

AMENDED IN SENATE JUNE 19, 2020

AMENDED IN SENATE MAY 19, 2020

AMENDED IN SENATE MARCH 16, 2020

**SENATE BILL**

**No. 977**

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**Introduced by Senator Monning**

February 11, 2020

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An act to add Division 1.7 (commencing with Section 1190) to the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

SB 977, as amended, Monning. Health care system consolidation: Attorney General approval and enforcement.

(1) Existing law requires any nonprofit corporation that operates or controls a health facility or other facility that provides similar health care to provide written notice to, and to obtain the written consent of, the Attorney General prior to entering into any agreement or transaction to sell, transfer, lease, exchange, option, convey, or otherwise dispose of the asset, or to transfer control, responsibility, or governance of the asset or operation, to a for-profit corporation or entity, to a mutual benefit corporation or entity, or to a nonprofit corporation, as specified. Existing law authorizes the Attorney General to determine what information is required to be contained in the notice.

This bill would require a health care system, as defined, private equity group, or hedge fund to provide written notice to, and obtain the written consent of, the Attorney General prior to an affiliation or acquisition between the ~~health care system~~ *entity* and a health care facility or provider, as those terms are defined, when the transaction value is over \$500,000. The bill would require the Attorney General to deny consent

to an affiliation or acquisition between a health care system, private equity group, hedge fund, and a health care facility, provider, or both, unless the health care system, private equity group, or hedge fund demonstrates that the affiliation or acquisition will result in a substantial likelihood of clinical integration, a substantial likelihood of increasing the availability and access of services to an underserved population, or both. The bill would authorize a health care system, private equity group, or hedge fund located in a rural area, as defined, to request a waiver of this prohibition. The bill would authorize the Attorney General to deny consent to an affiliation or acquisition between a health care system, private equity group, or hedge fund and a health care facility, provider, or both, if there is a substantial likelihood of anticompetitive effects that outweigh the benefits of a substantial likelihood of clinical integration, a substantial likelihood of an increase in services to an underserved population, or both.

This bill would require a health care system that is acquiring or affiliating with a provider, group of providers, or health care facility for a transactional value of \$500,000 or less *or an academic medical center, as defined, that is acquiring or affiliating with a provider, group of providers, or health care facility for any transactional value* to provide written notice to the Attorney General and would require the Attorney General to provide one of 2 specified notices within 30 days, either not objecting to the transaction or raising concerns, as specified.

This bill would require the Attorney General, beginning July 1, 2021, to establish the Health Policy Advisory Board, composed of specified appointed members, for the purpose of evaluating and analyzing health care markets in California and providing recommendations to the Attorney General's office. The bill would authorize the board to review a written notification submitted by a health care system, as described above, and provide the Attorney General with written information with regard to whether to grant or deny consent to the affiliation or acquisition. *The bill would require the board members to file a statement of economic interest with the Fair Political Practices Commission and would prohibit board members from receiving compensation for service on the board or from making, participating in making, or using their official position to influence the making of a decision that the member knows or has reason to know will have a reasonably foreseeable material financial effect, distinguishable from its effect on the public generally, on the member or a member of their immediate family.*

(2) Existing law authorizes the Attorney General to bring an action, seeking civil penalties, against any person who engages, has engaged, or proposes to engage in unfair competition. Existing law authorizes the Attorney General to bring the civil action in a court of competent jurisdiction.

This bill would make it unlawful for one or more health care systems, either independently or dependently, to use their market power to, among other things, cause anticompetitive effects, as described, and would authorize the Attorney General to bring a civil action for a violation of this unlawful conduct. The bill would require a court to impose civil fines for these violations, calculated either as \$1,000,000 or as twice the gross gain to the health care system or gross loss to any other party multiplied by 2, whichever is greater. The bill would require the fines to be deposited into the Attorney General antitrust account within the General Fund. The bill would require a court to impose monetary relief for the state in the amount of 3 times the total damage sustained, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Division 1.7 (commencing with Section 1190)  
2 is added to the Health and Safety Code, to read:

3  
4 DIVISION 1.7. HEALTH CARE SYSTEM CONSOLIDATION

5  
6 1190. (a) For purposes of this division, the following  
7 definitions shall apply:

8 (1) "Academic medical center" means either of the following:

9 (A) A health system that is operating with a medical school that  
10 is fully accredited by the Liaison Committee on Medical Education  
11 as of June 9, 2017, and that is either of the following:

12 (i) A public university system, as defined in subdivision (f) of  
13 Section 99250 of the Education Code.

14 (ii) Governed by a four-year university accredited by the  
15 Western Association of State and Colleges Senior College and  
16 University Commission.

1 (B) A comprehensive cancer center and hospital that is so  
2 designated by the National Cancer Institute and that is located in  
3 the City of Duarte.

4 ~~(1)~~

5 (2) “Acquisition” means the direct or indirect purchase in any  
6 manner, including, but not limited to, lease, transfer, exchange,  
7 option, receipt of a conveyance, creation of a joint venture, or any  
8 other manner of purchase, by a health care system, private equity  
9 group, or hedge fund of all, or any part of, the assets of a health  
10 care facility or provider. A transfer includes, but is not limited to,  
11 any arrangement, written or oral, that alters voting control of,  
12 responsibility for, or control of the governing body of the health  
13 care provider.

14 ~~(2)~~

15 (3) “Affiliation” means an agreement, association, partnership,  
16 joint venture, or other arrangement in which a health care system  
17 establishes a change in governance or sharing of control over health  
18 care services provided by that health care facility or provider, or  
19 in which a health care system otherwise acquires direct or indirect  
20 control over the operations of a health care facility or provider in  
21 whole or in substantial part. An affiliation does not exist where a  
22 health care system only extends an offer of employment to, or  
23 hires, a provider.

24 ~~(3)~~

25 (4) “Board” means the Health Policy Advisory Board established  
26 pursuant to Section 1190.5.

27 ~~(4)~~

28 (5) “Clinical integration” means a showing by the health care  
29 system, private equity group, or hedge fund affiliating with or  
30 acquiring the health care facility that there will likely be a reduction  
31 in costs to the benefit of consumer care and outcomes or an increase  
32 in the quality of care as a result of the acquisition or affiliation.  
33 An increase or improvement in quality of care shall include a  
34 showing of a reduction in morbidity or mortality, better population  
35 health care management, improvement in nationally recognized  
36 quality measures, including, but not limited to, measures used or  
37 endorsed by the National Committee for Quality Assurance, the  
38 National Quality Forum, the Physician Consortium for Performance  
39 Improvement, the Agency for Healthcare Research and Quality,  
40 others recognized or used by the federal Centers for Medicare and

1 Medicaid Services, or any other commonly accepted metric or  
2 standard for improving consumer health and patient outcomes.

3 ~~(5)~~

4 (6) “Health care facility” means a facility, nonprofit or for-profit  
5 corporation, institution, clinic, place, or building where  
6 health-related physician, surgery, or laboratory services are  
7 provided, including, but not limited to, a hospital, clinic,  
8 ambulatory surgery center, treatment center, or laboratory or  
9 physician office located outside of a hospital.

10 ~~(6)~~

11 (7) “Health care system” means an entity or system of entities  
12 that includes or owns two or more hospitals within multiple  
13 counties, or three or more hospitals within one county.

14 ~~(7)~~

15 (8) “Hedge fund” means a pool of funds by investors, including  
16 a pool of funds managed or controlled by private limited  
17 partnerships, if those investors or the management of that pool or  
18 private limited partnership employ investment strategies of any  
19 kind to earn a return on that pool of funds.

20 ~~(8)~~

21 (9) “Hospital” means a general acute care hospital, acute  
22 psychiatric hospital, or special hospital, as those terms are defined  
23 in subdivision (a), (b), or (f) of Section 1250, respectively.

24 ~~(9)~~

25 (10) “Private equity group” means an investor or group of  
26 investors who engages in the raising or returning of capital and  
27 who invests, develops, or disposes of specified assets.

28 ~~(10)~~

29 (11) “Provider” means an individual or group of individuals  
30 that provides health-related physician, surgery, or laboratory  
31 services to consumers, including, but not limited to, licensees as  
32 defined under Division 2 (commencing with Section 500) of the  
33 Business and Professions Code.

34 ~~(11)~~

35 (12) “Rural area” means a medical service study area with a  
36 population density of fewer than 250 persons per square mile and  
37 no population center in excess of 50,000 within the area, as  
38 determined by the Office of Statewide Health Planning and  
39 Development.

40 ~~(12)~~

1 (13) “Underserved population” means a population with an  
2 income threshold below 138 percent of the United States  
3 Department of Health and Human Services federal poverty  
4 guidelines, a population served by the Medi-Cal program, an  
5 uninsured population, a rural area, or a combination thereof.

6 (b) These definitions shall not apply to acquisitions or  
7 affiliations entered into prior to January 1, 2021, including  
8 subsequent renewals, as long as those acquisitions or affiliations  
9 do not involve a material change in the corporate relationship  
10 between a health care system and a health care facility or provider,  
11 or a material change in the corporate relationship between the  
12 private equity group or hedge fund and a health care facility or  
13 provider, on or after January 1, 2021.

14 1190.5. (a) Beginning July 1, 2021, the Attorney General shall  
15 establish the Health Policy Advisory Board for the purpose of  
16 evaluating and analyzing health care markets in California and  
17 providing recommendations to the Attorney General’s office, for  
18 purposes of this division.

19 (b) The board shall be comprised of all of the following  
20 members:

21 (1) The Attorney General, or the Attorney General’s designee.

22 (2) All of the following, who are appointed by and serve at the  
23 pleasure of the Attorney General:

24 (A) A university professor that specializes in health care  
25 systems, economics, and antitrust law.

26 (B) A representative from a health care system.

27 (C) A representative from a health care provider.

28 (D) A representative of health plans.

29 (E) A representative of employers as purchasers of health care  
30 services.

31 (F) A representative of organizations that represent union  
32 trustees of health care trusts.

33 (3) One member who is appointed by and serves at the pleasure  
34 of the Governor.

35 (4) Two members who are appointed by and serve at the pleasure  
36 of the Senate Committee on Rules, one of whom shall be a  
37 representative of a consumer group.

38 (5) Two members who are appointed by and serve at the pleasure  
39 of the Speaker of the Assembly, one of whom shall be a  
40 representative of a consumer group.

1 (c) (1) The board shall annually produce or commission a report  
2 on the conditions in health care markets in California relating to  
3 acquisitions and affiliations, including, but not limited to, cost and  
4 quality analysis.

5 (2) The Department of Justice shall make the report publicly  
6 available on its internet website.

7 (d) The board shall meet quarterly.

8 (e) (1) The board shall comply with the Bagley-Keene Open  
9 Meeting Act (Article 9 (commencing with Section 11120) of  
10 Chapter 1 of Part 1 of Division 3 of Title 2 of the Government  
11 Code).

12 (2) The board shall comply with the California Public Records  
13 Act (Chapter 3.5 (commencing with Section 6250) of Division 7  
14 of Title 1 of the Government Code).

15 1190.10. (a) Except as provided in subdivision (f), a health  
16 care system, private equity group, or hedge fund shall provide  
17 written notice to, and obtain the written consent of, the Attorney  
18 General prior to an affiliation or acquisition between the health  
19 care system and a health care facility or provider, or between the  
20 private equity group or hedge fund and a health care facility or  
21 provider. The notice shall contain information sufficient to evaluate  
22 the nature of the acquisition or affiliation and information sufficient  
23 for the Attorney General to determine that the criteria set forth in  
24 paragraph (1) of subdivision (b) of Section 1190.25 have been met  
25 or that a waiver may be granted pursuant to paragraph (2) of  
26 subdivision (d) of Section 1190.25.

27 (b) Within 60 days of receipt of the written notice required by  
28 subdivision (a), the Attorney General shall do one of the following:

29 (1) Notify the health care system, private equity group, or hedge  
30 fund whether the Attorney General has cleared the transaction as  
31 meeting the requirements of paragraph (1) of subdivision (b) of  
32 Section 1190.25.

33 (2) Grant the health care system, private equity group, or hedge  
34 fund a waiver pursuant to paragraph (2) of subdivision (d) of  
35 Section 1190.25.

36 (3) Issue a request for additional information from the parties  
37 to the acquisition or affiliation.

38 (c) Within 45 days of certification by the Attorney General that  
39 the parties to the acquisition or affiliation have substantially  
40 complied with the request for additional information pursuant to

1 paragraph (3) of subdivision (b), the Attorney General shall grant  
2 or deny consent pursuant to paragraph (1) of subdivision (b).

3 (d) The Attorney General may extend any time period set forth  
4 in subdivision (b) or (c) by 14 days if the Attorney General decides  
5 to hold a public meeting under subdivision (b) of Section 1190.30.

6 (e) The parties and the Attorney General may consent to extend  
7 the time period in subdivision (c) by an additional 45 days if the  
8 acquisition or affiliation is substantially changed or modified by  
9 the parties prior to the expiration of the period in subdivision (c)  
10 or the acquisition involves health care facilities, or providers,  
11 servicing multiple communities.

12 (f) (1) A health care system that is acquiring or affiliating with  
13 a provider, group of providers, or health care facility for a  
14 transactional value of five hundred thousand dollars (\$500,000)  
15 or less *or an academic medical center that is acquiring or*  
16 *affiliating with a provider, group of providers, or health care*  
17 *facility for any transactional value* shall provide written notice to  
18 the Attorney General. For those notices, the Attorney General shall  
19 do one of the following within 30 days:

20 (A) Notify the health care system that the Attorney General  
21 does not object to the transaction.

22 (B) Notify the health care system that the Attorney General has  
23 found the transaction to raise substantial competitive concerns that  
24 may impact competition in the market such that the health care  
25 system, private equity group, or hedge fund is required to comply  
26 with subdivision (a) of Section 1190.10.

27 (2) If, after 30 days, a health care system does not receive notice  
28 pursuant to paragraph (1), the health care system may proceed as  
29 if it received the notice of no objection pursuant to subparagraph  
30 (A) of paragraph (1).

31 (g) The standard of review for the Attorney General to make  
32 determinations pursuant to subdivision (f) is whether the transaction  
33 presents substantial competitive concerns based on an analysis of  
34 market shares of the provider, group of providers, or health care  
35 facility in any relevant market, as set out in subparagraph (A) of  
36 paragraph (2) of subdivision (b) of Section 1191.

37 1190.15. (a) The Health Advisory Policy Board, upon request  
38 by the Attorney General, may review a written notification  
39 submitted by a health care system pursuant to Section 1190.10 and  
40 provide the Attorney General with written information with regard



1 to whether to grant or deny consent to the affiliation or acquisition.  
2 The Attorney General may consider the recommendation of the  
3 board.

4 ~~(b) A member of the board shall not make, participate in making,  
5 or in any way attempt to use the member's official position to  
6 influence the making of a decision that the member knows or has  
7 reason to know will have a reasonably foreseeable material  
8 financial effect, distinguishable from its effect on the public  
9 generally, on them or a member of their immediate family, or on  
10 a business entity in which the member is a director, officer, partner,  
11 trustee, employee, or holds any position of management.~~

12 *(b) A board member shall not receive compensation for service  
13 on the board, but may receive a per diem and reimbursement for  
14 travel and other necessary expenses, as provided in Section 103  
15 of the Business and Professions Code, while engaged in the  
16 performance of official duties of the board.*

17 *(c) A board member shall not make, participate in making, or  
18 in any way attempt to use their official position to influence the  
19 making of a decision that the member knows or has reason to know  
20 will have a reasonably foreseeable material financial effect,  
21 distinguishable from its effect on the public generally, on the  
22 member or a member of their immediate family, pursuant to Section  
23 87103 of the Government Code.*

24 *(d) A board member shall file a statement of economic interest,  
25 pursuant to Chapter 7 (commencing with Section 87100) of Title  
26 9 of the Government Code.*

27 1190.20. The Attorney General may adopt regulations to  
28 implement this division, including, but not limited to, regulations  
29 that extend the time periods in Section 1190.10, or regulations to  
30 provide a process for requesting a waiver pursuant to Section  
31 1190.25.

32 1190.25. (a) Except as provided in subdivision (b), the  
33 Attorney General shall deny consent to an affiliation or acquisition  
34 between a health care system, private equity group, or hedge fund  
35 and a health care facility, provider, or both, unless the health care  
36 system, private equity group, or hedge fund demonstrates that the  
37 affiliation or acquisition will result in a substantial likelihood of  
38 clinical integration, a substantial likelihood of increasing the  
39 availability and access of services to an underserved population,  
40 or both.

1 (b) (1) The Attorney General may deny consent to an affiliation  
2 or acquisition between a health care system, private equity group,  
3 or hedge fund and a health care facility, provider, or both, if there  
4 is a substantial likelihood of anticompetitive effects that outweigh  
5 the benefits of a substantial likelihood of clinical integration, a  
6 substantial likelihood of increase in services to an underserved  
7 population, or both.

8 (2) A substantial likelihood of anticompetitive effects in  
9 providing hospital or health care services shall include, but not be  
10 limited to, a substantial likelihood of raising market prices,  
11 diminishing quality, reducing choice, or diminishing availability  
12 of, or diminishing access to, hospital or health care services.

13 (c) The Attorney General, in making a determination to grant  
14 or deny consent pursuant to this section, shall apply the public  
15 interest standard. The term “public interest” is defined as being in  
16 the interests of the public in protecting competitive and accessible  
17 health care markets for prices, quality, choice, accessibility, and  
18 availability of all health care services for local communities,  
19 regions, or the state as a whole. Acquisitions or affiliations shall  
20 not be presumed to be efficient for the purpose of assessing  
21 compliance with the public interest standard.

22 (d) (1) A health care system, private equity group, or hedge  
23 fund located in a rural area may request, in writing, a waiver of  
24 the prohibition in subdivision (a).

25 (2) The Attorney General may grant a waiver if either of the  
26 following conditions exist:

27 (A) The affiliation or acquisition would directly benefit  
28 consumers of health care services in rural areas by improving the  
29 access or availability of those services.

30 (B) The affiliation or acquisition is needed to improve the health,  
31 safety, and well-being of consumers of health care services in rural  
32 areas.

33 (3) The Attorney General may adopt regulations regarding the  
34 process of requesting a waiver and the conditions the health care  
35 system, private equity group, or hedge fund must meet to obtain  
36 that waiver.

37 1190.30. (a) The Attorney General shall make the  
38 determination required by Section 1190.25 in writing that provides  
39 the basis for the determination.

1 (b) Prior to issuing a written determination pursuant to  
2 subdivision (a), the Attorney General may hold a public meeting,  
3 which may be held in any of the counties in which the acquisition  
4 or affiliation will take place, to hear comments from interested  
5 parties. Prior to holding a public meeting, the Attorney General  
6 shall provide notice of the time and place of any meetings by  
7 electronic publication, or publication in newspapers of general  
8 circulation, to consumers that may be affected by the acquisition  
9 or affiliation. If a substantive change or modification to the  
10 acquisition or affiliation is submitted to the Attorney General after  
11 a public meeting, the Attorney General may conduct an additional  
12 public meeting to hear from interested parties with respect to the  
13 change or modification. To the extent that a public meeting has  
14 already occurred under Sections 5916 and 5922 of the Corporations  
15 Code, the Attorney General may waive a subsequent meeting  
16 requirement under this section.

17 (c) Any of the parties to the acquisition or affiliation may appeal  
18 the Attorney General's final determination by a writ of mandate  
19 to the superior court pursuant to Section 1094.5 of the Code of  
20 Civil Procedure.

21 1190.35. This division does not operate to alter, amend, modify,  
22 invalidate, impair, or supersede any other law.

23 1190.40. If a health facility is subject to Section 5914 or 5920  
24 of the Corporations Code, the review under those sections shall  
25 be concurrent with the review under this division, to the extent  
26 practicable.

27 1191. (a) It is unlawful for one or more health care systems,  
28 either independently or dependently, to use their market power as  
29 set forth in this section.

30 (b) The conduct of a health care system shall be unlawful  
31 pursuant to subdivision (a) under any of the following conditions:

32 (1) The health care system has substantial market power in any  
33 market for hospitals or nonhospital health care services and the  
34 health care system's conduct has a substantial tendency to cause  
35 anticompetitive effects. A substantial likelihood of anticompetitive  
36 effects in providing hospital or nonhospital health care services  
37 shall include a substantial likelihood of raising market prices,  
38 diminishing quality, reducing choice, increasing the total cost of  
39 care, or diminishing availability of, or diminishing access to,  
40 hospital or nonhospital health care services.

1 (2) The health care system shall be presumed to be acting  
2 unlawfully if it has substantial market power in any market for  
3 any service in trade or commerce and the health care system's  
4 conduct involves tying or exclusive dealing.

5 (A) A market for any service in trade or commerce may be the  
6 state itself, northern California as comprised of the 48 northernmost  
7 counties, southern California as comprised of all other counties in  
8 the state, a county, a metropolitan statistical area as defined under  
9 the United States Census, a micropolitan statistical area as defined  
10 under the United States Census, a region in which insurance is  
11 offered under Covered California pursuant to paragraph (2) of  
12 subdivision (a) of Section 10753.14 of, or paragraph (2) of  
13 subdivision (a) of Section 10965.9 of, the Insurance Code, or  
14 paragraph (2) of subdivision (a) of Section 1357.512 or paragraph  
15 (2) of subdivision (a) of Section 1399.855, or any other market  
16 supported by the evidence.

17 (B) For purposes of this section, "tying" is defined as the seller  
18 coercively conditioning the sale of one or more services on the  
19 sale of a second distinct service or services if the arrangement  
20 affects a more than trivial amount of sales of the second distinct  
21 service or services. The conditioning can be explicit, implicit, or  
22 as an economic imperative based on the pricing of those services.

23 (C) For purposes of this section, "exclusive dealing" means an  
24 agreement in which a health plan or employer who buys health  
25 care services agrees implicitly or explicitly, whether coerced or  
26 voluntarily, to buy services exclusively from a health care system  
27 for a period of time. Exclusive dealing is presumed to be  
28 anticompetitive for purposes of this section whether or not pricing  
29 practices are a component of that conduct.

30 (c) Substantial market power can be shown in one of the  
31 following two ways:

32 (1) The conduct had an actual substantial anticompetitive effect,  
33 including, but not limited to, prices, quality, access, or availability  
34 of services, choice, or total cost of care. For purposes of this  
35 paragraph, "total cost of care" means the measurement of direct  
36 and indirect costs, including, but not limited to, price and  
37 utilization, associated with an episode of care for a period of health  
38 care coverage.

39 (2) The health care system has a sufficiently substantial market  
40 share in one or more markets for any service in trade or commerce

1 after accounting for barriers to entry to exercise substantial market  
2 power in those markets. The health care system shall be presumed  
3 to have substantial market power if, accounting for barriers to  
4 entry, it has greater than a 60 percent market share. That  
5 presumption shall not be rebuttable if it has greater than a 75  
6 percent market share.

7 (d) Notwithstanding the other provisions of this section, a health  
8 care system is not acting unlawfully if its conduct directly and  
9 significantly benefits consumers of any services in that same  
10 market in which the conduct is taking place, or the health care  
11 system, and the conduct that it is committing, are located entirely  
12 within a rural area as defined by subdivision (k) of Section 1190,  
13 and if it otherwise meets the criteria of this section and all of the  
14 following conditions exist:

15 (1) Any benefits are not achievable by less restrictive  
16 alternatives.

17 (2) Any benefits substantially outweigh any actual or likely  
18 anticompetitive effects of the conduct.

19 (3) No benefit is based on the need to meet a public federal,  
20 state, or local requirement or mandate of any kind.

21 (e) The Attorney General may bring a civil action on behalf of  
22 the state or of any of its political subdivisions or public agencies  
23 or in the name of the people of the State of California, as *parens*  
24 *patriae* on behalf of natural persons residing in the state, in the  
25 superior court of any county that has jurisdiction over a defendant  
26 for any violation of this section.

27 (f) A civil action to enforce a cause of action for a violation of  
28 this section shall be commenced within four years after the cause  
29 of action accrued.

30 (g) Civil fines shall be imposed for a violation of this section  
31 and those fines may be calculated either as one million dollars  
32 (\$1,000,000) or as twice the gross gain to the health care system  
33 or gross loss to any other party multiplied by two, whichever is  
34 greater.

35 (h) The court shall award the state as monetary relief three times  
36 the total damage sustained as described in subdivision (a), the  
37 interest on the total damages, and the costs of suit, including a  
38 reasonable attorney's fee.

39 (i) In any civil action brought by the Attorney General, the court  
40 may, in addition to granting those prohibitory injunctions and other

1 restraints as it may deem expedient to deter the defendant from,  
2 and insure against, committing a future violation of this section,  
3 grant those mandatory injunctions as may be reasonably necessary  
4 to restore and preserve fair competition in the trade or commerce  
5 affected by the violation.

6 (j) Any fees or fines obtained should be deposited in the  
7 Attorney General antitrust account within the General Fund.

8 (k) The Attorney General may adopt regulations further defining  
9 provisions in this section.

10 (l) This section does not operate to alter, amend, modify,  
11 invalidate, impair, or supersede any other law.

12 (m) Notwithstanding any other law, this section does not impose  
13 liability for the intracorporate actions of a health care system.