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ANTITRUST DEVELOPMENTS FOR  
**HEALTHCARE INSURANCE  
PROVIDERS**

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# Overview of Topics

An Overview of Antitrust Law

FTC and DOJ Enforcement in the Healthcare Insurance Space

The Competitive Health Insurance Reform Act (CHIRA)

Updates on Private Antitrust Litigation in the Healthcare Insurance Space

No-Poach Litigation and Enforcement

# An Overview of Antitrust Law

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# General Principles

- Antitrust law is concerned with the protection of the *competitive process*.
- What general types of conduct are prohibited?
  - Contracts, combinations, and conspiracies “in restraint of trade or commerce”
  - Monopolization, attempted monopolization, conspiracy to monopolize
- The antitrust laws are enforced by the FTC, the DOJ, state attorneys general, and private parties.
- Corporate defendants may face **civil penalties, treble damages, legal fees, business disruption, and prohibitions or conduct restraints with respect to future practices.**
- Corporate and individual defendants may face **finest** and **jail time** in certain circumstances.



# What Constitutes Prohibited Conduct?

- The antitrust laws prohibit **agreements** (written, oral, or otherwise) between market participants “in restraint of trade.”
- Examples include price fixing, bid rigging, market allocation, and market foreclosure.
- **Monopolization** refers to actions by a dominant company **to prevent or exclude competition**.
- The possession of monopoly power—alone—is not illegal. But a monopolist cannot use (or attempt to use) its monopoly power to exclude competitors.
  - Monopolization is assessed with reference to a “**relevant market**”

# How Do Courts Assess Antitrust Cases?

## Per Se Illegality v. Rule of Reason



Price fixing, bid rigging, market allocation, output restriction

Anticompetitive effects outweigh procompetitive benefits

Procompetitive benefits outweigh anticompetitive effects

# Enforcement Trends in the Health Insurance Space

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# Executive Order on Promoting Competition in the American Economy

- Order focuses on four areas of the healthcare industry where a lack of competition is causing increased prices and reduced access to quality care:
  - Health insurance
  - Hospital consolidation
  - Prescription drugs
  - Hearing aids
- Two premises of the Executive Order are that: (1) consolidation in the health insurance industry has limited choices for consumers; and (2) selecting a plan is difficult because plans offered on exchanges are complicated to understand.
- The President has directed HHS to standardize plan options in the National Health Insurance Marketplace.





# Executive Order 14036

- “[T]o ensure that Americans can choose health insurance plans that meet their needs and compare plan offerings, [the Secretary of Health and Human Services shall] implement standardized options in the national Health Insurance Marketplace and any other appropriate mechanisms to improve competition and consumer choice[.]”
- “The Secretary of Health and Human Services shall: . . . (ii) support existing price transparency initiatives for hospitals, other providers, and insurers along with any new price transparency initiatives or changes made necessary by the No Surprises Act (Public Law 115-260, 134 Stat. 2758) or other statutes[.]”

Exec. Order No. 14036, 86 Fed. Reg. 36987, 36997 (Jul. 14, 2021).

# Trends in Enforcement

- Biden appointees
  - Lina Kahn, Chair of the FTC
  - Jonathan Kanter, AAG of DOJ Antitrust (nominee)
  - Xavier Becerra, Secretary of Health and Human Services
  - Tim Wu, White House National Economic Counsel
- Legislative efforts to address health care antitrust concerns
  - Competition and Antitrust Law Enforcement Act
  - Trust Busting for the Twenty-First Century Act: A Plan to Bust Up Anti-Competitive Big Businesses

# Government Enforcement Actions

- DOJ and FTC are likely to pursue more enforcement actions against health insurers and those in the healthcare industry.
  - FTC began conducting a study in January 2021 that is examining how different types of consolidation impacted the health care industry by looking at data provided by six major insurance companies.
- Potentially more scrutiny related to health care deals at the state level.
  - States' Attorneys General are focusing on enforcement in the health care industry.
  - More investigation of transactions and collaborations.

# DOJ Health Insurer Merger Enforcement

- Aggressive against horizontal consolidation
  - Blocked Anthem's proposed acquisition of Cigna and Aetna's proposed acquisition of Humana
- Allowed recent vertical consolidation
  - CVS acquired Aetna (with limited divestitures due to horizontal competition in PDP plans)
  - Cigna acquired Express Scripts

# The Competitive Health Insurance Reform Act (CHIRA)

A wooden gavel with a light-colored handle and a dark wood head, resting on a blue surface. A silver stethoscope is positioned to the right of the gavel, with its chest piece and earpieces visible. The background is a solid, light blue color.

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# The Competitive Health Insurance Reform Act (CHIRA)

- H.R. 1418 – An act to restore the application of the federal antitrust laws to the business of insurance to protect competition and consumers.
- Signed into law on January 13, 2021.
- The legislative history reveals that Congress was concerned that McCarran-Ferguson had created a “loophole” that allowed the health insurance industry to operate without substantive exposure to federal antitrust liability. CHIRA was promoted as a way to increase competition in health insurance markets and to lower healthcare costs.

One Hundred Sixteenth Congress  
of the  
United States of America

AT THE SECOND SESSION

*Begun and held at the City of Washington on Friday,  
the third day of January, two thousand and twenty*

An Act

To restore the application of the Federal antitrust laws to the business of health insurance to protect competition and consumers.

# Elimination of the Antitrust Exemption for the “Business of Health Insurance”

- 15 U.S.C. § 1013(c)(1) – “Nothing contained in this Act shall modify, impair, or supersede the operation of any of the antitrust laws with respect to the business of health insurance (including the business of dental insurance and limited-scope dental benefits).”
  - The “business of health insurance” is defined to exclude (i) “the business of life insurance (including annuities)” and (ii) “the business of property or casualty insurance.”
- Section 13(c)(1) shall not apply with respect to making a contract, or engaging in a combination or conspiracy:
  - (A) to collect, compile, or disseminate historical loss data;
  - (B) to determine a loss development factor applicable to historical loss data;
  - (C) to perform actuarial services if such contract, combination, or conspiracy does not involve a restraint of trade;
  - (D) to develop or disseminate a standard insurance policy form . . . if such contract, combination, or conspiracy is not to adhere . . . or require adherence to such standard form.

# Incorporation of FTC Act Section 5

- CHIRA expressly incorporates Section 5 of the Federal Trade Commission Act (“FTC Act”) and makes it applicable to the business of health insurance “without regard to whether such business is carried on for profit.”
  - Compare FTC Act Section 4, which limits application of the FTC Act to for-profit enterprises.
- FTC Act Section 5 gives the FTC broad power to challenge:
  - “unfair methods of competition”
  - “unfair or deceptive acts or practices”
- FTC enforcement may be undertaken via investigation, internal administrative proceeding, or federal litigation (in certain circumstances). The FTC may also conduct industry studies without express investigative or enforcement purpose under FTC Act Section 6(b).

# Implications for Insurers

- CHIRA eliminates defenses that, in practical effect, made it difficult to sue health insurance providers under the federal antitrust laws.

Defense	Available Pre-CHIRA?	Available Post-CHIRA?
The challenged practice is part of the “business of insurance”	YES	NO
The challenged practice is regulated by state law	YES	NO
The target insurer operates on a not-for-profit basis	YES	NO

- McCarran-Ferguson provided substantial disincentives to private and governmental plaintiffs; many of the disincentives have now been eliminated:
  - The need to prove that the challenged conduct was not part of the “business of insurance”
  - The absence of an applicable state regulatory regime
  - Operation as a not-for-profit enterprise

# CHIRA – Looking Ahead

- While the implications of CHIRA will continue to become more apparent, we should anticipate:
  - Increased federal antitrust regulatory scrutiny
    - A DOJ Antitrust Division press release following the passage of CHIRA stated that CHIRA will “assist the Antitrust Division in its mission to enforce the antitrust laws by narrowing [McCarran-Ferguson’s] defense and clarifying that, except for certain activities that improve health insurance services for consumers, the conduct of health insurers is subject to the federal antitrust laws.”
    - We may also see increased FTC investigatory activity under FTC Act Section 6(b), administrative proceedings under FTC Act Section 5, and federal court litigation under FTC Act Section 13(b).
  - Increased potential for private civil antitrust litigation, including by providers and insureds
    - Private antitrust plaintiffs (and their attorneys) have significant incentives to pursue litigation because of the availability of treble damages.



# Private Antitrust Litigation in the Health Insurance Space

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# *In re Blue Cross Blue Shield Antitrust Litigation*

- *In Re: Blue Cross Blue Shield Antitrust Litigation* (MDL No. 2406) (N.D. Ala. No. 2:13-CV-20000).
- Class action antitrust lawsuit in the Northern District of Alabama brought against the Blue Cross Blue Shield Association and its 35 member companies.
- Plaintiffs alleged that BCBS violated antitrust laws by entering into agreements that limited competition among Blue Plans, which reduced provider reimbursements and elevated health insurance premiums.
- Settlement reached with some Defendants in October 2020. Parties agreed to:
  - make changes to their business practices that increase competition in the health insurance market; and
  - allow qualified national self-funded accounts to request second bids for coverage from member plans of their choice.

# *In re Blue Cross Blue Shield Antitrust Litigation*

- Litigation still proceeding for the remaining Defendants.
- Recently the Court decided to re-consider the standard of review for Plaintiffs' Sherman Act and group boycott claims.
  - Initially court used a rule of reason standard.
- Blue Cross Blue Shield Defendants argued that Plaintiffs' Section 1 claims should still be evaluated under the rule of reason standard, rather than the *per se* standard of review.
- Currently, the court is reviewing summary judgment motions filed by both sides.

# *California ex rel. Becerra v. Sutter Health*

- *California ex rel. Xavier Becerra v. Sutter Health* (Cal. Super. Ct. No. 18-565398).
- In 2018, the CA Attorney General and numerous private plaintiffs filed a lawsuit against Sutter Health.
- Claim: Sutter Health violated California's state antitrust statute by:
  - Using “all-or-nothing” contracting, anti-steering, and anti-price transparency provisions.
  - Requiring that health plans that offer any Sutter Health provider must also offer every other Sutter Health provider (system-wide contracting).
  - Prohibited health plans from offering incentives to use lower-cost or higher-quality facilities.
  - Restricted disclosure of its prices.

# *California ex rel. Becerra v. Sutter Health*

- December 2019 – Sutter Health agreed to pay \$575 million to settle the antitrust claims brought by the California AG, unions, and employees.
- Under the settlement agreement Sutter Health is:
  - Prohibited from engaging in the “all or nothing” agreements that required insurers to include all of Sutter Health’s facilities, if they wanted to include any of the facilities.
  - Required to limit the amount it charges patients for out-of-network services.
- March 2021 – Judge granted preliminary approval of the settlement agreement.



# *Sibide v. Sutter Health*

- *Sibide v. Sutter Health* (N.D. Cal. No. 12-cv-04854).
- Case was brought by plaintiffs who purchased commercial health insurance from plans that contracted with Sutter Health.
- Main issue: whether Sutter Health violated the Sherman Act and California's antitrust statute by requiring that insurance providers include all Sutter Health hospitals in their networks if they wanted to include any of the networks, thereby causing patients to pay higher premiums, particularly in markets where Sutter Health faced competition.
- March 2021 - Sutter moved for summary judgment
  - Summary judgment granted:
    - On claims related to conduct between 2008 and 2010.
    - On monopolization and attempted monopolization claims.
  - Summary judgment denied:
    - On claims related to market power.
- Case set for trial in October 2021.

# No-Poach Litigation and Enforcement

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# Overview – Recent Developments in Private No-Poach Litigation

- Antitrust Guidance for Human Resource Professionals jointly issued by the Department of Justice and the Federal Trade Commission in October 2016
  - “An agreement among competing employers to limit or fix the terms of employment for potential hires may violate the antitrust laws if the agreement constrains individual firm decisionmaking with regard to wages, salaries, or benefits; terms of employment; or even job opportunities.”



## ANTITRUST GUIDANCE FOR HUMAN RESOURCE PROFESSIONALS

DEPARTMENT OF JUSTICE  
ANTITRUST DIVISION

FEDERAL TRADE COMMISSION

OCTOBER 2016

- The Guidance contemplates both government enforcement and private civil litigation:  
“[I]f an employee or another private party were injured by an illegal agreement among potential employers, that party could bring a civil lawsuit for treble damages (i.e., three times the damages the party actually suffered).”

# Criminalizing Wage-Fixing & No-Poach Agreements

- DOJ and FTC Joint Announcement

- DOJ for the first time will criminally investigate and prosecute employers, including individual employees, who enter into certain “naked” wage-fixing and no-poach agreements

- *Per se* unlawful

- Naked wage-fixing

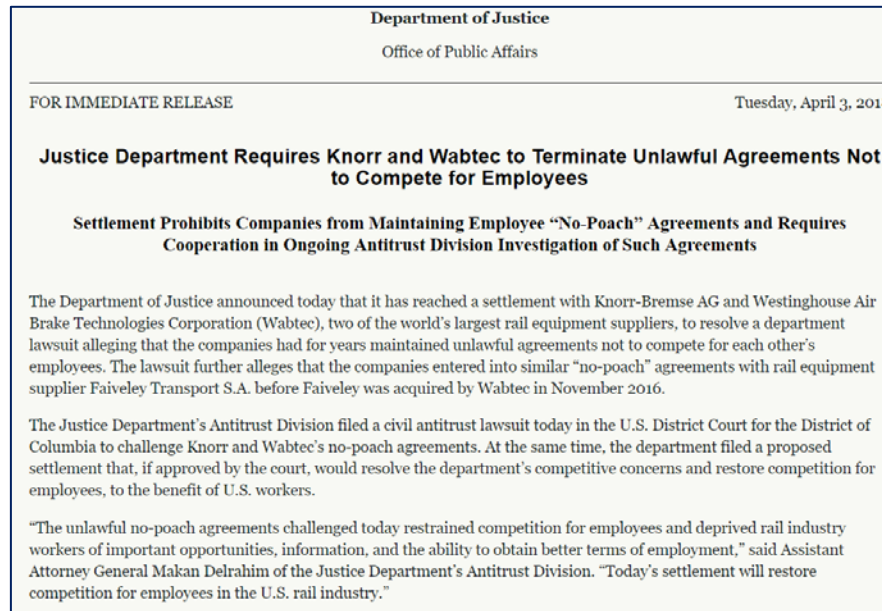
- Agreement “about employee salary or other terms of compensation, either at a specific level or within a range”

- No-poach agreements

- Agreement “to refuse to solicit or hire [an]other company’s employees”

# DOJ Civil Enforcement Action

- *U.S. v. Knorr-Bremse et al.*: lawsuit against “two of the world’s largest rail equipment suppliers”
  - German private company and US company, both with US subsidiaries
  - “No-poach” agreements with each other and a third rail equipment supplier based in France
  - *Per se* unlawful horizontal market allocation agreements



- Consent Judgment Terms
  - Seven-year term
  - Appoint antitrust compliance officer
  - Annual compliance certification by CEO or CFO and General Counsel
  - DOJ may “inspect and copy” records and obtain interviews
  - Notice to all US employees, recruiting agencies, rail industry
  - Ongoing cooperation with DOJ



# Private No-Poach Litigation Predated the HR Guidance

- *In re: High-Tech Employee Antitrust Litigation* (N.D. Cal. No. 11-CV-2509-LHK)
  - Filed May 2011
  - Class claims brought by current and former employees against: Adobe Systems, Apple, Google, Intel, Intuit, Lucasfilm, and Pixar.
  - Plaintiffs allege: “Defendants’ senior executives entered into an interconnected web of express agreements to eliminate competition among them for skilled labor. This conspiracy included: (1) agreements not to recruit each other’s employees; (2) agreements to notify each other when making an offer to another’s employee; and (3) agreements that, when offering a position to another company’s employee, neither company would counteroffer above the initial offer.”
  - Settled in September 2015 for \$415 million.
- Another example: *Cason-Merenda v. VHS of Michigan, Inc.* (E.D. Mich. No. 06-CV-15061)
  - class action brought by nurses alleging that Detroit-area hospitals entered into no-poach agreements; settled for \$90 million in 2016 after ten years of litigation.

# Key Takeaways from Recent Litigation

- Private civil lawsuits stemming from no-poach agreements have affected a variety of industries and sectors: fast food, higher education, and technology. The trend is not industry-specific and similar lawsuits are likely to affect other industries as well, including health insurance.
- Claims may be brought under both federal and state competition laws.
- Fundamental questions remain whether courts will deem no-poach agreements illegal *per se* in the context of private, civil lawsuits.
- Interesting questions also remain regarding class certification and the extent to which courts will certify broad classes of employees, as opposed to more narrow classes of particular types of employees. In *Duke University*, for example, the court approved a narrower class than the class for which the plaintiff sought certification, reasoning that faculty and non-faculty employees were not similarly situated and that their claims would involve divergent proof.

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Daniel is a nationally-recognized litigator at the trial and appellate levels with a broad practice representing clients in high-stakes class actions, government enforcement actions, and other commercial litigation with a focus on antitrust, consumer protection, and civil and criminal government investigation matters. Daniel has appeared before federal and state courts in more than 30 states, and is listed in leading peer review guides, including being ranked as Band 1 for Antitrust by Chambers USA where he is described as a “highly regarded practitioner noted for his abilities across civil and criminal antitrust investigations and enforcement proceedings” and as “an expert in consumer protection matters”.

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jurisdictions  
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Review***

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**Recommended,  
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Cartel; and Merger  
Control

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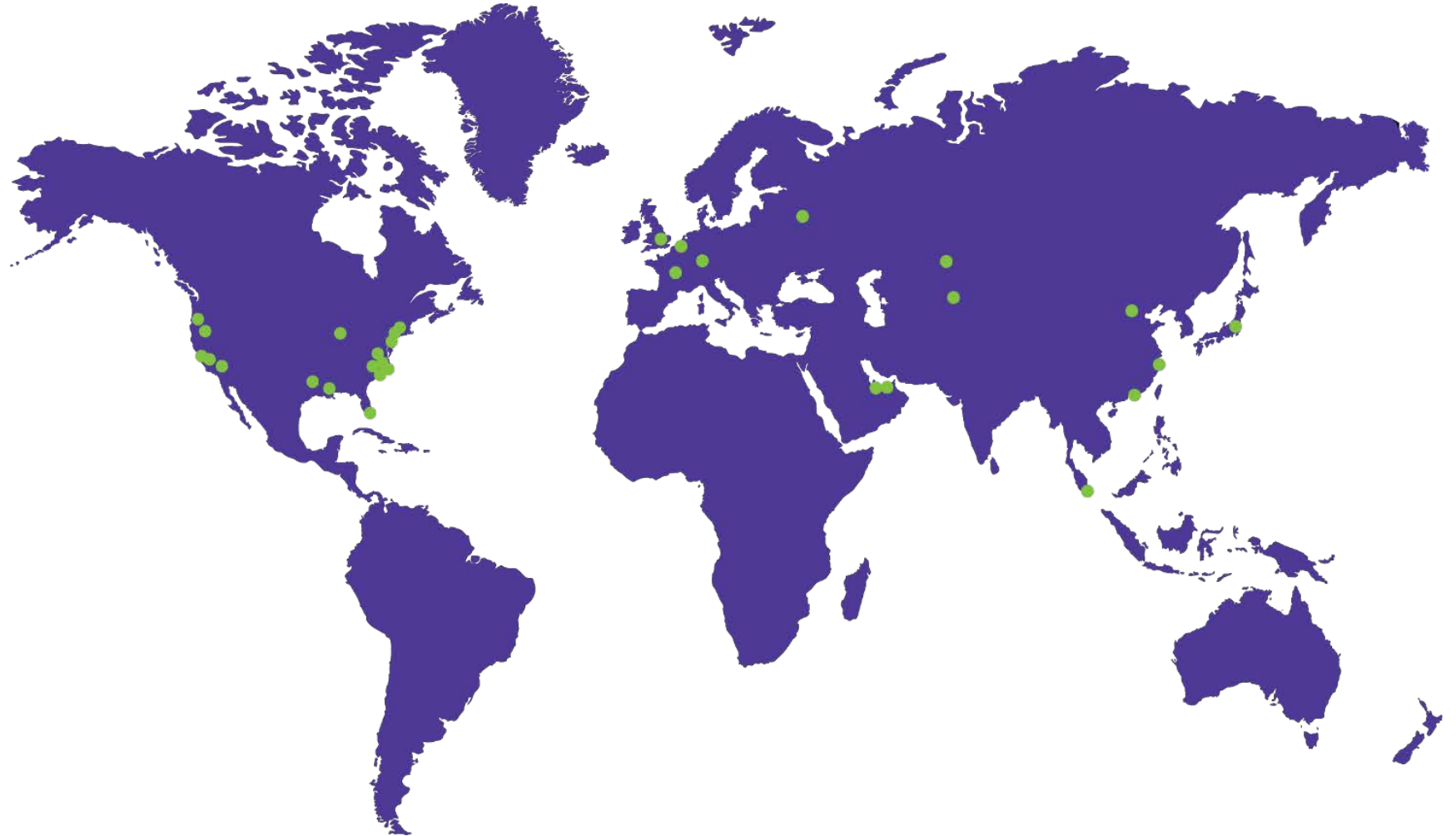


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