

Federal Legislative Milestones 1965 Through 2008

The following snapshot of legislative and regulatory accomplishments spans the decades since APMA became active in federal politics. APMA credits its legislative success to years of relationship building between APMA members and members of Congress, and to the generous membership support for the APMAPAC which gives strength to the association's legislative endeavors.

2007-2008 — 110th Congress

As the only national podiatric medical or surgical organization that has engaged in federal lobbying for nearly 45 years, and administered a political action committee committee for 35 years, APMA continues to protect and enhance the practice of podiatric medicine nationally.

Medicare Fee Cut Averted Again: In July 2008, the 110th Congress halted a 10-percent cut in Medicare payments for the remainder of 2008, opting instead for a 0.5 percent update, and an additional update of 1.1% for 2009. Throughout 2007 and 2008, APMA negotiated and lobbied this issue on behalf of podiatric physicians along side other physician and non-physician organizations in an ongoing battle to achieve fair and reasonable reimbursement.

Medicaid Title XIX Physician Definition Remains Active: APMA continued to press this issue, and by the end of July 2008, nearly a third of the U.S. Senate and over half of the U.S. House had

signed on as co-sponsors of S.399 and H.R.1647. However, the 110th Congress failed to enact these bills into law.

The APMA House of Delegates set a goal for podiatrists to be recognized as physicians in all federal statutes as part of Vision 2015. Such recognition is critical, since federal laws provide statutory authority for crafting state laws, for gaining hospital privileges, for defending against legal challenges, and for seeking equality in private and public health plans.

DMEPOS and Podiatric Medicine: In July 2008 APMA succeeded in achieving recognition for podiatrists equivalent to other physicians prescribing and furnishing DMEPOS to patients.

In May 2008, the U.S. House introduced H.R. 6119 at APMA's request to resolve an issue of discrimination related to prescribing DMEPOS. The bill was ultimately rolled into H.R. 6331, passed by Congress on July 15, which contained other positive DMEPOS provisions as well. H.R.

6331, among other things, provided:

- clear statutory authority for DPMs to perform face-to-face examinations required to prescribe DMEPOS
- an exemption for podiatric physicians from accreditation requirements to supply DMEPOS unless the US Secretary of Health and Human Services determines that the standards being applied to suppliers are designed specifically for such professionals.
- an exemption of off-the-shelf orthotics from competitive bidding.

OTHER ISSUES: APMA addressed and/or monitored other federal initiatives including anti-trust relief, health coverage for uninsured Americans, and professional liability reform. The association additionally monitored and responded to Medicare issues in addition to the fee schedule, monitored activities related to Veterans' Affairs and military personnel, health information technology, provider discrimination, and financial aid and loan forgiveness.

2005-2006 — 109th Congress

Podiatric Physicians Authorized to Perform Histories & Physicals. After nearly two decades, the Centers for Medicare & Medicaid Services (CMS), urged by Congress, finally recognized the qualifications of podiatric physicians to perform admitting H&Ps

Medicare Physician Fee Cuts Averted. On February 1, 2006 Congress reversed a 4.4-percent cut in Medicare physician

fees for 2006 and Medicare fees returned to 2005 levels.

On December 8, 2006 Congress halted another pending 5-percent cut in Medicare payments for 2007, opting instead for a 0-percent update and a bonus incentive of 1.5-percent for physicians who report quality performance measures.

Medicaid Title XIX Physician Definition

By the end of the 109th Congress nearly one third of the U.S. Senate and almost half of the U.S. House had co-sponsored S.440 and H.R.699.

DMEPOS Competitive Bidding and Podiatric Medicine. The APMA negotiated with both CMS and Congress to insure that podiatric physicians are treated equitably with other physicians in the DME competitive acquisition program estab-

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<p>lished by the Medicare Modernization Act of 2003.</p> <p>Bill Targeting Non-MD Providers Beaten Back. APMA helped stop passage of H.R.5688, the Healthcare Truth</p>	<p>and Transparency Act of 2006, introduced by Rep. Sullivan (R-OK).</p> <p>Association Health Plans Bill Halted. S.1955, the Health Insurance Marketplace Modernization and Affordability Act of</p>	<p>2006, was defeated in the Senate on May 11. APMA opposed this legislation, working closely with healthcare organizations, citizen advocacy groups, insurance commissioners, attorneys general and state legislatures.</p>
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2003-2004 — 108th Congress

<p>Medicare Prescription Drug, Improvement and Modernization Act of 2003. Reversed projected decreases in Medicare payments of 4.5-percent for 2004 and a similar decrease projected for 2005, and established an increase of at least 1.5-percent each of those 2 years.</p> <p>Authorized podiatrists to privately contract with Medicare beneficiaries — or opt out of Medicare.</p> <p>Medicaid Physician Definition. For the first time in history, identical bills were introduced in both the U.S. House and Senate at the request of APMA.</p>	<p>The bills (H.R. 2959/S. 2174) defined podiatrists as physicians in the Social Security Act's Title XIX Medicaid statute. This statutory change would federally define podiatrists as physicians and insure that Medicaid beneficiaries requiring foot and ankle care could access the services of podiatrists. Congress failed to pass these bills and they were re-introduced in the 109th Congress.</p> <p>Appropriations Bill of 2004. Included report language instructing the Centers for Medicare & Medicaid Services (CMS) to finalize Medicare Hospital Con-</p>	<p>ditions of Participation (CoPs), with the express purpose of addressing the ability of podiatrists to perform admitting Histories & Physicals (H&Ps).</p> <p>This direct instruction from Congress helped provided the final impetus for the ruling published in 2006 that finally allowed podiatrists to perform H&Ps for patients they admit for surgery (see 2005-2006 — 109th Congress).</p> <p>This bill also included continued funding for podiatric primary care residencies.</p>
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2001-2002 — 107th Congress

<p>Appropriations Funding Bill for 2003. Froze Medicare physician payments at 2002 levels for 2003, which halted a second 4+ percent reduction in Medicare physician fees. APMA worked with a coalition of provider and consumer groups to reverse negative Medicare payments to</p>	<p>physicians, convincing Congress to, at a minimum, halt the cuts for 2003.</p> <p>Economic Growth and Tax Relief Act of 2001. Enhanced tax relief for interest on student debt. The provisions eliminated the 60-month limit on interest de-</p>	<p>ductions, extending them over the life of the loan, and increased the maximum income cap for deduction eligibility. APMA continues its lobby to remove the \$2,500 ceiling on the annual deductible amount to allow all interest paid to be deductible.</p>
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1999-2000 — 106th Congress

<p>Patients' Bill of Rights. Included APMA's provider nondiscrimination language and a point-of-service option for beneficiaries. The House and Senate</p>	<p>failed to achieve a consensus on differences in their respective bills in a conference committee, and no bill was enacted into law.</p>	<p>2001 Appropriations Funding Bill. Earmarked \$1,000,000 to increase the number of Indian Health Service (IHS) podiatrists in 2001.</p>
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1997-1998 — 105th Congress

<p>The Balanced Budget Act. Mandated a number of Medicare and tax provisions, including the following :</p> <p>Exemption from graduate medical education (GME) caps – Exempted podiatric residencies from the graduate medical education (GME) caps placed on the number of allopathic and osteopathic residents Medicare would financially</p>	<p>support. The provision permits continued Medicare support for both new and expanded programs in podiatric medicine and surgery.</p> <p>Provider Discrimination Prohibition – Prohibited Medicare + Choice managed care plans from discriminating against practitioners solely on the basis of the degree they earned.</p>	<p>Exclusion from SNF PPS – Exempted physicians' services, including those of podiatrists, from the prospective payment system (PPS) imposed on long-term skilled nursing care facilities (SNF).</p> <p>Reinstatement of Loan Deduction – Partially restored the deduction of interest on student loans beginning in 2001.</p>
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1995-1996 — 104th Congress

Bonus Pay for PHS. Congress passed and the President signed into law a proposal extending a \$5,000 bonus pay benefit to board certified commissioned podiatry officers in the US Public Health Service.

1993-1994 — 103rd Congress

Defense Authorization Act. Special pay for military podiatrists authorized in 1990 to aid recruitment and retention of board certified podiatrists was finally implemented by the Department of Defense.

Health Systems Reform. APMA successfully engaged in the health systems reform debate. The Association pursued legislative language that would result in clearly defined physician status, funding for graduate medical education residency programs, and a nondiscrimination clause that would require managed care plans to include podiatrists' services. The Clinton reform initiatives were not enacted into law, however.

1991-1992 — 102nd Congress

Health Professions Education Extension Amendments of 1992. Authorized grants and contracts for primary care podiatric medicine.

1989-1990 — 101st Congress

Defense Authorization Act. Authorized a special pay benefit for military podiatrists to aid recruitment and retention of board certified podiatrists on active duty.

Nurse Pay Act. Authorized a special pay benefit for Veterans Administration podiatrists to enable the VA to raise salaries and retain qualified podiatrists.

National Health Service Corps (NHSC). The NHSC Scholarship Program was revitalized and the new authority recognized the eligibility of podiatric medical students for scholarships based on demonstration of need in shortage areas.

Budget Reconciliation Act. Mandated that podiatrists be involved in Medicare's peer review process.

Established equal pay for equal work in Medicare's new Resource-Based Relative Value System (RBRVS) fee schedule.

Health Professions Education Assistance Act. Authorized \$1 million for a residency training program in primary care for Doctors of Podiatric Medicine.

1987-1988 — 100th Congress

Omnibus Budget Reconciliation Act. Updated Medicare's definition of doctor of podiatric medicine.

Removed impediments to a podiatrists' ability to certify and re-certify medical necessity for a patient's hospital, skilled nursing, and home health care.

1985-1986 — 99th Congress

Health Professions Training Assistance Act of 1985. Revised the Public Health Service Act to authorize the Secretary of Health to make grants and enter into contracts with schools of podiatric medicine, to improve the training of health professionals in geriatrics, and establish new affiliations with nursing homes.

1983-1984 — 98th Congress

The Deficit Reduction Act. Authorized doctors of podiatric medicine to independently prescribe a plan of treatment for outpatient physical therapy for Medicare beneficiaries, and permitted podiatrists to participate in Medicare's ambulatory surgical service program.

Federal Resources Appropriated for Podiatric Education. Provided \$1 million in federal resources for colleges of podiatric medicine to study and implement programs which would result in increased enrollments.

1981-1982 — 97th Congress

Omnibus Budget Reconciliation Act. Continued the National Health Services Corps (NHSC) insured loan program to graduate health professions students through fiscal year 1984, and redefined institutions eligible for such loans to include schools of podiatric medicine.

1979-1980 — 96th Congress

<p><i>Omnibus Budget Reconciliation Act.</i> Authorized podiatrists to certify and re-certify medical necessity for outpatient physical therapy services, inpatient hospital care, and skilled nursing and home health care.</p> <p>Authorized podiatrists to serve as physician members of hospital utilization re-</p>	<p>view committees.</p> <p>Deleted references to "chiroprody" from the Medicare Title statute and substituted "doctor of podiatric medicine."</p> <p><i>Senate VA Appropriations Bill.</i> Included Congressional directive for the VA Central Office to allocate \$100,000 to</p>	<p>launch a podiatric medical residency program, making the VA a major source of podiatric residencies and training.</p> <p><i>The Department of Health, Education and Welfare.</i> Awarded 106 National Health Service Corps Scholarships for the 1979-80 school year to students of podiatric medicine.</p>
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1977-1978 — 95th Congress

<p><i>Senate Appropriated NHSC Funds for Podiatry.</i> Earmarked \$15 million of Na-</p>	<p>tional Health Service Corps scholarship money for podiatrists. The US</p>	<p>Public Health Service authorized to commission doctors of podiatric medicine.</p>
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1975-1976 — 94th Congress

<p><i>Veterans Omnibus Health Care Act.</i> Placed podiatric medicine in the Department of Medicine and Surgery's Title 38 pay and classification system and established a podiatry service in the VA central office to coordinate and direct an expanded foot health program for veterans, established a Director of that</p>	<p>new service, and authorized hiring more DPMs in the VA.</p> <p><i>Additional Federal Employees Compensation Act Amendments.</i> The US Department of Labor authorized podiatrists to participate in all federally supervised programs under its jurisdiction.</p>	<p><i>Federal Employees Compensation Act Amendments.</i> Defined podiatrists as physicians eligible to participate in the Federal Employees Health Benefits Plan.</p>
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1973-1974 — 93rd Congress

<p><i>Podiatry Political Action Committee (PPAC).</i> PPAC, informally founded by APMA past presidents Drs. Earl Kaplan and Irvin O. Kanat in 1963, was officially incorporated as a political action</p>	<p>committee under the rules of the Campaign Finance Reform Act of 1974.</p> <p>PPAC strengthens APMA's legislative initiatives by supporting the election of</p>	<p>candidates for Congress who champion podiatric medicine's legislative issues.</p> <p><i>Health Maintenance Organization Act.</i> Authorized podiatrists to participate in all phases of HMO coverage.</p>
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1971-1972 — 92nd Congress

<p><i>Medicare Statute Amendments.</i> Authorized podiatric medicine to qualify for</p>	<p>Medicare graduate medical education funding to support residency training.</p>	
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1969-1970 — 91st Congress

<p><i>APMA Hires First Federal Lobbyist.</i> John R. Carson hired as professional lobbyist for the American Podiatric Medical</p>	<p>Association in April of 1969. Established APMA Department of Governmental Affairs to oversee and influence both legisla-</p>	<p>tive and regulatory activities. Reorganized and strengthened APMA's Podiatry Political Action Committee (PPAC).</p>
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1967-1968 — 90th Congress

<p><i>Medicare Statute Amendments.</i> Individual APMA podiatrists convinced Congress to include podiatrists as</p>	<p>physicians in the Medicare Title XVIII statute.</p>	<p>Podiatrists remained an optional provider in Medicaid under the Title XIX statute.</p>
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1965-1966 — 89th Congress

<p><i>Medicare and Medicaid.</i> Title XVIII and Title XIX of the Social Security Act</p>	<p>established the Medicare and Medicaid programs. Podiatrists were included as an</p>	<p>optional service provider in both programs.</p>
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