

www.APMA.org/saving

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

HR 1221 / S 626

*Introduced by US Reps. Renee Ellmers (R-NC) and Diana DeGette (D-CO);
and US Sens. Chuck Grassley (R-IA) and Charles Schumer (D-NY)*

Staff Contacts: US Rep. Renee Ellmers: Adnan.Jalil@mail.house.gov; (202) 225-4531
US Rep. Diana DeGette: Polly.Webster@mail.house.gov; (202) 225-4431

US Sen. Chuck Grassley: Karen.Summar@Grassley.senate.gov; (202) 224-3744
US Sen. Charles Schumer: Veronica.Duron@Schumer.senate.gov; (202) 224-6542

As Congress considers options to modernize and strengthen the Medicare and Medicaid programs, the provisions of the common-sense, bipartisan *Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act* (HR 1221 / S 626) should be part of any discussion.

The HELLPP Act would improve Medicare and Medicaid health outcomes, enhance patient choices, and actually reduce the federal budget deficit.

The legislation would accomplish this by:

- 1. Recognizing podiatrists as physicians under Medicaid**—For more than 40 years, Medicare has defined doctors of podiatric medicine (DPMs, or podiatrists) as “physicians.” But this is not the case in Medicaid. Access to medical and surgical foot and ankle care *provided by a podiatrist* is considered optional and is not covered by all state plans, thus limiting Medicaid patient access to specialized foot and ankle medical and surgical care.

The HELLPP Act would bring Medicaid in line with Medicare (and a majority of US health-care delivery systems) and ensure Medicaid patients have access to care by the best educated and trained providers of foot and ankle care.

The legislation would not mandate new Medicaid services or benefits, nor would it require any Medicaid patient to seek care from a podiatric physician. It would not expand the scope of practice. It would simply provide that Medicaid patients have a full range of choices to see the physicians who are best trained for the foot and ankle care they seek.

- *Podiatric physicians and surgeons are licensed by their state boards to prescribe medication and perform surgeries, and deliver independent medical and surgical care without any supervision or collaboration requirement.*
- *Evidence shows that when DPMs are delivering foot and ankle care, outcomes are better, hospitalizations fewer and shorter, and the health-care system saves billions of dollars annually. Podiatric physicians and surgeons are often included in prominent public and private benefits packages. The Federal Employees Health Benefits Program (FEHBP), available nationally to federal employees, is one prime example of a benefits package which covers foot and ankle care by podiatrists.*

- *Under current law, foot and ankle care services are a covered benefit. However, when those services are provided by DPMs they can be teased out as “optional” coverage (“podiatry services”). This 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.*
- *Currently, Medicaid effectively discriminates and can arbitrarily preclude patient access to a licensed and credentialed specialized physician class even though the services provided are covered benefits. Thus, Medicaid fails the basic tests of free market competition and patient choice.*

2. Clarifying and improving coordination of care in Medicare's Therapeutic Shoe Program for patients with diabetes—The current processes and Medicare contractor requirements for determining eligibility for Medicare's Therapeutic Shoe Program for patients with diabetes, and for furnishing this medically necessary benefit, are unnecessarily burdensome and frequently bogged down, leading to frustration on the part of the certifying physician, prescribing doctor, and supplier. The clarifications in the legislation would remove confusion and regulatory inconsistencies in the provision of this medically necessary benefit. They would allow each member of the collaborative team—MD/DO, DPM, and supplier—to work together more effectively and seamlessly on behalf of diabetic patients, resulting in less patient confusion, less provider frustration, and fewer office visits for the Medicare system.

- *Specifically, the language would allow Medicare to conform with the “real world” of health-care delivery concerning how therapeutic shoes for diabetic patients are diagnosed, evaluated, and furnished. The clarifications would statutorily legitimize and recognize the prescribing podiatrist's (and other qualified physician's) lower-extremity examinations, determination of foot pathology, and the medical necessity for therapeutic shoes/inserts when making a case (to CMS and auditors) for qualifying Medicare's therapeutic shoe and insert benefit for their patients with diabetes.*

3. Strengthening Medicaid program integrity through a fiscally responsible budget offset—By closing a loophole that allows tax-delinquent Medicaid providers to still receive full Medicaid reimbursements, this provision will save the Medicaid system money and more than offset any additional federal budget costs associated with the recognition of podiatrists as physicians under Medicaid. Such a mechanism already exists in Medicare so this could save billions of dollars for the public health-care system.

- *Under current law, Medicaid health-care providers who owe significant back taxes are still getting paid in full by Medicaid because of a loophole in the tax laws. The Government Accountability Office (GAO) conducted a study highlighting this irregularity, released July, 2012 (GAO-12-857): “Providers in Three States with Unpaid Federal Taxes Received over \$6 Billion in Medicaid Reimbursements.”*
- *This loophole has existed for a number of years, and several previous bipartisan bills have attempted to reform it.*
- *GAO estimates that the government could have recouped up to \$330 million in uncollected taxes due in 2009 in three states alone if the legal mechanisms were in place for Medicaid the way they are in Medicare to offset public program payments for federal taxes owed.*

The net result of implementing the HELLPP Act's common-sense reforms would be significant improvements to patient access to quality foot and ankle care, and meaningful savings for Medicaid and other parts of our health-care delivery system.