July 11, 2016

Representative Renee Ellmers
1210 Longworth House Office Building
Washington, DC  20515

Representative Diana DeGette
2368 Rayburn House Office Building
Washington, DC  20515

Dear Representatives Ellmers and DeGette:

We are writing to express our concern about one provision in H.R. 1221, the Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act. We disagree with the bill’s recommendation to group podiatrists under the heading “physicians” as part of the Medicaid program.

While we agree that title XIX (Medicaid) of the SSAct should include podiatrists to cover their services under the Medicaid program, we disagree with the language that podiatrists be included as physicians. Podiatrists are not trained physicians and have not graduated from medical school or osteopathic medical school and therefore do not have the same background in physiology and disease etiology. Although both medical and podiatry schools are 4 years long, the medical education is focused on a broad understanding of the human body and the interaction of its systems, whereas the podiatric education is foot-based. Moreover, a podiatrist’s post-graduate education is typically 2 years compared to an orthopaedist’s 5-year residency post medical school graduation and often another 1-year fellowship for specialization. Lacking the medical education and training of doctors of medicine and osteopathy, podiatrists are not medical doctors and should not be classified as such.

Defining the scope of practice for a healthcare provider is often challenging, particularly when non-physician providers want to step beyond traditional roles. Patients are placed at risk when non-physician healthcare providers are allowed to administer treatments outside of their areas of training and experience. We acknowledge that podiatrists provide important treatments for foot problems including those related to diabetes but suggest that they remain within their scope of practice. We fully agree that podiatrists should prescribe diabetic footwear and inserts; however, reclassifying them as physicians to do so is not necessary and may result in patients falsely assuming a level of medical expertise.

We ask that the title XIX (Medicaid) of the SSAct maintain the distinction between physicians and podiatrists. This distinction has been made in another provision to H.R. 1221, the SSAct title XVIII (Medicare) requirement for coverage of therapeutic shoes for individuals with diabetes: “(1) documentation by a physician of, and certification of a comprehensive plan of care related to, the diabetic condition; (2) prescription by a podiatrist or other qualified physician upon a finding of the medical necessity for the therapeutic shoes, including findings communicated to a certifying doctor of medicine or osteopathy of certain related foot conditions; and (3) fitting and supplying the shoes.” In this case, we request the word “other” in item number 2 be removed as it implies a podiatrist is also a physician. We otherwise agree that patients’ comprehensive medical management should be directed by certified physicians with podiatrists participating in the patients’ care within their scope of practice.
We urge you to consider our concerns before moving forward and ask that the provision to title XIX (Medicaid) maintain a distinction between podiatrists and physicians. Rather than inappropriately classifying podiatrists as physicians, we ask that the language includes both physicians and podiatrists with these two classifications appearing as distinct entities.

Please feel free to contact Julia Williams, Senior Manager, AAOS Office of Government Relations, at (202) 548-4149 or JWilliams@AAOS.org if you have any questions or comments.

Sincerely,

American Association of Orthopaedic Surgeons
America Association of Hip and Knee Surgeons
American Orthopaedic Foot and Ankle Society
American Orthopaedic Society for Sports Medicine
American Society for Surgery of the Hand
Arthroscopy Association of North America
Cervical Spine Research Society
J. Robert Gladden Orthopaedic Society
Limb Lengthening and Reconstruction Society
Musculoskeletal Infection Society
Musculoskeletal Tumor Society
Orthopaedic Rehabilitation Association
Orthopaedic Trauma Association
Pediatric Orthopaedic Society of North America
Society of Military Orthopaedic Surgeons