INTERNATIONAL TRADE COMMISSION

[Investigation Nos. 701–TA–772–774 and 731–TA–1756–1758 (Final)]

Crystalline Silicon Photovoltaic Cells, Whether or Not Assembled Into Modules From India, Indonesia, and Laos; Determinations

On the basis of the record [1] developed in the subject investigations, the United States International Trade Commission (''Commission'') determines, pursuant to the Tariff Act of 1930 (''the Act''), that an industry in the United States is materially injured by reason of imports of crystalline silicon photovoltaic cells, whether or not assembled into modules, from India, Indonesia, and Laos, provided for in subheadings 8541.42.00 and 8541.43.00 of the Harmonized Tariff Schedule of the United States, that have been found by the U.S. Department of Commerce (''Commerce'') to be sold in the United States at less than fair value (''LTFV''), and subsidized by the governments of India, Indonesia, and Laos.[2] [3] [4]

Background

The Commission instituted these investigations effective July 17, 2025, following receipt of petitions filed with the Commission and Commerce by the Alliance for American Solar Manufacturing and Trade.[5] The final phase of the investigations was scheduled by the Commission following notification of preliminary determinations by Commerce that imports of crystalline silicon photovoltaic cells, whether or not assembled into modules from India, Indonesia, and Laos were subsidized within the meaning of section 703(b) of the Act (19 U.S.C. 1671b(b)) and sold at LTFV within the meaning of 733(b) of the Act (19 U.S.C. 1673b(b)). Notice of the scheduling of the final phase of the Commission's investigations and of a public hearing to be held in connection therewith was given by posting copies of the notice in the Office of the Secretary, U.S. International Trade Commission, Washington, DC, and by publishing the notice in the **Federal Register** on May 13, 2026 (91 FR 27078). The Commission conducted its hearing on September 9, 2026. All persons who requested the opportunity were permitted to participate.

The Commission made these determinations pursuant to §§ 705(b) and 735(b) of the Act (19 U.S.C. 1671d(b) and 19 U.S.C. 1673d(b)). It completed and filed its determinations in these investigations on November 2, 2026. The views of the Commission are contained in USITC Publication 5804 (November 2026), entitled *Crystalline Silicon Photovoltaic Cells, Whether or Not Assembled Into Modules, from India, Indonesia, and Laos: Investigation Nos. 701–TA–772–774 and 731–TA–1756–1758 (Final).*

By order of the Commission.

Issued: November 2, 2026.

Lisa Barton,

Secretary to the Commission.

[FR Doc. 2026–22565 Filed 11–4–26; 8:45 am]

BILLING CODE 7020–02–P

[1] The record is defined in § 207.2(f) of the Commission's Rules of Practice and Procedure (19 CFR 207.2(f)).

[2] 91 FR 58643, 91 FR 58647, 91 FR 58638, 91 FR 58658, 91 FR 58651, and 91 FR 58633 (September 16, 2026).

[3] Commissioner Samuel T. Negatu not participating.

[4] The Commission also finds that imports subject to Commerce's affirmative critical circumstances determinations are not likely to undermine seriously the remedial effect of the antidumping and countervailing duty orders on crystalline silicon photovoltaic cells, whether or not assembled into modules from India and Laos but are likely to undermine seriously the remedial effect of the antidumping and countervailing duty orders on crystalline silicon photovoltaic cells, whether or not assembled into modules from Indonesia.

[5] Members include Hanwha Q CELLS USA Inc., First Solar, and Mission Solar.

DEPARTMENT OF JUSTICE

Antitrust Division

United States, et al. v. OhioHealth Corporation; Amended Response to Public Comments on the Proposed Final Judgment

Notice is hereby given pursuant to the Antitrust Procedures and Penalties Act, 15 U.S.C. 16(b)–(h), that the Amended Response of Plaintiff United States to Public Comments on the Proposed Final Judgment has been filed with the United States District Court for the Southern District of Ohio, Eastern Division in *United States of America, et al.* v. *OhioHealth Corporation,* Civil Action No. 2:26-cv-207.

Copies of the Public Comments and the United States' Amended Response are available for inspection on the Antitrust Division's website at *http://www.justice.gov/atr* and at the Office of the Clerk of the United States District Court for the Southern District of Ohio. Copies of these materials may be obtained from the Antitrust Division upon request and payment of the copying fee set by Department of Justice regulations.

Suzanne Morris,

Deputy Director of Civil Enforcement Operations, Antitrust Division.

United States District Court for the Southern District of Ohio Eastern Division

UNITED STATES OF AMERICA and STATE OF OHIO, Plaintiffs, v. OHIOHEALTH CORPORATION, Defendant.
Case No. 2:26–cv–207
Judge Algenon L. Marbley
Magistrate Judge S. Courter M. Shimeall

Amended Response of Plaintiff United States to Public Comments on the Proposed Final Judgment

Pursuant to the Antitrust Procedures and Penalties Act, 15 U.S.C. 16(b)–(h) (the ''Tunney Act'' or ''APPA''), the United States submits this amended response to the public comments it received regarding the proposed Final Judgment in this case. The United States received four comments about the proposed remedy, which are summarized and addressed below and attached as Exhibit A. This is an amended response to the United States' Response to Public Comments on the Proposed Final Judgment (''Response to Comments''), filed on October 20, 2026. (Dkt. 34). The United States has amended its response to address a comment that had been inadvertently omitted from its initial response. Other than this paragraph, references to the number of comments received, and the addition of the comment to Exhibit A, the only changes from the initial Response to Comments are on pages 12–13. After careful consideration of the submitted comments, the United States continues to believe that the proposed Final Judgment is in the public interest because it will provide an effective and appropriate remedy for the antitrust violations the Complaint alleged.

Specifically, the proposed Final Judgment will protect competition by, among other things, voiding the anticompetitive steering and transparency restrictions, prohibiting OhioHealth Corporation (''OhioHealth'') from seeking or obtaining such provisions in the future, and prohibiting OhioHealth from penalizing payors that engage (or are planning to engage) in steering, offer steered plans, or provide price transparency to their members.

After this response has been published in the **Federal Register**, pursuant to 15 U.S.C. 16(d), the United States will move that the Court enter the proposed Final Judgment.

I. Procedural History

On February 20, 2026, the United States, along with the State of Ohio, filed a civil antitrust Complaint (Dkt. 1) seeking to enjoin OhioHealth's alleged anticompetitive steering and transparency restrictions. The Complaint alleges that OhioHealth engaged in anticompetitive contracting that reduced choice for consumers and prevented price competition for healthcare services in the Columbus area in violation of Section 1 of the Sherman Act, 15 U.S.C. 1.

On June 16, 2026, Plaintiffs filed the proposed Final Judgment, as well as a stipulation signed by all parties consenting to entry of the proposed Final Judgment after compliance with the requirements of the Tunney Act. (Dkt. 29–1, 29–2). On July 15, 2026, the United States filed a Competitive Impact Statement describing the proposed Final Judgment. (Dkt. 33).

The United States arranged for the publication of the Complaint, the proposed Final Judgment, and the Competitive Impact Statement in the **Federal Register** on July 23, 2026 (*see* 91 FR 46463 (2026)), and caused notice regarding the same, together with directions for the submission of written comments relating to the proposed Final Judgment, to be published in the *Washington Post* and *The Columbus Dispatch* from July 27, 2026, through August 3, 2026. The four public comments received in response are described below and attached as Exhibit A. The 60-day period for public comment has now ended.

II. Standard of Judicial Review

Under the Tunney Act, proposed Final Judgments, or ''consent judgments,'' in antitrust cases brought by the United States are subject to a 60-day comment period, after which the Court shall determine whether entry of the proposed Final Judgment ''is in the public interest.'' 15 U.S.C. 16(e)(1). In making that determination, the Tunney Act, as amended in 2004, directs the Court to consider the following factors:

(a) the competitive impact of such judgment, including termination of alleged violations, provisions for enforcement and modification, duration of relief sought, anticipated effects of alternative remedies actually considered, whether its terms are ambiguous, and any other competitive considerations bearing upon the adequacy of such judgment that the court deems necessary to a determination of whether the consent judgment is in the public interest; and

(b) the impact of entry of such judgment upon competition in the relevant market or markets, upon the public generally and individuals alleging specific injury from the violations set forth in the complaint including consideration of the public benefit, if any, to be derived from a determination of the issues at trial.

15 U.S.C. 16(e)(1)(A) & (B).

In considering these statutory factors, the Court's inquiry is necessarily a limited one, as the government is entitled to ''broad discretion to settle with the defendant within the reaches of the public interest.'' *United States* v. *Microsoft Corp.,* 56 F.3d 1448, 1461 (D.C. Cir. 1995); *United States* v. *Hewlett Packard Enter. Co.,* No. 25–CV–00951–PCP, 2026 WL 2349970, at *16 (N.D. Cal. Aug. 12, 2026); *United States* v. *U.S. Airways Grp., Inc.,* 38 F. Supp. 3d 69, 75 (D.D.C. 2014) (explaining that the ''court's inquiry is limited'' in Tunney Act settlements); *United States* v. *InBev N.V./S.A.,* No. 08–1965 (JR), 2009 U.S. Dist. LEXIS 84787, at *3 (D.D.C. Aug. 11, 2009) (noting that a court's review of a proposed final judgment is limited and only inquires ''into whether the government's determination that the proposed remedies will cure the antitrust violations alleged in the complaint [is] reasonable, and whether the mechanisms to enforce the final judgment are clear and manageable''); *United States* v. *Charleston Area Med. Ctr., Inc.,* No. 2:16–3664, 2016 U.S. Dist. LEXIS 145963 at *5 (S.D.W.V. Oct. 21, 2016) (''In evaluating whether the proposed final judgment is in the public interest, the inquiry is 'a narrow one.' '' (quoting *Massachusetts* v. *Microsoft Corp.,* 372 F.3d 1199, 1236 (D.C. Cir. 2004))).

Under the Tunney Act, a court considers, among other things, the relationship between the remedy secured and the specific allegations in the government's complaint, whether the proposed final judgment is sufficiently clear, whether its enforcement mechanisms are sufficient, and whether it may positively harm third parties. *See Microsoft,* 56 F.3d at 1458–62. With respect to the adequacy of the relief secured by the proposed Final Judgment, a court may not ''make de novo determination of facts and issues.'' *United States* v. *W. Elec. Co.,* 993 F.2d 1572, 1577 (D.C. Cir. 1993) (quotation marks omitted); *see also Microsoft,* 56 F.3d at 1460–62; *United States* v. *Alcoa, Inc.,* 152 F. Supp. 2d 37, 40 (D.D.C. 2001); *United States* v. *Enova Corp.,* 107 F. Supp. 2d 10, 16 (D.D.C. 2000); *InBev,* 2009 U.S. Dist. LEXIS 84787, at *3. Instead, ''[t]he balancing of competing social and political interests affected by a proposed antitrust [judgment] must be left, in the first instance, to the discretion of the Attorney General.'' *W. Elec. Co.,* 993 F.2d at 1577 (quotation marks omitted). ''The court should also bear in mind the *flexibility* of the public interest inquiry: the court's function is not to determine whether the resulting array of rights and liabilities is the one that will *best* serve society, but only to confirm that the resulting settlement is within the *reaches* of the public interest.'' *Microsoft,* 56 F.3d at 1460 (internal quotation marks omitted) (emphasis in original); *see also United States* v. *Deutsche Telekom AG,* No. 19–2232 (TJK), 2020 WL 1873555, at *7 (D.D.C. Apr. 14, 2020). More demanding requirements would ''have enormous practical consequences for the government's ability to negotiate future settlements,'' contrary to congressional intent. *Microsoft,* 56 F.3d at 1456. ''The Tunney Act was not intended to create a disincentive to the use of the consent [judgment].'' *Id.*

''Because enforcement by consent decree is an alternative to enforcement by trial or abandonment of the litigation altogether and often reflects the United States's assessment of litigation risk, a proposed settlement does not need to replicate the full relief that [the] United States sought in its complaint.'' *Hewlett Packard Enter.,* 2026 WL 2349970, at *17. The United States' predictions about the efficacy of the remedy are to be afforded deference by the Court. *See, e.g., Microsoft,* 56 F.3d at 1461 (recognizing courts should give ''due respect to the Justice Department's . . . view of the nature of its case''); *United States* v. *Republic Servs., Inc.,* 723 F. Supp. 2d 157, 160 (D.D.C. 2010) (noting ''the deferential review to which the government's proposed remedy is accorded''); *United States* v. *Archer-Daniels-Midland Co.,* 272 F. Supp. 2d 1, 6 (D.D.C. 2003) (''A district court must accord due respect to the government's prediction as to the effect of proposed remedies, its perception of the market structure, and its view of the nature of the case.''). The ultimate question is whether ''the remedies [obtained by the Final Judgment are] so inconsonant with the allegations charged as to fall outside of the 'reaches of the public interest.' '' *Microsoft,* 56 F.3d at 1461.

Moreover, the Court's role under the Tunney Act is limited to reviewing the remedy in relationship to the violations that the United States has alleged in its Complaint and does not authorize the Court to ''construct [its] own hypothetical case and then evaluate the decree against that case.'' *Microsoft,* 56 F.3d at 1459; *see also U.S. Airways,* 38

F. Supp. 3d at 75 (noting that the court must simply determine whether there is a factual foundation for the government's decisions such that its conclusions regarding the proposed settlements are reasonable); *InBev,* 2009 U.S. Dist. LEXIS 84787, at *20 (''[T]he 'public interest' is not to be measured by comparing the violations alleged in the complaint against those the court believes could have, or even should have, been alleged.''). Because the ''court's authority to review the decree depends entirely on the government's exercising its prosecutorial discretion by bringing a case in the first place,'' it follows that ''the court is only authorized to review the decree itself,'' and not to ''effectively redraft the complaint'' to inquire into other matters that the United States did not pursue. *Microsoft,* 56 F.3d at 1459–60; *see also United States* v. *Alcan Aluminium, Ltd.,* 605 F. Supp. 619, 622 (W.D. Ky. 1985) (approving the consent decree even though the court would have imposed a greater remedy).

Further, ''[i]n evaluating objections to settlement agreements under the Tunney Act, a court must be mindful that [t]he government need not prove that the settlements will perfectly remedy the alleged antitrust harms[;] it need only provide a factual basis for concluding that the settlements are reasonably adequate remedies for the alleged harms.'' *United States* v. *Iron Mountain, Inc.,* 217 F. Supp. 3d 146, 152–53 (D.D.C. 2016) (second and third alterations in original) (internal citations omitted). The Court's authority is essentially binary: it may approve a proposed final judgment that falls within the ''reaches of the public interest,'' or it may reject one that does not. *Microsoft,* 56 F.3d at 1461–62. ''Short of that eventuality, the Tunney Act cannot be interpreted as an authorization for a district judge to assume the role of Attorney General.'' *Id.* at 1462.[1]

In its 2004 amendments to the Tunney Act, Congress made clear its intent to preserve the practical benefits of using judgments proposed by the United States in antitrust enforcement and added the unambiguous instruction that ''[n]othing in this section shall be construed to require the court to conduct an evidentiary hearing or to require the court to permit anyone to intervene.'' Public Law 108–237, 221, 118 Stat. 668–69 (codified as amended at 15 U.S.C. 16(e)(2)). This Court itself has held that the 2004 amendments to the APPA ''do not enlarge the scope of the court's public interest review.'' *United States* v. *Fed'n of Physicians & Dentists,* No. 1:05–cv–431, 2008 U.S. Dist. LEXIS 133904, at *5–6, *6 n.1 (S.D. Ohio Apr. 22, 2008) (citing *United States* v. *SBC Commc'ns Inc.,* 489 F. Supp. 2d 1, 15 (D.D.C. 2007) (''[T]he Court cannot look beyond the complaint in making the public interest determination unless the complaint is drafted so narrowly as to make a mockery of judicial power.'')). As Senator Tunney explained: ''The court is nowhere compelled to go to trial or to engage in extended proceedings which might have the effect of vitiating the benefits of prompt and less costly settlement through the consent [judgment] process.'' 119 Cong. Rec. 24,598 (1973) (statement of Sen. Tunney). ''A court can make its public interest determination based on the competitive impact statement and response to public comments alone.'' *U.S. Airways,* 38 F. Supp. 3d at 76 (citing *Enova Corp.,* 107 F. Supp. 2d at 17).

III. The Harm Alleged in the Complaint and the Proposed Final Judgment

The proposed Final Judgment resolves the United States' claim that OhioHealth has maintained provisions in its contracts with payors that (1) prevent payors from steering away from OhioHealth to incentivize patients to use less-expensive providers than OhioHealth and (2) inhibit payors from informing patients that less-expensive options are available. As alleged in the Complaint, these restrictions deprive Columbus-area consumers of the choice of lower-cost health plan options and reduce competition among hospitals in violation of Section 1 of the Sherman Act, 15 U.S.C. 1 (''Sherman Act claim'').

OhioHealth is a not-for-profit healthcare services corporation, with its principal place of business in Columbus, Ohio. OhioHealth owns or manages sixteen hospitals and outpatient facilities, physician groups, and other healthcare services throughout Ohio.

As alleged in the Complaint, OhioHealth is one of the most significant health systems in and around central Ohio. It uses its market power to extract restrictive contract provisions and high prices from payors. Those provisions, which include restrictions on tiered plans, narrow networks, steering, and price transparency, effectively prevent payors from offering consumers and employers the opportunity to pay less for healthcare at less expensive hospitals and providers. The restrictions also inhibit competition among hospitals because they limit the opportunity of hospitals with lower prices to gain more patient volume. Because the restrictions deter OhioHealth's competitors from competing by reducing prices, they protect OhioHealth from pressure to reduce its own prices. This inhibited price competition raises the cost of health insurance and results in patients and employers paying more for essential healthcare.

The proposed Final Judgment provides an effective and appropriate remedy for the competitive harms arising out of OhioHealth's alleged conduct. The proposed Final Judgment has several components, which OhioHealth agreed to abide by pending entry of the Final Judgment, as the Court ordered in the Stipulation and Order entered on July 2, 2026. (Dkt. 31).

First, the proposed Final Judgment voids any and all language in OhioHealth's contracts with payors that prohibits, deters, prevents, or penalizes steering, steered plans, or transparency. Second, the proposed Final Judgment prevents OhioHealth from seeking or obtaining new contract provisions that would prohibit, prevent, or penalize steering, steered plans, or transparency. Third, the proposed Final Judgment prohibits OhioHealth from penalizing or retaliating against payors that engage (or are planning to engage) in steering, offer steered plans, or provide price transparency to their members. Fourth, the proposed Final Judgment prohibits OhioHealth from requiring that it be included in the most-preferred tier of any benefit plan offered by payors. Finally, the proposed Final Judgment provides for the Court to appoint a monitor who will serve for five years and will have the power to investigate and report on OhioHealth's compliance with the terms of the Final Judgment.

Together, these requirements of the proposed Final Judgment will preserve competition for the sale of inpatient general acute care hospital services to commercial payors and their members in Ohio.

IV. Summary of Public Comments and the United States' Response

The United States received four comments about the proposed Final Judgment. The comments do not question the adequacy of the proposed Final Judgment to remedy the detrimental effects of OhioHealth's restrictions on steering and transparency that are at the core of the Sherman Act claim. Rather, each of the four comments relates to facts or events

[1] If the Court concludes that the proposed Final Judgment is not in the public interest, each party must then determine its next steps for the litigation, which may include continuing to litigate the case, attempting to settle the case on different terms, or Plaintiffs' dismissing the case.

outside the scope of the conduct challenged under the Sherman Act claim and therefore are outside the scope of the Court's Tunney Act review.

a. General Comments About OhioHealth's Market Power

Two commenters expressed concerns about OhioHealth's possession and exertion of market power to harm various stakeholders including patients, employees, and others in the communities surrounding their hospitals.

First, the United States received a comment from the Ohio Nurses Association (''Association''). The Association wrote to request that the United States ''broaden its scrutiny of OhioHealth's conduct and the impact its market power is having on patients and communities throughout [the] state.'' (Exhibit A, TC–001). Specifically, the Association cites to OhioHealth's recent closure of its inpatient maternity services at Grady Memorial Hospital as an example of harm caused by OhioHealth's ''growing market power.'' *Id.*

Second, the United States received a comment from a current employee of OhioHealth voicing concerns about OhioHealth's treatment of employees, patients, and the community. The employee described the failure of OhioHealth to make market-rate salary adjustments. They also shared the Association's concern about OhioHealth's closure of the Labor and Delivery Unit at Grady Memorial Hospital. (Exhibit A, TC–003).

These comments do not discuss OhioHealth's contract restrictions on steering and price transparency in the relevant market that were challenged in the Sherman Act claim or how the proposed remedy is allegedly inadequate to resolve the competitive harm that is caused by those restrictions. Because these comments do not relate to whether the proposed Final Judgment reasonably addresses the harms alleged in the Complaint, they are beyond the scope of the Court's review under the Tunney Act and do not provide a basis for rejecting the proposed Final Judgment. *See U.S. Airways,* 38 F. Supp. 3d at 76 (''[T]he Court's role under the [Tunney Act] is limited to reviewing the remedy in relationship to the violations that the United States has alleged in its Complaint.'' (internal citation omitted)).

b. Specific Comment About OhioHealth's Contracting Practices

The United States received one comment that requested the inclusion of an ''explicit ban on all-or-nothing contracting provisions'' in the proposed Final Judgment. (Exhibit A, TC–002). In the commenter's view, the lack of an explicit ban on all-or-nothing contracting could ''leave a critical loophole that allows dominant systems to continue leveraging market power to the detriment of Ohio employers, workers, and patients.'' (*Id.*).

The United States' Sherman Act claim challenges only OhioHealth's steering and transparency restrictions. The proposed Final Judgment provides effective relief for the challenged conduct by banning all present and future steering and transparency restrictions and enjoining any action that would penalize steering.

A separate ban on all-or-nothing contracting is unwarranted to resolve the United States' claim. The United States' claim does not challenge OhioHealth's all-or-nothing contracting as a violation of Section 1 of the Sherman Act. Rather, the Complaint alleges as a matter of fact that OhioHealth engages in all-or-nothing contracting, which can reflect the existence of market power. However, the Sherman Act claim challenges OhioHealth's steering and transparency restrictions themselves, not the all-or-nothing contracting. If OhioHealth were to impose an all-or-nothing contracting requirement that prevents a Payor from steering, that would violate the proposed Final Judgment.

Moreover, the proposed Final Judgment includes multiple reservations of rights explicitly stating that (1) if the proposed Final Judgment fails to fully redress the violations alleged in the Complaint, then the United States may re-open the proceeding and seek additional relief; and (2) the proposed Final Judgment terminates only the claims stated in the Complaint and does not affect other charges or claims the United States or the State of Ohio may file. (Dkt. 29–2 at 17, 19). If in the future the United States learns that OhioHealth's all-or-nothing contracting practices result in anticompetitive harm, the United States may investigate the conduct, and if warranted, bring an enforcement action against OhioHealth for that conduct.

c. Blood Cancer United's Comment

On September 21, 2026, the United States received a comment from Blood Cancer United, in which the organization wrote that it ''agree[s] that the proposed Final Judgment achieves all or substantially all of the relief the United States would have obtained through litigation, while avoiding the time, expense, and uncertainty of a full trial on the merits.'' (Exhibit A, TC–004). Blood Cancer United expressed concerns primarily about the general consolidation of healthcare and urged lawmakers and enforcement agencies to prevent systems like OhioHealth from obtaining market power in the first place and thus being able to impose the contract restrictions alleged in the Complaint. These concerns are not related to OhioHealth's contract restrictions on steering and price transparency in the relevant market and are therefore beyond the scope of the Court's review under the Tunney Act.

Similarly, in relation to the price transparency restrictions challenged in the Complaint, Blood Cancer United wrote that the United States could broaden the scope of its relief by requiring that OhioHealth ''disclose the availability of financial assistance on its main website'' and provide ''notice about financial assistance with a paper copy of the application.'' *Id.* at 4. However, the price transparency restrictions challenged in the Complaint relate to payors' efforts to increase transparency about prices of healthcare services. The Complaint did not challenge OhioHealth's own disclosure requirements. Therefore, the additional relief recommended by Blood Cancer United falls outside the scope of the proposed Final Judgment and thus beyond the scope of the Court's review under the Tunney Act.

Finally, the organization commended the appointment of a monitor but suggested that a longer monitorship may be necessary to ''provide better oversight and foster institutional reform.'' *Id.* The United States believes that a term of five years is sufficient to ensure OhioHealth's compliance with the proposed Final Judgment. However, the proposed Final Judgment does include a reservation that the United States, in its sole discretion, may determine a different period is appropriate. (Dkt. 29–2 at 13).

The concerns expressed by Blood Cancer United are either outside the scope of the harm alleged in the Complaint or are already addressed in the proposed Final Judgment. As the organization itself agrees, the proposed Final Judgment effectively relieves the harm of the antitrust violations alleged in the Complaint.

V. Conclusion

After careful consideration of the public comments, the United States continues to believe the proposed Final Judgment provides an effective and appropriate remedy for the antitrust violations alleged in the Complaint and is therefore in the public interest. The United States will move this Court to

enter the proposed Final Judgment after this response and the public comments are published in the **Federal Register** as required by 15 U.S.C. 16(d).

Dated: November 2, 2026

Respectfully submitted,

FOR PLAINTIFF
UNITED STATES OF AMERICA

PAUL TORZILLI* (S.D. Ohio Bar 4118832), Senior Litigation Counsel
Karl D. Knutsen*, Stella Martin, Trial Attorneys, United States Department of Justice, Antitrust Division, 450 5th St. NW, Suite 4100, Washington DC 20530, Telephone: (202) 476–0547, Email: *Paul.Torzilli@usdoj.gov.*

*Designated Trial Attorneys

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EXHIBIT A

TC-001

From: Amy Borror
To: Maguire, Jill (ATR)
Cc: Rick Lucas; Erica Bell; Kristen Bailey
Subject: [EXTERNAL] Comments re: OhioHealth proposed antitrust settlement
Date: Thursday, July 30, 2026 11:16:57 AM
Attachments: image.png
ONA comments OhioHealth antitrust settlement.pdf

Acting Chief Maguire:

Attached, please find comments from the Ohio Nurses Association regarding the proposed settlement between the DOJ Antitrust Division and OhioHealth Corporation.

ONA will be happy to provide any additional information that might be helpful to your Division on this matter.

Thank you for your time and consideration,
Ohio Nurses Association

Amy Borror
Director of Communications and Technology
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ONA afl
A Union of Nurses & Health Professionals

Affiliated with AFL-CIO

July 29, 2026

U.S. Department of Justice
Antitrust Division
Healthcare and Consumer Products Section

Re: Request for Expanded Antitrust Review of OhioHealth's Impact on Ohio Communities

Dear Assistant Attorney General,

On behalf of the Ohio Nurses Association, representing thousands of registered nurses and health professionals across Ohio, I write to urge the Department of Justice to broaden its scrutiny of OhioHealth's conduct and the impact its market power is having on patients and communities throughout our state.

The Department has already concluded that Ohio Health engaged in anticompetitive contracting practices significant enough to warrant federal enforcement action and a proposed settlement requiring the system to abandon contractual provisions that restricted competition and to operate under years of compliance monitoring.[1]

While that case focused on commercial contracting practices, we believe a larger question deserves examination:

How is OhioHealth's growing market power affecting access to essential healthcare services for the communities it serves?

The recent decision to close inpatient maternity services at Grady Memorial Hospital raises serious concerns. Delaware County is one of Ohio's fastest-growing counties, yet Ohio Health has chosen to eliminate local labor and delivery services despite continued community need. Families will now be forced to travel farther for obstetric care during one of the most critical moments of their lives. In some cases, it could take up to 50 minutes to travel to a hospital that has a safe labor and delivery unit.[2] These increased travel times are highly correlated with poor maternal and fetal outcomes.

This reduction in services at Grady Memorial Hospital is just the latest in a series of closures across the state of Ohio. Since 2018, twenty-five inpatient labor and delivery units have shuttered deepening the existing maternal and infant health crisis in the state. According to a recent report by the Center for Health Quality & Payment Reform, only 22% of rural hospitals in Ohio offer labor and delivery services.[3] Recent cuts to federal funding pose additional threats to our communities.

Healthcare systems frequently justify acquisitions, affiliations, and market expansion by promising stronger local healthcare, improved access, and long-term investments in communities. When dominant systems later reduce or eliminate essential services after competition has diminished, communities are left with fewer choices and less leverage.

From the perspective of frontline nurses, this creates a troubling pattern:

- Communities lose independent healthcare options.
- Market concentration increases.
- Essential services are centralized or eliminated.
- Patients travel farther.
- Healthcare workers leave their communities.
- Local hospitals become shells of what they once promised to be.

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The result may not simply be higher prices—it can also be reduced access, diminished quality, weakened workforce stability, and fewer competitive alternatives for patients.

Healthcare is unlike most industries. When labor and delivery closes, families cannot simply "shop elsewhere." Delays in care carry real clinical consequences. Rural and suburban communities deserve more than assurances that services are available somewhere else within a health system's footprint.

We respectfully request that the Department examine whether Ohio Health's pattern of acquisitions, market consolidation, and subsequent service reductions warrants additional antitrust review under the broader public interest goals of preserving competition and protecting consumer access to healthcare.

Specifically, we ask the Department to consider:

- Whether consolidation has reduced meaningful healthcare competition in affected communities.
- Whether commitments made during expansion or affiliation have been fulfilled.
- Whether dominant market position enables service reductions that would not occur in a competitive marketplace.
- Whether patients, employers, and communities ultimately suffer diminished access despite increased market concentration.

The Ohio Nurses Association stands ready to provide the perspective of frontline nurses and health professionals who witness these consequences every day. Nurses and health professionals understand better than anyone what happens when critical services disappear—not on a balance sheet, but in emergency departments, ambulances, labor rooms, and at patients' bedsides.

Competition policy exists to protect the public. In healthcare, protecting competition must also mean protecting access.

Ohio communities deserve healthcare systems that invest in them—not simply acquire market share and later withdraw essential services.

We appreciate your consideration and would welcome the opportunity to discuss these concerns further.

Respectfully,

Rick Lucas

Rick Lucas BSN, RN, CCRN
ONA President & Executive Director

References:

1. https://www.justice.gov/opa/pr/justice-department-requires-ohiohealth-step-using-anticompetitive-healthcare-contract-terms?utm_source=chatgpt.com

2. https://newsroom.ohiohealth.com/ohiohealth-announces-updates-to-maternity-and-womens-health-services-at-ohiohealth-grady-memorial-hospital?utm_source=chatgpt.com

3. https://ruralhospitals.chpnet.org/downloads/Rural_Maternity_Care_Crisis.pdf

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TC-002

July 24, 2026

Jill Maguire Acting Chief, Healthcare and Consumer Products Section Antitrust Division, U.S. Department of Justice 450 Fifth Street NW, Suite 4100 Washington, DC 20530

Subject: Comment on Proposed Final Judgment - *United States and State of Ohio v. OhioHealth Corporation*

Dear Ms. Maguire:

I write to comment on the proposed Final Judgment m *United States and State of Ohio v. OhioHealth Corporation* (June 15, 2026). While the settlement appropriately voids contract provisions that prohibit or penalize steering, tiering, or transparency, it fails to prohibit **all-or-nothing contracting-a** practice that remains among the most harmful restraints in hospital network negotiations.

All-or-nothing clauses compel payors to include every facility within a system under a single rate structure, regardless of cost or quality. This coercive bundling undermines competition, inflates prices, and prevents independent hospitals from participating in networks on fair terms. The **Council of Economic Advisers (2026)** found that a nationwide ban on anti-steering, anti-tiering, and all-or-nothing contracting would reduce hospital and affiliated-physician prices by **11 to 26 percent,** yielding **$1,100 to $2,500 in annual savings per family** and generating **$29 to $63 billion in national savings.**[1] These findings underscore the need for the Department of Justice to include a prohibition on all-or-nothing contracting in the OhioHealth settlement to ensure durable competitive relief.

By omitting a prohibition on all-or-nothing contracting, the proposed judgment leaves a critical loophole that allows dominant systems to continue leveraging market power to the detriment of Ohio employers, workers, and patients. I respectfully urge the Department of Justice and the Ohio Attorney General to amend the Final Judgment to include an explicit ban on all-or-nothing contracting provisions. Doing so would ensure durable competitive relief, promote transparency, and advance the settlement's stated goal of restoring fair market conditions in Ohio's healthcare sector.

Sincerely,

Mark A. Clement

[1] Council of Economic Advisers. *Effects of Banning Hospitals' Anti-Steering, Anti-Tiering, and All-or-Nothing Contracts.* June 2026. Executive Office of the President of the United States.

TC-003

[Redacted]
[Redacted]
[Redacted] OH [Redacted]

August 4, 2026

Jill McGuire
Acting Chief Healthcare and Consumer Products Section Antitrust Division U.S. Department of Justice
450 Fifth Street NW, Suite 4100
Washington DC 20530

Ms. McGuire,

I am writing you regarding the settlement with OhioHealth. While the DOJ has reached a settlement with OhioHealth, I feel obligated to notify you that the DOJ hasn't even scratched the surface with the degree of depravity that OhioHealth leadership continues to engage in.

I work for OhioHealth and have for nearly [redacted] years. In the last 5 or so years I can personally attest to the about face that OhioHealth has taken in their views for caring for and working for the community. Put quite succinctly, they don't anymore. They do not care for their staff and they do not care for their patients and least of all they do not care for their communities as they are a pool of the former.

OhioHealth leadership cares about their own wallets only.[Redacted] [Redacted] whereby the senior leadership has withheld market rate adjustments and have created a "soft ceiling" for compensation at or near the market median. That is not aligned with the organization's stated policies or the compensation training videos they have provided internally in the compensation education documents. OhioHealth has hit record revenues for 6 consecutive years. Prior to the past 6 years, when OhioHealth was not bringing in record breaking revenue,[Redacted] [Redacted]

The direct impact of withholding market rate adjustments in the face of year after year of record-breaking revenue has two distinct effects. The primary one is that it disproportionately hurts the organization's older, tenured staff demonstrating an active age discrimination regardless of intent and secondarily underpaying their staff artificially demonstrates improved operating margin efficiency thereby increasing executive compensation. The direct effects of these actions imply the organization has successfully implemented a system of executive self-enrichment that is directly subsidized by economic discrimination of their older, tenured employees.

In addition, OhioHealth uses their market size to create a monopsony whereby they can pull the median pay down while continuing to make their operating margins appear better so executives can get bonuses and salary hikes. This hurts their own employees, but more broadly us employees are the community. It hurts us not once by impacting our salaries, but twice by making it harder for us to get and pay for their healthcare services.

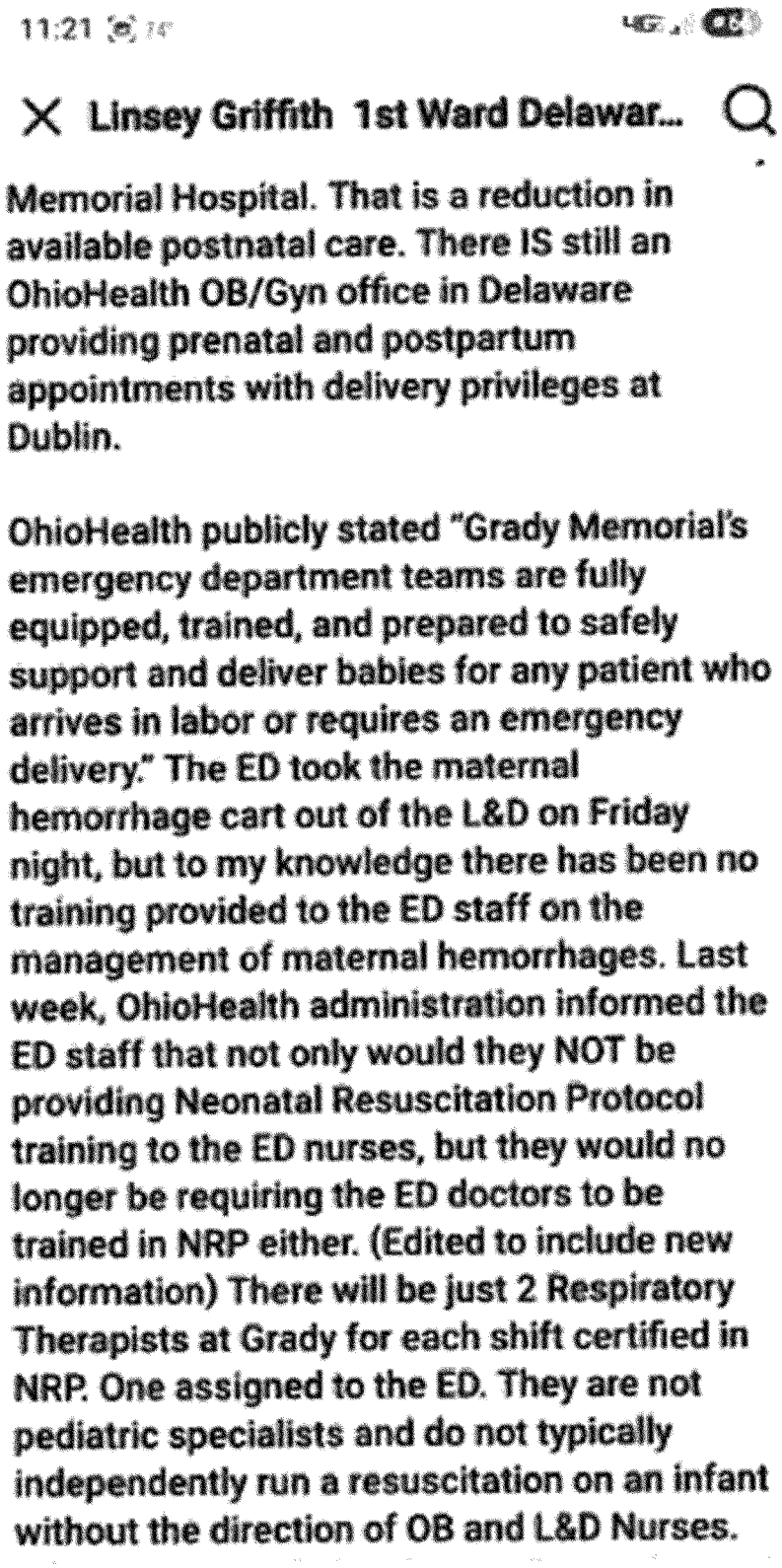
OhioHealth shut down the OB unit at a regional hospital and the details of which I have enclosed below from a local political leader's post on Facebook. OhioHealth stopped caring about their staff and community several years ago and the DOJ continuing to let them hurt our communities over and over again is a frightening look at what the future of healthcare in Ohio and beyond will look like if these

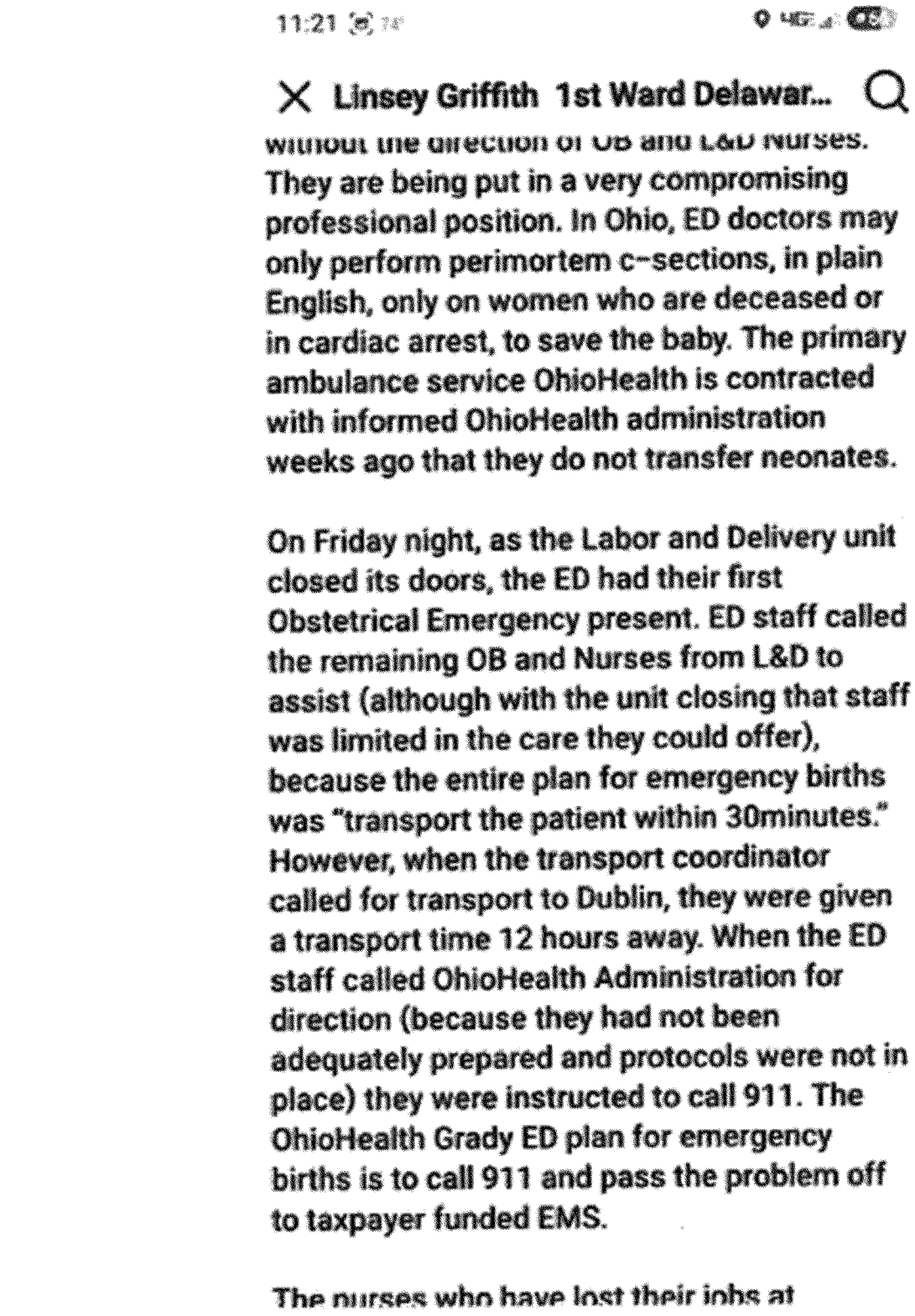
leaders are not stopped. I implore any legal or political levers that you have at your disposal be employed to stop this madness before other healthcare organizations start to use their framework to become money-hungry organizations which were intended to protect and care for the communities they serve. Governments are supposed to protect their people not provide them with frameworks to avoid accountability and consequences.

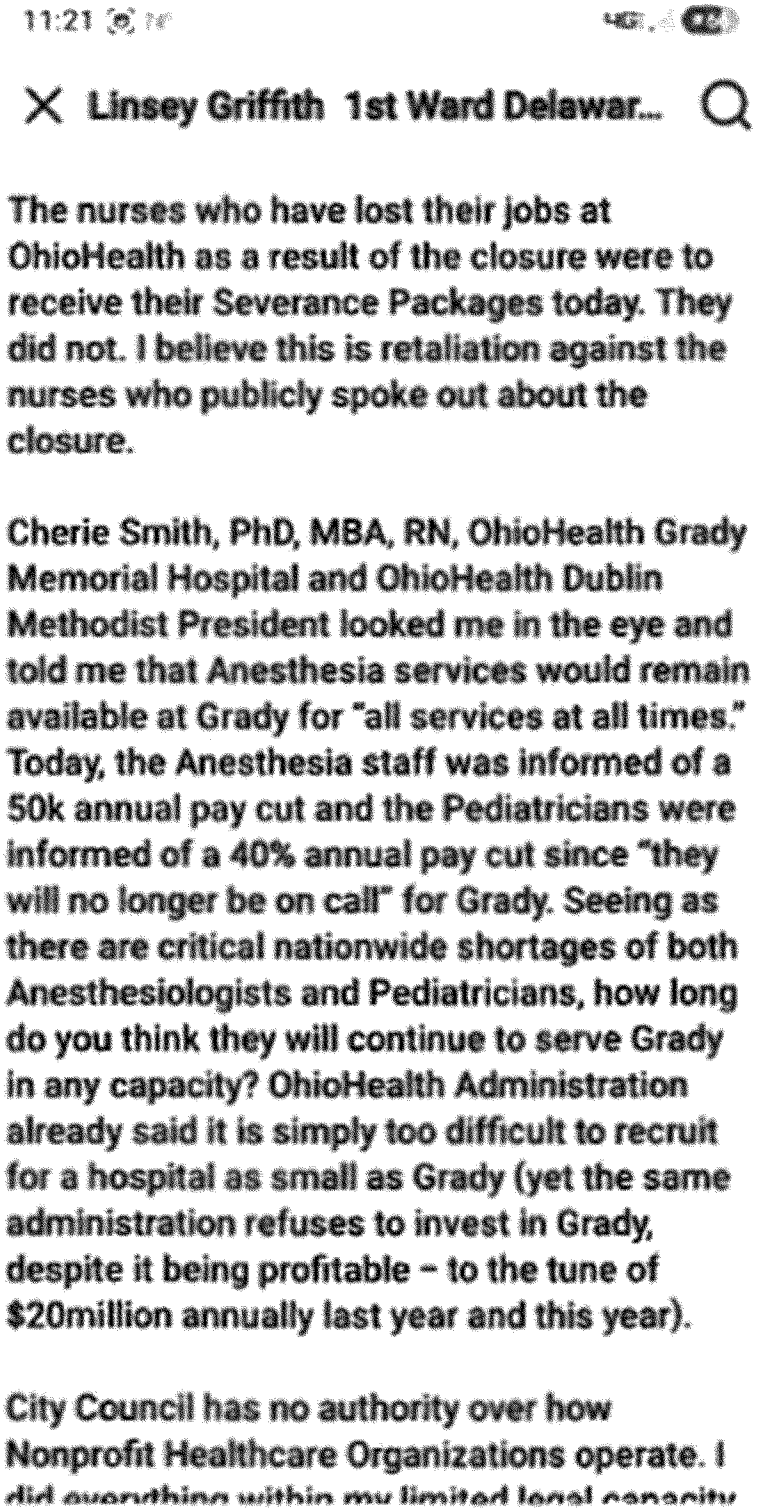
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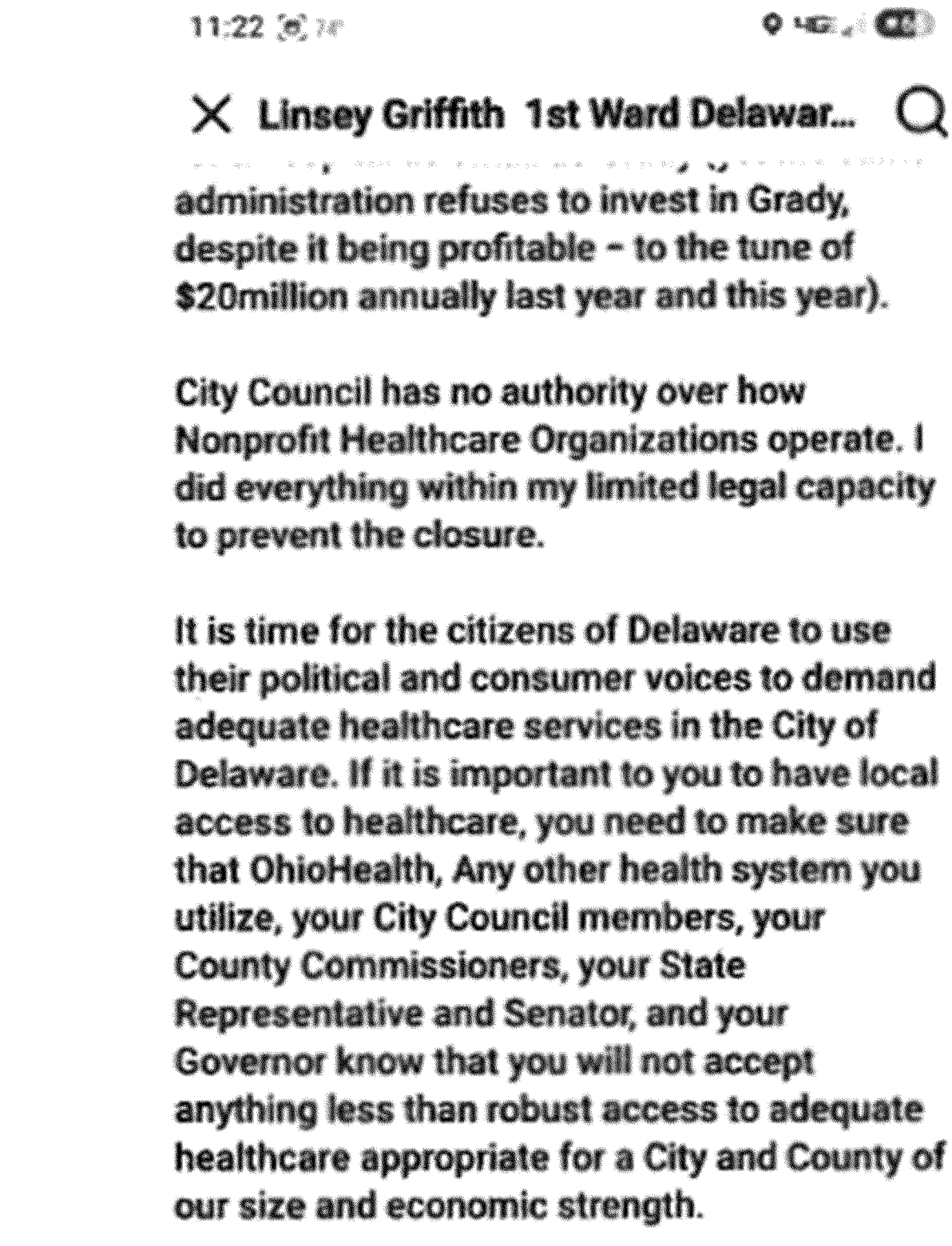
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Linsey Griffith 1st Ward Delawar...
Linsey Griffith 1st Ward Delaware...
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OhioHealth
BELIEVE IN WE
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As an elected representative serving the PEOPLE of Delaware, I want to post a follow up about OhioHealth's closure of Grady Memorial's Labor and Delivery Unit. I want our citizens to have a full and clear picture of the healthcare services available to them in the City of Delaware.
OhioHealth publicly stated "Prenatal, postnatal and gynecologic care will continue locally in Delaware County, and OhioHealth is expanding women's health services." Prior to the closure, Lactation Services were withdrawn from Grady Memorial Hospital. That is a reduction in


11:21
Linsey Griffith 1st Ward Delawar...
Memorial Hospital. That is a reduction in available postnatal care. There IS still an OhioHealth OB/Gyn office in Delaware providing prenatal and postpartum appointments with delivery privileges at Dublin.
OhioHealth publicly stated "Grady Memorial's emergency department teams are fully equipped, trained, and prepared to safely support and deliver babies for any patient who arrives in labor or requires an emergency delivery." The ED took the maternal hemorrhage cart out of the L&D on Friday night, but to my knowledge there has been no training provided to the ED staff on the management of maternal hemorrhages. Last week, OhioHealth administration informed the ED staff that not only would they NOT be providing Neonatal Resuscitation Protocol training to the ED nurses, but they would no longer be requiring the ED doctors to be trained in NRP either. (Edited to include new information) There will be just 2 Respiratory Therapists at Grady for each shift certified in NRP. One assigned to the ED. They are not pediatric specialists and do not typically independently run a resuscitation on an infant without the direction of OB and L&D Nurses.


11:21
Linsey Griffith 1st Ward Delawar...
without the direction of OB and L&D nurses. They are being put in a very compromising professional position. In Ohio, ED doctors may only perform perimortem c-sections, in plain English, only on women who are deceased or in cardiac arrest, to save the baby. The primary ambulance service OhioHealth is contracted with informed OhioHealth administration weeks ago that they do not transfer neonates.
On Friday night, as the Labor and Delivery unit closed its doors, the ED had their first Obstetrical Emergency present. ED staff called the remaining OB and Nurses from L&D to assist (although with the unit closing that staff was limited in the care they could offer), because the entire plan for emergency births was "transport the patient within 30minutes." However, when the transport coordinator called for transport to Dublin, they were given a transport time 12 hours away. When the ED staff called OhioHealth Administration for direction (because they had not been adequately prepared and protocols were not in place) they were instructed to call 911. The OhioHealth Grady ED plan for emergency births is to call 911 and pass the problem off to taxpayer funded EMS.
The nurses who have lost their jobs at


11:21
Linsey Griffith 1st Ward Delawar...
The nurses who have lost their jobs at OhioHealth as a result of the closure were to receive their Severance Packages today. They did not. I believe this is retaliation against the nurses who publicly spoke out about the closure.
Cherie Smith, PhD, MBA, RN, OhioHealth Grady Memorial Hospital and OhioHealth Dublin Methodist President looked me in the eye and told me that Anesthesia services would remain available at Grady for "all services at all times." Today, the Anesthesia staff was informed of a 50k annual pay cut and the Pediatricians were informed of a 40% annual pay cut since "they will no longer be on call" for Grady. Seeing as there are critical nationwide shortages of both Anesthesiologists and Pediatricians, how long do you think they will continue to serve Grady in any capacity? OhioHealth Administration already said it is simply too difficult to recruit for a hospital as small as Grady (yet the same administration refuses to invest in Grady, despite it being profitable – to the tune of $20million annually last year and this year).
City Council has no authority over how Nonprofit Healthcare Organizations operate. I


11:22
Linsey Griffith 1st Ward Delawar...
administration refuses to invest in Grady, despite it being profitable - to the tune of $20million annually last year and this year).
City Council has no authority over how Nonprofit Healthcare Organizations operate. I did everything within my limited legal capacity to prevent the closure.
It is time for the citizens of Delaware to use their political and consumer voices to demand adequate healthcare services in the City of Delaware. If it is important to you to have local access to healthcare, you need to make sure that OhioHealth, Any other health system you utilize, your City Council members, your County Commissioners, your State Representative and Senator, and your Governor know that you will not accept anything less than robust access to adequate healthcare appropriate for a City and County of our size and economic strength.

TC-004

LEUKEMIA & LYMPHOMA SOCIETY® is now

Blood Cancer United

Mail Center:
1201 15th Street N.W., Suite 410
Washington, DC 20005
914.949.5213
BloodCancerUnited.org

September 21, 2026

Jill Maguire, Acting Chief
Healthcare and Consumer Products Section,
Antitrust Division, Department of Justice
450 Fifth Street NW, Suite 4100, Washington, DC 20530
Via email: *ATR.Public-Comments-Tunney-Act-MB@usdoj.gov*

RE: Public Comment Regarding *United States, et al. v. OhioHealth Corporation*; Proposed Final Judgment and Competitive Impact Statement

Dear Acting Chief Maguire,

Blood Cancer United appreciates the opportunity to comment on the proposed Final Judgment and competitive impact statement in the matter of *United States, et al. v. OhioHealth Corporation*, Civil Action No. 2:26-cv-207.

At Blood Cancer United, our mission is to cure blood cancer and improve the quality of life of all patients and their families. To achieve it, we unite a community of people — patients and their families, volunteers, healthcare providers, scientists, staff, partners, fundraisers, and philanthropists — who believe all blood cancer patients deserve longer, fuller lives. We fund innovative research, offer free resources and personalized support, and advocate at the state and national levels for more accessible and affordable healthcare for all patients.

The proposed Final Judgment settles the alleged antitrust law violations arising from anticompetitive contract restrictions imposed by the Defendant on health insurers and employers. These restrictions are alleged to have effectively deprived Columbus-area employers and consumers of the choice of lower-cost health plan options and reduced competition among hospitals. We agree that the proposed Final Judgment achieves all or substantially all of the relief the United States would have obtained through litigation, while avoiding the time, expense, and uncertainty of a full trial on the merits. However, before addressing the settlement terms, we must note that it comes at a point in time after Defendant has already achieved a dominant market position through acquisitions of other hospitals, outpatient facilities, and physician groups. This market power allowed it to demand contractual provisions from payors to restrict steering to lower-cost hospitals and other providers and to limit transparency.

Healthcare Consolidation and Anticompetitive Contracting

Our work includes policies that control healthcare costs because our patients already struggle to bear the high financial burden of their care, and consolidation has an outsized impact on cancer patients.[1] Unaffordable healthcare costs are mostly attributed to hospital care, and healthcare consolidation has been increasing over time to the detriment of the patients we represent. As consolidation has reduced competition between hospitals and concentrated smaller providers under the umbrella of large healthcare systems, fewer markets offer sufficient competition to serve as a lever for controlling costs. Between 1998 and 2021, over 1,800 hospital mergers led to a decrease of approximately 2,000 hospitals around the country. By 2024, just one or two health systems controlled the entire market for inpatient care in nearly half of metropolitan areas.[2] This trend is leading to higher prices and reduced access to quality care particularly in rural areas.[3]

A smaller number of enormous health systems increasingly dominate several U.S. markets, enabling hospitals and providers to demand higher reimbursement from commercial payors through monopolistic market power.[4] This market power, including the contractual provisions that these health systems insist on in their agreements with payors, has a significant impact on the patients served by these health systems. A recent study analyzed confidential documents that were disclosed during the *Sidibe v. Sutter Health* antitrust lawsuit in Northern California. The study found that, because of "all-or-nothing" contracts, Sutter hospitals' prices increased to over thirty percent higher than its peers, as the terms insulated the system from competitive price pressures.[5] Ultimately, insurers and employers pass the burden of provider price increases onto consumers through higher premiums and out-of-pocket costs—and in the case of employers, reduced wages.[6]

To combat this trend, antitrust enforcement is an important mechanism to restrain harmful behavior and protect consumers from increased prices and reduced quality of care. While a settlement or consent decree that limits potential harm and incorporates ongoing monitoring can be an effective tool, it should not be the first line of defense. A better approach would be to prevent dominant players from coming into existence through stricter laws banning anticompetitive tactics and heightened antitrust

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[1] Healthcare Consolidation is Raising Prices and Jeopardizing Cancer Patient Care: Policymaker Recommendations, The Leukemia and Lymphoma Society, March 2024. https://lls.org/sites/default/files/2024-03/consolidation-report.pdf

[2] KFF, One or Two Health Systems Controlled the Entire Market for Inpatient Hospital Care in Nearly Half of Metropolitan Areas in 2024, March 27, 2026. https://www.kff.org/health-costs/one-or-two-health-systems-controlled-the-entire-market-for-inpatient-hospital-care-in-nearly-half-of-metropolitan-areas/#.

[3] Henke, R.M., Fingar, K.R., Jiang, H.J., Liang, L., & Gibson, T.B. (October 2021). Access to obstetric, behavioral health, and surgical inpatient services after hospital mergers in rural areas. Health Affairs, 40(10), 1627–1636. https://doi.org/10.1377/hlthaff.2021.00160; O'Hanlon, C.E., Kranz, A.M., DeYoreo, M., Mahmud, A., Damberg, C.L., & Timbie, J. (December 2019). Access, quality, and financial performance of rural hospitals following health system affiliation. Health Affairs, 38(12), 2095–2104. https://doi.org/10.1377/hlthaff.2019.00918.

[4] Gaynor, M. (February 14, 2018). Examining the impact of health care consolidation. Statement before the Committee on Energy and Commerce Oversight and Investigations Subcommittee, U.S. House of Representatives. https://docs.house.gov/meetings/IF/IF02/20180214/106855/HHRG-115-IF02-Wstate-GaynorM-20180214.pdf.

[5] Melnick G., Fonkych K. Are "all or nothing" contracts by hospital systems anti-competitive?—evidence from a recent antitrust lawsuit. J Hosp Manag Health Policy 2024;8:21. https://jhmhp.amegroups.org/article/view/8976/html.

[6] Gaynor, M. (February 14, 2018). Examining the impact of health care consolidation. Statement before the Committee on Energy and Commerce Oversight and Investigations Subcommittee, U.S. House of Representatives. https://docs.house.gov/meetings/IF/IF02/20180214/106855/HHRG-115-IF02-Wstate-GaynorM-20180214.pdf.

investigations of proposed mergers and acquisitions and challenges of transactions that create competitive risks.[7]

A recent example of such an investigation that successfully prevented a transaction that threatened to reduce competition involved an attempt by the Defendant in this matter to acquire a small hospital system in Ohio – Fairfield Medical Center (FMC) – that was in financial distress. We applaud the work of the Federal Trade Commission (FTC), in collaboration with the Ohio Attorney General's Office, to encourage FMC to seek, and ultimately find, an alternative buyer (Adena Health) that did not raise concerns over competition.[8] The FTC's statement helps to clarify how it will interpret whether a financially distressed seller adequately searched for alternative purchasers as part of the failing firm defense in response to antitrust action. This scrutiny prevented Defendant from amassing even more market power and should be applied more often to curb harmful healthcare consolidation.

Prohibited Conduct

The proposed Final Judgment prohibits Defendant from enforcing or attempting to enforce certain contract provisions that prohibit, deter, prevent, or Penalize Steering, Steered Plans, or Transparency, as those capitalized terms are defined therein, and declares such provisions void and unenforceable.

These terms are similar to other antitrust enforcement action settlements or consent decrees. We especially support what appears to be the novel inclusion of "make-whole" provisions – requiring a payor to make a lump sum payment to the hospital system in the event of "an adverse and material financial impact" – in the proposed Final Judgment. Anticompetitive contract provisions, including steering, tiering, all-or-nothing, most-favored, and make-whole provisions, and gag clauses prohibiting transparency are commonly used by dominant parties to limit competition, yield higher volume, and obtain higher reimbursement to the detriment of patients and consumers. We commend the prohibition of these contract provisions and specified conduct in clear terms as reflected in Exhibit A.

We recognize that anticompetitive agreements can take many forms, including outside the scope of a formal written or express agreement. This possibility makes it even more important that the proposed Final Judgment gives the U.S. Attorney General and the Attorney General of the State of Ohio the right to inspect and copy all materials and conduct interviews of Defendant's representatives related to this matter. This provision is a necessary remedy, but it may prove to be insufficient on its own, and we encourage federal and state officials to maximally use these authorities in monitoring the Defendant's compliance with this proposed Final Judgment.

Pricing Transparency

The proposed Final Judgment prohibits Defendant from imposing contract restrictions that act effectively as gag rules, preventing payors from providing truthful information to employers and patients about the prices of healthcare services they may receive. This restriction deprives patients of price information in

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[7] Simonsen Sussman, Blood Cancer United, An Analysis of Effective Legal Remedies to Protect Patients from Harmful Healthcare Consolidation, June 2026, https://static1.squarespace.com/static/6847335fc61f604ce7356030/t/6a4277dc5296c524f05a47b3/1782740979076/An+Analysis+of+Effective+Legal+Remedies+to+Protect+Patients+from+Harmful+Healthcare+Consolidation.

[8] Press Release, Fed. Trade Comm'n, Statement Regarding Fairfield Medical Center's Sale to Adena Health (Sept. 2, 2026), https://www.ftc.gov/news-events/news/press-releases/2026/09/statement-regarding-fairfield-medical-centers-sale-adena-health.

violation of federal law prohibiting the use of gag clauses in contracts between group health plans and healthcare providers.[9]

The proposed Final Judgment could require greater pricing transparency from Defendant. For instance, Defendant could be required to:

- Prominently disclose the availability of financial assistance on its main website and payment portal, including links to the financial assistance application.
- Provide a plain-language notice about financial assistance with a paper copy of the application before initiating collection activities, including before referring any bill to collections.[10]

These additional disclosure requirements would more directly address financial harm to patients as a result of Defendant's past contract restrictions. Mandating greater price transparency in patient-facing communications helps enable patients to make informed decisions about their healthcare and seek lower-cost providers and financial assistance where possible.

Appointment of Monitor

We commend the appointment of a monitor who has the power and authority to monitor Defendant's compliance with the terms of the proposed Final Judgment, including retaining agents and consultants, at the Defendant's cost and expense.

Ongoing monitoring is essential to ensure the Defendant's harmful behavior has ceased. The proposed Final Judgment requires Defendant to submit quarterly reports to each Plaintiff and the monitor concerning its contract activity with payors for a period of five years. We support monitoring as an effective way to curb harmful behavior, for as long a period as reasonable. A longer monitoring period (e.g. ten years) would provide better oversight and foster institutional reform by prolonging the Defendant's ability to wait out the monitoring period and resume its anticompetitive contracting behavior.

Future Considerations

Increased scrutiny of healthcare consolidation and passage of stricter laws and policies banning harmful practices is needed to best protect consumers from the effects of anticompetitive behavior. Any healthcare transaction – horizontal, vertical, or cross-market – of any size (in the case of serial or roll-up transactions) has the potential to give a party dominance in a market and allow it to impose anticompetitive contract terms, among other anticompetitive actions.[11] Relying on enforcement actions after a deal has closed, and the damage is done, may be necessary in some cases, but it falls short of preventing harm to competition. We offer these additional recommendations for the relevant enforcement agencies as they continue this important work:

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[9] Consolidated Appropriations Act of 2021, Pub. L. No. 116-260, 134 Stat. 1182 (2020).

[10] 26 CFR § 1.501(r)-6 (notification is required before extraordinary collection actions, which are defined to include certain sales to debt buyers but not referrals to debt collectors—which is more common). This recommendation goes further than current regulations, which do not require providing a paper copy of the application or specific notification about financial assistance before referring a bill to collections.

[11] Simonsen Sussman, Blood Cancer United, An Analysis of Effective Legal Remedies to Protect Patients from Harmful Healthcare Consolidation, June 2026, https://static1.squarespace.com/static/6847335fc61f604ce7356030/t/6a4277dc-5296-524f05a47b3/1782740979076/An+Analysis+of+Effective+Legal+Remedies+to+Protect+Patients+from+Harmful+Healthcare+Consolidation.

- Ensure robust funding for agencies to have sufficient capacity to investigate a wider swath of anticompetitive consolidation and monopolistic behavior.
- Continue close collaboration and information sharing with State Attorneys General to identify and investigate potential anticompetitive transactions and fully enforce antitrust protections.
- Analyze smaller-value and "roll-up" transactions from a cumulative standpoint rather than an individual transaction basis.
- Evaluate healthcare mergers with a holistic framework that considers the disproportionate impact consolidation has on medically underserved communities.
- Impose meaningful conditions on health care transactions that prevent undue price increases for patients and payors.

Conclusion

Blood Cancer United appreciates the opportunity to comment on the proposed Final Judgment in this matter. We support the Department's efforts to address antitrust violations and encourage moving upstream to prevent anticompetitive behavior and promote competition, in furtherance of containing and lowering healthcare costs for patients and consumers.

Sincerely,



Kinika Young
Director, Legal Advocacy

[FR Doc. 2026–22618 Filed 11–4–26; 8:45 am]
BILLING CODE 4410–11–C

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

[Docket No. DEA–1791]

Importer of Controlled Substances Application: Noramco

AGENCY: Drug Enforcement Administration, Justice.

ACTION: Notice of application.

SUMMARY: Noramco has applied to be registered as an importer of basic class(es) of controlled substance(s). Refer to Supplementary Information listed below for further drug information.

DATES: Registered bulk manufacturers of the affected basic class(es), and applicants, therefore, may submit electronic comments on, or objections to the issuance of the proposed registration on or before December 7, 2026. Such persons may also file a written request for a hearing on the application on or before December 7, 2026.

ADDRESSES: The Drug Enforcement Administration requires that all comments be submitted electronically through the Federal eRulemaking Portal, which provides the ability to type short comments directly into the comment field on the web page or attach a file for lengthier comments. Please go to *https://www.regulations.gov* and follow the online instructions at that site for submitting comments. Upon submission of your comment, you will receive a Comment Tracking Number. Please be aware that submitted comments are not instantaneously available for public view on *https://www.regulations.gov*. If you have received a Comment Tracking Number, your comment has been successfully submitted and there is no need to resubmit the same comment. All requests for a hearing must be sent to: (1) Drug Enforcement Administration, Attn: Hearing Clerk/OALJ, 8701 Morrissette Drive, Springfield, Virginia 22152; and (2) Drug Enforcement Administration, Attn: DEA Federal Register Representative/DPW, 8701 Morrissette Drive, Springfield, Virginia 22152. All requests for a hearing should also be sent to: Drug Enforcement Administration, Attn: Administrator, 8701 Morrissette Drive, Springfield, Virginia 22152.

SUPPLEMENTARY INFORMATION: In accordance with 21 CFR 1301.34(a), this is notice that on September 21, 2026, Noramco, 500 Swedes Landing Road, Wilmington, Delaware 19801–4417, applied to be registered as an importer of the following basic class(es) of controlled substance(s):

Controlled substance	Drug code	Schedule
Gamma Hydroxybutyric Acid.	2010	I.
Marihuana	7360	I.
Tetrahydrocannabinols	7370	I.
Methadone-Intermediate	9254	II.
Opium, Raw	9600	II.
Opium Extracts	9610	II.
Opium Fluid Extract	9620	II.
Opium Tincture	9630	II.
Opium, Powdered	9639	II.
Opium, Granulated	9640	II.
Opium Poppy/Poppy Straw.	9650	II.
Noroxymorphone	9668	II.
Poppy Straw Concentrate.	9670	II.
Tapentadol	9780	II.

The company plans to import Poppy Straw Concentrate (9670) to bulk manufacture other controlled substances for distribution to its customers. The company plans to import an intermediate form of Tapentadol (9780) to bulk manufacture Tapentadol for