



suggest that mandatory . . . collaborative practice agreement requirements are likely to impede competition among health care providers . . . leading to decreased access to health care services, higher health care costs, reduced quality of care, and less innovation in health care<sup>5</sup> delivery.

We hope you will keep these considerations in mind as you evaluate the Bills.

## Discussion

### I. HB1491

HB1491 would establish particular licensure requirements for APRNs, to be implemented by the Board of Nursing. HB1491 also appears to provide that APRNs may, within the scope of their practice and training, assess and diagnose patients, order both diagnostic and therapeutic tests and procedures, without obtaining a collaborative practice arrangement with a particular physician.<sup>6</sup>

Section III of the FTC staff policy paper discusses in detail the potential competitive harms from overly restrictive APRN physician supervision requirements and also identifies the types of mandatory collaborative arrangements that often amount to de facto physician supervision requirements.<sup>7</sup> In brief, the policy paper suggests that

- 1) supervision or “collaborative practice” requirements exacerbated documented provider shortages that could be mitigated by expanding APRN practice;
- 2) such requirements may increase the

First, the United States faces a substantial and growing shortage of physicians, especially in primary care.<sup>8</sup> As a result, for many Americans, including some in Missouri, access to basic health care services may be limited, especially in poor or rural areas.<sup>9</sup> According to the Missouri Department of Health and Senior Services, “[h]ealth care resources in rural Missouri are limited, even for those who have health insurance, have no financial difficulty, and have access to transportation. . . . As regards access to primary health care services, the vast majority of rural counties are designated as Health Professional Shortage Areas (HPSAs).<sup>10</sup> Across the country, APRNs already “make up a greater share of the primary care workforce in less densely populated areas, less urban areas, and lower income areas, as well as in HPSAs.”<sup>11</sup>

Second, APRNs tend to provide care at lower cost than physicians when they are not subject to unnecessary regulatory requirements. Maintaining undue legal or regulatory hurdles may raise the costs of APRN services, reducing supply and further diminishing Tw 11.58 0 w [(limite)6 0 Td ( )T.

of care, satisfy their business objectives, and comply with applicable regulatory requirements. New models of collaboration represent an important form of innovation in health care delivery. Proponents of team-based care have recognized the importance of this type of innovation, given the myriad approaches to team-based care that may succeed in different practice settings.<sup>16</sup> Rigid collaborative practice requirements can arbitrarily constrain this type of innovation, as they can impose limits or costs on new and beneficial collaborative arrangements, limit a provider's ability to accommodate staffing changes across central and satellite facilities or preclude some provider strategies altogether.<sup>17</sup>

Fourth, we have seen no evidence that statutory collaborative practice agreement requirements are necessary to achieve the benefits of team-based health care. On the contrary, as noted above, rigid supervision and collaboration requirements may impede, rather than foster, development of effective models of team-based care.<sup>18</sup> Collaboration between APRNs and physicians is common in all states, including those that permit APRNs to practice without mandatory collaborative practice agreements.<sup>19</sup> Most APRNs work for institutional providers or physician practices, with established channels of collaboration and supervision, and even "independently" practicing APRNs typically consult physicians and refer patients as appropriate.<sup>20</sup> HB1491 would maintain state-level APRN oversight to ensure safe and responsible practice within a variety of care delivery settings, including a requirement of collaboration and referral to meet patients' needs.

HB1491 appears consistent with FTC staff recommendation that state legislators avoid imposing restrictions on APRN scope of practice unless those restrictions are necessary to address well-founded patient safety concerns. As noted above, based on substantial evidence and experience, expert bodies have concluded that APRNs are safe and effective as independent providers of many health care services within the scope of their training, licensure, certification, and current practice.<sup>21</sup>

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<sup>16</sup> Id. at 31 (citing Pamela Mitchell et al Nat'l Acad. of Sciences, Inst. of Med. Discussion Paper, Core Principles & Values of Effective Team-Based Health Care (2012) <http://www.iom.edu/~media/Files/Perspectives/2012/DiscussionPapers/VSR-TeamBasedCarePrinciplesValues.pdf> (IOM-sponsored inquiry into collaborative or team-based care))

<sup>17</sup> Id. at 32.

<sup>18</sup> Id. at 34 (citing NST. OFM





Respectfully submitted,

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