## **7b -SB 169 - Podiatric Physicians - Board of Chiro**Uploaded by: Office of Governmental Affairs, Maryland Department of Health

Position: FAV



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

Maryland State Board of Chiropractic Examiners 4201 Patterson Avenue Baltimore, MD 21215 (410) 764-4726

January 26, 2021

The Honorable Senator Paul G. Pinsky Chair, Education, Health, and Environmental Affairs Committee 2 West Miller Senate Office Building Annapolis, Maryland 21401

RE: SB 169 - Health Occupations - Podiatric Physicians - Letter of Support

Dear Chair Pinsky and Committee members:

The Maryland State Board of Chiropractic Examiners is submitting this letter of support for SB 169 - Health Occupations – Podiatric Physicians

The bill allows for podiatrists to call themselves podiatric physicians. Podiatrists can use this term in advertising and signage. This term physician means a healer. Merriam-Webster defines physician as "a person skilled in the art of healing. Podiatrists are medical professionals who are competent and qualified to call themselves podiatric physicians.

This change in the law is accurate and beneficial to the practitioner, and it will help podiatrists and not harm patients. It is also unlikely to cause confusion to the consumers of Maryland. For these reasons the Chiropractic Board respectfully requests that SB 169 receive a favorable report.

The Board hopes that this information is useful. If you would like to discuss this further, please contact me at Dr. Gregory Lewis, 443-250-7664, <a href="mailto:glewisdc@gmail.com">glewisdc@gmail.com</a>. In addition, the Board's Executive Director, Sharon Oliver, may be reached at 410-764-5985, <a href="mailto:sharon.oliver@maryland.gov">sharon.oliver@maryland.gov</a>.

Sincerely,

Gregory Lewis, D.C. President

The opinion of the Maryland State Board of Chiropractic Examiners expressed in this letter of support does not necessarily reflect that of the Department of Health or the Administration.

## 7c -SB 169 - Podiatric Physicians - Board of Podia Uploaded by: Office of Governmental Affairs, Maryland Department of Health

Position: FAV



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

#### **Board of Podiatric Medical Examiners**

4201 Patterson Avenue Baltimore, MD 21215 Phone: 410-764-4785

### 2021 SESSION POSITION PAPER

BILL NO: SB 169 COMMITTEE: EHEA POSITION: SUPPORT

**TITLE: Health Occupations – Podiatric Physicians** 

### **BILL ANALYSIS:**

This bill would authorize the use of the name "Podiatric Physician" as an update to the present nomenclature of Podiatrist, in order or to be aligned with the educational requirements for licensure that are in place and mandatory, as indicated in the Practice Act of the Board of Podiatric Medical Examiners and the respective COMAR.

#### **POSITION AND RATIONALE:**

The Board of Podiatric Medical Examiners supports SB 169. The term "Podiatric Physician" makes complete sense when analyzing the verbiage and context. The definition of "Physician" means someone who can practice medicine, while the definition of "medicine" is the practice of the diagnosis, treatment and prevention of disease. Therefore, a "Podiatric Physician" is someone who can practice medicine in relation to the foot and ankle. By definition, a Podiatrist is a doctor who diagnoses and treats disorders of the foot and ankle, while also providing preventative care to patients.

To become a Podiatrist, an applicant has to complete a four year college degree and then is required by majority of the schools to shadow a Podiatrist before they can even apply to a Podiatry School. During the four intense years of Podiatry School, the first two years of training are the same courses that other medical school students are required to take, like pathology, anatomy, histology, microbiology, etc. The only difference is that Podiatry students are actually required to take ADDITIONAL courses such as biomechanics and lower anatomy. After finishing comprehensive science courses in the first two years of Podiatry School, the remaining two years are clinical rotations and scrubbing into a variety of surgical cases. Once the four year Podiatry School is complete, the graduates go on to do a 2, 3 or 4 year residency. The residency

is completely focused on surgical training and patient care. By the time most Podiatrists are finished training, they have logged hundreds of surgical cases as first assists.

The majority of Podiatrists are surgeons. They perform surgical cases in their offices as well as in the operating room. Podiatrists are surgically trained to do amputations, bunion removal, hammertoe correction, cyst/mass excisions, ulcer treatments, lateral ankle stability, etc. Podiatrists are surgically trained to fix any foot and ankle pathology. There are some medical doctors who are not trained to do any type of surgery, yet they are classified as physicians.

Adding the term "Physician" to Podiatry not only makes sense, but it is way overdue. 36 other states classify their Podiatrists as "Podiatric Physicians", because they recognize the rigorous training, the grit, the hard work and the true definition of the term applies to Podiatrists. By passing SB 169, Maryland will become the 37<sup>th</sup> state to recognize its Podiatrists with the appropriate title that they deserve and have earned, through coursework and clinical training, as well as their everyday clinical practice.

Thank you for considering this testimony. The Board of Podiatric Medical Examiners is respectfully requesting a favorable report on SB 169. If you require additional information, please contact Eva Schwartz, Executive Director of the Maryland Board of Podiatric Medical Examiners at (410) 764-4785 or at <a href="mailto:eva.schwartz@maryland.gov">eva.schwartz@maryland.gov</a>.

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

## SB 169- MPMA Executive Director-RBloch Letter of

Uploaded by: Bloch, Richard

Position: FAV



## MARYLAND PODIATRIC MEDICAL ASSOCIATION

Telephone: (410) 332-0736

Facsimile: (410) 332-0885

The Adams Building, Suite 301 600 Baltimore Avenue
Towson, Maryland 21204

January 21, 2021

Senator Paul G. Pinsky, Chair, Education, Health, and Environmental Affairs Committee 2 West Miller Senate Office Building 11 Bladen Street Annapolis, MD 21401

Re: SB 169 Podiatric Physician

Dear Senator Pinsky and Members of the Committee,

I am Executive Director and General Counsel to the Maryland Podiatric Medical Association, which represents approximately 260 of the approximately 400 podiatrists licensed in Maryland.

This letter is in support of SB 169 to change the term "Podiatrist" to "Podiatric Physician". The original term for this profession was "chiropodist" and the level of education and training was significantly less than is provided and required today. A Chiropodist had a limited scope of practice providing only routine foot care. As the Podiatric Medical Schools revised and expanded their curricula and the training for the profession improved, the name changed to "Podiatrist". The scope of practice has expanded in conjunction with the recognition of the education and training of podiatrists. Numerous bills have been enacted over the past 20 years recognizing the level of skill and training and the equivalency of the Doctor of Podiatric Medicine degree (D.P.M.) to the M.D. and D.O. degrees. Others on this panel will describe this in further detail.

This bill does not change the scope of practice or any other aspect of practice,, but merely defines a D.P.M. as a "Podiatric Physician", thereby acknowledging the education and training that is now required to practice podiatry.

A Podiatrist attends four (4) years of Podiatric Medical School, which is virtually identical to Allopathic Schools of Medicine.

Notably, an M.D. or D.O.is only required to have <u>one (1) year of post-graduate training</u> to be licensed in Maryland (Health Occupation Article, Section 14-307). A Podiatrist is required to have <u>two (2) years of post-graduate training</u> to be licensed (COMAR 10.40.01.05). The standard required by the podiatric profession is now three (3) years of residency training.

Thirty six (36) states recognize D.P.M.s as "Podiatric Physicians" (23), "Physicians who Practice Podiatric Medicine" (8), "Physician of the Foot and Ankle' or "Physician of the Foot and Leg" (5).

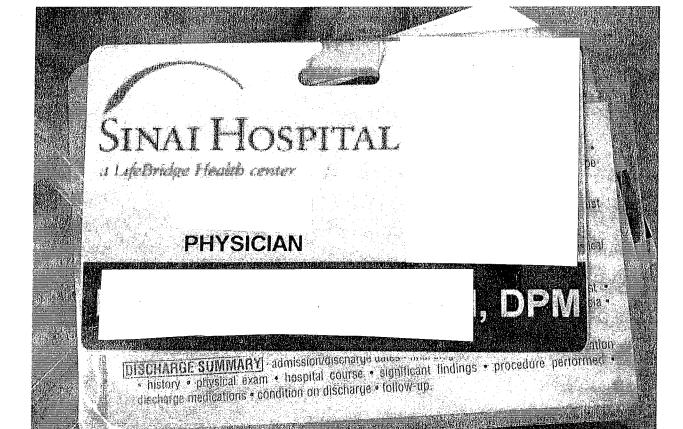
I would ask the committee to give SB 169 a favorable report.

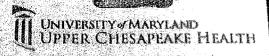
Please contact me if you have any questions. Thank you.

Sincerely,

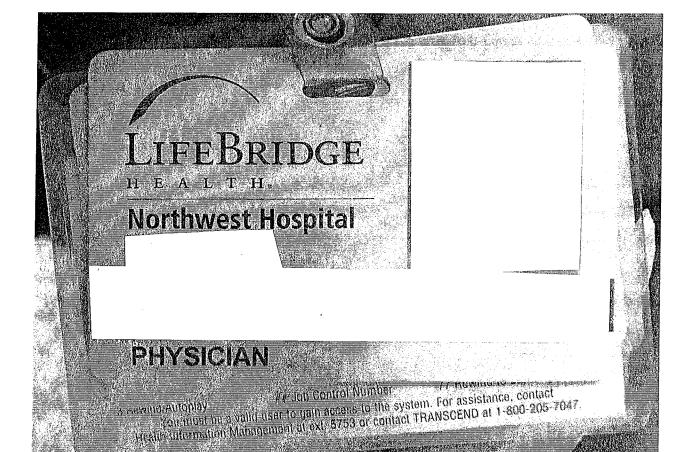
Richard Bloch

Richard Bloch





D.P.M.



## **Dr. Vincent Martorana Testimony- SB 169.pdf** Uploaded by: Martorana, Vincent

Position: FAV

### Bill: SB 169- Health Occupations- Podiatric Physicians

**Position: SUPPORT** 

Dear Chair Pinsky, Vice-Chair Kagan, and Members of the EHEA Committee:

My name is Dr. Vincent Martorana and I have been licensed to practice podiatric medicine and surgery in Maryland since 1978.

I'd like to share with you that as a medical professional we serve side by side with our MD and DO physician colleagues. Not only at bedside providing patient care but also serving on hospital committees. In fact, it was an orthopedic surgeon that initially nominated me to the Medical Executive Committee (MEC) as well as recommending Podiatric Surgery be a section independent of Orthopedic or General Surgery.

Frankly, I have never felt that I was considered anything other than a podiatric physician. I was recently amused when I came across a copy of my commencement address to my classmates some 43 years ago in which I used precisely the same term, podiatric physician. "Physician" is a term that 36 States currently use to describe Doctors of Podiatric Medicine.

We serve with our MD/DO colleagues in the roles of:

- ➤ Members of hospital Medical Executive Committees (MEC)
- > Section Chiefs of Podiatric Surgery
- > Presidents of the medical staff, a position elected to by *physician* colleagues
- **Physician** members of virtually every hospital committee including those that oversee peer review, disciplinary actions and privileging of all physicians and allied health care providers.
- **Physician** members on hospital Board of Directors
- > Physician Chair of the Board of Directors at a local teaching hospital
- > Physician member on the Board of MedStar Health,
- ➤ *Physician* member on the Quality, Safety and Professional Affairs Committee for the MedStar Health Corporate Board

It is difficult for me to understand the reason for push back by the Orthopedic Foot and Ankle sub-group. They have the confidence in us to refer some of their most "at risk" patients with complex life and limb threatening infections, and yet are opposed to the title change of podiatrist to podiatric physician! They have previously testified that it would be confusing to the public. Now, if we were requesting to be referred to as physicians, I can understand that. But quite clearly our request is for our designation to be *podiatric physicians*.

Kindly take note of the letters of support provided by our physician colleagues and hospital administrators. The objection by the Maryland Orthopedic Foot and Ankle sub-group appears the be nothing more than a turf-related issue. I respectfully request this committee vote favorably on this bill to change the designation of podiatrist to podiatric physician so as to more accurately reflect to the public our education, training and experience.

Thank you,

Dr. Vincent Martorana

# **Dr Bahrain- LOS- SB 169.pdf**Uploaded by: Peters, Sarah Position: FAV



9000 Franklin Square Dr. Main Building/Second Floor Baltimore, MD 21237 443-777-8300 PHONE 443-777-7869 FAX www.medstarfranklin.org

Franklin Square Primary Care Center

2/14/20

I am writing this letter on behalf of my podiatric colleagues in MD. As an introduction, I am an infectious disease physician who has practiced at several locations in MD over the past 14 years. Currently, I am employed at MedStar Franklin Square Hospital in Baltimore.

I have a long history of working with podiatrists in my institution. I am proud to say that I have learned a great deal from them and consider them an integral part of a multidisciplinary team at our institution. We see a large number of diabetics at our hospital. Given the severe foot infections they often have, we currently have a limb salvage team. This team includes podiatry, vascular surgery, and infectious disease. We physicians all contribute our expertise in attempt to save limbs, if possible, on these very fragile patients.

When I graduated from my fellowship, I had some gaps in my training, as I initially wanted to do Transplant Infection. I initially started my work at Hopkins and then transitioned to private practice. I cannot tell you how invaluable the podiatrist were to me when I first started private practice. My learning curve was a little steep the first year, as I saw many of these diabetic patients. However, the podiatrists at Franklin took me "under their wing" and taught me so much. They explained the surgical technique and always touched base with me regarding their patients and also allowed me to round with them on follow ups. In this way, I became very comfortable managing these patients in no time.

I believe that podiatrists are highly trained and an integral part of the health care team and that the title of podiatric physician is long overdue in MD.

Sincerely,

Michelle Bahrain, D. O.

Mun Ron

Knowledge and Compassion

Focused on You

# **Dr Paz- LOS- SB 169.pdf**Uploaded by: Peters, Sarah Position: FAV

## Robert Paz, MD MS

307 Merry Hunt Dr Lutherville, MD 21093 410-961-8881 rpazmd@gmail.com

I am writing this communication in support of my podiatry colleagues pursuit of the title of "podiatric physician" with all the privileges, responsibilities and oversight pursuant to HRB0428.

I have had the honor of practicing inpatient Internal Medicine in co-management with the Franklin Square Podiatry Associates for the better part of 14 years. During that time I have experienced a mutually rewarding and collaborative relationship in caring for patients. It is because my professional experience with their clinical excellence that I have become impressed by and come to feel comfortable in supporting these efforts.

Their education, training and experience have proven to be the highest caliber of clinical excellence. I advocate that their title and MedChi should recognize that the term "podiatric physician" accurately reflects their scope and quality of practice. Currently both CMS and Medicare already recognize podiatrist as physicians. Their residency training includes interdisciplinary experience with rotations such as anesthesiology, internal medicine, infectious disease, surgery, emergency medicine, as well as pediatrics. This training combined with their practice experience are very much analogous to the internal medicine physicians whom MedChi currently represent.

I expect that recognizing and welcoming our podiatric colleagues into our membership will elevate the quality of care in our great State of Maryland. Please join me in strengthening our membership and scope of care in advocacy of HRB0428.

Sincerely ours,

Robert Paz, MD MS

# **Dr Picard- LOS- SB 169.pdf**Uploaded by: Peters, Sarah Position: FAV



Daniel L. Picard, MD, FACS Chief of Surgery 1st Avenue at 16<sup>th</sup> Street Baird Hall, Suite16BH20 New York, NY, 10003

T: (212)420-4041 C: (332) 208-3828 Error! Bookmark not defined. Email:Daniel.picard@mountsinai.org

Education, Health, and Environmental Affairs Maryland State House 100 State Circle, Annapolis, MD 21401

### Dear Chairman Pinsky:

I am taking the liberty to write to you in support of the change of the title of Podiatrist to Podiatric Physician in the state of Maryland (SB 169).

I am a vascular surgeon and have spent my whole surgical career working in close association with podiatrists, both in New York City and in Baltimore. In both these locations, podiatrists were an integral part of the faculty of the surgical department of which I was the chair.

During my tenure as Chairman of the Department of Surgery at Medstar Franklin Square Medical Center from 1993 to 2016, the section of podiatric surgery became its own section independent of orthopedic surgery. Furthermore, Dr. Vincent Martorana, who was the chief of podiatry, rose to be the president of the medical staff at the hospital and eventually served as chairman of the board of the medical center. He currently serves as a member of the Medstar Health Board.

In my current position as chief of surgery at Mount Sinai Beth Israel Medical Center in New York City, the podiatric surgeons receive the same recognition as their other surgical colleagues.

The training and experience of podiatric surgeons has progressed significantly over the years to warrant such a change in title. In order to practice Podiatry in Maryland, one must have graduated from an accredited College of Podiatric Medicine and completed an accredited three year residency program. Additionally many residents are electing to complete a fourth year fellowship program in reconstructive rear-foot and ankle surgery.

#### Podiatrists:

 are trained to perform comprehensive medical history and physical examinations;



Daniel L. Picard, MD, FACS Chief of Surgery 1st Avenue at 16<sup>th</sup> Street Baird Hall, Suite16BH20 New York, NY, 10003

T: (212)420-4041 C: (332) 208-3828 Error! Bookmark not defined. Email:Daniel.picard@mountsinai.org

- prescribe drugs and perform physical therapy;
- perform surgeries ranging from basic to complex re- constructive surgery;
- repair fractures and treat sports-related injuries;
- prescribe and fit orthotics, durable medical goods, and custom—made shoes;
- perform and interpret X–rays and other imaging and diagnostic studies.

For the reasons just enumerated, I feel fitting that the term Podiatric Physician would more accurately reflect to the public the quality of care that one can expect to receive from today's podiatrist.

I thank you in advance for the consideration that you may give to my support of the bill SB 169.

Kind Regards,

Daniel L. Picard, MD, FACS

# **Dr Sclama- LOS- SB 169.pdf**Uploaded by: Peters, Sarah Position: FAV

33155 Lakewood Circle Unit 55093 Bethany Beach, DE 19930

Education, Heath, and Environmental Affairs

Dear Chairman Pinsky, Vice-Chair Kagan, and Members of the Committee,

I am writing to you at the behest of Dr. Vincent Martorana regarding the Maryland Podiatric Medical Association and Maryland Bill SB 169, which proposes changing the title of Podiatrist to Podiatric Physician.

As a physician who retired after 32 years in the medical field, 22 as a practicing Urologic Surgeon and nearly 12 years as a full-time member of the executive team at MedStar Franklin Square Medical Center, I feel adequately positioned to lend a favorable opinion to the re-designation proposed by SB 169.

I have known Dr. Martorana both personally and professionally for virtually the entirety of our respective careers, and can vouch for his commitment in support of this legislation.

As Vice President for Medical Affairs and Chief Medical Officer from 2004 to 2015, I am thoroughly familiar with the hospital and medical staff requirements for practice privileges. The application and maintenance of privileges for Podiatrists is identical to that of all medical physicians. Specifically, active Board Certification in their designated specialty is required of all medical staff members. Although the Podiatric clinical privileges vary from medical physicians, as do the clinical privileges vary among medical specialties, the requirements to maintain privileges are the same for all medical staff members, of which Podiatrists are administratively considered co-equal members.

In addition, the Podiatrists are held to the same expectation of meeting the six core competencies of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice as all other medical/surgical members of the medical staff, and are also held to the same expectations of quality care, safety, behavior, and citizenship as well.

As an example, Dr. Martorana himself has served as a member and Chairman of the Medical Executive Committee, which collaborates with the Chief Medical Officer in overseeing all the aforementioned requirements of the entire medical staff. He has also served as member and Chair of the hospital's Board of Directors, and also a member of the MedStar Board.

Based on my perspective as described above, Podiatrists serve as co-equal participants and members of the medical staff within the limits of their specific clinical privileges, as do all medical physicians. Accordingly, given my interaction with Podiatrists at the administrative level, I would be supportive of the re-designation proposed by SB 169.

Thank you for your consideration of my comments.

Sincerely,

Anthon Solama

Anthony

# **Dr Sinopoli- LOS- SB 169.pdf**Uploaded by: Peters, Sarah Position: FAV

## David J. Sinopoli, MD

Chair, Education, Health, and Environmental Affairs

Chairman Pinsky and Members of the Committee:

I wanted to write to you in support of the many podiatrists with whom I have had the pleasure of working. I work in a busy, Baltimore-based anesthesia practice, where I frequently interact with podiatrists in the operating room. Our emergency department is one of the busiest in the state, and we see many patients that require surgical interventions by our podiatrist colleagues.

We work together to optimize medically complex patients for their upcoming surgical procedures, solve medical problems to ensure patients can safely undergo an anesthetic, and serve as partners in patient safety.

Podiatrists perform much needed and often emergent surgical procedures on our patients. Notably, CMS, the federal government and 36 other states refer to them as physicians; however, they are not referred to as such in the state of Maryland.

I believe the term "podiatric physician" better honors the services our colleagues provide and would like to support efforts at the state level to change this designation accordingly.

Sincerely,

David Sinopoli

## MPMA One Pager 2021 SB 169.pdf Uploaded by: Peters, Sarah

Position: FAV



## MARYLAND PODIATRIC MEDICAL ASSOCIATION

The Adams Building, Suite 301
Telephone: (410) 332-0736
600 Baltimore Avenue
Facsimile: (410) 332-0885

Towson, Maryland 21204

Bill: SB 169 /HB 182- Health Occupations- Podiatric Physicians

**Position:** SUPPORT

**What Does it Mean to Practice Podiatry?** The Maryland Health Occupations Code defines the practice of podiatry as— "to diagnose or surgically, medically, or mechanically treat any ailment of the human foot or ankle, or any ailment of the anatomical structures that attach to the human foot." A Podiatrist is someone who practice podiatry. *See* HO §16-101(f).

What Does it Mean to Practice Medicine? Under the Maryland Health Occupations Code, practicing medicine means—to "diagnose, heal, treat, or [perform] surgery." *See* 14-101 (o). A physician is someone who practices medicine. *See* HO §14-101(M).

Who Practices Podiatric Medicine? Doctors of Podiatric Medicine (DPM)

To become a DPM, a person must:

- Graduate from an accredited graduate school or college of podiatry (4 years);
- Pass a 3-part exam administered by the Council on Education of the American Podiatric Medical Association (similar to the USMLE/COMLEX exam for MDs and DOs);
- Complete 3 years of residency; and
- Be licensed by the State Board of Podiatric Medical Examiners.

### Altering the title of "Podiatrist" to "Podiatric Physician"

• Thirty-six (36) other states recognize Doctors of Podiatric Medicine as "Podiatric Physicians" (23), as "Physician who Practices Podiatric Medicine" ((8) or "Physician of the Foot and Leg (or Ankle)" (5).

DPMs **share many core education and training with MDs**. DPMs are required to attend a four-year degree program (the first two years are the same as the first two years of allopathic medical school). In the next two years, DPMs begin to specialize in podiatric medicine. A DPM's residency requirements include anesthesiology, internal medicine, infectious disease, surgery, emergency medicine, and pediatrics – some of the same rotations as MDs. These are virtually identical to the requirements for MDs. DPMs specialize in the lower limb, just like specialty MDs, such as OB-GYN, Urology, Anesthesiology, etc.

- Based upon the education and training for practicing podiatry, Maryland podiatrists should currently be considered physicians as they diagnose, treat, and perform surgery.
- Many hospitals in Maryland identify Podiatrists as "Physicians" on their ID Badges.

Terminology matters to patients seeking treatment and to professionals who want to advertise their expertise.

We respectfully request a favorable vote on SB 169/HB 182 and join the 36 other states recognizing Doctors of Podiatric Medicine as Physicians.

# Podiatric Physician Del Corral MD.pdf Uploaded by: Peters, Sarah

Position: FAV



9105 Franklin Square Drive, Suite 214 Baltimore, MD 21237 443-777-7631 PHONE 443-777-8667 FAX

MedStar Plastic & Reconstructive Surgery

Gabriel Del Corral, MD Gabirel.a.delcorral@medstar.net

February 10, 2020

Dear members of the committee,

I'm writing this letter in support of House Bill 0428 which would alter the term "podiatrist" to be "podiatric physician".

I have worked closely with my podiatric physician colleagues in a hospital setting and have witnessed firsthand their knowledge and expertise in diagnosing and treating foot and ankle conditions, specifically in the wound care setting. This medical profession and their degree, Doctor of Podiatric Medicine, is recognized as a physician specialty in the hospital, is recognized as a physician by Medicare CMS, and is recognized as a physician in 36 other states.

It seems only fitting that Maryland also recognize their advanced training and medical expertise.

My allopathic and osteopathic colleagues rely on their medical expertise as much as they rely on ours to help effectively treat our patients.

I give my full support and encourage your committee to pass this bill.

Professionally,

Gabriel Del Corral, MD, FACS

Assistant Professor of Plastic Surgery

Medstar Georgetown University Hospital

# 7a - SB 169 - Podiatric Physicians - Board of Phys Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: UNF



## Board of Physicians

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Damean W.E. Freas, D.O., Chair

### 2021 SESSION POSITION PAPER

**BILL NO.:** 

SB 169

**COMMITTEE:** 

Senate Education, Health, and Environmental Affairs

**POSITION:** 

Oppose

**TITLE:** Health Occupations – Podiatric Physicians

**<u>BILL ANALYSIS</u>**: SB 169 changes the term "podiatrist" to "podiatric physician" in certain articles of the Annotated Code of Maryland and authorizes publishers of the Annotated Code of Maryland to correct cross-references and terminology rendered incorrect under certain circumstances.

**POSITION & RATIONALE:** The Maryland Board of Physicians (the Board) opposes SB 169 with the following concerns:

- This bill will cause confusion for the public. Title 16 of the Health Occupations (H.O.) Article is renamed "Podiatric Physicians." The bill does not change the name of the State Board of Podiatric Medical Examiners. The Board licenses "physicians" and "physician assistants." The Board also licenses naturopathic doctors, who are prohibited by statute from using the term "physician." Confusion will exist if there is another group of health care practitioners in Maryland, regulated by a different board, utilizing the term "physician."
- The definitions of "physician" and "practice medicine" in Title 14 of the H.O. Article remain the same. Clarification may be needed in §14-101, and possibly other sections of Title 14, because "podiatric physicians" would not be licensees of the Board.
- Section 2 of SB 169 states: "AND BE IT FURTHER ENACTED, That in every law, executive order, rule, regulation, policy, or document created by any official, employee, or unit of this State, podiatrists are renamed podiatric physicians, as provided in this Act." Despite this declaration, the Board believes that it would need to promulgate amended regulations to provide clarity and reduce confusion for the public.

For more information, please contact Wynee Hawk, Manager, Policy and Legislation, Maryland Board of Physicians, 410-764-3786.

The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.

# AMA Letter Opposing MD SB 169-Podiatrist-FINAL.pdf Uploaded by: Horvath, Kimberly

Position: UNF



January 22, 2021

The Honorable Paul Pinsky
Chair
Senate Education, Health and Environmental Affairs
Maryland State Senate
2 West Senate Miller Building
11 Bladen Street
Annapolis, MD 21401

Re: Senate Bill 169 – Oppose

Dear Chairman Pinsky:

On behalf of the American Medical Association (AMA) and our physician and student members, I am writing to express our <u>opposition to Senate Bill (S.B.) 169</u>, which would alter the term "podiatrist" to "podiatric physician" throughout the Annotated Code of Maryland. As patients are asked to navigate an increasing number of health professionals in the health care system, all with varying levels of education, training and certification, the AMA believes it is more important than ever for clarity in titles, so patients clearly understand who is providing their care. Allowing podiatrists to use the term "podiatric physician" only serves to further confuse an increasingly confusing system. Moreover, the AMA believes the term "physician" should only be used by those who have a Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) degree. Patients overwhelmingly agree. According to a recent AMA survey of adults nationwide, 88 percent agreed with the statement, "only licensed medical doctors or doctors of osteopathic medicine should be able to use the title of 'physician." Expanding the definition of physician to include podiatrists is both misleading and confusing to patients.

It is more important than ever for the titles used by all health professionals to be easily recognizable by patients. Patients are already confused about the distinction between podiatrists and physicians. According to a recent AMA survey, 67 percent of those surveyed identified a podiatrist as a physician, while only 22 did not and 11 percent were unsure. There is a real concern that allowing podiatrists to use the term "podiatric physicians" will only serve to further confuse the public.

We urge you to put patients first by promoting transparency and clarity in health care. For this reason and those discussed above, we encourage you to oppose S.B. 169 and not allow podiatrists to use the term "podiatric physician."

The Honorable Paul Pinsky January 22, 2021 Page 2

Thank you for the opportunity to provide our input. Please contact Kimberly Horvath, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at kimberly.horvath@ama-assn.org with any questions.

Sincerely,

James L. Madara, MD

Ju 2 Madan

MedChi, The Maryland State Medical Society cc: American Academy of Orthopaedic Surgeons American Orthopaedic Foot and Ankle Society

Willarda V. Edwards, MD

# SB0169\_UNF\_MedChi\_Health Occupations - Podiatric P Uploaded by: Wise, Steve

Position: UNF

# MedChi

The Maryland State Medical Society

1211 Cathedral Street Baltimore, MD 21201-5516 410.539.0872 Fax: 410.547.0915

1.800.492.1056

www.medchi.org

TO: The Honorable Paul G. Pinsky, Chair

Members, Senate Education, Health, and Environmental Affairs Committee

The Honorable Obie Patterson

FROM: J. Steven Wise

Pamela Metz Kasemeyer Danna L. Kauffman

DATE: January 26, 2021

RE: **OPPOSE** – Senate Bill 169 – *Health Occupations - Podiatric Physicians* 

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **opposes** Senate Bill 169.

Senate Bill 169 would allow a podiatrist to be called a "podiatric physician." MedChi believes that current law allowing the use of the term "physician" only by individuals licensed as medical doctors ("M.D.") or doctors of osteopathy ("D.O.") is the correct policy, and that this legislation should not be passed. To some, this may seem an unnecessary dispute over a single word. However, the word "physician" has had unique meaning in the policies enacted by the General Assembly and to the public. For its part, the Legislature reserved the term for use by those practicing medicine in Health Occ. § 14-602 and sought to prevent confusion between podiatrists and physicians when it enacted §16-401, stating that a podiatrist may not use "any word or abbreviation that suggests the licensee is licensed to practice medicine rather than podiatry." Adding the word "physician" is certainly contrary to this policy. In short, the General Assembly has recognized this important distinction, but this bill reverses course and blurs the line.

The general public also assigns special meaning to the term physician, recognizing it as identifying a person that has been to medical school. A survey by the American Medical Association showed that 88% of respondents agreed that only licensed medical doctors or doctors of osteopathic medicine should be able to use the title of "physician." Adding 'physician' to the title of a podiatrist implies something different than what most health care consumers assume and adds unnecessary confusion to an already perplexing world of health care. Recognizing that health care consumers can be confused by the plethora of providers, the General Assembly in 2013 required all health care providers to wear badges identifying the type of license they hold. The patient who sees the term "physician" on a badge may have certain expectations, particularly in an acute care situation, and not appreciate the more limited scope of practice of the "podiatric physician".

Finally, should the Committee choose to pass this legislation and put podiatrists on equal footing with MDs and DOs, it should finish the job. As physicians, "Podiatric Physicians" should be licensed and regulated by the Board of Physicians. The same disciplinary grounds and requirements applicable to physicians and their licensure, with the disclosure of medical malpractice insurance, the posting of charging documents for those facing discipline, and other similar regulatory requirements incumbent upon MDs and DOs, should be made applicable to podiatrists. The need for a separate podiatry board would be eliminated, and significant cost savings to the State would be realized.

For the reasons set forth above, MedChi asks that the Committee oppose this legislation.

### For more information call:

J. Steven Wise Pamela Metz Kasemeyer Danna L. Kauffman 410-244-7000