

THE HIGH COST OF REDUNDANCY: WHY MICHIGAN MUST EMBRACE JOINDER TO LOWER COSTS ASSOCIATED WITH NO-FAULT PIP LITIGATION

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Abstract: Michigan’s No-Fault auto system has produced an extraordinary volume of litigation involving multiple claimants, medical providers, and insurers—often arising from the same motor vehicle accident but filed as separate lawsuits in different jurisdictions. Existing procedural tools under the Michigan Court Rules, including MCR 2.203 (joinder of claims) and MCR 2.205 (joinder of parties), offer a framework for consolidating such related disputes, yet they remain underutilized because of jurisdictional limits and judicial hesitancy to disrupt technically distinct causes of action. This paper proposes that judges utilize the tools available to them to encourage joinder of actions that share a common nucleus of operative fact, such as claims under the same policy, arising from the same accident, or involving identical legal and factual issues. Doing so would enhance docket efficiency, reduce duplicative litigation, and ensure equitable outcomes by aligning judicial resources to the realities of high-volume statutory schemes. Michigan’s experience demonstrates how an innovative recalibration of joinder authority could serve as a national model for state courts seeking to modernize case management while safeguarding fairness and due process.

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I. Introduction

Over 40% of all lawsuits filed in Michigan now involve No-Fault PIP disputes. In Wayne County alone, 2,000 more PIP claims were filed this year than last year, prompting the judiciary to institute a PIP Crash Docket program to try and avoid the collapse of the system. These figures reflect a long-standing issue only exacerbated by the 2019 No-Fault reforms: the proliferation of piecemeal litigation arising out of one accident, one insurance policy, or involving identical legal and factual issues. For insurers, this means redundant discovery, witness depositions, motion practice, and trial preparation—often involving the same claimant or medical facts. For the judiciary, it means docket congestion and inconsistent rulings. For claimants, it raises the risk of contradictory factual findings across cases. For consumers, it undoubtedly raises the cost to purchase insurance.

In counties like Wayne, Genesee, and Macomb, it is now common for a single accident to give rise to 5 to 10 lawsuits, each assigned to different judges, each requiring a new set of court appearances, each with separate discovery deadlines, and each with distinct procedural postures— even when the same defense applies across the board (e.g., that treatment was not reasonably necessary under MCL 500.3107). This redundancy creates substantial costs for courts and parties alike and leads to unpredictable legal outcomes. These costs are inevitably borne by the insurer and passed on to the consumer through increased premiums. It is no surprise then that Michigan ranks by far the highest in terms of costs to defend a single No-Fault PIP claim, as evidenced below:

Average Attorney Costs for Each No Fault Claim (PIP Average Loss Adjustment/Defense Costs per Claim)

State	2019	2020	2021	2022	2023	2024
MI	\$5,616	\$6,097	\$6,315	\$4,994	\$4,538	\$5,258
NJ	\$1,783	\$1,770	\$1,934	\$1,766	\$1,936	\$1,448
NY	\$1,990	\$2,165	\$2,324	\$2,087	\$2,267	\$2,197
FL	\$815	\$884	\$1,013	\$834	\$790	\$818
MA	\$245	\$285	\$257	\$246	\$200	\$220
PA	\$160	\$171	\$176	\$174	\$217	\$105

**From NISS (National Independent Statistical Service) FastTrack Data*

The court rules in Michigan have a solution to this proliferation of piecemeal litigation when related cases are pending in the same jurisdiction: “MCR 2.505 – Consolidation; Separate Trials” allows for consolidation of cases “involving a substantial and controlling common question of law or fact [] pending before the court.” Judges are limited under 2.505, however, when cases are pending in different courts or jurisdictions – a Circuit Court judge may only consolidate related cases within the same Circuit, and cannot consolidate related claims in the District Court or another Circuit. Arguably, Judges have the authority to force consolidation of related cases pending in different jurisdictions under several other court rules (discussed in more detail below), but Judges regularly cite to jurisdictional constraints when denying motions to join a necessary party or claim with another pending matter.

Additionally, Judges rely on the 2019 No-Fault amendments to MCL 500.3112, which granted providers a direct cause of action against an insurer, for the proposition that individual medical providers have the right to sue a carrier directly and joinder is not necessary to resolve claims for an overdue payment. While this may be technically true in some cases, it ignores the practical reality and added expense of forcing parties to litigate the same issues involving the same insured in multiple forums.

This paper proposes that the judiciary leverage the existing tools in its arsenal to effectively require consolidation of cases through mandatory joinder of necessary parties (MCR 2.205) and mandatory joinder of claims (MCR 2.203).

II. Michigan’s No-Fault Reform has led to a Judicial Unwillingness to Order Compulsory Joinder in No-Fault Disputes that arise out of the Same Transaction or Occurrence

In 2019, the Michigan Legislature passed comprehensive No-Fault Reform in an effort to make car insurance affordable for Michigan drivers. Since the implementation of that reform, one of the unintended consequences has been a dramatic increase in fragmented medical provider lawsuits seeking payment for PIP benefits under MCL 500.3112. That statute was amended to create a direct cause of action for medical providers seeking overdue PIP benefits against insurers. The goal of the legislature was admirable—to streamline the process for getting medical providers paid for services rendered—however, in practice, the result is untenable. If a car insurer denies or disputes a claim, it can be faced with dozens of individual medical provider lawsuits under MCL 500.3112. As noted above, over 40% of all lawsuits currently pending in Michigan represent No-Fault PIP disputes.

When a carrier determines that the injured person is no longer eligible to receive PIP benefits—whether the treatment is no longer medically necessary, or coverage is no longer available for other legitimate reasons—MCL 500.3112 allows each individual provider who has treated that person the ability to initiate a lawsuit against the carrier directly. Venue for PIP claims, considered a contractual/statutory benefit, is broad and essentially allows providers to sue the insurer in any venue in the State. Even though all of these claims arise out of the “same transaction or occurrence that is the subject matter of the action,” the car accident and injury at issue, courts have been very hesitant to join necessary claims and parties under MCR 2.203 or MCR 2.205. Operational harms for the insurer and the judicial system follow—duplicative medical and records discovery; serial depositions of the insured, adjusters and treating physicians; inconsistent evidentiary and legal rulings; and multiplied exposure to penalty interest (MCL 500.3142) and attorney-fee claims (MCL 500.3148). While it is true that these increased costs are borne by the insurer, they inevitably are passed on to consumers in the form of higher premiums.

Judges have cited MCL 500.3112 for the proposition that individual medical providers have the right to sue a carrier directly, and joinder is not necessary to resolve claims for an overdue payment. While this may be true in some circumstances, often each provider’s lawsuit rises or falls on the same question: is the injured person entitled to PIP benefits, such that the carrier must pay the provider?

III. Litigation Consequences of Post-Reform Provider Standing

Michigan's revised No-Fault statute now provides that "[a] health care provider...may make a claim and assert a direct cause of action against an insurer for payment of overdue benefits..." MCL 500.3112. This provision, while enabling providers to pursue overdue payments directly, has inadvertently encouraged mass filings of individualized suits.

Two common litigation patterns have emerged:

1. **Multiple Lawsuits by Different Providers for the Same Claimant:** A single injured person may have several treating providers. If an insurer denies further PIP benefits on medical necessity grounds, each provider may then file a separate lawsuit to recover its individual bill, even though each action turns on the same legal and factual questions.
2. **Multiple Lawsuits by the Same Provider for Similar Services Rendered to Different Claimants:** Here, a provider (e.g., a physical therapist or durable medical equipment vendor) files numerous nearly identical suits based on routine services rendered across claimants, all asserting the same coverage theories and billing disputes.

Both scenarios involve repetitive litigation that undermines the goals of judicial efficiency and uniform decision-making. Courts have cited MCL 500.3112 to justify a hands-off approach, concluding that because each provider has a statutory right to sue, courts cannot or should not compel joinder. Yet no existing law or court rule prevents courts from applying procedural rules to manage how and when such claims are adjudicated. Ultimately, these schemes not only inflate costs but also turn litigation into a strategic game, undermining uniformity and judicial economy.

IV. The Existing Legal Framework Supports Compulsory Joinder

The Michigan Court Rules already provide the legal framework for consolidation and joinder of claims. MCR 2.505 (Consolidation) authorizes consolidation of actions involving a "substantial and controlling common question of law or fact." Under this rule, Courts can and regularly do order consolidation of multiple PIP suits pending in the same venue. However, MCR 2.505 does not authorize trial judges to consolidate cases filed in different district/circuit courts—even if they arise from the same crash, patient, policy, CPT codes, defenses, and records.

Conversely, when statewide coordination is necessary, Michigan law says so. MCL 600.6421(3) expressly empowers the Court of Claims to coordinate actions "pending in any of the various trial courts of the state." By contrast, nothing permits general trial courts to coordinate PIP provider/insured suits across venues. The contrast is telling: there is a known tool (coordination/centralization), a known need (single-forum resolution of the same dispute), and a present gap in the civil rules.

Existing court rules and common law—either by their nature or judicial hesitancy to apply them—fall short of addressing the issue of fragmented litigation. The sections below will discuss how these existing rules support joinder/consolidation, but why a concerted call to action among the judiciary is necessary to solve this crisis.

A. Why Consolidation Under MCR 2.505 Cannot Fix Cross-Court Duplication

Michigan’s consolidation rule is textually limited to actions “pending before the court.” MCR 2.505(A). By its plain language (and under ordinary rules of construction applied to court rules), “the court” refers to the single tribunal where the actions are already on file—not any court statewide. Michigan decisions construing definite/indefinite articles reinforce that “the” identifies a particular court, not courts in general. The practical consequence is clear: a circuit judge cannot consolidate a district-court case with a circuit-court case, and one circuit court cannot consolidate a PIP action pending in a different circuit.

This textual limit is borne out in practice. Trial courts have refused consolidation precisely because one action was in circuit court and the other in district court; nothing in the rule authorizes cross-tribunal consolidation. By contrast, when the Legislature wants cross-court coordination, it says so expressly—as it has for the Court of Claims (MCL 600.6421(3)), which permits joinder with cases “pending in any of the various trial courts of the state,” with special trial handling. The presence of an express cross-court joinder statute for the Court of Claims and the absence of any analog for circuit/district courts strongly suggests no such authority exists elsewhere.

Older PIP authority likewise underscores that cross-court consolidation is a policy problem in need of a rules or statutory fix. In *Harris v Mid-Century*, the Court approved a narrow, case-specific consolidation solution for a jurisdictional quirk in PIP litigation—but expressly noted that broader consolidation “must be made available” by the Legislature. Four decades later, the Legislature has not acted, and post-2019 provider standing has multiplied parallel suits across courts. MCR 2.505, as written, cannot unify those actions. The result is a proliferation of parallel provider cases—often over the same patient, accident, policy, defenses, and medical-necessity dispute—proceeding before different judges in different courts, with duplicative discovery, inconsistent timelines, and a heightened risk of conflicting results.

B. *Forum Non Conveniens* Supports the Policy of Single-Forum Resolution—but it’s an Inadequate Substitute for a Joinder Rule

Michigan’s common-law *forum non conveniens* doctrine (“FNC”) allows dismissal when “the convenience of the parties and the ends of justice” would be better served elsewhere. The doctrine looks to private-interest and public-interest factors (witness access, discovery burdens, docket management, and systemic costs) and, critically, may be applied intrastate to curb vexatious forum selection and duplicative litigation. That tool is directly responsive to the pattern we now see: providers filing numerous small PIP suits in “home” district courts while a patient’s main case (or other provider suits on the same accident) is pending in a different venue.

The record here amply satisfies the FNC factors. Splitting claims across many courts drives redundant depositions and records production, multiplies appearances, increases expert and treating-physician time, and magnifies the risk of inconsistent rulings—all with no offsetting benefit. Where a related circuit-court action on the same accident is already pending, dismissing duplicative provider suits in other district courts promotes access to proof, reduces gamesmanship, and protects the public interest in keeping No-Fault costs down. Providers still have a forum: they can intervene in the circuit matter under MCR 2.209 (often as of right), preserving their ability to be heard without multiplying lawsuits.

But FNC is only a case-by-case remedy. It requires motion practice in each satellite suit, depends on individual judicial discretion, and does not itself supply cross-court consolidation authority. Venue-transfer rules (MCR 2.222) and district-to-circuit transfer rules (MCR 4.002) have their own jurisdictional limits—particularly acute in provider claims under the \$25,000 circuit threshold.

C. MCR 2.203 and MCR 2.205 Provide a Method to Consolidate Fragmented PIP Litigation, but Judges are Hesitant to Utilize Them

Under the current versions of MCR 2.203 and 2.205, it is questionable that judges can simply consolidate existing lawsuits across multiple jurisdictions. Judges can, however, determine that a party or claim must be joined with a pending matter, making secondary motions to dismiss for another action pending (MCR 2.116) or motions to transfer venue and consolidate (MCR 2.222/MCR 2.505) essentially mandatory. Utilizing joinder authority under these rules would prevent duplicative litigation, inconsistent rulings, and fragmented discovery by enabling a single court to address overlapping factual and legal issues—such as causation, injury severity, or policy interpretation—that often recur across multiple provider and claimant lawsuits. Similarly, the doctrine against claim-splitting effectively mandates joinder of claims under MCR 2.203, requiring a single provider—such as a pharmacy seeking reimbursement for the same medication for twenty different insureds where all claims were denied based on a common rate dispute—to bring all such claims in one lawsuit. Michigan courts have recognized that different medical providers seeking payment under the same policy may, in some circumstances, be necessary parties under MCR 2.205(A), since their claims stem from a common right to personal protection insurance benefits and implicate the insurer’s single contractual obligation. As discussed below, Courts have noted that joinder under 2.205 is the proper procedural mechanism to avoid claim-splitting and ensure that all interested parties—insureds, assignees, and providers—are before the court. Treating joinder rules more like consolidation would further the No-Fault act’s goal of efficiency and fairness by resolving related disputes in one forum.

Nevertheless, judges remain hesitant to utilize 2.203 and 2.205 in this manner because each provider’s claim is technically a separate cause of action based on its own assignment, billing, and medical treatment, despite the fact that the parties are seeking benefits under the same insurance policy or seeking a determination of the same legal issue. This reluctance, however, is misplaced. Whether the claims arise from multiple providers treating a single insured (implicating MCR 2.205) or from a single provider asserting the same legal issue across multiple claims (implicating MCR 2.203), these are precisely the areas scenarios mandatory joinder was designed to address. This situation calls for a shift in perspective, one where the robust application of MCR 2.203 and 2.205 is seen as an essential step toward achieving judicial economy, fairness, and preventing the fragmented outcomes that currently undermine the litigation process.

1. MCR 2.203 – Joinder of Claims

MCR 2.203 governs the joinder of claims, allowing a single plaintiff to aggregate multiple claims to meet jurisdictional requirements. *Michigan Head & Spine Institute PC v. Auto-Owners Insurance Company*, 338 Mich.App. 721 (2021). Under MCR 2.203(A), “[i]n a pleading that states a claim against an opposing party, the pleader must state every claim...arising out of the transaction or occurrence.” The Michigan Court of Appeals has interpreted this rule as a

mechanism to prevent claim-splitting and to promote the “convenient administration of justice.” *Gervais v. Annapolis Homes*, 377 Mich 674 (1966). *See also City of Detroit v. Spivey*, 68 Mich App 295 (1976) (emphasizing that compulsory or mandatory joinder are designed to prevent the undesirable results of splitting a litigated matter into separate proceedings). The case law on this issue is conflicting and has garnered pushback from the industry. These proposed rules provide clarity for both parties and the judiciary when presented with such claims.

In the context of PIP claims, this rule is particularly critical given the volume and complexity of claims that often stem from a single automobile accident. Providers frequently have claims involving multiple patients and seek to aggregate those claims in one action, not only for efficiency but also to meet the \$25,000 jurisdictional threshold required to access the circuit court. *See Boyd v. Nelson Credit Ctrs.*, 132 Mich. App. 774, 780–81; 348 N.W.2d 25 (1984) (holding that “a single plaintiff may aggregate all of its claims to meet jurisdictional requirements”). Insurers have objected, arguing that such joinder is artificial and prejudicial, but Michigan courts have consistently affirmed that aggregation by a single plaintiff-provider is proper where the claims arise from a common nucleus of facts.

In *Michigan Head & Spine Institute, P.C. v. Auto-Owners Ins. Co.*, the Court of Appeals reaffirmed that a provider may aggregate claims involving multiple patients, even if those claims individually fall below the circuit court threshold. *Michigan Head & Spine Institute, P.C. v. Auto-Owners Ins. Co.*, 338 Mich. App. 721, 726–27; 980 N.W.2d 435 (2021). The Court emphasized that what matters for subject-matter jurisdiction is what appears on the face of the complaint—not whether a defendant later disputes the dollar amount. *See also Michigan Head & Spine Inst. v. Frankenmuth Mut. Ins. Co.*, No. 353705, 2021 WL 5141052, at 2–3 (Mich. Ct. App. Nov. 4, 2021) (unpublished) (rejecting insurer’s argument that joinder was improper merely because aggregation permitted jurisdiction in circuit court). Both decisions cited *Boyd* and concluded that a provider acting as a single plaintiff with multiple assignments is not circumventing jurisdictional rules but operating well within procedural allowances.

Insurers often contend that aggregating claims from different patients introduces risks of jury confusion and inefficiency. However, Michigan courts have routinely rejected such generalized objections as insufficient to defeat joinder at the pleading stage. In *Frankenmuth*, the Court held that an insurer’s “general statements of prejudice” were inadequate grounds for severance prior to discovery. *Frankenmuth*, 2021 WL 5141052, at 3. The court reasoned that without specific evidence of how the joinder would prejudice the defense or disrupt trial administration, the presumption favors adjudicating related claims together. This interpretation is consistent with the permissive joinder language of MCR 2.203(B), which expressly allows a plaintiff to bring multiple related claims against a single opposing party in the interest of judicial economy and efficiency. *See also Harris v. Mid-Century Ins. Co.*, 115 Mich.App. 591 (1982) (holding that the circuit court must allow consolidation of actions involving PIP benefits to ensure complete relief under the No-Fault act).

While MCR 2.203 provides a procedural tool to prevent duplicative litigation, its current interpretation does not go far enough to prevent gamesmanship or fragmentation in No-Fault litigation. Michigan does not have a compulsory counterclaim rule. As such, parties—particularly defendants—are not required to assert their related claims in the initial action, even if they arise out of the same underlying accident or denial of benefits. Providers and claimants continue to split

claims in ways that lead to multiple lawsuits involving the same transactions, sometimes literally dozens of cases based on a single accident or injury. Instead, MCR 2.203(A) simply requires that if a party chooses to assert a claim against an opposing party, it must then include all other claims arising from the same transaction or occurrence.

This interpretation is grounded in *Geico Indem Co v Dabaja*, 2020 Mich App LEXIS 2243, at 3, which underscores the rule’s flexibility. The Court of Appeals explained in *Geico*, “[b]y referring to ‘pleadings’ rather than ‘complaints,’ MCR 2.203(A) has much broader application than earlier rules.” Citing *Longhofer*, the court emphasized that while the rule mandates joinder once a pleading is filed, it does not compel a party to initiate a claim in the first place. A party may choose to withhold a counterclaim or cross-claim entirely and bring that claim in a separate action—resulting in avoidable duplication. *See also Salem Indus., Inc. v. Mooney Process Equip. Co.*, 175 Mich App 213, 215–16 (1988) (explaining that joinder applies only when a party voluntarily asserts a claim).

The facts of *Geico* demonstrate the limits of this permissive structure. The facts note after a PIP action involving injured passengers was resolved, GEICO pursued a separate subrogation action against the uninsured at-fault driver. The defendants claimed that GEICO’s claims were barred by res judicata and collateral estoppel for failing to raise them in the original action. The Court of Appeals rejected this argument, noting that GEICO had not asserted a claim against the uninsured defendants in the original suit and therefore had no obligation to join the subrogation claim at that time.

Similarly the court in *Priority Patient Transport* did not meaningfully engage with the holding in *Boyd*, nor did it involve a factual record as developed as in the *Head & Spine* decisions. *Priority Patient Transp., LLC v. Farmers Ins. Exch.*, No. 330239, 2017 WL 1787441 (Mich. Ct. App. May 4, 2017) (unpublished). In contrast to *Priority Patient Transport*, the holdings in *Head & Spine* provide a thorough and binding framework that acknowledges both the procedural right of providers to aggregate claims and the practical need for judicial efficiency in the No-Fault context. *See Rodgers v. Auto Owners Ins. Co.*, 2019 Mich App LEXIS 8035 (further emphasizing that plaintiffs cannot tactically file piecemeal PIP claims in multiple lawsuits when the issues could have been adjudicated together under MCR 2.203(A) because such conduct is an act of “gamesmanship”).

These cases make clear that while Michigan’s current framework permits significant discretion in asserting related claims, that same discretion allows for fragmented litigation—especially in the No-Fault context. As it stands, defendants and insurers may file or face multiple actions arising from the same transaction or an identical denial of benefits to multiple insureds, because no rule compels providers to consolidate or raise all related issues in one proceeding. Given the volume of fragmented PIP litigation in Michigan, joinder of claims arising from the same accident or involving a common nucleus of fact is not only legally permissible—it is necessary to ensure consistent, efficient, and equitable resolution of related disputes.

2. MCR 2.205 – Joinder of Parties

Michigan Court Rule 2.205(A) is intended to ensure that all parties whose interests are directly affected by an action are brought before the court, thereby enabling complete and consistent relief.

As emphasized in *C-Spine Orthopedics, PLLC v. Progressive Michigan Insurance Company*, 344 Mich App 626 (2022), and grounded in decades of precedent, joinder is not merely a procedural formality, it is a safeguard against piecemeal litigation and duplicative obligations that undermine judicial efficiency and fairness. Under MCR 2.205(A), parties must be joined where they have “such interests in the subject matter of an action that their presence...is essential to permit the court to render complete relief.” This mandate is foundational to Michigan’s civil procedure and should be interpreted robustly, particularly in the context of post-accident PIP litigation where multiple providers and claimants orbit a common nucleus of operative fact.

Unfortunately, the current system has departed from that principle. Despite the rule’s plain language and historical purpose, Michigan courts often decline to apply MCR 2.205 to join related medical providers—even when their claims arise from the same auto accident, concern the same injured person, and implicate the same policy terms. Not only is this blatantly inefficient and costly, it ignores the directive in *Gordon Food Serv., Inc. v. Grand Rapids Material Handling Co.*, 183 Mich App 251 (1989), where the Court of Appeals held that both insureds and insurers with subrogation rights are real parties in interest, and joinder is essential to prevent a “multiplicity of actions.” *Id.* at 244. That opinion clearly states that defendants are entitled to protection from fragmented litigation by requiring all materially interested parties to be joined. When courts disregard this principle in PIP suits, they allow redundant actions to proliferate, waste judicial resources, and expose insurers and claimants to inconsistent judgments for the same accident.

Joinder serves broader systemic goals beyond any individual party’s convenience. As the court noted in *Martin v. Johnson*, 87 Mich App 343 (1978), the purpose of joinder is to promote the “complete, consistent and efficient settlement of controversies.” Fragmenting litigation into dozens of disconnected lawsuits arising from a single incident defeats this goal. It places immense strain on court dockets, enables strategic forum shopping, encourages duplicative discovery, and prevents courts from developing a unified understanding of disputed facts and policy defenses. The result is not justice, but chaos—often with conflicting outcomes across cases involving the same injured person and the same policy language.

Opponents of mandatory joinder may bring up cases like *Troutman v. Ollis*, 134 Mich App 332 (1984), to argue that certain parties—such as an injured infant whose damages are not yet ascertainable—need not be joined if their rights are independent. However, *Troutman* merely underscores the importance when a party’s legal interests are not yet ripe or distinct, permissive joinder may suffice. Even so, that is not the case in matters involving PIP, where each provider’s claim is connected to the same core factual and legal dispute. The courts’ refusal to enforce joinder in such circumstances not only deviates from precedent like *Watts v. Smith*, 375 Mich 120 (1965), which allowed consolidation of claims involving indivisible injury across multiple accidents, but again, disregards the very rationale behind Michigan’s joinder rules.

As a result, the courts’ current practice of refusing joinder in provider suits—even when the parties, injuries, and policies are inextricably linked—impedes the purpose of MCR 2.205(A). This failure exacerbates judicial inefficiency, increases litigation costs, and undermines equitable resolution of No-Fault disputes. To restore coherence and efficiency in PIP litigation, the judiciary should affirm that joinder is not just permissible—it is quite frankly essential.

Because Michigan’s procedural framework provides only partial tools for coordination, it lags behind other jurisdictions that have already enacted joinder or entire-controversy doctrines to curb repetitive litigation.

V. Following the National Trend: Why Michigan Must Utilize its Joinder Rules More Forcefully to Curb Fragmented PIP Litigation

Michigan’s current court rules, as currently utilized, do not adequately address the systemic fragmentation of personal protection insurance (PIP) reimbursement litigation. In the wake of the 2019 amendments to MCL 500.3112, the problem has only worsened: dozens of parallel lawsuits, all involving the same patient, same accident, same insurer, but slightly different dates or CPT codes. Michigan now finds itself increasingly out of step with peer jurisdictions—such as New Jersey, California, New York, and Florida—that have adopted cohesive rules to mandate or strongly incentivize joinder of claims and/or parties in this context. These states demonstrate a clear national trend demonstrating that fragmented litigation wastes judicial resources, risks inconsistent outcomes, and encourages abusive practices. As a result, Michigan must follow suit.

In New Jersey, its codified Entire Controversy Doctrine (ECD) requires that all claims arising from a single transaction—including PIP reimbursement claims stemming from a single course of medical treatment—be brought in one action or be forfeited. This is not merely a discretionary tool. It is a mandatory bar to piecemeal litigation. *See Manhattan Woods Golf Club, Inc. v. Arai*, 711 A.2d 1367 (N.J. App. Div. 1998). The ECD is reinforced by Rule 4:28-1(a), which mandates joinder of parties necessary for complete relief and to avoid inconsistent obligations. As the New Jersey Supreme Court explained in *Cogdell v. Hospital Center at Orange*, 116 N.J. 7 (1989), the goal is to ensure that all parties and claims related to the same controversy are litigated once, in a single, comprehensive proceeding. If Michigan were to adopt a similarly structured rule, providers could no longer file dozens of parallel suits over the same patient’s treatment—cases that now clog dockets, force duplicative discovery, and increase costs for all parties.

Similarly, California bars fragmentation under its Primary Rights Doctrine. There, a single harm—such as denial of reimbursement for care provided after a car accident—gives rise to only one cause of action, regardless of how many theories or billing codes a provider might use to support it. *See Mycogen Corp. v. Monsanto Co.*, 28 Cal. 4th 888 (2002). California also employs broad rules for compulsory joinder under its Civil Procedure Code §§ 378 and 389, designed specifically to avoid “multiplicity of actions” and promote efficiency. *Petersen v. Bank of America Corp.*, 232 Cal.App.4th 238 (2014). Michigan could draw from these principles to develop a rule that limits provider litigation to one action per patient, per accident—a change that would immediately cut down on duplicative suits and inconsistent judgments.

Furthermore, states like New York and Florida, which do not impose formal joinder requirements, have developed strong judicial doctrines for PIP disputes that serve a similar function. New York applies res judicata and collateral estoppel with rigor in medical provider disputes. Providers who fail to raise all claims for services rendered on the same date or for the same patient often find their later suits dismissed. *See Rockaway Blvd. Med. P.C. v. Progressive Ins.*, 39 Misc. 3d 1203(A) (Civ. Ct. Queens Cty. 2013). Similarly, Florida courts bar claim-splitting and expect consolidation of all related claims in a single suit. In *Martinsen v. Advanced Correctional Healthcare*, 736 So. 2d 794 (Fla. 3d DCA 1999), and *Ridenour v. Sears*, 365 So. 2d 944 (Fla. 1st DCA 1978), courts

dismissed subsequent claims that could and should have been raised earlier. These decisions reflect a broader recognition that fragmented litigation undermines judicial economy and enables strategic manipulation of the court system—precisely what is now occurring in Michigan.

In sum, Michigan stands nearly alone in permitting widespread PIP litigation fragmentation. Insurers are forced to defend dozens of lawsuits involving the same accident, same claimant, and same provider—simply parceled out based on invoice dates, CPT codes or other trivial reasons. This inefficiency burdens the judiciary, invites inconsistent rulings, and encourages gamesmanship.

VI. Conclusion

The 2019 No-Fault reforms promised efficiency, but what Michigan got instead was a litigation explosion. A single car accident now routinely triggers a cascade of separate lawsuits, clogging court dockets and making Michigan's insurance defense costs the highest in the country by a staggering margin. While a tool like MCR 2.505 allows for consolidation, it's hamstrung by a critical flaw: it can't reach across jurisdictional lines. This leaves a gaping hole in procedure, forcing judges to confront a problem they can't fully solve with the most obvious tool. The result is a system bogged down by a technicality: the idea that each provider's statutory right to sue creates a wholly separate case, even when the claims are just different branches of the exact same tree.

But the solution doesn't require a legislative overhaul; it simply requires a more assertive use of the authority judges already have in their arsenal. The power to compel joinder under MCR 2.203 and MCR 2.205 is the key. When one court deems a party necessary, it sets off a domino effect, making follow-up motions to transfer or dismiss in other courts practically undeniable. It's time for a shift in perspective. Instead of viewing these provider lawsuits as distinct and untouchable, the judiciary should see them for what they are: fragmented pieces of a single controversy. Embracing these joinder rules isn't just a procedural option—it's an essential command to bring order to the chaos, restore integrity to the process, and finally deliver on the No-Fault Act's promise of efficiency.