

CENTER FOR HEALTH, SCIENCE AND PUBLIC POLICY

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PICTURED ABOVE: Leading experts in the health care field joined BLS faculty and students for a panel on the future of the American health care system.

Writing the Master Narrative for U.S. Health Policy

By Dina Halajian '13 & Anand Patel '13





n June 2012, the Supreme Court upheld the constitutionality of the Patient Protection and Affordable Care Act (ACA), permitting the largest expansion of health insurance in recent history. Key questions have since arisen regarding the future of health care in America.

On September 28, 2012, the Center, in honor of its 10th anniversary, hosted a symposium to chart steps towards a workable health care reform program. A group of leading legal, medical, political science, economic, and public health experts came together to discuss whether a "master narrative" exists to guide our health care system. If so, what is that narrative, and what does it tell us about the future of health care in America?

The participants' varying approaches and perspectives quickly demonstrated the difficulty of constructing a single master narrative. After a welcome from Dean Nick Allard and opening remarks from Professor Karen Porter, Executive Director of the Center, Yale University Professor

Theodore R. Marmor set the symposium's tone with his opening segment entitled "This Moment in Health Policy." Marmor surveyed the changes to U.S. health policy since 2007, and described what he sees as a "patchwork" of regimes making up the U.S. health care system. The patchwork includes (1) a socialized medicine regime (the Veterans Administration); (2) a social insurance regime (Medicare); (3) a European poor law version (Medicaid); (4) employment-related coverage of healthcare expenses; and (5) an emergency medical federal statute. He suggested the ACA framework resulted from the Obama administration's strategy to be "non-Clinton." Rather than develop a plan unilaterally, the President shared the responsibility with Congress, further complicating the patchwork approach.

Professor Maxwell Gregg Bloche from Georgetown University Law Center, a recognized expert on health law and policy, was one of the only panelists to state boldly that "there is no master narrative" and that he thinks there

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MESSAGE FROM THE **EXECUTIVE DIRECTOR**



This past year we celebrated the 10th anniversary of the Center for Health, Science and Public Policy. Founded in 2002, the Center continues to foster a dynamic environment for substantive inquiry, experiential learning, and policy innovation.

It has been an exciting year. Last July, we were delighted to welcome Nick Allard to the Law School. Dean Allard, a seasoned health law prac-

titioner, brings a wealth of knowledge and energy to BLS and the work of the Center. You can read his O& A on page 5 of this newsletter, where he shares his wisdom and vision for students considering this course of study.

In August, we were proud to welcome the second class of Health Law and Policy Fellows, each bringing their varied background and unique perspective to the program. This newsletter is written by the fellows and offers a glimpse of their interests and talents.

The Center also presented the symposium, "Writing the Master Narrative for U.S. Health Policy," where we explored the aftermath of the Supreme Court decision on the constitutionality of the Affordable Care Act. Our fellows served as moderators for the panels, challenging our expert scholars to consider the issues that plague the future of health care reform, leading us to the inevitable conclusion that the "narrative" for meaningful reform will continue to be written for years to come.

And this past spring, our graduating fellows presented their projects to an audience of faculty, alumni, and friends, an exciting event marking the culmination of their two-year term as fellows. The presentations showcased our students' rich experience and breadth of knowledge. We are especially proud of this inaugural class of fellows whose eager participation and substantial time commitment helped us define the Fellowship program. We know that these graduates will make substantial contributions to the legal, business, and political landscapes.

Our success at the Center is due largely to the unwavering support of the Law School community, and we look forward to working together further in the upcoming year. We invite you to learn more about the Center at www.brooklaw.edu/health.

Sincerely.

Karen Porter, Executive Director

Writing the Master Narrative for U.S. Health Policy CONTINUED FROM PAGE 1

will never be one. He believes that health care reform is an emergent process and cannot be repaired by one master design. Bloche urged experts and commentators to stop trying to predict the future and begin developing solutions for needed change, such as access, value, and cost.

Dr. Georges Benjamin, the Executive Director of the American Public Health Association, shared the interesting perspective that "health" is often the aspect of health care reform that goes ignored. Dr. Benjamin reminded us that health care should not be about legal or economic issues, but rather a person's health. To illustrate his point, he pointed to statistics showing the U.S. spends significantly more money on health care than any other country, yet it has lower life expectancy rates. One reason for this disparity is our lack of focus on preventable care and access to care. He suggested that insurance is the best way to increase access to care, and therefore increase preventive care. Dr. Benjamin said he believes the ACA will help in this regard by providing important clinical prevention services as well as promoting community health information.

The symposium was moderated by BLS Health Law and Policy Fellows Adam Blander '13, Rebecca Bernstein '13, and Alana Heumann '13. They helped successfully shed light on a multitude of factors that affect health care reform. However, the varying approaches and points of view discussed demonstrate the complexity of the health care system, which remains an unfolding narrative.

PANELISTS

KAREN PORTER, J.D., BLS Prof. and Exec. Dir., Center for Health, Science and Public Policy

GEORGES C. BENJAMIN, M.D., Exec. Dir., American Public Health <u>Association</u>

MAXWELL GREGG BLOCHE, J.D., M.D., Prof., Georgetown **University Law Center**

MICHAEL K. GUSMANO, Ph.D., Prof. of Health Policy and Management, New York Medical College

MARK A. HALL, J.D., Prof., Wake Forest University School of Law

MIRIAM J. LAUGESEN, PH.D., Prof. of Health Policy and Management, Columbia University School of Public Health

THEODORE R. MARMOR, Ph.D., Prof. of Public Policy and Management, Yale University School of Management

MARK V. PAULY, Ph.D., Prof. of Health Care Management and of Business and Public Policy, The Wharton School University of Pennsylvania

SARA ROSENBAUM, J.D., Prof. of Health Law and Policy, The George Washington School of Public Health and Health Services

Health Law and Policy Fellows for 2012-14 Bring Wealth of Experience

ix second-year students were named recipients of the Law School's Health Law and Policy Fellowship for 2012-14. The Fellowship is designed for students who have demonstrated academic or professional achievement in health, public health, science, and biotechnology, and who are interested in pursuing legal careers in those fields. Each fellow is required to complete a major research project on a legal or policy issue in the field, working closely with at least one faculty member or a leading professional. The six students bring unique perspectives and interests to the Center, and their research areas are as varied as their backgrounds.

Jenny Chung'14, a graduate of Boston University, began her career in the health care field while working as an EMT, and continued after college by working as a medical billing manager for an insurance company. A trip to Guatemala sparked her interest in health policy issues relating to pharmaceutical companies and their effects on developing countries. Chung is a Notes and Comments Editor for the Brooklyn Law Review, and has interned at the New York City Health and Hospital Corporation. Her fellowship note analyzes the case of GlaxosmithKline v. Classen *Immunotherapies Inc.*, which interpreted a provision of the Hatch-Waxman Act limiting generic drug patent infringement liability.

Lara Glass'14 received her undergraduate degree from Harvard University and earned a Masters in Public Health from the University of North Carolina-Chapel Hill. Glass is an evening student, and works full-time for the World Trade Center Health Program, which serves 9/11 first responders. Her interest in health law was strengthened by observing first-hand the practical implications of the 9/11 Health and Compensation Act of 2010. Her fellowship project examines the economic and policy implications regarding the transfer and use of electronic health records ("EHRs").

Veronica Jackson '14, a graduate of Tufts University, became interested in health law while taking an economics course that focused on the health insurance industry and the valuation of life. Prior to law school, she worked as a research assistant at Tufts Medical Center. Last year she interned at the Medicare Rights Center, followed by an internship at the New York State Attorney General's Office. Jackson is a member of the *Brooklyn Journal of* Corporate, Financial, and Commercial Law; co-chair of the Health Law and Policy Association; a member of Brooklyn Law School Students for the Public Interest (BLSPI); Chair of Girls on the Run, a BLS pro bono project; and a member of the Elder Law pro bono program. Her fellowship note examines the difficulty that physician-only Accountable Care Organizations ("ACOs") may face in both creating their organizations, and in complying with the antitrust guidelines set forth by the Federal Trade Commission and Department of Justice.

Melissa Lee'14, a graduate of The New School, worked in the advocacy department of Planned Parenthood for six years before attending law school. She recently interned in the Office of the New York City Public Advocate on various policies and initiatives concerning the rise of HIV infections among women of color and, last summer, focused her work on potential barriers to reproductive health care services at the New York State Attorney General's Office. Lee is a member of the Moot Court Honor Society, and will be focusing her fellowship research project on reproductive and maternal health care policies.

Peter Travitsky'14 completed his undergraduate and graduate social work degrees at New York University. Prior to law



school, he worked full-time in an agency assisting senior citizens and as a part-time personal care aide to a retired person. Through these experiences, Travitsky discovered a strong connection between the well-being of a community's senior population and the informed support of a nurturing community. His fellowship paper focuses on the prevention of questionable or unwanted nursing home placements of the elderly and explores how health care laws rely on available caregivers. He successfully launched a Guardianship Pro Bono Project with the Brooklyn Bar Association earlier this year, is a leader in the Elder Law pro bono

project, and served as a student member of the New York City Bar Legal Problems of the Aging Committee. Peter is an active member of BLSPI and OUTLaws.

Rebecca Vainer '14, a graduate of Boston University, became a Health Law and Policy Fellow to pursue her interests in public health and policy. Last summer, she interned at the New York State Department of Environmental Conservation, and she is a member of BLS's Alternative Dispute Resolution Team. Her fellowship project tackles Mayor Bloomberg's controversial "soda ban" and addresses possible alternative strategies New York City

This summer, the Law School also announced Health Law and Policy Fellowship recipients for 2013-15. The newly named fellows for the next two academic years are Ashley Huddleston '15, Kathleen Reilly '15, Gillian Serby '15, and Mallory Turk '15, each of whom will help broaden the Center's work even further. Details about their academic and professional backgrounds will be available soon. ■

"Pay-for-delay" Settlements in Pharmaceutical Litigation: Straddling the Line Between Patent and Antitrust Laws By Jenny Chung '14 & Veronica Jackson '14

fter years of conflict between antitrust regulators and the pharmaceutical industry, the Supreme Court ruled in July that reverse patent settlements, commonly known as "pay for delay" agreements, may be illegal under anti-trust laws, and must be considered from the perspective of both patent law and anti-trust law. In this type of agreement, the brand-name company pays the generic company to stay off the market until a specified future date—usually earlier than the expiration of the patent date—to avoid a loss of the product's value through generic competition. In so doing, a potentially invalid patent can remain in effect and restrain competition. Such settlements (also referred to as "reverse payment" agreements) are highly controversial and have antitrust implications.

Circuit courts had been split on the legality of "pay-for-delay settlements." On March 25, 2013, the Supreme Court heard an appeal by the Federal Trade Commission of FTC v. Watson Pharmaceuticals. In this case, the Eleventh Circuit upheld an agreement between Solvay Pharmaceuticals and Watson Pharmaceuticals, whereby Solvay agreed to pay Watson more than \$19 million a year in exchange for a two-year delay in introducing a generic version of its testosterone booster, AndroGel, for which the patent expires in 2020.

The Eleventh Circuit (in agreement with the Second Circuit) held that "pay-for-delay settlements" were legal and did not violate antitrust laws, provided they kept within the "scope of the patent" and there is no proof of sham litigation or fraud in obtaining the patent. However, the Third Circuit maintained otherwise. In *In re K-Dur Antitrust Litigation*, the Court held that the agreements should lead to a rebuttable presumption that "pay-for-delay" settlements are anticompetitive because they allow the brand name drug company to pay to restrict potentially legal competitors from competing.

For context, generic drugs are generally priced lower than brand-name drugs

because generic manufacturers do not incur costs specific to innovators—research, development, and promotional costs. In exchange for sustaining substantial costs in researching and developing new drugs, brand-name drug companies are given patents on their drugs lasting as long as 20 years.

In order to facilitate consumer access to inexpensive generic drugs, Congress enacted the Drug Price Competition and Patent Term Restoration Act, commonly

The FTC argued that "pay for delay" settlements delay drug competition before allowing the original drug's patent to undergo judicial scrutiny, thus, unlawfully preserving its patent monopoly. They also argued that the patents may be invalid and that these invalid patents cost consumers \$3.5 billion a year in higher drug payments.

called the Hatch-Waxman Act ("Act"). The Act helps expedite FDA approval by allowing generic companies to file an abbreviated new drug application, as opposed to what innovative drug companies normally file. Through this expedited process, generic drug makers choosing to challenge an original drug's patent can put an equivalent drug on the market, thus causing the price of the brand-name drug to drop around 30 percent. If a second generic version enters the market, that price drop may be as much as 90 percent of the original drug's price.

The FTC argued that "pay for delay" settlements delay drug competition before allowing the original drug's patent to undergo judicial scrutiny—thereby

unlawfully preserving its patent monopoly. It also argued that the patents may be invalid and that these invalid patents cost consumers \$3.5 billion a year in higher drug payments. Along with the FTC, 31 states have signed on an *amicus* brief to the Supreme Court to hold "pay-for-delay" agreements unlawful, as has the American Medical Association. In addition, legislation has recently been introduced to restrict the agreements, which is estimated to save the federal government over \$2.5 billion in federal health spending over the next ten years.

The pharmaceutical companies maintained that "pay-for-delay" agreements are simply a mechanism to enforce its patent rights and that the agreements actually encourage generic drug-makers to bring equivalent drugs to the market prior to patent expiration. They also contended that if the agreements are held to be unlawful, brand-name drug makers will have less incentive to research and to develop new life-savings drugs.

Both sides are claiming victory after the ruling. If the Court had found "pay-fordelay" agreements to be lawful, the status quo would have persisted, and pharmaceutical companies would have continued to enter into these agreements to maintain their exclusivity for additional years. Brand-name pharmaceutical companies contended that they would be incentivized to put substantial costs in researching and developing new life-saving drugs, which ultimately benefits consumers.

On the other hand, had the Court held that the agreements were presumptively anticompetitive and uniformly unlawful, there would most likely have been increased litigation of patent strength and generics hitting the market sooner, thus releasing cheaper drugs into the market. The risk in this ruling was that patent litigation would last beyond the years a potential "pay for delay" agreement would have lasted, or that a generic drug maker would lose in patent litigation, which would have delayed generic entry even longer and been costly for all parties involved.

Q&A with Dean Nick Allard

Health Law and Policy Fellows sat down with Dean Nick Allard to talk about his career, issues in health law and policy, and advice for young lawyers. Among his tips for the new generation of health lawyers: "Take ownership of your career."



"We must strike a balance of competing and legitimate interests—between information needed to protect public health on one hand, and respecting basic dignity of individual human beings on the other hand. Young lawyers will be at the forefront of addressing these issues."

What made you want to be a lawyer?

Law is a powerful tool: it enables you to do a lot of things and empowers you to make a difference. What always appealed to me was advocacy. Traditional lawyers—litigators and corporate lawyers—are answering the question, what is the law? A lawyer who is engaged with advocacy, policy, and politics gets to pursue the question, what should the law be? And if the existing legal rules don't fit with change and innovation, you get to answer the question, what should the rule be? That is the kind of lawyering that I wanted to do.

How did you get started in health law?

In addition to policy and politics, I'm interested in science, and health law combines all three. But opportunity is also a wonderful persuader. When I finished my two clerkships, I started in the Washington office of Kaye Scholer, which was very focused on health care work. In fact, the man who became my mentor at the firm, the late Senator Abraham Ribocoff, was the first Secretary of Health, Education and Welfare under President Kennedy.

How has health law changed since the start of your career?

The 20th century was the age of information technology, and the 21st century is the age of molecular biology. With each decade that passes, we are making exponential advances in science, and the proliferation of technology has helped to accelerate discovery at lightning speed. We've mapped the human genome, we have greater collaboration among international leaders to share knowledge, and we have an incredible ability to affect the nature of mankind. But rapid advancement raises new ethical and moral questions. Who makes the health care decisions that affect us? Where are our priorities? Where do we use our limited resources? Our students and clinics are working on these issues today.

Where can young lawyers make an impact on health care reform in America?

I personally believe that the civil liberties issue of this generation is privacy. It affects everyone. It's also an area that is exploding, with great demand for clear thinking and constructive work. We must strike a balance of competing and legitimate interests—between information needed to protect public health on one hand, and respecting basic dignity of individual human beings on the other hand. Young lawyers will be at the forefront of addressing these issues.

What is your advice to young lawyers in the health law field?

Take ownership of your career. Don't sit back and expect everything to be handed to you. Try to master a particular area that interests and motivates you, and pursue the subject matter wherever it takes you. And don't forget to ask yourself, is health law interesting to you? Is it worthwhile? Can you make a difference?

Professor Cynthia Godsoe's Work at the Intersection of Family Law and Health

rofessor Cynthia Godsoe spent years representing children and youth in family court, as well as working on federal court impact litigation. After a clerkship in the Eastern District of New York and a Skadden Public Interest Fellowship, she represented children as an attorney for six years, serving at the Legal Aid Society, Advocates for Children of New York, Inc., and the Children's Law Center. Now, as a BLS professor, she continues her advocacy for juvenile justice and child welfare while pursuing research in family law.

One of Godsoe's current research projects concerns safe harbors for prostituted children. In 2008, New York passed a safe harbor law that allows sexually exploited children to come forward without facing criminal penalties. "This is a positive step towards changing the current system that prosecutes sexually exploited girls more frequently and more harshly than the men who buy their services," Godsoe said.

In Godsoe's view, the criminalization of teenage prostitutes fails to address health care or safe housing, among other necessary elements. "Interdisciplinary collaborations among legal, law enforcement, health, public health, and other professionals are crucial to improving child prostitution policies," she said.

Godsoe said she appreciates the Center's support of active research on child and adolescent issues. Strong advocacy communities are effective in addressing social and family issues, she added, and a growing number of collaborative partnerships are helping propel policy initiatives. She cites the Center as an example of addressing health policy issues collaboratively with advocates from other fields.

BLS has provided Godsoe opportunities to remain actively engaged in her advocacy work while pursuing expanded research avenues and sharing her interests with the student community. "I appreciate



being able to spend time doing work 'on the ground,' but I also enjoy seeing legal issues through students' eyes," she said.
"It's rewarding to mentor students pursuing careers in family law and children's law." Godsoe said that working with students energizes her scholarship, such as in a soon-to-launch family law blog with Professor Marsha Garrison, created in close collaboration with research assistants.

"I love working here, "Godsoe said. "I love the BLS community, and I'm looking forward to more active collaborations with the Health Law and Policy Center."

Op-Ed: Expanding NY Law to Protect Breastfeeding Students By Melissa Lee '14

he "Expressing at Work" Law (NY Labor Law §206-c), which provides protections to breastfeeding mothers, applies to all public and private employers in New York, including employees of colleges and universities. However, students at educational institutions are not truly afforded the same protections by law. New York should expand the same protections to students to ensure that they are provided with adequate time and private, sanitary conditions for breastfeeding.

In 2007, the New York Legislature passed the "Expressing at Work" Law, requiring employers to ensure reasonable break time for mothers to express milk and make reasonable efforts to provide space where an employee can express milk in privacy. "Reasonable break time" is defined as at least 20 minutes, but should vary depending on length of time of separation between mother and infant and the mother's physical needs." "Private" means that the provided room or location should have a door equipped with a functional lock and should not be a restroom stall. The law sets other specific requirements on employers, and explicitly prohibits discrimination against breastfeeding mothers.

Such accommodations conflict with the realities of college and university life, however. Breastfeeding students, both part-time and

full-time, are often unable to choose their class schedule and may only have short breaks between classes. They must often pack many classes into one day to maximize childcare and optimize the amount of time they can spend with their children while pursuing their education. These students are often faced with no time or designated space for breastfeeding, forcing them to use unsanitary and public bathroom stalls.

Nationwide, campuses are beginning to recognize the importance of breastfeeding and are implementing programs and policies to support their breastfeeding students. For instance, Columbia University recently opened a lactation facility equipped with wall outlets for breast pumps and refrigerators for storing milk. The University of Iowa, University of Michigan, University of California Berkeley, and University of Arizona have all taken similar steps to accommodate breastfeeding students.

Unfortunately, many New York area schools do not provide baseline accommodations for breastfeeding students. By extending the same reasonable requirements found in NY Labor Law §206-c to students of colleges and universities, New York can ensure that students are provided these essential accommodations.

China Says, "Visit Your Elders" ...or Else! By Peter Travitsky '14

hinese citizens age 60 and over are now able to haul their adult children into court if those children fail to visit them frequently, according to the recently amended Law on Protection of the Rights and Interests of the Elderly of the People's Republic of China ("Law on the Elderly").

As of July 1, 2013, Article 18 of the Law on the Elderly mandates that "[t]he family members of the elderly who do not live together with the elderly shall visit or greet the elderly frequently." The Chinese government has not offered guidance for determining how often "frequently" is, or what the substance of a "visit" or "greet" must be. However, the Law on the Elderly codifies many duties of "supporters," defined to include "children of the elderly." It also creates private rights of action against "supporters" who fail to perform their statutory duties.

Article 18 is a novel concept as China confronts the needs of a rapidly aging population. Filial responsibility laws in China are nothing new, but unlike Article 18, these filial laws tend to operate in less overt ways to compel families to act: "...the assumption of family responsibility for the elderly in modern societies is often embedded in internal revenue codes, health codes, and other areas of law not identified as 'family law." In particular, efforts to regulate caregiving typically keep to administrative channels in ways that remain imperceptible until their effects are felt.² China's Article 18 clearly goes beyond financial support and administrative channels.

There is skepticism about whether Article 18 of the Law on the Elderly will actually result in prosecutions or whether it will simply serve to bolster awareness among the elderly that they have recourse when they feel vulnerable. Yet perhaps Article 18 signifies a shift in thinking about the elderly in a society historically lauded for its reverence of elders, or a newfound frankness that may be missing from the global conversation on aging. However, an expectation of private reverence cannot be a promise of long-term security.

Regardless of whether Article 18 does indicate a shift in Chinese thinking, as the world gradually faces a caregiving crisis, we may all learn something from China. We should pay close attention to reactions, ramifications, and results.

Brooklyn Law School now has an Elder Law & Guardianship Pro Bono Project and a spring 2013 course offering in Elder Law. Email peter.travitsky@brooklaw.edu for more information.

Bloomberg's Thirst Left Unquenched

By Rebecca Vainer '14

tudies tell us that Americans consume 200 to 300 more calories daily than they did 30 years ago. The numbers coincide with increased consumption of sugary drinks, which account for the largest source of added sugar in the average American's diet, at nearly 43 percent. In New York City, 58 percent of adults are now considered overweight or obese and more than 20 percent of the City's public school children (K-8) are obese. The statistics also tell us that with every additional sugary beverage a child drinks daily, the odds of becoming obese greatly increase.

In response to these figures, Mayor Bloomberg proposed a regulation to the City's Board of Health that would prohibit the sale of sugary drinks greater than 16 ounces from street carts, movie theaters, stadiums, and restaurants. In September, the Board approved and adopted an amendment to the City's Health Code limiting the maximum size of sugary beverages sold or provided at food service establishments. Since then, the matter has snaked through the courts.

In October, the petitioners, the American Beverage Association, moved for an order enjoining and permanently restraining the Department of Health from enforcing the amendment. On March 11, 2013, the day before the ban was set to take effect, Judge Milton A. Tingling of the New York State Supreme Court granted the petitioners their order. City officials filed an appeal in June, asking for its reinstatement. Ultimately, however, a State Appeals court said in late July that Bloomberg had overstepped his authority.

The ban was overruled for two reasons. First, the Board exceeded its authority by trespassing on the jurisdiction of the legislature. The court held that "one of the fundamental tenets of democratic governance in New York, as well as throughout the nation, is the separation of powers."

The second reason for overruling the ban was that it was deemed "arbitrary and capricious." An administrative regulation can only be upheld if it has a rational basis and is not unreasonable, arbitrary, or capricious. In examining the reasonableness of the rule, the agency is only required to demonstrate a reasonable basis for the rule. Since the premise of enacting the ban was to address the rising obesity rate in New York City, the Judge accepted the Board's claims that the rationale in promulgating the ban was reasonable. However, the ban was nonetheless found to be "arbitrary and capricious" because it applied to "some but not all food establishments in the City... and the loopholes that were inherent in the rule, including but not limited to no limitations on re-fills, defeated and/or served to gut the purpose of the ban."

Mayor Bloomberg said that he thinks the City will ultimately prevail in limiting the sale of large sugary drinks. Until then, New York City residents are free to grab any size drink they can get their hands on.

^{1.} Usha Narayanan, Note, "The Government's Role in Fostering the Relationship Between Adult Children and Their Elder Parents: From Filial Responsibility Laws to... What?, A Cross-Cultural Perspective." 4 Elder L.J. 369, 372. (Fall 1996). 2. Id.

David Jacobs '03 is currently Senior Counsel of the USP Law and Promotion Integrity Department at Bristol-Myers Squibb, where he provides support to the company's U.S., Middle East, and Africa operations. Jacobs advises on matters relating to FDA and International Health Authority biopharmaceutical regulations, strategy and operations, product labeling, Foreign Corrupt Practices Act, privacy, and compliance and regulatory issues.

Daniel Gospin '04 became a Partner at Epstein Becker & Green in the firm's Health Care and Life Sciences Practice Group. Gospin represents health care and life sciences entities on corporate compliance and fraud and abuse issues. He also advises investors and other financial institutions that invest in or support the health care industry.

Sabrina Thanse '07 was appointed Bureau Chief of the Public Assistance Crimes Unit, part of the Brooklyn District Attorney's newly created inter-agency Health Care Fraud Division. Thanse oversees the investigation and prosecution of fraudulent claims made by Medicaid and Medicare recipients, and also by providers of services paid for by Medicaid and Medicare.

Catherine Schaefer '09 is currently Risk Manager at Mount Sinai Hospital, where she manages the policies that drive the nursing department and represents the department at multi-disciplinary meetings. As a trained Registered Nurse, Schaefer has been able to combine her legal education and medical expertise.

Erik Schneebeck '10 currently works as a Compliance Administrator at Rutgers University, where he serves as a regulatory subject matter expert for the University's human and animal research communities. In this position he advises on complex and conflicting state and federal regulations governing both human and vertebrate animal research. Following his graduation from Brooklyn Law School, Schneebeck completed a Public Service Fellowship at SUNY Downstate Medical Center with the Division of Humanities in Medicine.

Hayley Miskiewicz '12 has joined the medical malpractice defense firm of Heidell Pittoni Murphy & Bach, LLP. She brings ample experience in health care based on past BLS internships at the U.S. Department of Health and Human Services, the Social Security Administration, the New York City Health & Hospital Corporation, and the Medicare Rights Center.









Center for Health, Science and Public Policy

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