AHLA Annual Meeting **June 30-July 2, 2025 | San Diego, CA**					
Sunday June 29, 2025 Networking Event					
5:30-6:30 pm					
Welcome Reception–Celebrating Inclusion and Our Diverse Community, sponsored by VMG Health and hosted by the Women's Leadership Council					
Monday, June 30, 2025					
8:00-8:30 am					
State of the Association and Member Awards and Recognition Celebration		Asha B. David S.	Scielzo, AHLA President Cade	Director, Health Law & Policy Program, American University Washington College of Law AHLA Executive Vice President/Chief Executive Officer, American Health Law Association	Washington, DC Washington, DC
8:30-9:30 am					
1. Keynote Address: Transforming Health Care		Michael J.	Dowling	CEO, Northwell Health	New Hyde Park, NY
9:45 am-11:45 am	***120 minutes (CLE: 60 min: 2.0 | 50 min: 2.4 CPE: 2.4 CCB: 2.4)***				
2. Year In Review	Offering more substance than the nightly news, our panel will cover key developments over the past year and identify industry and enforcement trends. Highlights include: •The Trump Administration's new players •The impact of the Executive Orders •Actual and proposed Federal spending cuts •False Claims Act case law and settlements (key cases and enforcement trends) •Stark and Anti-kickback developments •Health Care Transactions (from hot trends, to record number of bankruptcies, to private equity, to tax issues, to new antitrust theories) •HIT developments (cyber-attacks, information blocking and interoperability, OCR enforcement, and new state laws) •AI in Health Care •No Suprises Act enforcement •Reimbursement trends and 340B •And Much MORE!	Kim Harvey Cynthia F.	Looney Wisner	K&L Gates LLP Trinity Health	Nashville, TN Plymouth, MI
12:00-1:30 pm					
Lunch and Learn: Labor Pains - Navigating the Top Labor Relations and Workforce Challenges Facing Health Care Employers, sponsored by Seyfarth Shaw LLP and LRI Consulting Services, Inc.	•Physician/Professional Organizing •Bargaining/Strike Activity •Non-Competes •Independent Contractor Classification •Cultural Flashpoints (including post-election policy and religious objections to performing health care services and dispensing abortion medication and birth control) •Wage & Hour Issues/Class Actions *Continuing Education Credits are not available. Pre-registration is required. There is an additional fee for this lunch.*	Kristin Phil Danine	McGurn Wilson Clay	Seyfarth Shaw LLP President & General Counsel, LRI Consulting Services, Inc. Chief of Staff, LRI Consulting Services, Inc.	Boston, MA Broken Arrow, OK Broken Arrow, OK
1:45-2:45 pm Concurrent Sessions	***60 minutes (CLE: 60 min: 1.0 | 50 min: 1.2 CPE: 1.2 CCB: 1.2)***				
3. Overview of a Health Care Transaction Process–A Roadmap Through the Paper Jungle (not repeated)	• Pre-Transaction Considerations • Non-Disclosure/Confidentiality/Evaluation Material Agreements • Letter of Intent/Term Sheet • Choosing the Appropriate Acquisition Model • Valuation and FMV • Due Diligence • Typical Contract Provisions • Hidden Risks of Boilerplate Provisions • Controlling the Process and Managing Expectations • Post-Closing Transaction Issues	Heather Michael F. Alexander D.	Leek (Alleva) Schaff Sharnoff	Associate General Counsel, Main Street Health Wilentz Goldman & Spitzer PC Principal Counsel, Thomas Jefferson University	Nashville, TN Woodbridge, NJ Cherry Hill, NJ

4. Managing Your Transaction Through Federal and State Antitrust Scrutiny (not repeated)	Federal and state antitrust enforcers have continued their focus on vigorous antitrust enforcement in health care mergers and other transactions. Review of recent transactions and published statistics of merger reviews, however, suggests that health care transactions can survive antitrust review. This panel will address: •Anticipating substantive antitrust scrutiny and understanding the enforcement perspective, including enforcement theories under the 2023 Merger Guidelines •Anticipating and planning for the antitrust review process, including appropriate time frames for review, operational burdens and similar practical concerns •Managing joint or simultaneous federal and state antitrust review as well as reviews pursuant to state charities and/or healthcare notification laws	Bryan	Perry	Senior Managing Director, FTI Consulting	Washington, DC
		Elizabeth	Odette	Assistant Attorney General at Office of the Minnesota Attorney General and Antitrust Task Force Chair, National Association of Attorneys General	Minneapolis, MN
		Amanda	Wait	DLA Piper	Washington, DC
5. AI Governance: Three Real-World Implementations in Health Care	•This dynamic session brings together leaders from three distinct organizations across the health care ecosystem who have successfully guided and implemented AI governance frameworks to share lessons learned and actionable insights •Each panelist has contributed to developing and implementing AI governance processes for their organizations, although the three organizations where the panelists work are very different from one another and may approach health AI through different lenses. Through the panelists' diverse experiences, attendees will gain practical insights (informed by lived experience) into establishing effective oversight for AI solutions developed, procured, and/or implemented across different health care contexts •By comparing and contrasting the three organizations' AI Governance frameworks, processes, and requirements, attendees will obtain a broad view of what has been workable, at a practical level, in this new area of emerging legal and compliance risk and accountability	Cora	Han	Chief Health Data Officer for University of California Health (UCH) and Executive Director of the Center, Data-driven Insights and Innovation (CDI2), UCH	Oakland, CA
		Lucia	Savage	Chief Privacy & Regulatory Officer, Omada Health, Inc.	San Francisco, CA
		Alya	Sulaiman	Chief Compliance and Privacy Officer, Datavant, Inc.	Los Angeles, CA
6. Compliance from the Cheap Seats	This panel will focus on lessons learned from recent enforcement activity, and practical steps that health care companies can take to address, mitigate and remediate risks in key focus areas for the government. The panel will also discuss recent compliance guidance from DOJ and OIG, and how that guidance reinforces core principles of effective compliance programs. Looking forward, the panel will review the first few months of the new administration and discuss perspectives and predictions on what health care enforcement will look like in the coming years. •Discussion of recent enforcement with practical focus on compliance takeaways; •How to use recent compliance guidance to further strengthen an effective compliance program; •Practical consideration for adjusting to the growth of AI, and how AI can be both a compliance risk and a tool for stronger compliance; and •Discussion of the likely enforcement environment as the new administration begins to implement its priorities across key health care enforcement agencies.	Anthony J.	Burba	Barnes & Thornburg LLP	Chicago, IL
		Jason	Ehrlinspiel	Chief Compliance Officer, Ardent Health	Nashville, TN
		Leah	Voigt	Chief Compliance Officer, Corewell Health	Grand Rapids, MI
7. Getting Aligned: Structuring Strategic Affiliations for Community Providers	We will discuss strategic partnerships between community hospitals and regionally or nationally renowned programs and physician organizations, highlighting the following: •Obtaining alignment between the community hospital and AMCs/physician organization in light of the benefits, challenges and ultimate partnership goals of both sides of the transactions •Common strategic partnership structure options and compliance/business risks of each option •Applicable regulatory considerations and guardrails to each strategic partnership structure •Approach to fair market valuation and key financial terms to ensure successful and compliant financial arrangement •Recent case studies of rural community provider affiliations, challenges encountered, and how the parties found solutions and ultimate alignment in the business terms	Karen	Kole	Principal, ECG,	Chicago, IL
		Leah D'Aurora	Richardson	Foley & Lardner	Cary, NC
8. A (Loper) Bright Future?: How the Demise of Chevron Deference Will Affect the Health Care Industry	This session will: 1) Include a brief description of the Loper Bright decision as well as the new standard replacing Chevron deference and its limitations 2) A discussion of how Loper Bright has already influenced the course of several healthcare cases, including the D.C. Circuit's recent decision in Lake Region. 3) A look at how Loper Bright is impacting arguments, strategies, and likely outcomes in existing healthcare cases. 4) Prognostication as to how Congress and CMS may respond to Loper Bright including whether we may see more statutory preclusion of review provisions, or whether CMS may be more reluctant to improve policies prospectively	Daniel J.	Hettich	King & Spalding LLP	Washington DC
		Co-speaker TBD			

3:15-4:15 pm Concurrent Sessions	***60 minutes (CLE: 60 min: 1.0 | 50 min: 1.2 CPE: 1.2 CCB: 1.2)***				
9. Novel Antitrust Theories in Health Care and Life Sciences Matters (not repeated)	Agency investigations and the latest merger guidelines portend increased antitrust scrutiny of companies operating in the health care and life sciences industries. This panel discusses legal and economic aspects of less explored antitrust theories, such as alleged harm from serial acquisitions, reduced innovation, rebate bundling, patent listings, algorithmic collusion, and steering to integrated pharmacy and physician networks.	Penka	Kovacheva	Vice President, Cornerstone Research	Los Angeles, CA
		Leslie	Overton	Axinn Veltrop & Harkrider	Washington, DC
		Rob	McNary	Latham & Watkins	Los Angeles, CA
10. From "Just Say No" to Emerging Therapies: How Three Different Reform Initiatives Could Change the Future for Cannabis and Psychedelics (not repeated)	Despite a challenging history and legal landscape, cannabis and psychedelics have emerged as potentially legitimate treatment options in the United States. Over the past year, the DEA proposed a rule to re-schedule cannabis as a Schedule III drug under the Controlled Substances Act, which would recognize its potential for currently accepted medical uses in treatment and provide a pathway for eventual FDA approval. At least one state has also introduced legislation to mandate insurance coverage for medical cannabis. Congress recently authorized research grants to study the effectiveness of psychedelics in treating armed servicemembers. The FDA has just reviewed – and is expected to continue reviewing – requests for approval to use MDMA for PTSD treatment. And ketamine clinics are increasingly prevalent throughout the country as a means for treating severe depression and other mental health conditions. The country's changing approach to these drugs happened through three very different approaches for reform: state led initiatives, innovation in the private sector, and direct appeals to the FDA. In this presentation, we plan to discuss the history and current legal landscape for these emerging therapies, the varying approaches to reform that led to their emergence in the U.S. as legitimate treatment options, and health care coverage and litigation implications and considerations, including current litigation over coverage for medical cannabis.	Dasheeda	Dawson	Cannabis Regulators of Color Coalition (CRCC)	New York, NY
		Matthew	Donze	Chief Counsel, Evernorth Health Services	Nashville, TN
		Jason	Mayer	Reed Smith	Chicago, IL
11. Shaping Tomorrow's Provider Workforce with AI: Legal Risks and Strategic Opportunities	As AI technology transforms industries, its impact is quickly extending deeply into the health care workforce, reshaping roles and processes across the entire provider landscape. This transformation brings unique challenges and opportunities, particularly for health care lawyers who advise on compliance, workforce integration, and compensation structures. This session will dive into how AI is changing the provider enterprise as we know it today, enhancing operational efficiency, and mitigating regulatory risks across diverse provider roles, including physicians, advanced practice practitioners (APPs), and specialists. •Background of AI •AI use cases in health care •AI's impact on the provider workforce, including how it's reshaping provider compensation •Operational efficiency and support hospital and health system workforce growth through AI-driven resources •Legal and compliance landscape for seamless AI integration in health care settings •AI Governance	Greg	Endicott	President and CEO, ValueVision, inc. and Managing Director at Strategic Value Group, LLC	Los Angeles, CA
		Eric	Leafgreen	VP of Provider Compensation, Ludi, Inc.	Nashville, TN
		David	Schoolcraft	Ogden Murphy Wallace	Seattle, WA
12. A Practice Guide to Assessing Compliance with the Physician Self-Referral Law (fka Stark) in the Context of Physician Practice Acquisitions	The presenter will utilize hypos to address the complexities of assessing Physician Self-Referral Law compliance in the context of physician practice acquisitions, including: •A brief overview of the requirements of the Physician Self-Referral Law's In-Office Ancillary Services Exception and definition of Group Practice •How should a buyer assess Physician Self-Referral Law compliance in the context of a proposed transaction and is there anything the seller can do in anticipation of due diligence on these issues? •Common (and some potentially missed) issues compliance issues that often arise during diligence •Options for addressing instances of non-compliance identified in the due diligence process – i.e., to disclose or not to disclose, including the perspective of purchaser's counsel and seller's counsel •Complexities associated with addressing non-compliance in the purchase agreement, including which party has "control" over the disclosure, escrow versus holdback, what happens if additional Physician Self-Referral Prohibition issues are identified post-closing	Nicholas	Alarif	McDermott Will & Emery LLP	Washington, DC
		Albert W.	Shay	Morgan, Lewis & Bockius LLP	Washington, DC
		Matthew	Edgar (Invited)	Director, Division of Technical Payment Policy, Centers for Medicare and Medicaid Services	Woodlawn, MD
13. The Complexities of Managing Vendor Relationships: Practical Strategies for Navigating Data Breaches in the New Age of Data Privacy	•New laws and regulations related to data privacy and health information privacy which impact providers daily. •Recent legal changes in the vendor privacy and cybersecurity space •Learnings from recent high profile health care vendors who have experienced large data breaches •The intricacies of new vendor technologies and approaches and their impact on providers; including the most recent litigation and enforcement actions in the space •The economic factors and impact of data breaches and poorly managed vendor relationships on providers •Practical strategies to diligence future vendors and ensure contracts are developed that protect your organization •Utilize hypotheticals to engage audience in identifying all risk areas when engaging with new vendors including artificial intelligence vendors	Kelly	Pollock	Vice President and Assistant General Counsel, Novant Health	Chapel Hill, NC
		Maria	Salgado	Vice President, Cornerstone Research	San Francisco, CA
		Shalyn	Watkins	Holland & Knight	Los Angeles CA

14. Evolving Expectations: Medicare Advantage Compliance for Plans and Providers	•Whose job is MA compliance anyway? Differing expectations for plans and providers •What's new for plans? •Operational impacts for providers including applicability of FFS guidelines, promoting social determinants of health, and living with prior authorizations •The impact of new government guidance: the OIG Compliance Guidance for Managed Care (expected); the 60-day Refund Rule (as revised effective Jan. 1, 2025) •The changing environment for enforcement actions against plans and providers •Practical tips for aligning compliance programs with the new expectations	Annie	Shieh	AVP Compliance, Molina Healthcare	Anaheim, CA
		Judith A.	Waltz	Foley & Lardner	San Francisco, CA
4:30-5:30 pm Concurrent Sessions	***60 minutes (CLE: 60 min: 1.0 | 50 min: 1.2 CPE: 1.2 CCB: 1.2)***				
15. Hypothetically Speaking–How Does the New Medicare Overpayment Rule Work? "Bill and Ted's Excellent Adventure with Overpayments" (not repeated)	CMS finalized changes to the Medicare overpayment rule – commonly known as the 60-day refund rule – as part of the CY2025 Physician Fee Schedule Final Rule. The new rule became effective January 1, 2025. The new rule represents a significant change in the approach to addressing Medicare overpayments. It is still not entirely clear whether the new rule is more or less stringent, but it is certainly different. health care providers are still trying to understand how it applies to Medicare Parts A and B. At the same time, Medicare Advantage Organizations (MAOs) and Medicare Prescription Drug Plan Sponsors are trying to understand how it applies to Medicare Parts C and D. This session will offer a brief history of the overpayment rule and an explanation of the new rule. After that introduction, we will jump into an interactive discussion of several hypotheticals as we try to better understand how the rule is supposed to work in practice. We will engage the audience as we explore question such as: •When does the 60-day clock start? •When does the 60-day clock end? •What happens if you aren't finished in 60-days? •When does the 180-day suspension period apply? •Does quantification still matter? •Do you have an obligation to investigate? •What happens if you don't repay an overpayment? •To whom do you report an overpayment, and are there options?	Ted	Lotchin	System Chief Compliance Officer, UNC Health, Office of the CEO and Dean	Morrisville, NC
		William T. *Co-speaker TBD*	Mathias	Bass Berry & Sims PLC	Washington, DC
16. The First Quadrimester of the Trump Presidency: Legal and Ethical Implications for Reproductive Health (not repeated) *(Specialty Credit: Ethics)*	•The practical and legal ways the first four months of Donald Trump's Presidency have impacted women's reproductive rights, including: oChanges in state or federal statutes or regulations affecting reproductive health, including changes in interpretation oImpact of possible changes to Medicaid oUpdates on state and federal privacy laws (e.g., HIPAA) related to reproductive health oEfforts to restrict access to birth control (e.g., Plan B) and the "abortion pill" (mifepristone) oUpdates on EMTALA, including the interplay with state abortion laws oEnforcement of state reproductive health laws across state lines •Throughout the above discussion, we will raise hypothetical scenarios showing how the Rules of Professional Responsibility impact the attorney's role as an advisor	Gina L.	Bertolini	K&L Gates LLP	Morrisville, NC
		Joanne (Jody)	Joiner	Senior Counsel, Tenet Healthcare	Dallas, TX
17. Hot Collaboration Considerations: Health Care Joint Ventures in 2025 and Beyond	•The different types of joint ventures •Pros and cons of using a joint venture compared to other M&A transaction types •A framework for analyzing potential legal and regulatory challenges facing joint ventures •The financial matters facing a joint venture, including funding, capital contributions, JV accounting, and distributions •Other major decision points facing joint ventures, including decision-making, entrance and exit rights, member covenants, growth and new business opportunities, and dissolution •Apply these strategies to a case study (physician-private equity transaction) to understand how various factual scenarios could affect the transaction and to highlight diligence and transactional considerations	Jennifer Csik	Hutchens	Dechert LLP	Charlotte, NC
		Thomas	Spellman	Associate General Counsel, Vice President; Fresenius Medical Care	Waltham, MA
18. Cracking the Code: Unlocking the Power of the Value-Based Exceptions and Safe Harbors	•A brief introduction of the value-based enterprise (VBE) framework •Several common issues impacting health care providers that can be addressed using value-based arrangements •How various stakeholders and objectives align in value-based models to address these challenges •The pros and cons of adopting such VBE strategies, including legal and operational implications for organizations •Translate these example scenarios into actionable strategies for provider organizations	Jim	Carr	InHealth Advisors	Englewood, CO
		Rachel	Polzin	Senior Counsel, SSM Health	Madison, WI
		Scott	Strickland	Hall Render Killian Heath & Lyman PC	Durham, NC

19. The Future of Private Equity Transactions in Health Care Ventures: Looking Over the Horizon at Government Scrutiny of Private Equity Investments in Health Care Transactions	This session will address the rapidly evolving world of Governmental scrutiny and regulation of Private Equity investment in the healthcare sector, including: •Review of Current regulatory notice and/or approval schemes •The impact on in-flight/recently closed transactions •Proposed statutes/regs under consideration •Trajectory of State/Federal governance interest •Non-traditional PE investment strategies (i.e., non-profit JVs, etc.) which may or may not be implicated by such regulatory authority. •Strategies to take existing and potential regulatory scrutiny into account when structuring future transactions	Marc D.	Goldstone	Chief Legal Officer, Wellpath	Nashville, TN
		Eric	Zimmerman	Lead Policy Consultant, McDermott +	Washington, DC
20. Recent and Future Developments in Health Information Privacy and Security	•The status of HIPAA amendments to the Privacy Rule to protect reproductive health privacy and proposed changes to the HIPAA Security Rule under the new administration •Continuing regulatory and litigation risks related to health care websites and disclosures of user information to third parties •Whether recent changes to the Confidentiality of Substance Use Disorder Patient Records at 42 C.F.R. part 2 create decreased or increased legal risks to health care organizations •The federal push for interoperability and health information exchange and corresponding legal risks from breaches	Adam	Greene	Davis Wright Tremaine LLP	Washington, DC
		Christopher	Finch	Vice President, Chief Compliance and Audit Officer, MemorialCare	Long Beach, CA
6:30-9:30 pm Networking Event					
USS Midway Museum Off-Property Reception, sponsored by AHLA's Members' Law Firms					
Tuesday, July 1, 2025					
6:30-7:30 am					
Exercise Class and Fun Run, hosted by Early Career Professionals Council	There is no additional charge for this event. Attendees, speakers, and registered adult, teen and youth guests are welcome. Pre-registration is required; space is limited.				
8:00-9:00 am Concurrent Sessions	***60 minutes (CLE: 60 min: 1.0 | 50 min: 1.2 CPE: 1.2 CCB: 1.2)***				
21. Governance of High-Performing Nonprofit Hospital Systems: Results of a New Survey on Recent Trends and Best Practices (not repeated)	We will be presenting on current trends and best governance practices of high-performing nonprofit multi-hospital systems, based on a survey conducted in 2023-2024 of 17 such systems. The session will focus on several specific topics, including: •Recent trends in the size, composition, selection, and tenure of hospital system governing boards •The governance challenges faced by systems that have formed through mergers or acquisitions requiring the integration of governing boards and legal structures that may differ widely from one another •The governance of subsidiary hospitals, including the pros and cons of consolidating fiduciary authority at the level of the system board and limiting the authority, accountability, and decision-making responsibility of subsidiaries •The challenges faced by faith-based systems, including governance approaches adopted in mergers between faith-based and secular hospitals •The unique governance challenges of systems centered around major teaching hospitals that are wholly owned by universities as well as those that have been spun off by universities into independent nonprofit corporations, with a case study of the recent governance journey of one state university hospital system with a quasi-independent nonprofit structure	Larry S.	Gage	Alston & Bird LLP	Washington, DC
		Aaron	Rabinowitz	Senior Vice President and General Counsel, University of Maryland Medical System	Baltimore, MD
22. Integration of Artificial Intelligence, including Generative AI, into Health Care Systems and Implications for Compliance and Government Enforcement (not repeated)	•Where and how AI is being used in the delivery of healthcare and billing (with a focus on hospital systems) •How AI is being used, or will be used in the future, in compliance and enterprise risk management •How the regulatory community, including the Justice Department and state AG's offices are viewing these trends •How regulators are currently AI in their investigations, including in their review and analysis of claims data, and how AI might impact investigations moving forward	Henry	Leventis	Holland & Knight	Nashville, TN
		Justin	Pitt	General Counsel, Community Health Systems	Franklin, TN
23. Issue Spotting: What Every GC Needs to Know About Antitrust	Common activities of hospitals and health systems can raise antitrust issues more frequently than some might realize. This introductory-level presentation will help in-house counsel identify common antitrust issues and provide practical guidance to mitigate risk. The session will cover the following hot topics: •Dos and Don'ts for meetings and collaborations with competitors, information sharing, and benchmarking •Potential concerns arising from managed care contracting, including the use of anti-tiering, anti-steering, or all-or-nothing clauses •Potential risks areas in the human resources context, including wage fixing, no-poach agreements, and noncompete and non-solicitation clauses •Issue spotting for mergers and acquisitions, joint ventures, and other affiliations •When to add an economist to your risk review team	Lona	Fowdur	Founding Partner, Econic Partners	Washington, DC
		Alexis	Gilman	Crowell & Moring LLP	Washington, DC
		Mitch	Glende	Senior Counsel, Intermountain Health	Salt Lake City, UT

24. Law and Order-ing: Doubling Down on Life Sciences Arrangements	Medical device, pharmaceutical, laboratory, and biotech arrangements continue to garner the attention of regulators and failure to compliantly engage with physicians, advanced practice providers, and other professionals can bring False Claims Act actions against life sciences companies. As a result, organizations should consistently evaluate the reasons for, and risks associated with developing and implementing programs that provide value to referral sources and structure such arrangements to avoid improper interactions. This presentation will discuss: •Current key regulatory and compliance considerations associated with various recent settlements and describe the implications in practice •Best practices regarding development, implementation, and maintenance of common referral source arrangements such as key opinion leader engagement, marketing services arrangements, physician-owned distributorships, among others •Critical components to mitigate undue influence •In-house and external perspectives on establishing and operationalizing relationships in a compliant manner	Tynan	Kugler	Principal, PYA, PC	Atlanta, GA
		Mara	Smith-Kouba	Counsel, Regulatory Law, Bristol Myers Squibb	Princeton, NJ
14. Evolving Expectations: Medicare Advantage Compliance for Plans and Providers (repeat)					
18. Cracking the Code: Unlocking the Power of the Value-Based Exceptions and Safe Harbors (repeat)					
9:30-10:30 am Concurrent Sessions	***60 minutes (CLE: 60 min: 1.0 | 50 min: 1.2 CPE: 1.2 CCB: 1.2)***				
25. Effectively Deploying Alternative Dispute Resolution Processes in Health Care (not repeated)	•Whether and how to use alternative dispute resolution ("ADR") in health care disputes •Pros and cons of selecting arbitration over litigation, with focus on the often-unique context of health care disputes •Recommendations and sample dispute resolution clauses to achieve certain purposes •How careful drafting can artfully craft the desired arbitration process •Discussion of some health care areas where ADR has worked well and where it is ripe for expansion	Diana	Kruze	Arbitrator	San Francisco, CA
		Christopher C.	Sabis	Sherrard Roe	Nashville, TN
26. Post-Pandemic Enforcement in Telehealth and Behavioral Health Care (not repeated)	•The COVID-19 pandemic significantly accelerated the adoption of telehealth services, leading to temporary regulatory relaxations. Now, in the post-pandemic regulatory environment, measures are being revised and solidified into more permanent frameworks. •Behavioral health services have seen a particular emphasis on integrating telehealth to address increased mental health needs that have emerged. •Key areas of enforcement now include securing patient data, standardizing telehealth practices, and addressing disparities in access to care. •Presenters will discuss how robust cybersecurity measures and strict adherence to privacy laws have become focal points to safeguard sensitive health data. •Compliance with both state and federal laws, including adherence to licensure requirements, ensuring proper documentation, and meeting reimbursement criteria have become particularly important for providers in this space and those who counsel them. •Real-life examples will be used to illustrate enforcement trends	Adrienne	Frazior	Polsinelli	PC
		Jody	Rudman	Husch Blackwell LLP	Austin, TX
27. Risky Business: The Most Challenging Workforce Issues Facing Health Care Employers Today (not repeated)	The employment law landscape is evolving rapidly, especially for health care employers. A new administration adds further complexity. We will cover areas of greatest concern for health care employers, including: •Managing a remote and multi-state workforce •Difficult accommodations •Wage and hour challenges •Class action litigation •NLRB risks, with or without a unionized workforce	Timothy A.	Hilton	Husch Blackwell LLP	Kansas City, MO
		Gary	McLaughlin	Mitchell Silberberg & Knupp LLP	Los Angeles, CA
28. A False Claims Act Timeline: From Qui Tam Filed to Trial with the Government	This presentation would cover what to expect during an FCA investigation from start to finish. •How an FCA investigation starts--either based on a whistleblower qui tam, data analysis, or non-qui-tam tip. •How to respond to a Civil Investigative Demand and what to expect •Settlement Negotiations •Government intervention or declination •FCA Litigation	Caroline	Burgunder	Assistant United States Attorney, Chief, Affirmative Litigation Unit United States Attorney's Office, Eastern District of Michigan	Detroit, MI
		Brandon	Helms	Hall Render Killian Heath & Lyman PC	Troy, MI
5. AI Governance: Three Real-World Implementations in Health Care (repeat)					
7. Getting Aligned: Structuring Strategic Affiliations for Community Providers (repeat)					
10:45-11:45 am Concurrent Sessions	***60 minutes (CLE: 60 min: 1.0 | 50 min: 1.2 CPE: 1.2 CCB: 1.2)***				
29. Be Careful What You Say: Physician Affiliation Tricks of the Trade to Reduce Your Risk (not repeated)	• How to document physician relationships in a regulatorily compliant manner • Learn about recent litigation around physician affiliations • Become aware of impossible day or cost sharing arrangements that have led to recent settlements • Reduce potential liability through documentation and education	Curtis	Bernstein	Partner Pinnacle Healthcare Consulting	Centennial, CO
		Claire	Topp	Dorsey & Whitney LLP	Minneapolis, MN

30. Let's Go to Tax Town! (not repeated)	•Intersection of sections 4958 and 4960 – excise tax costs of high end compensation packages •Protecting against an IRS audit of financial assistance and billing practices and community benefit activities •Managing the increased UBIT burden for tax-exempt organizations under the siloing rules •Rethinking how tax-exempt organizations compensate executive management in light of the latest safe harbors—the importance of mission focus •Tax-exemption for ACOs – The road so far	Gerald M.	Griffith	Jones Day	Chicago IL
		Erica Robert	McReynolds	Principal, PwC US Tax LLP	Philadelphia, PA
31. When FMV is Not Enough: How to Not Get Crushed Between a Competitive Hiring Market and Regulatory Constraints	A lively, humorous approach to the sticky situation facing many internal and external counselors: Clients who insist that they cannot recruit providers to staff their facilities at fair market value rates. This session will, with straight-talk and irreverence, cover: •Trends in provider compensation models: The tried and true, the new flavors, and the "so last season" •What flexibility do systems, facilities and practices have, really, when it comes to fair market value and commercial reasonableness? •Creative ways to increase compensation, while staying on the right side of the law •"Is this really an emergency?" or, how to effectively work with high-pressure operators •Practical tips for leveling up your provider compensation function: From hiring need to start date (and beyond)	Michaela	Poizner	Baker Donelson Bearman Caldwell & Berkowitz PC	Nashville, TN
		Katie	Tarr	Shareholder, LBMC	Nashville, TN
32. Practical Considerations for Providers in Negotiating Network Contracts	• Why good rates are often not enough (e.g. recoupments, downgrading, payment policies, site of service, etc.) • Value based payment components to network participation - What's new and how to tackle what's old and no longer working • Challenging the adequacy of payor networks and why such challenge matters when negotiating with payers • Direct messaging to purchasers (member and employers) - enlisting assistance from patients and health plan sponsors while steering clear of tortious interference • Negotiating strategies and tactics	Manasa	Gopal	Legal Counsel, Columbia University Medical Center	New York, NY
		Robert S.	Paskowski	Consulting Principal, PYA PC	Knoxville, TN
		Salvatore G.	Rotella	Buchanan Ingersoll & Rooney PC	Philadelphia, PA
6. Compliance from the Cheap Seats (repeat)					
17. Hot Collaboration Considerations: Health Care Joint Ventures in 2025 and Beyond (repeat)					
11:45 am-1:15 pm					
Lunch and Learn: Rules, Roadblocks, and Remedies: Three Regulatory Challenges Facing the Health Care Industry, sponsored by Consilio	In this 30-minute presentation, we'll explore how tariffs, AI use, and HSR/state scrutiny are impacting the health care industry and share strategies for overcoming these key regulatory challenges *Continuing Education Credits are not available. Pre-registration is required. There is an additional fee for this lunch.*				
1:30-2:30 pm Concurrent Sessions	***60 minutes (CLE: 60 min: 1.0 | 50 min: 1.2 CPE: 1.2 CCB: 1.2)***				
33. Navigating Physician Behavior and Quality of Care Concerns: A Legal Perspective (not repeated)	This presentation addresses the complexities of managing physician behavior and quality of care issues within health care organizations, particularly from the medical staff and employment perspectives. We will explore: •Practical strategies for addressing physician behavior and quality of care concerns •How health care organizations can navigate challenges in both independent and employed physician models •The role of legal, human resources, medical staff, peer review, quality, and compliance processes in managing sensitive physician-related challenges •Balancing legal obligations, patient safety, and organizational culture in disciplinary and remediation efforts	Kimberly	Daniel	Hancock Daniel & Johnson, PC	Richmond, VA
		Rachel	Freyman	Senior Litigation and Regulatory Counsel, MultiCare Health System	Franklin, TN
34. Private Ownership and Long Term Care (not repeated)	•Increasing trend of private equity and private ownership acquisition of long-term care facilities, such as nursing homes and assisted living facilities •Private ownership of LTC facilities oftentimes results in similar or better standards of care than nonprofit ownership •Private owners and private equity firms entering the LTC space should watch out for regulatory scrutiny, risk of government investigations, and enforcement of standards of care such as nurse staffing ratios •Presentation speakers will include a law firm attorney and a consultant from a health care management and consulting services firm	Suzanne	Koenig	SAK Management	Riverwoods, IL
		Janus	Pan	Greenberg Traurig LLP	Houston, TX
35. Real-Life Legal Ethical Dilemmas Facing Health Care Lawyers *(Specialty Credit: Ethics)*	•Legal practice is messy, but sometimes we come across intentional and unintentional ethical lapses •How do we as lawyers respond to ethical issues, like mailing the other side's clients ex parte or improper ex parte communications with judges •How do we ensure that we continue to meet the standards for our profession to ensure that we remain fluent in new technologies/data tools and how to ensure proper technical support for complex cases •How to navigate when clients are getting conflicting advice from other sources (or are shopping for the advice they want) •How internal documentation can both protect attorneys and clients	Stephen	Lee	Stephen Lee Law	Chicago, IL
		Felicia Y.	Sze	Athene Law LLP	San Francisco, CA

36. 340B Uncharted: Navigating Pharma Restrictions, Evolving Interpretations and the Rebate Model Shift	Hospitals and other "Covered Entities" benefit from discounted drug prices under the 340B Drug Pricing Program, which allows them to stretch scarce federal resources, reach more eligible patients, and provide more services for underserved populations. Recently, drug manufacturers have mounted a variety of challenges to the 340B Program, leading to uncertainty, the issuance by HRSA of new interpretations of applicable obligations, and numerous lawsuits that could change the 340B Program as we know it – and dramatically impact the finances of many Covered Entities. The session, which is intended for an intermediate/advanced audience with familiarity with the 340B Program, will cover the following hot topics: •Ongoing Agency enforcement actions against 340B providers and/or manufacturers •Current Litigation Landscape of the 340B Program •Different Stakeholders' Positions on 340B •Proposed legislation related to 340B	Jeffrey I.	Davis	Bass Berry & Sims PLC	Washington, DC
		Michelle Rae	Pinzon	Senior Associate General Counsel, Northwell Health	New Hyde Park, NY
12. A Practice Guide to Assessing Compliance with the Physician Self-Referral Law (fka Stark) in the Context of Physician Practice Acquisitions (repeat)					
13. The Complexities of Managing Vendor Relationships: Practical Strategies for Navigating Data Breaches in the New Age of Data Privacy (repeat)					
3:00-4:00 pm Concurrent Sessions	***60 minutes (CLE: 60 min: 1.0 | 50 min: 1.2 CPE: 1.2 CCB: 1.2)***				
37. Health Care Alert! Bankruptcy Is Not An Option (not repeated)	•Hospital closure is often economically and politically unpalatable, even when a hospital experiences financial distress •What's a flailing system (or other provider entity) to do? Merge? Private Equity? COPA? Hope the environment changes? •Antitrust evaluation of post-pandemic business model realities for academic medical centers and community/rural hospitals may require new perspectives but what will the Enforcers think of these novel proposals and solutions?	H. Holden	Brooks	McGuire Woods	Chicago IL
		Vic Terry G.	Domen Williams	DLA Piper Vice Chief Academic Officer – Transformative Solutions, Atrium Health, Wake Forest University, School of Medicine	Washington DC Salem, NC
38. Know Your Audit! Operational Considerations For Every Kind of Audit (not repeated)	•Operational concerns and solutions to consider if under an audit for Medicare, Medicaid or a commercial payor •Specific concerns and solutions for post-acute providers including hospice, home health, DME, etc. •3Strategies for handling different audits, e.g., a UPIC audit resulting in a payment suspension, a multi-level TPE audit or commercial pre-pay audits •4Discussions of tactics outside of the appeal or ADR process, e.g., negotiation of payment plans, seeking intervention of government officials	R. Ross	Burris	Polsinelli PC	Atlanta, GA
		Lindsey L.	Lonergan	Senior Associate General Counsel, Wellspan	Macon, GA
39. Mental Health Care IS Health Care: The Basics of Guiding Providers in Integrating Behavioral Health Care into their Health Care Delivery System	•Physical health providers, health systems and hospitals often struggle with how to handle behavioral health issues as they arise. Many facilities don't have staff trained to link those patients with existing services or local providers who can address those issues. This session will discuss simple and effective strategies to prepare providers for managing or effectively referring behavioral health patients •The old fashioned division of health care into "physical" and "mental" health has become outdated. Today's practitioners need to learn to address the entire patient in a wholistic and coordinated manner. Building a health care system that can cover all the care a patient needs is both simple and cost effective. Learn what providers need to know in order to facilitate care of the whole person •Reimbursement for behavioral health care, particularly in the addiction space, can be challenging for novice providers. The session will include discussion of relevant billing concerns and best practices for effective coding of care	Anna	Whites	Anna Whites Law Office	Frankfort KY
		Matt	Wolfe	Baker Donelson Bearman Caldwell & Berkowitz PC	Raleigh, NC
40. AI in Health Care: Friend or Foe? Navigating Proactive vs. Defensive Strategies	•AI in Compliance Audits •Consultant vs. Payer Perspectives •Proactive Compliance Strategies •Defensive Audit Strategies •AI's Impact on Provider Scrutiny •Best Practices for AI in Compliance	Debra	Rossi	Director, VMG Health	Dallas, TX
		Andrew	Reitz	Vice President, Compliance Buckeye Health Plan (subsidiary of Centene Corporation)	Columbus, OH
8. A (Loper) Bright Future?: How the Demise of Chevron Deference Will Affect the Health Care Industry (repeat)					
19. The Future of Private Equity Transactions in Health Care Ventures: Looking Over the Horizon at Government Scrutiny of Private Equity Investments in Health Care Transactions (repeat)					
4:15-5:15 pm Concurrent Sessions	***60 minutes (CLE: 60 min: 1.0 | 50 min: 1.2 CPE: 1.2 CCB: 1.2)***				

41. Health Equity in Action (not repeated)	•A framework for health, health equity, and health justice; the role of social and structural drivers of health •Current initiatives to advance health equity •The impact of law and policy on health equity •Collaboration and the roles of physicians and other health care professionals, hospitals/ health systems, and payors •Concrete action steps for the legal community	Priya	Bathija	Founder + CEO, Nyoo Health	Falls Church, VA
		Michelle	Garvey Brennfleck	Buchanan Ingersoll & Rooney PC	Pittsburgh, PA
		Ashley	Keith	Assistant Professor of Law, The University of Akron Law School	Twinsburg, OH
		April E.	Schweitzer	General Counsel, Gateway Foundation	Chicago, IL
42. I Would like that on Rye! Finding Wellness and Balance in the Sandwich Generation (not repeated)	The legal profession can be rewarding, and yet it isn't known for being easy. It is also part of our lives and lives just like sandwiches can come in many different varieties and flavors. For some of us, we can be squeezed between two slices of bread with outside responsibilities such as caring for kids and aging parents, and others face pressures of high expectations of ourselves or others outside of work. In this session, the panel will discuss identifying trauma in yourself and others, the employment law you to know, your ethical obligations and how we set ourselves up for balance. And we promise no yoga in our suits! •What are some of the outside pressures we face and is it okay to talk about them? •What are the numbers of law professional suffering and what causes these issues? •And what does wellness and balance mean anyway? (and the answer is not eating another sandwich - unless it is from NYC!) •How best to manage stress and burnout, and in some cases secondary trauma? •How to spot if you or a colleague are in a pickle or actually facing a crisis? How do you balance expectations at work when that happens? •What are the employment laws you need to know? What are your ethical obligations?	Robyn	Diaz	Senior Vice President and Chief Legal Officer for St. Jude Children's Research Hospital	Memphis, TN
		John E.	Kelly	Barnes & Thornburg LLP	Washington, DC
		Sarah	Swank	General Counsel, On Belay Health Solutions	Boston, MA
43. Navigating Peer Review and Privileging Across State Lines: Legal Challenges and Practical Solutions	•Understanding State Law Variability–Overview of examples of state-specific peer review protections, privileges, and reporting requirements that impact multi-state health care organizations •Legal and Compliance Challenges–How differing state laws may affect information sharing, confidentiality, and risk exposure in peer review processes •Strategic Approaches to Compliance–Options for structuring peer review and when to apply state law vs. federal protections (PSQIA) •Practical Considerations and Case Studies–Hypotheticals that discuss pros and cons of sharing information •Waivers and Risk Management–When, why, and how organizations may consider waiving peer review protections and the legal risks involved •Balancing Factors in Decision-Making–Key considerations for legal, operational, and patient safety goals when structuring multi-state peer review processes	Stephen R.	Kleinman	Epstein Becker & Green PC	Columbus, OH
		Shelli E.	Stoker	Vice President and Assistant General Counsel Novant Health Legal Department	Charlotte, NC
11. Shaping Tomorrow's Provider Workforce with AI: Legal Risks and Strategic Opportunities (repeat)					
28. A False Claims Act Timeline: From Qui Tam Filed to Trial with the Government (repeat)					
32. Practical Considerations for Providers in Negotiating Network Contracts (repeat)					
5:15-6:15 pm Networking Event					
Networking Reception–Celebrating AHLA Volunteer, Sponsored by LawVu					
Wednesday, July 2, 2025					
7:00-7:50 am Networking Event					
Women's Networking Breakfast	Hosted by the Women's Leadership Council and sponsored by Pinnacle Healthcare Consulting				
8:00-8:45 am General Session		***Invited Panelist***			
44. HHS Priorities and Strategies for Success		Hannah	Anderson	Deputy Chief of Staff, Policy, US Department of Health and Human Services	Washington, DC
		Robert	Foster	Chief Counsel for Food, Research, and Drugs, FDA	Washington, DC
		Sean	Keveney	Acting General Counsel, Office of General Counsel, Department of Health and Human Services	Washington, DC
		Beth	Kelley	Acting Deputy General Counsel, Office of General Counsel, US Department of Health and Human Services	Washington, DC
8:45-10:00 am General Session					

45. Fireside Chat: Spurring and Sustaining Health Care Innovation and Improvement	Florence L.	Di Benedetto	Strategic leader, executive coach, business and legal consultant, General Counsel, Di Benedetto Solutions, Inc.,	Roseville, CA
	Dr. Michael	Conroy	President and CEO, Sutter Medical Group	Sacramento, CA
	Dr. Mohit	Kaushal	Senior Advisor, General Atlantic	
	Richard	Roth	Chief Strategic Innovation Officer and President, Common Spirit Ventures	

10:15-11:15 am Concurrent Sessions	***60 minutes (CLE: 60 min: 1.0 | 50 min: 1.2 CPE: 1.2 CCB: 1.2)***
20. Recent and Future Developments in Health Information Privacy and Security (repeat)	
31. When FMV is Not Enough: How to Not Get Crushed Between a Competitive Hiring Market and Regulatory Constraints (repeat)	
35. Real-Life Legal Ethical Dilemmas Facing Health Care Lawyers (repeat) *(Specialty Credit: Ethics)*	
43. Navigating Peer Review and Privileging Across State Lines: Legal Challenges and Practical Solutions (repeat)	
11:30 am-12:30 pm Concurrent Sessions	***60 minutes (CLE: 60 min: 1.0 | 50 min: 1.2 CPE: 1.2 CCB: 1.2)***
23. Issue Spotting: What Every GC Needs to Know About Antitrust (repeat)	
24. Law and Order-ing: Doubling Down on Life Sciences Arrangements (repeat)	
36. 340B Uncharted: Navigating Pharma Restrictions, Evolving Interpretations and the Rebate Model Shift (repeat)	
39. Mental Health Care IS Health Care: The Basics of Guiding Providers in Integrating Behavioral Health Care into their Health Care Delivery System (repeat)	
40. AI in Health Care: Friend or Foe? Navigating Proactive vs. Defensive Strategies (repeat)	