

Chair Bowman, Vice Chair Drazan, and members of the committee, my name is Tyler Staggs. For twenty years, I served the Oregon insurance industry as one of their top lawyers. Last year, my entire law firm quit working for insurance companies, giving up millions of dollars in future income. I'm here to tell you why.

In the beginning, I was proud to represent insurance companies. My grandfather was an insurance salesman. My mentor was one of the greatest insurance trial lawyers in the country. I joined a fifty-year-old law firm with more than twenty insurance companies as clients. I felt I was on the side of the righteous, helping to accomplish justice.

I worked day and night for insurers. I honed my courtroom skills to help them, rising up from file clerk, to associate attorney, to partner, to law firm owner. But little by little, I began to see problems that grew until I couldn't ignore them.

When I started in the early 2000s, we worked with professional claims people in local offices. They fairly evaluated claims with honesty and integrity based upon their training and experience. They listened to our advice and treated people fairly. They put people ahead of profits.

Then the local offices closed, and the experienced claims people were let go. The new claims people were less experienced and not properly trained. They were working in large regional hubs. There was greater job dissatisfaction. They were being asked to handle too many claims, often hundreds. They didn't have time to do a good job. They started relying on big data and computer systems to evaluate claims instead of human judgment. Management gave them less discretion to settle claims. Fewer claims were being paid fairly, and when they were paid, there was greater delay. We'd often hear things like, "I'd rather pay you to fight, than to pay the claim."

Then COVID came. The regional hubs were closed, never to re-open. Claims people were sent home to work on laptops with attention tracking software. As more people quit and were let go, the employees that were left were overloaded. Job satisfaction went to an all-time low. We were frequently working with people from across the country with little to no experience or training. There was an even greater reliance on big data and computer systems to value claims. Our advice mattered less and less. From my observation, the insurance industry was in crisis. Delay and low-ball tactics became the norm.

Once COVID was under control, things did not get better. We were working with burnt out claims people that didn't have the time or training to treat claimants fairly. "The computer system won't let me" became a familiar comment. When it became clear that things weren't going to change, my law firm could no longer be part of it.

Insurance companies spend too much money advertising false promises designed to make consumers believe they are buying peace of mind and safety, and not enough money on claims. Today, the industry prioritizes profits, not people. And it's only going to get worse with the rise of AI. Incorporating Oregon's longstanding Unfair Claim Settlement Practices Act into the UTPA is a simple way to help consumers get the coverage that they pay for.

Adequate remedies do not currently exist. The argument that the Oregon Supreme Court "recently expanded access for consumers" through "bad faith" lawsuits is disingenuous. Industry lawyers have been arguing the opposite in Oregon courts. Even if a court does allow a "bad faith" lawsuit to go forward, very few Oregonians can fight an industry willing to spend hundreds of thousands of dollars in court just to deny their claim. This bill would **fairly level the playing field. Importantly, it only allows claims for "willful" violations by insurers, and the industry is protected from frivolous claims by the reciprocal attorney fee provision - a protection the industry doesn't currently have.**

I believe to my core that this bill will help people, please support it.