Report to the General Assembly
Scope of Practice Review Committee Report on Podiatry

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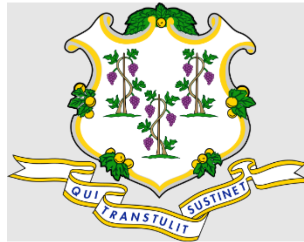
February 2024



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State of Connecticut
Department of Public Health
Report to the General Assembly

Scope of Practice Review Committee Report on Podiatry

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Executive Summary

In accordance with Connecticut's General Statutes (CGS) Section 19a-16d through 19a-16f and Public Act No. 23-97 - Sec. 18, the Connecticut Podiatric Medical Association (CPMA) submitted a scope of practice request to the Department of Public Health seeking to revise the treatments and procedures podiatrists may engage in, described in Chapter 375 of the Connecticut General Statutes. The overarching goals in the original proposal were to enable podiatrists to perform:

1) Total ankle replacement
2) Tibial pilon fracture
3) Complete foot amputation

A scope of practice review committee was established to review and evaluate the request as well as subsequent written responses to the request and additional information that was gathered through the review process. The review committee consisted of representatives from CPMA, the Connecticut Orthopaedic Society (COS), the Connecticut Hospital Association (CHA), the Connecticut State Medical Society (CSMS), and the Connecticut Chapter of the American College of Surgeons Professional Association (CTACSPA). Following discussion between these groups, the CPMA revised their scope request to include the following two procedures for Reconstructive Rearfoot/Ankle (RRA) qualified individuals:

1) Total ankle replacement
2) Amputations within the foot

The review committee recognized and acknowledged the important role that both podiatrists and orthopedic surgeons play in the healthcare system. The podiatrists emphasized issues of access to care that could be alleviated with the proposed scope expansion, especially for Medicaid and diabetic patients. On the other hand, the orthopedic surgeons argued that an access problem does not exist, and that podiatrists do not receive adequate training to be able to carry out the procedures laid out in the scope request.

The group agreed that there was room to compromise to enable some podiatrists with certain board certifications to perform more complex surgeries, but orthopedic surgeons still expressed concerns over the qualifications put forward. The podiatrists presented three criteria laid out by the American Board of Foot and Ankle Surgery (ABFAS) to determine if a podiatrist is qualified. The practitioner must be board certified in RRA surgery, have completed formal surgical skills training, and they must have privileges to conduct surgeries of equal complexity by a hospital's credentials committee. There were concerns raised by the orthopedic surgeons about the certification not including enough practical experience, but no counter certification was provided.

Background

Connecticut General Statute Section 19a-16d through 19a-16f establishes a process for the submission and review of requests from health care professions seeking to revise or establish a scope of practice prior to consideration by the General Assembly. Under the provisions of these statutes, persons or entities acting on behalf of a health care profession that may be directly impacted by a scope of practice

request may submit a written impact statement to the Department of Public Health (DPH). The Commissioner of Public Health then selects from the timely scope of practice requests received by the department the requests on which DPH will act and, within available appropriations, establish and appoint members to a scope of practice review committee. Committees shall consist of the following members:

Two members recommended by the requestor to represent the health care profession making the scope of practice request;

1. Two members recommended by each person or entity that has submitted a written impact statement to represent the health care profession(s) directly impacted by the scope of practice request;
2. The Commissioner of Public Health or the commissioner's designee, who shall serve as ex-officio, non-voting member of the committee.

Scope of practice review committees shall review and evaluate the scope of practice request, subsequent written responses to the request, and any other information the committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training. Upon concluding its review and evaluation of the scope of practice request, the committee shall provide its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. The Department of Public Health (DPH) is responsible for receiving requests and for establishing and providing support to the review committees, within available appropriations.

Scope of Practice Request

The CPMA submitted a scope of practice request to expand podiatrists' scope to include three procedures. Initially, they requested to amend Chapter 375 in the CGS to permit qualified podiatrists to perform total ankle replacement, tibial pilon fracture, and complete foot amputation.

After meeting with the review committee, the podiatrists modified their request to ask for an expansion of scope to amputations within the foot instead of total foot and total ankle replacements. Pilon fractures were removed in this modified scope request.

The expansion of scope would apply to qualified podiatrists, as determined by those credentialed by the American Board of Foot and Ankle Surgery. The requestors included the following criteria to determine those qualified:

1. Must be Board Certified/qualified in "Reconstructive Rearfoot/Ankle (RRA) Surgery" or in "Foot and Ankle Surgery" by the American Board of Foot and Ankle Surgery.
2. Must have completed formal surgical skills training for a United States Food and Drug Administration approved/cleared TAR system.
3. Must have privileges and/or performed osseous rear foot and ankle procedures determined to be of equal complexity by the hospital's credentials committee

Impact Statements

Written impact statements in response to the scope of practice request submitted by the CPMA were received from the following:

- Connecticut Chapter of the American College of Surgeons Professional Association
- Connecticut Hospital Association
- Connecticut Orthopaedic Society
- Connecticut State Medical Society

The Department received four impact statements, all expressing further interest in the proposed changes to the podiatry statutes. Multiple statements expressed concerns about supporting this proposal without evidence of sufficient training and education to support the scope expansion.

Impact statements acknowledged that the initial request would significantly expand the scope of practice of podiatrists. The Connecticut Hospital Association (CHA) stated that the proposed changes would require hospital policies, procedures, and credentialling to be changed, impacting the delivery of care to hospital patients.

The Connecticut State Medical Society (CSMS) expressed concern that this request was not presented sufficient documentation on the training and education supporting the scope expansion and requested membership on the committee.

The Connecticut Orthopaedic Society (COS) expressed that neither Connecticut nor other states with more expansive scopes adequately differentiate between podiatrists with and without ankle training. They also acknowledged that different ankle procedures and amputations should be differentiated by their respective complexity and morbidity risks. The Connecticut Chapter of the American College of Surgeons Professional Association (CTACSPA) sided with the scope review objections raised by COS and asked for additional clarity to be made specifically on the proposal to allow foot amputations. CTACSPA emphasized that most Connecticut's licensed podiatrists do not have sufficient education, training, and experience to perform the three initially requested procedures.

Scope of Practice Review Committee Membership

In accordance with the Connecticut General Statute Section 19a-16e and Public Act No. 23-97 - Sec. 18, a scope of practice review committee was established to review and evaluate the scope of practice request submitted by the CPMA. Membership on the scope of practice review committee included:

1. Two representatives from the Connecticut Chapter of the American College of Surgeons Professional Association
2. Two representatives from the Connecticut Hospital Association
3. Four representatives from the Connecticut Orthopaedic Society
4. Four representatives from the Connecticut Podiatric Medical Association

5. Two representatives from the Connecticut State Medical Society

Scope of Practice Review Committee Evaluation of Request

CPMA's scope of practice request included all of the required elements as outlined below. Because most of the elements were contested during the meetings, responses to the request are also contained in this section.

A. Public Health and Safety Benefits

According to the CPMA, total ankle joint replacement is already a part of the podiatric ankle surgeon's skillset. Podiatrists already perform similar ankle reconstructive surgeries including ankle fusions as well as reconstructive procedures that are considered salvage procedures for both failed ankle joint replacements and post traumatic arthritis of pilon ankle fractures.

Podiatrists, the primary care givers for foot and ankle pathology, must refer patients elsewhere for the total ankle replacements and amputations above the mid-foot. CPMA argued that this adds redundant costs to the health care system, which can delay treatment for patients.

The health outcomes and safety of podiatrists conducting total ankle replacements were highly contested during the scope of practice review committee meetings. The orthopedic surgeons brought up numerous articles comparing orthopedic surgeons with podiatrists on surgery outcomes. A retrospective analysis of 2016-2017 Medicare data including patients with many different foot and ankle conditions found a 29.7% complication rate for DPMs, compared with an 18.8% complication rate in MDs ($p=0.0113$).[1] The study found no statistically significant differences in demographics of patients, although there was a higher rate of peripheral vascular disease in patients treated by a podiatrist. Additionally, Chan et al. conducted a study of inpatient ankle arthrodesis and total ankle arthroplasty and found that the procedures performed by podiatrists were associated with an increased length of stay for both procedures and an increased cost of hospitalization for ankle arthrodesis surgery.[2] The podiatrists submitted an article responding to the Chan publication by the American College of Foot and Ankle Surgeons (ACFAS). This commentary criticized the lack of emphasis on the sicker patients cared for by podiatrists, and as a result, the commentary does not believe that the review should conclude that length-of-stay and hospital costs are scientifically correlated with the care provided by podiatrists.[3]

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[1] Hoch, Caroline P., Daniel J. Scott, Daniel L. Brinton, Lizmarie Maldonado, and Christopher E. Gross. "Increased Complication Rate Associated with Podiatric Surgery." *Foot & Ankle Orthopaedics* 7, no. 1 (January 21, 2022): 2473011421S00245. https://doi.org/10.1177/2473011421S00245.

[2] Chan, Jimmy J., Jesse C. Chan, Jashvant Poeran, Nicole Zubizarreta, Madhu Mazumdar, and Ettore Vulcano. "Surgeon Type and Outcomes After Inpatient Ankle Arthrodesis and Total Ankle Arthroplasty: A Retrospective Cohort Study Using the Nationwide Premier Healthcare Claims Database." *The Journal of Bone and Joint Surgery. American Volume* 101, no. 2 (January 16, 2019): 127–35. https://doi.org/10.2106/JBJS.17.01555.

[3] Reeves, Christopher L. "American College of Foot and Ankle Surgeons Commentary on Surgeon Type and Outcomes After Inpatient Ankle Arthrodesis and Total Ankle Arthroplasty: Chan et al, J Bone Joint Surg 2019;101:127-135." *The Journal of Foot and Ankle Surgery: Official Publication of the American College of Foot and Ankle Surgeons* 58, no. 5 (September 2019): 1051. https://doi.org/10.1053/j.jfas.2019.07.006.

While academic studies showed worse outcomes for podiatrists, the requestors maintained that this was because they tended to see patients more prone to complications on balance.

B. Access to Healthcare

The podiatrists identified two major access issues in the status quo: geographic restrictions and insurance issues. Especially in smaller hospitals with fewer specialized orthopedic surgeons, patients may experience delays in treatment for end stage procedures including total ankle replacement and within-foot amputations. Additionally, podiatrists have identified access barriers for those who are on Medicaid.

A 2017 scientific article found that in the state of New Jersey, only 25 percent of Medicaid patients were able to get an appointment within two weeks of the time they called an orthopedic surgeon versus over 90 percent of people with private insurance who were able to get a timely appointment.[4]

Access to healthcare for the requested procedures was also highly contested at the meetings. CPMA submitted several academic articles showing the difficulty of scheduling a procedure for Medicaid individuals and the delays experienced. COS contested that while access for some procedures may be more difficult, the requested procedures do not have access barriers in Connecticut. Anecdotally, each of the COS representatives on the committee stated that they accept Medicaid patients. CPMA representatives contested this claim by stating that they called around nine orthopedic clinics across the state of Connecticut and were denied care when they asked if the group accepted Medicaid. Within the group there was no consensus as to whether there was an access issue for the requested procedures.

C. Laws Governing the Profession

Connecticut's laws governing Podiatry are in Chapter 375 of the Connecticut General Statutes. Section 20-54 lays out the qualifications for licensure, including two years of post-secondary education including coursework in chemistry, physics, or mathematics and biology, graduation from a Council on Podiatric Medical Education (CPME)-accredited program with a DPM degree, and successful completion of the national exams.

Currently, podiatrists who have graduated from a three-year residency program in podiatric medicine and surgery who hold current board certification or qualification in RRA surgery by the ABFAS may engage in surgical treatment of the ankle. In Section 20-54(c), surgical treatment explicitly excludes the surgical treatment of complications within the tibial diaphysis related to the use of external fixation pins, the performance of total ankle replacements or the treatment of tibial pilon fractures. CPMA is looking to remove the exclusion for total ankle replacements and add within-foot amputations to the definition of "surgical treatment of the ankle" included in this section.

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[4] Wiznia, Daniel H., Emmanuel Nwachuku, Alexander Roth, Chang-Yeon Kim, Ameya Save, Nidharshan S. Anandasivam, Michael Medvecky, and Richard Pelker. "The Influence of Medical Insurance on Patient Access to Orthopaedic Surgery Sports Medicine Appointments Under the Affordable Care Act." *Orthopaedic Journal of Sports Medicine* 5, no. 7 (July 1, 2017): 2325967117714140. https://doi.org/10.1177/2325967117714140.

D. Current Requirements for Education and Training and Applicable Certification Requirements

Before becoming a licensed Doctor of Podiatric Medicine (DPM) in Connecticut, an applicant must complete four years of graduate-level Podiatric medical education after college. At some Podiatric Medical Schools, the podiatric students sit in the same classes as their Osteopathic medical colleagues.

Students in Podiatric medical colleges are required to pass Parts I and II of the American Podiatric Medical Licensing Exam (APMLE) series before beginning residency training. Part III of the APMLE is taken during residency. The APMLE series is overseen by the National Board of Podiatric Medical Examiners.

After obtaining the Doctor of Podiatric Medicine (DPM), a surgical residency is required. To perform ankle surgical procedures in Connecticut, the podiatric surgeon must complete a residency that allows for additional training thereby making the podiatrist eligible to sit for certification in reconstructive rearfoot/ankle (RRA) procedures by the American Board of Foot and Ankle surgery. Certification in RRA requires passing a series of exams and submitting case documentation that is peer reviewed.

During residencies, podiatrists are required to complete a minimum number of ankle surgeries that is more than twice the minimum required of other surgical specialties who are also licensed to perform ankle surgery.

E. Summary of Known Scope of Practice Changes

In 2006, Public Act 06-160 was enacted to give Podiatrists a scope of practice over non-surgical treatment of the ankle. That law also created a panel to discuss granting Podiatry surgical authority over the ankle. As a result of the panel's work, legislation was enacted in 2007, Public Act 07-252, to enable podiatrists who met the requirements to perform ankle surgery.

A structure was put in place whereby Podiatrists who wished to do so would submit documents and cases to an informal committee of orthopedic surgeons and podiatric surgeons who would recommend approval or denial of a "permit" for the practitioner that would then be issued by the Department of Public Health.

In 2018, the permit structure was repealed in Public Act 18-168. Since that time, the decision as to whether a particular podiatrist can perform ankle surgery is left to the hospital credentialing committee, the very same process other surgeons go through locally and nationally. This is limited to Doctors of Podiatric Medicine (DPMs) who are board-qualified or board-certified in RRA surgery by the American Board of Foot and Ankle Surgery.

While CPMA has submitted this scope of practice proposal to DPH three times previously, this is the first year that DPH has taken up the review process, as is legislatively mandated through Public Act No. 23-97 - Sec. 18.

F. Impact on Existing Relationships within the Health Care Delivery System

The CPMA believes that this scope expansion would simplify triage and enable a more efficient coordination of care. Podiatrists stated that this proposal could expand healthcare delivery of care as their work aims to prevent harmful end stage outcomes by seeing patients initially and following them through their transition to nursing and home care. They contrast this with orthopedic surgeons, who mostly play a role in end stage procedures.[5] Additionally, because diabetic foot and ankle care largely falls on podiatrists, this proposal would enable more care for diabetic patients.

In their response, COS stated that the primary providers of medical care for diabetic patients in Connecticut are MDs, DOs, and APRNs specializing in internal medicine, primary care, and endocrinology. COS was unaware of any specific data reporting on the share of diabetic patients primarily cared for by orthopedic surgeons but maintained that total ankle replacement is principally performed by OS in Connecticut. As such, there may be a shifting of responsibility for total ankle replacement if this proposal is implemented.

Additionally, the hospital association noted that a bill passed in the previous legislative session (Public Act 23-195, Section 15, subsection 14) affects the board certification or recognition process for physician credentialling. CHA anticipates this is something that would need to be considered further if a bill is raised for the podiatry scope of practice.

G. Economic Impact

CPMA suggested that their initial proposal will result in lower costs, from increased access to care. Additionally, CPMA stated that providing quality treatment outcomes could prevent the need for some end-stage procedures which could be more costly. COS provided two articles related to cost analysis that were supported by the CPMA. One article indicated that the cost of total ankle joint replacement was similar between MDs and DPMs. A 1997 article comparing the differences in costs of treatment found the mean charge per procedure to be $113 for podiatry and $129 for orthopedics.[6] However, a 2021 study found the cost of ankle fractures cost less per case (based on OR time costs and implant costs) when performed by an orthopedic surgeon as opposed to a podiatrist.[7] There was no consensus on whether the costs of care was higher or lower for podiatrists as opposed to orthopedic surgeons.

H. Regional and National Trends

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[5] Medford-Davis, Laura N., Fred Lin, Alexandra Greenstein, and Karin V. Rhodes. "'I Broke My Ankle': Access to Orthopedic Follow-up Care by Insurance Status." *Academic Emergency Medicine* 24, no. 1 (2017): 98–105. https://doi.org/10.1111/acem.13058.

[6] Rb, Harris, Harris Jm, Hultman J, and Weingarten S. "Differences in Costs of Treatment for Foot Problems between Podiatrists and Orthopedic Surgeons." *The American Journal of Managed Care* 3, no. 10 (October 1997). https://pubmed.ncbi.nlm.nih.gov/10178462/.

[7] Luginbuhl, Joshua C., Alexa R. Deemer, and Eric C. Gokcen. "Cost of Operative Fixation of Ankle Fractures: Comparing Orthopaedics and Podiatry." *Foot & Ankle Orthopaedics* 7, no. 1 (January 21, 2022): 2473011421S00325. https://doi.org/10.1177/2473011421S00325.

CPMA claimed that their scope request aligns with a national trend towards enabling podiatrists to perform total ankle replacements and amputations. They maintained that 44 states and the District of Columbia permit Podiatrists to perform a total ankle replacement. Only six states including Connecticut explicitly exclude podiatric physicians from performing total ankle replacement or any treatment of the ankle. The other five states are Alabama, Massachusetts, Mississippi, New York, and South Carolina.

Additionally, 35 states and the District of Columbia permit Podiatrists to amputate a partial or total foot. Within this group of states, 25 states currently either expressly ban full foot amputation, or expressly limit amputation to partial amputation. However, the majority of states permit partial amputations to a variety of levels.[8]

I. Other Health Care Professions that may be Impacted by the Scope of Practice Request as Identified by the Requestor

There is overlap between the podiatric surgeon and foot and ankle orthopedic surgeon scope of practice. The CPMA anticipates a slightly reduced volume of care for total ankle replacements and amputations; however, orthopedic surgeons nationally do not generally perform diabetic foot amputations. The COS agreed with CPMA's assessment that there would likely be a slightly reduced case volume for orthopedic surgeons.

J. Description of How the Request Relates to the Profession's Ability to Practice to the Full Extent of the Profession's Education and Training

CPMA asserted that podiatrists who perform total ankle replacement and foot amputations need to possess the skillset and certifications for hospitals to approve the performance of these procedures. The skills that are required already exist in Connecticut practicing podiatric surgeons. As newer residency-trained practitioners emerge, they frequently go to other states that do not restrict their scope of practice the way Connecticut does. Orthopedic groups throughout the country employ podiatrists to do their ankle surgery as do numerous orthopedic groups in Connecticut.

Approving the changes requested in this submission would allow qualified podiatrists the ability to practice to the full extent of their training while discouraging well-qualified podiatric residents from leaving the state.

Findings/Conclusions

The scope of practice review committee discussed the information provided in the scope of practice request across three meetings held on November 9th, November 20th, and December 18th. The review committee agreed on the withdrawal of pilon fractures from the scope proposal, as well as on the amendment to allow podiatrists to perform amputation within the foot only. There was significant

[8] American Podiatric Medical Society. "APMA Scope-of-Practice Map." Accessed December 20, 2023. https://www.apma.org/PracticingDPMs/content.cfm?ItemNumber=1529.

disagreement between the podiatrists and the orthopedic surgeons on the proposal for total ankle replacement as well as concerns about the qualifications of podiatrists to perform within-foot amputations.

One theme discussed frequently at meetings was the quality of care delivered by orthopedic surgeons and podiatrists. The orthopedic surgeons largely opposed the scope expansions due to evidence in medical literature showing worse outcomes and increased costs for podiatrists, when compared with orthopedic surgeons. Podiatrists contested this claim by stating that they take care of sicker, more complicated patients.

The second important theme discussed was access to care. Both the podiatrists and the orthopedic surgeons submitted evidence as to whether access to care was an issue in Connecticut. Orthopedic surgeons shared that access to care for Medicaid patients is not applicable to the requested procedures as they are non-urgent and rare when compared to procedures like hip replacements. However, the podiatrists provided evidence showing the disparities in access to care based on insurance type.

The third important item of discussion was the educational qualifications of podiatrists. The review committee agreed that not all podiatrists are qualified to perform total ankle replacements and within-foot amputations. Orthopedic surgeons argued that the case requirements to become certified in RRA Surgery are not extensive enough, whereas the podiatrists argued that their specialized training in the foot and ankle prepares them to safely complete these procedures.

Overall, the review committee had significant disagreements on the scope of practice request and failed to reach consensus.

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Appendix A

Scope of Practice Law

Sec. 19a-16d. Submission of scope of practice requests and written impact statements to Department of Public Health. Requests for exemption. Notification and publication of requests.

(a) Any person or entity, acting on behalf of a health care profession that seeks to establish a new scope of practice or change a profession's scope of practice, shall submit a written scope of practice request to the Department of Public Health not later than August fifteenth of the year preceding the commencement of the next regular session of the General Assembly.

(b) (1) Any written scope of practice request submitted to the Department of Public Health pursuant to subsection (a) of this section shall include the following information:

(A) A plain language description of the request;

(B) Public health and safety benefits that the requestor believes will be achieved should the request be implemented and, if applicable, a description of any harm to public health and safety should the request not be implemented;

(C) The impact that the request will have on public access to health care;

(D) A brief summary of state or federal laws that govern the health care profession making the request;

(E) The state's current regulatory oversight of the health care profession making the request;

(F) All current education, training and examination requirements and any relevant certification requirements applicable to the health care profession making the request;

(G) A summary of known scope of practice changes either requested or enacted concerning the health care profession in the five-year period preceding the date of the request;

(H) The extent to which the request directly impacts existing relationships within the health care delivery system;

(I) The anticipated economic impact of the request on the health care delivery system;

(J) Regional and national trends concerning licensure of the health care profession making the request and a summary of relevant scope of practice provisions enacted in other states;

(K) Identification of any health care professions that can reasonably be anticipated to be directly impacted by the request, the nature of the impact and efforts made by the requestor to discuss the request with such health care professions; and

(L) A description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training.

(2) In lieu of submitting a scope of practice request as described in subdivision (1) of this subsection, any person or entity acting on behalf of a health care profession may submit a request for an exemption from the processes described in this section and section 19a-16e. A request for exemption shall include a plain language description of the request and the reasons for the request for exemption, including, but not limited to: (A) Exigent circumstances which necessitate an immediate response to the scope of practice request, (B) the lack of any dispute concerning the scope of practice request, or (C) any outstanding issues among health care professions concerning the scope of practice request can easily be resolved. Such request for exemption shall be submitted to the Department of Public Health not later than August fifteenth of the year preceding the commencement of the next regular session of the General Assembly.

(c) In any year in which a scope of practice request is received pursuant to this section, not later than September first of the year preceding the commencement of the next regular session of the General Assembly, the Department of Public Health, within available appropriations, shall: (1) Provide written notification to the joint standing committee of the General Assembly having cognizance of matters relating to public health of any health care profession that has submitted a scope of practice request, including any request for exemption, to the department pursuant to this section; and (2) post any such request, including any request for exemption, and the name and address of the requestor on the department's Internet web site.

(d) Any person or entity, acting on behalf of a health care profession that may be directly impacted by a scope of practice request submitted pursuant to this section, may submit to the department a written statement identifying the nature of the impact not later than September fifteenth of the year preceding the next regular session of the General Assembly. Any such person or entity directly impacted by a scope of practice request shall indicate the nature of the impact taking into consideration the criteria set forth in subsection (b) of this section and shall provide a copy of the written impact statement to the requestor. Not later than October first of such year, the requestor shall submit a written response to the department and any person or entity that has provided a written impact statement. The requestor's written response shall include, but not be limited to, a description of areas of agreement and disagreement between the respective health care professions.

Sec. 19a-16e. Scope of practice review committees. Membership. Duties.

(a) On or before October fifteenth of the year preceding the commencement of the next regular session of the General Assembly, the Commissioner of Public Health shall select from the timely scope of practice requests submitted to the department pursuant to section 19a-16d the requests on which the department will act and, within available appropriations allocated to the department, establish and appoint members to a scope of practice review committee for each such request. Committees established pursuant to this section shall consist of the following members: (1) Two members recommended by the requestor to represent the health care profession making the scope of practice request; (2) two members recommended by each person or entity that has submitted a written impact statement pursuant to subsection (d) of section 19a-16d to represent the health care professions directly impacted by the scope of practice request; and (3) the Commissioner of Public Health or the commissioner's designee, who shall serve as an ex-officio, nonvoting member of the committee. The Commissioner of Public Health or the commissioner's designee shall serve as the chairperson of any such committee. The Commissioner of Public Health may appoint additional members to any committee established pursuant to this section to include representatives from health care professions having a proximate relationship to the underlying

request if the commissioner or the commissioner's designee determines that such expansion would be beneficial to a resolution of the issues presented. Any member of such committee shall serve without compensation.

(b) Any committee established pursuant to this section shall review and evaluate the scope of practice request, subsequent written responses to the request and any other information the committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training. The committee, when carrying out the duties prescribed in this section, may seek input on the scope of practice request from the Department of Public Health and such other entities as the committee determines necessary in order to provide its written findings as described in subsection (c) of this section.

(c) The committee, upon concluding its review and evaluation of the scope of practice request, shall provide its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. The committee shall provide the written findings to said joint standing committee not later than the February first following the date of the committee's establishment. The committee shall include with its written findings all materials that were presented to the committee for review and consideration during the review process. The committee shall terminate on the date that it submits its written findings to said joint standing committee.

Sec. 19a-16f. Report to General Assembly on scope of practice review processes.

On or before January 1, 2013, the Commissioner of Public Health shall evaluate the processes implemented pursuant to sections 19a-16d and 19a-16e and report to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a, on the effectiveness of such processes in addressing scope of practice requests. Such report may also include recommendations from the committee concerning measures that could be implemented to improve the scope of practice review process.

Appendix B

Committee Membership

Review Committee	Email
Connecticut Podiatric Medical Association (CPMA)	
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Connecticut Orthopaedic Society (COS)	
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Megan Wolf, MD	meganwolfmd@gmail.com
Connecticut State Medical Society (CSMS)	
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Connecticut Hospital Association (CHA)	
Karen Buckley	buckley@chime.org
Jennifer Cox	jcox@coxlawoffices.com
Connecticut Chapter of the American College of Surgeons (CTACS)	
Philip Corvo, MD	pcorvo@drcorvo.com
Christopher Tasik	info@ctacs.org

Appendix C

CPMA Scope of Practice Request

The following pages contain the original scope of practice request submitted by the Connecticut Podiatric Medical Association.

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August 15, 2023

Sara Montauti, MPH
Healthcare Quality and Safety Branch
Practitioner Licensing & Investigations
Department of Public Health
410 Capitol Avenue, MS#12HSR
P.O. Box 340308
Hartford, CT 06134

Dear Ms. Montauti:

The Connecticut Podiatric Medical Association is submitting the attached scope of practice request for the 2023—2024 cycle.

Please contact me if you have any questions about our proposal. Thank you.

Sincerely,

Kristen Winters, DPM
President
Connecticut Podiatric Medical Association

Scope of Practice Submission to the Department of Public Health
Connecticut Podiatric Medical Association
August 15, 2023

1. A plain language description of the request

This submission updates the Podiatric practice act in Chapter 375 of the Connecticut General Statutes to permit qualified podiatrists to perform a: 1) total ankle replacement; 2) tibial pilon fracture, and 3) complete foot amputation.

These changes will amend section 20-54(c) of the Connecticut General Statutes in the case of a total ankle replacement and a tibial pilon fracture, and section 20-50(a) of the Connecticut General Statutes in respect to a foot amputation.

Podiatric surgeons are the primary provider of foot and ankle care for patients. The changes proposed here reflect that fact and update the podiatric practice act in a common-sense manner.

2. Public health and safety benefits that the requestor believes will occur if the request is implemented and, if applicable, a description of any harm to public health and safety if it is not implemented

With respect to pilon fractures of the ankle and total ankle joint replacement, these two procedures are already a part of the podiatric ankle surgeon's skill set. The inability of Podiatrists' practicing in Connecticut to perform these procedures is due to an arbitrary exclusion mediated by a legislatively-mandated process in 2006, 17 years ago.

Meanwhile, most states have included these procedures in their podiatric scope of practice for decades, as we will discuss later.

Podiatrists are the primary care givers for foot and ankle pathology nationally. Right now, podiatrists are required to refer our patients elsewhere for these three procedures adding redundant costs to the health care system, making access to care difficult and delaying treatment. These barriers would be eliminated by amending Podiatry's practice act in these three areas. In doing so, the practice act will be equivalent to the national standard of care.

One particular issue with the status quo is that smaller hospitals may not have the same access to surgeons of equal competency potentially leading to suboptimal outcomes.

Podiatrists already perform similar ankle reconstructive surgeries including ankle fusions and reconstructive procedures that are considered salvage procedures for failed ankle joint replacements and post traumatic arthritis of pilon ankle fractures. These salvage procedures are often considered more difficult than the index procedure.

It is not uncommon to see these patients' treatment delayed due to access to definitive care whether it is due to geographical restrictions or that the original surgeon does not perform these end stage type of procedures, or for insurance issues. It is well recognized that other surgeons who are trained to perform total ankle replacements or tibial pilon fractures do not routinely accept patients whose payor is Medicaid, creating an access problem that has been noted on a national level. A recent scientific journal examining access to care barriers in those with Medicaid stated that in the state of New Jersey, only 25 percent of Medicaid patients were able to get an appointment within two weeks of the time they called an orthopedic surgeon versus over 90 percent of people with private insurance who were able to get a timely appointment.[1] This suggests that private insurance patients have historically been prioritized above Medicaid

[1] Abrum et al, CORR, 2017.

patients by other surgeons capable of performing these surgeries. Enabling Podiatric Doctors to practice in accordance with their training could address this access problem. It constitutes an unfortunate social disparity and inequity.

Finally, regarding diabetic foot amputation, there would likewise be an increased access to qualified surgeons. Patients who have diabetic foot infections, diabetic foot conditions, Charcot osteoarthropathy, neuropathic foot conditions and those patients at risk for losing their legs and limbs, benefit by having a wider range of medical professionals who are qualified to treat them.

We stress that amputation levels at times are preventable when early access to a podiatrist occurs. A recent scientific journal article noted a 45.7 percent reduction in lower limb amputation when a two-person team consisting of a Podiatric Doctor and a vascular surgeon was employed in a hospital setting[2].

Diabetic foot complications continue to rise precipitously not only in the state of Connecticut, but also nationally and internationally. The percentage of patients who require leg amputation is on the rise and does require prompt diagnosis and treatment, which is now dependent upon the podiatric surgery community. The majority of all diabetic foot infections and associated conditions that are admitted to the hospital systems in the state of Connecticut are completed by podiatric surgeons. The indigent and Medicaid population for diabetic foot conditions is largely serviced by the podiatric surgery community and hospital systems. Many private practitioners (non-podiatrists) do not accept Medicaid, and, therefore, these patients within the Connecticut health care system are completely dependent upon podiatric providers for this care.

The bottom-line is this proposal will expand patient access to these three important procedures and end delays that currently occur. Delays simply make sick patients sicker.

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[2] Armstrong et al, Diabetes Metab Res Rev, 2012.

3. The impact of the request on public access to health care

Stripped to the basics, the three changes will empower patients with additional treatment options and greater access to care.

Right now, total ankle replacement, tibial pilon fracture and diabetic foot amputation, are performed by different types of surgeons. Podiatric surgeons are qualified to perform them also, and patients should have this option if they so desire.

The implementation of this scope of practice change request would increase access to qualified podiatric surgeons making access to care easier and preventing delays in treatment. It is not uncommon for patients to avoid seeking care even within a few miles of their home if they do not have access to public transportation. Hospitalized patients with diabetes would have immediate access to the specialty that is the most qualified to perform their needed amputation.

There are three major teaching programs at hospitals in the state of Connecticut with very strong academic and clinical residencies with a focus on diabetic limb preservation. These include Yale New Haven Hospital, Bridgeport Hospital and St. Francis Hospital. These hospital systems service large urban communities with high incidence of diabetes and subsequent at-risk patient populations with high rates of leg amputations.

These residents and the associated attendings in these programs are responsible for treating diabetic patient populations within the Fairfield County, Hartford County and New Haven County. Public access to qualified podiatric surgeons who care for the diabetic population, which has a larger percentage of patients within the indigent population and those on Medicaid, will have greater access to the services and health care related to limb preservation and prevention of amputation of legs.

Patients in Medicaid are likely to receive quicker appointments with Podiatric Doctors.

4. A brief summary of state or federal laws governing the profession

Connecticut's laws with regard to Podiatry are contained in Chapter 375 of the Connecticut General Statutes.

This sets forth the educational requirements for a Podiatrist that include surgical residencies after four years of graduate podiatric education accredited by the Council on Podiatric Medical Education with advanced training to perform foot and ankle surgeries.

In 2006, Public Act 06-160 was enacted to give Podiatrists a scope of practice over non-surgical treatment of the ankle. That law also created a panel to discuss granting Podiatry surgical authority over the ankle. As a result of the panel's work, legislation was enacted in 2007, Public Act 07-252, to do precisely that. Effective that year, podiatrists who met the requirements could perform ankle surgery.

A structure was put in place whereby Podiatrists who wished to do so would submit documents and cases to an informal committee of orthopaedic surgeons and podiatric surgeons who would recommend approval or denial of a "permit" for the practitioner that would then be issued by the Department of Public Health.

In 2018, the permit structure was repealed in Public Act 18-168. Since that time, the decision as to whether a particular podiatrist can perform ankle surgery is left to the hospital credentialing committee, the very same process other surgeons go through locally and nationally.

Podiatry is a covered service in the Medicare, Medicaid and Workers Compensation Medical programs. In the 2021 Legislative Session, legislation was enacted to provide fee parity between podiatrists and physicians in the Medicaid program.

In addition, Podiatrists are authorized in state law as providers of telehealth services, a technology that has been extremely important during the COVID-19 pandemic. It has permitted DPMs to keep in touch with their patients and monitor and direct their healthcare needs on a remote basis.

5. The state's current regulatory oversight of the profession

Doctors of Podiatric Medicine are licensed by DPH and are regulated by a five-member Board of Examiners in Podiatry. The profession is accepted by insurance companies; they are enrolled providers in the Medicaid program administered by the Department of Social Services.

As mentioned in the previous section, a decision as to which Podiatrists can perform ankle and foot surgery is made by a hospital's credentialing committee. This is the appropriate way to regulate the system and ensure patient safety. This same process would be involved with regard to the three changes proposed here. It is consistent with how other providers are currently being assessed.

6. All current education, training and examination requirements and any relevant certification requirements applicable to the profession

Before becoming a licensed Doctor of Podiatric Medicine (DPM) in Connecticut, an applicant must complete four years of graduate-level Podiatric medical education after college. At some Podiatric Medical Schools, the Podiatric students sit in the same classes as their Osteopathic medical colleagues.

Students in Podiatric medical colleges are required to pass Parts I and II of the American Podiatric Medical Licensing Exam (APMLE) series before beginning residency training. Part III of the APMLE is taken during residency. The APMLE series is overseen by the National Board of Podiatric Medical Examiners.

After obtaining the Doctor of Podiatric Medicine, a surgical residency is required. To perform ankle surgical procedures in Connecticut, the podiatric surgeon must complete a residency that allows for additional training thereby making the Podiatrist eligible to sit for certification in reconstructive rearfoot/ankle (RRA) procedures by the American Board of Foot and Ankle surgery. Certification in RRA requires passing a series of exams and submitting case documentation that is peer reviewed.

During residencies, Podiatrists are required to complete a minimum number of ankle surgeries that is more than twice the minimum required of other surgical specialties who are also licensed to perform ankle surgery.

In testimony to the Insurance and Real Estate committee, Dr. R. Daniel Davis outlined the profession's educational components[3]:

> *We have four years of undergraduate education, followed by four years of medical school where we sit side by side with medical students with the same instructors, same textbooks and same exams. Students in podiatric medical schools take additional courses on the lower extremity, and take additional anatomic dissection courses to ensure they are the most highly trained lower extremity physicians in the medical field. We have a mandatory three-year residency program where we rotate through the same medical rotations as allopathic and osteopathic students.*
>
> *The number of foot and ankle cases completed by a podiatric resident in three years far outnumbers the foot and ankle cases performed by a five-year foot and ankle orthopaedic*

[3] Insurance and Real Estate Committee public hearing, Senate Bill 319, March 5, 2020.

resident, including their year of fellowship. Podiatrists are part of the medical team of nearly every wound center in the United States and provide the limb salvage care needed in a country where one in four diabetics will develop a lower extremity ulceration in their lifetime.

Podiatrists are becoming increasingly employed by hospitals as an integral part of their healthcare team. We work in medical groups as part of a medical community to provide the best foot and ankle care possible.

Dr. Davis is a past president of the Connecticut Podiatric Medical Association as well as the American Podiatric Medical Association.

7. A summary of known scope of practice changes requested or enacted concerning the profession in the five years preceding this request

As outlined earlier, during the 2018 Legislative Session, the Connecticut General Assembly enacted legislation (Public Act 18-168, section 70) that repealed the ankle surgery permit process, and vested the decision on approving DPMs for this activity with a hospital's credentialing committee. This is limited to Doctors of Podiatric Medicine who are board qualified or board certified in reconstructive or rearfoot ankle surgery by the American Board of Foot and Ankle Surgery.

8. <u>The extent to which the request directly affects existing relationships within the health care delivery system</u>

We believe existing relationships will be strengthened by the changes proposed here.

Podiatrists are already integral and valued members of the health care team both in and out of the hospital system. Podiatrists currently treat all other types of ankle fracture in Connecticut and treat pilon fractures in the majority of states. The elimination of the pilon ankle restriction would simplify triage and constitute a transfer of care for emergency department personnel.

It is not overstating the matter to say that Podiatrists are the main providers of all forms of diabetic foot and ankle care, where no other specialty is called on more for amputations related to the diabetic foot almost to the exclusion of all other surgical specialties.

Coordination of care would be more efficient and timely with the elimination of the foot amputation limitation. This restricts the procedure from the transmetatarsal level to the toes.

Podiatrists are a well-recognized member of the healthcare team for amputation prevention. Use of multidisciplinary care teams has been shown to reduce the risk of amputation by 39% to 56% (Albright et al. Diabetes Res Clin Pract. 2020) These care teams typically include a combination of several specialists, although several articles describing these care teams point to podiatrists or vascular surgeons serving as team leaders since neuropathy and arterial disease are the prominent drivers in the pathway to amputation. Multidisciplinary care teams are quickly becoming the standard of care for U.S. patients with diabetic foot complications and are supported by multiple professional organizations including the American Diabetes Association, the Society for Vascular Surgeons, the American Podiatric Medical Association, and the International Working Group on the Diabetic Foot. With podiatrists being a primary leader of the team, it is essential that podiatrists can provide the full extent of care needed (including foot amputations).

Podiatrists and podiatric surgeons are also medical directors and co-directors of limb preservation units within the hospital systems. They are the first doctors in the hospital system and private community setting who see these patients initially and follow them through their admission and transition to nursing and home care. Podiatric surgeons and podiatrists are now responsible for the global care of patients with diabetic foot and ankle conditions throughout their entire perioperative stay within each hospital system with the goal of transitioning to home as an independent community ambulator.

9. The anticipated economic impact of the request on the health care delivery system.

CPMA suggests that lower costs can result from giving patients easier access to care while at the same time providing quality treatment outcomes as demonstrated at a national level.

We are not proposing any new procedure or service; total ankle replacement, tibial pilon fracture and foot amputation are procedures that occur now. We are simply asking that Podiatrists who have the expertise and training be permitted to perform them. Patient health outcomes are enhanced, and taxpayer funding saved, when diseases are detected and treated as early as possible. Podiatrists do this every single day when treating their patients who have diabetes.

10. Regional and national trends in licensing of the health profession making the request and a summary of relevant scope of practice provisions enacted in other states.

- 44 states and the District of Columbia permit Podiatrists to perform a total ankle replacement.
- 43 states and the District of Columbia permit Podiatrists to treat a tibial pilon fracture.
- 35 states and the District of Columbia permit Podiatrists to amputate a partial or total foot.

Podiatrists have had ankle surgical privileges in the majority of states for decades with hospital credentialing boards being responsible for surgeons of all specialties with no restrictions of procedures that could be performed relative to their education and training. A few remaining states that have obtained ankle privileges had politically-mediated terms that were not based on the education, training and experience of the podiatric surgeon, but on a consensus between the podiatric surgeons and the foot and ankle orthopedic surgeons, while others had no limitations of procedures they could perform within their skills set that includes ankle surgery and amputations.

11. Identification of any health care professions that can reasonably be anticipated to be directly affected by the request, the nature of the impact, and efforts made by the requestor to discuss it with such health care professions

There is overlap between the podiatric surgeon and foot and ankle orthopedic surgeon scope of practice.

The nature of the impact is possibly a reduced volume of care with regards to pilon ankle fractures. These fractures are a very small percentage of all ankle fractures and trauma is not a high-volume component of orthopedic foot and ankle surgeons' practice.

Similarly, neither are total ankle replacements.

Orthopedic surgeons, in general, nationally are not performing diabetic foot amputations.

The Connecticut Podiatric Medical Association has met with the orthopedic community on numerous occasions over the years. In 2007 through legislative mandated mediation between the Connecticut Podiatric Medical Association and Connecticut Orthopedic Society, ankle surgery was added in Connecticut; however, it excluded ankle pilon fractures and total ankle replacements.

A committee of podiatrists and orthopedic surgeons under the direction of the DPH was formed to evaluate those podiatrists who wanted ankle surgical privileges. Diabetic foot amputations were never discussed in this process.

To reiterate, in 2018 the ankle surgery credentialing committee was dissolved through legislative action and ankle surgery credentialing was given to the hospitals as it has always been for foot surgery in Connecticut and all other states.

The Connecticut Orthopedic Society was on record supporting the legislation that passed in 2018. A consensus formed that year on the ankle permit issue. We believe a consensus can form again on the three procedures outlined in this submission.

12. <u>A description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training</u>

Podiatrists who perform pilon ankle fractures, total ankle replacement and foot amputations need to possess the skills set in order for hospitals to approve the performance of these procedures. The skills set that are required already exist in Connecticut practicing podiatric surgeons. As the newer residency-trained practitioners emerge, they frequently go to other states that do not restrict their scope of practice the way Connecticut does.

Orthopedic groups throughout the country employ podiatrists to do their ankle surgery as do numerous orthopedic groups in Connecticut.

Approving the changes requested in this submission would allow qualified podiatrists the ability to practice to the full extent of their training while discouraging well-qualified podiatric residents from leaving the state.

<u>Concluding Comments</u>

As you may know, CPMA has submitted this proposal to DPH three times previously. We appreciate the fact that the Department has reviewed it, and we are hopeful that the decision will be made to move this proposal to a full committee review in 2023.

The issue of a coming shortage of physicians is receiving a great deal of attention in state government. To hedge against this, it is imperative that each physician-type be able to provide all services they are qualified to do for their patients. Permitting Podiatric Doctors to practice to their full qualifications by performing a pilon ankle fracture, total ankle replacement or a more complete foot amputation are steps that can mitigate against any shortage.

Podiatric Doctors in Connecticut have an expansive scope of practice that they take very seriously as they deliver high quality care to a wide range of patients throughout the state. Yet, there are three procedures they are not permitted to perform.

Our proposal lifts those restrictions and vests the final decision as to who can perform them where it really belongs: the hospital credentialing committee.

Approving this scope request will increase options for patients and expedite their access to needed procedures. It puts patients' interests and needs foremost.

Appendix D

Impact Statements and Responses

The following pages contain the text of all impact statements received by DPH.

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September 14, 2023

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Electronic Transmittal to: sara.montauti@ct.gov

Dear Ms. Montauti,

On behalf of the more than 240 orthopaedic surgeon members, the Connecticut Orthopaedic Society (COS) submits this impact statement concerning the Connecticut Podiatric Medical Association's (CPMA) request for scope review pursuant to Public Act 11-209, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S (DPH) OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS.

The COS has significant concerns regarding the podiatric profession's request to expand their scope legislatively without demonstration of sufficient training and education to support their proposal. Our Society has worked diligently with the Department of Public Health and the CPMA throughout the years on the appropriate modifications to the podiatric scope of practice based on the training and education of all podiatrists. The main issue was and continues to be patient safety.

Working closely with the CPMA and DPH in 2005 and 2006, an agreement was reached to allow qualified podiatrists with sufficient residency training, board credentials, and experience to obtain a standard or advanced ankle surgery permit. As two of the COS representatives in this legislatively mandated process are current COS Board members, I can definitively state on behalf of the COS that excluding total ankle arthroplasty and tibial pilon fractures and maintaining the existing restrictions on amputation proximal to the tarsometatarsal joints was not arbitrary as suggested in CPMA's letter to DPH. It was the result of a two-year process in which all concerned and interested parties met multiple times, including with the aid of a mediator, to determine the most appropriate measures to balance the ability of appropriately trained podiatrists to practice to the full extent of the education and training with the need to protect patient safety. Total ankle replacement and pilon fractures were specifically excluded due to their increased technical difficulty and potential morbidity as compared to the other ankle procedures allowed with an ankle surgery permit, and this continues to be the case.

Subsequent to the adoption of the 2006 agreement by the Legislature in 2007, podiatrists expressed concern that the application process created undue hardship for qualified podiatrists to apply and obtain advanced permit status. In 2013, the statute was changed to allow an ankle surgery permit with appropriate board qualification as opposed to board certification. In 2018, at the request of the podiatric community, the legislature eliminated surgical case review and the DPH advisory committee that performed it,

adopting the current process in which applicants only need to directly submit to DPH documentation that they meet the residency and board qualification/ certification requirements. The elimination of the requirement for surgical case review by an impartial panel of podiatric and orthopaedic foot and ankle surgeons knowledgeable about podiatric training and board certification processes makes leaving the decision as to whether a particular podiatrist is qualified to perform total ankle replacement and pilon fractures to a hospital or ambulatory surgery center credentialing committee, which typically lacks the same level of knowledge and may have potential financial conflicts of interest, as opposed to maintaining the current minimum licensure standards, particularly concerning.

The CPMA states that by implementing the three scope changes will somehow empower patients with additional treatment options and improve access. However, there are currently no access problems in Connecticut with respect to patients who require or would benefit from total ankle replacement, fixation of tibial pilon fractures, or foot amputations, and we would ask the CPMA to provide any evidence to the contrary. Orthopaedic foot and ankle surgeons, other MD and DO surgeons and non-operative physicians, and podiatrists already provide foot and ankle care for patients including diabetics with foot and ankle pathology and complications under the current statute. This is also the case in the Bridgeport, Hartford, and New Haven areas where there are a significant number of orthopaedic surgeons, many of whom are foot and ankle fellowship trained, and vascular surgeons who take care of patients with ankle arthritis, pilon fractures, and vascular, diabetic infection, and traumatic pathology requiring amputation of the entire foot including patients with Medicaid or no insurance at all.

The CPMA proposal outlines the education, training, examination, and certification requirements for podiatrists. The COS disagrees with the suggestion that the podiatric surgical training, as outlined in their letter, is adequate training to perform entire foot amputations, total ankle replacement and surgical treatment of pilon fractures. It is important to note that a three-year surgical residency did not become a requirement for new podiatry school graduates until 2013. Before 2013, and in particular before 2006, podiatry school graduates not uncommonly did no residency training, non-surgical residencies, or 1-2-year surgical residencies. In fact, CT statute does not require any podiatric residency for state licensure. These gaps in training are one of the major concerns the COS has had and continues to have regarding any scope expansion for the podiatric profession in Connecticut. Without consistent standards and rigorous surgical residency training for all podiatrists, the blanket changes in scope the podiatrists are requesting jeopardize patient safety.

As orthopaedic surgeons, we typically do significantly more surgical cases and with a higher level of responsibility in five-year residencies than the better trained podiatrists do in their three-year residencies. This is particularly the case for joint replacement and intra-articular fractures of major weight-bearing joints. Furthermore, in Connecticut a much larger percentage of orthopaedic surgeons have done additional surgical fellowship training including in foot and ankle surgery, joint replacement, and trauma than podiatrists. In contrast, American Board of Foot and Ankle Surgery (ABFAS) Board Qualification or Board Certification in Reconstructive Rearfoot Ankle (RRA) Surgery requirements can be obtained by performing rearfoot surgical procedures without doing any ankle surgery, let alone pilon fracture surgery and total ankle replacement. Perhaps the 3 podiatric residency programs in Connecticut could provide data on the number of total ankle replacements, surgical treatment of pilon fractures, and amputations proximal to the tarsometatarsal joints each of their residents performed during the past 10 years including the level of responsibility during the procedure.

With respect to allowing amputations, the COS believes that the request is too broad. Amputations of the entire foot also require amputation of the malleoli of the distal tibia and fibula to allow appropriate weight bearing and in these situations the patient is often best served by a more proximal transtibial or below knee amputation. In patients with significant vascular pathology, a through the knee or above the knee amputation may be required with amputation of the foot. The COS strongly believes that it would be extremely inappropriate to include transtibial, through knee, and above knee amputations within Connecticut podiatric scope of practice. While the CPMA proposal quotes studies that suggest multidisciplinary teams including podiatrists and vascular surgeons decrease the risk of amputation, amputation prevention care is already within podiatric scope of practice in Connecticut and no studies showing the comparative results of podiatrists with respect to amputations of the entire foot are provided. (Neither are comparative results for total ankle replacement or pilon fractures presented). Amputations at the level of the naviculocuneiform and talonavicular joint level might be appropriate if done by podiatrists with appropriate training and experience and who have the ability to perform concurrent muscle and tendon balancing.

With respect to comparisons of podiatric scope of practice in other states, the DPH and Connecticut's Legislature are not obligated to adopt other states' misguided statutes that do not differentiate between podiatrists with and without ankle training and the complexity and morbidity of different ankle procedures and amputations, but instead, act in the best interests of the citizens of Connecticut. More specifically, while the CPMA claims that forty-four states permit podiatrists to perform a total ankle replacement, ankle surgery is not within the statutory podiatric scope of practice in Massachusetts, Texas and Louisiana, and total ankle replacement is specifically excluded in Connecticut, New York, and South Carolina. Furthermore, Connecticut is one of the thirty-five states that permits podiatrists to amputate a partial foot and we would ask the CPMA to provide the number of states that permit podiatrists to amputate the entire foot.

COS members are an impacted group that would be affected by the expansions proposed in the CPMA's request to allow potentially ALL podiatrists to perform total ankle replacement, treat pilon fractures and perform amputations of the entire foot. Orthopaedic surgeons, who are the primary providers of ankle care and arguably foot care in Connecticut, perform these procedures and also treat the potential complications arising from these procedures. Orthopaedic surgeons provide high quality, accessible care for patients requiring these procedures, including those on Medicare and Medicaid and who have Diabetes Mellitus, with general and vascular surgeon providing additional high-quality access for patients requiring amputations proximal to the tarsometatarsal joints. Many patients treated by podiatrists are taken care of by orthopaedic surgeons for foot, ankle, other extremity, and spinal pathology without hardship. Many of the diabetic and other patients treated by podiatrists requiring foot amputations are already under the treatment of orthopaedic and/ or general surgeons for other issues and/ or vascular surgeons to optimize blood flow and it is not a hardship for these patients to have their more proximal amputations performed by these surgeons.

The COS seeks to ensure that patient safety be given the highest priority when considering expanding and adding to any healthcare professional's scope of practice. We believe the vast majority of Connecticut's licensed podiatrists, including those currently licensed to do ankle surgery, do not have sufficient education, training, and experience to perform total ankle replacement, tibial pilon fracture surgery, and amputation of the entire foot at the same level of care currently being provided to patients by MD and DO surgeons in Connecticut. The likely risks of the proposed expansion with respect to the health and safety of Connecticut's citizens, our patients, greatly outweigh any potential benefits. We also feel that the CPMA proposal contains misleading and inaccurate statements that need to be clarified. It is for these reasons that the COS requests the scope submission be denied however if DPH grants the scope review, the COS asks to be allowed to help assess and protect the safety and well-being of Connecticut's citizens, and respectfully requests participation and representation if the Department of Public Health grants the review of the CPMA request and convenes a scope of practice review committee.

Thank you for your review and consideration of our request and we look forward to hearing from you.

Sincerely,

Dante Brittis, MD
President
Connecticut Orthopaedic Society

cc : Kristin Winters, DPM
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Via Email: sara.montauti@ct.gov, winters20@gmail.com, and kwing@cpma.org

Dear Ms. Montauti,

On behalf the more than 850 surgeons and surgical trainees, the Connecticut Chapter of the American College of Surgeons Professional Association, Inc. (CTACSPA) submits this impact statement concerning the Connecticut Podiatric Medical Association's (CPMA) request for scope review pursuant to Public Act 11-209, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS.

The CTACSPA has significant concerns regarding the podiatric profession's request to expand their scope legislatively without sufficient training and education to support their proposal. We have historically maintained a consistent position with respect to scope expansions. We believe that every practitioner should be permitted to practice fully within the scope for which they have been properly trained and educated. Further, we believe that the safety of patients and the quality of care they receive is of utmost importance when providing healthcare services.

We supported the work that the Connecticut Orthopaedic Society (COS) did in conjunction with the CPMA and DPH in 2005 and 2006 to reach an agreement to allow qualified podiatrists with sufficient residency training, board credentials, and experience to obtain a standard or advanced ankle surgery permit. We believe that the agreement that was reached at that time which allowed appropriately trained podiatrists to practice to the full extent of the education and training also balanced with the need to protect patient safety and deliver quality care. That agreement specifically excluded total ankle replacement and pilon fractures due to their increased technically difficulty and potential morbidity as compared to the other ankle procedures allowed with an ankle surgery permit. There has been no standard of care changes to this since that time.

We stand in support of the COS with respect to its objects to this scope review as it pertains to total ankle replacement, pilon fractures and foot amputation. The CTACSPA wishes to comment most directly to the request to allow foot amputations.

The CTACSPA believes that the request must be more specific. Amputations at the level of the naviculocuneiform and talonavicular joint might be appropriate if done by podiatrists with appropriate training and experience. Further they must have the proper training and experience to perform concurrent muscle and tendon balancing.

The CTACSPA strongly believes that other more proximal amputations such as transtibial, through knee, above knee, pelvic disarticulation, and upper extremity would be extremely inappropriate for Connecticut podiatric scope of practice as they lack the training, education and experience possessed by orthopeadic surgeons.

Members of the CTACSPA are a group impacted by this scope expansion request to potentially allow potentially ALL podiatrists to perform total ankle replacement, treat pilon fractures and perform foot amputations.

These procedures are performed by orthopaedic, general and vascular surgeons, many of whom are Fellows of the American College of Surgeons (ACS) and members of our Chapter. They are uniquely trained and qualified to both perform these procedures and treat potential complications.

Surgeon members of the CTACSPA and the ACS have a long history of providing high quality, accessible care for patients requiring surgical procedures, including those on Medicare and Medicaid, with general and vascular surgeon providing additional high-quality access for patients requiring amputations proximal to the tarsometatarsal joints.

The CTACSPA formed the Connecticut Surgical Quality Collaborative several years ago to provide a more direct pathway to improving patient safety and quality of care. We believe that quality and safety should be given the highest priority when considering an expansion of scope in Connecticut.

The CTACSPA joins with the COS in its belief that the vast majority of Connecticut's licensed podiatrists do not have sufficient education, training, and experience to perform total ankle replacement, tibial pilon fracture surgery, and foot amputations at the same level of care currently being provided to patients in Connecticut. Putting this at the forefront of our concerns, we do not think that granting this expansion is in the best interest of the health and safety of the citizens of Connecticut.

Therefore, we respectfully request that the CTACSPA be allowed participation and representation if the Department of Public Health grants the review of the CPMA request and convenes a scope of practice review committee.

Thank you for your review and consideration of our request and we look forward to hearing from you.

Sincerely,

David Shapiro, MD

David S. Shapiro, MD, MHCM, FACS, FCCM
President
Connecticut Chapter of the ACS Professional Association, Inc.

127 Washington Avenue, Lower Level, North Haven, CT 06473
Phone (203) 865-0587 Fax (203) 865-4997 www.csms.org

September 15, 2023

VIA EMAIL TO: sara.montauti@ct.gov

Sara Montauti, MPH
Healthcare Quality Safety Branch
Practitioner Licensing and Investigations Section
Department of Public Health
410 Capitol Avenue, MS#12HSR
P.O. Box 340308
Hartford, CT 06134

Dear Ms. Montauti:

On behalf of the membership of the Connecticut State Medical Society (CSMS) please accept this statement, as consistent with the requirements of Public Act 11-209, regarding the recent scope of practice submission from the Connecticut Podiatric Medicine Association that asks to expand the scope of practice of podiatrists to include total ankle replacement, treatment of pilon fractures, and foot amputation.

The primary mission of CSMS is to protect and promote the wellbeing and health of Connecticut residents. If allowed, this request would significantly expand the scope of practice of podiatrists. CSMS is very concerned about any scope expansion request that is presented without sufficient documentation on training and education to support such scope expansion. This potential change in statute regarding the scope of practice of podiatrist will impact the wellbeing and health of Connecticut residents. Therefore, we fully request that prior to any proposed policy or legislation that a scope of practice review committee be established and that CSMS be provided representation on the committee.

Sincerely,

David Emmel, MD
Legislative Chairperson

MEMORANDUM

TO: Sara Montauti
Healthcare Quality and Safety Branch
Practitioner Licensing and Investigations
Connecticut Department of Public Health

FROM: Karen Buckley, Vice President, Advocacy

DATE: September 7, 2023

SUBJECT: Impact Statement – Scope of Practice Request – Connecticut Podiatric Medical Association

The Connecticut Hospital Association (CHA), a trade association representing the 27 acute care hospitals in Connecticut, submits this impact statement, in accordance with Chapter 368a of the Connecticut General Statutes, in response to the scope of practice change requested by the Connecticut Podiatric Medical Association. The change requested would make changes to the current scope of practice for podiatrists as it relates to ankle replacement, the treatment of tibial pilon fracture and the performance of foot amputation.

The proposed changes would impact the healthcare delivery system in Connecticut and require hospital policies, procedures, and credentialing to be changed. Connecticut hospitals employ or utilize a significant number of licensed healthcare professionals including physicians, advanced practice registered nurses, physician assistants, nuclear medicine technologists, and other allied health professionals. The request will impact the delivery of care to hospital patients.

If the Department appoints a Scope of Practice Review Committee, CHA respectfully requests an appointment to the Committee.

KMB:ljs
By E-mail
cc: Kristen Winters, DPM President Connecticut Podiatric Medical Association

October 2, 2023

Sara Montauti, MPH
Healthcare Quality and Safety Branch
Practitioner Licensing & Investigations
Department of Public Health
410 Capitol Avenue, MS#12HSR
P.O. Box 340308
Hartford, CT 06134

Sent electronically to sara.montauti@ct.gov

Re: APMA Letter of Support for CPMA Scope of Practice

Dear Ms. Montauti,

On behalf of the American Podiatric Medical Association (APMA) and our esteemed member podiatric physicians and surgeons, also known as Doctors of Podiatric Medicine (DPMs), and/or podiatrists, I am writing this letter to express our strong support for the proposed request by the Connecticut Podiatric Medical Association (CPMA) to review and modernize the scope of practice to grant qualified podiatric physicians the authority to: 1) perform total ankle replacements; 2) treat tibial pilon fractures; and 3) perform foot amputations. We also wanted to take this opportunity to vigorously refute misinformation and inaccuracies presented by other stakeholders.

APMA is the premier professional organization representing a vast majority of the estimated 15,000 licensed podiatrists in the United States. Within APMA's umbrella of organizations are 53 component societies in states, including Connecticut, and other jurisdictions, as well as several affiliated and related organizations. We adamantly support the modernization of Connecticut's podiatric scope of practice laws. This modernization is essential to ensure that the legal authority to practice podiatric medicine and surgery in Connecticut is in alignment with the rigorous education, comprehensive training, and experience DPMs possess and to be consistent with countless other states in the United States.

APMA rejects the assertions made by other stakeholders suggesting that podiatric physicians seeking to perform these procedures lack the required training and education. DPMs are extensively trained to effectively diagnose and address conditions impacting the lower extremity. This expertise includes the foot, ankle, and, when necessary, the muscles, tissues, and bones of the leg. It is important to emphasize that podiatric physicians are the sole group of health-care professionals who undergo specialized medical training and obtain board certification exclusively dedicated to the comprehensive care of the foot and ankle.

Colleges of Podiatric Medicine

Each of the accredited colleges offers the degree of Doctor of Podiatric Medicine (DPM). All accredited colleges of podiatric medicine are properly chartered and licensed to operate within the jurisdiction in

which they are located, and all have appropriate authorization from state agencies to offer the degrees conferred. The degrees granted by accredited colleges of podiatric medicine are accepted by state licensing authorities in all 50 states, the District of Columbia, and Puerto Rico.

Podiatric medical college is a four-year program with the first two years focused on the basic sciences and the second two years focused on clinical education. The first two years are devoted to classroom instruction in basic sciences including, but not limited to, anatomy, pathology, microbiology, biochemistry, and pharmacology. During the third and fourth years, students engage in clinical education based in accredited hospitals, clinics, and private practice settings. During these third- and fourth-year rotations, students are afforded intense medical and surgical training related to the lower extremity, and they learn how to take patient histories, perform physical examinations, interpret diagnostic tests and findings, and make differential diagnoses. According to the American Medical Association, "colleges of podiatric medicine offer a core curriculum similar to that in other schools of medicine."[1]

Podiatric Medical and Surgical Postgraduate Training

During residency, podiatric physicians receive advanced training in foot and ankle medicine and surgery and participate in required clinical rotations in medical imaging, pathology, behavioral sciences, internal medicine and/or family practice, medical subspecialties, infectious disease, general surgery, surgical subspecialties, anesthesiology, and emergency medicine. Throughout residency training, emphasis is placed on diagnosing and managing patients. Doctors of podiatric medicine receive advanced training in one of two three-year postgraduate residency training programs: Podiatric Medicine and Surgery Residency (PMSR) or Podiatric Medicine and Surgery Residency with the added credential in Reconstructive Rearfoot/Ankle Surgery (PMSR/RRA). The principal difference between the PMSR and the PMSR/RRA is that residents in the PMSR/RRA are afforded additional training experiences in reconstructive rearfoot and ankle surgery and trauma.

Approximately 90 percent of podiatric residencies are categorized as PMSR/RRA programs, while the remaining 10 percent are PMSR programs. It is common for podiatric residents to engage in patient care activities beyond those required by the Council on Podiatric Medical Education (CPME), the accrediting body for podiatric medical education, and although not required by CPME, residents in PMSR programs participate in reconstructive rearfoot and ankle procedures. Since 2013, all graduates from the accredited colleges of podiatric medicine have been required to complete a three-year, hospital-based PMSR or PMSR/RRA. APMA would stress that CPME-approved residencies of varying duration have been required of all podiatric college graduates since 1983. The fact that the Connecticut statute does not require licensed podiatric physicians to complete any residency is immaterial in practical effect. We would also point out that under current Connecticut law, osteopathic and allopathic physicians are required to have completed only two years of progressive graduate medical training as a resident physician.[2]

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[1] American Medical Association, "Health Care Careers Directory 2008-2009" 36th Ed (2008).

[2] Conn. Gen. Stat. § 20-10 (2023)

Comparison of Physician Education, Training and Practice

Degree	4 Year Graduate Medical Education	Minimum 3 Year Residency	Independently Diagnose and Treat (Office)	Independently Diagnose and Treat (Hospital)	Surgical Privileges (Hospital)	Admitting (H&P) Privileges	Full Rx License
Doctor of Podiatric Medicine (DPM)	•	•	•	•	•	•	•
Medical Doctor (MD)	•	•	•	•	•	•	•
Doctor of Osteopathic Medicine (DO)	•	•	•	•	•	•	•

With regard to CPMA's proposal to modernize the scope of practice to permit qualified podiatric physicians to perform the aforementioned procedures, it is important to note that these procedures are already well within the skillset of today's podiatric physicians and surgeons. However, under current Connecticut law, the limitations imposed on DPMs practicing in Connecticut prevent these skilled surgeons from performing these procedures. Concessions in 2006 were made in a long-fought compromise between various stakeholders to update Connecticut's podiatric physicians' scope of practice to include treatment of the ankle. Sincer that time, a majority of states have incorporated these procedures into their podiatric physician scope of practice.

Review of States' Podiatric Scope of Practice
With regard to the specific procedures permitted state by state, in APMA's review of podiatric scope of practices, we found the following:

- **Total Ankle Replacements:** An overwhelming majority of states permit treatment of the ankle and leave specific delineation of privileges up the facility. Only four states (including Connecticut), explicitly exclude podiatric physicians from performing this procedure.
- **Tibial Pilon Fracture:** Similarly, an overwhelming majority of states permit podiatrists to treat tibial pilon fractures and leave specific delineation of privileges to perform this procedure up to hospitals and other similarly designated facilities. Only three states (including Connecticut) explicitly exclude podiatric physicians from performing this procedure.
- **Partial or Total Foot Amputations:** The majority of states permit partial and/or total foot amputation. Only Massachusetts explicitly excludes any amputation, and only Nebraska explicitly excludes amputation beyond the toes.

Some states put in place certain qualifications that must be met by any DPM seeking to perform these procedures, but again, the overwhelming majority of states do not explicitly ban podiatric physicians from performing them, as it currently stands under the Connecticut podiatric physician scope of practice. Many states take the same approach to podiatric physicians as they do to allopathic and osteopathic physicians: omit reference to specific procedures and leave it to individual facilities to determine and grant privileges to perform certain procedures. This is the case in Texas, which one responding stakeholder incorrectly identified as banning treatment by podiatrists of the ankle, along with Louisiana.

APMA also underscores that CPMA's request does not encompass the procedures listed by some of the responding stakeholders —i.e., treatment at or above the knee. CPMA is solely seeking the authorization

for certain, qualified podiatric physicians and surgeons to operate within the bounds of their extensive education, training, and experience.

Conclusion

APMA supports prioritizing patient safety and we do not believe that updating the Connecticut scope of practice to reflect the current training, education, and qualifications of podiatric physicians is incongruous with that goal. Equally important is to recognize that the residents of Connecticut deserve expanded access to the best foot and ankle physicians available. We firmly believe that updating Connecticut's podiatric physician scope of practice will yield significant benefits for patients by expanding their options for foot and ankle care. Connecticut will also benefit—by updating the scope of practice to be more in line with what today's podiatric physicians are qualified and trained to do, the state will attract the best and brightest DPMs. A state's scope of practice should represent the highest level to which a qualified professional can provide patient care, within any medical profession or specialty. By aligning the legal authority to practice podiatric medicine and surgery with the extensive education, training, and experience of today's podiatric physician, Connecticut can ensure that health-care consumers receive the highest quality of care possible. Within CPMA's membership, there are numerous podiatric physicians who possess the required education, training, and experience to perform total ankle replacements, tibial pilon fracture surgery, and foot amputations with the same degree of care as currently delivered to Connecticut patients by our allopathic and osteopathic colleagues.

APMA is here to serve as a valuable resource for any further information related to this discussion. For inquiries and additional details, please feel free to contact Gail M. Reese, JD, Director of the APMA Center for Professional Advocacy at greese@apma.org or 301-581-9230. Thank you for your time and consideration.

Respectfully,

Sylvia Virbulis, DPM
President