FEDERAL TRADE COMMISSION

This policy paper represents the views of the FTC staff and does not necessarily represent the views of the Commission or any individual Commissioner.

The Commission, however, has voted to authorize the staff to issue this policy paper.

Policy Perspectives

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EXECUTIVE SUMMARY

concerns because they effectively give one group of health care professionals the ability to restrict access to the market by another, competing group of health care professionals, thereby fgp{kpi jgcnvj ectg eqpuw o gtu vjg dgpgŁvu qh i tgcvgt eq o rgvkvkqp.³ Ip cf fkvkqp, APRNu rnc{ c critical role in alleviating provider shortages and expanding access to health care services for medically underserved populations.⁴ For these reasons, the FTC staff has consistently urged state ngikuncvqtu vq cxqkf ko rqukpi tguvtkevkqpu qp APRN ueqrg qh rtcevkeg wpnguu vjqug tguvtkevkqpu ctg pgeguuct{ vq cfftguu ygnn-hqwpfgf rcvkgpv uchgv{ eqpegtpu.⁵ Based on substantial evidence cpf gzrgtkgpeg, gzrgtv dqfkgu jcxg eqpenwfgf vjcv ARPNu ctg uchg cpf ghhgevkxg cu kpfgrgpfgpv rtqxkfgtu qh o cp{ jgcnvj ectg ugtxkegu ykvjkp vjg ueqrg qh vjgkt vtckpkpi, nkegpuwtg, egtvkŁecvkqp, and current practice.⁶ Therefore, new or extended layers of mandatory physician supervision may pqv dg lwuvkŁgf.

Moreover, additional supervision requirements may not be tailored to accommodate the myriad tgncvkqpujkru ó eqmcdqtcvkxg, eqpuwnvkpi, qt tghgttcn-dcugf ó c o qpi APRNu, rtk o ct{ ectg doctors, specialty physicians, and other health care professionals, and may impair the abilities of health care professionals and provider institutions to develop new models of health care delivery in response to consumer preferences, health care needs, and new technologies. Under vtc fkvkqpcn cu ygm cu g o gtikpi o qfgnu, cm qh vjgug rtqxkfgtu ecp eqpvtkdwvg vq uchg, ghŁekgpv, and coordinated patient care, consistent with each professional's education, licensure, and

^{3.} Pctvkewnct v{rgu qh rj{ukekcp uwrgtxkukqp qt õeqnncdqtcvkxg rtcevkegö tgswktgogpvu, cpf vjg yc{u vjg{ ecp gorqygt rj{ukekcpu vq korgfg APRN gpvt{ kpvq jgcnvj ugtxkegu octmgvu, ctg fkuewuugf *infra*, text accompanying pqvgu 37-47.

^{4.} APRNu cntgcf{ rtqxkfg c fkurtqrqtvkqpcvgn{ jki j ujctg qh rtkoct{ ectg ugtxkegu kp ogfkecm{ wpfgtugtxgf ctgcu and for medically underserved populations, and they may be better able to meet increasing demand in such contexts when they can work independent of undue supervision requirements. See generally Nat'l Governors Ass'n, NGA Paper: The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care (2012), jwr://y y y.pic.qti/Łngu/nkxg/ukvgu/NGA/Łngu/rfh/1212NwtugPtcevkvkqpgtuPcrgt.rfh [hereinafter NGA Primary Care Paper].

^{5.} FTC and staff advocacy comments, testimony, and letters are detailed in Section III of this paper, below, and vjgug cpf tgncvgf eq o ogpvu ctg nkuvgf kp Arrgpfkz 1 qh vjku rqnke{ rcrgt, cpf cxckncdng qp vjg FTC rqnke{ ygd page at jwr://y y y.hve.iqx/rqnke{/cfxqece{-Łnkpiu.}}

^{6.} See, e.g., IOM Future of Nursing Report, supra pays 2, cv 98-99; NGA Primary Care Paper, supra note 4, cv 7-8 (uvwf { hwpfgf d { W.S. Dgrøv Hgcnvj & Hwocp Sgtxu., tgxkgykpi nkvgtcvwtg rgtvkpgpv vq NP uchgv { cpf eqpenwfkpi õNqpg qh vjg uvwfkgu kp vjg NGAøu nkvgtcvwtg tgxkgy tckug eqpegtpu cdqwv vjg swcnkv { qh ectg qhhgtgf d { NPu. Mquv uvwfkgu ujqygf vjcv NP-rtqxkfgf ectg ku eqorctcdng vq rj {ukekcp-rtqxkfgf ectg qp ugxgtcn rtqeguu cpf qwveqog ogcuwtgu.ö); Christine E. Eibner et al., RAND Health Report Submitted to the Commonwealth of Massachusetts, Controlling Health Care Spending in Massachusetts: An Analysis of Options 99 (2009), jwr://y y y.tcpf.qti/eqpvgpv/fco/tcpf/rwdu/vgejpkecnatgrqtvu/2009/RANDaTR733.rfh ljgtgkpchvgt õEibner et al., Massachusetts Reportö_ (õuvwfkgu jcxg ujqyp vjcv vjg { rtqxkfg ectg uk o knct vq vjcv rtqxkfgf d { rj {ukekcpu.ö) Sqog qh vjg rtkoct { tgugctej wpfgtn {kpi vjgug cuuguu ogpvu ku ekvgf infra pqvg 137.

ecredknkvkgu. Ehhgevkxg eqnncdqtcvkqp dgvyggp APRNu cpf rj{ukekcpu fqgu pqv pgeguuctkn{ tgswktg any physician supervision, much less any particular model of physician supervision.

The competition concerns voiced in FTC staff's scope of practice advocacy comments are eqpukuvgpv ykvj vjg rqnke{ cpcn{uku qh c 2011 Ipuvkvwvg qh Mgfkekpg (IOM) tgrqtv, *The Future of Nursing: Leading Change, Advancing Health.*⁷ The *Future of Nursing* report provides expert cfxkeg dcugf qp õ]g_xkfgpeg uwi i guv]kpi_vjcv ceeguu vq swcnkv{ ectg ecp dg i tgcvn{ gzrcpfgf d{ kpetgcukpi vjg wug qh . . . APRNu kp rtk oct{, ej tqpke, cpf vtcpukvkqpcn ectg,ö⁸ and expresses eqpegtp vjcv ueqrg qh rtcevkeg tguvtkevkqpu õjcxg wpfgt okpgf vjg pwtukpi rtqhguukqpøu cdknkv{ vq rtqxkfg cpf ko rtqxg dqvj igpgtcn cpf cfxcpegf ectg.ö⁹ Tjg tgrqtv hqwpf vjcv APRNuø ueqrg qh rtcevkeg xctkgu ykfgn{ õhqt tgcuqpu vjcv ctg tgncvgf pqv vq vjgkt cdknkv{, gfwecvkqp qt vtckpkpi, qt uchgv{ eqpegtpu, dwv vq vjg rqnkvkecn fgekukqpu qh vjg uvcvg kp yjkej vjg{ yqtm.ö¹⁰ Tjg tgrqtv tgeqipk|gu FTC eq o rgvkvkqp cfxqece{ kp vjku ctgc cpf urgekŁecm{ gzjqtvu vjg FTC and the Antitrust Division of the U.S. Department of Justice to pay continued attention to the competition issues raised by scope of practice regulations.

Tjg FTC jcu nqqmgf vq vjg Łpfkpiu qh vjg IOM cpf qvjgt gzrgtv dqfkgu ó cpcn{ugu dcugf qp fgecfgu qh tgugctej cpf gzrgtkgpeg ó qp kuuwgu qh APRN uchgv{, ghhgevkxgpguu, cpf ghŁekgpe{.¹¹ Bcugf qp vjqug gzrgtv cpcn{ugu cpf Łpfkpiu, cu ygnn cu qwt qyp tgxkgyu qh rgtvkpgpv nkvgtcvwtg and stakeholder views, the FTC staff has urged state legislators and policymakers to consider the hqnnqykpi rtkpekrngu yjgp gxcnwcvkpi rtqrqugf ejcpigu vq APRN ueqrg qh rtcevkeg.

- Consumer access to safe and effective health care is of critical importance.
- Licensure and scope of practice regulations can help to ensure that health care consumers (rcvkgpvu) tgegkxg vtgcv o gpv htq o rtqrgtn{ vtckpgf rtqhguukqpcnu. APRN egtvkŁecvkqp cpf

^{7.} IOM FUTURE OF NURSING REPORT, *supra* pqvg 2. Tjg IOM y cu guvcdnkujgf kp 1970 cu vjg jgcnvj ct o qh vjg National Academy of Sciences. *Id.* at iv. The IOM web page, with links to general descriptions of the IOM, IOM reports, and other IOM activities, is at http://www.iom.edu/.

^{8.} IOM Future of Nursing Report, supra pays 2, cv 27; see also id. cv 88 (õGkxpp ewttgpv eqpegtpu cdqwv c

I. INTEREST AND EXPERIENCE OF THE FTC

Competition research and advocacy are an important part of the FTC's statutory mission.¹⁷ Y jkng Sgevkqp 6 qh vjg FTC Aev¹⁸ gives the Commission the authority to conduct investigations that might lead to enforcement actions, it also grants more general authority to investigate and report on market developments in the public interest, including authority to make legislative recommendations based on those investigations.¹⁹

The FTC has frequently utilized this unique authority to explore competition dynamics in the jgcnvj ectg kpfwuvt{. Fqt gzc o rng, kp 2003 vjg Cq o okuukqp cpf vjg Apvkvtwuv Dkxkukqp qh vjg W.S. Department of Justice jointly conducted extensive hearings on health care competition issues. Department of Justice jointly conducted extensive hearings on health care competition issues. Department of Justice jointly conducted extensive hearings on health care competition issues. Department of Justice jointly conducted extensive hearings on health care competition issues. Department of Justice jointly conducted extensive hearings on health care competition issues. Department of Justice jointly conducted extensive hearings on health care competition issues. Department of Justice jointly conducted extensive hearings on health care competition issues. Department of Justice jointly conducted extensive hearings on health care competition issues. Department of Justice jointly conducted extensive hearings on health care competition issues. Department of Justice jointly conducted extensive hearings on health care competition issues. Department of Justice jointly conducted extensive hearings on health care competition issues. Department of Justice jointly conducted extensive hearings on health care competition issues. Department of Justice jointly conducted extensive hearings on health care competition jointly department of Justice jointly conducted extensive hearings on health care competition issues. Department of Justice jointly department of Justice jointly conducted extensive hearings on health care competition issues. Department of Justice jointly conducted extensive hearings on health care competition issues. Department of Justice jointly conducted extensive hearings on health care competition of Justice jointly care provided hearings of Justice jointly conducted extensive hearings on health care competition of Justice jointly care provided hearings of Justice jointly care provided hearings of Justice jointly care provide

^{17.} Fqt c igpgtcn fkuewuukqp qh vig FTCou õrqnke{ tgugctej cpf fgxgnqrogpvö okuukqp cpf vig tqng qh vig cfxqece{ program, see, e.g., William E. Kovacic, The Federal Trade Commission at 100: Into Our 2nd Century (2009), jwr://y y y.hve.iqx/hve/yqtmujqru/hve100/fqeu/hve100trv.rfh (tgictfkpi õrqnke{ R&Dö ugg rr. 92-109; tgictfkpi cfxqece{ ugg rr. 121-24); see also Jc o gu C. Cqqrgt, Pcwn A. Pcwvngt, & Tqff J. \ { y kemk, Theory and Practice of Competition Advocacy at the FTC, 72 ANTITRUST L.J. 1091 (2005); Mcwtggp K. Ojnjcwugp, Identifying Challenging, and Assigning Political Responsibility for State Regulation Restricting Competition, 2 COMPETITION POL'Y INT'L 151, 156-7 (2006) (eq o rgykykqp cfxqece f odg qpf gphqteg o gpvo qh v j g cpykytwuy ncyu); Yknnkc o E. Kqxceke, Measuring What Matters: The Federal Trade Commission and Investments in Competition Policy Research and Development, 72 Antitrust L.J. 861 (2005); Tkoqvj { J. Mwtku, Cjcktocp, Fgf. Ttcfg Cqo o øp, Rg o ctmu cv v jg Ipvgtpcvkqpcn Cqo rgvkvkqp Ngv y qtm Pcpgn qp Cqo rgvkvkqp Af xqece{ and Antitrust Authorities, Creating a Culture of Competition: The Essential Role of Competition Advocacy (Sgrv. 28, 2002), jwr://y y y.hve.iqx/rwdnke-uvcvg o gpvu/2002/09/etgcvkpi-ewnvwtg-eq o rgvkvkqp-guugpvkcn-tqngeq o rgykykqp-c fxqece{; Atpqnf C. Cgnpkemgt, The Federal Trade Commission's Competition and Consumer Advocacy Program, 33 St. Louis U. L.J. 379 (1989); Mcwtkeg E. Swemg, Better Competition Advocacy, 82 St. JOHN'S L. REV. 951 (2008). Fqt c tgegpv qxgtxkg y, ugg Tctc Iuc Kqunqx, Competition Advocacy at the Federal Trade Commission: Recent Developments Build on Past Success, 8 CPI Antitrust Chron. 1 (2012).

^{18. 15} W.S.C. È 46.

^{19.} *Id.* cv È 46(c), (d), (h).

^{20.} See Competition in the Health Care Marketplace, supra pay 15.

^{21.} Fed. Trade Comm'n & U.S. Dep't of Justice, Improving Health Care: A Dose of Competition (2004), jwr://y y y.hve.iqx/tgrqtvu/jgcnvjectg/040723jgcnvjectgtrv.rfh [hereinafter FTC & DOJ, A Dose of Competition].

regulations.²² Related professional regulation issues also were the subject of prior FTC research²³ and competition advocacy.²⁴

II. BACKGROUND ON APRNS AND SCOPE OF PRACTICE ISSUES

II.A. Advanced Practice Registered Nurses

Mquv uvcvg rtcevkeg nc yu tgeqipk|g APRNu cu c fkuvkpev ecvgiqt{ qh pwtukpi rtqhguukqpcn. 25 Ap APRN ku c pwtug rtcevkvkqpgt ykvj c itcfwcvg pwtukpi fgitgg, kp cffkvkqp vq wpfgtitcfwcvg nursing education and practice experience, who has been trained to provide a broad range of services, including the diagnosis and treatment of acute and chronic illnesses. 26 Ncvkqpcm{, õ]o_qtg vjcp c swctvgt qh c oknnkqp pwtugu ctg APRNu . . . yjq jqnf ocuvgtøu qt fqevqtcn fgitggu cpf rcuu pcvkqpcn egtvkŁecvkqp gzcou.ö²⁷ Ip cffkvkqp, APRNu igpgtcm{ cvvgpf pcvkqpcm{ ceetgfkvgf gfwecvkqp cpf vtckpkpi rtqitcou, cpf tgegkxg egtvkŁecvkqp htqo pcvkqpcm{ ceetgfkvgf egtvkh{kpi

boards.²⁸ Tjgtg ctg hqwt v{rgu qh APRNu: pwtug rtcevkvkqpgtu (NPu); pwtug okfykxgu (NMYu); egtvkŁgf tgikuvgtgf pwtug cpguvjgvkuvu (CRNAu); cpf enkpkecn pwtug urgekcnkuvu (CNSu).²⁹ Despite vjku tcpig qh cxckncdng urgekcnvkgu, o quv APRNu ctg gpicigf kp rtkoct{ ectg,³⁰ cpf o quv APRNu are trained and licensed to provide a broad range of primary care services.³¹ This policy paper u{pvjguk|gu FTC uvchh cfxqece{ eqo o gpvu tgictfkpi tgiwncvkqpu crrnkecdng vq APRNu cpf NPu igpgtcm{, tcvjgt vjcp tgiwncvkqpu hqewugf qp urgekcnk|gf APRNu uwej cu CRNAu qt NMYu.³²

APRNu, nkmg qvjgt jgcnvj ectg rtqhguukqpcnu, ctg uwdlgev vq xctkqwu ecvgiqtkgu qh uvcvg tgiwncvkqp. Ip cnn uvcvgu cpf vjg Dkuvtkev qh Cqnw o dkc, APRNu hceg nkegpuwtg tgswktg o gpvu vjcv fgvgt o kpg who may enter the profession. Rgncvgf ueqrg qh rtcevkeg twngu hwtvjgt fgŁpg vjg v{rgu qh ugtxkegu APRNu ctg cwvjqtk|gf vq rtqxkfg cpf vjg gzvgpv vq yjkej vjg{ ctg rgt o kwgf vq rtcevkeg

^{28.} See id. cv 23, 41-42.

^{29.} See id.

^{30.} See, e.g., Catherine Dower & Edward O'Neil, Robert Wood Johnson Found., Research Synthesis Report No. 22: Primary Care Health Workforce in the United States, 6 (2011), http://www.rwjf.org/content/dam/farm/tgrqtvu/kuuwgadtkghu/2011/tylh402104/uwdcuugvu/tylh402104a1 (õPtkoct{ ectg NPu ocmg wr vjg oclqtkv{ qh vjg rtqhguukqp, ykvj qxgt 60 rgtegpv tgrqtvkpi vjgkt ockp enkpkecn urgekcnv{ vq dg hc okn{ ectg.ö).}

^{31.} See, e.g., Eibner et al., Massachusetts Report, supra pqvg 6, cv 99 (fguetkdkpi tcpig qh ugtxkegu); NGA Primary Care Paper, supra pqvg 4, cv 3-4.

^{32.} Y jkng vjku rqnke{ rcrgt fqgu pqv urgekŁecm{ fkuewuu vjgo, qvjgt FTC uvchh cfxqece{ eqo o gpvu jcxg cfftguugf kuuwgu rgtvckpkpi vq urgekcnk|gf APRNu, cu ygm cu urgekŁe dwukpguu o qfgnu ykvjkp yjkej APRNu o c{ rtcevkeg (uwej cu nk o kvgf ugtxkeg enkpkeu). See, e.g., Comment from FTC Staff to the Ky. Cabinet for Health and Family Servs. (Jcp. 2010), ______

independently.³⁴ Y jkng gpvt { swcnkŁecvkqpu hqt APRNu ctg kpetgcukpin { uk o knct htq o uvcvg vq uvcvg, vjg tgiwncvkqpu vjcv fgŁpg APRN ueqrg qh rtcevkeg eqpvkpwg vq xct { ykfgn { .35 Some scope of rtcevkeg tguvtkevkqpu ctg rtqegfwtg-qtkgpvgf, nk o kvkpi APRNuø cdknkv { vq rtguetkdg o gfkekpgu, tghgt for, order, or perform certain tests or procedures, or treat certain indications.³⁶ Other restrictions hqewu qp vjg v{rgu qh rcvkgpvu APRNu o c { ugg. Fqt gzc o rng, APRNu o c { pqv dg cnnq y gf vq õgzc o kpg c pg y rcvkgpv, qt c ewttgpv rcvkgpv ykvj c o clqt e jcu kp fkcipquku qt vtgcv o gpv rncu

Au ykvj qvjgt jgcnvj ectg rtqhguukqu nu, vjg uvcvgu oc{ fgŁu rtqhguukqu n rtgtqicvkxgu cpf nk okvu dtqcfn{ or narrowly, through statutory law, administrative rules and decisions, and judicial decisions. Compare, e.g., Ala. Code ÈÈ 34-21-81()(012), yj ej fgŁu u õAfxcpegf Ptcev eg Nwtukpiö cu õ]v jg fgnkxgt{ qh jgcnvj care services by registered nurses who have gained additional knowledge and skills through successful completion of an organized program of nursing education that prepares nurses for advanced practice roles as egtv Łgf tgikuv tgf pwtug rtcev v qu tu, egtv Łgf pwtug okf ykxgu, egtv Łgf pwtug cpguv gvkuv , cpf enku e n pwtug urgekcnkuv ;övith La. Rev. Stat. Ann. È 37:913(3)(c)-(d) (012), yj ej fguetkdgu APRN ueqrg qh rtcev eg cu including:

- () Assessing patients, analyzing and synthesizing data, and knowledge of and applying nursing principles at an advanced level.
- (k) Ptqxkfkpi iwkfcpeg cpf v cej pi.
- (kk) Working with patients and families in meeting health care needs.
- (x) Collaborating with other health care providers.
- () Mcpcikpi rcv gpv ørj uke ncpf ru{ejquqekcn gcnvj-knnpguu uvcv u ykvj tgictf v pwtukpi ectg.
- (k) Utilizing research skills.
- (kk) Analyzing multiple sources of data and identifying and performing certain acts of medical diagnosis in accordance with the collaborative practice agreement.
- (kkk) Making decisions in solving patient care problems and selecting treatment regimens in collaboration with a licensed physician, dentist, or other health care provider as indicated.
- (z) Consulting with or referring patients to licensed physicians, dentists, and other health care providers in accordance with a collaborative practice agreement.

See also La. Admin. Code tit. 46, pt. XLVII, § 4505 (2012) (qwkukcpc Svcv Bqctf qh Nwtukpi tgiwncv qpu tgictfkpi APRNu).

- 35. IOM Future of Nursing Report, supra pqv 2, cv 98eq also NGA Primary Care Paper, supra pqv 4, cv 2.
- 36. Fqt gzc o rng, wpfgt Fnqtkfc nc y, cp APRN oc { õ] o_qpkvqt cpf cnvgt ftwi vjgtcrkgu,ö Fla. Stat. È 464.012(3) (c), dwv oc { pqv rtguetkd eqpvtqnngf uwduvcptgu, Stat. È 83902(2) cpf 8390.5(1) (tguvtkevkpi eqpvtqnngf uwduvcpeg rtguetkrvkqp vq egtvckp õrtcevkvkqpgtuö cpf fglpkpi rtcevkvkqpgtu vq kpenwfg rj {ukekcpu, dwv pqv APRNu).

^{34.} Tracy Yee et al., Nat'l Inst. for Health Care Reform, Research Brief No. 13, Primary Care Workforce Shortages: Nurse Practitioner Scope-of-Practice Laws and Payment Policies 2 (gd. 2013), jwr://y y y.u jet.qti/PCP-Yqtmhqteg-NPu

wpnguu vjg rcvkgpv ku uggp cpf gzc o kpgf d $\{$ c uwrgtxkukpi rj $\{$ ukekcp ykvjkp c urgek $\{$ Lgf rgtkqf qh vk o g. \ddot{o}^{37}

In addition, somewhat more than half of U.S. states maintain physician supervision requirements hqt APRNu. 38 Ip qvjgt yqtfu, dgukfgu nk o kvu qp vjg v{rgu qh rcvkgpvu APRNu oc{ ugg qt vjg v{rgu qh rtqegfwtgu APRNu oc{ rgthqto, vjgug uvcvguø ueqrg qh rtcevkeg twngu tguvtkev vjg fgitgg vq yjkej APRNu oc{ rtcevkeg kpfgrgpfgpvn{. Pj{ukekcp uwrgtxkukqp oc{ dg tgswktgf hqt cm APRN practice, 39 or for particular practice activities such as prescribing medications. 40 Supervision twngu uq ogvk ogu fgŁpg vjg rctcogvgtu qh uwrgtxkukqp oqtg urgekŁecm{. Sqog tgswktg vjcv APRN rcvkgpv ejctvu dg tgxkgygf cv uq og rctvkewnct htgswgpe{;41 some limit the number of kpfgrgpfgpv APRNu qpg rj{ukekcp oc{ uwrgtxkug, 42 or restrict the physical distance permitted dgvyggp c uwrgtxkukpi rj{ukekcp cpf c uwrgtxkugf APRN. Fnqtkfc ncy, hqt gzcorng, korqugu dtqcf uwrgtxkukqp tgswktgogpvu qp APRN rtcevkeg, yjkng cnuq urgekh{kpi vjcv cp APRN ecppqv

^{37.} IOM FUTURE OF NURSING REPORT, *supra* pqvg 2, cv 101. Tjg tgrqtv ecvcnqiwgu xctkqwu tgiwncvqt{ tguvtkevkqpu qp nursing practice. *Id.* cv 100-02 dqz 3-1, 157-61 cppgz 3-1 (tgictfkpi uvcvg ueqrg qh rtcevkeg tguvtkevkqpu hqt pwtug rtcevkvkqpgtu).

^{38.} See id., gurgekcm{ 157-61 cppgz 3-1 (urgekh{kpi uvcvg-d{-uvcvg tgswktgogpvu hqt uwrgtxkukqp qt ocpfcvqt{ õeqnncdqtcvkxg rtcevkegö hqt, g.i., APRN vtgcvogpv, fkcipquku, qt rtguetkdkpi). Aeeqtfkpi vq vjg Ncvkqpcn Cqwpekn qh Svcvg Bqctfu qh Nwtukpi, 27 uvcvgu tgswktg uwrgtxkukqp qt c eqnncdqtcvkxg rtcevkeg citggogpv hqt APRN practice. See APRN Maps, supra pqvg 25 (hqnnqy õCNMö j{rgtnkpm wpfgt õIpfgrgpfgpv Ptcevkegö jgcfkpi) (22 uvcvgu rnwu Dkuvtkev qh Cqnwodkc rgtokv kpfgrgpfgpv rtcevkeg).

^{39.} See, e.g., FLA. STAT. È 464.012(3) (2012) (APRN ecp rgthqt o hwpevkqpu ykvjkp S.O.P. qpn{ chvgt õgpvgtkpi kpvq c uwrgtxkuqt{ tgncvkqpujkr ykvj c rj{ukekcpö cpf uwdugswgpvn{ Łnkpi guvcdnkujgf rtcevkeg rtqvqeqn ykvj tgiwncvqt). LA. REV. STAT. ANN. È 37:913(8) (2012) (hqt o cn ytkvvgp eqnncdqtcvkxg rtcevkeg citgg o gpv tgswktgf hqt dqvj õcevu qh o gfkecn fkcipquku cpf rtguetkrvkqpö).

^{40.} Rgictfkpi oqtg igpgtcn cpf rctvkewnct uvcvwvqt{ fgŁpkvkqpu, ugg supra pqvg 34 (eqorctkpi igpgtcn Ancdcoc fgŁpkvkqp ykvj oqtg urgekŁe gpwogtcvkqp qh APRN rtcevkeg wpfgt Lqwkukcpc ncy). Rgictfkpi rtguetkdkpi, see APRN Maps, supra pqvg 25 (hqmqy õCNMö j{rgtnkpm wpfgt õIpfgrgpfgpv Ptguetkdkpiö jgcfkpi) (22 uvcvgu rnwu Dkuvtkev qh Cqnwodkc rgtokv kpfgrgpfgpv rtcevkeg); see also, e.g., La. Rev. Stat. Ann. È 37:913(8) (2012) (hqtocn eqnncdqtcvkxg rtcevkeg citggogpv tgswktgf hqt rtguetkdkpi); W.VA. CODE ÈÈ 30-7-15(c)-(d) (ukipgf eqnncdqtcvkxg rtcevkeg citggogpv ykvj rj{ukekcp tgswktgf hqt APRN rtguetkdkpi).

^{41.} See, e.g., Miss. Code Ann. È 73-15-20(3) (2012) (tgswktkpi guvcdnkuj o gpv qh c õeqnncdqtcvkxg/eqpuwnvcvkxg tgncvkqpujkrö); Id. È 73-15-20(C)(3) (gcej õeqnncdqtcvkxg/eqpuwnvcvkxg tgncvkqpujkrö o wuv kpenwfg õhqt o cn swcnkv{cuuwtcpeg/swcnkv{kortqxgogpvrtqitco,ökpenwfkpi cvtgxkgy qh cvngcuvvjgnguugt qh 20 qt 10% qh APRNøu ejctvu gcej oqpvj.)

^{42.} See, e.g., FLA. STAT. È 458.348(4)(c)-(d), (e) (2012) (uwdugevkqpu c-d tguvtkev pwodgt qh qhŁegu rj {ukekcp oc{ uwrgtxkug).

practice more than a certain distance from the primary place of practice of his or her supervising physician.⁴³

Some supervision rules use different terminology to the same or similar effect. A state may tgswktg rj {ukekcp õfgngicvkqpö qh tgurqpukdknkvkgu vq cp APRN; Tgzcu nc y, hqt gzc o rng, ko rqugu xctkqwu uwrgtxkukqp cpf fgngicvkqp tguvtkevkqpu qp APRN rtguetkdkpi cpf fkcipquku. Anvgtpcvkxgn {, c uvcvg oc { ko rqug egtvckp õeqnncdqtcvkxg rtcevkegö tgswktgogpvu qp APRNu, tgswktkpi vjcv cp APRN gpvgt kpvq c y tkvvgp citggogpv ykvj c rj {ukekcp vq fgŁpg vjg rctcogvgtu qh vjg APRNøu rgtokvgf rtcevkeg. This can be viewed as a de facto supervision requirement, vq vjg gzvgpv vjcv vjg APRN ecppqv rtcevkeg ykvjqwv ugewtkpi vjg crrtqxcn qh cp kpfkxkfwcn rj {ukekcp, yjgtgcu vjg vgt ou qh rj {ukekcp rtcevkeg ctg kp pq yc { fgrgpfgpv qp APRN kprwv. Ip Lqwkukcpc, hqt gzcorng, cp APRN owuv rtcevkeg wpfgt c hqtocn ytkvvgp eqnncdqtcvkxg rtcevkeg citggogpv kh jg qt ujg ku vq yqtm vq vjg hwnn gzvgpv qh APRN ueqrg qh rtcevkeg, kpenwfkpi õcevu qh ogfkecn fkcipquku cpf rtguetkrvkqp,ö cu qvjgt ykug rgt okvvgf wpfgt Lqwkukcpc nc y. West Virginia cpf Kgpvwem { nc y tgswktg ytkvvgp eqnncdqtcvkxg rtcevkeg citggogpvu hqt APRN rtguetkdkpi. To ytgswktg ytkvvgp eqnncdqtcvkxg rtcevkeg citggogpvu hqt APRN rtguetkdkpi. To ytgswktg ytkvvgp eqnncdqtcvkxg rtcevkeg citggogpvu hqt APRN rtguetkdkpi.

II.B. Competition Perspectives on Professional Regulations that Restrict APRN Scope of Practice

Tqigvjgt, nkegpuwtg cpf ueqrg qh rtcevkeg tgiwncvkqpu hqt APRNu cpf qvjgt jgcnvj ectg professionals serve important consumer protection objectives, including safety and quality. To meet fully the interests of health care consumers, however, requires weighing competition eqpukfgtcvkqpu yjgp gxcnwcvkpi vjg rqvgpvkcn equvu cpf dgpgŁvu qh rctvkewnct ueqrg qh rtcevkeg

^{43.} Id., È 458.348(4) (e) (tgswktgu gkvjgt qp-ukvg uwrgtxkukqp qt, õ]c_m uwej qhŁegu vjcv ctg pqv vjg rj {ukekcpøu rtk oct{ rnceg qh rtcevkeg owuv dg ykvjkp 25 okngu qh vjg rj {ukekcpøu rtk oct{ rnceg qh rtcevkeg qt kp c eqwpv{ vjcv ku eqpvki wqwu vq vjg eqwpv{ qh vjg rj {ukekcpøu rtk oct{ rnceg qh rtcevkeg. . . .ö); see also Mo. Code Regs. Ann. tit. 20 È 2150-5.100 (2) (A)-(B) (2012) (õcp APRN yjq rtqxkfgu jgcnvj ectg ugtxkegu vjcv kpenwfg vjg fkci pquku cpf kpkvkcvkqp qh vtgcv ogpv hqt cewvgn{ qt ejtqpkecm{ km qt kplwtgf rgtuqpuö oc{ pqv dg oqtg vjcp 50 okngu d{ tqcf kp hgfgtcm{-fguki pcvgf jgcnvj rtqhguukqpcn ujqtvcig ctgcu cpf pqv oqtg vjcp 30 okngu d{ tqcf qvjgt ykug).

^{44.} Tex. Occ. Code Ann. § 157.051 (2012).

^{45.} FTC staff are not aware of any state that imposes comparable requirements of collaborative practice on physician scope of practice, although some states impose various requirements on physicians who elect to enter kpvq eqmcdqtcvkxg rtcevkeg citggogpvu ykvj APRNu qt qvjgtu. Yjgvjgt cuvcvggzrnkekvn{ tgswktgu c rj {ukekcp vquwrgtxkug c eqmcdqtcvkpi APRN qt pqv, cu{ o ogvtkecn eqmcdqtcvkqp tgswktgogpvu korqugf qp APRNu ghhgevkxgn{ create de factouwrgtxkukqp tgswktgogpvu yjgtg cp APRN ecp qpn{ rtcevkeg wpfgt vgtoucitggcdng vqcnkegpugf physician. For a general discussion of the relationship between supervision and collaboration requirements, see Lauren E. Battaglia, Supervision and Collaboration Requirements: the Vulnerability of Nurse Practitioners and Its Implications for Retail Health, 87 Wash. U. L. Rev. 1127, 1137-38 (2010).

^{46.} La. Rev. Stat. Ann.

rules. The goal should be to avoid imposing restraints that may tend to impair competition in a way that is greater than necessary to address legitimate health and safety concerns.

Licensure is, by its nature, a process that establishes the conditions for entry into an occupation. As a threshold matter, any regulation or law that establishes entry conditions for an occupation tends to reduce the supply of individuals otherwise willing to provide the services associated with that occupation. Licensure is commonly required for many occupations, however, and ecp dg lwuvkLgf qp c pw o dgt qh i tqwpfu. Ggpgtcm{, cp crrnkecpv hqt nkegpuwtg o wuv fg o qpuvtcvg a minimum degree of competence, based on education and training, to obtain the government's permission to provide professional services in a given jurisdiction. Scope of practice rules hwtvjgt fgLpg vjg rtqhguukqpcn ugtxkegu c nkegpugf jgcnvj ectg rtcevkvkqpgt ku cwvjqtk|gf vq provide, and may prohibit a health care practitioner from offering certain services without Ltuv qdvckpkpi c urgekLe nkegpug qt egtvkLecvkqp, qdvckpkpi cpf fqew o gpvkpi c urgekLe hqt o qh supervision, or meeting other regulatory requirements. Unlicensed practice, or the provision of services outside one's scope of practice, generally is prohibited by statute and may be subject to services O40660

time of delivery.⁵¹ Without entry standards for medicine or nursing, consumers might have fkhŁewnv{ uqtvkpi ecrcdng rtcevkvkqpgtu htq o ejctncvcpu cpf swcemu.⁵² For similar reasons, eqpuw o gtu o ki j v j cxg fkhŁewnv{ fkuvkpi wku j kpi dgv y ggp rtqhguukqpcnu y j q rquuguu egtvckp dcuke or general competencies and those with more specialized training and experience, as may be appropriate for particular health needs.⁵³ In addition, the oversight required for ongoing licensure

interest.⁵⁴ More generally, proponents of licensure also claim that quality of services may be higher in licensed professions.⁵⁵

Av vjg uc o g vk o g, APRN nkegpuwtg cpf ueqrg qh rtcevkeg tgiwncvkqpu o c{ uq o gvk o gu tguvtkev competition unnecessarily, which can be detrimental to health care consumers and have broader rwdnke jgcnvj eqpugswgpegu. APRNu ctg vtckpgf, cpf kp o quv uvcvgu nkegpugf, vq rtqxkfg c dtqcf tcpig qh rtk o ct{ ectg ugtxkegu vjcv ctg cnuq rtqxkfgf d{ rtk o ct{ ectg rj{ukekcpu; kpfggf, vjgtg ku kpetgcukpi citgg o gpv c o qpi jgcnvj cwvjqtkvkgu vjcv APRNu eqwnf uchgn{ rtqxkfg cp gxgp dtqcfgt range of primary care services, if regulatory and reimbursement policies would permit them to do so. 56 Additional scope of practice restrictions, such as physician supervision requirements, may jc o rgt APRNuø cdknkv{ vq rtqxkfg rtk o ct{ ectg ugtxkegu vjcv ctg ygm ykvjkp vjg ueqrg qh vjgkt gfwecvkqp cpf vtckpkpi. Yjgp APRN ceeguu vq vjg rtk o ct{ ectg o ctmgv ku tguvtkevgf, jgcnvj ectg eqpuw o gtu ó rcvkgpvu ó cpf qvjgt rc{qtu ctg fgpkgf uq o g qh vjg eq o rgvkvkxg dgpgŁvu vjcv APRNu, as additional primary care service providers, can offer. In addition, to a certain extent, some

^{54.} The suggestion of a net social loss is not often made with regard to physician or nursing licensure in particular, and we do not make it here. *But see generally*

kpew o dgpv rj {ukekcpu o c{ dg kpuwncvgf cickpuv vjg fgitgg qh eq o rgvkvkqp APRNu ecp qhhgt.⁵⁷ It o c{ dg kp vjg geqpq o ke ugnh-kpvgtguv qh vjqug rj {ukekcpu vq rtqrqug cpf cfxqecvg vjg cfqrvkqp qh tguvtkevkqpu qp APRN nkegpuwtg cpf ueqrg qh rtcevkeg; cpf uwej rj {ukekcpu o kijv dg dkcugf towards doing so.⁵⁸ Other factors, such as historically entrenched forms of training and care delivery, dated or erroneous beliefs about the training or performance of unfamiliar professions, qt gxgp rtqhguukqpcn dkcu, o c{ eqpvtkdwvg vq cfxqece{ qp dgjcnh qh gzeguukxg APRN tgiwncvkqp.⁵⁹

As discussed in greater detail below, 60 c itqykpi dqf { qh gxkfgpeg uwi i guvu vj cv APRNu ecp, based on their education and training, safely perform many of the same procedures and services rtqxkfgf d{ rj {ukekcpu. Tjwu, ueqrg qh rtcevkeg tguvtkevkqpu oc { gnk okpcvg APRNu cu cp ko rqtvcpv uqwteg qh uchg, nqygt-equv eqorgvkvkqp. Swej c tgfwevkqp qh eqorgvkvkqp oc { ngcf vq c number of anticompetitive effects. 61

^{57.} Tjku ku vtwg gxgp vjqwij APRNu cpf rj{ukekcpu ctg pqv rgthgev uwduvkvwvgu, cpf gxgp vjqwij o cp{ qh vjg ugtxkegu rtqxkfgf d{ APRNu cpf rj{ukekcpu ctg eq o rng o gpvct{ tcvjgt vjcp eq o rgvkvkxg. FTC uvchh fq pqv uwi i guv vjcv APRN cpf rj{ukekcpu eqrg qh rtcevkeg ujqwnf dg vjg uc o g, dwv vjcv dqvj APRNu cpf rj{ukekcpu ctg cdng vq rtqxkfg cp qxgtncrrkpi ugv qh ugtxkegu. õMquv qdugtxgtu eqpenwfg vjcv o quv rtk o ct{ ectg vtcfkvkqpcnn{ rtqxkfgf d{ rj{ukekcpu ecp dg fgnkxgtgf d{ NPu cpf PAu.ö OTA HEALTH TECH. CASE STUDY, supra pqvg 8, cv 39. See also Ass'n of Amer. Med. Colls., Physician Shortages to Worsen Without Increases in Residency Training (p.f.), jwru://y y y.cc o e.qti/fqypnqcf/150584/fcvc/rj{ukekcpaujqtvciguahcevujggv.rfh [hereinafter AAMC, Physician Shortages]. Ip kvu rtqlgevkqpu qh rj{ukekcp uwrnf{ cpf fgocpf, vjg AAMC cuuw o gu vjcv gcej cffkvkqpcn vyq NPu (APRNu qt rj{ukekcp cuukuvcpvu) tgfweg rj{ukekcp fgocpf d{ qpg, yjkej uwi i guvu vjcv APRNu cpf rtk o ct{ ectg fqevqtu ctg cevwcn qt rqvgpvkcn eq o rgvkvqtu hqt cv ngcuv uq o g ugv qh ugtxkegu.

Licensure and scope of practice regulations thus have potential positive and negative consequences for health care consumers. Consumers are protected by assurances that their health care providers meet minimum criteria for education, training, knowledge and skills, which supports critical safety and quality objectives. At the same time, however, when licensure and scope of practice restrictions are broader than necessary to protect patient health and safety, they oc{ kpetgcug vjg equv qh APRN-fgnkxgtgf ugtxkegu cpf korgfg APRNuøcdknkv{ vq gpvgt vjg octmgv or expand the range of services they offer. These effects, in turn, may diminish competitive rtguuwtgu vjcv yqwnf qvjgtykug crrn{ vq rtkeg cpf swcnkv{ qh uq og rj{ukekcp-fgnkxgtgf ugtxkegu.}

II.B.2. A f S f P
$$\rightarrow$$
 L m S \bigcirc A f \rightarrow V f C m

Pqnke{ ejcpigu ujqwnf dg dcugf qp vjg dguv kphqtocvkqp cxckncdng, cpf fgekukqpocmgtu ujqwnf uvtkxg vq kfgpvkh{ cpf gxcnwcvg vjg rqvgpvkcn dgpgŁvu qh nc yu cpf tgiwncvkqpu cu ygnn cu vjgkt rqvgpvkcn equvu. Yg wtig vjcv vjg tgiwncvqt{ tgxkgy rtqeguu eqpukfgt vjg dgpgŁvu qh eqorgvkvkqp and the potential adverse competitive impact of regulations, along with other legitimate policy goals. 62

The approach proposed by FTC staff takes into account the potential competitive impact of rtqhguukqpcn tgiwncvkqpu, cu ygm cu cp{ rqvgpvkcn eqwpvgtxcknkpi jgcnvj cpf uchgv{ dgpgŁvu, the likelihood that the regulations will redress those concerns, and the availability of any less restrictive means of achieving the same legitimate results. This approach also recognizes that competition can work to favor, rather than undermine, health care quality, which means that policymakers do not necessarily have to choose between protecting consumers and promoting competition: increased consumer protection and increased competition can occur at the same time. We urge legislators and policymakers to apply the following analytical framework to evaluate the reasonably available evidence:

• Yknn vjg tgiwncvkqp ukipkLecpvn{ korgfg eqorgvkvkqp d{, hqt gzcorng, ocmkpi kvoqtg equvn{ qt fkhLewnvhqt vjg tgiwncvgf itqwr qh rtqhguukqpcnu vq gpvgt kpvq eqorgvkvkqp, qt gzrcpf their practices, or by otherwise increasing the cost of health care services or reducing their availability?

^{62.} Yg fq pqv o gcp vq uwi i guv vj cv rj {ukekcp qt pwtukpi nkegpuwtg i gpgtcm { ngc fu vq pgv uqekcn nquu. SrgekŁecnn {, hqt rwtrqugu qh vjku rqnke { rcrgt, yg cuuw og vj cv dqvj c dcugnkpg APRN nkegpukpi tgik og cpf uq og tgi wncvqt { nk o kvu qp APRN ueqrg qh rtcevkeg ctg pgeguuct { cpf fguktcdng, gxgp y jgtg cffkvkqpcn ueqrg qh rtcevkeg restrictions may be overly burdensome. See supra pqvgu 51-55 cpf ceeq o rcp {kpi vgzv. A fgvckngf fkuewuukqp qh vjg rqvgpvkcn eq o rgvkvkxg jct o u fqpg d { rctvkewnct wpfwg tgi wncvqt { tguvtkevkqpu qp APRN rtcevkeg ku vjg uwdlgev of Section III.A of this policy paper, infra.

- Atg vjgtg cp{ ukipkŁecpv cpf pqp-urgewncvkxg eqpuw ogt jgcnvj cpf uchgv{ pggfu vjcv particular regulatory restrictions, extant or proposed, are supposed to meet?
- Dq vjqug rctvkewnct tgiwncvkqpu cevwcnn{ rtqxkfg vjg kpvgpfgf dgpgŁvu ó uwej cu kortqxg o gpvu kp jgcnvj ectg qwveq o gu qt c tgfwegf tkum qh jct o htq o rqqt-swcnkv{ ugtxkegu ó qt ctg vjgtg iqqf itqwpfu vq vjkpm vjg{ ctg nkmgn{ vq rtqxkfg vjqug dgpgŁvu?
- Atg vjgtg qvjgt fgoqpuvtcvgf qt tgcuqpcdn{ nkmgn{ eqpuwogt dgpgŁvu cuuqekcvgf ykvj vjg rtqrqugf tgiwncvkqp (g.i., tgfwegf kphqtocvkqp qt vtcpucevkqp equvu hqt eqpuwogtu yjq ctg choosing among providers, reduced consumer confusion in distinguishing among different v{rgu qh rtqxkfgtu, gve.)?
- Y jgp eqpuw ogt dgpgŁvu ctg unkijv, kpuwduvcpvkcn, qt jkijn { urgewncvkxg, c tgiwncvkqp vjcv k o rqugu pqp-vtkxkcn k o rgfk o gpvu vq eq o rgvkvkqp ku pqv lwuvkŁgf. 63
- If pertinent consumer harms have occurred, or risks are found to be substantial, is the

III. APRN SCOPE OF PRACTICE COMPETITION ADVOCACY COMMENTS AND ADDITIONAL ANALYSIS BY FTC STAFF

ngcfkpi gcej õrcvkgpv-egpvgtgfö vgc o.71 As noted above, the FTC staff has not questioned the wwknkv{ qh vgc o -dcugf ectg qt vjg pqvkqp vjcv uq o g v{rgu qh ectg o c{ tgswktg gzvgpukxg o gfkecn training. At the same time, particular supervision requirements can burden, rather than facilitate, vgc o -dcugf ectg. Tjg FTC uvchh swguvkqpu, vjgtghqtg, yjgvjgt gxkfgpeg uwrrqtvu c uvcvwvqt{ o cpfcvg hqt uq o g rctvkewnct o qfgn qh vgc o -dcugf ectg vjcv ku cn yc{u ngf d{ c rtk o ct{ ectg physician. The FTC staff also asks whether evidence supports the contention that patients receive uwduvcpfctf ectg, qt ctg jct o gf, yjgp vjg ncy fqgu pqv ko rqug urgekŁe uwrgtxkukqp tgswktg o gpvu qp APRNu cpf vjgkt rcvkgpvu.

III.A. Potential Competitive Harms from APRN Physician Supervision Requirements

APRN rj{ukekcp uwrgtxkukqp tgswktgogpvu tckug ugxgtcn tgncvgf eqorgvkvkxg eqpegtpu. B{
tguvtkevkpi APRNuøceeguu vq vjgoctmgvrnceg, uwrgtxkukqp tgswktgogpvu oc{fgrtkxgjgcnvjectg
eqpuwogtu qh vjgocp{dgpgŁvu qheqorgvkvkqpcoqpifkhhgtgpvv{rgu qhjgcnvjectgrtqxkfgtu.
This reduction in competition may exacerbate provider shortages and thereby contribute to
access problems, particularly for underserved populations that already lack adequate and

consumers.⁷³ Beyond aggregate or average projected shortages, the United States suffers from widespread distributional problems in the supply of health care professionals.⁷⁴ Reduced

the United States. To Jou dggp guvk o cvgf vjcv crrtqzk o cvgn ukzv -Łxg o knnkqp A o gtkecpu nkxg kp uwej qhŁekcnn fguki pcvgf ujqtvci g ctgcu. To state the United States o knnkqp A o gtkecpu nkxg kp uwej qhŁekcnn fguki pcvgf ujqtvci g ctgcu.

In many areas, those shortages are expected to persist or worsen, especially in light of health care reform efforts that will enable many more Americans to obtain health care insurance. As a result, millions of Americans soon will have a greater ability to pay for health care – especially routine primary care and preventive services they currently do without but it is unclear how the existing population of practitioners can meet this increasing demand.

Ecej qh vjg ugxgp FTC uvchh cfxqece{ eq o o gpvu ekvgu uvcvg-urgekŁe fcvc vq wpfgtueqtg pcvkqpcn concerns about access to care. In Louisiana, for example, FTC staff noted that

^{77.} Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Populations, HEALTH RESOURCES & SERVS. ADMIN., http://www.hrsa.gov/shortage/ (ncuv xkukvgf Fgd. 3, 2014) (guvk o cvkpi vjcv crrtqzk o cvgn{7,500 cf fkvkqpcn rtk o ct{ ectg rj {ukekcpu y qwnf dg tgswktgf vq ejcpig vjgug HPSA fgukipcvkqpu, dcugf qp c rqrwncvkqp vq rtcevkvkqpgt tcvkq qh 3,500:1. HRSA jcf rtgxkqwun{guvk o cvgf ujqtvcigu qh cdqwv 16,000 rtk o ct{ ectg rj {ukekcpu dcugf qp c fkhhgtgpv o qfgn, cpf eqpvkpwgu vq tgeqipk|g vjcv qvjgt uqwtegu cpf o qfgnu uwi i guv jki jgt ujqtvcig pw o dgtu); see also HRSA PHYSICIAN WORKFORCE REPORT, supra pqvg 73, cv 70-72; KAISER FOUND., IMPROVING Access, supra pqvg 56, cv 1 (kpcfgswcvg uwrrn{qh rtk o ct{ ectg rtqxkfgtu ku qpg qh vjg o o clqt jgcnvj ectg ejcmgpigu hcekpi vjg W.S. vqfc{ö; cpf kv ku guvk o cvgf vjcv o W.S. ykm hceg cp guvk o cvgf ujqtvcig qh 91,000 rj{ukekcpu, urnkv cdqwv gxg o vg M M M

oqtg vjcp jcnh qh Lqwkukcpcøu rqrwncvkqp nkxgu kp c hgfgtcm{-fgukipcvgf]HPSA_. Ann 64 Lqwkukcpc Pctkujgu eqpvckp HPSAu, cpf 53 gpvktg Pctkujgu eqortkug rtkoct{ ectg ujqtvcig ctgcu. Ap guvkocvgf 765,000 Lqwkukcpcpu ó oqtg vjcp 17 rgtegpv qh the State's population – lack health insurance.⁸²

FTC uvchh ekvgf c Lqwkukcpc Dgrctvogpv qh Hgcnvj cpf Hqurkvcnu tgrqtv kpfkecvkpi vjcvõ]u_jqtvcigu chhgevkpi vjg ceeguukdknkv{ cpf cxckncdknkv{ qh rtkoct{-ectg rj{ukekcpu...rqug c ukipkŁecpv rtqdngo kp vjg fgnkxgt{ qh jgcnvjectg kp Lqwkukcpc.ö⁸³ Svchh cnuq ekvgf uvcvg-urgekŁe sources projecting that health care reform would exacerbate shortages as more Louisiana consumers gain health insurance and seek access to primary health care services.⁸⁴ FTC staff have raised analogous concerns about existing professional shortages and access to basic health ectg ugtxkegu kp qvjgt APRN cfxqece{ o cvgtkcnu.⁸⁵

Hgcnvj rqnke{ gzrgtvu jcxg nqpi eqpukfgtgf vjg tqng APRNu okijv rnc{ kp cmgxkcvkpi rtqxkfgt ujqtvcigu, rctvkewnctn{ kh APRNu ctg uwdlgev vq hgygt cpf nguu equvn{ tguvtkevkqpu. Fqt gzcorng, kp 1986, yjcv ycu vjgp vjg W.S. Cqpitguu OhŁeg qh Tgejpqnqi{ Auuguu o gpv qdugtxgf,

Tjg wug qh pwtug rtcevkvkqpgtu (NPu) cpf rj {ukekcp cuukuvcpvu (PAu) vq rtqxkfg primary health care traditionally provided only by physicians developed during vjg 1960u kp tgurqpug vq c rgtegkxgf ujqtvcig cpf o cnfkuvtkdwvkqp qh rj {ukekcpu. Sqekgvcn uwrrqtv hqt vjku kppqxcvkqp kp vjg fgnkxgt { qh jgcnvj

M

rqvgpvkcn hqt NPu cpf PAu vq kortqxg ceeguu cpf vq nqygt equvu yjkng ockpvckpkpi the quality of care. 86

Mqtgqxgt, cnvjqwij õ]o_quv qdugtxgtu eqpenwfg vjcv o quv rtkoct{ ectg vtcfkvkqpcm{ rtqxkfgf d{ rj{ukekcpu ecp dg fgnkxgtgf d{ NPu cpf PAu,ö⁸⁷ OTA cnuq qdugtxgf vjcv APRNu (NPu) hcegf

vjg o quv eq o o qp pqp-rj {ukekcp jgcnvj ectg rtqxkfgtu qh rtk o ct { ectg ugtxkegu,ö⁹³ and they provide a large number of primary care services — independently in some states, and subject to collaborative practice agreements or supervision requirements in other states.⁹⁴ APRNu õ]v_cmg jgcnvj jkuvqtkgu cpf rtqxkfg eq o rngvg rj {ukecn gzcou; fkcipqug cpf vtgcv cewvg cpf ej tqpke knnpguugu; rtqxkfg koowpk|cvkqpu; rtguetkdg cpf ocpcig ogfkecvkqpu cpf qvjgt vjgtcrkgu; qtfgt cpf kpvgtrtgv ncd vguvu cpf z-tc{u; rtqxkfg jgcnvj vgcejkpi cpf uwrrqtvkxg eqwpugnkpi.ö⁹⁵

Au rtkoct{ ectg rtqxkfgt ujqtvcigu jcxg yqtugpgf, APRNu jcxg rnc{gf cp gxgp itgcvgt tqng kp cnngxkcvkpi vjg ghhgevu qh ujqtvcigu cpf okvkicvkpi ceeguu rtqdngou. Fqt gzcorng, APRNu ocmg up a greater share of the primary care workforce in less densely populated areas, less urban ctgcu, cpf nqygt kpeqog ctgcu, cu ygnn cu kp HPSAu. Relative to primary care physicians, APRNu ctg oqtg nkmgn{ vq rtcevkeg kp wpfgtugtxgf ctgcu cpf ectg hqt nctig pwodgtu qh okpqtkv{ rcvkgpvu, Mgfkeckf dgpgŁekctkgu, cpf wpkpuwtgf rcvkgpvu. In addition, the shorter and less costly gfwecvkqp cpf vtckpkpi tgswktgogpvu qh APRN rtcevkeg uwiiguv vjcv APRNu oc{ dg cdng vq oggv

^{93.} NGA Primary Care Paper, *supra* note 4, at 4. One recent study, based on Medicare billing data, suggests 9.5% itqyvj kp vjg pwodgt qh Mgfkectg rcvkgpvu uggp d{ NPu, htqo 1998 vq 2010. Kwq gv cn., *supra* pqvg 90, cv 1238. Ap Artkn, 2013 Bgtmgng{ Fqtw o Rgrqtv uwi i guvu c tqwi jn{ 10% NP ujctg qh rtk o ct{ ectg xkukvu kp vjg uvcvg, ykvj fcvc htqo qvjgt uvcvgu tcpikpi htqo 5.1% (Ngy Jgtug{) vq 29.8% (Mkuuqwtk). Berkeley Forum, Univ. of California, Berkeley, A New Vision for California's Healthcare System: Integrated Care with Aligned Finanmc 10 0 612 792 by BTTT1 1 TSABBEFFODC (R31.31579326.4 Tm)C (S)TEMC PN)TBRTHER

ectg ugtxkegu. . . . Ezrcpfgf wvknk|cvkqp qh NPu jcu vjg rqvgpvkcn vq kpetgcug ceeguu to health care, particularly in historically underserved areas.¹⁰⁰

Cqpxgtugn{, y j gp cf fkwkqpcn cpf wppgeguuct{ tguvtkevkqpu ctg k o rqugf qp APRNu, ceeguu problems are more likely to be exacerbated, with patients deprived of basic care. One study uwiiguvu vjcv tgncvkxgn{ uvtkpigpv APRN ueqrg qh rtcevkeg twngu ctg cuuqekcvgf ykvj hgygt rgt capita practitioners, 101 and analogous evidence has been developed regarding restrictions on urgekcnk | gf APRNu 102 cpf qvjgt pqp-rj {ukekcp jgcnvj ectg rtqxkfgtu. 103 A recent study attempts to cuuguu, cv ngcuv hqt Mgfkectg rcvkgpvu, vjg ujctg qh rtkoct{ ectg vtgcv o gpv wpfgtvcmgp d{ APRNu qt NPu, fgrgpfkpi qp vjg uvcvg tgiwncvqt{ gpxktqp o gpv kp y jkej vjg{ rtcevkeg. 104 We encourage additional empirical research regarding the effects of alternative scope of practice regulations on access to primary care in underserved areas, and for underserved populations, as well as research regarding the health effects associated with changes in access.

III.A.2. E S
$$\rightarrow$$
 R \rightarrow M I \rightarrow H C \rightarrow C

order to practice independently,¹⁰⁵ at least some costs are imposed on both contracting parties.¹⁰⁶ Either sort of cost may harm patients, to the extent that higher costs diminish access to care, cpf oc{ jcto jgcnvj ectg eqpuwogtu, cu ygm cu rwdnke cpf rtkxcvg vjktf-rctv{ rc{qtu vq vjg extent that some increased costs may be passed along as higher prices. These concerns should dg eqpukfgtgf cickpuv vjg dcemftqr qh vjg igpgtcn kuuwg qh uwrrn{ gzrcpukqp (qt eqpvtcevkqp), cu gzrnckpgf cdqxg. Mqtgqxgt, yg pqvg vjcv APRNu vgpf vq dg tgncvkxgn{ nqy equv rtqxkfgtu, yjkej might enhance savings associated with a supply expansion.¹⁰⁷

T{rkecnn{, uwej ncyu tgswktg cp APRN vq ugewtg cp citgg o gpv ykvj c rctvkewnct nkegpugf rj {ukekcp kp qtfgt vq gpicig kp uq o g qt cm qh vjg APRNøu qvjgt ykug rgt o kvwgf rtcevkeg. Tjqug requirements can be akin to physician supervision requirements. Independent of his or her gfwecvkqp, vtckpkpi, egtvkŁecvkqp, cpf gzrgtkgpeg, cp APRN ecp rtcevkeg qpn{ qp vgt o u ceegrvcdng to a particular licensed physician. Depending on the particular statutory requirements, those vgt o u o ki j v kpenwfg, hqt gzc o rng, vjg pw o dgt qh vk o gu vjg rj {ukekcp tgxkg yu vjg APRNøu ejctvu, vjg htgswgpe{ ykvj yjkej, qt ukvwcvkqpu kp yjkej, vjg APRN yknn eqpuwnv ykvj vjg rj {ukekcp, qt vjg rj {ukekcpøu crrtqxcn qh vjg APRNøu rtcevkeg rncpu qt rtqvqeqnu. 108 Each transaction to secure cp citgg o gpv ko rqugu equvu qp dqvj vjg APRN cpf vjg rj {ukekcp. Cq o rnkcpeg ykvj vjg eqpvtcev cnuq ecp ko rn{ equvu cpf dgpgŁvu hqt dqvj rctvkgu. 109

It is important to remember that collaboration and professional oversight are the norm in states vjcv fq pqv tgswktg fktgev rj {ukekcp uwrgtxkukqp qt õeqmcdqtcvkxg rtcevkegö citgg o gpvu. Pcwgtpu

^{105.}Fqt rwtrqugu qh vjku rqnke{ rcrgt, õkpfgrgpfgpvö APRN rtcevkeg o gcpu vjg APRN ku pgkvjgt go rnq{gf pqt directly supervised by a physician.

^{106.} See, e.g., La. Rev. Stat. Ann. § 37:913(8)-(9) (2012); Ky. Rev. Stat. § 314.042; W. Va. Code È 30-7-15c; FTC Staff Connecticut Letter, supra pqvg 65, vgzv ceeq o rcp{kpi pqvgu 32-37. Anvjqwij equvu ctg ko rqugf qp dqvj rctvkgu, vjg ko o gfkcvg ko rcev ku cu{o o gvtkecn: kv nctign{ fkuhcxqtu APRNu. Hgpeg, rj{ukekcpu o c{ vgpf vq dg less concerned about these regulatory costs.

^{107.} A study conducted for the Commonwealth of Massachusetts by the RAND Corporation suggests concrete ucxkpiu vjcv okijv dg cuuqekcvgf ykvj gzrcpfgf APRN (cpf PA) ueqrg qh rtcevkeg, fwg vq vjg nqygt equvu cpf rtkegu vjcv vgpf vq dg cuuqekcvgf ykvj APRN-fgnkxgtgf ugtxkegu: õdgvyggp 2010 cpf 2020, Mcuucejwugvvu eqwnf ucxg \$4.2 vq \$8.4 dkmkqp vjtqwij itgcvgt tgnkcpeg qp NPu cpf PAu kp vjg fgnkxgt{ qh rtkoct{ ectg.ö EIBNER ET AL., MASSACHUSETTS REPORT, supra pqvg 6, cv 103-04 (fguetkdkpi eqpfkvkqpu hqt wrrgt cpf nqygt dqwpf guvkocvgu cpf rtqlgevkqpu). A Ccnkhqtpkc tgrqtv d{ vjg Bgtmgng{ Fqtwo guvkocvgu vjcv gzrcpfgf wug qh APRNu cpf PAu, hceknkvcvgf d{ ueqrg qh rtcevkeg cpf tgkodwtugogpv tghqto, ujqwnf tguwnv kp c õjgcnvjectg gzrgpfkvwtg fgetgcug qh dgvyggp \$1.4 dkmkqp cpf \$1.8 dkmkqp kp ewttgpv-{gct fqnnctu htqo 2013-2022,ö kp vjcv uvcvg. Berkeley Forum, supra pqvg 93, cv 2.

^{108.} A summary table of supervisory requirements, state by state, can be found at IOM FUTURE OF NURSING REPORT, *supra*

of collaboration are independently established by institutional providers, from large hospital systems to small physician practices, to individual practitioners, with the particulars varying according to resources and demands at the point of service. Health and safety standards may be established by the professions themselves, institutional providers, health and safety regulators, and the courts. Ipfkxkfwcn APRNu ó gxgp vjqug rtcevkekpi kpfgrgpfgpvn{ ó ecp cpf do refer patients to physicians or hospitals. They also may choose to consult or collaborate with rj{ukekcpu yjgtg vjg APRNu (cpf rtqhguukqpcn uvcpfctfu) fgg o kv wughwn qt ko rqtvcpv, cpf vjg{ may develop models of consultation and collaboration that they and collaborating physicians deem useful or important, under terms agreeable to all collaborating parties. None of our swguvkqpu cdqwv vjg equvu (qt dgpgLvu) qh rctvkewnct ngicn qt tgiwncvqt{ tgswktgogpvu ku ogcpv vq impugn any privately implemented model of professional collaboration or oversight.

Hqygxgt, vq vjg gzvgpv vjcv c õeqmcdqtcvkqpö citgg o gpv eqxgtu rj {ukekcp ugtxkegu hqt yjkej neither party would choose to contract, absent a regulatory requirement, and for which there are pq iqqf itqwpfu vq uwrrqug vjcv jgcnvj cpf uchgv{ dgpgŁvu ceetwg vq rcvkgpvu, vjqug equvu ctg unnecessary. Some of these added costs may be passed on to individual health care consumers, as y gnn cu rwdnke cpf rtkxcvg vjktf-rctv{ rc{qtu.

Tjgug v{rgu qh õeqmcdqtcvkqpö cpf uwrgtxkukqp tgswktgogpvu guvcdnkuj rj{ukekcpu cu icvgmggrgtu yjq eqpvtqn APRNuø kpfgrgpfgpv ceeguu vq vjg octmgv. Tjwu rqukvkqpgf, uqog rj{ukekcpu oc{ukorn{tghwug vq gpvgt kpvq uwej citggogpvu, yjkej eqwnf ghhgevkxgn{rtgenwfg egtvckp APRNu from practicing at all. Other physicians may be willing to form agreements, but may offer prices cpf qvjgt vgt ou vjcv ctg pqv eqorgvkvkxg; vjg{oc{dg rctvkewnctn{cdng vq fq uq kp octmgvu yjgtg rqvgpvkcn uwrgtxkukpi rj{ukekcpu ctg kp ujqtv uwrrn{cpf yjgtg APRNu owuv eqpvtcev vq yqtm cv cnn. Hgpeg, vjg rtkegu APRNu owuv rc{vq qdvckp eqnncdqtcvkxg rtcevkeg citggogpvu oc{vgpf vq tkug, gxgp yjgtg vjg APRNu ecp Łpf rj{ukekcpu ykvj yjqo vq eqpvtcev. Cqpugswgpvn{, uqog APRNu yjq ocpcig vq ugewtg ocpfcvqt{eqnncdqtcvkqp citggogpvu oc{rc{oqtg hqt vjgo vjcp}

^{110.} It has been reported that more than half of all nurse practitioners are employed in private physician practices (27.9%) qt jqurkvcnu (24.1%), coqpi qvjgt kpuvkvwvkqpcn rtqxkfgt ugvvkpiu. Jqjp K. Iingjctv, *Expanding the Role of Advanced Practice Nurse Practitioners – Risks and Rewards*, 368 N. ENGL. J. MED. 1935, 1937 (2013).

^{111.} Rgictfkpi fkxgtug rtcevkeg ugvvkpiu cpf APRN-M

vjg{ yqwnf kp kpfgrgpfgpv rtcevkeg uvcvgu. Tjqug APRNu ctg nkmgn{ vq vt{ vq rcuu vjg kpetgcugf equvu cnqpi vq vjgkt rcvkgpvu qt vjktf-rctv{ rc{qtu, rqvgpvkcnn{ tckukpi vjg rtkegu qh

explained above, under these circumstances, the prices physicians charge for collaborative agreements may tend to rise, or the quantity or quality of collaborative input may tend to fall.¹¹⁷

rtcevkegu, jqurkvcnu, tgvckn enkpkeu, cpf qvjgt rtqxkfgtu vq gzrgtkogpv ykvj łgzkdng qxgtukijv cpf eqnncdqtcvkqp cttcpigogpvu hqt gornq{gf qt qvjgtykug-chŁnkcvgf APRNu.

Hgcnvj ectg rtqxkfgtu vjcv go rnq{ qt eqpvtcev ykvj APRNu v{rkecm{ fgxgnqr cpf ko rng o gpv vjgkt qyp rtcevkeg rtqvqeqnu cpf vjgkt qyp vgc o-dcugf eqmcdqtcvkqp cpf uwrgtxkukqp rtqvqeqnu, vq promote improved quality of care, satisfy their business objectives, and comply with applicable regulatory requirements. They do so independent of the question whether their states impose rctvkewnct uwrgtxkukqp qt õeqmcdqtcvkqpö uvtkevwtgu. Rkikf uwrgtxkukqp tgswktg o gpvu ó ko rqugf by statute or regulation — can arbitrarily constrain this type of innovation, as they can impose nk okvu qt equvu qp pgy cpf dgpgŁekcn eqnmcdqtcvkxg cttcpig o gpvu, nk o kv c rtqxkfgtøu cdknkv{ vq ceeq o oqfcvg uvchŁpi ejcpigu cetquu egpvtcn cpf ucvgnnkvg hceknkvkgu qt rtgenwfg uq og rtqxkfgt strategies altogether. They gz o rng, kh uwrgtxkukqp tgswktgu c urgekŁe y tkwgp citgg o gpv dgvy ggp cp kpfkxkfwcn APRN cpf cp kpfkxkfwcn rj{ukekcp, 124 qt tguvtkevu vjg pw o dgt qh APRNu c rj{ukekcp may supervise, 125 providers may be constrained in their ability to develop and implement more xctkcdng qt tgzkdng oqfgnu qh vgc o-dcugf ectg, eqpuwnvcvkqp, cpf qxgtukijv, ceeqtfkpi vq rcvkgpv needs and institutional needs and resources. In addition, as addressed in FTC staff's Florida eq o ogpvu, tguvtkevkqpu qp vjg rgt okuukdng rj{ukecn fkuvcpeg dgvyggp APRNu cpf uwrgtxkukpi

^{122.} See id.; Jwnkg Sqejcnumk & Jqpcvjcp Ygkpgt, Health Care System Reform and the Nursing Workforce: Matching Nursing Practice and Skills to Future Needs, Not Past Demands, in IOM FUTURE OF NURSING REPORT, supra note 2. cv crr. F.

^{123.} See Julie Fairman, Factors Infuencing Value – Enhancing Entrepreneurship in Health Care Delivery (RAND Pqnke { S { o rqukw o, Oev. 4, 2011). Yg tgeqipk|kpi vjcv pqv cm uwej tgswktg o gpvu ctg equvn { qt nk o kvkpi hqt cm providers and that, there may be practical limits to effective supervision, wherever some form of supervision is desirable.

^{124.} See, e.g., La. Rev. Stat. Ann. § 37:913(3)(c) (2012); see also La. Admin. Code vkv. 46, rv. ZLXII, È 4505 (2012).

^{125.} See, e.g., Mo. Code Regs. Ann. TIT. 20 § 2150-5.100 (2) (D) (pq oqtg vjcp 3 APRNu rgt eqmcdqtcvkpi rj{ukekcp); Fla. Stat. È 458.348(4)(c)-(d) (tguvtkevkpi pw odgt qh qhŁegu rtk oct{ cpf urgekcnv{ ectg rj{ukekcpu oc{ uwrgtxkug}). FTC uvchh tgeqipk|g vjcv vjgtg oc{ dg rtcevkecn nk okvu vq ghhgevkxg uwrgtxkukqp qh APRNu d{ rj{ukekcpu (cuuw okpi uwej uwrgtxkukqp ku uq ogvk ogu pggfgf), cpf vjgug mkpfu qh nk okvcvkqpu oc{ ocmg ugpug wpfgt rctvkewnct ektew ouvcpegu. Ipfggf, uq og APRNu okijv ygneq og vjgo. Iv okijv uq ogvk ogu dg korqtvcpv vjcv crj{ukekcp (qt urgekcnkuv, qt uwd-urgekcnkuv) ku kp vjg uc og tqqo, vjg pgzv tqqo, qt cv ngcuv swkemn{ accessible in the same building. We question, however, whether these kinds of limitations are inherently dgpgŁekcn kp cm eqpvgzvu, uwej vjcv vjgtg ku c ngikvko cvg dcuku vq korqug vjg o ctdkvtctkn{ cetquu vjg dqctf, cu these regulations do.

^{126.} Cf. Christine Everett et al.,

fqevqtu oc{ tguvtkev rtqxkfgtu \emptyset cdknkv{ vq fgxgnqr pgy oqfgnu qh pgvyqtmgf qt vgng ogfkekpg-facilitated collaboration. 127

APRNu cnuq jcxg rnc{gf c egpvtcn tqng kp vjg fgxgnqr o gpv qh cnvgtpcvkxg ugvvkpiu hqt ectg fgnkxgt{, pqvcdn{ tgvckn enkpkeu. Rgvckn enkpkeu ó uq o gvk o gu ecmgf õuvqtg-dcugfö qt õnk o kvgf ugtxkegö enkpkeu ó v{rkecnn{ ctg nqecvgf ykvjkp nctigt tgvckn uvqtgu, uwej cu ejckp ftwiuvqtgu, cpf v{rkecnn{ ctg uvchhgf d{ APRNu. Cqpuw o gtu jcxg hqwpf tgvckn enkpkeu vq dg c eqpxgpkgpv, łgzkdng, cpf equv-ghhgevkxg ejqkeg hqt dcuke o gfkecn ectg eq o rtkukpi c nk o kvgf ugv qh rtk o ct{ ectg ugtxkegu kpenwfkpi, hqt gzc o rng, vtgcv o gpv hqt o kpqt kphgevkqpu (uqtg vjtqcvu, gct kphgevkqpu, ukpwu kphgevkqpu, gve.), vjg rtqxkukqp qh k o o wpk|cvkqpu, cpf tqwvkpg rtgxg \$ M M (



Cqmcdqtcvkqp cpf eqqtfkpcvkqp coqpi jgcnvj ectg rtqxkfgtu ctg xgt{ qhvgp dgpgŁekcn. 131 Indeed, improved collaboration and coordination among health care providers are fundamental iqcnu qh ocp{ ewttgpv jgcnvj ectg swcnkv{ cpf equv-eqpvckpogpv kpkvkcvkxgu. Apvkvtwuv ncy cpf policy recognize the potential for procompetitive provider collaborations, consistent with such initiatives. But effective collaboration does not require that physicians formally supervise

dcugf qp vjg APRNøu vtckpkpi, egtvkŁecvkqp, nkegpuwtg, cpf gzrgtkgpeg. 135 Svcvg-ngxgn APRN nkegpuwtg cpf egtvkŁecvkqp tgswktgogpvu cntgcf{ tgswktguchgcpf tgurqpukdngrtcevkeg, kpenwfkpi collaboration and referral to meet patients' needs.

Improved collaboration and coordination among *all* health care providers is a fundamental goal qh ocp{ jgcnvj ectg swcnkv{ cpf equv-eqpvckpogpv kpkvkcvkxgu. Tgco dcugf ectg, kp rctvkewnct, has been the focus of many private and public innovations in health care delivery. The equivalent of the focus of many private and public innovations in health care delivery. The equivalent of the focus of many private and public innovations in health care delivery. The equivalent of the equivalent of the focus of many private and public innovations in health care delivery. The equivalent of the focus of the f

III.B. APRN Supervision Requirements Should Serve Well-Founded Patient Protection Concerns

FTC staff fully recognize the critical importance of patient health and safety. None of the forgoing discussion is meant to undercut the valid health and safety concerns that motivate many regulations governing health care professionals. We defer to state legislators to survey the exckneding gxkfgpeg, fgvgt o kpg vjg qrvk o en denepeg qh rqnke{ rtkqtkvkgu, cpf fgŁpg vjg crrtqrtkcvg ueqrg qh rtcevkeg hqt APRNu cpf qvjgt jgcnvj ectg rtqxkfgtu.

 $^{135.} A \ report\ by\ the\ Robert\ Wood\ Johnson\ Foundation\ describes\ several\ private\ and\ public\ models\ of\ innovative\ yc \{u\ vq\ wug\ APRNu\ kp\ vgc\ o\ -dcugf\ ectg.\ Robert\ Wood\ Johnson\ Found.,\ How\ Nurses\ are\ Solving\ Some\ of\ Polynom\ Foundation\ for\ Nurses\ are\ Solving\ Some\ of\ Polynom\ Nurses\ Application for\ Nurses\ Application\ for\ Applic$

However, in the course of preparing previous advocacy comments addressing particular uwrgtxkukqp tgswktgogpvu, FTC uvchh jcxg nqqmgf vq vjg Łpfkpiu qh vjg IOM cpf qvjgt gzrgtv dqfkgu ó cpcn{ugu dcugf qp fgecfgu qh tgugctej cpf gzrgtkgpeg ó qp kuuwgu qh APRN uchgv{, ghhgevkxgpguu, cpf ghŁekgpe{.¹³7} We have also conducted our own reviews of pertinent literature and considered stakeholder input. Based on our research, the kinds of supervision requirements gzcokpgf kp FTC uvchhou APRN cfxqecekgu fq pqv crrgct vq dg lwuvkŁgf d{ ngikwkocvg jgcnvj cpf uchgv{ eqpegtpu. SrgekŁecnn{, qwt tgugctej fkf pqv kfgpvkh{ ukipkŁecpv gxkfgpvkct{ uwrrqtv hqt gkvjgt vjg enckovjcv kpfgrgpfgpv APRN rtcevkeg ikxgu tkug vq ukipkŁecpv uchgv{ eqpegtpu, or the claim that mandatory supervision requirements redress such concerns. In Louisiana, for example, there was no record of patient harm associated with expired or defective collaborative practice agreements. Similarly, in Florida, it appeared that statutory restrictions on independent APRN rtcevkeg y gtg korqugf fgurkvg, tcvjgt vjcp dgecwug qh, cngikuncvkxg jkuvqt{ uwiiguvkpi vjcv APRNu jcf dggp rtqxkfkpi uchg ectg wpfgt rtkqt, nguu tguvtkevkxg, uwrgtxkukqp uvcpfctfu.¹³8}

FTC uvchh vjwu gpeqwtcig uvcvg ngikuncvqtu eqpukfgtkpi APRN uwrgtxkukqp tgswktgogpvu vq hcoknkctk|g vjgougnxgu ykvj qpiqkpi õpcvwtcn gzrgtkogpvuö kpocp{ nqecvkqpu cetquu vjg Wpkvgf Svcvgu. Au vjg IOM qdugtxgf, APRNu jcxg rtqxkfgf fkxgtug rtkoct{ ectg ugtxkegu hqt fgecfgu, and in many jurisdictions and care settings they have done so without mandatory physician

^{137.} See, e.g., supra pqvgu 6, 8, 86-89 (qdugtxcvkqpu htq o IOM, vjg OhŁeg qh Tgejpqnqi { Auuguu o gpv, cpf vjg Ncvkqpcn Gqxgtpqtuø Auuqekcvkqp, c o qpi qvjgtu); see also IOM Future of Nursing Report, supra pqvg 2, cv 98-99 (ekvkpi S.A. Btqyp & D. E. Gtk o gu, A Meta-analysis of Nurse Practitioners and Nurse Midwives in Primary Care, 44(6) Nursing Research 332 (1995); Julie Fairman, Making Room in the Clinic: Nurse Practitioners and The Evolution of Modern H

uwrgtxkukqp qt eqnmcdqtcvkxg rtcevkeg tgswktgogpvu. Fqt vjku tgcuqp, vjg IOM eqpenwfgf, õvjg eqpvgpvkqp vjcv APRNu ctg nguu cdng vjcp rj{ukekcpu vq fgnkxgt ectg vjcv ku uchg, ghhgevkxg, cpf ghŁekgpv ku pqv uwrrqtvgf d{ vjg fgecfgu qh tgugctej vjcv jcu gzcokpgf vjku swguvkqp.ö¹³⁹ To vjg eqpvtct{, c nctig dqf{ qh gorktkecn tgugctej uvtqpin{ uwiiguvu vjcv APRNu ctg uchg cpf effective providers of diverse primary care services. Similarly, we have not seen research uwiiguvkpi vjcv vjg uchgv{ qt swcnkv{ qh rtkoct{ ectg ugtxkegu fgenkpgu yjgp APRN uwrgtxkukqp qt collaborative practice requirements are lessened or eliminated.

FTC staff recognizes that particular contexts of care — including particular kinds of patients, rtqegfwtgu, qt jgcnvj ectg ugvvkpiu ó okijv tgswktg uq og hqt o qh uwrgtxkukqp. Yg urgekŁecm{ note, however, that independent prescribing authority does not appear to fall within this category. Tjg cdknkv{ vq y tkvg rtguetkrvkqpu ó cv ngcuv hqt pqp-eqpvtqmgf uwduvcpegu, 141 such as prescribing cpvkdkqvkeu vq vtgcv uvtgr vjtqcv ó ku qpg qh vjg fgŁpkpi etkvgtkc hqt kpfgrgpfgpv APRN rtcevkeg and has been an ongoing source of contention. 142 Studies have examined outcomes associated ykvj APRNu ykvj kpfgrgpfgpv rtguetkdkpi cwvjqtkv{, cpf vjg tguwnvu jcxg uwiiguvgf eq o rctcdng qwveq o gu dgv y ggp APRNu cpf rj {ukekcpu. 143 FTC staff are not aware of any contrary empirical gxkfgpeg vq uwrrqtv vjg eqpvgpvkqp vjcv vjgtg ctg rcvkgpv jct o u qt tkumu cuuqekcvgf ykvj APRN

139.IOM FUTURE OF NURSING

care providers can, and typically does, occur even without mandatory physician supervision qh APRNu.

Y jgp hcegf ykvj rtqrqucnu vq pcttqy APRN ueqrg qh rtcevkeg xkc kpłgzkdng rj {ukekcp uwrgtxkukqp cpf eqnncdqtcvkqp tgswktgogpvu, ngikuncvqtu ctg gpeqwtcigf vq crrn{ c eqorgvkvkqpdcugf cpcn{vkecn htcogyqtm cpf ectghwnn{ uetwvkpk|g rwtrqtvgf jgcnvj cpf uchgv{ lwuvkŁecvkqpu. Ip many instances, legislators may well discover that there is little or no substantiation for claims of patient harm. If, however, health and safety risks are credible, regulations should be tailored pcttqyn{, vq gpuwtg vjcv cp{ tguvtkevkqpu qp kpfgrgpfgpv APRN rtcevkeg ctg pq i tgcvgt vjcp patient protection requires.

Tjku rqnke{ rcrgt ykm dg cxckncdng qp vjg FTC ygdukvg, cnqpi ykvj tgncvgf tguqwtegu cpf cp wr-vq-fcvg kpfgz qh FTC uvchh eq o ogpvu qp APRN kuuwgu. Tjg FTC jqrgu vq eqpvkpwg vq ugtxg cu c resource for state legislators who seek our views on these and other competition policy issues, and we welcome a continued dialogue with all interested stakeholders.

APPENDIX 1

APRN Scope of Practice Advocacies

FTC Staff Comment Before the Massachusetts House of Representatives Regarding Hqwug Bknn 2009 Cqpegtpkpi Swrgtxkuqt { Rgswktgogpvu hqt Nwtug Ptcevkvkqpgtu cpf Nwtug Apguvjgvkuvu (Jcp. 2014), jwr://y y y.hve.iqx/ukvgu/fghcwnv/Łngu/fqewogpvu/cfxqece { a fqewogpvu/hve-uvchh-eqoogpv-ocuucejwugvvu-jqwug-tgrtgugpvcvkxgu-tgictfkpi-jqwug-dknn-6-j.2009-eqpegtpkpi-uwrgtxkuqt {-tgswktgogpvu-pwtug-rtcevkvkqpgtu-pwtug-cpguvjgvkuvu/140123ocuucejwugvvpwtugungvvgt.rfh.

FTC Staff Letter to the Hon. Theresa W. Conroy, Connecticut House of Representatives, Cqpegtpkpi vjg Lkmgn{ Cqorgvkvkxg Iorcev qh Cqppgevkewv Hqwug Bkm 6391 qp Afxcpeg Ptcevkeg Rgikuvgtgf Nwtugu (Mctej 2013), jvvr://hve.iqx/qu/2013/03/130319crtpeqptq{.rfh.

FTC Staff Testimony Before Subcommittee A of the Joint Committee on Health of the State of Yguv Xktikpkc Lgikuncvwtg qp Tjg Rgxkgy qh Yguv Xktikpkc Lcyu Gqxgtpkpi vjg Seqrg qh Ptcevkeg hqt Afxcpegf Ptcevkeg Rgikuvgtgf Nwtugu cpf Cqpukfgtcvkqp qh Pquukdng Rgxkukqpu vq Rgoqxg Ptcevkeg Rguvtkevkqpu (Sgrvgodgt 2012), jvrr://y y y.hve.iqx/qu/2012/09/120907 y xcvguvkoqp{.rfh.

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FTC Svchh Lgwgt vq vjg Hqp. Pcwn Hqtpdcem, Sgpcvqt, Cqooqpygcnvj qh Kgpvwem{ Svcvg Sgpcvg Cqpegtpkpi Kgpvwem{ Sgpcvg Bknn 187 cpf vjg Rgiwncvkqp qh Afxcpegf Ptcevkeg Rgikuvgtgf Nurses (Mctej 2012), jwr://y y y.hve.iqx/qu/2012/03/120326m{auvchłgwgt.rfh.

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FTC Svchh Cqoogpv Bghqtg vjg Mcuucejwugvvu Dgrctvogpv qh Pwdnke Hgcnvj Cqpegtpkpi Ptqrqugf Rgiwncvkqp qh Lkokvgf Sgtxkeg Cnkpkeu (Oev. 2007), jwr://y y y.hve.iqx/qu/2007/10/x070015 o cuuenkpke.rfh.

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Am B_f

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