



Health Law

Probably no other enterprise in the United States is as regulated as health care. Health-care lawyers must pilot their clients through treacherous regulatory waters avoiding the often hidden and deceptive administrative, civil, and criminal penalties lurking like so many icebergs.

One of the most financially significant hazards is a False Claims Act violation. In the wake of the 2016 United States Supreme Court decision in *Universal Health Services, Inc. v. United States ex rel. Escobar*, Robert Vogel brings proof requirements for False Claims Act litigation up to date in his article, “False Claims Act Liability Has a New Implied Certification Standard, or Does It?” He points out that while the “implied certification” theory is now unequivocally valid, defining “materiality” remains an elusive goal.

In addition to federal concerns such as the False Claims Act, there are also both state and federal laws imposing penalties for improper relationships (e.g., Stark and anti-kick-back statutes) between health care providers and entities, all in an effort to ensure that the tax dollars of the citizenry are not wasted or misused. Andrew Wampler outlines the haz-

ards facing providers and their counsel as they form business entities and relationships in his article, “Navigating Harbors and Exceptions in Healthcare Contracting.”

Misuse, albeit of medications, not money, is also the underlying cause of the changes in public health law highlighted by the Office of Attorney General (OAG) in its article, “Taking Aim at Virginia’s Opioid Crisis Through Changes in Public Health Law.” The OAG describes the devastating toll of prescription drug overdoses in Virginia and recent legislative efforts to tighten up prescribing practices as well as make reversal agents widely available.



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