

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

IN RE ZYPREXA PRODUCTS
LIABILITY LITIGATION

04-MD-1596 (JBW)

THIS DOCUMENT RELATES TO:
ALL CASES

STATUS REPORT TO COURT

(Excerpts for TPL Conference)

I. INTRODUCTION

In August of 2005, The Garretson Law Firm (TGLF) was engaged by the PSC to design and implement a damages model that would help facilitate reimbursements to Medicare¹ and state Medicaid² agencies related to the plaintiffs who are settling their Zyprexa claims. I was also asked to engage the states and federal government in discussions to assist in the prompt resolution of reimbursement claims and liens and expedite payment of settlement proceeds to the clients of the PSC and other settling firms³.

With Zyprexa, TGLF was first asked to verify which plaintiffs are recipients of Medicare and / or Medicaid benefits and then to help resolve the respective agency's reimbursement interest in those plaintiffs' settlements. Furthermore, we were asked to create medical-based models for each injury category to facilitate resolution of as many cases as possible en masse (i.e. "globally") as an alternative to the above mentioned agencies resolving them in the traditional "one-at-a-time" fashion (i.e. the agencies generating individual claims histories to determine injury-related care). The goal was to resolve thousands of reimbursement claims / liens – many of which contain significant

¹ Medicare is an entitlement benefit. It is funded 100% by the federal government and it provides medical coverage for the disabled or people over age 65 who have paid into the system during their work life.

² Medicaid is a needs-based or "poverty" program that provides medical coverage for people who meet certain minimum income and asset thresholds. Although the federal government provides 50 to 80% of the funding for each state's Medicaid program, it is completely administered by the states.

³ Prior to that point, I already had been engaged by one of the PSC participating firms to help resolve the Medicare reimbursement claims associated with their clients' files. Shortly thereafter, I was contacted by the Lien Committee that the PSC established and was asked to prepare a proposal to assist with the resolution of the Medicare reimbursement claims and Medicaid liens for all participating plaintiffs.

preexisting conditions and various confounding factors that would likely lead to disputed claims and further requests for compromise based upon the traditional lien reduction principles of "hardship", "out of pocket expenses" and "fairness and equity"— in a manner that was as efficient and expeditious as possible.

II. QUALIFICATIONS

TGLF works nationally with damage evaluation in product liability matters. TGLF has served extensively as special master for the courts or privately for the settling parties in many product liability, civil rights, and church-related sexual abuse matters. In this capacity, we have been called to verify and quantify damage claims of injured plaintiffs as well as the Medicare and Medicaid reimbursement claims and liens associated with the settling plaintiffs' claims.

Most recently, TGLF has verified, quantified and resolved Medicare claims in thousands of pending Fen Phen cases.

Further, I have been engaged by members of the Neurontin PSC and other contemporary settlements, like PPA, to develop a model and process to affirmatively address the Medicare reimbursement claims and Medicaid liens for plaintiffs should any of those personal injury claims eventually resolve.

Practicing in the aforementioned capacities, The Garretson Law Firm has encouraged the settling parties to properly consider the reimbursement interests of government health care programs by employing a process that identifies which settling plaintiffs are entitled to government benefit programs and then properly satisfies the respective agency's interests in those plaintiffs' settlements. In short, we help settling parties form strategies to avoid the potential pitfalls that arise if the reimbursement interests of government health care programs are not properly addressed. To this end, I have been frequently invited to speak at Continuing Legal Education seminars about lawyers' professional responsibilities – including liens and reimbursement claims - in individual or mass tort settlements. I have spoken about these issues at seminars sponsored by numerous state trial lawyer and state bar associations, The Association of Trial Lawyers of America, Mealey's (Lexis / Nexis) and Mass Torts Made Perfect. Furthermore, I have authored several articles regarding professional responsibility in individual and mass tort settlements (including liens and reimbursement claims) that have been published in *Trial Magazine*, The American Bar Association's *The Professional Lawyer*, *Ohio Trial*, *Academy of Florida Trial Lawyers Journal*, *Utah Trial Journal*, and *Insurance Day* in the United Kingdom. In 2005, Loyola University *Journal of Public Interest Law* published an article I wrote, entitled *A Practical Approach to Avoiding Conflicts of Interest in Aggregate Settlements*, that also speaks to the need to proactively and affirmatively address reimbursement claims in the mass tort context. In addition, I am in the final stages of writing a legal text book for ATLA / West Publishing entitled "Settling Tort Cases". (My full bio / CV is attached as Exhibit 1).

The Medicare Reform Act was passed in December of 2003. The Medicare Reform Act made it clear that Medicare has a right of recovery in all cases where benefits have been provided and provides for substantial penalties against the settling parties and their attorneys who fail to properly address Medicare's interest. As a result my firm has been working to explore a more efficient framework for resolving Medicare's interest in mass tort cases to arrive at a fair system to meet this reimbursement obligation in light of the inherent complexities of mass torts and the requirements of the Medicare Reform Act.

III. THE REIMBURSEMENT MODEL

To address this issue a "reimbursement model" for Zyprexa was designed to determine the likely course of treatment associated with each signature injury⁴ caused by the drug, including the diagnosis and on-going medical management for these injuries. The model identifies tests, procedures, and resources utilized in the standard course of treatment as well as the frequency and probability of a plaintiff in this settlement progressing from node-to-node on a medical decision tree from the date of his / her ingestion to the date of settlement.

In order to determine the likely course of treatment for each signature injury, TGLF retained a Professor of Medicine at Harvard Medical School who has assisted on prior projects requiring the identification of the standard course of treatment associated with settling plaintiffs' injuries and who is familiar with our modeling process. On this project, he consulted with diabetologists and endocrinologists and formed a team of experts that focus their practice in the fields that relate to the injuries associated with this plaintiff population.

In addition, we consulted with the staff diabetologists and endocrinologist at The Centers of Medicare and Medicaid Services (CMS) to reach consensus on the standard course of treatment.

At this first phase, the model is not Medicare or Medicaid specific – Rather the aforementioned medical panel is focused on identifying the tests, procedures and resources utilized in the standard course of treatment for the average plaintiff with a given signature injury. Therefore, after the complete standard of care was identified for each primary signature injury, we next had billing and coding experts apply appropriate procedure codes and respective reimbursement rates for Medicare and / or Medicaid so that we would have now two models – One for Medicare and one that represented an "average" Medicaid program.

The fact that two models had to be developed is significant – While the medical experts identified the complete "standard of care", the Medicare and Medicaid programs only

⁴More specifically, Death, Insulin Dependent Diabetes Mellitus (IDDM), Non-Insulin Dependent Diabetes Mellitus (NIDDM), Diabetes Mellitus Not Requiring Medication Control, Aggravation of Pre-Existing Diabetes, Transient injuries – Pancreatitis or Serious Acute Diabetic Event (Not resulting in Diabetes Mellitus), and, Diabetes related injuries not rising to the above.

cover a portion of the tests, procedures and resources identified in that “standard of care”. Furthermore, what Medicare covers and what Medicaid covers is different. For instance, prior to January 1, 2006⁵, Medicare did not pay for prescription drugs but Medicaid did. Accordingly, the Medicaid-specific model would show a reimbursement rate for prescription drugs contained on the standard course of treatment continuum but the Medicare-specific model would not. Additionally, these agencies pay different rates for the test, procedures and resources that their respective programs cover.

The end result for the Medicare model and the Medicaid model is a Medicare and Medicaid specific reimbursement figure by signature injury category (*i.e.*, NIDDM, IDDM, pancreatitis, etc.), which is based on the annual medical costs times the number of years that the plaintiff has been entitled to benefits post injury (*i.e.* from the date of ingestion to the date of settlement).

Because most of the plaintiffs have extensive pre-existing medical conditions, the model is also designed to help ensure that expenses associated with the plaintiff’s past medical history are not contained in the proposed reimbursement.

IV. THE ADVANTAGES TO FOLLOWING THE REIMBURSEMENT MODEL

The reimbursement model streamlines the process and avoids a significant backlog. The approach significantly reduces the costs and manpower inherent in tracking recovery from multiple attorneys representing thousands of plaintiffs who are Medicare and / or Medicaid recipients. Because many of these plaintiffs have significant preexisting medical histories, without the global reimbursement model the confounding factors would lead to thousands of disputed claims and requests for compromise based upon the principles of “hardship”/“out of pocket expenses” or “fairness and equity” perhaps significantly delaying any payout to the plaintiff and the agencies. It also ensures uniformity, *i.e.* equally situated plaintiffs are treated equally. The global reimbursement process facilitates settlement and enables the Medicare and Medicaid agencies and the plaintiffs to receive their recovery more quickly and efficiently. In this regard, it benefits all parties – the defense, plaintiffs, plaintiffs’ counsel, and the agencies involved.

V. VERIFICATION OF WHICH PLAINTIFFS ARE MEDICARE BENEFICIARIES AND WHICH PLAINTIFFS ARE MEDICAID BENEFICIARIES

TGLF has verified that approximately 61% of the 8,300+ settling plaintiffs are on state Medicaid benefits and approximately 55% are entitled to Medicare. Approximately 32% of all settling plaintiffs are “dual beneficiaries”, receiving both Medicare and Medicaid (Medicare being primary payer and then Medicaid picking up the deductible, co-insurance and expanded coverage (drugs)). Accordingly, TGLF is working to help satisfy well over 12,000 liens with 54 separate parties (the Medicare Secondary Payer

⁵ Prior to December 31, 2005, Medicare’s interest was focused only on the reimbursement of injury-related care in the form of primary physician care and treatment in a hospital. Effective January 1, 2006, Medicare has expanded its reimbursement interests to include prescription drugs (under its Medical Part D Program).

(MSP) Department of CMS, 50 states' Medicaid recovery departments as well as the recovery departments for DC, VI & PR.

VI. STATUS OF DISCUSSIONS WITH MEDICARE

Medicare has agreed to a global reimbursement modeling for all TRACK A cases. Furthermore, agreement has been reached concerning all IDDM, NIDDM, and Diabetes Not On Medication cases which make up the majority of the claims in TRACK B. While we are still endeavoring to reach final figures for the Death, Pancreatitis and Aggravation cases which account for approximately 12% of the cases, we have reached an agreement on a maximum holdback amount for these cases so that settlement proceeds can be distributed presently to such plaintiffs should the Court so order.

The significance of this agreement with Medicare is profound. As the Court is no doubt aware, the traditional lien resolution process with Medicare involves a CMS lead contractor pulling each Medicare-entitled plaintiff's medical treatment file (from their inventory of over 44 million beneficiaries) and then sorting out all pre-existing and unrelated care to define the "injury-related care" upon which their reimbursement interest is based. Traditionally, upon settlement (that is actual funding in plaintiffs' hands, not into the settlement trust), plaintiff's counsel then must send in an itemized settlement statement and release to CMS and only then will CMS pull the additional medical claims history through the submitted date of final settlement funding. That claims history would then need to be mutually agreed upon so that the total claim amount can be offset proportionate to procurement costs (i.e. offset, according to Medicare's formula, by the attorney's fees and case expenses paid by the plaintiff to "procure" the settlement).

If the traditional route were utilized, the best case scenario would be that plaintiffs' counsel would be receiving final reimbursement numbers 60 to 90 days after funding and signed settlement statements were submitted to CMS. This is a best case scenario – an additional 90 plus days would be needed if any of the conditional payment summaries needed to be disputed or compromised. Given the large number of settling claims likely to be submitted at the same time, it is highly unlikely, in my opinion and experience, that this process would be completed with in 180 days. In the worst case scenario, this process could drag on for much longer than 180 days⁶.

For the time being, we are treating all TRACK C's as TRACK B's until the Special Masters decide who actually will be awarded additional compensation and how much they will receive. Once the Extraordinary Injury awards are made, we will be in a position to finalize our discussions with Medicare and Medicaid about how much of that additional award money will be paid as reimbursement. Medicare has expressed an interest in taking a percentage of the Extraordinary Injury Fund off the top of this entire fund prior to any of the remaining proceeds being allocated to EIF / Track C plaintiffs. For instance, if the parties agree that x% should come off the top of this EIF to satisfy Medicare's reimbursement interest in all Track C plaintiffs' claims, then once the SM's allocated the EIF, those Track C plaintiffs who are Medicare beneficiaries would have

⁶ Backlogs in Fen Phen settlements are estimated to be in the 6 to 18 month timeframe.

their award reduced by a pro rata factor while those who are not Medicare beneficiaries could receive the full value of their EIF award. As an alternative to taking a percentage “off the top”, we have discussed mutually agreeing upon a hold back to satisfy any agency’s reimbursement interest for injury related care (if any) and then having the agencies pull medical history / claim files to expose the injury-related care (up to a maximum of the agreed upon hold back amount) associated with the respective approved categories 1-5.

To date, 1,280 claimants have applied for Track C compensation; these claims have not yet been confirmed or approved for payment. I am informed that the majority will likely be denied and 300-400 of these claims will be found compensable by the Special Masters. Our continued efforts on Track C claims are largely dependent upon a) how many ultimately are determined to be compensable; b) which categories (discussed below) and levels of severity are assigned; and c) what values are applied.

The key compensation categories for Extraordinary Injury Awards are:

1. Amputation
2. Blindness
3. Renal Failure
4. Stroke
5. Heart Attack

At present, I understand that pursuant to the protocol established, the minimum EIF compensation for these categories is \$_____. The balance of the award values are difficult to project until the Special Masters evaluate and approve or deny the Track C claims.

VII. STATUS OF DISCUSSIONS WITH MEDICAID (STATE-BY-STATE)

Considerable progress has been made. On December 20, 2005, Jason Wolf (TGLF’s Director of Operations) and I spoke by phone with the Third Party Liability Technical Advisory Group (TAG) with in the Coordination of Benefits (COB) division of The Centers for Medicare and Medicaid Services (CMS). On that call, we discussed the Zyprexa settlement and requested that each COB/TPL/TAG member (which is regional office) provide us with a TPL contact in each state. Thereafter, we made contact with each assigned state’s contact and provided each of them the attached email dated February 18, 2006. This email provided information concerning 1) each settling plaintiff who resides in the state; 2) a summary of the Zyprexa settlement and our firm’s role; and 3) a general process map defining the interaction (i.e. global or traditional resolution) and the protocols necessary to effectively and efficiently complete the verification and resolution (Exhibit 2). Since that time we have had multiple contacts (both via telephone conversations and email correspondence) with each assigned state’s representative.

TGLF currently is working with all 50 states, as well as the District of Columbia and Puerto Rico, on a state-by-state basis to verify and resolve Medicaid’s reimbursement

interest (lien) in each case. It is important to note that *this has never been done on a proactive and formalized basis in any mass tort*. This process has resulted in the states being affirmatively notified of over 8,300 plaintiffs receiving a settlement (and having the opportunity to cross reference social security numbers of those residing in their state in order to expose which plaintiffs are Medicaid beneficiaries).

After we made contact with each of the states in early 2006, many state officials inquired whether or not they had the authority to enter into “global” discussions. Accordingly, TGLF’s work with the officials at The Centers for Medicare and Medicaid Services (CMS) resulted in CMS issuing a memorandum to all State Medicaid Recovery Offices in May of 2006, (copy attached as Exhibit 3) permitting and encouraging a global resolution in Zyprexa for these plaintiffs, given the complexities of dealing with liens in the mass tort context.

The CMS memorandum recognized that determining the total actual costs incurred by Medicaid can be extremely difficult and that there may be circumstances where it is not considered reasonable for the States to pursue recovery of the full cost of medical assistance provided to injured Medicaid recipients involved in mass tort settlements. The importance of this Memorandum is intensified by the fact that virtually all state Medicaid programs are funded with federal dollars and the states must reimburse (the federal government) a proportionate share of all tort recoveries. This memorandum proved valuable to those states that initially questioned whether a “global” resolution of Medicaid liens was permitted in light of the partial federal funding of their Medicaid program.

Upon receiving the CMS memorandum described above, many states embraced the model and framework we developed with Medicare (substituting the Medicare rates with Medicaid rates⁷ plus the additional resources – such as pharmaceuticals - that Medicaid paid for at the time of settlement but that Medicare did not pay for) and have elected to resolve these liens on a global basis.

On July 7th, each state was sent an updated, separate model for the Track A claims and for each Track B injury category. Most of the formulas are comprised of one or all of the following variables: diagnosis, treatment, and management. The package sent to the states contained the proposed reimbursement for each category and the formulas utilized to generate the value for both “Medicaid only” plaintiffs and “dual beneficiaries” (i.e. plaintiffs receiving both Medicare and Medicaid). For example, the model for Insulin Dependent Diabetes Mellitus (IDDM) contains a summary with the proposed reimbursement amount and the formulas for both “Medicaid only” and “dual beneficiary” IDDM Track B plaintiffs. The model details: 1) the resources associated with the diagnosis of Diabetes; 2) the annual resources associated with the treatment of Diabetes;

⁷ In conversations with officials at CMS, we were advised that the Ohio Valley Medicaid rates represented a reasonable national average. Accordingly, we used those rates for the Medicaid reimbursement model. For any state who has inquired, we have responded that we are willing to apply their respective state’s actual rates to the model.

and 3) the annual resources associated with the management of Diabetes (including drug costs).

The reimbursement formula for both “Medicaid only” and “Dual beneficiaries” works as follows: $\text{Diagnosis} + ((\text{Annual Treatment} + \text{Annual Management}) \times \text{Median Number of Years that group as a whole has been entitled to benefits})$. To continue with an example of a “Medicaid only” IDDM plaintiff, the formula works as follows: \$___ for Diagnosis + (((\$___ per year for treatment + \$___ per year for management) x 3.5 years). The result is a proposed reimbursement figure of \$_____ per Track B plaintiff in this injury category. If any of these Track B plaintiffs make a successful Track C claim for extraordinary injuries (secondary to the primary injury) like stroke, amputation, blindness, etc., then there would be a second reimbursement over and above the \$_____ that would come out of the Track C recovery. However, because we do not know at this time which plaintiffs will qualify for extraordinary injury compensation, we have not yet factored in the additional reimbursement amounts associated with those Track C plaintiffs.

Consistent with all prior communication, we asked the states that prefer to develop individual injury-related claims histories (as opposed to a global reimbursement) to submit those individual liens immediately if they have not already done so. We expect ½ the states to follow CMS’s lead in resolving Medicare claims on a “global” basis. The other ½ likely will pull individual files because they have less than 70 cases each and feel they can manage within the traditional route. Even for those states that pull individual lien files, the model will be useful on a case-by-case basis to help identify which expenditures likely were related to that plaintiff’s Track B injury and which likely were pre-existing or related to a Track C claim.

VIII. DISCLOSURE OF OTHER ACTIVITIES

As with any expert report submitted to a Court, I make the following disclosure of activities:

- A. The Garretson Law Firm (TGLF) was engaged by the Plaintiffs’ Steering Committee (PSC) in the Zyprexa Multidistrict Litigation (MDL) because of its expertise in determining the existence of and resolving Medicare reimbursement claims and Medicaid liens. This expertise was developed through my work as a neutral special master appointed by courts, or privately by the settling parties, to assist in various issues in the settlement of mass tort litigation. I have unique experience working with the government health care agencies and assisting parties in determining and resolving Medicare and Medicaid liens, particularly in class actions or other mass torts.
- B. My work in the MDL is non-adversarial and non-legal in nature. It involves assembling a panel of physicians and other experts to determine a model course of care for those with various diabetes-related injuries and to work with experts and officials at the government health care agencies to determine which medical expenses

associated with the model course of care would be paid for under the federal Medicare program or the States' Medicaid programs.

- C. With this panel of experts and considerable assistance from my firm's non-lawyer staff, I have prepared a model of the care necessitated by injuries suffered by the Track A and B plaintiffs. This panel of experts, my staff, and I worked extensively over the last eight months with officials at the Center for Medicare and Medicaid Services (CMS), including CMS's physicians, to agree upon said model course of care. In its final form, the model course of care identifies the expenses for which Medicare and / or Medicaid likely would have paid if each Track A or Track B plaintiff followed this standardized course of care. This model course of care is designed to assist the parties in reaching a global and / or more efficient resolution of the reimbursement interests of the federal government and the States in the settling plaintiffs' recoveries. The model is neutral and objective as it has been fully vetted by skilled medical professionals assembled from the private sector and the government, and is applied to the federal Medicare and States' Medicaid laws and regulations to help determine a reasonable reimbursement amount. I am not an advocate in this process – the standard of care “is what it is” and the programs “pay for what they pay for”. I merely present the model developed by the panel of experts, including the experts appointed by CMS. While there are equitable considerations at play which may result in reduction of the Medicare and / or Medicaid reimbursement claims / liens, those considerations are not being decided by me or my staff; they are being decided by the Special Masters and the court. Furthermore, since the model is designed for “global” application to **all** plaintiffs' claims who are either Medicare and / or Medicaid beneficiaries, in certain individual cases, if global resolution is employed, the reimbursement amount for Medicare / Medicaid will be increased or maximized and in others it may be lower than if the cases were addressed on an individual basis. In sum, I am simply presenting a model for the parties to accept or reject, or the court to adopt or reject for all the reasons articulate in the foregoing sections of this report.
- D. As a member of a law firm separate from the Garretson Law Firm, I and a group of other associated counsel, have been retained by three states - Alaska, Utah and West Virginia – to assist them in recovering through direct actions against Eli Lilly, not subrogation, money expended by the states for the purchase of Zyprexa and money expended by the states to care for injuries sustained by those state's Medicaid population. **Those states' damages do not include any lien-related damages associated with the settling plaintiffs and cannot be part of any Attorney General's direct action.** My specific role is to help analyze and model data as well as direct necessary experts as described in paragraph E, below. Neither I nor the group of lawyers represents any state for recovery of present reimbursement claims or liens against individual settling plaintiffs. This group of attorneys, including me, has provided no representation whatsoever to the Attorneys General of Utah, Alaska, or West Virginia with respect to recovery of reimbursement claims or liens against Track A, B and C plaintiffs. Decisions with respect to the satisfaction of reimbursement claims / liens for Track A, B and C plaintiffs are being made

independently by the responsible officers of those states. **Because the claims (including any associated Medicaid liens) of Track A, B and C plaintiffs are presently being settled, they are by definition not part of the damages being sought by the Attorney Generals of Utah, Alaska, or West Virginia against Eli Lilly.** Furthermore, as to these states, they were aware of my activities related to the settling Track A, Track B and Track C plaintiffs and did not perceive a conflict. Additionally, I disclosed my separate activity related to the states' direct actions to officials at CMS in December of 2005 and to the Third Party Liability Technical Advisory Group (TAG) representatives who coordinated our communication with each state for purposes of addressing the Medicaid liens associated with these settling plaintiffs' cases (see Section VII, above). Other than for these disclosure purposes, the only written information about my work with this group of lawyers (for Utah, Alaska or West Virginia with respect to Vioxx and / or Zyprexa) conveyed to any other state was by invitation from someone working with in or associated with that state's agency.

- E. The modeling of the course of care in the MDL is based upon the applicable, objective standard of care as determined by the above-referenced panel of medical experts. The modeling process is similar in nature to numerous projects that I have completed as a court-appointed special master. This type of modeling is a completely different process from that required to determine an individual state's damages due to the introduction of a defective drug into a state's Medicaid population. That process involves the actual mining of data from the particular state to determine among other things the rate of actual injury, the amounts actually expended for past and future care, and the number of persons injured by the defective drug (due to the mental health issues associated with people who ingested Zyprexa, the Attorney Generals in Utah, Alaska and West Virginia have chosen to seek reimbursement for expenditures related to injured Medicaid participants who have not pursued and / or settled their personal injury claims and therefore the state has no other means by which to recover it's losses). Modeling of the standard course of care in the MDL (for purposes of reimbursement claims and liens in these settled cases) is unrelated to the actual data involved in the States' direct actions.
- F. In conclusion, there is no intention, opportunity or ability for me to "drive down" the states' recovery from these settling plaintiffs' claims in an effort to increase the damages being sought by the Attorney Generals of Utah, Alaska, West Virginia or any other state via a separate, direct cause of action (or vice versa). **Those state Attorney Generals' direct causes of action do not include any lien-related damages associated with the settling plaintiffs.** Accordingly, a dollar 'received' or 'foregone' by the states now in these settling plaintiffs' cases does not translate into a dollar 'to be foregone' or 'to be received' by any state in a direct cause of action in which I am involved.

Respectfully Submitted,

A handwritten signature in black ink, reading "Matthew L. Garretson". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Matthew L. Garretson
July 14, 2006

Matthew L. Garretson

The Garretson Law Firm, LLC
9545 Kenwood Road, Suite 304
Cincinnati, Ohio 45242
513-794-0400 (ph)
513-936-5186 (fx)
mlg@garretsonfirm.com

Matt Garretson is the founding partner of The Garretson Law Firm which provides mass tort / class action settlement allocation and fund administration services. The firm also handles Medicare / Medicaid reimbursement claims, government benefit preservation strategies, and probate administration for individual and mass tort plaintiffs. Additionally, Matt is the President of The Settlement Services Group which provides structured settlement and settlement-related trust services. He received his BA from Yale University and his law degree at Kentucky's Salmon P. Chase College of Law.

Matt is a frequent speaker at Continuing Legal Education seminars about lawyers' professional responsibilities in individual or mass tort settlements. He has spoken at seminars sponsored by numerous state trial lawyer and state bar associations, The Association of Trial Lawyers of America, Mealey's and Mass Torts Made Perfect.

Matt has authored several articles regarding professional responsibility in individual and mass tort settlements that have been published in *Trial Magazine*, The American Bar Association's *The Professional Lawyer*, *Ohio Trial*, *Academy of Florida Trial Lawyers Journal*, *Utah Trial Journal*, and *Insurance Day* in the United Kingdom. In 2005, *Loyola University Journal of Public Interest Law* published an article by Matt entitled *A Practical Approach to Avoiding Conflicts of Interest in Aggregate Settlements*.

Matt is in the final stages of writing a legal text book for ATLA / West Publishing entitled "Settling Tort Cases".

Matt has served as an adjunct professor at Salmon P. Chase College of Law, teaching a course on law practice management with an emphasis on how to avoid professional liability claims. Matt's "form-of-settlement" client counseling model (re: impact of settlement on government benefits, liens / subrogation, structured settlements and the taxation of damages) has received national recognition and is designed to protect clients as well as help lawyers avoid "failure to inform" professional liability claims.

Matt serves as the special master and / or administrator of settlement funds throughout the country. His role in numerous high profile church-related sexual abuse and civil rights settlements (including the historic Cincinnati police brutality / racial profiling settlement) led to his selection by *Lawyers Weekly* as 1 of 5 "Lawyers of the Year" in

Ohio for 2003. He was nominated by his peers and selected as an Ohio Super Lawyer – Rising Star in 2005. His work was featured in the LA Times in January of 2005.

Legal Ethics / Professional Responsibility Speaking Engagements

- The Association of Trial Lawyers of America (Annual Seminar 2003, 2006)
- The Association of Trial Lawyers of America (Case For Hormone Therapy 2004)
- The Association of Trial Lawyers of America (Mid Winter Seminar 2005, 2006)
- The Association of Trial Lawyers of America (Legal Ethics Teleseminar)
- Dallas Bar Association (2002)
- Mississippi Trial Lawyers Association (2002)
- Academy of Florida Trial Lawyers (2003)
- Mass Torts Made Perfect (2003, 2004, 2006)
- Louisiana Bar Mass Tort Symposium (2002, 2004)
- Wyoming Trial Lawyers Association (2003)
- Utah Trial Lawyers Brain Injury Seminar (2002, 2003, 2004, 2005, 2006)
- Utah Bar Association Annual Seminar (2005)
- Ohio Academy of Trial Lawyers Annual (2003, 2004, 2005, 2006)
- Ohio Trial Advocacy Seminar (2004)
- Ohio Academy of Trial Lawyers Subrogation Seminar (2006)
- Ohio State Bar Association Annual Convention (2006)
- Mealeys (Lexis/Nexis) Emerging Drug and Devices Seminar (2004)
- Mealeys (Lexis/Nexis) Heart Device Litigation Seminar (2005)
- Mealeys (Lexis/Nexis) Medical Products and Heart Device Seminar (2005)
- Mealeys (Lexis / Nexis) Teleseminar concerning client expenses (2006)
- North American Brain Injury Society – Medical Issues in Brain Injury (2005, 2006)
- The Consumer Attorneys of Sonoma County (2001)
- The Consumer Attorneys of California (2001, 2003, 2004)
- Academy of Rail Labor Attorneys (2003, 2004)
- Alaska Trial Lawyer Association (2004)
- West Virginia Trial Lawyers (2003, 2006)
- Kansas Trial Lawyers Association (2003, 2004)
- Cleveland Bar Association (2001, 2005)
- Norfolk and Portsmouth Bar Association (2003)
- Virginia Trial Lawyers Association (2005)
- Finkelstein & Partners (New York, 2002, 2003)
- Jeff Anderson & Associates / Clergy Abuse Network Meeting (2003)
- TBI Symposium - Brain Injury Association of Ohio (2004, 2006)
- Doctor's Hospital - Joseph M. Still Burn Center (2002)
- Richardson, Patrick, Westbrook & Brickman Annual Meeting (SC, 2004, 2006)
- Provost Umphry, LLP Partners Meeting (Beaumont, 2003)
- Williams Bailey, L.L.P (Houston, 2003)
- PMA Group (2005)
- Hamilton Country Trial Lawyers Association (2005)
- Kentucky Academy of Trial Lawyers (2006)

Relevant Publications

- *A Fine Line We Walk: Counseling Clients About the “Form” of Settlement*, 13 A.B.A. Prof’L Law. 4, (2002).
- *Don’t Get Trapped By A Settlement Release*, Trial Magazine, September 2003.
- *Structured Settlement Factoring Transactions: New Laws Protect Clients Who Sell Their Structured Settlement Benefits*, Ohio Trial, Volume 13, Issue 2 (2004).
- *A Practical Approach to Proactive Client-Counseling and Avoiding Conflicts of Interest in Aggregate Settlements*, The Loyola University Journal of Public Interest Law, Volume 6 (2004).
- *Deferring Attorney Fees: Is There Now a Critical Mass of Enabling Legislation?* Ohio Trial, Volume 14, Issue 2 (2005)
- *Making Sense of Medicare Set-Asides*, Trial Magazine, May 2006
- *What Does the Ahlborn Decision Really Mean?*, Accepted for Publication by Ohio Trial for August 2006 volume.