A ROADMAP FOR

HEALTH CARE REFORM

PROVEN POLICIES FOR STATES TO INCREASE ACCESS, REDUCE WAIT TIMES, AND IMPROVE QUALITY OF HEALTH CARE

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AMERICANS for PROSPERITY

The United States has some of the best health care providers and facilities in the world. Yet, millions of Americans are frustrated with their health care. For years, patients have struggled with long wait times and high costs for low quality health care.

Americans for Prosperity is committed to making health care affordable, less complex, and more transparent. Patients deserve greater choice and control when it comes to their health care. **The Personal Option** provides a menu of policies for states to implement to **put patients' interests first** and improve their health care in meaningful ways.

TIER 1

HIGH VALUE REFORMS

REPEAL CERTIFICATE OF NEED LAWS

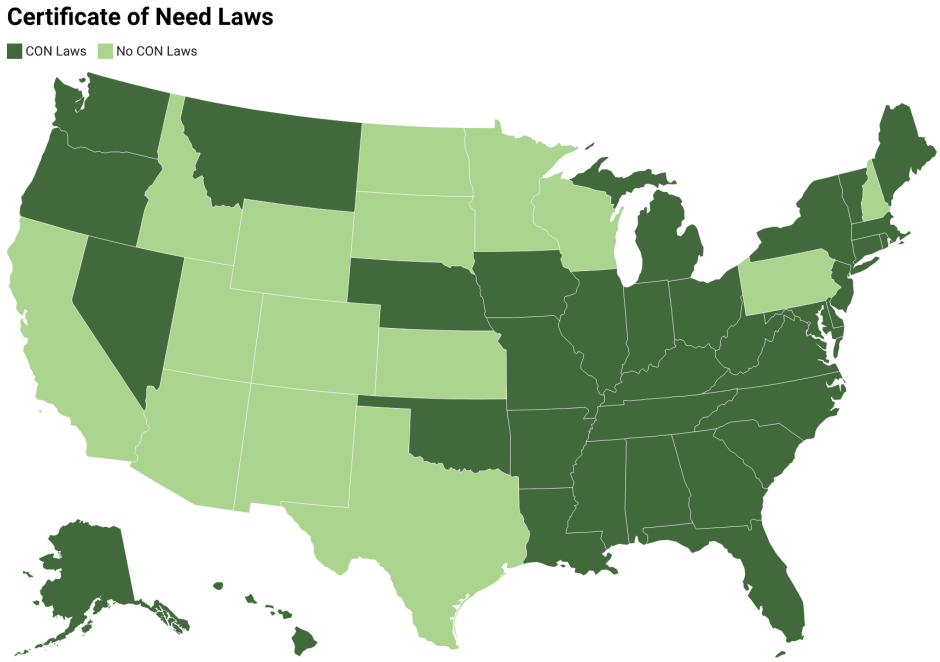
Certificate of need (CON) laws are state regulations which require health care providers to obtain approval from a state government board to establish or expand health care facilities, services, and equipment. These certificates are essentially a government-mandated permission slip that individual health care providers, physician groups, hospitals, and health systems must obtain before they are legally allowed to care for patients. Essentially, CON laws empower bureaucrats to decide what health care services are offered, instead of that decision being driven by patients' needs.

Like many bad policies, CON laws were established with good intentions. Policymakers believed that CON laws would control health care costs for patients by reducing waste and duplicity.[1] In practice, however, the aptly named CON laws artificially limit the health care market and drive up costs, effectively conning patients out of access to affordable care. CON laws negatively affect individuals in cities, suburbs, and beyond by increasing wait times, limiting choices, and inflating costs. In rural communities where the supply of health care is already limited, these controls can lead to life-threatening problems.

The CON systems vary from state to state, with some restricting the establishment of most health care services and facilities and others only controlling a single facility type, such as nursing homes. AFP would like to see full repeal of CON laws in every state, but it is typically difficult to accomplish this task in just one legislative session. Typically, the best approach for CON reform is incremental repeal targeting the CON regulations that affect a state's most vulnerable communities and have the greatest negative impact on their patients.

[1] Milton Roemer, "Bed supply and hospital utilization: a natural experiment," Hospitals, November 1961, https://pubmed.ncbi.nlm.nih.gov/14493273/.

This map depicts whether states have CON laws. For the purposes of this map, states whose only CON regulations are on ambulance services are noted as not having CON laws. States whose only CON regulations are on nursing homes are noted as having CON laws.



Original AFPF data compiled and analyzed by Thomas Kimbrell.

ALLOW INTERNATIONALLY TRAINED PHYSICIANS TO PRACTICE

The United States is facing a critical shortage of physicians that is intensifying due to an aging workforce and overburdensome licensure requirements.[3] One way to mitigate this shortage is to provide internationally trained physicians (ITP) that have been trained in comparable programs outside of the United States with a reasonable pathway to licensure as a physician.

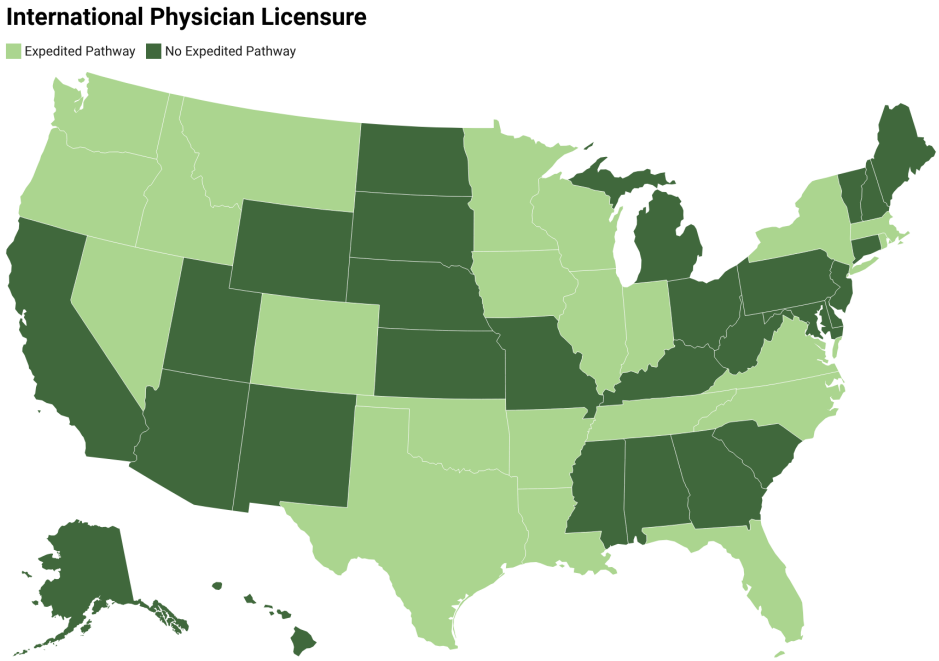
Medical licensing laws differ state by state, but they typically require physicians to graduate from an accredited medical school, pass a standardized test, and complete a residency program. By default, ITPs are not exempted from the residency program requirement even if they have already completed that training and were successfully practicing as a physician in another country. Depending on the medical specialty, residency programs last anywhere from three to five years, require long hours, and do not provide a high enough salary that could make up for the burden of unnecessarily redoing years of training. To complicate matters further, the residency program system is already overburdened with applicants and is unable to accommodate all the medical graduates that are educated in American schools.[4]

Expecting ITPs to redo their medical training while our current medical education system is failing is unrealistic and inhumane to the thousands of patients in communities across the country without access to quality health care. Reducing duplicative licensure requirements and providing ITPs with a reasonable and expedited pathway to practice in the United States is just one of the ways we can combat the worsening provider shortage.

[3] "The Complexities of Physician Supply and Demand: Projections From 2021 to 2036," Association of American Medical Colleges, March 2024, https://www.aamc.org/media/75236/download?attachment.

[4] Brendan Murphy, "If you're feeling disappointed on Match Day, you are not alone," American Medical Association, March 19, 2025, https://www.ama-assn.org/medical-students/preparing-residency/if-you-re-feeling-disappointed-match-day-you-are-not-alone.

This map depicts whether states have an existing expedited licensure pathway for foreign trained and educated physicians. Each state which has implemented such laws has varying requirements for these health care professionals. This map does not speak to the efficacy of the laws. Improvements may be needed in states which have adopted such regulations.



"Policy Brief: Alternative Pathways to Licensure for Internationally Trained Physicians in the U.S.," World Education Services, September 2025, https://knowledge.wes.org/rs/317-CTM-316/images/wes-us-policy-brief-alternative-pathways-to-licensure-for-internationally-trained-physicians-in-the-us.pdf.

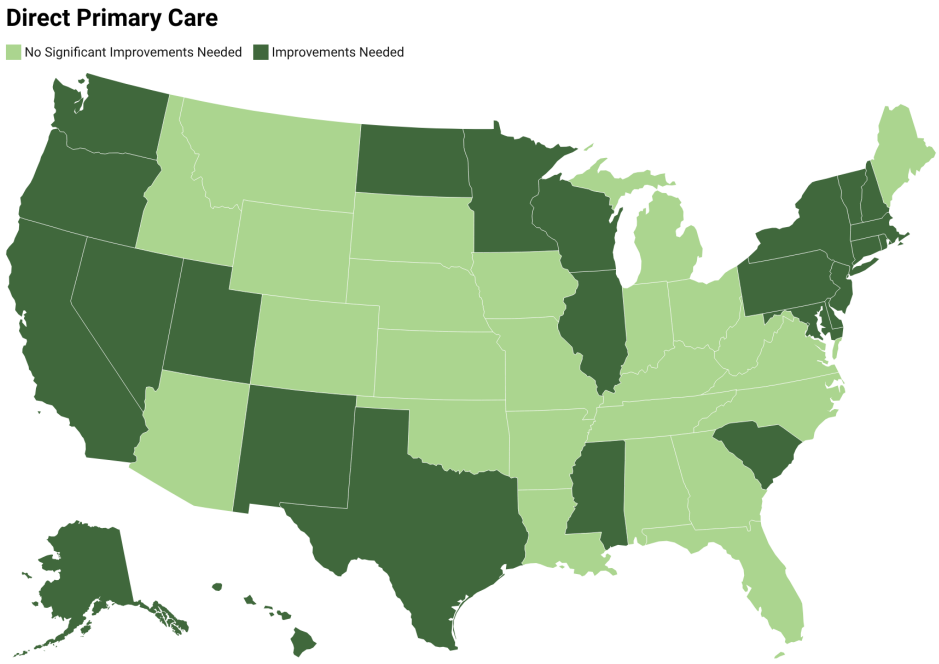
LEGALIZE DIRECT PRIMARY CARE

Direct primary care (DPC) is a form of direct-pay medicine that operates outside of insurance, instead utilizing a subscription-based model. DPC practices give patients unparalleled access to their trusted doctors for a transparent price — which is rarely seen in the traditional health care market. The DPC model benefits patients and health care providers alike as it gives them greater choice, control, and access.

As more patients become frustrated with the traditional health care system, DPC practices are growing.[6] Unfortunately, state barriers can stand between patients and this higher quality care. Some states erroneously categorize DPC subscriptions as insurance, leading

to increased regulations that diminish the positive effects of DPC practices. Safe harbor laws which define DPC as "not insurance" exempt DPC practices from such regulations. State laws can also limit the ability of DPC providers to dispense prescription medications in their offices. DPC practices typically buy prescription drugs from wholesale pharmacies, which enables them to sell these medications to their patients at a discount. With the removal of these barriers, DPC practices will be better able to flourish, providing patients with top-notch health care.

This map depicts whether states need to improve their DPC regulations. For the purposes of this map, states were judged on two criteria: whether they define DPC subscriptions as insurance; and whether in-office dispensing of medication is permitted in DPC practices. States must meet each criterion to be categorized as not needing significant improvements.



Philip Eskew, "2024 DPC Defining 'Not Insurance' Legislation," DPC Frontier, https://www.dpcfrontier.com/states; and Philip Eskew, "Physician Dispensing State by State Comparison," DPC Frontier, https://www.dpcfrontier.com/dispensing-medications.

[6] "Trends in Direct Primary Care 2022," Hint Health, https://www.hint.com/hubfs/DPC%20Trends%20Data%20Tables/Hint%20DPC%20Trends%202022.pdf.

TIER 2

MODERATE VALUE REFORMS

INCREASE ACCESS TO TELEHEALTH SERVICES

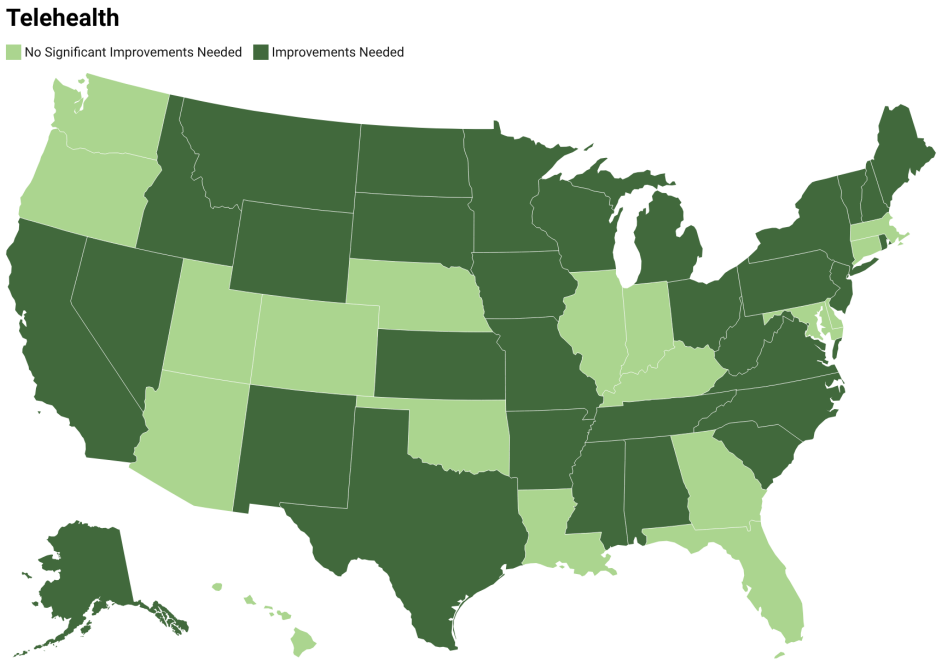
More than ever before, patients are utilizing telehealth to access their medical providers. Telehealth lowers barriers to care by eliminating the need to travel, offering quicker scheduling, and reducing costs. State regulations, unfortunately, limit access to telehealth services, which makes this care option less impactful for some patients.

Some states require patients to first establish a relationship with their health care provider in person before utilizing a telehealth platform. States can also place restrictions on the modality in which telehealth services can be performed, whether it be through a video chat, a phone call, or a messaging system. These regulations undercut one of the main benefits of telehealth: flexibility.

Most states prohibit out-of-state providers from treating patients via telehealth. Allowing providers to treat patients across state lines through telehealth platforms can allow us to better optimize the distribution of our limited number of health care professionals. Additionally, such restrictions can interrupt patients' continuity of care when they move across state lines, resulting in poorer health outcomes and added barriers to accessing care.

One of the benefits of telehealth services is that they tend to be cheaper than their in-office alternative. State regulations which mandate insurers to reimburse telehealth services at the same rate as in-person services are counterintuitive. These mandates force insurers to increase the cost of telehealth, negating one of the biggest benefits of the option. Together, these unnecessary regulations restrict access to telehealth services, thereby reducing access to care for millions of patients across the United States.

This map depicts whether states need to improve their telehealth regulations. For the purposes of this map, states were judged on four criteria: whether out-of-state providers can practice via telehealth; whether a provider-patient relationship can be established via telehealth; whether the telehealth laws are modality neutral; and whether private payers are required to give payment parity to telehealth services. States must meet at least three of the four criteria to be categorized as not needing significant improvements.



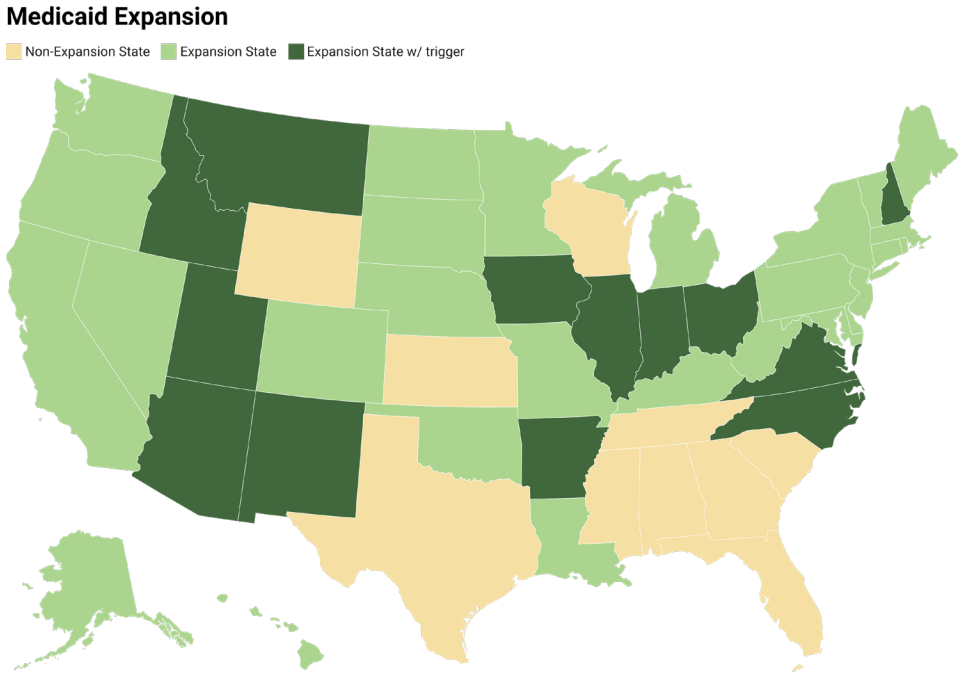
Josh Archambault, "2025 State Policy Agenda for Telehealth Innovation," Cicero Institute, February 6, 2025, https://ciceroinstitute.org/research/2025-state-policy-agenda-for-telehealth-innovation/; and "State Telehealth Laws and Medicaid Program Policies," Center for Connected Health Policy, Fall 2024, https://telehealthresourcecenter.org/wp-content/uploads/2024/11/Fall2024_SummaryChartFINAL.pdf.

RESIST MEDICAID EXPANSION

Through the Affordable Care Act (ACA), states were given the option to expand their Medicaid programs to cover adults with incomes up to 138 percent of the federal poverty line. This expansion pushed Medicaid well beyond its original scope. The expansion of Medicaid pushes us closer to a single-payer system, at the expense of vulnerable patients who are faced with less access to timely, quality care.

The federal government provided additional funding to states for the expansion populations. Medicaid is funded jointly by the federal and state governments, with the federal government taking on more of the financial burden. The Federal Medical Assistance Percentage (FMAP) determines the rate at which the federal government matches state Medicaid funds. Several states which chose to expand their Medicaid programs placed a trigger that would cause the state to de-expand their Medicaid program if the FMAP rate were to be reduced below a certain threshold.

This map depicts whether states have opted to expand their Medicaid programs, and if they have a trigger law.



"Status of State Medicaid Expansion Decisions," Kaiser Family Foundation, September 29, 2025, https://www.kff.org/status-of-state-medicaid-expansion-decisions/.

TIER 3

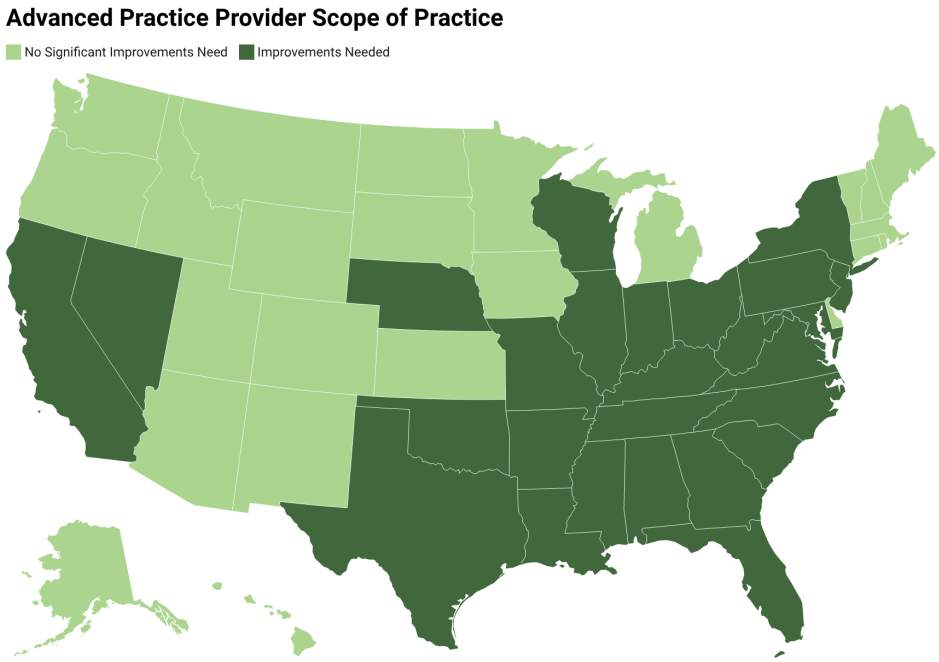
LOWER VALUE REFORMS

REALIGN ADVANCED PRACTICE PROVIDERS' SCOPES OF PRACTICE

Many states restrict health care providers from practicing to the full extent of their training and education. As our country faces a worrying provider shortage, providers' scopes of practice must be realigned to reflect their expertise for the benefit of all patients.

High-level providers such as physician assistants, nurse practitioners, and certified nurse anesthetists are trained to practice independently, but many states deny them the ability to do so. Instead of these providers acting as an alternative to doctors, they are relegated to support roles where their skills are not fully utilized. When practicing independently, these providers often offer care at lower rates than doctors, making care more affordable for patients. Additionally, the inclusion of these high-level providers in the medical workforce eases the strain on doctors and gives patients greater choice in who they see, helping them receive care more quickly.

This map depicts whether states need to improve their scope of practice regulations. For the purposes of this map, states were judged on three criteria: whether physician assistants can practice to the full extent of their training and education; whether nurse practitioners can practice to the full extent of their training and education; and whether certified nurse anesthetists can practice to the full extent of their training and education. States must meet at least two of the three criteria to be categorized as not needing significant improvements.



"PA State Practice Environment," American Academy of Physician Associates, updated July 2025, https://www.aapa.org/advocacycentral/state-advocacy/state-maps/pa-state-practice-environment/; "2025 Nurse Practitioner State Practice Environment," American Association of Nurse Practitioners, September 2025, https://storage.aanp.org/www/documents/advocacy/State-Practice-Environment.pdf; and Razan Badr, "Nurse Anesthetists Added to NCSL's Scope of Practice Resource," National Conference of State Legislatures, January 22, 2025, https://www.ncsl.org/state-legislatures-news/details/nurse-anesthetists-added-to-ncsls-scope-of-practice-resource.

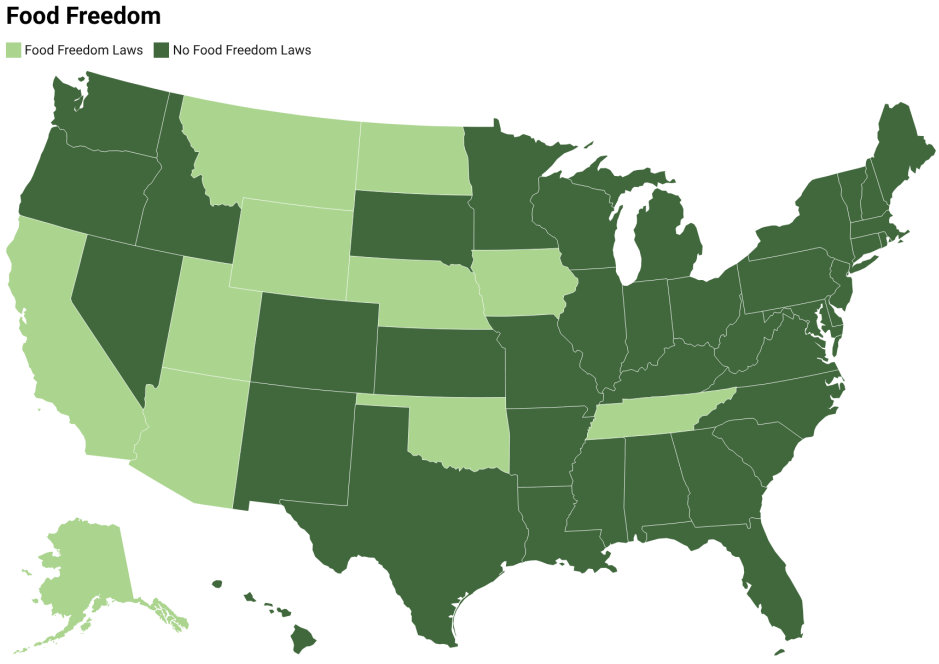
SECURE FOOD FREEDOM FOR AMERICANS

The Make American Healthy Again (MAHA) movement is encouraging people to give greater thought to where their food comes from and how it is produced. This has led to many people trying to purchase less ultra-processed foods in favor of locally produced and more natural options.

Cottage food laws are present in most states to allow entrepreneurs to sell homemade foods to their communities. These laws allow entrepreneurs to enter the market without obtaining expensive commercial kitchen space and connect consumers with more affordable and less processed local foods. Unfortunately, many state-level barriers restrict the type and quantity of food that may be sold. Additionally, many cottage food laws fail to exempt home cooks from onerous licensure laws, which further limits the ability of entrepreneurs to participate in these programs.

To remedy this problem, several states have passed the Food Freedom Act.[11] The goal of the Food Freedom Act is to affirm individuals' rights to produce, obtain, and eat homemade foods without infringement from overbearing government regulations. Several states have moved to adopt aspects of the Food Freedom Act to increase access to locally produced and more natural products, as well as increase opportunities for entrepreneurs.

This map depicts whether states have adopted food freedom policies in line with the Food Freedom Act. This map does not speak to the efficacy of the laws. Improvements may be needed in states which have adopted such regulations.



Original data compiled by Institute for Justice not available for public use.

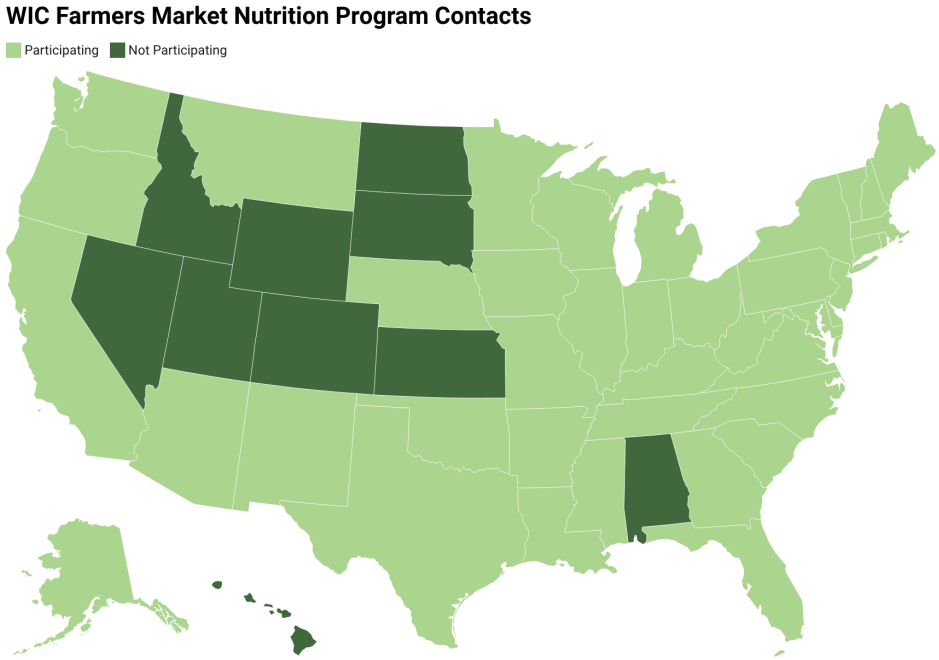
[11] "Food Freedom Act," American Legislative Exchange Council, December 26, 2018, https://alec.org/model-policy/food-freedom-act/; and "Food Freedom Act," Institute for Justice, https://ij.org/legislation/food-freedom-act/.

INCREASE ACCESS TO THE WIC FARMERS' MARKET NUTRITION PROGRAM

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program is designed to offer short-term support in accessing nutritious food for low-income women, infants, and young children. WIC is funded by the federal government through the U.S. Department of Agriculture and is administered at the state level. As such, each state can set regulations on how WIC benefits can be used.

The WIC Farmers' Market Nutrition Program provides WIC enrollees with additional vouchers to purchase fresh produce at participating farmers' markets. This program helps connect pregnant women and young children to local, healthy food. The WIC Farmers' Market Nutrition Program is administered at the state level, and several states have not yet opted in to the program.

This map depicts whether states have opted to participate in the WIC Farmers Market Nutrition Program.



"WIC Farmers Market Nutrition Program Contacts," U.S. Department of Agriculture Food and Nutrition Service, updated September 9, 2025, https://www.fns.usda.gov/fmnp/contacts.

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