

November 18, 2019

The Honorable Joanne Comerford
Senate Chair
Joint Committee on Public Health
Massachusetts Senate
24 Beacon Street, Room 413-C
Boston, MA 02133

The Honorable John J. Mahoney
House Chair
Joint Committee on Public Health
Massachusetts House of Representatives
24 Beacon Street, Room 130
Boston, MA 02133

Re: AMA Opposition to Massachusetts H.B. 1869/S.B. 1329

Dear Chairs Comerford and Mahoney:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I write to express our **opposition** to House Bill (H.B.) 1869 and Senate Bill (S.B.) 1329. These bills would expand podiatrists' scope of practice to include diagnosing, treating and performing surgery on the lower leg. This broad-brush practice expansion for all podiatrists threatens the health and safety of patients in Massachusetts.

As you may know, in a letter dated November 13, 2019, the Federal Trade Commission's (FTC) Office of Policy Planning, Bureau of Competition, and Bureau of Economics provided solicited comments on the likely competitive impact of H.B. 1869/S.B. 1329. While the FTC concerns itself with competition matters, it lacks the medical expertise necessary to render judgment on the anatomical intricacies of the foot, ankle and lower leg that are the subject of H.B. 1869/S.B. 1329. The FTC has admitted as much. In fact, in another advocacy letter to a Missouri legislator, it stated that "FTC staff are not experts in patient care or safety, and we do not offer advice on such matters." In stark contrast to the FTC, we write to express our serious concerns that H.B. 1869/S.B. 1329, as drafted, expand the scope of practice for podiatrists to include the lower leg. Such expansion is unnecessary to meet the goals outlined in the FTC letter and threatens the health and safety of patients in Massachusetts.

H.B. 1869/S.B. 1329 do not resolve inconsistencies between Massachusetts statutes and regulations

The FTC opines that a change in the statutory definition of podiatry scope of practice is necessary to resolve inconsistencies between the statutory definition of "podiatry" and regulations further specifying podiatrist scope of practice. Massachusetts General Laws define podiatry as "the diagnosis and the treatment of the structures of the human foot by medical, mechanical, surgical, manipulative and electrical means without the use of other than local anesthetics, and excepting treatment of systemic conditions, and excluding amputation of the foot or toes." The regulations further describe podiatrist scope of practice to include the foot and ankle. **Neither the current statute nor regulations include lower leg in podiatrist scope of practice.**

As such, H.B. 1869/S.B. 1329, which amends the definition of podiatry to include the "foot and lower leg," would only serve to further inconsistencies and confusion by expanding podiatrist scope of practice to include the lower leg, which is not part of the current regulations. It is notable that if one stated goal, as outlined in the FTC letter, is to improve consistency between the scope of practice found in the regulations and statute, expanding the definition to include the lower leg does not meet this goal. Furthermore, expanding the

statutory definition to include the lower leg is a greater expansion than necessary for our patients and threatens their health and safety as podiatric education and training is focused on foot and ankle health and **not the lower leg.**

Podiatrists do not have the same level of education and training as orthopaedic surgeons

The education and training of podiatrists differ significantly from the education and training of orthopaedic surgeons. An orthopaedic surgeon is a physician (MD or DO) who has completed four years of medical school and five years of residency training. Medical school encompasses a comprehensive education focused on the fundamental principles of medicine and its underlying scientific concepts. During the four years, students study all organ systems, as well as the important clinical aspects of preventive, acute, chronic, continuing and rehabilitative care. Following medical school, physicians enter a residency program—a three- to seven-year program during which medical residents provide care in a select surgical or medical specialty, such as orthopaedic surgery. Residency provides the additional education and training necessary to assure the competence of an independently trained physician. 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 within the entire musculoskeletal system.

By contrast, podiatrists attend four years of graduate or postdoctoral training with a curriculum that focuses on classroom instruction and laboratory work followed by study of clinical science and patient care. While podiatric education requires an understanding of biomedical science, the emphasis is on improving foot and ankle health and not the lower leg. Graduates of podiatry school receive the degree of Doctor of Podiatric Medicine. Unlike orthopaedic surgeons, podiatrists are not required to complete a residency program. For podiatrists who choose to complete residency training to qualify for board certification or state licensure requirements, the requirements have changed significantly over the past 20 years. 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. A podiatrist’s certification pathway is dependent on the type and length of residency completed.

In short, orthopaedic surgeons’ education and training includes four years of comprehensive medical school, during which students study the biological, chemical, pharmacological and behavioral aspects of patients, plus five additional years of residency focused on musculoskeletal diseases, disorders and injuries and their treatment by medical, surgical and physical methods. In contrast, podiatry school emphasizes foot and ankle health, and prepares students for the prevention, diagnosis and treatment of foot disorders resulting from injury or disease. Podiatrists are not trained in surgery or to treat the lower leg.

Not all podiatrists complete a podiatric surgical residency

Board certification allows physicians to demonstrate competency in their field of medical specialty, providing the public assurance that a physician has the appropriate knowledge, skills and expertise to deliver optimum care in a specific area of medicine. Orthopaedic surgeons can be board certified by the American Board of Orthopaedic Surgery, a member board of the American Board of Medical Specialties, or the American Osteopathic Board of Orthopaedic Surgery. By contrast, there are multiple, often competing,

podiatric certifying boards that offer multiple certifications in podiatry. This is confusing, especially when these requirements have changed over time and are tied to the podiatrist's residency. This fractured approach to board certification prevents the application of uniform minimum standards of competency to board-certified podiatrists. This lack of uniformity should be considered when examining podiatrist scope of practice because it is directly related to the level of podiatrist training. For example, the American Board of Foot and Ankle Surgery, the only recognized certifying board for the subspecialty of foot and ankle surgery recognized by the Council on Podiatric Medicine, states that the three-year podiatric surgical residency program provides significantly more foot and ankle training than any other specialty, yet not all podiatrists have completed this podiatric surgical residency. As recently as 1996, an applicant did not have to complete a surgical residency to become a board-certified podiatrist. From 1996-2005, an applicant needed to complete only a one-year surgical residency, and from 2005-2013, an applicant needed to complete a two-year residency, at least one of which was surgical. It is only very recently (as of July 1, 2013) that all podiatric residency programs are composed of three-year podiatric medicine and surgical residency programs. Due to this fractured approach the vast majority of practicing podiatrists today have not completed this three-year program.

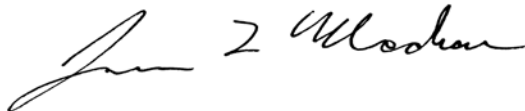
Despite these variations in residency training and board certification, H.B. 1869/S.B. 1329 would allow all podiatrists to perform surgery on the lower leg, even those without postgraduate residency training. **The AMA strongly believes that it is undeniable that this kind of scope of practice expansion would threaten the health and safety of patients and must be opposed.**

Podiatrists and orthopaedic surgeons tend to work in the same areas of the state

Podiatrists and orthopaedic surgeons tend to work in the same highly populated areas of Massachusetts, as is evident from the attached map showing the location of podiatrists and orthopaedic surgeons across Massachusetts. There is no evidence that expanding podiatrist scope of practice will increase access to care in rural or underserved areas. Nor will it increase access to the type of care outlined in the FTC letter, including foot-related conditions arising from an aging population and increase in chronic conditions such as diabetes and obesity. It is noteworthy that podiatrists are already permitted under current statute and regulations to provide diabetic foot care.

Thank you for the opportunity to submit these comments. For the reasons discussed above, we strongly urge you to oppose H.B. 1869/S.B. 1329. If you have any questions, please contact Kimberly Horvath, JD, Senior Legislative Attorney, Advocacy Resource Center, at kimberly.horvath@ama-assn.org or (312) 464-4783.

Sincerely,



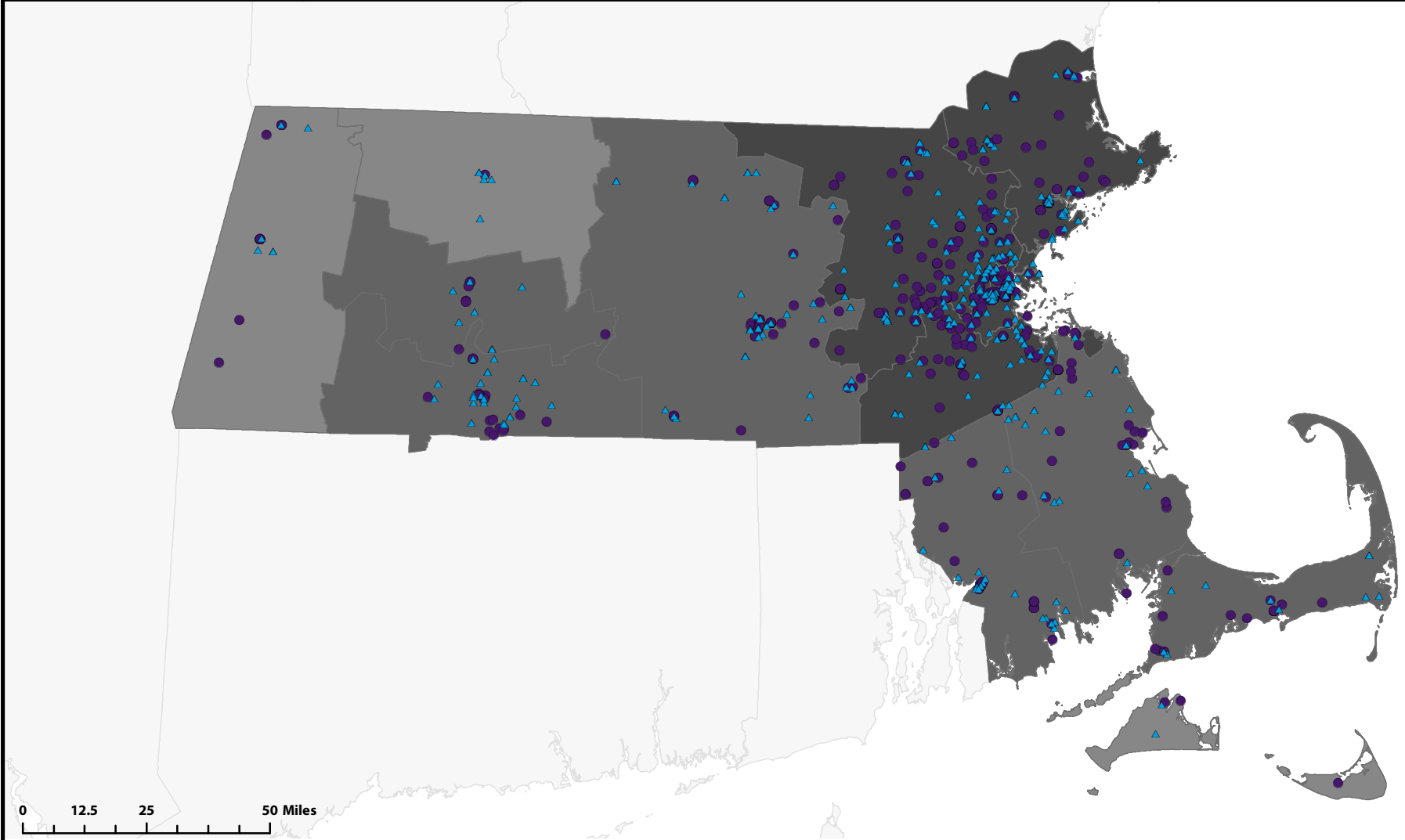
James L. Madara, MD

Attachment

cc: Massachusetts Medical Society
American Orthopaedic Foot and Ankle Society
American Academy of Orthopaedic Surgeons

Orthopaedic Surgeons to Podiatrists

Massachusetts



Population per square mile

Source: 2012-2016 American Community Survey



- Orthopaedic Surgeons (n=587)
- ▲ Podiatrists (n=444)

Source Notes: AMA Physician Masterfile 2018; Centers for Medicare and Medicaid Services' National Plan and Provider Enumeration System 2018; US Census county and state shapefiles 2010