



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 50th 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

Bob Leibenluft interviewing Glen Reed:

Bob: Thank you for participating on this AHLA history project and for those listening to this tape, Glen was a president of AHLA in 1998-99 and has been practicing health law for about 40 years now. Maybe, Glen that's a place to start out. Why don't you tell us a bit about the arc of your career and how you got to health law and what you've been doing.

Glen: Okay, Bob thank you for participating in this, it's certainly a pleasure to get to talk to you today about all this. I graduated from law school in 1976 and came to Atlanta and joined a big firm, didn't have any notion of practicing in the health care industry but I got paired up with a colleague named Bob Miller who had gone to the same law school as me and he happened to have a large and growing hospital management company as a client and had a lot more than he could and so I immediately started getting a lot of that work.

He broke out and I joined him in a smaller firm for a few years, we were very focused on that client because it was so important to the firm and also a few other health care clients that came along. Then in 1985 we were invited to join King & Spalding and we did that along with four other lawyers, were given the mission to try to build a health care industry practice in King & Spalding, obviously put a lot of time and attention to that since then. Bob was a really great health lawyer and this is back before we even called them health lawyers. He had a lot of responsibility for this company, which for many many years had no in house lawyers at all; we did just about everything, the regulatory, the operations, support for litigation and so forth.

I guess a real notable event for me was when Bob was invited to come speak at an annual meeting of the American Society of Hospital Attorneys, which was the name of the organization affiliated with the American Hospital Association. I went along with him and took in the whole meeting and listened to him speak, I think I was kinda hooked then, I saw so many possibilities in this area of practice just from attending that first meeting.

Bob: Just looking back on it, how is practice in health law then compared to what it is now? At a high level how has it changed?

Glen: Yeah Well, it was very different we weren't really even sure there was such a thing as health law or hospital law, you could view the organization as kind of a special interest group, kind of an industry group. I think most people also had a great sense that the American Bar and the state

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Bar and so forth were their main Bar associations. They needed specialized knowledge about the industry and about regulatory things, people would also sort of secondarily participate in an organization like this, but then over the years as you know, it grew, things got more and more complicated, more and more lawyers made this their exclusive area of practice. It broadened from hospitals to physicians and health plans and now, like [inaudible 00:04:34] companies and obviously it has become a well recognized specialty, back then we were just people who had hospital clients we were responsible for.

Bob: So this was the ASHA, it later became the AAHA is that right?

Glen: Yeah, I eventually was asked to be on the board, that was during the 90's, early in mid 90's and there was a- we were always looking across at NHLA, NHLA, National Health Lawyers Association had a broader scope. You did not have to have a hospital client to be in NHLA and there was programming for physicians, for sure. We were witnessing the beginnings of consolidation, the idea of integrated delivery systems where physicians services and hospital services might be provided under a common management; it sounds so normal today but it was something very new back then. A decision was made to change the name and to make it the American, first it was the American Academy of Hospital Attorneys, I think that Academy was [inaudible 00:06:04] change and then it was the American Academy of Healthcare Attorneys as we were broadening it out to other parts of the healthcare industry. So, that the AAHA, that was the name at the time of the merger.

Bob: I gather, I'm sorta curious, back in the early 90's you're in the leadership of the AAHA. From your perspective was that, myself I came from the other side, from the NHLA side, what did you think of the NHLA? You mentioned you had a slightly broader membership but was there a view that they were doing pretty similar things, what was the view from the other side?

Glen: Well, many of us belonged to both and attended meetings at both. I had hospital clients and the organization I was in had a very strong focus on hospitals, so I put most of my emphasis there. There was a bit of competition, there were programs on the same topic but from both organizations, some organizations would not support dual membership and so people were having to choose so there was a bit of competition. One of the themes in the board meetings and in the management was what's the competition, what's the other organization. Actually, they had two that just part of the history in the AAHA side, there also was a good deal of business and focus on the relationship with the American Hospital Association; we were embedded in the American Hospital Association, we had a set of books and were made to feel sorta semi-autonomous but then at certain times, decisions the board wanted to make to maybe be more efficient about something or seize an opportunity, that would not be approved by the American Hospital Association so that would create some conflict and discussion and that too was an item of business way back then.

Bob: Tell us more a bit about your involvement and what you saw in terms of the two organizations getting together.

Glen: Well, I was on the board and I remember distinctly we had a mid year meeting and Bob Johnson was our president and he just surprised us in a board meeting, near the end of the meeting that he had had a conversation with his counterpart at NHLA and the two of them had decided they wanted to put some effort and time into examining the possibility of merging the two organizations. This was a bit of a shock it was not a negative necessarily but it was just unexpected. We discussed and discussed some more after that meeting, then pretty soon he

asked me if I would be sorta the point person for the board and in effect kinda the attorney for AAHA side of the deal, and I agreed to do that. Very soon thereafter he went out of office and Gary Eiland became the president, I was the president-elect and sort of the guy running this deal. We spent the better part of the year when, Gary was the president, working on this; this was from mid 96 to 97 and our counterparts was Gene Tillman from NHLA and Marilou King the executive director of NHLA at the time. The four of us sorta worked on this deal and just constantly going back to our respective boards for guidance on getting something together that people would support.

Bob: Do you remember, were there any particularly tough issues, contentious issues or is it [crosstalk 00:10:16]

Glen: It was smooth sailing, there was a great deal of care and attention and deliberateness, I would call it, on both sides in both boards about just being very sure that we kept the best things of both organizations, that we blended them, that it was a merger of equals, that people who had contributed a lot and were on track for further leadership roles continues on track and so forth. We ultimately the model we came up with is like some of these hospital mergers, we just combined, nobody went off the board, we just combined the two boards and an organizations board had over, I think over 45 people on it. Then we had a plan in the bi-laws by attrition to bring that down over years to a more reasonable size, we took people who were known to be in track for the presidency and just sorta alternated one after the other and set them up to become the president for a while.

There was a little disadvantage there because it shut down the opportunities to be president there were half as many opportunities to be a president-elect or be a president. Those were predetermined there for three or four years, so that was a bit of a negative for some of the people participating but there was no real opposition. There were a lot of things about the AAHA annual meeting we wanted to preserve and the practice group structure and we did do that, and then of course from NHLA they had this magnificent staff that was far deeper and more capable and had more capabilities than the AAHA and so we of course gained the benefit of that.

Bob: Right. And so you were president, I think you said president-elect at AAHA and then you had another repeat term of that [crosstalk 00:12:17] waiting for longer.

Glen: Yeah, I was- [crosstalk 00:12:22] sort of, sequencing yes and the sequencing of the leaders there, we decided, and I don't know if people thought this was a positive or negative but we decided that NHLA would have the first president and that was Nancy Wynstra of the new organization and then the AAHA side would have the second president and that would be me. I was president-elect under Gary Eiland and then I was president-elect again under Nancy and I literally shared two annual meeting program committees as president-elect. I did one in Toronto and then the first one for AHLA was in San Diego.

Bob: So you might be the only one who's had that honor of doing that.

Glen: Probably so. Probably so.

Bob: I'm not sure you thought of it that way back then but it's a lot of work. Were you there with any change of ... Marylou King was the executive director right? Back then and ...

- Glen: Yes and just as that second annual meeting was done and now I'm gonna be the president and we can just sorta breathe a sigh of relief, everything's working now and everything's gonna be fine. Then Marilou King announces that she wants to leave and go into private practice and suddenly we don't have a senior leader for the organization, so we had to do a search, we appointed a search committee. I believed I asked Doug Hastings to chair that, I was on it and we hired professional search firm and we had to do that. I was a little bit anxious because Marilou was just so important and so key, but the rest of the staff was great and we bridged that and we of course came up with ... we made lemonade out of those lemons because we got Peter Liehold out of that process.
- Bob: All right, any assessment about how the merger went overall? What's the bottom line?
- Glen: Yeah, from my perspective it worked very well, I think we were able to gain some benefits and some synergy from each organization I think the combined one was better than either one of the predecessors and we no longer had to focus on competing with each other at all and we could really focus on serving members and on doing more. The history there will show that we have done a great deal more from 98 to 2017 the increase in the capabilities of the organization and what it offers to members and numbers of members who were involved in various ways beyond just membership all of that has been just great. It is truly, I think now a Bar association that can be the home for a specialist practicing law in this field, it's a great field as you know because it just automatically just gives you a focus on the industry and the business and all the advisors out there tell our colleagues practicing law, the clients regard one of the most valuable things of a lawyer is that he understands the business. Health law just naturally leads you in a direction where you have to understand the business.
- Bob: Well, I just personally agree with your assessment I remember back then where, it was a gutsy thing to do because both organizations were doing well and the leadership, the leaders of those organizations into kinda reach out and say "Well were gonna be, it's gonna be a bigger pond here." They do things a little bit differently. For a few years there was little bit of "Which side were you coming from?" But I think people realize that everybody was health lawyers there was not much of a difference between the people who are coming from one organization or the other and after a while I think there's no, people don't even remember that very much in terms of where they came from.
- Glen: [crosstalk 00:17:01] I'll always put a great value on the vision on our side of Bob Johnson who, he was the guy who birthed this idea and introduced it to the rest of us and then helped carry through with it, great kudos to him and his counterpart at NHLA for pulling the idea together.
- Bob: I just interviewed Bob earlier this week so that's another interview that should be available. Just to round out your practice, you've been at King & Spalding has that more recently, how has that grown over the last few years?
- Glen: Yeah well, we were asked to set out to try to build a practice and we had a great deal of luck with that. I think I said, I was just so taken by the value of the annual meeting of this organization and when we came here they asked us what we needed and I said "Well, one thing I'd like is for every lawyer including the associates who's working in the core healthcare practice to be able to attend the annual meeting." Of what's now AHLA if they choose to do so and the firm said yes and that's tradition we carried on. In the beginning it was three, four, five, six people and we would use that as a way to introduce people who weren't quite certain if they wanted to come this way. And then we grew, I think last year we had about 35 lawyers from our

firm at the annual meetings. We obviously were able to grow into a really big practice, getting to know Gary Eiland shortly after that transaction I started talking to Gary about possibly combining practices.

We would talk from time to time, it took about ten years but in 2008 the Vinson & Elkins practice, Gary Eiland, Dennis Barry and others came on over to King & Spalding, that was really a major milestone in our practice. It's a big practice were also in life sciences practice in a big way here at King & Spalding and increasingly involved in a lot of policy matters and some of the cutting edge legal projects that are out there, it's really been a great area to practice in.

Bob: Great, well maybe wrapping up, you've been doing this for a while any advice you'd have for younger lawyers getting into the field?

Glen: Well I guess I would just repeat that if you're not certain, I certainly think people should give it a try and really investigate it because I think health law, health industry is a very good place for any lawyer to practice and there are many ways, you can be a generalist and you'll be very broad if you're a generalist in this industry, or you can specialize in various things. I think AHLA the annual meeting, if you do hospitals and physicians, that meeting, if you do life sciences there's some resources. Just really using the resources of the organization as a young lawyer and as we all did, putting a lot of time, attention, and energy into the practice in those early years, I think that's kinda the formula for success as an attorney and I encourage anyone who's thinking about doing that and taking that path in the health industry to give that a chance cause its a really great area to practice in.