



Senate

General Assembly

File No. 280

February Session, 2018

Substitute Senate Bill No. 306

Senate, April 5, 2018

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist. and SEN. SOMERS of the 18th Dist., Chairpersons of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE APPROVAL OF PODIATRISTS TO PERFORM STANDARD ANKLE SURGICAL PROCEDURES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 20-54 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2018*):

3 (a) No person other than those described in section 20-57 and those
4 to whom a license has been reissued as provided by section 20-59 shall
5 engage in the practice of podiatry in this state until such person has
6 presented to the department satisfactory evidence that such person has
7 received a diploma or other certificate of graduation from an
8 accredited school or college of chiropody or podiatry approved by the
9 Connecticut Board of Examiners in Podiatry with the consent of the
10 Commissioner of Public Health, nor shall any person so practice until
11 such person has obtained a license from the Department of Public
12 Health after meeting the requirements of this chapter. A graduate of an
13 approved school of chiropody or podiatry subsequent to July 1, 1947,

14 shall present satisfactory evidence that he or she has been a resident
15 student through not less than four graded courses of not less than
16 thirty-two weeks each in such approved school and has received the
17 degree of D.S.C., Doctor of Surgical Chiropody, or Pod. D., Doctor of
18 Podiatry, or other equivalent degree; and, if a graduate of an approved
19 chiropody or podiatry school subsequent to July 1, 1951, that he or she
20 has completed, before beginning the study of podiatry, a course of
21 study of an academic year of not less than thirty-two weeks' duration
22 in a college or scientific school approved by said board with the
23 consent of the Commissioner of Public Health, which course included
24 the study of chemistry and physics or biology; and if a graduate of an
25 approved college of podiatry or podiatric medicine subsequent to July
26 1, 1971, that he or she has completed a course of study of two such
27 prepodiatry college years, including the study of chemistry, physics or
28 mathematics and biology, and that he or she received the degree of
29 D.P.M., Doctor of Podiatric Medicine. No provision of this section shall
30 be construed to prevent graduates of a podiatric college, approved by
31 the Connecticut Board of Examiners in Podiatry with the consent of the
32 Commissioner of Public Health, from receiving practical training in
33 podiatry in a residency program in an accredited hospital facility
34 which program is accredited by the Council on Podiatric Education.

35 (b) A licensed podiatrist who is board qualified or certified by the
36 American Board of Podiatric Surgery or the American Board of
37 Podiatric Orthopedics and Primary Podiatric Medicine may engage in
38 the medical and nonsurgical treatment of the ankle and the anatomical
39 structures of the ankle, as well as the administration and prescription
40 of drugs incidental thereto, and the nonsurgical treatment of
41 manifestations of systemic diseases as they appear on the ankle. Such
42 licensed podiatrist shall restrict treatment of displaced ankle fractures
43 to the initial diagnosis and the initial attempt at closed reduction at the
44 time of presentation and shall not treat tibial pilon fractures. For
45 purposes of this section, "ankle" means the distal metaphysis and
46 epiphysis of the tibia and fibula, the articular cartilage of the distal
47 tibia and distal fibula, the ligaments that connect the distal metaphysis
48 and epiphysis of the tibia and fibula and the talus, and the portions of

49 skin, subcutaneous tissue, fascia, muscles, tendons and nerves at or
50 below the level of the myotendinous junction of the triceps surae.

51 (c) No licensed podiatrist may independently engage in the surgical
52 treatment of the ankle, including the surgical treatment of the
53 anatomical structures of the ankle, as well as the administration and
54 prescription of drugs incidental thereto, and the surgical treatment of
55 manifestations of systemic diseases as they appear on the ankle, until
56 such licensed podiatrist has obtained a permit from the Department of
57 Public Health after meeting the requirements set forth in subsection (d)
58 or (e) of this section, as appropriate. No licensed podiatrist who
59 applies for a permit to independently engage in the surgical treatment
60 of the ankle shall be issued such permit unless (1) the commissioner is
61 satisfied that the applicant is in compliance with all requirements set
62 forth in subsection (d) or (e) of this section, as appropriate, and (2) the
63 application includes payment of a fee in the amount of one hundred
64 dollars. For purposes of this section, "surgical treatment of the ankle"
65 does not include the performance of total ankle replacements or the
66 treatment of tibial pilon fractures.

67 (d) The Department of Public Health may issue a permit to
68 independently engage in standard ankle surgery procedures to any
69 licensed podiatrist who: (1) (A) Graduated on or after June 1, 2006,
70 from a three-year residency program in podiatric medicine and
71 surgery that was accredited by the Council on Podiatric Medical
72 Education, or its successor organization, at the time of graduation, and
73 (B) holds and maintains current board certification in reconstructive
74 rearfoot ankle surgery by the American Board of Podiatric Surgery, or
75 its successor organization; (2) (A) graduated on or after June 1, 2006,
76 from a three-year residency program in podiatric medicine and
77 surgery that was accredited by the Council on Podiatric Medical
78 Education, or its successor organization, at the time of graduation, (B)
79 is board qualified, but not board certified, in reconstructive rearfoot
80 ankle surgery by the American Board of Podiatric Surgery, or its
81 successor organization, and (C) provides documentation satisfactory to
82 the department that such licensed podiatrist has completed acceptable

83 training and experience in standard or advanced midfoot, rearfoot and
84 ankle procedures; or (3) (A) graduated before June 1, 2006, from a
85 residency program in podiatric medicine and surgery that was at least
86 two years in length and was accredited by the Council on Podiatric
87 Medical Education at the time of graduation, (B) holds and maintains
88 current board certification in reconstructive rearfoot ankle surgery by
89 the American Board of Podiatric Surgery, or its successor organization,
90 and (C) provides documentation satisfactory to the department that
91 such licensed podiatrist has completed acceptable training and
92 experience in standard or advanced midfoot, rearfoot and ankle
93 procedures. For purposes of this subsection, "standard ankle surgery
94 procedures" includes soft tissue and osseous procedures.

95 (e) The Department of Public Health may issue a permit to
96 independently engage in advanced ankle surgery procedures to any
97 licensed podiatrist who has obtained a permit under subsection (d) of
98 this section, or who meets the qualifications necessary to obtain a
99 permit under said subsection (d), provided such licensed podiatrist: (1)
100 (A) Graduated on or after June 1, 2006, from a three-year residency
101 program in podiatric medicine and surgery that was accredited by the
102 Council on Podiatric Medical Education, or its successor organization,
103 at the time of graduation, (B) holds and maintains current board
104 qualification in reconstructive rearfoot ankle surgery by the American
105 Board of Podiatric Surgery, or its successor organization, and (C)
106 provides documentation satisfactory to the department that such
107 licensed podiatrist has completed acceptable training and experience
108 in advanced midfoot, rearfoot and ankle procedures; or (2) (A)
109 graduated before June 1, 2006, from a residency program in podiatric
110 medicine and surgery that was at least two years in duration and was
111 accredited by the Council on Podiatric Medical Education at the time
112 of graduation, (B) holds and maintains current board certification in
113 reconstructive rearfoot ankle surgery by the American Board of
114 Podiatric Surgery, or its successor organization, and (C) provides
115 documentation satisfactory to the department that such licensed
116 podiatrist has completed acceptable training and experience in
117 advanced midfoot, rearfoot and ankle procedures. For purposes of this

118 subsection, "advanced ankle surgery procedures" includes ankle
119 fracture fixation, ankle fusion, ankle arthroscopy, insertion or removal
120 of external fixation pins into or from the tibial diaphysis at or below
121 the level of the myotendinous junction of the triceps surae, and
122 insertion and removal of retrograde tibiototalcalcaneal intramedullary
123 rods and locking screws up to the level of the myotendinous junction
124 of the triceps surae, but does not include the surgical treatment of
125 complications within the tibial diaphysis related to the use of such
126 external fixation pins.

127 (f) A licensed podiatrist who (1) graduated from a residency
128 program in podiatric medicine and surgery that was at least two years
129 in duration and was accredited by the Council on Podiatric Medical
130 Education, or its successor organization, at the time of graduation, and
131 (2) (A) holds and maintains current board certification in
132 reconstructive rearfoot ankle surgery by the American Board of
133 Podiatric Surgery, or its successor organization, (B) is board qualified
134 in reconstructive rearfoot ankle surgery by the American Board of
135 Podiatric Surgery, or its successor organization, or (C) is board
136 certified in foot and ankle surgery by the American Board of Podiatric
137 Surgery, or its successor organization, may engage in the surgical
138 treatment of the ankle, including standard and advanced ankle surgery
139 procedures, without a permit issued by the department in accordance
140 with subsection (d) or (e) of this section, provided such licensed
141 podiatrist is performing such procedures under the direct supervision
142 of a physician or surgeon licensed under chapter 370 who maintains
143 hospital privileges to perform such procedures or under the direct
144 supervision of a licensed podiatrist who has been issued a permit
145 under the provisions of subsection (d) or (e) of this section, as
146 appropriate, to independently engage in standard or advanced ankle
147 surgery procedures.

148 (g) The [Commissioner of Public Health shall appoint an advisory
149 committee to] Connecticut Board of Examiners in Podiatry shall assist
150 and advise the [commissioner] Commissioner of Public Health in
151 evaluating applicants' training and experience in midfoot, rearfoot and

152 ankle procedures for purposes of determining whether such applicants
 153 should be permitted to independently engage in standard or advanced
 154 ankle surgery procedures pursuant to subsection (d) or (e) of this
 155 section. [The advisory committee shall consist of four members, two of
 156 whom shall be podiatrists recommended by the Connecticut Podiatric
 157 Medical Association and two of whom shall be orthopedic surgeons
 158 recommended by the Connecticut Orthopedic Society.]

159 (h) Not later than July 1, 2015, the Commissioner of Public Health
 160 shall adopt regulations, in accordance with chapter 54, to implement
 161 the provisions of subsections (c) to (f), inclusive, of this section. Such
 162 regulations shall include, but not be limited to, the number and types
 163 of procedures required for an applicant's training or experience to be
 164 deemed acceptable for purposes of issuing a permit under subsection
 165 (d) or (e) of this section. In identifying the required number and types
 166 of procedures, the commissioner shall seek the advice and assistance of
 167 the [advisory committee appointed under subsection (g) of this
 168 section] Connecticut Board of Examiners in Podiatry and shall consider
 169 nationally recognized standards for accredited residency programs in
 170 podiatric medicine and surgery for midfoot, rearfoot and ankle
 171 procedures. The commissioner may issue permits pursuant to
 172 subsections (c) to (e), inclusive, of this section prior to the effective date
 173 of any regulations adopted pursuant to this section.

174 (i) The Department of Public Health's issuance of a permit to a
 175 licensed podiatrist to independently engage in the surgical treatment
 176 of the ankle shall not be construed to obligate a hospital or outpatient
 177 surgical facility to grant such licensed podiatrist privileges to perform
 178 such procedures at the hospital or outpatient surgical facility.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2018	20-54

Statement of Legislative Commissioners:

In the last sentence of Section 1(a), "Connecticut" was inserted before "Board" for consistency with the other provisions of the bill.

PH *Joint Favorable Subst. -LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note***State Impact:*** None***Municipal Impact:*** None***Explanation***

The bill makes technical changes to statutes concerning podiatrists that do not result in a fiscal impact to the state or municipalities.

The Out Years***State Impact:*** None***Municipal Impact:*** None

OLR Bill Analysis**SB 306*****AN ACT CONCERNING THE APPROVAL OF PODIATRISTS TO PERFORM STANDARD ANKLE SURGICAL PROCEDURES.*****SUMMARY**

By law, a licensed podiatrist cannot independently engage in ankle surgery unless he or she meets specified qualifications and receives a separate permit from the Department of Public Health (DPH).

Current law requires the DPH commissioner to appoint a four-member advisory committee, consisting of two podiatrists and two orthopedic surgeons, to assist in evaluating permit applicants. This bill disbands the advisory committee and instead requires the state Board of Examiners in Podiatry to assist the commissioner in evaluating permit applicants.

The bill correspondingly requires the commissioner to seek the advice of the podiatry board, rather than the advisory committee, in identifying the number and types of procedures required to qualify a podiatrist for such a permit.

By law, the podiatry board consists of five members: three practicing podiatrists and two public members (CGS § 20-51). (One of the podiatrist positions is currently vacant.)

EFFECTIVE DATE: October 1, 2018

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 25 Nay 2 (03/23/2018)