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# ANNALS OF HEALTH LAW

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### ARTICLES

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*A previously underutilized and arguably under-supervised national drug discount program is now in the limelight. The program is being hotly debated on the hill, litigated over in court, and run through the wringer in the press. This article provides insight in to the federal Section 340B Drug Discount Program, which allows eligible safety net providers to purchase medicine from manufacturers at discounted rates. The 340B Program may prove to be the lifeline for many Federally qualified health centers, many of which are under increased financial strain. By working with chain pharmacies, community-led health centers may be able to increase their participation in the 340B Program, experience savings on drug costs, and expand access to medicine and other vital health care services in underserved communities. This article explains not just the why but the how.*

**Compensating Persons Injured by Medical Malpractice and Other Tortious Behavior for Future Medical Expenses Under the Affordable Care Act**  
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*In an effort to reduce the amount of compensation available to persons injured by medical malpractice and other torts, opponents of the civil justice system are proposing to limit claimants' recovery for future care expenses to the maximum annual out-of-pocket limit under the Affordable Care Act (ACA), which in 2015 is \$6600. The article explains that the proposal is based on unreliable assumptions about the ACA; misunderstands the scope of the ACA's out-of-pocket limit; is unworkable; and would be bad public policy by reducing the quality of health care, shifting costs from tortfeasors to taxpayers, imposing additional losses on innocent claimants, and subverting the democratic process.*

**Obstetric Fistula – a Menace to Maternal Health: Does Fidelity to Country Obligations under the Millennium Development Goals and Human Rights Regimes Provide an Antidote?**

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*Is it predictable who would suffer obstetric fistula (fistula)? Are there any observable characteristics of people whose future would likely be dimmed by fistula? Obviously, the response depends on who you ask. But for health and human rights scholars, the answer is resoundingly affirmative. This position is premised on a recognition that the factors responsible for fistula are not shrouded in mystery, and there is no knowledge gap in terms of what is needed to reverse the status quo. It is in this context that the millennium development goals (MDGs), particularly those that are health-related, assume special significance in countries with large fistula population. These MDGs, as do extant human rights regimes, elaborate obligations that would crystallize to consigning the menace of fistula to the abyss of history. Yet, one critical question remains; and that is, whether these obligations are being taken seriously by the duty-bearers? Examining this question, as a basis for determining whether the international community is on the verge of eradicating fistula (or otherwise), is the subject of this paper.*