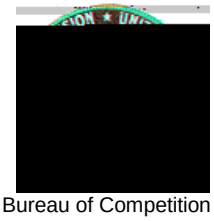

Bureau of Competition
Mergers IV Division

December 22, 2015

John J. Dreyzehner, MD, MPH
State of Tennessee Department of Health
5th Floor, Andrew Johnson Tower
710 James Robertson Parkway

evidence that the likely benefits of the merger outweigh the disadvantages likely to result from the displacement of competition.

During our September 15th conversation, you indicated that the parties assert as justifications for the proposed merger certain improvements in the quality of health care services, more research opportunities, and potential efficiencies. Moreover, as you indicated during our conversation and as described in your letter, one of the stated reasons for the merger [is] to avoid the purchase of one or both entities by a hospital corporation or system headquartered outside of the region served, and that control of these hospitals and the potential economic benefits of the transaction remain local. In our conversation, you refined your request,

,)]TJ --1.083(o)-1(n)-1(s)3.4(f)5.1(o)-1(r)-6(our)-3.5(r.5(e)0.7(s)3(t)-1.9vm)7.8(a)c).74 -1 C-3.6(OPl)]T7(Ad (s)T
d (])Tj 0.80.8(on s)4.3(e)1g.7(ont)-0.9(r w)7(t)-ul0.8(h)]TJ [(e)

mergers. For example, in its Evanston case,[10] despite finding that the transaction resulted in competitive harm, the Commission determined that unwinding the anticompetitive consummated hospital merger by requiring a divestiture of the acquired hospital would have involved significant risks, including to patient safety, so no divestiture was ordered. In Phoebe Putney, the FTC was unable to obtain a divestiture that would remedy the anticompetitive effects of the