TOPIC AND YEARLY INDICES OF HEALTH CARE ANTITRUST ADVISORY OPINIONS BY COMMISSION AND BY STAFF*

Health Care Division
Bureau of Competition
Federal Trade Commission
Washington D.C. 20580

Markus H. Meier
Assistant Director

Bradley S. Albert
Deputy Assistant Director

Kara Monahan
Deputy Assistant Director

July 2021

* Actions involving health care services and products are contained in a separate document, Overview of FTC Actions in Health Care Services and Products. Actions involving pharmaceutical products and distribution are contained in the Overview of FTC Actions in Pharmaceutical Products and Distribution.
# TABLE OF CONTENTS

I. **INTRODUCTION** ...............................................................................................................1

II. **TOPIC INDEX OF HEALTH CARE ANTITRUST ADVISORY OPINIONS BY COMMISSION AND BY STAFF** 2

   A. **Network Joint Ventures** ...........................................................................................2
       1. Physician Network Joint Ventures ...........................................................................2
       2. Hospital/Physician Network Joint Ventures ..........................................................4
       3. Hospital Network Joint Ventures ...........................................................................5
       4. Other Provider Network Joint Ventures ..................................................................5
       5. Other Joint Bidding ..............................................................................................6

   B. **Joint Purchasing Arrangements** ...............................................................................7
       1. Joint Purchasing By Health Care Providers ...........................................................7
       2. Joint Purchasing by Payers ...................................................................................7

   C. **Other Joint Ventures** ................................................................................................7
       1. Hospital Joint Ventures .........................................................................................7
       2. Insurer/Third-Party Payer PPOs ...........................................................................8

   D. **Provider Participation in Exchanges of Price and Cost Information** ......................8

   E. **Providers’ Collective Provision of Fee Related Information** ..................................9
       1. Relative Value Schedules/Guides ...........................................................................9
       2. Fee Review ...........................................................................................................10
       3. Discussions with Payers ....................................................................................11

   F. **Providers’ Collective Provision of Non-fee Related Information** ..........................11
       1. Standard Setting Programs ..................................................................................11
       2. Quality and Utilization Review ..........................................................................11
       3. Information Sharing ............................................................................................12

   G. **Professional Society Activities** ..............................................................................12
1. Codes of Ethics ........................................................................................................12
2. Other Activities .......................................................................................................13

H. Other Agreements ....................................................................................................13
  1. Market Allocation ..................................................................................................13
  2. Exclusive Dealing ..................................................................................................13
  3. Potential Barriers to New Entry ..........................................................................14
  4. Parent-Subsidiary Relationships .........................................................................14
  5. Patent Infringement Settlement Agreements ......................................................14
  6. Sales Agreements Between Health Care Providers .............................................14

I. Robinson-Patman Act .............................................................................................14
  1. Pharmaceutical Pricing Practices .......................................................................14
  2. Other Products .....................................................................................................18

J. Failure to File Agreement Required by Medicare Prescription Drug, Improvement, and Modernization Act of 2003 .................................................................18

III. YEARLY INDEX OF HEALTH CARE ANTITRUST ADVISORY OPINIONS
     BY COMMISSION AND BY STAFF ........................................................................18
I. INTRODUCTION

The Federal Trade Commission will respond to requests for advice from health care providers and others through its advisory opinion process. On September 27, 1994, the Federal Trade Commission and the Department of Justice jointly issued nine statements of antitrust enforcement policies and analytical principles regarding mergers and various joint activities in the health care area. In response to changes in the health care market, on August 28, 1996, the agencies issued revisions to statements eight and nine concerning physician network joint ventures and multi-provider networks.

Under the statements, the Commission has committed to responding within 90 days to requests for advice from health care plans or providers about matters addressed by the “safety zones” or the non-merger policy statements; and within 120 days to requests for advice regarding multiprovider networks and other non-merger health care matters. The response period will commence once all necessary information has been received by the Commission.

In the mid-1970's, the FTC formed a division within the Bureau of Competition to investigate potential antitrust violations involving health care. The Health Care Division consists of approximately 40 lawyers and investigators who work exclusively on health care antitrust matters. The Commission and its health care staff have responded to numerous requests for guidance from health care industry participants through, among other things, the advisory opinion letter process. Those advisory opinions are listed below by topic and by year. Section II contains a list of advisory opinions by topic. Some advisory opinions are listed in more than one category because they discuss several issues. A yearly index follows this topic index in Section III. Commission advisory opinions are indicated by an asterisk (*); other opinions are staff advisory opinions. The indices, advisory opinions, and other information relating to the Commission’s advisory opinion program are available at the FTC’s website at https://www.ftc.gov/tips-advice/competition-guidance/industry-guidance/health-care (for the advisory opinions, look under the “Advisory Opinion” drop down menu and “View More Advisory Opinions”). For additional information concerning the advisory opinion program, contact Robert Canterman at (202) 326-2701.

1 Actions involving health care services and products are contained in a separate document, Overview of FTC Actions in Health Care Services and Products. Actions involving pharmaceutical products and distribution are contained in the Overview of FTC Actions in Pharmaceutical Products and Distribution. Both documents are available at the FTC’s website at https://www.ftc.gov/tips-advice/competition-guidance/industry-guidance/health-care.

2 FTC Rules of Practice, §1.1-1.4; 16 C.F.R. §§ 1.1-1.4.

II. TOPIC INDEX OF HEALTH CARE ANTITRUST ADVISORY OPINIONS BY COMMISSION AND BY STAFF

A. Network Joint Ventures

1. Physician Network Joint Ventures


**MedSouth Inc.** To John J. Miles; June 18, 2007. (Follow-up to MedSouth, Inc. staff advisory opinion dated February 9, 2002 (see below) concerning the program’s clinical integration activities, efficiencies, and market power) (https://www.ftc.gov/sites/default/files/documents/advisory-opinions/medsouth-inc./070618medsouth.pdf).


California Managed Imaging Medical Group, Inc. To J. Bert Morgan, Esq.; November 17, 1993. (Proposal by a radiologist-owned PPO network to provide professional radiology services to payers on a regional or statewide basis. The letter discusses fee-setting, market power, and

**Maryland Medical Eye Associates.** To Charles E. Rosolio; May 15, 1987. (Formation, marketing, and operation of a partially integrated professional organization, owned by nine ophthalmologists who are in five separate medical practices, to offer services to HMOs and other groups on a capitation and fee schedule basis) (https://www.ftc.gov/sites/default/files/documents/advisory-opinions/maryland-medical-eye-assniciates/16.pdf).


**Kitsap Physicians Service.** To William G. Kopit, Esq.; May 22, 1984, and March 26, 1984. (Proposal by physician-owned IPA/HMO with most of the local physicians as participants to close off access to plan to additional physicians) (https://www.ftc.gov/policy/advisory-opinions/kitsap-physicians-service).


2. **Hospital/Physician Network Joint Ventures**


**Tristate Health Partners, Inc.** To Christi J. Braun; April 13, 2009. (Proposal by a physician-hospital organization to clinically integrate its members’ provision of health care services, and to contract jointly with health plans and other payers on a fee-for-service basis on behalf of its members to provide services to plan beneficiaries) (https://www.ftc.gov/sites/default/files/documents/advisory-opinions/tristate-health-partners-inc./090413tristateaoletter.pdf).

**Suburban Health Organization, Inc.** To Clifton E. Johnson, Esq. and William H. Thompson, Esq.; March 28, 2006. (Proposed plan by PHO to be the exclusive bargaining and contracting agent with health plans for the primary care physicians employed at the PHO’s eight member hospitals)
IPA Sponsored PPO. To Martin J. Thompson; June 20, 1991. (IPA network’s sponsorship of a PPO to negotiate prices with hospitals whose services will be marketed as part of the PPO) (https://www.ftc.gov/sites/default/files/documents/advisory-opinions/ipa-sponsored-ppo/4.pdf).


3. Hospital Network Joint Ventures


4. Other Provider Network Joint Ventures


Alliance of Independent Medical Services, LLC. To Timothy C. Cashmore; December 22, 1997. (Network of ambulance and ambulette services providers formed to contract for transportation services with third party payers) (https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-cashmore-12-22-97).


**Southwest Florida Oral Surgery Associates.** To Guy E. Whitesman; December 2, 1996. (Cooperative of oral and maxillofacial surgery practices formed to jointly market services to third party payers) ([https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-whitesman-12-2-96](https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-whitesman-12-2-96)).

**Southern Arizona Therapy Network, Inc.** To Martin Janello; December 7, 1995. (Provider network of physical, occupational, and speech therapists organized to facilitate contracts among network members and payers) ([https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-janello-12-07-95](https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-janello-12-07-95)).

**Palmetto Dental Alliance.** To Scott Y. Barnes, Esq.; September 23, 1994. (Proposal by exclusive provider organization to provide dental services to beneficiaries of third party health benefits plans) ([https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-barnes-09-23-94](https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-barnes-09-23-94)).

5. **Other Joint Bidding**

**California All Health.** To William G. Kopit, Esq. and Clifford E. Barnes, Esq.; June 14, 1995. (Joint venture of six health maintenance organizations formed to bid for certain California Medicaid contracts) ([https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-kopit-06-14-95](https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-kopit-06-14-95)).

B. Joint Purchasing Arrangements

1. Joint Purchasing By Health Care Providers

   Elmore Community Hospital, Inc. To Derrell O. Fancher; June 20, 1995. (Joint venture between two acute care hospitals for the purchase of certain personnel and other services) (https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-fancher-06-20-95).


2. Joint Purchasing by Payers


   The Equitable Life Assurance Society. To Jonathan E. Gaines, Esq., V.P. and Counsel; March 26, 1986. (Proposal by an insurer to enter into contracts with hospitals for DRG-based payment. The prices would apply to insurer's own business and would be available to self-funded plans that contract with the insurer for that service) (https://www.ftc.gov/sites/default/files/documents/advisory-opinions/equitable-life-assurance-society/19.pdf).


C. Other Joint Ventures

1. Hospital Joint Ventures


   Erlanger Medical Center/ Women's East Inc. To Carlos C. Smith, Esq. and Edward N. Boehm, Esq.; May 31, 1995. (Joint venture between two acute care hospitals for establishment of a new
hospital specializing in obstetrical hospital services)  

2. Insurer/Third-Party Payer PPOs

*Association for Quality Health Care, Inc.* To Cecil M. Cheves, Esq.; August 28, 1986. (Association of employers with self-funded health plans to negotiate with providers)  

*The Equitable Life Assurance Society.* To Jonathan E. Gaines, Esq., V.P. and Counsel; March 26, 1986. (Proposal by an insurer to enter into contracts with hospitals for DRG-based payment. The prices would apply to insurer's own business and would be available to self-funded plans that contract with the insurer for that service)  

*Private Healthcare Systems.* To Michael L. Denger, Esq.; September 24, 1985. (Proposal by an insurer to develop a proprietary national network of managed health care systems and to function as a joint purchasing agent for commercial health insurers)  

*Health Care Management Associates.* 101 F.T.C. 1014 (1983). To Irwin S. Smith, M.D., President; June 7, 1983. (PPO organized by an independent intermediary between physicians and payers)  

D. Provider Participation in Exchanges of Price and Cost Information

*Rx-360 International Pharmaceutical Supply Chain Consortium.* To Joanne Lewers; September 15, 2010 (Proposal regarding the Rx-360 International Pharmaceutical Supply Chain Consortium (“Rx-360”) to implement two supplier audit programs, which would permit pharmaceutical manufacturers to: (1) share information about the quality and safety of ingredients purchased from common suppliers; and (2) share the costs of sponsoring quality and safety audits of common suppliers)  

*Medical Group Management Association.* To Gerald Niederman; November 3, 2003. (Proposal by association of medical practice administrators relating to survey of physician practices regarding insurer payments and other aspects of insurer business practices)  
**PriMed Physicians.** To Gregory G. Binford; February 6, 2003. (Proposal by physicians in Dayton, Ohio, to collect and publish information about third party payers’ policies and procedures, including fees that specific health plans pay to Dayton doctors compared to fees they pay for the same procedures to physicians in other areas, in connection with the formation of an advocacy group to educate the public about issues affecting the Dayton health care market) ([https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-binford-02-06-03](https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-binford-02-06-03)).


E. **Providers’ Collective Provision of Fee Related Information**

1. **Relative Value Schedules/Guides**

**American Medical Association.** To Kirk B. Johnson; March 26, 1996. (Dissemination of public information relating to proposed revisions to Medicare’s resource-based relative value scale) ([https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-johnson-03-26-96](https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-johnson-03-26-96)).


2. Fee Review


American Podiatry Association. To Norman Klombers, DPM, Executive Director, and John Grad, Esq., General Counsel, Podiatry Society of Virginia; August 18, 1983. (Peer review of
fees, utilization, and quality of care by professional society)

(Voluntary and advisory peer review of dentists’ fees by a professional society)

3. Discussions with Payers

Medical Society of the County of Erie. To James F. Phillips, M.D., President; March 12, 1984.
(Medical society discussions with third-party payers regarding fee allowances)

F. Providers’ Collective Provision of Non-fee Related Information

1. Standard Setting Programs

Foundation for the Accreditation of Hematopoietic Cell Therapy. To Paul L Yde; April 17, 1997. (Standard-setting and accreditation program for organizations involved in medical or laboratory practice related to hematopoietic progenitor cell therapy)

Washington Health Care Association. To Stephen J. Maag, Director of Legal and Regulatory Affairs; February 16, 1988. (Nursing home association’s program to evaluate the quality of care provided by nursing homes)

2. Quality and Utilization Review

Academy of Ambulatory Foot Surgery. To Andrew K. Dolan, Esq.; July 31, 1987. (Professional association assistance to third-party payers in determining when foot surgery may be restricted to outpatient settings)

Peer Review Organizations of Ohio Foundation. To Larry D. Spencer, Executive Director; April 25, 1984. (Proposal by an association of nine Professional Standards Review Organizations to bid for contract with HHS to serve as a Peer Review Organization for Ohio under the Medicare program)


3. Information Sharing


**PriMed Physicians.** To Gregory G. Binford; February 6, 2003. (Proposal by physicians in Dayton, Ohio, to collect and publish information about third party payers’ policies and procedures, including fees that specific health plans pay to Dayton doctors compared to fees they pay for the same procedures to physicians in other areas, in connection with the formation of an advocacy group to educate the public about issues affecting the Dayton health care market) (https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-binford-02-06-03).


G. Professional Society Activities

1. Codes of Ethics

**Suffolk County Dental Society.** To Steven L. Roberts, DDS, President, and Albert A. Sunshine, DDS, Chairman, Ethics Committee; July 6, 1994. (Legality of "exclusive dental plans"; proposed dental society disciplinary action against dentists sponsoring such plans) (https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-roberts-sunshine-07-06-94).


2. Other Activities


H. Other Agreements

1. Market Allocation


2. Exclusive Dealing


3. Potential Barriers to New Entry

_Benedictine Health Centers_. To Patrick M. Sheller, Esq.; July 10, 1991. (Proposal by hospital to offer free office space to newly recruited physicians)

_Kitsap Physicians Service_. To William G. Kopit, Esq.; May 22, 1984, and March 26, 1984. (Proposal by physician-owned IPA/HMO with most of the local physicians as participants to close off access to plan to additional physicians)

4. Parent-Subsidiary Relationships

Community Hospital, Inc. To Darrell O. Fancher; December 22, 1997. (Corporate restructuring of nonprofit hospital corporation)
([https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-fancher-12-22-97](https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-fancher-12-22-97)).

5. Patent Infringement Settlement Agreements

*Bristol-Myers Squibb Company*. To Richard J. Stark; May 24, 2004. (Proposed settlement of infringement litigation with Teva Pharmaceuticals involving sharing of the exclusivity period for the drug Paraplatin)

6. Sales Agreements Between Health Care Providers

_The Methodist Hospital System_. To Dionne C. Lomax, Esq.; November 30, 2012 (Sale of discounted shortage drugs to Baytown EMS as emergency humanitarian gesture)

I. Robinson-Patman Act

1. Pharmaceutical Pricing Practices

_Crouse Health Hospital_. To Jennifer R. Bolster Esq.; October 20, 2017. (Inquiry as to whether Crouse Health Hospital’s proposal to sell discounted pharmaceutical products to the employees, retirees, and their dependents of its affiliate, Crouse Medical Practice, would fall within the scope of the Non-Profit Institutions Act, which exempts from the Robinson-Patman Act “purchases of their supplies for their own use by schools, colleges, universities, public libraries, churches, hospitals, and charitable institutions not operated for profit.”)
**Quest Analytics Group.** To James L. S. Cobb, Esq.; March 7, 2014. (Inquiry as to whether certain non-profit educational institutions’ purchase of specialty drugs through Quest Analytic Group’s proposed group purchasing organization would fall within the Non-Profit Institutions Act, which exempts from the Robinson-Patman Act “purchases of their supplies for their own use by … [certain non-profit institutions, including] hospitals, and charitable institutions not operated for profit.”) (https://www.ftc.gov/system/files/documents/advisory_opinions/quest-analytics-group/140310queststaffadvisoryletter.pdf).

**Yakima Valley Memorial Hospital.** To Robert J. Walerius; August 16, 2010. (Inquiry as to whether Yakima Valley Memorial Hospital’s proposal to sell discounted pharmaceutical products to employees of two of its affiliates would fall within the scope of the Non-Profit Institutions Act, which exempts from the Robinson-Patman Act “purchases of their supplies for their own use by … [certain non-profit institutions, including] hospitals, and charitable institutions not operated for profit.”) (https://www.ftc.gov/sites/default/files/documents/advisory_opinions/yakima-valley-memorial-hospital/100819yakimavalleyletter.pdf).

**Community CarePartners, Inc.** To Vincent D. Childress, Jr.; July 2, 2010. (Inquiry as to whether Community CarePartners’ proposal to extend sales of discounted pharmaceutical products to its in-home hospice patients would fall within the Non-Profit Institutions Act, which exempts from the Robinson-Patman Act “purchases of their supplies for their own use by … [certain non-profit institutions, including] hospitals, and charitable institutions not operated for profit.”) (https://www.ftc.gov/sites/default/files/documents/advisory-opinions/community-carepartners-inc/100702carepartnersopinion.pdf).

**University of Michigan.** To Kathleen A. Reed; April 9, 2010. (Inquiry as to whether a prescription drug benefit program proposed by the University would fall within the Non-Profit Institutions Act, which exempts from the Robinson-Patman Act “purchases of their supplies for their own use by … [certain non-profit institutions, including] hospitals, and charitable institutions not operated for profit.”) (https://www.ftc.gov/sites/default/files/documents/advisory-opinions/university-michigan/100409univmichiganopinion.pdf).


**St. John’s Health System.** To Michael Merrigan; September 13, 2006. (Provision of pharmaceuticals by St. John's Regional Health Center, a non-profit hospital, to three


Arkansas Children’s Hospital. To Victoria Bennet; March 13, 2003. (Sale of pharmaceuticals by non-profit children’s hospital to patients seen in clinics that are operated by the University of Arkansas for Medical Sciences on the hospital’s campus) (https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-bennet-03-13-03).


**BJC Health System.** To Gary Senner; November 9, 1999. (Sale of pharmaceuticals by non-profit hospital system to the system’s employees, affiliated managed care program enrollees, and home care subsidiary) (https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-senner-11-09-99).


**Unnamed Hospital.** To James D. Miller, Esq.; March 31, 1993. (Dispensing of non-profit hospital’s purchase of drugs to HMO members and to members of a senior citizens’ program) (https://www.ftc.gov/sites/default/files/documents/advisory-opinions/unnamed-hospital_1.pdf).
Oneida City Hospital. To Linus W. Walton, Esq., City Attorney; June 1, 1992. (Sale of prescription drugs by a city-operated hospital to city employees at a price reflecting discounts received by the hospital (https://www.ftc.gov/sites/default/files/documents/advisory-opinions/oneida-city-hospital/2.pdf).

2. Other Products


J. Failure to File Agreement Required by Medicare Prescription Drug, Improvement, and Modernization Act of 2003


III. YEARLY INDEX OF HEALTH CARE ANTITRUST ADVISORY OPINIONS BY COMMISSION AND BY STAFF

2017 Crouse Health Hospital. To Jennifer R. Bolster Esq.; October 20, 2017. (Inquiry as to whether Crouse Health Hospital’s proposal to sell discounted pharmaceutical products to the employees, retirees, and their dependents of its affiliate, Crouse Medical Practice, would fall within the scope of the Non-Profit Institutions Act, which exempts from the Robinson-Patman Act “purchases of their supplies for their own use by schools, colleges, universities, public libraries, churches, hospitals, and charitable institutions not operated for profit.”) (https://www.ftc.gov/system/files/documents/advisory_opinions/letter-markus-h-meier-assistant-director-bureau-competition-concerning-crouse-health-hospitals/crouse_finaladvisoryopinionletter_10202017_text_version.pdf)

4 Commission advisory opinions are indicated by an asterisk (*); other opinions are staff advisory opinions.
2014 **Quest Analytics Group.** To James L. S. Cobb, Esq.; March 7, 2014. (Inquiry as to whether certain non-profit educational institutions’ purchase of specialty drugs through Quest Analytic Group’s proposed group purchasing organization would fall within the Non-Profit Institutions Act, which exempts from the Robinson-Patman Act “purchases of their supplies for their own use by … [certain non-profit institutions, including] hospitals, and charitable institutions not operated for profit.”) ([https://www.ftc.gov/system/files/documents/advisory_opinions/quest-analytics-group/140310queststaffadvisoryletter.pdf](https://www.ftc.gov/system/files/documents/advisory_opinions/quest-analytics-group/140310queststaffadvisoryletter.pdf)).


2010 **Rx-360 International Pharmaceutical Supply Chain Consortium.** To Joanne Lewers; September 15, 2010 (Proposal regarding the Rx-360 International Pharmaceutical Supply Chain Consortium (“Rx-360”) to implement two supplier audit programs, which would permit pharmaceutical manufacturers to: (1) share information about the quality and safety of ingredients purchased from common suppliers; and (2) share the costs of sponsoring quality and safety audits of common suppliers) ([https://www.ftc.gov/sites/default/files/documents/advisory_opinions/rx-360-international-pharmaceutical-supply-chain-consortium/100916bloomletter.pdf](https://www.ftc.gov/sites/default/files/documents/advisory_opinions/rx-360-international-pharmaceutical-supply-chain-consortium/100916bloomletter.pdf)).
**Yakima Valley Memorial Hospital.** To Robert J. Walerus; August 16, 2010. (Inquiry as to whether Yakima Valley Memorial Hospital’s proposal to sell discounted pharmaceutical products to employees of two of its affiliates would fall within the scope of the Non-Profit Institutions Act, which exempts from the Robinson-Patman Act “purchases of their supplies for their own use by … [certain non-profit institutions, including] hospitals, and charitable institutions not operated for profit.”) (https://www.ftc.gov/sites/default/files/documents/advisory_opinions/yakima-valley-memorial-hospital/100819yakimavalleyletter.pdf).

**Community CarePartners, Inc.** To Vincent D. Childress, Jr.; July 2, 2010. (Inquiry as to whether Community CarePartners’ proposal to extend sales of discounted pharmaceutical products to its in-home hospice patients would fall within the Non-Profit Institutions Act, which exempts from the Robinson-Patman Act “purchases of their supplies for their own use by … [certain non-profit institutions, including] hospitals, and charitable institutions not operated for profit.”) (https://www.ftc.gov/sites/default/files/documents/advisory-opinions/community-carepartners-inc./100702carepartnersopinion.pdf).

**University of Michigan.** To Kathleen A. Reed; April 9, 2010. (Inquiry as to whether a prescription drug benefit program proposed by the University would fall within the Non-Profit Institutions Act, which exempts from the Robinson-Patman Act “purchases of their supplies for their own use by … [certain non-profit institutions, including] hospitals, and charitable institutions not operated for profit.”) (https://www.ftc.gov/sites/default/files/documents/advisory-opinions/university-michigan/100409univmichiganopinion.pdf).

**2009 Tristate Health Partners, Inc.** To Christi J. Braun; April 13, 2009. (Proposal by a physician-hospital organization to clinically integrate its members’ provision of health care services, and to contract jointly with health plans and other payers on a fee-for-service basis on behalf of its members to provide services to plan beneficiaries) (https://www.ftc.gov/sites/default/files/documents/advisory-opinions/tristate-health-partners-inc./090413tristateaoletter.pdf).


**MedSouth Inc.** To John J. Miles; June 18, 2007. (Follow-up to MedSouth, Inc. staff advisory opinion dated February 9, 2002 (see below) concerning the program’s clinical integration activities, efficiencies and market power) (https://www.ftc.gov/sites/default/files/documents/advisory-opinions/medsouth-inc./070618medsouth.pdf).


**Suburban Health Organization, Inc.** To Clifton E. Johnson, Esq. and William H. Thompson, Esq.; March 28, 2006. (Proposed plan by PHO to be the exclusive bargaining and contracting agent with health plans for the primary care physicians employed at the PHO’s eight member hospitals) (https://www.ftc.gov/sites/default/files/documents/advisory-opinions/suburban-health-organization/suburbanhealthorganizationstaffadvisoryopinion03282006.pdf).


**Stevens Hospital.** To Gordon J. Oakes; April 18, 2005. (Sale of pharmaceuticals by non-profit hospital to patients receiving treatment in clinics that are owned by the hospital under the Non-Profit Institutions Act) (https://www.ftc.gov/sites/default/files/documents/advisory-opinions/stevens-hospital-edmonds-washington/050422npialtrpender.pdf).


Arkansas Children’s Hospital. To Victoria Bennet; March 13, 2003. (Sale of pharmaceuticals under the Non-Profit Institutions Act by non-profit children’s hospital to patients seen in clinics that are operated by the University of Arkansas for Medical Sciences on the hospital’s campus) (https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-bennet-03-13-03).

Valley Baptist Medical Center. To Louise M. Joy; March 13, 2003. (Sale of pharmaceuticals by hospital to contracted workers who provide services at the hospital under the Non-Profit Institutions Act) (https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-bennet-03-13-03).

PriMed Physicians. To Gregory G. Binford; February 6, 2003. (Proposal by physicians in Dayton, Ohio, to collect and publish information about third party payers’ policies and procedures, including fees that specific health plans pay to Dayton doctors compared to fees they pay for the same procedures to physicians in other areas, in connection with the formation of an advocacy group to educate the public about issues affecting the Dayton health care market) (https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-binford-02-06-03).


MedSouth, Inc. To John J. Miles; February 19, 2002. (Proposal by multispecialty physician network joint venture to implement clinical resource management program and
contract with third party payers)  

2001 **Connecticut Hospital Association.** To Robert M. Langer; December 20, 2001. (Sale of pharmaceuticals by non-profit hospitals to retired employees under the Non-Profit Institutions Act)  

**Harvard Vanguard Medical Associates, Inc.** To David Marx, Jr.; December 18, 2001. (Sale of pharmaceuticals by non-profit, multi-specialty medical clinic to employees and to patients treated at the clinic under the Non-Profit Institutions Act)  

2000 **Northeast Pharmacy Service Corporation.** To Paul E. Levenson; July 27, 2000. (Network of independent pharmacies in Massachusetts and Connecticut offering package of medication-related patient care services to physician groups)  

1999 **BJC Health System.** To Gary Senner; November 9, 1999. (Sale of pharmaceuticals by non-profit hospital system to the system’s employees, affiliated managed care program enrollees, and home care subsidiary under the Non-Profit Institutions Act)  

**Orange Pharmacy Equitable Network.** To John A. Cronin, Pharm D., J.D.; May 19, 1999. (Network of retail pharmacies and pharmacists offering drug product distribution and disease management services)  

**Wesley Health Care Center, Inc.** To David A. Ruffo; April 29, 1999. (Sale of pharmaceuticals by non-profit skilled nursing facility to volunteers working at the facility under the Non-Profit Institutions Act)  


**Phoenix Medical Network, Inc.** To William T. Harvey; May 19, 1998. (Physician network of osteopathic services providers formed to contract with third party payers)  

**North Mississippi Health Services.** To Bruce J. Toppin, Esq.; January 7, 1998. (Sale of pharmaceuticals by non-profit hospital to patients of the hospital’s cancer treatment center under the Non-Profit Institutions Act)  
1997 *Alliance of Independent Medical Services, LLC.* (To Timothy C. Cashmore; December 22, 1997. (Network of ambulance and ambulette services providers formed to contract for transportation services with third party payers) (https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-cashmore-12-22-97).


*Henry County Memorial Hospital.* To Clifton E. Johnson, Esq.; April 10, 1997. (Sale of pharmaceuticals by non-profit hospital to patients of the hospital’s PHO under the Non-Profit Institutions Act) (https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-johnson-04-10-97).


1995  *Southern Arizona Therapy Network, Inc.* To Martin Janello; December 7, 1995. (Provider network of physical, occupational, and speech therapists organized to facilitate
contracts among network members and payers)

**Columbine Family Health Center.** To Richard J. Sahli; November 8, 1995. (Proposal to add a patient sorting provision to an agreement between an acute care hospital and a rural health care clinic)

**Eastern Ohio Physicians Organization, Inc. ("EOPO").** To Stephen P. Nash, Esq.; September 28, 1995. (Multi speciality physician organization established to contract on behalf of its participating physicians with third party payers)

**Central Texas Medical Group ("CTMG").** To John P. Dunn, M.D.; September 28, 1995. (Proposal by IPA to distribute information and educate its members on managed care and community issues)

**Hematology/Oncology Care Specialists of Western Pennsylvania, P. C.** To Stephen P. Nash, Esq.; September 21, 1995. (Physician network of hematology/oncology services providers formed to negotiate with third-party payers)

**Otolaryngology Specialty Providers of Georgia.** To Thomas W. Rhodes, Esq.; August 15, 1995. (Physician network of otolaryngology services providers formed to facilitate individual contracts among network members and third-party payers)

**Northwestern Nevada Orthopaedic Surgery Alliance.** To Jacqueline C. Cox; July 11 & 27, 1995. (Physician network of orthopaedic services providers formed to facilitate individual contracts among network members and payers)
(https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-cox-07-11-95) and

**Elmore Community Hospital, Inc.** To Derrell O. Fancher; June 20, 1995. (Joint venture between two acute care hospitals for the purchase of certain personnel and other services)

**California All Health.** To William G. Kopit, Esq. and Clifford E. Barnes, Esq.; June 14, 1995. (Joint venture of six health maintenance organizations formed to bid for certain California Medicaid contracts)

**Erlanger Medical Center/ Women's East Inc.** To Carlos C. Smith, Esq. and Edward N. Boehm, Esq.; May 31, 1995. (Joint venture between two acute care hospitals for
establishment of a new hospital specializing in obstetrical hospital services)

network joint venture composed of primary care physicians formed to market primary
and specialty physician services to health benefit plans)

1994 **Rocky Mountain Cardiovascular Affiliates.** To Neil E. Ayervais, Esq.; September 23,
1994. (Proposal by a limited liability company composed of physician cardiovascular
services practices to negotiate and contract with third party payers)

**Palmetto Dental Alliance.** To Scott Y. Barnes, Esq.; September 23, 1994. (Proposal by
exclusive provider organization to provide dental services to beneficiaries of third party
health benefits plans)

**Suffolk County Dental Society.** To Steven L. Roberts, Albert A. Sunshine, DDS,
Chairman, Ethics Committee; July 6, 1994. (Legality of "exclusive dental plans";
proposed dental society disciplinary action against dentists sponsoring such plans)

**South East Managed Care Organization/Jackson Medical Cooperative.** To George Q.
Evans, Esq.; July 5, 1994. (Physician network joint venture between physician directed
managed care organization and group of physician providers)

**ACMG, Inc.** To Paul W. McVay, President; July 5, 1994. (Proposed agreement between
state medical society and independent health care management and development
company to establish society-sponsored state-wide PPO)

**Elkhart General Hospital.** To Clifton E. Johnson, Esq.; June 13, 1994. (Sale of
pharmaceuticals by non-profit hospital to hospital operated home health care program
under the Non-Profit Institutions Act)

*American Medical Association. (1994).** To Kirk B. Johnson, General Counsel;
February 14, 1994. (Proposal concerning professional society peer review of physicians'
fees, required physician participation in advisory fee review, and medical society
discipline for fee-related conduct)

*California Managed Imaging Medical Group, Inc.* To J. Bert Morgan, Esq.; November 17, 1993. (Proposal by a radiologist-owned PPO network to provide professional radiology services to payers on a regional or statewide basis. The letter discusses fee-setting, market power, and limitation of provider panel) (https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-morgan-11-17-93).


1992  *Oneida City Hospital.* To Linus W. Walton, Esq., City Attorney; June 1, 1992. (Sale of prescription drugs by a city-operated hospital to city employees at a price reflecting discounts received by the hospital under the Non-Profit Institutions Act) (https://www.ftc.gov/sites/default/files/documents/advisory-opinions/oneida-city-hospital/2.pdf).


*IPA sponsored PPO.* To Martin J. Thompson; June 20, 1991. (IPA network’s sponsorship of a PPO to negotiate prices with hospitals whose services will be marketed as part of the PPO) (https://www.ftc.gov/sites/default/files/documents/advisory-opinions/ipa-sponsored-ppo/4.pdf).


*National Capital Society of Plastic and Reconstructive Surgeons.* To Robert J. Wilensky, M.D., President-Elect; April 23, 1991. (Formation of a physician panel which
would render advisory opinions regarding fee disputes)


**Maryland Medical Eye Associates.** To Charles E. Rosolio; May 15, 1987. (Formation, marketing, and operation of a partially integrated professional organization, owned by
nine ophthalmologists who are in five separate medical practices, to offer services to
HMOs and other groups on a capitation and fee schedule basis

(Formation and operation of a provider-controlled PPO; price agreements to be between
individual participating physicians and each payer)

**Association for Quality Health Care, Inc.** To Cecil M. Cheves, Esq.; August 28, 1986.
(Proposal by an association of employers with self-funded health plans to negotiate with
providers)

**The Equitable Life Assurance Society.** To Jonathan E. Gaines, Esq., V.P. and Counsel;
March 26, 1986. (Proposal by an insurer to enter into contracts with hospitals for
DRG-based payment. The prices would apply to insurer's own business and would be
available to self-funded plans that contract with the insurer for that service)

**California PPO.** To: Michael A. Duncheon, Esq.; March 17, 1986. (Proposal by PPO
composed of multiple hospitals and physician organizations to negotiate contracts with
third-party payers)

**Passaic County Medical Society.** To William T. McGuire, Executive Director; January 3,
1986. (Professional society’s peer review of physicians' fees that is mandatory and
binding on the physician)

1985  **North Texas Chapter of the American College of Surgeons.** To B. Ward Lane, M.D.,
President; December 12, 1985. (Survey of members' fees)

(Development of a standard disclosure protocol for intraocular lens manufacturers who
offer inducements to physicians)


**Maine Medical Association.** To Frederick C. Holler, M.D., President; May 14, 1984. (Legality of proposal by a medical society urging members to freeze or lower fees by a given percentage) ([https://www.ftc.gov/sites/default/files/documents/advisory-opinions/private-healthcare-systems/privatehealthsystems.pdf](https://www.ftc.gov/sites/default/files/documents/advisory-opinions/private-healthcare-systems/privatehealthsystems.pdf)).

**Kitsap Physicians Service.** To William G. Kopit, Esq.; May 22, 1984, and March 26, 1984. (Proposal by physician-owned IPA/HMO with most of the local physicians as participants to close off access to plan to additional physicians) ([https://www.ftc.gov/policy/advisory-opinions/kitsap-physicians-service](https://www.ftc.gov/policy/advisory-opinions/kitsap-physicians-service)).

**HMO/IPA.** To Gilbert M. Frimet, Esq.; March 22, 1984. (Use by IPA of fee schedule to allocate capitation payment among participating physicians. The proposal would require exclusive dealing by IPA members with the IPA) ([https://www.ftc.gov/sites/default/files/documents/advisory-opinions/hmo/ipa/32.pdf](https://www.ftc.gov/sites/default/files/documents/advisory-opinions/hmo/ipa/32.pdf)).


**Medical Society of the County of Erie.** To James F. Phillips, M.D., President; March 12, 1984. (Medical society discussions with third-party payers regarding fee allowances) ([https://www.ftc.gov/sites/default/files/documents/advisory-opinions/medical-society-county-erie/34.pdf](https://www.ftc.gov/sites/default/files/documents/advisory-opinions/medical-society-county-erie/34.pdf)).


1983


