

# Introducing the Source New Interactive Key Issue Page: Provider Contracts

We did it again! [The Source on Healthcare Price & Competition](#) is proud to announce that, in partnership with UC Berkeley's [Nicholas C. Petris Center on Health Care Markets and Consumer Welfare](#), we have launched another brand new interactive key issue page, "[Provider Contracts](#)", which looks at the most effective strategies for states to understand and address the ability of providers with dominant market power to utilize contracting strategies to negotiate high rates.



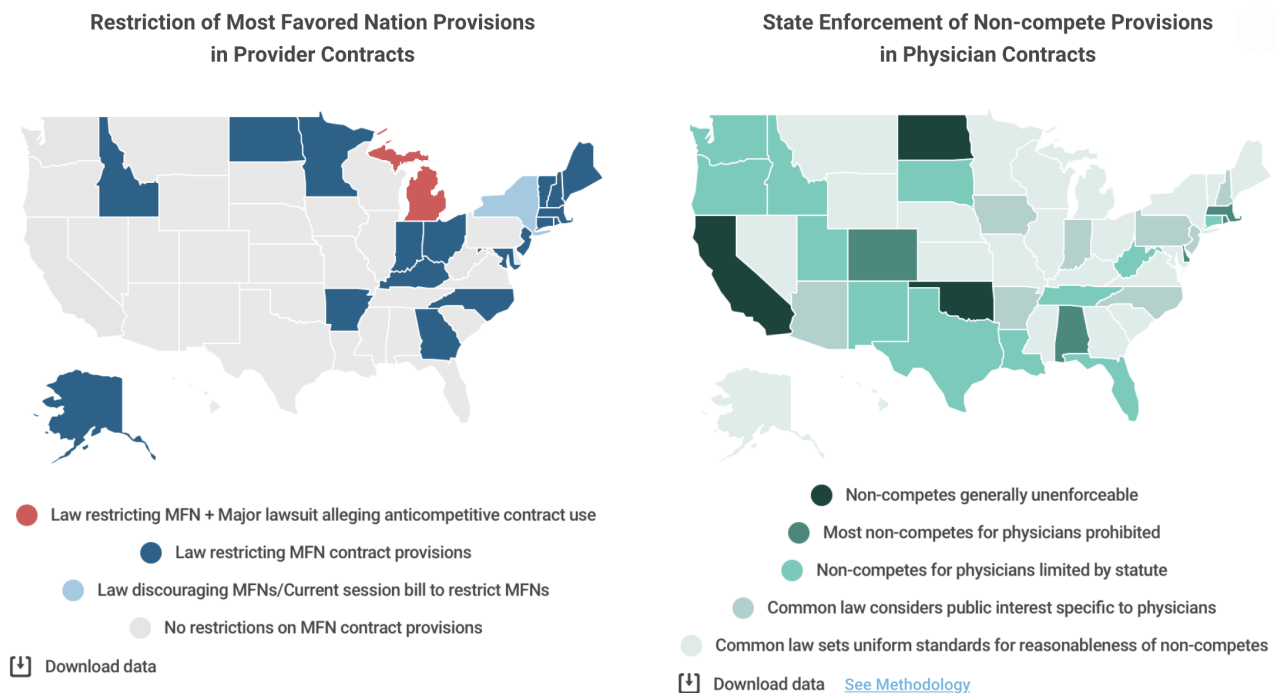
With support from [Arnold Ventures](#), this new installment is part of a collaborative research series that leverages the latest and most comprehensive data on state laws, healthcare markets, and healthcare prices in provider and insurer markets in the United States in the last ten years and presents evidence-based information and analyses on the most effective strategies for states to address rapidly consolidating healthcare markets. The "[Market Consolidation](#)" key issue page, which examines state merger review authority, was launched last December.

We present our findings in a series of user-friendly interactive features including maps and resource tables, as well as summaries of major lawsuits. The newly unveiled interactive features show, among other findings, that 19 states prohibit most favored nations clauses in contracts between insurers and providers. Furthermore, 8 states prohibit the enforcement of non-compete clauses in most physician

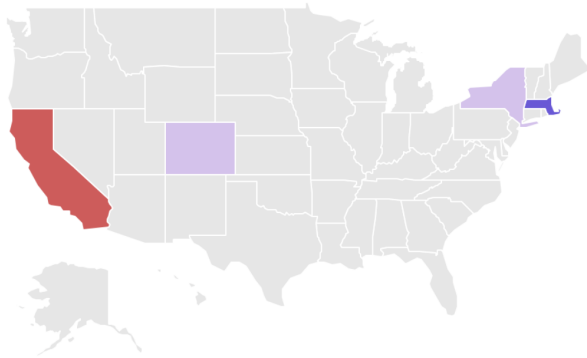
contracts, and 12 more limit the duration of non-competes through statutes. Additionally, while Massachusetts is the only state to restrict anti-tiering/anti-steering and some all-or-nothing contract provisions, 3 states have introduced legislation in the current session to restrict the use of these terms in provider contracts. We round off our new interactive with coverage of the three major lawsuits filed by state and federal antitrust enforcers alleging the anticompetitive use of these contract terms by dominant providers.

## State Regulation of Provider Contracts

See [major litigation](#) and [resource table](#) sections below for more detailed information.



### Restriction of All-or-nothing Provisions in Provider Contracts



- Major lawsuit alleging anticompetitive contract use
- Law restricting some all-or-nothing contract provisions
- Current session bill to restrict all-or-nothing contract provisions
- No restrictions on all-or-nothing contract provisions

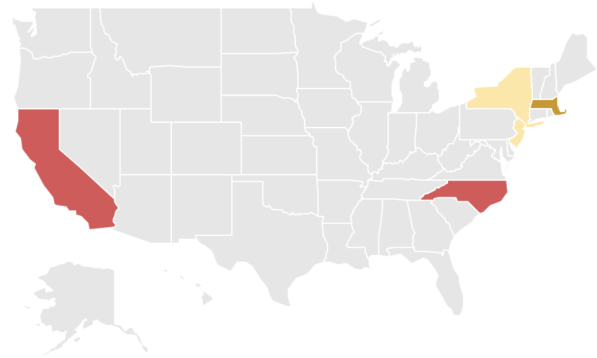
Download data

Statutes current through: 2019

Source: [The Database of State Laws Impacting Healthcare Cost & Quality \(SLHCQ\)](#)

Share

### Restriction of Anti-tiering or Anti-steering Provisions in Provider Contracts



- Major lawsuit alleging anticompetitive contract use
- Law restricting anti-tiering or anti-steering contract provisions
- Current session bill to restrict anti-tiering contract provisions
- No restrictions on anti-tiering or anti-steering contract provisions

Download data

Find out more on the [new page](#) and stay tuned as we continue to roll out additional features and analyses in multiple phases throughout the next few months. We look forward to your comments and feedback here!

Most Favored Nation	Non-Compete	All-or-Nothing	Anti-Tiering/Anti-Steering
---------------------	-------------	----------------	----------------------------

Search by state or key word/criteria. Click title to sort by column. Click on legislation link for more info and download statute language.

Legislation	Litigation
-------------	------------

Search

State	MFN Ban Code/Regulation Section	Statute/Regulation	Date Law Passed/ Enacted	Date Effective	Notes
Alaska	<a href="#">Alaska Stat. § 21.07.010 (b)(3)</a>	Statute	6/1/2000	7/1/2001	
Arkansas	<a href="#">Ark. Code § 23-99-1204</a>	Statute	4/5/2019	9/1/2019	
**California	<a href="#">Cal. Health &amp; Saf. Code § 1371.22</a>	Statute	4/14/1998	4/14/1998	If a contract between a health care service plan and a provider requires that the provider accept, as payment from the plan, the lowest payment rate charged by the provider to any patient or third party, this contract provision shall not be deemed to apply to, or take into consideration, any cash payments made to the provider by individual patients who do not have any private or public form of health care coverage for the service rendered by the provider.
Connecticut	<a href="#">Conn. Gen. Stat. § 38a-479b(d)</a>	Statute	2/1/2011	10/1/2011 for new contracts; 1/1/2014 for existing contracts	
Georgia	<a href="#">Ga. Comp. R. &amp; Regs. 120-2-20-.03</a>	Regulation	*2010- IC issues directive that MFNS are illegal, withdrawn in April 2011 to allow rule making; proposed rule issued in May 2011, broadened in Nov 2011 to include all providers (not just hospitals). Final rule adopted Feb 2012.	3/2/2012	
Idaho	<a href="#">Idaho Code Ann. § 41-3927 (managed care plans)</a>	Statute	3/30/1998	7/1/1998	
	<a href="#">Idaho Code Ann. § 41-3443 (hospitals)</a>	Statute	3/30/1998	7/1/1998	
Indiana	<a href="#">Ind. Code § 27-8-11-9</a>	Statute	4/26/2007	4/26/2007	
	<a href="#">Ind. Code § 27-13-15-4</a>	Statute	4/26/2007	4/26/2007	
Kentucky	<a href="#">Ky. Rev. Stat. § 304.17A-560</a>	Statute	4/10/1998	4/10/1998	
Maine	<a href="#">Me Stat. tit. 24-A, § 4303(17)</a>	Statute	7/6/2011	*any contract executed or renewed on or after 1/1/2012	
Maryland	<a href="#">Md. Code, In. § 15-112 (2009)</a>	Statute	5/26/2006	10/1/2006	
Massachusetts	<a href="#">Mass. Gen. Laws ch. 176O § 26A</a>	Statute	8/10/2010	10/1/2010	

Download data

Share