Health Law Handbook

2026 Edition

Issued in July, 2026

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Thomson Reuters™

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Mat #43384573

ISBN: 979-8-350-23903-4

Foreword

This 38th edition of the Health Law Handbook brings together 28 authors providing 16 separate articles, making it one of the heftiest editions in years. The articles can be categorized around five topic areas: (1) transactional issues; (2) payment and reimbursement; (3) data and artificial intelligence; (4) fraud and abuse; and (5) legal challenges for lawyers in the health care space.

The book opens with the transactional section and an article addressing the advent of private equity (PE) in health care. Tom Hawk and Gardner Armsby explain why healthcare is attractive to PE and the scope of its entry into this sector. They describe the three potential benefits of PE against intensifying criticisms centered around quality of care and financial instability. They move to the structure of the typical PE investment transaction and its five components and then turn to a closer examination of physician practice management company acquisitions, including structure and compensation arrangements. They describe political and regulatory scrutiny in light of these developments, with special focus on antitrust under federal and state laws. In a departure from most considerations of PE which I've read, they describe how PE exits the deal, especially important since the PE investment is typically intended to be short-lived. They conclude with some observations regarding burgeoning additional federal and state controls. This is a remarkably clear and well-organized consideration of a development that virtually every health lawyer has encountered over the last 10 years.

Many healthcare transactions include contracts with indemnifications and limitations on liabilities. Rachel Rose focuses on the distinctions between "indemnify, defend and hold harmless" versus limitations on liabilities. She offers benefits and pitfalls in general drafting of these provisions. She expounds on when and what external sources may be considered from outside the bounds of the contract itself. She examines the risks of tying these protections to insur-

ance coverage and provides practical tips in evaluating factors to take into account. She then turns to specific health care contracts, including physician employment contracts, business associate agreements (including ten specific recommendations), master services agreements with vendors, and issues in medical device agreements under the Uniform Commercial Code with particular reference to patent infringement and embedded artificial intelligence. This is a look under the hood of the real significance of these commonly drafted provisions.

In an article regarding very common but rarely analyzed provisions, Richelle Marting tackles the challenges in health plan-provider contracts of incorporated internal plan policies as part of the agreements they enter. Beginning with fundamental first year law school principles of contracting—offer, acceptance and consideration—she contends that these principles are violated in most provider contracts. She confronts electronic addition of provisions and the peculiar complexities in the plan-provider relationship. She looks at issues of notice and unconscionability. She offers examples of state legislation regarding reforms but also the barriers raised by ERISA regulated plans. She concludes with some proposals for further reform. This is an article that makes the reader rethink some of the most fundamental aspects of health plan contracting.

Healthcare facility real estate leases are everywhere in transactional health law. True real estate lawyers have different insights into these documents. Gregory Gosfield provides a sampling of core business issues in the healthcare facility lease agreement, mostly from the perspective of the tenant. His article is in three sections. The first begins with identifying the parties to the transaction, who are not merely landlord and tenant. He then moves to clauses on subordination, non-disturbance, and attornment (which I had to look up!). He takes up the tenant's right to sublet. His next section confronts business terms in commercial leases. He describes eight basic issues and sub-issues, such as physical location of the premises, commencement of the tenancy, and default and the tenant's remedies. His third section addresses the special issues in health care leases from doctor-patient privilege to confidentiality, hazardous substances,

medical waste and more. He addresses the ADA and its brethren, as well as anti-kickback and Stark, and other health law compliance concerns. He addresses permitted uses, exclusive uses, and prohibited uses. Greg assures the reader his intent is merely to shed light on some aspects of these arrangements. The depth of his know-how is self-evident, and his observations are practical.

Closing this section, restrictive covenants in physician employment relations have recently become a hotter topic than in years past. Henry Casale and Fisher Filippazzo take this on starting with arguing why such covenants should be enforceable. They review the dynamism in the FTC's actions, with their 2024 regulations invalidated by the court but their actions against providers continued nonetheless. They review the Stark law recruitment assistance restrictions and other federal laws, then move on to state common law issues. They address the process to enforce such covenants and review case law demonstrating enforceability, focusing on five distinct elements of the covenants. Next, they confront state statutes that ban in some instances and support in others the application of restrictive covenants, particularly for physicians. They survey a multiplicity of state laws but parse more closely the laws in Tennessee and Pennsylvania as examples of drafting conundra which make analysis of impact difficult. They conclude with observations about state law actions including suggestions for statute drafters. Many of us write or review restrictive covenants. This is a timely assessment of this increasingly vital and continuingly evolving aspect of doctor-employer relations.

Moving on to payment and reimbursement issues, patient assistance programs offered by health care providers are proliferating where they deliver non-clinical, and in many instances in-kind, supports to alleviate social determinants of health. Jessica Barth and Alissa Smith explain why this is happening and what these programs look like. They then address the significant compliance risks that attend these initiatives. They take into account multiple anti-kickback safe harbors (AKS), including the implications for affiliated foundations and independent charities. They consider multiple Advisory Opinions and the beneficiary inducement civil money penalty and distinguish it from the AKS restric-

tions, while also addressing exemptions from its strictures. They confront EKRA and five other potential statutory barriers or risks, including special attention to Medicaid rules. They tackle issues for tax-exempt entities offering these programs. They offer practical guidance on design of compliant programs. In incredible time-saving additions for anyone confronting the issues here, they feature a chart setting forth analysis of key Advisory Opinions that speaks to eight different issues the OIG has addressed, and a second matrix offering data with respect to the application of a range of regulations for hospital provided programs. This is virtually a handbook for lawyers advising clients on patient assistance programs.

Value-based payment arrangements are surging in the managed care space. Danielle Sloane and Alice Heywood present the advent of these transactions, enumerating the types of value-based payment arrangements. They discuss four mandatory CMMI requirements and five voluntary approaches, many with snappy acronymic names. They propose criteria to consider in choosing a model to pursue and then confront the blunt practicalities of negotiating with the plan. They offer six tips for tackling specific contract provisions and then turn to the different issues that arise when the provider's relationship with the plan is indirect through a downstream entity such as an ACO or IPA. To produce value, they argue, providers must confront social determinants of health which can create liabilities under anti-kickback as well as the civil money penalties provisions regarding beneficiary inducement. Finally, they analyze legal issues associated with engaging and motivating patients, including OIG Advisory Opinions and special problems with substance use disorder patients. An in-depth guide to these agreements, their varying perspectives as in house counsel to a value-based organization that works with plans and outside counsel representing providers is itself valuable.

Prior authorization (PA), while ubiquitous in health care, has been the bane of many providers' and physicians' lives. In my article, I review the criticisms of these initiatives, then I describe how PA has been deployed in commercial insurance through pharmacy benefit managers (PBMs) and radiology benefit managers, in Medicare Advantage and

traditional Medicare. I review the elements of major CMS reform regulations. I observe that how the health plans have managed the concerns lobbed at their programs has not been very successful. Seven years after an initial statement of commitment to change, they had to reissue a seriously watered down commitment in 2025. On a different note, the states have entered the fray by adopting a range of prior authorization constraints to improve the environment for providers, physicians, and patients. In a surprisingly detailed Congressional move, in 2026, new federal statutory provisions, which are still subject to federal regulation, were enacted dealing with significant PBM reform. Against this fairly contentious and volatile context, it was surprising to many when CMS adopted a six-year pilot program in six states to apply PA in traditional Medicare. Skeptics abound. This is an extremely dynamic area of health care policy, worthy of far greater attention than it has typically garnered among attorneys.

It has been some years since the Handbook has included a truly Medicaid-focused analysis. Here, Susannah Vance Gopalan and Matthew Bergeron present issues associated with certified community behavioral health clinics providing wide-ranging outpatient behavioral health services in Medicaid. The federal government drives how this sector operates by virtue of its financial participation in supporting these clinics. The authors present the three pathways to implement the federal payment, with particular attention to the federal support of demonstration programs in the states. Taking into account the goals and origins of these clinics as safety net providers, they describe how the demonstrations work and present the criteria the states must meet to get the money. Noting that states may choose between two methods of permitted compensation by the states to the clinics, they move on to the difficulties under the demonstration. Still, there has been Congressional support for expanding these programs. They conclude with evidence of the impact these clinics have had and offer some projections for their future. A bit of a niche topic, I found it interesting to return to the federal-state tensions I confronted years ago as a newly hatched attorney working in the War on Poverty.

The third section of the book reflects that data management and artificial intelligence challenges are burgeoning.

In their article on preparing for and managing a ransomware attack, Paul Schmeltzer and Kirk Nahra provide in-depth guidance to counsel advising in such circumstances. They offer a legal framework "map" to confront applicable laws and documents including state and federal laws as well as contracts that may be implicated in an attack. They advise that preparing effectively before an incident occurs is essential, and they deliver explicit guidance on how to do so. They consider insurance effects in light of an incident. They offer practical step-by-step guidance when an incident occurs, with special attention to maintaining and providing required notification to a range of audiences from patients to vendors to regulators. Further, they focus on issues when the client is the source of the attack to where the vendor is. This is an article that is both down to earth at its core but highly sophisticated in its manifest knowledge.

Discussion of the spread of artificial intelligence (AI) in healthcare is rampant. Daniel Shay takes up the rise of AI with particular, though not exclusive, attention to physician uses. First, he describes how AI functions, debunking some myths about how intelligent it really is. He then describes four categories of use, including clinical, documentation and administrative uses, claims-based uses, and use by payors, He moves on to legal risks such as malpractice risk including informed consent, over and under reliance on AI, false claims risks, HIPAA risk, and reimbursement risks, offering the scant case law to date in this arena. He explains risk mitigation strategies grounded in contractual provisions, compliance plans and internal audits. He concludes with the observation that state legislative and regulatory controls may be the best true hope to rein in the excesses that arise in this developing risk environment. His article is instructive on what AI actually is doing in healthcare today and provides practical observations for lawyers working with physicians.

Fraud and abuse issues comprise the fourth section. In their now-traditional contribution updating annual developments in fraud and abuse, John Eason, Travis Lloyd, and Taylor Chenery take in the sweep of activities that have occurred in the last year despite the change of administration. They begin with an OIG Special Advisory Bulletin on the re-

lationship between anti-kickback statutes (AKS) and direct-to-consumer drug sales and the OIG's industry specific compliance guidance for Medicare Advantage plans, which affects providers to those plans as well. They note the issuance of 12 Advisory Opinions and focus closely on five, including three unfavorable opinions. They take on a new Stark Advisory Opinion, of which there have only been 20 previously in the entire history of the statute. Among court decisions they include appellate opinions considering advertising versus referrals under AKS, how violations of AKS generate false claims liability, one on Stark indirect compensation, and one on the broad yet murky application of EKRA. They describe 10 noteworthy settlements and then move onto the False Claims Act, which is notoriously difficult to parse. From the constitutionality of the statute to six actual trials, including the application of the draconian financial penalties under the law, they also include a Supreme Court case on what is a "claim." Multiple opinions have confronted pleading with particularity including "who" submitted the claim, presentment of false claims, and falsity of the claims. They offer three cases on materiality post-*Escobar*; three Circuit Court opinions and one District Court on scienter; one on the public disclosure bar; and five cases focused around retaliation for bringing false claims. They conclude with data on criminal enforcement. Their collection of issues and analysis of developments is a handy guidebook to the developments of the last year.

How a False Claims Act case unfolds, and tactics to deal with the government, are elucidated by Brandon Helms and Liza Saywer. What initiates a case—whether by the government or brought by a relator—is explained, followed by a detailed description of the steps the government takes in determining whether to advance the case. How the attorneys assess the information they gather, the use of statistical sampling, interviews, and civil investigative demands (CIDs) are all explored. The authors provide a close analysis of what influences DOJ decisions as to whether to proceed or decline. They then take into account what happens if the case continues. Throughout, they offer strategic and tactical suggestions for dealing with the government's efforts. This is an illuminating presentation of what prosecutors and defense counsel contend with during the lifecycle of a False Claims

Act case.

In fraud and abuse world, potentially the worst available sanctions are criminal convictions and exclusion from the federal programs. In an insightful and practical article, Laura Laemmle-Weidenfeld and Paul Weidenfeld unravel the relationships between these penalties. First they set forth the types of alternative dispositions that are typically sought in criminal cases: e.g., pleas to lesser offenses, diversion programs, deferred prosecutions, and more. They distinguish between state and federal approaches and take into account collateral consequences of such deals. They then turn to the daunting special problems posed by the very expansive definition of "conviction" under the exclusion authorities in federal healthcare law—mandatory as well as permissive. They provide several grids which parse out the bases for exclusions as well as the parallel issues under civil money penalty laws. They take up a legal analysis of these relationships, including the constitutionality of the exclusion application in light of a criminal defense plea. They conclude with advice regarding seven specific steps counsel can take to avoid the most dire aspects of these effects. This well-thought-out consideration will be surprising to many of our readers.

The fifth section includes articles on topics lawyers must confront in their practice, in a more general sense. From time to time the Handbook has included an ethics article, and we have one this year. Stephen Lee and Felicia Sze, one a former prosecutor and the other a boutique health law practice founder, offer an article conversational in tone but soundly based on the Model Rules, presenting scenarios from real life relating to health law issues. They open with principles regarding communications with clients. Later, they take on communications with opposing parties and their employees. They consider issues around clarifying who the client is when counsel represents an organization. They pose two types of competency challenges: those pertaining to sworn statements and those which arise in government investigations. They speak to rules regarding using generative AI as applied in six categories of behavior. They conclude with when misconduct of attorneys must be reported and where the boundaries to report are softer. I always appreciate lawyers who are willing to confront these aspects of our

professional responsibilities.

When the Supreme Court overturned the 40-year precedent of the *Chevron* case in the *Loper Bright* opinion, there was significant concern about what this would mean in healthcare, given how highly controlled by regulations it is. Luckily, closing out the book, we have Dan Hettich and Marcia Foti's review of how we got here, the two seminal cases at issue, and how *Loper Bright*, decided on a very narrow regulation pertaining to fishery operations, will affect healthcare. Early cases address the impact on Medicare reimbursement litigation. They discuss at least seven cases, among which the government's interpretation in regulations did not fare so well. They also cite two Supreme Court cases where the government prevailed even in light of the new restrictions on agency interpretation of the statutes under which they operate. They note additional cases where the language in the statute could be seen to delegate interpretation in rulemaking to the Secretary but where there were disputes over the scope of the delegation. They look at other healthcare litigation in which sometimes the plaintiffs won, involving orders regarding transgender care, and then the shifting positions of the Trump, Biden, and Trump-again interpretations regarding Title X funding in light of abortion care referrals. I will let you read the article to see who won. They report other deference rules and conclude that there is plenty more interpretation to come. The good news is that all health lawyers now have this well-thought-out presentation to guide some of the approaches to challenging government regulations in the right context.

This collection of articles demonstrates the breadth and sweep of health law. It includes the most cutting edge issues as well as old wine in new bottles. The authors' contributions are a testament to their professionalism; and I am profoundly grateful for their work. I hope our readers appreciate and benefit from their expertise.

Alice G. Gosfield
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About the Editor

ALICE G. GOSFIELD, Esq.'s entire legal career has been restricted to health law with a focus on non-institutional reimbursement including from Medicare, as well as managed care contracting, fraud and abuse compliance and avoidance, medical staff issues, and utilization management and quality issues including clinical integration. Throughout her career she has maintained an emphasis on representation of physicians and their group configurations, as well as those who would seek to do business with physicians. A graduate of Barnard College of Columbia University and New York University School of Law, since 1973 her varied health law career has ranged from an OEO- ("War on Poverty") and then DHEW-funded research program to develop a consumer-oriented analysis of the PSRO law, to drafting codes of regulations for state health care agencies, and since 1978 to include the private practice of law.

Ms. Gosfield served as Chairman of the Board of Directors of the National Committee for Quality Assurance (www.ncqa.org), reelected to serve five terms from 1998 through 2002. She was a member of the Board from 1992 through 2002. In the public policy arena, she has served on four committees of the Institute of Medicine of the National Academy of Sciences, studying issues involving utilization management and clinical practice guidelines, and has served as an advisor to the Agency for Health Care Policy and Research in both evaluating one of their first three clinical practice guidelines and in developing methodologies to translate guidelines into medical review criteria, performance measures, and standards of quality. She has been called on by the Congressional Budget Office, the General Accounting Office, the Robert Wood Johnson Foundation, the Federal Agency for Healthcare Research and Quality and others to advise on issues pertaining to Medicare reimbursement, medical evidence, legislation dealing with medical necessity in managed care, and tort reform.

A highly sought after speaker, Ms. Gosfield has been invited to lecture throughout the country and internation-

ally to diverse audiences including physicians and other health care professionals, chief executives and chief financial officers, boards of trustees and directors, group managers, managed care executives and others throughout the health care industry. She is noted for her practical yet provocative, incisive, down-to-earth style and ability to make complex technical information understandable as well as entertaining. She lectures often for a variety of organizations including the American Health Law Association (AHLA), the American Medical Association (AMA), the Medical Group Management Association (MGMA), the American Association of Health Plans (AAHP), the Health Care Compliance Association, and the American College of Cardiology as well as other national, state, and regional groups.

A frequent author in a wide range of health care publications, she has authored or co-authored more than 200 published articles, 11 monographs and three other books. Her first book "*PSROs: The Law and The Health Consumer*" was published in 1975. Her second book—*Guide to Key Legal Issues in Managed Care Quality*—was written primarily for non-lawyers and published in 1996 by Faulkner and Gray. Since 1989 she has been the editor of this HEALTH LAW HANDBOOK. She also co-authors with Daniel F. Shay MEDICARE AND MEDICAID FRAUD AND ABUSE, an annually updated treatise. She has served on the editorial boards of multiple diverse journals and newsletters including *Healthplan* (published by AAHP), *Medical Economics*, *Managed Care, Family Practice Management*, and *The Journal of Health Care Compliance*.

Ms. Gosfield served as President of the American Health Law Association (formerly the National Health Lawyers Association, (www.healthlawyers.org) from 1992-1993 and Chaired their Physician and Physician Organizations Institute for six years. She also chaired their last and final Masters Program. She has been a member of several physician-organization sponsored consulting networks including those of the AMA, the American College of Physicians, the American Academy of Family Physicians, and the American Society of Plastic and Reconstructive Surgeons.

She has been listed in *The Best Lawyers in America* (Health Law) in every edition since the inception of the health law category in 1991. She has been recognized

internationally for her health law expertise by the International Centre for Commercial Law in the United Kingdom as one of The Legal 500, a select group of 500 law firms in the United States recommended for their specific abilities in particular areas of the law. She is recognized as a band 1 national lawyer by Chambers which describes her as a "luminary" in the field. She was named one of the top 30 health lawyers in the country in 2007 by the Best of the Best and among the top 25 health lawyers nationally in 2009. She is listed in many other rankings of top lawyers nationally, including being named by *CEO TIME Magazine* as one of the most visionary women leaders of 2024.

About the Contributors

Gardner Armsby is a partner in King & Spalding's Healthcare practice in the Atlanta, Georgia office and advises healthcare industry clients on corporate transactions and regulatory compliance matters. He represents for-profit and non-profit healthcare companies, as well as lenders, private equity firms, and other healthcare investors. With a unique combination of corporate and regulatory expertise, Gardner assists clients in structuring, negotiating, and executing transactions in the highly regulated healthcare industry, including mergers and acquisitions, reorganizations, joint ventures, financings, management arrangements, affiliations, and other complex transactions. Gardner graduated first in his class from Georgia State University College of Law. He received his undergraduate degree in Economics from the University of Georgia.

Jessica Barth serves as Deputy General Counsel of MultiCare Health System, a comprehensive nonprofit health system based in Tacoma, Washington, with locations in Washington, Idaho, and Oregon. She advises the senior leadership team on a wide range of health law issues with a special focus on medical staff affairs, quality and safety, behavioral health, regulatory compliance, and transactions. Prior to joining MultiCare, Jessica was a member of the nationally recognized health care practice at Faegre Drinker. She also served for thirteen years as Chief Counsel at Eskenazi Health, Indianapolis' safety-net health system, where she established Indiana's first Medical-Legal Partnership and guided the system on the construction of a replacement hospital and the creation of a federally qualified health center, affiliated physician group, and ambulance service. Jessica is the immediate past board chair of the Eskenazi Health Center, a multi-site federally qualified health center. She has been recognized as a "Woman of Influence" by the Indianapolis Business Journal. After graduating summa cum laude from the Indiana University Maurer School of Law, she served as a law clerk for the Honorable Bruce M. Selya of the U.S. Court of Appeals for the First Circuit.

Matthew Bergeron is a shareholder with Larkin Hoffman Daly Lindgren in Bloomington, Minnesota. Bergeron helps lead the firm's health care and government relations practices where he focuses on representing licensed health professional associations and trade groups representing various Medicaid providers, including those operating in long-term care, disability services, behavioral health, and safety net clinic programs.

Henry M. Casale, B.S. University of Pittsburgh; J.D., University of Pittsburgh School of Law is a partner with the law firm of Horty, Springer & Mattern, P.C. in Pittsburgh, Pennsylvania and was a licensed pharmacist. He is a frequent editor of the Health Law Express, a weekly e-newsletter on health law developments and, with Hala Mouzaffar, presents The Kickback Chronicles on the firm's Health Law Expressions podcast. He is an adjunct professor in the Carnegie Mellon University Master of Medical Management for Physicians Program, and has also served on the faculty of seminars sponsored by the firm, as well a meeting and seminar sponsored by numerous hospital, managed care, legal and physician organizations, including the Pennsylvania Bar Institute and the American Health Lawyers Association. Mr. Casale has been listed in The Best Lawyers in America and Pennsylvania Super Lawyers. He also co-authored, with Eric W. Springer, Hospitals and the Disruptive Health Care Practitioner: Is the Inability to Work With Others Enough to Warrant Exclusion?, 24 Duq. L.R.377 (1985). He has served as a member of the Board of Directors and a the President and Vice-President of the Society of Healthcare Attorney of Western Pennsylvania. He has also served as a member of the Health Law Section of the Allegheny County Bar Association.

Taylor Chenery, a partner at Bass, Berry & Sims PLC, centers his practice on government compliance and investigations and related litigation, focusing on issues of healthcare fraud and abuse. Taylor has significant experience representing a wide variety of healthcare clients in relation to government inquiries and investigations by the HHS-OIG, U.S. Attorneys' Offices, the DOJ, and other federal and state agencies. Taylor regularly litigates lawsuits filed under the

FCA and conducts internal investigations and compliance assessments for healthcare companies and providers, advising them on compliance-related issues. He also routinely represents healthcare clients defending claims denials in Medicare and Medicaid claims audits.

John Eason is a partner at Bass, Berry & Sims PLC in Nashville, TN. He focuses his practice on representing clients in government enforcement actions, investigations, and related litigation, particularly concerning healthcare fraud and compliance issues. John represents healthcare providers across the industry in responding to inquiries and investigations by the Department of Justice, U.S. Attorneys' Offices, HHS-OIG, and other government agencies. He has significant experience litigating actions involving federal False Claims Act, state equivalents, and other fraud statutes, as well as whistleblower anti-retaliation statutes. John also assists providers with internal compliance assessments and internal investigations regarding regulatory and compliance issues. John is a graduate of Georgetown University and Vanderbilt University Law School. After law school, he clerked for Judge Anita B. Brody on the U.S. District Court for the Eastern District of Pennsylvania.

Fisher T. Filippazzo obtained his Juris Doctorate from the University of Pittsburgh School of Law and received the Certificate of Advanced Study in Health Law with a focus on health care compliance and business transactions. Mr. Filippazzo is admitted to the Pennsylvania Bar and is a member of the American Health Law Association. He is an associate with the law firm of Horty Springer & Mattern, P.C in Pittsburgh, Pennsylvania where he provides strategic advice to hospitals and health systems around the country. Mr. Filippazzo has experience working on a variety of health law related matters, including fraud and abuse compliance issues and medical staff matters, and is actively representing hospital systems in ongoing litigation.

Marcia J. Foti is an associate in King & Spalding's Healthcare practice in Washington, D.C. Marcia specializes in advising healthcare providers on a full range of litigation and regulatory matters. Before joining King & Spalding, Marcia served as a law clerk for the Honorable Robert J. Shelby on the United States District Court for the District of

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Susannah Vance Gopalan is General Counsel at UNC Health Pardee in Hendersonville, North Carolina. Before joining Pardee in November 2025, Gopalan was in private practice for almost two decades, advising healthcare providers, associations, and government entities on Medicare and Medicaid payment, regulatory compliance, and litigation matters. She also served as a Medicare and Medicaid policy analyst with the federal Congressional Research Service.

Gregory G. Gosfield is a partner in the Real Estate and Finance Department of Klehr, Harrison, Harvey, Branzburg LLP, in its Philadelphia office. He counsels clients on investments across the life cycle of real estate transactions: from structuring debt and equity through the operations and maintenance of the assets, to exits both amicable and contentious. Mr. Gosfield is also a course planner and frequent lecturer to professional and trade associations and a prolific writer, publishing articles on the structure and use of critical components of real estate transactions. He most recently was course planner for the Pennsylvania Bar Institute "Building the Capital Stack for 2012 and Beyond: the New Normal." One of his publications, "The Structure and Use of Letters of Intent as Prenegotiation Contracts for Prospective Real Estate Transactions" was selected by the ABA's General Practice, Solo, and Small Firm Section for inclusion in its "Best of ABA." Mr. Gosfield has regularly been named to "The Best Lawyers in America," "Chambers USA America's Leading Lawyers for Business." His recent publications included "Ten Core Concepts for Healthcare Lease Provisions"; Chapter 13 of the *Health Law Handbook: 2013* published by Thomson Reuters; and "*The Medical & Healthcare Facility Lease: Legal and Business Handbook*," published by the American Health Lawyer Association.

Thomas H. Hawk III is a partner in King & Spalding's Healthcare practice resident in Atlanta, Georgia. Tom's practice focuses on healthcare mergers and acquisitions, other transactions, and regulatory compliance matters. Tom counsels private equity and other investors on transactions involving healthcare and life science businesses, including

mergers and acquisitions, divestitures, joint ventures and general contracting issues. Tom also advises health systems, hospitals, pharmaceutical companies, pharmacy benefit managers, physicians and physician organizations, and managed care organizations, on an array of federal and state regulatory matters. These include navigating fraud and abuse compliance, False Claims Act issues, Health Insurance Portability and Accountability Act and state health information privacy laws, Stark Law compliance, accountable care organization formation, managed care contracting, and various licensure and certificate of need issues. Tom is ranked by CHAMBERS USA. He holds a B.A. (Politics), cum laude, from Wake Forest University and a J.D., magna cum laude, from the University of Georgia School of Law.

Brandon Helms is a shareholder in Hall Render's Detroit office and a member of its health regulatory section. With more than 17 years of experience between government and private practice, Brandon is adept at litigating in court and leading a team of investigators. He routinely assists clients in conducting internal investigations, drafting self-disclosures to CMS and HHS-OIG, responding to subpoenas or civil investigative demands (CIDs) and defending against federal False Claims Act investigations and litigations. Brandon currently serves as a vice-chair of the American Health Law Association's Fraud and Abuse Practice Group. Prior to joining Hall Render, Brandon served as an Assistant U.S. Attorney in the Eastern District of Michigan for eight years, where he conducted numerous criminal and civil investigations focused on health care fraud, the Anti-Kickback Statute, Stark Law, and white-collar crime. Throughout his career, Brandon has first- and second-chaired more than 10 federal trials.

Daniel J. Hettich is a partner in King & Spalding's Healthcare practice in Washington D.C. with a national practice focusing on complex Medicare reimbursement issues for hospitals and consultants that serve hospitals. Dan provides his clients a comprehensive set of services from advising clients on Medicare requirements, to lobbying Congress when a change in statute is necessary. Dan has developed particular expertise in litigating agency errors or misinterpretations and, in doing so, has won multiple cases

worth tens of millions of dollars for his clients. In 2021, Dan presented oral argument before the Supreme Court challenging a CMS policy that decreased payments to hospitals that treat a disproportionate share of indigent patients (*Becerra v. Empire Health Foundation*). Dan is ranked by Chambers for DC Healthcare; listed as a Top-Rated Health Care Attorney in Washington, DC by Super Lawyers; named a NextGeneration Partner by Legal500; and was named one of the nation's top litigators 40 or under each year from 2016-2020 by Benchmark Litigation. Dan earned his J.D. from Georgetown University, where he also earned an M.A. in philosophy with a concentration in bioethics.

Alice Heywood is Chief Legal Officer at Wayspring, where she manages all aspects of legal, compliance, risk management and insurance, and credentialing. Wayspring is a value based care organization that partners with health plans to support members with substance use disorder. Alice has extensive experience in healthcare law and complex transactions. Prior to Wayspring, she served for 12 years as Senior Counsel at HCA Healthcare, leading mergers and acquisitions, joint ventures, and private equity style investments for the Special Assets Group. Earlier in her career, she was a partner at Waller Lansden Dortch and Davis, advising public and private companies and private equity funds on mergers and acquisitions, joint ventures, federal securities laws, and corporate governance across a range of industries, including healthcare. She earned a B.A. in Honors History from Vanderbilt University and a J.D. from the University of Memphis Cecil C. Humphreys School of Law.

Laura Laemmle-Weidenfeld is a partner at Jones Day in Washington, DC. She has defended health care and life sciences clients against False Claims Act (FCA) cases and other government enforcement actions, including actions focused on the Anti-Kickback Statute (AKS) and physician self-referral law (Stark Law), for more than 25 years. Laura also draws on her enforcement experience to provide clients with practical advice regarding compliance with health care fraud and abuse laws, particularly the AKS and Stark Law. In addition, she helps clients conduct internal investigations, prepare and navigate self-disclosures to regulators

including HHS-OIG and the Centers for Medicare and Medicaid Services (CMS), and obtain advisory opinions from HHS-OIG. She also helps clients negotiate and operate under corporate integrity agreements (CIAs) and counsels clients on creating and maintaining effective compliance programs. Earlier in her career, Laura led health care FCA investigations and litigation, including those brought under the FCA's qui tam (whistleblower) provisions, at the DOJ's Civil Division. Laura frequently writes and speaks on health care enforcement issues. She writes and speaks frequently on health care fraud and abuse issues and is a member of the American Health Law Association's (AHLA) Board of Directors.

Stephen Lee of Law Office of Stephen Chahn Lee, LLC, is a former federal prosecutor who focuses on health care fraud cases, particularly those going to trial or involving data analytics. As a federal prosecutor, he served as the senior counsel to the health care fraud unit in the U.S. Attorney's Office for the Northern District of Illinois. In private practice, he won and helped win acquittals and dismissals of charges in six criminal health care fraud trials from 2020 to 2025, including four cases where people were completely cleared of charges. He also was one of the attorneys on a 2025 Seventh Circuit case that resulted in the overturning of a conviction on Anti-Kickback Statute charges and that rejected the government's interpretation of the Anti-Kickback Statute. Stephen earned his undergraduate degree in Ethics, Politics and Economics in 1995 from Yale College, where he also completed all requirements for applying to medical school, and his J.D. in 2000 from Columbia Law School. Before becoming a lawyer, Stephen was a reporter for the Chicago Tribune and other news media organizations.

Travis G. Lloyd is a partner at Bass, Berry & Sims PLC in Nashville, TN. He focuses his practice on complex healthcare regulatory matters, particularly in the areas of fraud and abuse and reimbursement. Travis represents a broad range of healthcare industry clients, including hospitals and health systems, ambulatory surgery centers, post-acute providers, behavioral health providers, and physician practices, as well as their strategic partners. His experience includes acting as regulatory counsel on significant

transactions, guiding healthcare providers through thorny compliance issues, obtaining advisory opinions, managing internal compliance reviews and investigations, and making voluntary disclosures to government entities. Travis is graduate of Davidson College, Georgia State University, and Harvard University.

Richelle Marting is a healthcare attorney with a focus on the legal implications of managed care contracting and revenue cycle issues. As an attorney and registered health information administrator, she combines legal experience with medical coding and reimbursement training in highly sought after audit defense support and managed care contracting matters. Richelle has in-house experience as a health information management professional, fractional director of managed care contracting, interim health system privacy officer, compliance coordinator, billing office coordinator, medical coder, medical records clerk, and certified nurse aide. She has helped successfully recover or retain tens of millions of dollars for clients through defending payor audits, successful claims appeals, dispute resolution escalation, and litigation support. Richelle has also served as consulting and testifying expert in litigation, supporting attorneys on matters related to health information management, managed care contracting, reasonableness of medical fees, reimbursement, and healthcare privacy.

Kirk Nahra is a Partner with WilmerHale in Washington, D.C. where he co-chairs both the Cybersecurity and Privacy Practice and the Artificial Intelligence Practice. He has been a leading authority on privacy and cybersecurity matters for more than two decades. He represents companies in all sectors and around the world on a wide range of privacy, security and AI compliance issues. In recognition of his professional work in these areas, he was named the winner of the 2021 Vanguard Award from the International Association of Privacy Professionals (IAPP) in recognition of his "exceptional leadership, knowledge and creativity in privacy and data protection." He teaches privacy and security law issues at several law schools, including the Washington College of Law at American University. He also serves as a mentor to college students, law students and other young privacy and security professionals with more than a dozen

organizations.

Rachel V. Rose, JD, MBA successfully advises and represents clients on healthcare, cybersecurity, securities, and *qui tam* compliance, transactional, litigation, and government enforcement matters. Ms. Rose is also an Affiliated Member with the Baylor College of Medicine's Center for Medical Ethics and Health Policy, where she teaches bioethics. She has served as a consultative expert and testifying expert, as well as being often quoted in publications. She has been named consecutively to the Texas Bar College, SuperLawyers, (healthcare) the National Women Trial Lawyers Association's Top 25, *Houstonia Magazine*'s Top Lawyers (healthcare), the National Trial Lawyers Association's Top 100 and The Nation's Top One Percent. Ms. Rose was awarded 1st Healthcare Compliance's 2019 and 2022 Top Presenter Award. Ms. Rose is licensed in Texas and is a Fellow of the Federal Bar Association. Currently, she serves as a Director on the Foundation of the Federal Bar Association's Board, is a Member of and the Immediate Past Chair of the Federal Bar Association's Government Relations Committee, an Advisory Board member of the Federal Bar Association's *Qui Tam* Section, the co-editor of the American Health Lawyers Association's *Enterprise Risk Management Handbook for Healthcare Entities* (2nd Edition), as well as a co-author of the ABA's books *The ABCs of ACOs* and *What Are International HIPAA Considerations?* and *International HIPAA, Privacy, and Security Law Considerations*. She is extensively published and presents on a variety of matters related to her practice.

Liza Sawyer is an associate in Hall Render's Denver office and a member of the firm's health regulatory section. Her practice focuses on supporting health care providers in federal and state litigation, with a particular emphasis on the regulatory frameworks that drive and shape those disputes. Liza regularly assists providers navigate federal and state health care regulations, and the enforcement actions that can arise from alleged noncompliance. She has experience supporting internal investigations, responding to subpoenas and Civil Investigative Demands (CIDs), and defending providers in False Claims Act litigation. Prior to joining Hall Render, Liza served as a law clerk at the

Superior Court of the U.S. Virgin Islands and as a Legal Advisor to the Circuit Executive at the U.S. Court of Appeals for the Federal Circuit.

Paul F. Schmeltzer is a Member (Partner) at Clark Hill LLP in Los Angeles, where he advises healthcare organizations, digital health companies, and other regulated businesses on privacy, cybersecurity, and complex healthcare compliance matters. He focuses on HIPAA and healthcare data governance, incident response and breach preparedness, state consumer health privacy laws, and the privacy and security issues that arise in modern care delivery, telemedicine, and health tech partnerships. He regularly counsels clients on contracting and risk allocation in BAAs, DPAs, MSAs, and vendor engagements, and he supports boards and executive teams on governance frameworks that align operational realities with regulatory expectations.

Daniel F. Shay is an attorney with Alice G. Gosfield and Associates, P.C. His practice is restricted to health law and health care regulation focusing primarily on physician representation, fraud and abuse compliance, Medicare Part B reimbursement, and HIPAA compliance in the physician context. He also has a keen interest in intellectual property issues, including copyright, trademark, data control, and confidentiality. He has also focused his attention on provider control of commerce in data, electronic health records license agreements, physician advertising, enrollment in Medicare, quality reporting and quality measurement, physician use of non-physician practitioners, and physician use of social media. He has published on all of these topics both in the trade press and in major articles in previous years of the HEALTH LAW HANDBOOK. Mr. Shay received his Bachelor of Science degree *cum laude* in 2000 from Vanderbilt University and his juris doctorate degree from Emory University School of Law in 2003. Mr. Shay is admitted to the Pennsylvania Bar, is a member of the American Health Law Association. He was listed in Best Lawyers in America (Health Law) 2024 and 2025.

Danielle Sloane, a member at Bass, Berry & Sims, PLC, helps national life science and healthcare companies navigate the complex maze of federal and state healthcare laws and regulations. With an analytical eye, Danielle helps

her clients mitigate legal risk, innovate and achieve regulatory compliance consistent with their business goals. Danielle has significant experience advising clients on structuring business arrangements, analyzing proposals with regards to fraud and abuse laws, implementing value-based and alternative care models, and evaluating and resolving compliance and reimbursement matters. Among other accolades, Danielle was recently selected as the Nashville Health Care Law "Lawyer of the Year" for 2026 by Best Lawyers.

Alissa Smith is a partner with Dorsey & Whitney LLP, and co-chairs the Firm's Healthcare Transactions and Regulations Practice Group and the Firm's Pro Bono Program. Alissa works extensively with heath care providers to guide their decision-making through an understanding of the state and federal laws that apply to their operations. Alissa also structures and executes a variety of health care transactions for clients in the health care industry. Alissa's practice focuses extensively on health care fraud and abuse laws, data privacy and security laws, pharmacy regulations, Medicare/Medicaid reimbursement, medical staff matters, and governance.

Felicia Y Sze, J.D., MPH, the Founding & Managing Partner of Athene Law, LLP is a nationally-recognized expert in Medicaid and Medicare reimbursement matters, focusing on both the managed care and fee-for-service programs. She advises healthcare providers, including hospitals, clinics, physicians, pharmacies, and others, on a wide array of compliance and reimbursement matters and in disputes with managed care entities and government payors. She founded Athene Law, LLP with a vision for the firm to partner with its clients to support their mission in ensuring the provision of healthcare services to Californians. Ms. Sze earned her undergraduate degree in Molecular and Cellular Biology from the University of California at Berkeley in 1996, her M.P.H. degree specializing in Community Health Sciences/ Health Policy from the University of California at Los Angeles in 1998, and her J.D. from the University of California at Berkeley in 2004. Ms. Sze was named a Super Lawyer© for Northern California as a Top-Rated Health Care Attorney in 2021 - 2026, and a Top Health Care Lawyer in San Francisco

by the Daily Journal in 2020. She has also been recognized by Chambers USA as a leading healthcare lawyer in California (2024-2025).

Paul Weidenfeld is a healthcare litigator and co-founder of Exclusion Screening, LLC. A former federal health care prosecutor and National Health Care Fraud Coordinator for the Executive Office of United States Attorneys, Paul's litigation experience includes civil and criminal trials in Federal and State courts, and appellate arguments before, among others, the United States Supreme Court, the Federal Fifth Circuit Court of Appeals, and the Louisiana Supreme Court. Since leaving DOJ Paul has been associated with the boutique healthcare firm of Liles Parker, PLLC representing providers in matters arising out of, or relating to, health care fraud investigations. Paul co-founded Exclusion Screening in 2014 to help providers meet their federal and state sanction and exclusion screening obligations. In addition to continuing to actively assist the company, Paul remains in practice with the firm and is a frequent participant in webinars on healthcare fraud matters.