



Statement of Marc Lederman, DPM  
before the  
Appropriations Committee  
February 18, 2009

Sen. Harp, Rep. Geragosian and members of the committee:

My name is Marc Lederman. I am a Podiatric Doctor, practice in West Hartford and serve as president of the Connecticut Podiatric Medical Association. I am representing the organization today to discuss briefly the proposed budget for the Department of Social Services.

This spending plan does not fund podiatry services for Medicaid recipients. We believe the time is long overdue to restore this service. 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 recipients are shifted to a higher-cost specialist or simply go to the emergency room. 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, patient access to healthcare is reduced because of the elimination of podiatry***

The problem is that patients, instead of being able to see a podiatrist if they have foot or ankle issues, must see an M.D. or other 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 who are in nursing homes, can wait weeks before being seen for serious issues. Meanwhile, we have podiatrists who would be able to see them within the same day.

***Third, podiatrists can play a leading role in helping reduce Diabetes in the Medicaid 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.

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 preventive care for Diabetes. This is shocking . . . and totally unacceptable. I urge you do to 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. This change is long overdue, however. Fortunately, a bill is pending in the Human Services Committee that will do this. Senate Bill 344 is a good pice of legislation and I ask that you incorporate it into the budget you will be sending to the floor of the House. I will be happy to answer any questions you might have. Thank you.