The Stark law, 42 U.S.C. § 1395nn (2011), prohibits physicians from referring their Medicare patients to obtain “designated health services” from entities in which the physician or a member of the physician’s family has a financial interest.

Regulations governing Financial Relationships Between Physicians and Entities Furnishing Designated Health Services are found at 42 C.F.R. §§ 411.350-411.389.

**Treatises**

**A GUIDE TO COMPLYING WITH STARK PHYSICIAN SELF-REFERRAL RULES** (Robert A. Wade, contributing ed., AIS 2004-).

Looseleaf; enumerates designated health services, explains the exceptions to the self-referral prohibition, clarifies compliance, physician-hospital relations, group practice issues and compensation issues.


Published by the American Health Lawyers Assn. and available from LexisNexis, this publication is updated by supplementation.


Book and CD; narrow distribution to law firms, Boston University law library, Texas Tech Health Sciences Center, the National Library of Medicine and the Library of Congress.

**Congressional Materials**


Reviews the legislative history of the act, associated regulations, other fraud provisions in the act and pending legislative changes that could alter the effect of the act; summarizes the act’s provisions.
Covers the Anti-Kickback Statute, the Stark Law and the False Claims Act; includes amendments to the Stark Law exceptions under the Patient Protection and Affordable Care Act.

**Websites**

**American Health Lawyers Association**

http://www.healthlawyers.org

Educational organization that provides health law information for attorney specialists as well as *pro bono* materials for the public at large. A search for “Stark law” yields thousands of articles, updates, news reports and commentary, with links to detailed categories such as Fraud and Abuse, Medicare and Practice Groups. On the Public Interest page, Practical Tips on the Stark Self-Referral Disclosure Protocol may be downloaded as a PDF. There is a bookstore page at http://www.lexisnexis.com/ahla/, which lists among other related items, CHARLES B. OPPENHEIMER, STARK FINAL REGULATIONS: A COMPREHENSIVE ANALYSIS OF KEY ISSUES AND PRACTICAL GUIDE (4th ed.2013).

**Health & Human Services Centers for Medicare & Medicaid Services Physician Self Referral page**

http://www.cms.gov > Medicare Tab > Scroll down to Fraud and Abuse > Click on Physician Self Referral

This database includes the center’s advisory opinions on whether physicians’ referrals are prohibited. It also provides the list of codes of Designated Health Services, the self-referral disclosure protocol and a list of settlements in cases of voluntary self-disclosures.
Electronic Resources

SCOTT BECKER & MICHAEL G. MACDONALD, The Medicare-Medicaid Fraud and Abuse Statute, the Stark Act and the False Claims Act in HEALTH CARE LAW: A PRACTICAL GUIDE ch. 5 (2d ed. 2002-), available at LEXIS HLTHPG.

The first edition is a looseleaf still held by various libraries, whereas the 2nd edition is shown on OCLC to be available in print only at the U.S. Supreme Court and Brooklyn Law School.


“Analyzes the definitions, exceptions, and limits on applicability that complicate the statute's prohibition, emphasizing both formal and informal regulatory interpretations, as well as the statutory language.” This database includes many source documents pertaining to legislative amendments and proposed rulemaking and an extensive bibliography.

Articles


This student note includes a summary and table of state physician self-referral laws.

Elise Dunitz Brennan & Hilary L. Velandia, Do the PPACA Amendments to the Stark Whole Hospital Exception Mean the Evolution of a Two-Tier System?, 4 J. HEALTH & LIFE SCI. L. 40 (2010).

Examines the impact of recent health care reform legislation on physician-owned hospitals.


Addressed to practitioners, this article “addresses the highlights of Phase III of the final rulemaking, identifies other proposals that may impact the Stark regulations in the future, and provides a comprehensive summary of the overall Stark regulatory scheme as finalized by the Phase III final rule.”

An update to the article cited immediately above.


Student note discussing the only case to have addressed the exception to the Stark law for academic medical centers.


A former Inspector General and a former general counsel of Health and Human Services maintain that the law achieves a successful balance between physician management of and patient access to health care.


“The article proposes a new regulatory exception--the Technical Deficiency Exception--which would allow parties to cure technical violations without involvement of government officials.”


This is the 25th anniversary special edition of this journal published by the Loyola University Chicago Law School’s Beazley Institute for Health Law and the National Health Lawyers Association. Along with another article focusing on Stark, Irvin “Ham” Wagner, *The Difficulty of Doing Business With Stark in an Ever-Changing and Overly Complex Regulatory: After Twenty Years, Where Are We Heading?*, 19 ANNALS HEALTH L. 241 (2009-10), it discusses the effectiveness of self-referral regulation.


Discusses the exceptions to banned self-referrals in the case of certain bona fide employees and uncertainties concerning these payments raised by recent case law.

Questions whether the Stark law has made things better or worse and offers proposals to control self-referral abuse while simplifying the law and its regulations.


Proposes reforms to enforcement of the Stark law and a demonstration program to test the proposed reforms.


Discusses how the law’s complexity and lack of clear guidance make compliance and enforcement difficult and looks at the effects of voluntary compliance and the domination of capitation payment systems.