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March 2, 2012

RE: AN ACT to amend the education law, the public health law and the civil practice law and rules, in relation to the practice of podiatry

A.9293 (Pretlow)  
S.3758A (Libous)

**MEMORANDUM IN OPPOSITION**

Submitted on behalf of the Blue Cross and Blue Shield Plans

The Blue Cross and Blue Shield Plans of New York oppose enactment of this bill which would place the health of New Yorkers at risk by allowing inadequately trained individuals to provide health care treatment. This bill would expand the scope of practice of podiatrists beyond treatment of the foot. Specifically, it would allow podiatrists to diagnose, treat, operate and prescribe for any disease, injury or deformity of the foot and ankle and all soft tissue structures of the leg all the way up to the knee. The bill also allows for the treatment of systemic conditions that manifest in the lower leg.

Currently, podiatrists are authorized to diagnose, treat, operate and prescribe medication for any disease, injury, deformity or other condition of the foot. In addition to expanding the scope of practice to include treatment of the leg, this bill would remove important restrictions on the current practice of podiatry. Podiatrists are currently prohibited from treating fractures or performing surgical procedures on the malleoli (the protrusion of the ankle bones). Generally, these procedures are performed by orthopedic surgeons. In addition, podiatrists who prescribe or administer narcotics are currently required to obtain a certificate from the Department of Education. This bill removes these restrictions, placing patients at risk.

Our most significant concern with this legislation is the fact that podiatrists are neither trained in the same manner as general physicians, nor are they trained to treat patients' systemic or complicating secondary diagnosis problems. Rather, their expertise is in the diagnosis and treatment of patients' feet. This bill would increase the potential for a patient's condition to go

unnoticed, be improperly diagnosed, or be exacerbated by improper treatment from a podiatrist.

There are significant differences in the training of physicians and podiatrists. Supporters of this legislation have argued that orthopedic surgeons and podiatrists have similar undergraduate coursework and that the first two years of their graduate education is often very similar. Considering the extensive training provided to orthopedic surgeons through four years of medical school and a five year residency program, similar coursework so early in an academic career is a completely unconvincing argument that the training is comparable. While it is true that podiatrists complete four years of podiatry school as well as a residency, current standards require a residency program which is either twenty-four or thirty-six months long, whereas physicians must complete a program that is a full five years in length. The Council on Podiatric Medical Education has proposed accreditation changes that would require a 36 month residency – although some podiatrists may seek a longer residency program, it is not a requirement. It is this time later in the academic career that provides the specialized training required for complicated surgeries. Further, while some podiatry residents are permitted into the operating room and may assist in a limited manner, they are not involved with the critical range of pre and post-operative contact with the patient.

In addition to more comprehensive educational requirements, physicians are subject to a strict credentialing process in order to become participating providers with health plans. This credentialing process ensures that patients receive safe, high quality care. Professional certification in the field of podiatry is not a uniform system and the various standards undermine health plans' ability to comprehensively credential podiatrists. Three different entities provide a path to certification, with some providing more than one pathway, each with varying degrees of surgery training. For example, while podiatrists certified by the American Board of Podiatric Surgery may have extensive training in the areas which this bill addresses, this bill does not limit the scope of practice expansion to this particular certification.

Further, expanding the practice of podiatry will lead to unnecessarily duplicative levels of care and will contribute to the rising cost of health care – all while providing little benefit to patients. Any scope of practice expansion will likely result in yet another costly mandate. New York State already has over 40 mandates that significantly increase the cost of health insurance premiums by an average of 12%. (Nova Consulting 2005). New York's mandate-rich approach to health insurance presents complicating factors in the face of federal health care reform as policies meeting the State's mandate requirements will likely be significantly different from those required by the health insurance exchange.

Permitting podiatrists to treat patients beyond the scope of their expertise subjects patients to unnecessary risks and increasing expenses without a discernable benefit. For the foregoing reasons, we oppose enactment of this legislation.

Respectfully submitted,

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Legislative Counsel for the Blue Cross and Blue Shield Plans

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