



Law-Medicine News

From the Law-Medicine Center at Case Western Reserve



Is Obamacare Still About Health Insurance?

The Affordable Care Act has become so large and complex; it has raised numerous constitutional questions and administrative law issues, spurred discussions of racial bias in the health industry, and even brought such topics as contraceptive rights back into the limelight.

Professor Ruqaiyah Yearby

Does the Affordable Care Act increase racial disparities in the healthcare system?



Health care has been racially unequal in the U.S. since the Civil War, and Professor Ruqaiyah Yearby's research argues that the Affordable Care Act (ACA) "does nothing to eradicate those barriers."

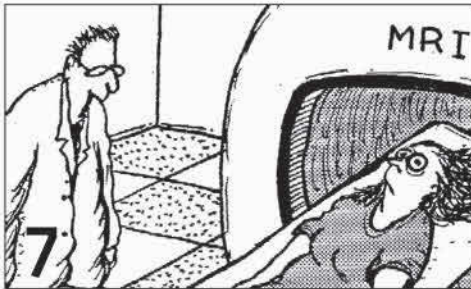
Yearby's paper, "Breaking the Cycle of 'Unequal Treatment' with Health Care Reform: Acknowledging and Addressing the Continuation of Racial Bias," was published in the *Connecticut Law Review* in 2012. It outlines numerous studies that have shown racial disparities, due to racial bias, persist in the health care industry years after the enactment of Title VI of the Civil Rights Act of 1964, which sought to put an end to "separate but equal" access to health care.

A 2002 Institute of Medicine Study, for example, found that minority patients were given poorer quality of care and some physicians were influenced by a person's race, resulting in poor health outcomes.

The ACA does not completely ignore the issue of eradicating racial disparities in health care. According to Yearby's research, multiple strengths exist. The act limits a

Continued on page 4

INSIDE THIS ISSUE



3L focuses on health care career with health law concentration **3**

Law-Medicine Center hosts two-day symposium on racial bias in health care **6**

Upcoming Events **6**

Faculty Updates **7**

Health Law Faculty

Maxwell J. Mehlman,
Law-Medicine Center Director
mjm10@case.edu

Sharon Hoffman,
Law-Medicine Center Co-Director
shh90@case.edu

Ruqaiyah Yearby,
Law-Medicine Center Associate Director
ray31@case.edu

Jessica Berg
jwb14@case.edu

Paul C. Giannelli
pcg@case.edu

Ayesha Hardaway
axb74@case.edu

Jessie Hill
bjh11@case.edu

Laura McNally
lem20@case.edu

Law-Med News Editor

Dena Cipriano
dxc402@case.edu

Alum appointed co-chair of Ober Kaler's health law group



Julie E. Kass (LAW '94)

The law firm of Ober Kaler announced in June that Julie E. Kass (LAW '94), a principal, was named co-chair of its health law group.

"I am proud to be moving into this leadership role,"

Kass said. "It has been a privilege to be part of the growth and achievement of Ober Kaler's health law group, and I look forward to handling these new challenges and opportunities as we help our clients navigate the increasingly complex health care regulatory environment."

Kass is among the country's leading authorities in health care law, particularly in the area of Medicare and Medicaid fraud and abuse. Her practice deals with the regulatory aspects of structuring arrangements under the Stark and Anti-kickback laws. She also helps clients deal with the unintended violations of the fraud and abuse laws.

In addition, Kass is a leader in the firm's accountable care organizations working group, assisting clients in navigating rules and application procedures under the Affordable Care Act. She is a member of the American Health Lawyers

Association, where she chairs the Physician Organizations Practice Group. She also serves on the board of directors of the Jewish Federation of Greater Washington. Kass was named a Washington, DC *Super Lawyer* in the area of health care for 2014. *Nightingale's Healthcare News* named her as one of the "Outstanding Fraud and Compliance Lawyers" for 2006. Prior to joining Ober Kaler, she was senior counsel in the U.S. Department of Health and Human Services, Office of Inspector General.

"Julie has devoted many years of hard work and dedication, both to our clients and to our practice," said Sandy Teplitzky, outgoing chair of the health law group who will continue to practice full-time as a principal with the firm. "She is a tireless writer, speaker and presenter, as well as a terrific lawyer, and she has made an enormous contribution to the reputation of our health law practice. It is truly gratifying to see her move into the next stage of her career. I know that Julie and Howard will provide both innovative and thoughtful leadership to our incredibly strong legal team. Our clients will be the beneficiaries of their leadership."

Kass received her JD *summa cum laude* in 1994 from the Case Western Reserve University School of Law, where she was named to the Order of the Coif. She lives with her husband and three children in Montgomery County, Md.

ABOUT THE LAW-MEDICINE CENTER

Case Western Reserve University School of Law was the first in the country to create a health law program. The field of health law effectively began with the creation of the Law-Medicine Center in 1953. Our 3rd-ranked health law program offers students a unique opportunity to play a pivotal role in emerging areas of law. Students engage with faculty in researching legal, ethical and policy issues raised by advances in human genetics, electronic medical records, biomedical research, novel threats to public health, new reproductive technologies, and historic changes in the regulation of government and private health care programs.

Outstanding campus resources support the health law program. Case Western Reserve University is a leading research university, with a top-25 medical school, and renowned health policy and bioethics programs. Collaborations with peers from our graduate schools of medicine, social sciences and management include shared courses, lectures, symposia and research teams.

The law school is close to two of the nation's best hospitals — Cleveland Clinic and University Hospitals — where opportunities to work and learn in hospital legal environments are steps away.



The original logo for the Law-Medicine Center, the nation's first health law program.

3L focuses on health care career with health law concentration

Victoria Roberts, a 26-year-old 3L, has guided her education and career path in the direction of the ever-changing health care industry.

Roberts got her master's degree from Long Island University in public administration with a health care administration concentration. She graduated in 2012 and began her legal studies at Case Western the following fall to pursue the school's health law concentration, which is ranked third in the nation.

"I have had an interest in health care since undergrad, which lead me to pursue my masters. My time in my masters program is what lead to my interest in health law and how I ended up at Case," she said.

Roberts took courses ranging from Health Care Regulation, to Health Care Transactions, to Hospital and Physician Organizations, to Bioethics. Roberts participated in the Research Ethics and Regulation class, taught by Interim Dean Jessica Berg. During the course, she wrote her law note on the Quality Improvement Initiative in hospitals titled, Quality Improvement: The Need for Federal Regulations. Why Structure is Necessary in the Furtherance of Quality Improvement Projects.

Roberts is happy with her decision to attend Case Western because of the extensive health law classes and opportunities the

school offers in the area of health law. Roberts' long-term goal is to work as in-house counsel for a hospital. She is thankful for the experience she has gained in the health law concentration including a hospital externship and work in the health law clinic as it solidified her interest in this work.

In the winter and spring of 2014, Roberts completed a health law externship with the MetroHealth System, one of the largest, most comprehensive health care providers in northeast Ohio. The system's flagship campus is MetroHealth Medical Center. There she was introduced to the many legal tasks within a big hospital system.

She worked with a variety of departments at MetroHealth, including the chief risk officer. The CRO oversees all manner of litigation, anything from employment cases to malpractice. Roberts attended pre-trials, settlement conferences and mediations. She also worked on projects for the compliance department and updated presentations for medical staff.

This summer, she spent her time at the Milton A. Kramer Law Clinic Center, as she gained exposure to the criminal justice system while working with Professor and Associate Dean of Experiential Education Judy Lipton and Professor Carmen Naso. She also worked with Professor Laura McNally-Levine, the Director of the Health Law Clinic. Roberts is continuing as a student in the Health Law Clinic this fall.



Victoria Roberts

"My time at the clinic this summer has given me invaluable experience, not only did I get courtroom experience I also got a lot of client interaction. Both will be very beneficial to me after graduation. I have found my work in the clinic to be extremely rewarding," she said.

The Health Law Clinic represents clients in Social Security disability cases, guardianship cases, and special education cases. The clinic will also begin taking on new projects involving Veterans Affairs benefits and begin a medical-legal partnership program focused on children's health issues.

"I have enjoyed my course work in health law as it has served as an important building block. I was able to apply the foundation provided in my classes to my externship at Metrohealth and my time in the Health Law Clinic. I really enjoyed being able to take what I learned in class and apply to real life practice."

Health law student gains experience during internship with Department of Aging

As a summer legal intern for the City of Cleveland Department of Aging, Melissa Vogley gained valuable real world experiences to help shape her future professional career.

She worked on two health law projects, in addition to some tax and real property law work.

"My first health law project involved advance directives. The project involved preparing an internal resource booklet about living wills and durable powers of attorney for health care that could be used

by staff members in the Department," Vogley said. "I also helped prepare a separate pamphlet that could be given to clients to provide them with some definitions, information and additional resources."

Her second health law project focused on MyCare Ohio, a pilot program to integrate Medicare and Medicaid for dual eligible individuals in Ohio. As part of this project, she researched the history and background of this initiative and presented her findings to the department director and administrative team.



Melissa Vogley, pictured fifth from left, participated in Elder Abuse Awareness Day in June with the City of Cleveland Department of Aging staff.

Is Obamacare Still About Health Insurance? *Continued from page 1*

charitable hospital's ability to charge uninsured patients more than the amount of insured patients, and it standardizes data collection of racial information and increases the stature of the Office of Minority Health. The act also increases health coverage for minorities.

So how does Obamacare contribute to racial disparities? According to Yearby's research, it focuses mostly on individual solutions, such as patient education, and does nothing to address the continuation of racial bias in the health care system, which has been documented in numerous studies. For example, two decades of research studies have shown that some physicians, regardless of their race and/or gender, fail to provide African Americans with medically necessary treatment because of racial bias. Furthermore, increased access to insurance does not necessarily mean an increase in quality of care or access to health care. If a hospital facility wants to relocate from an urban area to a suburban one, for example, it can do so, even if it means that the urban area will be underserved as a result.

"We also need to move away from providing care based on the ability to pay instead of need because it disproportionately affects minorities' access to health care," she said. "At the very least, we need to say 'everyone gets the same standard of care' and mean it. We need to equalize quality for the insured and uninsured."

One of the most tragic examples is the story of Deamonte Driver, which Yearby includes in another paper, "Racial Inequalities in Mortality and Access to Health Care," published in *The Journal of Legal Medicine* in 2011. The 12-year-old African American boy

was unable to afford \$80 for a dentist to remove a decaying tooth, and he eventually died from a brain infection caused by the spread of the bacteria from the abscess in his mouth. He didn't die because he was African American, but because of the "disparate impact of income equality on minorities."

On March 27, the law school hosted a national symposium, organized by Yearby, called "Sick and Tired of Being Sick and Tired: Putting an End to Separate and Unequal Health Care in the United States 50 Years After the Civil Rights Act of 1964." Top experts in the legal, medical, social science and public health fields developed an action plan to put an end to racial bias and racial disparities in health care (see page 6).

Professor Jessie Hill

Were some lawsuits against Obamacare more about women's equality than health care?



Conestoga Wood Specialties and Hobby Lobby filed lawsuits against Obamacare, arguing that the requirement to pay for certain contraceptives is a violation of their religious freedoms.

This summer, the U.S. Supreme Court ruled that closely held for-profit corporations may be exempt from a law its owners religiously object to – striking down the contraceptive mandate for these companies.

Professor Jessie Hill is one of about 20 scholars who submitted an amicus brief in the cases. They argued that employers cannot force their beliefs onto employees who don't share the same religious faith. Exempting the

employers from covering the contraceptives would deny employees a government benefit to which they are legally entitled.

While the lawsuits themselves spurred much debate about whether employers are really persons with religious freedoms and whether the contraceptive mandate imposes a substantial burden upon their liberties, Hill's research has focused on deeper issues at play.

First, the act brought the contraceptive coverage debate to the forefront largely because of the federal government's increased role in health care decision-making. Traditionally, decisions have been made between doctors, insurers and patients.

But there are also equality issues. In 1998, one legal scholar observed that private insurance plans did not cover prescription contraceptives, although unintended pregnancies were a problem impacting American women. As a result, women spent 68 percent more than men on out-of-pocket health care costs and the failure of employers to cover contraceptives constituted illegal sex discrimination in violation of Title VII.

Soon after this observation, the Equal Employment Opportunity Commission "reached a similar conclusion," Hill said, and lawsuits against employers were filed. Meanwhile, many states adopted their own laws, requiring insurance coverage of contraceptives. This occurred between 1998 and 2009.

"These cases were about women's equality, and it did not get framed that way," she said.

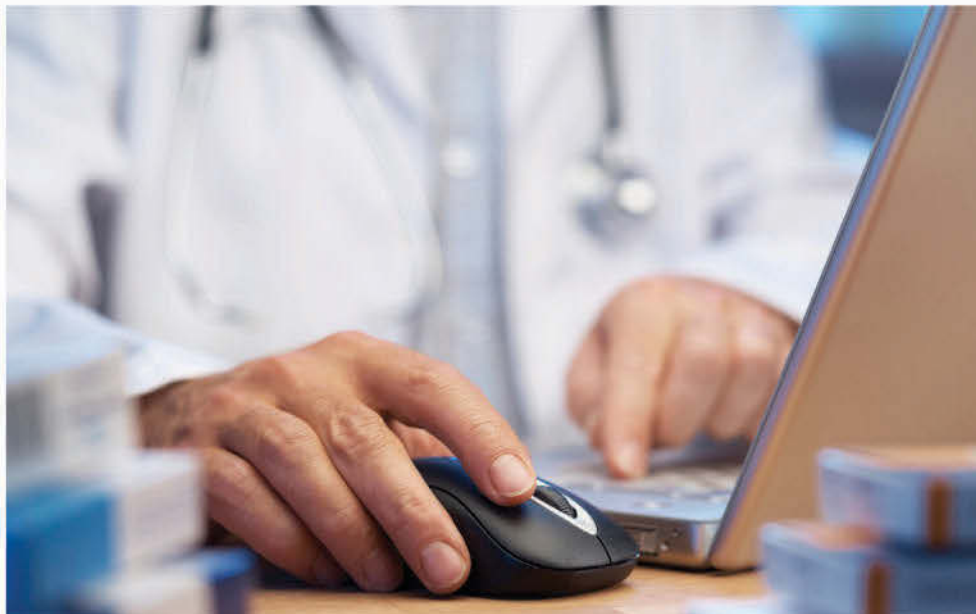
Professor Sharona Hoffman

Is Obamacare's reliance on electronic health records for research a good idea?



One of the major goals of health care reform is reducing the cost of health care. The U.S. spent a whopping 17.9 percent of its gross domestic product on health care in 2011, according to the World Health Organization.

Obamacare in part seeks to address the issue of rising health expenditures through its support and advancement of comparative effectiveness research. The goal of this research is to make more informed health care decisions through evidence on treatment options. This evidence is most often conducted through observational studies that involve a review of patients' electronic health records.



Obama's stimulus plan set aside billions to promote health information technology and now the ACA created a quasi-governmental entity, the Patient-Centered Outcomes Research Institute, to advance comparative effectiveness research and its use within the medical community. The institute awards millions of dollars in grants to support this research.

Consequently, electronic health records are becoming increasingly important for government initiatives. But use of such records should be approached with caution, because the records have certain limitations and pitfalls.

Professor Sharona Hoffman co-authored, with Professor Andy Podgurski, "Big Bad Data: Law, Public Health, and Biomedical Databases," which was published in the *Journal of Law, Medicine and Ethics* in 2012.

"Unlike clinical trial data, EHR (electronic health records) data is not recorded primarily to meet the needs of researchers. Because of clinicians' workloads, poor user-interface design and other factors, EHR data is surprisingly likely to be erroneous, miscoded, fragmented, and incomplete," they wrote.

Electronic health records generate considerable opportunities, especially for research and public health. Researchers using large databases, for example, can conduct studies with millions of patients and examine treatment effectiveness, disease progress and outcomes.

But there are many shortcomings. Hoffman notes in her writing that records often contain data entry errors, incorrect menu choices from drop-down menus, and mistakes in the checking and unchecking of boxes. There may also be perverse incentives at work in some cases. If doctors don't uncheck certain boxes regarding patient visits, it might look like they did more during their examination than they actually did, and they can charge more.

In other cases, records are simply incomplete. When doctors give patients medications such as antibiotics, they often do not schedule follow-up visits. Thus, the record will not show outcome data, and researchers will not know if the patient got better or got worse and went to a different doctor for additional care. Records may also be fragmented if patients visit different health clinics that do not have interoperable electronic health record systems. Pieces of the patient's records will be in different clinic systems and cannot be put together into a comprehensive whole that will give researchers a complete picture of the patient's medical conditions and treatment. Researchers' reliance on flawed electronic health records could lead to flawed policies and regulations.

Professor Maxwell Mehlman

Should Obamacare protect doctors from liability for medical malpractice if they follow medical practice guidelines?



recommendations about appropriate care.

In return for the American Medical Association's support for the ACA, one of the things President Obama promised was protection for physicians from malpractice liability if they followed "practice guidelines," that is, professional

The final version of the law merely provides federal funding to explore this approach, known as "safe harbors," but another part of the president's health reform initiative was to fund research to identify "evidence-based" medical practices. Safe harbors supporters were hopeful that this research would provide a firm scientific foundation for the guidelines.

Safe harbors had been tried once before in the early 1990s, and had failed for a number of reasons. In a series of articles published in 2012 and 2013, Mehlman predicted that the approach was bound to fail again. He noted that there was no accepted source of practice guidelines, resulting in conflicting recommendations issued by rival medical groups.

In addition, the physicians who devise guidelines often have financial conflicts of interest, which undermine the trustworthiness of their recommendations. The industry-supported research intended to generate the underlying "evidence" also is vulnerable to conflicts of interest. More importantly, its results may not hold true for specific patients, who differ, in ways that researchers are only beginning to understand, in their genetic makeup, the way their bodies function, and their environments. Physicians in malpractice cases therefore would still have to prove that the guideline was appropriate for the patient in question, which would preclude it from serving as an absolute defense to liability.

The safe harbors study funded by the ACA was conducted by the Office for Oregon Health Policy and Research. Its report, published in January 2014, largely agreed with Mehlman, noting, that "individual cases will continue to require a factual determination of whether a particular guideline is applicable to the individual situation and whether or not it was actually adhered to by the physician."

Accordingly, the report concluded, a safe harbors approach would have little impact on medical liability.

Professor Jonathan Adler

Is Obamacare implementation illegal?



After his first election, President Obama made health care reform one of his top priorities, and mounted a fast-track campaign for a landmark act that would change health care forever. Two versions of the legislation emerged in

the Senate and House. The Senate version favored the creation of state health insurance exchanges, and the House version favored a federal system.

Typically, a legislative conference compromise occurs, and the two chambers work together on a final bill.

But the unthinkable happened. Democrat Sen. Ted Kennedy — who made advocacy for health care his No. 1 cause — died in office. Republican Sen. Scott Brown won in a special election. During Brown's campaign, he spoke against the health care reform plan in the Democratic-led House and Senate and threatened to filibuster the bill in the Senate.

So instead of conferencing and ironing out the details with the Senators, House representatives enacted — word-for-word — the Senate's bill. And that's where the problem starts, according to Professor Jonathan Adler.

"The bill we have is the Senate's rough draft," Adler said. "In a sense, we got the law no one wanted."

Several challenges have been raised, and Adler, in a research paper with Michael Cannon of the Cato Institute, argues one of them.

The act, they wrote, provides tax credits for individuals who purchase health insurance plans on state-run exchanges. At the time the law passed, advocates assumed that states would simply adopt their own exchanges. But that's not the case. In fact, most states declined. This means the tax credits — which are essential for making the health care plans affordable — should not be issued to citizens in those states. However, the federal government is issuing the tax credits, saying the lack of a state exchange means the system simply defaults to the federal government. This is illegal, Adler argues.

This summer, two U.S. Appeals Courts reached opposite conclusions about the subsidies. In Washington, a three-judge panel ruled that the IRS lacked authority to allow the federal subsidies. But in Richmond, Va., judges there ruled that Congress always intended to allow the subsidies in state and federally run exchanges. It is possible the issue will go before the U.S. Supreme Court.

Speaker Line-Up

- **Keynote: Dr. David Barton Smith**, Research Professor in the Center for Health Equality and the Department of Health Management and Policy at the Drexel University School of Public Health
- **The Honorable Ray Miller**, (Ret.) State Senator and Publisher The Columbus African American
- **Dr. Mary Frances Berry**, Geraldine R. Segal Professor of American Social Thought, Professor of History, Department of History, University of Pennsylvania, Former Chair of the U.S. Commission on Civil Rights
- Ohio State Representative **Barbara Sears**
- **Johnnie "Chip" Allen**, Director of Health Equity, Ohio Department of Health
- **Celeste H. Davis, Esq.**, Regional Manager, U.S. Department of Health and Human Services, Office for Civil Rights, Region V, Chicago, IL
- **Dr. Claudia Fegan**, Chief Medical Officer for Stroger Hospital of Cook County Health and Hospital System
- **Dr. Gregory Hall**, Chair of Ohio Commission on Minority Health and Assistant Professor of Medicine, Case Western Reserve University College of Medicine
- **Dr. Camara Jones**, Senior Fellow, Satcher Health Leadership Institute, Morehouse School of Medicine
- Professor **Vernellia Randall**, Emeritus Professor of Law, University of Dayton School of Law
- **Dr. Michelle van Ryn**, Professor and Director of the Research Program on Equity and Quality in Provider-Patient Encounters, Mayo Clinic



Professor Ruqaiijah Yearby (bottom right) organized the two-day Law-Medicine Center symposium that featured the nation's top experts in health law.

Law-Medicine Center hosts two-day symposium on racial bias in health care

Top experts in the nation's health care system gathered at Case Western Reserve University School of Law on March 27-28 for a two-day symposium on racial bias in health care, organized by Law-Medicine Center Associate Director and health law Professor Ruqaiijah Yearby.

With the enactment of Title VI of the Civil Rights Act of 1964, federal law mandated that all races had the right to equal enjoyment and access to health care. Fifty years later, access to health care remains separate and unequal because of racial bias.

Decades of empirical research studies, including the 2002 groundbreaking Institute of Medicine Study, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare* ("IOM study"),

suggest that racial bias in health care is one of the root causes of racial disparities in health between African Americans and Caucasians.

However, efforts to eradicate racial disparities in health have failed to acknowledge or address racial bias. The Law-Medicine Symposium focused on the continuation of racial bias in health care and the resultant racial disparities in health.

The program featured leading legal, medical, social science and public health scholars, as well as physicians, policy makers and community leaders. They presented current research on racial bias and health disparities and then broke into working groups to develop concrete legal, medical, and policy solutions to put an end to racial bias in health care.

Upcoming Events

Pandemics, Public Health and Political Change: The Critical Importance of Communication

The Oliver C. Schroeder, Jr. Scholar-in-Residence Lecture
Speaker: Dr. Richard E. Besser, the Chief Health and Medical Editor for ABC News
 OCT 15, 2014
 4:30 P.M. - 5:30 P.M.
 Case Western Reserve University School of Law
 Moot Courtroom (A59)

From Repair to Inclusion: Changing Perspectives on Disability in Health Reform

The inaugural Maxwell J. Mehlman Lecture
Speaker: Bob Joondeph, Executive Director of Disability Rights Oregon
 NOV 13, 2014
 4:30 P.M. - 5:30 P.M.
 Case Western Reserve University School of Law
 Moot Courtroom (A59)

FACULTY UPDATES

INTERIM DEAN JESSICA BERG



Publications

"The Effect of Social Media on End-of-Life Decision Making," in *Death and Dying* (Oxford University Press, Forthcoming 2014).

"Capacity and Competence," in

Companion to Bioethics (Routledge, Forthcoming 2014) (with K. Shaw).

Presentations

"Medical Care... There's an App for That!" presentation in New York City on March 26, 2014.

Will present "No Smoke but Plenty of Fire: The Battle Over the Regulation of E-Cigarettes," at Manatt, Phelps & Phillips, New York City, Sept. 23, 2014.

PROFESSOR JESSIE HILL



Presentations

"Reading the Tea Leaves of AID v. Alliance for Open Society," Clashing Rights: Free Speech and Reproductive Autonomy, Northeastern University School of Law (April 2014).

"The Challenge of Challenging Burdensome Abortion Restrictions," Ohio League of Women Voters Statehouse Day, Columbus, Ohio (April 2014).

Media

Quoted in a front-page article in the *New York Times* on May 22, 2014 about abortion restrictions in a number of southern states.

PROFESSOR SHARONA HOFFMAN



Publication

"Medical Big Data and Big Data Quality Problems" will be published in the *Connecticut Insurance Law Journal* in 2015.

"Privacy and Security,"

American Health Law (forthcoming 2015).

Presentations

"The Use and Misuse of Biomedical Data: Is Bigger Really Better?" Talk given at the following venues: Emory University School of Law, Atlanta, GA, Feb. 19; Emory University Center for Ethics, Atlanta, GA, March 27; University of Georgia, Athens, GA, March 28; Big Data and Insurance Conference, University of Connecticut School of Law, April 3.

"Big Data, Public Health Law, and Ethics," Centers for Disease Control and Prevention, Atlanta, GA, February 21, 2014, April 11, 2014, and April 22, 2014 (for different audiences).

"Aging with A Plan: What You Should Consider in Middle Age to Plan for Old Age," Law and Society Annual Meeting, Minneapolis, MN, May 29, 2014.

"Improving Regulatory Enforcement in the Face of Inadequate Resources," Health Law Professors Conference, San Francisco, CA, June 6, 2014.

Media

Quoted in "Expectation: Communication will come from the doctor," 2(11) *Physical Risk Management* 128 (2014).

Quoted in the July 1 issue of *Physician Risk Management* in a story entitled "Use EMRs to document follow up with patients."

PROFESSOR MAXWELL MEHLMAN



Publications

"A Framework for Military Bioethics," co-authored with 2012-2013 Cowan Post-Doctoral Fellow Stephanie Corley, has been accepted for publication by the *Journal of Military Ethics*.

Medical Malpractice in *Encyclopedia of Bioethics 1899-1903* (Bruce Jennings ed., Farmington Hills, MI: Macmillan Reference USA 2014).

Soldier Enhancement in *Encyclopedia of Bioethics 3176-3179* (Bruce Jennings ed., Farmington Hills, MI: Macmillan Reference USA 2014).

"Ethical, Legal, Social, and Policy Issues in the Use of Genomic Technology by the U.S. Military," co-authored with Cowan Fellow Tracy Leheng Li, has been accepted for publication in the *Journal of Law and the Biosciences*.

Presentations

At the 2014 Medical Legal Summit presented by the Cleveland Metropolitan Bar Association and the Cleveland Academy of Medicine on April 12th, Mehlman debated the president and CEO of the Physicians Insurers Association of America on medical malpractice reform.

At a workshop on Intersections in Reproduction: Perspectives on Abortion, Assisted Reproductive Technologies, and

Judicial Review on April 17-18 at Yale Law School, Max presented a commentary on a paper on sex selection.

"Military Genomics," Health Law Professors Conference, American Society of Law, Medicine, and Ethics, San Francisco, CA, June 6, 2014.

"The Affordable Care Act," CWRU Weatherhead School of Management and School of Law Alumni Breakfast, Tucker Ellis, LLP, Cleveland, OH, June 25, 2014.

Media

Served as an expert in a video production on *Med Page Today* about tort reform in March 2014.

PROFESSOR RUQAIYAH YEARBY



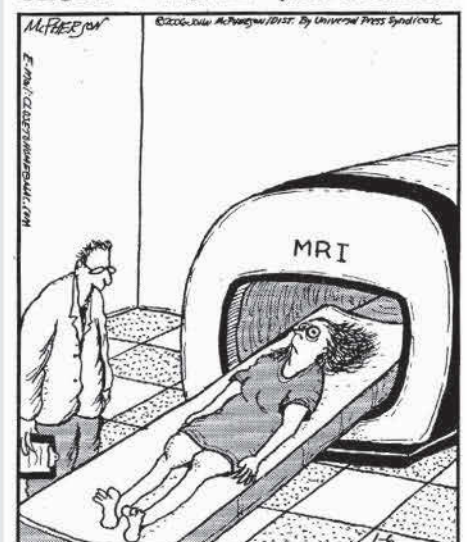
Media

Appeared as a guest on WCPN's program *Be Well* on April 15, 2014. The interview took place during the Civil Rights Act Health Care Disparity conference in March 2014.

Activities

Organized The Law-Medicine Center's two-day symposium "Separate and Unequal Health Care Fifty Years After Title VI of the Civil Rights Act of 1964" at Case Western Reserve University School of Law in March 2014.

CLOSE TO HOME JOHN McPHERSON



"OK, Mrs. Dunn. We'll slide you in there, scan your brain, and see if we can find out why you've been having these spells of claustrophobia."



SCHOOL OF LAW

CASE WESTERN RESERVE
UNIVERSITY

The Law Medicine Center
11075 East Boulevard
Cleveland, Ohio 44106

law.case.edu

Address Service Requested

Nonprofit Organization
U.S. Postage Paid
Cleveland, OH
Permit No. 2280

Is the **Affordable Care Act**
still about health insurance?

Case Western Reserve law
faculty research continues
to spur national debates.
Read more in this issue of
Law-Medicine News from
Case Western Reserve
University School of Law.

