



CENTER FOR HEALTH LAW & POLICY INNOVATION HARVARD LAW SCHOOL

122 Boylston Street, Jamaica Plain, MA 02130
Phone: 617-522-3003 • Fax: 617-522-0715

July 30th, 2015

Dan Ruben
Executive Director
Equal Justice America
13540 East Boundary Road
Building II - Suite 204
Midlothian, VA 23112

Dear Mr. Ruben,

First and foremost, I must commend Equal Justice America for the incredible fundraising efforts it puts forth in order to offer this fellowship to such a vast number of students. Paid public interest internships are rare commodities, and many graduates simply cannot afford to pursue the work they love – serving under privileged communities – while making a living wage. Support from EJA extends these once unreachable opportunities to aspiring legal students, offering them personal enrichment, professional experience, and the chance to instigate tangible, positive change in the lives of others. As a recipient of such generosity, I am thankful beyond words.

This summer, I had the privilege to work for the Health Law and Policy Clinic of Harvard Law School's Center for Health Law and Policy Innovation (CHLPI), an opportunity that would have been impossible without EJA. CHLPI's Health Law and Policy Clinic aims to improve the health of vulnerable populations by expanding access to high-quality healthcare, reducing health disparities, supporting community education and advocacy capacity, and promoting legal, regulatory, and policy reforms that contribute to a more equitable individual and public health environment. To this end, CHLPI assigned me to three main projects, each of which I will discuss in further detail below: (1) a Massachusetts plan analysis of infectious disease coverage, (2) an amicus brief on reproductive rights in Costa Rica, and (3) the 2015 State Best Practice Report regarding diabetes prevention and management.

Upon arrival, I picked up work on a report for the Massachusetts Department of Public Health to examine restrictive drug coverage in insurance plans designed for low-income residents. Since I had started collecting data as research assistant in March, I had the unique opportunity to see this project from start to finish: researching, analyzing data, interviewing stakeholders, and finally writing the final report. The results revealed that many plans placed innovative HIV and HCV medications on the most expensive tiers or restricted them so heavily that they were largely inaccessible to low-income individuals. Moreover, meetings with community organizations, such as the Community Research Initiative of New England, offered valuable on-the-ground insight pertaining to the challenges that beneficiaries experience in

accessing critical care. Previous iterations of this project in other states have resulted in major insurance providers placing HIV medications on the lowest cost-sharing tier. This kind of advocacy makes an enormous difference in the lives of economically disadvantaged people coping with infectious disease, and we hope for similar actions in Massachusetts as a result of this report.

After completing the report, I was able to put my Spanish skills to the test translating court cases and writing sections of an amicus brief regarding reproductive rights in Costa Rica. In this process, I found evidence in previous foreign cases, international accords, and other legal material in support of sexual and mental health as an integral part of the right to personal integrity. Although we did not offer direct legal services, the amicus brief will form part of a larger movement to enact systems-level change in the Costa Rican legal system, making women's health and reproductive rights a priority in the country.

Finally, I finished up my time at CHLPI working on the 2015 PATHS State Best Practice Report, which highlights innovative, proactive measures that states have taken to combat type 2 diabetes. As a part of this initiative, I had the privilege to attend the American Diabetes Association's 75th Scientific Sessions, where diabetes experts from around the world convened to discuss the opportunities and barriers around cost-effective diabetes management and prevention services. I also had the honor of interviewing the Senior Director of Health Partnerships and Policy at YMCA to learn about the challenges community-based organizations face in the distribution of services, such as the National Diabetes Prevention Program. In writing the report, I was able to work at the intersection of food policy and public health, which is precisely the area of public policy that motivates me to keep studying and learning.

Overall, I could not be happier with the guidance from my supervisors or the content of the projects to which I had the honor of contributing. I feel like I have sharpened my research and writing skills, as well as my ability to lead interviews with important third parties. But more importantly, I believe that the internship has provided further confirmation of the notion that I belong in public policy; after this internship, I cannot see myself pursuing any other line of work. Despite lacking a legal background, I felt that my knowledge of data analysis played a key role in a report that will hopefully hold significant advocacy weight, and I am determined to hone my skills to make an even greater regulatory impact in the future.

All the best,

A handwritten signature in black ink that reads "Kristen Hayashi". The signature is written in a cursive, flowing style.

Kristen Hayashi
University of Chicago, Harris School of Public Policy
Class of 2016