



UNITED STATES OF AMERICA
FEDERAL TRADE COMMISSION
WASHINGTON, D.C. 20580

Office of Policy Planning

January 5, 2026

Senator Juan Barnett
Mississippi State Senate
New Capitol
Post Office Box 1018
Jackson, MS 39215-1018

Re: H.B. 1057 (2025)

Dear Senator Barnett:

I am the Acting Director of the Federal Trade Commission (“FTC”) Office of Policy Planning. My office is charged with engaging with state legislatures, regulatory boards, and other government officials on competition and consumer protection issues to champion the interests of the American people. Promoting competition to increase access to care, improve quality, and lower prices in the health care sector is among Chairman Andrew Ferguson’s highest priorities for the FTC.

I write to respond to your December 22, 2025, letter requesting review of a bill from the 2025 Mississippi Legislature Regular Session to address the practice of Advanced Practice Registered Nurses (“APRNs”).¹ You indicated that you intend to introduce a bill to replicate this bill in the 2026 Regular Session around January 6, 2026. H.B. 1057 would amend sections 73-15-5 and 73-15-20, Mississippi code of 1972, to authorize certified nurse midwives to practice as an APRN and deliver babies of low-risk mothers without requiring a “collaboration practice agreement” with a physician.² Your letter noted that, “Mississippi consistently ranks among the worst in the nation in all prenatal and post-natal care for women, and there is a vast shortage of obstetrical physicians in the State with the majority choosing to practice exclusively in large urban areas.”³ As you analyze H.B. 1057, I encourage you to consider the incentives of those who oppose the bill. It “may be in the economic self-interest of . . . physicians to propose and advocate [for]

¹ Letter from Mississippi State Senator Juan Barnett to Clarke T. Edwards, Acting Director, Office of Policy Planning, Federal Trade Commission Regarding Mississippi H.B. 1057 (2025) (Dec. 22, 2025), [hereinafter Barnett Letter].

² Miss. H.B. 1057, 2025 Reg. Sess. (2025), <https://billstatus.ls.state.ms.us/2025/pdf/history/HB/HB1057.xml>; see Barnett Letter, *supra* note 1, at 1.

³ See Barnett Letter, *supra* note 1, at 2; see also FED. TRADE COMM’N STAFF, POLICY PERSPECTIVES: COMPETITION AND THE REGULATION OF ADVANCED PRACTICE NURSES, 31 (2014) [hereinafter FTC Staff Policy Paper], <https://www.ftc.gov/system/files/documents/reports/policy-perspectives-competition-regulation-advanced-practice-nurses/140307aprnpolycypaper.pdf> (“In some cases, the costs imposed on independent APRNs seeking collaborative practice agreements may be prohibitive, destroying the economic viability of an existing APRN practice or deterring entry by others”).

restrictions on APRN licensure and scope of practice; and such physicians might be biased towards doing so.”⁴

This letter highlights the FTC’s prior work that you may find informative. Competition drives America’s economy and benefits its consumers, producing lower prices, higher quality products and services, more choices, and greater innovation.⁵ Promoting health care competition has long been a particular focus for the FTC’s law enforcement,⁶ research,⁷ and advocacy.⁸

The FTC has long emphasized the potential “lasting damage” caused by “unnecessary occupational regulation” that excludes qualified professionals from the market and saddles “consumers with higher-priced, lower-quality, and less convenient services.”⁹ Such competitive concerns are particularly acute “when ‘entrants are effectively required to obtain permission from incumbent competitors to enter or expand within a particular market,’”¹⁰ as is the case when physicians can effectively control whether and when certified nurse midwives can compete to deliver babies of low-risk mothers by dint of a collaborative practice agreement requirement.

In their advocacy against anticompetitive health care and occupational licensing restrictions, FTC staff have consistently raised concerns with restrictions that may thwart competition between physicians and APRNs—including laws and regulations that prevent APRNs from practicing independently.¹¹ For example, FTC staff have submitted written comments

⁴ See FTC Staff Policy Paper, *supra* note 3, at 14–15.

⁵ *Standard Oil Co. v. FTC*, 340 U.S. 231, 248 (1951) (“The heart of our national economic policy long has been faith in the value of competition.”).

⁶ See generally FED. TRADE COMM’N STAFF, OVERVIEW OF FTC ACTIONS IN HEALTH CARE SERVICES AND PRODUCTS (Sept. 2025) (Bureau of Competition, Health Care Div. Staff, Bradley S. Albert et al.), https://www.ftc.gov/system/files/ftc_gov/pdf/2025.09.30-Overview-Healthcare.pdf.

⁷ See generally Fed. Trade Comm’n, Health Care Competition, The FTC’s Health Care Work, <https://www.ftc.gov/news-events/topics/competition-enforcement/health-care-competition> (Reports).

⁸ See generally Fed. Trade Comm’n, Advocacy Filings, <https://www.ftc.gov/legal-library/browse/advocacy-filings> (Filter: Industry, Health Care).

⁹ FED. TRADE COMM’N, PREPARED STATEMENT OF THE FEDERAL TRADE COMMISSION BEFORE THE UNITED STATES SENATE COMMITTEE ON THE JUDICIARY SUBCOMMITTEE ON ANTITRUST, COMPETITION POLICY AND CONSUMER RIGHTS “LICENSE TO COMPETE: OCCUPATIONAL LICENSING AND THE STATE ACTION DOCTRINE” 1–2 (Feb. 2, 2016) (presented by Commissioner Maureen K. Ohlhausen), <https://www.ftc.gov/system/files/documents/public-statements/912743/160202occupationallicensing.pdf>.

¹⁰ FTC Staff Comment regarding Proposed Amendment to Rule 1 of the Rules Governing Admission to the Bar of Texas, 5 (Dec. 1, 2025), https://www.ftc.gov/system/files/ftc_gov/pdf/ftc-staff-comment-tex-s.-ct.pdf (quoting Maureen K. Ohlhausen & Gregory P. Luib, *Brother, May I?: The Challenge of Competitor Control over Market Entry*, 4 J. ANTITRUST ENF’T 111, 111 (2016), <https://doi.org/10.1093/jaenfo/jnv028>).

¹¹ See FTC Staff Policy Paper, *supra* note 3, Appendix 1 (2014) (collecting advocacies through Jan. 2014), <https://www.ftc.gov/system/files/documents/reports/policy-perspectives-competition-regulation-advanced-practice-nurses/140307aprpolicypaper.pdf>; see also FTC Staff Comment to State Rep. Jeanne Kirkton Regarding Mo. H.B. 1481 and H.B. 1491, 1–2 (May 5, 2014), <https://www.ftc.gov/legal-library/browse/advocacy-filings/ftc-staff-comment-missouri-house-representatives-regarding-missouri-house-bills-1481-1491>; FTC Staff Comment to State Rep. Jeanne Kirkton Regarding Mo. H.B. 633, 1–2 (Apr. 21, 2015), <https://www.ftc.gov/legal-library/browse/advocacy-filings/ftc-staff-comment-representative-jeanne-kirkton-missouri-house-representatives-regarding-competitive>; FTC Staff Comment to State Rep. Jenny A. Horne Regarding S.C. H. 3508 and H. 3078, 1–2 (Nov. 2,

analyzing the likely competitive effects of proposed APRN regulations in various states, and observing that removing excessive supervision requirements can achieve significant consumer benefits.¹² Such advocacy letters are backed by FTC staff's expertise with health care competition issues and extensive study of the particular implications of various APRN scope of practice restrictions. The enclosed FTC staff policy paper, *Policy Perspectives: Competition and the Regulation of Advanced Practice Nurses*, details FTC staff's research regarding APRN scope of practice restrictions.¹³ It also presents principles for state legislators and policymakers to consider when evaluating proposed changes to limits on APRNs' scope of practice.¹⁴

When APRNs can effectively address the needs of patients, health care consumers likely benefit from improved access to health care, lower prices, and additional innovation.¹⁵ As FTC staff advocacy letters have observed, "APRNs tend to provide care at lower cost than physicians" and increase supply for basic primary care.¹⁶ Greater deployment of APRNs may be particularly helpful in instances where health care professionals are relatively scarce.¹⁷ Conversely, undue restrictions on APRN practice can harm patients, institutional health care providers, and both public and private third-party payors.¹⁸ State-mandated collaboration or supervision requirements that restrict APRNs from practicing to the full extent of their abilities, may impede access to care, and may frustrate the development of innovative team-based approaches to health care.¹⁹

2015), <https://www.ftc.gov/legal-library/browse/advocacy-filings/ftc-staff-comment-south-carolina-representative-jenny-horne-regarding-house-bill-3508-3078-advanced>; FTC Staff Comment to State Sen. Kent Leonhardt Regarding W. Va. S. 516, 1-2 (Feb. 10, 2016), <https://www.ftc.gov/legal-library/browse/advocacy-filings/ftc-staff-comment-senate-west-virginia-concerning-competitive-impact-wv-senate-bill-516-regulation>; FTC Staff Comment Before Dep't Veterans Affairs Regarding RIN 2900-AP44-Advanced Practice Registered Nurses, 1-2 (July 25, 2016), <https://www.ftc.gov/legal-library/browse/advocacy-filings/ftc-staff-comment-department-veterans-affairs-proposed-rule-regarding-advanced-practice-registered>; FTC Staff Comment to State Rep. Jesse Topper Regarding Pa. H.B. 100, 1-2 (Jan. 3, 2018), <https://www.ftc.gov/legal-library/browse/advocacy-filings/federal-trade-commission-staff-comment-pennsylvania-state-house-representatives-regarding-likely>; FTC Staff Comment to State Rep. Thomas E. Brinkman, Jr. Regarding Ohio H.B. 177, 1-2 (Jan. 9, 2020) [hereinafter Brinkman Letter], <https://www.ftc.gov/legal-library/browse/advocacy-filings/ftc-staff-comment-ohio-house-representatives-concerning-ohio-house-bill-177>; and FTC Staff Comment to State Rep. Daniel R. Hawkins Regarding Kan. H.B. 2412, 2-3 (Jan. 9, 2020) [hereinafter Hawkins Letter], <https://www.ftc.gov/legal-library/browse/advocacy-filings/ftc-staff-comment-kansas-house-representatives-concerning-kansas-house-bill-2412>.

¹² See, e.g., Brinkman Letter, *supra* note 11, at 11 and Hawkins Letter, *supra* note 11, at 4.

¹³ FTC Staff Policy Paper, *supra* note 3.

¹⁴ *Id.* at 3-4.

¹⁵ FTC Staff Policy Paper, *supra* note 3, at 18-35; see also Brinkman Letter, *supra* note 11, at 7 ("Even in well-served areas, a supply expansion tends to lower prices and drive down health care costs.") and Hawkins Letter, *supra* note 11, at 7 (same).

¹⁶ Brinkman Letter, *supra* note 11, at 6 and Hawkins Letter, *supra* note 11, at 7.

¹⁷ FTC Staff Policy Paper, *supra* note 3, at 20-27; see also Brinkman Letter, *supra* note 11, at 6-7 ("In underserved areas and for underserved populations, the benefits of expanding supply are clear: consumers may gain access to services that otherwise would be unavailable.") and Hawkins Letter, *supra* note 11, at 7 (same).

¹⁸ FTC Staff Policy Paper, *supra* note 3, at 27-28; see also Brinkman Letter, *supra* note 11, at 2, 6 and Hawkins Letter, *supra* note 11, at 2, 7.

¹⁹ FTC Staff Policy Paper, *supra* note 3, at 34-35; see also Brinkman Letter, *supra* note 11, at 2 and Hawkins Letter, *supra* note 11, at 2.

Proponents often argue that patient health and safety concerns justify APRN scope of practice restrictions. We have observed, however, that “[b]ased 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.”²⁰ Further, even well-intentioned laws and regulations may include unnecessary or overbroad restrictions that limit competition and its benefits to health care consumers.²¹ FTC staff therefore recommended that policymakers examine whether purported safety justifications for APRN practice restrictions are supported by credible evidence and consider whether less restrictive alternatives would protect patients without imposing undue burdens on competition and patients’ access to health care services.²²

I hope this information is helpful to you in considering legislation relating to APRNs. Please do not hesitate to contact the FTC’s Office of Policy Planning if we can be of further assistance.

Respectfully submitted,

Clarke T. Edwards

Clarke T. Edwards
Acting Director
Office of Policy Planning

Enclosures

²⁰ FTC Staff Policy Paper, *supra* note 3, at 2.

²¹ *Id.* at 1.

²² *See id.* at 38–39.