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

Saralisa C. Brau
Deputy Assistant Director

May 2016

* 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 ............................................................................................................8
   1. Hospital Joint Ventures ...............................................................................................8
   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 ...........................................10
   1. Relative Value Schedules/Guides ..................................................................................10
   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 ....................................................................................12
   3. Information Sharing .....................................................................................................12
G. Professional Society Activities ................................................................. 13
   1. Codes of Ethics ....................................................................................... 13
   2. Other Activities .................................................................................... 13

H. Other Agreements .................................................................................... 14
   1. Market Allocation .................................................................................. 14
   2. Exclusive Dealing .................................................................................. 14
   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 ..................................... 15

I. Robinson-Patman Act ............................................................................... 15
   1. Pharmaceutical Pricing Practices ............................................................ 15
   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 ................................................................. 19
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 35 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

**Greater Rochester Independent Practice Association, Inc.** To Christi J. Braun and John J. Miles; September 17, 2007. (Proposal by a physician association to negotiate contracts with payers in connection with its integrated services program)

**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)

**Bay Area Preferred Physicians.** To Martin J. Thompson; September 23, 2003. (Proposal by six county medical societies located in the San Francisco Bay area to develop a physician network and establish a messenger arrangement to minimize the costs associated with physicians contracting with health plans and other payers)

**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)

**Associates in Neurology, Inc.** To Robert C. Norton; August 13, 1998. (IPA network composed of eleven neurologists formed to contract with managed care plans)

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

**Yellowstone Physicians, L.L.C.** To David V. Meany, Esq.; May 14, 1997. (Multispecialty physician network joint venture formed to contract with third party payers)


**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)

**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)

**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)

**Pacific International Health, Inc.** To Richard C. Greenberg, Esq.; August 28, 1986. (Formation and operation of a provider-controlled PPO; price agreements to be between individual participating physicians and each payer)

**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)

**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)

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

**Norman Physician Hospital Organization.** To Michael E. Joseph, Esq.; February 13, 2013. (Multiprovider network joint venture that seeks to create a “clinically integrated” network and engage in joint contracting with third party payers)

**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)
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)

Pan American Management Associates. To Robert P. Macina, Esq.; June 27, 1989. (Creation of a limited partnership between hospital and physicians to establish a PPO. The physicians would be excluded from price negotiations with payers)

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)

3. Hospital Network Joint Ventures

Mayo Medical Laboratories. To George A. Cumming, Jr., Esq.; July 17, 1996. (State or regional networks of hospital laboratories providing outpatient laboratory services organized to compete for payer contracts)

4. Other Provider Network Joint Ventures

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)

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)
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).


5. Other Joint Bidding


**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](https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-fancher-06-20-95)).

   **Louisiana Health Care Association.** To Steven E. Adams, J.D., Director of Governmental Relations; April 23, 1982. (Group purchasing agreement for nursing home association's members) ([https://www.ftc.gov/sites/default/files/documents/advisory-opinions/louisiana-health-care-association/41.pdf](https://www.ftc.gov/sites/default/files/documents/advisory-opinions/louisiana-health-care-association/41.pdf)).

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](https://www.ftc.gov/sites/default/files/documents/advisory-opinions/equitable-life-assurance-society/19.pdf)).

C. Other Joint Ventures

1. Hospital Joint Ventures


2. Insurer/Third-Party Payer PPOs


*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 ).


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)

Business Health Companies, Inc. To Ralph T. Smith, Jr.; October 18, 1996. (Survey of hospital prices by third party consultant)


American Dental Association. To Peter M. Sfikas, Esq.; February 15, 1990. (Study of the establishment of UCR rates by dental insurers and the impact of those rates on consumers' out-of-pocket costs)

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

American Dental Association. To Peter M. Sfikas, Esq.; August 26, 1985. (Survey of the range of dentists' fees in local markets)

E. Providers’ Collective Provision of Fee Related Information

1. Relative Value Schedules/Guides


2. Fee Review


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)
11


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) (https://www.ftc.gov/sites/default/files/documents/advisory-opinions/medical-society-county-erie/34.pdf)

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

1. Standard Setting Programs


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


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


2. Other Activities

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)
H. Other Agreements

1. Market Allocation


2. Exclusive Dealing


3. Potential Barriers to New Entry


*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).

4. Parent-Subsidiary Relationships


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

6. Sales Agreements Between Health Care Providers


I. Robinson-Patman Act

1. Pharmaceutical Pricing Practices

_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.”)


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).


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*

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).


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-pharma

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-hos
pital/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.”)
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/100409u
ivmichiganopinion.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-i
cc./090413tristateaoletter.pdf).

2008 Kaiser Foundation Health Plan, Inc. To Robert E. Bloch; February 13, 2008. (Provision of discounted pharmaceuticals for use in proposed program to provide health care services to persons covered under health benefits plans offered by self-insured employers under the Non-profit Institutions Act)
-plan/080213kaiser.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](https://www.ftc.gov/sites/default/files/documents/advisory-opinions/medsouth-inc./070618medsouth.pdf)).

2006  **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 hospital-owned pharmacy sites, under the Non-Profit Institutions Act) ([https://www.ftc.gov/sites/default/files/documents/advisory-opinions/st.johns-health-system/060913stjohnsadvisoryopinion.pdf](https://www.ftc.gov/sites/default/files/documents/advisory-opinions/st.johns-health-system/060913stjohnsadvisoryopinion.pdf)).

**Alpena Public Schools.** To Kathleen A. Reed; June 16, 2006. (Transfer of pharmaceuticals at cost between a non-profit hospital and a non-profit public school system under the Non-Profit Institutions Act) ([https://www.ftc.gov/sites/default/files/documents/advisory-opinions/alpena-public-schools/061606alpena.pdf](https://www.ftc.gov/sites/default/files/documents/advisory-opinions/alpena-public-schools/061606alpena.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](https://www.ftc.gov/sites/default/files/documents/advisory-opinions/suburban-health-organization/suburbanhealthorganizationstaffadvisoryopinion03282006.pdf)).

2005  **North Mississippi Health Services.** To Bruce J. Toppin; August 16, 2005. (Sale of pharmaceuticals at cost by non-profit hospital to patients of non-profit clinic and hospice under the Non-Profit Institutions Act) ([https://www.ftc.gov/sites/default/files/documents/advisory-opinions/north-mississippi-health-services/050819northmisshlthadvop.pdf](https://www.ftc.gov/sites/default/files/documents/advisory-opinions/north-mississippi-health-services/050819northmisshlthadvop.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/050422npiatrpender.pdf](https://www.ftc.gov/sites/default/files/documents/advisory-opinions/stevens-hospital-edmonds-washington/050422npiatrpender.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).
2002  **Health Access, Inc.** To Stephen D. Keiss; March 8, 2002. (Sale of vaccines by non-profit hospital to affiliated wellness center under the Non-Profit Institutions Act) (https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-keiss-03-08-02).


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) (https://www.ftc.gov/policy/advisory-opinions/advisory-opinion-senner-11-09-99).


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).


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).


*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).


**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-associates/16.pdf](https://www.ftc.gov/sites/default/files/documents/advisory-opinions/maryland-medical-eye-associates/16.pdf)).


**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](https://www.ftc.gov/sites/default/files/documents/advisory-opinions/equitable-life-assurance-society/19.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)).


1982
