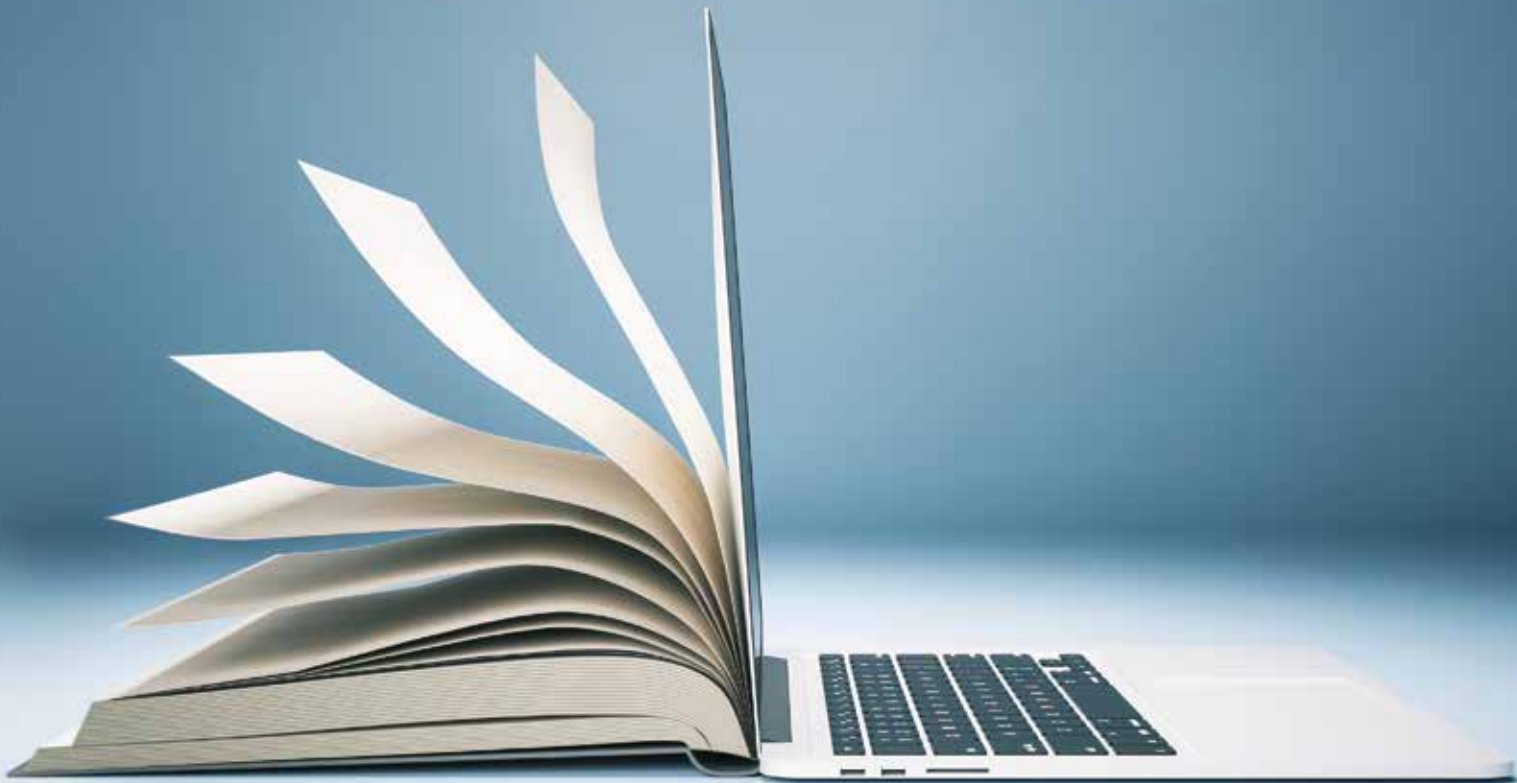


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Special thanks to Laura E. Koman, Ann T. Hollenbeck, and Todd P. Kelly for reviewing and editing several chapters.

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

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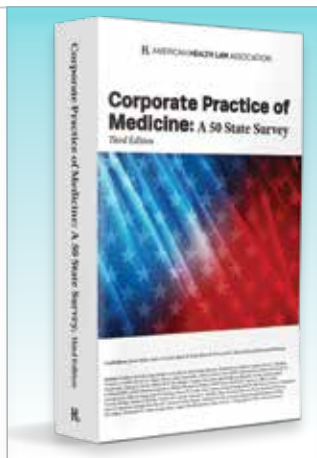
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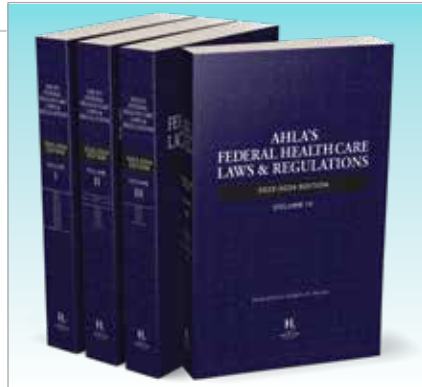
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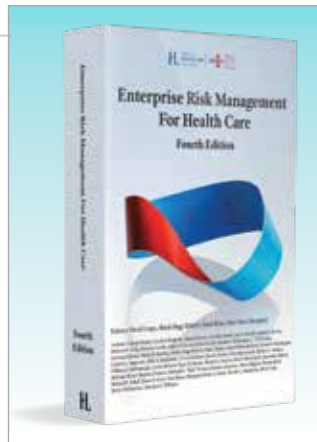
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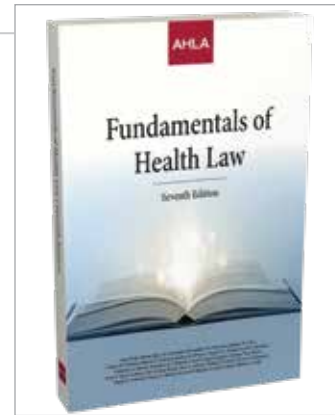
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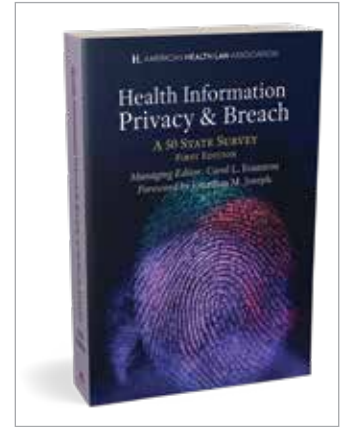
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Carol L. Eoannou, Managing Editor

Foreword by Jonathan M. Joseph

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# Telehealth Law Handbook

## SECOND EDITION WITH DOWNLOADABLE CONTENT

Jennifer R. Breuer, Editor

Kyle Y. Faget, Andrea L. Frey, Jennifer A. Hansen, Elinor A. Hiller, Melania Jankowski, Amy M. Joseph, Amy F. Lerman, Joseph P. McMenamin, Kerry K. Sakimoto, Jeremy D. Sherer, Melissa Sobel Snyder, Sean T. Sullivan, Christine Burke Worthen, Authors

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

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

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

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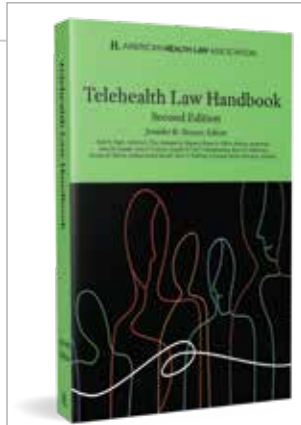
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# Health Plans Contracting Handbook: A Guide for Payers and Providers

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

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The authors address emerging issues in managed care contracting, including:

- > Managed care penetration into Medicare and Medicaid
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## Health Care Contracts: A Clause-By-Clause Guide to Drafting and Negotiation

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## Health Care Fraud Law: A 50 State Survey

FIRST EDITION

From the AHLA Fraud and Abuse Practice Group

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

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

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

- > Statutory language
- > Regulatory provisions
- > Formal and informal guidance from enforcement agencies
- > Judicial interpretations

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

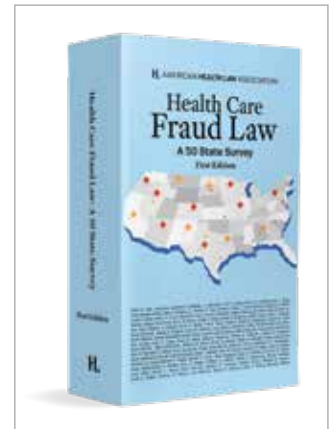
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SEVENTH EDITION WITH 2023 SUPPLEMENT

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

This updated, revised, and expanded supplement to the Seventh Edition of *The Stark Law: Comprehensive Analysis + Practical Guide* is an in-depth critical analysis of Stark Law authority, interpretation, and enforcement. Sharing a wealth of insight, the authors provide an analytic overview, address the legal effect of the regulations and the regulatory process, and analyze the implications of various federal cases and enforcement activity. Throughout the book, the authors include practical resources for advising clients on complying with the current state of the law and regulations, as well as a look at what future direction the law might take. They identify key definitions and interpretive changes, illuminate problem areas, and suggest guidance for navigating each of them.

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

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

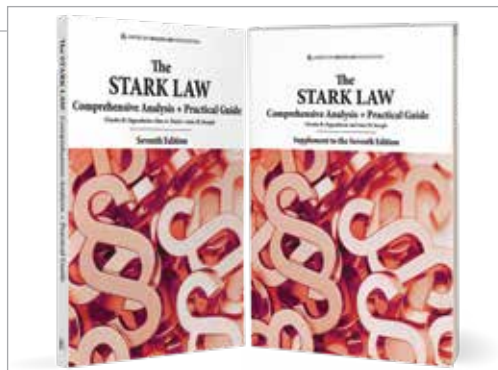
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Ch. 8	Permissible Joint Ventures
Ch. 9	Addressing Potential Violations and Current Enforcement Activity
Ch. 10	Proposed Solutions to “Intractable” Stark Problems
Ch. 11	Practical Tips for Preventing Violations
Ch. 12	The Future of the Stark Law
Appendix A	Prohibitions on Self-Referral by State

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## AHLA's Health Care Fraud Settlement Index

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Edwin Jackson, Managing Editor

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- > Allegation type (False Claim, Anti-Kickback, Stark, and others)
- > Summary of allegations
- > Party names
- > Participating agencies
- > Court, including docket numbers
- > URLs for press releases, settlement agreements, corporate integrity agreements, and more

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

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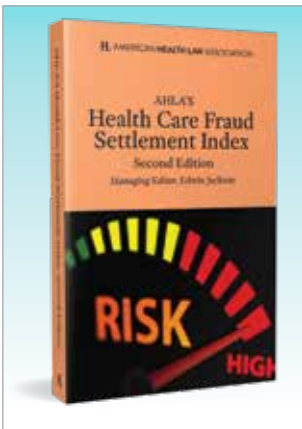
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A great tool that breaks out fraud settlements in different ways with some detail, allowing you to drill down and perhaps take away some recent trends. I was impressed by the level of diligencethat went into compiling this publication.

—Joe Wolfe, Shareholder at Hall Render and  
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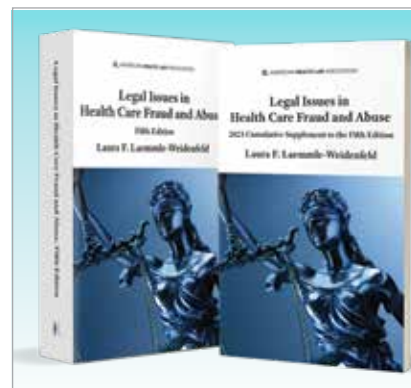
Laura F. Laemmle-Weidenfeld, Author

The Fifth Edition offers broad coverage of the full range of U.S. fraud and abuse prohibitions, with practical application for your work in health care today. Addressing the latest trends in investigation, enforcement, and interpretations of the law, *Legal Issues in Health Care Fraud and Abuse* explains the sweeping changes seen in the health care industry, with over 600 pages of expert analysis and fully referenced real-world examples.

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

- > How health care is regulated in the U.S.
- > How fraud and abuse laws are enforced by federal and state entities
- > Practical advice on assessing and addressing risk
- > Guidance on navigating relationships with the agencies and individuals enforcing the law's prohibitions

The risks relating to fraud and abuse have evolved significantly, for reasons ranging from the proliferation of health care data, to the expansion of the use of technology in health care, to changes in the regulatory scheme resulting from the shift toward value-based payment. Cumulative annual supplements keep you current by incorporating new rulemaking, advisory opinions, waivers, settlements, enforcement trends, and more.



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## Health Care Compliance Legal Issues Manual

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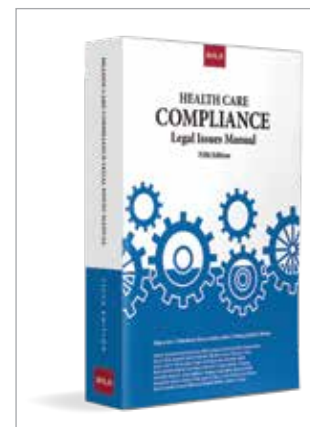
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## False Claims Act & the Health Care Industry: Counseling & Litigation

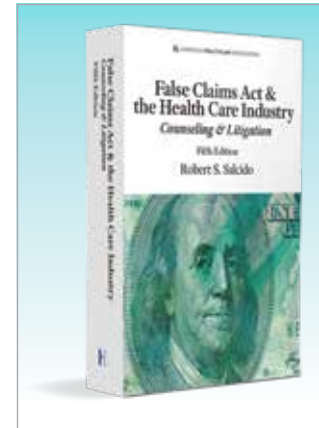
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The Fifth Edition of *False Claims Act & the Health Care Industry* is designed to help you assess potential False Claims Act (FCA) exposure and reform company practices. Robert S. Salcido's sharp and well-referenced analysis of evolving false claims risks and requirements explains a changing calculus in the wake of *SuperValu*, *Polansky*, and other recent interpretations by courts and enforcers. From knowledge to materiality to causation, every aspect of a potential false claim allegation is addressed, with citation to authority out of every federal district.

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## Federal Health Care Discrimination Law

SECOND EDITION

David Didier Johnson, Author

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

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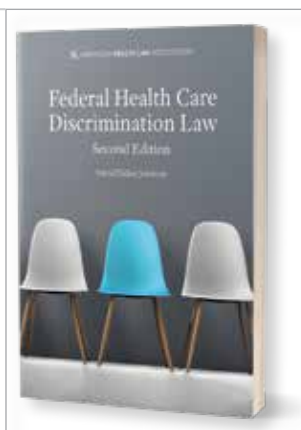
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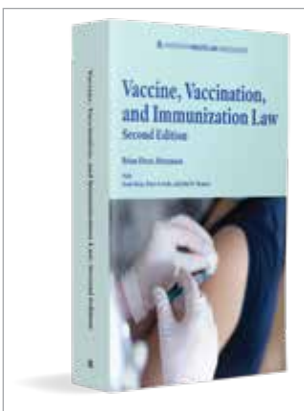
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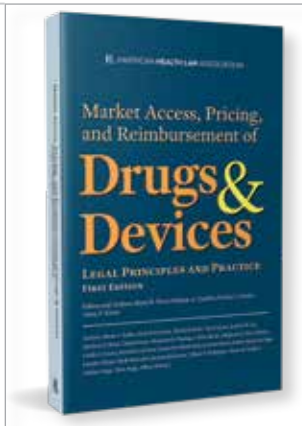
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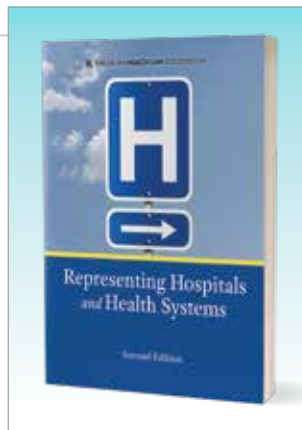
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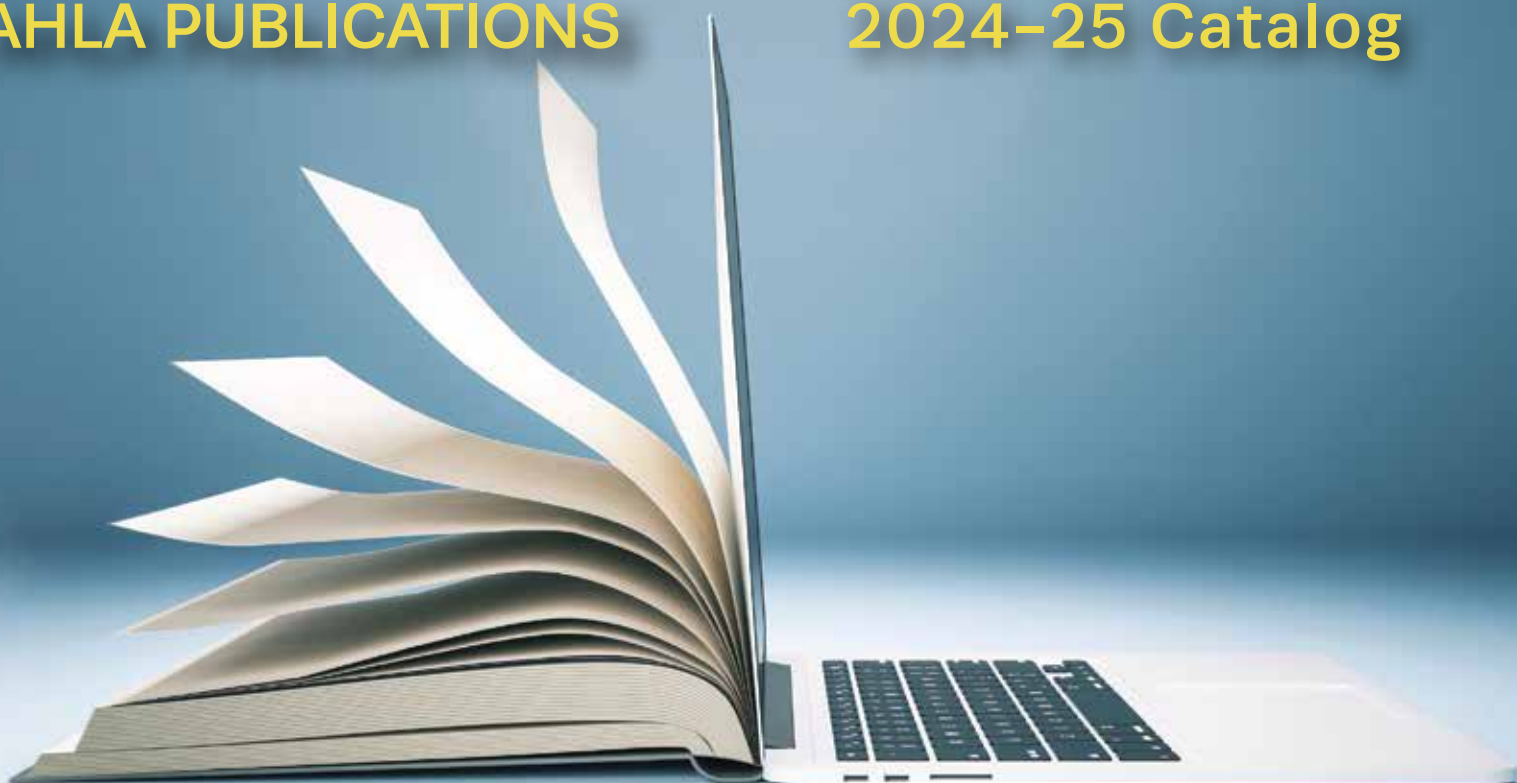


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