

# Health Law: A Career Guide

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## Section I: An Introduction to Health Law

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Health law is an incredibly broad, diverse and dynamic field of law. Health lawyers work on cases and policy relating to access to care, insurance coverage, difficult ethical choices (particularly at the beginning and end of life), providers of care (and how these providers are organized and paid), the safety of our drugs and food supply, disease prevention and treatment, and many other fascinating topics. In part because of the breadth of the field, health law also cuts across and involves doctrine and practice from a wide array of areas, including contract law, tax law, corporations and nonprofit organization, insurance and pension law, employment and labor law, public benefits law, torts, ethics, criminal law, administrative law, privacy, civil rights, reproductive rights, constitutional law, and statutory drafting and interpretation—even First Amendment religious liberty and freedom of speech concepts can be implicated in the field of health law. And health law is practiced in a dizzying range of settings: in federal, state and local government; in legal services organizations; in advocacy nonprofits; and in private public interest law firms, to name a few. Students and alumni attracted to health law as a career path can choose among many different types of legal practice, from direct client services to agency counsel or in-house work to policy work. These multiple diversities make health law a field where almost anyone can find an area of interest, and where those working within the field can often find new challenges.

Some students enter law school with a preexisting interest in or curiosity about health law. Perhaps they have an undergraduate degree in the life sciences and/or considered going to medical school; perhaps they have worked in an HIV or health clinic in the United States or abroad; perhaps they did a college internship on Capitol Hill or in an advocacy nonprofit and were exposed to health care legislation. Other students may approach health law as a new interest, sparked by something studied in their 1L year or by a clinical or legal internship experience.

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### ***Organization Profile:***

***New York Lawyers for the Public Interest (NYLPI)***

*www.nylpi.org*

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Since the 1970s, New York Lawyers for the Public Interest has been partnering with community groups to fight for access to quality healthcare for underserved populations in New York City.

Today, the Health Justice Program (which NYLPI's website describes as "one of the few legal programs in the country to bring an explicit racial justice and immigrant rights perspective to health care advocacy") focuses specifically on immigrant communities and communities of color in the city. Aiming to remove barriers created by systemic injustices, the organization fights against unequal health care facilities for minorities and the closing of hospitals and clinics in needy neighborhoods, and seeks to remedy the shortage of health care providers for non-English speaking patients. To achieve its mission of equal access to quality health care, the organization engages in community organizing, community outreach, legislative and administrative advocacy, and litigation.

Each summer, NYLPI hires up to six rising 3L students. The organization also serves as a sponsor for Skadden, Equal Justice Works, and other fully-funded postgraduate fellowships.

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***Organization Profile:***

***The United States Department of Health and Human Services, Office of the General Counsel***  
[www.hhs.gov/ogc](http://www.hhs.gov/ogc)

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The Department of Health and Human Services (HHS) is the United States government's principal agency for protecting the health of all Americans. HHS represents almost a quarter of all federal outlays, and it administers more grant dollars than all other federal agencies combined. HHS' Medicare program is the nation's largest health insurer, handling more than 1 billion claims per year. Medicare and Medicaid together provide health care insurance for one in four Americans. The Department itself includes over 300 programs which provide a wide variety of services, from scientific research support to public health to food and drug safety to mental health and substance abuse assistance.

The Office of the General Counsel (OGC) is the legal team for HHS. OGC employs over 400 attorneys in Washington, D.C. and in 10 regional offices across the country. Many OGC lawyers are involved in administrative and Federal court litigation; in collaboration with the Department of Justice, OGC attorneys may have primary responsibility for complex district court and appellate litigation, trying cases and arguing appeals. OGC lawyers also review proposed regulations and legislation affecting HHS programs; provide advice on a wide range of legal issues including child abuse and neglect, temporary assistance to needy families, medical privacy, medical and biological research, women's health, and Native American health, among others; and support the development and implementation of HHS programs, including the Medicare, Medicaid, and State Children's Health Insurance Programs. OGC offers both summer and term-time legal internships.

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Whether you have a clear idea of your goals upon graduation or you are just beginning to explore this broad field, we have designed this guide to give you a rough roadmap to the kinds of issues, practice settings and types of work that you might find in public interest health law. Of course, there is a great deal of private sector health law practice as well; while our priority in this guide is to sketch out public interest health law practice, we do often touch on private sector practice, partly because there is sometimes considerable overlap in the issues raised, and partly because we know that careers can often encompass both public interest and private practice.

We have included brief profiles of health lawyers and organizations throughout the guide, and have also appended longer narratives from some practicing health lawyers to illustrate both the kinds of things health lawyers do and the various ways these lawyers have gotten to where they are today. Finally, we include lists of current HLS classes and extracurricular activities relevant to health law; HLS faculty who are researching, writing or practicing in the field; fellowships specifically targeted to health law practice; and selected organizations where lawyers and law interns practice health law. This is all intended to give you plenty to think about, but it may not answer all your questions. After you've had a chance to peruse this guide, please feel free to make an

appointment with an OPIA advisor (there are several with health law experience and expertise) to discuss your particular dreams or dilemmas.

## Section II: Health Law Issue Areas

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In such a complex field, there are many ways to categorize the different issues lawyers may tackle in the health field. This particular organization is designed to give you a sense of the shape and breadth of the field, not necessarily to be exhaustive or authoritative.

- I. **Access to Care**: Whether and how individual patients can access health care services lies at the core of a great deal of health law and policy. Issues of interest to the health lawyer here include:
  - a. **Insurance**: The ability of individuals to access health care through private health insurance raises questions of the affordability of coverage, barriers to coverage, and the adequacy of the specific benefits available. Because the great majority of Americans access health insurance through their employers, issues involving health insurance often also raise questions of labor and employment law (for example, whether an employer is subject to state law or exempted from state regulation through ERISA [a federal law regulating employer-sponsored health and pension plans], the nature of employer obligations to employees, and what happens to an individual's insurance coverage when he or she leaves a job [these questions frequently involve COBRA, a federal scheme to enable former employees to continue to access insurance at group rates for a time]). Relatively new areas of insurance coverage (for example, long term care or prescription drug coverage) often create significant legal issues both in terms of the breadth of coverage offered and the gaps left uncovered. Of course, the Affordable Care Act has created a panoply of new legal and

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**Organization Profile:**  
**Health Care for All**  
[www.hcfama.org](http://www.hcfama.org)

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“We see ourselves as the voice of patients and consumers in state health policy,” Brian Rosman, Research Director, says of Health Care for All (HCFA), a policy advocacy organization focused on access to health care in Massachusetts.

HCFA's mission is to make quality, affordable health care accessible to everyone, regardless of income, social or economic status. The work that attorneys perform at HCFA ranges from drafting legislation to providing direct services through the organization's HelpLine, designed to assist consumers in understanding their health coverage options, solving their coverage problems, and applying for free and low-cost health insurance. Attorneys also provide advocate training for Massachusetts residents engaged in community outreach on health care issues.

HCFA shares a Boston office building with six affiliated organizations working on health care access. HCFA also works directly with Health Law Advocates, a nonprofit law firm that provides pro bono legal representation to low-income residents experiencing difficulty accessing or paying for needed medical services.

policy issues related to individuals' ability to acquire and keep insurance coverage.

**b. Public Benefits:** Many individuals and families rely on public benefits or publicly run insurance schemes to cover their health care costs. The structure and implementation of Medicare and Medicaid, and the plans of individual states and hospitals to manage uncompensated care, raise complicated questions of law and policy.

**c. Provider behavior:** When a patient is refused care by a provider for any reason, legal issues may arise. Often implicated are EMTALA (the federal Emergency Medical Treatment and Active Labor Act), refusals to offer specific treatments due to religious concerns, and differential treatment of undocumented patients. Issues of reproductive freedom and end-of-life care can also be raised. By the same token, a patient's refusal of recommended care can also lead to legal and ethical challenges.

**d. Reimbursement and cost containment:** Every insurance or public benefit system involves a complex

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***Alumni Profile:***  
***Brian Rosman***  
***Research Director, Health Care for All***

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“Rewards come from seeing real improvements in people’s lives as a result of your work, like patients with serious illness getting the care they need because of policies you worked on,” Brian Rosman, Research Director at Health Care for All, says about his work at the advocacy organization.

Rosman never anticipated entering the health law field. Upon graduating from HLS, he was interested in policy generally, and was hired by the State Senate Committee on Ways and Means. On his first day, he was assigned to work on health care issues, and he has worked in the field ever since. Following this position, he worked as General Counsel for the House Health Care Committee. When the House Committee Chair that he worked for became Executive Director of Health Care for All in 2003, Rosman “jumped at the chance to work with him again.”

As Research Director, Rosman coordinates all of the policy work for the organization, sets strategy for advocacy, provides advising on communications, and serves as a resource for policy and legal analysis. He is also a member of the management team and is responsible for supervising some of the employees of Health Care for All as well.

According to Rosman, health law is particularly exciting because of “new developments that mean the field is always changing.” While the “hideously complicated” health care system and the public’s general view of health care as a private good can be frustrating, Rosman said the reward of knowing that your work has the potential to improve lives overshadows any challenges. For those interested in working in health law at a nonprofit, Rosman said internships and clinics that provide experience are most valuable, noting that “we look for commitment to the cause and to social justice work in general.”

arrangement for reimbursing providers for the care they provide; these arrangements alone tend to generate significant legal activity. And since a refusal to reimburse for a service can, in essence, amount to a denial of the service, such issues are of great concern to patients as well as providers. In addition, the cost of health care is a perennial issue within both the public and private sectors. Efforts to rein in health care expenditures can involve cost containment efforts at the federal, state, employer, union, insurer and provider levels. New reimbursement or regulatory mechanisms designed to make patient and provider behavior more cost-conscious or thrifty frequently raise novel legal and policy questions.

- II. **Public Health**: Public health as a field encompasses such areas as epidemiology and disease or injury prevention, maternal and child health concerns, quality of care, and the cleanliness, purity and safety of public resources. States' "police powers" allow them to regulate to prevent or mitigate threats to public health. Tools such as quarantine, mandated testing or treatment and vaccination programs may be implemented to combat existing or threatened disease outbreaks. Public health officials may also seek to intervene, educate or regulate to address systemic threats to health like neighborhood violence or obesity. Many of these initiatives may raise legal questions about government power and authority, individual rights and enforcement. Most public health law and regulation takes place at the state level, though there are federal components as well. A great deal of legal support is also often required to help manage the plethora of research grant-making that is funneled through the federal government.
  
- III. **Provider Issues**: Many issues in health law are specific to providers, whether institutional or individual. Institutional providers can include hospitals, health centers, ambulatory surgery centers, clinics, nursing homes, and assisted living facilities. Professional associations of institutional providers (like the American Hospital Association) can also be involved in health law and policy with respect to providers. Sometimes universities or medical schools are affiliated with institutional providers for legal purposes; for example, teaching hospitals are linked to particular medical schools. In addition, since the advent of managed care, the line between insurers and providers is sometimes blurred, and organizations like Health Maintenance Organizations (HMOs) can face provider issues as well. Individual providers can include doctors, nurses, non-physician practitioners (like nurse-midwives), non-traditional practitioners (like acupuncturists), or group practices; professional associations of individual providers (like the Massachusetts Medical Society) are also deeply involved in health law and policy. Legal issues with which institutional or individual providers grapple can run a wide gamut, and the behavior of institutional or individual providers can impact the public interest in a variety of ways as well:
  - a. Independent professional associations **regulate the quality of care** given by providers, often in tandem with state entities. **Licensing or certification** of providers also tends

to generate legal disputes. And non-physician or nontraditional practitioners sometimes must engage in legislative or courtroom battles to access the accreditation they need to practice and be reimbursed.

- b. **Relations with insurers and reimbursement** issues are critical to all health care providers.
- c. **Real estate** matters stem from the purchase, sale or lease of new property, or the construction of new facilities.
- d. **Corporate** matters can stem from incorporation, tax status, or efforts to transition from nonprofit to for-profit status. In addition, lawyers are intimately involved in health care mergers and acquisitions (for example, a hospital may partner with another hospital or neighborhood health clinic, or a group of physicians may jointly own a freestanding surgery center), as well as institutional “divorces” after failed mergers.
- e. **Contract and employment** matters stem from the relationship of individual to institutional providers, or to group practices.
- f. **Tax** matters and tax planning are important to both institutional and individual providers, whether nonprofit or for-profit.
- g. Assuring **compliance** with the plethora of federal and state regulation (financial, ethical and criminal) of providers is often a separate legal specialty for health lawyers. Avoidance of liability or criminal responsibility for kickbacks or health care fraud can often be a challenge even for well-meaning providers.
- h. The **accreditation** process for institutional providers can be extensive, and can involve interactions with federal, state and independent entities.
- i. **Bioethical** issues are familiar in the institutional context, raised by patient care and research. Some health care lawyers specialize in this field, although actual full-time bioethical practice positions are rare.
- j. Particularly since the passage of HIPAA (the Health Insurance Portability and Accountability Act), legal issues around health care **privacy** have proliferated for both institutional and individual providers.
- k. **Malpractice** raises many provider legal issues, including relations with insurers and tort litigation springing from alleged medical negligence. (Of course, legal

involvement in the malpractice field also stems from representation of individual injured plaintiffs).

- IV. **Antitrust Law**: Increasing levels of provider combination (both among similar providers, and between providers and their suppliers) and the increasing ability to track costs and charges means the potential for increased violations of federal or state antitrust laws. These can include laws concerning provider mergers, bid-rigging, or price-fixing.
- V. **Pharmaceutical and medical device development and regulation**: Advances in medical technology and pharmaceuticals create a diversity of legal issues, including:
  - a. **Approval** processes for new drugs or devices
  - b. **Access** by patients to experimental or expensive drugs, or to drug trials
  - c. Insurer **willingness to reimburse** for experimental or unproven treatments, medical technology or drugs
  - d. **Development** of drugs for rare or unusual conditions
  - e. Competition, comparability and reimbursement for **proprietary vs. generic** drugs
  - f. **Bioethical** concerns regarding research protocols and subjects, as well as conflicts of interest in medical research
  - g. **Intellectual property** rights to scientific discoveries and products
  - h. Enforcement of **quality** standards against unapproved or “quack” remedies
- VI. **Food policy and regulation**: Federal and state law heavily regulate how food is farmed, manufactured and sold to both control production and maintain healthy standards. Legal issues can stem from farm subsidies that produce unwanted outcomes, food additives and labeling, and enforcement of wholesomeness standards. For more detail on food law and policy, see the [HLS Food Policy Guide](#).
- VII. **Criminal law**: Criminal law in the health care field is most often implicated in the form of prosecutions for fraud (Medicare, Medicaid, or private insurers), of “quack” medicines or practitioners, or for negligence rising to the criminal level.
- VIII. **Medical malpractice**: Medical malpractice is an area of health law and policy all its own. The field raises questions of the appropriate apportionment of responsibility and blame for adverse medical outcomes, the best way to structure a compensation and insurance system to deter negligent practice and adequately compensate victims, and the impact, or lack

thereof, of the costs of malpractice on the health care system as a whole. Malpractice lawyers might represent practitioners, patients, or insurers. The litigation practice involves questions at the heart of tort law, and incorporates highly technical expert testimony and issues of insurance law as well.

- IX. **Constitutional law and civil rights**: Many legal issues relating to health care have Constitutional implications. These can include disputes over reproductive rights and abortion, privacy rights, civil rights (gender, age or disability discrimination in access to insurance, care, or educational or employment opportunities in the field), and religious conflicts with the provision or acceptance of care. Health care privacy may in some instances rise to the level of a Constitutional concern.

## Section III: Health Law Practice Settings

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Health law issues can be all or part of a lawyer's practice in a wide variety of settings:

I. **Government**: A number of different government actors deal with health care issues.

a. **Federal**: While much of health care is regulated at the state level, a considerable health law infrastructure exists in federal government as well. Health law opportunities can be found in both the executive and legislative branches.

1. *Executive agencies*

i. The largest agency dealing with health care in federal government is the United States **Department of Health and Human Services (HHS)**. Among other responsibilities, HHS implements and regulates the Medicare and Medicaid programs through its Center for Medicare and Medicaid Services, as well as the new Affordable Care Act through the Office of Health Reform. The Food and Drug Administration (FDA) is also part of HHS. FDA regulates food purity and safety, pharmaceutical and medical device development, and cosmetics. HHS also includes the National Institutes of Health and the Centers for Disease Control (the latter based in Atlanta). As do most federal agencies, HHS also contains an Office for Civil Rights, whose mission is to ensure that people have equal access to, and opportunity to participate in, certain health care and human services programs without facing unlawful discrimination.

ii. A second agency with involvement in health care issues is the US **Department of Justice (DOJ)**. DOJ is “the nation’s litigator”; the great majority of its attorneys litigate either affirmatively or defensively on behalf of the United States. While much of the work of DOJ is unrelated to health care, there are a few offices within DOJ that do focus more directly on health law. The first is Consumer Protection Branch within the Civil Division, which conducts both civil and criminal litigation in enforcement of FDA’s regulations—closing down filthy food warehouses or prosecuting quack practitioners, for example. In addition, the Disability Rights Section of the Civil Rights Division deals with violations of the Americans with Disabilities Act (ADA) and other antidiscrimination laws. While the core of this work is civil rights, it does have a clear overlap with and connection to issues of health and health care. Likewise, as part of their work representing all federal agencies in trial and appellate proceedings, the Federal Programs Branch and the Appellate Staff of the Civil Division also sometimes litigate

cases directly relevant to health care (for example, Civil Appellate litigated each of the challenges to the Affordable Care Act in the Circuit Courts), but this is only a fraction of a much more diverse portfolio for these offices. Finally, of course, the Solicitor General's Office will also litigate health care-related appeals when they rise to the level of the U.S. Supreme Court.

- iii. The **Federal Trade Commission (FTC)** is also involved with health care issues. The FTC's Bureau of Competition (specifically, the Health Care Products and Services Division) works to prevent anticompetitive mergers and conduct that might undermine competition in health care markets. The Bureau of Competition has recently redoubled its efforts, for example, to prevent hospital mergers that may leave insufficient local options for in-patient services. The agency's Bureau of Consumer Protection (specifically, the Division of Advertising Practices) protects consumers from unfair or deceptive advertising and marketing practices that raise health and safety concerns. Recent priorities of the Bureau of Consumer Protection include combating the advertising of fraudulent cure-all claims for dietary supplements and weight loss products and monitoring and reporting on the advertising of food to children, including the impact of practices by food companies and the media on childhood obesity.
- iv. The **Veterans Administration** not only insures and oversees care for millions of veterans, but also runs a network of hospitals nationwide.
- v. The **White House Office of Science and Technology Policy** as well as the **Domestic Policy Council** deal with health care related issues, among many others. In addition, the **Presidential Commission for the Study of Bioethical Issues** advises the President on bioethical issues arising from advances in biomedicine and related areas of science and technology.

2. *Legislative Branch:* Many health care-related issues pass through Congressional committees. Virtually any Senator or Representative can get involved in a health-care related issue, depending on his or her interests and committee memberships, and the legislative priorities of a given administration or Congress. However, some committees are especially likely to be involved in health care legislation and oversight:

- i. Senate HELP (Health, Education, Labor and Pensions)

- ii. House Energy and Commerce, Subcommittee on Health
  - iii. Senate Finance Committee, Subcommittee on Health Care
  - iv. House Ways and Means Committee, Subcommittee on Health
- b. **State:** Most health care regulation occurs at the state level, including the majority of public health and insurance regulation, as well as professional licensure and accreditation. Both the organization and quality of state agencies and legislatures (and even their names) vary considerably across states, so extra homework is required to determine whether a particular office would be a good employment prospect, even if it does deal with health care.

1. *Executive:*

- i. **State Department of Health and Human Services:** Many states have such an umbrella cabinet-level office, comparable to the federal HHS. Within this office may be several smaller agencies that have a great deal of involvement in health care issues. In some states, only the larger umbrella agency may have an Office of General Counsel; in other states, some of the sub-agencies may also be large enough to support a separate OGC. For example, in Massachusetts, DHHS includes the Board of Registration in Medicine, the Department of Public Health, the Department of Mental Health, the Department of Elder Affairs and the Division of Health Care Finance and Policy. Several of these offices have in-house OGC's of their own.
- ii. **State Department of Public Health:** Probably the most common place for health lawyers to work in state government is in the general counsel's office or program offices of the state's Department of Public Health. Lawyers here would be involved in the legal aspects of much of the work of the agency, dealing with everything from enforcing quality of care in nursing homes, to updating regulations on quarantine and mandated treatment in the event of health emergencies, to supporting the development of educational programs to counter gun violence and childhood obesity.
- iii. **Department of Insurance:** Most states have an agency that regulates insurance, and, depending on the state, this may include health insurance to a greater or lesser degree. A large and active DOI will have its own

OGC. Issues may range from ratemaking to financial stability of insurers to mandated benefits in health plans offered to state residents.

- iv. **Medicaid:** Because Medicaid is a program run as a federal-state partnership, most states have a separate Medicaid office, which may have its own OGC.
- v. **Governor's Office:** Depending on the state and the governor, there may be opportunities to focus on health care work (although probably not exclusively) at the policy level in the Governor's office, or through the office of the Governor's legal counsel.
- vi. **Attorney General's Office:** Like the US DOJ, state Attorney General's Offices engage in a huge variety of work, only a small proportion of which is health law-related. However, there are some particular sections found in some state AG's offices that do focus on health law. First, some state AG's offices actually have a Health Care Division (for example, the New York and Massachusetts AGs each have such a division). This division may litigate to protect consumers from health care fraud, join together with other states to sue pharmaceutical companies for price-fixing or other schemes, or even challenge federal health care laws or regulations that arguably unconstitutionally affect the state. A Health Care Division may also weigh in on state regulatory or legislative matters relating to health care. Alternatively, this and other health care work may be done within a Consumer Protection Division, an Antitrust Division, a Civil Rights Division, an Insurance or Regulated Industries Division, or a Public Charities or Nonprofit Division (which would have jurisdiction over nonprofit hospitals and health centers in the state).

2. *Legislative:* State legislatures operate on a smaller scale than Congress, but particular legislators or committees may still have significant focus on health care issues.

- c. **Local Government:** Most cities and municipalities will not have a large health care or health law infrastructure, but some of the largest cities will have, for example, a city health department comparable in size and scope to a state department. New York City and San Francisco are two examples of such cities.

II. **Nonprofits:** There are many nonprofit organizations whose missions deal in whole or in part with health care issues, and they are located throughout the country and abroad. The number and variety of such organizations precludes any sort of listing here, but a few generalizations can be drawn. Of course, many nonprofits engage in more than one of these activities:

- a. **Direct services:** Some nonprofits specialize in direct legal services to clients. Those which provide services related to health care are most likely to be either general legal services offices (most will have units assisting their clients with health care insurance or public benefits issues), or specialized legal services offices (for example, offering services to those infected with HIV, to elderly clients, whose legal concerns often involve health care, or

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***Alumni Profile:***

***Karen Tseng, Assistant Attorney General, Massachusetts Attorney General's Office, Health Care Division***

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Since 2006, when universal access to healthcare was instituted in Massachusetts, the Attorney General's office has taken numerous steps to address rising healthcare costs. Karen Tseng '05 was hired as an Assistant Attorney General in the office's Health Care Division after 2008 legislation gave the AG the authority to issue subpoenas to healthcare providers and insurers to gather information on what was driving health care costs. Tseng has been involved with using this information to craft annual reports designed to increase transparency on the factors behind rising health care costs. "The ultimate goal of these investigations is much broader than a single case," Tseng said. "We are trying to bring healthcare costs down."

Entering law school, Tseng was interested in a variety of public interest fields. After law school, she received a Skadden Fellowship to work on homeowner protection at the WilmerHale Legal Services Center. During her time at the Center, she noticed housing-related health problems in her clients. Tseng was drawn to health care advocacy because, like housing, it appears to her to be a basic human necessity.

In addition to contributing to the annual reports described above, as an AAG Tseng drafts legislation and performs traditional law enforcement work. She was also involved in settling a major case against Pfizer concerning off-label marketing of an antipsychotic drug.

For students interested in health law, Tseng recommends volunteering in a healthcare provider setting, getting practical experience, cross-enrolling in classes related to healthcare financing, and researching potential employers.

Tseng said it is gratifying to work on an issue that is essential to people's lives. She enjoys working in Massachusetts since the state is a model for federal legislation. While reform can be a slow and frustrating process, the opportunity to make a noticeable impact serves as inspiration for Tseng.

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to veterans). An example of the former type of office would be the LegalHealth Unit at the New York Legal Assistance Group; an example of the latter would be Whitman-Walker Health in Washington, DC, which serves the health law needs of the gay, lesbian, transgender and HIV-positive communities.

- b. **Policy/legislative advocacy:** Other nonprofits may be engaged in health law work at the policy level. Health Care for All, for example, works towards legislative and regulatory solutions to ensure access to care for all Massachusetts residents. Families USA works on similar issues at the national level.
- c. **Impact litigation:** Still other nonprofits engage in impact litigation to effect social/systemic change in health care. For example, the American Association of Retired Persons (AARP) partners with legal services and other advocacy groups to bring impact litigation to improve conditions for elderly Americans. Other examples of organizations engaging in health care impact litigation would be the HIV Law Project, the Center for Medicare Advocacy, and Health Law Advocates.

III. **Private public interest firms:** A small but growing number of private firms practice public interest law. Such firms work for under-represented groups or specialize in issue-oriented work, such as civil rights litigation, tenant advocacy or representing whistleblowers. Most of these firms have relatively small staffs and some charge fees on a sliding fee scale or maintain a traditional private practice in order to fund public service ventures.

IV. **In-house:** Many institutions in the health care field have in-house lawyers who replace or coordinate with outside counsel. While these institutions are generally private sector entities, many of them are in the form of nonprofit or public benefit organizations. Such institutions can include hospitals or health care systems, HMOs, health care insurers, and professional associations.

V. **Private practice:** Attorneys in private practice can specialize in health law; the content of a particular practice, of course, will depend to a large extent on the nature of the clients.

## Section IV: Types of Practice

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Attorneys working in the health law field may take on a variety of responsibilities in their practices. The categories below are not meant to be exhaustive, but rather are designed to introduce you to some of the most common types of work performed by health lawyers (for additional information on public interest work types, see the [OPIA work types webpage](#)). It is important to identify the work type that will provide you with the mix of work that you are looking for in a career.

### I. **Litigation:**

#### a. **Individual representation**

Health lawyers may represent individual clients as plaintiffs or defendants in trials, arbitrations and mediations before administrative agencies; federal, state, and local courts; and even foreign tribunals. Clients can include patients and providers, and representation can involve issues ranging from medical malpractice to denials of coverage to discrimination based on health status. Opportunities for individual representation can frequently be found in nonprofits and private public interest law firms.

#### b. **Institutional representation**

Health lawyers may also represent institutional clients in litigation. Clients can include hospitals, health care systems, HMOs, health care insurers, and professional associations as well as government agencies, and representation may involve any of the host of issues described in the preceding sections of this guide. Most opportunities for institutional representation are found in government, in-house, and law firm settings.

#### c. **Impact litigation**

Health lawyers may also engage in impact litigation. Impact litigation involves planning, preparing, and filing or defending law suits focused on changing laws or on the rights of specific groups of people. Impact litigation in the health law field may involve, for example, advocacy designed to ensure access to mass transportation services for people with disabilities or to dental services for children, or improvements in public health insurance programs. Most impact litigation is carried out by nonprofit organizations or private public interest law firms, and occasionally by government entities.

## II. **Regulatory:**

Regulatory work involves a wide variety of responsibilities related to the enactment, implementation, and enforcement of regulations. Lawyers engaging in regulatory work may draft agency regulations; comment on pending or revised regulations; challenge or defend regulatory action; prosecute or defend regulatory violations; and/or represent parties affected by regulations in administrative hearings. Although regulatory work can be found in many different settings, from nonprofits to private public interest law firms (see [OPIA's Guide to Careers in Administrative Law](#)), lawyers working for government agencies most frequently engage in regulatory practice.

## III. **Legal Advising:**

Health lawyers may offer legal advice to their clients on a dizzying array of issues, depending on the practice setting in which they work. For example, health lawyers working for hospitals may advise physicians on matters related to medical liability and informed consent, while health lawyers working for a

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***Alumni Profile:***  
***Marc Steinberg '99***  
***Deputy Director of Health Policy, Families USA***

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“One of the things I’ve found most interesting in this work is how there are so many different ways to achieve results,” Marc Steinberg ’99 said of his time as Deputy Director of Health Policy at Families USA. Steinberg joined the DC-based organization, which focuses on access to quality health care for all Americans, after serving as a Skadden Fellow at the Public Justice Center in Baltimore.

When he was hired in 2003, the organization was seeking an employee to work on Medicaid. He has since broadened his portfolio to a variety of health care policy issues and has enjoyed the range of projects. “So much of the work is broader advocacy,” he says. “We think of how we’ll pitch ideas to Congress and we try to form coalitions with obvious and not-so-obvious allies.”

Steinberg, who coordinates Families USA’s advocacy around the Affordable Care Act, has written about structuring coverage for the uninsured and the implications of the new law on the Medicaid and Medicare programs. “The great thing about being involved with the Affordable Care Act is that we were doing something positive instead of stopping something negative,” he says.

Steinberg believes that current law students have a “truly unique opportunity to be involved in reshaping American health care” due to the changes created by the Affordable Care Act, and the current focus on reducing the cost and improving the delivery of health care. “We’re going to have new systems of organizing health care providers and it raises a lot of legal issues,” he says.

For students interested in working at a nonprofit, he emphasizes passion and commitment as the most important qualities to demonstrate to an organization. “This is hard work and it pays less than the private sector. We want to know that you’ll stay,” he says.

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state government agency may advise agency officials on whether they have the authority to regulate substance abuse treatment programs in state prisons. Legal advising work may be found in nearly any practice setting, but is particularly prevalent in government agencies, in-house legal offices, nonprofit organizations (specifically, in nonprofits that engage in direct client services work), and private public interest law firms.

IV. **Direct client services:**

In the context of public interest work, direct client services usually means the provision of legal assistance to low-income clients on a low- or no-fee basis. This assistance can involve individual representation in litigation, legal advice on issues ranging from available services to denials of coverage, and/or the drafting of estate planning documents or forms required to access government benefits such as Medicaid. Direct client services typically includes a large number of intake and client interviews, and can include the operation of telephone hotlines to provide guidance to clients so that they may more adequately represent themselves in court or resolve their issue through alternative methods.

V. **Legislative and policy advocacy:**

Health law attorneys undertaking legislative or policy advocacy work may assume a wide variety of responsibilities with an aim towards successfully lobbying legislative and regulatory bodies to adopt particular laws and policies. Some of these responsibilities might include meeting directly with individuals who are affected by health care issues; gauging their needs; performing complex research on existing laws and regulations applicable to these issues; reviewing past and present cases; drafting proposals for legislative and regulatory review; submitting comments on draft legislation or regulations, and meeting with legislative or regulatory staff individually or in hearings to argue the case. Most lobbying work is carried out by nonprofit organizations, trade associations and private lobbying organizations.

Health lawyers may also play a major role in the development, negotiation and drafting of new legislation or amendments to existing legislation and in Congressional or state legislative oversight of government activity. Legislative activity can range from championing major policy goals to careful tweaking of language to fix unanticipated consequences. Health lawyers are most likely to find this type of work in federal, state or local government, particularly in the legislatures.

VI. **Transactional:**

Transactional lawyers counsel individuals and institutions on the legal issues generated by their business dealings. Transactional lawyers assisting institutions may be involved in

creating legal entities; drafting and negotiating contracts; and advising on general governance, commercial and compliance matters. By contrast, transactional lawyers assisting individual clients may draft wills, powers of attorney or other estate planning documents; draft or negotiate personal contracts; and file tax documents or other forms required to access government benefits. In the health law field, transactional work can most readily be found in-house, in private public interest law firms, or in nonprofits undertaking direct services work.

## Section V: Planning Your Public Interest Health Law Career

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If you are interested in a career in public interest health law, it's wise to start thinking about what you can do now to develop the experience and credentials you will need. As is true for most public interest jobs, a demonstrated commitment to public service will be important to obtaining a job in this field. Not surprisingly, employers also look favorably upon candidates who have knowledge, interest or experience in some aspect of health care or health law. For more specifics on the public interest job search process in general, go to [OPIA's Job Search Toolkit](#). In the meantime, these steps will help you figure out your direction and build a track record that health law employers will appreciate.

### I. **Assess Your Prior Experience**

You should first consider any prior health care-related experience you may have and determine how you can best bring this experience to the attention of prospective employers. Graduate degrees, work experience, volunteer experience or undergraduate studies are all a great base. These are features you will want to highlight in your resume and cover letters, and they are the starting place for deciding what sort of additional experiences you will want to seek out during law school.

### II. **Research the Health Law World**

Learn as much as possible about health law organizations that hire attorneys, issues within this field, and the types of work that health care attorneys perform at government agencies, nonprofits, provider organizations and firms. Explore the websites of organizations devoted to health law to learn more about their approach and the particular issues that they address. Pay attention to programming sponsored by OPIA and OCS, and try to attend events featuring lawyers working in health law. Get to know the professors at HLS who work in the field. Set up informational interviews with health lawyers to learn more about the variety of paths that law school graduates take to practice this type of law. All this research will help you begin to learn the contours of the field. Consult an OPIA advisor for more specific advice once you've had a chance to do some preliminary research yourself.

### III. **Analyze and Move Towards Your Goals**

Unless you came to law school with a very clear idea of your post-graduate plans, you should expect to spend some time and energy as a student exploring possible pathways, thinking about your options, and perhaps changing your mind. It's great to start this process early so that you can get involved with classes and activities that will expand your horizons and credentials. HLS offers many health law courses, clinics and extracurriculars (see the *Health Law Courses Throughout Harvard University* and *Extracurricular Activities* sections elsewhere in this guide). Additional health care-related courses in fields like policy, economics and bioethics are available for cross-registration at other Harvard schools (see *Health Law Courses* section). You may also want to consider the JD/MPH Joint Degree at the Harvard School of Public Health, which can be completed in three years. For additional information on the joint

JD/MPH, see: <http://www.law.harvard.edu/academics/degrees/special-programs/joint-degrees/jd/mph-landing-page.html>. While an MPH is not essential to practicing health law in many settings, it will give you a great deal of added credibility with health care professionals of all kinds, and can be a significant advantage for those interested in working in health care policy.

Begin to consider the practice settings, work types, and specific issues in health law that interest you most, and to identify potential summer or post-graduate employers that might be a good fit. The [OPIA Job Search Database](#) and [PSJD](#) offer students the ability to search for summer and post-graduate positions within a specific issue area. Of course, it is not always possible to find a first post-graduate position working on the issue you are most passionate about, in your ideal practice setting and city, doing the type of work that most interests you. So it can also be important to identify which are your top priorities, as well as areas where you can be flexible. Expect that your goals may change over time, as you try out more things and learn more about the field.

#### IV. **Build a Track Record**

Public interest health law employers will want to see a demonstrated interest in health law and evidence that you are committed to public service. These can be manifested through your courses, extracurricular activities, clinics, and summer employment. You will want to highlight all such experiences in both your resume and your cover letters. At a minimum, you should spend at least one summer (or several clinical placements) in a public interest setting. And to be competitive for most health law positions, you should also have specific health law experience, including one or more summer internships or clinical placements at a health law organization. Such experiences will help you make choices about your direction and will deepen your health law resume.

#### V. **Develop a Network of Contacts**

Through your clinical placements, summer internships, and volunteer involvements, as well the classroom, you will meet valuable contacts who may be able to help you find opportunities and land a job in health law. Stay in touch with the attorneys you meet in each of these settings. Ask them questions about the paths they took to get to their current positions and get their advice for starting out in the field of health law. Most importantly, begin to develop your network as early as possible. The stronger your relationships are with prior contacts, the more likely they are to help you in the process of landing a job upon graduation.

Additionally, Harvard has several resources available to help you locate contacts in health law:

- a. The **HLS Alumni Advising Network** (part of HLS Connect) provides a network of contacts in a variety of fields and geographic locations. Go to <http://www.law.harvard.edu/alumni/networking/index.html> and search for contacts in health law.

- b. **OPIA’s Faculty Directory** can help you find professors who are involved with health law. These professors may be able to refer you to attorneys in the field.
- c. **OPIA advisors** can direct you to former Wasserstein fellows, alumni, and others working in the field.

As a student, you can also get involved with health law attorney associations and bar committees in order to meet practicing attorneys in the field. Many associations will host events at which you can speak with health lawyers. Involvement with these organizations will also help you learn more about the field and the various issues it encompasses.

Below are the websites for a sample of health law associations:

- a. **American Health Lawyers Association**  
[www.healthlawyers.org](http://www.healthlawyers.org)
- b. **Public Health Law Association**  
[www.phla.info](http://www.phla.info)
- c. **American Bar Association: Health Law Section**  
[http://www.americanbar.org/groups/health\\_law.html](http://www.americanbar.org/groups/health_law.html)
- d. **Federal Bar Association: Health Law Section**  
<http://www.fedbar.org/Leadership/Sections-and-Divisions-Leadership.aspx>
- e. **Massachusetts Bar Association: Health Law Council**  
<http://www.massbar.org/member-groups/sections/health-law>
- f. **Boston Bar Association: Health Law Section**  
<http://www.bostonbar.org/sections/health-law>

## VI. **Tailor Your Application Materials**

In each application you submit, you must make it clear to the employer that you understand the type of clients the organization works with and the nature of the work that attorneys perform. Avoid boilerplate language; use what you have learned through research and networking to target each letter to the organization addressed. In your cover letter and interview responses, address the specific needs of the organization and detail any prior experience that will enable you to perform this work effectively. Discuss any relevant health care work you’ve performed, regardless of whether it was law-related, paid, volunteer, or an extracurricular activity. Be sure to list any language skills that would be relevant to the organization. Explain any personal connection you have to health law issues or health law associations of which you’ve been a member. Finally, produce a concise writing sample on a relevant topic.

For advice on specific application materials, contact an OPIA advisor.

## VII. **Check Out Entry-Level Hiring**

### a. **Government**

Because most government agencies prefer to hire attorneys with experience, the primary way 3Ls and law clerks are hired at the state or federal level is through an entry-level “honors program”. For example, the Department of Justice’s Honors Program offers

entry-level positions to young lawyers leaving law school, fellowships or judicial clerkships. Note that graduates who are clerking can apply simultaneously to DOJ's Honors Program and to lateral positions at DOJ. Other agencies involved with health care issues that hire at the entry level include the Federal Trade Commission and the Food & Drug Administration.

State Attorney Generals' Offices in a handful of states (most recently, California, Oregon, and Massachusetts) also offer honors programs designed to hire entry-level attorneys. In addition to honors programs, certain fellowships enable young graduates to work in government, particularly the Presidential Management Fellowship for federal government. While there are some hurdles to using portable fellowships to enable federal government employment, such hurdles tend not to exist for work in state or local government. Several fellowships, including fellowships offered through Harvard Law School's Venture Fund, may be willing to fund this type of work. See the *Selected Fellowships and Honors Programs* section of this Guide for more information on these opportunities.

**b. Non-Profit Organizations**

Almost all graduating law students who hope to practice law at a nonprofit organization enter the field through a fellowship. Third-party sponsored fellowships, such as those offered by the Skadden Foundation or Equal Justice Works, allow new attorneys to design their own public interest projects and carry them out at organizations that may not have the financial resources to pay a fellow themselves. In addition, several health law-specific fellowships exist. See the *Selected Fellowships and Honors Programs* section of this Guide for more information on these opportunities.

**c. Private Public Interest Firms**

Some private public interest firms offer entry-level positions, but others will only hire candidates who have completed a clerkship or who have significant prior experience. In order to secure an entry-level job, you must be able to prove your interest in the specific issue that the firm addresses. Check the OPIA Jobs Database, PSJD, and individual firms' websites frequently for postings. In addition, OPIA's [Private Public Interest and Plaintiff's Firm Guide](#) contains valuable information on finding an entry level job at a private public interest firm.

**d. In-House**

In-house positions (for example, in the general counsel's office of a hospital or university) are often attractive to law students. However, in-house positions are rarely offered to lawyers without experience. The majority of lawyers working in-house have fairly significant experience (often in the private sector) before they are able to make such a move.

## VIII. **Explore Alternate Options Too**

If you are unable to secure an entry-level position in health law, you can still position yourself to be competitive for lateral health law positions. Maintain the health law contacts you've developed, continue to involve yourself in health law organizations, and undertake volunteer work in the field in order to expand your network and show your dedication to future employers.

Think about the skills and experiences you will need for your "dream job", and then consider how you can develop those skills/experiences in another position. For example, if you want to work in legal services on health care issues, think about another position where you might be able to improve your direct client services skills, or develop an expertise in public benefits law. If you would like to advocate for women's health concerns in developing nations, consider whether a different kind of legal experience in the relevant region might be useful, or whether work on the issues of women and employment might enable you at some point to segue into women's health. If you want to do impact litigation on health care issues, a high-quality public interest litigation experience in another field might set you up very well for the next position.

You might also consider working in another field of public interest law that involves or touches upon health care issues. Certain elements of environmental law, for example, significantly overlap with public health and food safety, and can be an interesting alternative for an aspiring health lawyer. Likewise, many refugee and asylum claims are based on health concerns, there are multiple human rights organizations dedicated to aiding survivors of torture, and housing law cases can involve environmental concerns with significant ramifications for health, especially for children.

Certain fellowships are also available to people hoping to pursue health law a few years out of law school. For a listing of health law fellowships, see the *Selected Health Law Fellowships and Honors Programs* section of this guide.

Be sure to frequently check websites that list health law jobs in order to find positions that interest you. The following websites advertise post-graduate jobs in a variety of public interest fields, including health law:

**PSJD**- the leading database of public interest organizations and jobs

<http://www.psjd.org>

**OPIA Jobs Database**- allows you to search by specific issue area

<https://ldap.law.harvard.edu>

**USA Jobs**- centralized site for federal government jobs

[www.usajobs.gov](http://www.usajobs.gov)

## Section VI: Professional Narratives

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### **Diane Archer '84**

#### **Medicare Rights Center, Founding Director**

My work designing and implementing strategies to help ensure that people get the health care they need—in particular people over 65 and people with disabilities—keeps me going intellectually and emotionally every day.

I fell into the job of founding director of the Medicare Rights Center (MRC) in 1989 and spent the first few years responding to phone calls from men and women who could not by themselves access the health care services they needed. One of my first cases involved getting the government to pay \$10,500 in home care services being billed to my client, Mr. Phillip. He had taken his wife out of the hospital to care for her, at enormous personal cost. Medicare would clearly have paid for her infusion therapy while she was in the hospital but for some inexplicable reason would not pay for the same therapy at home. We appealed this decision and won.

But the problem was and continues to be that critical health care issues also need addressing systemically—far more people need help than there are resources available. The stakes are high. Health care costs are out of control, and Medicare only pays for about half of a typical older or disabled person's health care needs.

So, to help more people and to address the issues at a systemic level, I launched educational and public policy initiatives. As MRC grew, everyone who joined me as staff was smart, committed, and interesting, making work life rewarding and a lot of fun. The classic challenges of raising money for a non-“sexy” issue in which corporate America has at best limited interest, navigating the illogic of Congress and the administration, working the media to give a balanced account, and playing strategically, kept me on my toes.

Several years ago, I turned over the reins of MRC to Robert Hayes, founding director of the Coalition for the Homeless, who made his mark in public interest some 20 years ago establishing a right to shelter for the homeless. I still work full-time plotting strategies for successful health care reform and am spared the anxiety of keeping the organization's budget balanced and staff happy. The Medicare Rights Center now has more than 30 employees, 90 volunteers, and offices in New York, Washington, D.C., Iowa, New Hampshire, and Maryland and is about to open offices in five other states.

Human rights work led me to Harvard Law School, but by the time I graduated—after interning at the United Nations High Commissioner for Refugees and seeing international politics at work—I wanted to explore other public interest options. It was hard to find the right fit, given my lack of experience and desire for a lot of responsibility. So, after clerking for a year, I joined Kramer, Levin, a New York based law firm for a couple of years. Then I got lucky. I fell into health care because a friend and mentor wanted to launch a new consumer service organization for people with Medicare. It was all about timing and opportunity.

I have been forging full speed ahead for some 14 years now and have never looked back. I've learned a tremendous amount about people, politics, and poverty. If I had to do it all over again, I'd do it exactly the same way.

## **Rebecca Goldberg '07**

### **Food and Drug Administration, Office of the Chief Counsel, Foods Counselor**

As a lawyer on the “foods team” in the Food and Drug Administration’s Office of the Chief Counsel (FDA’s OCC), my practice focuses almost exclusively on the federal regulation of food. This is not what most people think of when they think of health law, and indeed I never conceptualized my career path as being about health law. But during my three years at FDA I have come to see the strong ties between food regulation and the public health.

During law school, I was not any more focused on food law than I was on health law. I had been a teacher, and I came to law school vaguely thinking I might pursue a career in education law. When law school ended, I had a clerkship lined up for one year following graduation, and a toddler and a second pregnancy to keep me busy in the meantime. I was therefore able to put off making any concrete career plans. It was during that time that I decided to pursue a career in food law. I had always been very interested in policy questions surrounding the production and labeling of food, and it occurred to me that because the food industry is heavily regulated, there must be interesting legal jobs in this arena.

My job search was therefore very much about food, and I focused most of my attention on the Department of Agriculture and FDA. In preparing for my interviews at FDA, I studied up a little bit on the other areas that the agency regulates, and during the interviews I cheerfully expressed a willingness to work on issues relating to drugs, medical devices, tobacco, and so on. But it was clear that my main area of interest was food. At the time I did not realize that mine was an unusual path to take to the FDA, and that most of the agency’s lawyers had a background or an interest in regulation that broadly relates to the field of medicine.

I was hired to work as a foods team counselor, which means that I do not litigate, but instead provide legal counsel to FDA’s Center for Food Safety and Applied Nutrition (CFSAN), which regulates conventional food, dietary supplements, and—for historical reasons that are unclear to me—cosmetics. My job involves reviewing and consulting on documents such as proposed and final rules, guidances for industry, warning letters to firms that may be in violation of FDA’s laws and regulations, and many other documents that come out of CFSAN. In January 2011, the President signed into law the Food Safety Modernization Act (FSMA), and helping the agency interpret and implement that law became a large part of my team’s work. I have had the opportunity to develop specialization in certain areas, such as the claims that are made on food labels, the regulation of shell eggs and canned foods, and certain specific provisions within FSMA.

My work in OCC has always been interesting and challenging, as the agency is constantly facing a changing landscape that brings a steady stream of novel legal issues to my desk. One of my greatest sources of job satisfaction is the fact that I work closely with counselors and litigators who deal with all aspects of the agency’s mission. FDA’s laws and regulations create connections (and barriers) between various product areas, such that I often need to understand drug law or other areas of FDA law.

I think there are a few lessons to learn from my career path. One is that it makes sense to think broadly about what constitutes “health law” and what sorts of careers relate to protecting the public health. Another is that there is fascinating legal work being done throughout the government, and while it is notoriously hard to untangle the web of bureaucracy and figure out which offices would be a good fit, it is well worth taking the effort to do so. A Heyman Fellow helped me find my way to OCC, and as a Heyman Fellow myself I have helped others do so.

The final lesson, especially for those interested in government work, is to look at the role regulation plays in various industries. My interest in education law petered out when I realized that the education-related topics I was most invested in were not directly affected by laws and regulations. I think I made the right decision in turning to another area in which I was substantively interested—food—and figuring out that it was an area that was much more heavily influenced by the law. That insight is what led to a fulfilling career where the work I do directly relates to the issues I care about.

## **Clinton Hermes ‘01**

### **St. Jude Children’s Research Hospital, Senior Vice President and General Counsel**

I am currently the Senior Vice President and Chief Legal Officer at St. Jude Children’s Research Hospital. In that capacity, I oversee all the institution’s legal matters, as well as its Government Affairs Office and its Office of Technology Licensing. Like most academic institutions, St. Jude’s operations can be broken down into four categories: clinical activities, scientific activities, educational activities, and administration (e.g., Finance, Human Resources, Information Technology, Facilities, Board governance, etc). At St. Jude, I work with a talented legal team that specializes in these areas, and I spend the majority of my non-managerial time working on the litigation, transactional, compliance, and other projects that warrant the attention of the CEO or the Board, to whom I am dually responsible. I also spend some time working directly on major Government Affairs projects at the federal level, such as meeting with members of Congress or the Administration.

My path to this position, especially at a relatively young age, involves a little hard work and a lot of luck.

Like so many beginning law students, I had no real idea of the type of law I wanted to practice, and I wasn’t even initially aware that the field of health law existed (when I was at Harvard Law School, there were no health law survey classes of the type that are routinely taught today). I attended what then seemed like an endless number of career panels, deciding in turn that I didn’t want to be a litigator, an IP lawyer, a tax lawyer, and probably not a corporate lawyer, either. On a whim – I almost skipped it – I attended a three-lawyer panel discussion about careers in health law. That discussion made such an impression on me that, to this day, I still remember the names and faces of all three lawyers on that panel. The most junior of those lawyers was a third-year associate at Ropes & Gray, and while the two partners’ day-to-day practices interested me, I was struck by the extent to which a junior associate’s day-to-day practice sounded interesting, too. I left that panel with at least a clue in the hunt for my future career.

I took this clue and decided to spend my 1L and 2L Summers at Boston firms that had health law practices so that I could get practical exposure to the field, and my 2L Summer in particular was at Ropes & Gray, in part because of the firm's reputation in health law and in part because of that third-year associate who had impressed me so much. By that point I was sold on health law, and I accepted a full-time position there.

By the way, even in the great legal market that existed in the late 1990s, summer positions at law firms were no sure thing; I was rejected by a couple of much smaller Boston firms, so luck helped here, too.

My time at Ropes & Gray was perhaps better than a typical "big firm" experience: I learned a lot, I developed a specialty (the regulation of human research, especially overseas) on which I was able to do a fair amount of speaking and writing, I found excellent mentors, and I don't remember much "drudge work" after my first year. I ended up publishing over a dozen articles while at the firm and participating at a number of speaking engagements, working with prominent research institutions on complex research collaborations and compliance matters, and even going to Africa several times to help institutions needing support for projects there.

St. Jude became a client of Ropes & Gray in early 2005 (or so), and I was lucky enough to work with St. Jude on some particularly interesting matters in which my interests in both human research and overseas/international work were put to good use. Through repeat interactions with St. Jude, I gained the confidence of the senior leadership there, and in mid-2006, I was offered my current position. I accepted in late 2006 and made the move in early 2007, and I've been extremely happy at St. Jude ever since. The position's responsibilities have grown a bit as St. Jude has gained confidence in what I can do.

It probably goes without saying that I would not be in my current position if I had not gotten to do repeated substantial projects with senior people in the organization. Finding the right mentors and taking the initiative to grow my own practice as a junior and mid-level associate helped me get staffed on the St. Jude matter; however, clients choose firms and partners, not associates, so the relationship between St. Jude and Ropes & Gray was pure good luck for me. My ability to explore and build a subspecialty practice within health law likewise required work on my part but would not have been possible without the mentors available to me. And of course, the fact that I found health law as a career in the first place, through a short panel discussion, was almost lost to my friends' desire to grab burgers and beers. Had I gone with them, what would I be doing today? I have no idea.

Find out what makes the practice of law interesting to you; find good mentors in that field; prove yourself reliable, proactive, hardworking, and curious so that you get the best projects; and be open to the opportunities that chance makes available to you.

## **Tracy Miller**

### **Former Massachusetts Department of Public Health, Privacy Officer**

My former position as Privacy Officer at the Massachusetts Department of Public Health was my fourth consecutive public interest job and the second in the health care field. Each has been stimulating and rewarding. While I knew that I wanted to practice public interest law, I cannot claim to have set myself on a career path with this, or any other, particular public interest job as my goal. Instead, I was lucky enough to find a succession of very different jobs that allowed me to grow professionally and to maintain a balance with the demands and rewards of my family life as well.

I attended New York University Law School from 1982-1985 and focused my career goals in the public interest arena, which had long been my direction. I had completed a Masters in Urban Planning and I began law school wanting to develop sound urban policy. I followed this urban policy pursuit to Legal Services, where I practiced housing law in Brooklyn, New York. This was fast paced, difficult, exciting and extremely fulfilling work representing individual tenants and conducting impact litigation.

After five years at Legal Services, I moved to the New York City Departmental Disciplinary Committee, where I was involved in the investigation and prosecution of alleged misconduct by lawyers in Manhattan and the Bronx. This position allowed me to build on the litigation background I had developed at Legal Services. It also provided me with my first opportunity to work toward the regulation of a profession or industry in an effort to protect the public.

Four years later, I moved with my family to Massachusetts. I began working in the General Counsel's office of the Massachusetts Department of Public Health, after an eighteen-month hiatus from my professional life to spend time with my family. I was attracted to the health care field as a growing discipline, and was particularly interested in public health issues. While public health has become more prominent due to recent events, it is an old and undervalued component of the health arena. It is an extremely varied discipline, and I enjoyed tremendously the opportunity to work in vastly different policy areas, employing many legal skills.

In my position in the General Counsel's office, I served essentially as corporate counsel to a variety of the Department's programs. I continued to make good use of the litigation skills and client counseling skills developed in my previous jobs. At the same time, I assisted program personnel in developing policies and ensuring that the public's health was protected to the maximum extent possible in such divergent areas as food protection, dietary supplements, emergency medical services, summer recreational camps, and nursing homes. I litigated in administrative hearings; worked with the Office of the Attorney General on numerous Superior Court proceedings; wrote and commented on legislation and regulations; conducted trainings; regulated certain health care workers; and worked with other government lawyers on common issues. The work of a government attorney is not without its frustrations. The challenges of working in a large governmental agency were, however, outweighed by the opportunity to handle a broad spectrum of issues and to enhance essential protections of the

public's health. The position also afforded me the opportunity to utilize and develop many legal skills including as litigator, counselor, negotiator, policy and legislative analyst, and regulator, to name a few.

After seven years in the General Counsel's office, I moved into a new position as Privacy Officer for the Department of Public Health in the spring of 2003. The position is a requirement of the Health Insurance Portability and Accountability Act (HIPAA) and is responsible for the implementation of HIPAA's Privacy Rule. For the first time, I had primary responsibility for developing and implementing a major initiative at an agency-wide level. I was responsible for overseeing the creation and implementation of the Department's privacy infrastructure to ensure the confidentiality and security of the enormous volume of protected health information held by the Department. Although I was no longer part of the General Counsel's office, I continued to remain involved in the analysis and resolution of challenging legal problems that frequently arise with regard to HIPAA and its implementation. My responsibilities extended beyond the legal questions to managing the Department's implementation of and compliance with HIPAA and other state and federal privacy laws.

Each of my four public interest jobs has allowed me to draw from my previous experiences and to develop new skills and new areas of expertise. At the same time, each position has moved me increasingly away from litigation and toward transactional and policy work. This shift allowed me to gain greater control over my time management, and in turn to ensure that I was able to dedicate the time I wanted and needed to my professional life as well as to my family. I feel extremely fortunate that I found a balance that works most of the time and that I have been able to do this with while maintaining a challenging and fulfilling public interest career, most recently in the field of public health.

## **Stephen Rosenfeld '66**

### **Health Care Public Interest Lawyer**

In August 1993, I began my new career as a health care public interest lawyer. It was a difficult first step for me, because I was by that time 53 years old, and I wondered whether, at this point, I could do what was needed to gain the necessary competence in this new field. Although at times along the way of my career up to that point I had dabbled in health care cases, including perhaps three or four lawsuits during my years as an assistant attorney general in the late-1970's, I was essentially ignorant of the complex system of laws and regulations that currently define a health care practice. Here is the course of the ensuing ten years, at the end of which I can say that health care public interest law is 100 percent of what I do.

First, I volunteered. For almost two years, I spent two days a week at Health Care For All, the leading grass roots health access advocacy organization in Massachusetts. I nosed around, looked for ways to make myself useful. It was, selfishly speaking, helpful to me that HCFA had no staff lawyer.

When there were legal issues, I was pretty much the only inside game around. Until that time, HCFA staffers had to call around to lawyers in legal services settings and ask for help. Although I didn't know as much as they, I was a whole lot more convenient and available. This volunteer period was rich in learning opportunities. Out of it came my idea to start a legal network of volunteer lawyers from firms in Boston to represent people who called in to HCFA with problems that lawyers could help solve. Over the past ten years, volunteer lawyers, including me, have represented more than a thousand clients on health access issues.

Second, I was lucky enough to find a teaching opportunity within months after beginning my volunteer work. The main health law professor at Boston College Law School was heading to Washington, D.C., to join the Clinton Administration, and out of desperation, Boston College hired me to teach the basic survey course on health law in the spring of 1994. It was the "one-eyed man is king in world of the blind" scenario. There is simply no better way to learn a subject than to be forced to teach it. Of course, a certain amount of skin-deepness characterized the class, but as a way of building a knowledge base quickly – a gun to the head tends to focus one's attention – I recommend it highly. Third, I started a law firm, initially along with two other lawyers as partners, but after two years, I realized that I could have a public interest private law practice only if I did it on my own, so in 1996, I opened the doors to Rosenfeld & Associates. In the eight years since, I and my associates (and my associate turned partner, Mala Rafik) have represented hundreds of individuals who are suffering two catastrophes simultaneously: first, a disastrous illness, usually chronic and life-changing if not life-threatening; second, denial of coverage by an insurance company. These cases fall into two categories, and then two more sub-categories. The insurance companies involved are either health insurance companies denying coverage for medically necessary treatment or long-term disability insurance companies denying long-term disability income benefits to an insured whose onset of disability has meant loss of necessary income. The other sub-division is between those cases governed by the Employee Retirement Income Security Act of 1974 (ERISA) and those governed by state law, because – for one reason or another – the insurance policy in question is ERISA-exempt, and state law remedies are therefore not preempted by ERISA. This is a highly complex area of legal practice. It's not for dabblers, and the lack of competent plaintiffs' lawyers for decades gave insurance companies free rein. In the past ten years, however, a network of specialists representing plaintiffs' interests has emerged, and the field of health and disability insurance litigation has become one of the most interesting and rewarding practices around.

Next, in 1996, I founded Health Law Advocates, Inc. (HLA), a public interest law firm that provides pro bono representation to individuals and families in Massachusetts needing access to health care. HLA also fights for health care justice through the representation of groups of consumers and communities and through education and outreach. HLA is affiliated with Health Care For All, and as such, is the only non-profit law firm in the country affiliated with a grass roots organization and dedicated solely to ensuring access to health care for society's most vulnerable members, including the chronically ill and uninsured. I serve as HLA's volunteer legal director. HLA has grown to have five full-time staff lawyers (plus me) and a support staff.

Finally, in the past five years I have become a senior legal adviser to a national organization named Community Catalyst. This has permitted me to take the work at HLA into other states. For example, the Community Health Assets Project (CHAP) grows in part out of work done by HLA in Massachusetts. A partnership of Community Catalyst and the West Coast Regional office of Consumers Union, CHAP provides support, including legal and policy analysis services, to consumer groups, philanthropic leaders, and legislators and regulators regarding conversions of health care institutions from nonprofit to for-profit. HLA has successfully represented consumer groups in ten instances in Massachusetts where either a conversion or some other kind of health system restructuring was being proposed. In turn, CHAP has represented community interests in dozens of such situations, across more than 30 states.

These ten years have shown me that there is a huge amount of public interest advocacy to be done in the health care field, and not nearly enough lawyers to do it.

## Section VII: Extracurricular Activities

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Extracurricular activities can be an excellent way to meet others who are interested in health law while gaining practical experience in the field. Here is a listing of some of the organizations at Harvard Law School that are directly involved with health care issues or with other areas related to health law.

### **FOOD LAW SOCIETY**

<http://www3.law.harvard.edu/orgs/foodlaw/>

The Food Law Society provides students with hands-on exposure to the numerous issues in law, policy, science and management that confront professionals in the fields of food law and food policy. Members participate in clinical projects and conferences, host speakers, take trips and collaborate with groups throughout the University and the world in their effort to address food issues.

### **HARVARD JOURNAL OF LAW AND TECHNOLOGY**

<http://jolt.law.harvard.edu/>

JOLT is a student-run journal exploring the intersection of law and technology, including biotechnological innovation and intellectual property issues raised by new medical technology.

### **HARVARD LAW STUDENTS FOR REPRODUCTIVE JUSTICE**

[http://www.lsrj.org/index.php/lsrj\\_wiki/Category:LSRJ\\_Chapters::Harvard\\_Law\\_Students\\_for\\_Reproductive\\_Justice/](http://www.lsrj.org/index.php/lsrj_wiki/Category:LSRJ_Chapters::Harvard_Law_Students_for_Reproductive_Justice/)

HLS for Reproductive Justice is the Harvard branch of a nationwide organization, Law Students for Reproductive Justice, which focuses on the promotion of reproductive justice as a central civil and human right.

### **HARVARD LEGAL AID BUREAU**

<http://www.harvardlegalaid.org/about-us>

The oldest student-run legal services office in the country, Harvard's Legal Aid Bureau provides free legal services to low-income people in Middlesex and Suffolk counties. Student attorneys practice under the Massachusetts' Supreme Judicial Court Rule 3:03, which allows 2Ls and 3Ls to make certain court appearances. Cases at the Bureau involve a broad range of legal issues, including landlord/tenant, consumer, domestic relations, and public benefits law.

### **LAW & HEALTH CARE SOCIETY**

<http://www3.law.harvard.edu/orgs/hlhcs/>

The Law & Health Care Society offers students an opportunity to attend health-related speaker events, learn about Harvard students' research on health care topics, attend faculty lunches to discuss health law, and volunteer with one of the society's community programs to help improve the health of low-income individuals.

**PETRIE-FLOM CENTER FOR HEALTH LAW POLICY, BIOTECHNOLOGY, AND BIOETHICS**

<http://law.harvard.edu/programs/petrie-flom/index.html>

Throughout the year, the Petrie-Flom Center sponsors health law-related workshops and events. Additionally, the Center supports significant and cutting-edge health law research and runs an annual fellowship program for Harvard students interested in health law scholarship.

## Section VIII: Health Law Courses throughout Harvard University

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*These courses may not be offered every year. Check the catalogs for the respective schools.*

### **Harvard Law School Courses**

#### **Access to Justice Clinical Seminar: Benefits Advocacy and Estate Planning for Persons with Disabilities, Veterans, and Families**

<http://www.law.harvard.edu/academics/curriculum/catalog/index.html?o=64761>

A “practical toolkit” for representing clients, including how to: interview clients, conduct factual investigations, develop a theory of the case, draft legal documents, represent clients in administrative appeal hearings and court, examine witnesses, present oral argument, engage in negotiation, counsel clients, and solve ethical dilemmas.

*Daniel Nagin*

#### **Disability, Veterans, and Estate Planning Clinic, WilmerHale Legal Service Center**

<http://www.law.harvard.edu/academics/curriculum/catalog/index.html?o=64763>

Placement in one of the following: Disability Law, Veterans and Public Benefits Law, or Estate Planning Law. *Daniel Nagin*

#### **Drug Product Liability Litigation**

<http://www.law.harvard.edu/academics/curriculum/catalog/index.html?o=64462>

Theory and practice of product liability litigation against drug manufacturers before and after the Supreme Court's landmark decision in *Wyeth v. Levine*.

*Peter Grossi*

#### **Food Law and Policy Clinic of the Center for Health Law and Policy Innovation**

<http://www.law.harvard.edu/academics/curriculum/catalog/index.html?o=64755>

Federal, state, and local law and policy projects intended to: identify and support policy changes to the food system; increase access to healthy produce for low-income individuals; and identify and eliminate legal and non-legal barriers inhibiting small producers from selling at farmers markets, grocery stores, restaurants, and farm-to-school or farm-to-institution programs.

*Robert Greenwald*

#### **Food and Drug Law**

<http://www.law.harvard.edu/academics/curriculum/catalog/index.html?o=64404>

Explores the full range of federal regulation of products subject to the jurisdiction of the Food and Drug Administration (FDA).

*Peter Barton Hutt*

**Food: A Health Law and Policy Seminar**

<http://www.law.harvard.edu/academics/curriculum/catalog/index.html?o=64460>

An overview of topics in food policy; how law and policy shape our food system and what we eat.

*Robert Greenwald*

**Health Law**

<http://www.law.harvard.edu/academics/curriculum/catalog/index.html?o=64264>

Overview; includes topics such as the physician-patient relationship, informed consent, privacy and confidentiality, medical malpractice, regulation of health professions and facilities, health care financing (including Medicare, Medicaid and private medical insurance law), health care reform, regulation of drugs and devices, end-of-life decision-making and reproductive health.

*Mark Barnes*

**Health Law and Policy Clinic of the Center for Health Law and Policy Innovation**

<http://www.law.harvard.edu/academics/curriculum/catalog/index.html?o=64720>

Broad range of national and state law and policy initiatives aimed at increasing access to quality, comprehensive health care for poor and low-income individuals and families—especially those living with chronic medical conditions.

*Robert Greenwald*

**Health Law and Policy Workshop**

<http://www.law.harvard.edu/academics/curriculum/catalog/index.html?o=64459>

Presentation and discussion of cutting edge scholarship on health law, health policy, biotechnology and bioethics.

*Einer Elhauge*

**Law and Policy of Federal Funding Flows**

<http://www.law.harvard.edu/academics/curriculum/catalog/index.html?o=64509>

Examines some of the fundamental issues relating to federal government decisions to fund private sector activities, including those of universities, hospitals and research centers.

*Mark Barnes*

**The Politics of Health: A Center for Health Law and Policy Innovation Seminar**

<http://www.law.harvard.edu/academics/curriculum/catalog/index.html?o=64491>

Overview of the historical law and policy decisions that have shaped the U.S. health care system and are informing current debates about health reform.

*Robert Greenwald*

## **Related Courses at Other Harvard Schools**

### **The Global Health System: Governance Challenges and Institutional Innovations**

<http://www.hks.harvard.edu/degrees/teaching-courses/course-listing/iga-490m>

Introduction to major public health challenges and key questions in global governance.

KSG, HSPH

*Suerie Moon, Julio Frenk*

### **Introduction to U.S. Health Care Policy**

<http://www.hks.harvard.edu/degrees/teaching-courses/course-listing/sup-500>

Overview of the U.S. health care system, its components, and the policy challenges created by the organization of the system.

KSG

*Sheila Burke, David Stevenson*

### **Economics of Global Health**

<http://www.hks.harvard.edu/degrees/teaching-courses/course-listing/sup-518>

Health issues in developing countries from the standpoint of applied economics, including: complex relationship between health, population, and economic growth; challenges to improving individual and global health; and recognizing differences between optimal health decisions from an individual, national, and global perspective.

KSG

*Gunther Fink*

### **Health Policy Reform: Comparative Approaches to Reducing Inequalities**

<http://www.hks.harvard.edu/degrees/teaching-courses/course-listing/sup-582>

How and why some policies and programs are more successful than others in reducing health care inequalities based on SES, race/ethnicity, age, and gender.

KSG

*Mary Ruggie*

### **Public Health Law**

<https://sis->

[app.sph.harvard.edu:9030/prod/bwckschd.p\\_disp\\_detail\\_sched?term\\_in=201130&crn\\_in=31202](https://sis-app.sph.harvard.edu:9030/prod/bwckschd.p_disp_detail_sched?term_in=201130&crn_in=31202)

How law impacts public health: What authority does the government have to regulate in the interest of public health? How are individual rights balanced against this authority? What are the promises and pitfalls of using laws and litigation to achieve public health goals?

HSPH

### **Payment Systems in Health Care**

<https://sis->

[app.sph.harvard.edu:9030/prod/bwckschd.p\\_disp\\_detail\\_sched?term\\_in=201130&crn\\_in=30569](https://sis-app.sph.harvard.edu:9030/prod/bwckschd.p_disp_detail_sched?term_in=201130&crn_in=30569)

This course will follow the money as it flows through provider payment systems, and examine the effects of these flows on those who give, receive and pay for health care.

HSPH

### **Health Sector Reform: A Worldwide Perspective**

[https://sis-](https://sis-app.sph.harvard.edu:9030/prod/bwckschd.p_disp_detail_sched?term_in=201120&crn_in=20576)

[app.sph.harvard.edu:9030/prod/bwckschd.p\\_disp\\_detail\\_sched?term\\_in=201120&crn\\_in=20576](https://sis-app.sph.harvard.edu:9030/prod/bwckschd.p_disp_detail_sched?term_in=201120&crn_in=20576)

Surveys the impact of the global movement to reform national health care systems in lower and middle income countries. Introduces a framework for analyzing health care systems and designing strategies for system reform, including political dimensions, with specific references to developing countries.

HSPH

### **Issues in Health & Human Rights**

[https://sis-](https://sis-app.sph.harvard.edu:9030/prod/bwckschd.p_disp_detail_sched?term_in=201120&crn_in=21040)

[app.sph.harvard.edu:9030/prod/bwckschd.p\\_disp\\_detail\\_sched?term\\_in=201120&crn\\_in=21040](https://sis-app.sph.harvard.edu:9030/prod/bwckschd.p_disp_detail_sched?term_in=201120&crn_in=21040)

The application of the human rights framework to a wide range of critical areas of public health.

HSPH

### **Field Course: Innovating in Health Care**

<http://www.hbs.edu/mba/academics/coursecatalog/6340.html>

Students will gain field based experience in innovating new health care ventures.

HBS

*Regina Herzlinger*

### **Innovating in Health Care Intensive Course**

<http://www.hbs.edu/mba/academics/coursecatalog/2180.html>

An analytic framework of Six Forces that critically shape new health care ventures and their impact on business models for three different kinds of health care innovations: consumer-focused, technology-driven, and consolidations. Students prepare a business plan to explore an entrepreneurial opportunity in health care.

HBS

*Regina Herzlinger*

## Section IX: Selected Health Law Organizations

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### **Alabama**

**ALABAMA DISABILITIES ADVOCACY PROGRAM (ADAP)**

[www.adap.net](http://www.adap.net)  
Tuscaloosa, AL

**JACKSON HOSPITAL & CLINIC, INC.**

[www.jackson.org](http://www.jackson.org)  
Montgomery, AL

### **Arizona**

**ARIZONA CENTER FOR DISABILITY LAW**

[www.acdl.org](http://www.acdl.org)  
Tucson, AZ

### **California**

**CALIFORNIA CENTER FOR LAW & THE DEAF**

[www.deaflaw.org](http://www.deaflaw.org)  
San Leandro, CA

**CALIFORNIA LAW CENTER ON LONG-TERM CARE**

[www.clrc.ca.gov](http://www.clrc.ca.gov)  
Palo Alto, CA 94303

**DISABILITY RIGHTS ADVOCATES**

[www.dralegal.org](http://www.dralegal.org)  
Berkeley, CA  
New York, NY

**DISABILITY RIGHTS CALIFORNIA**

[www.disabilityrightsca.org](http://www.disabilityrightsca.org)  
Sacramento, CA

**DISABILITY RIGHTS EDUCATION & DEFENSE FUND**

[www.dredf.org](http://www.dredf.org)  
Berkeley, CA

**HIV & AIDS LEGAL SERVICES ALLIANCE-HALSA**

[www.halsaservices.org](http://www.halsaservices.org)  
Los Angeles, CA

**HIV/AIDS LAW PROJECT at the East Bay Community Law Center**

[www.ebclc.org](http://www.ebclc.org)  
Berkeley, CA

**MENTAL HEALTH ADVOCACY PROJECT**

[www.lawfoundation.org/mhap.asp](http://www.lawfoundation.org/mhap.asp)  
San Jose, CA

**MENTAL HEALTH ADVOCACY SERVICES**

[www.mhas-la.org/](http://www.mhas-la.org/)  
Los Angeles, CA

**NATIONAL HEALTH LAW PROJECT**

[www.healthlaw.org](http://www.healthlaw.org)  
Carrboro, NC  
Washington, D.C.  
Los Angeles, CA

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF THE GENERAL COUNSEL, REGION IX**

<http://www.hhs.gov/ogc/offices/locations.html>  
San Francisco, CA

### **Colorado**

**THE LEGAL CENTER FOR PEOPLE WITH DISABILITIES AND OLDER PEOPLE**

[www.thelegalcenter.org](http://www.thelegalcenter.org)  
Denver, CO

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF THE GENERAL COUNSEL, REGION VIII**

<http://www.hhs.gov/ogc/offices/locations.html>  
Denver, CO

### **Connecticut**

**CENTER FOR MEDICARE ADVOCACY INC.**

[www.medicareadvocacy.org](http://www.medicareadvocacy.org)  
Willimantic, CT  
Harrison, ME  
Washington, DC

**CONNECTICUT LEGAL RIGHTS PROJECT**

[www.clrp.org](http://www.clrp.org)  
Hartford, CT

## **Florida**

### **ADVENTIST HEALTH SYSTEM**

[www.adventisthealthsystem.com](http://www.adventisthealthsystem.com)

Altamonte Springs, FL

## **Georgia**

### **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF THE GENERAL COUNSEL, REGION IV**

[www.hhs.gov/ogc/index.html](http://www.hhs.gov/ogc/index.html)

Atlanta, GA

### **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF THE GENERAL COUNSEL, PUBLIC HEALTH DIVISION, CENTERS FOR DISEASE CONTROL BRANCH**

[www.hhs.gov/ogc/index.html](http://www.hhs.gov/ogc/index.html)

Atlanta, GA

## **Illinois**

### **ACCESS LIVING OF METROPOLITAN CHICAGO**

[www.accessliving.org](http://www.accessliving.org)

Chicago, IL

### **AIDS LEGAL COUNCIL OF CHICAGO**

[www.aidslegal.com](http://www.aidslegal.com)

Chicago, IL

### **CENTER FOR DISABILITY AND ELDER LAW**

[www.cdela.org](http://www.cdela.org)

Chicago, IL

### **ILLINOIS GUARDIANSHIP AND ADVOCACY COMMISSION**

[www.gac.state.il.us](http://www.gac.state.il.us)

Chicago, IL

### **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF THE GENERAL COUNSEL, REGION V**

[www.hhs.gov/ogc/index.html](http://www.hhs.gov/ogc/index.html)

Chicago, IL

### **UNIVERSITY OF CHICAGO HOSPITALS**

[www.uchospitals.edu](http://www.uchospitals.edu)

Chicago, IL

## **Indiana**

### **INDIANA STATE BOARD OF HEALTH**

[www.in.gov/isdh/](http://www.in.gov/isdh/)

Indianapolis, IN

## **Louisiana**

### **ADVOCACY CENTER FOR THE ELDERLY AND DISABLED**

[www.advocacyla.org](http://www.advocacyla.org)

New Orleans, LA

### **AIDS LAW OF LOUISIANA**

[www.aidslaw.org](http://www.aidslaw.org)

New Orleans, LA

Baton Rouge, LA

## **Maine**

### **CENTER FOR MEDICARE ADVOCACY INC.**

[www.medicareadvocacy.org](http://www.medicareadvocacy.org)

Willimantic, CT

Harrison, ME

Washington, DC

## **Maryland**

### **NATIONAL ASSOCIATION OF PEOPLE WITH AIDS**

[www.napwa.org](http://www.napwa.org)

Silver Spring, MD

### **NATIONAL ASSOCIATION OF THE DEAF LAW CENTER**

[www.nad.org](http://www.nad.org)

Silver Spring, MD

### **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF THE GENERAL COUNSEL, FOOD AND DRUG DIVISION (also referred to as the FDA Chief Counsel's Office)**

<http://www.hhs.gov/ogc/offices/locations.html>

Rockville, MD

## **Maryland Con't**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF THE GENERAL COUNSEL, PUBLIC HEALTH DIVISION**

<http://www.hhs.gov/ogc/offices/locations>  
Rockville, MD

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF THE GENERAL COUNSEL, PUBLIC HEALTH DIVISION, NATIONAL INSTITUTES OF HEALTH BRANCH**

<http://www.hhs.gov/ogc/offices/locations>  
Bethesda, MD

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF THE GENERAL COUNSEL, PUBLIC HEALTH DIVISION, PUBLIC HEALTH AND SCIENCE BRANCH**

<http://www.hhs.gov/ogc/offices/locations>  
Rockville, MD

## **Massachusetts**

**AIDS ACTION COMMITTEE**

[www.aac.org](http://www.aac.org)  
Boston, MA

**AMERICAN CANCER SOCIETY**

[www.cancer.org](http://www.cancer.org)  
Boston, MA

**AMERICAN SOCIETY OF LAW, MEDICINE, AND ETHICS**

[www.aslme.org](http://www.aslme.org)  
Boston, MA

**BETH ISRAEL DEACONESS MEDICAL CENTER**

[www.bidmc.org](http://www.bidmc.org)  
Boston, MA

**CENTER FOR PUBLIC REPRESENTATION**

[www.centerforpublicrep.org](http://www.centerforpublicrep.org)  
Newton, MA

**CHILDREN'S HOSPITAL**

[www.childrenshospital.org](http://www.childrenshospital.org)  
Boston, MA

**COMMUNITY CATALYST**

[www.communitycatalyst.org](http://www.communitycatalyst.org)  
Boston, MA

**DEPARTMENT OF MENTAL HEALTH, MASSACHUSETTS**

[www.mass.gov](http://www.mass.gov)  
Cambridge, MA

**DISABILITY LAW CENTER INC.**

[www.dlc-ma.org](http://www.dlc-ma.org)  
Boston, MA  
Northampton, MA

**GAY AND LESBIAN ADVOCATES AND DEFENDERS**

[www.glad.org](http://www.glad.org)  
Boston, MA

**HEALTH CARE FOR ALL**

[www.mcfama.org](http://www.mcfama.org)  
Boston, MA

**HEALTH LAW ADVOCATES**

[www.hla-inc.org](http://www.hla-inc.org)  
Boston, MA

**HIV/AIDS LAW CONSORTIUM OF WESTERN MA**

[www.chd.org/index.php/hiv-aids-law-consortium.html](http://www.chd.org/index.php/hiv-aids-law-consortium.html)  
Springfield, MA

**MASSACHUSETTS ASSOCIATION FOR MENTAL HEALTH**

[www.mamh.org](http://www.mamh.org)  
Boston, MA

**MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE**

<http://www.mass.gov/eohhs/gov/departments/borim/>  
Boston, MA

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, OFFICE OF THE GENERAL COUNSEL**

<http://www.mass.gov/eohhs/gov/departments/dph/>  
Boston, MA

**MASSACHUSETTS EXECUTIVE DEPARTMENT — GOVERNOR'S COMMISSION ON MENTAL RETARDATION**

[www.mass.gov/gcmr/](http://www.mass.gov/gcmr/)  
Boston, MA

## **Massachusetts Con't**

MASSACHUSETTS GENERAL HOSPITAL  
[www.massgeneral.org](http://www.massgeneral.org)  
Boston, MA

NATIONAL ASSOCIATION OF MENTAL  
ILLNESS, MASSACHUSETTS (NAMI)  
[www.namimass.org](http://www.namimass.org)  
Woburn, MA

MENTAL HEALTH LEGAL ADVISORS  
COMMITTEE  
[www.mhlac.org](http://www.mhlac.org)  
Boston, MA

PARTNERS HEALTHCARE  
[www.partners.org](http://www.partners.org)  
Boston, MA

PIKE INSTITUTE ON LAW AND DISABILITY  
[www.bu.edu/law/pike](http://www.bu.edu/law/pike)  
Boston, MA

U.S. DEPARTMENT OF HEALTH AND  
HUMAN SERVICES, OFFICE OF THE  
GENERAL COUNSEL, REGION 1  
<http://www.hhs.gov/ogc/offices/locations.html>  
Boston, MA

## **Michigan**

UNIVERSITY OF MICHIGAN HEALTH  
SYSTEM - ATTORNEY'S OFFICE  
[http://www.ogc.umich.edu/healthsystems\\_office.html](http://www.ogc.umich.edu/healthsystems_office.html)  
Ann Arbor, MI

## **Minnesota**

ALLINA HOSPITALS & CLINICS  
[www.allina.com](http://www.allina.com)  
Minneapolis, MN

MAYO FOUNDATION  
[www.mayoclinic.org](http://www.mayoclinic.org)  
Rochester, MN

MINNESOTA DISABILITY LAW CENTER  
[www.mnlegalservices.org](http://www.mnlegalservices.org)  
St. Paul, MN

## **Missouri**

U.S. DEPARTMENT OF HEALTH AND  
HUMAN SERVICES, OFFICE OF THE  
GENERAL COUNSEL, REGION VII  
<http://www.hhs.gov/ogc/offices/locations.html>  
Kansas City, MO

## **Montana**

ST. VINCENT HEALTHCARE  
[www.svhhc.org](http://www.svhhc.org)  
Billings, MT

## **Nebraska**

ALGENT HEALTH  
[www.alegent.com](http://www.alegent.com)  
Omaha, NE

## **New Hampshire**

DISABILITIES RIGHTS CENTER  
[www.drcnh.org](http://www.drcnh.org)  
Concord, NH

## **New Jersey**

COMMUNITY HEALTH LAW PROJECT  
[www.chlp.org](http://www.chlp.org)  
South Orange, NJ  
Trenton, NJ

COMMUNITY MENTAL HEALTH LAW  
PROJECT — BERGEN COUNTY  
[www.bergenhealth.org/mental/mental%20law.html](http://www.bergenhealth.org/mental/mental%20law.html)  
Hackensack, NJ

## **New York**

AIDS CENTER OF QUEENS COUNTY  
[www.acqc.org](http://www.acqc.org)  
Jamaica, NY

## **New York Con't**

### **ASSOCIATION FOR THE HELP OF RETARDED CHILDREN — NEW YORK CITY CHAPTER**

[www.ahrcnyc.org](http://www.ahrcnyc.org)

New York, NY

### **ATLANTIC STATES LEGAL FOUNDATION**

[www.aslf.org/ASLF](http://www.aslf.org/ASLF)

Syracuse, NY

### **CAPITAL DISTRICT CENTER FOR INDEPENDENCE**

[www.cdciweb.com](http://www.cdciweb.com)

Albany, NY

### **DISABILITY ADVOCATES**

[www.disability-advocates.org](http://www.disability-advocates.org)

Albany, NY

### **DISABILITY RIGHTS ADVOCATES**

[www.dralegal.org](http://www.dralegal.org)

Berkeley, CA

New York, NY

### **GAY MEN'S HEALTH CRISIS**

[www.gmhc.org](http://www.gmhc.org)

New York, NY

### **HIV LAW PROJECT**

[www.hivlawproject.org](http://www.hivlawproject.org)

New York, NY

### **MEDICARE RIGHTS CENTER**

[www.medicarerights.org](http://www.medicarerights.org)

Washington, D.C.

New York, NY

### **MEMORIAL SLOAN-KETTERING CANCER CENTER**

[www.mskcc.org](http://www.mskcc.org)

New York, NY

### **MFY LEGAL SERVICES — MENTAL HEALTH LAW PROJECT**

[www.mfy.org](http://www.mfy.org)

New York, NY

### **NEW YORK STATE TASK FORCE ON LIFE AND THE LAW**

<http://www.health.ny.gov>

New York, NY

### **UNITED CEREBRAL PALSY ASSOCIATION OF NEW YORK City**

[www.ucpnyc.org](http://www.ucpnyc.org)

New York, NY

### **UNITED HEALTH SERVICES**

[www.uhs.net](http://www.uhs.net)

Binghamton, NY

### **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF THE GENERAL COUNSEL, REGION II**

<http://www.hhs.gov/ogc/offices/locations.html>

New York, NY

### **URBAN JUSTICE CENTER— MENTAL HEALTH PROJECT**

[www.urbanjustice.org](http://www.urbanjustice.org)

New York, NY

## **North Carolina**

### **FIRSTHEALTH MOORE REGIONAL HOSPITAL**

[www.firsthealth.com](http://www.firsthealth.com)

Pinehurst, NC

### **NATIONAL HEALTH LAW PROJECT**

[www.healthlaw.org](http://www.healthlaw.org)

Carrboro, NC

Washington, D.C.

Los Angeles, CA

## **Ohio**

### **CHILDRENS HOSPITAL**

[www.nationwidechildrens.org](http://www.nationwidechildrens.org)

Columbus, OH

## **Oregon**

### **DISABILITY RIGHTS OREGON**

[www.oradvocacy.org](http://www.oradvocacy.org)

Portland, OR

## **Pennsylvania**

### **AIDS LAW PROJECT OF PENNSYLVANIA**

[www.aidslawpa.org](http://www.aidslawpa.org)

Philadelphia, PA

### **JEFFERSON HEALTH SYSTEM, INC.**

[www.jeffersonhealth.org](http://www.jeffersonhealth.org)

Radnor, PA

### **LEGAL CLINIC FOR THE DISABLED**

[www.lcdphila.org](http://www.lcdphila.org)

Philadelphia, PA

### **PENNSYLVANIA HEALTH LAW PROJECT**

[www.phlp.org](http://www.phlp.org)

Philadelphia, PA

Pittsburgh, PA

Harrisburg, PA

### **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF THE GENERAL COUNSEL, REGION III**

<http://www.hhs.gov/ogc/offices/locations.html>

Philadelphia, PA

## **South Carolina**

### **PROTECTION AND ADVOCACY FOR PEOPLE WITH DISABILITIES, INC.**

[www.pandasc.org](http://www.pandasc.org)

Columbia, SC

## **Tennessee**

### **ST. JUDE CHILDREN'S RESEARCH HOSPITAL**

[www.stjude.org](http://www.stjude.org)

Memphis, TN

## **Texas**

### **CAPITAL AREA AIDS LEGAL PROJECT — AIDS SERVICES OF AUSTIN**

[www.asaustin.org](http://www.asaustin.org)

Austin, TX

### **CHRISTUS HEALTH**

[www.christushealth.org](http://www.christushealth.org)

Houston, TX

### **DISABILITY RIGHTS TEXAS**

[www.disabilityrightstx.org](http://www.disabilityrightstx.org)

Austin, TX

### **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF THE GENERAL COUNSEL, REGION VI**

<http://www.hhs.gov/ogc/offices/locations.html>

Dallas, Texas

## **Utah**

### **DISABILITY LAW CENTER**

[www.disabilitylawcenter.org](http://www.disabilitylawcenter.org)

Salt Lake City, UT

## **Virginia**

### **AMERICAN DIABETES ASSOCIATION**

[www.diabetes.org](http://www.diabetes.org)

Alexandria, VA

### **INSTITUTE OF LAW, PSYCHIATRY AND PUBLIC POLICY**

[www.ilppp.virginia.edu](http://www.ilppp.virginia.edu)

Charlottesville, VA

## **Washington**

### **DISABILITY RIGHTS WASHINGTON**

[www.wpas-rights.org](http://www.wpas-rights.org)

Seattle, WA

### **NORTHWEST HEALTH LAW ADVOCATES**

[www.nohla.org](http://www.nohla.org)

Seattle, WA

### **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF THE GENERAL COUNSEL, REGION X**

<http://www.hhs.gov/ogc/offices/locations.html>

Seattle, WA

## **Washington, D.C.**

### **AMERICAN CANCER SOCIETY**

[www.cancer.org](http://www.cancer.org)

Washington, DC

## **Washington, D.C. Con't**

### **AMERICAN DIABETES ASSOCIATION**

[www.diabetes.org](http://www.diabetes.org)

Washington, DC

### **BAZELON CENTER FOR MENTAL HEALTH LAW**

[www.bazelon.org](http://www.bazelon.org)

Washington, DC

### **CENTER FOR MEDICARE ADVOCACY INC.**

[www.medicareadvocacy.org](http://www.medicareadvocacy.org)

Willimantic, CT

Harrison, ME

Washington, DC

### **CENTER FOR SCIENCE IN THE PUBLIC INTEREST**

[www.cspinet.org](http://www.cspinet.org)

Washington, D.C.

### **CITIZEN ADVOCACY CENTER**

[www.cacenter.org](http://www.cacenter.org)

Washington, D.C.

### **DISABILITY RIGHTS INTERNATIONAL**

[www.disabilityrightsintl.org](http://www.disabilityrightsintl.org)

Washington, D.C.

### **MEDICARE RIGHTS CENTER**

[www.medicarerights.org](http://www.medicarerights.org)

Washington, D.C.

New York, NY

### **NATIONAL HEALTH LAW PROJECT**

[www.healthlaw.org](http://www.healthlaw.org)

Carrboro, NC

Washington, D.C.

Los Angeles, CA

### **OFFICE OF THE CORPORATION COUNSEL — DISTRICT OF COLUMBIA — MENTAL HEALTH DIVISION**

[www.app.occ.dc.gov/main.shtm](http://www.app.occ.dc.gov/main.shtm)

Washington, DC

### **PUBLIC DEFENDER SERVICE FOR THE DISTRICT OF COLUMBIA — MENTAL HEALTH DIVISION**

[www.pdsdc.org](http://www.pdsdc.org)

Washington, D.C.

### **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF THE GENERAL COUNSEL, CENTERS FOR MEDICARE AND MEDICAID SERVICES DIVISION**

<http://www.hhs.gov/ogc/offices/locations.html>

Washington, DC

### **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF THE GENERAL COUNSEL, CHILDREN, FAMILIES AND AGING DIVISION**

<http://www.hhs.gov/ogc/offices/locations.html>

Washington, DC

### **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF THE GENERAL COUNSEL, CIVIL RIGHTS DIVISION**

<http://www.hhs.gov/ogc/offices/locations.html>

Washington, DC

### **WHITMAN-WALKER CLINIC LEGAL SERVICES PROGRAM**

[www.wwc.org](http://www.wwc.org)

Washington, D.C.

## **Wisconsin**

### **ABC FOR HEALTH INC.**

[www.safetyweb.org](http://www.safetyweb.org)

Madison, WI

### **DISABILITY RIGHTS WISCONSIN**

[www.disabilityrightswi.org](http://www.disabilityrightswi.org)

Madison, WI

### **MARSHFIELD CLINIC**

[www.marshfieldclinic.org](http://www.marshfieldclinic.org)

Marshfield, WI

## Section X: Health Law Fellowships, Honors Programs and Entry-Level Hiring

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Visit the OPIA website for a full list of fellowship opportunities:

<http://www.law.harvard.edu/current/careers/opia/fellowships/index.html>

### **CENTER FOR REPRODUCTIVE RIGHTS-COLUMBIA LAW SCHOOL FELLOWSHIP**

<http://reproductiverights.org/en/jobs/center-for-reproductive-rights-columbia-law-school-fellowship>

The CCR-CLS Fellowship is a full-time, residential fellowship for up to two years. The Fellowship prepares recent law school graduates for legal academic careers in reproductive health and human rights.

### **DEPARTMENT OF JUSTICE HONORS PROGRAM**

<http://www.justice.gov/careers/legal/entry.html>

The Attorney General's Honors Program is a competitive, centralized recruitment program that is the primary way for new attorneys (i.e., third-year law students and students who enter judicial clerkships, graduate law programs, or qualifying fellowships within 9 months of law school graduation) to enter Justice as line attorneys.

### **FAMILIES USA FELLOWSHIP PROGRAMS**

<http://www.familiesusa.org/fellowships/>

Families USA sponsors two one-year fellowships for graduates focused on health care advocacy work and health care justice issues. The Wellstone Fellowship for Social Justice is available in the Minority Health Initiatives department and The Villers Fellowship is available in the Health Policy department.

### **FOOD AND DRUG ADMINISTRATION ATTORNEY POSITIONS**

<http://www.fda.gov/AboutFDA/WorkingatFDA/CareerDescriptions/ucm112708.htm>

The FDA hires experienced attorneys and 3Ls for permanent positions. A record of strong academic achievement; outstanding research, writing, and analytical skills; and interest in public service are essential. In regulating about 25 percent of the United States economy, the FDA is responsible for the safety and effectiveness of two trillion dollars worth of products a year - including items as diverse as artificial hearts, surgical lasers, gene therapy, cloned animals, genetically engineered foods, counterterrorism measures, and nanotechnology products.

### **FTC BUREAU OF COMPETITION ENTRY-LEVEL HIRING**

[http://www.ftc.gov/bc/recruit/atty\\_program.shtm](http://www.ftc.gov/bc/recruit/atty_program.shtm)

Bureau of Competition attorneys have the opportunity to consult with economists, interview witnesses, draft pleadings, lead depositions, recommend enforcement actions, and participate in investigations and litigation on a wide range of complex antitrust matters. Every fall the Bureau

of Competition recruits students in their final year of law school and judicial clerks for 8 entry-level attorney positions.

### **HEALTH AND FOOD POLICY FELLOWSHIPS AT THE WILMERHALE LEGAL SERVICES CENTER**

<http://www.law.harvard.edu/academics/clinical/lsc/clinics/health.htm>

*Health Policy Fellow:* Reporting to the Director of the Center for Health Law and Policy Innovation, the Fellow will work independently and with the Director, staff and students on a broad range of health law and policy initiatives ranging from state-level legislation to national health law and policy reform.

*Food Policy Fellow:* The Fellow will work on a broad range of federal, state, and local policy projects aiming to increase access to nutritious food for poor and low-income individuals and families, reduce diet-related diseases, and maximize small farmers' access to food markets.

### **THE NETWORK FOR PUBLIC HEALTH LAW- VISITING ATTORNEY**

[http://www.networkforphl.org/network\\_resources/position\\_announcement\\_visiting\\_attorney/](http://www.networkforphl.org/network_resources/position_announcement_visiting_attorney/)

The Visiting Attorney, Public Health Law Practice position is a one-year post-J.D. experience designed to develop skills and competencies in practice-based public health law that will advance participating attorneys' public health law careers and prepare them for employment within local, state, federal or tribal public health organizations.

### **NATIONAL CENTER ON PHILANTHROPY AND THE LAW (NCPL) FELLOWSHIP IN NONPROFIT LAW**

<http://www1.law.nyu.edu/ncpl/resources/fellowships.html>

The NCPL has established two Fellowship Programs: Rockefeller Brothers Fund Fellowship in Nonprofit Law at the Vera Institute of Justice and NCPL Fellowship in Nonprofit Law at NYU's Office of the General Counsel. These Fellowship programs provide law school graduates with exposure to an unusually wide variety of legal and organizational issues encountered by nonprofit organizations.

### **THE ACADEMIC FELLOWSHIPS AND STUDENT FELLOWSHIPS AT THE PETRIE-FLOM CENTER FOR HEALTH LAW POLICY, BIOTECHNOLOGY, AND BIOETHICS**

[http://law.harvard.edu/programs/petrie-flom/fellowship/student\\_apply.html](http://law.harvard.edu/programs/petrie-flom/fellowship/student_apply.html)

The Petrie-Flom Academic Fellowship Program is designed to identify, cultivate and promote promising healthcare scholars early in their careers. Fellows are selected from among recent graduates, young academics and mid-career practitioners who are committed to spending two years at the Center pursuing publishable research that is likely to make a significant contribution to the field of health law, policy, economics or bioethics.

The Student Fellowship program is designed to support graduate students from across Harvard University interested in carrying out independent research in topics at the intersection of health care and the law.

## **POSTDOCTORAL BIOETHICS FELLOWSHIP AT THE NATIONAL INSTITUTES OF HEALTH**

<http://www.bioethics.nih.gov/education/howtoapply.shtml>

Bioethics fellows study ethical issues related to conduct of research, clinical practice, genetics and health policy. Fellows conduct their research under the guidance of senior faculty, participate in weekly bioethics seminars, case conferences, ethics consultations, IRB deliberations, and have access to multiple educational opportunities at the NIH.

## **PRESIDENTIAL MANAGEMENT FELLOWSHIPS**

[www.pmf.gov](http://www.pmf.gov)

The Presidential Management Fellowship is a highly competitive federal government leadership development program designed for advanced degree candidates who are potential government leaders.

## **ROBERT WOOD JOHNSON FOUNDATION FELLOWSHIP**

<http://www.rwjf.org/applications/solicited/cfp.jsp?ID=21374>

The Robert Wood Johnson Foundation Health Policy Fellows program provides the nation's most comprehensive fellowship experience at the nexus of health science, policy and politics in Washington, D.C. It is an outstanding opportunity for exceptional midcareer health professionals and behavioral and social scientists with an interest in health and health care policy.

## **ROBERT WOOD JOHNSON SCHOLARS IN RESIDENCE**

[http://www.networkforphl.org/network\\_resources/scholars\\_in\\_residence/](http://www.networkforphl.org/network_resources/scholars_in_residence/)

Scholars in Residence will be affiliated with a host site such as a state, local or tribal health department for six months, including a minimum of one month on-site that may be completed during a sabbatical, a non-teaching semester or during the summer. Working with a mentor, *Scholars in Residence* participants will be able to shape their experience and develop a project that brings their unique expertise to a problem or issue confronting the host site.

## **WOMEN'S LAW AND PUBLIC POLICY FELLOWSHIP PROGRAM**

<http://www.law.georgetown.edu/wlppfp/USProgram/index.html>

The Women's Law and Public Policy Fellowship Program (WLPPFP) offers Fellowships for public interest lawyers from the United States who are committed to advancing women's rights throughout their careers. During the Fellowship year, participants gain invaluable experience by working on women's issues in Washington, D.C. with a public interest organization or governmental agency and by participating in educational and professional development opportunities organized by WLPPFP.

## **OTHER FELLOWSHIPS**

In addition, Skadden, Equal Justice Works, and Public Service Venture Fund fellowships, among others, will sponsor postgraduate work at approved health law related organizations. See each of their websites for application and eligibility information:

**Skadden:** [www.skaddenfellowships.org](http://www.skaddenfellowships.org)

**Equal Justice Works:** [www.equaljusticeworks.org/post-grad](http://www.equaljusticeworks.org/post-grad)

**Public Service Venture Fund:** [www.law.harvard.edu/current/careers/psvf/index.html](http://www.law.harvard.edu/current/careers/psvf/index.html)