Support the Bipartisan HELLPP Act

Dear Colleague:

We encourage you to cosponsor H.R. 2235, the Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act. As you may know, doctors of podiatric medicine (also known as DPMs, or podiatrists) are our nation's foot and ankle care specialists, who prescribe medication, perform surgeries, and are licensed by their state boards to deliver independent medical and surgical care without any supervision or collaboration requirement.

Podiatrists have been defined as "physicians" under Medicare for more than 40 years. However, the federal Medicaid definition of physicians only references part of the Medicare definition and therefore only ensuring coverage of necessary foot and ankle care if provided by a medical doctor (MD) or a Doctor of Osteopathy (DO). Because the Medicaid definition for physician differs from Medicare, coverage for foot and ankle care provided by DPMs is optional in Medicaid.

This discrepancy is having real-world adverse consequences for health outcomes and Medicaid program finances. For example, a University of Arizona study—*Foot in Wallet Disease: Tripped up by "Cost Saving" Reductions*—analyzed Arizona's decision to limit Medicaid patient access to podiatrists, and found that excluding podiatrists led to a "marked worsening of outcomes and cost for patients with diabetic foot infections." The state of Arizona reversed its previous decision and included DPMs in their Medicaid program. The study complements other peer-reviewed policy analyses from Thomson Reuters and Duke University which also concluded that when podiatrists are administering medical and surgical foot and ankle care, outcomes are better, hospitalizations are fewer and shorter, and the health-care system saves billions of dollars annually.

The HELLPP Act would enhance patient access to DPMs and improve health quality, while reducing health costs and the federal deficit by:

1. Recognizing DPMs as physicians under Medicaid;
2. Clarifying and strengthening coordination of care among providers under Medicare's current Therapeutic Shoe Program for patients with diabetes; and
3. Providing a pay-for mechanism, which would strengthen Medicaid program integrity.

The HELLPP Act represents a sound policy rationale in making the commitment to remove patient access barriers to timely, specialty medical and surgical foot and ankle care. In the 115th Congress, the HELLPP Act garnered the support of 90 bipartisan Members of the House. Please contact Tom Woodburn (5-4431; Thomas.Woodburn@mail.house.gov) in Rep. DeGette's office or Kelli Ripp (5-5705; Kelli.Ripp@mail.house.gov) in Rep. Johnson's office for more information or to add your name as a cosponsor.

Sincerely,

Diana DeGette
Member of Congress

Bill Johnson
Member of Congress

ISSUE BRIEF

The Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act H.R. 2235

Request

The American Podiatric Medical Association (APMA) requests that you cosponsor the Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act, introduced on April 10, 2019 by Rep. Diana DeGette (D-CO) and Rep. Bill Johnson (R-OH) in the US House.

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 definition of a 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 more than 40 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.

Prepared by the American Podiatric Medical Association,
9312 Old Georgetown Road, Bethesda, MD 20814, 301-581-9200,
www.apma.org. Contact advocacy@apma.org with questions.

Podiatric Medicine: Expertise in Foot and Ankle Care

Doctors of podiatric medicine are podiatric physicians and surgeons, qualified by their education, training, and experience to diagnose and treat conditions affecting the foot, ankle, and related structures of the leg.

- Podiatric medicine is a medical sub-specialty, focused on a specific part of the anatomy similar to other highly focused sub-specialties, such as ophthalmology, cardiology, and otolaryngology.
- Within the field of podiatric medicine and surgery, podiatrists can focus on specialty areas such as surgery, sports medicine, biomechanics, geriatrics, pediatrics, orthopedics, or primary care.

Doctors of podiatric medicine have the education, training, experience, and licensure to:

- perform comprehensive medical history and physical examinations;
- prescribe drugs and order and perform physical therapy;
- perform surgeries ranging from basic to complex reconstructive surgery;
- repair fractures and treat sports–related injuries;
- prescribe and fit orthotics, durable medical goods, and custom–made shoes; and
- perform and interpret X–rays and other imaging studies.

Podiatric Medical Education

Doctors of podiatric medicine receive basic and clinical science education and training comparable to that of medical doctors:

- Four years of undergraduate education focusing on life sciences
- Four years of graduate study in one of the nine podiatric medical colleges
- At least three years of postgraduate, hospital–based residency training

The education, training, and experience podiatrists receive in the care and treatment of the lower extremity is more sophisticated and specialized than that of broadly trained medical specialists.

Comparison of Physician Education, Training and Practice

Degree	4 Year Graduate Medical Education	Minimum 3 Year Residency	Independently Diagnose and Treat (Office)	Independently Diagnose and Treat (Hospital)	Surgical Privileges (Hospital)	Admitting (H&P) Privileges	Full Rx License
Doctor of Podiatric Medicine (DPM)	•	•	•	•	•	•	•
Medical Doctor (MD)	•	•	•	•	•	•	•
Doctor of Osteopathic Medicine (DO)	•	•	•	•	•	•	•

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apma

ISSUE BRIEF

The Majority of Foot/Ankle Care in the US is Performed by Podiatric Physicians but Medicaid Patients May Not Have Access

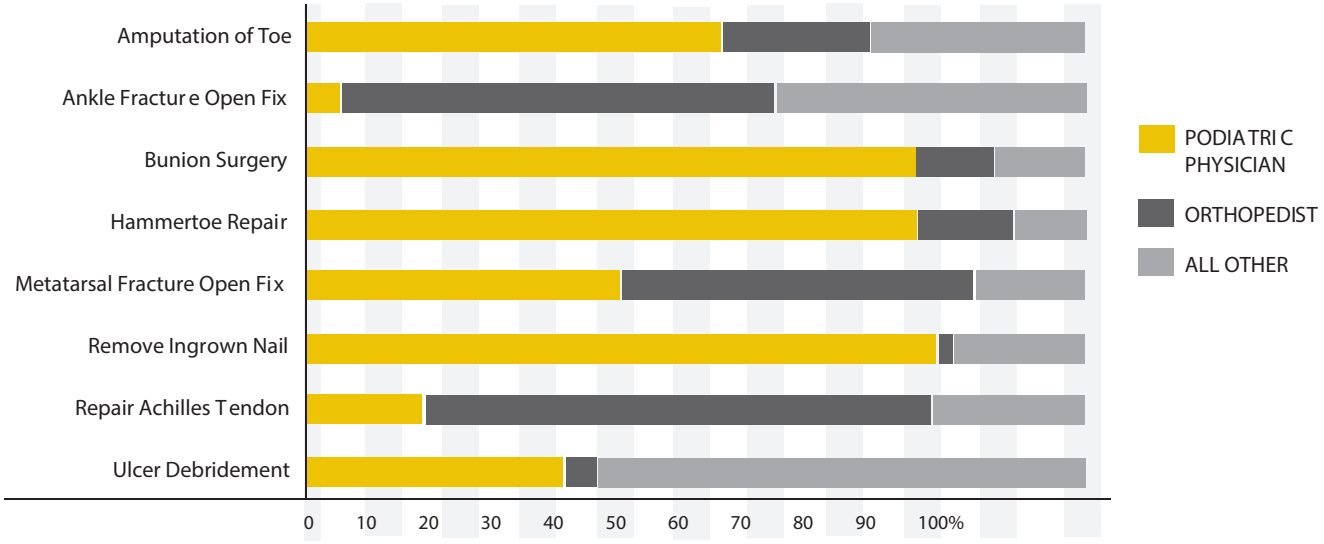
For foot and ankle issues, most Americans seek out specialists for their care, typically a doctor of podiatric medicine, an orthopedist, or other physician. The majority of medical care of the foot and ankle is performed by podiatrists.

Even though foot and ankle care is generally a covered benefit under Medicaid, the program currently teases out a separate podiatry benefit as being "optional" for patients, focusing on the provider of services, rather than ensuring coverage of medically necessary care regardless of the qualified professional furnishing such care. Thus, Medicaid effectively discriminates and can arbitrarily preclude patient access to a licensed and credentialed specialized physician class even though the services they provide—foot and ankle care—are a covered benefit.

Whenever public or private health insurance programs preclude patient access to podiatric physicians, there are adverse impacts on our health-care delivery system:

1. Costs increase by driving patients to a more expensive point of service (e.g., hospital emergency rooms) for the same services.
2. It exacerbates America's growing physician shortage by not appropriately utilizing the full range of physician specialists.
3. It denies patients the option of seeing the physicians who are best trained for the foot and ankle care they seek.

COMMON FOOT & ANKLE PROBLEMS TREATED BY PHYSICIANS



Source: Thomson Reuters Market Scan survey data for 2010 commercial health insurance claims

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ISSUE BRIEF

Fact Sheet: Studies Prove Podiatrists Prevent Complications, Provide Savings

According to the CDC, more than 29 million Americans live with diabetes. Diabetes is the leading cause of non-traumatic lower-limb amputation; however, amputations can be prevented. Two peer-reviewed published studies evaluated care by podiatrists for patients with diabetes and demonstrated that compared to other health-care professionals, podiatrists are best equipped to treat lower extremity complications from diabetes, prevent amputations, reduce hospitalizations, and provide savings to our health-care delivery systems.

Access to a Podiatrist Can Lead to Savings for US Health-Care Delivery Systems

According to a study conducted by Thomson Reuters Healthcare (accessible at: www.tinyurl.com/trstudy) that compared outcomes of care for patients with diabetes treated by podiatrists versus care provided by other health-care professionals and physicians published in the Journal of the American Podiatric Medical Association[1]:

- Among patients with commercial insurance, a savings of $19,686 per patient with diabetes can be realized over a three-year period if there is at least one visit to a podiatrist in the year preceding a diabetic ulceration. Diabetic ulcerations are the primary factor leading to lower extremity amputations. Among patients with commercial insurance, each $1 invested in care by a podiatrist results in $27 to $51 of savings for the health-care delivery system.
- Among Medicare-eligible patients, a savings of $4,271 per patient with diabetes can be realized over a three-year period if there is at least one visit to a podiatrist in the year preceding ulceration. Among Medicare eligible patients, each $1 invested in care by a podiatrist results in $9 to $13 of savings.
- Conservatively projected, these per-patient numbers support an estimated $10.5 billion in savings over three years if every at-risk patient with diabetes sees a podiatrist at least one time in the year preceding the onset of an ulceration.

Care by a Podiatrist Can Reduce the Risks and Prevent Complications from Diabetes

According to an independent study conducted by Duke University published in Health Services Research[2]:

- Medicare-eligible patients with diabetes were less likely to experience a lower extremity amputation if a podiatrist was a member of the patient-care team.
- Patients with severe lower extremity complications who only saw a podiatrist experienced a lower risk of amputation compared with patients who did not see a podiatrist.
- A multidisciplinary team approach that includes podiatrists most effectively prevents complications from diabetes and reduces the risk of amputations.

[1] Ginger Carls 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 101 (2011): 93-115, accessible at: www.tinyurl.com/trstudy.

[2] Sloan, F. A., Feinglos, M. N. and Grossman, D. S. , RESEARCH ARTICLE: Receipt of Care and Reduction of Lower Extremity Amputations in a Nationally Representative Sample of U.S. Elderly. Health Services Research, no. doi: 10.1111/j.1475-6773.2010.01157.x

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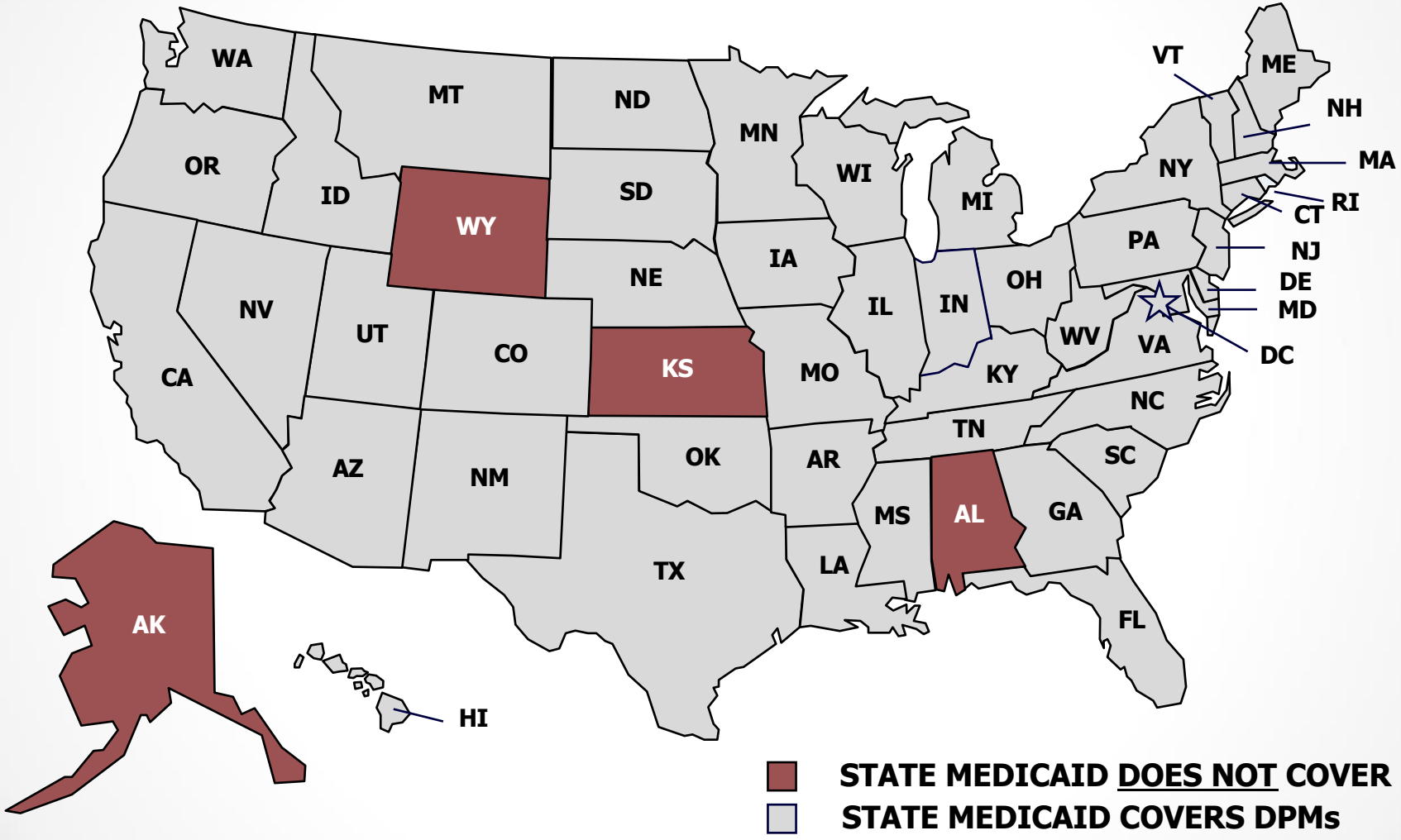
HOLES IN THE SAFETY NET



SOURCE: American Podiatric Medical Association, July, 2019

Diverse Health-Care Stakeholder and Patient Advocacy Groups Endorsing the HELLPP Act:

American Public Health Association

Association for the Advancement of Wound Care

California Medical Association

Diabetes Advocacy Alliance *

National Hispanic Medical Association

Office and Professional Employees International Union

Peripheral Arterial Disease Coalition

Society for Vascular Surgery

Vascular Disease Foundation

* The following groups comprise the Diabetes Advocacy Alliance: Academy of Nutrition and Dietetics; American Association of Clinical Endocrinologists; American Association of Diabetes Educators; American Clinical Laboratory Association; American Diabetes Association; American Medical Association; American Optometric Association; American Podiatric Medical Association; Diabetes Hands Foundation Endocrine Society; Healthcare Leadership Council; National Association of Chain Drug Stores; National Association of Chronic Disease Directors; National Community Pharmacists Association; National Kidney Foundation; Novo Nordisk, Inc.; Omada Health; Pediatric Endocrine Society; Weight Watchers International, Inc.; YMCA of the USA; VSP® Vision Care

For copies of these letters of endorsement, please visit:

www.APMA.org/saving

Arizona Medicaid Study: Exclusion of Podiatric Physicians and Surgeons Adversely Impacted Diabetic Patient Health, Program Finances

Arizona's decision to jettison Medicaid patient access to doctors of podiatric medicine (also referred to as DPMs, or podiatrists) has led to a "marked worsening of outcomes and cost for patients with diabetic foot infections," according to a new peer-reviewed study released at the 73rd Scientific Sessions of the American Diabetes Association (June, 2013).

The study concludes that each $1 of Medicaid program "savings" the state anticipated from the elimination of podiatric medical and surgical services actually increased costs of care by $48.

In *Foot in Wallet Disease: Tripped up by "Cost Saving" Reductions*, researchers Grant H. Skrepnek, PhD, RPh, Joseph L. Mills, MD, and David G. Armstrong, DPM, MD, PhD, analyzed data for all Medicaid diabetic foot infection hospital admissions across the state over five years (2006—2010), a time period before and after the state's decision in 2009 to exclude DPMs from its Medicaid program.

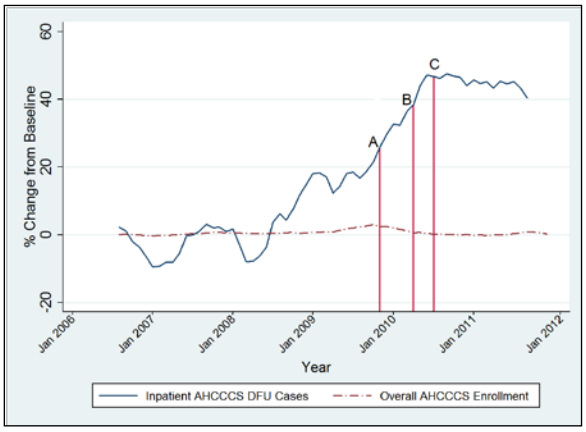
The study found a significant decline in quality outcomes and higher program expenditures among those diagnosed with a diabetic foot infection, including:

- **37.5-percent increase** in diabetic foot infection hospital admissions;
- **28.9-percent longer** lengths of patient stay;
- **45.2-percent higher** charges, and
- a nearly **50-percent increase** in severe aggregate outcomes (e.g., death, amputation, sepsis, or surgical complications).

Importantly, the data reveal that the vast majority of the worsening of diabetic foot infection patient health outcomes and increased costs occurred during the 2009—2010 time window, coinciding with Arizona's policy change to exclude patient access to foot and ankle care provided by DPMs.

Inpatient Diabetic Foot Infections among Arizona Medicaid Beneficiaries 2006—2010

Percent Change from Baseline, Six-Month Moving Average



Timepoint A: *Announced recommendation to eliminate reimbursements to podiatrists within Arizona Health Care Cost Containment System, AHCCCS (i.e., Arizona Medicaid); Arizona 49th Legislature SB 1003 and HB 2003[OCTOBER 2009]*

Timepoint B: *Arizona 49th Legislature SB 1003 and HB 2003 legislation signed [MARCH 2010]*

Timepoint C: *Official date of podiatric service coverage elimination [JUNE 2010]*

Policy Implications for Modernizing Medicaid

Arizona's Medicaid experience underscores the compelling policy rationale for removing patient access barriers to podiatric physicians and surgeons. The Arizona study complements two additional, separate studies that found that when podiatrists are administering medical and surgical foot and ankle care, outcomes are better, hospitalizations are fewer and shorter, and the health-care system saves billions of dollars annually.[1]

The unfortunate counterproductive experience that embroiled Arizona is also happening in other states around the country. The core problem persists because podiatrists are not defined as "physicians" under Medicaid, even though they have been defined as such under Medicare for more than 40 years and are recognized as such throughout most of the US health-care system.

Doctors of podiatric medicine prescribe medication, perform surgeries, and are licensed by their state boards to deliver independent medical and surgical care without any supervision or collaboration requirement.

Ironically, Medicaid only ensures coverage of necessary foot and ankle care if provided by a medical doctor (MD) or a Doctor of Osteopathy (DO). But Medicaid coverage for foot and ankle care provided by DPMs *is optional* for states, meaning "podiatry services" are teased out and classified as an "optional" benefit.

Under current law, states are under constant pressures to curtail "optional services" like patient access to podiatrists in a "penny wise/pound foolish" attempt to trim Medicaid budgets.

But as this Arizona Medicaid study indicates, doing away with "podiatry services" is a classic demonstration of the law of unintended consequences.

A Common-Sense, Bipartisan Solution to Provide Cost Savings to Medicaid

Unnecessarily higher Medicaid spending by states also translates to unnecessarily higher spending by the federal government, because Medicaid is financed jointly by the federal government and the states. The federal government matches state Medicaid spending.

To address this long-standing counterproductive state churning of "optional" access to podiatric physicians and surgeons, US Representatives Renee Ellmers (R-NC) and Diana DeGette (D-CO), and US Senators Chuck Grassley (R-IA) and Charles Schumer (D-NY) have introduced the Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act (HR 1221 / S 626). This bipartisan legislation would help modernize and strengthen

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[1] "*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, March/April, 2011; and

Sloan, F.A., Feinglos, M.N. and Grossman, D.S., RESEARCH ARTICLE: *Receipt of Care and Reduction of Lower Extremity Amputations in a Nationally Representative Sample of U.S. Elderly*. Health Services Research, no. doi: 10.1111/j.1475-6773.2010.01157.x

Details of both studies accessible at: www.APMA.org/saving; "Fact Sheet: Studies Prove Podiatrists Prevent Complications, Provide Savings"

Medicaid by recognizing, at long last, podiatrists as physicians under Medicaid, thereby enhancing patient choices and access, and improving health outcomes for those in need of specialized foot and ankle care. The bill also would improve aspects of care coordination in Medicare's diabetic shoe program, and strengthen Medicaid program integrity by offsetting government reimbursements for any unpaid federal taxes owed by health providers with prolonged federal tax delinquency issues.

As Arizona Medicaid has shown, maintaining a separate optional podiatry benefit has had significant negative health effects on patients with diabetes. State (and by extension, federal) Medicaid spending is not reduced, but merely redistributed to another setting or provider, often with adverse consequences for patient health and health costs.

The current ever-changing patchwork of Medicaid patient access has the effect of limiting access to timely and appropriate foot and ankle care, at a time when the US is already facing a growing physician shortage. So long as our public policy focus is on the type of provider rendering foot and ankle care, instead of ensuring the coverage of medically necessary foot and ankle care, preventable chronic conditions will become an even greater cost burden for Medicaid.

In virtually all other health-care settings—Medicare, private employer coverage, Federal Employees Health Benefits (FEHBP), TRICARE, the Veterans Administration, and the Indian Health Service—patient access to specialized podiatric medical and surgical care is ensured. Medicaid is the glaring exception.

As Congress considers options to modernize and strengthen the Medicare and Medicaid programs, the provisions of the common-sense, bipartisan HELLPP Act should be part of any discussion. The legislation represents a sound policy rationale in making the commitment to ensure timely patient access to specialty medical and surgical foot and ankle care.

I

116TH CONGRESS
1ST SESSION

H. R. 2235

To amend title XIX of the Social Security Act to cover physician services delivered by podiatric physicians to ensure access by Medicaid beneficiaries to appropriate quality foot and ankle care, to amend title XVIII of such Act to modify the requirements for diabetic shoes to be included under Medicare, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 10, 2019

Ms. DEGETTE (for herself, Mr. JOHNSON of Ohio, Mr. FLEISCHMANN, Mr. LUJÁN, Ms. MATSUI, Mrs. WALORSKI, Mr. WENSTRUP, Mr. YARMUTH, Mr. RODNEY DAVIS of Illinois, Mr. SMITH of New Jersey, Mrs. DINGELL, and Mr. DESJARLAIS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To amend title XIX of the Social Security Act to cover physician services delivered by podiatric physicians to ensure access by Medicaid beneficiaries to appropriate quality foot and ankle care, to amend title XVIII of such Act to modify the requirements for diabetic shoes to be included under Medicare, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians Act'' or the ''HELLPP Act''.

SEC. 2. RECOGNIZING DOCTORS OF PODIATRIC MEDICINE AS PHYSICIANS UNDER THE MEDICAID PROGRAM.

(a) IN GENERAL.—Section 1905(a)(5)(A) of the Social Security Act (42 U.S.C. 1396d(a)(5)(A)) is amended by striking ''section 1861(r)(1)'' and inserting ''paragraphs (1) and (3) of section 1861(r)''.

(b) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the amendment made by subsection (a) shall apply to services furnished on or after January 1, 2020.

(2) EXTENSION OF EFFECTIVE DATE FOR STATE LAW AMENDMENT.—In the case of a State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) which the Secretary of Health and Human Services determines requires State legislation in order for the plan to meet the additional requirement imposed by the amendment made by subsection (a), the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet these

additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session is considered to be a separate regular session of the State legislature.

SEC. 3. CLARIFYING MEDICARE DOCUMENTATION REQUIREMENTS FOR THERAPEUTIC SHOES FOR PERSONS WITH DIABETES.

(a) IN GENERAL.—Section 1861(s)(12) of the Social Security Act (42 U.S.C. 1395x(s)(12)) is amended to read as follows:

''(12) subject to section 4072(e) of the Omnibus Budget Reconciliation Act of 1987, extra-depth shoes with inserts or custom molded shoes with inserts (in this paragraph referred to as 'therapeutic shoes') for an individual with diabetes, if—

''(A) the physician who is managing the individual's diabetic condition—

''(i) documents that the individual has diabetes;

"(ii) certifies that the individual is under a comprehensive plan of care related to the individual's diabetic condition; and

"(iii) documents agreement with the prescribing podiatrist or other qualified physician (as established by the Secretary) that it is medically necessary for the individual to have therapeutic shoes;

"(B) the therapeutic shoes are prescribed by a podiatrist or other qualified physician (as established by the Secretary) who—

"(i) examines the individual and determines the medical necessity for the individual to receive the therapeutic shoes; and

"(ii) communicates in writing the medical necessity to a certifying doctor of medicine or osteopathy for the individual to have therapeutic shoes along with findings that the individual has peripheral neuropathy with evidence of callus formation, a history of pre-ulcerative calluses, a history of previous ulceration, foot deformity, previous amputation, or poor circulation; and

''(C) the therapeutic shoes are fitted and furnished by a podiatrist or other qualified supplier individual (as established by the Secretary), such as a pedorthist or orthotist, who is not the physician described in subparagraph (A) (unless the Secretary finds that the physician is the only such qualified individual in the area);''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply with respect to items and services furnished on or after January 1, 2020.

(c) RULE OF CONSTRUCTION.—Nothing in this section shall be construed as expanding Medicare coverage for therapeutic shoes for individuals with diabetes.

SEC. 4. BUDGET SAVINGS: STRENGTHENING MEDICAID PROGRAM INTEGRITY THROUGH CONTINUOUS LEVY ON PAYMENTS TO MEDICAID PROVIDERS AND SUPPLIERS.

(a) IN GENERAL.—Section 6331(h)(2) of the Internal Revenue Code of 1986 (defining specified payment) is amended by striking ''and'' at the end of subparagraph (B), by striking the period at the end of subparagraph (C) and inserting '', and'', and by adding at the end the following new subparagraph:

"(D) any payment to any Medicaid provider or supplier under a State plan under title XIX of the Social Security Act.".

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to levies issued after the date of the enactment of this Act.

○

The Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act

116th Congress

Cosponsors (73): HR 2235 (73)

ARIZONA
Rep Paul Gosar (R)
Rep Raul Grijalva (D)

CALIFORNIA
Rep Julia Brownley (D)
Rep Ken Calvert (R)
Rep Gilbert Cisneros Jr. (D)
Rep Susan Davis (D)
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Rep Barbara Lee (D)
Rep Zoe Lofgren (D)
Rep Alan Lowenthal (D)
Rep Doris Matsui (D)*
Rep Jerry McNerney (D)
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WASHINGTON
Rep Denny Heck (D)
Rep Derek Kilmer (D)

WISCONSIN
Rep Mark Pocan (D)
Rep James Sensenbrenner (R)

Updated August 20, 2019

(R) – Republican (D) – Democrat (I) – Independent * – Original Sponsor
Energy & Commerce Committee Ways & Means Committee Senate Finance Committee

The Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act

115th Congress

Cosponsors (100): HR 1542 (91) S 1533 (9)

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Rep James Himes (D)
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Rep Brenda Lawrence (D)
Rep John Moolenaar (R)
Sen Gary Peters (D)
Sen Debbie Stabenow (D)*
Rep Tim Walberg (R)

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Rep Collin Peterson (D)
Rep Tim Walz (D)

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The Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians Act

114th Congress

Cosponsors (155): HR 1221 (144) S 626 (11)

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Rep Jackie Speier (D)
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Rep Jan Schakowsky (D)
Rep John Shimkus (R)

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Rep Jackie Walorski (R)

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Sen Debbie Stabenow (D)
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