
# Sparing Morbidity, Mortality, and Money with the HELLPP Act

## This bill can improve foot and ankle care to Medicaid patients.

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Medical and surgical care are provided by Medicaid in all 50 states and Washington DC. This, of course, is not limited to care for the foot and ankle. The limitation arises when examining which degrees are considered physicians under current Medicaid Title XIX. As of now, a Medicaid physician is defined only as a medical doctor (MD) or doctor of osteopathy (DO) by the Social Security Act. This is one of the few federal programs in which doctors of podiatric medicine (DPMs) are not considered physicians. For decades, podiatrists have been recognized as physicians in health programs such as Medicare, TRICARE, the Veterans Health Administration (VHA), and the Indian Health Service.

Pursuant to Medicaid Title XIX, foot and ankle care by podiatric physicians are considered optional care versus essential components of a patient's overall well-being and quality of care. During times of economic asperity, podiatric care is an easy budget cut to be made by the state to decrease spending. However, DPMs are at the forefront of foot and ankle care; this major oversight in Medicaid can have devastating costs in lives, limbs, and money. Skrepnek, et al. in 2014 compared the effects seen on a multitude of variables after Arizona's Medicaid reimbursement to podiatrists was eliminated.[1]

The bill was associated with significantly higher hospital admissions, higher charges, longer lengths of stay, and higher rates of severe aggregate outcomes (mortalities, amputations, sepsis, and surgical complications). After the bill was signed and implemented, it was found that for every dollar that the bill saved on podiatric reimbursements, $48 was spent on the same patient for hospitalization charges.[1] Carls, et al. conducted a three-year study and found that the cost to the general public was $51 for every $1 saved in podiatric care reimbursements.[2]

**In Medicare-eligible populations, patients save $13 for every dollar spent on podiatric care.**

Furthermore, in Medicare-eligible populations, patients save $13 for every dollar spent on podiatric care.[2] These findings are consistent with previous literature that indicated that cost-saving cuts in Medicaid programs were not economically efficient due to more hospital admissions, worsened clinical outcomes, and increases in acute problems.[3-5]

A report conducted by the CDC stated that as of 2015, 9.4% of the U.S. population have been diagnosed with diabetes is projected to grow, thus making diabetes the seventh leading cause of death in the U.S.[6] Fortunately, diabetic patients seen by a podiatrist for preventative care had a 20% lower risk of amputation and 26% lower risk of hospitalization than those not seen by a podiatrist.[2]

For Medicare-eligible patients with diabetes, these numbers were 23% and 9% respectively.[2] However, after the elimination of Medicaid reimbursement for podiatric care in Arizona, diabetic foot ulceration admissions increased to a record level.[1] Not only does this increase the costs for patients, tax payers, and the state to afford these acute care services (rather than preventative care), but patients with diabetic foot ulcerations are at much higher risk for amputations and mortality. Patients with diabetic foot ulcerations have a 15% higher chance of lower extremity amputation than those without ulcerations.[7,8]

Even more shocking is that 85% of lower extremity amputations in patients with diabetes mellitus are

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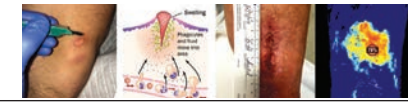

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preceded by ulcerations.[9,10] Finally, post-operative mortalities in diabetic patients with major amputations is 11% at 30 days and 18% at 90 days of the postoperative period.[11] Minor amputations in diabetic patients had a lower mortality rate, but still resulted in 3% mortality within 30 days postoperatively and 6% mortality 90 days post-operatively.[11] By cutting preventative care reimbursements for podiatric services, diabetic patients are an especially vulnerable population to loss of financial stability, limb, and life.

**The HELLPP Act**

For these reasons, the Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act was introduced in the 115th Congress by U.S. Representatives Bill Johnson (R-OH) and Diana DeGette (D-CO) and U.S. Senators Chuck Grassley (R-IA) and Debbie Stabenow (D-MI).[12] Three main goals would be accomplished by the passing of this act. First, podiatrists would be recognized as physicians under Medicaid. Not only would this bring Medicaid in line with numerous other federal healthcare policies and programs, but it would give the general public access to physicians who perform the majority of foot and ankle care in the U.S.[13] Furthermore, it can provide necessary preventative care to patients with diabetes mellitus and prevent loss of life and limb. Policies regarding this necessity are often frustrating for the medical team caring for a diabetic patient.

**Under the Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act, podiatrists would be recognized as physicians under Medicaid.**

Along these lines, the HELLPP Act would provide clarity and improve coordination of care in Medicare's Therapeutic Shoe program for diabetic patients. These clarifications would help the medical team to coordinate care by working together to get the patient diabetic shoes and insoles with fewer back-and-forth conversations and fewer office visits for the patient. Finally, the HELLPP Act would close loopholes that allow delinquent Medicaid providers to be reimbursed in full. This would decrease deficits in the Medicaid system and offset the costs for excluded necessary care, such as podiatric services. A system similar to this is already in place in Medicare and emphasizes the point that Medicaid needs to be more in step with this system.

With the instatement of this bill, the benefits could be profound. As previously mentioned, preventative care is critical to many patients. This is especially true for diabetic patients and the prevention of ulcerations. Diabetic patients with foot ulcerations have a 229% higher mortality risk compared with non-diabetics.[14] Furthermore, the treatment cost for a diabetic foot ulceration is between $7,439 and $20,622 per episode. This is substantially lower than the estimated cost of a limb amputation ($70,434) or the $500,000 estimated cost over the lifetime of the patient.[12] The morbidity, mortality, and financial gain of podiatric care being reimbursed and accessible in every sector of the U.S. healthcare system is simply too monumental to ignore.

The HELLPP Act was introduced on April 10, 2019, and to date no further action has been taken to modify or help implement a change.[15] Policy and lawmakers should consider the specific and unparalleled needs of Type 2 diabetics and help simplify access to proper care and medication for better management of the disease. Furthermore, the authors encourage you to become involved with the progression of this act through Congress and advocate for the benefit of patients and podiatric physicians in today's U.S. healthcare system.

Many political leaders depend on the constituents in their local communities for feedback, ideas, and general information about issues of concern. To become more involved, one of the best courses of action can be to reach out to your local, state, and federal legislators. This grassroots advocacy can be fulfilled via email, letter, phone calls, and face-to-face interactions. There is also an easy-to-use eAdvocacy resource available through APMA (http://www.apma.org/eAdvocacy/). By reaching out to those who can make progress in passing the HELLPP Act, we can make a great difference for our patients, their families, and the profession. **PM**

**The HELLPP Act would provide clarity and improve coordination of care in Medicare's Therapeutic Shoe program for diabetic patients.**

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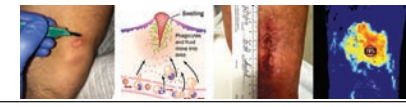

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