



ORTHOPEDIC ASSOCIATES OF HARTFORD, PC

Written Testimony submitted by Michael Aronow, MD
SB 306 AAC THE APPROVAL OF PODIATRISTS TO PERFORM STANDARD ANKLE SURGICAL
PROCEDURES
Public Health Committee – March 16, 2018

Senator Gerratana, Senator Somers, Representative Steinberg and distinguished Members of the Public Health Committee, thank you for the opportunity to provide testimony in opposition to **SB 306 AAC THE APPROVAL OF PODIATRISTS TO PERFORM STANDARD ANKLE SURGICAL**.

My name is Dr. Michael Aronow. I am an orthopaedic surgeon subspecializing in foot and ankle surgery in practice at Orthopedic Associates of Hartford. I am also the Vice President of the Connecticut Orthopaedic Society (“COS”). Since its inception, I have served on the advisory committee that assists and advises the Commissioner of Public Health (“Commissioner”) in evaluating whether applicants meet the statutory and regulatory requirements to obtain a permit to independently engage in standard or advanced ankle surgery procedures.

During the 2007 legislative session, the Connecticut General Assembly passed legislation creating the standard and advanced podiatric ankle surgery permits as well as the advisory committee. This legislation and the subsequent regulations for evaluating applicants' training and experience in midfoot, rearfoot and ankle procedures were based upon a January 2007 report from a Podiatry Arbitration Panel that included an arbitrator, the Commissioner's designee, myself, another member of the Connecticut Orthopaedic Society, and two representatives from the Connecticut Podiatric Medical Association (“CPMA”) who had also served on the American Board of Podiatric Surgery (“ABPS”). Our goals were to allow the public to benefit from the care of podiatric surgeons with adequate training and experience in ankle surgery while simultaneously protecting the public from podiatrists who did not. The advisory committee, and its balanced representation from both the CPMA and COS, was felt to be an important part of achieving these goals.

During the 2013 legislative session, the Connecticut General Assembly passed legislation increasing the eligibility for advanced ankle permits and asking the Commissioner to seek the advice and assistance of the advisory committee with respect to developing regulations including the number and types of procedures required for an applicant's training or experience to be deemed acceptable for purposes of issuing a standard or advanced ankle surgery permit. It is important with respect to maintaining the appropriate balance between promoting public access and public safety, as well as the compromising spirit of the original legislation, that both the COS and CPMA continue to have input with respect to any regulatory changes determining the number and types of procedures required for an applicant's training or experience to be deemed acceptable for purposes of issuing a permit.

As noted in Dr. Geaney's previous testimony, the advisory committee does NOT decide whether the permit is granted. Instead, its members review the permit application to determine whether the objective, not subjective, statutory and regulatory requirements are met. The advisory committee members then advise DPH what specific requirements, if any, were not met. Once the applicant fulfills the missing requirements and provides documentation that they have been met, he or she is granted a permit by DPH, not by the advisory committee.

The Podiatric Ankle Surgery Permit Application lists the procedure documentation requirements the applicants must follow and the advisory committee members use in evaluating applicants' training and experience in midfoot, rearfoot and ankle procedures. I would be happy to answer any questions with respect to how and why the Podiatric Arbitration Panel came up with the specific case requirements. The advisory committee members review the submitted practice or supervision cases, residency logs, and if applicable, fellowship logs. We determine if a given case is an acceptable "midfoot, rearfoot or ankle" procedure based upon the published criteria the ABPS (Now renamed the American Board of Foot and Ankle Surgery) uses in its Reconstructive Rearfoot Ankle board qualification/ board certification process. We then count the number of cases in each category until the required number is met. We do not subjectively evaluate how well the procedure was performed or the appropriateness of the indications, nor could we exclude any procedure cases based upon our subjective opinions. The orthopaedic and podiatric surgeons on the advisory committee have the knowledge and experience to determine whether the listed procedures meet the criteria and which category they count towards. The two public members on the Connecticut Board of Examiners in Podiatry that this bill would entrust to review these applications do not.

During my 10 years on the advisory committee all of the members have been professional, not partisan. Nevertheless, the current composition of the advisory committee provides checks and balances to any partisanship. If a podiatric member of the advisory committee can demonstrate to the Department of Public Health ("DPH") that an applicant meets all of the requirements, an orthopaedic member cannot inappropriately block the permit from being granted. If an orthopaedic member of the advisory committee can demonstrate to DPH that an applicant has failed to meet all the requirements, a podiatric member cannot facilitate the inappropriate granting of a permit by ignoring or overlooking this finding. By replacing the orthopaedic surgeons on the advisory committee with the lay people and podiatrists on the Connecticut Board of Examiners, this proposed bill would remove this safeguard.

I respectfully request this Committee's opposition to the proposed bill and ask you to maintain the current review system, carefully arbitrated with the input and consent of the COS and CPMA, and thoughtfully passed by the CT legislature.

Thank you for your time and consideration and I welcome any questions from the Committee.

Respectfully Submitted by:

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