

Diabetes Foot Health Access and Modernization Act

House Champions: Rep. John Joyce, MD (R-PA), Rep. Diana DeGette (D-CO), Rep. Darren Soto (D-FL), Rep. Mike Rulli (R-OH), Rep. Kim Schrier, MD (D-WA), and Rep. Mike Kennedy, MD (R-UT)

Senate Champions: Sen. Todd Young (R-IN) and Sen. Raphael Warnock (D-GA)

MODERNIZING FOOT CARE IN MEDICARE AND MEDICAID

With over 40 million Americans living with diabetes and 1.5 million new cases diagnosed each year, timely access to specialized foot care is critical.[1] People with diabetes are at increased risk for foot complications such as ulcers, neuropathy, and vascular disease, all of which can lead to lower extremity amputations that could have been prevented with proper foot care.

Despite the growing incidence of diabetes in Americans and the foot complications that accompany it, Medicare and Medicaid policies on the coverage of diabetic foot care are outdated and cumbersome. The Diabetes Foot Health Access and Modernization Act sets forth targeted Medicare and Medicaid policy changes to reduce unnecessary administrative burdens and improve timely access to this essential care.

KEY FEATURES OF THE DIABETES FOOT HEALTH ACCESS AND MODERNIZATION ACT

Reduces Documentation Burden for Therapeutic Shoes in Medicare

Since 1987, therapeutic shoes have been a covered Medicare benefit. Initially launched as a demonstration program, it was made permanent after showing significant cost savings and improved patient outcomes. However, despite advances in technology, medicine, and fraud and abuse protections, the benefit has not been updated since its inception.

- **Modernizes outdated documentation requirements causing significant delays in care**
 - Medicare documentation requirements for therapeutic shoes result in months-long waiting periods that can lead to further complications, like amputation, for Medicare patients.
 - 58% of APMA-member podiatrists report waiting 1 month or longer to receive documentation paperwork from the managing physician.
 - 45% of APMA-member podiatrists report that documentation delays prevent them from prescribing therapeutic shoes to at least 30% of their patients who need them.
 - The Diabetes Foot Health Access and Modernization Act would strengthen podiatrists' authority in the documentation process, replacing burdensome manual paperwork requirements with an electronic, attestation framework.

[1] American Diabetes Association, Statistics About Diabetes, <https://diabetes.org/about-diabetes/statistics/about-diabetes> (last visited Feb. 27, 2026).

- **Aligns the benefit with existing fraud and abuse guardrails for other physician services**
 - The Diabetes Foot Health Access and Modernization Act explicitly states that diabetic shoes are “designated health services” subject to the Stark Law, which prohibits a physician from referring Medicare patients to entities the physician has an investment interest, unless a recognized exception applies.

Establishes Medicaid Coverage Parity for Podiatrists

The current Medicaid statute covers physician services, including, in most cases, medical and surgical care of the foot and ankle. However, the Medicaid definition of the term “physician” is limited to MDs and DOs and does not include doctors of podiatric medicine (DPMs).

- **Recognizes podiatrists as covered physicians under the federal Medicaid program, aligning podiatrist's physician designation at parity with Medicare**
 - Although podiatrists are not recognized as “covered physicians” under Medicaid, all but three states—Alaska, Alabama, and Kansas—cover services by podiatrists. The Diabetes Foot Health Access and Modernization Act would require coverage in those remaining states, strengthening access to lower extremity care.
- **Improves patient outcomes and reduces long-term federal health costs**
 - When Arizona eliminated Medicaid coverage for services by podiatrists, hospital admissions for patients diagnosed with a diabetic foot infection increased by **37.5%**, and severe outcomes like amputation, sepsis, or death increased by **50%**.^[2] Elimination of \$1 of care by podiatrists resulted in a cost increase of **\$44**.^[3]
 - Each dollar invested in care by podiatrists results in up to **\$51** of savings for patients in the general population. Patients with diabetes seen by a podiatrist before a foot ulcer diagnosis have a **20%** lower risk of amputation and a **26%** lower risk of hospitalization than those not seen by a podiatrist.^[4]

APMA urges Congress to pass the *Diabetes Foot Health Access and Modernization Act* to reduce Medicare documentation burdens for therapeutic shoes and establish Medicaid coverage parity for podiatrists.

For questions, please contact APMA Advocacy Team at advocacy@apma.org.

[2] Skrepnek, Grant H., et al. “Foot-in-wallet disease: Tripped up by ‘cost-saving’ reductions?” *Diabetes Care*, vol. 37, no. 9, 7 Aug. 2014, <https://doi.org/10.2337/dc14-0079>.

[3] Skrepnek, Grant H., et al. “Foot-in-wallet disease: Tripped up by ‘cost-saving’ reductions?” *Diabetes Care*, vol. 37, no. 9, 7 Aug. 2014, <https://doi.org/10.2337/dc14-0079>.

[4] Carls, Ginger S., et al. “The economic value of specialized lower-extremity medical care by podiatric physicians in the treatment of diabetic foot ulcers.” *Journal of the American Podiatric Medical Association*, vol. 101, no. 2, 1 Mar. 2011, pp. 93–115, <https://doi.org/10.7547/1010093>.