

February 8, 2024

The Honorable Hob Bryan
Chairman
Public Health and Welfare Committee
State of Mississippi
P.O. Box 1018
Jackson, MS 39215

Re: Senate Bill 2074 and Senate Bill 2160 – Oppose

Dear Chairman Bryan:

On behalf of the physician and student members of the American Medical Association (AMA), I am writing to express our opposition to two bills before your Public Health and Welfare Committee (Committee). **First, we oppose Senate Bill 2074 (SB 2074)**, which would expand the scope of podiatric practice to include the leg and categorize podiatrists as physicians. Performing surgery on the leg is outside the scope of a podiatrist’s training and presents a risk to patients. Further, referring to podiatrists as “physicians” will cause confusion to Mississippi’s patients, who already must navigate a confusing health care system. **We also oppose Senate Bill 2160 (SB 2160)**, which would expand the scope of podiatry practice in a manner that risks patient safety.

Podiatrists are not trained to treat the leg.

Orthopaedic surgeons are trained to treat the entire musculoskeletal system while podiatrists are not. An orthopaedic surgeon is a physician (MD or DO) who has completed four years of medical school and five years of residency training. During medical school, students study the entire organ system, as well as the important clinical aspects of preventive, acute, chronic, continuing, and rehabilitative care. Residency for orthopaedic surgeons is a five-year program which involves, “the study and prevention of musculoskeletal diseases, disorders and injuries and their treatment by medical, surgical, and physical methods.” Many orthopaedic surgeons also pursue additional fellowship training and subspecialize in areas such as foot and ankle surgery, trauma, pediatric orthopaedics, spine, reconstructive joint surgery, sports medicine, hand surgery, and orthopaedic oncology. The advanced training by orthopaedic surgeons allows them to contextualize foot and ankle treatment with the entire musculoskeletal system, and to treat patients beyond the foot and ankle.

Podiatrists are not physicians and, by contrast, attend four years of graduate-level training that includes classroom instruction and laboratory work followed by study of clinical science and patient care, leading to the Doctor of Podiatric Medicine (DPM) degree. Following graduation

from podiatry school, podiatrists partake in a podiatric residency. Currently, podiatric residency programs are three-years in length, but prior to 2013, podiatric school graduates could select either a two-year or three-year program. Some podiatrists pursue certification through one of many certifying bodies. In any case, while podiatry school emphasizes foot health and prepares students for the prevention, diagnosis and treatment of foot disorders resulting from injury or disease, **podiatrists are not trained to treat the lower leg. While podiatric education requires an understanding of biomedical science, the emphasis is on improving foot and ankle health.** We believe, therefore, that it is inappropriate to expand the podiatric scope of practice to include the leg.

Transparency in health care matters.

SB 2074 would inappropriately categorize podiatrists as “physicians.” As patients are asked to navigate an increasing number of health professionals in the health care system, all with varying levels of education, training, and certification, the AMA believes it is more important than ever to have clarity in titles so patients clearly understand who is providing their care. Allowing podiatrists to use the term “physician” only serves to further confuse an increasingly confusing system. The AMA believes the term “physician” should only be used by those who have a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) degree. Critically, patients overwhelmingly agree. **According to a recent AMA survey of adults nationwide, 88 percent agreed with the statement, “only licensed medical doctors or doctors of osteopathic medicine should be able to use the title of ‘physician.’”** Referring to podiatrists as “physicians” is both misleading and confusing to patients.

It is more important than ever for the titles used by all health professionals to be easily recognizable by patients. Patients are already confused about the distinction between podiatrists and physicians. According to a recent AMA survey, 67 percent of those surveyed identified a podiatrist as a physician, while only 22 did not and 11 percent were unsure. There is a real concern that allowing podiatrists to use the term “physician” will only serve to further confuse the public.

We urge you to protect patient safety and put patients first by promoting transparency and clarity in health care. It is uncontroversial to state that Mississippi patients deserve to know who is providing them their care and it is clear that SB 2074 does the opposite. For this reason and those discussed above, we encourage you to oppose SB 2074.

SB 2160 puts patients at risk.

Also, up for consideration by this Committee, SB 2160 empowers the Council of Podiatric Medical Education (CPME), a national accrediting organization for podiatric medicine, to define the scope of practice for podiatrists in Mississippi. Specifically, the bill would make it lawful for certain podiatrists to perform any procedure CPME chooses to list in CPME 320—a policy that simply lays out CPME’s standards for approval of podiatric residencies—thereby granting broad discretion to CPME in unilaterally defining the scope of practice for podiatrists across the state. **This method for determining a podiatrist’s scope of practice is inappropriate and fails to ensure that all podiatrists will have adequate training in the procedures they are authorized to perform.** SB 2160 offers no guarantee that the podiatric education will cover

The Honorable Hob Bryan

February 8, 2024

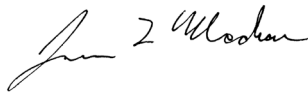
Page 3

CPME's list of approved procedures with sufficient depth. Moreover, it permits CPME to add procedures to CPME 320 at any time and instantly render such procedures lawful for podiatrists to perform in Mississippi. This means that practicing podiatrists who complete residency *before* a procedure is added to CPME 320 would be permitted under Mississippi law to perform it, regardless of whether they learned to perform the procedure or not.

Simply put, scope of practice should be determined based on a health care practitioner's actual education and training. Therefore, we also strongly urge you to defeat SB 2160.

Thank you for the opportunity to provide our input. Please contact Molly Reese, Legislative Attorney, AMA Advocacy Resource Center, at molly.reese@ama-assn.org with any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "James L. Madara".

James L. Madara, MD

cc: Mississippi State Medical Association