

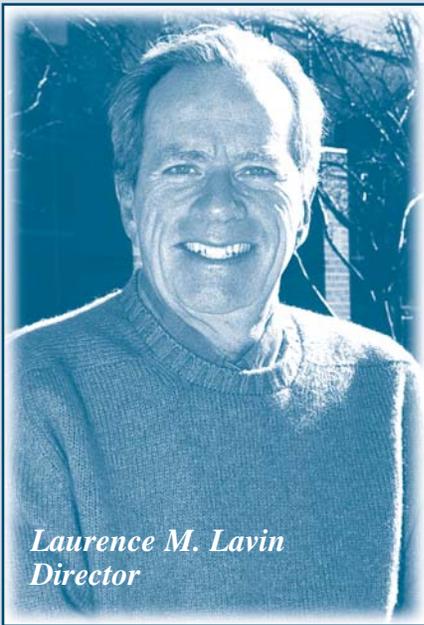
2003

ANNUAL
REPORT

NHeLP

NATIONAL HEALTH LAW PROGRAM

2639 S. La Cienega Blvd. Los Angeles, CA 90034 (310) 204-6010 www.healthlaw.org



*Laurence M. Lavin
Director*

In mid-January 2003 the governors of Florida, Connecticut and Colorado petitioned the U.S. Department of Health and Human Services for increased flexibility in running state Medicaid programs. In response, they were given a proposal for a ten-year block grant, ceding states nearly unbridled discretion in shaping their Medicaid plans, beneficiary categories, and coverage. To NHeLP and advocates across the country who struggle daily to get health care for low-income clients, it soon became

apparent that the flexibility these states desired was a code word for shrinking benefits and tightening eligibility. Advocacy and provider groups quickly coalesced in Washington, D.C. and across the nation to oppose the proposal, mobilizing call-in campaigns, meetings with governors and media contacts. Finally, in June, the National Governors Association abandoned the issue. For the time being at least, the notion of block-granting was defeated.

The assault on Medicaid by the Administration was but one of the challenges with which NHeLP had to contend in 2003. There were others, in the courts and in the states. And organizationally, we had to face reduced revenue from a faltering economy and donor retrenchment. We sustained staff and salary reductions. Through it all, we maintained a steadfast commitment to our policy guidance, fact-finding, advocate assistance and court cases, and sought creative new avenues for funding. In the end, we entered 2004 with a return to our former staffing levels, a sound base of donor support, and a growing number of sources that contract for our services.

During 2003 we continued our partnership with the Protection and Advocacy Programs on the most challenging and heartbreaking stories of people with disabilities fighting to get needed healthcare. Our litigation in many of these cases has enabled thousands to access needed services. Our

training and technical assistance continued to fortify the efforts of local health heroes to advocate effectively for client needs.

Recent changes in federally-financed health programs and the growing complexity of private insurance have required us to become increasingly vigilant of legal developments in all areas of health law. We are now working to strengthen consumer involvement on state Medicaid Medical Care Advisory Committees in order to assure that state programs are accountable to those they intend to serve.

We thank the foundations which provide the core of our support. We are also indebted to the legal services programs, government agencies, and community-based organizations that have contracted for our work. Finally, we thank our growing numbers of individual contributors who honor us with their donations and inspire our commitment.

NHeLP also gratefully acknowledges the many we work with on a daily basis. Our small team maximizes its expertise by collaborating with a vast number of national state and local partners. These partners keep us grounded in street level problems and allow our influence in policy work a broad reach.

From a management perspective, we could have no greater joy than the expertise and caring of the NHeLP staff. The quality of their legal assistance and the advocacy tools they create testify to their spirit of dedication and persistence.

On our 35th anniversary, we at NHeLP reaffirm our commitment to justice in health care, and a future in which our nation's low-income people will no longer need a lawyer to get a doctor.



*Charlotte Rutherford
Chair*

*With gratitude,
Charlotte Rutherford
Chair*

*Laurence M. Lavin
Director*

Imagine a United States in which all citizens suffering pain, coping with disabilities, or unable to afford preventive care such as eye exams and childhood vaccines, could access medical services with ease. Imagine if public health services were readily available and responsive to those for whom the system was created. Imagine families with incomes too low for private insurance and too high to be eligible for public programs being able to tap into a consistent source of health care, the same as everyone else.

These yearnings are what gave rise, nearly thirty-five years ago, to the National Legal Program on Health Problems of the Poor...later to become what we are today – the National Health Law Program (NHeLP). Our founding mission was to provide research, consultation, and technical expertise on legal aspects of health services to legal services attorneys throughout the country who contended with complex cases for low income clients with far fewer resources than the large law firms opposing them.

Within a short time NHeLP widened its scope to take on broader issues of public health. We sought to enforce hospitals' community service obligations under the Hill-Burton Act, and secured subsidized care for local communities' low-income citizens. We began to focus on Medicaid law, initiating action to implement the Early and Periodic Screening, Diagnosis and Treatment program for minors that had been largely ignored since its inception by both federal and state governments.

In the years to follow, new health delivery constructs posed additional challenges to the nation's public health. NHeLP guided the nascent efforts to establish standards of care for emerging managed care networks, and to implement state and federal regulation of Medicaid prepaid health plans.

Our campaign championing reproductive rights for women began with our 1973 amicus brief on behalf of poor women in the cases decided by the U.S. Supreme Court legalizing abortion. Today we continue to protect and advance reproductive health services for low income women in the face of ongoing challenges by federal and state programs and marketplace delivery systems.

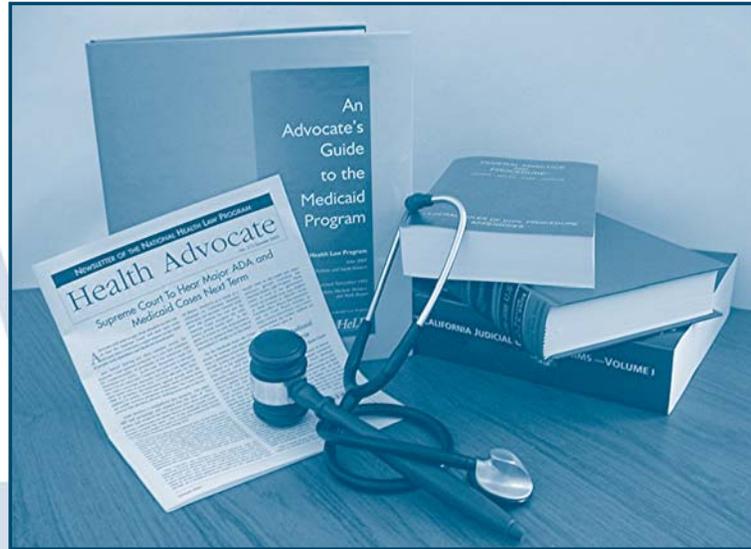
In the 1990's, the undergirding of public health programs began to falter in the wake of "welfare reform.". NHeLP documented the deep and far reaching impact of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and the Balanced Budget Act of 1997 in limiting access to care for vast numbers of Medicaid-eligible people. The issue of health care rights triggered by those events continue to be at the forefront of our agenda, now further threatened by the specter of Medicaid block-grants (to replace federal entitlement) and the slashing of state programs in the wake of budgetary shortfalls. We counsel advocates from every state in

the country in protecting interests of clients erroneously cut off from Medicaid when no longer on public assistance, in enforcing legally mandated consumer protections, and in securing the services to which their clients are eligible under law.

In 1996 the U.S. Congress elected to withdraw federal subsidy for national and state legal support centers. Without this primary base of funding, NHeLP pursued alternative sources of support. The challenge of turning from government to foundation and

private contributors was accompanied by new opportunities to enhance our work, explore new directions, and diversify our networks. With offices on both coasts, NHeLP now manages a broad array of national, state, and local projects ranging from complex analysis of Medicaid law to consumer education and our award-winning Web site, www.healthlaw.org. Our work has expanded beyond providing legal expertise to advocates to include framing new legal theories and working with policymakers to design public programs grounded in the experience and needs of health care consumers. As a national organization, NHeLP works on a day-to-day basis with other national advocacy and community-based organizations around the country on strategy discussions, analysis, and joint activities to address problems. Partnering with local counsel, NHeLP continues to successfully litigate most of the major cases in the United States involving the rights of Medicaid beneficiaries to services and due process.

A wide array of concerns falls under the rubric of "health access" for disadvantaged populations. As we approach our 35th anniversary, we are proud to have established key ingredients – a broad-based constituency, practical and comprehensive legal tools, a willingness to pursue uncharted territory – that allowed us to tackle the hard health delivery issues of years past, and to confront with confidence those which beckon from the future.



NHeLP focuses on the important legal, regulatory and political issues impacting the Medicaid program and all the people it serves in a way that no other organization does. The NHeLP staff's expertise is recognized by advocates around the country because as a group they have an unparalleled depth and breadth of knowledge both from an historical, as well as nationwide perspective ... NHeLP is a vitally important organization.

*Sarah Lenz Lock, Attorney
AARP Foundation Litigation
Washington, D.C.*

H I G H L I G H T S

- Co-counsel in *Hernandez v. Meadows*, a prescription drug due process case in Florida, which established that Medicaid recipients receive a written explanation of why Medicaid reimbursement of a prescription claim has been rejected.
- Represented a class of Medicaid beneficiaries in Arizona in *Newton-Nations v. Rodgers and Thompson*, to enjoin excessive co-payments.
- Represented a class of Medicaid beneficiaries with traumatic brain injury in Florida in *DuBois v. Meadows*, who are seeking Medicaid coverage of community-based services instead of institutional-based care.
- Filed a friend of the court brief on behalf of a range of consumer organizations, including AARP, ARC of the U.S., and SEIU, in *Sabree v. Richman*, a federal court of appeals case that found important provisions of the Medicaid Act to be privately enforceable.
- Co-counsel in *Kai v. Ross*, a class action that prevented Nebraska from terminating the Medicaid benefits of over 10,000 low-income working women.
- Analyzed legal implications of proposals to change the federal-state structure of Medicaid, helping to counter efforts within the National Governors Association to sanction the Administration's block grant proposals.
- Analyzed provisions of the competing Senate and House Medicare Prescription Drug Bill likely to have the greatest potential impact on Medicaid recipients and other low-income individuals.
- Worked with advocate coalitions to successfully assure that the new Medicaid managed care regulations include opportunities for strong consumer protections at the state level.
- Offered legal analysis and worked with national partners to respond to proposed state-level SCHIP regulations and advocate for beneficiary rights.

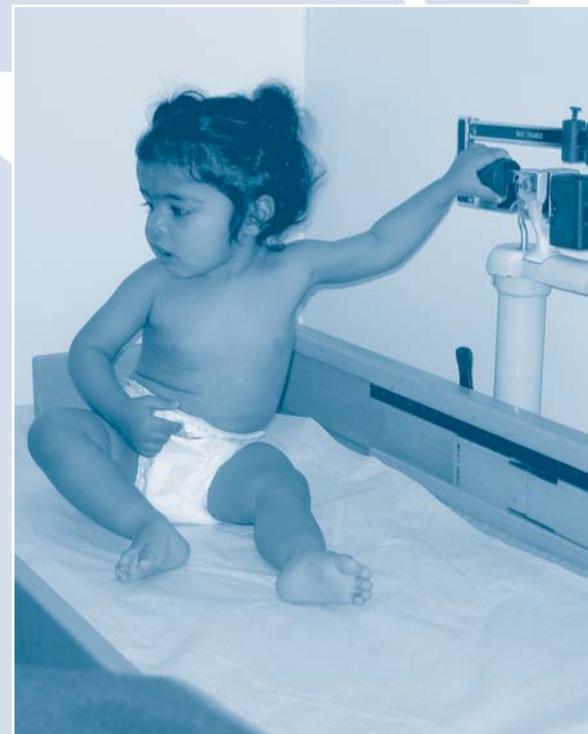
In October, 2003, the State of Arizona abruptly increased the co-payments required of Medicaid beneficiaries for prescriptions, office visits and other medical services. NHeLP and co-counsel the William E. Morris Institute for Justice and the Arizona Center for Disability Law filed suit against the state on behalf of Medicaid recipients alleging that the denial of services resulting from an inability to meet the new higher payments denied approximately 100,000 of Arizona's low-income people access to vital health care. Ultimately, a preliminary injunction was issued against the higher co-payments. The federal judge noted that the plaintiffs succeeded in demonstrating irreparable injury to persons who were denied services when they could not pay the co-payments.



"The National Health Law Program's expertise and advocacy on Medicaid has been a tremendous asset to our work at the National Center for Youth Law, and continues to be the single most authoritative voice on Medicaid advocacy in our community. NHeLP's Medicaid Guide is easily the most valuable single resource for advocates dealing with Medicaid issues... Countless advocates rely on strategic and tactical advice from NHeLP to advance their client's claims on EPSDT (and related) litigation... NHeLP's attorneys have also played a pivotal role in educating and training legal services advocates from across the country on Medicaid issues. All of us here at NCYL have the highest regard for NHeLP's advocates and the work that they do."

*Patrick Gardiner, Deputy Director
National Center for Youth Law*

NHeLP works on behalf of Medicaid recipients to get the services they need – when they need them. We co-counsel cases on behalf of beneficiaries. We support advocates in every state in the nation in confronting common service and coverage issues. We systematically monitor public policy developments and report implications to the advocate community through our Web site, e-mail newsletter *Capitol Communiqué*, quarterly newsletter *Health Advocate*, and annual Health Advocates' conference in Washington, DC. NHeLP also assists policymakers in crafting approaches that safeguard Medicaid's capacity to meet vital health needs.

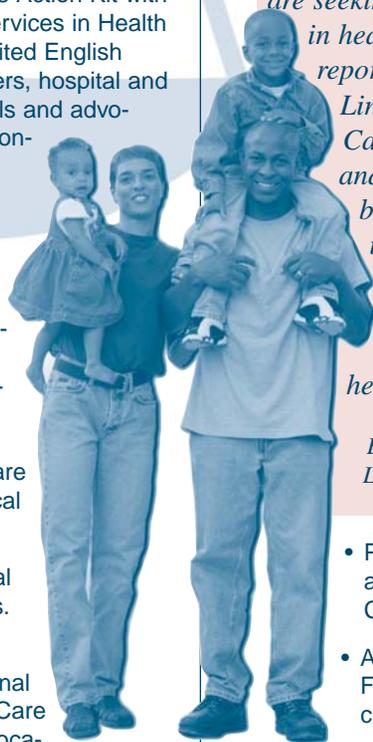


A 52-year-old Korean speaking woman went for a gynecological examination in a county-run facility. There was no interpreter available for her, so one of the staffers went to the waiting area and asked if anyone spoke Korean. The only person that responded, a 16-year-old boy, was asked to interpret the woman's gynecological complaints to the health provider. The patient was too embarrassed to discuss her problem with the young boy present, so she was examined and diagnosed without the benefit of conversation or the ability to ask questions.

A surge in the nation's foreign-born population poses mounting challenges to the nation's health care system. The supply of bicultural and bilingual health care staff has failed to keep pace with the demand. Communication barriers have real consequences for both patients and providers, including decreased access to health care, compromised quality of care, and increased costs and inefficiencies. Language barriers are as significant as the lack of insurance in predicting minority groups' use of health services. The funding community—government, foundations and private donors -- has devoted increasing resources to mitigating these barriers. NHeLP has been aiding these efforts for over seven years, beginning with the seminal analysis of federal and state legal provisions affecting the delivery of linguistically appropriate services, *Ensuring Linguistic Access in Health Care Settings: Legal Rights and Responsibilities*, funded by the Henry J. Kaiser Family Foundation in 1996.

H I G H L I G H T S

- Awarded leadership of the National Language Access Advocacy Project, in which NHeLP is working with four other national organizations to facilitate federal policy, assist health advocates, and increase public support for language access to health care services across the country.
- Developed the Language Services Action Kit with the Access Project: Interpreter Services in Health Care Settings for People with Limited English Proficiency for health care providers, hospital and medical associations, state officials and advocates. The Action Kit is used to conduct state-level work in New Hampshire, Iowa and Florida to increase awareness of language access needs and funding opportunities in Medicaid/SCHIP.
- Initiated a two-year study to evaluate and develop "promising practices" for providing language services in small health care settings, such as solo or small group practices and clinics in small health care provider offices, and state and local benefit eligibility offices.
- Published an issue brief on federal requirements for language access.
- Participated in the Policy and Research Committee of the National Council on Interpreting in Health Care (NCIHC) to develop NCIHC's advocacy and policy agenda.



"NHeLP's work lends strength to organizations such as ours who are seeking to address disparities in health. In particular, reports such as Ensuring Linguistic Access in Health Care Settings: Legal Rights and Responsibilities... have been especially valuable in bringing together a wide breadth of information pertaining to linguistic barriers in health care."

*Beatriz Solis and Jennifer Cho
L.A. Care Health Plan*

- Technical assistance to health care providers to help them develop language access and cultural sensitivity training for their staffs.
- Counsel and technical assistance to consumer advocates, providers and policymakers throughout the country to ensure that limited English proficient clients receive healthcare, including producing a "Public Charge" brochure and video for the Health Consumer Alliance, a California partnership of consumer assistance programs operated by community-based legal services organizations.
- Coordinated national advocacy to encourage the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services to clarify state options for obtaining reimbursement for language services for Medicaid/SCHIP enrollees.
- Developed California version of *Ensuring Linguistic Access in Health Care Settings: Legal Rights and Responsibilities*.
- Conducted an assessment of state laws, regulations and practices that affect the collection and reporting of racial and ethnic data by state agencies, health insurers and managed care plans.
- Participated in the Leadership Conference on Civil Rights' Language Task Force and worked with other Washington DC based advocacy organizations on access issues on the national level;
- Worked with a California-based collaborative Language Access Advocacy Project, comprised of six other state and local health and language advocacy organizations, to increase access for California residents.
- Partnered with Los Angeles' legal affairs and community agencies to implement culturally and linguistically competent health care services at selected facilities in Los Angeles County and educate the community at large about the results of this effort.
- Awarded leadership of the Los Angeles Language Access Collaborative funded by the Funders' Collaborative Fund for Racial Justice Innovation, to increase the availability of culturally and linguistically appropriate services in Los Angeles County.

A California legal services attorney contacted NHeLP on behalf of a native American Medicaid enrollee who, pregnant and in active labor, sought medical care from the emergency room of a local hospital. The woman was sent home in a cab after being told that she needed to go to the hospital that served native Americans. The woman ended up giving birth on the side of a freeway. The baby was born blue and felt cold. The frantic parents called 911, and ended up at the same hospital that had “dumped” them earlier. NHeLP assisted the attorney in filing a complaint against the hospital, citing violations of the Emergency Medical Treatment and Active Labor Act (EMTALA). NHeLP also advised the attorney on filing a complaint with the Office of Civil Rights.

Reproductive rights gives women access to a broad spectrum of services, including sexuality education, family planning, emergency contraception, prenatal and postpartum care, abortion, fertility services, reproductive cancer and STD and HIV/AIDS prevention, screening and treatment. Access also implies adequate transportation, childcare, and linguistic and culturally competent services. However, low-income women face numerous barriers that stand in their way, including lack of health insurance coverage and religious restrictions that limit the scope of services to which entire communities can have access.

2003 HIGHLIGHTS

- With Family Planning Advocates of New York State, coordinated the National Advisory Board on Religious Restrictions in Health Care, a national forum for sharing analysis and information and coordinating strategy on addressing religious restrictions in health system mergers, contraceptive equity, emergency contraception, abortion, Medicaid managed care, medical research, and similar issues. NHeLP’s involvement assures consideration of issues specific to low-income and women of color.
- Sponsored a resolution on maintaining access to reproductive health services for low-income women in Medicaid managed care plans that was adopted by the American Public Health Association. The resolution allows APHA to take public positions on policies that restrict such access and provides advocates support in promoting reproductive health as a public health issue.
- Organized the first continuing legal education panel for the Individual Rights and Responsibilities Section of the American Bar Association on religious restrictions in health care and patients’ rights.
- Developed “Protect Women, Protect Medicaid” campaign with the NARAL Pro-Choice New York Foundation, the National Partnership for Women and Families, the Alan Guttmacher Institute, and the National Women’s Law Center, seeking to protect Medicaid as a critical women’s health program.
- Monitored developments and developed analysis on the federal regulation allowing states to deem fetuses as eligible children for the provision of prenatal care under the State Child Health Insurance Program.
- Presented workshops at the historic national women of color reproductive health and sexuality rights conference sponsored by the Sister Song Collaborative.
- Worked as a member of the Los Angeles Coalition for Reproductive Rights to assist in the development of the Multicultural Focus Group Project and to revive the coalition.
- Presented “National Issues Affecting Reproductive Health Access for Latinas,” on the panel, Access to Care as a Determinant of Health” sponsored by the Latino Caucus and provided a briefing on “Religious Restraints in Medicaid Managed Care” for health providers at the American Public Health Association’s annual meeting.
- Educated legal-services providers about their critical role in helping low-income clients access reproductive health services and how they can join with other allies in their communities to effectively address the reproductive health needs of their clients. This included publishing the article “Helping Low-Income Clients Access Reproductive Health Services” in the Clearinghouse Review.



“NHeLP has been in the forefront of efforts to help reproductive rights groups understand federal policy issues. With NHeLP’s assistance, we have been able to comprehend the complex and confusing regulations that have been issued by federal authorities regarding Medicaid managed care. NHeLP has not only increased our capacity to understand these regulations, but has created opportunities for us to advocate on behalf of low-income women who are deeply affected by these rules. NHeLP is extremely responsive, their information is accurate and accessible, and they bring a unique perspective to the reproductive rights movement.”

Robert Jaffe, Deputy Director, NARAL Pro-Choice New York

Samuel, a five-year-old living in eastern North Carolina, suffered tooth decay. Samuel is entitled to health and dental services under Medicaid's Early and Periodic Screening, Diagnosis & Treatment (EPSDT) program. However it was five years before his mother could access a dentist willing to accept Medicaid. Because of this delay in getting treatment, Samuel needed extensive dental work -- pulled teeth, installation of crowns, and pulpotomies - problems which, if treated earlier, could have been prevented or corrected with simple fillings. After making unsuccessful informal attempts to resolve problems that North Carolina's Medicaid beneficiaries face in trying to access dental care, NHeLP and co-counsel represented Samuel and other plaintiffs in filing suit against the state, alleging that failure to ensure that dental services were adequately available and accessible violated numerous provisions of the Medicaid Act. The eventual settlement called for North Carolina's Medicaid agency to increase Medicaid reimbursement rates for dentists. One year after the increase in fees became effective, the number of dentists who participate in Medicaid has risen nearly ten percent.

NHeLP's Courtwatch activities preserve government accountability for implementing health programs, particularly Medicaid, in the best interests of recipients. The ability of private citizens to enforce their federal rights against states in court is fundamental to government accountability – without it, a legal right is no right at all, and social justice loses its meaning in daily life. Courtwatch provides legal support to local and state-based advocates, national and state-based organizations and policymakers to achieve this goal.



“The National Health Law Program is an invaluable and irreplaceable resource to legal services advocates who are litigating health law issues for low-income clients...without fail, (NHeLP staff are) national resources in the area of Medicaid law, as well as other health-related issues. They deliver both seasoned litigation expertise and the historical context of federal programs, and they are literally encyclopedias of knowledge of the byzantine statutes, regulations, handbooks and other sources of law pertaining to the area of health law.”

*Greg Bass, Litigating Director
Greater Hartford Legal Aid*



2013 HIGHLIGHTS

- NHeLP attorneys provided in-depth technical assistance to attorneys in many states who faced motions to dismiss Medicaid cases based on states' rights theories. NHeLP reported a near 100 percent success rate in defeating these motions, including: Kentucky (Michelle P. v. Morgan), Louisiana (S.D. v. Hood), Maine (Risinger v. Concannon), Massachusetts (Rosie D. v. Romney, Rolland v. Romney), Michigan (Markva v. Haveman), Montana (Travis D v. Eastmont Human Resources Center), New Hampshire (Bryson v. Shumway – beneficiaries

allowed to proceed with most Medicaid claims), Ohio (Martin v. Taft), Oklahoma (Oklahoma AAP v. Fogerty), and Oregon (Spry v. Thompson).

- NHeLP filed amicus briefs on behalf of Medicaid beneficiaries in several cases. Notably, a district court in Pennsylvania ruled that Medicaid can never be enforced by beneficiaries. On appeal to the Third Circuit Court of Appeal, NHeLP filed an amicus on behalf of the plaintiffs, who were ultimately victorious.
- In March, NHeLP, in conjunction with the Welfare Law Center, won final judgment in the case of White v. Martin, requiring Missouri to provide transitional Medicaid to over 17,000 single working parents. The testimony in the case demonstrated that if Medicaid was abruptly withdrawn, many of the women in the class, lacking necessary treatment and medication, would have become so ill they could have lost their jobs. NHeLP's intervention thus not only enforced the law, but prevented an untold amount of unnecessary suffering.
- In October, NHeLP, in conjunction with Nebraska Applesseed Justice Center, restored transitional Medicaid to over 10,000 single working mothers in Nebraska, in the case of Kai v. Ross (D. Neb.). NHeLP won an appeal in the 8th Circuit Court of Appeals to preserve the Medicaid coverage to which the class was entitled. In an unusual, successful and consequential settlement agreement, the court required Nebraska to inform women who incurred medical bills while their benefits were terminated that they could file a claim for reimbursement with the Nebraska Board of Claims.

A retiree suffering from asbestosis needed a breathing machine to keep his lungs from collapsing. The machine was stolen. His HMO did not want to provide a replacement. After days of unanswered calls and busy signals, his health deteriorated. Terrified, he called San Diego's Consumer Center for Health Education and Advocacy, a member of NHeLP's Health Consumer Alliance. The next day, he got his machine. He could breathe again.

Consumer action strategies help people navigate an increasingly complex and often confounding health system. Today's health care consumers face daunting barriers to getting health services to which they are entitled under their health insurance, whether a private plan or public entitlement program such as Medicaid. Non-commercial guidance to the public on access, eligibility and service options remains fragmented and difficult to find.

Government policy and programs are often developed without consulting with consumers, resulting in services that may not reflect actual patient needs.

In addition to helping consumers make wise health care choices, NHeLP's consumer action strategies are designed to analyze consumers' needs and experiences to help policy-makers craft programs that are responsive to consumers.

NHeLP's newest Web site, HealthCareCoach.com, helps the health care consumer understand, obtain and use health insurance to get the best health care they can. With 142 continually updated articles, the site attracted nearly 14,000 unique visitors by the end of 2003. 600 people subscribed to the site's hard copy newsletter, and a story announcing the site appeared in 216 newspapers in 25 states. HealthCareCoach.com has demonstrably increased the public's access to information and created a new model for cultivating self-advocacy skills in seeking health care.

The Health Consumer Alliance, launched by NHeLP in 1998 with funding from The California Endowment, is one of the largest health consumer assistance programs in the United States. HCA's overriding goal is to help low-income people resolve problems impeding their access to health care services, become more informed and exercise their rights under law. In 2003, HCA's nine legal services and health policy groups from eleven of California's poorest counties provided legal advice on individual health access problems ranging from Medi-Cal eligibility to lack of health insurance to medical debt for over 45,500 low-income consumers. Thousands more benefited from community outreach efforts and guidance provided on www.healthconsumer.org. Through a database which collects information on client problems, HCA tracks systemic issues and provide policymakers with data on which to base public program development. NHeLP administers the program and provides legal expertise, policy analysis and advocacy.

NHeLP also produced a series of Consumer Fact Sheets in several languages to help the public evaluate health plan options and judge quality of care.



"NHeLP is the unquestioned expert on Medicaid from a consumer perspective, and its work has increased health care access for literally millions of underserved individuals over the years. I can't think of a more effective use for philanthropic dollars in the health arena in terms of "leverage" and ultimate "bang for the buck" than the work of NHeLP, particularly at this time when all programs for the poor are under attack."

*Thomas G. David
Marguerite Casey Foundation*

Launched in 1996, NHeLP's Web site offers up-to-date information and commentary on health law issues pertaining to low-income and other disadvantaged populations. Averaging 3886 hits per day in 2003, visitors browsed by topic area or conducted full text searches on-line. The site currently contains over 400 documents and 300 links, and is updated daily with health law news, legislative analysis, and health law Internet links. In addition to serving as a resource for advocates, the site is a means for NHeLP to disseminate its educational materials to lawyers and community-based organizations seeking to promote quality, accessible health care for the poor. The site was a winner in the first annual World Wide Web Health Awards Program, designed to recognize the world's best health information being published on the Internet, and chosen as an Editor's Choice on the search engine, 4anything.com.

NHeLP National Health Law Program

35 Years of Working for
Justice in Health Care for Low Income People

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Reproductive Health

State and Regional

New NHeLP Publications

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| <p>Fact Sheet: Medicaid Early and Periodic Screening, Diagnosis and Treatment - Recent Case Developments</p> <p>Ensuring Linguistic Access in Health Care Settings: Legal Rights and Responsibilities Click here to find out more</p> <p>About NHeLP <small>Staff Roster, Contact NHeLP, Jobs, Internships</small></p> <p>Links <small>Organizations, Federal Links</small></p> <p>Research <small>Federal Register, New Resources</small></p> | <p>An Advocate's Guide to the Medicaid Program (2001 Edition) Click here to find out more.</p> <p>Toward a Healthy Future: EPSDT Services for Poor Children and Youth (April 2003 Edition) Click here to find out more</p> <p>News Headlines <small>Federal Register, NHeLP News Releases</small></p> <p>Publications & Analyses</p> <p>Health Adv. Newsletter</p> | <p style="text-align: center;">Tuesday August 31, 2004</p> <p style="text-align: center; background-color: #004a7c; color: white; padding: 2px;">Quick Links</p> <p>Find our websites helpful? Support our work by making a tax-deductible donation to NHeLP using PayPal</p> <p style="text-align: center;"><input type="button" value="Make a Donation"/></p> <p style="text-align: center;"></p> <p>HealthCareCoach.com - a new consumer website from the National Health Law Program</p> <p style="text-align: center; background-color: #004a7c; color: white; padding: 2px;">What's New</p> <p>Hernandez v. Meadows Settlement Agreement Materials (August 27, 2004)</p> <p>Michigan Health Care Providers Denied Tax Exemptions (PDF format, posted August 27, 2004)</p> <p>Tennessee Seeks Even More Latitude for Its TennCare Program (PDF format, posted August 23, 2004)</p> <p>NHeLP Comments on Proposed Documentation of Citizenship Status for Emergency Health</p> |
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format, posted August 16, 2004)

- **Fact Sheet: State and Provider Liens Asserted Against the Recoveries of Medicaid and Medicare Beneficiaries** (PDF format, posted August 5, 2004)
- **Q & A: Defining "Medical Necessity" in State Medicaid Programs** (PDF format, July 14, 2004)
- **Court Watch Fact Sheets Medicaid and the Americans with Disabilities Act** (PDF format, posted July 14, 2004)
[For Beneficiaries: How Courts Can Cut Medicaid](#) (PDF format, posted July 14, 2004)
[For Providers: How Courts Can Cut Medicaid](#) (PDF format, posted July 14, 2004)
- **The Medicaid Entitlement and What it Means** (PDF format, posted July 14, 2004)
- **EPSDT Case Docket - General** (PDF format, posted July 8, 2004)
- **EPSDT Case Docket - Behavioral and Mental Health** (PDF format, posted July 8, 2004)
- **Q & A on the Supreme Court's Frew v Hawkins Decision - February 2004** (PDF format, posted July 8, 2004)
- **Analysis of Proposed TennCare Definition of Medical Necessity** (PDF format posted June 23, 2004)
- **New Hampshire Seeks Private Help with Medicaid Waiver Application** (posted May 26, 2004)
- **From the House Ways and Means Committee: 2004 Green Book - Overview of the Medicaid Program** (posted June 3, 2004)
- **New Resources Page**
- **What's New Archives**

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Questions or comments can be sent to brendan@healthlaw.org

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iGive.com

If you shop online, you can have a percentage of your online purchase price donated to NHeLP.
www.igive.com

"I have found that the welfare information available at the National Health Law Program Web site and publications to be timely and accurate. It is an invaluable resource! As a healthcare provider for adolescents in an urban hospital based clinic - insurance status is often linked to welfare benefits. Access to health care is essential to improve adolescent health. The NHeLP program helps us stay abreast of government regulation and policies that impact many teens and families that I care for."

Kathy A. Woodward, M.D.
 Director of Community Health Services for
 the Division of Adolescent and Young Adult Medicine
 Children's National Medical Center

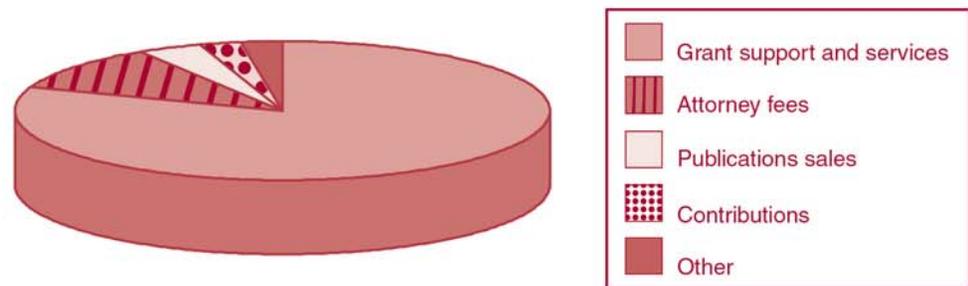
www.healthlaw.org

National Health Law Program, Inc. Statement of Financial Activities For the Year 2003

Support and Revenue

| | |
|----------------------------------|----------------------------|
| Grant support and services | \$ 1,417,518 |
| Attorney fees | 185,154 |
| Publications sales | 66,627 |
| Contributions | 45,270 |
| Other | 42,246 |
| Total Support and Revenue | <u>\$ 1,756,815</u> |

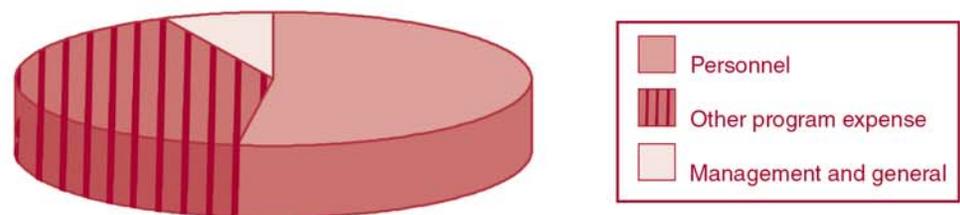
Support and Revenues



Expenses

| | |
|------------------------|-------------------------|
| Personnel | \$ 918,033 |
| Other program expense | 713,915 |
| Management and general | 122,137 |
| Total Expense | <u>1,754,085</u> |

Expenses



Net Increase in New Assets **\$ 2,730**

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