



**DIRECTORATE FOR FINANCIAL AND ENTERPRISE AFFAIRS
COMPETITION COMMITTEE**

Working Party No. 2 on Competition and Regulation

ROUNDTABLE ON REGULATION AND COMPETITION IN THE HEALTH PROFESSIONS

-- United States --

The attached document is submitted by the delegation of the United States to the Working Party No. 2 of the Competition Committee FOR DISCUSSION under Item III of the agenda at its forthcoming meeting on 11 October 2004.

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ROUNDTABLE ON COMPETITION IN THE HEALTH PROFESSIONS

Submission of the United States

1. Questions about the role of competition and market-oriented strategies in the health care sector are of vital importance as countries seek to meet the challenges of rising health care costs, promoting high-quality, affordable health care, and ensuring access to care. The United States competition enforcement agencies – the Federal Trade Commission and the Antitrust Division of the Department of Justice (“the Agencies”) – have been actively involved in examining health care markets for nearly three decades. Our function is not to regulate these markets, but rather to eliminate barriers to competition that prevent markets from functioning as effectively as possible.

2. Our response to the issues raised in the Secretariat’s paper concerning competition in the health professions begins with an overview of the perspective that underlies the Agencies’ activities in the health care sector. We then discuss agency actions relating to some specific issues regarding health care professionals that are the focus of the Roundtable. Following the framework outlined in the Secretariat’s paper, we address first some activities relating to “structural issues” (entry standards, scope of practice definitions, and regulation of the organizational structure of professional firms), and second the “behavioral issues” (advertising, fee setting, and contractual relationships with payers). As requested, we give special attention to those health care professions in which third party payment has played a less prominent role than in medical services, in particular dental and vision care services and products.

3. In addition, attachments to this report provide: (1) a list of Agency reports relating to health care; (2) a list of competition advocacy activities in health care; and (3) a guide to Agency materials concerning antitrust law in health care available at the Federal Trade Commission and Department of Justice web sites.

Overview

4. It has been almost 30 years since the beginning of active antitrust enforcement in U.S. health care markets. Nonetheless, there is still ongoing debate about whether and how competition policy applies to health care and its potential as a tool for improving the U.S. health care system. Thus, in various settings – whether litigation, competition advocacy, or guidance to the public – there continues to be a need to address fundamental issues about the role of competition and antitrust enforcement in health care. These are some recurring themes that the Agencies articulate:

- *Competition has an important role in health care notwithstanding the special characteristics of these markets.* Promoting competition does not mean ignoring the special characteristics of health care markets or assuming that the market, if left alone, will cure all problems. Factors such as information disparities, third party payment, the prevalence of regulation (including self-regulation), and the need to ensure access for the poor, present challenges to the use of competitive strategies. But governments and private parties can play an important role in creating conditions and incentives for effective competition.
- *There is no need for special antitrust rules for health care.* Antitrust law and analysis is sufficiently flexible to take into account the special characteristics of these markets.
- *Self-regulation has an important role to play in promoting competition.* Private professional association efforts to provide information to consumers and to prevent deceptive advertising or

other abuses that distort the ability of market forces to reflect consumer preferences, can benefit competition.

- Competition is an important tool for stimulating innovative strategies to control costs, increase quality, and provide consumer choice. The difficult task of improving quality and ensuring cost-effective care requires creativity and experimentation by market participants. It is critically important to address government regulations and private arrangements that unnecessarily impede the incentive or ability of market participants to pursue such innovation.
- Antitrust enforcement plays a key role in ensuring that innovations by governments and private actors are able to compete for acceptance in the marketplace. Antitrust in the health care sector has helped assure that new and potentially more efficient ways of delivering and financing health care services can arise and compete in the market for acceptance by consumers. Although health care markets have changed dramatically over time, and continue to evolve, collective action by health care providers to obstruct new models for providing or paying for care, or to interfere with cost-conscious purchasing, remains a significant threat to consumers.
- *Antitrust does not pick winners and losers.* Many cases have focused on health care providers' efforts to obstruct new approaches to delivery, financing, or paying for care, but the Agencies do not favor any particular model of health care delivery, or type of provider, over another. The goal is simply to deter restraints that unduly limit the options available in the market or artificially raise prices, so that consumers will be free to choose the health care arrangements they prefer at competitive prices.

5. Many of the matters in the discussion that follows reflect these themes, in particular the use of antitrust to address competitors' efforts to resist innovations in delivering or paying for care, and the importance of distinguishing anticompetitive from procompetitive self-regulation.

Structural Issues – Entry, Scope of Practice, and Organizational Structures

6. In the United States, government regulation of health care professionals occurs primarily through state governments. State laws set standards for licensure, define the scope of practice of the profession, and regulate various types of business and professional behavior. These regulatory schemes are carried out through state licensing boards. The boards are typically composed predominantly of members of the regulated profession.

7. Principles of federalism limit the application of the federal antitrust laws to state-imposed restraints on competition. In essence, the "state action doctrine" means that states can decide to displace competition with regulation as long as the state legislature clearly expresses its intent to do so, and state officials actively supervise private conduct taken pursuant to state policy.

8. Actions by state professional licensing boards are sometimes, but not always, exempt from antitrust enforcement by virtue of the state action doctrine. A current Federal Trade Commission case involves restraints on practice by dental hygienists imposed by a state board of dentistry.¹ The nine-member South Carolina State Board of Dentistry includes seven dentists, six of whom are elected by the dentists in their local area.

¹ *South Carolina State Board of Dentistry*, FTC Docket No. 9311 (complaint issued September 17, 2003) (<http://www.ftc.gov/os/adjpro/d9311/index.htm>).

9. The Federal Trade Commission complaint alleges that the Board illegally restricted the ability of dental hygienists to provide preventive dental services (cleanings, fluoride, and sealants) in school settings. The state legislature in 2000 eliminated a statutory requirement that a dentist examine each child before a hygienist may perform preventive care in schools, in order to address concerns that many schoolchildren, particularly those in low income families, were receiving no preventive dental services. In 2001, the complaint states, the Board re-imposed the dentist examination requirement. The complaint charges that the Board's action unreasonably restrained competition in the provision of preventive dental care services, deprived thousands of economically disadvantaged schoolchildren of needed dental care, and that its harmful effects on competition and consumers could not be justified. The Board sought to have the complaint dismissed on the ground that its actions are exempt from the antitrust laws under the state action doctrine. The Commission denied the motion to dismiss, and the Board is seeking an interlocutory review of that ruling by a federal appellate court.

10. Concerns about the potential for overly restrictive regulation by state licensing boards composed of members with a stake in competitive conditions in the regulated market are longstanding. Years ago many states responded by adding a public member to such boards. As part of a recent series of hearings addressing a broad range of issues relating to competition and health care, the Agencies received testimony concerning restraints on allied health providers. In its report on the hearings, the Agencies recommend that states consider a proposal for restructuring licensing boards advocated by the Institute of Medicine (a private advisory body), which undertook an extensive, congressionally-mandated study of the role of allied health professionals.² This proposal would have at least half of the members of state licensing boards chosen from outside the regulated profession, and these individuals would include experts in fields such as health services research, economics, and consumer affairs.

11. The Federal Trade Commission has long had an active program of competition advocacy regarding regulations in the health professions. These activities have included recommendations concerning restrictions on practice by various allied health professionals, including dental hygienists, opticians, and nurse-midwives.³

12. Changes in technology have also raised new issues regarding the application of state licensure requirements. The Federal Trade Commission recently issued a staff report concerning competition from sales of replacement contact lenses over the Internet.⁴ The staff recommended that states not require that

² *Improving Health Care: A Dose of Competition: A Report by the Federal Trade Commission and the Department of Justice* (July 2004), Chapter 2 at 30 (<http://www.ftc.gov/reports/healthcare/040723healthcarerpt.pdf>).

³ *See, e.g.*, Federal Trade Commission Staff Comments to the South Carolina Legislative Audit Council (concerning dental hygienists and optometrists) (January 11, 1993); Statement from Federal Trade Commission Staff to the Joint Administrative Rule Review Committee of the Washington State Legislature (concerning opticians) (December 15, 1992); Federal Trade Commission Staff Comments to the California Board of Dental Examiners (concerning dental hygienists) (February 1988); Comments of Federal Trade Commission Staff to the Council of the District of Columbia (concerning expanded role nurses) (November 22, 1985).

⁴ *Possible Anticompetitive Barriers to E-Commerce: Contact Lenses: A Report from the Staff of the Federal Trade Commission* (2004) (<http://www.ftc.gov/os/2004/03/040329clreportfinal.pdf>). In 2003, the U.S. Congress enacted the Fairness to Contact Lens Consumers Act, 15 U.S.C. 7601-7610, which requires prescribers of contact lenses to provide patients with a copy of their contact lens prescription upon completion of a contact lens fitting. The Federal Trade Commission Rule implementing the Act is set forth at 16 C.F.R. Part 315 (<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=3ad5b48a02eb1707974872e00175bbb5&rgn=div5&view=text&node=16:1.0.1.3.39&idno=16>).

an Internet seller have a professional license to sell replacement contact lenses, and, if further regulation is deemed necessary, states should consider adopting simple registration requirements. The use of contact lenses raises significant health issues, but the report concludes that requiring a professional license to sell replacement contact lenses over the Internet is likely to raise prices and reduce convenience to consumers, without substantially increasing health protections provided by existing prescription requirements and general consumer protection laws.

13. With respect to limits on the organizational structures that health professionals may adopt, such restraints have arisen both in state regulation and in private association codes of ethics. These include bans on: employment by a “lay” corporation; partnerships with allied health providers; use of branch offices or trade names; and salaried employment. The Federal Trade Commission has undertaken extensive study of such “commercial practice” restraints in optometry. After an empirical study comparing states with different regulatory schemes, it found that restrictions on the commercial practice of optometry increased prices but did not improve the quality of professional services available in the market.⁵ In addition to advocating the relaxation of state-imposed restraints,⁶ the Commission has taken enforcement action against private optometric association rules limiting organizational structures.⁷

Behavioral Issues

Advertising

14. The importance of advertising to competition is well-understood. Advertising can provide consumers with information about who is selling what, at what prices, and under what conditions. Both theory and empirical evidence link the presence of advertising in the health professions with lower prices. Advertising also can play a role in encouraging innovation and entry in health care markets.

15. Broad state-imposed bans on advertising by health care professionals have been essentially eliminated as a result of the evolution of constitutional protections accorded to “commercial speech.” At the same time, antitrust law enforcement successfully attacked private professional association bans, beginning with the Federal Trade Commission’s complaints against the American Dental Association and the American Medical Association in the mid-1970s.⁸ The Federal Trade Commission also brought enforcement actions to eliminate various advertising restraints imposed by state licensing boards in the health professions. For example, the Commission challenged prohibitions imposed by state boards of

⁵ Bureau of Economics, Federal Trade Commission, *Effects of Restrictions of Advertising and Commercial Practice in the Professions: The Case of Optometry* (1980).

⁶ See, e.g., Comments by Federal Trade Commission to The Honorable Ward Crutchfield, Tennessee Senate Majority Leader (concerning Senate Bill 855, which would amend the portion of the Tennessee Code regulating the practice of Optometry) (April 29, 2003) (<http://www.ftc.gov/be/v030009.htm>); Comments of the Staff of the Federal Trade Commission to The Honorable Gary A. Merritt, Kansas House of Representatives (concerning a bill to clarify the conditions under which optometrists and non-optometrists could enter into lease agreements) (February 10, 1995) (<http://www.ftc.gov/be/v950004.htm>).

⁷ *Oklahoma Optometric Ass’n*, 106 F.T.C. 556 (1985) (consent order); *Michigan Optometric Ass’n*, 106 F.T.C. 342 (1985) (consent order).

⁸ *American Dental Ass’n*, 94 F.T.C. 403 (1979) (consent order), order modified, 100 F.T.C. 448 (1982) and 101 F.T.C. 34 (1983); *American Medical Ass’n*, 94 F.T.C. 701 (1979), aff’d as modified, 638 F.2d 443 (2d Cir. 1980), aff’d by an equally divided Court, 455 U.S. 676 (1982).

dentistry and optometry on advertising discounted prices, as well as an optometry board's restraints on advertising of affiliations between optometrists and retail optical stores.⁹

16. With the success in eliminating broad advertising bans, the primary issues in the realm of advertising restraints now focus on distinguishing between appropriate regulation to prevent false or misleading advertising and unreasonably broad suppression of advertising cast in the form of rules against deception. Because deceptive advertising distorts the operation of market forces, it has long been recognized that regulation of deceptive advertising can serve to promote competition. The Commission's orders barring professional associations from restricting advertising consistently provide that the association may adopt and enforce reasonable rules to prevent advertising that is false or misleading.

17. But the risk remains that professional societies will take an overly broad view of what is deceptive. The Federal Trade Commission's case against the California Dental Association illustrates this concern and demonstrates the continuing challenges that enforcers can face in this area.¹⁰ The case involved bans on various forms of price and non-price advertising. For example, while advertising of specific prices for particular services was permitted, the Association – in the name of preventing potential deception – required extensive disclosures in any offer of discounted prices. These requirements served to preclude offers of across-the-board fee discounts, such as the type of senior citizen discounts that are commonly used outside the professions. The Association also banned other types of representations about price, including statements such as “reasonable fees” or “ask about our low prices,” statements that may be especially important when dentists advertise in telephone directories or other media where advertising of specific prices is not possible.

18. Although the court of appeals agreed with the Commission that the Association's suppression of various categories of price and non-price advertising was not justified on grounds of deception, a narrowly divided Supreme Court was unwilling to sustain the Commission's decision. In reaching its conclusion, the majority placed great emphasis on information disparities in professional services markets. As a result, it held that a more thorough inquiry into the effects of the Association's restraints was required before reaching a conclusion that those restraints were anticompetitive.

19. It is, of course, critically important to prevent deceptive advertising by health professionals. The Federal Trade Commission, under its consumer protection authority, plays a role in attacking deceptive advertising in the health professions. Its most recent cases concerned misleading claims about the results of laser eye surgery.¹¹

Fee Setting

20. The antitrust laws' prohibitions on price fixing bar professional associations from adopting fee schedules, recommending fees, or negotiating fees on behalf of their members. The Agencies vigorously pursue price fixing violations, and in some circumstance such conduct by professionals has prompted criminal prosecution by the Department of Justice.¹² At the same time, legitimate concerns about the needs

⁹ *Louisiana State Board of Dentistry*, 106 F.T.C. 65 (1985) (consent order); *Massachusetts Board of Registration in Optometry*, 110 F.T.C. 549 (1988).

¹⁰ *California Dental Ass'n*, 121 F.T.C. 190 (1996), *aff'd*, 128 F.3d 720 (9th Cir 1997), *vacated and remanded*, 526 U.S. 726 (1999), *rev'd and remanded*, 224 F.3d 922 (9th Cir. 2000).

¹¹ *The Laser Vision Institute*, FTC Dkt. No. C-4084 (July 8, 2003) (consent order) (<http://www.ftc.gov/os/caselist/0223053.htm>); *LCA-Vision, Inc, d/b/a/ LasikPlus*, FTC Dkt. No. C-4083 (July 8, 2003)(consent order) (<http://www.ftc.gov/os/caselist/0223098.htm>).

¹² *See, e.g., United States v. Lake Country Optometric Society*, W-95-CR-114 (W.D. Tex.1995) (agreement to raise prices for eye examinations) (<http://www.usdoj.gov/atr/cases/f0600/0607.htm>).

of providers, consumers, and payers for information can be addressed in ways that do not involve price fixing. With appropriate safeguards, professional associations can undertake various activities to provide information about prices to members, consumers, and third party payers, and can also take disciplinary actions against abusive behavior by their members.

21. Professional associations can conduct and disseminate fee surveys, subject to certain safeguards to avoid the risk of collusive pricing or collective bargaining. Statement 6 of the Agencies' *Statements of Antitrust Enforcement Policy in Health Care* describes conditions – for example, that the data be at least 3 months old and there be at least 5 providers reporting data – that the Agencies believe make it unlikely that the survey would facilitate collusion.¹³ It also sets forth the analytical approach that the Agencies use in assessing fee surveys that do not meet these criteria, and cautions against providers' exchange of future price information. The Agencies have also issued advice letters analyzing specific fee survey proposals by health care professionals.¹⁴

22. The *Statements of Antitrust Enforcement Policy in Health Care* also contain guidance regarding the collective provision of fee-related information to purchasers. As Statement 5 explains, the Agencies seek to distinguish potentially procompetitive activities to provide information to payers, including current or prospective fee information, from conduct that may reflect or facilitate unlawful agreements on price or other terms of dealing with purchasers.

23. Professional associations can also set up informational programs to assist patients through advisory peer review of fees, provided they take precautions to guard against the risk of a fee review program becoming a vehicle for coordinating fees or other anticompetitive conduct. As has often been noted, patients frequently lack good information about the prices of health care services, as well as about the quality and necessity of the services they receive.¹⁵ Advisory peer review can provide information about the basis for a fee and an informed opinion about its reasonableness, and help patients decide whether to pay a disputed bill or to continue to patronize a particular provider. In an advisory opinion to the American Medical Association, the Federal Trade Commission approved a proposed professional society peer review of physicians' fees in which local societies would render opinions on patients' complaints about fees.¹⁶ The Commission explained that the program contained a variety of safeguards to protect against the risk that the program would amount to professional society sanctioning of fee levels or have other anticompetitive effects. For example, opinions about fees charged would not be binding on the physicians, the societies would impose no form of penalty on physicians for failure to adhere to the committees' advice as to the fee; the committees would not develop a benchmark schedule of fees;

¹³ *Statements of Antitrust Enforcement Policy in Health Care* (1996) (<http://www.ftc.gov/reports/hlth3s.htm>). The Statements are intended to explain the Agencies' analysis of several common types of collaborative activity among health care providers. The Statements provide some clear rules of thumb, including "antitrust safety zones" for certain types of arrangements, as well as a description of how the Agencies analyze conduct that does not fall within a safety zone.

¹⁴ See, e.g., Letter from Jeffrey W. Brennan, Federal Trade Commission, to Greg Binford (re PriMed Physicians) (Feb. 6, 2003) (<http://www.ftc.gov/bc/adops/030206dayton.htm>); Letter from Charles A. James, Department of Justice, to Jerry B. Edmonds (re Washington State Medical Association) (Sept. 23, 2002) (<http://www.usdoj.gov/atr/public/busreview/200260.htm>).

¹⁵ Patients may receive care without any prior discussion with the provider of the price to be charged. Lack of information, the presence of third-party payment, and patients' reliance on their providers to act in the patient's best interests may all mean that patients often may not know what price will be charged until after the services are rendered. Consequently, patients may desire assistance in assessing the reasonableness of the price charged.

¹⁶ Letter from Donald Clark, Secretary, Federal Trade Commission, to Kirk B. Johnson, American Medical Association, (February 14, 1994) (<http://www.ftc.gov/bc/adops/009.htm>).

proceedings would be confidential; and the committee's opinions on the reasonableness of fees would not be publicized.

24. The AMA proposal also sought to establish a program to discipline members for charging unusually high fees. In cases where the fee charged arose from fraud, misrepresentation, undue influence, or other abusive behavior by the provider, professional discipline may improve the functioning of the market by deterring such behavior. Thus, the Commission found no antitrust problem in discipline based on such abuses. But the Commission warned that professional society discipline based on fee levels alone without regard to abusive conduct would amount to competitor regulation of fee levels. As such, it would pose inherent dangers to consumers.

Contractual Arrangements Between Providers and Payers

25. It is widely recognized that third party payment in health care can distort the incentives of providers and consumers. Various attempts have been made to devise alternatives to address these concerns. One approach was capitation arrangements in which primary care providers receive a fixed payment per patient per month from a health plan to provide all needed services. As health care markets have evolved, use of capitation has declined. Substantial efforts are currently being made to develop new ways to structure payment systems to improve incentives for providers to deliver high quality, cost-effective care and likewise to enhance incentives and information for consumers to choose providers that offer such care. For example, some large employers are experimenting with what are sometimes referred to as "pay for performance" arrangements, in which providers receive bonuses for meeting specified quality measures.

26. Such approaches depend on the availability of good measures of quality. Much attention is being given to ways to develop information systems and quality measurements that would allow more informed decision-making about quality.

27. The Agencies have expressed strong support for experimentation by both public and private payers in redesigning payment methods to better align incentives for quality and cost-effectiveness. Antitrust law enforcement has an important role to play in ensuring that such innovation is not stifled through collective resistance by providers. The Agencies have a long history of challenging anticompetitive collective bargaining with health plans – both private and government payers – by groups of competing health professionals, and this continues to be an area of substantial enforcement activity.¹⁷

28. Some of the joint bargaining cases involve straightforward cartel behavior. In other situations, a group may offer some potential efficiencies. As in other industries, we look closely at whether the arrangement imposes anticompetitive restraints that go beyond what is necessary to produce those efficiencies. In addition, health care providers continue to raise arguments about disparities in bargaining power in contracting with health plans as a justification for agreements that create market power on the provider side. There is no reason, however, to expect that creating countervailing power would benefit consumers. Rather, our experience is that collective bargaining by providers raises prices without assuring quality. The Agencies instead emphasize effective antitrust enforcement regarding both buyers and sellers of health care services.

29. Another category of enforcement activity relating to contracts between providers and payers involves the use of "most favored nation" clauses. These provisions require the provider to give that payer at least the lowest price that it offers to any other customer. In some settings, such clauses can injure

¹⁷ Descriptions of these enforcement actions can be found at <http://www.ftc.gov/bc/healthindex.htm> and http://www.usdoj.gov/atr/public/health_care/health_care.htm.

competition among providers and also among health plans. The Agencies have challenged the use of an MFN by provider-controlled health plans in dentistry and pharmacy, charging that they were mechanisms by which competing providers sought to discourage discounting and maintain prices.¹⁸ In addition, the Department of Justice has brought cases against health plans that were not provider-controlled, alleging that they were used by entities with market power to limit competition from other health plans.¹⁹

30. Competition advocacy involving provider-payer contracting has also included opposition to “any willing provider” laws. Such laws require a health plan to include in its network any provider that is willing to accept the terms set by the plan for participation. The Federal Trade Commission staff has filed comments on legislative proposals to adopt any willing provider provisions, noting that such requirements can reduce incentives for providers to offer discounted fees to health plans, and also may impede efforts to design health plans that offer consumers varying degrees of choice among providers. The comments have also pointed to empirical evidence that any willing provider laws raise health care costs.²⁰

Conclusion

31. Health care markets continue to undergo tremendous change. The Agencies seek to protect competition so that new ways of delivering and financing health care services can compete for acceptance. We tailor our analysis and our enforcement strategies to the changing realities of those markets. As always, our enforcement efforts are directed to stopping activities that harm consumers, while seeking to provide market participants with the understanding they need to avoid antitrust pitfalls as they respond to market challenges.

¹⁸ *RxCare of Tennessee, Inc.*, 121 F.T.C. 762 (1996); *United States v. Delta Dental Plan of Arizona*, 1995-1 Trade Cas. (CCH) P 71,048 (D.Ariz. 1995).

¹⁹ *United States v. Medical Mutual of Ohio*, 1999-1 Trade Cas. (CCH) ¶ 72,465 (N.D. Ohio 1999); *United States v. Delta Dental of Rhode Island*, 943 F. Supp. 172 (D. R. I. 1996); *United States v. Vision Service Plan*, 1996-1 Trade Cas. (CCH) ¶ 71,404 (D.D.C. 1996); *United States v. Oregon Dental Service*, 1995-2 Trade Cas. (CCH) ¶ 71,062 (N.D. Cal. 1995).

²⁰ See, e.g., Comments of the Staff of the Federal Trade Commission to The Honorable Patrick C. Lynch, Attorney General, and The Honorable Juan M. Pichardo, Deputy Majority Leader, Senate, State of Rhode Island and Providence Plantations (concerning the competitive effects of bills containing "freedom of choice" and "any willing provider" provisions) (April 8, 2004) (<http://www.ftc.gov/os/2004/04/ribills.pdf>).

REPORTS ABOUT COMPETITION ISSUES IN HEALTH CARE

Improving Health Care: A Dose of Competition: A Report by the Federal Trade Commission and the Department of Justice (July 2004)

Possible Anticompetitive Barriers to E-Commerce: Contact Lenses: A Report from the Staff of the Federal Trade Commission (March 2004)

Generic Drug Entry Prior to Patent Expiration: An FTC Study (July 2002)

The Effect of State Certificate-of-Need Laws on Hospital Costs: An Economic Policy Analysis, Bureau of Economics Staff, Federal Trade Commission (January 1988)

The Cost and Benefits of Occupational Regulation, Economic Issues Paper by Staff of Bureau of Economics, Federal Trade Commission (October 1990)

The Effect of State Certificate-of-Need Laws on Hospital Costs: An Economic Policy Analysis, Bureau of Economics Staff, Federal Trade Commission (January 1988)

Competition Among Hospitals, Federal Trade Commission Bureau of Economics Staff Report (1987)

Restrictions on Dental Auxiliaries, Federal Trade Commission Bureau of Economics Staff Report (May 1987)

Certificate of Need Regulation of Entry into Home Health Care: A Multi-Product Cost Function Analysis, Federal Trade Commission Bureau of Economics Staff Report (January 1986)

Staff Report to the Federal Trade Commission on Ophthalmic Practice Rules: State Restrictions on Commercial Practice (October 1986)

State Laws and Regulations Governing Preferred Provider Organizations, Report by the Rand Corporation for the Federal Trade Commission and the Department of Health and Human Services (August 1986)

Report of the Presiding Officer on Proposed Trade Regulation Rule: Ophthalmic Practice Rules (May 1986)

Generic Substitution and Prescription Drug Prices: Economic Effects of State Drug Product Selection Laws, Staff Report of the Bureau of Economics, Federal Trade Commission (October 1985)

Advertising by Health Care Professionals in the 80's, Proceedings of a National Symposium Sponsored by the Federal Trade Commission (December 1985)

Medicare's End Stage Renal Disease Program: How a More Competitive Approach Would Address Important Policy Issues, Report by the Urban Institute to the federal Trade Commission (August 1983)

A Comparative Analysis of Cosmetic Contact Lens Fitting by Ophthalmologists, Optometrists, and Opticians, Federal Trade Commission Bureau of Consumer Protection and Economics (1983)

Entrepreneurial Trends in Health Care Delivery: The Development of Retail Dentistry and Freestanding Ambulatory Services: Report by the Institute for Health Policy Studies, University of California, San Francisco, for the Federal Trade Commission (July 1982)

Competition and Health Planning: An Issues Paper by Staff in the Federal Trade Commission Bureau of Economics (April 1982)

Antitrust and the Health Professions: Policy Planning Issues Paper , Office of Policy Planning, Federal Trade Commission (July 1981)

Competition Among Health Practitioners: The Influence of the Medical Profession on the Health Manpower Market: A Report for the Federal Trade Commission by Lewin and Associates (February 1981)

Staff Report on Effects of Restrictions on Advertising and Commercial Practice in the Professions: The Case of Optometry. Bureau of Economics, Federal Trade Commission (September 1980)

State Restrictions on Vision Care Providers: The Effects on Consumers, Report of the Staff to the Federal Trade Commission (July 1980)

Drug Product Selection: Bureau of Consumer Protection Staff Report to the Federal Trade Commission (January 1979)

Staff Report on Medical Participation in Control of Blue Shield and Certain Other Open-Panel Medical Prepayment Plans, Bureau of Competition, Federal Trade Commission (April 1979)

Advertising for Over-the-Counter Drugs: Federal Trade Commission Staff Report and Recommendations (May 1979)

Health Services Policy Session (edited version), Office of Policy Planning, Federal Trade Commission (June 1979)

Staff Report on Physician Control of Blue Shield Plans, Bureau of Economics, Federal Trade Commission (November 1979)

Competition in the Health Care Sector: Past, Present, and Future, Proceedings of a Conference Sponsored by the Federal Trade Commission Bureau of Economics (March 1978)

Drugs and Medical Devices Policy Session (edited version), Office of Policy Planning, Federal Trade Commission (December 1978)

Report of the Presiding Officer on Proposed Trade Regulation Rule: Advertising for Over-the-Counter Drugs (1978)

Sales, Promotion, and Product Differentiation in Two Prescription Drug Markets: Bureau of Economics Staff Report to the Federal Trade Commission (1977)

The Health Maintenance Organization and its Effects on Competition, Bureau of Economic Staff Report to the Federal Trade Commission (July 1977)

DAF/COMP/WP2/WD(2004)44

Advertising of Ophthalmic Goods and Services: Staff Report to the Federal Trade Commission and Proposed Trade Regulation Rule (January 1976)

Prescription Drug Price Disclosures: Staff Report to the Federal Trade Commission (1975)

COMPETITION ADVOCACY FILINGS IN HEALTH CARE²¹

- Comments from FTC Staff to The Honorable Patrick C. Lynch, Attorney General, and The Honorable Juan M. Pichardo, Deputy Majority Leader, Senate, State of Rhode Island and Providence Plantations, Concerning the Competitive Effects of General Assembly Bills Containing "Freedom of Choice" and "Any Willing Provider" Provisions (April 8, 2004)
- Comments from FTC Staff to The Honorable Ward Crutchfield, Tennessee Senate Majority Leader, on Senate Bill 855, which would amend the portion of the Tennessee Code regulating the practice of Optometry (April 29, 2003)
- Response from FTC Staff to The Honorable Richard P. Ieyoub, Attorney General of the State of Louisiana, concerning the potential effect of Tenet Healthcare Corporation's proposed purchase of Slidell Memorial Hospital (April 1, 2003)
- Response from FTC Staff to The Honorable Dennis Stapleton, Ohio House of Representatives, concerning House Bill 325, which would permit competing health care providers to engage in collective bargaining with health plans over fees and other contract terms (October 16, 2002)
- Comments of FTC Staff to the Connecticut Board of Examiners for Opticians concerning the declaratory ruling proceeding on the interpretation and applicability of various statutes and regulations concerning the sale of contact lenses (March 27, 2002)
- Statement of FTC Staff to The Committee on Labor and Commerce, Alaska House of Representatives, concerning the threat of consumer harm resulting from physician collective bargaining under Alaska Senate Bill 37 (March 22, 2002)
- Comments from FTC Staff to The Honorable Brad Benson, State of Washington House of Representatives, concerning Washington House Bill 2360, which would allow physicians and other health care providers to engage in collective bargaining with health plans over a variety of contract terms and conditions, including fees they would receive for their services (February 8, 2002)
- Comments of FTC Staff to the Food and Drug Administration in the matter of 180-Day Marketing Exclusivity for Abbreviated New Drug Applications (November 4, 1999)
- Response of FTC Staff to the District of Columbia Office of the Corporation Counsel concerning the "Physicians Negotiation Act of 1999," Bill No. 13-333, which would permit competing physicians to engage in collective bargaining with health plans (October 29, 1999)
- Response of FTC Staff to The Honorable O. Oliveira, Texas House of Representatives, concerning Senate Bill 1468, "An Act Relating to the Regulation of Physician Joint Negotiation,"

²¹ Filings after 1993 are available at <http://www.ftc.gov/be/advofile.htm>

which would permit competing physicians to jointly negotiate contractual terms with health plans under certain circumstances (May 13, 1999)

- Letter from FTC Staff to The Honorable Gary A Merritt, Kansas House of Representatives, responding to House Bill No. 2164 concerning the conditions under which optometrists and non-optometrists can enter into lease agreements (February 10, 1995)
- Statement from FTC Staff to the Joint Committee on the Public Interest in Competitive Practices in Healthcare of the Vermont Legislature concerning competition and antitrust enforcement in health care markets (October 20, 1994)
- Response from FTC Staff to Ms. Katherine M. Carroll, Executive Director of the Medical Practitioner Review Panel in New Jersey, concerning one of the advertising regulations of the New Jersey Board of Medical Examiners (September 7, 1993)
- Response from FTC Staff to The Honorable William F. Cass, House of Representatives, State House, State of Massachusetts, concerning House Bill 1109, which would require that health plans offering prescription drug services contract with any provider willing to meet the plan's terms (June 15, 1993)
- Response from FTC Staff to The Honorable John Smithee, House of Representatives, State of Texas, concerning legislative proposals that would require health plans to contract any provider willing to meet the plan's terms (May 18, 1993)
- Response from FTC Staff to The Honorable Thomas C. Alexander, House of Representatives, State of South Carolina, concerning House Bill 3631, which would require that health plans offering prescription drug services contract with any provider willing to meet the plan's terms (May 10, 1993)
- Statement from FTC Staff to the Joint Standing Committee on Business Legislation of the Maine House of Representatives, concerning L.D. 1151 which would amend Maine's laws regarding optometry (May 3, 1993)
- Response from FTC Staff to Board Counsel, Division of Registration of Massachusetts, concerning certain proposed changes to the regulations of the Massachusetts Board of Registration in Optometry (April 20, 1993)
- Response from FTC Staff to The Honorable Roger A. Madigan, The Senate of Pennsylvania, concerning Senate Bill No. 505, which would require that health benefit plans offering prescription drug services contract with any provider willing to meet the plan's terms (April 19, 1993)
- Response from FTC Staff to The Honorable E. Scott Garret, The State Assembly, New Jersey, concerning Assembly Bill No. 1221, which would require that health benefit plans offering prescription drug services contract with any provider willing to meet the plan's terms (March 29, 1993)
- Response from FTC Staff to The Honorable Judy Baar Topinka, The Senate of Illinois, concerning S.B. 66, which would set up a demonstration program to test the feasibility of two kinds of alternative health care delivery systems, birth centers, and postsurgical recovery care centers (March 12, 1993)

- Response from FTC Staff to The Honorable Joseph P. Mazurek, Attorney General of the State of Montana, concerning the sunset review of an “any willing provider” law (February 4, 1993)
- Response from FTC Staff to the Legislative Audit Counsel, State of South Carolina, concerning the statutes and rules that regulate the health care professions (January 8, 1993)
- Statement from FTC Staff to the Joint Administrative Rule Review Committee of the Washington State Legislature, concerning recent amendments to the rules of the Washington State Board of Optometry that affect how optometrists deal with opticians concerning contact lens prescriptions (December 15, 1992)
- Response from FTC Staff to the Board of Chiropractic Examiners, State of Missouri, concerning a proposed rule to control how chiropractors may offer free or discounted services (December 11, 1992)
- Response from FTC Staff to The Honorable Robert J. Pavlovich, Montana House of Representatives, concerning proposed legislation concerning denturists (October 30, 1992)
- Response from FTC Staff to the Sunset Advisory Commission, State of Texas, concerning the review of the boards that regulate the health care professions (August 14, 1992)
- Response from FTC Staff to The Honorable Patrick Johnston, California State Senate, concerning Senate Bill 1986, which would limit the ability of health insurance companies to arrange for pharmacy services through contracts with non-resident pharmacy firms, by prohibiting exclusive contracts with them and by requiring that resident firms be allowed to contract to provide services on the same terms as non-resident firm (June 26, 1992)
- Response from FTC Staff to the Senate Legal Counsel, State of New Hampshire, concerning a bill to require any health maintenance organization that solicits bids for pharmacy providers to contract with any willing provider (March 17, 1992)
- Response from FTC Staff to the South Carolina Legislative Audit Council concerning statutes and regulations of the South Carolina Board of Pharmacy, Board of Medical Examiners, Board of Veterinary Medical Examiners, Board of Nursing, and Board of Chiropractic Examiners (February 26, 1992)
- Statement from FTC Staff to the Committee on Business Legislation, Maine House of Representatives, concerning a bill to amend Maine’s laws governing the practice of optometry (January 8, 1992)
- Response from FTC Staff to Assemblyman Jeffrey W. Moran, General Assembly of New Jersey, concerning Senate Bill No. 2051, which would prohibit a physician from dispensing more than a 72-hour supply of drugs or medicines to any patient, unless the drugs or medicines are dispensed at no charge (April 11, 1991)
- Response from FTC Staff to the Office of the Auditor General of the State of Florida concerning state statutes and regulations governing the activities of several licensed occupations (November 28, 1990)
- Response to The Honorable H. Craig Lewis, Senate of Pennsylvania, concerning Pennsylvania Senate Bill 675, entitled the “Pharmaceutical Services Freedom of Choice Act” (June 29, 1990)

- Response from FTC Staff to the Division of State Audit of the State of Tennessee concerning its review of statutes governing state agencies attached to the Tennessee Department of Health and Environment, including Chiropractic Examiners, Dentistry, Dispensing Opticians, Examiners in Psychology, Medical Examiners, Optometry, Osteopathic Examiners, Registration in Podiatry and Veterinary Medical Examiners (April 13, 1990)
- Response from FTC Staff to the Virginia Board of Pharmacy concerning proposed regulations for the dispensing and sale of prescription drugs by practitioners of the healing arts (November 27, 1989)
- Response from FTC Staff to New York State Senate, concerning Senate Bill No. 3094-A, which would prohibit, with certain exceptions, the dispensing of more than a 72-hour supply of prescription drugs by physicians and dentists (June 2, 1989)
- Response from FTC Staff to The Honorable John C. Bartley, Massachusetts House of Representatives, concerning Senate Bill 526, “An Act Providing For Accessibility To Pharmaceutical Services,” which would require prepaid health benefits programs that include coverage of pharmaceutical services, and provide those services through contracts with pharmacies, either to allow all pharmacies to provide services to program subscribers on the same terms, or to offer subscribers the alternative of obtaining covered pharmaceutical services from any pharmacy they choose (May 30, 1989)
- Response from FTC Staff to The Honorable Jack Jeffrey, Nevada State Legislature, concerning Senate Bill 86, which would prohibit a physical therapist from paying or receiving any fees in consideration for the referral of a patient. (May 25, 1989)
- Response from FTC Staff to the Department of Licensing and Regulations, Bureau of Health Services, State of Michigan, concerning proposed changes in the rules of the Michigan Board of Optometry (March 2, 1989)
- Response from FTC Staff to The Honorable Ray Hamlett, Missouri House of Representatives, concerning House Bill 320, which would prohibit any physical therapist from accepting wages or any other form of payment from any who refer patients to the therapist (February 27, 1989)
- Response from FTC Staff to the Department of Health and Human Services, concerning the Office of Inspector General’s Draft Report entitled “Physician Drug Dispensing: An Overview of State Regulation” (December 15, 1988)
- Comments from FTC Staff to the Department of Health and Human Services, concerning regulations pursuant to the Medicare and Medicaid Anti-Kickback Statute (December 18, 1987)
- Response from FTC Staff to the Idaho State Board of Chiropractic Physicians, concerning proposed amendments to the rules of the Idaho State Board of Chiropractic Physicians (December 7, 1987)
- Response from FTC Staff to the Virginia Commission on Medical Care Facilities Certificate of Public Need concerning reform of certificate of public need regulation of health facilities (August 6, 1987)
- Response from FTC Staff to the New Jersey State Board of Dentistry concerning advertising regulations (July 14, 1987)

- Comments from FTC Staff to The Honorable Chuck Hardwick, Speaker of the Assembly of the State of New Jersey, concerning Assembly Bill 2647, which would prevent a physician from having a financial interest in any entity that provides physical therapy services, and from referring patients for physical therapy to an entity in which the physician's family has any financial interest (May 21, 1987)
- Response from FTC Staff to The Honorable John A Lynch, Majority Leader, New Jersey Senate, concerning Senate Bill No. 1367, which would permit opticians to fit contact lenses provided that they first obtain certification as contact lens dispensers from the state board of opticians (May 14, 1987)
- Response from FTC Staff to The Honorable Harry Hill, State Representative of Missouri, concerning bills to regulate advertising by dentists (May 13, 1987)
- Response from FTC Staff to The Assembly of the State of New York concerning proposed legislation relating to lenses used for simple magnification, including ready-to-wear reading eyeglasses (May 11, 1987)
- Response from FTC Staff to The Honorable Tim Leslie, California Assembly, concerning Assembly Bill No. 1732, which would place certain restrictions on the ability of physicians to dispense prescription drugs to their patients (May 1, 1987)
- Response from FTC Staff to the Tennessee Board of Dentistry concerning the scope of permissible advertising by dentists (April 30, 1987)
- Response from FTC Staff to the Virginia State Board of Dentistry concerning final regulations proposed by the Board (April 23, 1987)
- Comments from FTC Staff to the Florida Board of Dentistry concerning proposed regulations restricting dental advertising (April 23, 1987)
- Response from FTC Staff to the South Carolina Legislative Audit Council concerning the sunset review of the laws governing, and regulations implemented by, the South Carolina State Boards of Podiatry Examiners, Occupational Therapy Examiners, Speech and Audiology Examiners, and Psychology Examiners (April 23, 1987)
- Response from FTC Staff to the Health Systems Agency of New York City, concerning its draft Medical Facilities Plan (February 9, 1987)
- Response from FTC Staff to the Maryland State Board of Medical Examiners, concerning the practice and regulation of the dispensing of prescription drugs by physicians (December 31, 1986)
- Response from FTC Staff to the State Examining Boards, State of Georgia, concerning rules proposed by the Georgia State Board of Pharmacy with respect to the dispensing of prescription drugs by physicians and certain other health care practitioners (November 26, 1986)
- Response from FTC Staff to the Commissioner of Insurance, State of Nevada, concerning the use of exclusive contracts by health maintenance organizations (November 5, 1986)

- Response from FTC Staff to the Deputy Attorney General, State of Nevada, concerning regulation proposed by the Nevada State Board of Physical Therapy (October 23, 1986)
- Comments from FTC Staff to the Department of Health and Human Services, concerning alternate systems for determining the maximum level of federal funding for state reimbursement of retail pharmacies for drugs dispensed to Medicaid customers (October 20, 1986)
- Response from FTC Staff to Mr. Owen H. Yamasaki, Office of the Auditor, Honolulu, Hawaii, concerning the sunset review of statutory provisions prohibiting certain business practices by optometrists (August 21, 1986)
- Response from FTC Staff to the Mississippi State Board of Optometry, concerning the proposed amendments to the advertising rules (July 10, 1986)
- Response from FTC Staff to the Honorable Emile Jones, Jr., the Illinois State Senate, concerning group contracting by physicians (June 11, 1986)
- Testimony of FTC Staff before the Committee on Regulatory Reform, Florida House of Representatives, concerning the sunset review of the Florida Optometry Act (April 30, 1986)
- Response from FTC Staff to the Virginia State Board of Optometry, concerning proposed regulations (April 15, 1986)
- Response from FTC Staff to the Virginia State Board of Dentistry, concerning proposed regulations (April 3, 1986)
- Comments of FTC Staff to the Council of the District of Columbia, concerning regulation of expanded role nurses (November 22, 1985)
- Response from FTC Staff to the Florida Board of Dentistry concerning disclosure of financial interests by referring dentists (November 6, 1985)
- Comments from FTC Staff to the Arizona State Board of Optometry concerning the Board's proposed rules (October 17, 1985)
- Response from FTC Staff to the Attorney General of California concerning Assembly Bill 707, which would grant special treatment under the antitrust laws to health care providers, insurers, and purchasers for joint activities relating to contracts for the provision of health services (September 17, 1985)
- Response from FTC Staff to The Honorable Phillip Isenberg, California State Assembly, concerning Assembly Bill 1217, which would repeal existing restrictions on the number of branch offices that an optometrist or group of optometrists practicing in California may permissibly operate; remove existing restrictions on the ability of optometrists and opticians to develop and use brand names; and remove many of the existing restrictions on business relationships between optometrists and opticians (June 21, 1985)
- Response from FTC staff to the Legislative Council of Delaware, Sunset Review Committee, concerning review of the Delaware State Board of Optometric Examiners, including comments concerning regulations that prohibit certain business practices (May 31, 1985)

- Response from FTC Staff to the Honorable Ralph L. Axelle, Chairman of the Governor's Regulatory Reform Board of the Commonwealth of Virginia, concerning review of health professional regulatory boards by the Commonwealth of Virginia (May 22, 1985)
- Response from FTC Staff to the Honorable Strom Thurmond, Chairman of the Committee of the Judiciary, U.S. Senate, regarding Hon. Thurmond's request for the FTC's views concerning S. 379, the "Health Care Cost Containment Act of 1985" (May, 21, 1985)
- Response from FTC Staff to the New Jersey State Board of Dentistry, commenting on the Board of Dentistry's proposed rules (March 19, 1985)
- Response from FTC Staff to the North Dakota State Board of Optometry, concerning proposed regulations (February 14, 1985)
- Comments from FTC Staff to the Minnesota Board of Dentistry concerning proposed amendments to rules of the Board (1985)
- Comments from FTC Staff to the Board of Registration in Medicine of the Commonwealth of Massachusetts, regarding the role of competition in the delivery of health care services (December 14, 1984)
- FTC Testimony before New Jersey Senate Labor, Industry, and Professions Committee concerning restrictions on contact lens fitting (October 17, 1984)
- Response from FTC Staff to the Legislative Research Office, Legislative Administration Committee, State of Oregon, concerning the sunset review of the Oregon State Boards of Optometry and Dentistry (August 22, 1984)
- Response from FTC Staff to the Department of Health Regulatory Boards, Commonwealth of Virginia, concerning the regulatory review of the Virginia State Boards of Dentistry and Medicine (August 21, 1984)
- Response from FTC Staff to the U.S. Department of Health and Human Services, concerning proposed regulations implementing Section 114 of the Tax Equity and Fiscal Responsibility Act of 1982, requiring that Health Maintenance Organizations and Competitive Medical Plans must meet to enter into a Medicare contract with the Health Care Financing Administration and to qualify for Medicare reimbursement (July 9, 1984)
- Response from FTC Staff to the Honorable Art Agnos, California State Assembly, concerning Assembly Bill 3504, which repeals existing restrictions on the number of branch offices that an optometrist or group of optometrists practicing in California may permissibly operate (June 28, 1984)
- Statement of FTC Staff to the Committee on the Judiciary, United States Senate, concerning S. 2051, Health Care Cost Containment Act of 1984 (June 26, 1984)
- FTC Testimony before the Health Committee of the California State Assembly concerning the proposed repeal of California statutes that limit forms of commercial practice by optometrists (May 10, 1983)

- Comments from FTC Staff to the U.S. Department of Health and Human Services concerning proposed revisions to the Conditions of Participation for Hospitals in Medicare and Medicaid (March 7, 1983)
- Comments from FTC Staff to the Board for Licensing Health Care Facilities of the State of Tennessee concerning competition among physicians and other health care providers licensed by the States, including nurse midwives, nurse practitioners, and nurse anesthetists (1983)

**MATERIAL AVAILABLE AT FTC AND DOJ WEB SITES
CONCERNING ANTITRUST LAW & HEALTH CARE**

1. FTC and DOJ Guidelines

- a. "Statements of Antitrust Enforcement Policy in Health Care," issued by the Federal Trade Commission & U.S. Department of Justice, August 18, 1996.
Available at: www.ftc.gov/reports/hlth3s.htm
- b. "Antitrust Guidelines for Collaborations Among Competitors," issued by the Federal Trade Commission & U.S. Department of Justice, April 2000.
Available at: www.ftc.gov/bc/guidelin.htm
- c. "Horizontal Merger Guidelines of the Department of Justice and Federal Trade Commission," issued April 2, 1992, revised April 8, 1997.
Available at: www.ftc.gov/bc/guidelin.htm
- d. "Antitrust Guidelines for the Licensing of Intellectual Property," issued by the U.S. Department of Justice & the Federal Trade Commission, April 6, 1995. Available at: www.ftc.gov/bc/guidelin.htm
- e. "Promoting Competition, Protecting Consumers: A Plain English Guide to Antitrust Laws."
Available at: www.ftc.gov/bc/compguide/index.htm

2. Other Materials Concerning FTC Actions in Health Care

- a. "Improving Health Care: A Dose of Competition" – a report of the FTC and Department of Justice issued in July 2004.
Available at: www.ftc.gov/reports/healthcare/040723healthcarerpt.pdf
- b. "FTC Antitrust Actions in Health Care Services and Products" – summarizes all FTC enforcement actions, Commission advisory opinions, and amicus briefs in the health-care industry.
Available at: www.ftc.gov/bc/atahcsvs.htm
- c. Commission Actions – full text of complaints and consent orders issued by the Commission since July 1996.
Available at: www.ftc.gov/bc/CommissionActions/index.htm
- d. "Topic and Yearly Indices of Health Care Antitrust Advisory Opinions by Commission and Staff" – summarizes all Commission and FTC staff advisory opinions in the health-care industry.
Available at: www.ftc.gov/bc/adops/indices.htm

- e. Advisory Opinions – full text of advisory opinions in the health-care industry issued by the Commission and FTC staff since 1993.
Available at: www.ftc.gov/bc/advisory.htm
- f. Staff Letters to Other Governmental Bodies – letters to federal and state governmental bodies in response to requests for guidance on various aspects of competition policy in the health-care industry.
Available at: www.ftc.gov/bc/hcpolicy.htm
- g. Speeches – speeches by Commission personnel concerning the health-care industry.
Available at: www.ftc.gov/bc/speeches.htm
- h. FTC/DOJ Hearings on Health Care and Competition Law & Policy – lists all publicly available information about the hearings.
Available at: www.ftc.gov/ogc/healthcarehearings/index.htm

3. Other Materials Concerning the U.S. Department of Justice, Antitrust Division, Actions in Health Care

The following materials are available at: www.usdoj.gov/atr/public/health_care/health_care.htm

- a. Health Care Task Force: Recent Enforcement Actions – summarizes some recent actions brought by DOJ in the health-care industry.
- b. Health Care Cases – summaries of DOJ antitrust civil, criminal, and merger actions in the health care industry since August 25, 1983. Full text of complaints and related materials available at <http://www.usdoj.gov/atr/cases.html>.
- c. Business Review Letters – summaries of DOJ business review letters in the health-care industry since 1993 issuance of the DOJ/FTC Health Care Antitrust Statements of Enforcement Policy. Full text of letters from 1993 to the present available at <http://www.usdoj.gov/atr/public/busreview/letters.htm>.