Leading health law to excellence through education, information, and dialogue, the *American Health Lawyers Association* (AHLA) is the nation’s largest nonpartisan, 501(c)(3) educational organization devoted to legal issues in the healthcare field. AHLA provides resources to address the issues facing its active members who practice in law firms, government, in-house settings, and academia and who represent the entire spectrum of the health industry: physicians, hospitals and health systems, health maintenance organizations, health insurers, managed care companies, nursing facilities, home care providers, and consumers.
AHLA’s Guide to Healthcare Legal Forms, Agreements, and Policies
Second Edition with CD-ROM

Collected from expert health law attorneys and members of AHLA, this resource is designed to meet the needs of health law attorneys who must regularly create such documents for their clients. It is conveniently organized by topic in a loose-leaf format for easy updating.

The Second Edition of this best-selling forms set includes more than 300 new forms, contracts, agreements, checklists, and other legal documents. For even further utility you’ll also have access to form completion tips, pointers, and other references. Here is a sampling of some of the areas for which you’ll find forms and practice aids for completion:

- Accountable Care Organizations
- Alternative Dispute Resolution
- Business Transactions
- Clinical Trials and Research
- Conflicts of Interest
- Corporate Compliance Programs
- Facility Operations
- Fraud and Abuse
- Governance
- Health Information Exchanges
- Health Information Technology
- Health Plan Contracting
- Internal Investigations
- Labor and Employment
- Legal Services
- Long Term Care
- Medical Group Practices
- Patient Care Policies
- Patient Safety and Adverse Outcomes
- Physician Employment
- Reimbursement
- Risk Management

The Guide comes complete with a companion CD-ROM which contains all the documents in an electronic .rtf format.

Antitrust and Healthcare: A Comprehensive Guide
First Edition
Christine L. White, Saralisa C. Brau, and David Marx Jr., authors and editors; David A. Argue, Martin Bienstock, Robert S. Canterman, David Narrow, Joshua H. Soven, and Shoshana Speiser, contributing authors

If you represent clients in the healthcare arena, or are a professional with business interests in this area, Antitrust and Healthcare: A Comprehensive Guide is a must-have resource for informing your advice, understanding the inherent risks, opportunities and alternative strategies for effective transactions, and evaluating the antitrust issues associated with marketplace conduct. The accessible Guide covers:

- Substantive antitrust law
- Important case-law developments
- Formal and informal guidance issued by federal and state enforcement agencies

Consult Antitrust and Healthcare for guidance on any of the business activities your clients or organization are likely to be involved with:

- Mergers, acquisitions, and other transactions
- Joint ventures, provider networks, and other collaborative arrangements—including clinically integrated networks and ACOs
- Pre-merger notification and transaction planning
- Exclusive contracting
- Medical staff membership, clinical privileges, and peer review activities
- Trade association and group purchasing activities
- Dominant firm conduct

Additionally Antitrust and Healthcare provides invaluable “practice pointers” to help minimize antitrust risk and more successfully plan and execute business and litigation strategies. The expert authors draw on their significant government enforcement and private sector counseling and litigation experience to provide practical insights for:

- Pre-merger notification and transaction planning
- Developing antitrust compliance and “sensitivity training” programs
- Identifying conduct and language that could create antitrust “red flags”
- The creation, distribution, and use of emails, electronic documents, and other materials
- Antitrust safety zones, defenses, and immunities

Antitrust and Healthcare explains the application of antitrust principles to the different segments of the healthcare industry—including providers and third party payors—and the specific issues they confront.

(See also Healthcare Antitrust FAQ Handbook, p. 5.)
Enterprise Risk Management Handbook for Healthcare Entities

Second Edition with CD-ROM


The Second Edition of this popular Handbook addresses the need for and implementation of a comprehensive risk management process that encompasses the entire enterprise and crosses departmental barriers. Coverage begins with an overview of enterprise risk management (ERM) and its evolution, and goes on to address the structuring of an ERM system, as well as risk financing methods.

The authors delineate how to manage risk in a variety of settings, including:

- Contract management
- Claims management
- Environmental compliance
- Human research
- Peer review and credentialing
- Due diligence in business transactions
- Consent to treatment
- And numerous others

The publication also includes insight on the impact that electronic health record (EHR) systems, combined with the advent of e-discovery rules, will have on traditional documentation issues.

$169 • Members
ISBN 9780769861166
eISBN 9780327177525

$209 • Non-members
ISBN 9780769861173
eISBN 9780327177526

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Healthcare Antitrust FAQ Handbook

First Edition

Mark L. Mattoli, Alexander M. McIntyre, Jr., David M. Narrow, Stephen P. Murphy, Patricia M. Wagner, and Hillary A. Webber

Here is an important resource for anyone needing to understand how antitrust issues impact healthcare organizations. Whether you are in-house counsel with a healthcare organization, a healthcare attorney not generally involved with antitrust issues, or even one more familiar with how issues impact healthcare organizations, you will benefit from this handy guide.

The book employs a practical question-and-answer approach for understanding the antitrust implications for structuring deals in this sector. The subjects covered include not only the traditional antitrust questions but other topics specific to healthcare, such as:

- Antitrust implications in the peer review and medical staff arena
- Physician and other healthcare provider networks
- Sharing healthcare price information

Questions include:

- When is it permissible to talk to a competitor about merging and what information can be shared?
- How do federal antitrust agencies determine when to challenge mergers?
- How can you take advantage of the immunity protection of the Health Quality Improvement Act of 1986 (HCQIA) in credentialing matters?
- When are exclusive contracts with primary payers permissible?
- What type of provider network arrangements can avoid per se condemnation?
- What authority do state attorneys general have to investigate federal antitrust violations?

The questions and answers are bolstered by extensive footnotes for further expanding research into each area of coverage.

(See also Antitrust and Healthcare: A Comprehensive Guide, p. 3.)
Since the last edition of Medicare Law, the rules that govern Medicare have changed substantially, with many changes being driven by the Affordable Care Act. Here are a few of the areas of coverage that have been updated in the latest edition:

- New or modified payment systems
- Medicare reimbursement rules, which are tied much closer to the quality of the services delivered
- The addition of significant Medicare reporting requirements
- Modified billing including new time limits on the filing of claims
- Strengthening of the fraud and abuse rules
- New payment approaches, such as Accountable Care Organizations, that are being or have been introduced

Comprehensive coverage also includes in-depth examinations of:

- Payment for hospital services, including PPS and PPS-exempt hospitals
- The DRG system
- The urban/rural distinctions
- Outlier payments
- The physician fee schedule

This is the road map to a thorough understanding of Medicare, whether you are just beginning the journey or are continuing to learn about this complex and important aspect of healthcare law.

Since 1996 the federal government has strengthened its efforts to detect and prevent fraud and abuse in healthcare. This recently published Manual is your key to effectively protecting companies from investigation and prosecution. The publication is a joint project of the Center for Health & Pharmaceutical Law & Policy at Seton Hall University School of Law, the Food and Drug Law Institute, and the American Health Lawyers Association.

The Manual offers an in-depth overview of the federal and state enforcement agencies that are responsible for investigating and resolving violations of the law by healthcare entities, with an emphasis on pharmaceutical and medical device companies. Coverage includes:

- The federal Anti-Kickback Statute and the False Claims Act
- Promotion of off-label uses for drugs and reimbursement for prescription drugs and medical devices
- Distinctions between manufacturers’ lawful dissemination of scientific information, and the unlawful promotion of off-label usage
- The Foreign Corrupt Practices Act
- Implications of extra-territorial reach outside the United States
- Prescription drug price regulations

This Manual is a must-have for anyone involved in building a compliance program: health and life sciences attorneys, compliance officers, and other professionals in the industry.

Representing Physicians Handbook
Third Edition

The world of physician practice continues to evolve, as do the complexities facing both physicians and the attorneys who represent them. With the advent of healthcare reform, the increased consolidation of medical practices, and ownership by physicians of ancillary services, a greater understanding of the issues impacting solo and small practices is more and more vital.

The latest edition of this popular handbook thoroughly addresses:

> The need to understand the Stark regulations
> Compliance issues
> Business and reimbursement
> The growing effort by state and federal government agencies to attack fraud and abuse
> And many other areas

Summary Table of Contents

> Regulatory Issues Affecting Physicians
> Telemedicine
> Employment Agreements
> Life Cycle of Association: The Buy-In and the Buy-Out
> Tax Principles Concerning Buy-Outs and Related Post-Withdrawal Compensation Issues
> Practice Breakups and Physician Departures
> Physician/Hospital Relationships
> Malpractice Insurance and Risk Management
> Physician Joint Ventures
> The Sale and Purchase of a Medical Practice
> Hospital-Based Physician Representation
> Use of Non-Competition Covenants in Physician Employment Relationships
> Compliance, Compliance Plan, and Process for the Physician Practice
> Non-Physician Practitioners
> Physician Ancillary Services
> Physician Recruitment Agreements
> Concierge Medicine

(See also Physician Recruitment and Compensation Arrangements Practice Guide, Third Edition, p. 22.)

Clinical Research Practice Guide
Second Edition
R. Harold McCard, Coordinating Editor; Melissa L. Markov, David S. Weinstock, and Jamie K. Wolszen, Monica R. Chmielowski, M. Leann Habte, Jonathan M. Holda, E. Scott Johnson, Christopher F. Lawrence, Aaron J. Rabinowitz, Sarah E. Swank, Lawrence W. Vernaglia, and Torrey K. Young, authors

With this important book, those who represent healthcare entities will gain insight into the growing interrelationship between health law and life sciences, as well as the growing risks and compliance issues facing clients involved in this complex area. The Second Edition of the popular Practice Guide is extensively enhanced and updated with coverage of:

> Changes to HIPAA that affect research and IRBs
> HITECH and enhanced coverage of the Security Rule
> New Food and Drug Administration guidances and finalization of draft guidances
> Changes to patent law due to the America Invents Act

Comprehensive coverage in the Clinical Research Practice Guide is both analytical and practical, with thorough treatment of:

> The development of human subject protections
> The federal approval process for pharmaceuticals, medical devices, and biologics
> The responsibility for regulatory oversight and investigations, with a discussion of which agency in the U.S. Department of Health and Human Services has responsibility for ensuring compliance
> Intellectual property considerations, including an extensive discussion of the basics
> Information management, including the sources for human subject protection: the Federal Common Rule, FDA Guidance, and HIPAA
> Insurance payments for clinical trial services, whether through private insurance or federal reimbursement

(See also Institutional Review Boards: A Primer, Second Edition, p. 20.)

Fraud & Abuse Investigations Handbook for the Healthcare Industry
Robert A. Griffith and Paul W. Shaw

This Handbook is designed to provide healthcare administrators, executives, medical practice directors and managers as well as attorneys, with a broad overview of healthcare fraud investigations.

The authors’ discussion is supplemented with a comprehensive set of sample government documents, including subpoenas and search warrants, as well as helpful letters and memoranda generated by experienced healthcare fraud and abuse defense attorneys. Understanding the powers, procedures, and remedies available to investigative and law enforcement agencies is critical for healthcare industry executives, managers, and attorneys who find themselves the focus of such investigations.

(See also Legal Issues in Healthcare Fraud and Abuse, Fourth Edition, p. 21.)
The ACO Handbook, A Guide to Accountable Care Organizations
First Edition with CD-ROM

Peter A. Pavarini, Charlene L. McGinty, Michael F. Schaff, Editors; Thomas E. Bartrum, Elisabeth Belmont, Rudolf M. Blumentritt, Mark W. Brown, Timothy J. Cahill, Lauren N. Haley, Robert G. Homchick, Travis F. Jackson, Marilyn Lamar, Alyson M. Leane, Nathan L. Lutz, Barbara L. Miltenberger, Kimberly A. Mobley, Jan E. Murray, David R. Pearl, Glenn P. Priwak, Toby G. Singer, Harvey M. Tettelbaum, Danielle L. Trostorff, John R. Washlick, authors

It is the importance of accountable care organizations (ACOs), as much as the uncertainty about their future, that makes The ACO Handbook: A Guide to Accountable Care Organizations necessary for those grappling with the changes brought about by healthcare reform. The contributors to this Handbook are among the best professionals in America today who are seriously considering what it will take to succeed under the new healthcare environment. Their astute observations about the legal issues, both novel and familiar, likely to be encountered by those contemplating ACO development will be useful to the reader no matter what role these organizations ultimately play in the reformed U.S. healthcare system.

The authors begin with a discussion of the importance of this new model, review the integration models used by hospitals and physicians prior to enactment of the PPACA, and continue with examinations of issues such as cost containment as envisioned in the "Medical Home," as well as waivers by the federal government of aspects of the Stark Law, the Anti-Kickback Statute, and certain provisions of the Civil Monetary Penalties Law.
AHLA’s Federal Healthcare Laws & Regulations


William W. Horton, Editor; W. Scott Hardy; Alan M. Kirschenbaum; Arthur N. Lerner; Patricia A. Marcus; R. Harold McCord; John A. Meyers; Paul W. Shaw; Donald B. Stewart; and Judith A. Waltz, Editorial Advisory Board

Federal Healthcare Laws & Regulations from AHLA is a comprehensive three-volume compilation that incorporates the most significant and timely federal statutes and regulations for the healthcare practitioner. It includes:

- The Affordable Care Act and the many new regulations that accompany it
- E-prescribing
- Enhanced enrollment requirements
- The HIT certification program
- Health insurance reform requirements for individual and group markets
- The Stark Law
- The HIPAA Privacy and Security Standards
- Key regulations governing CMS and the Office of Inspector General
- Rules and regulations on many other critical aspects of your healthcare law practice

A fully searchable CD-ROM allows you to research more efficiently and copy and paste the text of statutes and regulations easily into your documents.

Volume I
Selected Sections from the United States Code Service
Title 5 Government Organizations and Employees
Title 15 Commerce and Trade
Title 18 Crimes and Criminal Procedure
Title 21 Food and Drugs
Title 26 Internal Revenue Code
Title 29 Labor
Title 31 Money and Finance
Title 35 Patents
Title 38 Veterans’ Benefits
Title 42 The Public Health and Welfare

Volume II
Selected Sections from the Code of Federal Regulations
Title 5 Administrative Personnel
Title 10 Energy
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Volume III
Selected Sections from the Code of Federal Regulations
Title 42 Public Health
Part 413 – 1008
Title 45 Public Welfare
Index

CD-ROM

The companion CD-ROM contains the complete contents of the 3 volumes in a fully searchable Folio format.

Ambulatory Surgery Centers: Legal and Regulatory Issues

Fourth Edition with 2011 Supplement and CD-ROM

Scott Becker, Sarah-Abraham Chacke, Ronald E. Landeen, Jr., Elissa Koch Moore, Melissa Szabad, Gretchen Heath Townsend, and Amber McGraw Walsh

This publication addresses the unique nature of ASCs, emphasizing their physical and organizational separation from other providers, regardless of whether they are owned by a hospital, a physician practice, or other entity. This revised and updated edition focuses on current issues for ASCs, and offers practical and useful guidance for those involved in giving legal advice to them. Coverage includes: key trends and tensions facing ASCs, such as the points of conflict that often arise between ASCs, hospitals, and physicians; Medicare and Medicaid fraud and abuse concerns, tax exemption and other tax-related issues, and the safe harbors for ASCs; relevant Stark issues, as well as the impact of state self-referral laws; and antitrust considerations for ASCs that face often intense competition.

Corporate Governance Implications of Nonprofit Executive Compensation

First Edition with CD-ROM

Douglas K. Anning, John B. Beard, Ralph Da Jong, Susan G. Duffy, Stuart Harvey, Marcia Ross Levine, Karen B. McAlvus, Susan Schalla, Thomas C. Schroeder, and Michael J. Stewart

This publication discusses the need for a proper governance process for the approval and implementation of executive compensation programs in nonprofit healthcare organizations. It also focuses on the federal tax concepts and guidance applicable to executive compensation paid by tax-exempt healthcare providers; recent Congressional, IRS and state-level inquiries, compliance initiatives and audits; the use of comparability data and expert opinion in building a credible governance process; governance structure and policies; and reporting and disclosure of executive compensation.
Data Breach Notification Laws: A Fifty State Survey
First Edition with 2013 Supplement
Jonathan M. Joseph

The risk of a data breach has increased tremendously in recent years. While the U.S. Congress has enacted breach notification requirements in a number of Acts, data breach concerns are not limited to federal law. This is due to the actual breaches of state information systems, and has led state legislatures to enact an array of data breach notification laws.

This publication is a guide to existing state laws, and includes selected statutes for a number of states to illustrate not only the approach that larger states have taken, but also to highlight some of the more unusual approaches that some states have followed.

Highlights include:
- A fifty state survey of data breach notification statutes
- The text for the relevant act in CA, NY, IL, TX, FL, MA, MD, MI, NH, NJ, NC, WV, and WI
- Sample data breach notification to consumers, reporting forms, sample letter to a state Attorney General, and breach notification requirements for the Commonwealth of Virginia

The 2013 Supplement brings the information in this publication up to date with changes enacted in numerous states and also includes additional sample notice letters and forms.

Deciphering Codes: Fraud & Abuse for Coders and Coding Issues for Healthcare Lawyers
First Edition with CD-ROM

This unique publication is designed to help coders and attorneys understand and navigate the complex intersection of healthcare coding and the law. This valuable manual discusses the nuances of coding, why proper coding is essential for healthcare facilities and professionals, and the legal implications of improper coding.

It covers the various sources for codes, provides an overview of the applicable fraud & abuse statutes and regulations, and then discusses ten specific healthcare settings where coding is a critical element. The importance of a detailed compliance plan for coding is discussed throughout the book, as are cases brought by federal and state governments against healthcare providers for improper coding. Also included is a searchable CD-ROM containing the full text of the manual with links to selected cases, statutes, and regulations.

False Claims Act & The Healthcare Industry: Counseling & Litigation
Second Edition with 2013 Cumulative Supplement
Robert S. Salcido

Significant events have occurred regarding the government’s enforcement and administration of the False Claims Act (FCA) in the last few years. In 2012, the Department of Justice announced that since the FCA was substantially amended in 1986, it had recovered more than $30 billion under the FCA, and in 2012 it recovered nearly $5 billion, of which $3 billion was from health-related FCA cases.

With the stakes this high, professionals involved in this area will benefit from this comprehensive two volume work. Coverage in the 2013 supplement includes:
- Actions alleging a violation of the Anti-Kickback statute and Stark Law
- Important defenses the courts have applied to dismiss false claim actions
- Dismissing FCA actions under the FCA public disclosure jurisdictional bar
- Whether the plaintiff can establish that the defendant retaliated against the plaintiff for investigating fraudulent conduct
- Whether the tolling provisions of the FCA apply when the United States declines to intervene in a qui tam action

(See also Legal Issues in Healthcare Fraud and Abuse, Fourth Edition, p. 21.)

Fifty State Survey of Certificate of Need and Licensure: Nursing Homes, Assisted Living, Home Health, and Hospice
First Edition with CD-ROM
Avi J. Markenson and Carrie K. Rabbitt, Editors

This publication is designed to provide attorneys and managers in the long term care, sub-acute and post-acute care industries with a detailed overview of the legal and regulatory landscape for obtaining certificate of need and/or licensure for nursing homes, assisted living facilities, home, health, and hospice services in each of the fifty states and the District of Columbia.
Fundamentals of Health Law
Fifth Edition with CD-ROM

This edition covers the basic issues of health law practice, from patient to facility issues, from permits and regulation issues to compliance and investigation issues, and includes issues raised by new laws, regulations, and guidelines promulgated since the Fourth Edition, including the Affordable Care Act (ACA).

This publication covers fundamental legal principles and issues to assist:
- New practitioners or experienced attorneys entering their first years of health-law practice
- Professors of health law searching for a comprehensive text for their students
- Users of any law library looking for answers on the health law resource shelf

The Fundamentals of Life Sciences Law: Drugs, Devices and Biotech

This publication thoroughly covers the fundamental legal principles and issues that new practitioners or experienced attorneys will face as they begin to get a grasp on the intricacies of life science practice, and that seasoned veterans of health law will find to be a helpful introduction and reference. The companion CD-ROM contains the full text of the book as well as links to the full text of most statutes and cases referenced.

Sixth Edition with CD-ROM
Cynthia F. Reaves, Anna W. Hanco, and Robert M. Kaesan III, Co-Editors; Matthew P. Annadao, George W. Bodenger, Robin J. Fisk, Lisa B. Han, John M. Kirser, Mark S. Kopson, Kathrin E. Kudner, Steven J. Lauwers, Thomas P. O’Donnell, Richard H. Sanders, Michael F. Schaff, and Adam C. Varley, authors

This publication traces the managed care contracting process from preparing to negotiate the contract, to formation and implementation, to termination issues. It identifies key questions typically encountered in preparing such agreements with a perspective that incorporates the current environmental challenges confronting managed care organizations. All the sample clauses are included on the CD-ROM, so you can customize and create your own contracts.

Healthcare Capital Finance: In Good and Challenging Times
First Edition with CD-ROM
David A. Lips

Healthcare Capital Finance explores the impact of the credit crisis on the healthcare industry, particularly on nonprofit hospitals. It provides a detailed description of finance alternatives for for-profit and nonprofit healthcare providers including the pros and cons of obtaining bank loans, selling stock to raise capital, issuing tax-exempt bonds, and other financing mechanisms common in the healthcare industry. The legal underpinnings of these options are detailed to provide a frame of reference for evaluating them, along with a list of critical questions an entity needs to consider when pursuing each type of financing.
Healthcare Compliance Legal Issues Manual
Third Edition with CD-ROM
The Manual addresses important topics such as what a compliance program is, how to conduct internal investigations, audit basics, what to consider prior to deciding on repayments and disclosures, substantive overviews of the False Claims Act, the Stark and Anti-Kickback Laws, HIPAA privacy and security, issues in life sciences entities, tax compliance, and many others. Coverage includes:
- Impact of the creation of RACs, ZPICs, and other contractors with audit and enforcement powers
- Changes to the False Claims Act enacted as part of the Fraud Enforcement and Recovery Act
- Analysis of the fraud and abuse provisions in the Health Reform statute
- Changes to the Federal Sentencing Guidelines
- A searchable CD-ROM containing the full text of the Manual with links to selected cases, statutes, and regulations
(See also Pharmaceutical and Medical Device Compliance Manual, First Edition, p. 7.)

Healthcare Entity Bylaws and Related Documents: Navigating the Medical Staff/Healthcare Entity Relationship
Third Edition with CD-ROM
Karen S. Reiger and Eric S. Fisher
This practice guide provides an excellent framework for drafting bylaws that will establish an appropriate legal and professional relationship between the medical staff and the healthcare entity. Highlights Include:
- An overview of basic statutory, regulatory, and accreditation matters
- Identification and discussion of underlying legal and business issues that will impact the drafting of appropriate bylaws
- Guidance for incorporating The Joint Commission’s changes to MS.01.01.01
- Organizational and drafting tips, as well as suggested language that should be included in key provisions of the bylaws
- Discussion of the nature of medical staff appointment, procedures for determining clinical privileges, and fair hearing procedures
- Companion CD-ROM with sample bylaw language, so that you can create comprehensive medical staff bylaws and related documents
(See also Peer Review Hearing Guidebook, Second Edition, p. 10.)

Healthcare Labor and Employment Practice Guide
First Edition with CD-ROM
Bruce I. Petrie, Jr., Lee P. Geiger, and Lisa J. Caldemeyer
The Healthcare Labor and Employment Practice Guide explains the relationship between the management of healthcare facilities and the employees who deliver care every day. This Practice Guide is designed to help lawyers and non-lawyers navigate the varied and complex issues that affect the healthcare workplace.
Coverage includes:
- Overview of union representation and collective bargaining
- Contract Administration of the collective bargaining agreement
- Grievance and arbitration process, including arbitrator selection and arbitral precedent

Healthcare Finance: A Primer
Second Edition with CD-ROM
Deborah Gordon
For those involved with the healthcare industry, an understanding of the underlying principles of healthcare finance is a must. This publication addresses all the basics, from a discussion of the particular needs of various types of healthcare entities, to specific financial arrangements and the attending documents that are integral to them. In addition, it includes sample documents for various types of loans, and sample representations and warranties for life sciences companies and healthcare facilities. The companion CD-ROM contains the full text of the sample documents so you can customize them for use with your clients.
Institutional Review Boards: A Primer
Second Edition with CD-ROM


The expanded second edition of Institutional Review Boards: A Primer outlines the regulatory requirements and legal challenges associated with the evolving area of human subject research, and presents a thorough discussion of the role that institutional review boards serve in this area. This useful guide not only explains the difference between the various regulations that govern human subject research, but it also details the steps to take to set up an institutional review board that can adequately perform its role. Also included is a searchable CD-ROM that contains the full text of the guide with valuable forms and checklists in Microsoft Word format.

(See also Clinical Research Practice Guide, Second Edition, p. 9.)

The Law of Health Information Technology
First Edition with CD-ROM

Gary L. Kaplan

This publication provides a road map to health information technology (HIT) and its challenges. The ever-evolving world of HIT requires a new way of planning for subjects as disparate as delivery of healthcare, retention of records for standard business reasons, and preparation for litigation. Successful HIT projects necessitate coordination between four critical constituencies: medical, business, technical, and legal. This practice guide delineates many of the considerations that health systems and other providers face today, and offers detailed guidance on complying with laws and regulations concerning privacy, security, copyright infringement, as well as marketing and advertising rules.

Highlights include:
- Guidance on how to avoid the pitfalls of negotiating for new technology systems
- In-depth discussion of HIPAA, HITECH, and Red Flag Rules, as well as their impact on the healthcare arena
- The effect of HIT on telemedicine, electronic discovery, and the rules that govern the Internet and social media
- A searchable CD-ROM containing the full text of the practice guide with valuable forms in Microsoft Word format

(See also HIPAA/HITECH Handbook First Edition, p. 10.)

Legal Issues in Healthcare Fraud and Abuse: Navigating the Uncertainties
Fourth Edition with 2013 Supplement

David E. Matyas, Carrie Valliant, Jason Eric Christ, and Anjali N.C. Downs

The fight against fraud in the healthcare industry will increase in intensity and sophistication in the 21st century. This bestselling road map describes the legal theories governments use to identify and eliminate fraud in healthcare. Highlights include:
- A thorough review of governmental enforcement entities including the Department of Justice, the Department of Health and Human Services, as well as other federal agencies, state governments, and private payers
- Discussion of major laws such as the Anti-Kickback statute, the federal physician self-referral prohibitions (as well as the applicable safe harbors), the False Claims Act, and the administrative sanctions that are available to the enforcers
- An overview of state counterparts to the federal laws addressing self-referrals, anti-kickback issues, false claims, other statutory authorities, and private initiatives

(See also False Claims Act, Second Edition, p. 15.)

The Medical & Healthcare Facility Lease: Legal and Business Handbook
First Edition with CD-ROM

Gregory G. Gosfield

This publication on healthcare facility leases covers the basics such as the important distinctions between contract law and the law governing leases, contracts that precede the lease agreement, the provisions that create the business positions for the respective parties, and advanced issues that apply specifically to healthcare facility leases. The author’s continuing theme throughout the book is the motivations and goals of the key parties, including not only the landlord and tenant, but also the landlord’s mortgagee, the working capital loan lender, and the subtenant. This method reveals the underlying dynamics of the parties negotiations, their concerns and the source of same, and the resolution of these issues.
Peer Review Guidebook
Fourth Edition with CD-ROM
Daniel Mulholland, Lauren M. Massucci, and Charles J. Chulack, Editors

Peer Review Guidebook is a comprehensive resource for understanding the peer review process and disciplinary proceedings involving physicians. The fourth edition contains information about the new Joint Commission standards on Focused Professional Practice Evaluation and Ongoing Professional Practice Evaluation, a discussion of the Patient Safety and Quality Improvement Act, as well as the latest from the National Practitioner Data Bank. Also included is a searchable CD-ROM containing the full text of the publication with links to selected cases, statutes, and regulations.

(See also Peer Review Hearing Guidebook, Second Edition, p. 10.)

Physician Recruitment and Compensation Arrangements Practice Guide
Third Edition with CD-ROM
Gerald M. Griffith

This Practice Guide offers expert guidance in the complex area of physician recruitment and retention by exempt organizations. It addresses the three most critical elements impacted by physician recruitment and compensation: the Medicare and Medicaid Anti-Kickback Statute, the Stark Law, and federal tax-exemption rules and implications for tax-exempt entities. These issues are analyzed primarily as to incentives and payments made directly and indirectly by exempt organizations.

Summary Table of Contents
- Related Tax and Non-Tax Topics
- Exemption Standards
- Physician Compensation Packages for Tax-Exempt Healthcare Organizations
- Impact of the Stark Law and Anti-Kickback Statute on Compensation
- Worker Classification of Physicians
- Academic Medical Centers
- Private Use of Bond-Financed Facilities
- Gainsharing Programs
- Virtual Equity Models
- Other Physician Recruitment and Retention Incentives
- Lawyer & Compliance Officer Liability
- Preparing for Audit and Investigation
- Practice Acquisitions

(See also Representing Physicians Handbook, Third Edition, p. 8.)

Practical Guidance for Patient Safety Organization Implementation
First Edition with CD-ROM
Robbecca F. Cady, Editor; Anna M. Murphy, Susan Wood O’Leary, Mary Anne Hilliard, Ronni P. Solomon, Maria T. Curtier, Reetu Dua, Jose I. Fernandez, authors

This publication tackles the Patient Safety Organization (PSO) law and how it can be used to positively impact patient safety in healthcare organizations. It provides the history behind the adverse event reporting movement, offering an overview of previous efforts in patient safety and adverse event analysis. It also discusses the nature of PSOs, and why healthcare organizations should be part of one, providing a detailed survey of the legal, reimbursement, and accreditation considerations that impact an organization’s decision to become a PSO or participate in one. Finally, it analyzes the practical aspects of how healthcare organizations can set up their own PSO in accordance with the applicable law.

Stark Final Regulations: A Comprehensive Analysis of Key Issues and Practical Guide
Fourth Edition with Supplement
Charles B. Oppenheim

This fourth edition of the Stark Final Regulations monograph addresses the legal effect of Phase III of the “Final” regulations, which completes the formal rule-making process. Written by Charles B. Oppenheim, a leading expert in the interpretation and application of Stark law, this publication provides practical guidance for advising clients on complying with the current iteration of the regulations, as well as a look at what future direction the Stark regimen might take.
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November 3 - 5, 2013
Chicago, IL

Legal Issues Affecting Academic Medical Centers and Other Teaching Institutions
January 23 - 24, 2014
Washington, DC

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February 5 - 7, 2014
New Orleans, LA

Long-Term Care and the Law
February 19 - 21, 2014
Las Vegas, NV

Institute on Medicare and Medicaid Payment Issues
March 26 - 28, 2014
Baltimore, MD