



**American Podiatric Medical Association
Written Testimony of Patrick DeHeer, DPM, President
to the**

**U.S. Senate Committee on Appropriations
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Concerning Fiscal Year 2027 Appropriations report language for the Centers for
Medicare & Medicaid Services (CMS)**

May 22, 2026

Chairwoman Collins, Vice Chair Murray, and members of the Subcommittee, my name is Dr. Patrick DeHeer, and I serve as president of the American Podiatric Medical Association (APMA). APMA represents the vast majority of the more than 15,000 licensed podiatric physicians and surgeons, also known as doctors of podiatric medicine (DPMs), in the United States. Our members diagnose and treat conditions of the foot and ankle that affect millions of Americans, including individuals with diabetes, circulatory disorders, and other chronic conditions. Podiatrists are uniquely qualified, among other medical professionals, to diagnose vascular conditions like peripheral artery disease (PAD), based on their education, training, and experience.

I respectfully request that report language below from the Senate Labor, Health and Human Services, Education, and Related Agencies Appropriations Subcommittee's fiscal year (FY) 2027 report, regarding recommendations the Centers for Medicare and Medicaid Services (CMS) should take to bolster interagency coordination on public awareness efforts to improve PAD prevention, access, and outcomes, be included in any final appropriations package.

Peripheral Artery Disease [PAD] Amputation Prevention Initiative.—An estimated 21.0 million Americans have PAD, and approximately 200,000 of them suffer avoidable amputations every year because of the disease. CMS is encouraged to promote amputation prevention services at hospitals, ambulatory surgical centers, and office-based centers that focus on: (1) patient risk modification and management; (2) early screening, detection, and surveillance; (3) testing and treatment for PAD; and (4) improving care coordination for individuals at high risk for amputation. The Administrator of CMS is encouraged, in collaboration with HRSA, CDC, and leading clinical and patient advocacy organizations, to establish a PAD education program with existing funds. The Committee requests that CMS, working with HRSA and CDC, provide an update on this important initiative during the Fiscal Year 2028 budget process providing a written report within 180 days of enactment.

PAD is caused by the blockage or narrowing of arteries in the legs due to the buildup of fatty deposits called plaque. The buildup of plaque causes the arteries to harden and narrow, resulting in poor circulation to the legs and feet. Without early intervention, patients experience severe complications like non-healing foot ulcers, severe pain, and restricted blood flow that can require amputation. Podiatrists are often the front-line physicians who initially assess PAD patients by performing ankle brachial index (ABI) tests which compare ankle blood pressure to arm blood pressure to diagnose the condition. Podiatrists regularly work in multidisciplinary care teams with other vascular specialists to provide joint treatment that restores blood flow, manages wounds, and prevents limb loss.

Studies show that the inclusion of podiatrists in a PAD care team is essential in the successful wound treatment and management of diabetes mellitus (DM), which is strongly associated with PAD.¹ Routine surveillance from podiatrists helps identify non-surgical and cost-effective treatment options that preserve patient mobility. Aside from direct treatment, podiatrists also provide preventive education that helps protect patients from the incidence and recurrence of ulceration that can lead to amputation.

While there have been significant advances in preventive and surgical treatment of the condition, PAD detection and treatment rates are low.² Within PAD patient subpopulations, there are significant health outcome variations. Patients in rural communities face worse health outcomes, with higher rates of amputation and additional complications.³ Socioeconomic status also contributes to strong PAD-related health disparities in the United States.⁴

PAD-related education gaps strongly influence patient access and outcomes. Patients in underserved communities routinely lack the knowledge to recognize the severity of their symptoms that require treatment.⁵ Specifically, patients have little understanding of the pre-PAD risk factors, like leg pain or cramping, that require medical attention, with these awareness gaps especially pronounced among black and Hispanic patients. Patients are also unaware of the significant benefits early intervention has on preventing disease progression and amputation.⁶

¹ Dhand, Sabeen. "Multidisciplinary approach to pad: Who's on your team?" *Seminars in Interventional Radiology*, vol. 35, no. 05, Dec. 2018, pp. 378–383, <https://doi.org/10.1055/s-0038-1676094>.

² Minc, Samantha D., and Katharine L. McGinigle. "Peripheral artery disease: New concepts, treatments, and disparities." *Annual Review of Medicine*, vol. 77, no. 1, 27 Jan. 2026, pp. 45–58, <https://doi.org/10.1146/annurev-med-050124-045433>.

³ Demsas, Falen, et al. "Disparities in peripheral artery disease care: A review and call for action." *Seminars in Vascular Surgery*, vol. 35, no. 2, June 2022, pp. 141–154, <https://doi.org/10.1053/j.semvascsurg.2022.05.003>

⁴ Zil-E-Ali, Ahsan, et al. "A systematic review to examine the impact of socioeconomic status on revascularization for peripheral arterial disease, carotid artery surgery, and Aortic Aneurysm Repair Outcomes in the United States." *Journal of Vascular Surgery*, vol. 81, no. 3, Mar. 2025, <https://doi.org/10.1016/j.jvs.2024.09.040>.

⁵ Frame, Katy. "New Data: 70% of Americans Unaware of Common Vascular Disease That Is One of the Leading Causes of Amputation." *Society for Vascular Surgery*, 8 Feb. 2024, vascular.org/news-advocacy/articles-press-releases/new-data-70-americans-unaware-common-vascular-disease-one.

⁶ Frame 2024

As a result of widespread educational barriers, approximately 9% of Americans with PAD delay or forgo care, leading to subpar health outcomes, preventable non-traumatic amputations, and increased healthcare expenditures.⁷ PAD-related complications also create a substantial financial burden on the American healthcare system. The average annual expenditure per PAD patient is over \$11,000. Medicare and Medicaid finance the majority of bills related to PAD complications.⁸

APMA was strongly supportive of the report language in *Public Law No: 119-75, the Consolidated Appropriations Act, 2026*, which encouraged the Director of the Centers for Disease Control and Prevention (CDC) to collaborate with the Centers for Medicare and Medicaid Services (CMS) and the Health Resources and Services Administration (HRSA) to create a PAD education program. The report language also called for CMS to promote amputation prevention services at hospitals, ambulatory surgical centers, and office-based centers, measures that will improve public awareness of early onset risk factors and strengthen early interventions for underserved patient communities with low health literacy.

By bolstering federal coordination efforts, the report language above will take steps to curb the national education gap that contributes to the under recognition of PAD symptoms and diagnosis. The language advances the much-needed federal approach of prioritizing proactive outreach in high-risk communities to prevent late-stage amputations.

We believe these actions will improve public awareness of PAD-risk factors and improve early diagnosis and treatment of high-risk patient populations.

We thank you for the opportunity to share our perspective and for your leadership in advancing high-quality care for patients with chronic and life-threatening conditions like PAD. If we can be of assistance, please contact Ben Melano, Director of Government Affairs, at bmelano@apma.org.

⁷ Reddy, Kriyana P., et al. “Delayed or forgone medical care associated with increased resource utilization and health care expenditures among patients with peripheral artery disease in the United States.” *Journal of Vascular Surgery*, vol. 81, no. 5, May 2025, <https://doi.org/10.1016/j.jvs.2024.12.132>

⁸ Scully, Rebecca E., et al. “Estimated annual health care expenditures in individuals with peripheral arterial disease.” *Journal of Vascular Surgery*, vol. 67, no. 2, Feb. 2018, pp. 558–567, <https://doi.org/10.1016/j.jvs.2017.06.102>.