Statement of Marc Lederman, DPM
before the
Human Services Committee
In support of
HB 5795
March 4, 2008

Sen. Harris, Rep Villano and members of the committee:

My name is Dr. Marc Lederman. I am a practicing Podiatrist in West Hartford and serve as the President Elect of the Connecticut Podiatric Medical Association. I am representing the organization today in support of HB 5795, **An Act Concerning the Availability of Podiatric Services under the Medicaid Program.**

We believe the time is long overdue to restore important health care services like Podiatry to Medicaid Recipients. As part of this discussion, I would like to make essentially three points:

First, removing Podiatry from the Medicaid program has not saved taxpayer dollars

As shown in an OLR memo (Nov. 2006), eliminating Podiatry has not saved the state any money. Instead of seeing a Podiatrist, Medicaid patients have been simply shifted to primary care doctors or orthopedic specialists. Many of these patients have been seen in our state emergency rooms, for relatively minor conditions, at a cost far greater than that of a visit to the podiatric office. OLR looked at payments to podiatrists six months before they were dropped from Medicaid, and six months after. OLR concluded that "it does not appear the state saved any money by eliminating Medicaid coverage for podiatrists".

Second, Medicaid recipients' access to healthcare is reduced because of the elimination of podiatry

The problem is that foot care services were not eliminated only podiatric services. It has been estimated that fully 90% of all foot and ankle services in this country are provided by podiatrists. Now the patients are being forced to see their personal physician or another specialist. An article from the New Haven Register (Jan. 2006) documented the limits to which these specialists are willing to participate in Medicaid. Patients, particularly those in nursing homes, can wait weeks before being seen for potentially serious medical issues. Meanwhile, we have podiatrists who would be able to see them within the same day.

Third, podiatrists play a leading role in helping reduce the complications seen in the Medicaid diabetic population

The Department of Public Health recent five-year plan for diabetes prevention and control specifically calls for a concerted effort to expand podiatric services to Medicaid recipients, who are at higher risk for Diabetes. In 2005, DPH reported that $39 million was billed from all sources in 2002 for hospitalizations in Connecticut related to diabetes with a lower extremity amputation. Further, it has been estimated that each below-knee amputation costs approximately $75,000. Both NCSL and APHA have listed Diabetes as the number one health challenge facing this country.

Ladies and Gentlemen, we have low-income citizens in the state who have had a toe or foot amputated because they did not receive necessary preventative care for Diabetes.
This is shocking….and totally unacceptable. I urge you to do the right thing---both on a fiscal basis and policy basis---and mandate that Connecticut's Medicaid program once again cover podiatric services.

I appreciate the different competing interests that you need to balance in making health care policy. However, this change is long overdue, and I would urge you to approve House Bill 5975. I will be happy to answer any questions you might have. Thank you.