



American Podiatric Medical Association
Written Testimony of Brooke Bisbee, DPM, President
to the
U.S. Senate Committee on Aging
The Doctor Is Out: How Washington’s Rules Drove Physicians Out of Medicine

February 11, 2026

Dear Chairman Scott and Ranking Member Gillibrand,

On behalf of the American Podiatric Medical Association (APMA), I thank you for the opportunity to submit written testimony for the Senate Committee on Aging’s February 11, 2026, hearing, titled “The Doctor Is Out: How Washington’s Rules Drove Physicians Out of Medicine.” 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.

Reducing the Burden of Prior Authorization

APMA remains deeply concerned about the ongoing overuse and abuse of prior authorization (PA) by Medicare Advantage Organizations. A major barrier to affordable coverage, PA results in a significant administrative burden for physicians, including podiatrists, and their practices. APMA members regularly navigate outdated systems, which rely on manual, paper-based labor to submit PA requests and appeals. Instead of addressing the needs of vulnerable patients, podiatrists dedicate unnecessary amounts of time to this outdated and inefficient structure.

Long wait times for PA claim prolong access to foot and ankle care and increase the risk of health complications like infections, wounds, and lower-limb amputations. Despite strong approval rates for previous services, podiatrists must go through the PA process each time. PA appeals demand additional time, with insurance companies using in-house health professionals to review claims. Although peer-to-peer reviews are intended to support clinical decision-making, payors employ non-physicians or physicians from unrelated specialties than the physician submitting the PA request, leading to incorrect denials. In all, this burdensome red tape increases administrative costs and forces practices to dedicate staff to claim processing, all of which drives up health-care costs and increases physician burnout.

The lack of transparency in the PA process leaves podiatrists without the clear information needed to navigate PA denials. APMA members frequently report confusion and frustration with the often unclear and opaque PA processes. This includes the use of AI, which can employ generalized, biased data to incorrectly deny claims. Insurance companies provide very little or no information about their internal AI claim policies.

APMA urges Congress to pass H.R. 3514, the *Improving Seniors' Timely Access to Care Act*, which would implement significant reforms to the Medicare Advantage (MA) prior authorization (PA) process. The bipartisan legislation would establish a mandatory electronic PA program for MA plans that would streamline transactions for providers, strengthen MA PA transparency to better help providers navigate the process, and clarify MA PA decision timeframes to ensure efficient access to care.

This legislation is especially important for patients with urgent needs, such as diabetic foot ulcers or fractures. Patients who are denied treatment or not treated promptly will suffer from intensifying pain and be at higher risk of infection or amputation. It also enables podiatrists to focus on providing cost-effective care for all seniors.

Addressing Documentation Burdens in the Therapeutic Shoes for Patients with Diabetes Program

Diabetic shoes—defined as extra-depth shoes with inserts or custom-molded shoes with inserts—are a critical, evidence-based intervention for patients living with diabetes. These specialized shoes are proven to reduce the incidence of foot ulcers, prevent avoidable hospitalizations, decrease the risk of lower-extremity amputations, and ultimately help patients live longer, healthier lives.

Since 1987, therapeutic shoes have been a covered benefit under Medicare. Originally launched as a demonstration program, the benefit was made permanent after it demonstrated significant cost savings and improved health outcomes for beneficiaries. Yet despite major advances in medical practice, health information technology, and fraud prevention safeguards over the past four decades, the statutory and regulatory framework governing this benefit has not been meaningfully modernized.

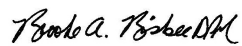
Today, nearly one-third of Medicare beneficiaries are living with diabetes, making timely access to therapeutic footwear essential to preventing devastating and costly lower-extremity complications. [85 percent](#) of amputations caused by diabetes-related complications are preventable, underscoring the critical role of early intervention and consistent preventive care.¹ However, current documentation requirements within the Medicare Therapeutic Shoe benefit create unnecessary and harmful delays. Before a patient can receive shoes, podiatrists must obtain certification paperwork from the physician (MD/DO) managing the patient's diabetes. In practice, podiatrists often wait months for the required documentation—if it is returned at all. Orders frequently expire before paperwork is completed, forcing repeated outreach and restarting the process. These delays leave vulnerable patients without medically necessary preventive care, increasing the risk of infection, worsening circulation, hospitalization, and ultimately avoidable, life-altering amputations.

¹ Todd W. F., David G. Armstrong & P. J. Liswood, "Evaluation and Treatment of the Infected Foot in a Community Teaching Hospital," *Journal of the American Podiatric Medical Association* 86, no. 9 (1996): 421–426, doi:10.7547/87507315-86-9-421.

The administrative burden has become so significant that many podiatrists have opted out of providing the benefit altogether, limiting patient access and undermining the program's original intent. Congress must act to modernize the statute, reduce unnecessary documentation barriers, and strengthen podiatrists' authority within the certification process. Streamlining these requirements will preserve program integrity while ensuring timely access to care—protecting patients, reducing long-term Medicare costs, and ultimately saving limbs and lives.

APMA looks forward to assisting you with this and other initiatives aimed at reducing regulatory burdens for physicians. Please contact Chad Appel, JD, APMA Vice President, Advocacy at cappel@apma.org with any questions. Thank you for considering our views.

Sincerely,



Brooke A. Bisbee, DPM
President