

LAW & HEALTH CARE

PROGRAM



UNIVERSITY of MARYLAND
FRANCIS KING CAREY
SCHOOL OF LAW

FROM THE DIRECTOR

In this issue, we highlight the excellent work of Professor Kathi Hoke in the area of public health law. In addition to directing the Public Health Law Clinic at the law school, Hoke leads a team of public health attorneys actively engaged in research and training activities designed to bridge the gap between public health practice and policy. Also in this issue, we look back at the role of Law & Health Care Program faculty in the foundation and operation of the Maryland Stem Cell Commission and profile Dr. Leslie Glickman, a long-time advocate for global health education and a critical supporter of the Law & Health Care Program's interprofessional activities in Malawi.

ADVANCING PUBLIC HEALTH THROUGH THE LAW

If the awards and accolades are any indication, Professor Kathleen Hoke and her team of public health lawyers are clearly doing something right. Since joining the law school in 2002, Hoke has established a stellar reputation as a leader in public health law, an area of practice increasingly recognized as a valuable approach to addressing and improving population health.

Hoke came to the law school in 2002 to direct the then-Center for Tobacco Regulation, an entity established with funding from Maryland's Cigarette Restitution Fund. Although tobacco control remains an important part of her group's mandate, the Center has expanded to cover a wide range of issues, prompting a name change in 2013 to the Legal Resource Center for Public Health Policy (LRC).

That expansion took place after the Robert Wood Johnson Foundation approached Professor Diane Hoffmann and expressed interest in funding a public health law initiative in collaboration with the Law & Health Care Program. In 2010, the Network for Public Health Law – Eastern Region office was established at the law school with a generous grant from the foundation. *Continued on next page.*

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ADVANCING PUBLIC HEALTH THROUGH THE LAW, CONT.

Hoke was named Director of the office, which facilitates the use of law and policy to address pressing public health issues. The Network provides technical assistance, resources and training to build capacity among public health professionals and advocates in the area of public health policy and legislation.

Under the Network umbrella, Professor Hoke, attorneys Mellissa Sager '15, Kerri Lowrey '99, Mathew Swinburne '08, and Chief of Staff Megan Griest provide technical legal assistance on a broad array of issues to public health stakeholders including government officials, health department staff and advocates. The technical assistance takes several forms. The team, for example, produces informational materials such as fact sheets and issue briefs on the legal issues surrounding public health topics. Hoke notes, "We work to disseminate evidence-based research to state and local legislators and help local officials implement new policies and law."

Hoke and her team are recognized experts in the field as evidenced by the volume of requests they receive for technical assistance. Between the LRC and Network, the attorneys field more than 350 requests for technical assistance annually.

Today, through the LRC and the Network, the team is helping to inform current policy in, among other areas, tobacco control, marijuana regulation, food safety and security, injury prevention, problem gambling and access to care. In addition to funding from RWJF, Hoke and team have received funding from federal agencies such as the U.S. Centers for Disease Control (CDC), state agencies such as the Maryland Department of Health (MDH), and private organizations

such as the American Public Health Association.

Students in Prof. Hoke's Public Health Law clinic also play a key role. Clinic students are actively engaged in legislative tracking and policy surveillance, and provide testimony on public health legislation before the Maryland General Assembly. Hoke notes, "Students are critical to our efforts to assess the policy landscape."

Tobacco Control

Although it has since expanded its scope into other areas of public health law, the Legal Resource Center was founded to address issues of tobacco control. Currently supported by a grant from the MDH, LRC Deputy Director Brooke Torton '12, Senior Staff Attorney Mellissa Sager, and Staff Attorney Blair Inniss '13 continue to work in this area providing legal information and technical assistance to legislators, state and local health agencies and community groups to reduce tobacco use in Maryland. LRC attorneys employ a variety of



Brooke Torton '12

methods to engage with stakeholders and ensure that the latest policy developments are disseminated. In May 2018, for example, the LRC and MDH hosted their second annual conference entitled, "Navigating the Changing Landscape: The Future of Tobacco Control in Maryland."

ADVANCING PUBLIC HEALTH THROUGH THE LAW, CONT.

Panelists addressed best practices and policies to reduce tobacco use, health disparities, tobacco prevention and cessation, enforcement measures and procedures, and smoke-free environments. The conference was attended by more than 200 members of various stakeholder groups in the state.

In addition to the annual conference, the team conducts training sessions throughout the state on various issues as requested. The LRC maintains strong ties to the local health departments across the state, hosting webinars on recent developments in tobacco law and reviewing all new tobacco laws introduced in the legislative session. LRC attorneys also attend tobacco control meetings in each of Maryland's 24 counties each year. These connections provide the team with critical exposure to the different needs faced in various jurisdictions. Rural priorities, for example, often differ from urban concerns. It also helps to build tobacco policymaking capacity at the local

level. The team is available to answer questions that may result in long-term policy initiatives.

Marijuana Policy

Another issue the Network is tracking is marijuana legislation. Although the marijuana plant remains a Schedule I drug under the federal Controlled Substances Act, twenty-nine states (including Maryland) and the District of Columbia have now passed legislation legalizing marijuana for medicinal use and nine states plus D.C. have approved cannabis for recreational use. Despite the passage of this state-based legislation, policies governing the sale and use of marijuana are still developing. To help facilitate the policy dialogue, in June, the Network team hosted a one-day conference on the current state of marijuana policy that attracted stakeholders from across the country.

Melissa Sager, Senior Staff Attorney with the Network, sees significant overlap between the regulatory issues for tobacco and marijuana.

At the local level, for example, it is the tobacco control professionals who have often been charged with monitoring the impact of loosened restrictions and expanded access to recreational and medical marijuana. While similarities exist, there are important distinctions that necessitate a critical review of policies that were appropriate in the tobacco context but are less so in addressing issues related to marijuana. Clean indoor air policies, for example, prohibit smoking indoors in multi-unit housing. Residents who fail to comply may be subject to eviction. In the context of medical marijuana, however, the issue is more complicated. Unlike tobacco, marijuana has a recognized therapeutic use. The LRC and Network teams are currently participating in the policy debates around this issue – should there be special exceptions for individuals with medical marijuana cards? What are the potential implications for tobacco control efforts if such exceptions are established?

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“Students are critical to our efforts to assess the policy landscape.”

Prof. Kathi Hoke

Director of the Legal Resource Center for Public Health Policy

ADVANCING PUBLIC HEALTH THROUGH THE LAW, CONT.

Unlike the tobacco industry, the cannabis industry is actively advertising its products through mass media. Studies have found associations between exposure to advertising and rates of cannabis use among adolescents. Youth-targeted packaging has also been the subject of regulation. Colorado, for example, prohibits the use of youth-targeted packaging such as cartoon characters in marijuana products. This is not the case in all states that have legalized marijuana for recreational use, however, and it remains an area the Network team continues to monitor.



Mathew Swinburne '08

Food Policy

Mathew Swinburne concentrates much of his work with the Network in the area of food policy. He focuses on two different areas (1) food safety policies that seek to prevent foodborne illness by, for example, establishing standards for food transportation or scientific standards for agricultural water used for irrigation, and (2) food security, the ability to reliably access high quality, nutritious food.

Food Safety

Swinburne addresses a diverse range of food safety topics as a Network attorney – recent examples include responding to requests for technical

assistance related to the use of human waste as fertilizer and the regulation of raw milk products.

The consumption of raw milk has become more common due to several misperceptions regarding its therapeutic benefits. However, according to the CDC, raw milk is implicated in the majority of foodborne illness outbreaks from dairy products and the number of such outbreaks is increasing.

Food Security

Swinburne is particularly passionate about food security, noting that millions of people in the United States do not have enough food to eat on a regular basis. This food insecurity has significant health implications – individuals without reliable access to affordable, nutritious food are at increased risk for obesity, diabetes and cancer. Food insecure children suffer from numerous negative consequences including developmental delays, difficulty focusing in school as well as increased risk for behavioral problems.

Swinburne has been closely monitoring federal policy related to food assistance programs and working with stakeholders at the local and state level to evaluate the potential impact of proposed changes. The Supplemental Nutrition Assistance Program (SNAP) and the Women, Infants and Children (WIC) Program are the major nutrition programs providing access to food for those living in poverty. Under the current administration, there have been efforts to cut access to these programs through the implementation of strict work requirements.

Swinburne notes, other policies influence food choices and access,

THE NETWORK FOR PUBLIC HEALTH LAW

The Network for Public Health Law is a national organization committed to the development of public health laws that protect, promote and improve public health. The Network provides training and technical assistance to public health practitioners, federal, state and local government officials, policy makers, and advocacy groups, among others. The Network has a National Coordinating Center as well as five regional offices: Eastern, Mid-States, Northern, Southeastern, and Western Regions. Network attorneys and staff are experts in various areas of public health law and provide comprehensive research and analysis to stakeholders seeking to inform public health policy.

For more information about the Network, please visit networkforphl.org.

ADVANCING PUBLIC HEALTH THROUGH THE LAW, CONT.

namely federal subsidies for corn and soybean crops, ingredients often used in less healthy, processed foods. These incentives drive down the price of products, making them more appealing to people with limited financial means.

The team is also exploring innovative solutions to address food insecurity. According to the USDA, between 30-40% of the food supply is wasted but could be used to feed those in need. Swinburne and colleagues are exploring legal approaches to the issue of food waste such as Good Samaritan food donation laws that provide liability protections for organizations that donate food and tax incentives for farmers who donate produce to organizations like food pantries that work to address hunger.

Food as medicine is another increasingly popular policy approach to diet-related chronic conditions such as diabetes and obesity. The team is monitoring food quality programs including a Medicaid pilot currently underway in Washington, D.C., to assess whether the provision of healthy foods to Medicaid recipients will lead to improved health outcomes and reduced health care costs.

Injury Prevention

Kerri Lowrey, Deputy Director of the Network for Public Health Law – Eastern Region, has primary responsibility for the team’s work in the area of injury prevention.

According to the CDC, unintentional injury is the leading cause of death in children and the rates of injury-related mortality have been increasing since 2013. Lowrey examines injury prevention from several different perspectives.

Traumatic Brain Injuries and Sports-Related Concussions

With increasing recognition of the negative consequences of sports-related concussion, many states have started to develop legislative approaches to protect youth such as laws mandating waiting periods before returning to play after a concussion. Much of Lowrey’s work involves analysis of different state approaches and provision of technical assistance to state and local health agencies and advocacy organizations to identify legislative approaches that have been successfully passed and implemented.



Kerri Lowrey '99

Lowrey notes, “Surveillance data on concussions is limited but there is preliminary evidence to suggest that recent laws that mandate concussion education, removal from play after a suspected concussion, and clearance from a professional before return to play are increasing awareness of the issue.”

Motor Vehicle Safety

Motor vehicle accidents are one of the leading causes of mortality among young people. Lowrey has looked at various policy prescriptions to address motor vehicle safety. For example, she recently published a blog post on the Network for Public Health Law website examining the role of

tire maintenance in motor vehicle crashes. According to a study by the National Highway Traffic Safety Administration, 12% of crashes among inexperienced drivers were related to tire maintenance vs. 4% of crashes involving experienced drivers. This data suggests that new drivers are not receiving adequate information about auto maintenance as part of their driver education. Last year, the National Transportation Safety Board and partners updated driver education standards and encouraged states to include auto maintenance as part of standard driver education.

Lowrey has also analyzed the impact of Graduated Driver Licensing (GDL) laws that phase in driving privileges over time to allow new drivers to build their driving skills with appropriate supervision and restrictions. An analysis in *JAMA* found that strict GDL programs dramatically reduced the fatal motor vehicle crash rate for 16-year-old drivers but crash rates were higher for 18-year-old drivers. Lowrey asserts that the disparity may be a result of laws with less strict requirements for drivers aged 18 and older. In order to obtain driving privileges under 18, young drivers must complete driver education, meet an hourly requirement of supervised driving and are limited to driving during certain hours. In contrast, in some states, drivers aged 18 and older do not need to meet those requirements and are allowed to complete abbreviated driver’s education courses.

Promoting Evidenced-Based Policy

Lowrey is the incoming co-chair for the Steering Committee of the Children’s Safety Now Alliance, a group of injury prevention leaders

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LOOKING BACK ON THE EVOLUTION OF THE MARYLAND STEM CELL RESEARCH COMMISSION AND THE ROLE OF L&HCP FACULTY

In 2006, then-Governor Robert Ehrlich signed the Maryland Stem Cell Research Act (MSCRA) into law. With its passage, Maryland became one of very few states to provide state funding for stem cell research. In the years prior to its passage, President George W. Bush had been vocal in his opposition to stem cell research. In August 2001, he signed an executive order restricting the use of federal funds for embryonic stem cell research to existing stem cell lines, a policy that resulted in very limited access to stem cells for research.

The MSCRA established the Maryland Stem Cell Research Fund (MSCRF), a state-funded initiative to support such research in the state. It also established the Maryland Stem Cell Research Commission, an independent body within the Maryland Technology Development Corporation. The Commission is responsible for developing regulations governing the research financed by the MSCRF and determining which applications receive funding. In carrying out the latter responsibility, the Commission ensures that each application meets the criteria set out in the law, notably compliance with ethical requirements. Each application is required to include a section on ethical considerations. The law also requires that the Commission include bioethicists, scientists and patient advocates.

The Law & Health Care Program has been involved with the Commission from the beginning. Professor Karen Rothenberg, then-dean of the law school, was instrumental in drafting the legislation creating the Commission and testified before the Maryland General Assembly for its passage. In 2006, after the MSCRA became law, Rothenberg



Prof. Diane Hoffmann and Karen Rothenberg

was appointed by the Governor to serve as an inaugural member of the Commission. She was named as Chair of the Commission in 2008. Although President Barack Obama lifted the funding restrictions on human embryonic stem cell research in 2009, Maryland continued to support stem cell research through the MSCRF. Rothenberg continued to serve on the Commission until 2013. When she stepped down, Professor Diane Hoffmann was appointed to the Commission.

Rothenberg recalls, “Stem cell research was highly controversial and politically sensitive. In the early days of the Commission, we took a very methodical approach to developing the rules, the application and review process, and the meeting process. We closely examined how this was playing out in other states as well as internationally. It was important to us that the process be rigorous and transparent.”

Rothenberg lauded the management of the Commission as well as the collegial relationships between

“The mix of scientists, bioethicists, patient representatives, religious experts and lawyers makes for robust discussion and review of proposals that I believe ultimately improves the quality of the research performed.”

Prof. Diane Hoffmann

Commission members, despite the widely varying backgrounds and perspectives. She recalls, “It was a major time commitment particularly serving as a member and chair of the Commission while also serving as dean of the law school but it was a real public service. I am very proud of our work there.”

Hoffmann echoed Prof. Rothenberg’s sentiments, “I find the work of the Commission fascinating. The mix of scientists, bioethicists, patient

LOOKING BACK ON THE EVOLUTION OF THE MARYLAND STEM CELL RESEARCH COMMISSION AND THE ROLE OF L&HCP FACULTY

representatives, religious experts and lawyers makes for robust discussion and review of proposals that I believe ultimately improves the quality of the research performed.” To date, the fund has awarded more than \$140 million in support of more than 400 research projects. It has provided critical support to early career investigators and helped to diversify the ranks of the scientific community conducting stem cell research.

Ethical considerations have been of paramount concern to the Commission since its inception. The statute establishing the MSCRF requires that four of the seats on the Commission be held by individuals who can provide input on the bioethical implications of proposed research projects, comprising more than a quarter of the 15-person board. Two of these individuals represent academic bioethics while the remaining two provide perspective from a religious, faith-based point of view. Rothenberg and Hoffmann sequentially filled one of the two roles of academic bioethicists. Dr. Dan Gincel, Executive Director of the MSCRF, notes, “This strong emphasis on bioethics in a program focused on research, commercialization and technology is very unique and not something that is seen in other state or federal programs. It is a reflection of the Stem Cell Research Commission’s commitment to be responsive to the broader community.”

In its ethical review, the Commission considers the risks and benefits of the proposed research as well as justice issues such as which groups are targeted as research subjects. This scrutiny applies to animal, as well as human, research. For example, at a recent meeting, several Commission members noted that some applications

proposed research using male mice only. While Congress required, through the NIH Revitalization Act of 1993, the inclusion of women in NIH-funded clinical research, it was not until 2014 that NIH adopted policies to ensure that female cells and animals were adequately represented in pre-clinical research. This step was important to address overreliance on male animals and cells and improve reproducibility of research results in humans. The Commission now requires that female stem cells or female mice be included in any research proposal utilizing stem cells or animal models.

Each application goes through four distinct cycles of ethical review. First, the applicant must carefully consider the ethical implications of their proposed research project and include a thorough discussion in the required section on bioethics. Second, each application is reviewed by a Scientific Peer Review Committee that includes a bioethicist. Those proposals that are recommended for funding are sent to the full Stem Cell Research Commission where they undergo additional review by the four Commission members charged with providing bioethics expertise. Finally, once funded, each research protocol must receive approval from the entities at their institutions responsible for providing oversight of research such as the Institutional Review Board (IRB). In addition, for particularly complex studies such as those involving embryonic stem cells, the MSCRC requires additional review by institutional Stem Cell Research Oversight Committees.

Unlike IRBs, so-called SCRO committees are not mandated by law but reflect institutional and

About the The Maryland Stem Cell Research Act of 2006

The Maryland Stem Cell Research Act was established by the Governor and the Maryland General Assembly during the 2006 legislative session and created the Maryland Stem Cell Research Fund. This fund is continued through an appropriation in the Governor’s annual budget.

The purpose of the Fund is to promote state-funded stem cell research and cures through grants and loans to public and private entities in the State. To date, more than \$140 million and over 400 grants have been awarded.

Learn more at
<http://www.msccrf.org>.

Commission commitment to applying rigorous levels of review to a complex area of science. These committees are supported by the scientific community and provide yet another layer of review, ensuring that any research is appropriate from both a scientific and ethical perspective.

A recent example highlighting the benefit of this multilevel review involved a research study using induced pluripotent stem (iPS) cells. iPS cells are a type of non-embryonic stem cell that can be reprogrammed to mimic human embryonic stem cells. The proposed project would compare the development of iPS

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DR. LESLIE GLICKMAN SUPPORTS THE L&HCP'S GLOBAL HEALTH LAW INITIATIVE

Dr. Leslie Glickman is a long-time advocate for global health education and its ability to transform student lives. Her own experience bears this out. As a former faculty member in the Department of Physical Therapy and Rehabilitation Science at the University of Maryland, Baltimore (UMB), Dr. Glickman engaged in multiple professional activities in Blantyre, Malawi. In 2014 and 2015, for example, she obtained UMB grants for interprofessional projects with the Kachere Rehabilitation Centre (KRC). From 2016 to 2018, she worked on an educational project with the Medical Rehabilitation College (MRC) as a Fulbright Scholar, under the U.S. Department of State.

Access to rehabilitation services in Malawi is limited. There are fewer than 100 physiotherapists and approximately 100 medical rehabilitation technicians in a country with a population exceeding 18 million. The KRC, a 40-bed facility, is the only source of inpatient rehabilitation services in the country. The objectives of Dr. Glickman's projects were to (1) upgrade clinical rehabilitation techniques for the staff at KRC, and (2) update educational practices for MRC faculty.

Through her UMB-funded work, Dr. Glickman came to know Virginia Rowthorn '97, former Managing Director

of the Law & Health Care Program at the law school and current Executive Director of the Center for Global Education Initiatives (CGEI) at UMB. She describes Rowthorn as an inspirational force supporting her professional activities in Malawi and serving as a mentor and collaborator on various writing and educational projects.

CGEI and Maryland Carey Law also have well-established connections to Malawi. Since 2010, CGEI and the law school have collaborated with the University of Malawi Chancellor College Faculty of Law on several initiatives with interprofessional teams of faculty and students traveling between the institutions to work on a number of projects. In 2013, for example, Profs. Diane Hoffmann and Peter Danchin organized a workshop with University of Malawi Professor Chikosa Banda on HIV/AIDS. Other initiatives have included a health/legal needs assessment of vulnerable children, environmental advocacy, and the development of legal clinics at Chancellor College, among others.

Another very important connection between Dr. Glickman and the law school is through her late husband, David. He was a 1966 graduate of the law school and worked for many years in the areas of estate and gift tax



Maryland Carey Law and Chancellor College of Law faculty and students during the July 2017 trip to Malawi.



DR. LESLIE GLICKMAN SUPPORTS THE L&HCP'S GLOBAL HEALTH LAW INITIATIVE, CONT.



David and Leslie Glickman

administration. He was a staunch advocate for social justice and participated in many community activities that benefitted the underserved. Dr. Glickman was eager to honor David's memory through the Law School's Malawi Project since "he always encouraged me in my professional efforts and was very supportive of my desire to travel to Malawi." Glickman was motivated by her work in Malawi and her husband's interest in social justice to support the L&HCP initiatives in Malawi. Glickman recalls, "When the law school proposed the creation of an interprofessional

fund to support work at the intersection of law and health, I was pleased with how fitting it would be to do something with a social justice component in David's memory that could have a lasting impact on the legal community in Malawi as well as the University's law students."

In 2016, Dr. Glickman established the David and Leslie Glickman Interprofessional Health Law Fund. Last summer, the funding made it possible for a Maryland Carey Law team to travel to Malawi to work with Chancellor College Law Faculty and students on a project examining the role of clinical legal education in environmental justice and public health initiatives. Glickman said, "The feedback I have received from both students and faculty reinforces the importance of the project – it not only had a meaningful impact on the local community but the students as well."

In August 2018, Glickman made an additional commitment to support the development of an Environmental Justice, Human Rights and Public Health Seminar, a course that will be taught in both Baltimore and Malawi with faculty and students from each school. Glickman notes, "The Malawi initiative is a small token of my appreciation for the relationships David and I have had with the law school. It helped me to create something sweet from a bittersweet memory." ■

THE EVOLUTION OF THE MARYLAND STEM CELL RESEARCH FUND, CONTINUED FROM P. 7

cells of children with Down syndrome with those of non-DS controls. When the study protocol was submitted to the MSCRC for review, the Commission members questioned whether it was necessary to create new cell lines as proposed in the project and referred the application to the applicant's IRB to conduct additional review. As a result, it was determined that there were enough existing cell lines to carry out the research. The Commission's and the IRB's careful review resulted in a decreased research participant burden, since study participants would not need to contribute samples, while also maintaining the scientific integrity of the project.

The research supported by the MSCRF has resulted in life-saving therapies for patients. Researchers from the Johns Hopkins University, for example, were able to successfully

cure a patient's sickle cell disease and lupus using half-matched bone marrow transplantation. At the University of Maryland Children's Hospital, researchers are testing whether stem cell injections will help infants born with a cardiac condition known as hypoplastic left heart syndrome.

With its commitment to deliberate review and ethical research conduct, the Commission has served as a model as Maryland has become a hub for emerging technologies. Gincel notes, "Holding researchers to a higher standard and asking them to give careful thought to the ethical implications of their research contributes to the advancement of science. This is not a limitation on researchers. Rather, it pushes them to do better science." ■

BACH NGUYEN '18 SELECTED FOR PRESTIGIOUS NIH FELLOWSHIP

Bach Nguyen '18 has always been interested in science. As an undergraduate, he double majored in biology and philosophy. For a time, he thought he might pursue a career in medicine, but determined that it was not the right fit. He recalls, "I wasn't quite sure what I was looking for. I was interested in science but more interested in legal reasoning and argument." That led him to apply to Maryland Carey Law, where he hoped to merge his interests in science and law by focusing on health law. In his second year, Nguyen decided to apply for a spot in the school's unique externship program with the National Human Genome Research Institute, developed and led by Professor Karen Rothenberg.

The NHGRI externship builds on Prof. Rothenberg's longstanding research interest in the area of genomic science. Rothenberg was one of the early scholars exploring the ethical, legal and social implications of genetic testing and genomic research. She served for four years as Senior



Professor Karen Rothenberg

Advisor to the Director on Genomics & Society at NHGRI and currently holds an appointment as a Visiting Scholar in the Department of Bioethics at NIH's Clinical Center.

Under Rothenberg's direction, students selected for the externship are matched with a mentor from NHGRI working on a range of issues including ethical and legal implications of research with human biospecimens, privacy concerns associated with genomic data, the relationship between genomics and healthcare disparities, among others. Students travel to NHGRI twice weekly for 13 weeks and participate in Undiagnosed Diseases Program rounds, attend IRB meetings and work on original research with their mentors.

"One of the goals of the externship program," Rothenberg explains, "is to expose students to health and science policy issues in the research context." Students also have the opportunity to interact with lawyers working in various capacities at the NIH. "It helps to expand students' understanding of the professional opportunities available to them once they graduate from law school."

It was Professor Rothenberg who encouraged Bach to consider technology transfer, the process of commercializing research discoveries. Bach agreed and began working with the NHGRI tech transfer office. For his research project, Nguyen examined approaches to addressing price hikes for hepatitis C medication, including the use of 28 U.S.C. §1498, which allows for government use of a patented technology without prior authorization from the patent holder. The problem of rising drug costs has had an impact across healthcare. In



Bach Nguyen '18

the paper, Nguyen argues against use of §1498, proposing that voluntary agreements between pharmaceutical companies and the federal government will be a more effective tool for reining in prices while preserving incentives for research and development.

Subsequent to the externship, Bach was selected for the President's Entrepreneurial Fellowship Program at the University of Maryland Baltimore (UMB), a highly competitive training program designed to give students direct exposure to the technology transfer process. Under the guidance of UM Ventures Baltimore, students work in interdisciplinary teams to help commercialize technologies developed at UMB.

Through his coursework, Bach met another attorney, Chris Kornak, working at the National Institute of Allergy and Infectious Diseases who encouraged him to apply for its Technology Transfer Fellowship. Nguyen took his advice and successfully applied for the fellowship, which provides advanced training in tech transfer. Fellows learn

BACH NGUYEN '18 SELECTED FOR PRESTIGIOUS NIH FELLOWSHIP, CONT.

how to draft and negotiate research and development agreements for NIAID scientists and their partners in industry and academia, provide oversight for issues related to intellectual property and patents, as well as develop technology transfer educational programs for scientists, all key steps in the commercialization process.

Rothenberg recalls, "Over the course of his externship, Bach was able to develop a clear understanding of the science policy and intellectual property issues that inform the

tech transfer process. He was well positioned for the fellowship at UMB that further expanded his experience. Between the externship, fellowship and coursework at the law school, he was able to submit a very competitive application for the NIH fellowship."

Nguyen vividly recalls the moment that solidified his decision to pursue tech transfer, "I was talking with my mentor, Dr. Eggerton Campbell. He was explaining a particular research study and I sat there listening, wide-eyed. I remember thinking that it was like something out of science fiction...

something that I would expect to happen one day in the future but it was research currently underway at the NIH."

With the fellowship, Nguyen has achieved his goal of merging his interests in science and the law and he is looking forward to this next chapter. "It all started with the externship. Having that experience available through the health law program was incredible." ■

PROFESSOR FRANK PASQUALE PRESENTS SCHOLARSHIP ON THE ROLE OF BIG DATA IN HEALTH CARE TO INTERNATIONAL AUDIENCES



Professor Frank Pasquale traveled extensively this past summer, presenting his scholarship regarding the use of big data, algorithms, and artificial intelligence. He presented his work in four different countries, including Scotland, Taiwan, China, and Australia.

In June, he participated on a plenary panel at the ICON-S 2018 Conference, Identity, Security, Democracy: Challenges for Public Law, at the University of Hong Kong. In July, he presented on the societal implications of automation at the Edinburgh Futures Institute in Scotland.

In the health care context, on August 9, 2018, he delivered a lecture entitled "Written on the Body: Health Status in a Portfolio Society" for the Culture Media Economy program at Monash University in Melbourne. For the lecture, Pasquale revisited his 2013 article "Grand Bargains for Big Data," exploring the ways in which data is being used in health care and emphasizing the critical need to develop regulatory frameworks that protect individual privacy and prevent the unethical use of data.

Pasquale also appeared on the Australian Radio National program "Late Night Live" with Dr. Julia Powles of New York University's Information Law Institute and Cornell Tech. In the broadcast, "Big Data: is it bad for our health?" they discussed the use of algorithms and AI in the health care sector and the prospects for regulation.

MSL GRADUATE PURSUES HIS PASSION IN HEALTH DISPARITIES

It is evident that Steven Ragsdale has a deep passion for his work as he excitedly describes everything he has been doing since completing the Master of Science in Law program with a concentration in Health Law in 2017. Ragsdale was a member of the first graduating class of the MSL program, which was established by the law school in 2015 and is offered at the University of Maryland College Park. His path to health law was not a direct one, however. He was first introduced to health care by his father, Willie Ragsdale, who worked for many years as a biomedical photographer at the Johns Hopkins University School of Medicine. “My father has his name in more textbooks than many prominent physicians,” Ragsdale notes proudly.

For a time, Ragsdale considered a career in medicine, but ultimately decided to pursue his studies in history and political science. After college, Ragsdale ventured to New York City where he found a job with the law firm Skadden Arps as a legal/legislative assistant focused on oil and gas regulation. It was in that role that Ragsdale first began his legal education and went on to work as a researcher and writer for several firms.

It was the train commute from Baltimore to DC that ultimately led to Ragsdale’s work in health care. He befriended fellow commuter Steven Muller, then president emeritus of the Johns Hopkins University. Through his connection to Muller, Ragsdale found himself recruited to work on the implementation of a managed care model at Hopkins. “That was my entry into health care and the beginning of my education in managed care law,” Ragsdale explains.

He worked in operations, responsible for implementing changes to Maryland regulations. Shortly thereafter, the Maryland Medicaid waiver (establishing HealthChoice, a Medicaid managed care program) was approved and Ragsdale was appointed as an acting Director responsible for Medicaid Education. In that role, he worked inside and outside of the institution to educate clinicians and members of the community about the recently launched program.



Steven Ragsdale '17

In 2000, Ragsdale left Hopkins for a position with the Blue Cross Blue Shield Association, providing oversight for a patient safety initiative being piloted in five states to assess the feasibility of nationwide implementation. That role helped him develop a deeper understanding of the regulation of health care regarding safety and quality. It was in this position that Ragsdale was first introduced to the term health care disparities.

The goal of the patient initiative was to develop a clinical algorithm that

could be run on insurance claims data to identify encounters that did not follow best clinical practice in order to prevent future adverse outcomes. It was through this examination of data that Ragsdale began to observe and understand the marked differences in health outcomes for different patient populations, especially those individuals living in areas that lacked health care facilities.

In 2007, Ragsdale returned to Baltimore. Still deeply troubled by the strong evidence of health disparities, Ragsdale negotiated with Johns Hopkins to preserve some of his time for work on community health and disparities, including work with students. It quickly became apparent that students were not receiving sufficient training in cultural competence. Students expressed frustration with their relationships with patients. In response, Ragsdale developed a presentation for students that provided an overview of the history of the hospital, its relationship with the citizens of East Baltimore and the socioecology that had been created. As word spread, Ragsdale delivered the talk to other groups as well – administrative fellows being trained for leadership roles at the hospital, faculty and staff at the School of Public Health, among others.

Although there is currently a great deal of emphasis placed on patient-centered care, Ragsdale argues that health equity, a factor that is key to outcomes, is not a priority for senior leadership in health care institutions. For Ragsdale, the issue of health disparities is deeply personal. In 2012, his father was discharged from the hospital and died from a pulmonary embolism before reaching home.

MSL GRADUATE PURSUES HIS PASSION IN HEALTH DISPARITIES, CONT.

It was the loss of his father as well as an evolving understanding of health disparities in his professional role that inspired Ragsdale to pursue the MSL in health law. “I wanted to take my interest in history, my background in health care and more fully understand the role of law and policy in the health care system.” For his capstone paper, Ragsdale analyzed the issue of health disparities as rooted in the historical racism and sexism of medical education and practice. The educational model for physicians has not changed since the early 1900s, Ragsdale notes, and the historical policies and practices that were put in place, such as the use of slaves in medical research and support for eugenics, have contributed to a

system that devalues people of color. He contrasts the institutionalized bias inherent in modern medical education with the legal and policy approaches that have been employed to address health disparities and argues that real progress will remain elusive if the systemic bias is not addressed directly.

Ragsdale argues for legal and policy approaches that mandate a change to the prevailing educational model, such as adding cultural competence training to licensure requirements. His MSL coursework helped him to “fully understand the legal underpinnings of the problem as well as the potential to use law, policy and regulation to address it.”

Since graduation, Ragsdale has been traveling the country talking about these issues. In Atlanta this past spring, he presented his MSL capstone paper at the Beyond Flexner Conference, a national conference aimed at expanding health professions education to incorporate health equity. In June, he served as the keynote speaker at the 2018 Illinois Women and Families Health Conference sponsored by the Illinois Department of Public Health where he talked about implicit bias before a group of health professionals from across the state. Ragsdale looks forward to using his MSL to further his work educating health professionals about health disparities. ■

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HEALTH LAW CERTIFICATE GRADUATES LAUDED AT ANNUAL RECEPTION

On May 16, the Law & Health Care Program welcomed 23 graduating students along with family and friends to celebrate their completion of the requirements for the Certificate in Health Law during a breakfast at Westminster Hall. Students must meet rigorous academic and professional requirements in order to earn the certificate including health law coursework, practice-based learning, as well as a scholarly paper on a health law topic.

Certificate awardees' post-graduation plans reflect the diversity of their interests as well as the wide range of opportunities open to health law students – associates in law firms with strong healthcare practice areas, policy analysts with federal government agencies such as CMS and FDA, judicial clerkships, and fellowships with the University of Maryland Medical System and the National Institutes of Health.

The event, attended by many of the Law & Health Care Program faculty, marked the 21st year that certificates have been awarded. Below

we highlight several of our 2018 graduates and their achievements:

Eleanor Chung

There is no question that Eleanor Chung made the most of her three years as a law student. In addition to raising her two young sons, Eleanor served as Managing Editor of the *Journal of Health Care Law & Policy*, Vice President of the student group Parents Attending Law School, as well as a regular columnist for the Maryland Daily Record, a statewide business and legal newspaper. Professor Frank Pasquale described Eleanor as “one of the finest, most insightful students I have taught here at the University of Maryland. She is exceptionally mature and poised, and a dedicated student. In my health law class and as a research assistant, Eleanor’s ability to distill vast amounts of information into thoughtful, well-reasoned legal analysis was outstanding.” Many other members of the faculty agreed with Professor Pasquale’s assessment – at graduation, Eleanor received the Law School Alumni Association Award, awarded to the graduating

student deemed by the faculty to have contributed most largely to the law school through their qualities of character and leadership. Eleanor is now serving as a judicial law clerk to the Honorable Andrea Leahy of the Maryland Court of Special Appeals.

Uma Ramamurthi

In addition to her strong academic achievements, Uma Ramamurthi served as captain of the transactional health law moot court team and participated in numerous externships including stints at the Centers for Medicare and Medicaid Services and the National Human Genome Research Institute externship with Prof. Karen Rothenberg. At NHGRI, she examined the issue of genetic discrimination in the context of workplace wellness programs and, with her mentor Dr. Lawrence Brody, co-authored a paper on the subject that will be submitted for publication. Lauren Levy, Managing Director of the Law & Health Care Program, remarked that Uma has already promised to return to the law school and serve as a coach for the National Transactional Health Law Moot Court Competition.



Prof. Karen Rothenberg (center) and health law graduate Nana Tufuoh (2nd from right) with members of her family



Prof. Frank Pasquale, Eleanor Chung and Prof. Diane Hoffmann

2018 HEALTH LAW CERTIFICATE RECIPIENTS

Tyler Babich
Chelsea Beaupre
Hannah Catt
Eleanor Chung
Molly Friedman
Mena Gaballah

Reagan Greenberg
Michael Hayes
Rhya Martin
Edward Miller
Krishna Mistry
Lauren Morowit

Jimmy Nghieu
Bach Nguyen
Uma Ramamurthi
Jessica Ramdat
Hassan Sheikh
Heather Shek

Eli Sherlock
Michelle Solter Evers
Matthew Sprankle
Nana Tufuoh
Sidney Zahabizadeh

Prof. Frank Pasquale noted, “Uma has a truly extraordinary drive to bring professionalism and dedication to her work as an attorney.” Uma is now working as a Health Insurance Specialist at the Centers for Medicare and Medicaid Services.

Hassan Sheikh

After working for several years as a pharmacist, Hassan Sheikh returned to law school to pursue a career in law and health policy. As Editor-in-Chief of the *Journal of Health Care Law & Policy*, Hassan was charged with shepherding the journal through a challenging period and completed his tenure having earned the respect of his staff and faculty advisor, Prof. Frank Pasquale. Professor Sara Gold, who supervised Hassan as a student attorney in the Medical-Legal Partnership Clinic, noted, “Hassan possesses a rarely seen combination of stellar legal skills coupled with a unique ability to connect with people. This combination of talents resulted in Hassan’s delivery of legal advice and counsel to clients this year that was thorough, accurate, wise, and presented in a down-to-earth, practical, understandable, kind, and respectful way – no small feat.” Hassan is now working as a Law & Policy Analyst with the Center for Health and Homeland Security, where he is advising the Baltimore City Health Department Office of Public Health Preparedness and Response.

Matthew Sprankle

As a student, Matt Sprankle explored

health law from the perspective of state regulators as a law clerk in the Consumer Protection Division of the Maryland Office of the Attorney General as well as from the risk management perspective as a clerk in the Office of Patient Care and Risk Management at Johns Hopkins Hospital. As President of the Student Health Law Organization, Matt organized numerous events for students interested in health law, including hosting a social hour to welcome new students at the beginning of the academic year, arranging a health law practitioner panel to provide students with the opportunity to learn about different areas of health law, and co-sponsoring a panel discussion on the legal issues that arise for members of the LGBTQ community in the healthcare context. He also spent a significant amount of time meeting with 1Ls and 2Ls, providing advice regarding clinics, coursework and the summer associate recruitment process. Professor Hoffmann, who worked with him in his capacity as President of SHLO, remarked that Matt “has been a tremendous asset to our program and school. We look forward to his continued success as an attorney.” Matthew is now working as an associate at Epstein, Becker & Green, P.C., in Washington, D.C.

Nana Tufuoh

As a student, Nana Tufuoh took full advantage of the various opportunities in global health law. The summer after her second year, she worked as a

human rights and law intern with the Joint United Nations Programme on HIV/AIDS in Geneva, Switzerland. As an extern in the National Human Genome Research Institute externship program, Nana focused on sickle cell disease, a common disease in sub-Saharan Africa. She spent her semester researching obstacles to the implementation of universal screening for newborns, working with her mentor, Vence Bonham, to develop a policy paper with recommendations for sickle cell screening programs in Ghana, her native country. This past August, Nana presented her paper at Korle Bu Teaching Hospital, the largest teaching hospital in Ghana. Nana was an active member of the larger university community as well – she was selected to participate in the UMB President’s Student Leadership Institute, a competitive leadership development program that brings together students from the various professional schools at UMB to examine a particular topic, in this case global literacy. As part of that effort, Nana and her fellow students authored a white paper with recommendations for improving student understanding of global systems and interrelationships. In recognition of her achievements, Nana was awarded one of the law school’s competitive postgraduate Business Law Fellowships and is now working in the Office of the General Counsel at the University of Maryland Medical System. ■

ADVANCING PUBLIC HEALTH THROUGH THE LAW, CONTINUED FROM PAGE 6.

and experts from more than 35 organizations who are committed to reducing rates of fatal and serious injuries among children. The Alliance works to build capacity and develop the evidence base in child safety. It focuses on addressing the needs of state and local health departments, promoting the use of evidence-based policy at the state level to prevent childhood injury and providing technical assistance in several key areas, namely, bullying, motor vehicle safety, poisoning, sudden unexpected infant death, and suicide and self-harm prevention.

Access to Care

Broadband Access as a Social Determinant of Health

The public health team is addressing issues related to access to care on multiple fronts. For example, Mathew Swinburne has been examining the issue of high-speed internet as a social determinant of health in rural communities. Swinburne recently led a roundtable discussion at the 2018 National Network of Public Health Institutes Annual Conference in New Orleans, LA, discussing the impact of this digital divide on residents of rural areas. “There are myriad benefits derived from high speed internet – access to employment and educational opportunities as well as access to patient portals and potentially telehealth services in the healthcare context,” Swinburne asserts. He notes that much of the legal work currently happening in the area of telemedicine is focused on issues of licensing, reimbursement and privacy but, he argues, those are secondary issues. “Broadband access is a baseline requirement for any telehealth service and those who would benefit the most from those services don’t have that access.”

Scope of Practice

In Maryland and many other states, expansion of scope of practice for various health professionals (i.e. nurse practitioners, pharmacists, dental therapists) is also being closely examined as an avenue to improve access to care as well as the quality of care. Often the laws and regulations that place limitations on scope of practice for health professionals are not based on scientific evidence and are not well justified on cost, access or health outcome grounds.



Mellissa Sager '15

Dental Care

One approach several states have adopted to increase access to dental care is the creation of a new professional designation, dental therapist. These paraprofessionals are able to provide key preventive services like cleanings where supervision by a dentist is not medically necessary. The benefit of this new designation or expansion of scope of practice for dental hygienists is that these paraprofessionals are able to provide care in unique settings at non-traditional times to better meet the needs and work schedules of underserved populations.

Pharmacists

Expanding the role of pharmacists

is another strategy that can increase access to care. Mellissa Sager notes, “pharmacists receive specialized training in medication that physicians do not. It makes more sense for individuals to discuss issues they may be having with, for example, their blood pressure medication directly with their local pharmacist. Pharmacists understand how the medications work and can adjust dosage as needed. It saves time and money and may result in improved health outcomes.” Recent legislation in Maryland and elsewhere enables pharmacists to prescribe birth control. Opponents argue that individuals will fail to seek care from physicians if these options are made available. Supporters counter that many of the individuals accessing these services were not receiving care from physicians anyway and these expanded scopes of practice facilitate a connection to care that would not otherwise exist. For many, particularly those in underserved neighborhoods, pharmacies are much more accessible than doctor’s offices or medical centers. Loosening of restrictions to provide care may resolve longstanding issues of access for underserved communities in both urban and rural settings.

School Nursing

School nursing services present another opportunity to improve access to care for school-aged children and adolescents but the laws regarding school health services are inconsistent. Delaware is currently the only state in the country that requires a nurse in every school. School nurses, Kerri Lowrey asserts, represent a critical first point of healthcare contact for young people. One obstacle to increasing access to school nursing services is financing. Lowrey and

ADVANCING PUBLIC HEALTH THROUGH THE LAW, CONT.



Kerri Lowrey, Blair Inniss, Mathew Swinburne, Prof. Kathi Hoke, Brooke Torton, & Mellissa Sager of the Legal Resource Center for Public Health Policy

colleagues are collaborating with the Rand Corporation on a grant proposal to examine the issue of Medicaid reimbursement for school nursing services. Lowrey highlights the strong evidence linking educational success to health status and outcomes as well as studies demonstrating reductions in absenteeism once school nursing services are made available.

Problem Gambling

Since 2008, the Maryland General Assembly has passed several pieces of legislation expanding legalized gambling in the state. Mellissa Sager serves as a legal and policy consultant to the Maryland Center of Excellence (COE) on Problem Gambling at the University of Maryland School of Medicine. In this role, Sager tracks legislation related to gambling and evaluates existing efforts by the COE and the state to prevent and treat problem gambling behavior. The state, for example, has implemented a Voluntary Exclusion Program, that provides individuals who are concerned about their gambling the ability to voluntarily bar their access to the state's casinos. Sager has been reviewing similar policies in other

states to identify best practices and improve the Maryland program.

Prevention of problem gambling behavior in youth is a high priority for the state. Sager has been monitoring legislative approaches to so-called daily fantasy sports, a fast-paced version of traditional fantasy sports, competitions where participants create an imaginary sports team comprised of actual professional athletes and compete for prizes. In 2016, legislation was proposed in the Maryland General Assembly to regulate daily fantasy sports but the bill did not pass.

In light of the recent Supreme Court decision in *Murphy v. NCAA*, striking down a federal law that largely outlawed sports betting outside of Nevada, there has been a flurry of legislative action to establish legal sports betting in neighboring states including New Jersey (the plaintiff in the Supreme Court case), Delaware, Pennsylvania and West Virginia. Sager is tracking developments here in Maryland where there has been talk of a special legislative session to add the question as a referendum on the 2018

ballot or reintroduction of legislation in the next session of the Maryland General Assembly, resulting in a referendum in 2020.

Sager is also exploring potential reimbursement models for peer support specialists, a promising model for treatment of individuals with gambling disorder that has proven effective for other addiction disorders. Since interactions with the peer support specialists fall short of clinical interventions, these services cannot be reimbursed through Medicaid. The addition of a medical billing code, to allow for reimbursement for peer support services, could greatly expand access to treatment in the state.

Improving Public Health in Maryland and Beyond

The faculty and staff attorneys that comprise the Legal Resource Center for Public Health Policy and the Network for Public Health Law – Eastern Region are engaged in a broad range of activities to use the law to advance public health. At the upcoming National Public Health Law Conference to be held in Phoenix, Arizona this October, the team will lead four panel discussions. Topics will include food security, transportation and housing, alcohol policy and medical marijuana. In collaboration with partners in federal, state and local government as well as private organizations, the team is helping to build capacity in public health policymaking and driving a national conversation about the role of law in public health. ■

LAW & HEALTH CARE PROGRAM NEWS

Sara Gold

Published “Trauma: What Lurks Beneath the Surface,” in the Spring 2018 volume of the *Clinical Law Review*.

Served as a Panelist for the session “The Faces of Trauma: Why Judges and Lawyers Need to Recognize and Respond to Trauma Histories of Litigants, Witnesses & Clients,” at the Practising Law Institute (PLI) Program, “Mental Health Issues & the New York State Courts 2018: Why Trauma Matters to Judges and Lawyers,” in New York, on May 16.

Was a Panelist for the session “A Trauma-Informed Justice System,” at the PLI Program, “Mental Health Issues & the New York State Courts 2018: Why Trauma Matters to Judges and Lawyers,” in New York, on May 16.

Diane Hoffmann

Presented, “Physicians and the Supreme Court” at the Annual Health Law Professors Conference in June 2018 in Cleveland, OH.

Published “Will the FDA’s Approval of Epidiolex Lead to Rescheduling Marijuana?” on the *Health Affairs* blog in July 2018.

Appointed to a second term as a member of the editorial board for the *Journal of Medical Regulation*, a publication of the Federation of State Medical Boards.

Quoted in *Proto Magazine*, a publication of Massachusetts General Hospital, regarding the continuing debate around the regulatory classification of fecal microbiota transplant.

Kathleen Hoke

Appointed by Maryland Governor Larry Hogan to serve on the Maryland State Council on Cancer Control, an entity charged with educating and advising government officials, public and private organizations and the general public to reduce cancer mortality and morbidity in the state.

Co-authored “Restricting the Sale of Flavored E-cigarettes in the U.S.: An Examination of Local Regulations,” published in *Tobacco Regulatory Science*, 4(4):32-40, 2018.

Kerri Lowrey

Presented a talk with partners from the CDC at the Federal Interagency Conference on TBI in Washington, DC on June 12. The talk, entitled “Returning to School after Traumatic

Brain Injury: Laws, Practices, Challenges,” was based on work conducted over the past 2 years with CDC’s Injury Center.

Presented at a roundtable at the National Network of Public Health Institutes Annual Conference in New Orleans on May 24 entitled “The Role of Law in Realizing the Full Potential of School Nursing in Addressing Rural and Urban Health Disparities.”

Accepted an award on behalf of the Network for Public Health Law from the National Association of School Nurses in recognition of the Network’s contributions to the organization on July 1.

Frank Pasquale

Published “Professional Cooperation and Rivalry in the Future of Data-Driven Healthcare” in *Big Data, Health Law, and Bioethics* (Cambridge University Press, March 2018) I. Glenn Cohen et al., eds.

Presented “Ratings, Rankings, and Risk Adjustment,” a webinar for the Center for Medicare and Medicaid Innovation, Centers for Medicare and Medicaid Services in March 2018.

Quoted in the *New York Times* story, “How Companies Scour Our Digital Lives for Clues to Our Health.” This story was translated into several languages and syndicated globally.

Quoted in the National Committee on Vital and Health Statistics’s report, “Health Information Privacy Beyond HIPAA: A 2018 Environmental Scan of Major Trends and Challenges.”

Quoted on Medicaid policy in *The American Prospect*, in a February 2018 article titled “Reforming Welfare and Controlling the Poor.”

Amanda Pustilnik

Quoted in “Experts say lawsuit challenging Affordable Care Act could kill it,” in the Healio Special Report: Health Care and Politics, on June 25.

Presented “Brain-based, Human-Machine Interfaces: New Developments, Legal and Ethical Issues, and Potential Uses” at the Strata Data Conference in New York, NY on September 13.

LAW & HEALTH CARE PROGRAM NEWS, CONT.

L&HCP Student Achievements

Third-year student Adrienne Thomas was the first place winner of American University's 2018 National Health Law Writing Competition for her paper "A New Exception to the Right to Refuse: Requiring Pharmaceutical Manufacturers to Sell Samples for Bioequivalence Testing."

Raynna Nkwanyuo, a third-year health law student, was awarded a student scholarship to attend the U.S. Healthcare Compliance Certification Program at Seton Hall University School of Law in June 2018.



3L Raynna Nkwanyuo (r) and fellow attendee Karin Umfrey participate in the U.S. Healthcare Compliance Certification Program at Seton Hall University School of Law

8TH ANNUAL HEALTH LAW REGULATORY & COMPLIANCE COMPETITION: Call to Compete

The Health Law Regulatory & Compliance Competition is a unique and innovative competition that challenges students to navigate through the complex regulatory landscape of health care law, including compliance with health care regulations and FDA law. The competition will be held on Saturday, February 16, 2019, from 8:00 a.m. until 3:00 p.m. at the University of Maryland Francis King Carey School of Law in Baltimore, MD.

About the Competition:

The Competition requires teams of 2-3 students to analyze a hypothetical fact pattern involving various interactions between health care stakeholders and entities participating in several health care activities that necessitate regulatory and compliance oversight. The fact pattern will be given to teams the day of the competition, and students will have approximately 1.5 hours to analyze the problem. Teams will then present their findings and recommendations to a panel of practicing regulatory and compliance attorneys. The 8th Annual Competition will focus on several interactions between various health care stakeholders, including hospitals, physicians, drug and device manufacturers and related third parties.

Call to Compete:

If you would like to have a team from your law school participate in the Competition, you can find additional details and information about how to register at <https://bit.ly/2PnUAgS>



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