

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 575 Practice of Podiatric Medicine
SPONSOR(S): Garcia and others
TIED BILLS: **IDEN./SIM. BILLS:** SB 2624

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Health Care Regulation Committee	8 Y, 2 N	Hamrick	Mitchell
2) Insurance Committee			
3) Health Care Appropriations Committee			
4) Health & Families Council			
5) _____			

SUMMARY ANALYSIS

HB 575 changes the scope of practice of podiatric physicians by amending the definition of "practice of podiatric medicine" to limit the area that a podiatrist may diagnose or treat to the areas of the ankle and foot. The bill also limits the optional podiatric Medicaid services for which podiatric physicians may be reimbursed. Under the provisions of the bill, a podiatric physician treating a Medicaid recipient for podiatric services may only receive payment for treatment and diagnosis of conditions of the human foot and ankle, not the leg.

The bill does not appear to have a fiscal impact on state or local governments.

The bill will take effect on July 1, 2006.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Limited government-The bill will legislatively overturn a Court decision and limit the scope of practice of podiatric physicians.

B. EFFECT OF PROPOSED CHANGES:

The bill provides that podiatric physicians in Florida will only be able to diagnose and treat ailments of the foot and ankle, not the leg. Medicaid optional covered services paid to podiatrists by the Agency for Health Care Administration will also be limited to the diagnosis and treatment of ailments of the foot and ankle. Individuals receiving care for conditions of the leg by a podiatric physician will have to seek care from another practitioner such as a general practitioner or orthopedist.

Current Scope of Practice for Podiatric Physicians

Section 461.003(5), F.S., provides the definition for the "practice of podiatric medicine" as the diagnosis or medical, surgical, palliative, and mechanical treatment of ailments of the human foot and leg. The surgical treatment of ailments of the human foot and leg shall be limited anatomically to that part below the anterior tibial tubercle (which is located beneath the knee on the very upper part of the shin). The practice of podiatric medicine includes the amputation of the toes or other parts of the foot but does not include the amputation of the foot or leg in its entirety. A podiatric physician may prescribe drugs that relate specifically to their scope of practice.

According to administrative rule, the term "human leg," as used in s. 461.003(5), F.S., means the entire lower extremity, extending from the head of the femur to the foot, but does not include the hip joint.¹

The Board of Podiatry also adopted a definition for the term "surgical treatment," that means a distinctly operative kind of treatment, such as a cutting operation. As such, injections, x-rays, and other medical, palliative, and mechanical diagnostic techniques and treatments are not surgery.²

Court Decision and Debate over the Administrative Rule Defining "Human Leg"

Since 1997, the definitions of "human leg" and "surgical treatment" adopted by the Board of Podiatry have been a source of controversy.

During a rule challenge hearing, the evidence submitted indicated that references to the human leg may have multiple meanings within the anatomical, medical, and podiatric fields. A limited meaning refers to the lower limb between the knee and the ankle. Whereas, a broader meaning referring to the entire limb, which encompasses the lower leg below the knee and the upper leg above the knee. In 1997 an administrative law judge ruled that the meaning of the definition of "human leg" was limited, not broad.³

The Board of Podiatric Medicine appealed the ruling by the administrative law judge and prevailed in the First District Court of Appeal where the Court reversed the ruling. The Court ruled that the Board's rule defining "human leg" is valid. The term was meant to be broad and includes the entire limb from the waist down; excluding the hip socket.⁴

This bill will legislatively overturn a Court decision and the Board of Podiatry's administrative rule.

¹ See 64B18-23.001 F.A.S.

² Ibid.

³ *Board of Podiatric Medicine v. Florida Medical Association*, 779 So. 2d 658 (Fla. 1st DCA 2001).

⁴ Ibid.

BACKGROUND

History of Podiatry

In 1932, US podiatrists used the term chiropody, originally written 'Chirurgpodist," or "surgeon of the foot" to define their profession. Later the word "chiropodist" was coined. "Chiro" a Greek word that means hand and foot and "Pod" a Latin word that means foot. In the 1950s, U.S. chiropodists changed their name to podiatrists.

In 1933, the practice of Chiropody became regulated in Florida. The definition provided for "chiropody" was "the diagnosis, medical, surgical, palliative, and mechanical treatment of ailments of the human foot or leg, except the amputation thereof; and will include the use and prescription of local anesthetics."⁵

Educational Background of a Podiatric Physician

According to the US Department of Labor Bureau of Labor Statistics, podiatrists need a state license that requires the completion of at least 90 hours of undergraduate study; a 4-year post-graduate program at a college of podiatric medicine; and, in most states, a postdoctoral residency program lasting at least 2 years.

To receive a license in Florida, an applicant must meet certain educational criteria:⁶

- Possess a degree from a school or college of podiatric medicine or chiropody recognized and approved by the Council on Podiatry Education of the American Podiatric Medical Association;
- Complete one year of residency or 10 years in the active practice of podiatry in another state immediately preceding the submission of application for licensure in Florida; and
- Pass an examination.

According to the American Podiatric Medical Association website, there are 8 accredited schools in the United States. At this time, Barry University has the only accredited school in Florida.

C. SECTION DIRECTORY:

Section 1. Amends s. 409.906, F.S., to limit the scope of practice of a podiatric physician for which optional Medicaid services may be reimbursed by the Agency for Health Care Administration.

Section 2. Amends s. 461.003, F.S. to limit the scope of practice of podiatric medicine to the foot and ankle.

Section 3. Provides that the bill will take effect on July 1, 2006.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

⁵ See 1933-15911, Laws of Florida.

⁶ See s. 461.006, F.S.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

A Medicaid recipient and other patients will need to seek treatment for the lower leg through a general physician or an orthopedist and not through a podiatric physician.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or take an action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

No additional rulemaking authority is required to implement the provisions of this bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

According to the Department of Health, there may be an indirect impact on disciplinary action against Medicaid providers that do not limit their practice to the ankle and foot. The Department of Health states that they are unaware of any health or safety issues occurring under the existing scope of practice.

According to the Florida Orthopaedic Society, they are concerned that a small segment of podiatric physicians are performing knee surgery.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES