



Thanks to the extraordinary commitment and expertise of AHLA leaders, the American Health Lawyers Association continues to thrive and serve as the essential health law resource in the nation. The Association's strong foundation reflects a history that is vibrant, meaningful and worth sharing. Finding a way to preserve AHLA's history was especially relevant in light of the Association's 50<sup>th</sup> Anniversary, which was celebrated throughout 2017.

This transcript reflects a conversation between AHLA leaders that was conducted via audio interview as part of the Association's History Project. More than 60 of AHLA's Fellows and Past Presidents were interviewed. A video documentary was also prepared and debuted on June 26 during AHLA's 2017 Annual Meeting in San Francisco, CA.

## February 24, 2017

### JD Epstein interviewing Dinetia Newman:

JD: This is JD Of Counsel to Greer, Herz, & Adams in Galveston, Texas, and past president of the American Health Lawyers Association as we know it now. It's my privilege to introduce a real Southern lady from Tupelo, Mississippi and Dinetia, would you introduce yourself?

Dinetia: I will. I'm Dinetia Newman. I'm a Senior Counsel with Bradley Arant Boult Cummings. My office is actually Jackson, Mississippi, which is about three hours south of me, and I do work from that office, remotely sometimes, and from my Birmingham office, so on a given day, I could be in multiple cities. [crosstalk 00:01:22]

JD: I want to know the ... Go ahead.

Dinetia: I'm glad to be here speaking with J.D., whom I have admired for years and years, and enjoyed his expert program presentations.

JD: I have one question that we didn't even talk about. I want to know if [inaudible 00:01:44] drive from Tupelo to Jackson, do you ever take the Natchez Trace?

Dinetia: I only take the Natchez Trace, which runs directly through Tupelo. I take that, and it's beautiful in the morning. I would get up about five and drive to Jackson so I could be in the office by 8:30. There would be fog in the valleys, and I could see deer or wild turkey, lots of deer coming home at night. You really have to be careful, because deer tend to like to jump into cars and just not see them coming down the Trace. Yes, I take the Trace all the time, not all the way. I turn right on highway 82 to go over to Interstate 55 and on into Jackson, but it's a lovely drive.

JD: For those who don't know Mississippi, it's probably one of the nicest drives in the whole state, other than, of course, along [inaudible 00:02:35], but-

Dinetia: It has a 50 mile an hour speed limit.

JD: Yes.

Dinetia: I had been told ... Used to know the Magistrate Judge in Aberdeen, which is just off the Trace, and if I kept it under 59, I would be okay.

### American Health Lawyers Association

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JD: Dinetia comes to Health Law a in very unique way. Her background is Thoroughbred horse breeding and raising.

Dinetia: Yes.

JD: At a somewhat later age in her life, she began the practice of law, so why don't you take us through how we got started and how Health Law became part of your life.

Dinetia: I'd be happy to. J.D. is correct. I went back to law school. I was 42 and was living in Oxford, Mississippi at the time. We were both partners in a Thoroughbred breeding farm there, and the market had taken a downturn. The decision was made jointly by my husband and me that I should go to law school, and I did at Ole Miss and graduated in '86, began a law practice ... I thought I wanted to be a corporate lawyer, had taken all the corporate tax courses, joined what ultimately became Phelps Dunbar in the Tupelo office, with brilliant corporate tax lawyers who represented one of the largest rural hospitals in the country at that time.

Really, health law found me. I didn't find it. My first assignment when I began working was to draft a private lettering request a wellness center that the health system would operated at its flagship hospital in Tupelo, which is a 650 bed hospital, so it's sort of unique in and of itself.

In 1989, for those of you who are around about my age, you'll recall that there were some quite large enactments in that budget bill. One was Medicare geographic reclassification, which was critically important to our primary client, and to many rural hospitals across the country, and the Stark Law. There was already certainly health care legislation, of course, prior to my beginning the practice, but I felt as if I had grown up, so to speak, in my practice with health law, because I saw the enactment of Stark, Anti-Kickback Safe Harbors in 1991, some of those first joint venture, Fraud Alert and then Hanlester, the story goes on.

Frequently, I will be talking to young associates who refer to my project and say, "You know, I don't remember this, and I'm kind of not quite sure which rule it was, but-but you have recollections and of-of what has happened, um, and I've been-I've been very, very lucky." I was with the right firm who gave me the opportunity to work hard and learn my trade and get involved with AHLA early on. It's the American Academy of Hospital Lawyers, when I joined, but I lucked into the right place at the right time. That's sort of how the story began, and how it continues.

JD: I guess from Mississippi, Oxford and Tupelo, you probably utilized the academy first and then the AHLA later education pro- as a tool for your own growth. Would that be correct?

Dinetia: Absolutely. Particularly because my supervising partner was a brilliant, and remains a brilliant tax lawyer and a business lawyer, but really was not interested, not that he wasn't interested, it just wasn't his focus. I had the opportunity to reach out and find the information. I was really desperate to learn more, because really you started with a blank slate. This is a brand new office. It had no materials.

I attended my first Academy program. It was in Toronto. I believe it was 1991. It was like opening a huge library, which I've never had access. It was back when we would carry those big binders. The thing about going through customs, I just remember dragging the bag, because I was in high heels and skirts ... Because nobody wore pants back then either ... Dragging those binders back on the airplane, because they were treasure. They were gold.

Then, I spoke with, I've forgotten who it was, maybe Gerry Scott Davis recently, and he was talking about the CMS, the blue binders, the transmittal binders, I think they were called too. Those were gold and the Federal Registers that would come out. Because there was no internet, there was no searching, and there was no online manuals. You really had to work to find the information. Until I got to AHLA, and it was there, and the speakers were there. That was really the beginning. I don't think I would have had a health law had it not been for AHLA, certainly the predecessor organizations, too, and AHLA.

Our firm was very generous. I and, now former partner, Jeff Moore, we were sent to every MMI (Medicare/Medicaid Institute) program and every annual meeting. That was essential and instrumental in our developing Healthcare practice.

JD: So, those were the two? The annual meeting and the Medicare/Medicaid Conference were two of the real educational tools you utilized.

Dinetia: Absolutely. At MMI, to be able to meet the governmental person being needed to contact and to make those early contacts ... If you will, let me tell a story. I have two great stories I think really high-light what's important to me, and I think to a lot of people about AHLA. At that Toronto meeting, I mean no one ... Well, actually [inaudible 00:09:38] and I saw him and had some short conversations, and he was certainly very gracious, but two ladies took me under their wing: Almeta Cooper and Virginia Hackney, both of whom were later presidents of AHLA. We went to see Phantom of the Opera and actually had cocktails with some of the actors of the play, but they were wonderful.

My first contact that made me recognize, even at that early stage, that newcomers were going to be welcomed, and an unknown person from Mississippi, for Heaven's sake, could go to an AHLA program and find someone to talk to. Then, not too many years, after that, one of our clients needed to appeal an adverse payment decision by CMS [inaudible 00:10:40], at the time, and a hospital needed to file a PRRB of him.

Of course, we had never done that, but we had been to the MMI meetings and heard Ken Marcus speak. So, called Ken and not only did he accept our call, but he said, "Oh, I'll be happy to help you. Let me redact a position papers that I, uh, used before and send that to you, and you know, call me if you need any help and-and actually, we-we want to see our legal level." We lost at the administrative level, and at the district court and finally at, ultimately, at the 5th Circuit.

Without Ken's help, I don't know what we would have done, but that's been my experience throughout my career, that the people that you meet are as interested in helping you. They maybe competitors. In fact, some of my dearest friends in Mississippi, we're all competitors, but there're a small number of us, and we frequently speak and talk about issues that we've had, not clients, but certainly regulatory issues. That was sort of what got me going and makes me continue to participate in AHLA.

JD: Dinetia, how has your practice evolved from the beginning to now in terms of your own practice and working with younger associates and their educational needs?

Dinetia: Certainly the practice has changed. Early on, I did a lot more reimbursement work and geographic reclassification was a big issue for many of our clients, because it meant millions of dollars to their facility. As the various Stark laws iterations were enacted, well Stark 2 and then

the regulations, [inaudible 00:12:59] my practice sort of transitioned and other lawyers took more responsibility for the payment issues. My practice just transitioned more to fraud abuse with a payment sort of dent to it.

When I left, Phelps and joined another law firm, I started to do more of state law work, as well, including certificate of needs. Mississippi is a certificate of needs state. It's not a large part of my practices and a lot of state law licensure. My practice has changed based on client needs and as the client reimbursement departments became more sophisticated, I was not the go to person for the payment questions. They needed other questions, and as my law firm's need changed, my practice area has changed, which, I guess, in talking to young lawyers and then supervising their work, I remind them that they can be the expert for whatever the new thing is in the regulatory world, whether it's the payment, whether it's bundle payments, whether it was HIPPA, when HIPPA ... Certainly in 1996, was when the statute, but when the regulations were drafted, those persons who became knowledgeable about HIPPA were able to get in on a brand new thing that the older lawyers were not fully versed in.

I have always enjoyed working with younger lawyers. Now, when I work with lawyers and our firm has multiple offices and I'm usually talking to someone in another office, I'm just amazed at how much better they are in computer technology than I am, although I'm certainly not a slouch, and really adept at researching issues. I encourage them to "Learn your trade. You just have to make that investment in yourself." I really heard that consistently in the leaders that I've interviewed it. You must make that investment in yourself and it takes time that you're not working on client work to read and study.

Probably about enough of that J.D. do you think?

JD: Yeah. You know, it's interesting, and I know you came through the same era of not having the internet and not having the online CMS or anything else. All we had was paper and no indexes and nothing to go by. You couldn't type something in and get an answer.

Dinetia: No. It was really scary because you never were sure, always very concerned, that you could miss something along the way, because you couldn't do a search for a term, particularly in the CMS manuals, and trying to use the index, that was hard. Not to say that it's easy today, I don't think that's necessarily the case, but makes you really dig down to make sure you've given your clients the right answer.

Then, when you haven't, you just have to make that hard call and say, "Look, I, you know what I told you ..." I've had to make that hard call as an Associate, which I'm proud that my partner, who's allowed me to partner, gave me that opportunity to call and say, "Look, I-what I said, and then I found something that I want to update you and basically correct what I said." You've got to be big enough to make those hard calls, I think.

JD: I guess, the last item would be we are, as you already said, in an ever-evolving industry with new regulations and new laws and new statutes. I suppose you see the future of Health Law as being bright. Would that be-

Dinetia: Oh, absolutely. There's just so much coming out that particularly now, I think with, well, it has been for the last twenty years, twenty five years, but there's change on the horizon. There will always be change, both in payment and regulatory matters, I don't see any slow down or pull back from the fraud abuse investigations and the whistleblower activities or changes in payment

mechanism. I know that because AHLA is the preeminent educational resource for health lawyers, that's where its bread and butter is in the educational materials, in the programming, in the webinars, in the email alerts and so forth, and the practice groups. I was a former chair of the [inaudible 00:18:54] practice group. That is a terrific resource.

If young lawyers will use the resources, use the archives, use the practice groups, make the investment in yourselves to become familiar with researching on the AHLA website, which sometimes can be a little dicey, but join leadership development group, get involved, encourage your law firm if it doesn't, but most law firms are smart enough to know that that training that their associates receive through AHLA is worth money to them in terms of client selection, client approval, and growing business.

If I might say one thing, because I really think it's important. Find and build your network with AHLA. I have lifetime friends outside of AHLA. I have wonderful mentors two of which Joel Hamme and Elisabeth Belmont are today dear friends outside of the health care practice arena. Find those that your Health Care practice will be immensely improved by the network that you develop.