

## About the Authors

### **Linda A. Baumann (Editor-in-Chief; Chapter 1: An Introduction to Health Care Fraud and Abuse; Chapter 7: Corporate Compliance Programs)**

Linda Baumann serves as editor-in-chief of this volume and also is the co-author of two of the chapters. Ms. Baumann is a partner at Arent Fox LLP, in Washington, DC where she has chaired the health care group. She has extensive experience on a wide range of health care regulatory, litigation, and transactional matters, particularly those relating to fraud and abuse, compliance, and reimbursement. Recognized nationally for her expertise in the anti-kickback statute, the Stark law, and the False Claims Act, Ms. Baumann has defended clients in high-profile False Claims Act cases, including responding to government subpoenas through successful negotiation of settlements and corporate integrity agreements. She also has helped clients conduct internal investigations, return overpayments, and make formal self-disclosures when necessary. She has worked with organizations throughout the industry, ranging from Fortune 50 companies to community providers, including hospitals, nursing homes, drug and device manufacturers and distributors, therapy companies, clinical laboratories, DME suppliers, home health agencies, physicians and many others.

Ms. Baumann has been recognized as a Leading Health Care Lawyer in Chambers USA, Super Lawyers, Legal 500 and The Washingtonian. She also was named one of the country's Outstanding Fraud and Compliance Lawyers by Nightingale's Healthcare News, is listed in numerous Who's Who publications, and has been selected to receive the Albert Nelson Marquis Lifetime Achievement Award. Ms. Baumann has served as Chair of the 10,000 member ABA Health Law Section, is an ABA Fellow, and has received the highest possible ranking of AV Preeminent by Martindale Hubbell. She has experience in the federal government, in private practice, and in academia, having taught at Princeton University.

Ms. Baumann speaks before national conferences, is frequently quoted and has published numerous articles on health law topics. She has served on the advisory board of several publications including the Health Care Fraud Report. She received her J.D. from Columbia University, where she was an editor of the Columbia University Law Review and an International Fellow. She received her undergraduate degree, magna cum laude, from Brown University.

**David S. Greenberg (Chapter 1: An Introduction to Health Care Fraud and Abuse)**

David Greenberg is a partner at Arent Fox LLP, in Washington, DC. David's clients range from for-profit and publicly-traded companies to not-for-profit and physician-owned providers, with a particular focus on health care regulatory compliance, fraud and abuse, and managed care arrangements.

David concentrates his practice on regulatory issues related to the Affordable Care Act, the False Claims Act, the Anti-Kickback Act, the Stark Laws, managed care laws, state licensure, self-disclosures, reimbursement and payment, and participation in Medicare, Medicaid, and other government health care programs. He is experienced in conducting internal investigations and representing health care companies in state and federal audits, enforcement actions, False Claims Act investigations, and litigation.

Additionally, David has particular insight into the issues surrounding managed care contracting and routinely represents health care providers in significant reimbursement and coverage disputes and litigation with managed care companies, health insurers, third-party administrators, FEHB plans, Medicare Advantage plans, Medicaid managed care plans, and employer-sponsored health plans. His work frequently addresses compliance with ERISA, COBRA, the Affordable Care Act, the Medicare Secondary Payer Act, the FEHB Act, the Medicare Advantage program, Medicaid managed care programs, and state insurance laws.

**Hillary M. Stemple (Chapter 1: An Introduction to Health Care Fraud and Abuse)**

Hillary Stemple is an associate at Arent Fox LLP, in Washington, DC. Hillary regularly advises clients on compliance with health care fraud and abuse laws, with an emphasis on the Stark law and anti-kickback statute. She also advises clients on internal and external investigations, particularly investigations related to the False Claims Act, as well as on reimbursement issues, licensing requirements, and other compliance matters.

As part of her practice, Hillary helps health care clients respond to government subpoenas, address related compliance issues, and negotiate associated settlement agreements and corporate integrity agreements. She also assists clients with drafting, implementing, and evaluating compliance programs. Hillary has counseled clients on all aspects of making voluntary self-disclosures, including the drafting and submission of self-disclosures to the OIG Self-Disclosure Protocol and the CMS Self-Referral Disclosure Protocol.

**Robert G. Homchick (Chapter 2: Federal Physician Self-Referral Restrictions)**

Robert Homchick is a partner in Davis Wright Tremaine's Seattle office. Mr. Homchick regularly counsels health care industry clients on regulatory compliance, including Stark and anti-kickback issues. He has worked closely with Office of Technical Payment Policy within the Centers for Medicare & Medicaid

Services (CMS) on Stark law issues and the Self-Referral Disclosure Protocol (SRDP). In addition to guiding several clients through the Stark voluntary disclosure process, Mr. Homchick served as the moderator for three roundtable discussions on Stark and the SRDP involving representatives from both the private sector and CMS. He is frequently engaged to conduct internal investigations and also handles a variety of transactional matters including mergers and acquisitions, physician practice acquisitions, formation of accountable care organizations, joint ventures, and physician incentive arrangements. Mr. Homchick also serves as an expert witness on health care regulatory and compliance issues. He is a frequent speaker and author on topics relating to physician self-referral, regulatory compliance, and transactional trends in health care initiatives. Mr. Homchick is a current Fellow of the American Health Lawyers Association (AHLA) and serves as Chair of the AHLA Fraud & Abuse Compliance Conference. He is past Chair of the AHLA Fraud & Abuse Practice Group, and a past member of the AHLA Board of Directors. Mr. Homchick is a graduate of Notre Dame Law School *summa cum laude* and received his Bachelor of Arts *summa cum laude* from the University of Puget Sound.

**Robert S. Salcido (Chapter 3: The False Claims Act in Health Care Prosecutions: Application of the Substantive, *Qui Tam*, and Voluntary Disclosure Provisions)**

Robert S. Salcido is a partner with Akin Gump Strauss Hauer & Feld LLP in the Washington, DC, office. He has represented several Fortune 500 companies, major nonprofit health care systems, and executives in responding to governmental, civil, and criminal investigations, conducting internal investigations, successfully defending multiple False Claims Act (FCA) lawsuits at trial, at Summary Judgment, and on appeal. Mr. Salcido was a trial attorney with the U.S. Department of Justice in the Civil Fraud Unit from 1988 to 1993. He prosecuted cases under the FCA, handled cases under the FCA's voluntary disclosure provisions, and specialized in whistleblower actions brought under the *qui tam* provisions of the FCA. Mr. Salcido has authored a treatise on the FCA: *False Claims Act & the Health Care Industry: Counseling & Litigation* (3d ed., American Health Lawyers Association 2018). He has also written articles on the FCA, several of which have been cited by courts. He has lectured extensively on defenses to FCA actions and is routinely listed as a leading practitioner in this area in legal publications that rank attorneys based upon client surveys. He received his B.A. from Claremont McKenna College in 1984 and he received his J.D. from Harvard Law School in 1988.

**Patric Hooper (Chapter 4: Practical Considerations for Defending Health Care Fraud and Abuse Cases)**

Patric Hooper is a founding principal of Hooper, Lundy & Bookman, PC, a health law specialty firm with a national practice. Mr. Hooper has practiced in the health law field for more than 40 years and has been involved in many high-profile health law cases. In addition to his involvement in resolving disputes, Mr. Hooper regularly advises nonprofit and for-profit health care organizations

regarding reimbursement, certification, and licensure issues associated with business transactions and combinations. He continuously advises health care providers on Medicare, Medicaid, and Tricare fraud and abuse issues and on state anti-kickback and referral issues. Mr. Hooper is a frequent writer and lecturer on fraud and abuse issues and was the first Chairman of the Fraud and Self-Referral interest group of the ABA Health Law Section. He received his J.D. from the University of San Diego in 1973 and his A.B. from the University of California, Los Angeles, in 1970.

#### **Jordan Kearney (Chapter 4: Practical Considerations for Defending Health Care Fraud and Abuse Cases)**

Jordan Kearney is an associate in the San Francisco office of Hooper, Lundy & Bookman, PC. She is a member of the firm's Fraud and Abuse Practice Group. Ms. Kearney provides regulatory and litigation counseling for a range of providers, including hospitals, long-term care providers, home health and hospice companies, and pharmaceutical and medical device companies. Her practice focuses on the defense of health care providers in government investigations and audits, including federal and California False Claims Act actions, actions under the California Insurance Fraud Prevention Act, and audits by Unified Program Integrity Contractors (UPICs). She also regularly counsels providers on internal investigations of potential overpayments and any subsequent obligations to report and return under the 60-Day Rule. Ms. Kearney graduated from Duke University with Bachelor of Arts degrees in Psychology and Spanish and a Certificate in Health Policy, and Emory University with a Juris Doctorate and a Certificate in Transactional Law.

#### **David W. Hilgers (Chapter 5: Legal Issues Surrounding Hospital and Physician Relationships)**

David W. Hilgers is a partner at Husch Blackwell LLP, and is a member of the firm's Healthcare, Life Sciences and Pharmaceuticals team. He has practiced law for more than 40 years. His primary focus is on health care, corporate, and administrative law. Mr. Hilgers represents health care providers, including physicians, dentists, health systems, managed care organizations, long-term care facilities, multi-specialty groups, hospitals, hospital districts, and community mental health and mental retardation centers. Mr. Hilgers is a member of the ABA Health Law Council and was the 2009–2010 Chair of the ABA Health Law Section. He is a regular speaker on issues surrounding the health care industry. He was honored in Chicago in November 2004 as one of ten Nightingale's Healthcare News' Outstanding Physician Practice Lawyers in the United States. Other honors include Best of Business Attorney, Health Care Law, Austin Business Journal, 2005; and Texas Super Lawyers, Health Care, 2003–2016; Top 50, Central/West Texas, 2007, 2010–2011; Top 50, Central Texas, 2007, 2011–2012. He has been recognized in The Best Lawyers in America, Health Care Law, 1995–2017; Austin Health Care Law "Lawyer of the Year," 2012; Chambers USA, Healthcare, 2005–2017; Nationwide, Healthcare: Regulatory

& Litigation, 2014; and Texas Lawyer, “Go-To Lawyer,” Health Law, 2007. Mr. Hilgers is a graduate of The University of Texas School of Law and received his B.A. from Swarthmore College.

**Ana E. Cowan (Chapter 5: Legal Issues Surrounding Hospital and Physician Relationships)**

Ana E. Cowan is a member of the Husch Blackwell LLP Healthcare, Life Sciences and Pharmaceuticals team. Ms. Cowan is experienced in advising hospitals, multi-specialty groups, and other health care organizations on operational, compliance, and risk assessment issues relating to fraud and abuse, the anti-kickback statute, the Stark law, the Health Insurance Portability and Accountability Act (HIPAA), and licensing issues. Ms. Cowan is a regular speaker on issues relating to industry trends, business relationships, and health care transactions, and she has published numerous articles on various health law topics. She earned her J.D. from The University of Texas at Austin and her Masters of Law in health law from The University of Houston Law Center.

**A. Xavier Baker (Chapter 6: Managed Care Fraud and Abuse: Risk Areas for Government Program Participants)**

A. Xavier Baker is a partner in Crowell & Moring LLP’s Washington, D.C., office. He is a member of the Health Care Group and takes part in complex regulatory counseling and litigation matters, fraud and abuse issues, internal investigations, health care transactions and contracting, health reform initiatives and compliance under the Affordable Care Act and other matters for health insurers, health care providers, and other health care entities. Xavier received a B.A. in classics and philosophy from Boston College, an M.A. in philosophy from Boston College, and a J.D. from Duke University School of Law. He is a member of the American Bar Association, the American Health Lawyers Association, the Hispanic National Bar Association, and the Hispanic Bar Association of D.C. He is a 2017 Leadership Council on Legal Diversity Fellow.

**Stephanie D. Willis (Chapter 6: Managed Care Fraud and Abuse: Risk Areas for Government Program Participants)**

Stephanie D. Willis is Counsel in the Health Care Group at Crowell & Moring, LLP’s Washington, D.C. office and previously worked as an Associate Counsel in the Office of Counsel to the Inspector General for the Department of Health and Human Services and at another large national law firm. Stephanie’s regulatory practice focuses on compliance with federal health care anti-fraud and abuse, licensing, and privacy and security laws. She is an active member of the American Bar Association’s Health Law Section and previously served as the American Health Lawyers Association’s Young Professionals Council Vice Chair and as a Delegate to its Board of Directors. Stephanie has been nominated by her Washington, D.C. peers as a “Rising Star” in Health Care Law under the Super Lawyers ratings methodology every year since 2014.

**Linda A. Baumann (Chapter 7: Corporate Compliance Programs)**

See entry for Linda A. Baumann at Chapter 1, above.

**Samuel C. Cohen (Chapter 7: Corporate Compliance Programs)**

Samuel C. Cohen is Senior Vice President for Health Policy at Medical Mutual, a company committed to supporting physicians in medicine, business, and life. Mr. Cohen uses his health policy knowledge and his background as a health care attorney to help physicians and medical practices navigate the opportunities and risks presented by the many changes to the health care environment. He also serves as an in-house educational resource at Medical Mutual on a wide range of projects and internal initiatives. Prior to joining Medical Mutual, Mr. Cohen was counsel in the Health Care Group in the Washington, DC, office of Arent Fox LLP. Mr. Cohen's practice focused on providing advice to clients regarding compliance with health care fraud and abuse laws, with an emphasis on compliance with the Stark law and anti-kickback statute. He also advised clients on internal and external investigations, particularly investigations related to the False Claims Act, as well as on the HIPAA regulations, reimbursement issues, licensing requirements, and other compliance matters. Before joining Arent Fox, Mr. Cohen was a judicial clerk for Judge Justice Warren Matthews of the Alaska Supreme Court. He also worked at the Massachusetts Senate Ways and Means Committee, where he conducted budget analyses for health and human services accounts, including welfare, child care, social services, mental health, mental retardation, and elder affairs. Mr. Cohen is a member of the American Health Lawyers Association and the American Bar Association. He is admitted to the District of Columbia Bar and the Massachusetts Bar, and he is a graduate of Harvard Law School, J.D., 2007, Harvard Kennedy School of Government, M.P.P., 2007, and Harvard University, B.A., 2000.

**Leigh Walton (Chapter 8: Potential Liabilities for Directors and Officers of Health Care Organizations)**

With more than 30 years of practice, Leigh Walton has advised a wide variety of public companies in the areas of corporate governance, mergers and acquisitions, private equity transactions, and securities offerings. She led the regulatory team for the nation's leading health care provider through the largest domestic leveraged buyout in history at the time. Ms. Walton has helped develop the national health care practice at Bass, Berry & Sims. She is known for her ability to blend mergers and acquisitions, securities, and health care law in providing practical advice to a broad range of providers. Ms. Walton is a past Chair of the ABA Business Law Section Mergers & Acquisitions Committee, which has more than 4,000 members in 40 countries on five continents. She is an Adjunct Professor at Vanderbilt University Law School and a frequent presenter at national health law programs as well as securities regulation and corporate governance lectures.

**Angela Humphreys (Chapter 8: Potential Liabilities for Directors and Officers of Health Care Organizations)**

As Chair of the Healthcare Practice Group, Angela Humphreys leads the firm's national healthcare practice. With more than 20 years of experience, she has counseled national healthcare organizations on hundreds of transactions in the health care industry, including hospitals and health systems, health plans, surgery centers, physician practice management companies, laboratories and health care information technology companies, among others. She also leads interdisciplinary teams to provide clients with creative solutions to the operational and regulatory issues they face while working within an ever-changing, complex regulatory environment. She currently serves as Chair of the Health Law and Life Sciences Committee of the Business Law Section of the ABA. She earned her J.D. from University of Tennessee College of Law summa cum laude and her B.S. from University of Tennessee summa cum laude.

**Amy Sanders Morgan (Chapter 8: Potential Liabilities for Directors and Officers of Health Care Organizations)**

Amy Sanders Morgan assists national healthcare providers with operational, regulatory, and transactional matters, offering practical guidance through the complex and ever-changing health care space. Amy works with public and private clients across a variety of industry sectors including hospitals and health systems, physician groups, ambulatory surgery centers, hospice and home health, and long-term care. A former journalist, Ms. Morgan thrives on staying abreast of health care developments relevant to clients, recognizing and advising on new areas of risk while analyzing potential growth opportunities. She has been published and quoted in local and national media outlets on issues related to implementation of the Patient Protection and Affordable Care Act (PPACA). Ms. Morgan's practice involves: mergers and acquisitions; advice on responding to governmental inquiries relating to Medicare and Medicaid fraud and the False Claims Act; regulatory compliance, including issues related to the Stark Law as well as state laws regarding fee splitting, corporate practice of medicine, and licensure; and operational matters. She graduated from Vanderbilt University Law School, where she was a member of the Vanderbilt Law Review. She currently serves as Vice Chair of Research & Web site for the AHLA Health Care Reform Educational Task Force.

**William W. Horton (Chapter 9: The Past, Present, and Future of the Anti-Kickback Statute: A Practical History)**

Bill Horton is a partner with Jones Walker LLP and serves as head of the firm's Birmingham, Alabama office and co-leader of the firm's Healthcare Industry Team. He maintains a national practice representing health care providers and other businesses in mergers, acquisitions and joint ventures, securities and corporate finance law, regulatory compliance and corporate governance matters. Mr. Horton has held leadership positions for many years with the ABA Health Law Section, where he served as the Section's 2015–2016 Chair and currently serves

as one of the Section's representatives in the ABA House of Delegates, and the American Health Lawyers Association, where he currently serves as Editor-in-Chief of AHLA's Federal Healthcare Laws & Regulations and served from 2011 through 2014 as Chair of the Business Law and Governance Practice Group. Mr. Horton is a nationally known speaker and author on health care law, corporate and securities law, and professional responsibility. A graduate of Vanderbilt University and the Duke University School of Law, Mr. Horton served from 1985 to 1986 as a law clerk to United States District Judge James H. Hancock (Northern District of Alabama), and was general counsel of HealthSouth Corporation, one of the nation's largest health care services providers, from 1994 to 2003. A Fellow of the American Bar Foundation, Mr. Horton is listed in Chambers USA (Healthcare), The Best Lawyers in America® (Health Care Law, Securities/Capital Markets Law, Securities Regulation, Corporate Governance Law, and Corporate Compliance Law) and in Mid-South Super Lawyers®. In 2016, Mr. Horton was honored by the American Health Lawyers Association's Fraud and Abuse Practice Group with its Patricia Meador Leadership Award. In addition to his practice, Mr. Horton also serves as an adjunct professor at the University of Alabama School of Law and as a clinical associate professor at the University of Alabama at Birmingham School of Optometry, and is the founding President of the National Board of Health Lawyers, a specialty certification organization.

**Stephanie Trunk (Chapter 10: Controlling Fraud, Waste, and Abuse in the Medicare Part D Program)**

Stephanie Trunk co-leads the Health Law Group at Arent Fox LLP in Washington, DC. Ms. Trunk counsels pharmaceutical and device manufacturers, distributors and their customers, including pharmacy benefit managers, on regulatory, reimbursement, and compliance matters. Her practice focuses on Medicare and Medicaid reimbursement for prescription drugs, including drug price reporting, fraud and abuse compliance issues facing pharmaceutical and device manufacturers, and extends to counseling on HIPAA and privacy matters, developing corporate compliance programs, and providing transactional support to her clients. She received a J.D. with Highest Honors from the George Washington University Law School in 2003 where she was elected to the Order of the Coif and was a member of the George Washington Law Review. Ms. Trunk also has as a graduate certificate in health management from the George Washington University School of Public Health (2003) and she received a B.S. in Accounting summa cum laude from the University of Maryland in 1997.

**Erin E. Atkins (Chapter 10: Controlling Fraud, Waste, and Abuse in the Medicare Part D Program)**

Erin E. Atkins is an associate in the Health Care Group of Arent Fox LLP in Washington, DC. Ms. Atkins advises providers, suppliers, pharmacies, and pharmaceutical and device manufacturers on statutory and regulatory compliance, reimbursement, and transactional issues related to the Medicare, 340B, and Medicaid programs, in addition to corollary state law issues. She also

provides her clients with fraud and abuse counseling under the federal anti-kickback statute, and assists with internal and government investigations. Prior to joining Arent Fox, Ms. Atkins was an associate at several international law firms, where she practiced in health care and life sciences. Prior to her career as a health care attorney, Ms. Atkins' practice was focused on U.S. capital markets and commercial real estate finance. She is a member of the American Health Lawyers Association, and the Health Law Sections of the District of Columbia Bar Association, the North Carolina Bar Association and the American Bar Association. She is also a member of the National Association of Women Lawyers. Ms. Atkins earned her JD from the Walter F. George School of Law at Mercer University (2002) and her BA in English, magna cum laude, from Appalachian State University (1999).

### **Robyn S. Shapiro (Chapter 11: Fraud and Abuse Issues Surrounding Clinical Trials)**

Robyn S. Shapiro is Founder and Attorney at Health Sciences Law Group, LLC in Fox Point, Wisconsin. She has worked extensively in health law matters involving clinical research, genetics, biotechnology, treatment decision-making, bioethics issues, medical staff matters, health information privacy issues, informed consent, regulatory and licensing matters, and corporate and commercial issues faced by pharmaceutical and medical device manufacturers and hospitals and academic medical centers engaged in research. Ms. Shapiro is listed in the Best Lawyers in America and a number of Who's Who publications. She was included in Nightingale's 2006 list of "Outstanding Hospital Lawyers" in the nation. In 2011, she was named Milwaukee's "Health Care Lawyer of the Year" by Best Lawyers, and in 2013, 2014, and 2015 she was ranked by Chambers USA as "Leaders in Their Field/Life Sciences: Regulatory/Compliance (Nationwide)." Ms. Shapiro has written more than 50 articles and book chapters on health law topics that have been published in peer-reviewed journals and books, and she has lectured on a wide variety of health law, research compliance, and bioethics topics throughout the world. She recently completed her service as an appointed member of the U.S. Department of Health and Human Services, NIH Recombinant DNA Advisory Committee (RAC), and the RAC Clinical Trials Working Group, and she currently serves on the RAC Bio-safety Working Group. She also has served as an appointed member of the U.S. Food and Drug Administration Drug Safety and Risk Management Advisory Committee and appointed member of the U.S. Department of Health and Human Services Secretary's Advisory Committee on Xeno-transplantation. Ms. Shapiro has been named an ABA Fellow, she serves as Co-Chair of the Wisconsin ABA Fellows, she has served as Chair of the ABA Individual Rights and Responsibilities Section and the ABA Special Committee on Bioethics and the Law, and currently she serves as the ABA Health Law Section's Delegate to the House of Delegates, and Council Member of the ABA Health Law Section. From 2013-2016, Ms. Shapiro served as an appointed member of the Law360 Life Sciences Editorial Advisory Board. Ms. Shapiro earned her J.D. from Harvard Law School and her B.A., summa cum laude with highest distinction,

from the University of Michigan, where she was Phi Beta Kappa. She is admitted to the bars of the District of Columbia, Wisconsin, and the U.S. Supreme Court.

**Julie M. Rusczek (Chapter 11: Fraud and Abuse Issues Surrounding Clinical Trials)**

Julie Rusczek is an attorney with Health Sciences Law Group, LLC in Fox Point, Wisconsin. Her practice focuses on research compliance issues, and she works with institutions, device companies, and other entities on matters such as developing research review policies and procedures, ensuring adequate protections for human subjects involved in research, reviewing contracts and developing templates for various research arrangements, and providing advice regarding compliance with privacy laws. In addition, she represents hospitals and health systems on a wide range of health law issues, including medical staff matters, informed consent, patient confidentiality, Medicare and Medicaid reimbursement, and fraud and abuse. Ms. Rusczek graduated magna cum laude from the University of Michigan Law School, where she was a member of the Order of the Coif, received the West Publishing Company Award and Legal Practice Writing Award, and was a contributing editor for the University of Michigan Journal of Law Reform. She received her B.A., magna cum laude, from Williams College.

**Carol A. Poindexter (Appendix Editor)**

Carol practices in Norton Rose Fulbright's Washington, D.C. office. Carol has extensive regulatory, investigatory and litigation expertise across a broad range of health care, life sciences, and other government-regulated industries, including the agriculture and hospitality industries. She represents entities involved in a variety of investigation and enforcement actions, including: federal, state, and international civil, criminal, and regulatory enforcement and compliance matters involving the Department of Justice, U.S. Attorney's Office, Food and Drug Administration, Securities and Exchange Commission, HHS Office of Inspector General, and State Attorneys General.

She has represented entities in: fraud investigations; False Claims Act litigation and internal investigations; Foreign Corrupt Practices Act and anti-bribery/corruption investigations, due diligence and compliance; FDA enforcement and compliance issues; clinical research compliance; and HIPAA Privacy issues. Carol also counsels, advises, and represents organizations on policy and governance issues, crisis management, emerging legal developments, and regulatory compliance issues.

Carol has authored numerous articles and frequently speaks at national and international conferences on fraud and abuse, Foreign Corrupt Practice Act and Anti-Corruption issues, the False Claims Act, internal investigations and various other topics. She has been recognized in Legal 500 US, recommended lawyer, Healthcare; Life Sciences, The Legal 500; The Best Lawyers in America

and Best Lawyers Women in the Law 2014–2018; BTI Client Service All-Star Team, 2008; and D.C., Missouri & Kansas Super Lawyers, Thomson Reuters, 2007–2018.

