

The Equity and Access for Podiatric Physicians Under Medicaid Act (S. 1309 / H.R. 3364)

Essential medical and surgical foot and ankle care is covered as a benefit by Medicaid programs in all 50 states and the District of Columbia—but it is not always covered when provided by a Doctor of Podiatric Medicine. **Current law effectively limits Medicaid beneficiaries’ access to the quality, cost-effective services provided by podiatrists, and discriminates on the type of medical professional Medicaid patients might see for foot and ankle care.**

The Equity and Access for Podiatric Physicians Under Medicaid Act would save lives, save limbs, and save money for the Medicaid program—for every state and for the federal government. A higher-than-average percentage of Medicaid beneficiaries are at risk for diabetes and related lower limb complications, and empirical studies have shown that access to the care provided by podiatric physicians will:

- Save limbs and keep Americans with diabetes out of hospital operating and emergency rooms;
- Save lives and improve the quality of life for Americans with diabetes; and
- Save money through early identification, treatment, and prevention of lower limb complications caused by diabetes and by reducing or eliminating hospital stays and costly amputations.

What Limits Access to Podiatric Physicians in Medicaid?

The current Title XIX (Medicaid) statute covers physician services, including in most cases medical and surgical care of the foot and ankle. However, that is only true when the care is provided by a medical doctor (MD) or doctor of osteopathy (DO) as defined in 1861(r)(1) of the Social Security Act.

“Podiatric Services,” which are not specifically defined in Title XIX but are presumed to mean services provided by Doctor of Podiatric Medicine (DPM), are considered optional, despite the fact that podiatric physicians are educated and trained to perform the same services as MDs and DOs related to foot and ankle care. Doctors of podiatric medicine have been defined in the Social Security Act 1861(r)(3) as physicians for more than 40 years.

Recognizing Doctors of Podiatric Medicine as physicians who provide physician services will remove limitations on access to podiatrists for Medicaid beneficiaries in all 50 states and the District of Columbia without increasing costs.

What Statutory Change is Needed?

The Social Security Act Title XIX (SEC. 1905. [42 U.S.C. 1396d]) would need to be amended to include doctors of podiatric medicine as physicians who provide physician services for Medicaid beneficiaries.

How are Savings—of Life, Limb, and Money—Determined?

Thomson Reuters, which provides industry expertise and critical information to decision makers in financial, legal, tax and accounting, and health-care areas, conducted a three-year study that arrived at, among others, the following conclusions:

- Patients with diabetes in the general population seen by a podiatrist prior to foot ulcer had a **20% lower risk of amputation and a 26% lower risk of hospitalization** than those not seen by a podiatrist;
- Medicare-eligible patients with diabetes seen by a podiatrist had a **23% lower risk of amputation and a 9% lower risk of hospitalization** compared with those not seen by a podiatrist;
- For the general population, each **dollar invested in care by a podiatrist results in up to \$51 of savings**;
- For the Medicare-eligible population, **each dollar invested in care by a podiatrist results in up to \$13 of savings**.

Treatment costs for diabetic foot ulcers range between \$7,439 and \$20,622 per episode. Estimated costs for a limb amputation are \$70,434, and can cost as much as \$500,000 over a lifetime. The potential and very significant cost savings of ensuring access to podiatric physicians in all sectors of the health care system—including Medicaid—cannot be disregarded.

Precedent for Recognition as Physicians

Medicare (Title XVIII of the Social Security Act) defines doctors of podiatric medicine as physicians. This provision would align the definition of physician and physician services in Medicaid with those in Medicare.

Bipartisan Congressional Support and Previous Congressional Action

In the 111th Congress, 173 House Members cosponsored H.R.1625, the House bill addressing this issue. That included 48% of the current members of the Energy & Commerce Committee. In previous Congresses, cosponsors have included E&C Chairman Upton; E&C Ranking Member Waxman; E&C Health Ranking Member Pallone; W&M Chairman Camp; and W&M Health Ranking Member Stark, as well as a significant number of members of the Diabetes Caucus. H.R. 1625's provision was included in the House health care reform bill, but not in final Affordable Care Act. Twenty-four Senators cosponsored companion bill S. 654 in previous Congresses, including thirteen members on the current Finance Committee. In 2005 the provision was included in the Senate's Deficit Reduction bill but removed in conference.

Why Now?

While the profession has long sought recognition as physicians in Medicaid, achieving that is more critical now than ever. The health-care reform law calls for the addition of millions of Americans to Medicaid rolls. Many of those new Medicaid enrollees may never have access to the quality medical and surgical services provided by DPMs. And many state Medicaid programs will lose millions of dollars by not utilizing the services of podiatric physicians.

What Are the Primary Stumbling Blocks?

State legislatures and agencies look at elimination of "optional services" as a quick fix for saving money when state governments are strapped for funds. Some also view this proposal as a mandate from the federal government that will simply increase utilization.

However, eliminating the services of podiatrists from a state's Medicaid program does not save money—it costs money. Additionally, the *Equity and Access for Podiatric Physicians Under Medicaid Act* would **neither mandate new Medicaid services or benefits, nor require any Medicaid beneficiary to seek care from a podiatric physician**. It would not expand the scope of practice for podiatric physicians, nor expand utilization. If foot and ankle care is required and a covered benefit, then it will be provided by someone else if not by a podiatrist.

If Podiatrists are not MDs, What is their Education and Training?

Doctors of podiatric medicine complete four years of post-graduate medical training in podiatric medical colleges accredited by the Council on Podiatric Medical Education (CPME), and currently serve at least two years in hospital-based medical/surgical residency programs approved by the CPME. Podiatric medical colleges are affiliated with allopathic or osteopathic medical training institutions, and podiatric residents train side-by-side with allopathic and osteopathic residents in schools and hospitals across the country. All 50 states, the District of Columbia, and Puerto Rico license podiatric physicians to provide the same medical and surgical foot and ankle services as MDs and DOs.

Congressional Budget Office (CBO) Cost Estimate

During the 111th Congress, the CBO cost estimate for H.R. 1625/S. 654 was \$200 million over ten years, without any recognition of the savings that would result from the avoidance of unnecessary hospitalization or prevention of lower extremity amputations.

**Organizations Supporting Previous Proposed Legislation to Recognize the
Services of Doctors of Podiatric Medicine as Physician Services**

Medical and Health Care Organizations

American Osteopathic Association
American Public Health Association
California Latino Medical Association
Peripheral Arterial Disease Coalition
Society for Vascular Surgery
Virginia Commonwealth University Medical Center – Clinical Enterprise
Virginia Commonwealth University Medical Center – Div. of Vascular Surgery
Virginia Diabetes Council
Virginia Orthopaedic Society

Labor Groups

American Federation of Teachers
California Teamsters
International Brotherhood of Teamsters
Massachusetts AFL-CIO
Office and Professional Employees International Union (OPEIU)
Service Employees and International Union (SEIU)
United Steel Workers