

Department of Legislative Services
Maryland General Assembly
2014 Session

FISCAL AND POLICY NOTE
Revised

Senate Bill 162

(Senator Conway, *et al.*)

Education, Health, and Environmental Affairs

Health and Government Operations

Health Occupations - Licensed Podiatrists - Scope of Practice and Hospital Privileges

This bill expands the scope of practice for podiatrists to include the surgical treatment of acute ankle fractures. The bill also establishes that hospitals or related institutions – when developing required qualifications for use of facilities by and staff privileges of a qualified podiatrist – must consider the training, education, and experience of the podiatrist.

Fiscal Summary

State Effect: Potential minimal increase in special fund revenues and expenditures for the State Board of Podiatric Medical Examiners to the extent that expansion of the scope of practice encourages podiatrists to seek or maintain licensure in Maryland.

Local Effect: None.

Small Business Effect: Meaningful for podiatry practices that are small businesses.

Analysis

Current Law: Maryland, along with all other states, regulates the practice of podiatry. Doctors of podiatric medicine, commonly known as podiatrists, are licensed in the State to diagnose or surgically, medically, or mechanically treat the human foot or ankle, the anatomical structures that attach to the human foot, or the soft tissue below the mid-calf. The license does not authorize a podiatrist to surgically treat an acute ankle fracture or administer anesthesia, other than a local anesthetic.

Hospitals or related institutions that provide services that licensed podiatrists are authorized to perform must include, in bylaws, rules, or regulations, provisions for use of facilities by and staff privileges of qualified podiatrists, as defined by the hospital or institution. The qualifications that a hospital or related institution must establish may restrict use of facilities and staff privileges by podiatrists to those podiatrists who meet the qualifications that the hospital or related institution sets.

A licensed podiatrist must perform all osseous surgical procedures of the ankle, arthrodeses of two or more tarsal bones, and complete tarsal osteotomies at a licensed hospital or ambulatory surgical center. Additionally, in order to perform these types of surgical procedures on the ankle in an ambulatory surgical center, a licensed podiatrist must (1) have current surgical privileges at a licensed hospital for the type of procedure being performed and (2) meet the requirements set by the ambulatory center. Current law does not prohibit a licensed hospital or ambulatory surgical center from establishing qualifications or privileges for the performance of surgical procedures of the human foot or ankle, the anatomical structures that attach to the human foot, or the soft tissue below the mid-calf by a licensed podiatrist in the facility.

Background: Podiatrists treat a variety of ailments, ranging from bunions to tendon strains. Podiatrists also perform surgery, fit corrective devices, prescribe drugs, and administer physical therapy. In addition, they may identify early manifestations of systemic disorders such as heart disease and diabetes for referral to a medical doctor.

There are 436 full-license and 43 limited-license podiatrists in Maryland. Although podiatrists in this State are not licensed to perform surgery on acute ankle fractures, this type of surgery is taught in podiatry school and is part of a podiatrist's scope of practice in several other states.

Additional Information

Prior Introductions: SB 541 of 2013, a similar bill, received an unfavorable report from the Senate Education, Health, and Environmental Affairs Committee. Its cross file, HB 746, was heard by the House Health and Government Operations Committee and was subsequently withdrawn. Likewise, SB 598 and HB 323 of 2012 (both similar bills) received a hearing and were subsequently withdrawn.

Cross File: HB 272 (Delegate Reznik, *et al.*) - Health and Government Operations.

Information Source(s): Department of Health and Mental Hygiene, Department of Legislative Services

Fiscal Note History: First Reader - January 27, 2014
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