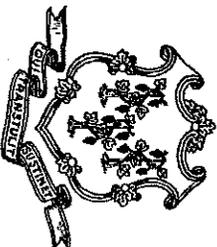


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February 10, 2011

Senator Musto, Representative Tercyak and members of the Human Services Committee, I am here to testify in favor of three bills on your agenda today: SB 103, AN ACT CONCERNING THE AVAILABILITY OF PODIATRY SERVICES UNDER THE MEDICAID PROGRAM, SB 128 AN ACT CONCERNING EXPANSION OF THE CONNPAGE APPLICATION PERIOD and S.B. 9, AN ACT CONCERNING MEDICAID ELIGIBILITY.

SB 103 AN ACT CONCERNING THE AVAILABILITY OF PODIATRY SERVICES UNDER THE MEDICAID PROGRAM

In 2002, the Department of Social Services (DSS) eliminated podiatric care under its Medicaid optional services in order to achieve cost savings in its budget; the effect of this elimination was not as anticipated or intended. The result was instead a cost shift with additional reimbursement primarily to "other MD" with a small percentage to orthopedists who have a significantly higher reimbursement rate. In other words, DSS must pay physicians in other specialties to perform the same services often at a higher cost. This policy shift

also discouraged many podiatry clients, such as diabetics, from seeking preventative care which can allow them to lead longer, healthier and more productive lives. For some of these clients this change represented a de facto restriction on preventative care which we all understand to be both more compassionate and more cost effective.

In addition, one extraordinarily negative impact upon clients who no longer receive preventative care from podiatrists is that they may face the far more drastic intervention of amputation because they no longer receive needed medical attention on an ongoing basis. Podiatrists are skilled in providing the kind of preventative care which alleviates the need for this more drastic intervention. A recent study conducted by Thomson Reuters demonstrated that diabetics who received podiatric care were at 15% lower risk for amputation and 17% lower risk of hospitalization (article attached). I have also included a copy of the OLR report that I requested which demonstrates the lack of cost savings achieved when the state ceased its coverage of podiatric services. I urge you to support this bill as it is compassionate as well as fiscally prudent

SB 128 AN ACT CONCERNING EXPANSION OF THE CONNPAGE  
APPLICATION PERIOD.

PA 2009-05 created a fixed enrollment period for CONNPAGE applications as a method of reducing spending. This turned out to be a poor budgeting choice.

Elderly and disabled residents who meet all the qualifications for the benefits of CONNPACE are denied access to crucial drugs simply because they did not apply during open enrollment. This problem was compounded by the fact that for years prior to this act, CONNPACE had open enrollment. In addition, sufficient money was not allocated to inform qualified residents of this change. I urge you to restore open enrollment to the CONNPACE program.

#### SB 9, AN ACT CONCERNING MEDICAID ELIGIBILITY.

We all know that the income limits for Medicaid eligibility are unrealistically low in our state. Even with the increases in the cash benefits and the unearned income disregard in the past couple of years, the monthly medically needy income limit is \$506.22 and the unearned income disregard is \$278. This means that the income of a Medicaid beneficiary beyond the cost of his or her medical expenses is \$784.22. This is below the federal poverty level of \$908 per month. I realize that with the state budget in its current status it would be difficult to increase the earned income disregard this year, but I do hope that in the future we will consider indexing the earned income disregard to 150% of the federal poverty level.

Thank you for hearing these vitally important bills.

**Topic:**  
HEALTH INSURANCE; LEGISLATION; MEDICAID; MEDICAL PERSONNEL; SOCIAL SERVICES;  
**Location:**  
WELFARE - MEDICAL ASSISTANCE (MEDICAID);



## OLR RESEARCH REPORT

November 9, 2006

2006-R-0693

### **IMPACT OF ELIMINATING MEDICAID COVERAGE FOR INDEPENDENT PRACTITIONER PODIATRISTS**

By: Robin K. Cohen, Principal Analyst

You asked whether the Department of Social Services (DSS) had saved any money by eliminating Medicaid coverage for podiatrists in 2002.

#### **SUMMARY**

According to DSS, it does not appear that the state saved any money by eliminating Medicaid coverage for podiatrists in 2002, despite having factored savings into the FY 03 budget. Rather, the costs for these services have shifted from podiatrists to other medical providers.

#### **IMPACT OF ELIMINATING MEDICAID COVERAGE FOR PODIATRISTS**

PA 02-7, May 9 Special Session (§104), required DSS to submit an amendment to its Medicaid State Plan to implement provisions in the FY 03 budget act concerning "optional" services. (Optional services are those services that federal law allows states to provide under Medicaid versus services that are mandatory, such as emergency care. ) Although the act did not explicitly require this, DSS interpreted it as a mandate to eliminate Medicaid payment to the following independently enrolled providers: podiatrists, chiropractors, naturopaths, "independent therapists" (physical therapists, licensed audiologists, and speech pathologists), and psychologists for any services they provided to Medicaid recipients aged 21 and older. (This coverage was also eliminated from the then-General Assistance and State-Administered General Assistance programs. )

The change took effect January 1, 2003.

According to a DSS analysis of payments for podiatry services six months before and after the change occurred, Medicaid podiatry costs did not fall significantly. (DSS used the six-month period because it does not have data for any earlier period than six months before coverage was eliminated. ) Rather, most costs were shifted from podiatrists to a category of providers called "Other MD," while a small percentage

shifted to orthopedists.

Table 1 illustrates what occurred.

**Table 1: Podiatry Services With Dates of Service in FY 03 [1]**

		<i>July-December</i>	<i>Jan-June</i>
Physician/Group	Orthopedics	\$ 56,789. 15	\$ 71,133. 03
Physician/Group	Other MD	498,574. 19	946,420. 82
Podiatrist/Group	Podiatrist	577,360. 11	45,595. 88

Source: DSS (November 2006)

[1] The data does not include podiatry services received in clinics or outpatient hospital settings. DSS pays an inclusive rate to these providers, and there is no way to break out podiatry costs. But one can assume that more people received podiatry services in these settings after the policy changed.

RC: ts



## Care By Podiatric Physicians Dramatically Decreases Limb Amputation

05 Aug 2010

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Amputation, one of the most devastating and costly consequences of diabetes, can be prevented when patients are treated by podiatric physicians.

That's the finding of a national, large-scale study co-authored by Dr. James Wrobel, DPM, MS, Associate Professor of Medicine at Rosalind Franklin University of Medicine and Science.

"More than half of all amputations in the U.S. are related to diabetes," said Dr. Wrobel, Director of CLEAR, the Center for Lower Extremity Ambulatory Research at the University's Dr. William M. Scholl College of Podiatric Medicine. "Podiatrists are detecting conditions that can lead to amputation. That's just what we do."

The first of its kind, the study examined records for almost 29,000 patients with diabetes, ages 18-64, and compared health and risk factors for those who had seen podiatrists to those who had not. Researchers found that care by a podiatric physician - defined as at least one visit before a foot ulcer was diagnosed - was associated with a nearly 15 percent lower risk of amputation and 17 percent lower risk of hospitalization.

The study, funded by the American Podiatric Medical Association, was conducted using Thomson Reuters' MarketScan Research Databases, which contain de-identified health-care claims data.

MarketScan data is used by researchers to understand health economics and outcomes. Studies based on MarketScan data have been published in more than 130 peer-reviewed articles in the past five years.

"We statistically matched patients with diabetes and foot ulcers who had visited a podiatrist with like patients who had not," said lead researcher Teresa Gibson, PhD, Director of Health Outcomes research at Thomson Reuters. "Patients who had seen a podiatrist in the year prior to the onset of a foot ulcer had significantly lower rates of any amputation and hospitalization than those who had not."

The volume of data with the precise level of matching make the study findings much more robust.

"We found people who looked very similar to each other and we were able to observe the outcomes were due to podiatric care rather than something else distorting the data," Dr. Wrobel said. "This is a very strong study as it was conducted in patients already having a foot ulcer and it highlights the podiatrist's role in preventing hospitalizations due to infection and in preventing amputations if a foot ulcer develops."

Diabetic foot complications are the leading cause of non-traumatic lower limb amputation in the U.S., a lapse in prevention that costs an estimated \$3 billion per year, according to the Amputee Coalition of America. The Centers for Disease Control estimates that 24 million Americans have diabetes, and 86,000 undergo amputations each year.

Podiatrists, who must complete four years of medical school and a postdoctoral residency program, are trained to diagnose and treat problems with the feet, which may be the first area to show symptoms of serious conditions like diabetes, arthritis and heart disease. People with diabetes are prone to foot infections and ulcers because of poor circulation and neuropathy, or loss of physical sensation, and podiatrists can spot problems like calluses, blisters or ill-fitting shoes before a hard-to-heal sore develops.

Dr. Wrobel points to the conclusion of the Thomson Reuters study and numerous smaller studies that preceded it that show expert podiatric care cannot only save limbs but possibly save lives, given that after an amputation the five-year survival rate is poorer than with many cancers.

Such studies are also important in designing clinical practice guidelines. In a 2003 paper published in the Journal Diabetes Care, Dr. Wrobel looked at diabetes-related foot outcomes at 10 Veterans Affairs medical centers and found a correlation between coordination of preventative foot care and lower amputation rates. In a 2001 study that also appeared in Diabetes Care, he previously found sizeable geographic variations in lower-limb amputation rates among Medicare patients and concluded that keeping or losing a toe, foot or leg depended on "systematic differences in preventative care and treatment decision making."

Dr. Wrobel emphasizes the need for coordinated patient care and communication among health care providers.

"The delivery of health care in this country happens too often in isolated pods insurance companies, managed care providers, fee-based care," Dr. Wrobel said. "There has been very little patient advocacy. Problems with diabetes are too pervasive for care not to be more coordinated. We're beginning to see it now, bubbling up from patient frustration."

But in 10 states, according to Chad Appel, APMA state advocacy associate, Medicaid programs do not reimburse for podiatric care, including California, Michigan and, effective Oct. 1, Arizona, where indigenous populations suffer higher rates of diabetes and related complications.

"Budgets are hurting and they have to look for somewhere to cut and right now, podiatric are is an optional service under Medicaid," Appel said.

The Thomson Reuters study, which was presented July 17 during the APMA's annual Scientific Meeting in Seattle, adds to the body of evidence that shows that including podiatry in a multidisciplinary, coordinated effort to treat diabetes could prevent up to 50 percent of related amputations and the pain, depression and loss of quality of life that often follow.

Source: Rosalind Franklin University of Medicine and Science

Article URL: <http://www.medicalnewstoday.com/articles/196878.php>

**Main News Category:** Diabetes

**Also Appears In:** Dermatology, Primary Care / General Practice, Preventive Medicine,

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