

# Strengthening States' Antitrust Laws

In recent years, several states have strengthened their antitrust laws to counter the growing prevalence of anticompetitive behavior in the health care industry. This includes implementing reporting requirements for certain transactions involving multiple entities, authorizing state agencies to review and deny specific transactions, and prohibiting certain types of businesses (e.g., pharmacy benefit managers [PBMs]) from owning certain types of health care facilities.

## Preventing Vertical Consolidation

Arkansas	<b>Action</b>
	Enacted H.B. 1150—"To Prohibit a Pharmacy Benefits Manager From Obtaining Certain Pharmacy Permits" on April 16, 2025. <sup>1</sup>
	<b>Outcome</b>
	Requires the Arkansas State Board of Pharmacy to rescind or not renew pharmacy licenses for pharmacies directly or indirectly owned by a PBM. <sup>2</sup>
	<b>Significance</b>
	PBMs seeking to acquire community pharmacies in Arkansas will be significantly impeded from doing so, thereby mitigating vertical consolidation by large PBMs.

## Restrictive Employment Agreements

Colorado	<b>Action</b>
	Enacted S.B. 83—"Concerning Limitations on Restrictive Employment Agreements" on June 3, 2025. <sup>3</sup>
	<b>Outcome</b>
	Prohibits a covenant or agreement that restricts a clinician from disclosing to a patient information about a prior treating clinician, such as the clinician's continuing practice of medicine, the clinician's new professional contact information, and the patient's right to choose which clinician provides their treatment. <sup>3</sup>
	<b>Significance</b>
	Empowers patients to decide which clinician provides their care and strengthens protections for clinicians who inform their patients about information about a departed clinician.

## Authority of Attorney General

Indiana	<b>Action</b>
	Enacted H.B. 1666—"Ownership of health care providers" on May 6, 2025. <sup>4</sup>
	<b>Outcome</b>
	Expands the attorney general's authority to investigate market transactions among health care entities and mandates reporting of certain ownership information by hospitals, insurers, third-party administrators, PBMs, and more. <sup>4</sup>
	<b>Significance</b>
	Strengthens enforcement against consolidation in health care markets and increases transparency in business relationships among health care entities.

## Ownership Transparency

Maine	<b>Action</b>
	Enacted S.B. 987–“An Act to Implement the Recommendations of the Task Force to Evaluate the Impact of Facility Fees on Patients to Improve Facility Fee Transparency and Notification” on April 25, 2025. <sup>5</sup>
	<b>Outcome</b>
	Requires health care entities to post information about their ownership or affiliation status, such as whether they’re a hospital-based facility, charge any facility fees, or are affiliated with a larger health system, and post it in a public area, such as a waiting room, and on the entity’s website. <sup>5</sup>
	<b>Significance</b>
	Enhances transparency regarding the ownership or affiliation status of various health care entities, as well as price transparency, particularly for any facility fees charged by these entities.

## Noncompete Agreements

Maryland	<b>Action</b>
	Enacted H.B. 1388–“Labor and Employment - Noncompete and Conflict of Interest Clauses for Veterinary and Health Care Professionals and Study of the Health Care Market” on April 25, 2024. <sup>6</sup>
	<b>Outcome</b>
	Establishes that certain noncompete provisions in certain employment contracts are null and void as being against the public policy of the state. <sup>6</sup> In addition, it requires the Maryland Health Care Commission to contract a private consultant to study issues related to the health care market in Maryland. <sup>6</sup>
	<b>Significance</b>
	Expands access to health care services by nullifying certain noncompete arrangements for health care professionals and directs a formal assessment of the health care market conditions in the state of Maryland.

## Ownership Transfer Transparency

Minnesota	<b>Action</b>
	Enacted H.B. 3–“Human Services Finance Bill” on June 14, 2025. <sup>7</sup>
	<b>Outcome</b>
	Requires that transfers of ownership or control of nonprofit nursing homes and nonprofit assisted living facilities to for-profit entities must be reported to the commissioners of health and human services at least 120 days before the transfer. <sup>7</sup>
	<b>Significance</b>
	Enhances transparency in the acquisition of health care facilities by for-profit entities and potentially increases enforcement of antitrust laws if any anticompetitive or illegal behaviors are identified.

## Merger and Acquisition Oversight

New Mexico	<b>Action</b>
	Enacted H.B. 586–“Health Care Consolidation Oversight Act” on April 7, 2025. <sup>8</sup>
	<b>Outcome</b>
	Requires that certain transfers of control of a hospital must be reported to and approved by the state agency charged with monitoring the state’s health care market. Further, acquisitions of independent health care practices conducted by health care provider organizations (e.g., physician organization, ACO) that are owned or affiliated with a health insurer must also be reported to and approved by the state health agency. <sup>9</sup>
	<b>Significance</b>
	Strengthens oversight of corporate practices in the health care market and better protects consumers against anticompetitive practices that can increase prices and lower the quality of care.

## Corporate Practice of Medicine

Oregon	<b>Action</b>
	Enacted S.B. 951 – “Relating to the practice of health care; creating new provisions; amending ORS 58.375 and 58.376; and declaring an emergency” on June 9, 2025. <sup>10</sup>
	<b>Outcome</b>
	Restricts management services organizations (MSOs) or entities providing management services to professional medical organizations from exercising control over clinical and operational decisions of the professional medical organization. <sup>10</sup> Also, it implements remedies to close loopholes used by MSOs to bypass existing restrictions on the corporate practice of medicine in Oregon. <sup>10</sup>
	<b>Significance</b>
	Strengthens restrictions on the corporate practice of medicine and protects patients against adverse health outcomes resulting from nonmedical corporate decisions.

*This list is for informational purposes only and does not constitute an endorsement by ACP for any particular piece of legislation.*

## References

- 1 [H.B. 1150-To Prohibit a Pharmacy Benefits Manager from Obtaining Certain Pharmacy Permits | Arkansas State Legislature](#)
- 2 [Arkansas Law Prohibits Pharmacy Benefit Managers from Obtaining or Holding Pharmacy Permits | Quarles](#)
- 3 [S.B. 25-083-Limitations on Restrictive Employment Agreements | Colorado General Assembly](#)
- 4 <https://iga.in.gov/legislative/2025/bills/house/1666/details>
- 5 [Summary of L.D. 2271-An Act to Implement the Recommendations of the Task Force to Evaluate the Impact of Facility Fees on Patients to Improve Facility Fee Transparency and Notification and to Prohibit Facility Fees for Certain Services | State of Maine Legislature](#)
- 6 [H.B. 1388-Labor and Employment-Noncompete and Conflict of Interest Clauses for Veterinary and Health Care Professionals and Study of the Health Care Market | Maryland General Assembly](#)
- 7 [H.B. 3-Human services finance bill | Minnesota Legislature](#)
- 8 [H.B. 586-Public Peace, Health, Safety & Welfare Review of Certain Healthcare Transactions | New Mexico Legislature](#)
- 9 [HealthTrax-A Health Care Transactions Laws Tracker | Ropes & Gray LLP](#)
- 10 [SB 951 Enrolled | Oregon State Legislature](#)