



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

Office of Policy Planning

September 9, 2025

Senator Brad Hutto
South Carolina Senate
513 Gressette Senate Office Building
Post Office Box 142
Columbia, South Carolina 29202

Re: S.45 / H.3580 and S.669

Dear Senator Hutto:

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 and lowering prices in the health care sector are among Chairman Andrew Ferguson’s highest priorities for the FTC.

I write to respond to your August 12, 2025, request for review of two bills pending in the South Carolina legislature that would address the practice of Advanced Practice Registered Nurses (“APRNs”).¹ According to your letter, Senate Bill 45 and identical companion House Bill 3580 would allow for a transition to full autonomous practice for three categories of APRNs (Nurse Practitioners, Certified Nurse Midwives, and Clinical Nurse Specialists) upon completion of 2,000 collaborative practice hours with a physician. In contrast, Senate Bill 669 would increase restrictions on APRNs. Among other things, Senate Bill 669 would ban APRNs, as well as Physician Assistants and Anesthesiologist’s Assistants, from practicing independently—regardless of their experience, education, licensure and certification—and instead require them to work as part of a physician-led team.

This letter highlights the FTC’s prior work in this area that you may find informative as you consider these bills. Competition drives America’s economy and benefits its consumers, producing lower prices, higher quality products and services, more choices, and greater innovation.² Promoting health care competition has long been a particular focus for the FTC’s

¹ Letter from South Carolina State Senator Brad Hutto to Clarke Edwards, Acting Director, Office of Policy Planning, Federal Trade Commission Regarding South Carolina S.45 / H.3580 and S.669 (Aug. 12, 2025).

² *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.”).

law enforcement,³ research,⁴ and advocacy.⁵ As part of these efforts, FTC staff have consistently raised concerns with efforts to thwart competition between physicians and APRNs through laws and regulations that prevent APRNs from practicing independently.⁶ For example, a 2015 FTC staff letter “urge[d] the South Carolina legislature to avoid restrictions on APRN practice that are not narrowly tailored to address well-founded patient safety concerns” because “removing [such] restrictions may offer significant benefits to South Carolina’s health care consumers.”⁷ This advocacy was 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*, (“FTC Staff Policy Paper”), details FTC staff’s research regarding APRN scope of practice restrictions.⁸ It also presents principles for state legislators and policymakers to consider when evaluating proposed changes to limits on APRNs’ scope of practice.⁹ “APRNs tend to provide care at lower cost than physicians” and increase supply for

³ See generally FED. TRADE COMM’N STAFF, OVERVIEW OF FTC ACTIONS IN HEALTH CARE SERVICES AND PRODUCTS (Apr. 2025) (Bureau of Competition, Health Care Div. Staff, Bradley S. Albert et al.), https://www.ftc.gov/system/files/ftc_gov/pdf/2025.04.04-Overview-Healthcare.pdf.

⁴ 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).

⁵ See generally Fed. Trade Comm’n, Advocacy Filings, <https://www.ftc.gov/legal-library/browse/advocacy-filings> (Filter: Industry, Health Care).

⁶ See FED. TRADE COMM’N STAFF, POLICY PERSPECTIVES: COMPETITION AND THE REGULATION OF ADVANCED PRACTICE NURSES, Appendix 1 (2014) (collecting advocacies through Jan. 2014), <https://www.ftc.gov/system/files/documents/reports/policy-perspectives-competition-regulation-advanced-practice-nurses/140307aprnpolycypaper.pdf> (“FTC Staff Policy Paper”). 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, 2015), <https://www.ftc.gov/legal-library/browse/advocacy-filings/ftc-staff-comment-south-carolina-representative-jenny-horne-regarding-house-bill-3508-3078-advanced> (“Horne Letter”); 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), <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), <https://www.ftc.gov/legal-library/browse/advocacy-filings/ftc-staff-comment-kansas-house-representatives-concerning-kansas-house-bill-2412>.

⁷ Horne Letter, *supra* note 6, at 1–2.

⁸ FTC Staff Policy Paper, *supra* note 6.

⁹ *Id.* at 3–4.

basic primary care.¹⁰ 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.¹¹ Greater deployment of APRNs may be particularly helpful in instances where health care professionals are relatively scarce.¹² Conversely, undue restrictions on APRN practice can harm patients, institutional health care providers, and both public and private third-party payors.¹³ 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.¹⁴

Proponents often argue that patient health and safety concerns support APRN scope of practice restrictions. We 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.”¹⁵ Further, even well-intentioned laws and regulations may include unnecessary or overbroad restrictions that limit competition and its benefits to health care consumers.¹⁶ 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.¹⁷

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

Respectfully submitted,



Clarke Edwards
Acting Director
Office of Policy Planning

Enclosures

¹⁰ Horne Letter, *supra* note 6, at 3.

¹¹ FTC Staff Policy Paper, *supra* note 6, at 18–35. *See also* Horne Letter, *supra* note 6, at 4 (“Even in well-served areas, a supply expansion tends to lower prices and drive down health care costs.”).

¹² FTC Staff Policy Paper, *supra* note 6, at 20–27. *See also* Horne Letter, *supra* note 6, at 3–4 (“In underserved areas and for underserved population, the benefits of expanding supply are clear: consumers may gain access to services that otherwise would be unavailable.”).

¹³ FTC Staff Policy Paper, *supra* note 6, at 27–28. *See also* Horne Letter, *supra* note 6, at 1, 3.

¹⁴ FTC Staff Policy Paper, *supra* note 6, at 34–35.

¹⁵ *Id.* at 2.

¹⁶ *Id.* at 1.

¹⁷ *See id.* at 38–39.