



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 50th Anniversary, which was celebrated throughout 2017.

This transcript reflects a conversation between AHLA leaders that was conducted via audio interview as part of the Association's History Project. More than 60 of AHLA's Fellows and Past Presidents were interviewed. A video documentary was also prepared and debuted on June 26 during AHLA's 2017 Annual Meeting in San Francisco, CA.

September 28, 2017

Joel Hamme interviewing Phil Pomerance:

Joel: It is Thursday, September 28, 2017. I'm Joel Hamme, Senior Counsel with the Washington DC law firm of Powers, Pyles Sutter & Verville. I have the privilege of interviewing Phil Pomerance. Phil is a fellow of the American Health Lawyers Association, served on its board of directors from 2003 to 2009, and is currently chief operating officer and general counsel of Best Practices in Patient Care Ltd. In Long Grove, Illinois.

Phil, good afternoon.

Phil: Good afternoon.

Joel: How and when did you first become involved in health law?

Phil: Well, I graduated from law school in 1981 and I had no idea that I'd become a health care lawyer. It was not on my horizon, was not an interest of mine. I thought I would be a real estate lawyer. I had been somewhat interested in, but never pursued architecture, and so I started working for a law firm.

I graduated from law school and worked for a very small law firm for a couple of years, and then moved to a bigger firm in Chicago. At that bigger firm, through really dumb luck, the way the world works sometimes, I had a law school classmate who had gone on to become a lawyer for our local utility gas company, she actually just retired, as president for that company, but she had a roommate who was a doctor, who needed a lawyer.

That doctor and I met and I hired her, I was maybe two years out of law school. She hired me, but when she hired me, the physician, it wasn't just to represent her. It was to represent a group of what ultimately became 30 doctors who were the staff of what was one of the first in Illinois and one of the first in the nation of what we now call urgent care centers, or as we called them then doc in the boxes.

This group of young doctors had all individually signed up to join this practice, which didn't even know what they were. They didn't know if they were a group practices. None of this was formed, they had met this entrepreneur, they had all agreed to work for him, and then they came to me for advice.

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I went from having no background in health law and in fact, having no expertise at all, to having 30 clients who needed help as young doctors. I started doing that work and I remember the time, scrambling to try and find any sort of resources, and frankly, probably not having much in the way of resources, to figure out what I was doing.

I was a contract lawyer. At the time I was a real estate, banking and contracts lawyer, did a lot of secured lending law. That's how I first became interested.

Joel: Well, Phil, your story is very similar in some respects to what happened with a lot of us who got involved in health care in the relatively early days, where it was a matter of serendipity that we got involved and then it went from there.

Talk a little about your professional career. Did you continue to represent physicians? What have you done? What are you doing now?

Phil: What happened was that I ... that would probably have not been my area of, I don't know what would have been my area of expertise. I was doing, as I say, mostly banking law. In 1988, I had a friend who was a real estate lawyer who I had done deals with opposite the table. She represented a lot of borrowers, and I represented a lot of the Chicago area lenders.

We had done some deals together and we liked each other, and she called me and said, "Listen, the head of my law firm is leaving the law firm to become the president of some sort of big new cataract surgery company. He needs a lawyer and he doesn't know anyone he wants to hire from here, from her firm, and I told him you'd be great.

I met this fellow, his name was Jeffrey Rubenstein, he's still practicing in the Chicago area, and Jeff had absolutely no health care background, which was fascinating. He had become the confidant and advisor of a very prominent and very busy eye surgeon, and they had plotted out a way to create a company that would become an eye surgery chain, if you will.

Jeff and I met, and he, actually I remember he said to me, "I got 65 resumes on my desk of high end, quality lawyers who want this job. Most of them are older than you and most of them have much more experience. What do you bring?" I don't remember what I answered, but I must've said the right thing, because he hired me.

I went in 1988, full time into health law.

Joel: Were you in house counsel at that point Phil? Or were you still working for your firm?

Phil: I became in house counsel to a company that became known as Medical Management of America. Joel, what happened very rapidly is not only did I join this company and I remember I was 30 years old, or 31 years old and I was general counsel, but we did two things. Within a year of my joining, we took the company public, which focused a tremendous spotlight on the company and on the staff. The president of the company was Jeff Rubenstein, who was a lawyer, but was not acting as a lawyer. He was acting as the president, an executive, and there was me as general counsel and there was the physician who was the chairman of the board.

We had an extremely busy and successful cataract practice in Chicago, but then very rapidly, she acquired a chain of cataract centers around the country and we took it public. What that did for

me is it did two things. It forced me to learn health law on a very quick level on some fairly intricate areas, almost all from the physician side.

I'd always been on the physician side. That's when I actually reached out to what was then called NHLA, the National Health Lawyers Association, because I didn't know some of this stuff. My mentor, who was an active member actually of the other organization, the society, was a wonderful man named Ed Bryant at Gardner, Hartman, Douglas. I don't know if you know him or remember him.

Joel: I've heard the name.

Phil: Ed, what I had was I had this front seat view. I was a lawyer and was in fact a general counsel of this company, but I had at no cost the best tutoring possible in health law. Gardner Hartman, which was a famous Chicago law firm, now gone, been absorbed into one of the big national firms. Gardner Hartman was in the midst of fighting a lawsuit that was about the corporate practice of medicine, which I had never heard of.

At one point, Ed and I are talking and we're reviewing a prospectus. He was our health care counsel and I looked at him and I said, "Tell me something, how come taking this company public isn't corporate practice?" He looked at me and said, "That's a really good question." We literally, stuff like that, we pioneered that. There had been no Illinois based litigation on whether a physician company could be public, could be owned by the stock market rather than ... we knew it couldn't be owned by individual non-physicians.

That stuff took me to NHLA very heavily and I went to a few meetings. I met some people, but I actually got my education probably one on one from my own outside counsel and I recognized that tremendously. Medical Management of America, which was the trading company name, became fairly rapidly, the largest publicly traded, surgery based company in I think, 1990.

We had a number of centers ... there were other companies at the time, many of which are gone now. There was a bubble, if you will, securitizing medical businesses. The other thing that happened though, in 1993, the company was subject to a massive news investigation as many cataract practices were, and in 1994, about six weeks before I was going to leave the company anyway, we were raided by the OIG and the FBI, in what was, and this is kind of laughable.

We were then told we were the fourth biggest health care fraud case being prosecuted in the nation. That's since been dwarfed. The dollars in our case were maybe a couple hundred million. Now we're in the billions with fraud cases.

My second baptism by fire was all of sudden I was general counsel to this company that had a search warrant served, massive amounts of agents on our property basically 45 trucks full of agents carrying out documents. Again, one of the things I did when I was held back, and even though I was leaving, I turned to NHLA people to get some guidance. I want to say at this point that there was never an indictment returned against the company and the company was cleared of charges. I can't say that for some of the individuals connected with the company, fortunately not me.

I had this double baptism by fire, first by going into the company without being a health care lawyer and learning health care law, physician oriented health care law. I had such great tutors

all along. The second big event for me was the civil investigation and then the federal criminal investigation.

I left Medical Management of America and I was trying to remember this exactly in preparation of the interview. I would've said I left in early 1995 or late 1994 and I joined a law firm in Chicago, but I was a health care lawyer full fledged and ironically I brought a lot of business into the firm of physicians in the Chicago area who had either met me or who thought I must know what I'm doing, because to put it bluntly Joel, the guys that founded this company and hired me were still walking around.

I got two types of business. It used to be a running joke in my first time back in private practice, was this a good doctor or a bad doctor, meaning was it someone coming to me for merger of a practice or discussions of sale of a practice or acquisition of a practice, or was it someone coming to me with an OIG warrant in hand.

I went to work for a firm that is no more, a famous Chicago law firm that had a meltdown shortly after I left them. I moved around a lot, named Altheimer & Gray, and I was basically de facto head of the health law department. I did a lot of work at that point in both physician oriented work and I did a fair amount of what I would call regulatory work across the board.

Altheimer had had a very small health law presence, but a very prestigious one in that they represented Chicago's most famous and oldest Jewish, predominantly Jewish hospital. They had really no health care lawyers. There was one fellow who had been in the firm for a couple of years who was a decent guy, but who was basically a hospital tax lawyer and he told me that I don't know any of this contract stuff. I don't know any of this criminal stuff at all.

It was a business law firm. I brought in and built a small practice with the help of the firm. I then moved to a succession of other firms. The notable one that I moved to, which is very much a significant health law firm in Chicago area, is Hinshaw & Culbertson. Hinshaw had been a very prominent medical malpractice defense firm for 50 or 60 years. They were branching out and realizing that they needed help, what I called myself, was a health care business lawyer and a regulatory lawyer.

They hired me, great firm, I have great respect for them. I was there for several years, but the one problem that started developing, is as my practice grew and I went from representing one or two small doctor groups to large groups, and more and more physician work, we started running into perceived conflicts with the med mal defense work, which was all hospital.

I basically move then to another law firm, but at the time, or shortly afterwards, a good client of mine, who I had represented in two capacities, he was a private physician who had a pretty good size, but basically a two or three doctor internal medicine practice in the north suburbs of Chicago, but he also had become the chairman of an extremely large physician organization, basically that was a PHO, a physician hospital organization.

Unlike many of those, this one was owned and controlled by the doctors. He was the president of this organization and he was unhappy with their legal representation. I was in private practice in a firm and Jeff came to me and Jeff said, "I need you to really sit down with me and reinvent this company." It was a not for profit physician organization, but with his leadership as a very dynamic physician and also what was happening in medicine at the time, we tripled its size and membership. It became the largest physician organization in northern Illinois.

It had one hospital that it was affiliated with, but we branched out, and became a management organization for five or six other PHOs. We started this little business, which was weird, because it was business that didn't, at least at the time, it generated legal fees for me, it was very successful, but it didn't generate really capital.

It was all done through a not for profit and a lot of the management was volunteer. At the same time, he was interested in, and a local hospital asked him to develop a hospitalist program. I don't know Joel, do you think I need to explain what a hospitalist is?

Joel: Yeah, you might as well for the record.

Phil: Okay. Hospitalists are internal medicine physicians who practice at the bedside in a hospital. When we started this, when we first did this company about 14 years ago, or when Jeff started it 16 years ago, I joined later, it was really an almost unknown concept. There was a guy named Adam Singer in California who was doing hospitalist medicine and claiming that it was academically superior care. He went on to found the largest hospitalist company in America, IPC. There was a few other scattered doctors who practiced only in the hospital as internists.

Again, it's like you said Joel, a lot of people come to health law accidentally. I think my former mentor and boss came to hospitalist medicine sort of accidentally. He came to me, I was practicing law. I was doing a lot of work for his other organization. He came to me and said, "Look, I've got this practice, this business, it's currently 12 doctors." He had started it with two doctors about four or five years later at most, it was 12 doctors.

He said, "I know what you were part of with that big ophthalmology company. Even though it had its ups and downs because of some of the people involved in the practice, I want to do that on the up and up with hospitalist medicine." We had no contracts. We had handshakes from some local hospitals that if we could develop and staff hospitalists programs, they would look at it.

I actually sat down with him and talked about what it would mean to give up my law practice, because he wanted me full time. He said, "I've been paying you," and I said, "Well, it's a gamble. If you'll promise me the following salary for at least two years, I will try it." In some ways, I look back on that and think, "What was I doing?"

It turned out great. I joined what was called Best Practices in Patient Care, and I'm trying to recall exactly when that was, but I'm pretty sure ... let's see. I didn't count this part out, so you got to forgive me. I think I joined them in September of 2005. We were 12 doctors, and I just recently retired, I should say, from the COO role. I'm still advising them as a lawyer, as general counsel, but in a much attenuated role and we're just under 100 physicians. We've been in three states. I built this business of medicine, both as a legal advisor and as the COO of the company.

That would be my career span of practicing lawyer, twice in house counsel and then retiring as in house counsel and executive.

Joel: You did a tremendous number of different things in terms of both law firms and working in house. Phil, you mentioned a little bit about knowing some people at National Health Lawyers and the Academy. When did you personally first become actively involved with AHLA or one of those two predecessor organizations?

Phil: Before I spoke for the first time, which is really what solidified my involvement and made me say this is my home, my organization. I had been involved with a couple of seminars and had gone to a few local programs and I remember Ed Bryant, who I mentioned was active at Gardner Hartman. I had a law school classmate who was also a very close friend who would become a health care lawyer. No surprise, he had been a hospital administrator before he went to law school name Latham Williams.

Latham had been at Gar Hart, Gardener Hartman, but then had moved to Sibley and Sibley & Austin had a very strong hospital management and hospital practice, plus they represented the AMA. With Latham as a friend and a guide, I got to know more and more people. I remember Latham introduced me to Marilou King years ago when she was president or executive vice president of the association.

Then there was some local folks that I got to know, but the truth is, it wasn't till, like I say, I spoke for the first time. I was trying to remember when that was, and I think my wife and I are pretty sure it was, I know it was in 1994, or I'm sorry, might have been 1995. I left the Desnick organization, the ophthalmology organization in 1994, in December and I think it was the annual meeting in 1995 and Joel, I confess, I didn't look it up, but I want to say it was in San Francisco, but I won't swear to that.

I spoke and I gave a program that I had developed and have on my own, thought might be of interest to people and it was, what do you do when the agents come? I basically told them my story as a lawyer for an organization that was suddenly subject to a FBI OIG raid.

Right afterwards, a guy I didn't know except by reputation, who's become a very good friend through AHLA, guy named Jim Sheehan, who was then a US Attorney doing healthcare fraud prosecution, of course, out of Philadelphia, came up to me and said, "Well it's sure clear what side you grew up on," which I thought was a way to say I did a good job. I hope it was, because I was a little unsure of that program.

I did that program and then I was asked to repeat it a couple of times and I started attending AHLA both as a speaker and then as a student. You just learn so much every time you went to one of these programs. That was my first, I would've said the annual meeting from 1995, I'm pretty sure was my first contact. It may not have been an annual meeting, it may have a physician's and hospital law program, I don't remember. We can find that out.

Joel: Did that somehow morph into a leadership position at AHLA, with the practice group or on a ... how did that go?

Phil: I had a different path if I looked at my colleagues and people like you and my friends who became fellows ultimately and who came up through the organization. I did a ton of speaking. I found that was good at it, and I have to say that topic was amazingly hot because it was going on and Joel, it was kind of funny, people weren't talking about it ...

Joel: I remember the days, I do Phil, remember the days when it was a very hot topic that somebody would talk about. Obviously, you were one of them. Okay, what do you do when the FBI or the investigators show up and have subpoenas or warrants.

Phil: I look back at my notes on that not too long ago. It was very nuts and bolts. It wasn't a lot of magic, but one of the things that happened in our profession, in our profession as health law. I

don't know exactly the work you do, but I suspect you'll agree with this. We went from being business lawyers and regulatory lawyers and sometimes tax and finance lawyers, to being quasi criminal lawyers.

The expansion of health care fraud investigation, but also the incredible layer of regulation and by no means am I saying that regulation is wrong, but the anti-kickback rules, the Stark rule, the state law regulation, health care ... I've always argued health care is one of the most highly regulated industries in this country.

I used to say it was akin to things like nuclear power generation as an industry, and I think we may have surpassed that. What happened was, I had a ready audience. I had high quality business lawyers who had been representing hospitals, representing PHOs, representing HMOs, who had, in the back of their minds, what happens if someone from the OIG shows up with a warrant or a subpoena.

There was a demand for my program, and my programs were, at that point, very nuts and bolts. I was very geared into, this is what you do, this is what you can't do and this is who you talk to. I remember one of the first things I said in my program was, "Identify the agent in charge, because no one else is going to listen to you when you have a complaint. If someone's searching protected files, or if someone is about to break down a door and you can't wait till they get a key and you want to get the key and not lose the door, the agent doesn't listen to you. It's the AIC."

I remember Jim Sheehan and some other federal lawyers saying to me, "That's really smart, because half the time people are running around after a low level postal agent who has got federal power and he's a sworn agent, but he has no power to affect what we're looking at or why we're looking at it."

It was very nuts and bolts. That was the stuff I did and I did that for a few years and I gave a lot of programs through what was then becoming AHLA, because the other thing that I remember happening, and I don't remember the timing, but I want to say it was in the late '90s, was the announcement that AHLA was going to be formed out of the merger of NHLA and the society, or what was the society's name, the academy. I don't remember its initials Joel.

Joel: Ultimately it became, I think it's last iteration was the American Academy of Health Care Attorneys.

Phil: Right.

Joel: But it was the Society of Hospital Attorneys originally, and then it had various different names as it changed emphasis over the years. But you're right, the merger occurred in the latter part of the '90s.

Phil: Right, and I was doing a lot of NHLA programs at that point. When you say how did I get into the leadership role, I was pretty well known by some of the presidents, past presidents of the organization, certainly some of the other members, and I was in a position where I was fortunate that I could sell my message and usually the firms I was with would support me when I was in private practice.

I enjoyed it. Some time right after or during the merger, and one of the people involved in the merger was my friend from Sibley & Austin, Latham Williams and he had been active with the academy side. At one point, I remember somewhere along the line, he and then the, and help me out if you know when did Peter become the executive director?

Joel: About 2001. 2000, 2001. Right in that area.

Phil: It would've been right around then. I think I may have talked to Marilou. At one point, they asked ...

Joel: It might have been 1999, Phil, come to think of it, because I think when I ...

Phil: I was thinking it was. I was thinking that was it. Go ahead Joel, what were you going to say?

Joel: I think it was '99 because Peter had celebrated his tenth anniversary the year I retired as president, so that was in 2009. You were just leaving the board at that point if I remember correctly.

Phil: Exactly. In 1998 and '99, Latham had mentioned to me that they were looking at and then the program people at the association had mentioned to me. They were looking at someone who would do a course in legal ethics and the complaint ... I'm giving you my second stage of my AHLA career if you will. I had been ... they said to me, and I said, "I'm a practicing lawyer. I can learn some of this and I know it, but ... I had been told, the way it was framed to me was, and I'm not going to attribute this to anyone because of what I'm about to say.

We do these programs and we get these absolutely great health law programs from our members. They were great. They were phenomenal education in the late '90s. I think some of the best I've ever been to. I really think the CLE type, education, qua-education, the AHLA people were far better than the ABA section lectures. I'm not just biased because I was doing some of them. You'd go to these programs and you'd walk away, and you know this. You'd walk away from an AHLA meeting and you had a binder of a thousand pages of thoughts that you would use in your practice once a week for the next year.

You had a massive amount of knowledge being transmitted. The person who was talking to me who was a senior staffer said, and then we get a local law professor to talk about ethics and invariably they come in with something that has no interest to our membership, that no one ever talks about legal ethics issues that a practicing health care lawyer might run into.

They said, "Would you develop that program?" I did. I said I'd be interested. I talked to some friends of mine at the American Medical Association, lawyers, in house. One of the things that was absolutely clear to me is you had a tremendous wealth of health law specific legal ethics topics to talk about. You were never shy of things to talk about.

The other thing that was clear to me is ... I've always contended this, lawyers love to talk about the law of lawyering, about ethics. They love to tell their own stories, they love to talk about trying to do it right. An hour of legal ethics teaching should be a conversation with people who really love that topic and want to know what to do and have both good and bad instances to say this is what I do or this is what happened to me. Did I do it right?

I remember that I met Peter early on in his term and I was, he's going to give the ethics program at one of the, I want to say it was a Medicare Medicaid program in Baltimore in 1999 or 2000. I did. That was, I have to say, I was very successful. I still talked about some substantive law, but it's funny Joel, I didn't really care. People would say to me, I remember having partners in my law firm saying to me, "It's not business development to talk to other lawyers. You'll never get business talking to other lawyers." I remember specifically in one law firm, an older health care lawyer saying, "You just are wasting our money and your time."

Two weeks later, in that case it was a little bit of vindication, the regional counsel for HCA called and had a problem in Illinois and wanted to know if I could consult with him on it. I went into the partners meeting and casually mentioned that what was then the largest hospital company in the country was hiring us for some Illinois work.

Joel: Based on a speech you had given.

Phil: Based on a speech and a handshake and a meeting with her and I think maybe a lunch or, and I'll give credit where it's due, an NHLA reception. I never bought that. Then when I started teaching ethics, I'd occasionally hear, "Well, that's dumb. These other people are talking about substantive law. No one's going to hire you."

The fact is, it's not true because when you make friendships and earn professional respect, it's not what you're talking about, it's who you are. I had a network of people from AHLA all around the country who knew me because I had done an ethics program and one thing about teaching ethics, you have another captive audience because you got to get those ...

Joel: People get the CLE credits for ethics. They need that.

Phil: And you need people and it didn't matter that I had been lecturing on the ethics of representing health care corporations and going up the chain of command and how you ethically as a lawyer handle bad information or bad advice, and if the next day, someone said, "What we've got a DME company we're trying to buy in Illinois and we've got no Illinois counsel."

It didn't matter that I was talking about legal ethics. I was a health care lawyer. I had some prominence and I like to think I had some credibility.

Joel: Your route to the board, Phil, was a little unusual in the sense that you did it. It sounds like you did it basically through doing a lot of speaking on issues about investigations and then getting into the legal ethics area, most people who get on the board have come up either through being on program planning committees, or they were in what used to be called the SISLCs or now the practice groups where they were the leadership of those and then they turned off and would get on to the board.

Phil: Exactly. In fact, when I was nominated, and Peter said, "We'd like to nominate you to the board," I think then I want to say outgoing president Jim Roosevelt called me or spoke with me at a program. I think I said, "Are you sure?" I think, Joel, I think you're right, my road to the board was unusual, and I think also there was some diversity going on in putting me on the board that I was on, which was the ... I went on the board in 2007, I think, and then I was on for 2007, 2008 and 2009 was my last year, or was that the middle ...

Joel: That was your second term. That was your second term.

Phil: Okay. I had been on the board, that was my second three years, you're right. You're right. What my sense was that there was a very strong sense of, when I say diversity, I think the organization's always been concerned about diversity. It's not just gender and it's not just ethnic background.

I think they wanted to see physician lawyers and at the time, I was a practicing, almost exclusively physician lawyer. Even when I represented hospitals and health care corporations, it was usually on physician issues.

I think they wanted to see, that different road I think helped me in some ways. That was back in the day, you remember, because I think by the time ... when you were president were you still under the interweaved, one from NHLA, one from the association or were you a free stander?

Joel: I think when I got on the board, they pretty much were still dividing up board memberships according to whether you had done work with NHLA or with the Academy. If that's what you're asking. I think that was pretty much ceased now because AHHA's been independent, but there was that whole period of time where they had to downsize the board because they were putting two boards together. The year I got on, which was 2001, there were six of us who got on, which is a fairly sizable class. Most classes now are three or four people. I guess they had really downscaled to the point where they could put more people on. I'm trying to think if I look at the people who were in my class, I think three of us were identified with NHLA and three were identified with the academy. That sort of tells you ...

Phil: When I went on, I don't think it was as formal. That would have been six or seven years later I think, right? Or maybe...

Joel: You got on two years after I got on.

Phil: Two years after you did. Jennifer Stiller was a dear friend, may she rest in peace, was on and she was very much a physician lawyer. She welcomed me saying, "You're part of our class." There wasn't division. I never felt there was a fraction between, but I always was aware, I think one reason I got on that I was appointed was, I was a different background. I think they were still looking for that, although I don't think it was rigid.

I think my past was a different service to the organization, because I had done a ton of speaking. I had done a lot of programs. Two or three a year and I did some programs outside of AHHA. I got to know Anne and Peter and the other staff members pretty well. I don't know, I never knew, I still don't know to this day who nominated me, or if I was "nominated," or if I was just a name.

I had several close friends on that track, who had been directors or serving directors or who have been past presidents, but almost all of them, as I say, doing the speaking, I didn't serve on ... I may have served on a committee or two, but I was not ... I never was active. I joined a couple of what were called SISLCs, but I never was a leader in any of them. That was an unusual course.

Joel: Well, talk a little, Phil, of your work on the board. Was there anything particularly memorable that you felt like you accomplished when you were on the board or any of the board committees that you served on?

Phil: I have a couple of things that I was very proud of. During my board tenure, it was during those six years, we discussed and ultimately originated the fellows program. The fellows program, I think, has grown and I think has done a good job of its many purposes because one of the issues that had come up repeatedly is we had these tremendous, dynamic people who would do their board service as you did, and then do the chain of officership and then become president of the association and then there wasn't a lot there.

There was, certainly you could be member, you could be an active committee member. You were always part of the friendship, part of the group, but there was no real recognition of that more senior capacity. It wasn't that you were over and done with. We wanted those people. The fellows program I think was a very important thing.

I was very interested in, and I became very good friends with Elisabeth Belmont, the public interest mission always interested me. I was very proud of the work we did there. That was the beginning, during my time on the board and my time on the public interest commission, of the emergency management, emergency services white papers, that whole concept. We originated some of those and kept up with that.

Trying to think of the other initiatives that I was especially proud of. I was not as involved in the association management even as a board member, I didn't gravitate towards finance. That was never my skill set or never an area I was especially interested.

We were, and Joel you get some credit for this because it was under your stewardship, we were always doing very well. That was part of the ... I never worried about it as a director because I would hear the board reports, the financial reports and say, "This is a really strong organization, not just membership wise."

Then, the last thing I remember doing or being a part of that I was really proud of was the diversity initiatives. I think they were always there, but they were focused my last three years on the board, and I remember just being really pleased to be part of an organization that didn't just walk the walk. I remember going to programs and noticing and talking to and meeting people including David Cade, who was a member, a fairly young member at the time, who were clearly, they were people with diverse backgrounds racially or ethnically or gender, but they were clearly there because we offered something and they felt welcome.

I always was really proud of that because I've been part of some local diversity initiatives in terms of organizations that I'm a member of and when I taught at Loyola, I've been an adjunct professor and there's a very well intentioned discussion of diversity all the time.

When you walk into those receptions, I don't think I ever feel as warm as I did with some of those early programs at AHFA where it felt like people wanted to be there, that this was beneficial all around. Everyone was there because they really thought there was a goal.

Joel: I recall that Dick Cowart in particular was, I don't know if he was the first person to really emphasize that but he made a big deal about it and it really did gather steam from there in terms of ...

Phil: Absolutely. And I should ...

- Joel: Formulating a diversity council, and coming up with concrete suggestions and proposals for diversity, broadening the diversity beyond just African Americans to individuals with disabilities, Asian American, Hispanics, etc. that was an initiative that really took off, you're correct.
- Phil: Dick was the president in some of the years that I felt was most productive. Some of those years while we were very solid financially, we were growing, our membership numbers were always, they always seemed to hover around 9,500 to 10,500 and the year Dick was president, there was, for one thing, I think that was the HIPPA, the first HIPPA enactment.
- Our membership swelled suddenly. There was a noticeable bump, and the organization always was well placed, and you always see Peter was always fielding phone calls from reporters, good phone calls, the who can we get us to comment on this health law development.
- I think the organization had that reputation, but the diversity stuff, you're right, Dick was very strong. Dick was a very good motivator. I was on some committees when he was the president. I always felt that he had his finger on things. He helped to get things done. There was just a lot of ... go ahead.
- Joel: And a strategic thinker. I think that was ... somebody who came from the standpoint of let's get a secure financial base here and another set of things that we need to do. What advice, Phil, as we draw here close to the end of all this, what advice would you have for younger attorneys who want to get involved in health care?
- Phil: This sounds self-serving, but I really mean it. It's not like anyone told me to say this. I would say take that membership discount that you get to join AHLA as a law student and leverage it and use it, because you really need two things. The body of knowledge is tremendous.
- I think you can become a young health care lawyer without joining AHLA, but that probably means you've gone and gotten a Masters in health law, or on to one of the law schools with a really heavy program. If you didn't do that, or if you're interested in health care, and you did do it, it's just a phenomenal way.
- One thing I'd say is join AHLA and then go to some events. Go to local events, if you can financially do it, go to a national conference and attend and meet people. I think that's a given. I think the other thing I would say to any young lawyer is don't be afraid to follow your impulse to do a type of law that interests you.
- I don't know that my career is over, it somewhat is, I'm not planning on any big new moves and I'm in a position now, I'm in a place where I'm comfortable with where I am, but I never thought I'd be a health lawyer. I think it's a tremendously gratifying field. It's always going to be there for you.
- Jokingly, people say, "Well, aren't there too many health care lawyers." I teach at Loyola and they're very conscious of, is our program too big. Are we putting out too many. Joel, it's, what is it, it's 14% of our GNP?
- Joel: Higher than that. It's in the high teens now.
- Phil: Yeah. It isn't going away, and there's going to be a need. If tomorrow we adopt single payer, there's going to be a need for what we do on some level. I would say to a young lawyer who's

interested in health law, don't look at it as a what's my financial stepping stone. Look at it as this is an area I want to work in, it's an area that interests me.

I'd say pursue that. Join AHLA, pursue what you're interested in, and to some degree, don't be afraid. There's a little bit of a precipice. Like I say, I look back sometimes or I'll talk to my wife and I'll say, "What were we thinking?"

Personally, I can say twice in my career, or maybe three times, I've taken an unorthodox step, giving up my practice, giving up, at first going in house when I was much younger, didn't have a lot of practice but going in with what was then a fledgling company and then later on in my career, giving up my practice and going in house with a company and all of them worked out.

I think you got to just sort of trust the universe in that sense. That's very woo woo, but that's what I believe.

Joel: Be receptive to experimentation and to going a little outside your comfort zone. Phil, any concluding remarks for the folks who are listening to this tape?

Phil: Not really other than I look at it as the organization. AHLA became both a home for me in many ways and helped me a tremendous amount. I don't know that giving this interview or doing the interview with you Joel, that I'm going to be in your role with a couple of our other fellows. I don't know if that's enough. I would just say a big thank you. A young person listening to this, I'd say, listen to these tapes and take it to heart.

Joel: Well, Phil, thank you very much. You've been very insightful and very informative and we'll catch up offline here.

Phil: Yeah, I'd love to catch up with you. Take care of yourself. Thank you.

Joel: Thanks Phil.

Phil: Bye Joel.

Joel: Bye bye.