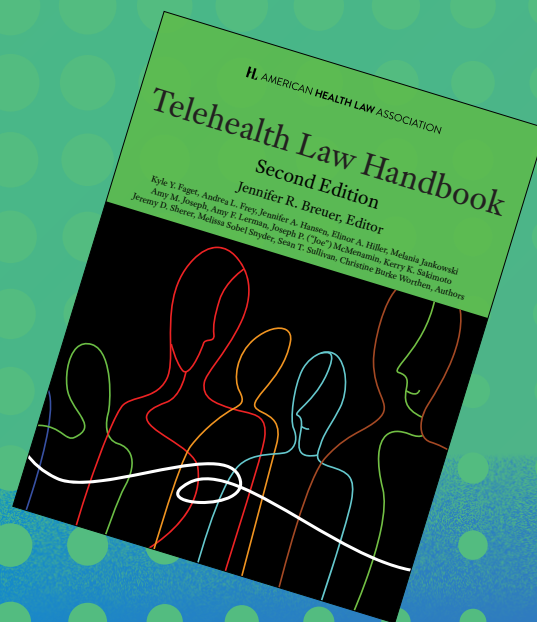
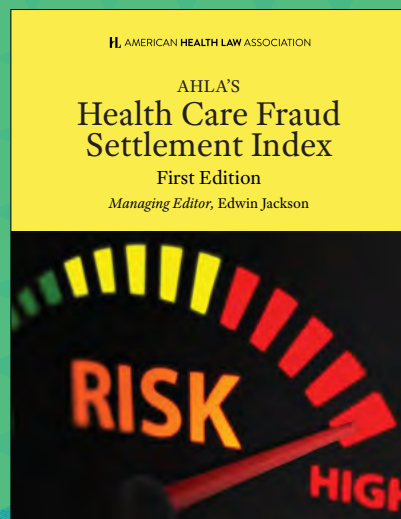
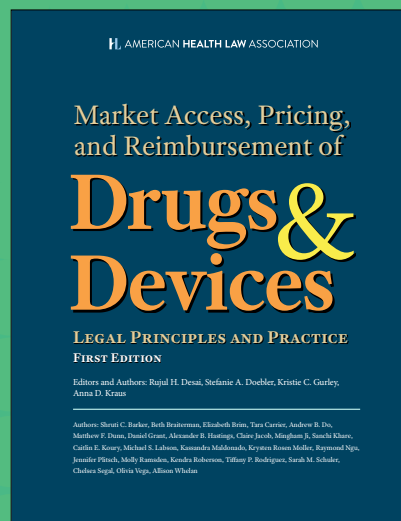
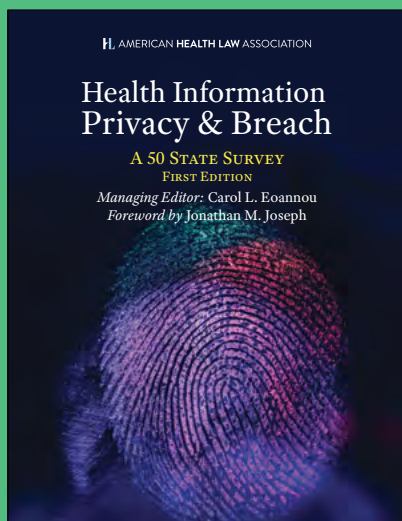


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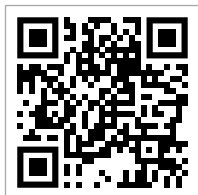
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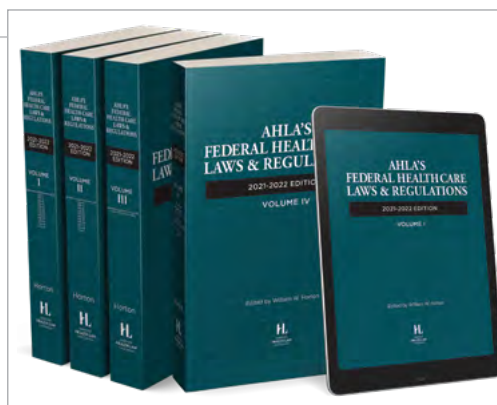
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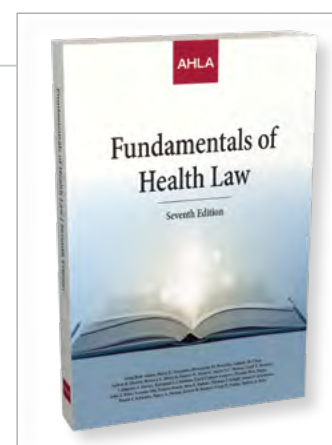
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From the Health Insurance Portability and Accountability Act to the federal Anti-Kickback Statute and the False Claims Act, the health care industry is unique in the volume and scope of its regulations. Transactions and business arrangements that are permissible in other industries may run afoul of fraud and abuse laws in the health care context. For this reason, it is not enough to simply know how to draft a contract. The health care attorney must know much more, including whether the proposed venture is even permissible under federal and state health care laws. If not, the attorney must devise creative contracting solutions to achieve the client's ultimate objective, including restructuring the deal if necessary.

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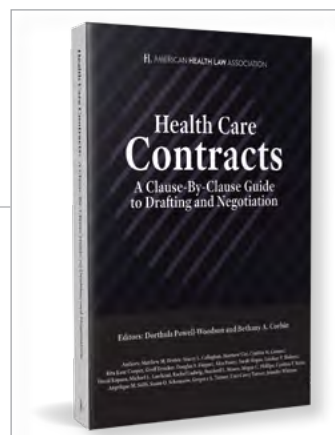
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This print desk reference includes a digital download linking directly to cited materials. Fraud counsel, compliance personnel, litigators, and anyone interested in health care fraud enforcement will want to keep this index close at hand.

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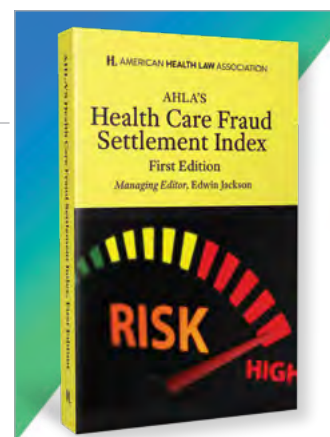
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Charles B. Oppenheim, Benjamin A. Durie, Amy M. Joseph, Authors

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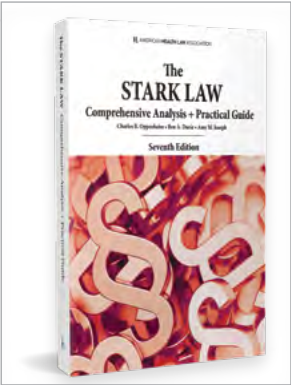
Recent developments on fundamental issues are addressed in this Seventh Edition, including commercial reasonableness, considering the volume or value of referrals or other business generated, and fair market value. The authors expand their analysis on recent areas of focus, including two new chapters on curing temporary noncompliance and exceptions for value-based arrangements.

Continuing areas of concern are also considered in detail, with the benefit of updated analysis. The authors address physician recruitment concerns and detail the evolution in CMS’s view of the acceptability of percentage-based compensation, the continuing debate over specialty hospitals, and the viability of gainsharing and clinical co-management arrangements. Other coverage in this concise and comprehensive work includes models for Stark-compliant physician joint ventures, group practices and their applicable exceptions, developments in self-disclosure, and more.

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Ch. 11	Practical Tips for Preventing Violations
Ch. 12	The Future of the Stark Law
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**Health Care Fraud Law: A 50 State Survey**

FIRST EDITION

*From the AHLA Fraud and Abuse Practice Group*

No health care professional should be without this indispensable new reference. From fee-splitting restrictions to discount and rebate restrictions to anti-kickback statutes—state fraud and abuse laws can have a significant impact on health care operations. Among their many variations, state laws may apply regardless of whether a government payer is involved.

In this first edition of *Health Care Fraud Law: A 50 State Survey*, volunteers from the AHLA Fraud and Abuse Practice Group have for the first time published a desk reference containing their longstanding member resource, making it available to the health law community at large.

This book jump-starts readers' research on how state law is applied with insight into:

- > Statutory language
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The *Survey* is an invaluable starting point for attorneys who represent health care providers, organizations, businesses, and investors looking for opportunities in this complex regulatory sector. Use it to advise clients across disciplines and jurisdictions.

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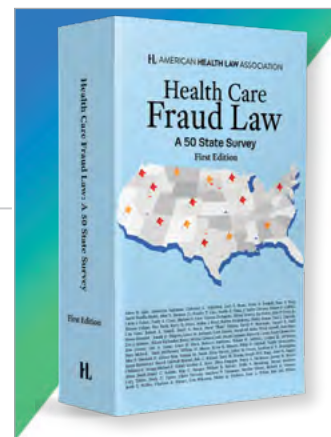
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***Health Information Privacy & Breach: A 50 State Survey* (New publication!)**

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**Legal Issues in Health Care Fraud and Abuse**

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Laura F. Laemmle-Weidenfeld, Author

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With in-depth coverage of the Anti-Kickback Law, Stark Law, False Claims Act, and more, this book is a necessity for anyone who needs to understand the intricacies of how fraud and abuse laws are structured and enforced in the health care context, providing a foundation for your work in health law, covering:

- > How health care is regulated in the U.S.
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## False Claims Act & the Health Care Industry: Counseling & Litigation

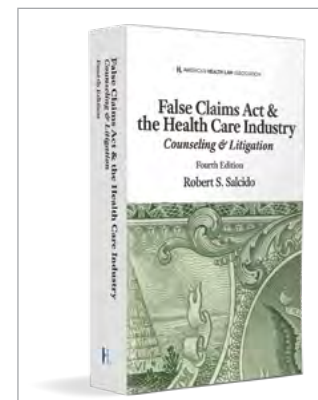
### FOURTH EDITION

Robert S. Salcido, Author

In this Fourth Edition of *False Claims Act & the Health Care Industry*, author Robert S. Salcido shares his deep insight on application of this federal statute to entities in the health care industry. Chapters include robust analysis of, and exhaustive citation to, interpretation by legislators, federal district courts, circuit courts of appeal, the United States Supreme Court, and relevant federal agencies.

This edition addresses areas of evolving False Claims Act (FCA) application, including:

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## Fraud and Abuse Investigations Handbook for the Health Care Industry

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Paul W. Shaw, Robert A. Griffith, Authors

This Second Edition of *Fraud and Abuse Investigations Handbook for the Health Care Industry* provides not only the legal context surrounding health care fraud investigations, but also the insight critical to managing the process—and potentially the outcomes that follow. It is accessible for health care administrators, executives, medical directors, office managers, and physicians who need to arm themselves with a broad understanding of fraud and abuse enforcements.

The authors examine each stage of a fraud and abuse investigation, beginning with an overview of federal and state enforcement agencies, and concluding with a discussion of the potential collateral consequences of an investigation. They have supplemented their analysis extensively with sample documents, including indictments, requests for records, subpoenas, internal response memoranda, and responses to auditors, prosecutors, and more.

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- > Critically important changes in the handling of mandated and voluntary disclosures of overpayments
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- > A chapter on the collateral consequences that may follow a health care fraud and abuse investigation, including impact on private health insurance participation, state medical board licenses, and more

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# Health Information

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## Telehealth Law Handbook

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Amy M. Joseph, Amy F. Lerman, Joseph P. McMenamin, Kerry K. Sakimoto, Jeremy D. Sherer,  
Melissa Sobel Snyder, Sean T. Sullivan, Christine Burke Worthen, Authors*

The COVID-19 pandemic ushered in not only an extraordinary need for health care providers to build telehealth capabilities, but also extraordinary regulatory flexibility, as federal and state authorities enacted emergency exceptions and permanent changes to longstanding requirements that had previously posed challenges to the adoption of telehealth. In this changed environment, the American Health Law Association is pleased to bring you the expanded and updated second edition of *Telehealth Law Handbook*.

The editor and authors of this new edition have expanded the contents to reflect considerations key to understanding today's telehealth legal and operational environment. Maintaining their concise and practical approach to the subject, the authors explain and assess the current state of the law, highlighting risks and opportunities for readers to consider today and into the future. Also included: two 50-state surveys and downloadable sample practice tools.

AHLA recommends this book to advisors of health care entities, technology developers, policy makers, payers, investors, and anyone working to offer telehealth to patients, wherever they may be.

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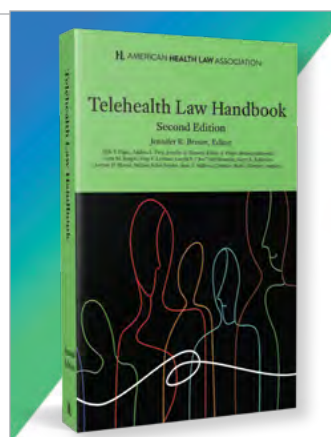
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**NEW PUBLICATION****Health Information Privacy & Breach: A 50 State Survey**

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 new 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.

**TABLE OF CONTENTS****SAMPLE STATE SURVEY CONTENTS****BREACH NOTIFICATION LAWS****For General Data Breach Notification**

- Type of Information Triggering Notification
- Information Definition

- Breach Event Requiring Notice

- Breach Event Definition
  - Exemptions

- Notice Requirements

- Form

- Timing

- Substitute Notice

- Who Must Be Notified of Breach?

- Additional Notices

- Content of Notice

- Delayed Notice of a Data Breach

- Potential Penalties Enumerated in the Statute

**For Medical Data Breach Notification**

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- Information Definition

- Breach Event Requiring Notice

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- Timing

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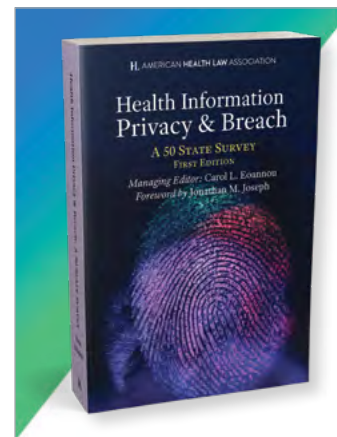
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## NEW PUBLICATION

**Market Access, Pricing, and Reimbursement of Drugs and Devices: Legal Principles and Practice**

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*Rujul H. Desai, Stefanie A. Doeblner, Kristie C. Gurley, Anna D. Kraus, Editors and authors**Shruti C. Barker, Beth Braiterman, Elizabeth Brim, Tara Carrier, Andrew B. Do, Matthew F. Dunn, Daniel Grant, Alexander B. Hastings, Claire Jacob, Mingham Ji, Sanchi Khare, Caitlin E. Koury, Michael S. Labson, Kassandra Maldonado, Krysten Rosen Moller, Raymond Ngu, Jennifer Plitsch, Molly Ramsden, Kendra Roberson, Tiffany P. Rodriguez, Sarah M. Schuler, Chelsea Segal, Olivia Vega, Allison Whelan, Authors*

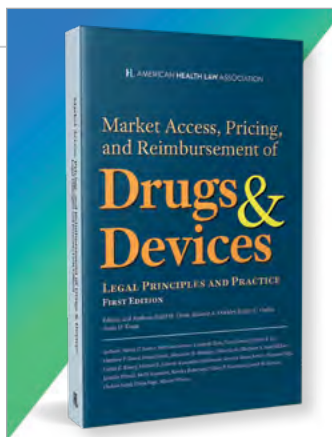
*Market Access, Pricing, and Reimbursement of Drugs & Devices* is a brand new publication that provides a uniquely extensive examination of the legal and business considerations relating to drug and device manufacturing and distribution, including market access, pricing, reimbursement, and promotion.

Each chapter serves both early career and experienced practitioners, providing a strong foundation for understanding medical product market access, as well as advanced topics for readers who have been practicing in the pharmaceutical and device industry for many years.

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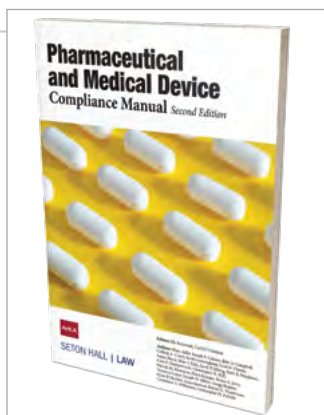
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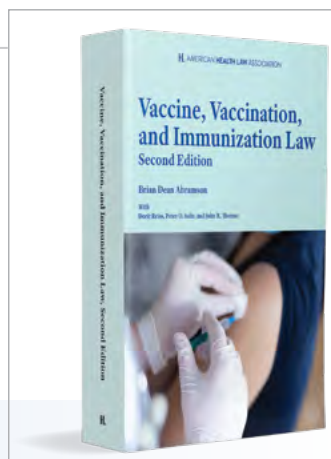
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A Task Force of the AHLA Physician Organizations Practice Group

Michael F. Schaff, Task Force Chair

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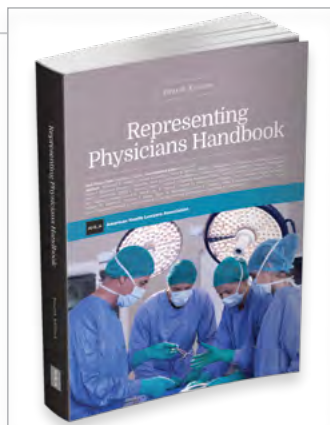
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*The Stark Law*, p. 8

*Health Care Transactions Manual*, p. 20

*Corporate Practice of Medicine*, p. 21





## The Complete Medical Staff, Peer Review, and Hearing Guidebook

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Christopher A. Adelman, S. Allan Adelman, Mayo B. Alao, Charles Chulack, Joshua Hodges, Maggie Martin, Lauren M. Massucci, Hala Mouzaffar, and Dan Mulholland, Authors

Readers will find a concise and comprehensive discussion of issues commonly faced by attorneys and others working in and around the interdependent relationship of a health care entity and its medical staff. The authors examine this complex relationship from both practical and legal perspectives. From application to separation, this work provides analysis, cautions, recommendations, and examples of provisions for bylaws and associated documents—sample tools that can be tailored to suit the needs of a variety of health care entities.

*The Complete Medical Staff, Peer Review, and Hearing Guidebook* addresses trends toward informal resolution, increased integration, growing reliance on allied health professionals, and much more.

Also included in this title are valuable Appendices, which provide important information in a succinct, time-saving downloadable format:

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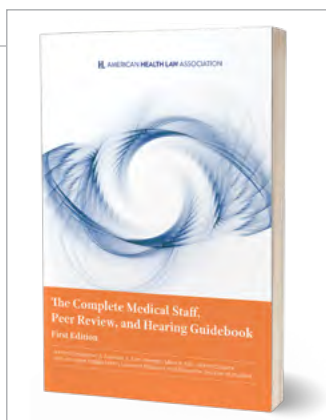
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# Health Care Finance and Transactions

## Health Care Transactions Manual: Understanding the Consequences of the Health Care Deal

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Health care transactions pose unique and complex legal questions arising from intense federal and state regulation and enforcement. This *Manual* is the ideal guide for gaining an understanding of the legal landscape, and for managing the risks involved in structuring health care deals.

What makes sense in the business world does not always make sense in the health care world, and this publication is your key for knowing the difference and avoiding potential pitfalls. The *Manual* will help you understand nuances such as:

- > When seemingly straightforward business terms can veer toward health care fraud and abuse
- > How health care organization and/or management structure can impact the deal
- > The need to comply with both non-disclosure terms and federal and state privacy laws when conducting due diligence
- > How increased collaboration between health care entities may give rise to antitrust issues
- > How tax-exempt status may be impacted in the course of a deal between exempt and non-exempt entities
- > The need to consider state and federal environmental implications as they relate to radioactive materials used in patient care

With contributions from more than a dozen attorney practitioners, the *Manual* provides invaluable practical guidance covering everything from the transactional basics to deep-dive discussions for negotiating complicated deals. The book also contains more than 20 downloadable exhibits, ranging from a Sample Preliminary Due Diligence Request to a Sample Closing Checklist.

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## Corporate Practice of Medicine: A 50 State Survey

### SECOND EDITION

Andrew G. Jack, Glenn P. Prives, Jed A. Roher, Joel C. Rush, Editors

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The corporate practice of medicine (CPOM) doctrine seeks to keep non-physician corporation owners from interfering with a physician's professional judgment. CPOM application is far from simple, and adoption and enforcement vary by state. States adopt various models—with exceptions—and others eliminate the prohibition completely, while some states have CPOM prohibitions that are not enforced.

In the latest edition of this popular guide, the authors have expanded coverage to include an even broader range of health care professionals. You will find the latest information on practice restrictions by state as they relate to: behavioral health providers, chiropractors, optometrists, and more. CPOM researchers typically need to review a tangled web of statutes, regulations, case law, and attorney general or agency opinions to gain useful insight. The authors have provided a time-saving roadmap to help you:

- Learn which model of the doctrine a specific state follows
- Discover sources to consult for more detail
- Explore related issues like fee splitting and the unlicensed practice of medicine

This survey is invaluable to attorneys who represent health care entities, organizations, businesses, physicians, and investors looking for opportunities in this complex regulatory sector. Use it to efficiently gain a thorough exploration of the doctrine in each state and the District of Columbia.

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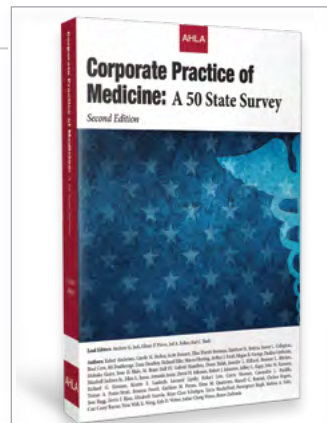
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# Antitrust

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Christine L. White, Saralisa C. Brau, David Marx Jr., Authors and Editors  
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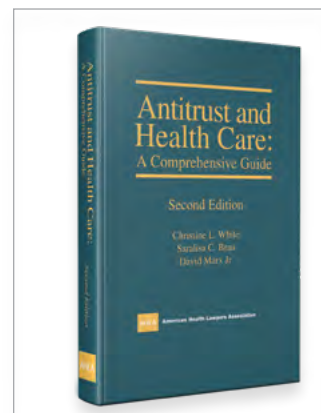
The Second Edition of this publication squarely meets the practitioner's need for a clear, concise overview of general antitrust principles, along with analyses of their application to the health care sector.

The authors draw on their significant government enforcement and private sector counseling and litigation experience to provide practical insights for:

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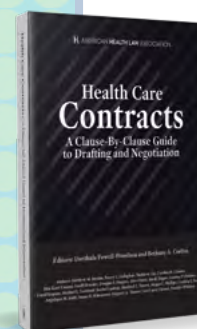
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This classic work provides unparalleled practical coverage of the themes and trends in managed care contracting. It is filled with concise and detailed advice for addressing the issues that arise for both payers and providers in managed care network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

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- > Managed care penetration into Medicare and Medicaid
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- > The rise of direct-to-employer contracting
- > A growing need to address uses and ownership of data
- > Increasing focus on considerations when a provider does not have a contract with a payer

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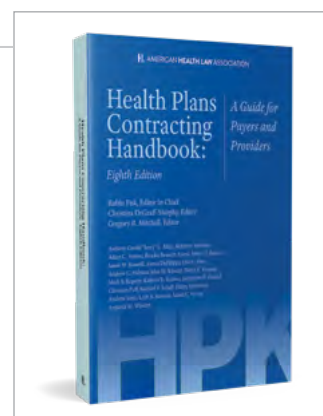
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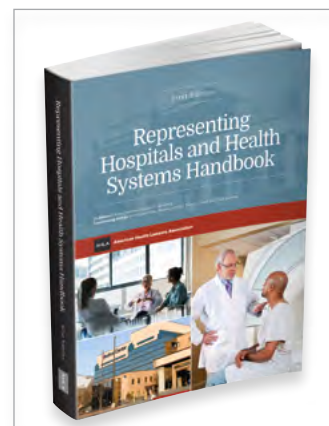
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Ch. 7	Antitrust Considerations Affecting ASCs
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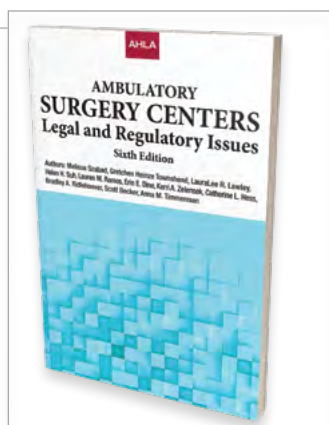
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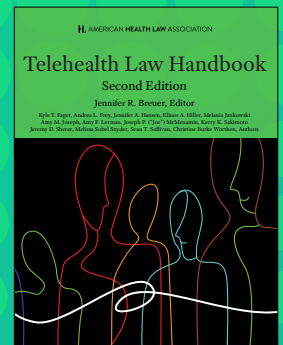
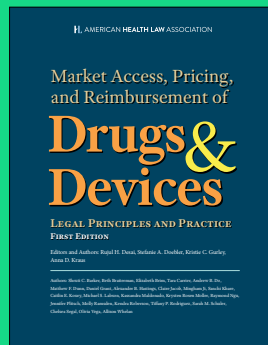
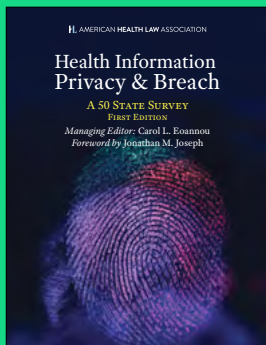
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