprehension by the Court. Plaintiff-Appellants’ bedrock brief fully sets forth an abundance of common law permitting medical providers to bill/sue patients, re-affirmed in our oral argument on January 3, 2024.

## II

### **Brief Background**

With the *stated goal* of improving access to affordable health care, and preventing “surprise bills”, the United States Congress enacted the “No Surprises Act” (Pub. L. 116-260). The Act went into effect on January 1, 2022. The key provision are 42 U.S.C. § 300gg-111(c), and § 300gg-131 and 300gg-132.

The Act absolutely prohibits any medical care providers from “balance billing” (or suing) any patients, whose lives they saved. Period. 42 U.S.C. § 300gg-131 and 300gg-132. The purported magical bullet is the Independent Dispute Resolution Entity (“IDR”). The IDR lacks any semblance to Article III. The process is done by online submission, and there is no argument. The “arbiters” are given brief training.

The process is effectively mandatory. Either party “may” initiate the process, but once initiated both must participate. “The independent dispute resolution process shall be initiated by a party ...by submission to the other party” §300gg–111 (c)(1)(B). Moreover, if one elects to initiate and the other does nothing the other simply defaults, not unlike a lawsuit. A medical provider may not include a patient.

In the IDR, the first consideration listed as “General” is the Qualified Payment Amount (“QPA”), submitted by the insurer (The QPA is not analyzed or available to the medical provider or IDR). §300gg–111 (c)(5)(C)(i)(I). The QPA is a number that is calculated in secret by the insurer based on the insurer’s own records with very limited disclosures. Any other factors are “Secondary”. §300gg–111 (c)(5)(C)(i)(I). And the certified IDR entity ... shall not consider the usual and customary charges of medical providers § 300gg-111(c)(5)(D).

The net effect of the IDR, is the considerations place a heavy thumb on the scale of the insurer. The result is chaos, medical providers losing enormous amounts of money and going out of business, a great harm to the public interest.

The NSA is also patently unconstitutional.

### III

#### **The Appeal and this Court's Summary Order**

This appeal followed. On January 23, 2024, this Court issued its Summary Order. This Court observed that prior counsel did not assert a claim against insurers, and it is raised for the first time on appeal. It was deemed forfeited. “But neither should Appellants be prejudiced if they wish to replead and to advance such claims before the district court at a later date.” *Haller et. al. v. U.S. Dep’t of Health & Hum. Servs*, p.3 (2nd Cir, Summary Order 1-23-24). The Court held: “the extent the district court concluded that Appellants lacked a common-law cause of action against insurers, we vacate and remand with instructions to dismiss Appellants’ Article III and Seventh Amendment claims without prejudice to allow Appellants to plead such a claim if they so choose.” *Id* at 2. The Court also dismissed the Takings Claim, as being based only on predictions of profits. *Id* at 2-3.

Additionally, the Court held “We thus affirm the judgment of the District Court only insofar as it concludes that Appellants failed to state a claim under

Article III or the Seventh Amendment based on their right to bring common-law actions against patients – **a claim Appellants have abandoned on appeal.** *Id* at 2 (emphasis added).

Respectfully, the Appellants-Defendants in no way abandoned their common law actions against patients. Nor abandoned in any way appeal of the NSA’s flat out prohibition of medical providers to ever balance bill/sue patients, a stark violation of their Article III, Seventh Amendment Rights. This is proven by the immovable bedrock of the brief on appeal, and the affirmations thereof memorialized during oral argument.

#### IV

#### **The Point for the FRAP 40 Panel Rehearing: Plaintiffs-Appellants did Not Abandon the Constitutional Infirmity of the NSA’s Prohibition of Billing Patients**

Analysis of Plaintiffs-Appellants’ brief demonstrates impenetrably that there was no abandonment of the appeal of the District Court’s dismissal of the challenge to the NSA’s unconstitutional prohibition of billing/suing patients. The appellate brief is immovable, and oral argument memorialized in the transcript.

In the most unlikely scenario that this Court continues to view this strand of the appeal abandoned, the erudite reasoning concerning the right to sue insurers deemed forfeited set forth in oral argument by the Court applies with equal force. This Court should not rest on a legal question deemed abandoned which may be



not be correct as a matter of law. See 1-3-24 Trans., P. 18, at 11-21; and see *Id* at p. 19, at 10-21. There is a serious Article III, Seventh Amendment argument concerning the NSA's prohibition of a medical provider's suing a patient, and the Court should not affirm on the basis of a (perceived) mistaken abandonment.

### **A. The Brief on Appeal**

Plaintiffs-Defendants' appellate brief ("PD's br."), at p. 44-50, sets forth in crystal clear terms our argument supporting the challenge to the constitutionality of the Act's prohibition against balance billing (suing) patients.

Plaintiffs-Appellants appellate brief argued extensively that there is an abundance of common law cases in New York wherein medical providers sued patients and prevailed. PD's br. 44-50. The entire section is dedicated in detail to the proposition that medical providers have an Article III, Seventh Amendment right to sue patients and that well-established common law prohibits the NSA from completely dispensing with the right to bill/sue patients. **The Constitutional right to bill/sue argument is clearly not abandoned.**

#### **i. Common Law**

Under constitutional jurisprudence, where there is an established body of common law, not derived or dependent on a new public right, it is a private right, and cannot be removed from Article III, and access to the Seventh Amendment.

The No Surprises Act does not even permit financial grievances against patients access to the IDR. PA-Br., 49

In Plaintiffs-Appellants' brief on appeal, we cite numerous common law cases permitting medical providers access to sue patients, whether in quasi contract and unjust enrichment or implied contract by quantum meruit, and therefore requiring access to Article III and the Seventh Amendment.

**See the cases contained in Plaintiffs-Appellants' brief, repeated here, demonstrating the claim that medical providers have a common law right to sue patients was in no way abandoned. . See *Long Island Jewish Medical Center v. Budhu*, 20 Misc.3d 131(A), \*1, 867 N.Y.S.2d 17 (App. Term 2008), PA Br., p.45 (Plaintiff medical provider rendered services to a patient, invoiced him, and he refused to pay. The Appellate Court reversed denial of plaintiff's motion for summary judgment on his claim for account stated, holding "The performance by plaintiff and acceptance of the services by defendant gave rise to an inference that an implied contract to pay for the reasonable value of such services existed");**  
*Huntington Hosp. v. Abrandt*, 4 Misc.3d 1, \*3, 779 N.Y.S.2d 891, 892 (App. Term 2004)(affirming grant of summary judgment to medical provider who filed suit for payment of services, under account stated, where patient claims fees were 'not fair and reasonable' ....The performance and acceptance of services can give rise to an inference of an implied contract to pay for the reasonable value of such services

(22A NY Jur 2d, Contracts § 591)”, *Id* at 45; *Shapira v. United Med. Serv.*, 15 NY2d 200, 220 (1965)(“It is not necessary to such a medical relationship and its resulting mutual obligations that the undertaking to perform an operation be parsed out in words on one hand and an agreement to pay for it be parsed out in words on the other. That a fee is to be earned is overwhelmingly inferred and implied from the situation of medical examination and medical treatment. Indeed, in modern practice a patient may have little or no conscious contact with the surgeon who operates on him.” (emphasis added); *Id* at 46; *Becker v. State of NY*, 104 Misc. 2d 588, FN 2 (Crt of Claims 1980) (Crt of Claims 1980)(quasi-contract has been used “to recover fees for medical services rendered to unconscious persons incapable of assenting to an express contract *Id*; *McQuire v. Hughes*, 27 NY 516, 521 (NY)(1913) (“it should be taken as the rule of law, too well settled upon authority to be now questioned” that where a physician is required to perform emergency services such as under EMTALA, 42 USC § 1395dd, and N.Y. Pub. Health Law § 2805-b(2)(b), she may recover from the patient under quantum meruit or implied contract. *Id*.

A medical provider must provide life-saving services, under penalty of imprisonment (N.Y. Pub. Health Law § 2805-b(2)(b), yet is forbidden from balance billing a patient, if needed.

See also *United Healthcare Servs., Inc. v. Aspirinio*, 16 N.Y.S.3d 139, 49 Misc. 3d 985, 991 (Sup. Ct. Westchester Cty. 2015) (Scheinkman, J.S.C). Here the insurer sued defendants medical providers to enjoin them from balance billing. The Court denied the injunctive relief holding “absent presentation of an agreement with [the patient] whereby defendants agreed to limit the patient's obligation to the proceeds of insurance... there is no reason why defendants would not be free to seek the balance of their fees from the patient in question.” **This case raises the same issues of the Act’s requirement of the cryptic “QPA”:**

McLafferty also notes, United does not provide any of the underlying FAIR Health data to support its argument. In particular, McLafferty points out that, among other things, United has not set forth the codes it referenced in order to assess Aspirinio's fee. If United is using codes relevant to a routine procedure, as opposed to complex surgery, United's conclusion would be invalid. McLafferty opines that, given the lack of disclosure as to the information that United used to make its decision, it is not possible to determine whether United's position is itself reasonable or unreasonable.

*Id* at 991 (emphasis added), *Id* at 48;

See *Northeast Remsco Constr. v. Picone*, 2012 NY Slip Op 51229 (Sup. Ct., Nassaut Cty., 2012)(“an implied-in-law contract or quasi-contract is not a contract at all but instead is an obligation that the law imposes to prevent unjust enrichment (internal citations omitted). It is a restitutionary device, the classic example of which arises when a doctor treats an unconscious person. In that circumstance, the

law imposes a quasi-contract to compensate the doctor for rendering medical treatment”).

## **B. Oral Argument**

### **The Constitutional Right To Bill/Sue Argument Is Clearly Not Abandoned**

The transcript of oral argument in Haller, et al. v. US Dept. of Health, et al, 22-3054, on January 3, 2024, is memorialized herein as “1-3-2024 Trans.”

p. 8

**17.MR. WILDER:** So prior counsel was prior  
18. counsel...  
22...But the Court  
23. itself spent six pages discussing, and I would  
24. underscore, A, the joint appeal -- the Joint  
25. Appendix, page 56 to 61, the Court spent six pages

#### **17.MR. WILDER Continuing**

p. 9

1. discussing this issue of arbitration versus --  
2 discussing the constitutionality of having the  
3 doctors have to go to arbitration to –

4 **THE COURT** [Circuit Judge Sarah A. L. Merriam ] But because of a  
common law  
5 right to sue patients, right? That's 56 to 61 –

6 **MR. WILDER:** *Both of them. Both issues*  
7 *are presented, although the -- the Court did not*  
8 *discuss the common law right to sue patients almost*  
9 *at all, but I did include innumerable cases in which*  
10 *doctors, prior to the NSA, sued patients*  
11 *successfully.* And there are also innumerable cases  
12 in which the doctors sued insurance companies

13 successfully, so –

1-3-2024 Trans, p.8, 24-25 and p. 9, 1-13

This exchange memorializes clearly that I was referring to the lower Court’s Decision and Order at Joint Appendix p. 56-61, for “both issues” : suing insurers *and patients*. Moreover, the statement “**but I did include innumerable cases in which doctors, prior to the NSA, sued patients successfully**” makes **100% clear that I was *not abandoning*** the argument concerning the unconstitutionality of the NSA’s prohibition of billing/suing patients, and I was also following my appellate brief which I referenced. (Trans, *Id*)(emphasis added).

Just after that clear exchange the Court asked:

P. 9 continued

14 **THE COURT:** Are you pursuing the claim  
15 that the aspect of this argument that is hinged on  
16 whether there was a common law right to sue  
17 patients, so the way I was reading this was below,  
18 you focus solely on a common law right to sue  
19 patients and conceded a lack of a common law right  
20 to sue insurers. And now we've reversed that, that  
21 you're no longer proceeding --

Reading this point from the Court, I most humbly and respectfully adduce the following: there is not any reason at all that the Court should believe I had switched from appealing both the right to sue patients *to* the right to sue insurers

only. Respectfully, the Plaintiff-Appellants made very clear in our brief on appeal we were appealing both the common law to sue patients and the common law to sue insurers. **P. 44-50 of our brief is dedicated entirely to the issue of patients and on p. 25-37 the issue of suing insurers.**

**Respectfully, there is no basis to have wondered if our inclusion of suing insurers was to the exclusion of the patient argument: we set forth arguments for both in the brief, and restated them during oral argument. So “reversal of that” on oral argument here could only seem to mean “reversal” of prior counsel’s focus on one to the exclusion of the other, since on appeal we clearly including both.**

Please recall early in this oral argument I stated:

6 **MR. WILDER: .... Both issues**  
7 **are presented, although the** -- the [district]Court did not  
8 discuss the common law right to sue patients almost  
9 at all, **but I did include innumerable cases in which**  
10 **doctors, prior to the NSA, sued patients**  
11 **successfully.** And there are also innumerable cases  
12 in which the doctors sued insurance companies  
13 successfully, so –  
1-3-2024 Trans, p.8, 24-25 and p. 9, 1-13

continuing

22 **MR. WILDER:** And under -- under -- I  
23 understand your question. Under Yee versus  
24 Escandito and a plethora of other cases, the --  
25 there -- these are United States Supreme Court

P. 10

1 cases. The arguments can change. As long as you're

2 --

Our reference to *Yee v. Escondido* was in support of the addition of a new argument (suing insurers) for the same claim: violation of Article III and seventh amendment. I was focusing on how to bring in the insurance argument, because it was being argued as forfeited

3 **THE COURT:** But just help me make sure --  
4 am I right about what the arguments are? Before we  
5 -- I understand that we --

6 **MR. WILDER:** Yeah. Yes, correct  
7 correct.

8 **THE COURT:** Okay. All right.

Here again, when the Court asks, “am I right about what the arguments are?” and I interjected “Yeah. Yes, correct”. I was here just affirming, as state above, given the clear arguments in Plaintiffs-Appellants brief arguing fervently on the issue of suing patients, at pages 44-51, and arguing fervently concerning suing insurers on pages 25-37, I was shifting to inclusion of **both arguments**.

**Respectfully, there is no basis to have wondered if our inclusion of suing insurers was to the exclusion of the suing patients: we set forth arguments for both.**

9 **MR. WILDER:** So as long as your claim is  
10 the same, for example, a Seventh Amendment



11 violation, you can change the argument, and this is  
12 repeated over and over and over and over again. And  
13 what we've changed -- the same argument, Seventh  
14 Amendment violation or the same claim, Seventh  
15 Amendment violation, but we've shifted to a -- a  
16 better argument that -- which was addressed  
17 extensively by this Court -- I mean -- excuse -- by  
18 the -- the Court below, and for six pages, that the  
19 denial -- that the doctors have a strong body of  
20 common law allowing them to sue insurance companies,  
21 including in federal court in New York.

Finally in this portion of the transcript, “shifting to a better argument” simply meant strengthening the *claim*: violation of Article III, and the seventh amendment, by putting greater emphasis on the insurance argument, but not eliminating the patient claim. Why do that? It simply makes no sense at the last second during oral argument to “abandon” a perfectly strong claim. They are not mutually exclusive. And we did not abandon it.

Also, this required explaining why we can do this despite the “forfeiture”. The insurance argument had been inexplicably renounced by plaintiffs’ prior counsel at the district court. And it was extensively but erroneously discussed by the district judge, and dismissed by the district judge on the factually mistaken basis that there was no common law. This shift **to include** the insurance issue along with patients, and spend extra time explaining it (since it was deemed forfeited) made it a better argument.

The inclusion of the patient argument in **the brief** demonstrates as an anchor dispositively that it was not “abandoned”. It would be senseless to present this strong argument in the appellate brief, and then suddenly during oral argument abandon it.

To the extent there is still any doubt, I would direct the Court’s attention to the following by Judge Park, concerning the forfeited insurance argument.

P. 18 [Circuit Judge Michael A. Park]

11 It -- it arguably raises a  
12 different problem, though, which is that the  
13 District Court's analysis was resting on something  
14 that was conceded that may or may not be correct as  
15 a matter of law. And are you asking us to affirm on  
16 that basis just because it was a forfeited argument?  
17 **MS. CLARK:** So I --  
18 **THE COURT:** -- there may be a serious, you  
19 know, Seventh Amendment argument here and to affirm  
20 on the basis of a concession it may have been a  
21 mistake seems problematic to me.

1-3-2024 Trans, p.18, 11-21.

This sagacious reasoning adopted by this Court in its January 23, 2024 Summary Order, to dismiss the forfeited argument, and remand to dismiss without prejudice, permitting Plaintiffs-Defendants to replead, may be applied with equal force concerning our constitutional challenge to the prohibition of billing/suing patients deemed abandoned. At the very least if the Court were to continue to deem it abandoned, “when the District Court's analysis was resting on something that

was conceded that may or may not be correct as a matter of law. And are you asking us to affirm on that basis just because it was an [abandoned] argument?

There may be a serious.. Seventh Amendment argument here and to affirm on the basis of a concession it may have been a mistake seems problematic...”

## V

### **Caselaw Makes Absolutely Clear that Simple Common Law Claims are the Provenance of Article III and the Seventh Amendment, and Cannot be Taken by Article I Legislative “Schemes”**

It is simply undeniable that prohibiting medical providers from billing-suing patients is unconstitutional. It is a simple common law right, which is neither created by nor dependent upon Article I, neither derived from, nor depended upon the NSA. Nor is it abandoned.

*In Stern v. Marshall*, 564 US 462, (2011), the United States Supreme Court held:

This case involves the most prototypical exercise of judicial power...a **common law cause** of action, when the action neither derives from nor depends upon any agency regulatory regime.

*Id* at 467 (emphasis added).

The Court continued:

If such an exercise of judicial power may nonetheless be taken from the **Article III** Judiciary simply by deeming it part of some amorphous "public right," then Article III would be transformed from the guardian of individual liberty and separation of powers the Court has long recognized into mere **wishful thinking**.

*Id* (emphasis added)

In the instant case, the District Court held:

When Congress enacted the No Surprises Act, it permitted health care providers to recover payment directly from insurers for out-of-network services, which is a new public right. **Out-of-network providers' claims against insurers do not arise under state common law, but instead depend “upon the will of [C]ongress,”**

JA-48 at 12 (emphasis added)(citing *Murray's Lessee v. Hoboken Land & Improvement Co.*, 59 U.S. 272, 284 (1856)).

The District Court recognized that the salient factor permitting or prohibiting Article I to extricate rights from Article III Courts is whether they depend “upon the will of Congress” or **arise from common law**. As with the private right to sue insurers, **the simple right to bill and sue patients arises from common law**. The balance billing claim was fully submitted by prior counsel, but the District Court wrongfully ignored the of common law right to sue patients (and on appeal we included more common law cases).

*In Thomas v. Union Carbide Agricultural Products Co.*, the United States Supreme Court emphasized that “Any right to compensation from follow-on registrants under § 3 (c)(1)(D)(ii) for EPA's use of data results from FIFRA and **does not depend on or replace a right to such compensation under state law [common law]**.” *Id* at 594 (emphasis added).

During oral argument in the instant case, the judges too recognized that the essence is whether Congress created a new public right, or there is a common law, not derived from or depended upon Congress. For example:

p.19

10 **THE COURT:** But the District Court's  
11 entire public rights analysis **rests on the absence**  
12 **of a common law right against insurers.** So if  
13 that's a mistake -- and -- and that was fairly  
14 assumed by this Court in light of what happened  
15 below, **but if that's not right, then it seems**  
16 **problematic to affirm**

p. 19, 10-16 (emphasis added)(Judge Park)

The legal analysis concerning the NSA is uncomplicated. Congress, Article I, wished to create legislation to eliminate surprise bills and to lower premiums. So in one fell swoop they just purported to make the right of a medical provider to sue a patient disappear. This they cannot do. They purport to fix any issue by creating a Frankensteinian Independent Dispute Resolution Entity, which takes place entirely online, with no arguments, and insurance company's secret QPA's on top.

The common law right of a medical provider to sue a patient is simple, basic, and iron-clad. Where it exists, Article I cannot simply extinguish it, any more than they can extinguish Article III itself and the tripartite system of governance.

Plaintiff-Appellants did not and would not “abandon” this claim. The submission of the written brief is an immobile rock, it cannot blow away in the wind. The claims is further inscribed in the transcript of the oral arguments.

And no matter, the Court’s holding that a *claim* of abrogation of the common law right to sue insurers in Article III with Seventh Amendment rights renders moving them into an Article I forum unconstitutional, but was *deemed forfeited* should be permitted at least remand to refile, applies with equal force to the identical argument concerning the prohibition of suing patients but *deemed abandoned* (respectfully, incorrectly). See 1-3-24 Trans., P. 18, at 11-21; and see *Id* at p. 19, at 10-21.

### **CONCLUSION**

Petitioners respectfully request this Court grant out FRAP 40- Petition for Panel Rehearing, in accordance with the aforementioned facts and arguments, and for such other and further relief as is just, equitable, and proper.

New York, New York  
March 15, 2024

Respectfully submitted,



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**CERTIFICATE OF COMPLIANCE WITH TYPE-VOLUME  
LIMITATION, TYPEFACE REQUIREMENTS  
AND TYPE STYLE REQUIREMENTS**

1. This petition complies with the type-volume limitation of Fed.R.App.P. 40(b)(2) because:

This petition contains 3,883 words, excluding the parts of the brief exempted by Fed.R.App.32(f).

2. This brief complies with the typeface requirements of Fed.R.App.P.32(a)(5) and the type style requirements of Fed.R.App.P32(a)(6) because:

This brief has been prepared in Proportionally-Space typeface using Microsoft Word, in Times New Roman, Font Size 14.

Dated: March 15, 2024

**SUMMARY ORDER, DATED JANUARY 23, 2024**





1  
2 **FOR PLAINTIFFS-APPELLANTS:**

NICK WILDER, The Wilder Law Firm,  
New York, NY.

3  
4  
5 **FOR DEFENDANTS-APPELLEES:**

SARAH J. CLARK (Joshua M. Salzman, *on  
the brief*), U.S. Dep’t of Justice,  
Washington, DC.

6  
7  
8  
9  
10 Appeal from a judgment of the United States District Court for the Eastern District of New  
11 York (Donnelly, *J.*).

12 **UPON DUE CONSIDERATION, IT IS HEREBY ORDERED, ADJUDGED, AND**  
13 **DECREED** that the judgment of the district court is **AFFIRMED IN PART, VACATED IN**  
14 **PART**, and **REMANDED** for further proceedings consistent with this order.

15 Daniel Haller and his associates at Long Island Surgical PLLC are surgeons who challenge  
16 the constitutionality of the No Surprises Act. Pub. L. No. 116-260 (2020) (codified at 42 U.S.C.  
17 § 300gg-111 et seq.) (the “Act”). Appellants argue that the Act exceeds Congress’s authority to  
18 assign adjudicatory functions to non-Article III tribunals, violates their right to a jury trial under  
19 the Seventh Amendment, and effects an unconstitutional taking of payments they would otherwise  
20 receive from patients. We assume the parties’ familiarity with the underlying facts, the procedural  
21 history of the case, and the issues on appeal.

22 We review a district court’s grant of a motion to dismiss de novo, accepting all factual  
23 allegations as true and drawing all inferences in favor of the plaintiff. *Apotex Inc. v. Acorda*  
24 *Therapeutics, Inc.*, 823 F.3d 51, 59 (2d Cir. 2016).

25 A. Article III and Seventh Amendment Claims

26 Appellants argued in the district court that Congress created no new public right when it  
27 enacted the No Surprises Act because the Act supplanted doctors’ longstanding common-law

1 cause of action to sue *patients* for the reasonable value of emergency medical services. *See* Joint  
2 App’x at 128-29 (“Plaintiffs’ common law claims are against the recipient of the medical  
3 treatment, not the insurer.”).<sup>1</sup> Appellants did not argue that they had any particular right of action  
4 against *insurers*, and they expressly conceded before the district court that they had no such claims.

5 On appeal, Appellants assert for the first time that they may have held a cause of action  
6 against insurers before the No Surprises Act. We decline to consider that argument for the first  
7 time on appeal. But neither should Appellants be prejudiced if they wish to replead and to  
8 advance such claims before the district court at a later date. *See United States v. Gomez*, 877 F.3d  
9 76, 94-96 (2d Cir. 2017) (noting our discretion in handling forfeited arguments). We thus affirm  
10 the judgment of the district court only insofar as it concludes that Appellants failed to state a claim  
11 under Article III or the Seventh Amendment based on their right to bring common-law actions  
12 against patients – a claim Appellants have abandoned on appeal. To the extent the district court  
13 concluded that Appellants lacked a common-law cause of action against insurers, we vacate and  
14 remand with instructions to dismiss Appellants’ Article III and Seventh Amendment claims  
15 without prejudice to allow Appellants to plead such a claim if they so choose.<sup>2</sup>

16 B. Takings Clause Claims

17 We affirm the district court’s judgment as to Appellants’ takings claims. The Takings  
18 Clause provides that “private property [shall not] be taken for public use, without just

---

<sup>1</sup> The district court correctly concluded that the existence of a common-law cause of action against *patients* did not render providers’ right to recover against *insurers* a “private” right that might (or might not) have been supplanted by the No Surprises Act.

<sup>2</sup> We express no opinion as to whether providers had a common-law cause of action against insurers before the No Surprises Act or, if so, whether the Act replaced such a cause of action.

1 compensation.” U.S. Const. amend. V. Our precedents recognize two types of takings: physical  
2 and regulatory. See *Buffalo Tchrs. Fed’n v. Tobe*, 464 F.3d 362, 374 (2d. Cir. 2006). Only the  
3 regulatory variety is at issue here.

4 To determine whether “justice and fairness require that economic injuries caused by public  
5 action must be deemed a compensable taking,” we employ an “ad hoc, factual” approach that  
6 considers “the character of the governmental action, its economic impact, and its interference with  
7 reasonable investment-backed expectations.” *Ruckelshaus v. Monsanto Co.*, 467 U.S. 986, 1005-  
8 06 (1984) (citation and quotation marks omitted); *Buffalo Tchrs. Fed’n*, 464 F.3d at 374,  
9 *PruneYard Shopping Ctr. v. Robins*, 447 U.S. 74, 83 (1980). Of course, not every alleged  
10 reduction in the value of property is sufficient to support a takings claim. *Andrus v. Allard*, 444  
11 U.S. 51, 66 (1979). We have observed that “loss of future profits—unaccompanied by any  
12 physical property restriction—provides a slender reed upon which to rest a takings  
13 claim. Prediction of profitability is essentially a matter of reasoned speculation that courts are not  
14 especially competent to perform.” *Id.* We thus ask, for example, whether a regulation will  
15 “unreasonably impair the value or use of [plaintiff’s] property.” See *PruneYard Shopping Ctr.*,  
16 447 U.S. at 83 (emphasis added).



17 Appellants here fail to allege a regulatory taking. They argue that what was “taken” from  
18 them was “the reasonable calculation of future income stream.” Appellant’s Br. at 56. Such  
19 vague and speculative allegations of an unspecified diminution in future income are insufficient to  
20 state a claim under the Takings Clause. We thus affirm the judgment of the district court as to  
21 Appellants’ takings claim.

22 \* \* \*

1 We have considered Appellants' remaining arguments and found them to be without merit.  
2 For the foregoing reasons, the judgment of the district court is **AFFIRMED IN PART**,  
3 **VACATED IN PART**, and **REMANDED** for further proceedings consistent with this order.

4  
5  
6

FOR THE COURT:  
Catherine O'Hagan Wolfe, Clerk of Court

A True Copy

Catherine O'Hagan Wolfe, Clerk

5

United States Court of Appeals, Second Circuit


**TRANSCRIPT OF ORAL ARGUMENT PROCEEDINGS,  
HELD ON JANUARY 3, 2024**

UNITED STATES COURT OF APPEALS  
FOR THE SECOND CIRCUIT



- COURT REPORTING
- LEGAL VIDEOGRAPHY
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DANIEL HALLER and LONG ISLAND SURGICAL PLLC,

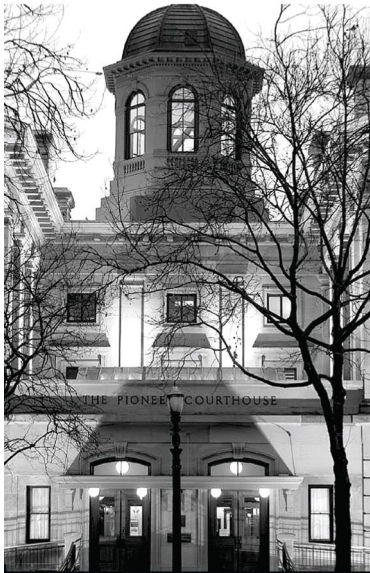
Plaintiffs-Appellants,

v.

Case No. 22-3054

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, XAVIER BECERRA, in his official capacity as Secretary of Health and Human Services, U.S. OFFICE OF PERSONNEL MANAGEMENT, KIRAN AHUJA, in her official capacity as Director of the U.S. Office of Personnel Management, U.S. DEPARTMENT OF LABOR, JULIE SU, in her official capacity as Acting Secretary of Labor, U.S. Department of the Treasury, JANET YELLEN, in her official capacity as Secretary of the Treasury,

Defendants-Appellees.



TRANSCRIPT OF PROCEEDINGS

HELD ON

WEDNESDAY, JANUARY 3, 2024

BEFORE THE HONORABLE

MICHAEL H. PARK, CIRCUIT COURT JUDGE

EUNICE C. LEE, CIRCUIT COURT JUDGE

SARAH A.L. MERRIAM, CIRCUIT COURT JUDGE

THURGOOD MARSHALL UNITED STATES COURTHOUSE

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SARAH J. CLARK, ESQUIRE

**U.S. Department of Justice**

Civil Division

950 Pennsylvania Avenue NW

Washington, D.C. 20530



1                                   **TRANSCRIPT OF PROCEEDINGS**

2                                   **HELD ON**

3                                   **WEDNESDAY, JANUARY 3, 2024**

4  
5                   **THE COURT:** Case Number 22-3054, Haller  
6 versus United States Department of Health and Human  
7 Services.

8                   **MR. WILDER:** Good afternoon, Your Honors.  
9 May it please the Court. My name is Nick Wilder of  
10 the Wilder Law Firm. I am representing Dr. Haller  
11 and his associates. They are a surgical practice in  
12 Great Neck.

13                   And we are challenging the No Surprises  
14 Act, which is -- I won't go through all of it  
15 because I'm sure you've read it, and these kinds of  
16 legislation is not very fun to read. But,  
17 essentially, the No Surprises Act was enacted  
18 purportedly to eliminate any, quote, unquote,  
19 surprise bills to patients who had gone into, for  
20 example, the emergency room and were expecting their  
21 insurance company to pay for their medical  
22 treatment, and they were out of network, and they  
23 did not -- the insurance did not cover either -- did  
24 not cover all of what was expected in terms of costs  
25 were known, after which they would get a bill from

1 the doctor, which was a surprise, because they  
2 expected to be covered.

3           And it also provides for a -- what's known  
4 as the IDR, which is the Independent Resolution  
5 Board, for -- as a means of shifting any issue,  
6 bringing the patients out of the question and  
7 bringing the -- the doctors and insurance companies  
8 together for an arbitration during -- in which each  
9 side gives a number, and the arbitrator is simply to  
10 decide which one of those numbers they'll go with.

11           **THE COURT:** Is that IDR process mandatory  
12 or voluntary?

13           **MR. WILDER:** It is essentially -- it is  
14 mandatory, and the -- the defendant-appellants have  
15 agreed that it is mandatory. The language,  
16 essentially, in the --

17           **THE COURT:** I don't know that you can  
18 agree to what the statute says. The question -- I  
19 mean, the question is whether -- let me back up.

20           **MR. WILDER:** Okay.

21           **THE COURT:** The amicus brief of the -- I  
22 guess the brain surgeons and associations says that  
23 there's not a Seventh Amendment problem because this  
24 is a voluntary -- it's a permissive process and it  
25 points to the use of "may" in various places. And

1 if it's not compulsory, then it doesn't -- it  
2 doesn't preempt the common law rights, whatever they  
3 may have been --

4 **MR. WILDER:** Well, they -- it -- it does  
5 by -- by virtue of the fact that if any -- either of  
6 the parties choose, so they may -- either party may  
7 choose that process. And if they choose that  
8 process to go through the arbitration, the other  
9 party is bound to go along with it.

10 **THE COURT:** I see. So your clients will,  
11 as a practical matter, always be stuck with the  
12 process because --

13 **MR. WILDER:** Correct.

14 **THE COURT:** Okay.

15 **MR. WILDER:** So -- and -- and just to  
16 quote from the appellee's brief, they use the word  
17 "mandatory."

18 **THE COURT:** Well, right, but again, the  
19 appellee and the appellant --

20 **MR. WILDER:** And I'm --

21 **THE COURT:** -- here --

22 **MR. WILDER:** -- it's appellees.

23 **THE COURT:** -- undisputed that you two  
24 agree that it's mandatory.

25 **MR. WILDER:** Yeah.

1           **THE COURT:** Can you just -- to follow up  
2 on that, can you tell me what it is about the  
3 statute that leads you to believe that if one side  
4 says, hey, can we do the 30-day negotiation, and the  
5 other side says, no thanks, I'd like to sue you,  
6 that the other side is required to engage.

7           **MR. WILDER:** Yes.

8           **THE COURT:** I'm wondering where the --

9           **MR. WILDER:** Yes.

10          **THE COURT:** -- if that's just the  
11 implication of the statute, sort of otherwise, what  
12 would the point be?

13          **MR. WILDER:** Yes.

14          **THE COURT:** That, otherwise, the statute  
15 doesn't really have any effect, so that must be the  
16 purpose.

17          **MR. WILDER:** Yes. It -- correct. It  
18 makes -- there's no language in there that says this  
19 is a voluntary alternative for the parties to come  
20 together. It says, if one party elects to -- when  
21 they -- I wish I had the language in front of me,  
22 but the -- the process is initiated when one party  
23 chooses to do so. From that point on, the other  
24 party has to respond, go through the 30-day  
25 negotiation, and so forth.

1           The -- now, getting to -- so getting to  
2 the -- quickly, just some of the problems with -- we  
3 -- the first -- the first considerations for the --  
4 which must be considered by the arbitration board is  
5 the QPA, which -- the Qualified Payment Amount,  
6 which is entirely determined by the insurance  
7 companies. And it is determined on very sketchy  
8 questionable grounds that are often not disclosed.  
9 They're based on, quote, "ghost rates," which they  
10 don't reveal, a combination of different kinds of  
11 procedures are averaged, and this is a number that  
12 they give. But I --

13           I'd like to get to the central point of my  
14 appeal -- of our appeal is that the -- the doctors  
15 being forced to go to arbitration is a violation of  
16 the Seventh Amendment because, of course, that  
17 violates their Seventh Amendment right to bring a  
18 case before an Article 3 forum and -- under a jury  
19 trial. And the Court --

20           **THE COURT:** Well, that depends on whether  
21 there was a preexisting common law right --

22           **MR. WILDER:** Right, exactly.

23           **THE COURT:** That's --

24           **MR. WILDER:** And there is --

25           **THE COURT:** -- not something the District

1 Court --

2 -

3 **MR. WILDER:** That's correct. And the --  
4 the Court correctly stated that. The cases all  
5 state that. And it -- the Court erred in not  
6 recognizing there is an abundance of common law --

7 **THE COURT:** But how did the Court err when  
8 your client -- I understand it was different  
9 counsel, is my understanding --

10 **MR. WILDER:** Mm-hmm.

11 **THE COURT:** -- but conceded that there was  
12 no common law right. So then the Court said, thank  
13 you, and put that aside and focused on the right to  
14 see patients --

15 **MR. WILDER:** I understand.

16 **THE COURT:** -- right?

17 **MR. WILDER:** So prior counsel was prior  
18 counsel. The number one answer to that is that the  
19 -- well, the Court spent six pages devoted -- the  
20 other side has said, we forfeited, we forfeited, we  
21 forfeited because this was not in the -- what was  
22 discussed below by prior counsel. But the Court  
23 itself spent six pages discussing, and I would  
24 underscore, A, the joint appeal -- the Joint  
25 Appendix, page 56 to 61, the Court spent six pages

1 discussing this issue of arbitration versus --  
2 discussing the constitutionality of having the  
3 doctors have to go to arbitration to --

4 **THE COURT:** But because of a common law  
5 right to sue patients, right? That's 56 to 61 --

6 **MR. WILDER:** Both of them. Both issues  
7 are presented, although the -- the Court did not  
8 discuss the common law right to sue patients almost  
9 at all, but I did include innumerable cases in which  
10 doctors, prior to the NSA, sued patients  
11 successfully. And there are also innumerable cases  
12 in which the doctors sued insurance companies  
13 successfully, so --

14 **THE COURT:** Are you pursuing the claim  
15 that the aspect of this argument that is hinged on  
16 whether there was a common law right to sue  
17 patients, so the way I was reading this was below,  
18 you focus solely on a common law right to sue  
19 patients and conceded a lack of a common law right  
20 to sue insurers. And now we've reversed that, that  
21 you're no longer proceeding --

22 **MR. WILDER:** And under -- under -- I  
23 understand your question. Under Yee versus  
24 Escandito and a plethora of other cases, the --  
25 there -- these are United States Supreme Court

1 cases. The arguments can change. As long as you're

2 --

3 **THE COURT:** But just help me make sure --

4 am I right about what the arguments are? Before we

5 -- I understand that we --

6 **MR. WILDER:** Yeah. Yes, correct.

7 Correct.

8 **THE COURT:** Okay. All right.

9 **MR. WILDER:** So as long as your claim is  
10 the same, for example, a Seventh Amendment  
11 violation, you can change the argument, and this is  
12 repeated over and over and over and over again. And  
13 what we've changed -- the same argument, Seventh  
14 Amendment violation or the same claim, Seventh  
15 Amendment violation, but we've shifted to a -- a  
16 better argument that -- which was addressed  
17 extensively by this Court -- I mean -- excuse -- by  
18 the -- the Court below, and for six pages, that the  
19 denial -- that the doctors have a strong body of  
20 common law allowing them to sue insurance companies,  
21 including in federal court in New York. There are  
22 several cases that permit this, especially under  
23 unjust enrichment if they'd not been paid.

24 There's a --

25 **THE COURT:** Are --



1           **MR. WILDER:** -- a number of those cases.

2           **THE COURT:** Are there -- do any of them  
3 indicate a right --

4           **MR. WILDER:** I'm sorry?

5           **THE COURT:** -- a common law right as to a  
6 jury trial? You framed it as the denial of your  
7 Seventh Amendment jury trial rights.

8           **MR. WILDER:** Yes.

9           **THE COURT:** There are cases you cite that  
10 -- that -- relating to the common law right to sue  
11 insurers --

12           **MR. WILDER:** Correct.

13           **THE COURT:** -- that involve jury trials?

14           **MR. WILDER:** There are -- yes, there are  
15 about seven or eight cases, a number of them federal  
16 cases in New York, which have allowed that. So  
17 there is a common law right already.

18           That being the case, the -- the Court  
19 cannot -- the -- the lower Court and any -- and the  
20 law cannot extricate those common law cases and  
21 input the -- and take them and put them into an  
22 Article 1 new-fangled arbitration process, number  
23 one.

24           And secondly -- or also -- in addition,  
25 the -- the case law, which at times, says, in New

1 York, that you cannot make -- that generally, we  
2 prefer not to have new arguments, say, however, when  
3 there are no new facts, only new -- but only matters  
4 of law in the -- in the, quote, new argument. No  
5 new facts. Only -- no new need for fact  
6 development. The only matters of law and where to  
7 -- to not address it would be to leave statutory law  
8 unaddressed, which needs to be addressed, which is  
9 pivotal to the decision and would lead to bad  
10 decisions.

11 **THE COURT:** Before you run out of -- well,  
12 I guess your time's out, but I -- I have a question  
13 about your taking this claim. What -- well, you  
14 filed suit before the Act became effective, isn't  
15 that right?

16 **MR. WILDER:** Correct.

17 **THE COURT:** So how could -- what was the  
18 taking and how could it have been a taking if before  
19 the statute was effective?

20 **MR. WILDER:** Because the language is so  
21 clear that -- and it's been proven over the past two  
22 years to have manifested itself that this is going  
23 to effectively demolish many doctors' practices as  
24 -- but what has happened is that the insurance  
25 companies, now that they have this arbitration that

1 --

2 **THE COURT:** Let me try to be more precise.

3 Is the thing that you are alleged was -- has been

4 taken --

5 **MR. WILDER:** At the time --

6 **THE COURT:** -- legal claims, common law

7 legal claims, or is it dollars?

8 **MR. WILDER:** It's dollars is what it

9 amounts to. It's amounted to that as a result of --

10 **THE COURT:** And -- and how do you -- how  
11 do you articulate that injury? What are you talking  
12 about?

13 **MR. WILDER:** As a result of the NSA, the  
14 insurance companies are not willing to negotiate  
15 anymore in in-network payment to doctors, and they  
16 -- the doctors -- there's been a widespread  
17 attrition of doctors practicing, which has harmed  
18 the public, and there would also need to be more  
19 time for it to develop.

20 The record hasn't been developed. This is  
21 a motion to dismiss. The claim was made --

22 **THE COURT:** Do you -- can I just -- I'm  
23 sorry, can I just -- you're saying that the record  
24 hasn't been developed. I mean, that is a problem.  
25 You're asserting an injury, but there's no support

1 for that injury in your -- in your filings. You're  
2 saying, well --

3 **MR. WILDER:** What -- I understand what  
4 you're saying.

5 **THE COURT:** -- this is what we believe is  
6 going to happen in the future.

7 **MR. WILDER:** I would suggest if you have a  
8 home which has been determined it's going to be  
9 demolished and they are telling you they'll pay you  
10 whatever they want, you -- you essentially already  
11 have an injury even though the home hasn't been  
12 demolished.

13 **THE COURT:** But that's not -- that's  
14 different. That's very specific because if someone  
15 says, we're going to demolish your home, okay. This  
16 -- what you're describing in terms of the effects of  
17 this law are -- it seems very speculative. It's  
18 like, well, we think it's going to drive doctors out  
19 of business, and we think this is going to happen,  
20 and it's not going to really help the general public  
21 --

22 **MR. WILDER:** Well, we -- we see from the  
23 language of the statute that there is a presumption  
24 that the -- the insurance companies' QPA is correct.  
25 And although it's similar language, it -- there's no

1 question that it was going to have a deleterious  
2 effect on doctors, and I think the purpose was to  
3 really -- was to take -- for that to happen, for  
4 more money to be -- for doctors to share an  
5 excessive amount of the money they make, which ends  
6 up bringing them out of business.

7           And if the Courts are willing, I would  
8 like to leave that argument for my brief and just go  
9 back to that - - the prior argument, if that's okay.

10           **THE COURT:** Why don't you wrap up.

11           **MR. WILDER:** Okay. I will.

12           **THE COURT:** You'll have a few minutes for  
13 rebuttal.

14           **MR. WILDER:** Okay. Thank you.

15           The -- the -- the law is very clear that  
16 when you have -- all of the cases that were cited by  
17 the Court -- and, again, this is not -- their  
18 argument that it's forfeited doesn't work because  
19 the -- the Court itself spent six pages talking  
20 about this, "this" being the doctors be able to sue  
21 insurance companies.

22           Northern Pipeline, Granfinanciera, Stern  
23 versus Marshall, Murray's Lessee, all of these cases  
24 and others that are cited in their cases and the  
25 court case in the decision -- in the lower Court's

1 case, they all mandate that common law cases cannot  
2 be taken into Article 1 forum, and for an Article 1  
3 forum to be used to deposit a right, it has to be a  
4 new public right created by congress.

5           When you have a standard common law case,  
6 contract, tortious interference, that cannot be  
7 simply put into -- taken by the Article 1 and put  
8 into a case -- a forum for adjudication other than  
9 the Article 3 and Seventh Amendment, a traditional  
10 court. And there was some discussion about, well,  
11 if -- it's efficient. It's efficient, and so forth  
12 to use that -- the arbitration. Efficiency is not  
13 the standard. The Constitution -- constitutional  
14 rights cannot be abrogated based on the notion that  
15 it may be more efficient.

16           And I would like to add one more point,  
17 that the -- the idea that, well, there's also  
18 language, for example, that you can -- that this  
19 exception -- the public rights is an exception to  
20 Article 3. It's not sort of the rule. It's an  
21 exception. That exception can happen when the --  
22 what -- the forum is derived from legislation,  
23 meaning it's a whole new right, where it's deemed  
24 essential. It's deemed essential to have this kind  
25 of specialized Court with experts.

1 And I would suggest on the -- the cases  
2 all suggest this would totally eviscerate Article 3.  
3 Look at a medical malpractice case and how  
4 complicated that is. That's a lot more complicated  
5 --

6 **THE COURT:** Mr. Wilder, I think we have  
7 your argument. You've reserved a few minutes for  
8 rebuttal.

9 **MR. WILDER:** Okay.

10 **THE COURT:** Thank you.

11 **MR. WILDER:** Thank you.

12 **MS. CLARK:** May it please the Court.

13 Sarah Clark for the United States. I want to start  
14 with Plaintiffs' argument, what I take to be  
15 Plaintiffs' argument against their forfeiture.

16 So obviously, in District Court,  
17 Plaintiffs expressly disclaimed any common law  
18 claims against insurers, so that's at JA 174 and  
19 175, their colloquy with the judge. And they say  
20 now that essentially they haven't forfeited because  
21 the District Court addressed it.

22 But that's not right, right? The District  
23 Court took as its premise -- as one of its premises  
24 Plaintiffs' concession and then went on to examine  
25 the case based on the premises that it was litigated

1 below, which is that the Seventh Amendment claim was  
2 based on Plaintiffs' asserted common law claims  
3 against patients.

4 So the fact that the Court, you know, went  
5 on to address this sort of Seventh Amendment  
6 doctrine and sort of didn't sort of carve out the  
7 insurer point doesn't mean that they addressed  
8 whether there are common law claims against  
9 insurers, and it doesn't detract from Plaintiffs'  
10 concession below. It's no argument for --

11 **THE COURT:** It -- it arguably raises a  
12 different problem, though, which is that the  
13 District Court's analysis was resting on something  
14 that was conceded that may or may not be correct as  
15 a matter of law. And are you asking us to affirm on  
16 that basis just because it was a forfeited argument?

17 **MS. CLARK:** So I --

18 **THE COURT:** -- there may be a serious, you  
19 know, Seventh Amendment argument here and to affirm  
20 on the basis of a concession it may have been a  
21 mistake seems problematic to me.

22 **MS. CLARK:** No, Your Honor, it's not  
23 problematic because the question is whether  
24 Plaintiffs have stated a claim here, so this is not  
25 an issue -- even a statutory interpretation where,



1 you know, we're asking the Court to go with one  
2 reading because Plaintiffs didn't make a certain  
3 argument.

4 They framed their entire Seventh Amendment  
5 challenge, which, of course, is about common law  
6 claims, based on the idea that they have claims  
7 against patients. So there's no problem with  
8 affirming the District Court's conclusion that, you  
9 know --

10 **THE COURT:** But the District Court's  
11 entire public rights analysis rests on the absence  
12 of a common law right against insurers. So if  
13 that's a mistake -- and -- and that was fairly  
14 assumed by this Court in light of what happened  
15 below, but if that's not right, then it seems  
16 problematic to affirm. I guess that's the concern  
17 that I have with your position.

18 **MS. CLARK:** I -- I disagree with that,  
19 Your Honor, because, again, the claim that  
20 Plaintiffs brought was premised on claims against  
21 patients. So it's not up to the District Court to  
22 say, you know, what if you had brought a different  
23 claim, one based on claims against insurers. That  
24 simply wasn't what was at issue. And so if this  
25 Court were to affirm the District Court here, it

1 wouldn't be, frankly, opining on whether there is or  
2 is not a claim against --

3 **THE COURT:** But the public rights  
4 framework doesn't make sense if there is a claim of  
5 common law against --

6 **MS. CLARK:** Well, it made sense for the  
7 District Court to discuss it because it was --

8 **THE COURT:** I agree. I'm not disputing  
9 what the District Court did here in light of what  
10 happened, but I'm concerned about what we should do  
11 in light of the forfeiture that you're talking about  
12 now.

13 **MS. CLARK:** I guess I would just add it  
14 additionally made sense for the District Court to  
15 discuss it because the District Court was explaining  
16 that, you know, Plaintiffs have brought this case  
17 based on claims against patients. The IDR system  
18 doesn't adjudicate disputes between patients and  
19 providers; therefore, there was no problem with the  
20 IDR system under the Seventh Amendment or Article 3.

21 So -- so again, I would just reiterate  
22 that it's -- it's not stating one way or the other  
23 anything about this legal issue that Plaintiffs  
24 conceded. And you know, again, I -- Plaintiffs  
25 haven't provided any reason for this Court to excuse

1 their forfeiture as we go outside of the traditional  
2 rules of party presentation and, you know, address a  
3 claim that they never brought in District Court.

4 **THE COURT:** How about the argument raised  
5 in the amicus brief, the brain surgeons, about the  
6 -- whether the idea or process is compulsory or we  
7 can avoid a Seventh Amendment problem by reading  
8 "may" to be permissive?

9 **MS. CLARK:** So --

10 **THE COURT:** Again, another thing the  
11 District Court didn't address because it wasn't  
12 raised at the time.

13 **MS. CLARK:** Right. So of course, we don't  
14 think this Court or the District Court would have  
15 needed to address this question of whether the IDR  
16 process is mandatory. As we note in our brief, we  
17 do think the best reading of the Act is that it is  
18 mandatory.

19 One, you know, provision that -- so it  
20 tells us that once a party has initiated IDR, it  
21 directs at -- I apologize for the long cite --  
22 300gg-111(c)(5)(b)(i), that the parties shall each  
23 submit to the arbitrator an offer for our payment  
24 amount. So clearly, I think the Act contemplates  
25 that both parties will participate.

1 But, again, of course, just to take a step  
2 back, we don't think that the Court needs to reach  
3 that here, and of course, if -- I think if the Court  
4 viewed that as something necessary to address, the  
5 best course would be to remand to the District Court  
6 so it could actually address that issue in the first  
7 instance. Of course, as you noted here, it's an odd  
8 -- Plaintiffs don't take the position that the  
9 amicus takes in this case either.

10 I'll just note one more point. So  
11 Plaintiffs have, I think, in this sort of vein of  
12 forfeiture, said, you know, this is just a new  
13 argument in support of the same claim, and,  
14 therefore, we're not really in the world of  
15 forfeiture. And that's not right for the reason  
16 that their entire premise of their claim has  
17 changed. So this isn't a question of statutory  
18 interpretation, again, where, you know, they've  
19 brought in a new dictionary definition or a new  
20 structural argument. They've fundamentally changed  
21 the nature of their challenge here, so we're not in  
22 the world of, you know, we thought of a new argument  
23 in support of the same claim.

24 If the Court has no further questions,  
25 we're happy to rest on our briefs and ask that the

1 Court affirm.

2 **THE COURT:** Thank you, counsel.

3 We'll hear rebuttal.

4 **MR. WILDER:** Thank you, Your Honor. I  
5 almost feel as if I don't need to, but I will -- I  
6 would like to continue to -- the --

7 **THE COURT:** I'm sorry, let me just --  
8 before you get started on that, let me circle back  
9 to Judge Park's question about the takings claim.

10 It's now been almost exactly two years, I  
11 think, since this complaint was filed. Does Dr.  
12 Haller now have a specific -- because Judge Lee was  
13 trying to get you to say what is the dollar that was  
14 lost here. So your comments suggest that on a day-  
15 to-day basis, Dr. Haller and others are losing --

16 **MR. WILDER:** Yes.

17 **THE COURT:** -- payments. Has that  
18 happened and -

19 -

20 **MR. WILDER:** Yes.

21 **THE COURT:** -- are -- is he -- is there a  
22 new case now?

23 **MR. WILDER:** Well, we can't bring that  
24 case again now. It's already been brought. I don't  
25 know how I could bring --

1           **THE COURT:** Well, there'd be -- if there's  
2 a specific taking, does Dr. Haller have some --

3           **MR. WILDER:** Okay. Yes. I understand. I  
4 agree --

5           **THE COURT:** -- where he says, I treated  
6 Mr. --

7           **MR. WILDER:** Yes.

8           **THE COURT:** -- Jones, and --

9           **MR. WILDER:** Yes.

10          **THE COURT:** -- I -- I'm owed 10,000, and I  
11 got 2,000, and that's a taking.

12          **MR. WILDER:** Yes. There is on a daily  
13 basis hemorrhaging money. They can't even afford  
14 the overhead. And this is widespread among doctors.

15          **THE COURT:** So -- but at no point while  
16 this was under way, while this District Court action  
17 was open, did Dr. Haller -- did the Plaintiffs move  
18 to amend to --

19          **MR. WILDER:** Yes.

20          **THE COURT:** -- to add specific -- there's  
21 a proposed amended complaint, but I'll go look for  
22 it, but that says, here are the specific takings?

23          **MR. WILDER:** I don' know if they did -- if  
24 that happened with the law firm below, which -- but  
25 I do know that they did move to amend, but I don't

1 know what the subject of the amendment was.

2 **THE COURT:** Okay. Thank you.

3 **MR. WILDER:** Going back to -- or  
4 specifically addressing what opposing counsel  
5 stated, they said the claim was never brought. "The  
6 claim," meaning the claim that the doctors haven't  
7 been able to -- or the doctors have a common law  
8 right under Seventh Amendment to sue the insurers.  
9 The claim was brought. The claim is the violation  
10 -- the Supreme Court cases, Yee and its progeny,  
11 that it's -- the claim is the Seventh Amendment was  
12 violated.

13 That there was an Article 3 violation and  
14 a Seventh Amendment violation, that is the claim.  
15 The argument is that the -- that they are being  
16 denied -- the providers are being denied the ability  
17 to sue insurers even though there's an extensive  
18 body of common law which gave - - gives them just  
19 that and on the exact same relief we have here,  
20 which is unjust enrichment. There are a plethora of  
21 cases out there that provide that, and the Court  
22 below does not recognize that at all, but she does.

23 And I'll also respond to opposing counsel.  
24 She says that the Seventh Amendment discussion by  
25 the Court below gets into the issue of suing

1 patients. It doesn't. Ninety percent of what's in  
2 that section -- and I will again -- and I would  
3 respectfully direct the Courts to Joint Appendix,  
4 page 56 to 61. She discusses Seventh Amendment, and  
5 almost every word of it is about why -- why the  
6 doctors can't sue the insurers. And that reason she  
7 gives is there's no common law. And then --

8           **THE COURT:** I know you don't want to admit  
9 forfeiture, but what's -- what would be wrong with  
10 remanding and maybe with instructions for dismissal  
11 without prejudice, and you can start over, because  
12 your case has changed. It started out as having to  
13 do with claims about patients, and it was premature  
14 as to takings as far as I can tell. But if you  
15 could start over, then maybe you can state the  
16 arguments that you're stating now. How -- how would  
17 you feel about that?

18           **MR. WILDER:** Well, I would prefer the  
19 Court simply reverse, but if that were a course of  
20 action the Court takes, I think that that would be  
21 also a reasonable course of action. If we were  
22 actually to redraft -- if we're talking about  
23 actually redrafting, I think that would be, you  
24 know, quite suitable.

25           But just to continue briefly -- I don't



1 know if you want me to do this, but there -- the --  
2 there's a lot of problems with the other side and  
3 with some of what is said. For example, that it's  
4 more efficient to just go to these panels. Again,  
5 efficiency and the numerous of the cases quoted --  
6 cited by everybody say that efficiency is not and  
7 can never be a standard to circumvent Article 3 and  
8 -- and just create these arbitration panels. And  
9 again, many of the cases say if -- even --

10 **THE COURT:** I don't know about the policy,  
11 you know, the pros and cons of efficiency of either  
12 process, but I am interested and I've asked both  
13 sides about whether it's compulsory or not, and  
14 that's another thing --

15 **MR. WILDER:** I believe, as they do, that  
16 it is compulsory. At least, it's compulsory if one  
17 side or the other chooses it. That's what the  
18 language states. If one party submits the  
19 paperwork, then it is initiated, and that's it, and  
20 the other party has an answer.

21 And I would just like to briefly -- you  
22 stopped me before, so I don't know if you're  
23 interested in this but --

24 **THE COURT:** Why don't you wind up -- or  
25 wind down.

1           **MR. WILDER:** Okay. I would like to --  
2 okay. Sure. Thank you.

3           I would like to briefly address that if  
4 this -- this paradigm were followed, it would  
5 eviscerate Article 3 completely, and many of the  
6 only -- some of these cases say that. That is, if  
7 you were to take something Article 1 creates a -- a  
8 new right -- well, which is the public, but if it  
9 somehow keeps borrowing from the common law and  
10 sticking it into this new paradigm or into their  
11 arbitration panels, saying, well, this is just a  
12 little bit. It will help a little bit.

13           If you keep doing that, you end up with no  
14 more Article 3 because you could do that with a  
15 medical malpractice case. What could be more  
16 complicated than chemistry and biology? You can do  
17 that with -- if a building collapses. What could be  
18 -- and when I say, "do that," a panel of, quote,  
19 "experts." Of -- where there's negligence by  
20 engineers and other people, you can do this with so  
21 many cases that you say, well, we need special  
22 experts. You don't need special experts to  
23 determine the -- whether a fee paid to a doctor is  
24 reasonable.

25           You have attorneys. You have experts.

1 And then you have a jury to decide, and that's what  
2 is the appropriate forum for this case. And the  
3 denial of that is a violation of the constitutional  
4 right to the Seventh Amendment right for a jury and  
5 Article 3. Thank you, Your Honors.

6 **THE COURT:** Thank you, counsel. Thank  
7 you, both. We'll take the case under advisement.

8 **(WHEREUPON, the proceedings concluded.)**

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CERTIFICATE

I, Jodi Dean do hereby certify that the proceeding named herein was professionally transcribed on the date set forth in the certificate herein; that I transcribed all testimony adduced and other oral proceedings had in the foregoing matter; and that the foregoing transcript pages constitute a full, true, and correct record of such testimony adduced and oral proceeding had and of the whole thereof.

IN WITNESS HEREOF, I have hereunto set my hand this 29th day of February, 2024.

A handwritten signature in black ink, appearing to be 'Jodi Dean', is written over a horizontal line.

Jodi Dean

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