SYLLABUS

ANTITRUST AND HEALTH CARE SEMINAR

I. Introduction

A. Expectations and requirements

1. Preparation of Seminar Paper - 65% of course grade.
2. Presentation and Defense of Paper - (approximately 1/2 hour) 15% of course grade.
3. Class Participation - 20% of course grade.

-By Monday, October 12, 1987: Hand in outline of paper and selection of date for presentation.
-By Monday, November 16, 1987: Hand in draft of paper.
-By last class session: Hand in paper.

B. Class Sessions

1. First seven - principally lecture and discussion of various antitrust/health care topics.
2. Remaining sessions - principally presentation and defense of papers by students.

II. Overview of the antitrust laws as they have impacted on the Health Care Industry

A. Antitrust - Health Care Primer (professionals, providers, third party payors and consumers)

1. Horizontal Restraints - Section 1, Sherman Act

Market Allocation.


2. Vertical Restraints - Section 3, Clayton Act


3. Markets and Mergers - §2, Sherman, §7 Clayton

Determination of relevant markets - Hospital Corp. of America, CCH ¶67,377 (7th Cir. 1986).

4. Exemptions and Immunity


State Action Exemption - Marrese v. InterQual, 47 ATRR 918, 748 F.2d 373.


5. Standing and antitrust injury

6. Interstate Commerce


7. Public Health Defense


III. Competition In The Health Care Industry (where is it; should it be encouraged; are efficiency considerations relevant)


B. Between Ob-Gyn doctors and abortion clinics - Feminist Women's Health Center v. Mohammad, 586 F.2d 530 (5th Cir. 1978); cert. denied, 444 US 924.


D. Between Anesthesiologists and nurse anesthetists, Bhan v. NME Hospitals, 772 F.2d 1467 (9th Cir. 1985).

IV. Other Issues for consideration

A. Joint Ventures among health care facilities.


C. Granting and revoking of staff privileges (access to markets).

D. Professional accreditation.

E. Joint Committee on Accreditation of Hospitals.

F. Advertising by health care professionals.

G. Diversification by health care providers (alternative delivery systems).
H. Internal hospital controls.
I. Judicial review of hospital decisions.
J. Cost containment efforts.
K. Application of the per se doctrine in health care issues.
L. Competition among different classes of health care providers.