

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: HB-5196

Title: AN ACT EXPANDING THE PODIATRIC SCOPE OF PRACTICE.

Vote Date: 3/11/2024

Vote Action: Joint Favorable Substitute

PH Date: 2/26/2024

File No.: 96

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SPONSORS OF BILL:

The Public Health Committee

REASONS FOR BILL:

This bill will expand the scope of practice to allow podiatrists to independently perform forefoot and midfoot amputations. A licensed podiatrist must provide documentation to the Department of Public Health (DPH) that they graduated from a podiatric residency and meet specified criteria and hold current board certification or qualification in reconstructive rearfoot ankle surgery from the American Board of Foot and Ankle Surgery. The residency program must be accredited by the Council on Podiatric Medical Education and the program must be 2 years in length if the person graduated before June 1, 2006, or 3 years for graduates after that.

RESPONSE FROM ADMINISTRATION/AGENCY:

None Expressed

NATURE AND SOURCES OF SUPPORT:

Kristen Winters, President, Connecticut Podiatric Medical Association:

On behalf of the Podiatrists Association, she submitted testimony stating that 47 states allow podiatric doctors to perform a pilon fracture, 46 states allow podiatric doctors to perform total ankle replacement, and most states allow podiatric doctors to perform amputations "within the foot". Patients will benefit from this change as they will have a wider group of professionals to choose from. She also shared that getting a Doctor of Podiatric Medicine degree, requires four years of podiatric medical education after college, successfully passing the three parts of the American Podiatric Medical Licensing Exam, and then finally, three years of residency with some additional fellowship training. They must also be certified through the American

Board of Foot and Ankle Surgeons. In addition, there is an ongoing certification process through the board that requires individuals to take exams every 4 months.

Gabriel Gambardella, Section Chief of Podiatry, St. Francis Hospital:

Dr. Gambardella shared his extensive training which consisted of complex reconstructive surgery of the foot and ankle, as well as trauma, and limb salvage. Currently he treats end stage osteoarthritis of the ankle with an arthrodesis, or fusion. Total ankle replacement has evolved to the point where it can be considered a standard of care in a select population. In addition, although he is not allowed to implant a total ankle replacement, he is allowed to remove a failed total ankle replacement and convert it to an arthrodesis, which may be a much more complex and challenging procedure. That is the case with pilon fractures in which he is currently able to perform more complex procedures like an osteotomy in distal tibial metaphysis. There is a robust credentialing system that each hospital or system has in place to grant privileges to perform these surgeries. He claims that there is data that indicates that patients with Medicaid wait longer and at times are not given the same surgical options as those with private insurance regarding ankle arthritis.

James Christina, CEO and Executive Director, American Podiatric Medical Association:

Since 2013, all graduates from accredited colleges of podiatric medicine have been required to complete a three-year, hospital-based Podiatric Medicine and Surgery Residency or Reconstructive Rearfoot/Ankle Surgery. An overwhelming majority of states do not explicitly ban podiatric physicians from performing the proposed procedures, as it currently stands under the Connecticut's scope of practice. Currently, he cannot offer that option to his patients and must refer his patients to an orthopedic provider with whom his patient has no relationship resulting in a discontinuity of care. The fact that the Connecticut statute does not require licensed podiatric physicians to complete any residency is immaterial as in practical effect, osteopathic and allopathic physicians are required to have completed only two years of progressive graduate medical training as a resident physician. This bill should omit reference to specific procedures and leave it to individual facilities to determine who can perform certain procedures.

NATURE AND SOURCES OF OPPOSITION:

Michael Aronow, MD, Orthopedic Surgeon, Connecticut Orthopedic Society:

There are some podiatrists practicing in Connecticut who may be able to independently perform total ankle replacement, tibial pilon fracture surgery, and/or surgically address complications within the tibial diaphysis related to the use of external fixation pins. However, there is no mechanism to adequately differentiate these podiatrists from most podiatrists currently practicing in Connecticut. Most credentialing committees lack sufficient understanding of podiatric training and board certification to make an adequately informed decision. Connecticut currently has minimum licensure requirements for podiatrists to practice in Connecticut and minimum statutory requirements for podiatrists to perform ankle surgery. This bill would now allow primary treatment of disorders of the tibial diaphysis not mentioned in the initial scope of practice request to the DPH or discussed by the DPH Work Group. Many states do allow podiatrists to perform total ankle replacements and tibial pilon fracture fixation but, few states allow podiatrists to treat tibial diaphyseal fractures or tibial osteomyelitis secondary to external fixation pins with intramedullary reaming of the tibial and

tibial rod insertion through the knee joint. He also cited and linked studies at the end of his testimony.

Sean Peden, MD, Orthopedic Surgeon, Connecticut Orthopedic Society:

Dr. Peden claims that having an ankle replacement by a podiatrist ends up costing the healthcare system more than when the surgery is done by an orthopedic surgeon. He claims that podiatrists have much less post graduate training than any other MD surgeon specialists. He treats patients with Medicaid often with wait times of 1 to 2 days or less. He has linked several studies with his testimony.

Megan Wolf, MD, Orthopedic Surgeon, Connecticut Orthopedic Society:

Connecticut statute requires podiatrists to have done a two- or three-year surgical residency to do ankle surgery. All MD/ DO surgical subspecialties require at least 4 years of residency training to perform the same procedure. This bill does not provide any new requirements to demonstrate sufficient competence to perform these three procedures. During the most recent work group discussion, the podiatry representatives withdrew their request to perform tibial pilon fractures and never proposed or discussed adding the treatment of complications within the tibial diaphysis. Instead, the discussion was about how to differentiate podiatrists with the training to perform total ankle arthroplasty at a consistently acceptable level from podiatrists without this training.

Reported by: Piotr Kolakowski

Date: 3/13/2024