

WHAT DO THE LAST **EIGHT** **PRESIDENTIAL ADMINISTRATIONS** HAVE IN COMMON? THEY ALL AGREE **CERTIFICATE-OF-NEED (CON) LAWS** ARE **BAD** FOR HEALTH CARE.

Biden Administration (2023)

“Empirical studies demonstrate certificate-of-need laws **fall short** of achieving better access to healthcare... CON laws do not ensure access to care in rural areas; rather, they act as a **barrier** to entry, leading to lower access to care and less innovation.”

– [Department of Justice Letter](#) on the Proposed Repeal of Alaska’s Certificate-of-Need Laws

Obama Administration (2015)

“First, CON laws create **barriers** to entry and expansion, **limit** consumer choice, and **stifle** innovation. Second, incumbent firms seeking to thwart or **delay** entry by new competitors may use CON laws to achieve that end...Finally, the evidence to date does not suggest that CON laws have generally succeeded in controlling costs or improving quality.”

– [Joint Statement](#) of the DOJ Antitrust Division and the FTC to the Virginia CON Work Group

Clinton Administration (1997)

“Indeed, a large part of the Commission’s antitrust law enforcement efforts in the health care field focuses on competitive **problems** that would not exist, or would be less **severe**, if there were no CON regulation...We believe that the continued existence of CON regulation would be **contrary** to the interests of health care consumers in Virginia.”

– [FTC Staff Comment](#) to the Virginia Commission on Medical Facilities Concerning Certificate of Need Reform

Reagan Administration (1987)

“There is **no evidence** that the CON regulatory process has served its intended purpose of controlling health care costs.”

– [FTC Staff Comment](#) to Governor Mary George Concerning Hawaii S.B. 213 to Abolish the State Planning and Health Agency, Including its Administration of Certificates of Need

Trump Administration (2025)

“[A]s the FTC has consistently advocated, CON laws raise significant competitive **concerns** and generally do not appear to have achieved their intended benefits for healthcare consumers.”

– [Letter from FTC](#) Office of Competition, Bureau of Economics, and Bureau of Competition to Rhode Island Governor Dan McKee

Trump Administration (2018)

“There is no compelling evidence suggesting that CON laws improve quality or access, inefficiently or otherwise. . . Evidence also **fails** to support the claim that CON programs would increase access to care for the indigent, or in medically underserved areas.”

– Reforming America’s Healthcare System Through Choice and Competition. A joint [report](#) by the U.S. Department of Health and Human Services, U.S. Department of the Treasury, and U.S. Department of Labor

Bush Administration (2004)

The Agencies believe that CON programs are generally not successful in containing health care costs and that they can pose **anticompetitive** risks...CON programs risk entrenching oligopolists and **eroding** consumer welfare.

– A Dose of Competition: A [Report](#) by the Federal Trade Commission and the Department of Justice

H.W. Bush Administration (1989)

“[T]he benefits of CON regulation, if any, are likely to be outweighed by its **adverse** effects on competition in health care. As a result, continuing CON regulation is likely to harm consumers by increasing the price and decreasing the quality of health services in Nebraska.”

– [FTC Staff Comment](#) to the Hon. Bernice Labedz Concerning Nebraska L.B. 429, 439, and 745 to Liberalize or Repeal Certificate of Need Regulation