# ADVOCACY AGENDA

### Federal Legislative Advocacy Priorities for the 115<sup>th</sup> Congress

America's 15,000 doctors of podiatric medicine (DPMs) are podiatric physicians and surgeons, also known as podiatrists, who are dedicated to improving health-care quality and practicing effective and efficient health care. Evidence shows that when podiatrists are part of administering medical and surgical foot and ankle care, outcomes are better, hospitalizations fewer and shorter, and the health-care system saves billions of dollars annually. With the primary objectives of enhancing access to, and quality of, foot and ankle care for our patients, the American Podiatric Medical Association (APMA) advocates on numerous federal legislative and regulatory issues. APMA's primary federal legislative priorities in the 115th Congress include:

#### The VA Provider Equity Act

APMA requests your assistance to resolve ongoing recruitment and retention problems for podiatric physicians and surgeons employed under the Veterans Health Administration (VHA). APMA asks you to cosponsor and work to pass this important legislation to ensure that American Veterans will have access to the care provided by podiatrists.

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

APMA requests that you cosponsor the bipartisan HELLPP Act. Even though foot and ankle care is a covered benefit under Medicaid, access to medical and surgical care *provided by a podiatrist* is considered optional and is not covered by all state plans. The HELLPP Act remedies this barrier by recognizing podiatrists as physicians just as they are in Medicare. Additionally, the bill clarifies documentation requirements for Medicare's Therapeutic Shoe Program for persons with diabetes. The legislation also has a budgetary savings provision to strengthen Medicaid program integrity.

#### Preserving Provider Non-Discrimination Protections

The Affordable Care Act contains new federal provider nondiscrimination safeguards (Sec. 2706 of the Public Health Service Act) aimed at eliminating the harmful practice of health-plan discrimination against whole classes of providers, including podiatric physicians. APMA strongly supports these provisions and is working in concert with other medical professional groups to ensure that the nondiscrimination law accomplishes its goal of fairness and equal treatment, which will benefit not only the involved profession but their tens of millions of patients.

#### **IPAB** Repeal

The Affordable Care Act created an unelected, unaccountable 15-member board of which only a minority of members can be health-care providers — to make cuts to the Medicare program based on arbitrary global budget targets. The Independent Payment Advisory Board (IPAB) is empowered to make substantial changes to Medicare without full transparency and accountability to America's seniors and their elected officials. Podiatric physicians and other doctors are concerned that they will bear a disproportionate share of Medicare reimbursement cuts because hospitals and nursing homes are not subject to IPAB's costcutting recommendations until fiscal year 2020.

#### Medical Liability Reform

APMA strongly supports medical liability reform to improve patient safety, access to care, and to reduce the cost of health care. Studies reveal that physicians are compelled to order more tests and procedures to protect themselves from medical liability lawsuits. APMA supports balanced federal tort reform, through promoting speedier resolutions to disputes, maintaining access to courts, and maximizing patient recovery of damage awards to a quarter million dollars.

#### **Antitrust Reform**

APMA members are extremely concerned about increasing health-plan consolidation, as well as regulatory barriers that restrict physicians' ability to work together. APMA actively supports federal legislation to allow health-care professionals to jointly negotiate with health plans regarding terms that affect patient care, enabling physicians to advocate for quality care for their patients, and reinforcing the patientphysician relationship.



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