



September 1, 2016

The Honorable Andy Biggs
President
1700 West Washington
Phoenix, Arizona 85007

The Honorable David Gowan
Speaker
1700 West Washington
Phoenix, Arizona 85007

Reference: Sunrise Application – Expanded Scope of Practice for Podiatrists

Dear President Biggs and Speaker Gowan:

Enclosed please find an application submitted on behalf of The CORE Institute requesting the consideration of a change in the scope of practice of podiatrists in Arizona.

The motivation and validation for this request is fully articulated in this application.

We are looking forward to an opportunity to participate in a Sunrise process and are eager to answer any questions you may have.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "David Jacobsky".

David Jacobsky, MD
Chairman & CEO
The CORE Institute®

Cc: Senator Nancy Barto
Representative Heather Carter
Office of the Auditor General
Ingrid Garvey, House Health Staff
Emily Mercado, Senate Health Staff

Sunrise Application

August 31, 2016

To provide statutory authority for a Doctor of Podiatric Medicine
to perform specified amputations.

The CORE Institute®

1. A DEFINITION OF THE PROBLEM AND WHY A CHANGE IN THE SCOPE OF PRACTICE IS NECESSARY INCLUDING THE EXTENT TO WHICH CONSUMERS NEED AND WILL BENEFIT FROM PRACTITIONERS WITH THIS SCOPE OF PRACTICE.

Currently Arizona Statute prevents all Doctors of Podiatric Medicine (DPMs) from performing amputation at any level. Arizona Revised Statutes 32-801 states clearly that amputation for the foot, toe or leg as well as administration of anesthetic other than local is prohibited. Arizona is the only state with statute that explicitly outlaws amputation. For your reference, I have attached a helpful grid produced by The American College of Foot and Ankle Surgeons that summarizes the scope of practice provisions for DPMs across the country. Please note that while some states do include leg care in the DPM statute, the vast majority are silent on amputation of the foot and toe. This allows each individual state board to determine the best way to protect public health and safety.

Arizona's patients will experience many valuable and tangible benefits from this expansion of scope. The status quo is unnecessarily limiting and is ultimately allowing for diminished quality of outcomes for patients and increased costs to both private and state insurers. For an excellent example of the consequences, one can look to a disease that impacts nearly 30 million Americans and is a leading cause of death: diabetes. Due to neuropathy and poor blood flow, many diabetics suffer from serious foot issues that can result in dangerous complications. Currently in Arizona, a diabetic foot wound consult is one of the hardest consults to secure. An infection can rapidly go proximal if the initial amputation is delayed which may result in further limb loss. Limiting a DPM's ability to provide amputation is causing unnecessary pain and suffering for patients and costly long-term obligations for the insurer.

Currently, General surgeons, Orthopedic surgeons and Vascular surgeons are the sole providers for foot and toe amputations and are burdened by this unnecessary limitation on their DPM colleagues. A surgically trained DPM has the highest level of training in the performance of these specific foot and ankle amputations, vast knowledge of the concomitant procedures, and most important: a deep understanding of the prosthetics and shoe gear that will prevent further ulceration and infection.

2. THE EXTENT TO WHICH THE PUBLIC CAN BE CONFIDENT THAT QUALIFIED PRACTITIONERS ARE COMPETENT INCLUDING:

Patient safety and wellbeing will be not only protected but enhanced with the addition of amputation to the DPM scope of practice. A DPM is the premier expert in this level of limb salvage care and should be able to provide this care to their patients. Surgically trained podiatrists are most qualified to maximize outcomes while minimizing the level of amputation needed given the patient's clinical presentation. A successful amputation will frequently include DPM specialties such as osteotomies and tendon-balancing procedures. In fact, DPMs regularly perform foot and ankle reconstructive surgeries that are far more complex than an amputation. Examples include, but are not limited to: hindfoot fusions, total ankle arthroplasty, complex hindfoot reconstruction and others. These intricate procedures have much higher potential for postoperative complications when compared to an amputation. The current statute accomplishes one thing: to delay and restrict efficient and expert care for patients in need.

a. EVIDENCE THAT THE PROFESSION'S REGULATORY BOARD HAS FUNCTIONED ADEQUATELY IN PROTECTING THE PUBLIC.

The Arizona Board of Podiatric Examiners was the subject of a Performance Audit and Sunset Review performed by the Office of the Auditor General in 2008. The report was quite positive and found that the board is thoroughly protecting the public in the issuance of licenses, permits and investigation of complaints. The CORE Institute holds the utmost respect for the Board and carries on with the integrity and ethical behavior that the Board and the profession expect.

b. WHETHER EFFECTIVE QUALITY ASSURANCE STANDARDS EXIST IN HEALTH PROFESSIONS, SUCH AS LEGAL REQUIREMENTS ASSOCIATED WITH SPECIFIC PROGRAMS THAT DEFINE AND ENDORSE STANDARDS OR A CODE OF ETHICS.

The DPM code of ethics is stated at graduation and again when Board and Association Status is achieved. The podiatrist's primary obligation is to place patient wellbeing above all other considerations. All DPMs in the State of Arizona must be licensed by the Board of Podiatric Examiners. They undergo both a written examination and oral interview which include the surgical scope of practice. The Board has effective and efficient practices in place that are well equipped to handle any complaints that may arise. All evidence suggests that they are very successfully doing just that.

DPMs, like all other health professions, have rigorous standards pertaining to their continuing education. Pursuant to Arizona Revised Statutes 32-829(A), when a licensee wishes to renew their Arizona podiatry license, they must present to the Board that in the year preceding the application for renewal the licensee completed at least twenty-five hours of Board approved continuing education courses. The Continuing Medical Education (CME) courses can include: hands-on courses in podiatric assessment, anatomy and physiology, surgical techniques, wound care, billing and coding, practice management, ethics, documentation and charting and courses related to medical areas such as diabetes, pharmacology, geriatrics, disease pathology and physical therapy.

c. EVIDENCE THAT THE STATE APPROVED EDUCATIONAL PROGRAMS PROVIDE OR ARE WILLING TO PROVIDE CORE CURRICULUM ADEQUATE TO PREPARE PRACTITIONERS AT THE PROPOSED LEVEL.

Podiatric surgical training is standardized with requirements to perform a high number of amputations prior to completion of a surgical residency. In fact, the DPM amputation requirements exceed the requirements for the completion of training as a medical doctor in a surgical residency in the United States. The other practitioners currently performing these amputations do not have nearly as extensive nor specific foot and ankle amputation requirements.

During their medical training, DPMs currently undergo an intensive program called American Podiatric Medical Licensing Examiners (AMPLE) Steps I, II, and III culminating in rigorous exams prior to obtaining their licensure. The National Board of Podiatric Medical Examiners (NBPME) administers these exams. Surgical residencies are standardized by the NBPME to ensure high quality and consistency. Notably, each residency program already includes documentation of competency in foot and ankle amputations.

The education of a DPM begins with comprehensive classes on the various systems with additional focus on the lower extremities. The third and fourth years of the DPM education is comprised of clinicals that are often held across the country and offer a diverse educational experience on surgical techniques. Following the DPM's graduation, they will attend a three to four-year residency. Currently, podiatric residents in the State of Arizona rotate with orthopedics, general surgery, and/or vascular surgery to ensure that they have an extensive and exhaustive exposure to surgical techniques specific to the foot and ankle, toe amputation included, that will prepare them for graduation and licensure. In all other

states this skill is primarily learned on podiatric rotations with augmented exposure with other subspecialties. It is likely that Arizona will shift to this model, the national educational norm, should this application be successful.

3. THE EXTENT TO WHICH AN INCREASE IN THE SCOPE OF PRACTICE MAY HARM THE PUBLIC INCLUDING THE EXTENT TO WHICH AN INCREASED SCOPE OF PRACTICE WILL RESTRICT ENTRY INTO THE PRACTICE AND WHETHER THE PROPOSED LEGISLATION WILL REQUIRE REGISTERED, CERTIFIED, OR LICENSED PRACTITIONERS IN OTHER JURISDICTIONS WHO MIGRATE TO THIS STATE TO QUALIFY IN THE SAME MANNER AS STATE APPLICANTS FOR REGISTRATION, CERTIFICATION, OR LICENSURE IF THE OTHER JURISDICTION HAS SUBSTANTIALLY EQUIVALENT REQUIREMENTS FOR REGISTRATION, CERTIFICATION OR LICENSURE AS THOSE IN THIS STATE.

There are no reasonable scenarios where a podiatrist performing a specified amputation would harm patient safety. As specialists of the foot and ankle, surgically trained DPMs have the ultimate understanding of anatomy and biomechanics of the foot and ankle. DPMs that have graduated from an accredited residency program have mastered the skillset necessary to perform these amputations.

There is no scenario where this change would restrict entry to the profession. As was mentioned previously, nationwide all DPMs currently have this skillset and are able to perform amputations. Certainly, a non-operative DPM could continue to obtain licensure in Arizona in the same manner. They simply would not request surgical privileges when obtaining their hospital credentials, which is the standard nationwide. A DPM that wished to relocate to Arizona would likewise qualify given their documented surgical case logs.

4. THE COST TO THIS STATE AND TO THE GENERAL PUBLIC OF IMPLEMENTING THE PROPOSED INCREASE IN SCOPE OF PRACTICE.

Allowing DPMs to provide amputations for their patients will not impose any costs upon the state nor the general public. In fact, it will help close the referral gap problem mentioned earlier in this petition and thus result in improved patient outcomes and reduced cost to both private and state insurance. There is a well-documented, nationwide shortage of General and Vascular surgeons who are frequently needed in critical cases that are often immediately life threatening situations. By putting DPMs in line for the delivery of care in amputation cases, Vascular and General surgeons would be freed up for such complex emergencies. Getting patients to the right practitioner in an expeditious manner significantly reduces the likelihood of complications and comorbidities. A timely and well executed response to a health issue can prevent a problem from escalating, reduce the likelihood of future claims, and allow the individual to return to a productive, healthy state of being.

The cost savings for both private and state insurers that will be achieved by allowing DPMs to amputate are substantive and well documented. Podiatrists have more training in the lower extremities than any other profession. Post amputation, they are more cognizant of offloading all prominences of the foot to prevent further ulceration and thus minimizing the risk of further costly amputations. When an amputation is performed, it is imperative that the tendon lengthening or transfers be done to balance the foot and prevent future deformity and ulceration. The General, Vascular and Orthopedic surgeons who are currently performing these procedures in Arizona do not receive the same focus in their education and are likely not as well-equipped to perform them.

PROPOSED LANGUAGE

32-801. Definitions

In this chapter, unless the context otherwise requires:

1. "Board" means state board of podiatry examiners.
2. "Electrical treatment" means the use of electricity in the diagnosis or treatment of an ailment of the foot or leg by electrodes, lights, rays, vibrators or a machine run by electricity.
3. "Leg" means that part of the lower limb between the knee and the foot.
4. "Letter of concern" means an advisory letter to notify a podiatrist that while there is insufficient evidence to support a disciplinary action the board believes the podiatrist should modify or eliminate certain practices and that continuation of the activities which led to the information being submitted to the board may result in action against the podiatrist's license.
5. "License" means a license to practice podiatry.
6. "Manipulative treatment" means the use of the hand or machinery in treatment of the foot or leg.
7. "Mechanical treatment" means application of a mechanical appliance of whatever material to the foot or leg, or to the shoe or other footgear.
8. "Medical treatment" means recommendation, prescription or local application of a therapeutic agent for relief of a foot or leg ailment.
9. "Podiatrist" is synonymous with podiatric physician and surgeon and means a person who, within the limitations of this chapter, is registered and licensed to practice podiatry by means of diagnosis or medical, surgical, mechanical, manipulative or electrical treatment of ailments of the human foot and leg, but does not include amputation of the foot, ~~toe~~ or leg nor administration of an anesthetic other than local.
10. "Podiatry" is synonymous with chiropody and means diagnosis or medical, surgical, mechanical, manipulative or electrical treatment of ailments of the human foot and leg, but does not include amputation of foot, ~~toe~~ or leg nor administration of an anesthetic other than local.
11. "Surgical treatment" means the use of a cutting instrument to treat an ailment of the foot or leg.

ANALYSIS AND SUMMARY

The CORE Institute and our colleagues at The Arizona Podiatric Medical Association, The Arizona Medical Association, and The Arizona Board of Podiatric Examiners have thoroughly debated and discussed the best possible way to achieve our mutual goal of allowing Podiatric Surgeons to perform certain amputations. We have concluded that the best option is to strike "toe" from ARS 32-801 (10). This simple change will allow a podiatrist to perform amputations at the specified level where they are uniquely qualified experts while keeping it limited to ensure public safety. This statutory adjustment further ensures that all podiatrists are treated equally under the law and a complicated, inefficient system of tiered licenses does not arise. Notably, as with all other surgical procedures, the credentialing for these amputations would remain within the jurisdiction of the hospital's credentialing committee.

On behalf of The CORE Institute, we respectfully submit this sunrise application and request your consideration.