

The Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act (H.R. 1634 / S. 1367)

Request

The American Podiatric Medical Association (APMA) requests that you cosponsor the Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act (H.R. 1634 / S. 1367), re-introduced in the US House by Rep. Bill Johnson (R-OH) and Rep. Diana DeGette (D-CO) on March 17, 2023, and by Sen. Debbie Stabenow (D-MI) and Sen. Todd Young (R-IN) on April 27, 2023 in the US Senate.

Problem

The current Medicaid (Title XIX) 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 care provided by a medical doctor (MD) or doctor of osteopathy (DO) as defined in 1861(r)(1) of the Social Security Act (SSA).

“Podiatric Services,” which are not specifically defined in Medicaid (Title XIX) but are presumed to mean services provided by a Doctor of Podiatric Medicine (DPM), are considered optional, despite the fact that podiatric physicians are educated, trained, and licensed to perform the same foot and ankle care services as MDs and DOs. Doctors of podiatric medicine have been defined in the Medicare statute [1861(r)(3), SSA] as physicians for nearly 50 years and are covered as providers in nearly all other federal health programs, including TRICARE, the Veterans Health Administration (VHA), and the Indian Health Service.

Background

Essential medical and surgical foot and ankle care is covered as a benefit by Medicaid programs in all 50 states and the District of Columbia, but it is not always covered when provided by a doctor of podiatric medicine. Current law effectively limits Medicaid beneficiaries’ access to the quality, cost-effective services provided by podiatrists and discriminates against the type of licensed medical professional Medicaid patients might see for foot and ankle care.

The HELLPP Act would save lives, limbs, and money for the Medicaid program—for both states and the federal government. A higher-than-average percentage of Medicaid beneficiaries are at risk for diabetes and related lower limb complications.

Thomson Reuters, which provides industry expertise and critical information to decision makers in financial, legal, tax and accounting, and health-care areas, conducted a three-year study (accessible at: www.tinyurl.com/trstudy) that arrived at, among others, the following conclusions:

- Patients with diabetes in the general population seen by a podiatrist prior to a foot ulcer diagnosis had a 20-percent lower risk of amputation and a 26-percent lower risk of hospitalization than those not seen by a podiatrist
- Medicare-eligible patients with diabetes seen by a podiatrist had a

23-percent lower risk of amputation and a 9-percent lower risk of hospitalization compared with those not seen by a podiatrist

- For the general population, each dollar invested in care by a podiatrist results in up to \$51 of savings
- For the Medicare-eligible population, each dollar invested in care by a podiatrist results in up to \$13 of savings.

Treatment costs for diabetic foot ulcers range between \$7,439 and \$20,622 per episode. Estimated costs for a limb amputation are \$70,434, and can cost as much as \$500,000 over a lifetime. The potential and very significant cost savings of ensuring access to podiatric physicians in all sectors of the health care system—including Medicaid—cannot be disregarded.

Strong Bipartisan & Outside Support

Removing barriers for patient access to podiatric physicians has enjoyed strong bipartisan support in Congress, with bill language previously garnering 32 Senate cosponsors and 220 House cosponsors.

It was included in the Senate Finance Committee’s initial Chairman’s mark of the Deficit Reduction Act of 2005 and in one of the major health reform proposals in 2009, and in the US Senate’s main SGR reform bills. The provision has also received past support from a diverse group of health-care stakeholders including the National Hispanic Medical Association and the American Public Health Association.

Cost

The Congressional Budget Office (CBO) provided an estimate of the Medicaid portion of the bill in 2009. The score was \$200 million over ten years, but did not examine savings that would result from the avoidance of unnecessary hospitalization or prevention of lower extremity amputations and assumed a greatly expanded Medicaid-eligible population. In 2014, CBO issued an updated score of the Medicaid and Medicare provisions, dramatically inflating its estimate to \$1.3 billion over ten years. This estimate must be revisited because CBO mistakenly interpreted both provisions to be expansions of existing programs.

Current Medicaid may deny patient access to the licensed and credentialed medical and surgical specialty care provided by podiatric physicians, even though the care they provide – foot and ankle care – is a covered benefit.

