

Statement of Marc A. Lederman, DPM
Before the
Human Services Committee
In support of
SB 103
February 10th, 2011.

Sen. Musto, Rep. Terycak and members of the committee:

My name is Dr. Marc Lederman. I am the Executive Director of the Connecticut Podiatric Medical Association. I have a full time Podiatric practice in West Hartford and I am here today representing our state Podiatrists in support of Senate Bill 103, **An Act Concerning the Availability of Podiatry Services under the Medicaid Program.**

This is a very important issue both for the health and well being of our Medicaid population and for the economic impact on our state budget. In support of this bill, I would like to make three brief points:

First, removing podiatric services from the Medicaid program is costing the state millions of dollars annually.

Two new studies have been published this year which studied the impact podiatric services have on the outcome of treating patients particularly with diabetic foot ulcerations. One study, conducted by Thomson Reuters looked at nearly 29,000 non-Medicare patients and found that those who's care involved seeing a podiatrist had a 26% lower risk of hospitalization and a 20% lower risk of amputation. Similar numbers were reported by a large Duke University study. The Thomson Reuters study concluded that in the population aged 18-64, each \$1 invested in care by a podiatrist results in \$27 to \$51 of savings. Projecting the data just to Medicaid patients in the state of Connecticut will result in millions of dollars in savings annually.

Second, Connecticut is now out of step with the national data and trends in the treatment of the diabetic patient.

The new Duke University study found that "persons diagnosed with diabetes were much less likely to receive an amputation of a foot if they received care from both a podiatrist and a physician specializing in lower extremity complications of diabetes". In fact many large centers like the University of Arizona are specifically joining multiple specialties together. The Southern Arizona Limb Salvage Alliance (SALSA) is an example of podiatric physicians working side by side with vascular surgeons specifically to treat the complications of diabetes. The results have lead to far less amputations and huge savings related to the costs of delayed care. The American Diabetes Association lists podiatric care as one of the essential keys to the treatment of the diabetic patient. Even the American Podiatric Medical Association and the Society of Vascular Surgeons have an affiliation with shared journals, research and clinical collaboration.

Third, the elimination of podiatric services in Medicaid has severely limited patient access to timely care.

When the state eliminated “ancillary podiatric services” from the state budget in 2002, they did not eliminate foot and ankle care, just the specialty that happens to treat the majority of those patients. The results have been clear to everyone in the health care field. The patient population was shifted to emergency rooms, over crowded primary care offices and clinics. Timely care for relatively simple medical conditions is delayed leading to more potential for complications and increased cost in treatment. Those patients who have more serious medical conditions, like diabetes and poor circulation, fall into the category of increased risk for long term hospitalization and amputation.

I can not overstate the importance of passing SB 103. As licensed doctors in the state of Connecticut, we are the primary specialty treating medical and surgical ailments of the foot and ankle. The national epidemic of Diabetes, the overwhelming evidence correlating podiatric care to the outcome of treatment and the growing population of Medicaid patients underscores the urgency of this matter.

Thank you,

Respectfully Submitted,

Marc A. Lederman, DPM
Executive Director, CPMA