

Date of Hearing: April 18, 2017

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Rudy Salas, Chair

AB 1153 (Low) – As Amended March 28, 2017

SUBJECT: Podiatry.

SUMMARY: Authorizes a doctor of podiatric medicine (DPM) to perform any procedure directly related to the surgical treatment of the ankle and tendons in a medical facility that grants the DPM the privileges to perform the procedure and authorizes a DPM to treat ulcers on the leg, as specified.

EXISTING LAW:

- 1) Establishes the Board of Podiatric Medicine (BPM) within the jurisdiction of the Medical Board of California (MBC) and under the Department of Consumer Affairs (DCA) until January 1, 2021, and vests the BPM with regulation of podiatric medicine. (Business and Professions Code (BPC) §§ 2460- 2499.8)
- 2) Defines “podiatric medicine” as the diagnosis, medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot. (BPC § 2472(b))
- 3) Prohibits the practice of podiatric medicine or the use of the title DPM and similar titles or advertising related to the ability to the practice podiatric medicine unless licensed under the BPM. (BPC § 2472)
- 4) Specifies the education, training, examination, and residency requirements for DPM licensure. (BPC §§ 2475-2496)
- 5) Specifies that the BPM shall have the responsibility for reviewing the quality of podiatric medical practice carried out by persons licensed to practice podiatric medicine. (BPC § 2498(a))
- 6) Authorizes each member of the BPM, or any licensed DPM appointed by the BPM, to inspect, or require reports from, a general or specialized hospital and the podiatric medical staff thereof, with respect to the podiatric medical care, services, or facilities provided therein, and inspect podiatric medical patient records with respect to the care, services, or facilities, as specified. (BPC § 2498(b))
- 7) Provides that a DPM may only perform surgical treatment of the ankle and tendons at the level of the ankle in the following locations: (BPC § 2472(e))
 - a) A licensed general acute care hospital.

- b) A licensed surgical clinic if the DPM has surgical privileges, including the privilege to perform surgery on the ankle, in a general acute care hospital and meets all the protocols of the surgical clinic.
- c) An ambulatory surgical center that is certified to participate in the federal Medicare program if the DPM has surgical privileges, including the privilege to perform surgery on the ankle, in a general acute care hospital and meets all the protocols of the surgical clinic.
- d) A freestanding physical plant housing outpatient services of a licensed general acute care hospital, if the DPM has surgical privileges, including the privilege to perform surgery on the ankle, in a general acute care hospital and meets all the protocols of the surgical clinic.
- e) An accredited outpatient setting.

THIS BILL:

- 1) Expands the scope of practice of a DPM to include the following:
 - a) Perform any procedure that is directly related to the surgical treatment of the ankle and tendons in a medical facilities, as described under the current DPM scope of practice, that grants privileges to the DPM to perform the procedure, including, but not limited to, the privilege to perform surgery on the ankle.
 - b) Treat ulcers resulting from local and systemic etiologies on the leg no further proximal than the tibial tubercle.

FISCAL EFFECT: Unknown. This bill is keyed fiscal by the Legislative Counsel.

COMMENTS:

Purpose. This bill is sponsored by the **California Podiatric Medical Association**. According to the author, “[DPMs] are highly trained and perform a substantial amount of work treating ulcers and providing wound care, often for patients suffering from diabetes and other conditions with symptoms affecting the lower leg. It doesn’t make sense that a highly trained and educated DPM who can treat any patient with a complicated ulcer on the foot or ankle must refer another patient to a MD simply because of the location of the ulcer. This process can delay important, and sometimes urgent, patient care and treatment. [This bill] allows podiatrists to apply the same skills and expertise they apply to ulcers on the foot to other parts of the leg.”

Background. DPMs and the practice of podiatric medicine are regulated by the BPM. The BPM is one of several licensing entities under the DCA. The BPM licenses and regulates doctors of podiatric medicine (DPMs). The BPM licenses approximately 2,000 DPMs. On average, it issues approximately 100 new licenses each year and renews approximately 1,000 licenses each year.

Under the Medical Practice Act, a license to practice podiatric medicine is called a “certificate,” but it is indistinguishable from other professional licenses. It is a misdemeanor to practice podiatric medicine or use the title DPM, podiatrist, or similar designation without a license.

The Practice Act defines “podiatric medicine” as all medical treatment of the foot, ankle, and tendons that insert into the foot, including diagnosis, surgery, and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot. Therefore, a DPM’s scope of practice is similar to that of a physician and surgeon who specializes in the foot and ankle. However, unlike a physician and surgeon, whose scope is only limited by the licensee’s own area of competence, a DPM’s scope is limited by the license to the foot and ankle.

License Requirements. The purpose of licensure is to protect consumers and the public from incompetent practice in professions with higher inherent risks of consumer harm. Therefore, applicants must meet specified requirements intended to demonstrate the minimum competency to practice. In California, an applicant must graduate from a BPM-approved college or school of podiatric medicine where the applicant completed a medical curriculum over at least four years. During that time, the applicant must complete a minimum of 4,000 hours in specified medical courses.

An applicant must also complete at least two years of postgraduate podiatric medical and podiatric surgical training in a general acute care hospital approved by the Council on Podiatric Medical Education and pass the examination administered by the National Board of Podiatric Medical Examiners of the United States or pass a written examination that is recognized by the BPM to be the equivalent in content to the examination administered by the National Board of Podiatric Medical Examiners of the United States.

According to the sponsor, “In all non-podiatric rotations of a DPMs residency, DPMs train side-by-side with MDs and DOs, with the same level of responsibilities and expectations as their counterparts. By the end, their training and education is nearly indistinguishable from practitioners of other regional specialties of medicine, such as otolaryngologists. This training has earned DPMs the ability to become members of hospital medical staffs, including Medical Chiefs of Staff.”

Podiatric Medical Education Task Force. In 2011, the California Medical Association, the California Orthopaedic Association, and the California Podiatric Medical Association announced a joint task force to review podiatric training. The task force’s purpose is to review the education, curriculum and training of California’s podiatric medical schools, with the goal of achieving accreditation as full medical schools, enabling their graduates to become licensed physicians and surgeons.

Procedures Related to Surgical Treatment of the Foot and Ankle. This bill authorizes a licensed DPM to perform procedures on areas outside of the current DPM legal scope of practice for purposes of surgical treatment of the foot and ankle. An example of the procedures included is harvesting skin or bone from other areas of the body for grafts to the foot and ankle.

Similar to the existing scope of practice, the DPM must have surgical privileges to perform the procedures. According to the sponsor, “all health care professionals, (including MDs, DOs, and DPMs) who provide a medical level of care or conduct surgical procedures in the hospital, must

have their training and education fully reviewed by the hospital Medical Staff. Once reviewed and privileges are granted, the health care professionals may practice in that hospital but may only perform those procedures they were given privileges to perform.” Therefore, the hospital must find that the individual licensee is competent to perform the procedures.

Ulcers. This bill authorizes a licensed DPM to treat ulcers resulting from local and systemic etiologies on the leg no further proximal than the tibial tubercle. This means ulcers (sores) caused locally (like necrosis from infection) or systemically (like diabetes) anywhere on the leg no higher than the lower part of the knee (the protrusion at the top of the tibia). Under current law, if a DPM is treating an ulcer on the foot or ankle that spreads or moves onto the leg, the DPM must refer the patient to another provider authorized to treat the condition.

Prior Related Legislation. AB 2193 (Salas), Chapter 459, Statutes of 2016, extended the operation of the BPM and the operation of the Physician Assistant Board until January 1, 2021.

REGISTERED SUPPORT:

California Podiatric Medical Association (sponsor)
19 individual DPMs
1 individual orthopedic surgeon

REGISTERED OPPOSITION:

None on file.

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