



AMERICAN BAR ASSOCIATION HEALTH LAW SECTION

9TH ANNUAL

WASHINGTON HEALTHCARE SUMMIT

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OCTOBER 17-18, 2011
RITZ-CARLTON, PENTAGON CITY
ARLINGTON, VIRGINIA



Health Law Section

AMERICAN BAR ASSOCIATION

WASHINGTON HEALTHCARE SUMMIT

Join your colleagues at **The Ritz-Carlton, Pentagon City** for the ninth annual **Washington Healthcare Summit, October 17-18, 2011.**

Whether you are in-house counsel, in private practice or a government attorney or just interested in health policy, the 2011 Washington Healthcare Summit is the one continuing legal education program you cannot afford to miss. As the future of American healthcare takes shape, it is essential that attorneys from all segments of the healthcare bar and other professionals serving healthcare organizations are up to date on the latest legislative and policy developments and the implementation of significant healthcare initiatives emanating from HHS, CMS, IRS, DOJ, OIG and other key government agencies.

This outstanding program provides a unique opportunity for federal and state government lawyers, in-house counsel and private practitioners to learn from each other in an intimate conference setting. Year after year, attendees say the Summit is *“a thought provoking and interesting two days”* and *“a really good way to stay up-to-date.”* They also enjoy *“the varied speakers from the public and private sector.”* One of last year’s attendees said the *“topics about health policy were timely and informative. I like the blend of policy with the nuts and bolts of healthcare law.”* Another stated, *“I attend every year for the relevant, current information—it allows me to get a general sense of where state and federal legislation is headed.”*

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SCHEDULE AT-A-GLANCE

MONDAY, OCTOBER 17, 2011

- 8:00am – 5:00pm **Registration and Information Desk**
- 8:00am – 9:00am **Continental Breakfast**
- 8:30am – 8:45am **Welcome**
- 8:45am – 9:30am **Keynote Address, Liz Fowler**
- 9:30am – 10:30am **Congressional Roundtable**
- 10:45am – 12:15pm **Progressing Towards Health Care Reform, Legislative Updates, New Regulation and Differing Viewpoints**
- 12:30pm – 1:30pm **Luncheon Address, TBD**
- 1:45 pm – 2:45pm **A State Attorney General's Perspective, Kenneth T. Cuccinelli**
- 3:00pm – 4:15pm **Concurrent CLE Sessions**
- 1) Managing and Monitoring Compliance with the PPACA's Sunshine Provisions: Legal, Compliance, and Operational Considerations
 - 2) The FTC/DOJ ACO Antitrust Enforcement Policy Statement: Reconciling Collaboration and Competition
- 4:30pm – 5:45pm **Concurrent CLE Sessions**
- 1) Constitutionality of PPACA Health Care Reform Litigation: Its Impact and Response to State Challenges Part 2
 - 2) The Effect of Medicare Audits (ZPICs, RACs, CERTs, MICs, etc) on Ancillary Healthcare Providers (i.e. DME, Pharmacy Infusion, Home Health, Hospice) and Physicians
- 5:45pm – 6:45pm **Welcome Reception**

TUESDAY, OCTOBER 18, 2011

- 7:30am – 5:00pm **Registration and Information Desk**
- 7:30am – 8:30am **ABA Health Law Section Interest Group Breakfasts**
- Healthcare Fraud & Compliance
 - HITECH Privacy and Security
 - Long Term Care Task Force
 - Managed Care & Insurance
 - Payment and Reimbursement
 - Physician Issues
 - Public Health and Policy
 - Tax and Accounting
- 8:45am – 10:15am **Achieving the Triple Aim: Structures to Do the Job, Beyond an ACO**
- 10:30am – 11:45am **Concurrent CLE Sessions**
- 1) The Value-Based Purchasing Program the Beginning of a New Era in Medicare Payments
 - 2) Confronting Disparities in Health Care Access, Treatment and Outcomes – Why We Should Care?
- 11:45pm – 1:00pm **Lunch on Your Own**
- 1:15pm – 2:30pm **Health Insurance Exchanges**
- 2:45pm – 4:00pm **Concurrent CLE Sessions**
- 1) Options for Resolving Individual and Corporate Administrative Liability and Realities of Life Under a CIA
 - 2) The Future of Medicaid: Policy Options and Realities
- 4:15pm – 5:15pm **The Legal and Ethical Limits on Zealous Advocacy: Where is the Line between Representation and Obstruction?**

2011-2012 AMERICAN BAR ASSOCIATION HEALTH LAW SECTION CHAIR

David H. Johnson, Bannernam & Johnson PA, Albuquerque, NM

9TH ANNUAL WASHINGTON HEALTHCARE SUMMIT PROGRAM PLANNING COMMITTEE

PROGRAM CO-CHAIRS

David L. Douglass, Shook Hardy & Bacon LLP, Washington, DC

Donald H. Romano, Foley & Lardner LLP, Washington, DC

COMMITTEE

Michelle Apodaca, Vice President Government Relations, Texas Hospital Association, Austin, TX

Christi Braun, Mintz Levin Cohn Ferris Glovsky and Popeo PC, Washington, DC

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Eugene Holmes, Proskauer Rose LLP, Washington, DC

Priscilla Keith, Director of Research and Projects, Indiana University School of Law, Indianapolis, IN

Jeffrey Micklos, EVP, Management, Compliance, and General Counsel, Federation of American Hospitals, Washington, DC

Ned Milenkovich, PharmD, JD, Chair, Drug & Pharmacy Practice, McDonald Hopkins LLC, Chicago, IL

Beth Roberts, Hogan Lovells US LLP, Washington, DC

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Kathleen Scully-Hayes, Office of Disability Adjudication and Review, Social Security Administration, Baltimore, MD

Martha Talley, Office of Inspector General, Department of Health & Human Services, Washington, DC

Andrew B. Wachler, Wachler & Associates, Royal Oak, MI

PROGRAM AGENDA

MONDAY, OCTOBER 17, 2011

8:00am – 5:00pm

Registration and Information Desk

8:00am – 9:00am

Continental Breakfast

8:30am – 8:45am

WELCOME & INTRODUCTION

David H. Johnson, Chair, American Bar Association, Health Law Section, Bannerman & Johnson, PA

David L. Douglass, Program Chair, Washington Healthcare Summit, Shook Hardy & Bacon LLP, Washington, DC

Donald Romano, Program Chair, Washington Healthcare Summit, Foley & Lardner LLP, Washington, DC

8:45am – 9:30am

Keynote Address

Liz Fowler, Special Assistant to the President for Healthcare and Economic Policy at the National Economic Council, Washington, DC

The implementation of the Affordable Care Act involves multiple agencies, complex issues and aggressive deadlines. Implementation runs the spectrum from implementation of the state-based Exchanges to tax subsidies for lower income individuals and families, the establishment of requirements for qualified health plans, the definition of essential benefits, the development and implementation of the medical loss ratio and premium rate review requirements. In addition, health care reform encompasses significant reforms to the delivery system that includes Accountable Care Organizations, the establishment and operation of the Center for Medicare and Medicaid Innovation, and numerous pilots and demonstrations designed to improve the quality of care and lower health care costs. In this session, Liz Fowler—one of the authors of the health care reform law and now an advisor to the President overseeing implementation—will provide a report on the state of implementation and what is coming down the pike on the most significant changes to the health care system in generations.

9:30am – 10:30am

Congressional Roundtable

Amidst the implementation of health care reform, senior Capitol Hill health care staff will discuss prospects for the legislative agenda in a post reform world. While Congress will be active with the implementation of health reform, it's likely to also face a variety of other health related issues in the 112th Congress.

Chuck Clapton, Health Policy Director, Minority Staff, Senate Committee on Health, Education, Labor and Pensions, Washington, DC

Dan Elling, Minority Staff Director, House Committee on Ways and Means, Subcommittee on Health, Washington, DC

Wendell Primus, Senior Budget and Health Policy Advisor for Democratic Leader Nancy Pelosi, Washington, DC

David Schwartz, Acting Chief Health and Welfare Counsel, Majority Staff, Senate Committee on Finance, Washington DC *invited*

Moderator: Jeffrey Micklos, EVP, Management, Compliance and General Counsel, Federation of American Hospitals, Washington, DC

10:30am – 10:45am

Break

10:45am – 12:15pm

Progressing Towards Health Care Reform, Legislative Updates, New Regulation and Differing Viewpoints

The implementation of health care reform touches every aspect of the health care system. The prospect of additional reductions in federal spending are certain to heighten pressures on the health care delivery system. This session will update attendees on the implementation status of many aspects of the historic health reform law, while highlighting its impact on consumers, state Medicaid programs, and health care providers. The expert private-sector panelists will share their unique perspectives on how government is implementing health reform's many moving parts.

Lawrence Hughes, Assistant General Counsel, Advocacy and Public Policy, American Hospital Association, Washington, DC

Sara Rosenbaum, J.D., Harold and Jane Hirsh Professor, George Washington University, School of Public Health and Health Services, Department of Health Policy, Washington, DC

Matt Salo, Executive Director, National Association of Medicaid Directors, Washington, DC

Moderator: Mark Hayes, Greenberg Traurig LLP, Washington, DC

12:15pm – 12:30pm

Break

12:30pm – 1:30pm

Luncheon Address

Mr. Joseph T. Rannazzisi, Deputy Assistant Administrator, Office of Drug Diversion Control, Drug Enforcement Administration, Springfield, VA

Obama Administration's *Epidemic: Responding to America's Prescription Drug Abuse Crisis*; the national framework for reducing prescription drug diversion and abuse through supporting the expansion of state-based prescription drug monitoring programs, recommending more convenient and environmentally responsible disposal methods to remove unused medications from the home, supporting education for patients and healthcare providers, and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.

1:30pm – 1:45pm

Break

1:45pm – 2:45pm

A State Attorney General's Perspective

Kenneth T. Cuccinelli, Attorney General of Virginia

This ever popular session will feature Virginia Attorney General Kenneth Cuccinelli, who will offer a state Attorney General's perspective on health care fraud and his state's health care fraud enforcement efforts.

2:45pm – 3:00pm

Break

3:00pm – 4:15pm **Concurrent Sessions**

Managing and Monitoring Compliance with the PPACA's Sunshine Provisions: Legal, Compliance, and Operational Considerations

New "sunshine provisions" in the Patient Protection and Affordable Health Care Act ("PPACA") add federal reporting requirements to an array of state laws that: (i) regulate drug and device manufacturers' marketing behavior and (ii) require them to disclose payments or transfers of value to applicable healthcare providers. The anticipated implementation of these regulations is already impacting manufacturers' interactions with physicians and creating practical challenges for compliance professionals. This session will address the short and long-term ramifications of both the PPACA's new reporting requirements and enduring state law obligations – including the likely challenges manufacturers need to consider in connection with training, data collection and reporting in order to implement and monitor compliance. The PPACA statute requires that the HHS Secretary establish procedures for industry to report payments by October 1, 2011, which will make this topic timely for the Washington Healthcare Summit attendees.

Gary Keilty, Managing Director, Huron Healthcare, Washington, DC

David Sclar, Associate, Ropes & Gray, New York, NY

Christopher L. White, Executive Vice President, General Counsel and Secretary, AdvaMed, Washington, DC

The FTC/DOJ ACO Antitrust Enforcement Policy Statement: Reconciling Collaboration and Competition

The antitrust laws and healthcare reform have the same ultimate goals—lower costs and higher quality healthcare services. But some claim that their means to these ends are divergent and incompatible. Reform, particularly as exemplified by the Medicare ACO Shared Savings Program, emphasizes collaboration among providers. The antitrust laws, on the other hand, promote competition, and some types of collaborative activities can raise serious antitrust concern if the participants have not integrated their delivery of care in ways likely to achieve significant efficiencies or if the group obtains the ability to raise prices. On March 31, in an effort to reconcile these approaches and in conjunction with CMS's proposed ACO regulation, the FTC and DOJ issued for public comment their proposed Statement of Antitrust Enforcement Policy Regarding ACOs, which explains how ACOs can function within the antitrust laws. At the same time, however, the proposed Statement imposes regulatory hurdles on their ability to do so. Our panel of private practitioners, as well as FTC and DOJ officials involved in revising the proposed Statement, will provide their perspectives about the proposed Statement (or the final Statement if it has been issued). Their discussion will include the reasons for the Statement, its substance and requirements, the more significant criticisms and suggestions from the 127 comments about the proposed Statement filed by the public, potential problems in implementing the proposed Statement, its likely effect on provider networks choosing to contract with commercial health plans but not Medicare, and whether the proposed Statement reconciles the potential conflict between competition and collaboration in achieving lower healthcare costs and improved healthcare quality.

Jeff Miles, Shareholder, Ober|Kaler, Washington, DC

Saralisa Brau, Deputy Assistant Director, Health Care Services & Products Division, Bureau of Competition, Federal Trade Commission, Washington, DC

Joshua Soven, Chief, Litigation I Division, US Dept. of Justice, Antitrust Section, Washington, DC

Moderator: Christi Braun, Mintz Levin Cohn Ferris Glovsky and Popeo PC, Washington, DC

4:15-4:30

Break

PROGRAM AGENDA

4:30pm – 5:45pm **Concurrent Sessions**

Constitutionality of PPACA

Health Care Reform Litigation: Its Impact and Response to State Challenges Part 2

President Obama signed the historic H.R. 3590 Patient Protection and Affordable Act on March 23, 2010, and shortly thereafter, Florida Attorney General Bill McCollum filed a complaint on behalf of the State of Florida and twelve other states challenging the constitutionality of the new law. The premise for the challenge is the health care reform bill violates the Ninth and Tenth Amendments, and is thus unconstitutional. Moreover, it is argued that the health care reform bill violates the Commerce Clause, and as a result, Congress cannot require every person to purchase health insurance from a private company or face a penalty if they do not purchase the requisite insurance. The panel will discuss the current status of health care reform litigation and its impact and response to state challenges. The panel will also address the impact of states' nullification statutes and the ability of the states to carry out its current federal programs.

Thomas M. Fisher, Solicitor General, Office of the Attorney General, State of Indiana, Indianapolis, IN
invited

David Orentlicher, MD, JD, Samuel R. Rosen Professor of Law and Co-Director of the William S. and Christine S. Hall Center for Law and Health, Indiana University School of Law, Indianapolis, IN

Moderator: Priscilla Keith, Director of Research & Projects, Indiana University School of Law, Indianapolis, IN

The Effect of Medicare Audits (ZPICs, RACs, CERTs, MICs, etc) on Ancillary Healthcare Providers (i.e. DME, Pharmacy Infusion, Home Health, Hospice) and Physicians

This session will discuss the focus of recent audits by Medicare auditors and how the audit process affects the ancillary healthcare provider landscape. The program will also address recent developments including comparative billing reports (CBRs), predictive modeling, and Risk Adjustment Data Validation (RADV) audits. The program will offer both government and private practice perspectives and will provide attendees with an understanding of the latest developments related to CMS's current audit initiatives

Andrew B. Wachler, Wachler & Associates PC, Royal Oak, MI

Edward Vishnevsky, Munsch Hardt Kopf & Harr PC, Dallas, TX

Whitney May, Director, Division of Medicare Integrity Contractor Operations, Center for Program Integrity, Centers for Medicare & Medicaid Services, Washington, DC, *invited*

5:45pm – 6:45pm

Welcome Reception

TUESDAY, OCTOBER 18, 2011

7:30am – 5:00pm

Registration and Information Desk

7:30am – 8:30am

ABA Health Law Section Interest Group Breakfasts

The following Section Interest Groups will host a roundtable discussion:

- Healthcare Fraud & Compliance
- HITECH Privacy and Security
- Long Term Care Task Force
- Managed Care & Insurance
- Payment and Reimbursement
- Physician Issues
- Public Health and Policy
- Tax and Accounting

8:45am – 10:15am

Achieving the Triple Aim: Structures to Do the Job, Beyond an ACO

Much has been made of the Affordable Care Act's efforts to craft a successful approach to health care delivery and payment models that will achieve the Triple Aim: improve individual patient care; improve population health; and reduce or control growth in per capita health care costs. In particular, the Medicare Shared Savings Program (MSSP) and Pioneer ACO initiatives have been placed in a central position to those efforts. However, an ACO may not be the solution—certainly not for everyone. And, if the experience in Massachusetts is replicated, then changing the payment system may not be sufficient to attain desired cost reductions. This program will touch on the opportunities and challenges of the Medicare ACO model, but our primary focus will be to explore what else is in the toolkit to pursue and achieve the Triple Aim—from bundled payments with pay-for-performance (P4P) incentives, to “clinical integration” without the ACO superstructure—and what we need to make those tools successful in the real world.

Jeff Micklos, EVP, Management, Compliance and General Counsel, Federation of American Hospitals, Washington, DC

John Pilotte, Director, Performance Based Policy Group, CMS, Washington, DC

Mark Waxman, Foley & Lardner LLP, Boston, MA

Moderator: Donald Romano, Foley & Lardner LLP, Boston, MA

10:15am – 10:30am

Break

10:30am – 11:45am Concurrent Sessions

The Value-Based Purchasing Program, the Beginning of a New Era in Medicare Payments

Medicare's new value-based purchasing ("VBP") program is, arguably, the cornerstone program in a new phase in Medicare's history as a payer for healthcare services, which has evolved from reimbursing providers based on their "reasonable costs," then to a prospective payment system, and now to a payment system that will vary based on the quality of the care provided. In fact, nearly every IPPS hospital in the country is currently in the middle of a quality performance period that will affect its Medicare payments starting on October 1, 2012. But how does one quantify an intangible like quality of care? And how does one quantify it in such a way that it provides a valid comparison for virtually all hospitals in the country? This program will cover the essential elements of Medicare's VBP program, for FFY 2013 and beyond, including the quality measures used, the performance standards and periods employed, and CMS's scoring and payment methodologies. Special attention will be paid to the policy implications of the program, areas of controversy, and practical considerations for hospitals.

Thomas Valuck, Senior Vice President, Strategic Partnerships, National Quality Forum

Joanna Hiatt Kim, Senior Associate Director, Policy, American Hospital Association, Washington, DC

Moderator: Daniel Hettich, King & Spalding LLP, Washington, DC

Confronting Disparities in Health Care Access, Treatment and Outcomes – Why We Should Care

The policies and goals of the Affordable Care Act also bring renewed focus on the need to address disparities in health care. Building on the Affordable Care Act, in April, 2011, the U.S. Department of Health and Human Services released its *Action Plan to Reduce Racial and Ethnic Health Disparities*. Now that the federal government has announced its strategies and tactics for attacking health disparities among racial and ethnic minorities, please join our panel of leading policyholders and stakeholders to discuss the impact that these plans may have on our health care system and our communities. We also will discuss how comparative effectiveness, culturally competent care and diversity in our health care workforce assist in reducing health disparities. Finally, the panel will touch on the legal

consequences and risk management challenges for health care organizations that have not prepared to meet the needs of an increasingly more diverse population.

Janine A. Clayton, MD, Deputy Director of the Office of Research on Women's Health, Office of the Director at the National Institutes of Health, Bethesda, MD

Garth Graham, MD, MPH, Deputy Assistant Secretary for Minority Health, United States Department of Health and Human Services

Eleanor Kinney, Indiana University School of Law – Indianapolis, Professor of Law, Indianapolis, IN

Moderator: Phyllis Harris, HR Attorney/Consultant, PHD & Associates, Pasadena, CA

11:45pm – 1:00pm

Lunch on Your Own

1:15pm – 2:30pm

Health Insurance Exchanges

Health insurance exchanges are the centerpiece of PPACA's 2014 reforms to the commercial health insurance market. Massachusetts and Utah established state Exchanges before PPACA was enacted. California became the first state to enact legislation creating a health benefit exchange under PPACA, and developmental activities in California are well underway. An increasing number of states are following California's example in passing Exchange legislation to avoid having the federal government run an Exchange for them. As a result, a variety of Exchange models are developing and policymakers must focus on the issues that have crippled past Exchange experiments. In the midst of this preliminary state activity, CMS recently released a proposed rule that would establish a framework to assist the States in setting up their respective Exchanges.

Please join our panel of state and federal policymakers and health industry representatives as they address the role of Exchanges in health reform implementation. Our panel will look at the evolving state models of Exchanges and address the various issues that impact the structure, operation and potential for success of an insurance Exchange, including: governance; funding; market coverage and structure; adverse selection; market facilitator vs. regulator; the role of producers and navigators; administering subsidies; coordinating with Medicaid and CHIP; and more.

Joel Ario, Director, Health Insurance Exchanges Group, CCIIO, Washington, DC *invited*

Susan Kennedy, Member, CA Health Benefit Exchange Board Special Advisor to Berkeley Research Group LLC, Sacramento, CA

PROGRAM AGENDA

Seema Verma, Principal, Seema Verma Consulting, Healthcare Reform Lead, State of Indiana, Indianapolis, IN *invited*

Colleen M. (Candy) Gallaher, Vice President, State Policy, America's Health Insurance Plans (AHIP), Washington, DC

Moderator: Denise E. Hanna, Locke Lord Strategies, LP, Washington, DC

2:30pm – 2:45pm

Break

2:45pm – 4:00pm Concurrent Sessions
Options for Resolving Individual and Corporate Administrative Liability and Realities of Life Under a CIA

The challenges of resolving administrative liability are becoming more complex due to the increased focus on individual liability of corporate executives, as evidenced by recent enforcement trends in the pharmaceutical and medical device sector. In this panel, government counsel, in-house counsel, and experienced compliance counsel will discuss the range of options for implementing compliance activities and resolving administrative liability, using published CIAs as an indicator of compliance trends, and reports from the field on compliance programs operating under CIAs.

John Rah, Morgan Lewis & Bockius LLP, Washington, DC

Matthew E. Wetzel, Compliance Counsel, Boston Scientific Corporation, Washington, DC

Lisa Veigel, Senior Counsel, Administrative and Civil Remedies Branch, Office of Counsel to the Inspector General, U.S. Department of Health and Human Services, Washington, DC

The Future of Medicaid: Policy Options and Realities

The Affordable Care Act expands eligibility for the Medicaid program starting in 2014 and imposes other changes which increase both federal and state spending on Medicaid. Under the Affordable Care Act, states are required to maintain current levels of Medicaid eligibility through 2013, thus limiting options for cash-strapped states to balance their budgets. This past May, CMS proposed a rule creating a waiver for states seeking to adjust their Medicaid programs prior to full implementation of the Affordable Care Act. Still, many governors favoring changes to the Medicaid program are pushing to turn it into a federal block program. Furthermore, during the summer, Medicaid became a Congressional target

of spending cuts as a part of the deficit reduction negotiations linked to the debt limit increase.

With Medicaid's 2014 expansion serving such a critical role in the Affordable Care Act's health care coverage expansion and the escalating pressure from various corners to revamp the Medicaid program, please come see our panel of state and federal policymakers discuss the future of Medicaid – policy options and realities.

Cindy Mann, Director, Center for Medicaid and State Operations at CMS, Baltimore, MD *invited*

Matt Salo, Executive Director, National Association of Medicaid Directors, Washington, DC

4:00pm – 4:15pm

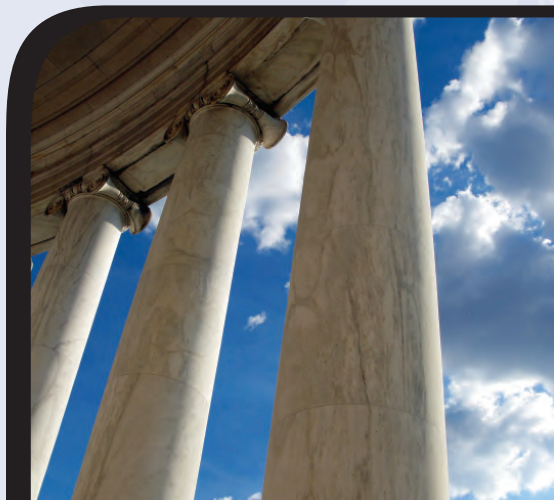
Break

4:15pm – 5:15pm
The Legal and Ethical Limits on Zealous Advocacy: Where is the Line between Representation and Obstruction?

This program will address some of the ethical, legal and policy issues that affect the degree to which in-house counsel can act in reliance on advice from outside lawyers without fear that the government will take action against them on the basis that the advice (or their actions based on the advice) furthered a crime or fraud by a corporate defendant. It will also focus on the appropriate scope of privilege attaching to legal advice provided by counsel and the boundaries of ethical conduct by the recipient of the advice and by defense counsel.

Andrew J. Demetriou, Fulbright & Jaworski LLP, Los Angeles, CA

Hon. Roger W. Titus, United States District Court, District of Maryland



FACULTY MEMBERS

Joel Ario, Director, Health Insurance Exchanges Group, CCIIO, Washington, DC

Saralisa Brau, Deputy Assistant Director, Health Care Services & Products Division, Bureau of Competition, Federal Trade Commission, Washington, DC

Christi Braun, Mintz Levin Cohn Ferris Glovsky and Popeo PC, Washington, DC

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Janine A. Clayton, MD, Deputy Director of the Office of Research on Women's Health, Office of the Director at the National Institutes of Health, Bethesda, MD

Kenneth Cuccinelli, Attorney General of Virginia, Richmond, VA

Andrew Demetriou, Fulbright & Jaworski LLP, Los Angeles, CA

Dan Elling, Majority Staff Director, House Committee on Ways and Means, Subcommittee on Health, Washington, DC

Thomas Fisher, Solicitor General, Office of the Attorney General, State of Indiana, Indianapolis, IN

Liz Fowler, Special Assistant to the President for Healthcare and Economic Policy at the National Economic Council, Washington, DC

Colleen Gallaher, Vice President, State Policy, America's Health Insurance Plans, Washington, DC

Garth Graham, MD, MPH, Deputy Assistant Secretary for Minority Health, United States Department of Health and Human Services, Washington, DC

Denise Hanna, Locke Lord Strategies LP, Washington, DC

Phyllis Harris, HR Attorney/Consultant, PHD & Associates, Pasadena, CA

Daniel Hettich, King & Spalding LLP, Washington, DC

Joanna Hiatt Kim, Senior Associate Director, Policy, American Hospital Association, Washington, DC

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Whitney May, Director, Division of Medicare Integrity Contractor Operations, Center for Program Integrity, Centers for Medicare & Medicaid Services, Washington, DC

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Jeff Miles, Ober|Kaler, Washington, DC

David Orentlicher, MD, JD, Samuel R. Rosen Professor of Law and Co-Director of the William S. and Christine S. Hall Center for Law and Health, Indiana University School of Law, Indianapolis, IN

John Pilotte, Director, Performance Based Policy Group, CMS, Washington, DC

Wendell Primus, Senior Budget and Health Policy Advisor for Democratic Leader Nancy Pelosi, Washington, DC

John Rah, Morgan, Lewis & Bockius LLP, Washington, DC

Donald Romano, Foley & Lardner LLP, Boston, MA

Mr. Joseph T. Rannazzisi, Deputy Assistant Administrator, Office of Drug Diversion Control, Drug Enforcement Administration, Springfield, VA

Sara Rosenbaum, J.D., Harold and Jane Hirsh Professor, George Washington University, School of Public Health and Health Services, Department of Health Policy, Washington, DC

Matt Salo, Executive Director, National Association of Medicaid Directors, Washington, DC

David Schwartz, Chief Health and Welfare Counsel, Majority Staff, Senate Committee on Finance, Washington, DC

David Sclar, Ropes & Gray, New York, NY

Lisa Shapiro, Vice President, Health Policy, First Focus, Washington, DC

Joshua Soven, Chief, Litigation I Division, US Dept. of Justice, Antitrust Section, Washington, DC

Hon. Roger W. Titus, United States District Court, District of Maryland

Thomas Valuck, Senior Vice President, Strategic Partnerships, National Quality Forum, Washington, DC

Lisa Veigel, Senior Counsel, Administrative and Civil Remedies Branch, Office of Counsel to the Inspector General, U.S. Department of Health and Human Services, Washington, DC

Seema Verma, Seema Verma Consulting, Healthcare Reform Lead, State of Indiana, Indianapolis, IN

Edward Vishnevetsky, Esq., Munsch Hardt Kopf & Harr PC, Dallas, TX

Andrew Wachler, Esq., Wachler & Associates, PC, Royal Oak, MI

Mark Waxman, Foley & Lardner LLP, Boston, MA

Matthew Wetzel, Compliance Counsel, Boston Scientific Corporation, Washington, DC

Christopher L. White, Executive Vice President, General Counsel and Secretary, AdvaMed, Washington, DC

CONFERENCE INFORMATION

REGISTRATION

Register by **October 4, 2011** online, by fax or by US Mail. Registration will be accepted only when accompanied by a check, money order, Visa, American Express or MasterCard information. Registrations will not be held without payment.

Fax: 312/988-5814
US Mail: American Bar Association
Health Law Section (MS 18.1)
321 N. Clark Street
Chicago, IL 60654

ON SITE REGISTRATION

Please call 312/988-5146 by **October 10, 2011** to ensure space availability. On site registration will only be accepted when accompanied by check, money order, Visa, American Express, or MasterCard information.

CANCELLATION POLICY

Tuition, less a \$50 handling charge for each registration, will be refunded upon written cancellation received no later than **September 30, 2011**. Cancellations received after this date cannot be refunded but substitutions are encouraged. The ABA reserves the right to cancel any program and assumes no responsibility for personal expenses.

REGISTRATION FEE

Your payment will cover admission to the program, continental breakfasts, coffee breaks, luncheon, conference reception, and one set of program course materials on CDROM.

HOTEL INFORMATION

The conference will be held at The Ritz-Carlton, Pentagon City, 1250 S. Hayes Street, Arlington, VA 22202. Call the hotel at (703) 415-5000 or (800) 241-3333 and mention the ABA Health Law Section 9th Annual Washington Healthcare Summit to secure the group rate of \$269 single/double. This special rate expires September 26, 2011. A limited number of government rate rooms have been reserved on a first available basis. *Please note-the GSA may change the government rate at any time, please confirm the rate with the hotel when booking.*

The Ritz-Carlton, Pentagon City, is approximately 2 miles from Ronald Reagan National Airport. If traveling by Metro, use the Pentagon City Metro stop. Please be advised that taxis in DC area do not accept credit cards.

AIRLINE INFORMATION

Discounted airfares are available from ABA Orbitz for Business, including ABA negotiated discounts on American and United. To book online go to www.americanbar.org/travel, click the link to login under the Orbitz for Business logo at the top right of the page, and then click on the appropriate link in the Self Paid Travel box. For assistance with online or offline reservations, call toll free 1-877-222-4185.

Discounts can also be obtained directly from the carrier. For American Airlines call 800-433-1790 and use the code **A1911SS**. For United Airlines call 800-521-4041 and use the code **578IG**.

CLE CREDIT

CLE has been requested from every state with general mandatory continuing education requirements for lawyers. States with lawyer specialization programs have not been requested to certify this conference. For information on the approved number of credit hours to be awarded by each state, please contact the ABA Health Law Section at 312/988-5532 after September 1, 2011.

HEALTH LAW SECTION MEMBERSHIP

Members of the ABA Health Law section receive special registration rates. If you are not already a member, join today and you will immediately qualify for this special rate. You must be a member of the American Bar Association to join. Membership dues are not deductible as charitable contributions for federal income tax purposes, but such dues may be deductible as a business expense.

TAX DEDUCTION FOR EDUCATIONAL EXPENSES

An income tax deduction may be allowed for educational expenses undertaken to maintain or improve professional skills. This includes registration fees, travel, meals, and lodging expenses. (See Treas. Reg. 1.162-5) (*Coughlin vs. Commissioners*, 203 F.2d 307).

SERVICES FOR PERSONS WITH DISABILITIES

If special arrangements are required for an individual with a disability to attend this program, please contact the Health Law Section staff at (312) 988-5146 or Amy.Alder@americanbar.org.

DRESS CODE

Business attire, including business casual, is appropriate for all meetings, CLE programs and social events during the program.

SPECIAL TUITION ASSISTANCE

A limited number of registration fee reductions are available for government employees, academics, law students, and public interest lawyers employed with nonprofit organizations. No full tuition waivers are available. The fee-reductions will be determined on a one-time only, case-by-case, first-come first-serve basis. To apply, send a letter outlining the basis for your request of a fee reduction to Amy Alder, Senior Meeting Planner, ABA Health Law Section, 321 N. Clark St., Chicago, IL 60654. Deadline for receipt: October 3, 2011. No cases will be considered after the deadline, and all standard registration fee rates will apply after October 3, 2011.

REGISTRATION FORM

Name _____

First Name for Name Badge _____

Firm/Company/Agency _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

E-Mail Address _____

ABA ID # _____

State(s) in which you are licensed: _____

Please email me regarding hotel room share

REGISTRATION FEES

Register by September 30 to receive the Early Bird Rate!

	on or before <u>Sept 30</u>	After <u>Sept 30</u>	<u>QTY</u>	<u>TOTAL</u>
General Attendees (non-ABA Members)	\$1045	\$1145	_____	_____
ABA Member, but Non-Sponsoring Section Member	\$845	\$945	_____	_____
Sponsoring Section/Supporting	\$745	\$845	_____	_____
Organization Member:				
<input type="checkbox"/> ABA Health Law Section Member				
<input type="checkbox"/> ABA Government and Public Sector Lawyers Division Member				
Government/Academic – must be full-time	\$200	\$300	_____	_____
Law Student	\$75	\$175	_____	_____

\$50 Membership to Health Law Section. Must be a current ABA member to enroll. Receive the Health Law section member registration rate immediately!

CONFERENCE LUNCHEON

Your registration fee includes a ticket to the Monday Conference Luncheon. To assist us in our planning, please let us know if you plan to attend.

I will attend the Monday Conference Luncheon

Please share any dietary restrictions:

Vegetarian Kosher Lactose Intolerant Food Allergies _____

COURSE MATERIALS

CHOOSE ONE:

(Please note that those registrants not indicating a preference will receive materials in the CD ROM version only)

- Complimentary 9th Annual Washington Healthcare Summit **CD**
- \$25 9th Annual Washington Healthcare Summit **Law CD and Paperback Book**

TOTAL FEES \$ _____

METHOD OF PAYMENT

- Check enclosed (payable to the American Bar Association)
- VISA MasterCard American Express

Card # _____ Exp. Date _____

Cardholder Signature _____

3 WAYS TO REGISTER:

BY FAX	BY MAIL	ONLINE
(312) 988-5814	ABA Health Law Section (MS 18.1) 321 N. Clark St. Chicago, IL 60654	www.americanbar.org/health

AMERICAN BAR ASSOCIATION HEALTH LAW SECTION

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February 22-24, 2012

13th Annual Conference on Emerging Issues
in Healthcare Law

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June 2012

Physician Legal Issues Conference
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ABA Health Law Section (MS 18.1)
321 N. Clark St.
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