

## Testimony for Public Health Committee

February 20<sup>th</sup>, 2013

Members of the Public health committee: I, Martin M. Pressman, DPM respectfully submit this statement as testimony on House Bill 5443 An Act requiring Podiatrists to be Board Qualified:

I currently serve as the Chairman of the Board of Podiatry Examiners, State of Connecticut, and Section Chief of Podiatric Surgery, Yale-New Haven Hospital. I am former President of the American Board of Podiatric Surgery and currently serve as the chair of the American Board of Podiatric Surgery's computer-based patient simulation examination for both the foot and reconstructive rearfoot and ankle examinations. I practice in Milford and New Haven, and I am a Clinical Assistant Professor of Orthopaedics and Rehabilitation, Yale School of Medicine. I have first-hand knowledge of training, licensure, and Board certification issues regarding podiatric surgeons. I am sorry that I was unable to come before you today to testify in person.

In 2007, the Podiatry statute was enhanced to allow those Podiatrists with the requisite training, skill, and competence to perform ankle surgery. This statute change should have allowed well-trained foot and ankle surgeons to stay in Connecticut after their training, as well as allowing others to come to Connecticut to practice and perform ankle procedures.

A technical flaw in the statute has undermined that process. The statute wrongly requires a podiatric surgeon seeking an ankle permit to be "Board Certified" in rearfoot and ankle by the American Board of Podiatric Surgery. This requirement should be written as "Board Qualified" rather than "Board Certified" for the following reasons:

1. After three years of training in foot and ankle surgery, a new podiatric foot and ankle surgeon is eligible to take the Board Qualified examination in rearfoot and ankle only if he or she has logged the requisite number and variety of rearfoot and ankle cases. This exam tests cognitive knowledge, diagnostic skills, and clinical application. The exam may be taken the year of graduation from residency, not unlike our allopathic colleagues.
2. One must collect cases from practice in order to become "Board Certified," a process that may take 2 to 3 years of practice. Herein lies the "catch-22" and the crux of the problem. Under the current flawed statute, a newly graduated foot and ankle surgeon who is "Board Qualified" cannot practice to his or her level of competence and training in the State of Connecticut. All other surgeons (MD, or DO, or DMD) in Connecticut start their careers as "Board Qualified" surgeons and progress to board certification after several years in practice.
3. This situation can be easily remedied by changing a single word in the current statute, correcting "Certified" to "Qualified". This change will not affect the scope of practice. It will accomplish the original intent of the law change. It will, thereby, encourage the best and brightest Podiatric surgeons to practice in the State of Connecticut.

Respectfully Submitted, Martin M Pressman, DPM

