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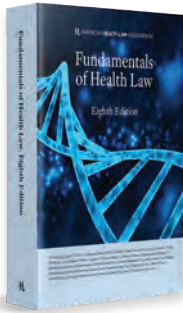
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Fundamentals of Health Law
EIGHTH EDITION

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The eighth edition of *Fundamentals of Health Law* provides a comprehensive overview of the legal and regulatory landscape in the health care industry. It covers a wide range of topics, from patient autonomy and privacy to fraud and abuse regulations, tax-exempt issues, and antitrust laws. For any health law professional, a fundamental understanding of these key concepts and their far-reaching implications is a prerequisite.

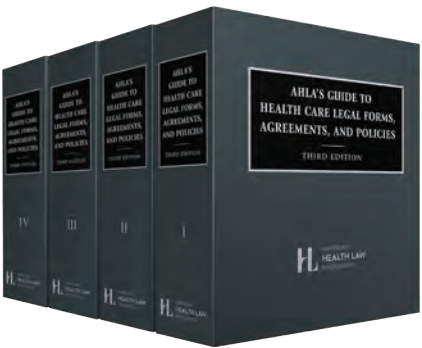
Since publication of the previous edition, dramatic changes have occurred in terms of the entities that provide health care services, how these services are paid for, and the ways in which they are delivered. This new edition represents the collective work of respected health law practitioners to explain those changes and place them in context so readers may begin to understand the scope and breadth of health law, as well as its everyday mechanics and capacity for future change.

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AHLA’s Guide to Health Care Legal Forms, Agreements, and Policies

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AHLA's Federal Health Care Laws & Regulations

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AHLA's Federal Health Care Laws & Regulations annual reference incorporates significant and timely U.S. statutes and regulations, selected by health law practitioners who recognize the essentials and new authorities you will turn to again and again. This bestselling desk reference, containing an expertly curated collection of U.S. health law and regulation, includes:

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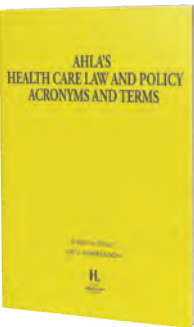
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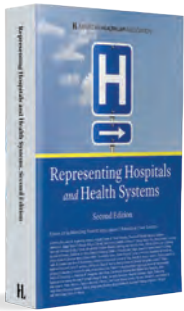
Ari J. Markenson, Editor-in-Chief

This publication brings together the many terms associated with the practice of health care law, including a wide-ranging Table of Acronyms and an A-to-Z list of health care law and policy terms followed by their definitions.

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Representing Hospitals and Health Systems

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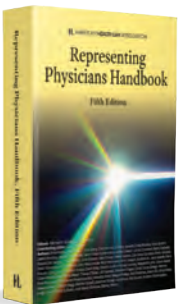
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Representing Physicians Handbook

FIFTH EDITION

Michael Schaff, Jason Krisza, Editors

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Representing Physicians Handbook addresses the increasingly intricate legal, business, and operational issues facing physicians and physician organizations, from solo practitioners to large multi-specialty groups. With new chapters on private equity transactions, physician-hospital affiliation models, and medical spas, this comprehensive and practical reference will be the one you turn to again and again.

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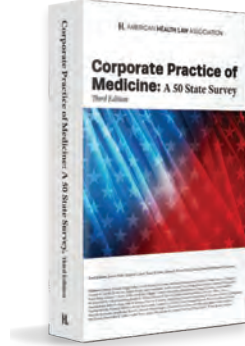
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Special thanks to Laura E. Koman, Ann T. Hollenbeck, and Todd P. Kelly for reviewing and editing several chapters.

The adoption and enforcement of corporate practice of medicine doctrine (CPOM) varies widely among the 50 states, with certain states adopting various models of the doctrine—some with numerous exceptions—and others eliminating the prohibition completely. Making research more difficult, the doctrine is not always a matter of statutory law, making it necessary to review case law and attorney general or agency opinions. This tangled web makes it enormously difficult to evaluate the law and practice applicable to the ownership of health care providers in different states.

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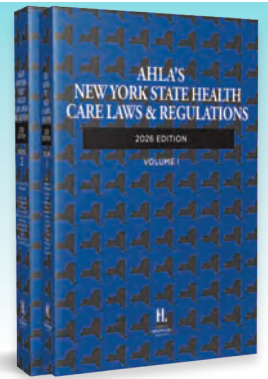
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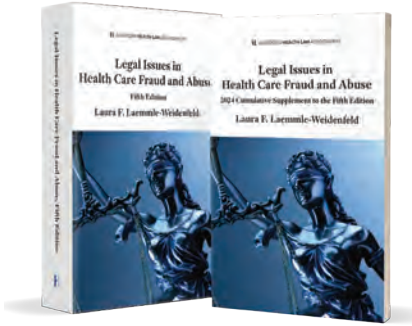
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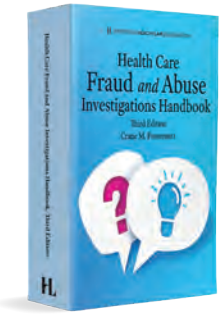
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Crane M. Pomerantz, Author

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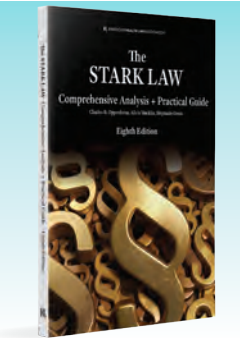
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NEW EDITION
The Stark Law: Comprehensive Analysis + Practical Guide
EIGHTH EDITION

Charles B. Oppenheim, Alicia Macklin, Stephanie Gross, Authors

The eighth edition of The Stark Law: Comprehensive Analysis + Practical Guide delivers a wealth of insight by examining both historical and current issues while also anticipating the future of the Stark Law. The authors identify key definitions and interpretive changes, illuminate problem areas, and suggest guidance for navigating them, with analyses of recent federal cases and enforcement trends.

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Health Care Compliance Legal Issues Manual
FIFTH EDITION

Ann T. Hollenbeck, Karen Lovitch, Lester J. Perling, Cynthia F. Wisner, Editors

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With more than 20 chapters by esteemed authors and editors writing in their respective areas of expertise, *Health Care Compliance Legal Issues Manual* continues to be the authoritative source for every health care stakeholder, providing strategies for addressing the full scope of legal issues critical to health care compliance. The *Manual* details how to approach compliance programs, internal investigations, audits, repayments and disclosures, and more, with substantive overviews of the False Claims Act, the Stark and Anti-kickback laws, health information privacy and security, tax, and a wide range of other compliance concerns.

SUMMARY TABLE OF CONTENTS

- Part I Basics
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Enterprise Risk Management for Health Care
FOURTH EDITION

Co–Published by the American Health Law Association and the American Society for Health Care Risk Management
David Crapo, Sheila Hagg–Rickert, Faisal Khan, Faye Dance Sheppard, Editors

Carolyn Bailey, Carolyn Bergkvist, Susan Boisvert, Cynthia Borelli, Liza R. Brooks, Justin K. Brown, Rebecca F. Cady, Bethany Corbin, Jeffrey F. Driver, Christopher J. “CJ” Frisina, Keevana Glossin, Michelle Hackley, Sheila Hagg–Rickert, Diana Hamer, Anne Huben–Kearney, Susan R. Huntington, Gabriel L. Imperato, Mark A. Kadzielski, Teresa M. Kielhorn, Jason J. Krisza, Deborah Lessard, Melissa L. Markey, William J. McDonough, Caulin McGraw, Ryan D. Meade, Michael J. Morris, John P. Murdoch II, Roseanna Murray, Melinda Oliver, Stephen Pavkovic, Richard S. “Rick” Porter, Montrece Ransom, Alyssa Riggins, Phoebe Roth, Michael F. Schaff, Jenna N. Scott, Faye Dance Sheppard, Brian A. Smith, Nicole A. Strombom, David Vogt, Moira Wertheimer, Brendan E. Williams, Authors

Enterprise Risk Management for Health Care provides a framework for managing all manner of risks encountered in health care today. Health care organizations, from physician groups to large complex health systems, struggle to operate in an environment of conflicting regulatory imperatives, shortages of critical staff, changing technology, and evolving business conditions. These challenges make it difficult to effectively identify and manage evolving and emerging risks.

Volunteer editors and authors from both AHLA and the American Society for Health Care Risk Management® (ASHRM) have created a substantive and strategic guide to detecting, analyzing, and pro-actively managing the very risks challenging you and your clients, making this new edition a valuable touchpoint you will turn to again and again. This publication will help facilitate your efforts to involve stakeholders and manage risks across the entire health care enterprise.

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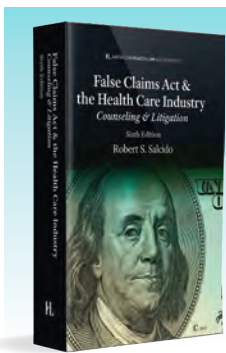
Domain VII: Technology Risk

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Robert S. Salcido, Author

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 - > And more

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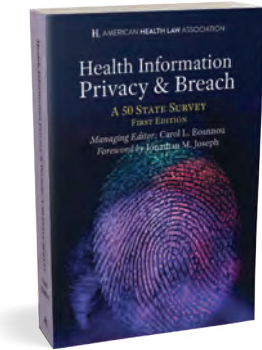
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Health Information Privacy & Breach: A 50 State Survey

FIRST EDITION

Carol L. Eoannou, Managing Editor
Foreword by Jonathan M. Joseph

With the vast expansion of telehealth, it has become routine for providers, patients, and health care data to virtually cross state lines. AHLA has done a deep dive into the laws of privacy and data breach in all 50 states and the District of Columbia to develop this indispensable title. Each state’s survey consists of a detailed and well-organized analysis of the jurisdiction’s regulatory framework.

This resource is designed to assist health care industry stakeholders and advisors meet their obligations under state law regarding the digital information created, maintained, and exchanged for the benefit of patients and consumers. Whether responding to a possible data breach or drafting policies related to health record privacy and security, this invaluable publication will facilitate compliance with the highly variable laws regulating this digital data.

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Potential Penalties Enumerated in the Statute

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Possible Exemptions to Patient Access to Records
Restrictions on Use and Disclosure of Health Information
Exemptions
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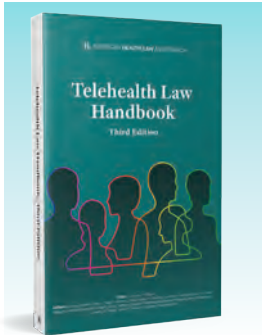
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NEW EDITION

Telehealth Law Handbook

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Jennifer R. Breuer, Editor

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The stunning growth of telehealth has triggered changes in reimbursement rules, increased scrutiny by fraud enforcers, technological advances including the use of artificial intelligence, and early signs of growing potential for liability. Anticipate telehealth challenges and develop solutions based on applicable law with this latest edition.

To help navigate this changing landscape, the third edition has been updated, revised, and expanded. With state-by-state appendices and downloadable practice tools, this is a concise and practical handbook by practitioners, for practitioners.

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Health Care Contracts: A Clause-By-Clause Guide to Drafting and Negotiation

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The second edition of *Health Care Contracts: A Clause-By-Clause Guide to Drafting and Negotiation* provides the framework needed to translate and synthesize highly structured regulations into well-developed and legally defensible contractual language. With coverage of non-competes, insurance, interoperability, and negotiating strategies, this extensively revised and updated edition is designed to be accessible and immediately valuable.

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This classic work provides unparalleled practical coverage of the themes and trends in managed care contracting. It is filled with concise and detailed advice for addressing the issues that arise for both payers and providers in managed care network relationships.

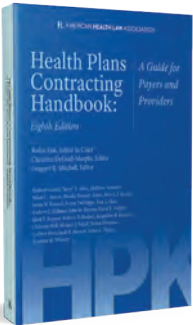
The eighth edition traces the managed care contracting process, from preparing to negotiate the contract, to formation and implementation, to termination issues. With contributions from more than 20 authors, the book includes nearly 300 sample clauses, many from the authors’ own files. The clauses provide variations in language to illustrate potential advantage to the respective parties, as well as factors to consider when negotiating in today’s dynamic legal and business context.

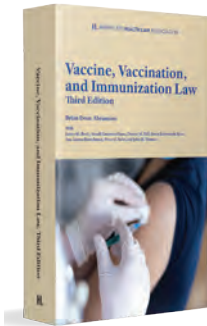
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Vaccine, Vaccination, and Immunization Law
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Brian Dean Abramson, Author
with James M. Beck, Sonali Gunawardhana, Denise M. Hill, Dorit Rubenstein Reiss, Ana Santos Rutschman, Peter O. Safir, and John R. Thomas

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Federal Health Care Discrimination Law
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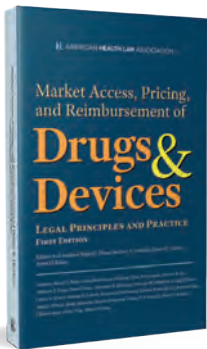
David Didier Johnson, Author
Federal Health Care Discrimination Law is intended to help health care providers and plans understand the laws that address discrimination in health care services and coverage.

Interpretations of even longstanding laws are continually shifting, requiring health care providers, insurers, and the professionals who advise them to take frequent stock of what it is required to comply with federal anti-discrimination authorities. Prepare your organization for changes to health care operations; the terms, conditions, and administration of coverage; plan and provider communications with enrollees and patients; and hospital administration and rules of conduct.



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Market Access, Pricing, and Reimbursement of Drugs and Devices:
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