

## Past Presidents Memory Book

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# American Health Lawyers Association

## Past Presidents

**Charlene L. McGinty**  
AHLA–2016-2017

**Lois Dehls Cornell**  
AHLA–2015-2016

**Peter A. Pavarini**  
AHLA–2014-2015

**Kristen B. Rosati**  
AHLA–2013-2014

**Dinetia M. Newman**  
AHLA–2012-2013

**Gerald M. Griffith**  
AHLA–2011-2012

**Richard L. Shackelford**  
AHLA–2010-2011

**Elizabeth Carder-Thompson**  
AHLA–2009-2010

**Joel M. Hamme**  
AHLA–2008-2009

**Elisabeth Belmont**  
AHLA–2007-2008

**Anthea R. Daniels**  
AHLA–2006-2007

**S. Allan Adelman**  
AHLA–2005-2006

**Richard G. Cowart**  
AHLA–2004-2005

**Almeta E. Cooper**  
AHLA–2003-2004

**James Roosevelt Jr.**  
AHLA–2002-2003

**Douglas A. Hastings**  
AHLA–2001-2002

**Beth J. Schermer**  
AHLA–2000-2001

**Michael F. Anthony**  
AHLA–1999-2000

**Glen A. Reed**  
AHLA–1998-1999

**Nancy A. Wynstra\***  
AHLA–1997-1998

**Gary W. Eiland**  
AAHA–1996-1997

**Eugene Tillman**  
NHLA–1996-1997

**James L. Hall Jr.\***  
NHLA–1995-1996

**Robert L. Johnson**  
AAHA–1995-1996

**Brent L. Henry**  
NHLA–1994-1995

**Phillip A. Proger**  
AAHA–1994-1995

**Douglas M. Mancino**  
AAHA–1993-1994

**Sanford V. Teplitzky**  
NHLA–1993-1994

**Alice G. Gosfield**  
NHLA–1992-1993

**Virginia H. Hackney**  
AAHA–1992-1993

**Alex M. “Kelly” Clarke**  
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**Charles J. Steele**  
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**Lee Voorhees**  
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**Edgar A. Zingman**  
AAHA–1984-1985

**Alan B. Bloom**  
NHLA–1983-1984

**Larry V. McLeod\***  
AAHA–1983-1984

**Stephen M. Blaes**  
AAHA–1982-1983

**Michael J. Tichon**  
NHLA–1982-1983

**John B. DeVine**  
AAHA–1981-1982

**Joseph A. Murphy Jr.**  
NHLA–1981-1982

**Arthur H. Bernstein**  
AAHA–1980-1981

**Jamie H. Clements**  
NHLA–1980-1981

**Edmund D. McEachen\***  
AAHA–1979-1980

**Charles Westcott\***  
NHLA–1979-1980

**Ross E. Stromberg**  
AAHA–1978-1979

**W. Thomas Berriman**  
AAHA–1977-1978

**Edward E. Hollowell**  
AAHA–1976-1977

**James F. Doherty Sr.**  
NHLA–1976-1979

**Richard L. Epstein\***  
AAHA–1975-1976

**Jack C. Wood**  
AAHA–1974-1975

**Dennis J. Purtell**  
AAHA–1973-1974

**Nathan Hershey**  
AAHA–1972-1973

**James E. Ludlam**  
AAHA–1971-1972

**Jay H. Hedgepeth\***  
AAHA–1970-1971

**Karle E. Holderle Jr.\***  
AAHA–1969-1970

**Don A. Bierle**  
AAHA–1968-1969\*

*\*These individuals also served as Past Presidents, but were deceased when this Memory Book was created.*

# A History of the American Health Lawyers Association

**A**merican Health Lawyers Association (AHLA) began in 1967 for the same reasons that it still flourishes today: health care lawyers wanted to communicate with each other about their craft. I had the pleasure of interviewing David J. Greenburg to reconstruct the history of the American Academy of Healthcare Attorneys and the National Health Lawyers Association, the predecessor organizations to AHLA. In our conversation, David reinforced the notion that the associations began because health lawyers approached the AHA about needing a forum in which to communicate. David took this conceptual request and added to it a passionate dedication to quality, a willingness to do whatever it took to make the organization successful, and an entrepreneurial spirit to develop an organization without dedicated cash flow.

Although AHLA's two predecessor organizations began in a small AHA office and in David's Washington, DC apartment respectively, they have grown to become the pre-eminent organization for attorneys who represent hospitals and hospital systems, physicians, managed care organizations, insurers, long term care facilities, home health agencies, drug and device manufacturers, and other health care entities on business, corporate and regulatory matters. It is amazing what a good idea, a commitment to quality, and a group of people eager for knowledge about a developing area of the law, camaraderie and conversation can accomplish.

**T**he roots of the AHLA can be traced back to volunteers' vision and David's remarkable commitment to implementing that vision. In 1967, Congress enacted Medicare and with federal money flowing into the health care sector, David observed that this legislative development would create a need for lawyers specializing in this field. The American Hospital Association (AHA) was approached by several attorneys, including James Ludlum, James Hughes, Donald Bierle and Nathan Hershey, who told Edwin Crosby, MD, the President of the American Hospital Association, that they should have an association for hospital attorneys who desired a forum to communicate about health care issues. They persuaded Dr. Crosby, and the Society of Hospital Attorneys was born. Arthur Bernstein, AHA's counsel in the Washington, DC, office, and Kenny Williamson, AHA's Chief Lobbyist, hired David to manage this new entity that would manage the communication between all of these health care lawyers. David ultimately created a division of AHA, which initially was called the Society of Hospital Attorneys. Only attorneys who represented AHA member hospitals were eligible to join the Society. David developed a monthly legal bulletin that included reports on the advance sheets of health law related cases and coordinated a couple of educational programs for hospital attorneys on an annual basis. The first meeting of the Society occurred in 1967 in Chicago. To be a member of the Society, an individual had to represent a member of the AHA.

As the Society achieved additional success, the American Hospital Association wanted David to relocate to Chicago, the location of AHA's home office and manage the Society from there. David declined to relocate from Washington, DC, to Chicago, and his affiliation with the Society of Hospital Attorneys came to an end.

After David's departure, the Society of Hospital Attorneys grew and underwent several name changes: from the American Society of Hospital Attorneys to the American Academy of Hospital Attorneys and finally to the American Academy of Healthcare Attorneys (the Academy). The final name change took place in 1983 under the leadership of Larry McLeod to emphasize its professional status and to distinguish itself from the trade associations (called "Societies") within the AHA. The Academy ultimately grew to a membership of 3,300 attorneys, approximately one-third of whom were in-house counsel. The Academy remained a component of the AHA until it combined with the National Health Lawyers Association in 1997.

**I**n 1971, armed with a good idea, useful experience, and numerous health lawyer contacts, David left AHA and accepted a consulting position with the Group Health Association of America (GHAA), located in his home of Washington, DC. GHAA was a small trade and lobbying organization whose members were comprised mostly of the prepaid group practice plans in the nation (which over time has morphed into America's

# A History of the American Health Lawyers Association

Health Insurance Plans or AHIP). At the time, a majority of states placed legal restrictions on the organization and operation of these plans at the urging of organized medicine and some health insurance companies. As a result, there was little generally available knowledge regarding the legal environment in which these plans operated. Policymakers initially introduced the Federal HMO Act in 1971, and the healthcare community and policymakers expressed tremendous interest in the potential of these organized delivery systems. Major purchasers of employee health benefits were searching for effective ways to contain spiraling costs. The federal HMO initiative was gaining interest as a result, and President Nixon signed the Federal HMO Act into law in 1973, further stimulating the growth of the fledgling managed care industry. David worked closely with James F. Doherty, Sr. who was the GHAA's general counsel.

As these new health care entities attracted attention, the same phenomenon that led to the creation of the Academy occurred at GHAA. Through informal discussions, a relatively small group of attorneys initially became interested in creating a forum for the exchange of information on the legal aspects of these newly emerging health care delivery models.

Jim Doherty and David decided that the best way to promote dialogue about the uncertainties surrounding the legal framework of organized healthcare systems was to hold a conference of attorneys who represented these clients. David tacked on a "lawyers conference" to an established GHAA conference

in Atlanta, GA. The attorneys and other stakeholders attending the conference addressed their experiences with the major legal and operational issues surrounding prepaid health plans. Another one-day conference was held at the Chicago Hilton Hotel near the O'Hare Airport. Lawyers from around the country who had experience developing these new entities were invited as lecturers. Each lecture was limited to one hour with a lunch break. The room was crowded and hot. Over three hundred attendees were drawn from federal and state governments and large and small law firms from across the country.

Based on the responses to these educational conferences, it became obvious that the time had come for a national organization. Jamie Clements (General Counsel for the Scott & White Clinic located in Temple, TX), David and Jim Doherty met at the Fairmount Hotel in Dallas and laid the groundwork for the formation of NHLA. David Greenburg who had experience forming just such a group for the AHA was hired as the paid consultant for this effort. After consulting on the formation of this health law group, David then became its only staff member. This new group, which would be known as the National Health Lawyers Association (NHLA), was created for the same reason as the Academy — bright, eager lawyers learning a new field from scratch wanted to ask questions, trade "lessons learned," and bounce ideas off each other. David Greenburg happened to know how to make this urge for camaraderie into a living, breathing organization called an "association." In 1971, the National Health Lawyers Association (NHLA) was

founded as a §501(c)(3) nonprofit educational organization. The membership was somewhat broader than the Academy in that the NHLA attracted health attorneys who represented the entire spectrum of the healthcare industry, including hospitals and hospital systems, physicians, managed care organizations, insurers, long term care facilities, home health agencies, and other health care entities on business, corporate and regulatory matters. In the early days, David produced the *Health Law Digest*, one of the Association's most valuable resources, without a computer, but rather with a little help from his friends, Joel Michaels and Gary Scott Davis. Joel and Gary summarized health law-related advance sheets for the princely sum of \$10.00 per case. Over time, NHLA grew to an organization of 7,000 members and a staff of over 15 people with 10 different educational programs annually.

In 1995-96, several leaders of both organizations, including Jim Hall, Bob Johnson, Gary Eiland, Nancy Wynstra, Eugene Tillman and Glen Reed worked on merging the two organizations who could claim the same conceptual father, David Greenburg. On July 1, 1997, NHLA and the Academy combined into a single organization, creating the nation's largest educational organization devoted to legal issues in the health industry. With Marilou King continuing as the Executive Vice President, the new entity was known by the combined acronym of "NHLA/AAHA." The Board of Directors then wisely voted to change the name of the organization to the American Health Lawyers Association. Members ratified the change at the Annual

# A History of the American Health Lawyers Association

Meeting in San Diego in June, 1998. The American Health Lawyers Association is now the nation's largest educational association devoted to legal issues in the health industry with more than 13,500 members. Members of these respective organizations provide leadership, legal representation and corporate and regulatory counsel to an industry which is estimated to exceed 13% of the gross domestic product — nearly \$1 trillion (circa 2008).

Today, with David S. Cade at the helm, the American Health Lawyers Association is the nation's largest, nonpartisan, 501(c)(3) educational organization devoted to legal issues in the health care field. The mission of the American Health Lawyers Association is absolutely true to the reasons that its predecessor organizations were formed in the first place: to provide a collegial forum for interaction and information exchange to enable its members to serve their clients more effectively; to produce the highest quality non-partisan educational programs, products and services concerning health law issues; and to serve as a public resource on selected health care legal issues.

AHLA provides resources to address the issues facing its active members who practice in law firms, government, in-house settings and academia and who represent the entire spectrum of the health industry: physicians, hospitals and health systems, manufacturers of pharmaceuticals, medical devices and diagnostics, health maintenance organizations, health insurers, managed care companies, nursing facilities, home care providers, and consumers.

AHLA is indebted to countless volunteers for assisting the Association in carrying out its mission. In the following pages, we have collected the observations and recollections of the Past Presidents who have taken the laboring oar in guiding this organization through its long history. In particular, the following themes clearly were present:

The development of significant networking opportunities and resulting friendships that tend to be life-long relationships. Collegiality among members in sharing information and being a resource for one another was the original impetus for the Association and continues to this day.

- » AHLA provides an opportunity to provide high quality support to our clients.
- » The “member-driven” nature of AHLA and the multiple participation opportunities that the Association offers to its members distinguishes it from other legal trade associations.
- » The dialogue, in particular between lawyers in the public and private sectors, as well as different healthcare industry sectors is invaluable. AHLA's historical interaction with governmental agency representatives and, in more recent years, enforcement agency representatives has been a hallmark of the Association.
- » AHLA educates its members on an ever-changing health law environment, even when it is not yet fully developed with statutes, regulations and caselaw

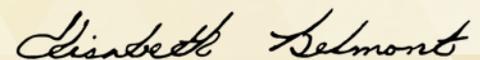
as well as enlivens its members with new ideas. Our Association and membership is adept at adapting to change and facing new challenges.

- » AHLA is held with great affection among its former leaders.
- » No other industry is as regulated and no other substantive area of law is as diverse and as of recent vintage as is ours and this Association truly reflects that uniqueness.

This is the legacy that resulted from David J. Greenburg, the Past Presidents, and numerous other dedicated members.

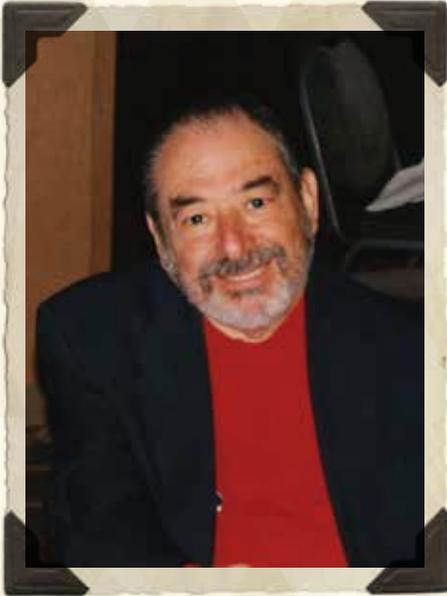
Thanks to each of the Past Presidents for taking the time to share their recollections and contribute to this Memory Book.

Respectfully,



Elisabeth Belmont  
President, 2007-2008

## Recollections from AHLA Executives



**David J. Greenburg**  
(Deceased November 14, 2007)

**Q** What leadership positions have you held?

**A** Founder and CEO, of both the American Academy of Healthcare Attorneys and the National Health Lawyers Association.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** It was a great ride and was the most interesting thing I did in my whole life. I loved helping those who were entering a whole new branch of law.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** I have made many good friends with many Health Lawyer members. When I left, there were 700 members. While I didn't know everyone, I had many good friendships and enjoyed everyone.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** It's a friendly organization and there are no clicks and everyone has the option to participate if they want to. I tried really hard to achieve this [during my tenure].

**Q** What do you perceive the future of health law to be?

**A** Constantly changing and growing as we get new legislation passed. What it will be... I have no idea.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** Health Lawyers will definitely contribute to health law in the US throughout the years when things change and new law are passed.

## David J. Greenburg Service Award Winners

Health Lawyers asked each of the past winners of the David J. Greenburg Service Award to write a brief tribute to David Greenburg, who passed away November 14, 2007. We asked each winner to include what it meant/has meant to receive the award named in David's honor.

The David J. Greenburg service award is presented each year to an individual who has shown great loyalty to the Association throughout his or her career and has made significant contributions to the growth and life of the Association. The award is presented annually at the Board dinner at the Annual Meeting. David was AHLA. Seldom does an organization have a leader who is as selfless and dedicated to the organization and its members as David was. AHLA, and its predecessor organizations, are truly fortunate to have had the benefit of David's tireless and dedicated services. To me, receiving the David J. Greenburg award was a humbling experience because I knew the tireless dedication on David's part that was the basis for naming the award after him.

—Leonard C. Homer  
OBER | KALER, Baltimore, MD

Receiving the David J. Greenburg Service Award is more of recognition of what David did for me. When I first met David, I knew nothing about healthcare law. I had given a speech on the exciting subject of the federal Freedom of Information Act for a competing organization. Meeting David started a lifelong professional and personal relationship. David's pleasure in life was seeing others excel and become successful. His life was the Association and its members. David was part of my family, and we were part of his. When she was

a college student at Tulane, David always made certain to invite our daughter to the faculty dinners in New Orleans. At such dinners in many cities, it was not unusual to meet David's niece or an aunt or uncle. He took great delight in seeing others enjoy a good time. And David, we indeed had some good times.

After he retired, I would often see him for lunch or dinner with my wife, or call him for what would be a long conversation. He would ask about Association officers, faculty and members. He cared about all of us personally. He was a good man. He was great in that he gave so much for others. I am honored to have received the Greenburg Service Award. I am especially pleased to be a part of the larger circle of recipients of this award who have honored David by their contributions to AHLA.

—Thomas C. Fox  
Reed Smith LLP, Washington, DC

That David took the notion of a health lawyers association, and from his own home, turned it into something that got us to the position we are in today was a testament to vision, tenacity, and complete undauntedness. These are all values I would like to believe I share. I had spent my year as president focused on making sure the organization had a mission statement that had the word 'excellence' or 'quality' in it, and getting its first strategic plan in place. Both had happened and that alone would have made me happy. I was completely honored to be recognized for those essential qualities David had demonstrated so clearly.

—Alice G. Gosfield  
Alice G. Gosfield and Associates PC,  
Philadelphia, PA

David J. Greenburg was a remarkable visionary and advocate for health law, healthcare, and patients. His own interactions with the healthcare system inspired him to create innovative ways to promote positive and effective interactions between all persons involved in health care irrespective of their particular professional backgrounds. His focus on education was central to his vision. In my own case, I found David to be unusually receptive to having a physician participate in the debates and discussions pertaining to

### Past winners:

- 1991–Leonard C. Homer
- 1992–Thomas C. Fox
- 1993–Alice G. Gosfield
- 1994–Dale H. Cowan
- 1995–Alan S. Goldberg
- 1996–Joel L. Michaels
- 1997–James L. Hall, Jr.  
(Deceased)
- 1998–Phillip A. Proger
- 1999–J.D. Epstein
- 2000–Gary Scott Davis
- 2001–Anne H. Hoover
- 2002–Robert L. Johnson
- 2003–Glen A. Reed
- 2004–Thomas K. Hyatt
- 2005–Gary W. Eiland
- 2006–Michael F. Anthony
- 2007–Richard G. Cowart
- 2008–Sanford V. Teplitzky
- 2009–Beth Schermer
- 2010–Doug Hastings
- 2011–Robert W. Miller
- 2012–Almeta E. Cooper
- 2013–Harvey M. Tettlebaum
- 2014–Elisabeth Belmont
- 2015–Peter M. Leibold
- 2016–S. Allan Adelman

## Tributes from

# David J. Greenburg Service Award Winners

the myriad issues affecting a rapidly growing industry. He was largely responsible for my being able to be an active participant in the educational programs of the NHLA. I shall always be grateful to him for providing me with these opportunities. Thus, it was a very special honor for me to be awarded the David J. Greenburg Service Award of the NHLA. I felt this honor was really a tribute to him in that it recognized the efforts of one individual to emulate his example in supporting and promoting the mission of the organization he created and nurtured.

—*Dale H. Cowan MD, JD*  
Cleveland Clinic Foundation,  
Independence, OH

David was a teacher; a motivator; a mentor; an inspirer; a guide; and a friend, to so many who have been members of the Association. But most of all, David was a welcomed, necessary, and constructive presence: David was always there, wherever and whenever we needed David to be somewhere, with integrity, competence, diligence, encouragement, and a smile when challenges seemed great. Because David knew, more than everyone, that the members and staff of the Association could overcome adversities and achieve more than anyone might have expected, regardless of the challenges. Being there and being with us and for us, always, was David's mission, and a worthy mission well-fulfilled, indeed, and appreciated by all.

—*Alan S. Goldberg*  
Attorney & Counsellor At Law,  
McLean, VA

David understood where healthcare was going and knew the value an association would have to lawyers who serviced that industry on a regular basis. Apart from his insights and perspectives on what we now know as health law, David was also a friend to so many of us. When I left the firm I was with in 1978 to start my own practice, David befriended me and helped me get started. He hired me to do health law case summaries for the Health Law Digest at the rate of \$10 per case. Without clients and an uncertain future, I appreciated the opportunity to stay connected with the field by doing the summaries. It was one of the few reliable sources of revenue I had at that time. He also worked with various program chairmen to provide me with speaking opportunities at the Association's conferences. These opportunities became a key building block to the development of my practice, as I began to network with other health care lawyers in the field and as my own presentation skills gradually improved.

Many years later, when my practice was more established, David would occasionally greet me at the AHLA programs by shouting out "Mr. Michaels, I have some case summaries for you to do." I would respond by telling him that my rates had gone up, and we both would have a good laugh. I am sure that my story parallels others who had the pleasure to work with David—the health law profession will truly miss him, and I will never forget his kindness and support.

—*Joel L. Michaels*  
McDermott Will & Emery LLP,  
Washington, DC

Fondness, appreciation and frustration are the words that come to mind when I think of David. "Fondness" because David was a good person who also became a good colleague. David had empathy and concern for other people. He had that goodness in him perhaps because he had his own challenges. But I always believed that it was more than that. He simply cared about other people. "Appreciation" comes from my recognition that he took a chance on a young lawyer at a time when he did not have much margin of error. "Frustration" should not be a surprise to those who knew David. He worried constantly and obsessed endlessly. My final word is "honored." While undeserving, I was honored to receive the David J. Greenburg Service Award because it was named after David. He overcame much, accomplished more and left a legacy represented now by the outstanding organization that is AHLA

—*Phillip A. Proger*  
Jones Day, Washington, DC

As a past recipient of the David J. Greenburg award, I am more than saddened by David's passing. I first met David when I was a law student, clerking for my now partner and longtime friend Joel Michaels. NHLA's offices were then in David's condominium, a few shorts blocks from George Washington University Law School, which I attended. At least once a week, Joel would send me scampering over to David's to deliver health law case summaries which he had prepared for NHLA. Knowing of my interest in health law, each visit David would take time to talk and always share a few words of encouragement. For David loved the law and he loved

## Tributes from

# David J. Greenburg Service Award Winners

health lawyers, and he certainly was not going to pass up the chance to influence and guide a health lawyer rookie in the making. David was a good soul, whose time on this earth brought a sense of learning and sharing to all whose paths he crossed. The health law bar has lost one of its first and foremost legends. It is now for us to carry on David's legacy and to pray that he will rest for eternity in peace.

—*Gary Scott Davis*  
McDermott Will & Emery LLP  
Miami, FL

I am not a health lawyer, but know the tremendous contribution that David made to the field through his devotion to the Association and more importantly his devotion to the people who make up the Association—the members and the staff. He led by example. He hoped that the members and staff would value each other and the Association as much as he did and they do, which is a tribute to his leadership. During the nearly 20 years that I have had the privilege to work for first NHLA and now AHLA, this has been evident in the way our volunteers give of their time to speak, write and govern the Association in order to serve their colleagues and it is evident in the way that members view other members as colleagues and friends and not as competitors. To be recognized for my service to the Association and associated with someone who is so well respected and who worked so hard to advance the mission of the Association is truly an honor. David's passing is a great loss, but I am confident that his legacy will live on. He provided a wonderful example and we will

continue to work hard in order to make him proud.

—*Anne H. Hoover*  
Vice President of Programs, AHLA,  
Washington, DC

Although I did not know David Greenburg personally, I do know that he was highly respected as the originator of the concept of a separate and independent bar association for health lawyers. Given the unique nature of our practices as health lawyers, and the extraordinary volume of information which we must deal, we are all now benefiting from his vision and leadership. Our professional lives are enriched by the extraordinary organization that AHLA has become, through his pioneering efforts and the efforts of so many others inspired by him. This background emphasizes the importance that the organization has placed over the years on the David J. Greenburg Service Award, and reflecting on that now, it makes me feel even more grateful and humbled to have been selected to receive it.

—*Glen A. Reed*  
King & Spalding LLP, Atlanta, GA

Perhaps the proudest moment of my career was receiving the recognition of my colleagues when I was presented with the David J. Greenburg Service Award. Anne Hoover did a masterful job of hoodwinking me into believing that Sandy Teplitzky was receiving the award that year and when Dick Cowart announced my name, I was blown away and looked even more clueless than I usually do. The enduring joy of looking at the

beautiful silver plate that I received is seeing David's name on it. I remember David most for his stellar character, his wealth of knowledge, his great stories, and his sense of humor. I recall fondly the many wonderful faculty dinners I enjoyed sitting next to David and the many hues of crimson his face would turn whenever Bob Bromberg or Len Homer would order the wine. I remember well going to the NHLA offices (a/k/a/ David's condo) to pick up cases and always having a warm conversation with David, who was genuinely interested in my well being and my career. He has left his mark on the profession of health law, and it will be a lasting one.

—*Thomas K. Hyatt*  
OBER | KALER, Washington, DC

While I was a young attorney, David encouraged me that health law was a fertile field for career development and active participation in ASHA/AAHA and NHLA was the path to career success. He was a frequent "counselor" on such issues and helped facilitate my early participation in both organizations. History has shown that David's advice was correct on both counts. As a past recipient of the David J. Greenburg Service Award, I reflect with admiration and fondness on the tremendous life-long contributions that David made, not only to my career, but to the AHLA and the entire health law bar. This annual award ensures that David's legacy will continue to be remembered by all AHLA members—the direct beneficiaries of David Greenburg's tremendous foresight and leadership.

—*Gary W. Eiland*  
Vinson & Elkins LLP, Houston, TX

Tributes from

## David J. Greenburg Service Award Winners

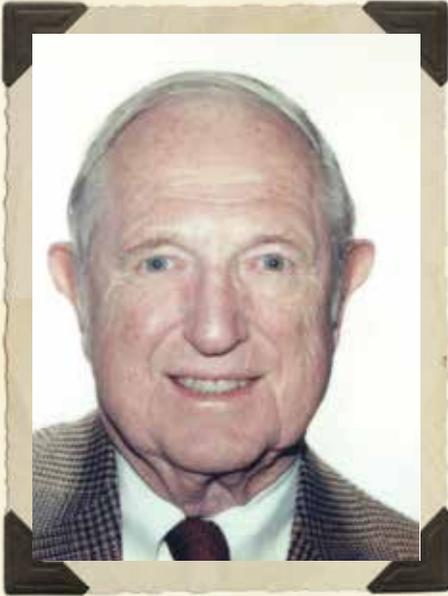
I sat with David for the first time in 1978 at the Tax Program and he was gracious even then with his career guidance for a second year associate trying to make sense of where to get started. For David that logical point of entry was the Association and he would try in any way possible to get everyone he came in contact with interested in the power of collective effort. He was worldly but as down to earth as they come, and was a big thinker but not in the least aloof. He would listen to those who wanted to advance their personal interests and drove the discussion back to what good one could bring to the Association. He stood his ground on principle and at the same time would bend when needed to make things better for those who needed it most. I liked him from the day I met him. Few could have accomplished what he did. To have earned the award bearing his name is my finest professional moment; it stands for the man and his loyalty, grace, foresight, and perseverance. What a leader.

—*Michael F. Anthony, PC*  
McDermott Will & Emery LLP,  
Chicago, IL

David Greenburg defined the field of health law. The highest honor a health lawyer can receive in his or her career is the David J. Greenburg Service Award—the health law Heisman. Like its football counterpart, the Greenburg Award will honor its namesake for generations to come. Those of us who were privileged to receive this award are equally privileged to be associated with Mr. Greenburg.

—*Richard G. Cowart*  
Baker Donelson Bearman Caldwell &  
Berkowitz PC, Nashville, TN

## Recollections from Past Presidents



**James E. Ludlam**

**Year of Service: 1971-1972  
(Deceased August 12, 2008)**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** President of AAHA 1971-1972.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** Fresh out of law school in 1939 and after passing the bar I started at my first firm volunteering with 7 other attorneys for an LA hospital, at this point in time there was no such thing as a Health Care attorney. Health law was practiced as a volunteer service. The more “important lawyers” of firms would take a “young lawyer” to do the pro bono work for hospitals, and this is how my career in health law started.

During our first AAHA meeting in Chicago, Don Bierle who had been unofficially appointed chair was presenting a report on the state of the association. Jack Wood, who was sitting in the crowd said to Don, “On what basis of authority are you acting on.” They then adjourned the meeting and by lunch a set a bylaws was produced, and Don Bierle was officially named Chair of the association.

What I consider one of my most important accomplishments in my career has been my service as a hospital representative in a group of 3 attorneys who designed and obtained a legislative passage, governors approval and the effective implementation of the 1975 California Medical Injury Reform Act (MICRA), in which President George W. Bush described it as the gold standard in tort reform and recommended it for universal adoption.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** Many close friendships made with John Devine, Tom Collins, Edgar Zingman, Ed Hollowell and Phillip Proger and many others. But above all, I truly treasure my friendship with Dennis Purtell who has looked out for me since the passing of my dear Jane. In 2002 Dennis nominated me to be inducted into the Healthcare Hall of Fame. In his successful campaigned, I was the first health law attorney ever inducted.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** What sets this association apart from others is that our lawyers are interested in legislation which leads to policy. And as a result they are interested in how the law controls hospitals.

Our lawyers also have a social and economic concern for their clients. But it is more than just a concern for their clients, its respect and duty to control the critical importance to ourselves and our families.

## Recollections from **Past Presidents**

**Q** What challenges do you face in representing healthcare clients?

**A** The challenges health lawyers face is developing and understanding hospitals and the medical profession. They have to understand and relate to both hospitals and the medical profession effectively.

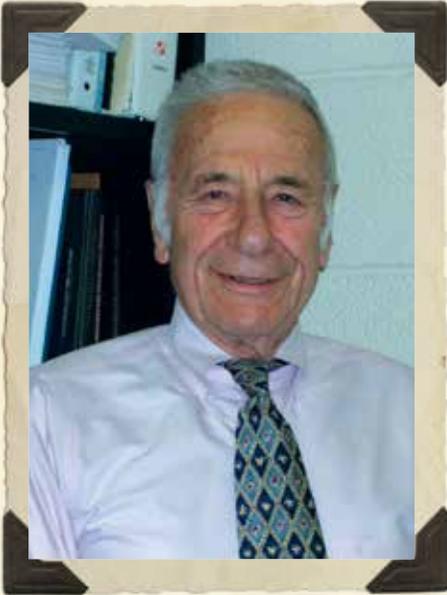
**Q** What do you perceive the future of health law to be?

**A** The future of healthcare is that it will be more complex, there will be many more sub-specialties and problems within the healthcare system. The role of health law in firm will soon become a larger practice.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** The important part of AHLA is the dedication of the association and the quality of the law practiced by its members. Our members have used the law to increase part of social purpose in society. AHLA opens up the opportunities to exchanging ideas and learn from others, which is something that is not taught in law school, it is something learned through experience. Programs and Annual Meetings are essential to learning with in this field.

## Recollections from Past Presidents



**Nathan Hershey**

**Year of Service: 1972-1973**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** President, American Society of Hospital Attorneys—the first predecessor organization.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** I greatly enjoyed the “tennis tournaments” at meetings; there were some fine players, such as Buzz Cleveland and John Devine. Some of us would be out on the courts, practically at dawn, to get

in competition before the information sessions began. Del Coronado and The Broadmoor were places we had fine tennis.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** I met some people I truly enjoyed. One was Dennis Purtell; we ended up spending a good deal of time together at health lawyer meetings, and we did a good many seminars together for ASPEN Publishers, when it held seminars. Dennis tolerated my poor golf with grace.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** Can't say; little other experience.

**Q** What challenges do you face in representing healthcare clients?

**A** None; retired from practice, will respond to requests from people who want to bounce an idea off me.

**Q** What do you perceive the future of health law to be?

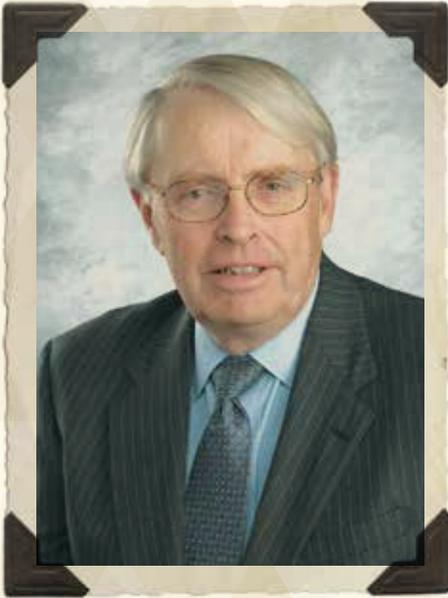
**A** More detail in regulation, with much of it due to the present approach of avoiding a comprehensive and sound payment system for health care.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** Here I would like to make a comment based on the fact that I was in at the beginning, so to speak, as a charter member and original board member of the ASHA.

In the early days of hospital law, there was not much money to be made representing hospitals on issues related to hospital functions, and attorneys cooperated in sharing information, when one called another for some help. In the 70s the situation seemed to change; there was more money to be made in practicing health law and firms sought to protect their turfs, particularly from “national” firms. Cooperation, except between close friends, seemed to be gone. But, the list-serves of AHLA have brought back the spirit and activity of cooperation, and I think this is a great development for both attorneys and their clients. Not only can attorneys be brought up to speed quickly, but the cost of legal services can be limited, which is good for the clients and the public.

## Recollections from Past Presidents



**Dennis J. Purtell**

**Year of Service: 1973-1974**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** Board Member, 1971-75, AAHA (then known as the American Society of Hospital Attorneys). Fifth President of ASHA, completing the term in 1974. Member of several Committees, SISLC's, etc. over the past forty years.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** Having attended every Annual Meeting of the ASHA/AAHA/AHLA, and several of the NHLA, the memories and anecdotes are very many, all enjoyable and merge and blur together. At its inception, the founding organization was miniscule compared to today's membership, perhaps totaling 75 or so Charter Members. The Annual Meeting for which I was responsible in New Orleans in 1973 (we've never been back, by the way) had an attendance of 125. There were no breakout sessions and the hot issue of the day was the "New" federal Health Planning Law.

Very memorable for those involved in the early years of the Organization, were the Annual Meetings at the Broadmoor in Colorado Springs. Having the opportunity to fully occupy the resort in a somewhat remote setting fostered 'bonding' of the members and set the course for the continuity which exists even today.

A vignette of sorts which proved to be a marvelous learning experience, was an early on painful experience in which a session faculty member of a 1.5 hour session, thoroughly prepared his materials in narrative form and proceeded to read it for an hour and a half without barely catching a breath, nor making eye contact with the audience... Recall is that it was his one and only appearance.

No fonder memory generating many smiles, was that of a very young Jack Wood rising to question and challenge how the First Board of Directors was chosen, how the bylaws were approved, and whether the first business meeting was legally constituted—much to the amazement of those first Board Members. Jack was promptly appointed to the Board.

No more pleasant memory exists, however, than being able to attend the induction of Jim Ludlam into the Modern Healthcare Hall of Fame as the first and still only practicing Healthcare Lawyer to be so recognized.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** The Organizations have created an expansive and deep set of professional and personal relationships since the inception. The strong original Mission (not called mission in those days) of mutual education and sharing in the most collaborative manner fueled those relationships. The Founding years involved lawyers struggling to learn about healthcare, dealing with some fledgling efforts of government to regulate a disjointed 'business' field. The initial decades saw little if any marketing by members, little if any adversarial relationships,

## Recollections from Past Presidents

and only limited specialization of health law. With some fairly rare exceptions, most of the members were general practicing corporate lawyers who rather rapidly learned of healthcare operations.

The readiness and willingness of members to be of resource to each other continues today. Seldom does a month go by without being contacted by or reaching out to a member of the organization in regard to a specialized question, or for that matter, a request to find a lawyer in a distant location for some other specialized legal need.

Friends and acquaintances in the organization number in the hundreds and are a cherished component to the professional practice.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** Having been involved in a number of legal associations at the local and state level, two unique markers exist for AHLA and its predecessors. One is the ready willingness and inherent ability of members to share knowledge and experiences, fulfilling the core mission of Member education. A second is the reality that leadership of the organization has not disappeared after the formal leadership obligations have

been completed. There exists in AHLA, involvement of Leadership Alumni at a level not present in any other Bar organizations with which I have been involved.

**Q** What challenges do you face in representing healthcare clients?

**A** Just a Few: Constant change. Foreseeable depletion of financial resources. Conflicting and increasingly oppressive regulation. Successorship in Governance. Absence of professional clinical leadership from physicians. Shortages of professional management skills.

**Q** What do you perceive the future of health law to be?

**A** Increased adversarial in nature—both from a competitive standpoint of health law practitioners, as well as between healthcare providers and regulators. Sooner or later, the American society will come to realize that the current disjointed, supposedly competitive nature of providing healthcare services, is broken beyond repair. When that occurs, neither the King's horsemen nor others will be able to recompose the Humpty Dumpty remnants and a National Health program will be required. Healthcare attorneys will need to be the Architects of that Change, just as they were so required to so do forty years ago.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** Acknowledge the reality of membership competitiveness and need for their marketing. After such acknowledgement, continue to strive to have the Organization have service to Members be the Mission, and constant education be the means.

## Recollections from **Past Presidents**



**Jack C. Wood**

**Year of Service: 1974-1975  
(Deceased September 12, 2010)**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** Past President and member of the Board of Directors of the American Academy of Healthcare Attorneys.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** My memories and anecdotes are numerous although I understand that I may be the subject of others' recollections as well.

In 1964 as a young tax lawyer with Hopkins & Sutter in Chicago, I was effectively "donated" for a one-year period to work in-house at the Sisters of Charity of the Incarnate Word in Houston, Texas, to better organize and advise the Order on legal matters. As I was preparing to return to Chicago the following year, the Order offered me the position of General Counsel, which I accepted. This permitted and required me to become a "health law specialist" long before there ever was a health law specialty. I do acknowledge my attendance at the organizational meeting of what became the American Academy of Healthcare Attorneys and, through the use of Socratic method techniques, assisting in the creation of a strong and vibrant legal trade association serving health lawyers.

It has been reported that my practice of sitting in the front row of each presentation that I attended may have intimidated certain presenters, whether because of my unlit cigar or habit of taking copious notes. The truth is I was hard of hearing and had to sit on the front row to hear. Nevertheless, the front row provided a convenient venue to raise questions or challenge a speaker's observations.

Another colleague has attributed to me a propensity to run over my allotted time during presentations with one or more co-faculty members. Such was to the benefit of conference attendees.

The incidents reported by Denny Purtell, Ross Stromberg, J.D. Epstein, and others have brightened my day. I trust that I have contributed to the success and lore of AHLA.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** The friendships that I made through AHLA and its predecessor organizations are many and cherished. Of special note is J.D. Epstein, who I encountered in 1971 while he was an in-house counsel for Blue Cross Association involved in a Medicare dispute with one of the Sisters of Charity's Hospitals. We later jousting at a 1972 AAHA conference and developed a mutual respect which turned into the creation of one of the first health law boutique firms in the country—Wood, Lucksinger & Epstein.

Due to the risk of inadvertently omitting a special colleague, I will not attempt to list the other cherished AHLA friendships, but the "old guard" among the AAHA and NHLA leadership are numerous and special.

## Recollections from **Past Presidents**

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** An association's persona is a reflection of its members and leadership. AHLA is second to none.

**Q** What challenges do you face in representing healthcare clients?

**A** Due to my retired status, challenges in representing healthcare clients constitute fond memories—emphasis on memories.

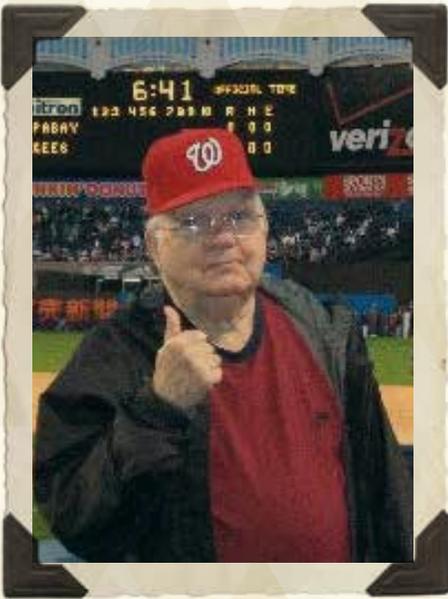
**Q** What do you perceive the future of health law to be?

**A** Prior to my retirement, specialization was the trend. Specialization will continue to be a hallmark of a health law practice in the future.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** AHLA and its predecessor organizations provided a forum for my development as a health law attorney and the establishment of a dynamic, national health law practice for which I am proud. The legion of former Wood, Lucksinger & Epstein attorneys in AHLA continue to speak volumes regarding this heritage and of the continuing opportunity for AHLA to serve as the premier resource for health law attorneys.

## Recollections from Past Presidents



**James F. Doherty Sr.**

**Year of Service: 1976-1979**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** I was the Founding President of the National Health Lawyers Association and retained this position from 1976 to 1979.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** I was appointed General Counsel of the Group Health Association of America (GHAA) in 1971. GHAA was a small trade and lobbying organization whose members were comprised mostly of the prepaid group practice plans in the nation (which over time has morphed into America's Health Insurance Plans or AHIP). At the time, a majority of states placed legal restrictions on the organization and operation of these plans at the urging of organized medicine and some health insurance companies. As a result, there was little generally available knowledge regarding the legal environment in which these plans operated. The Federal HMO Act was first introduced in 1971 and there ensued a tremendous interest in the potential of these organized delivery systems. Major purchasers of employee health benefits were searching for effective ways to contain spiraling costs. The federal HMO initiative was gaining interest as a result, and President Nixon signed the Federal HMO Act into law in 1973, further stimulating the growth of the fledgling managed care industry.

Through informal discussions, a relatively small group of attorneys initially became interested in creating a forum for the exchange of information on the legal aspects of these newly emerging health care

delivery models. We hired David J. Greenburg as a consultant. David had been associated with the American Society of Hospital Attorneys and had a wealth of experience in organizational operation and development of organized health care systems. David was a key staff member (and, for a time, the only staff member) and was instrumental in the early formation and growth of what was to become the National Health Lawyers Association (NHLA).

I decided to address the uncertainty and ignorance of the legal framework of organized health care systems by holding a conference of attorneys who represented these clients so that these attorneys and other stakeholders could address their experience with the major legal and operational issues. A one-day conference was held at the Chicago Hilton Hotel near the O'Hare Airport. Lawyers from around the country experienced in these issues were invited as lecturers. Each lecture was limited to one hour with a lunch break. The room was crowded and hot. Over three hundred attendees were drawn from federal and state governments and large and small law firms from across the country.

Based on the response to the first educational conference, it became obvious that the time had come for a national

## Recollections from **Past Presidents**

organization. Jamie Clements (General Counsel for the Scott & White Clinic located in Temple, TX), David and I met at the Fairmount Hotel in Dallas and laid the groundwork for the formation of NHLA.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

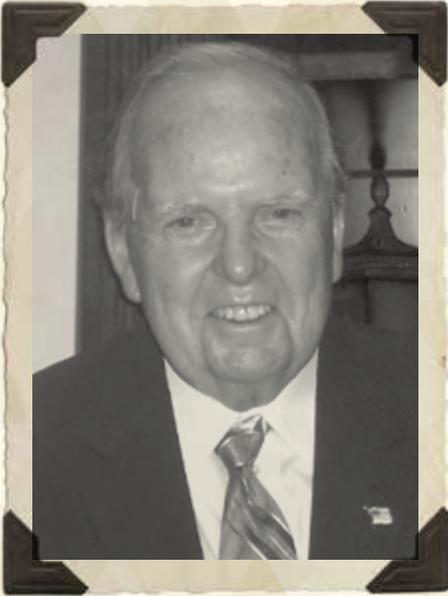
**A** It's not applicable now—but it sure is helpful when I needed it though out the years.

Maureen had a great time and experience in putting the Montreal meeting together.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** Through the tireless efforts of David J. Greenburg and all of the other lawyers who volunteered their time, energy and expertise, NHLA grew into a nationally recognized educational organization known for its outstanding educational conferences and publications—a reputation and a tradition that continues with its successor organization to this day.

## Recollections from Past Presidents



**Edward E. Hollowell**

**Year of Service: 1976-1977  
(Deceased November 9, 2009)**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** Board of Directors, President Elect and President and Past President.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** Richard Epstein preceded me as President in the American Society of Hospital Attorneys. At that time, the term of President began on January 1 and ended on December 31. I, and others, recommended that the date be changed to the term of the President to coincide with the annual meeting. Because of Richard's interest in causing the change to be made, which gave him an additional several months in his term as President, we refer to him as "el Presidente for Life."

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** The friendship and collegiality of the members over the years. We have made friends that have stayed with us over 40 years.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** The friendly cordiality and collegiality. We are not competing with each other. We can enjoy our association with each other without worrying about recourse.

**Q** What challenges do you face in representing healthcare clients?

**A** Decrease in reimbursement that can be used for legal fees and the increasing number of attorneys.

**Q** What do you perceive the future of health law to be?

**A** The future of health law is excellent. The delivery system is under tremendous pressure with the demand exceeding the supply. This sets up confrontations and collaborations.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** Yes, AHLA has been very helpful, resourceful and most accommodating. I never called on assistance from the AHLA that I did not receive it "post haste."

Keep up the good work!

## Recollections from Past Presidents



**W. Thomas "Tom"  
Berriman**

**Year of Service: 1977-1978  
(Deceased January 10, 2012)**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** Director and President of AAHA.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** Many memories over the 40. The best memory was when my car was wrecked on an interstate in Georgia, and I had to get to Chatanooga and then home. Larry McLeod took us in, arranged for a car and was most gracious. But when I called him, he was in a meeting, and the operator garbled my name. Trying to place the caller, Larry thought for a minute, and asked "Does he sound like a Yankee." I was identified by my accent!

I remember a dinner meeting of past presidents and board members of AAHA in Williamsburg, when Art Bernstein, Jay Hedgepeth and several others recounted the trials of the hospital attorneys with the American Hospital Association. We thought then that things would get better. Oh, well.

And there was the dinner meeting in Chicago when our wine lovers got carried away and Jay had to ask for donations from all of us to get the bill reduced to the point that he could submit it on his expense account.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** Too many friendships to list. The most significant opportunity, though, was that the AAHA contacts made it possible for me to start a health law specialty firm in King of Prussia, PA.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** A very high level of professionalism among the members, and an outstanding amount of cooperation from all members. I never asked one of our members to help out that I was turned down.

**Q** What challenges do you face in representing healthcare clients?

**A** The extreme politicalization of the reimbursement and payment mechanisms results in a constantly changing environment. But this is probably good for lawyers' incomes.

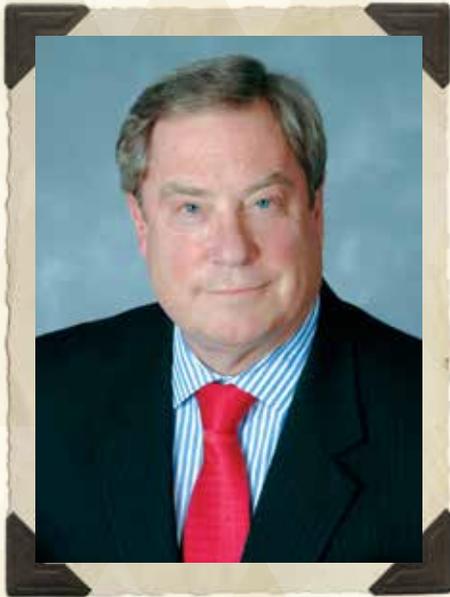
**Q** What do you perceive the future of health law to be?

**A** My future in health law will be played out on the golf course.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** See previous answer.

## Recollections from **Past Presidents**



**Ross E. Stromberg**

**Year of Service: 1978-1979**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** President.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** Many memories over the 40 years with AAHA, too much time was spent arguing with the AHA over budgets and authority, which at the time was constantly frustrating but now it brings back good memories of great people devoted to the profession. Another was the first meeting of AAHA, where this young, tall, conservatively dressed lawyer, Jack Wood came in, sat in the front row and rose to a point of order challenging the authority of a self-appointed steering committee to call such a meeting. It took awhile to straighten that out—after all we were all attorneys—but the meeting proceeded, and Jack went on to form an outstanding health law firm and became a successful president of AAHA.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** Many lasting friendships and professional relationships. Included is the running friendly contest with Dennis Purtell as I believe he and I are the only two members who have attended all annual meetings of AAHA and AHLA. So far, Denny hasn't fallen for the ruse that next year's meeting is in August!

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** Its sole focus on health law.

**Q** What challenges do you face in representing healthcare clients?

**A** No challenges, just opportunities!

**Q** What do you perceive the future of health law to be?

**A** Always expanding with new issues. Moreover, the definition is not a bright line; healthcare can encompass a very broad field going far beyond providers and managed care clients; For example, what about environmental and other social factors affecting "health?"

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** A good resource of material and collegiality.

## Recollections from **Past Presidents**



### **Jamie H. Clements**

**Year of Service: 1980-1981  
(Deceased February 26, 2009)**

Because Mr. Clements was unable to complete “his page” due to ill health, we provided some information here from a variety of sources.

In 1999, The Ex-Students’ Association of the University of Texas bestowed its highest honor of the year, the Distinguished Alumnus Award, to six alumni. Among the most important from an AHLA perspective was the recognition of Past President Jamie Clements.

Jamie is a nationally recognized authority on health law and helped to establish the National Health Lawyers Association in 1971. While attending UT’s law school, Clements became the youngest member of the state legislature and served two terms as a representative. He also

found time to play an active role in his community, serving on the City Planning Commission, City Council, and as mayor of the City of Temple. His civic involvement included roles as president in the Temple Chamber of Commerce and Bell-Lampasas-Mills Counties Bar Association, and numerous other local civic and professional groups including the Rotary. He has served on the UT Centennial Commission and on a number of other University boards and committees, including the Executive Committee of the Chancellor’s Council, the Eyes of Texas Foundation, U.T. Athletic Foundation, and the Keon Fellows—a law school organization.

After close to forty years at Scott & White Medical Center in Temple, TX—serving as their general counsel for most of that time—Jamie Clements retired in 1998. While at Scott & White, Jamie was the only attorney on staff for seventeen years. After Jamie hired Jerry Pickle (an AHLA member too), they were the only two staff attorneys for another eight years. Given the size of Scott & White and the number of employees it had, that in itself was remarkable.

He and his wife, Ann, have three children.

In a profile written by Jonathan Graham for The Rotary Club of Temple in May of 2002, Jamie had this to say:

**Q** What is your ideal vacation?

**A** Getting together somewhere with the whole family.

**Q** What is the best advice you could give a 20-year old?

**A** Study hard, work on that education and then be prepared to work hard.

**Q** What is your best asset?

**A** The great wife that I have and tremendously talented children and grandchildren.

**Q** If you had a different job, what would it be?

**A** When I was young, I thought about the ministry or a career in medicine, but ultimately it was law and lawyers I knew that led me to my chosen career.

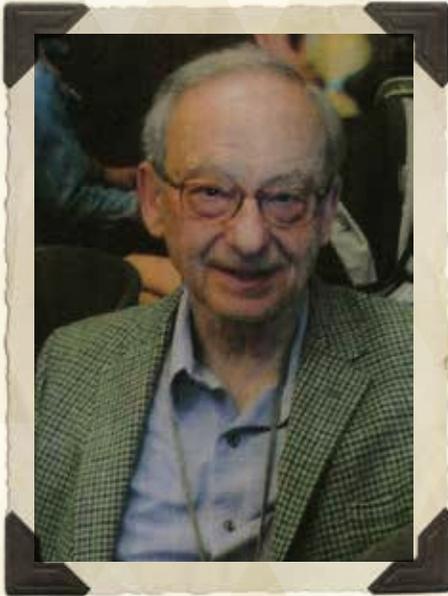
**Q** What are you afraid of?

**A** So little in my later years.

**Q** If you could change one thing about yourself, what would it be?

**A** I’m so fortunate, I don’t know that I’d change anything.

## Recollections from **Past Presidents**



**Arthur H. Bernstein**

**Year of Service: 1980-1981**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** President and all other offices and chairs of the AAHA.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** I was the creator of the American Society of Hospital Attorneys, the original organization, when I was house counsel of the AHA; first meeting in Chicago in 1968. We had fun because of the very different personalities of the founding members.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** The early members were a cohesive group, loved their colleagues in the small group of the hospital attorneys in the U.S. and Canada, met their families and watched them grow up. This crowd, if alive are in their 70s and 80s now. I have been out of touch since 1985!

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** The members in my year really liked each other and knew their spouses and even children.

**Q** What challenges do you face in representing healthcare clients?

**A** No longer active.

**Q** What do you perceive the future of health law to be?

**A** I'm afraid it will no longer be recognizable as health law. Rather, it will be just a branch of commercial law among healthcare institutions.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** My own career was not enhanced by my AAHA activities but I did derive further education at AAHA meetings. This, I suspect, is what the AHLA can best offer its members now and in the future.

## Recollections from **Past Presidents**



**Joseph A. Murphy Jr.**

**Year of Service: 1981-1982**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** President, National Health Lawyers Association (1981-1982). Member of the founding board, prior to becoming president.

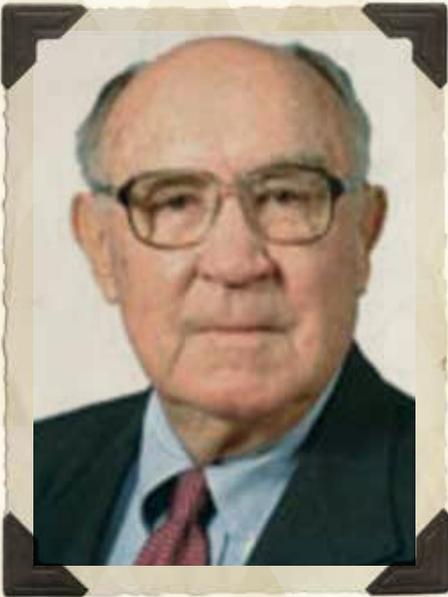
**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** I will take the Fifth Amendment on this question, except to say I have a clear picture of NHLA Executive Director David Greenburg's luggage with destination airport tags for at least ten years of air travel. How his bag managed to arrive at any airport was a miracle, much less the intended one!

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** Jim Doherty, the founding father of NHLA along with David Greenburg, the first executive director. Jamie Clements, who is a past president, was the moral compass for the organization in the early years of NHLA.

## Recollections from Past Presidents



**John B. DeVine**

**Year of Service: 1981-1982  
(Deceased May 27, 2013)**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** Charter Member of AAHA; Facility, 1st meeting-Chicago; Charter member of NHLA; Board of Directors of AAHA; President.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** The original meeting of AAHA in Chicago was exciting—so much enthusiasm and energy and the realization that the Academy was actually being launched. Hospital Law was an entirely new industry and a scholarly network was a necessity. Chairing the Annual Meeting in Montreal was exciting.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** Life-long associations and friendships were framed from the beginning—and continued with fantastic growth of AAHA and NHLA. The meetings and seminars were both extremely productive—and a lot of fun!

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** The unselfish sharing of scholarly research and papers, briefs, opinions, etc. The hard work and pride that the presenters put into their presentations. In professional associations, I found this to be unique and then some!

**Q** What do you perceive the future of health law to be?

**A** It appears that growing regulation will make health law a continuing important part of the delivery system.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** It's not applicable now—but it sure is helpful when I needed it throughout the years.

[My wife] Marnee had a great time and experience in putting the Montreal meeting together.

## Recollections from Past Presidents



**Michael J. Tichon**

**Year of Service: 1982-1983  
(Deceased, May 13, 2012)**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** Past Board Member, Secretary, Vice President and President of NHLA.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** My favorite memory is David Greenburg's office/apartment. Rummaging and stumbling through the plants and papers! Also, Jim Doherty's political advice

and counsel. Also, fond memories of the executive planning retreats with Jim, Jamie Clements, Tom Fox Joe Murphy and Alan Bloom.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** I think that the NHLA experience opened up my whole career. I learned so much, not only about the substance of health law, but I made loads of contacts with great people. It was an opportunity to learn by observing.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** I believe it is the commitment to excellence in the programs and materials. Unlike other organizations, the educational programs are central, not an after thought.

**Q** What challenges do you face in representing healthcare clients?

**A** The major challenge, being a general counsel, is to get regulators and public opinion makers to understand that health care is not a political football, but a very complex and vital process that commands and deserves resource allocations. The cost of health care is a reality of life, not something to budget and regulate to death.

**Q** What do you perceive the future of health law to be?

**A** Health law is such a broad topic, as it has grown from debates about informed consents for hospital services and Medicare reimbursement to an endless horizon of technology and operational legal issues. The near future will see development of state based universal payor or insurance systems, and, the far future should see a careful review of all applicable laws, accreditation standards and such to permit health care to develop new organizational forms and relationships without fear of criminal prosecution, loss of license or malpractice suits. In addition, we should begin to see more international health care ventures in line with globalization. This will challenge our way of doing things as others may seek to import their way of doing things.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** The AHLA means almost everything in the sense of the contacts, opportunities and education it has afforded to me. I expect the organization to stay on the cutting edge as new issues arise that I need to learn about.

## Recollections from **Past Presidents**



**Stephen M. Blaes**

**Year of Service: 1982-1983**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** Past President and Member of the Board of Directors of the American Academy of Healthcare Attorney.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** When I was President of the Academy, the Annual Meeting was held in Colonial Williamsburg. At the opening General Session Monday morning, the President-Elect, my good friend, Larry McLeod, now deceased, introduced me. He began, "In the annals of time it is rare that one encounters a person who, from humble beginnings, achieves extraordinary professional recognition among his peers, who is held in splendid esteem by his clients, and who brings exceptional leadership to his professional calling." I was squirming and red with embarrassment. Larry paused a moment and said "But . . . Enough about ME!" The audience roared!

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** I have enjoyed extraordinary friendships with professional colleagues of the Association. I've found many occasions to call upon them for their professional expertise in a variety of sub-specialties of health law. We also see some colleagues socially and enjoy the special camaraderie of fellow practitioners.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** In my judgment, AHLA is unique because of the generous sharing of information and cross-pollination of professional expertise among our members. I know of no other organization in which such solid commitment to the overall excellence of the profession has become the hallmark of so many. The willing and thoughtful diffusion of professional competencies and skills is extraordinary, indeed.

**Q** What challenges do you face in representing healthcare clients?

**A** The practice of healthcare law has become a microcosm of numerous sub-specialties. It is challenging to maintain an understanding and awareness of the myriad governance issues, regulations, administrative bodies, etc., which impact the client's interests 24/7. Staying close to the resources of the Association helps me remain current with such matters and enables me to know when it is prudent to involve other counsel, consultants or advisors to assure effective representation and proper protection of the client

## Recollections from **Past Presidents**

**Q** What do you perceive the future of health law to be?

**A** As the graying of America continues apace, as technology and technique advance with more and more stunningly efficacious modalities, and numerous other innovations emerge, health law and health lawyers will have to grow with incredible change and continuing challenge. Our abiding commitment must be to translate it all into the opportunity to serve, heal and enhance the quality of life.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** As I said earlier, remaining current with enormous change in the profession of health law is perhaps THE major contribution the Association can make to enhance the professional practices of its members. My advice for your future? "Keep on Keepin' on!"

## Recollections from **Past Presidents**



**Alan B. Bloom**

**Year of Service: 1983-1984**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** Secretary, Vice President, President and Immediate Past President of NHLA.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** At the annual meeting at which I passed the President's gavel, one of my fellow officers publicly stated, "You weren't as bad a President as we thought you would be."

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** I got to meet colleagues from around the country. As my employer expanded from 1 to 26 states, so many of my AHLA contacts proved invaluable in our expansion and several of them became our outside counsel.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** AHLA actively tries to bring in "new blood" and no offer to volunteer is ever rejected or discouraged. It is also the only organization that seeks government, in house and outside members to provide a broad base.

**Q** What challenges do you face in representing healthcare clients?

**A** Keeping up with the new requirements and dealing with a legal system no one really understands.

**Q** What do you perceive the future of health law to be?

**A** More laws and regulations punctuated by a government that contributes to rising costs by imposing new rules and regulations and then complains of rising costs.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** AHLA has provided me not only with substance on what is happening, but has given me the opportunity to interact with colleagues to have my specific issues addressed.

## Recollections from Past Presidents



**Edgar A. Zingman**

**Year of Service: 1984-1985**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** Past President of the American Society of Hospital Attorneys.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** During my tenure as President, ASHA was an affiliated organization of the American Hospital Association (AHA). All of the revenues for ASHA flowed through the AHA who attempted to hold the ASHA Board of Directors to a budget. At that time, the Board did

not respond well to being held to a budget, tending to select expensive locales for Board meetings. Richard Epstein, AHA's General Counsel, desired to instill budgetary discipline over the ASHA Board of Directors and called a meeting of the Board to discuss budgetary issues which was held at the Hyatt Regency Hotel in Chicago. Richard was running late for the meeting and we received several messages that he was on his way. Rather than wait for Richard, we ordered several bottles of high-priced wine and asked the waiter if he could fill a tumbler with corks from wine bottles as a joke. When Richard finally appeared, we told him that we had a few drinks on him while we were waiting. Richard became apoplectic when he spied the tumbler, and did not realize that this was a joke until we handed the bill to him!

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** I developed a number of great friendships with partners in major law firms from coast to coast which continue to this day.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** AHLA is an organization composed of professionals who have as their primary interest continuing legal education to better serve their clients.

The Association is a true "peer learning organization."

**Q** What challenges do you face in representing healthcare clients?

**A** Guiding clients through the morass of federal and state laws and regulations and, in particular, the tax considerations.

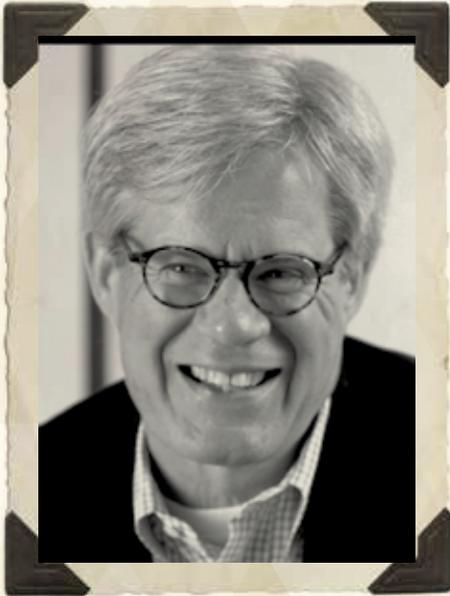
**Q** What do you perceive the future of health law to be?

**A** A distinct discipline that will develop even more subspecialties in years to come.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** AHLA enhanced my health law practice by assisting me in remaining abreast of current health law developments. No other single entity comes close to offering the in-depth educational sessions that AHLA provides. The Annual Meeting tomes provided a resource that could be used on a daily basis by both myself and others in the health law section of my firm. AHLA can continue to be an essential resource for health law practitioners by providing high quality educational content that is available through inperson programs, teleconferences, print publications and online resources.

## Recollections from Past Presidents



**Thomas C. Fox**

**Year of Service: 1984-1985**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** Past President and Director, NHLA 1979-1985. Chairman and Program Moderator, "Long Term Care and the Law," NHLA 1976-1991. Chairman, NHLA, Educational Fund Committee, 1986-1991. Proud "parent" of NHLA/AHLA past or to be Presidents, Eugene Tillman, Joel M. Hamme, and Elizabeth Carder-Thompson

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** Figuring out how to stall paying AHA its share of income from Len and JD's successful Medicare/Medicaid program in March so we could pay NHLA staff through the summer months and get an early pay off on the mortgage on the condo, which was NHLA's first official office outside of David's condo. Ilona and I had to give a personal guarantee for the condo mortgage as the organization's balance sheet—to the extent of its checkbook balance—ran a little thin at times.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** Meeting one "David J. Greenburg," and being a member of the Board under the leadership of Jamie Clements that placed "term limits" on officer positions and opened NHLA to "new blood," and friends too numerous to count.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** Its rich, colorful and diverse history of personalities who gave their hearts and talents to make the organization what it is today, and that will provide a legacy for future leaders.

**Q** What challenges do you face in representing healthcare clients?

**A** I am not likely to face any challenges that in 35 years of practicing health law I have not seen, or cannot be referred to colleagues with whom I have developed friendships over these years.

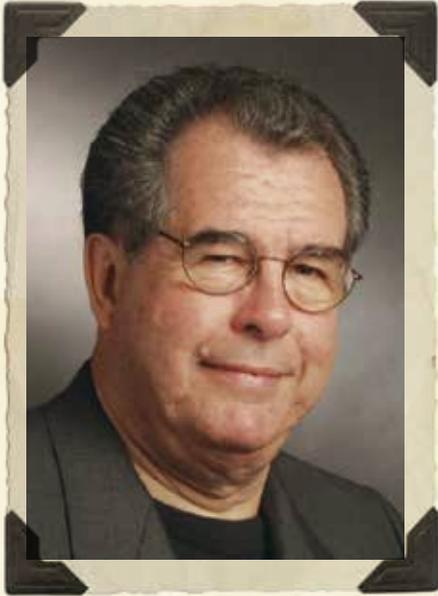
**Q** What do you perceive the future of health law to be?

**A** Successful. In the early NHLA years, we worried about running out of program content, until we figured out that Congress would never let us down. Count on that to continue!

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** Remember its roots and stay the course!

## Recollections from **Past Presidents**



**Leonard C. "Len" Homer**

**Year of Service: 1985-1986**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** President NHLA-1985-1986.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** Watching David Greenburg become apoplectic when Bob Bromberg ordered and opened a bottle of 1929 Haut Brion at a NHLA Tax Institute faculty dinner in New Orleans. Unfortunately, I was the one who had to deal with David for the rest of the evening.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** The most significant friendships are those continuing friendships with former presidents and members of the Boards of the predecessor and current organizations with whom I had the opportunity to work with on AHLA matters. I credit AHLA with the development of my law career over the years.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** The non-competitive collegial atmosphere in which information important to the practice of health law is shared by the members of the organization.

**Q** What do you perceive the future of health law to be?

**A** More negotiation and litigation over payment and fraud issues. As the baby-boomers increase the demand for Medicare services with Congress being loathe to undertake any legislative changes that would create a political uproar, even greater efforts will be made to squeeze any fat (payment "errors" and "fraud") out of the system.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** Continuing to make information important to the practice available on a timely basis.

## Recollections from Past Presidents



**J. Kay Felt**

**Year of Service: 1985-1986**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** As I moved through the offices of the AAHA predecessor, the American Society of Hospital Attorneys (ASHA), I inevitably served in all kinds of officer and committee positions.

As President Elect, I was program chairperson for the meeting at the hot and muggy Innisbrook in Tarpon Springs, Florida. In-house counsel had been concerned that they did not have as visible a role in ASHA as their positions merited. I agreed. So that was the first year of the In-house Counsel Conference held for about two hours on

Sunday afternoon. A special committee of in-house counsel did the planning—and insisted that the session be reserved only for in-house counsel, without outside counsel intrusion. Who imagined what would grow from that embryonic beginning? I consider helping to start that program as my most lasting contribution to the organization.

I am not sure if that also was the first year for Year in Review, but it was no more than the second. It also was held for two hours on Sunday opposite the In-house Counsel Conference. Amazingly, in those early days, the presenters prepared all their own material.

Being responsible for finances was always a daunting task for the nominee for President Elect who acted as treasurer. Everyone who filled that role under AHA had an early exposure to the kind of accounting that now abounds in the corporate world. We rarely knew where our money went or how to get it back.

As President, I tried to encourage Dick Epstein, then AHA general counsel, to use the ASHA Board as an advisory group to his staff. It was a noble idea, but those sessions were a monumental failure, as others from that era can attest.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** I think my first meeting was in New Orleans in the early 1970s. There I met three memorable leaders of that era, Jack Wood, Nat Hershey, and Jim Ludlam. I entered a packed plenary session meeting room on the first day. Though I usually stick to the back row, I finally found what seemed to be the only remaining seat smack on the aisle in the front. Thirty seconds later, Jack Wood strode up with his best military bearing and announced for all to hear, “Young lady, you are in my seat.” Those who knew Jack’s claim to the left front aisle seat had just been waiting for the scene. As the years went on, I was most grateful to him as he took every opportunity to see that I got the attention he thought I deserved. In one of those early years, I recall being on a bus from the airport with Nat, who proved to be the only person I ever observed to keep my mother speechless for at least 45 minutes. I recall at the Board dinner in my year Nat set a record (since broken) for telling the longest stories on the outgoing President. And then there was the incomparable Jim Ludlam, who with his gently expressed wisdom left the greatest mark on health law for all time. Denny Purtell was also memorable, especially when he took me aside before the Innisbrook meeting and explained that I might not realize it, but my suite would be the perpetual social hall. A lot of Denny’s pictures show me napping as others partied into the early morning.

## Recollections from **Past Presidents**

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** There are too many wonderful friendships to recount. All of the past presidents and board from the ASHA/AAHA era formed close relationships and (with rare exceptions usually following finance committee meetings) truly enjoyed our times together as a board—Park City, Manzanillo, Las Vegas and others.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** The organization provided an opportunity to know and work with the finest legal minds in the formative period of health law. Occasionally, the group made law during the meetings, as in the early years of biomedical ethics. There are other similar organizations of lawyers, but only a few have had the good fortune of members with such prodigious talent and good humor.

**Q** What challenges do you face in representing healthcare clients?

**A** As I am retiring, I see the incredible competition between clients, and the desire of each client to claim their lawyers exclusively for themselves, regardless of the volume of their work. That is a real challenge. Clients are very aware of the most challenging regulatory schemes, realize that many regulations fly in the face of business sense, and know that at least their lawyers had no part in creating them. Nonetheless, they push as hard as they can to get the most favorable legal opinions possible.

**Q** What do you perceive the future of health law to be?

**A** I am struck with the burgeoning complexity of health law. Thirty-nine years ago all the Michigan and most of the applicable federal statutes fit in one volume right in the middle of my desk. Now, health lawyers individually have to be more and more sub-specialized just to keep up. The risk of that for themselves and their clients is that fewer and fewer are prepared to see the interrelationship of the various sub-specialties and the relationship of corporate, nonprofit and general common law to everything they do. Perhaps to overcome this problem, individual lawyers may need to rotate among specialties every few years, just to keep renewing their competency.

Perhaps also, lawyers will have to collectively make the case to legislators and regulators that every once in a while there needs to be a time out for harmonizing the laws that exist, eliminating those that are unnecessary or conflicting and making each legislative body and agency cognizant of the morass that they have collectively created—true regulatory simplification.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** As with all organizations, the greatest benefit is knowing other members, both as people and as the best of professionals, and learning from them. AHLA has done a good job of creating many different kinds of opportunities for networking and sharing expertise. It will be essential to continue to innovate as time goes on and conditions change in order to keep the organization perpetually relevant.

## Recollections from **Past Presidents**



**Jon David (JD) Epstein**

**Year of Service: 1986-1987**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** Member of the Board, President, Fellow and Co-Chairman of the Medicare/Medicaid Conference for 21 years.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** Two very memorable, but very different, happenings immediately come to mind. First involved a past president of ASHA Jack Wood and a long time Board Member Charles Cragin. We were in San Diego at the Monday night reception for the annual meeting in the Del Coronado courtyard. Charles was in a white panama suit when Jack tripped and spilled a glass of red wine all over Charles and his white suit. The event made more enjoyable to the crowd since both of these men were known for their "high regard for their status in life." The second memorable event happened at the Presidents dinner at the Broadmoor when Ed Zingman was honoring Larry McLeod as the outgoing president and presented him with his gift which was a beautiful oil portrait of "Ed!" Needless to say the room erupted in laughter as everyone was surprised. Of course the egos of these two made it a special happening.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** I have truly established many close and lasting friendships over the thirty plus years of membership. Some of my closest friends, including Tom Fiedler, Tom Shields, John Seiland (deceased) to name a few were as a result of the annual meetings and our common interest in the then emerging field of health law. But for these meetings, I might never have met these great friends.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** The industry and the history of this organization make it very unique. No other industry is as regulated and no other law is as diverse and as of recent vintage as is ours and this organization truly reflects that uniqueness.

## Recollections from **Past Presidents**

**Q** What challenges do you face in representing healthcare clients?

**A** The clients face the same challenges as any corporate entity in any industry (i.e. legal issues involving employment, litigation, contracts, antitrust, tax, personal injury, fraud, etc) plus the issues resulting from the enormous regulatory environment in which the healthcare industry operates. This represents a challenge in being able to spot issues and bring the right expertise to the client to fit the issue.

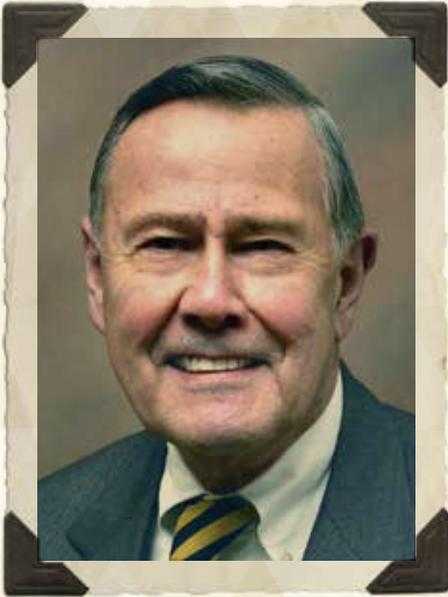
**Q** What do you perceive the future of health law to be?

**A** A continuation of ever changing healthcare laws and regulations compounded by the ever increasing cost of the uninsured and the impact on the federal, state and local government budgets. All of this contributes to a need for legal assistance from expert and experienced lawyers specializing in the industry.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** The educational programs are the best source for training of new lawyers and lawyers new to the field. Personally, the relationships I have made both personally and professionally have been invaluable to my success and my peace of mind. I can only hope others are as enriched as I have been by the people I have met through this organization and its predecessor associations.

## Recollections from **Past Presidents**



**Lee Voorhees**

**Year of Service: 1987-1988**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** President, AAHA, 1987-88  
AAHA Board Member, 1982-89.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** Attending my first AAHA (then ASHA) annual meeting in Scottsdale in 1974. It was a revelation and a great time.

Also memorable were both the frustration and occasional comic relief that marked the series of events leading to AAHA falling out of bed at AHA and into the arms of Health Lawyers. This was a good outcome.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** Friends and colleagues from all over the country. Annual meetings have always resembled college reunions in many ways.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** Collegiality and sharing of knowledge.

**Q** What challenges do you face in representing healthcare clients?

**A** Payment, regulation and unfunded mandates. Also changes in the Internal Revenue Code, and Treasury Regulations and practices, affecting tax-exempt finance.

**Q** What do you perceive the future of health law to be?

**A** Interesting.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** It provides current information on many professionally related subjects and should continue to do so.

## Recollections from Past Presidents



**Charles J. Steele**

**Year of Service: 1987-1988**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** Member of the Board and President, National Health Lawyers Association, 1987-1988.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** David Greenburg's constant worrying about whether the next program would be a success, and it always was. This was due, in no small part, to David being the attentive mid-wife of all programs. This Association and its

predecessor, NHLA, owe more to David than can be described in print.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** When my first law firm disbanded, I was president-elect of NHLA. This was a substantial help in receiving offers from other firms. There are too many friendships to name them all. Joe Murphy, Jackie Saue, and Tom Fitzgerald, all active in health law, were good friends before, during and after my active days in NHLA and AHLA. The late former President Nancy Wynstra always helped when asked. On one occasion she helped me a lot without being asked. She, her husband (who is a physician) and I were attending a program in London. I became ill with a very high fever, etc. She and her husband kept checking on me in my hotel room until things were under control.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** The quality of its programs, which have always been excellent and timely. NHLA held what might have been the first program on the then brand-new Preferred Provider Organizations. Lawyers and Doctors were literally standing in the aisles. The programs

have always been the best way to keep abreast of important developments.

**Q** What challenges do you face in representing healthcare clients?

**A** Absolutely none. After practicing law for fifty-two years, primarily litigating in the health care field, I retired in August of 2006. Thanks to an incredible performance by the trial judge, a case I tried in 1998, that had been filed in 1994, is still pending in U.S. District Court on a number of subsidiary issues. AHLA member Jackie Saue is now handling it for my former client.

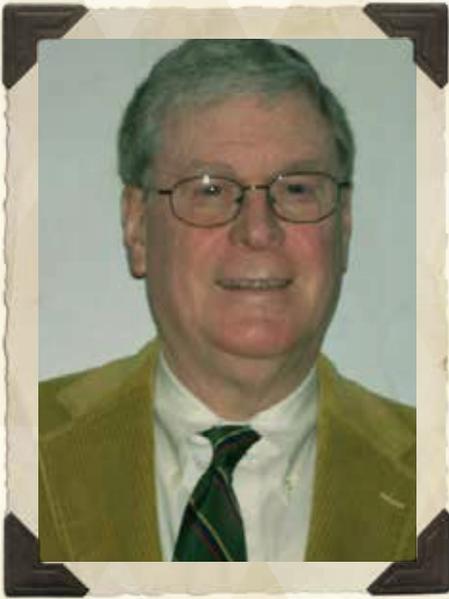
**Q** What do you perceive the future of health law to be?

**A** Booming and incredibly different. I expect that a major new federal law will bring enormous changes and challenges.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** As indicated above, AHLA has been the principle way I kept up to date. Its monthly newsletter alerted me to changes and helped me to understand them. Its programs explored them in depth. It was, and I assume is, the best thing out there for continuing education in the field of health law.

## Recollections from Past Presidents



**Robert W. Miller**

**Year of Service: 1988-1989**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** President, American Academy of Healthcare Attorneys, 1988-1989. Board of Directors, American Academy of Healthcare Attorneys, 1982-1990.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** Evenings spent with fellow directors/presidents—the late Larry McLeod, Ed Zingman, Lee Voorhees, J.D. Epstein, Kelly Clarke, John Van Abel, Tom Shields (usually imitating a Chicago mobster).

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** More friends than I could mention. For all the things I learned at our programs, the friendships turned out to be more important to me.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** See answer above. Can you think of a legal trade association that produces friendships like AHLA and its predecessors have done?

**Q** What challenges do you face in representing healthcare clients?

**A** None. I am retired.

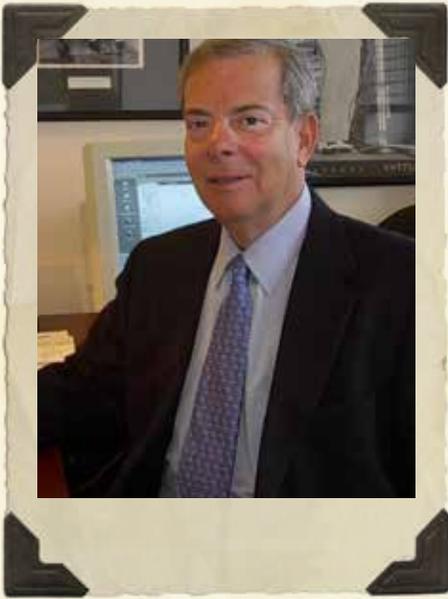
**Q** What do you perceive the future of health law to be?

**A** With healthcare at about 15% of the GDP, with the legal issues raised by genetics and technology, and the never-ending growth in regulation, the future for health law is amazing.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** Educational programs (more than publications).

## Recollections from Past Presidents



**Michael D. Bromberg**  
Year of Service: 1988-1989  
(Deceased August 12, 2016)

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** Past President NHLA.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** At board dinners about 10 of us established a joke telling table and you wouldn't believe the stories some of your leaders told.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** Several friendships, but traveling to Italy with Donna Fraiche (past President) and her husband, John, was the most memorable.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** Opportunity for members input because the policy making decisions are open and reflect the views of all members.

**Q** What challenges do you face in representing healthcare clients?

**A** As a lobbyist, not a practicing attorney, the unintended consequences of legislation is a difficult hurdle.

**Q** What do you perceive the future of health law to be?

**A** As consumers demand more information and take a more active role in decisions about their care and as coverage is broadened, the areas of health law will also widen.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** As a lobbyist, many issues require legal opinions and we recommend that clients seek that expertise.

## Recollections from Past Presidents



**Thomas C. Shields**

**Year of Service: 1989-1990**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** President Elect, President (1988-89) and Past President of the American Academy of Health Care Attorneys, Member of the Board of Directors of AAHA; organized and served as the first Chair of the Tax Law Institute; negotiated the first publishing contracts with DePaul University School of Law for publishing and editing the AAHA Health Law Journal.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** One of my favorite memories was listening to a Year in Review by Bob Miller in 1997 in which he concluded his remarks with a very humorous analysis of lawyers' tendency to use "here" and its related derivatives (such as "heretofore, hereafter" etc.) in contexts which are often unintelligible. He entitled his remarks "The Linguistics of Hereology." Another memorable incident occurred in the office of the President of the American Hospital Association during a serious meeting attended by Lee Voorhees, Tom Collins, J.D. Epstein and me. During the course of the meeting, J.D. Epstein decided to make a point. As he straightened himself in the chair to make his point, one of the legs gave out, and J.D. went tumbling heels over head backwards out of the chair and on to the floor. When he got up he realized that in an attempt to break his fall and grab the conference table, he had ripped the sleeve out of his brand new suit jacket. Needless to say, the meeting promptly adjourned as everybody exchanged looks, chuckles and good wishes to J.D. on the repair of his clothing.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** Members of my family and I have developed great friendships with those we have worked with in connection with the Association. It is difficult to single out any particular friendships, but those with J.D. Epstein, Kay Felt, Steve Blaes, Robert Miller, Ed Zingman, Lee Voorhees, Kelly Clark and Gary Eiland come to mind. I would never have had the opportunity to meet these fine people and their families without my association with them through AHLA.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** The high standards of professionalism and legal scholarships stand out in my mind as distinguishing features of AHLA. The desire of the members, especially those in leadership positions, to share insights quickly with all the members on current legal developments and trends is very unique. In addition, the widespread membership in AHLA gives us an opportunity to tap into legal resources in other jurisdictions when it is necessary to do so in serving our clients.

## Recollections from **Past Presidents**

**Q** What challenges do you face in representing healthcare clients?

**A** The health care industry is one of the most regulated industries in the United States. In addition to the challenge of keeping abreast of the changes in the regulatory environment at the federal, state and local level, health care executives must also keep up on the changes in the law generally affecting employee relations, financing alternatives and capital markets. As the demands for health care services increase, the demands for transparency will continue to mount. It is our goal to help our clients, through research and analysis, meet these demands as the regulation continues to accrete. Keeping up on all of this is the greatest challenge we face in representing health care clients.

**Q** What do you perceive the future of health law to be?

**A** Health law will continue to expand and legal services to the health care industry will become more essential as the regulation of the industry grows in an effort to serve the best interests of patients.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** AHLA has provided the resources necessary to keep up on the ever changing regulatory environment for those operating in the health care industry. Through AHLA each of us can work with our colleagues in serving our clients in their efforts to serve the best interests of their patients. It is only through enhanced educational resources and renewed opportunities to work together to influence the development of the health care regulatory environment that AHLA will continue to be an essential resource to health care practitioners.

## Recollections from **Past Presidents**



**Donna D. Fraiche**

**Year of Service: 1989-1990**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** President; Program Chair Medical Staff Legal Issues Program.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** Sitting around a table at the annual meeting telling jokes that we could never tell today.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** Too numerous to mention—Tom Fox, Mike Bromberg... many others.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** Substantive commitment to fastest and most accurate information about developments.

**Q** What challenges do you face in representing healthcare clients?

**A** Not enough time in the days that grow shorter as I get older.

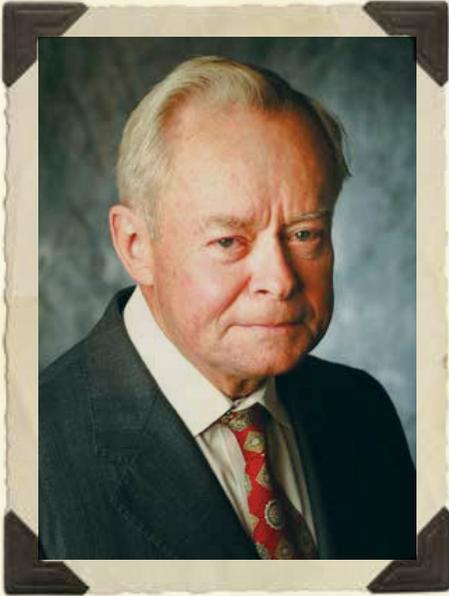
**Q** What do you perceive the future of health law to be?

**A** As aggressive and changing as ever.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** AHLA is the reason I have a practice in Health Law and owe my career entirely to this organization.

## Recollections from **Past Presidents**



**Galen D. Powers**

**Year of Service: 1990-1991  
(Deceased May 27, 2009)**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** I was President of the National Health Lawyers Association.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** In 1974, I had my first encounter with the Health Lawyers Association. I was Chief Counsel for the Medicaid Program and was asked by David Greenburg and Tom Fox to speak in New Orleans at the Long Term Care Program. Afterwards I went out onto Bourbon Street and watched people walking in the street drinking Hurricanes not from plastic cups as is now done but from capacious glasses that were then smashed on the street creating a glistening shard walk over which came an imposingly large transvestite. I decided these health lawyers were into eye-popping fun and signed up.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** The Health Lawyers Association was the route by which I got to know the nation's leading practitioners who informed and enhanced my practice.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** It's the only pure play in Health Law, and its educational programs and publications are nonpareil.

**Q** What challenges do you face in representing healthcare clients?

**A** Thirty years ago it was persuading them to take the law sufficiently seriously. Today it is finding ways to embed legal requirements in the bowels of health providers without impeding legitimate business goals.

**Q** What do you perceive the future of health law to be?

**A** Brighter than ever if one specializes. The body of health law is now so vast that generalists are going out of style.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** The greatest enhancement came from the lecture circuit.

## Recollections from Past Presidents



**Thomas M. Collins**  
Year of Service: 1990-1991

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** AAHA President 1990-91, Member of the Board, approximately 12 years and Chairman of various Committees.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** Getting to know professional and socially many fine lawyers and their families. Don Bierle, Jay Hedgepath, Alvin Moore, Dennis Purtell, Nathan Hershey,

Ross Strombert, Ed McEachen, John DeVine, Steve Blaes, Larry McLeod, Ed Zingman, Kay Felt, J.D. Epstein, Lee Vorhees, Bob Miller, Tom Shields, Kelly Clarke, Gina Hackney, Doug Mancino, Bob Johnson, Glen Reed, Beth Schermer, Gary Eiland, Mark Kadzielski, Jerry Bell, John Van Abel and Kevin Hughes, to name a few.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** I was fortunate to have Jim Ludlam as my mentor when I moved from Litigation to Jim's burgeoning Nonprofit Hospital and Health Care Practice within Musick, Peeler and Garret in about 1964. I became acquainted with American Society of Hospital Attorneys ("ASHA"), of which Jim was a founding member, after he served as its President in 1971. My first meeting was at The Breakers in Palm Beach which started me on a 30 year friendship and association with the health care leaders of the country and their willingness to share their knowledge and experiences with others as well as young neophytes like myself.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** The ASHS changed its name to the American Academy of Healthcare Attorneys ("AAHA") in about 1983 under the

leadership of Larry McLeod to emphasize its professional status and distinguish itself from the trade associations, (called "Societies"), within the American Hospital Association. Its members had always considered themselves as a professional academy of attorneys dedicated to the highest ethical and educational standards of the legal profession. Its dedication to these principles and the mutual sharing of knowledge and experience in an open and truly collegial atmosphere makes it unique, especially today.

**Q** What challenges do you face in representing healthcare clients?

**A** I think the challenge to AHLA members representing health care clients is to continue to take the high road in counseling their clients and devising legal and ethical solutions to the ever increasing complexity of problems presented by conflicting laws and interests. The strong pull of the medical staff's interests, shareholder's profit interests or the government's unwillingness to fund mandated services cannot be allowed to trump the legitimate rights of the patients or countenance fraud or abuse.

**Q** What do you perceive the future of health law to be?

**A** Marshalling the health law talent to devise a National Program.

## Recollections from **Past Presidents**



**Alan S. Goldberg**

**Year of Service: 1991-1992**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** President, Executive Committee Member, Board Member Program Chair Health Contracts, Inaugural Fellow, Vice Chair HIT Practice Group, Founding Moderator HIT listserv.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** When we were interviewing for a successor to Mr. Greenburg, one of the applicants, in responding to a question relating to experience in different sectors, assured us that the applicant possessed substantial “pubic experience” and obviously we were intrigued. Certainly public sector experience was much sought, but upon reflection we decided that this applicant’s even more well developed experience would not be consistent with our association’s mission.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** Many valued friends and colleagues, including David Greenburg, MariLou King, Peter Leibold, and distinguished Past Presidents including the late Bob Bromberg, and Galen Powers, and the late James Hall; and President-Elect Elisabeth Belmont: a leader, an inspirer, a diligent worker, and most of all, a kind and caring human being. And a wonderful initial career of thirty-nine years at the bar, beginning as the eleventh lawyer on

the letterhead of Goulston & Storrs, now a multistate law firm headquartered in Boston, empowering me to disembark in order to begin a new adventure in year forty as a solo practitioner in McLean, Virginia and to continue to teach health law as an adjunct professor.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** The members and staff: there are none better, anywhere, anytime, anyplace!

**Q** What challenges do you face in representing healthcare clients?

**A** So much law, so many rules, and so little time to ponder, with clients and those with whom clients do business always being in a hurry. Having enough time is the most challenging aspect of today’s health law practice. The members and staff of AHLA are among the best resources for using time more effectively, efficiently, and productively, with resources and communications that are excellent.

## Recollections from **Past Presidents**

**Q** What do you perceive the future of health law to be?

**A** Even more complex and challenging, as more people age and become infirm, and more health care delivery techniques involving technology are developed, and more federal, state, and international governmental regulatory oversight ensues. The need for what AHLA delivers will increase substantially and we must assure AHLA's healthy and productive survival.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** By existing and welcoming me, with each and every feature and participatory avenue having productively been enjoyed by yours truly. Keep doing what is now being done, do more that can be done, and do everything that is done with excellence, enthusiasm, and creativity; and always remember: **EVERY MEMBER COUNTS!**

## Recollections from **Past Presidents**



**Alex M. "Kelly" Clarke**

**Year of Service: 1991-1992**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** President, 1991-1992, Board of Directors, 1985-1993, Program Chair, Fundamentals Program, first seven years.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** It wasn't a favorite at the time, but I now laughingly recall searching for dinner at "my" Annual Meeting in Toronto. Along with Shirley Worthy and staff at the Academy I had carefully selected a menu,

made arrangements, signed the standard contract, and invited 800 of my closest friends to a Tuesday night reception and dinner at the Royal Ontario Museum. Dinner went somewhere else (it still hasn't been found). There were dozens of tales the next day of improvisation by the ever-creative members and their guests, my favorite being the 40 or so members who "commandeered" a city bus and demanded passage to the St. Lawrence Market area where, the story continues, a good time was had by all.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** "In the beginning" we were like pioneers. We represented the core group of lawyers nationwide active in the representation of hospitals (then) and many of our opinions and positions at the podium became self-fulfilling prophecies and found their way into the law.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** Historically, both predecessor organizations and now AHLA have emphasized education over marketing, and this has led to the highest standards for speakers, materials, and presentations in our field.

**Q** What challenges do you face in representing healthcare clients?

**A** As the sheer complexity of the subject matter has increased, it has become harder to have confidence in one's answer and to know when one is "done" with a project. We thought 30 years ago this would be a dynamic, growing, and challenging field, and it has not disappointed.

**Q** What do you perceive the future of health law to be?

**A** Challenging, highly competitive, and not for the faint of heart. The field will continue to offer tremendous opportunity.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** In a word, the Academy and the NHLA were the only serious resources through which young professionals could learn, network, and validate their approaches. The Association has provided numerous friendships and the AHLA continues to be a primary resource for accurate and helpful analysis and current information in my field.

## Recollections from Past Presidents



**Virginia Hackney**

**Year of Service: 1992-1993**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** President AAHA–1992-1993, Board member AAHA–1988-1994.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** I recall my first Board meeting with the AAHA Board. The meeting took place in Maui. I think this was in 1988! Bob Miller was president. As a brand new, and very green member, I was surprised to learn of the controversy that confronted the Board because of a struggle for control with the AHA. This was not at all what I had expected! I also recall speaking at the Williamsburg meeting in 1989 (I think) on the Health Care Quality Improvement Act of 1986. This was before the Act had been tried and tested. I was a believer, but many questioned its efficacy. A young upstart in the audience, one Allan Adelman, had the temerity to disagree with me on a point about the Act. I think he was suggesting states should opt out! For some reason this young man impressed me. We became friends and I got him started on the road to success with the AAHA.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** The friendships and the professional contacts I have made through the AHLA are really too numerous to single out one or even a few in particular. It is so valuable to know friends throughout the country to call to discuss difficult health care issues as they arise. But I do feel especially close to the Board members with whom I served and shared so many great, fun and sometimes challenging experiences.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** I believe it is the quality and the depth of the education we provide and the willingness of most of our speakers to share so willingly of their expertise.

**Q** What challenges do you face in representing healthcare clients?

**A** The greatest challenge is staying current. The laws and regulations applicable to our clients change so quickly and are of such great complexity.

**Q** What do you perceive the future of health law to be?

**A** I believe there will be an increasing need for specialization within the field of health law. That will only continue to enhance the importance of the Practice Groups that Kelly Clarke so wisely proposed during his tenure as president of the AAHA.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** The quality of the education and the people involved are the keys. Keep finding bright, hard working lawyers who are willing to share their expertise and take a leadership role.

## Recollections from Past Presidents



**Alice G. Gosfield**

**Year of Service: 1992-1993**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** NHLA-Secretary, Treasurer, Vice president, President-elect, President, Immediate Past President; Chair of programs on Utilization Management and Quality Assurance, Physicians, Aligning Incentives, Physicians and Physicians Organization Institute, I think I counted up once that I had planned almost twenty programs for the NHLA-AHLA. I GOT FIRED THIS YEAR! YEA! I'm a horse to pasture. Let me eat my buttercups. Oh, and then I've been a speaker, author, editor.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** I remember when there was no membership card we'd sit at meetings and say "what kind of a membership organization is this? We don't even have a membership card." David's records on who were members were in his living room. One year at the annual presidents dinner in Chicago, Sandy T, Brent H, Eugene T and I, were all in black tie at a fancy dinner at the Four Seasons or some such place which did not have a TV on in the bar. The Bulls were playing the Lakers for the championship and we wanted to see the game. We ran down the street—the men dressed like maitres d', I in my poofy sparkly taffeta confection into the next hotel which had a sports bar. We were standing in the bar watching the game when some other guys looked at us and said "you guys must be from LA." It could only have been the outfits.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** I believe I owe my career to the organization. Beginning in the early 1980s when no one had any idea who or what I was I spoke on topics about which no one knew anything or cared, but I was able to establish my credibility in a way I never could have

otherwise. It led to connections with national policy initiatives, IOM committee participation which led to NCQA board membership and then chairmanship and more. I have many law firms around the country who are clients for the high end technical stuff we do. Most of that comes from NHLA connections. As for friendships I would count Sandy really high on my list as someone who is important to me and a world class human being, (on the other hand he is six months younger than I am so he loses points there) but there are many others whose regard and affection I value as well. Sandy and I have trouble at this point recalling exactly how we got to be friends. His wife has even asked and we both answered like Alzheimers patients. "I don't know. I don't remember. Do you remember?" I think this is foreshadowing for later years.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** In my experience, the NHLA always stood for technical health law with an understanding of policy, and excellence. In the early years it was god awful cheap about everything. When Len Homer asked me to go on the board he said, "Wanna join a board that meets once a year and we won't pay for your attendance or travel, and all you get is liability?" It was never a social organization (we never had a dinner dance, for example).

## Recollections from **Past Presidents**

**Q** What challenges do you face in representing healthcare clients?

**A** I represent primarily physicians or issues which entail their interests. Need I say more? The challenges are psychodynamic above all followed by financial in that they are cheap as clients and very demanding. We don't have time or space for the rest of it.

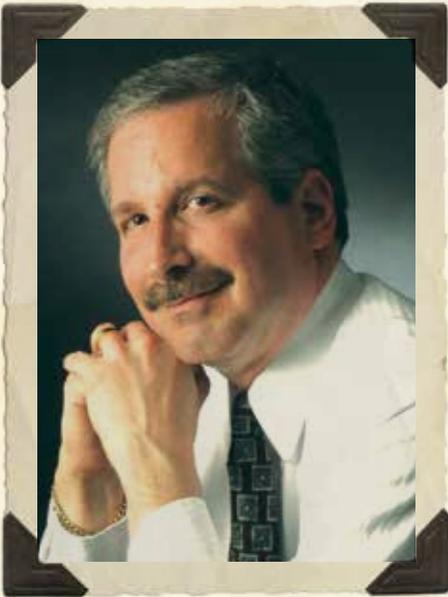
**Q** What do you perceive the future of health law to be?

**A** Vital, dynamic, and contentious as the baby boomers become the consumers and not just the financiers of the system.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** Immensely as above. It has always been and remains the most valuable dues payment I have made throughout my career going back to the first meeting I went to in 1974. (And for the record I remember what I was wearing. "Fashion at all times. Standards in all things.")

## Recollections from **Past Presidents**



**Sanford V. "Sandy" Teplitzky**

**Year of Service: 1993-1994**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** President, NHLA 1993-1994  
Board of Directors, NHLA 1986-1995  
Chair, Fraud and Abuse and Compliance Program 1992-2000  
Fellow-2005-current.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** Throwing beads to onlookers as we walked down the streets of the French Quarter in New Orleans as part of an NHLA

Mardi Gras Parade. Then hearing, the next day, about an NHLA member (who will go nameless but who knows who he is) who showed up at the desk of the Hotel at about 3:00 in the morning dressed only in his shorts asking for a key to his room, because he neglected to put on his glasses when he got out of bed and mistook the door to his hotel room for the door to his bathroom.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** These are too numerous to list, but include life-long friendships with colleagues I have met while involved in AHLA activities and the visibility AHLA (and before that NHLA) has given to me and my practice.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** The opportunity for full and candid discussion of important issues with colleagues. For the most part, the lack of a sense of competition between practitioners, and the true desire to learn and share information to benefit all of us and our clients. The quality of the educational programs and materials remains unparalleled and the willingness of colleagues to share their insights is invaluable.

**Q** What challenges do you face in representing healthcare clients?

**A** In today's environment, the greatest challenge is to remain current on new developments, not only in the manner in which health care is delivered, but also in the governmental response to those developments.

**Q** What do you perceive the future of health law to be?

**A** Health law will continue to be a growth area because of the significant financial resources which are allocated to health care by the industry and by payors (including the federal and state governments), and because the relevance of this area of law to our everyday lives.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** AHLA has been, and continues to be, an invaluable resource for current information on developments which affect my practice and my clients on a daily basis.

## Recollections from **Past Presidents**



**Douglas M. Mancino**

**Year of Service: 1993-1994**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** President, Board of Directors.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** A strength of AHLA and its predecessors is that it is collegial. As a consequence I have made many wonderful friends over 30 years I have been a member.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** First, collegiality. Second, willingness to share.

**Q** What challenges do you face in representing healthcare clients?

**A** The law continues to multiply and become more complex—this makes the representation of health law clients challenging but rewarding.

**Q** What do you perceive the future of health law to be?

**A** Robust, in a word. At 16% of the GDP and growing, the future is great.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** AHLA serves as an important resource for educational material that has enhanced my ability to serve clients effectively.

## Recollections from Past Presidents



**Phillip A. Proger**

**Year of Service: 1994-1995**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** AHLA—First Chair of the Practice Committees, Board of Directors, President.

NHLA—Board of Directors, Chair, Antitrust Program.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** There were many favorite moments with AHLA and NHLA. But I will always remember a long narration by Larry McLeod at dinner at the

Annual Meeting in Innesbruck outside of Tampa on why it was so important to change the name of the American Society of Hospital Attorneys to the American Academy of Hospital Attorneys. Larry was passionate for the change to “Academy” and was extremely happy when AHA agreed to the change. Apparently within the AHA “Academy” connoted more respect.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** Again there were and are many. I do not want to name anyone specifically for fear that I would leave someone out. Certainly, my colleagues on the Boards of both organizations with whom I served and who put up with me always will be special. I always will remember my initial meeting with David Greenburg, NHLA’s long time Director. NHLA in 1976 was run out of David’s apartment. We met because David wanted to establish an antitrust seminar, but was nervous that no one would show up. We went ahead and sold out as over 300 lawyers attended the first NHLA Antitrust Seminar.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** The quality of the people, programming, publications and dedication to the practice. Also the receptivity of AHLA

to new members. Bob Johnson in particular deserves credit for the vision and perseverance in merging NHLA and AAHA. Having one association dedicated to representing health care clients has been a big “plus.”

**Q** What challenges do you face in representing healthcare clients?

**A** From an antitrust lawyer’s perspective, particularly in the beginning (mid-1970’s) the biggest challenge for me was convincing clients that just because you are non-profit (a tax concept) does not mean that you do not compete.

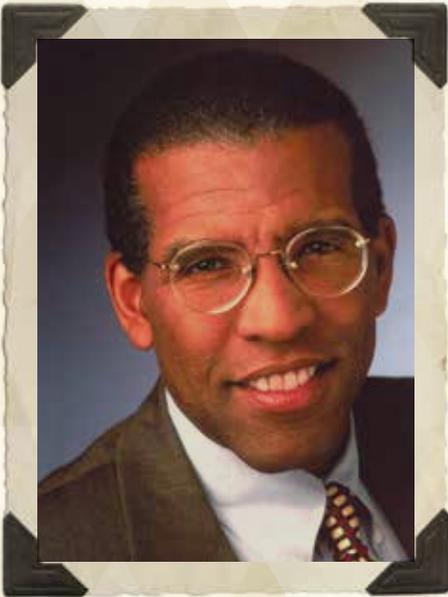
**Q** What do you perceive the future of health law to be?

**A** The health care industry will continue to be the largest industry in the United States so correspondingly, the practice of health law will continue to be robust, fun, but challenging.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** AHLA is doing great and I am certainly the least qualified to give advice to AHLA. So, of course, I will. Continue to develop the practice committees and continue to be an organization open to newcomers.

## Recollections from Past Presidents



**Brent L. Henry**

**Year of Service: 1994-1995**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** Program Co-Chair; Board Member; President—all NHLA.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** My two favorite events revolve around the annual meeting. One is the “golden ferret” award given to the funniest true-life story at the in-house counsel lunch. The other is the president’s farewell dinner, where both serious and

humorous stories are told, old friendships renewed, and the gavel is passed to yet another leader in our profession.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** I can truly say that NHLA is the reason that I am a healthcare lawyer today. NHLA’s founder, David Greenberg, was an early mentor of mine. He gave me career advice, opened doors and actively supported my involvement in the organization. The resulting friendships that evolved have been rich and rewarding, and are too numerous to mention here, but it all started with David.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** The rich combination/ collaboration of inside and outside counsel; the quality and breadth of our educational offerings; and the public interest perspective that we bring to the national health care dialogue.

**Q** What challenges do you face in representing healthcare clients?

**A** The constant challenge for me, as in-house general counsel to an academic medical system, is how to provide the best advice in the most efficient manner to physicians and researchers who continually strive for excellence in a cost-constrained environment.

**Q** What do you perceive the future of health law to be?

**A** Constantly changing, as scientific breakthroughs and technological advances continue to push the boundaries of medicine into new frontiers in a country that’s still not certain whether those benefits should be made available to everyone, regardless of their ability to pay. The legal challenges that reside at the intersection of intellectual property ownership issues, medical ethics and social/ economic policy are both fascinating and endless.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** AHLA continues to provide my colleagues and me with timely, useful information, networking opportunities to learn from our peers, and vehicles to share our knowledge with others. My advice is to “stay the course;” you’re doing a great job!

## Recollections from Past Presidents



**Robert L. Johnson**

**Year of Service: 1995-1996**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** AAHA Board of Directors; President.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** My favorite memory is the process we went through in merging the two organizations—AAHA and NHLA. We discovered that on both sides of the table there were people who were smart, intellectually accomplished and honest and pursuing similar goals: The best possible advice and representation of the health care professions.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** As General Counsel of Catholic Healthcare West from 1985 to 2003, when I retired, I encountered many challenging legal situations. I found I could call upon the “best of the profession” for help, both on a paid and non-paid basis. Many of these relationships continue today in my retirement, as good friends.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** The structured and serious attention to the importance of “networking” in our profession.

**Q** What challenges do you face in representing healthcare clients?

**A** I am now retired.

**Q** What do you perceive the future of health law to be?

**A** Ours is a socially relevant and essential segment of the practice of law. The delivery of health care services will not become simple nor unregulated in the years to come, and the advice of skilled lawyers with common sense will be essential for success.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** The AHLA is the perfect source for both knowledge of the law and an opportunity to discuss problems, on a practical basis, with others “who have been there...”

## Recollections from Past Presidents



**Eugene Tillman**

**Year of Service: 1996-1997**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** I was the last President of the NHLA during the 1996-1997 fiscal year. That was the year that we negotiated the combination of the AAHA and NHLA to form the current association. Prior to my tenure as President, I held a series of positions both in the governance structure and as the co-chair of the educational programs on fraud and abuse law.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** It didn't seem funny at the time, but I look back on it now with gratification. Marilou King and I had scheduled a two-hour morning segment during an all day board meeting of the NHLA to discuss the proposed combination with the AAHA. As President, I was chairing the meeting, and the "two-hour" segment consumed the entire meeting. We covered a lot of ground that needed to be covered and emerged with a strong consensus to move forward with the transaction which created the current organization.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** My tenure in the leadership of the NHLA afforded me a great opportunity to work with the leaders in my field, individuals for whom I continue to have enormous respect. In addition, my work on association programs helped me establish a reputation and profile that clearly enhanced my career development.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** I'm obviously biased, but there are probably few associations which receive the level and scope of support and commitment from its volunteer leadership and from the members at large. The association has also benefited from a world class staff.

**Q** What challenges do you face in representing healthcare clients?

**A** The more things change, the more they stay the same. A big challenge has always been staying current and keeping pace with the changes in law, new cases and guidance, evolving business structures, and the like.

**Q** What do you perceive the future of health law to be?

**A** I have been engaged in the practice of health care law for over 30 years, initially with the government and, since 1980, in private practice. With the benefit of that perspective, it's evident to me that change is the operative principle. Private and government funded health care will continue to spawn myriad corporate, regulatory, quality of care, and payment challenges. Health law, whether practiced in a governmental, in-house, public interest, trade association, or private practice setting, will continue to offer great opportunities for lawyers to help their clients and communities cope with dynamic change in a key sector of our economy and our lives.

## Recollections from **Past Presidents**



**Gary W. Eiland**

**Year of Service: 1996-1997**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** AAHA President (1996-97); AHLA Immediate Past President and member of Executive Committee (1997-98); Recipient of AHLA 2005 David J. Greenburg Service Award.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** My year as AAHA President was the year of the merger between AAHA and NHLA to form AHLA. Following the work of the AHLA nominating committee that year, I had the distinct pleasure of calling Al Adelman and other select AAHA members to advise them of their pending nomination to the AAHA Board, an organization that would technically no longer exist, due to the pending merger, as of the effective date of their appointments to the AAHA Board. Those were interesting conversations.

Another favorite memory involved the AAHA 1996 Annual Meeting held at the Hotel Del Coronado. Consistent with AAHA policy, as AAHA President-Elect with responsibility for the annual meeting, I had the choice of suites at the Hotel Del Coronado. In lieu of the largest suite, the Hotel Del Coronado suggested that Sandy and I be one of the first tenants in the hotel's newly constructed "beach house." Sandy and I had the pleasure of hosting many AAHA leaders and members for cocktails and conversation in the beach house during the Annual Meeting. Additional visits at all hours by the teenage children of AAHA leaders and members, who had received personal invitations from one Pete Eiland, contributed to a fun but tiring Annual Meeting.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** I credit AHLA and its predecessor organizations to multiple friendships and professional opportunities. Friends include the founding leaders of both predecessor organizations and continue to today's more junior AHLA leaders and members. During the early part of my career I had the opportunity to work both sides of the AAHA/NHLA aisle and I still have on my desk the small clock and "solar calculator" that David Greenburg distributed to the faculty of the 1984 and 1985 NHLA Health Law Update conferences.

Sandy and I have always enjoyed the Tuesday afternoon golf outings that began at the AAHA Annual Meetings and have continued through the years with Jack Schroder, Denny Purtell, J.D. Epstein, Nate Hershey, Jerry Bell, and others. I would be remiss not to mention the "annual play date" that the Cowart and Leibold daughters and my granddaughter have had at each of the more recent Annual Meetings. It's a pleasure to watch a younger generation of offspring grow-up with fond expectations of attending the AHLA Annual Meeting as the "guests" of their parents or grandparents.

## Recollections from **Past Presidents**

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** A major distinguishment is the “member-driven” nature of the AHLA construct and the multiple participation opportunities that AHLA offers to its members. A third factor is AHLA’s historical interaction with governmental agency representatives and, in more recent years, enforcement agency representatives. These traits permit the development of significant networking opportunities and resulting friendships.

**Q** What challenges do you face in representing healthcare clients?

**A** A significant challenge in representing healthcare clients is the breadth of substantive legal issues that healthcare industry clients experience. As I frequently state during law student recruiting interviews, health lawyers may be called upon to address issues ranging from right to life to right to die and everything in-

between, whether operational, regulatory, or transactional in nature. Challenges then include triaging the health care client’s legal needs, identifying and assigning the appropriate attorney to address the identified issues, and personally handling matters within the substantive expertise and experience that I have accumulated over the past thirty plus years.

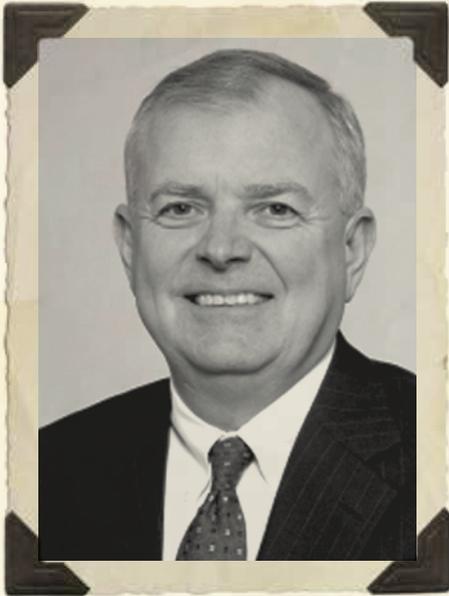
**Q** What do you perceive the future of health law to be?

**A** Health law will continue its evolution as a dynamic practice area with remarkable advances in the medical sciences, continued proliferation of regulatory parameters, and resulting enforcement initiatives, all of which will offer great challenges and opportunities for health law attorneys handling operations, regulatory, transactional, and life sciences’ issues. Continued specialization will occur accompanied with the emergence of larger and larger health law practices within individual law firms.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** AHLA provided the opportunity for me to speak at national conferences and develop a national reputation and a national practice in health law. AHLA should continue to do “more of the same” while evolving to address the needs of its members. The fact that it is a member-driven organization with significant opportunities for participation by its members will ensure that it continues to be an essential resource to the health law practitioners in the future and provide the reference and other resource materials that are essential to a successful health law practice.

## Recollections from **Past Presidents**



**Glen A. Reed**

**Year of Service: 1998-1999**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** AAHA: AIDS Task Group Chair, Fundamentals of Healthcare Law Program Co-Chair, Board, Board Publications Committee Chair, Board Finance Committee Chair, NHLA/AAHA Merger Project Representative, Annual Meeting Chair, President-Elect

AHLA: Board, Board Public Interest Committee, Board Publications Committee, Board Finance Committee, Board Program Committee Chair/ Annual Meeting Chair, Board Executive Committee, President Elect, President, Nominating Committee, David J. Greenburg Service Award, Fellow.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** These are too numerous to mention, and include many of the senior leaders who built the organizations over the years, and many members in my peer group.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** The content. The breadth and depth of the information made available, and the timeliness of the information, have become truly incredible. I suspect that AHLA supports its members as well as any organization in any profession or specialized segment of business.

**Q** What challenges do you face in representing healthcare clients?

**A** Constant change, and the shortcomings in the laws that attempt to regulate business practices in this industry.

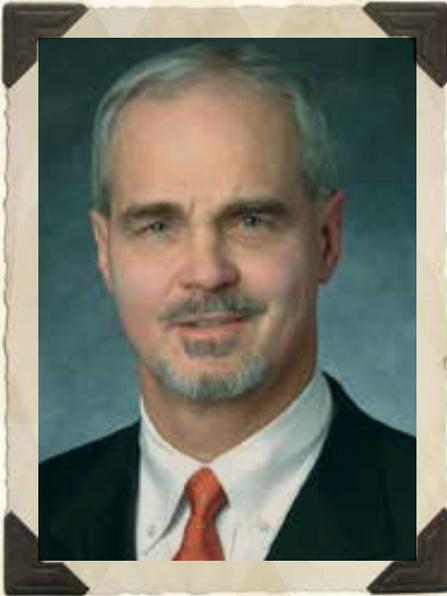
**Q** What do you perceive the future of health law to be?

**A** Needs of the health care segment of the economy for legal support will only continue to grow. The subject matter that practitioners must work with will only continue to become more complex.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** AHLA has given me an opportunity to provide high quality support to my clients, and it has given me an opportunity to learn from many great lawyers from other parts of the country. AHLA can continue to be an essential resource by continuing its traditions of excellence and continuous improvement with the members' interests always given a priority.

## Recollections from Past Presidents



**Michael F. Anthony**

Year of Service: 1999-2000

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** President of AHLA, Chair of membership, public interest, finance and executive committees...moderator of first Masters Program...drafted AHLA conflict of interest policies.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** I recall the days of David as the ED working out of his condo in DC...a visit to the NHLA offices meant a visit to the condo. We loved that man for his incredible dedication to our profession...I reflect on the unparalleled tenor of the board meetings of the NHLA in the late 1980s with many of the industry giants moving the organization from a club to a true fully functioning and representative organization...the meetings were a nice mix of fun dialogue among competitors and collaborative action to advance the evolution of this treasure for health lawyers...I recall the caliber of candidates that presented when a committee searched for David's replacement...the quality of the candidates spoke clearly of what the association had become...last, I think back on the nervous anticipation at the time of the merger as to how cultures would change...few suspected what a perfect match it turned out to be.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** It was the guiding light when trying to mesh a healthcare and legal background...it has added a professional and social dimension to our day to day work that truly enriches the entire experience.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** AHLA is about its members...it recognizes that and operates with a sense of balance and openness that many others cannot achieve.

**Q** What challenges do you face in representing healthcare clients?

**A** In providing complete counsel to companies operating in the health industry, it remains a daily challenge to add value and to complement the increasingly talented counsel working in house with our clients.

**Q** What do you perceive the future of health law to be?

**A** Bright, challenging, interesting, product/service component balanced, international and full of talent.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** AHLA has evolved as has our practice to integrate specialty practice group components...this is the only way to stay fully informed and cutting edge.

## Recollections from Past Presidents



**Beth J. Schermer**

**Year of Service: 2000-2001**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** I had the great pleasure of serving as the President of AHLA, and, because of the timing of the AAHA and NHLA merger, had one of the longer runs as president-elect and finance committee chair of both AAHA and AHLA during interesting and sometimes lean years. I chaired various board committees, such as the Program Committee,

and served with Jerry Bell as the inaugural co-chair of the Managed Care Practice Group.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** My first time as a speaker at an AAHC annual meeting was in 1990 at the Del Coronado. The topic was “The Right to Refuse Treatment”; I stayed up for days reviewing cases and memorizing details. I should have caught up on my sleep. Cruzan was handed down the morning of the talk, and the talk had to be completely revamped. I read the case—its many concurrences and dissents—as it came curling off of the ancient fax machine at the Del in one long scroll. I still shudder in June when Supreme Court cases are published.

My other riveting moment was my first board meeting on the AHLA board, this time in Colorado Springs. My children were five years old, three years old and ten months—and sublimely unconcerned with my new adventure. Each of them became spectacularly ill during that annual meeting. I ran from sessions to board meeting to hotel room to pediatric clinic in an endless loop for three days. We all survived, with surprisingly fond memories of the Broadmor.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** The friendships made through AAHA and AHLA have enriched my professional and personal life. It all started with Jerry Bell, when Jerry and I discovered that we were not only co-chairs of the new managed care practice group, we were its only members. There was nowhere for either of us to go but up. My husband, Sam Coppersmith, and my kids all view the annual meeting as a rite of summer and have been known to reroute their own plans in order to see their AHLA friends. It is hard to imagine practicing law—or getting old and fairly cranky—without friends found through AAHA and AHLA.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** The quality of the seminars, materials and information to support a health law practice and the personal and professional friendships. The occasional opportunity to catch a glimpse of esteemed colleagues singing show tunes or taking to a dance floor does not hurt either.

## Recollections from **Past Presidents**

**Q** What challenges do you face in representing healthcare clients?

**A** The rapid pace of mergers, affiliations and leadership changes place a premium on nimble analysis and short to mid-range planning. At the same time, these more immediate projects and goals rarely address the deepening problems facing the healthcare system as a whole and the lack of access to quality care within our country.

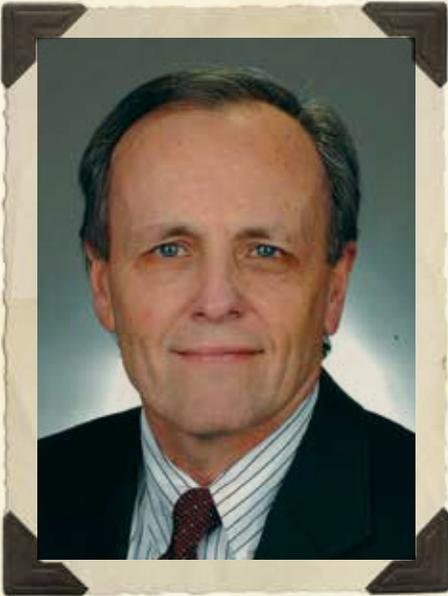
**Q** What do you perceive the future of health law to be?

**A** Young lawyers, who are well trained and who love healthcare in all its peculiar glory.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** My friendships with remarkable lawyers through AAHA and AHLA have made me a much better lawyer, through years of mentoring, debate and discussion. I wouldn't want to practice law without them. The Association reminds us to give young lawyers the support and attention that our mentors gave us.

## Recollections from Past Presidents



**Douglas A. Hastings**

**Year of Service: 2001-2002**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** President (AHLA), Board of Directors (NHLA and AHLA); Chair of Finance, Program and Public Interest Committees; Program Chair, Annual Meeting (AHLA) and Managed Care Law Institute (NHLA).

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** At my last Board dinner as outgoing President, Peter Leibold gave me a picture of the 2002 Maryland Men's NCAA Basketball Championship team. Peter knows I am a Duke graduate and a basketball fan. On the back of the picture was the following inscription, signed by the Maryland coach, Gary Williams: "To Doug-- Knowing you were watching made winning all the sweeter."

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** Glen Reed, Mike Anthony, Beth Schermer, Jim Roosevelt, Almata Cooper, Dick Cowart, Al Adelman and Anthea Daniels — all superb AHLA Presidents with whom I worked and became friends and from whom I learned much about leadership —and, Peter Leibold whom I first met in his first interview with AHLA about ten years ago now.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** That it is not a trade association but rather an educational organization dedicated to education, information and dialogue. The dialogue in particular—between lawyers in the public and private sectors as well as different health care industry sectors—is critical as the entire health system faces daunting challenges.

**Q** What challenges do you face in representing healthcare clients?

**A** Solving health care client problems requires multi-disciplinary teams — typically, multiple areas of legal expertise coupled with health care industry sector, often sub-sector, expertise. You need a big group of lawyers working together and sharing information effectively.

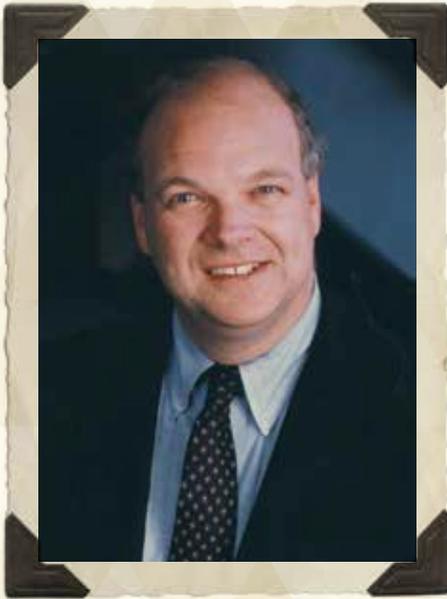
**Q** What do you perceive the future of health law to be?

**A** Health care sector spending is projected to double by 2015 and become 20% of GDP. Health care is an economic challenge as well as a policy challenge. Health lawyers can and should be working together to improve the health care system as they solve client problems on day-to-day basis.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** By staying on course and being innovative at the same time—effectively meeting the need for education, information and dialogue amidst constant changes in technology and the daily needs of health lawyers and their clients.

## Recollections from Past Presidents



**James Roosevelt Jr.**

**Year of Service: 2002-2003**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** Board of Directors; President; Chair, Committees on Regulation and Public Interest; Program planning committees, Health Plan Law Conferences and Annual Meeting.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** I will always treasure the experience of searching for Peter's successor and finding Peter.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** Too many friendships to count but Beth, Sam and their family are the longest standing and the funniest.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** Health Lawyers dedication to education is our brand. The camaraderie that our high standard of presentation and our emphasis on public interest inspires is unsurpassed.

**Q** What challenges do you face in representing healthcare clients?

**A** In my current executive role, it is managing hundreds of people and competing with strong nonprofit alternatives.

**Q** What do you perceive the future of health law to be?

**A** The dynamic of health policy or the lack thereof in the US will continue to give us great opportunities to help our clients prosper and prepare for the unexpected.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** Health Lawyers has always helped me sound like I know what I am talking about. The opportunity to learn from experts, prepare well enough to sound like one myself, and spend time with some really good people is the key to our present and future.

## Recollections from Past Presidents



**Almeta E. Cooper**

**Year of Service: 2003-2004**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** AHLA President, President-Elect, Secretary Treasurer; Programs Committee; Chair Executive Committee; 2000-2005; Board Member 1997-2005; Public Interest Committee 1997-2005; Chair 2000-2001; First Program Chair Hospitals and Health Law Institute, 1997-2000; Member, Physicians and Physician Organization Law Institute, American Academy of

Healthcare Attorneys (“AAHA”): member 1980-1997; member of the Board of Directors 1995-1997; Teaching Hospitals and Academic Medical Centers Committee, Chair, 1995-1996, Teaching Hospitals and Academic Medical Centers Program Committee, 1996-1997; member Editorial Board, “The Counselor,” 1994-1997; Annual Meeting Program Committee, 1991, 1993, 1994; In-House Counsel Committee, 1991 and 1993; Development Committee, 1991-1992.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** I can’t name just one favorite memory. High on my list of favorite memories are the years of annual meetings when Gail and Chip Hasbrouck, Marie and Edward Robinson, Yvonne Bryant, Trudy and I would meet for dinner one night of the annual meeting; Yvonne Bryant and I (and then later Elise) would share both laughs and a room at annual meeting, the meeting at the Hotel Del Coronado when Beth Schermer and I met over the strollers of our daughters Sarah and Elise, and serving as a bartender with Elise Brennan in Philadelphia.

**Q** How has the practice of health law changed over time and how has the Association evolved in response to such changes?

**A** The practice of health law has been characterized over time by increasing complexity and expansion of health law to incorporate many related areas of law as reflected in AHLA’s educational programming and publications as well as the changing composition and popularity of practice groups. I commend the AHLA board, leadership and senior staff for being disciplined in adhering to a broad based strategic planning process and being fiscally conservative to meet the needs of members and the continually changing nature of health law.

**Q** What challenges do you face in representing healthcare clients?

**A** As an in-house counsel, I am always challenged to set realistic priorities as what the legal department can accomplish when the breadth and depth of issues is continually changing and expanding. Fortunately, with AHLA as a primary resource, I can at least identify the issues and know what my next challenge may be.

## Recollections from **Past Presidents**

**Q** What do you perceive the future of health law to be?

**A** The easy answer is that the future of health law will be like its past—Health law will be a wild roller coaster of change. In my world of representing physicians the dramatic increase in the number of employed physicians will affect not only physician-hospital relationships on the transactional side and on the medical staff relationship side. How this will affect the expectations of those on both sides of the equation is at best questionable. I don't think it's yet susceptible to a predictable outcome. Further, because health law doesn't exist in isolation, health law will certainly be affected by those changes that other legal prognosticators have predicted for the legal profession, including creative sentencing by judges, battles over who is entitled be called a U.S. citizen, what are a law firm partner's severance options, electronic discovery in the public spaces of the internet for multiple purposes including background checks, medical ID theft, and plentiful patent infringement litigation. It's not much of stretch to see that health lawyers will be in the mix of any of these topics.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** So often in one's professional career one encounters offers to participate in an organization, enroll in an educational program or subscribe to a publication which proclaims itself to be the "best in breed." In my experience, AHLA is the one organization that consistently lives up to its reputation. I am a better lawyer because of the access I have had both through AHLA and its predecessor, AAHA, to quality legal education, knowledgeable and collegial colleagues who practice every aspect of health law, excellent publications and the opportunity be involved in outstanding Public Interest colloquia, teleconferences, briefings, etc. Combined with the terrific and responsive staff members who are always able to point me in the right direction, AHLA has definitely enhanced my practice as a health lawyer.

## Recollections from Past Presidents



**Richard G. Cowart**

**Year of Service: 2004-2005**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** AHLA President 2004-2005.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** My first AAHA meeting was in Miami, Florida. In a blind draw, Jerry Bell and I were selected to play tennis together, and we won the tournament. A year or two later, Doug Hastings and I (again by blind draw) were

selected to be tennis partners in Williamsburg, VA. We also won the tennis tournament. Both Jerry and Doug have become life-long friends in AHLA (and we managed to beat Nate Hershey every year).

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** AHLA has provided a great opportunity to have friends in “every port.” They are lifetime relationships. My wife, Becky, has been with me to many AHLA events. We both have made friends throughout the U.S. Then, there is also that relationship between Carrie and Nora. Or, as Gary Eiland phrases it, “that great play date that we put together every summer.”

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** AHLA has always distinguished itself with excellence in education, as well as excellence in all of its endeavors. Collegiality has always been one of the hallmarks of AHLA. It is evident from the many friendships and associations. One of the unique distinguishing characteristics of AHLA is the affection with which it is held among its former leaders. I know of few other organizations whose past

presidents feel as closely tied to an association and continually return to it. In that regard, it almost has the college alumni feeling where people never really leave the Association, but merely serve in other capacities.

**Q** What challenges do you face in representing healthcare clients?

**A** Many of my representations for health care clients involve the intersect of finance, law and public policy. As health care has emerged as a national issue, the pace of change will be accelerated by the vascular nature of politics. This change will frustrate health care clients who are used to linear and incremental events. When you couple this frustration with the explosive growth in need for health services, and the marginal growth in resources, we will experience many challenges in helping our clients master change and maintain missions and margins.

**Q** What do you perceive the future of health law to be?

**A** Health care is undergoing a metamorphosis. The rapid acceleration of consumerism, the advent of new technologies (particularly information technologies), the changes in financing mechanisms (both public and private), and the new notions of quality will all have significant changes on what is health

## Recollections from **Past Presidents**

law and what health law will become. The U.S. hospital once dominated the health law landscape. Although it remains a significant anchor, the proliferation of other forms of delivery systems and even retail health care, will have significant impact. Added to this mix will become the changes in life sciences, particularly pharmaceuticals and biotechnologies. This will be an exciting, but challenging time for health lawyers.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** AHLA can enhance our practice by continuing to educate us on change. AHLA should not become complacent, but should help us understand the changing environment, even when it is not yet fully developed with law, regulations and cases. AHLA should continue to freshen us with new ideas, especially as we become old, tired and set in our ways.

## Recollections from **Past Presidents**



**S. Allan Adelman**

**Year of Service: 2005-2006**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** Vice Chair and Chair—Credentialing and Peer Review Practice Group (Previously the Medical Staff and Physician Relations SISLC), Board Member, Board Executive Committee member, President.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** I remember fondly the dinner dances the Academy always held on Wednesday night after the end of the Annual Meeting. The “proms” as they were sometimes called, were always an occasion when everyone one could socialize and celebrate a successful meeting. The highlight of the evening was always the announcement of the new Board members and the incoming President-elect. It was always a great party and celebration. I especially remember one particular Academy Annual meeting when as a brash young (ok, middle aged) lawyer I had the temerity to challenge something Virginia Hackney said during a presentation she was making on the Health Care Quality Improvement Act which had recently been enacted. Despite my arrogance, Virginia was extremely gracious and invited me to sit at her table at the dinner dance. Virginia went on to become President of the Academy and I can remember thinking that I would never have a future with this organization because I had challenged one of its respected leaders. However, to the contrary it was Virginia who got me involved in the Academy’s activities in a way that led to my ultimately becoming a member of the Board and eventually President.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** The Academy and later AHLA Annual meetings have always been events which my wife, Cathy, enjoyed as much as I did. Over the years she has made as many if not more friends than I did. Every year we looked forward to reunions with our friends from previous years. We became particularly close with one couple we met at the Sunday night reception at an Annual Meeting at the Del Coronado about 25 years ago, Courtney and Dan Petre and would get together with them every year at the Annual Meeting. That friendship ultimately lead to Courtney’s learning about my oldest son, Chris, who wanted to return to Colorado after graduating from law school which led to Courtney’s recruiting him to come to work with her at Valley View Hospital in Glenwood Springs, Colorado. So, nurture those friendships you make through AHLA. They may eventually help your kids find a job, with benefits.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** The willingness of our members to share their talent, knowledge and experience with others.

## Recollections from **Past Presidents**

**Q** What challenges do you face in representing healthcare clients?

**A** Coming from a small firm, one of my greatest challenges is accessing all of the information that is available regarding health care law. The constant flow of regulations, court decisions, advisory opinions, and other legal materials is extremely difficult for a small firm to monitor and digest.

**Q** What do you perceive the future of health law to be?

**A** Even more complex, sophisticated and fast paced. There will be more and more laws, regulations, standards and other regulator requirements that will be increasingly difficult and expensive to comply with, many of which will have little to no favorable impact on the delivery of quality, cost effective health care. HIPAA is the classic example.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** Provide the resources for attorneys to learn about and discuss the ever changing legal requirements our clients have to cope with.

## Recollections from **Past Presidents**



**Anthea R. Daniels**

**Year of Service: 2006-2007**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** President-Executive Committee Chair of Fundamentals Program Chair of Programs, Membership, Professional Recourses, Finance and Nominating Committee.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** My first NHLA Annual Meeting in 1990 in Washington, the lock on my door in the Marriott broke and the engineers had to come and take the door off the hinges to get me out. I also recall a government regulator telling me at the Medicare/Medicaid meeting back in the early 90's the he couldn't understand why more people weren't hanging around me at the cocktail hour. I had to explain to this was a professional meeting not Studio 54.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** Too many to reference. A great group of colleagues around the country. I can't thank the members, board and speakers with all of the "advice" they have given me though the years.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** The willingness of its members to help with legal problems and offer advice.

**Q** What challenges do you face in representing healthcare clients?

**A** Being able to assist healthcare providers in a very complicated regulatory environment where reimbursement continues to decrease.

**Q** What do you perceive the future of health law to be?

**A** Perhaps paying for quality care.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** It has introduced me to the brightest and most energetic health lawyers in the country. Continue with more of the same-AHLA is a wonderful resource for health lawyers at all levels.

## Recollections from Past Presidents



**Elisabeth Belmont**

**Year of Service: 2007-2008**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** I have been blessed with the opportunity to serve AHLA in a number of capacities, the most personally meaningful being:

President, 2007-2008.

Chair, Public Interest Board Committee, 2003-2005 and Founding Editor of the Public Information Series.

Chair, Health Information & Technology Practice Group, 1999-2002 and Founding Editor of *HIT News*.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** During the year that I chaired the Finance Board Committee, Tate & Tryon, the Association's auditors, reported that there were no audit adjustments during the course of the annual audit, which is highly unusual and indicative of an extremely clean audit. Since Wayne Miller's meticulous attention to detail has been a key component to the Association's clean audits over the last several years, I could not resist the opportunity to play a practical joke on him. Following an executive session with the Association's auditors, I reported to Wayne that Tate & Tryon noted he had failed to make a critical disclosure during the audit and very slowly revealed the nature of the nondisclosure—failure to report his age since the audit occurred on his birthday! I successfully hoodwinked Wayne into believing (for a few minutes) that he had missed an important disclosure, which is not easy given both his business acumen and attention to detail. The Finance Committee then surprised Wayne with his favorite coconut birthday cake decorated with his high school graduation photo, portraying a fresh faced Deputy EVP/COO with long blond locks!

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** It's been said that friends are the family we choose for ourselves. I have been richly blessed with a plethora of friendships through my participation in AHLA, which greatly have enriched my professional and personal life in ways too numerous to mention here. I look forward to the Annual Meeting not only to stay current on health law developments, but also to visit with my "AHLA family."

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** AHLA is unique because the Association: (i) provides a "forum to communicate" that promotes dialogue between lawyers in the public and private sectors as well as in different industry sectors which meaningfully contributes both to the practice of health law and the development of life-long friendships; (ii) engenders a warm collegiality among members who share information and act as resources for one another; and (iii) has an incredibly talented and committed staff who work tirelessly on behalf of the membership.

## Recollections from **Past Presidents**

**Q** What challenges do you face in representing healthcare clients?

**A** Ongoing changes in the healthcare landscape resulting from financial, regulatory and technological pressures require health law practitioners to be generalists with near-specialist depth knowledge in a variety of practice areas. In contrast to other areas of legal specialization, the practice of health law focuses on one industry with a multitude of legal issues as opposed to one legal issue that cuts across a number of different industries. Additionally, electronic communication has created the client expectation of “speed of thought legal insight” when changes arise that may affect business operations.

**Q** What do you perceive the future of health law to be?

**A** As the offering of new drugs and biologicals, sophisticated medical devices and home medical tests continues to proliferate into the existing healthcare marketplace, and

as the healthcare industry in response evolves from primarily a services industry to a services and products industry, there will be an increased focus on life sciences issues such as personalized medicine. Additionally, the increasing globalization of healthcare, an example of which is the growing medical and dental tourism in response to the demand for lower cost medical and dental care options, will present new legal challenges. While healthcare reform plans will differ regarding coverage, regulation and cost-containment, we can expect all of them to envision consumers taking more responsibility for their own healthcare and being a more active voice in the decision-making process to ensure the best possible outcome as evidenced by the growing personal health record market.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** Participation in AHLA activities has expanded my knowledge base of cutting edge health law issues and has provided an opportunity to work closely with other experienced health lawyers who graciously shared their thought processes and practice experiences on myriad issues. Since the greatest challenge in practicing health law is staying current on important federal and state legislative, regulatory and caselaw developments, AHLA can continue to be an indispensable resource for the health law bar by sharing the expertise of our membership through in-person programs and distance learning technologies that offer differing perspectives and practice-oriented content to allow members to maximize our most valuable professional resource—our time. Additionally, AHLA meaningfully can contribute to society through our Public Interest mission by sharing our membership’s legal expertise to educate our members, their clients and local communities on important health law issues.

## Recollections from Past Presidents



**Joel M. Hamme**

**Year of Service: 2008-2009**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

- A**
- » 1992-2001—Chair or Co-Chair, AHLA Long Term Care and the Law Program
  - » 2001-2010—Member, AHLA Board of Directors
  - » 2001-2003—Member, AHLA Board Practice Groups and Programs Committees
  - » 2002-2003—Member, AHLA ADR Task Force
  - » 2003-2010—Member, AHLA Board of Directors Executive Committee

- » 2003-2006—Chair, AHLA Board Practice Groups Committee
- » 2004-2006—Member, AHLA Board Finance Committee
- » 2006-2008—Member, AHLA Nominating Committee
- » 2006-2007—President-Elect Designate/Chair, AHLA Board Finance Committee/Advisory Council on Racial and Ethnic Diversity (ex officio)
- » 2007-2008—President-Elect/Chair, AHLA Board Programs Committee
- » 2008-2009—President/Chair, AHLA Board of Directors Executive Committee/Chair, AHLA Nominating Committee/Fellows Coordinating Committee (ex officio)
- » 2009-2010—Past President/Member, AHLA Board Programs Committee/Chair, Past Presidents' Council
- » 2009-2011—Member, AHLA Nominating Committee
- » 2010- ?—Member, *Journal of Health & Life Sciences Law* Editorial Board
- » 2010- ?—Official AHLA “Has Been”

In addition to these positions, I pretty much did Peter Leibold's and Wayne Miller's jobs as well or, at least, that is what they kept telling me I was trying to do! Admit it. You're sorry now that you asked.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** Sandy Teplitzky has already recounted one of my most vivid, albeit not favorite, memories. A favorite vignette involves one of Elisabeth Belmont's many Public Interest publications. After authoring one of her early efforts in this area, Elisabeth asked me to proofread it for her. I noticed that, on several occasions, she had omitted one of the letters from “public interest” and always the same letter. I don't know if this was a Freudian slip or not, but it led to the adage: “Elisabeth Belmont: She Loves The ‘L’ Out of Public Interest”.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** I'd gladly name names, but, unfortunately, there are too many to recount and I would undoubtedly omit one or more who deserve mention. Let me just say that it has been a great honor to work closely with and get to know so many of AHLA's talented and committed leaders over the course of my own career, including many who were leaders long before I was. One of the highest privileges of my professional life has

## Recollections from Past Presidents

been the development of these relationships and friendships as well as those with AHLA's extremely able staff. I hope and know that they will be enduring.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** I can't speak as to other legal trade associations since I have never had the degree of involvement in any of them that I have had with AHLA. But, some of the things that drew me to AHLA and kept me involved with it were the exceptional professionalism and the terrific collegiality of its members, leaders, and staff.

**Q** What challenges do you face in representing healthcare clients?

**A** The normal ones of keeping up to date with the deluge of statutory, regulatory, and case law developments that are relevant to clients and important to an understanding of the issues that they face.

**Q** What do you perceive the future of health law to be?

**A** Extremely bright. Healthcare is one of the dominant segments of our economy, and controlling healthcare costs while making healthcare affordable and universally available is perhaps the pre-eminent challenge of our age. Healthcare lawyers will have key and indispensable roles in the on-going dialogue and debates surrounding healthcare reform and in its interpretation and implementation, and I am optimistic that we will meet this challenge.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** AHLA can continue to be the best resource for health law practitioners by continuing to do what it has always done well—provide timely, accurate, in-depth, insightful, and practical educational resources to its members through such devices as in-person programs, teleconferences, publications, internet and web-based materials, and toolkits while doing so in a welcoming, inclusive, and selfless environment. I have been personally and professionally enriched by those resources and by the efforts of AHLA, its volunteer leaders, its staff, and its members to develop, promulgate, and promote them.

## Recollections from Past Presidents



**Elizabeth Carder-Thompson**

**Year of Service: 2009-2010**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** Program co-chair positions (Fraud and Compliance, Life Sciences) before AHLA President and the four-year leadership track that precedes that.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** Beyond the countless convivial board and program planning activities, I have vivid recollections of post-meeting adventures, such as a field trip to a colorful New Orleans establishment where people (male? female? unclear...) danced in cages; being propelled in a conga line by Bob Homchick up and down the streets of Seattle to try “just one more” venue; and Lew Morris honoring his solemn promise to ensure that the dance floor was fully populated after the Capitol Steps performed. Also vivid was the sight of my distinguished board colleagues throwing their all into (imaginary) Wii bowling and other athletic Wii endeavors. For whatever reason, the fraud and compliance program planning crew has always been endlessly entertaining. Finally, I will be forever grateful to the United States Congress for passing health reform and providing new programming opportunities at a time when the recession was having a dismal impact on the AHLA program budget.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** In his new book, New York Times columnist Thomas Friedman observes that today's graduates can't just look for jobs—they'll have to invent them. Is that really such a new idea? In three decades, the practice of law has been revolutionized culturally, conceptually and technologically. I was the 5th woman lawyer at my firm (now a firm of 1600), but now most of my teams of associates—and my clients—are women. And, of course, technology speeds up everything: when I started, documents were typed in triplicate using carbons, and the firm letterhead displayed a “teletype” number. Back then, the cloud was something that floated in the sky. Twitter was still just a verb and Skype was a typo. Now, our office computers connect us to instant information over the web, smart phones in our pocket have become as powerful as computers, and Blackberries mean we never miss our clients' calls. When I started, there was no health law “curriculum.” If you said you practiced health care law, the listener concluded

## Recollections from Past Presidents

that you were constantly in the courtroom suing negligent doctors. The opportunity of change meant that NHLA/AHLA literally shaped the profession, assembling a uniquely entrepreneurial group of gifted attorneys of endless good humor and generosity to define and shape the emerging health care law practice. It was—and still is—a remarkably welcoming venue for all practitioners, male and female alike.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** I can list the usual wonderful attributes: our educational offerings are of unparalleled quality and breadth; our contributions to public interest activities and resources are exceptional; and the staff is world-class and dedicated to advancing the association and the values it espouses. But the real uniqueness of AHLA is its people: leaders and members alike. AHLA provides a meeting ground to make connections, build friendships and learn the critical skills needed to survive in a dramatically evolving legal world (see above). AHLA, then, is our legal life boat in a tumultuous sea of continual change.

**Q** What challenges do you face in representing healthcare clients?

**A** Let's be candid: the best and the worst things about the practice of health care law are the clients. They are by and large dedicated professionals striving to provide quality care and services while producing value for shareholders or other constituencies. Not an easy thing to balance. Moreover, they don't understand the completely impenetrable text that is the Medicare statute; they don't appreciate the extraordinary measures they have to take—that seem to have nothing whatsoever to do with patient care—in order to “demonstrate compliance”; and they can't comprehend how they can face false claims liability for actions that don't even involve the submission of claims. The real challenge for us is solving their problems in a practical way and making them feel good about it, even if they didn't realize they had just bet the company.

**Q** What do you perceive the future of health law to be?

**A** Being a lawyer in a field that can never be wholly deregulated has its advantages. The trick will be to help our clients deliver products and services in innovative ways that always put the patient first but don't bankrupt them or the system in the process.

## Recollections from **Past Presidents**



**Richard L. Shackelford**

**Year of Service: 2010-2011**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** President; Board of Directors; Chair of Executive, Finance, Nominating, Programs and Public Interest Committees; Chair and Vice-Chair of Payors, Plans and Managed Care Practice Group (formerly the HMOs and Health Plans SISLC)

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** There are many, but here are three. First, Elisabeth Belmont asking me to do a substantial project involving a great deal of work and my thinking how lucky I was that she asked me to do it. I'm still not sure how she managed to pull that off so many times. I guess that's why we call her the "Velvet Steamroller". Second, I will always remember the Nominating Committee meetings. These meetings were always very difficult because of the almost impossible choices each committee had to face. But, I can honestly say that these meetings reflected what makes our Association such an extraordinary organization—volunteers acting solely in the best interests of the Association without regard to competitive or personal interest. Finally, I will always shudder when I recollect my introduction of the Keynote Speaker for the Plenary Session at the Seattle Annual Meeting. Peter and Anne dispatched me from the back of the ballroom to the Speaker's Platform with the assurance that our Keynote Speaker was "right behind me". Unfortunately, he was not. To this day I don't know what he was doing. I couldn't do my thoroughly-prepared introduction since he was not there, and so there I stood for several minutes (it felt like an eternity), framed in bright lights in front of well over 1,000 of our members, with absolutely nothing to say....

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** Thanks to AHLA, my wife, Honey, and I have developed friendships with some of the kindest, smartest and most committed people I have met in my entire life. These friendships include all the Board and AHLA staff members with whom I have had the honor to serve, and especially Peter and all those Past Presidents under whom I was lucky to serve. These are unique, special relationships that Honey and I will always treasure.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** I believe two key attributes of our Association distinguish us from other legal trade organizations: (1) the quality of our educational programs and (2) the collegiality of our members and leaders. When I leave to attend one of our programs I am excited about what I am going to learn from very knowledgeable experts, but also about seeing all the good friends I have made over the years. AHLA is truly a special organization, and I am counting on our future boards, staff members and presidents to do all in their power to assure that it stays that way.

## Recollections from **Past Presidents**

**Q** What challenges do you face in representing healthcare clients?

**A** The demands of the practice keep increasing. More complexity, more stress, and more clients who face similar complexity and stress.

**Q** What do you perceive the future of health law to be?

**A** Health law is going to be a great career path for many years to come. The level of government regulation is going to continue at a very high pace. The percentage of GNP represented by healthcare costs is likely to increase from an already high level. Clients are likely to face declining sources of reimbursement and increasing costs. All these factors create potential liabilities and legal problems for our clients. Thus, the need for healthcare lawyers, I believe, is going to continue to increase.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** AHLA has provided me with access to quality educational programs that focus directly on my area of specialty and access to a network of great lawyers around the country who deal with many of the same issues that I face in representing my clients. The Association is definitely the essential resource for health law practitioners.

## Recollections from Past Presidents



**Gerald M. Griffith**

**Year of Service: 2011-2012**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** Tax & Finance PG (f/k/a SISLC) Vice Chair and Chair; Member of the Tax Program Planning Committee; Board of Directors; Chair, Finance Committee; Chair, Professional Resources Committee; Chair, Quality Council (inaugural year); Chair, Publications Quality Subcommittee of the PRC; Chair, Task Force on Physician Malpractice Insurance.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** Lew Morris getting behind the wheel to drive the bus back from the Museum in Chicago six years ago. I don't think OIG's insurance would have covered the liability.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** Countless friends in government agencies whom I met through AHLA activities and programs, and multiple clients who attended my presentations or read my publications for AHLA, not to mention all of my friends on the board, staff and in leadership in general.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** Collegiality really trumps marketing and self interest pretty much across the board.

**Q** What challenges do you face in representing healthcare clients?

**A** Trying to help clients and those they deal with to reconcile regulatory constraints with good business. It may be my bias for the organization, but this seems more difficult when the counsel on the other side is not an AHLA member.

**Q** What do you perceive the future of health law to be?

**A** It's not getting any simpler and the pace of change continues to accelerate. Health law will continue to be a practice area onto itself and one that is more and more difficult for generalists to practice in.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** AHLA is the information source and a great organization for networking opportunities if you attend the in person programs. Those attributes and the quality of our educational offerings are the real core strengths of the organization and they should be nurtured for current members and future generations of health lawyers.

## Recollections from Past Presidents



**Dinetia M. Newman**

**Year of Service: 2012-2013**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** I served as vice-chair and chair of the Regulation, Accreditation, and Payment Practice Group; member of Board of Directors (2006-2014); President (2012-2013); President-Elect (2011-2012); President-Elect Designate (2010-2011); Chair of Executive Committee and Nominating Committee (2012-2013); Chair of Quality Council, Practice Groups Board Committee and Membership Committee; member of Executive Committee (2007-2014); and member of Nominating Committee (2007-08, 2010-2012).

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** In New Orleans at the Mid-Year Meeting (2009), we had a work day at a school ravaged by the flood waters following Hurricane Katrina. The work day was successful in many ways: we painted the building and ourselves, laughed a lot and ate sitting outside a café on whatever was available (curbs, trash cans, etc.). At the end of the day, shuttles returned us to the Ritz-Carlton. When we entered the hotel, the entire hotel staff lined up on either side of the hallway and cheered us as we returned. I will never forget their thankfulness and the camaraderie we experienced that beautiful New Orleans day.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** Where do I start? First, I have formed professional relationships with a significant number of friends and really close personal friendships with attorneys and their spouses from across the country. I credit my AHLA involvement with introductions to my current partners and, I dare say, I would not be a partner at Bradley Arant Boult Cummings were it not for AHLA. To state that my extended family stretches from Atlantic to Pacific and Canada to Puerto Rico is not an understatement.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** I can unequivocally state that the distinguishing characteristic is the collegiality of AHLA members. Many of my AHLA colleagues and I compete in the marketplace, but we all strive to prevent that competition from impacting our ability to work together on AHLA projects. Sometimes that takes effort on all of our parts. And, periodically, our disagreements on issues may appear to threaten that collegiality, but, in the end, we remind ourselves of the foundational concept of collegiality that is firmly embedded in AHLA's roots. And, all is well.

**Q** What challenges do you face in representing healthcare clients?

**A** My challenges are to make each client believe he/she is my primary and sometimes only client, while continuing to provide prompt and cost-efficient service to all clients. Many issues I must address require research, sometimes time-consuming research that cannot be fully expensed to clients. So, the challenge is to remain current in my areas so that my client advice requires less immediate research.

## Recollections from **Past Presidents**

**Q** What do you perceive the future of health law to be?

**A** In the future, I believe the need for experienced, competent, more highly-specialized health lawyers will increase. As future health lawyers must be able to respond quickly and cost effectively, the knowledge base of health lawyers will narrow and will result in fewer practicing health law generalists.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** AHLA's primary mission is to educate its members. Continuing access to breaking news, statutory, regulatory and case law analysis, 50 state surveys and useful tools and templates for healthcare practitioners will become even more essential to healthcare practitioners. Equally important will be the continuing dialogue AHLA has established between the public and private bars. As the industry grows and changes, that dialogue will better inform both sides of the equation with the goal of allowing healthcare providers and suppliers to focus on their healthcare missions within a reasonable and logical regulatory framework. At least, that is the goal.

## Recollections from Past Presidents



**Kristen B. Rosati**

**Year of Service: 2013-2014**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** I was delighted to serve as the AHLA President, the chair of various Board committees, and the chair of the Health Information and Technology Practice Group.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** I have to mention the first AHLA international study trip, to Cuba in May 2014. Cuba is a fascinating place full of contradiction. Havana and its outstanding colonial buildings are melting into the ground due to a lack of upkeep and the unrelenting power of the Caribbean climate pounding porous local limestone. The Cubans live under an equally unrelenting totalitarian government, but at the same time, the Cubans are optimistic, humorous, warm and welcoming people. Music, dance and art are everywhere. I have no doubt that when the political winds change—when Castro and his regime have passed into history and the US lifts the embargo—the Cubans will have their place in the sun.

We toured a variety of health care facilities and research institutes. I came away impressed with the Cuban holistic approach to primary health care. The integration of providers into the community and the focus on prevention is something we could learn from in an effort to reduce health care costs in the US. We certainly have challenges in this country, including with our health care system, but surely with our common traditions of democracy and dialog and our enormous resources we can accomplish providing provide health care to all of our citizens in a smart, cost-effective manner.

I also have to mention the mid-year Board meeting in New Orleans. About 15 of us headed to Bourbon Street to dance, and did we dance! I was a bit aggressive in my dipping and was dropped a number of times by fellow Board members (who will remain unnamed). At the end of the night (or the beginning of the night, depending on your stamina), we went to a fascinating and very loud bar with people dancing in cages. One of my fellow Board members (who will remain unnamed) thought that I was in one of the cages dancing, and I had to inform her that it was a man. We didn't stay long.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** I grew up as a health lawyer in this organization. Being involved in AHLA and the friendships I have made over the years has been a true joy for me. I have a wonderful web of good friends across the country, and I attribute that to spending face time (not Facebook time!) with them at AHLA programs and Board meetings.

There are two people who were essential to my involvement in AHLA. Beth Schermer was my partner and is still a good friend and mentor; Beth introduced me to health law and encouraged my involvement in AHLA. Elisabeth Belmont

## Recollections from **Past Presidents**

introduced me to AHLA leadership by asking me to be Vice Chair of the HIT PG; she has been a fantastic friend since that time.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** The collegiality. It's an enormously welcoming and supportive organization for its members. I still remember attending my first AHLA program in 1998: the Fundamentals of Health Law in Chicago. It's a great CLE program for new health lawyers, but it's also a chance for new health lawyers to start establishing a network of colleagues that will last a lifetime.

**Q** What challenges do you face in representing health care clients?

**A** The pace at which developments happen in health law. In my particular field (electronic health information), it's a wild ride. It's also a lot of fun, but a huge challenge to keep up and AHLA is an essential resource for me.

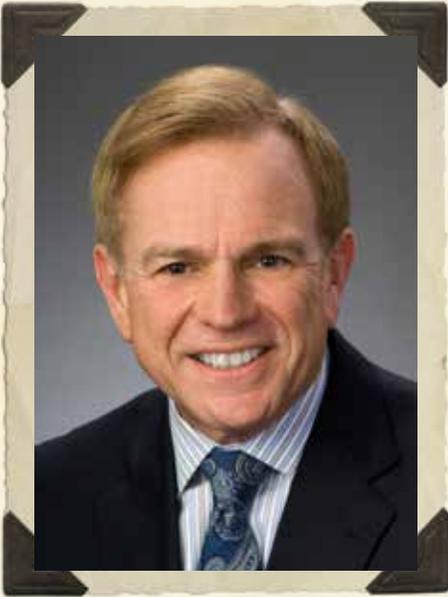
**Q** What do you perceive the future of health law to be?

**A** Health law will continue to be a quickly evolving discipline. The laws that regulate our clients change often, and I don't see a decrease in need for highly qualified, insightful health care lawyers!

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** I simply can't imagine practicing health law without AHLA. AHLA will continue to be an essential resource to health care lawyers by continuing its tradition of high quality educational programs and resources and providing collegial networking opportunities.

## Recollections from Past Presidents



**Peter A. Pavarini**

**Year of Service: 2014-2015**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** I have had the privilege of serving in a number of positions: AHLA President; Member of the Board of Directors; Chair and Member of the Executive, Nominating, Programs, Finance, and Membership Committees; Member of the Practice Groups, Professional Resources and Fellows Coordinating Committees; Vice-Chair, Hospitals and Health Systems Practice Group; Member of the Quality Council and Publications Quality Subcommittee. I also served on

the Membership Committee of the National Health Lawyers Association.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** Nothing can top my memory of the 2014 Board Dinner at the New York Athletic Club. Not only was the NYAC the perfect setting for our annual event, but Peter Leibold allowed me to scrimp a little on the wine and table linens so I could hire two Broadway singers for some after dinner entertainment. Through a friend's connections, we were able to engage two talented young ladies who had starred in *Wicked* and offered to perform a selection of songs from that show and others. Knowing how lawyers can be a tough audience, these entertainers put on a terrific show. Everyone, including those who don't particularly care for Broadway tunes, loved their performance. But it was an offhand comment made by Elisabeth Belmont that touched me the most. She remarked that the song "For Good" from *Wicked* summed up everything that AHLA had meant to her:

*"I've heard it said that people come into our lives for a reason*

*Bringing something we must learn*

*And we are led to those who help most to grow if we let them*

*And we help them in return."*

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** Of the many friends I've made through AHLA, my friendship with Michael Schaff exemplifies what AHLA has meant to me. Out of the blue in 2003, Michael called and asked me to be his co-speaker at the Hospitals and Physicians Institute in Hollywood, Florida. Little did I know that we would go on to do a series of joint presentations over the years with me representing the hospital perspective and Michael representing the physician viewpoint. We were both elected to the AHLA board in 2006 and have since worked together on a number of projects including the ACO Handbook. With our lovely wives, we have shared many good times together, not only at AHLA events, but also vacationing and visiting one another's homes. Michael and I have regularly referred clients to one another, and hardly a week goes by that we don't discuss a legal issue or personal matter.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** AHLA is a community of peers who truly care for one another. There is very little competition within our ranks. We freely share our expertise and opportunities. Every

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organization claims to be collegial, but collegiality is in our DNA. Our stability and steady growth speak to that.

**Q** What challenges do you face in representing health care clients?

**A** Representing health care clients has always been a joy and a privilege. My only challenges stem from being a member of a large legal services enterprise that is continuously changing. The first firm I joined had 22 lawyers. Today, I'm with an organization that has 1,600 lawyers.

**Q** What do you perceive the future of health law to be?

**A** Health law will remain a distinct legal specialty but health lawyers will increasingly need to function as members of multi-disciplinary teams. Law firms and legal departments as we know them today may no longer exist, but the demand for health law expertise will remain high no matter where medical science takes us.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** Without the AHLA, I would not have had nearly the variety of professional opportunities I've enjoyed during my long career. Since attending my first NHLA and AAHA programs I've been able to emulate those health lawyers who were the pioneers in this field and who set the high standards we've since attempted to maintain. We now need to mentor a new generation of health lawyers on the importance of professionalism and the need share their knowledge and experience freely. With all the technology of the digital age, there still are no substitutes for one-on-one instruction and developing personal relationships with one's peers.

## Recollections from Past Presidents



**Lois Dehls Cornell**

**Year of Service: 2015-2016**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHLA)?

**A** I have been a member of AHLA (first in NHLA) since 1986—the year I started my career as a lawyer. My leadership path was formed by speaking at various programs, writing about key health care issues and serving on the planning committee for the Fundamentals program. I also was honored to serve on numerous Board committees, including Programs, Membership, Practice Groups, Public Interest, Nominating, Finance and the Executive Committee.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** I have especially vivid memories of the Board mid-year meeting in New Orleans shortly after Hurricane Katrina. AHLA Board members, and our colleagues from Horne, volunteered for a day in a school damaged by the hurricane water and winds. We cleaned and painted a part of the school. It was physically demanding work—but meaningful to us all. As we rode the bus to and from the school, we observed homes and businesses devastated by the storm. It was evident that our work was a mere fraction of what would be required to reconstruct New Orleans. Still, as we arrived back at our hotel that night, a grateful hotel staff formed two lines and enthusiastically thanked us for our work that day. These men and women had survived the storm—their lives had been deeply impacted—yet they were thanking us for our small contribution. It was clear message from a community in need—they fully appreciated AHLA's effort to give back.

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** AHLA has been a gift in my career. I have built enduring relationships with colleagues I met through speaking at - and serving on—program planning committees, and with members with whom I served on the AHLA Board. I've learned a great deal from them all. As an in-house health plan lawyer, it was challenging to expand my health care knowledge, breadth and contacts beyond the Massachusetts insurance/plan world. Active involvement in AHLA provided me with contacts and information that have broadened the scope and lens through which I view health care issues. It has been invaluable.

Most recently, I left the active practice of law to become the executive leader of the Massachusetts Medical Society. My exposure to issues facing AHLA's membership organization has been a tremendous asset as I've made the transition from plan lawyer and leader, to leading a health care membership society. The category of members served has changed—from attorneys to physicians—but the opportunities and challenges have significant parallels. I credit AHLA with giving me tools that support me in this new position and I am grateful.

## Recollections from **Past Presidents**

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** In a word: collegiality. Members are warmly welcomed and have many opportunities to build strong connections and friendships. Once one becomes engaged in the AHLA community, it is a source of enduring friendships across the country. As AHLA continues to strive to be a collegial and inclusive organization, it is important we all reach widely to engage a diverse cross section of health professionals. If we seek to engage practitioners from all geographies and types of practices, including government, in-house, health plans, ethnic and racial backgrounds, the LGBTQ community, rural and urban practitioners, non-lawyer professionals, and law firms big, small and solo, we will continue to distinguish ourselves as an inclusive, collegial, cross-representative organization.

**Q** What challenges do you face in representing health care clients?

**A** Our clients are facing increased pressure to reduce costs and to do more with less, while working in a highly regulated environment that places huge demands on their time and businesses. We are looking at tremendous uncertainty about the future of the ACA,

government commitment and revenue for health care services, and the challenges of interoperability of health care electronic and delivery systems. This much is certain: Our work serving our health care clients will continue to be complex and challenging over the next several decades.

**Q** What do you perceive the future of health law to be?

**A** My expectation is that health law will continue to be a complex maze, which our clients will need our expertise to navigate. As baby boomers age and create more demands on the system, as highly specialized products and services are developed to address disease and illness, as delivery systems consolidate, and as funds for paying for increased volume and more complex health care services shrink, it's inevitable that lawyers and healthcare professionals will be needed to help clients navigate through complex regulatory and contractual worlds.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** AHLA has enhanced my career in many ways. It has significantly enhanced my relationships with colleagues nationally, so I have a panoply of experts upon whom I can call upon to discuss challenging issues. And from the focused updates, webinars and rich in-person programs, I have gained deep knowledge of health law. I've had many opportunities through AHLA, to speak and present—so it has helped me hone my communication skills. As we consider preparing health law practitioners for the future, we must be mindful of the need to continue to provide opportunities to write and speak, to build rich health law networks and gain knowledge in our complex health care world. And they must be offered in models and formats that work for and are relevant to the next generation of health lawyers.

## Recollections from Past Presidents



**Charlene L. McGinty**

**Year of Service: 2016-2017**

**Q** What leadership positions have you held in the American Health Lawyers Association (AHLA) or its predecessor organizations, the American Academy of Healthcare Attorneys (AAHA) and/or the National Health Lawyers Association (NHHLA)?

**A** I started out as a volunteer in the Practice Groups (or SISLCs as they were called back then). I was Vice Chair and then Chair of the Physicians Organization Practice Group, Co-Chair and then Chair of the Physician and Physicians Organization Law Institute, Executive Committee (member and Chair), Nominating Committee (member and Chair), Finance Committee (member and Chair), President-Elect Designate, President-Elect, President, and now Immediate Past President.

**Q** Please recount a favorite memory, humorous anecdote or a vignette of interest from AHLA or a predecessor organization.

**A** I remember the first AHLA meeting I attended – which was the inaugural Physicians and Physician Organizations Law Institute in Nashville in 1999—and I didn't know anyone, but Michael Schaff introduced himself at the inaugural PG luncheon and asked if I wanted to volunteer to help in the PG. The rest is history. And now, when I walk into an AHLA meeting, I know a lot of folks!

**Q** What significant friendships and/or professional opportunities do you credit to contacts that you have made through AHLA or a predecessor organization?

**A** As a result of my volunteering with AHLA, I have received tremendous benefits both personally and professionally. I have made lifelong friends and learned a great deal from AHLA members across the country –there are too many to name and I'm afraid I would leave someone out.

**Q** What distinguishes AHLA from other legal trade associations and makes our Association unique?

**A** AHLA has outstanding educational offerings that are timely and well done. AHLA invests a great deal of time in ensuring that the quality of the programs, the webinars, the

written materials are of high quality–this is consistently what brings the value to AHLA membership.

**Q** What challenges do you face in representing health care clients?

**A** There is an extraordinary volume of information that affects health care and having AHLA to help synthesize that information is of great value. Health care is an exciting industry that constantly changes. AHLA is a tremendous resource that helps navigate all of those changes.

**Q** What do you perceive the future of health law to be?

**A** The one “constant” in health care is change–the continual reinventing of health care and its delivery.

**Q** How has AHLA enhanced your health law practice, and how can the Association continue to be an essential resource to health law practitioners in the future?

**A** As noted above, AHLA's timely and high quality offerings are a tremendous resource in my practice. As changes continue, there remains a huge need for AHLA and great opportunities to remain relevant in the health care arena.

AHILA

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