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7			
8	SUPERIOR COURT FOR THE STATE OF CALIFORNIA		
9	FOR THE COUNTY OF LOS ANGELES		
10			
11	ANDREW A. ARCE, a minor, by and	Case No.: BC 388689	
12	through his Guardian ad Litem, GUILLERMO ARCE; GUILLERMO	Hon. Emilie H. Elias	
13	ARCE,	[Dept. 308]	
14	Plaintiffs,	NOTICE OF ERRATA REGARDING	
15	vs.	PLAINTIFFS' FIRST AMENDED COMPLAINT	
16	TO A SECRET TO A TO A DESCRIPTION AND A NAME OF THE PARTY	Data Antique Filade April 9 2009	
17	KAISER FOUNDATION HEALTH PLAN, INC., AND DOES 1 THROUGH 100,	Date Action Filed: April 8, 2008 Trial Date: None set	
18	INCLUSIVE,		
19	Defendants.		
20			
21			
22	Plaintiffs make this notice to correct the omission of text from plaintiffs' First Amended		
23	Complaint. The omitted text is as follows:		
24	On page 1, line 13, after the word "Arce,"		
25	"Individually and on behalf of other similarly-situated persons,"		
26	///		
27	///		
28	///		

NOTICE OF ERRATA REGARDING COMPLAINT

On page 16, line 5, in paragraph 68, after the text "17200."

- I. Plaintiffs, individually and on behalf of other similarly situated people, allege as follows: Plaintiffs are bringing this cause of action for injunctive relief and declaratory relief as a class action on behalf of the proposed class pursuant to Code of Civil Procedure section 382. The proposed class consists of three subclasses. First, all California residents who were Kaiser policyholders or health plan members whose applied behavioral analysis for an autism spectrum disorder was wrongfully determined to be not covered in violation of California law. Second, all California residents who were Kaiser policyholders or health plan members whose speech therapy for an autism spectrum disorder was wrongfully determined to be not covered in violation of California law. Third, all California residents who were Kaiser policyholders or health plan members whose occupational therapy for an autism spectrum disorder was wrongfully determined to be not covered in violation of California law
- II. Excluded from the class are defendants, their officers, directors, and employees; any entity in which any defendant has a controlling interest, the defendants' affiliates, legal representatives, attorneys, heirs or assigns; the defendants' immediate families; any federal, state, or local government entity, any judge, justice or judicial officer presiding over this matter, the members of their immediate families, and their judicial staffs; and any insured or member whose coverage is subject to the provisions of the Employee Retirement Income Security Act.
- III. This action has been brought and may properly be maintained as a class action pursuant to the provisions of Code of Civil Procedure section 382 because there is a well-defined community of interest in the litigation and the proposed class is easily ascertainable.
  - <u>Numerosity</u>: The class is so numerous that individual joinder of all members would be impracticable. While the exact number of class members is unknown, upon information and belief, plaintiffs allege that the proposed class would include hundreds, if not thousands, of policyholders.
  - <u>Commonality</u>: Common questions of law and fact that pertain to all class members, and which predominate over other questions that affect only individual class members,

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include, without limitation, whether defendants, in violation of California law, have a pattern and practice of unlawfully, unfairly or fraudulently denying, refusing to cover, and refusing to pay for speech therapy, occupational therapy and/or applied behavioral analysis, and whether such conduct is in bad faith, in violation of California law, and whether Kaiser's conduct violated the UCL.

- <u>Typicality</u>: Plaintiffs' claim is typical of the claims of the members of the class because all members of the class had their speech therapy, occupational therapy and/or applied behavioral analysis denied as part of defendants' unlawful, unfair and fraudulent pattern and practice of denying coverage for these services for autism spectrum disorders.
- Superiority: A class action is superior to other available means for the fair and efficient adjudication of this controversy since individual joinder of all class members is impracticable. Class action treatment will permit a large number of similarly-situated persons to prosecute their common claims in a single forum simultaneously, efficiently, and without the unnecessary duplication of effort and expense that numerous individual actions would engender. The prosecution of separate actions by individual class members would create a risk of inconsistent and varying adjudications concerning the subject of this action, which could establish incompatible standards of conduct for defendants under the law alleged in this action. This class action will permit an orderly and expeditious administration of class claims, economies of time, effort and expense will be fostered, and uniformity of decisions will be ensured.

1	A copy of the First Amended Complaint that includes the omitted text is attached as
2	exhibit A.
3	Dated: July 3, 2008
4	LAW OFFICES OF SCOTT C. GLOVSKY
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6	BY: CLOVERY For
7	SCOTT C. GLOVSKY, Esq. Attorneys for Plaintiff
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1 2 3 4	Scott C. Glovsky, Bar No. 170477 Law Offices of Scott C. Glovsky 225 S. Lake Avenue, Suite 1000 Pasadena, CA 91101 Telephone (626) 243-5598 Facsimile (866) 294-2501	
5	Attorneys for Plaintiffs	
7 8 9	SUPERIOR COURT FOR THE STATE OF CALIFORNIA  FOR THE COUNTY OF LOS ANGELES	
10 11 12 13 14 15 16 17 18 19 20	ANDREW A. ARCE, a minor, by and through his Guardian ad Litem, GUILLERMO ARCE; GUILLERMO ARCE, individually and on behalf of other similarly-situated persons,  Plaintiffs,  vs.  KAISER FOUNDATION HEALTH PLAN, INC., AND DOES 1 THROUGH 100, INCLUSIVE,  Defendants.	Case No.: BC 388689  FIRST AMENDED COMPLAINT  1. Breach of the Duty of Good Faith and Fair Dealing;  2. Breach of Contract;  3. Business & Professions Code section 17200; and  4. Business & Professions Code section 17500
21 22 23 24 25 26 27 28	Plaintiff Andrew A. Arce, by and through Arce allege based on the knowledge of Guillermo information and belief with respect to all other m  ///  ///  ///  ///	-

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#### **INTRODUCTION**

- 1. Plaintiff Andrew Arce is a 26-month old boy with autism. The Kaiser Foundation Health Plan has been wrongfully denying care for Andrew along with thousands of other autistic children. Although California's Mental Health Parity laws require Kaiser to provide care for the treatment of autism, and early treatment leads autistic children to make substantial and sustained gains in IQ, language, academic performance, and adaptive behavior, Kaiser refuses to provide the care that autistic children desperately need to achieve their full potential.
- 2. In 1999, the California Legislature enacted the California Mental Health Parity Act. In that Act, the Legislature *mandated* that health care plans and health care insurers provide treatment for mental illnesses, including autism, to the same extent that they provide treatment for physical illnesses. The Legislature even made it a *crime* to willfully violate the statute – a crime repeatedly committed on a daily basis by Kaiser.
- 3. In enacting that statute, the Legislature specifically acknowledged that because "[t]he failure to provide adequate coverage for mental illnesses in private health insurance policies has resulted in significant increased expenditures for state and local governments," it was important to require health care plans to cover care and treatment for mental illnesses, including autism. Yet – every day – Kaiser undermines the goal of relieving the taxpayers from the onerous burden of paying for the treatment of mental illnesses by willfully refusing to provide treatment to autistic children covered under its plans and by sending them to government supported "Regional Centers" for evaluation and treatment.
- 4. Foisting its statutory duty to provide such treatment onto California's taxpayers in part allowed Kaiser to make "gigantic jumps in net income, operating income and investment income for the third quarter ending September" 2007. (San Francisco Business Times, 11/7/07, Chris Rauber). In fact, Kaiser more than doubled its net income during that same time period. But it

did so on the back of California's taxpayers.

5. This action is intended to require Kaiser to honor its statutory and contractual obligations with respect to both plaintiff Andrew A. Arce and all other California plan members requiring medically necessary diagnosis, care and treatment for autism, and to relieve California's taxpayers from the burden placed on them by Kaiser's violation of the law.

#### 2.

#### THE CALIFORNIA MENTAL HEALTH PARITY ACT

- 6. In 1999, the California Legislature enacted AB 88 (Stats. 1999, c. 534), commonly known as the Mental Health Parity Act. That Act added a new section to the Health & Safety Code and a new section to the Insurance Code. The new sections in each code require health care plans and health insurance companies to "provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age . . . under the same terms and conditions applied to other medical conditions . . . ." (Health & Safety Code section 1374.72(a); Insurance Code section 10144.5(a); emphasis added.) Among the conditions which are included in the statute requiring mandatory coverage is autism. (Health & Safety Code section 1374.72(d)(7); Insurance Code section 10144.5(d)(7).
- 7. As reflected in the legislative history of the bill, the intent of the bill was "to prohibit discrimination against people with biologically-based mental illnesses, to dispel unsound distinctions between mental and physical illnesses, and require equitable coverage to prevent adverse risk selection." (Analysis, Assembly Concurrence in Senate Amendments, 9/8/99, pp 2-3.)
  - 8. In section 1 of the Act, the Legislature said:
    - (a) The Legislature *finds and declares* all of the following:
      - (1) Mental illness is real.
      - (2) Mental illness can be reliably diagnosed.
      - (3) Mental illness is treatable.

1	(4) Treatment of mental illness is cost-effective.	
2	(b) The Legislature further <i>finds and declares</i> all of the following:	
3	* * *	
4	(3) Limitations in coverage for mental illness in private insurance	
5	policies have resulted in inadequate treatment for persons with these	
6	illnesses.	
7	(4) Inadequate treatment causes relapse and untold suffering for	
8	individuals with mental illnesses and their families.	
9	(c) The Legislature further <i>finds and declares</i> all of the following:	
10	* * *	
11	(2) The failure to provide adequate coverage for mental illnesses in	
12	private health insurance policies has resulted in significant increased	
13	expenditures for state and local governments.	
14	(Emphasis added.)	
15	9. The Legislative Counsel's Digest for AB 88, as enacted, also noted that "a willful	
16	violation of the provisions relating to health care service plans <i>is a crime</i> ." (Emphasis added.)	
17		
18	3.	
19	KAISER'S MISREPRESENTATIONS ABOUT ITS PROVISION	
20	OF COVERAGE FOR TREATMENT OF AUTISM	
21		
22	10. Kaiser has a pattern and practice of willfully refusing coverage for diagnosis and	
23	treatment of autism, in direct conflict with the mandates of section 1374.72. Not only is this	
24	pattern and practice a violation of that statute – and therefore a crime – it is also a direct breach of	
25	Kaiser's own representations.	
26	11. On its website, Kaiser represents that it will "[p]rovide assessment, consultation,	
27	treatment of children, adolescents, and their families from a developmental, multidisciplinary, an	
28	best practices perspective." (See <a href="http://www.permanente.net/homepage/kaiser/pages/d11809-">http://www.permanente.net/homepage/kaiser/pages/d11809-</a>	
	4	

top.html.) It also says that it will "[m]aintain commitment to early identification and treatment" and will "[e]ducate, support and empower families."

12. Those representations are false. In fact, Kaiser does not fulfill any of those promises.

4.

#### THE PARTIES

- 13. Plaintiff Andrew A. Arce ("Andrew") is a minor, born December 14, 2005, who is represented in this action by his father, Guillermo Arce as his Guardian ad Litem.
- 14. Plaintiff Guillermo Arce is the father of plaintiff Andrew A. Arce, a minor, and, as such is legally responsible for payment of all medical care and treatment provided to Andrew. Plaintiffs are both residents of the County of Los Angeles and the contract at issue in this action was entered into in Los Angeles County and the defendants' performance under the contract is owed in Los Angeles County.
- 15. Defendant Kaiser Foundation Health Plan ("Kaiser") is a California corporation authorized to transact and transacting business in California with its principal place of business in California.
- 16. The true names or capacities, whether individual, corporate, associate, or otherwise, of defendants DOES 1 through 100, are unknown to plaintiffs, who therefore sue said defendants by such fictitious names. Each of the defendants sued herein as a DOE is legally responsible in some manner for the events and happenings referred to, and legally caused injury and damages proximately thereby to plaintiffs as herein alleged. DOES 1 through 100 are citizens and residents of the State of California. Plaintiffs will ask leave of this court to amend this complaint to insert their true names and capacities in place and instead of the fictitious names when the same become known to plaintiffs.
- 17. At all relevant times, defendants, and each of them, were joint venturers, independent contractors, or the agents and employees of each of the remaining defendants, and at all times may have been acting within the purpose and scope of said agency and employment, and if so, each defendant has ratified and approved the acts of his agent.

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#### FACTUAL BACKGROUND

- 18. At all relevant times, Andrew has been covered under a health care plan issued by Kaiser, member number 00-16761608. The material terms of the Kaiser plan require it to provide assessment, diagnosis and medically-necessary treatment to Andrew.
- 19. Pursuant to California's mental health parity law, Health & Safety Code section 1374.72, health care plans are required to provide medically necessary care and treatment, including hospital care, doctor visits, outpatient services and prescription drugs, for treatment of specified mental illnesses at a level equal to the provision of benefits for physical illnesses. Section 1374.72(d)(7) specifically mandates that such coverage must be provided by health care plans for medically necessary diagnosis, care and treatment of autism.
  - 20. Andrew was born on December 14, 2005 and is currently 2-1/2 years old.
- 21. Because of certain symptoms, Andrew was referred by his pediatrician in October 2, 2007 to speech and occupational therapists for an assessment to rule out autism as the cause of Andrew's problems, including lack of speech, and lack of affection. Andrew was not given an appointment until October 15, 2007 (and Kaiser later cancelled this appointment).
- 22. Kaiser itself acknowledges the critical importance of prompt diagnosis and early intervention for children diagnosed with autism. As Kaiser says on its own website: "It's very important that children be diagnosed as early as possible so we can provide critical intervention and education services." (See http://www.kpsacramento.org/index.php?content=76; emphasis added.) This statement is an acknowledgment of numerous studies and reports demonstrating that with a young child, like Andrew, earlier diagnosis and earlier and more comprehensive intervention are the most effective and that delay in diagnosis and intervention – even of a few weeks – can result in lost opportunities for treating the condition.
- The day before the scheduled assessment appointment, Kaiser called Guillermo to 23. cancel the appointment, and offered an appointment yet another two weeks later. Guillermo objected to the delay and, ultimately, the assessment was performed on October 23, 2007. At that

time, it was determined that Andrew needed to be evaluated by Kaiser's Interdisciplinary Team for an official diagnosis. Kaiser told Guillermo that the appointment would have to be scheduled for December 5, 2007 because one member of the team was on sick leave. Thus, since the initial referral in October, Andrew's assessment was delayed for more than three months.

24. While waiting for the KID's Clinic appointment, Andrew's pediatric neurologist prescribed Pediasure – a liquid food replacement – for Andrew because, as a result of his condition, he does not realize there is food in his mouth and he does not swallow. As a result of this condition, Andrew chronically becomes dehydrated and suffers from diarrhea. In the first of many refusals that would come during the next few months, Kaiser refused to pay for the Pediasure, despite the fact that it was determined to be medically necessary by Andrew's pediatric neurologist. Instead, Kaiser referred the Arces to their local Regional Center maintained through taxpayer funding by the California Department of Developmental Services. The Regional Center – and the taxpayers that support it – began to pay for the Pediasure necessary to keep Andrew alive.

25. Two days before *that* appointment, Kaiser called again and again cancelled the appointment, stating that a team member was on sick leave and offered an appointment in January or February. Guillermo declined such a long-delayed appointment, knowing the importance of early diagnosis and intervention, asked for an out-of-network referral and filed a grievance. In fact, the assessment team that Kaiser was insisting be utilized for Andrew had been out of commission since October 2007 and all regularly scheduled diagnostic clinics had been cancelled because of the absence of the pediatric neurologist on the team. There was no date certain as to when the team would meet again.

26. On or about December 18, 2007, Kaiser refused to permit Andrew's assessment to be made out-of-network, in spite of the long delays in providing that assessment in-network, asserting that Andrew's assessment was "not . . . urgent" and that the "consultation does not need to be expedited" – all this despite Kaiser's own acknowledgment that it is "very important that children be diagnosed as early as possible so we can provide critical intervention and education services." Thus, even though Kaiser was unable to provide the care in-network, it refused to

FIRST AMENDED COMPLAINT

address his inability to eat normally.

- 36. On or about February 13, Kaiser's interdisciplinary team concluded that Andrew does have autism and recommended *two hours* of occupational therapy per month to address his feeding problem.
- 37. On or about February 14, Guillermo wrote to Kaiser, demanding that the treatment protocol established by the Regional Center (i.e., 10 hours per month at a sensory integration clinic, in addition to speech therapy and other therapy) be provided and appealed Kaiser's recommended provision of only two hours per month of treatment.
- 38. On or about February 25, at an occupational therapy session at Kaiser, the Kaiser therapist committed assault and battery on Andrew by grabbing him by the shirt, putting a head lock on him with her arm and attempting to force food into his mouth.
- 39. On or about March 6, Kaiser again refused to provide the requested treatment, asserted that Andrew's difficulty feeding is a "behavioral" issue, not a medical one, and that one to two hours per month of parent training and two hours per month of occupational therapy was sufficient. Kaiser asserted that with regard to any other interventions requested, they were behavioral in nature, not medical, and could be provided by the Regional Center.
- 40. During this process, Guillermo also requested that a second opinion be obtained from an out-of-plan specialist, in order to obtain another assessment of Andrew's needs. Kaiser refused.
- 41. During the course of the IMR reviews requested by Guillermo, Kaiser provided misinformation to the DMHC reviewers. Guillermo was repeatedly required to correct the misinformation provided by Kaiser.
- 42. During March and April, 2008, and despite almost daily communications from Guillermo, Kaiser refused to provide requested medical records, refused to correct falsifications in Andrew's medical records (including the false statement that Kaiser had provided a 'feeding assessment' when, in fact, it had not), and refused to provide further therapy for Andrew.
- 43. During March and April, 2008, Kaiser repeatedly refused to provide further intervention and treatment for Andrew, asserting that there are "no evidence-based psychotherapy

FIRST AMENDED COMPLAINT

act reasonably and in good faith. (*Foley v. Interactive Data Corp.* (1988) 47 Cal.3d 654, 684.) In the insurance context, that doctrine imposes additional requirements on insurers (*Egan v. Mutual of Omaha Life Ins. Co.* (1979) 21 Cal.3d 809);

- (b) Fully and fairly evaluate all claims for benefits; an insurer cannot ignore evidence that supports the claim, while focusing on facts justifying denial, nor can it ignore objective standards in making its claim decisions (*Tomaselli v. Transamerica Ins. Co.* (1994) 25 Cal.App.4th 1269, 1281; Hughes v. Blue Cross of No. Calif. (1989) 215 Cal.App.3d 832, 845-846);
- (c) Not refuse coverage on the basis of an arbitrary or unreasonable interpretation of its policy (*Moore v. American United Life Ins. Co.* (1984) 150 Cal.App.3d 610, 621);
- (d) Not refuse coverage in conflict with controlling law (*Moore v. American United Life Ins. Co.* (1984) 150 Cal.App.3d 610, 621);
- (e) Provide benefits *promptly* and without any unreasonable *delay* (*Fleming v. Safeco Ins. Co.* (1984) 160 Cal.App.3d 31, 37);
- 50. Furthermore, health care plans like those issued by Kaiser are subject to the same tort liability for breach of the duty of good faith and fair dealing as other insurers, despite the fact that they are regulated under the Health & Safety Code rather than the Insurance Code. This is because, with respect to the duties owed to plan members, health care plans are, for all intents and purposes, insurers. (*Sarchett v. Blue Shield of California* (1987) 43 Cal.3d 1, 3, fn. 1; *Smith v. PacifiCare Behavioral Health of Calif., Inc.* (2001) 93 Cal.App.4<sup>th</sup> 139, 162.)
- 51. Defendant Kaiser issued a health care plan contract to Andrew, the material terms of which include, without limitation, the provision that Andrew was to have timely access to medically necessary diagnosis, assessment, evaluation, care and treatment. Even if the plan did not expressly provide treatment for autism, the Mental Health Parity Act expressly provides that such treatment is to be provided.
  - 52. In conflict with its own contractual obligations and in conflict with the Mental Health

Parity Act, Kaiser breached its duty of good faith and fair dealing owed to Andrew by failing to provide him with prompt and timely access to medically necessary diagnosis, assessment, evaluation, care and treatment for autism.

- 53. Plaintiffs are informed and believe and thereon allege that Kaiser and Does 1-100, inclusive, have breached their duties of good faith and fair dealing owed to plaintiffs by other acts or omissions of which plaintiffs are presently unaware and which will be shown according to proof at the time of trial.
- 54. As a proximate result of the aforementioned unreasonable and bad faith conduct of defendants, plaintiffs have suffered, and will continue to suffer in the future, damages under the plan contract, plus interest, and other economic and consequential damages, for a total amount to be shown at the time of trial.
- 55. As a further proximate result of the aforementioned wrongful conduct of defendants as alleged in this cause of action, plaintiffs have suffered anxiety, worry, mental, and emotional distress, all to plaintiffs' general damage in a sum to be determined at the time of trial.
- 56. As a further proximate result of the aforementioned wrongful conduct of defendants as alleged in this cause of action, Andrew has suffered physical injury, including developmental delays and other physical injuries.
- 57. As a further proximate result of the unreasonable and bad faith conduct of defendants as alleged in this cause of action, plaintiffs were compelled to retain legal counsel and expend costs in an effort to obtain the benefits due under the plan contract. Therefore, defendants as alleged in this cause of action are liable to plaintiffs for those attorneys' fees and litigation costs reasonably necessary and incurred by plaintiffs in order to obtain the plan benefits in a sum to be determined at trial.
- 58. Defendants' conduct described herein was intended by the defendants to cause injury to plaintiff or was despicable conduct carried on by the defendants with a willful and conscious disregard of the rights of plaintiffs, or subjected plaintiffs to cruel and unjust hardship in conscious disregard of plaintiffs' rights, or was an intentional misrepresentation, deceit, or concealment of a material fact known to the defendants with the intention to deprive plaintiffs of

property, legal rights or to otherwise cause injury, such as to constitute malice, oppression or fraud under California Civil Code section 3294, thereby entitling plaintiffs to punitive damages in amount appropriate to punish or set an example of defendants.

59. Defendants' conduct described herein was undertaken by the corporate defendants' officers or managing agents, identified herein as DOES 1 through 100, inclusive, who were responsible for claims supervision and operations, underwriting, communications and/or decisions. The aforementioned conduct of said managing agents and individuals was therefore undertaken on behalf of the corporate defendants. Said corporate defendants further had advance knowledge of the actions and conduct of said individuals whose action and conduct were ratified, authorized, and approved by managing agents whose precise identities are unknown to plaintiff at this time and are therefore identified and designated herein as DOES 1 through 100.

#### SECOND CAUSE OF ACTION

(Breach of Contract)

PLAINTIFFS, FOR A SECOND CAUSE OF ACTION AGAINST DEFENDANT KAISER AND DOES 1 THROUGH 100, INCLUSIVE, AND EACH OF THEM, FOR BREACH OF CONTRACT, ALLEGE:

- 60. Plaintiffs incorporate by reference each and every paragraph of the General Allegations as though set forth in full in this cause of action.
- 61. Defendant Kaiser issued a health care plan contract to Andrew, the material terms of which include, without limitation, that Andrew was to have timely access to medically necessary diagnosis, assessment, evaluation, care and treatment for autism.
- 62. Kaiser breached its contractual duties owed to Andrew by failing to provide him with timely access to medically necessary diagnosis, assessment, evaluation, care and treatment for autism.
- 63. Plaintiffs are informed and believe and thereon allege that Kaiser and Does 1-100, inclusive, have breached their contractual duties owed to plaintiffs by other acts or omissions of which plaintiffs are presently unaware and which will be shown according to proof at the time of

trial.

64. As a proximate result of the aforementioned unreasonable and bad faith conduct of defendants, plaintiffs have suffered, and will continue to suffer in the future, damages under the plan contract, plus interest, and other economic and consequential damages, for a total amount to be shown at the time of trial.

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#### THIRD CAUSE OF ACTION

#### (Violation of Business & Professions Code section 17200)

PLAINTIFFS, FOR A THIRD CAUSE OF ACTION AGAINST KAISER FOR VIOLATIONS OF BUSINESS & PROFESSIONS CODE SECTION 17200, ALLEGE:

- 65. Plaintiffs incorporate by reference each and every paragraph of the General Allegations as though set forth in full in this cause of action.
- 66. The Unfair Competition Law ("UCL") prohibits unfair competition, which is defined as including "any unlawful, unfair or fraudulent business act or practice." (Business & Professions Code section 17200.) The UCL's "purpose is to protect both consumers and competitors by promoting fair competition in commercial markets for goods and services. (Kasky v. Nike, Inc. (2002) 27 Cal.4<sup>th</sup> 939, 949. The UCL is broadly worded, and "was intentionally framed in its broad, sweeping language, precisely to enable judicial tribunals to deal with the innumerable new schemes which the fertility of man's invention would contrive." (Barquis v. Merchants Collection Association (1972) 7 Cal.3d 94, 112.)
- 67. There are four, alternative, types of conduct regulated by the UCL, i.e., conduct which is "unlawful," "unfair," or "fraudulent" and conduct which violates Business & Professions Code section 17500, the False Advertising Law ("the FAL").
  - (a) The unlawful prong proscribes "anything that can properly be called a business practice and that at the same time is forbidden by law." (People v. McKale (1979) 25 Cal.3d 626, 632.) In this case, Kaiser's refusal to provide coverage for diagnosis and treatment of autism under the same terms and conditions applied to other medical conditions is unlawful and in violation of Health &

Safety Code section 1374.72.

- (b) Additionally, Kaiser's false and misleading advertising about the care and treatment it provides for patients with autism violated Health & Safety Code section 1360, which prohibits the use of any advertising or solicitation that is untrue, misleading or deceptive.
- (c) The California courts have developed several tests for application of the unfair prong under the UCL. The most stringent test, articulated by the California Supreme Court in *Cel-Tech Communications, Inc. v. Los Angeles Cellular Telephone Co.* (1999) 20 Cal.4<sup>th</sup> 163, 187, for application in antitrust contexts, provides that a business practice is unfair when the defendant's conduct "threatens an incipient violation of [the law], or violates the policy or spirit of a [law] because its effects are comparable to or the same as a violation of the law, *or otherwise significantly threatens or harms competition*." (Emphasis added.) Kaiser's conduct in this case violates this test because, by refusing to provide coverage for autism, Kaiser spends less money providing benefits to its patient population, in comparison with a competitor who does provide coverage for autism, and Kaiser thereby obtains a competitive advantage and harms its competition in the health care plan marketplace.
- (d) The fraud prong of the UCL affords "protection against the probability or likelihood as well as the actuality of deception or confusion." (*Payne v. United California Bank* (1972) 23 Cal.App.3d 850, 856.) The test is whether the public is "likely to be deceived" by the defendant's representations, not whether they are actually false. (*Committee on Children's Television v. General Foods Corp.* (1983) 35 Cal.3d 197, 211.) Kaiser's representations on its website that it provides "assessment, consultation, treatment of children . . . from a developmental, multidisciplinary, and best practices perspective," that it provides coverage for diagnosis and treatment of autism in a "coordinated and integrated medical setting" and that it "maintain[s] a commitment to early

identification and treatment" are, in light of the facts in this case, statements that are not only likely to mislead the public, they are false.

- 68. Kaiser's conduct as alleged above, in failing to comply with the standards, policies and procedures provided pursuant to Health & Safety Code section 1374.72 has committed acts of unfair competition as set forth in Business & Professions Code section 17200.
  - I. Plaintiffs, individually and on behalf of other similarly situated people, allege as follows: Plaintiffs are bringing this cause of action for injunctive relief and declaratory relief as a class action on behalf of the proposed class pursuant to Code of Civil Procedure section 382. The proposed class consists of three subclasses. First, all California residents who were Kaiser policyholders or health plan members whose applied behavioral analysis for an autism spectrum disorder was wrongfully determined to be not covered in violation of California law. Second, all California residents who were Kaiser policyholders or health plan members whose speech therapy for an autism spectrum disorder was wrongfully determined to be not covered in violation of California law. Third, all California residents who were Kaiser policyholders or health plan members whose occupational therapy for an autism spectrum disorder was wrongfully determined to be not covered in violation of California law
  - II. Excluded from the class are defendants, their officers, directors, and employees; any entity in which any defendant has a controlling interest, the defendants' affiliates, legal representatives, attorneys, heirs or assigns; the defendants' immediate families; any federal, state, or local government entity, any judge, justice or judicial officer presiding over this matter, the members of their immediate families, and their judicial staffs; and any insured or member whose coverage is subject to the provisions of the Employee Retirement Income Security Act.
  - III. This action has been brought and may properly be maintained as a class action pursuant to the provisions of Code of Civil Procedure section 382 because there is a well-defined community of interest in the litigation and the proposed class is easily ascertainable.
    - <u>Numerosity</u>: The class is so numerous that individual joinder of all members would be impracticable. While the exact number of class members is unknown, upon

information and belief, plaintiffs allege that the proposed class would include hundreds, if not thousands, of policyholders.

- Commonality: Common questions of law and fact that pertain to all class members, and which predominate over other questions that affect only individual class members, include, without limitation, whether defendants, in violation of California law, have a pattern and practice of unlawfully, unfairly or fraudulently denying, refusing to cover, and refusing to pay for speech therapy, occupational therapy and/or applied behavioral analysis, and whether such conduct is in bad faith, in violation of California law, and whether Kaiser's conduct violated the UCL.
- Typicality: Plaintiffs' claim is typical of the claims of the members of the class because all members of the class had their speech therapy, occupational therapy and/or applied behavioral analysis denied as part of defendants' unlawful, unfair and fraudulent pattern and practice of denying coverage for these services for autism spectrum disorders.
- Superiority: A class action is superior to other available means for the fair and efficient adjudication of this controversy since individual joinder of all class members is impracticable. Class action treatment will permit a large number of similarly-situated persons to prosecute their common claims in a single forum simultaneously, efficiently, and without the unnecessary duplication of effort and expense that numerous individual actions would engender. The prosecution of separate actions by individual class members would create a risk of inconsistent and varying adjudications concerning the subject of this action, which could establish incompatible standards of conduct for defendants under the law alleged in this action. This class action will permit an orderly and expeditious administration of class claims, economies of time, effort and expense will be fostered, and uniformity of decisions will be ensured.
- 69. Kaiser's conduct in making false and misleading representations regarding the care and treatment provided for autism violated the FAL, as more fully set forth in the Fourth Cause of

For such other and further relief as the Court deems just and proper.

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2	AS TO THE SECOND CAUSE OF ACTION:	
3	6. For special and general damages according to proof at the time of trial;	
4	7. For costs of suit incurred herein; and	
5	8. For such other and further relief as the Court deems just and proper.	
6		
7	AS TO THE THIRD CAUSE OF ACTION:	
8	9. For injunctive relief;	
9	10. For attorneys' fees pursuant to Code of Civil Procedure section 1021.5;	
10	11. For costs of suit incurred herein; and	
11	12. For such other and proper relief as the Court deems just and proper.	
12		
13	AS TO THE FOURTH CAUSE OF ACTION:	
14	13. For injunctive relief;	
15	14. For attorneys' fees pursuant to Code of Civil Procedure section 1021.5;	
16	15. For costs of suit incurred herein; and	
17	16. For such other and proper relief as the Court deems just and proper.	
18		
19	Dated this 3 <sup>rd</sup> day of July 2008, at Pasadena, California.	
20	LAW OFFICES OF SCOTT C. GLOVSKY	
21	LAW OFFICES OF SCOTT C. GLOVSKT	
22	Prin Plan Com-	
23	By: SCOTT C. GLOVSKY Attorney for Plaintiff	
24	Auomey for Framum	
25		

#### PROOF OF SERVICE

2	STATE OF CALIFORNIA, COUNTY OF LOS ANGELES	
3	I am employed in the county of Los Angeles, State of California. I am over the age of 18 and not a party to the within action; my business address is: 225 South Lake Avenue, Suite 1000, Pasadena, California, 91101.	
5	On July 3, 2008, I served the foregoing documents described as:	
6	NOTICE OF ERRATA REGARDING PLAINTIFFS' FIRST AMENDED COMPLAINT	
7	on all interested parties in this action by placing [ ] the original [x]a true copy thereof enclosed in sealed	
8	envelopes addressed as follows:	
9	Kent T. Brandmeyer	
10	LAW + BRANDMEYER, LLP 245 S. Los Robles Ave., Suite 600	
11	Pasadena, CA 91101	
	Tel.: (626) 243-5500 Fax: (626) 243-4799	
12	Email: kbrandmeyer@lawbrandmeyer.com	
13	[X] BY MAIL	
14	I caused such envelope to be deposited in the mail at Pasadena, California. The envelope was	
15	mailed with postage thereon fully prepaid. I am "readily familiar" with this firm's practice of collection and processing correspondence for mailing. It is deposited with U.S. postal service on	
16	that same day in the ordinary course of business. I am aware that on motion of party served, service is presumed invalid if postal cancellation date or postage meter date is more than 1 day	
17	after date deposit for mailing in affidavit.	
18	[ ] BY PERSONAL SERVICE	
19	I caused to be delivered by hand to the above-listed addressees or to the addressees on the list	
	attached hereto. A proof of service executed by the delivery person will be mailed under separate cover.	
20	[ ] BY OVERNIGHT MAIL/COURIER	
21	To expedite the delivery of the above-named document, said document was sent via overnight	
22	courier for next day delivery to the above-listed party.	
23	[] BY FACSIMILE ("FAX")	
24	In addition to the manner of proof of service indicated above, a copy was sent by FAX to the above-listed party.	
25	I declare that I am employed in the office of a member of the bar of this court at whose direction the	
26	service was made. I declare under penalty of perjury under the laws of California that the above is true and correct.	
27		
	Executed on July 3, 2008, at Pasadena, California.	
28	/ Contaction	
	Roberta Liao	