



Statement of R. Daniel Davis, DPM  
Insurance and Real Estate Committee  
Telehealth Legislation - LCO 3614  
July 21, 2020

Senator Lesser, Representative Scanlon, Senator Kelly, Representative Pavalock-D'Amato and members of the committee:

My name is R. Daniel Davis, D.P.M. and I am a podiatric physician practicing for 37 years in Bridgeport, Connecticut. I have served as president of the Connecticut Podiatric Medical Association as well as the American Podiatric Medical Association.

I would like to offer comments on behalf of the Connecticut Podiatric Medical Association on LCO 3614, *An Act Concerning Telehealth*.

Podiatric Doctors are authorized providers of telehealth services and have been part of the law (Section 19a-906) since it was enacted in 2015. We understand that the committee would like to take the policy changes to the telehealth law that were issued by Governor Lamont through Executive Orders 7G, 7DD, 7FF, and extend them through June 30, 2021 in a new statute. Podiatry is included in the list of professions who may offer telehealth services in LCO 3614.

Our scope of practice provides for the diagnosis and treatment of ailments of the foot and ankle. We have full prescription privileges and many of our members are qualified to perform surgery on the foot and ankle. In fact, the most recent data from Thomson Reuters shows podiatric physicians perform the majority of foot and ankle procedures in the United States.

When considering the inclusion of medical professionals in telehealth medicine, it is important to review the training of podiatric physicians. We have four years of undergraduate education, followed by four years of medical school where we sit side by side with medical students with the same instructors, same textbooks and same exams. Students in podiatric medical schools take additional courses on the lower extremity, and take additional anatomic dissection courses to ensure they are the most highly trained lower extremity physicians in the medical field.

We have a mandatory three-year residency program where we rotate through the same medical rotations as allopathic and osteopathic students. The number of foot and ankle cases completed by a podiatric resident in three years far outnumbers the foot and ankle cases performed by a five year foot and ankle orthopedic resident, including their year of fellowship. In short, it is our obligation to know the lower extremity better than any other medical professional, and we do.

Podiatrists are part of the medical team of nearly every wound care center in the United States and provide the limb salvage care needed in a country where one in four diabetics will develop a lower extremity ulceration in their lifetime.

The Centers for Disease Control and Prevention in the United States has predicted that by 2050, one in three Americans will be diabetic. A recent Duke study revealed that one visit a year by a diabetic to a podiatrist significantly reduces hospitalizations and amputations in diabetics and saves the healthcare system over 3.1 billion dollars a year.

Podiatric Doctors are providers in Connecticut's Medicaid program where we have reduced what had been an alarming increase in the number of foot and toe amputations due to diabetes. During the pandemic, we have been called into hospitals multiple times to perform limb salvage procedures on several COVID-19 patients. Our members are becoming increasingly employed by hospitals as an integral part of their healthcare team. We work in medical groups as a part of the medical community to provide the best foot and ankle care possible. Many podiatric physicians are on call in emergency rooms several months a year to handle any variety of trauma, infection or unique foot pathology that presents at any time of day or night.

During the pandemic, telehealth has become an integral part of the practice of many podiatric physicians. We have used telehealth to monitor the needs of our patients, to manage the progress of our post-surgical patients and to evaluate the compliance and healing of our wound care patients. The following are just a few of the patient medical issues we typically address using telehealth:

- Patient with a skin condition - Podiatric physician can take the same history and perform the same visual inspection that they could in person. Based on history and exam, recommendations can be made.
- Patient with diabetes - Podiatric physician can discuss glycemic control, nutrition, and other modifiable behaviors with diabetic patients to help prevent pathology from developing.
- Patient with a diabetic foot ulcer - Podiatric physician can evaluate size, tissue quality, and other ulcer characteristics to determine best topical dressing options.

- Patient with complaints of neuropathy - Podiatric physician can take a thorough history and make recommendations for patients with symptoms of neuropathy.
- Patient with skin changes – Podiatric physician can evaluate skin changes that could be related to COVID and help to triage people for testing.
- Patient health indicators – Podiatric physician provides disease management through wellness issues such as weight, diet, stress, exercise, blood sugar levels and other issues.

Telehealth has enabled us to keep people home and safe from COVID.

Podiatric physicians have the education, training and experience to play a significant role in telehealth. The Connecticut Podiatric Medical Association greatly appreciates the committee's recognition of this fact. Thank you.