

February 21, 2019

The Honorable Heather Sanborn
Senate Chair
Joint Standing Committee on Health Coverage,
Insurance and Financial Services
Maine Legislature
Cross Building, Room 220
c/o Legislative Information Office
100 State House Station
Augusta, ME 04333

The Honorable Denise Tepler
House Chair
Joint Standing Committee on Health Coverage,
Insurance and Financial Services
Maine Legislature
Cross Building, Room 220
c/o Legislative Information Office
100 State House Station
Augusta, ME 04333

Re: AMA Opposition to Maine L.D. 320

Dear Chair Sanborn and Chair Tepler:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I write to express our **opposition** to Legislative Document (L.D.) 320. This bill would expand podiatrists' scope of practice to include performing surgery on the lower leg and the evaluation, diagnosis, management and prevention of conditions of the lower extremities, which may include osseous and soft tissue procedures. This broad-brush expansion for all podiatrists threatens the health and safety of patients in Maine.

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

The education and training of podiatrists differs 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 the entire organ system, 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 with 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. 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 where 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. By 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 which 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 recent 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 comprised of three-year podiatric medicine and surgical residency programs. Due to this fractured approach, even today, the vast majority of practicing podiatrists have not completed this three-year program.

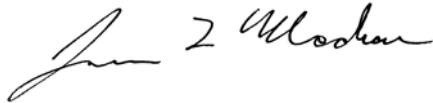
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L.D. 320 allows all podiatrists to perform surgery on the lower leg—this is dangerous for patients

Despite these variations in residency training and board certification, L.D. 320 would allow all podiatrists to perform surgery on the lower leg even those without post-graduate residency training. We believe this threatens the health and safety of patients. Podiatrists simply do not have the education and training to perform surgery or to treat the lower leg.

Thank you for the opportunity to submit these comments. For the reasons discussed above, we strongly urge you to oppose L.D.320. 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,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD

cc: Maine Medical Association