



Thanks to the extraordinary commitment and expertise of AHLA leaders, the American Health Lawyers Association continues to thrive and serve as the essential health law resource in the nation. The Association's strong foundation reflects a history that is vibrant, meaningful and worth sharing. Finding a way to preserve AHLA's history was especially relevant in light of the Association's 50<sup>th</sup> Anniversary, which was celebrated throughout 2017.

Conversations between AHLA leaders were conducted via audio interview as part of the Association's History Project. More than 60 of AHLA's Fellows and Past Presidents were interviewed. In addition, several were also videotaped. A documentary was prepared using content from the audio and video interviews and debuted on June 26 during AHLA's 2017 Annual Meeting in San Francisco, CA. This transcript is from a video interview conducted on x date.

**April 3, 2017**

**Dennis Woltering (videographer) interviewing Bob Johnson:**

Dennis: First of all I want to ask you, how you got into healthcare law and were it took you?

Bob: I got into healthcare law by accident. I was a litigator at a firm in Phoenix, and doing all kinds of litigations, and a very wealthy Venetian was in the process of getting his third divorce and dying and he wanted to make sure that his will would be upheld. So, a friend of his advised him to leave substantial gifts to some charity's and he made a substantial gift to St. Joseph's Hospital in Phoenix, which was a client of our firm. I was assigned to handle to will contest action and got a good result for the client, and at that point the administrator and I hit it off well and he basically said to me, " If you will make the commitment to learn healthcare law, I'll make a commitment to teach you how hospital's work. I said, "That sounds great to me," and with that conversation my career changed ninety degree's.

Dennis: What was it before that? What were you going to do?

Bob: Litigations. Insurance defense litigation.

Dennis: Okay.

Bob: And various other kinds.

Dennis: Okay, one of those wire's is sticking out of your jacket, there.

Okay.

Bob: Is that better?

Dennis: Yeah.

Okay, let me go back.

So, that's how it was, it sounds like for a lot of you guy's. It wasn't really a specialty in those day, was it?

Bob: That's correct, it wasn't.

**American Health Lawyers Association**

1620 Eye Street, NW, 6th Floor • Washington, DC 20006-4010  
 (202) 833-1100 • Fax (202) 833-1105 • [www.healthlawyers.org](http://www.healthlawyers.org)

The next thing that happened, after we got the will contest action resolved, the same administrator called me and said, "I think I need a lawyer."

Well, why do you need a lawyer?

He said, "well, we're opening our new heart facility next week."

I said, "yeah, I read about it in the paper".

And, we've hired from Dr. Debakey, a leading heart surgeon named Dedrick, and he's going to be on the cover of Life magazine, in an article next week in which he calls all the other doctor's in Phoenix a bunch of quack's.

I said, "that doesn't sound to good".

He says he has a contract that is very unique and I can't talk more about the contract, but at the end of that conversation. I said, "yeah, I think you need a lawyer." And got in my car and went out to the hospital and I've been working with hospital's ever since.

Dennis: And you were with Catholic Healthcare West for a long time.

Bob: Yeah, I was with in Phoenix for twenty-three years, and then I was general counselor for Catholic Healthcare West for seventeen years.

Dennis: Uh huh. So, you were an in house hospital attorney, basically? Is that how you would describe it?

Bob: Outside when I was in Phoenix. Inside when I was here. In the bay area.

Dennis: Uh huh. And as an inside journey, what special perspective did that give you, would you say?

Bob: First of all, I'm at a faith based institution. They operate in a very different fashion than more prominent institutions. And I'm not a Catholic. I'm a Methodist, so I had to get used to functioning in a Catholic environment, which the sister of were happy to educate me on.

Your goals and objective's are somewhat similar to any business enterprise but very different in other respect's, so it was an education, a joyful education, and quiet a transition from what I'd done before and I'm very glad I did it.

Dennis: And during your career, health law has evolved incredibly, how would you describe the evolution and what were some of the significant milestone in your view?

Bob: Well, health law is an exciting area of practice law.

First of all, I've been a lawyer for fifty four years and I tell young people that are interested in going to law school, in the fifty four year's there's been eleven boring days. That may be an exhageration, it might be twelve but not many.

It's relevant, it's never been more relevant than it is right now because this dialouge between those who think healthcare is a right and ought to be provided to everybody, and the other's who think it's a commercial commodity that ought to be bought and sold on the marketplace.

It's not a new dialouge. It's been going on all of my career, it's just more visible in the last eight years, to pick a number.

Dennis: Uh huh.

Bob: So, it's relevant, it's exciting, it's a people business. If you're a people person then practicing healthcare law can be exciting, because you deal with interesting people on your side of the table, and interesting people on the other side of the table.

I have no regrets, I've been very fortunate.

Dennis: You joined the American Academy of Hospital Lawyer's in the mid-seventy's, right?

Bob: Correct.

Dennis: And how would you describe the culture of that association?

Bob: Well, first of all, I was simply what was designated as a personal membership group of the American Hospital Association.

So, we were like, a large committee of the hospital association.

But, we had no staff, all the employee's were employee's of AHA.

We had no money because all the money belonged to AHA.

There was not always unanimity of thought as to what our goal and function ought to be, AHA thought that we should be lobbying for hospital perspective and as our group grew we thought we should have a broader scope, considering representation of physician's and health plans.

So, the dynamic changed over the years.

Dennis: Uh huh.

Membership was limited?

Bob: Membership in the early age was limited to hospital lawyer's only.

Dennis: Uh huh.

Bob: And then, we, well that's part of the merger when we talk to the national health lawyer's,

Dennis: Huh.

Bob: The scope changed in theory at least.

Dennis: Uh huh.

You were president of AAH 95' to 96'. And you say something hit, there was an interesting development in the lead up to the merger, before that took place. Tell us about that.

Bob: Well in 1995, I became the president in the summer of 1995.

So, that means I was president elect 94' 95'. In that time period, some place Trey Peters and I had lunch, he is a tax lawyer that was doing some work for us and he was on the board of the national health lawyer's.

Well, as we talked we would ask ourself the question, "why are there two organizations that are essentially the same"? The structure is different, but the goal and function is essentially the same. Aren't we asking all of our friend's to pay due's while we go to two sets of meetings, this doesn't seem to make a lot of sense.

Dennis: Huh.

Bob: So, that actual lunch conversation is what started the whole ball rolling on the merger.

Dennis: Huh. And then you gave a talk to the national Health Lawyer's Association in Florida, and there was advances a little bit further, correct?

Bob: Right. I discovered that soon after that luncheon I was invited to give a talk at one of the national health lawyer's meeting's in Florida. I went down and gave my little talk and had dinner with Jim Hall, who was then the president of national health lawyer's and several of the board member's. And the conversation continued.

At that point we weren't using the word merger, you know, how could we collaborate better?

How can we do this job better? And there was a warm reception at their board level, through continuing the conversation. Plus, we had an example.

For year's Lynn Holmer from the National Health Lawyer's and J.D Epstein from The Academy had been running the medicare law institute, a great success.

Dennis: Uh huh.

Bob: And a good example of what we could do together. So, at the end of my Florida visit, we decided to continue talking to each of our board's.

Dennis: And you met again at the facility at the airport in Dallas?

Bob: Now that's a clandestine meeting.

Yeah, several of our board members and several of the national health lawyer's, board member's met at that hotel that's on the Dallas airport ground's and we had dinner and talked. That was the first time leadership of both group's came together, and I didn't know how is was going to turn out.

Dennis: Huh.

Bob: I had Glen Reede with me, Gary Island, and a couple of other's. And I had no idea what the reaction would be. So, we finished out little meeting and had a brief chat among ourselves and much to my, party to my surprise, much to my satisfaction the consequence was, let's keep talking. There's something good we can do here.

Dennis: Uh huh. Why was the meeting clandestine?

- Bob: Well, we hadn't told anybody else we were thinking of pursuing a collaboration. We hadn't told the rest of our board.
- Dennis: Yeah. So what was the biggest challenge? Were there concerns? Were there, I mean, you saw opportunity's obviously.
- Bob: The biggest challenge from my perspective was the process of exiting American Hospital Association.
- First of all, that was a political issue, I mean we had been part of that organization for I don't know twenty year's. Maybe longer. And, leaving the hospital association was difficult for some people to except. Some people thought we should stay there because the relationship had been a positive aspect. The general con censes however was let's find a better way to serve our constituency and we think we can do that independent of the AHA.
- Dennis: Constituency being attorney's who were member's? I that what you are talking about?
- Bob: Yeah. Attorney's who, well, there was one initial point we had to get over and that is we were still at that point, the academy is still limited to membership by lawyer's only. National Health Lawyer was much broader, the CPA's and specialist and healthcare issue's were eligible for membership, and it took a little adjustment for the AHA folk's to adjust to the idea of broadening out the membership.
- Dennis: Uh huh.
- Bob: We got over that hurdle fairly quickly and it was a very beneficial change in my view.
- Dennis: What were the positive's of staying just with the AHA?
- Bob: Well, AHA is a wonderful organization, very strong, very strong in Washington D.C. I think those who were in the academy, who have worked at hospital association's on the state level were uneasy about departing from the mothership.
- Dennis: Oh.
- Bob: But those of us and in a better practice were ready to move on.
- Dennis: Okay. So, what were the differences? How would you describe the differences between the two organizations?
- Bob: Well, there was a bit of a cultural difference.
- First of all, we thought there probably was huge overlap in the attorney membership. We thought a lot of people would be, a lot of lawyer's would be members of both groups. Later on we did an analysis and that turned out to be right. I think it was something in excess of sixty percent overlap.
- The National Health Lawyer's and to their credit were very serious minded folks. When they would have their meeting's, they would have the meeting, they would do the education, and they would get the heck out of there and go back to work.
- The Academy was a little more socially oriented. Partly for fun and partly because we thought that it served a purpose. We thought that having some fun with your colleague's, having some

fun with people that you wanted to get acquainted with, not only lightened the mood in the organization but you found out a lot in the informal sessions, that you wouldn't have received, wouldn't have known in the formal sessions.

So, when the merger came about, we enabled the National Health Lawyer's folks to lighten up a bit and that's more fun.

Dennis: And it added to the networking up?

Bob: Absolutely. I mean, half of what you learn at these meetings comes during the coffee break, and the dinner's and the social time, because what make's health care law so interesting is, it's changing rapidly. The business model is changing rapidly. You want to know what other business model's are working, and maybe more importantly what's not working.

Dennis: Uh huh.

Bob: And you find that out in conversation's with your colleague's.

Dennis: Uh huh.

Bob: It's also helpful to know what the regulatory agency's are doing. And you're not going to find that out in a formal presentation. You might, but you can find a lot more out during the cocktail hour.

Dennis: Uh huh. And the AHA used to have a prom? Is how some people described it.

Bob: Yes. We did have the prom, which a lot of us, which I detested because I'm just not a prom guy, but I think the, you know I've been retired fifteen years now, I think the prom has gone away now.

Dennis: Uh huh.

Bob: In favor of social activities that are a little looser and a little less stiff.

Dennis: Uh huh. How would you describe the culture that resulted for the merger these two organizations?

Bob: Well it was. You know, the old phrase, "the best and the brightest" it has the best and the brightest in this profession. It has leaders from government, which is a new twist, and they play a very important role. I just think, I'm selfish because I had a role in merging them but I think the resulting organization is just outstanding.

Dennis: Uh huh. And the mission is education? How would you describe the mission? What the organization does?

Bob: The primary thing is education. Health care law changes rapidly, so if you're six months out of date on what the current development's are, you're not providing your client's, calling it advice, so education is the first thing.

Networking is almost equally as important. You need to know who's doing what? Who are the experts? If you have to find other legal talent, you want to know who's getting good results? Who's billing their client at a fare rate? Those kind's of things. So it's education, networking and having a role in the healthcare dialouge that's going on nationally.

- Dennis: Uh huh.
- Bob: The healthcare lawyer's, I think play an important role in helping government leader's understand. That health care is actually very complicated.
- Dennis: Uh huh. And decide policy. Don't government people come to the association at time's for advice?
- Bob: I don't know if the come for advice, but they come to share their views.
- Dennis: Okay.
- Bob: Which is about the same thing. The justice department, the federal trade commission, attorney's here in all of the state's, it's important that there be a conversation between both group's, so that not everything is a battle. There are a lot of issues we could work out if we're talking to each other.
- Dennis: Can you tell us a little bit about David Greenbury? You know David Greenbury, he was one of the founding father's of this,
- Bob: Actually I did not know David.
- Dennis: You didn't?
- Bob: I received the David Greenbury award, a few year's after the merger because of the merger, I must admit I never met him.
- Dennis: Huh.
- Bob: So, I know of him only by reputation, which is good. I think he started both organizations, as I understand it.
- Dennis: Huh. You talked a little bit about your advice for young attorney's. What is your advice for young attorney's?
- Bob: Well, first of all if you're going to be a healthcare lawyer, stay current. As I've said earlier if you're ninety days behind the curve, you're out of date. There used to be a good expression, you want to be able to skate to where the puck's going to be, well you can only do that if you're taking advantage of the resources that are available.
- Dennis: Uh huh.
- Bob: And that's just not the, that is the credit word, now on the internet, which is amazing.
- My old firm in Arizona, I think spent ten thousand dollars a month keeping a library up, so we would be current there. Well, now you do it for a few hundred a month with the internet services.
- But stay current, get involved. I believe there's huge advantages to the individual by participating in the event's of the American Health Lawyer's or the ABA health form. By participating, you learn more then you give. And that's what it take's to make a success.
- Dennis: As health law continues to evolve, how do you see the future?

- Bob: Oh, it's great because healthcare and the complications of delivering healthcare is not going to go away. No matter what happens on the national level with healthcare reform and healthcare bills, people need healthcare. We get sick. We need healthcare services that are both good and affordable. So, I think the future in practicing healthcare law is wonderful. I wouldn't be a bit reluctant to encourage someone who is a people person, you have to be a people person to make it work. But if that's your orientation, I think healthcare law is a wonderful place to be.
- Dennis: On this 50th anniversary of the American Health Lawyers Association, what key moments stand out to you in the history of this group?
- Bob: Well, in the early days when there were people like Jerry Hatchbeth, Jim Ledlum, Don Virirly, the first creators of the, what became the American Academy of Healthcare Attorneys. Those people came together with leadership to form this, what turned out to be the academy, and I think because they put it on a sound basis, an intellectually, ethically, it was off to a good start, so I'd say the very beginning group, was a key point.
- I think the medicare law institute by Lynn Holder and J.D Epstein was a key point, because again it showed we could work together. With all do humility, I think the merger of the two organizations was a key point.
- Included in that same time frame is technology. As we were preparing to leave AHA, we recognized that the delivery of intellectual property was going to be an internet, digital process, and we were very keen on trying to be at the front end of that process and I think we were and that the American Health Lawyer's is today, it's remarkable what I can, go up to my den and plug into the internet and find out.
- Dennis: And so, what would you say to this association on the conferences 50th anniversary?
- Bob: Welcome. Have a great time. Learn a lot. Associate with your colleague's. Make new friend's. Associate with people you didn't know before. Be hospitable to those on the other branches of healthcare law, like managed care plans and the government and physicians. And go home a better person.
- Dennis: You say, you have to be a people person to be a good healthcare lawyer, tell me why.
- Bob: First of all, you're the subject matter of what you're dealing with are people. Getting people good care, but you find yourself representing, what's the make up of the clientele?
- Physicians, highly educated nurses, hospital administrators are highly educated, all three of those groups are not only smart educated people, highly motivated, so you got to be able to keep up with them. Or a little more than that.
- The subject matter, if you're handling medical staff, controversy's of course you're dealing with very human issues of quality of care in a physician's practice, but if you're dealing with a merger, it's what's the employment model going to look like? Are people going to lose their jobs? Are you going to be hiring more people? So, it is, in my view, that's what made it exciting for me. But in my view, every major decision you make affects a lot of people, so you better do it right.
- Dennis: Awesome.