

Exhibit

M



6. Legislative Committee

Ms. Dixon, *chair*
Dr. Longobardi, *vice*

a. OverviewM

Legislative highlights for 2010 included:

- ❖ SB 953 (Mimi Walters), sponsored by BPM, passed both the Senate and Assembly without a single “No” vote on either floor or in any committee.

The bill eliminates B&P Code subsection 2397(d), thus enabling DPMs to provide any Good Samaritan emergency care with the same protection from liability as MDs and other providers, without regard to scope.

- ❖ SB 1111, the Administration’s proposed *Consumer Health Care Enforcement Act*. BPM voted unanimously to back the bill and was the only body listed in support along with the Department of Consumer Affairs (DCA) in the Senate Business & Professions Committee bill analysis that went to the Senators. The bill failed in Committee April 22.

b. Sunset reviewN

Exhibited here is Article 22 (Podiatric Medicine) of the State Medical Practice Act, Business & Professions Code. Section 2460 shows the current sunset date of January 1, 2013.

Senate B&P Committee Consultant Rosielyn Pulmano commented to the Board at its meeting July 26 that:

- ❖ Committee Consultant G.V.Ayers will send BPM the sunset review questionnaire in January or February of 2011
- ❖ The Senate and Assembly B&P Committees will hold joint hearings in October or November 2011, following submission of reports by BPM and other boards
- ❖ The Committees will sponsor sunset extension legislation in 2012
- ❖ Our report and the legislation may address public policy advances

The Governor has until September 30 to sign or veto all bills, including AB 2130 that repeals provisions making a board a bureau under DCA in the event it is sunsetted. Senate Committee staff say “This will require the Legislature to take an affirmative action to decide on the appropriate changes and continuation of the board prior to its sunset date.”

The new sunset report requirements are expected to be less voluminous than in 1997 and 2001. The review and committee bill may be an opportunity, as before, to advance legislative proposals. Our Legislative Committee will review clean-up and modernization provisions in early 2011. Preparing this report and the Legislative hearings will be a major BPM activity next year, as will be monitoring the extension legislation in 2012.

September 30, 2010

establishing an Emergency Health Care Enforcement Reserve Fund which was inadvertently not removed from the bill in previous amendments.

NOTE : Double-referral to Judiciary Committee (second.)

SUPPORT AND OPPOSITION:

Support:

Department of Consumer Affairs (Sponsor)
California Board of Podiatric Medicine.

Oppose Unless Amended:

American Psychiatric Nurses Association, California Chapter
California Association of Marriage and Family Therapists
California Dental Association
California Psychiatric Association
California Psychological Association
California Society for Addiction Medicine
California Society for Clinical Social Work
California Nurses Association
National Association of Social Workers (CA Chapter)
Service Employees International Union

Opposition:

None on File as of April 13, 2010

Consultant: Rosielyn Pulmano

Exhibit

N

BUSINESS AND PROFESSIONS CODE

SECTION 2460-2499.8

2460. (a) There is created within the jurisdiction of the Medical Board of California the California Board of Podiatric Medicine.

(b) This section shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date. The repeal of this section renders the California Board of Podiatric Medicine subject to the review required by Division 1.2 (commencing with Section 473).

2460.1. Protection of the public shall be the highest priority for the California Board of Podiatric Medicine in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

2461. As used in this article:

(a) "Division" means the Division of Licensing of the Medical Board of California.

(b) "Board" means the California Board of Podiatric Medicine.

(c) "Podiatric licensing authority" refers to any officer, board, commission, committee, or department of another state that may issue a license to practice podiatric medicine.

2462. The board shall consist of seven members, three of whom shall be public members. Not more than one member of the board shall be a full-time faculty member of a college or school of podiatric medicine.

The Governor shall appoint the four members qualified as provided in Section 2463 and one public member. The Senate Rules Committee and the Speaker of the Assembly shall each appoint a public member.

2463. Each member of the board, except the public members, shall be appointed from persons having all of the following qualifications:

(a) Be a citizen of this state for at least five years next preceding his or her appointment.

(b) Be a graduate of a recognized school or college of podiatric medicine.

(c) Have a valid certificate to practice podiatric medicine in this state.

(d) Have engaged in the practice of podiatric medicine in this state for at least five years next preceding his or her appointment.

2464. The public members shall be appointed from persons having all of the following qualifications:

(a) Be a citizen of this state for at least five years next preceding his or her appointment.

(b) Shall not be an officer or faculty member of any college, school, or other institution engaged in podiatric medical instruction.

(c) Shall not be a licentiate of the board or of any board under this division or of any board created by an initiative act under this division.

2465. No person who directly or indirectly owns any interest in any college, school, or other institution engaged in podiatric medical instruction shall be appointed to the board or shall any incumbent member of the board have or acquire any interest, direct or indirect, in any such college, school, or institution.

2466. All members of the board shall be appointed for terms of four years. Vacancies shall immediately be filled by the appointing power for the unexpired portion of the terms in which they occur. No person shall serve as a member of the board for more than two consecutive terms.

2467. (a) The board may convene from time to time as it deems necessary.

(b) Four members of the board constitute a quorum for the transaction of business at any meeting.

(c) It shall require the affirmative vote of a majority of those members present at a meeting, those members constituting at least a quorum, to pass any motion, resolution, or measure.

(d) The board shall annually elect one of its members to act as president and a member to act as vice president who shall hold their respective positions at the pleasure of the board. The president may call meetings of the board and any duly appointed committee at a specified time and place.

2468. Notice of each meeting of the board shall be given in accordance with the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code).

2469. Each member of the board shall receive per diem and expenses as provided in Section 2016.

2470. The board may adopt, amend, or repeal, in accordance with the provisions of the Administrative Procedure Act, regulations necessary to enable the board to carry into effect the provisions of law relating to the practice of podiatric medicine.

2471. Except as provided by Section 159.5, the board may employ,

within the limits of the funds received by the board, all personnel necessary to carry out this chapter.

2472. (a) The certificate to practice podiatric medicine authorizes the holder to practice podiatric medicine.

(b) As used in this chapter, "podiatric medicine" means the diagnosis, medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot.

(c) A doctor of podiatric medicine may not administer an anesthetic other than local. If an anesthetic other than local is required for any procedure, the anesthetic shall be administered by another licensed health care practitioner who is authorized to administer the required anesthetic within the scope of his or her practice.

(d) (1) A doctor of podiatric medicine who is ankle certified by the board on and after January 1, 1984, may do the following:

(A) Perform surgical treatment of the ankle and tendons at the level of the ankle pursuant to subdivision (e).

(B) Perform services under the direct supervision of a physician and surgeon, as an assistant at surgery, in surgical procedures that are otherwise beyond the scope of practice of a doctor of podiatric medicine.

(C) Perform a partial amputation of the foot no further proximal than the Chopart's joint.

(2) Nothing in this subdivision shall be construed to permit a doctor of podiatric medicine to function as a primary surgeon for any procedure beyond his or her scope of practice.

(e) A doctor of podiatric medicine may perform surgical treatment of the ankle and tendons at the level of the ankle only in the following locations:

(1) A licensed general acute care hospital, as defined in Section 1250 of the Health and Safety Code.

(2) A licensed surgical clinic, as defined in Section 1204 of the Health and Safety Code, if the doctor of podiatric medicine has surgical privileges, including the privilege to perform surgery on the ankle, in a general acute care hospital described in paragraph (1) and meets all the protocols of the surgical clinic.

(3) An ambulatory surgical center that is certified to participate in the Medicare Program under Title XVIII (42 U.S.C. Sec. 1395 et seq.) of the federal Social Security Act, if the doctor of podiatric medicine has surgical privileges, including the privilege to perform surgery on the ankle, in a general acute care hospital described in paragraph (1) and meets all the protocols of the surgical center.

(4) A freestanding physical plant housing outpatient services of a licensed general acute care hospital, as defined in Section 1250 of the Health and Safety Code, if the doctor of podiatric medicine has surgical privileges, including the privilege to perform surgery on the ankle, in a general acute care hospital described in paragraph (1). For purposes of this section, a "freestanding physical plant" means any building that is not physically attached to a building where inpatient services are provided.

(5) An outpatient setting accredited pursuant to subdivision (g) of Section 1248.1 of the Health and Safety Code.

(f) A doctor of podiatric medicine shall not perform an admitting history and physical examination of a patient in an acute care hospital where doing so would violate the regulations governing the Medicare program.

(g) A doctor of podiatric medicine licensed under this chapter is

a licentiate for purposes of paragraph (2) of subdivision (a) of Section 805, and thus is a health care practitioner subject to the provisions of Section 2290.5 pursuant to subdivision (b) of that section.

2474. Any person who uses in any sign or in any advertisement or otherwise, the word or words "doctor of podiatric medicine," "doctor of podiatry," "podiatric doctor," "D.P.M.," "podiatrist," "foot specialist," or any other term or terms or any letters indicating or implying that he or she is a doctor of podiatric medicine, or that he or she practices podiatric medicine, or holds himself out as practicing podiatric medicine or foot correction as defined in Section 2472, without having at the time of so doing a valid, unrevoked, and unsuspended certificate as provided for in this chapter, is guilty of a misdemeanor.

2475. Unless otherwise provided by law, no postgraduate trainee, intern, resident postdoctoral fellow, or instructor may engage in the practice of podiatric medicine, or receive compensation therefor, or offer to engage in the practice of podiatric medicine unless he or she holds a valid, unrevoked, and unsuspended certificate to practice podiatric medicine issued by the division. However, a graduate of an approved college or school of podiatric medicine upon whom the degree doctor of podiatric medicine has been conferred, who is issued a resident's license, which may be renewed annually for up to four years for this purpose by the division upon recommendation of the board, and who is enrolled in a postgraduate training program approved by the board, may engage in the practice of podiatric medicine whenever and wherever required as a part of that program and may receive compensation for that practice under the following conditions:

(a) A graduate with a resident's license in an approved internship, residency, or fellowship program may participate in training rotations outside the scope of podiatric medicine, under the supervision of a physician and surgeon who holds a medical doctor or doctor of osteopathy degree wherever and whenever required as a part of the training program, and may receive compensation for that practice. If the graduate fails to receive a license to practice podiatric medicine under this chapter within three years from the commencement of the postgraduate training, all privileges and exemptions under this section shall automatically cease.

(b) Hospitals functioning as a part of the teaching program of an approved college or school of podiatric medicine in this state may exchange instructors or resident or assistant resident doctors of podiatric medicine with another approved college or school of podiatric medicine not located in this state, or those hospitals may appoint a graduate of an approved school as such a resident for purposes of postgraduate training. Those instructors and residents may practice and be compensated as provided in this section, but that practice and compensation shall be for a period not to exceed two years.

2475.1. Before a resident's license may be issued, each applicant shall show by evidence satisfactory to the board, submitted directly to the board by the national score reporting institution, that he or she has, within the past 10 years, passed Parts I and II of the examination administered by the National Board of Podiatric Medical Examiners of the United States or has passed a written examination

that is recognized by the board to be the equivalent in content to the examination administered by the National Board of Podiatric Medical Examiners of the United States.

2475.2. As used in this article, "podiatric residency" means a program of supervised postgraduate clinical training, one year or more in duration, approved by the board.

2475.3. (a) The board shall approve podiatric residency programs, as defined in Section 2475.2, in the field of podiatric medicine, for persons who are applicants for or have been issued a certificate to practice podiatric medicine pursuant to this article.

(b) The board may only approve a podiatric residency that it determines meets all of the following requirements:

(1) Reasonably conforms with the Accreditation Council for Graduate Medical Education's Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements.

(2) Is approved by the Council on Podiatric Medical Education.

(3) Complies with the requirements of this state.

2476. Nothing in this chapter shall be construed to prevent a regularly matriculated student undertaking a course of professional instruction in an approved college or school of podiatric medicine from participating in training beyond the scope of podiatric medicine under the supervision of a physician and surgeon who holds a medical doctor or doctor of osteopathy degree whenever and wherever prescribed as part of his or her course of study.

2477. Nothing in this chapter prohibits the manufacture, the recommendation, or the sale of either corrective shoes or appliances for the human feet.

2479. The division shall issue, upon the recommendation of the board, a certificate to practice podiatric medicine to each applicant who meets the requirements of this chapter. Every applicant for a certificate to practice podiatric medicine shall comply with the provisions of Article 4 (commencing with Section 2080) which are not specifically applicable to applicants for a physician's and surgeon's certificate, in addition to the provisions of this article.

2480. The board shall have full authority to investigate and to evaluate each applicant applying for a certificate to practice podiatric medicine and to make a determination of the admission of the applicant to the examination and the issuance of a certificate in accordance with the provisions and requirements of this chapter.

2481. Each applicant who commenced professional instruction in

podiatric medicine after September 1, 1959, shall show by an official transcript or other official evidence submitted directly to the board by the academic institution that he or she has completed two years of preprofessional postsecondary education, or its equivalent, including the subjects of chemistry, biology or other biological science, and physics or mathematics, before completing the resident course of professional instruction.

2483. (a) Each applicant for a certificate to practice podiatric medicine shall show by an official transcript or other official evidence satisfactory to the board that is submitted directly to the board by the academic institution that he or she has successfully completed a medical curriculum extending over a period of at least four academic years, or 32 months of actual instruction, in a college or school of podiatric medicine approved by the board. The total number of hours of all courses shall consist of a minimum of 4,000 hours.

The board, by regulation, shall adopt standards for determining equivalent training authorized by this section.

(b) The curriculum for all applicants shall provide for adequate instruction related to podiatric medicine in the following:

- Alcoholism and other chemical substance detection
- Local anesthesia
- Anatomy, including embryology, histology, and neuroanatomy
- Behavioral science
- Biochemistry
- Biomechanics-foot and ankle
- Child abuse detection
- Dermatology
- Geriatric medicine
- Human sexuality
- Infectious diseases
- Medical ethics
- Neurology
- Orthopedic surgery
- Pathology, microbiology, and immunology
- Pediatrics
- Pharmacology, including materia medica and toxicology
- Physical and laboratory diagnosis
- Physical medicine
- Physiology
- Podiatric medicine
- Podiatric surgery
- Preventive medicine, including nutrition
- Psychiatric problem detection
- Radiology and radiation safety
- Spousal or partner abuse detection
- Therapeutics
- Women's health

2484. In addition to any other requirements of this chapter, before a certificate to practice podiatric medicine may be issued, each applicant shall show by evidence satisfactory to the board, submitted directly to the board by the sponsoring institution, that he or she has satisfactorily completed at least two years of postgraduate podiatric medical and podiatric surgical training in a general acute care hospital approved by the Council of Podiatric Medical Education.

2486. The Medical Board of California shall issue, upon the recommendation of the board, a certificate to practice podiatric medicine if the applicant has submitted directly to the board from the credentialing organizations verification that he or she meets all of the following requirements:

(a) The applicant has graduated from an approved school or college of podiatric medicine and meets the requirements of Section 2483.

(b) The applicant, within the past 10 years, has passed parts I, II, and III of the examination administered by the National Board of Podiatric Medical Examiners of the United States or has passed a written examination that is recognized by the board to be the equivalent in content to the examination administered by the National Board of Podiatric Medical Examiners of the United States.

(c) The applicant has satisfactorily completed the postgraduate training required by Section 2484.

(d) The applicant has passed within the past 10 years any oral and practical examination that may be required of all applicants by the board to ascertain clinical competence.

(e) The applicant has committed no acts or crimes constituting grounds for denial of a certificate under Division 1.5 (commencing with Section 475).

(f) The board determines that no disciplinary action has been taken against the applicant by any podiatric licensing authority and that the applicant has not been the subject of adverse judgments or settlements resulting from the practice of podiatric medicine that the board determines constitutes evidence of a pattern of negligence or incompetence.

(g) A disciplinary databank report regarding the applicant is received by the board from the Federation of Podiatric Medical Boards.

2488. Notwithstanding any other provision of law, the Medical Board of California shall issue, upon the recommendation of the board, a certificate to practice podiatric medicine by credentialing if the applicant has submitted directly to the board from the credentialing organizations verification that he or she is licensed as a doctor of podiatric medicine in any other state and meets all of the following requirements:

(a) The applicant has graduated from an approved school or college of podiatric medicine.

(b) The applicant, within the past 10 years, has passed either part III of the examination administered by the National Board of Podiatric Medical Examiners of the United States or a written examination that is recognized by the board to be the equivalent in content to the examination administered by the National Board of Podiatric Medical Examiners of the United States.

(c) The applicant has satisfactorily completed a postgraduate training program approved by the Council on Podiatric Medical Education.

(d) The applicant, within the past 10 years, has passed any oral and practical examination that may be required of all applicants by the board to ascertain clinical competence.

(e) The applicant has committed no acts or crimes constituting grounds for denial of a certificate under Division 1.5 (commencing with Section 475).

(f) The board determines that no disciplinary action has been taken against the applicant by any podiatric licensing authority and that the applicant has not been the subject of adverse judgments or settlements resulting from the practice of podiatric medicine that the board determines constitutes evidence of a pattern of negligence or incompetence.

(g) A disciplinary databank report regarding the applicant is received by the board from the Federation of Podiatric Medical Boards.

2492. (a) The board shall examine every applicant for a certificate to practice podiatric medicine to ensure a minimum of entry-level competence at the time and place designated by the board in its discretion, but at least twice a year.

(b) Unless the applicant meets the requirements of Section 2486, applicants shall be required to have taken and passed the examination administered by the National Board of Podiatric Medical Examiners.

(c) The board may appoint qualified persons to give the whole or any portion of any examination as provided in this article, who shall be designated as examination commissioners. The board may fix the compensation of those persons subject to the provisions of applicable state laws and regulations.

(d) The provisions of Article 9 (commencing with Section 2170) shall apply to examinations administered by the board except where those provisions are in conflict with or inconsistent with the provisions of this article. In respect to applicants under this article any references to the "Division of Licensing" or "division" shall be deemed to apply to the board.

2493. (a) An applicant for a certificate to practice podiatric medicine shall pass an examination in the subjects required by Section 2483 in order to ensure a minimum of entry-level competence.

(b) The board shall require a passing score on the National Board of Podiatric Medical Examiners Part III examination that is consistent with the postgraduate training requirement in Section 2484. The board, as of July 1, 2005, shall require a passing score one standard error of measurement higher than the national passing scale score until such time as the National Board of Podiatric Medical Examiners recommends a higher passing score consistent with Section 2484. In consultation with the Office of Professional Examination Services of the Department of Consumer Affairs, the board shall ensure that the part III examination adequately evaluates the full scope of practice established by Section 2472, including amputation and other foot and ankle surgical procedures, pursuant to Section 139.

2495. Notwithstanding any other provision of this chapter, the board may delegate to officials of the board the authority to approve the admission of applicants to the examination and to approve the issuance of certificates to practice podiatric medicine to applicants who have met the specific requirements therefor in routine cases where applicants clearly meet the requirements of this chapter.

2496. In order to ensure the continuing competence of persons licensed to practice podiatric medicine, the board shall adopt and administer regulations in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) requiring continuing education of those licensees. The board shall require those licensees to demonstrate satisfaction of the continuing education requirements and one of the following requirements at each license renewal:

(a) Passage of an examination administered by the board within the past 10 years.

(b) Passage of an examination administered by an approved specialty certifying board within the past 10 years.

(c) Current diplomate, board-eligible, or board-qualified status granted by an approved specialty certifying board within the past 10 years.

(d) Recertification of current status by an approved specialty certifying board within the past 10 years.

(e) Successful completion of an approved residency or fellowship program within the past 10 years.

(f) Granting or renewal of current staff privileges within the past five years by a health care facility that is licensed, certified, accredited, conducted, maintained, operated, or otherwise approved by an agency of the federal or state government or an organization approved by the Medical Board of California.

(g) Successful completion within the past five years of an extended course of study approved by the board.

(h) Passage within the past 10 years of Part III of the examination administered by the National Board of Podiatric Medical Examiners.

2497. (a) The board may order the denial of an application for, or the suspension of, or the revocation of, or the imposition of probationary conditions upon, a certificate to practice podiatric medicine for any of the causes set forth in Article 12 (commencing with Section 2220) in accordance with Section 2222.

(b) The board may hear all matters, including but not limited to, any contested case or may assign any such matters to an administrative law judge. The proceedings shall be held in accordance with Section 2230. If a contested case is heard by the board itself, the administrative law judge who presided at the hearing shall be present during the board's consideration of the case and shall assist and advise the board.

2497.5. (a) The board may request the administrative law judge, under his or her proposed decision in resolution of a disciplinary proceeding before the board, to direct any licensee found guilty of unprofessional conduct to pay to the board a sum not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

(b) The costs to be assessed shall be fixed by the administrative law judge and shall not in any event be increased by the board. When the board does not adopt a proposed decision and remands the case to an administrative law judge, the administrative law judge shall not increase the amount of any costs assessed in the proposed decision.

(c) When the payment directed in the board's order for payment of costs is not made by the licensee, the board may enforce the order for payment by bringing an action in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee directed to pay costs.

(d) In any judicial action for the recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(e) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship

and who enters into a formal agreement with the board to reimburse the board within that one year period for those unpaid costs.

(f) All costs recovered under this section shall be deposited in the Board of Podiatric Medicine Fund as a reimbursement in either the fiscal year in which the costs are actually recovered or the previous fiscal year, as the board may direct.

2498. (a) The board shall have the responsibility for reviewing the quality of podiatric medical practice carried out by persons licensed to practice podiatric medicine.

(b) Each member of the board, or any licensed doctor of podiatric medicine appointed by the board, shall additionally have the authority to inspect, or require reports from, a general or specialized hospital and the podiatric medical staff thereof, with respect to the podiatric medical care, services, or facilities provided therein, and may inspect podiatric medical patient records with respect to the care, services, or facilities. The authority to make inspections and to require reports as provided by this section shall not be delegated by a member of the board to any person other than a doctor of podiatric medicine and shall be subject to the restrictions against disclosure described in Section 2263.

2499. There is in the State Treasury the Board of Podiatric Medicine Fund. Notwithstanding Section 2445, the division shall report to the Controller at the beginning of each calendar month for the month preceding the amount and source of all revenue received by it on behalf of the board, pursuant to this chapter, and shall pay the entire amount thereof to the Treasurer for deposit into the fund. All revenue received by the board and the division from fees authorized to be charged relating to the practice of podiatric medicine shall be deposited in the fund as provided in this section, and shall be used to carry out the provisions of this chapter relating to the regulation of the practice of podiatric medicine.

2499.5. The following fees apply to certificates to practice podiatric medicine. The amount of fees prescribed for doctors of podiatric medicine shall be those set forth in this section unless a lower fee is established by the board in accordance with Section 2499.6. Fees collected pursuant to this section shall be fixed by the board in amounts not to exceed the actual costs of providing the service for which the fee is collected.

(a) Each applicant for a certificate to practice podiatric medicine shall pay an application fee of twenty dollars (\$20) at the time the application is filed. If the applicant qualifies for a certificate, he or she shall pay a fee which shall be fixed by the board at an amount not to exceed one hundred dollars (\$100) nor less than five dollars (\$5) for the issuance of the certificate.

(b) The oral examination fee shall be seven hundred dollars (\$700), or the actual cost, whichever is lower, and shall be paid by each applicant. If the applicant's credentials are insufficient or if the applicant does not desire to take the examination, and has so notified the board 30 days prior to the examination date, only the examination fee is returnable to the applicant. The board may charge an examination fee for any subsequent reexamination of the applicant.

(c) Each applicant who qualifies for a certificate, as a condition

precedent to its issuance, in addition to other fees required by this section, shall pay an initial license fee. The initial license fee shall be eight hundred dollars (\$800). The initial license shall expire the second year after its issuance on the last day of the month of birth of the licensee. The board may reduce the initial license fee by up to 50 percent of the amount of the fee for any applicant who is enrolled in a postgraduate training program approved by the board or who has completed a postgraduate training program approved by the board within six months prior to the payment of the initial license fee.

(d) The biennial renewal fee shall be nine hundred dollars (\$900). Any licensee enrolled in an approved residency program shall be required to pay only 50 percent of the biennial renewal fee at the time of his or her first renewal.

(e) The delinquency fee is one hundred fifty dollars (\$150).

(f) The duplicate wall certificate fee is forty dollars (\$40).

(g) The duplicate renewal receipt fee is forty dollars (\$40).

(h) The endorsement fee is thirty dollars (\$30).

(i) The letter of good standing fee or for loan deferment is thirty dollars (\$30).

(j) There shall be a fee of sixty dollars (\$60) for the issuance of a resident's license under Section 2475.

(k) The application fee for ankle certification under Section 2472 for persons licensed prior to January 1, 1984, shall be fifty dollars (\$50). The examination and reexamination fee for this certification shall be seven hundred dollars (\$700).

(l) The filing fee to appeal the failure of an oral examination shall be twenty-five dollars (\$25).

(m) The fee for approval of a continuing education course or program shall be one hundred dollars (\$100).

2499.6. The fees in this article shall be fixed by the board in accordance with Section 313.1.

2499.8. Any licensee who demonstrates to the satisfaction of the board that he or she is unable to practice podiatric medicine due to a disability may request a waiver of the license renewal fee. The granting of a waiver shall be at the discretion of the board and may be terminated at any time. Waivers shall be based on the inability of a licensee to practice podiatric medicine. A licensee whose renewal fee has been waived pursuant to this section shall not engage in the practice of podiatric medicine unless and until the licensee pays the current renewal fee and does either of the following:

(a) Establishes to the satisfaction of the board, on a form prescribed by the board and signed under penalty of perjury, that the licensee's disability either no longer exists or does not affect his or her ability to practice podiatric medicine safely.

(b) Signs an agreement on a form prescribed by the board, signed under penalty of perjury, in which the licensee agrees to limit his or her practice in the manner prescribed by the reviewing physician.

Exhibit O

Foot Soldiers in the Battle for Recognition

By KATHLEEN M. STONE, DPM



Despite evidence that care by a podiatrist has a significant impact on outcomes in patients with diabetes, we podiatric physicians still are not a fully recognized arm of our patients' diabetes care. Today's podiatrist is uniquely qualified to treat the foot and ankle based on education, training, and experience, but too many podiatric physicians still are waiting for that recognition. Armed with concrete evidence of our value to patients, to the economy, and to the medical profession, I believe we must redouble our efforts to gain the recognition we deserve in the medical community.

Fortunately, we have new and dramatic evidence to support our demands. Patients with diabetes who receive medical and surgical care from a podiatrist are significantly less likely to suffer hospitalization or amputation than patients who do not receive care from a podiatrist. This podiatry-affirming finding comes from an APMA-sponsored study from Thomson Reuters, an independent, internationally respected research firm with expertise in the health-care market.

The study examined claims records for more than 32,000 patients with diabetes ages 18–64 and more than 43,000 patients over 65. Thomson Reuters matched health and risk factors for those who had podiatry visits to those who did not. Care by a podiatric physician, defined as at least one pre-ulcer visit, was associated with significantly lower risk of hospitalization and amputation: 29 percent lower odds of amputation and 24 percent lower odds of hospitalization in the 18–64-year-old population, and 9 percent lower odds of hospitalization and 23 percent lower odds of major amputation in patients over 65. Vickie Driver, MS, DPM, associate professor of surgery at Boston University School of Medicine, presented these astounding results during the APMA An-

nual Scientific Meeting in July in Seattle. For more information on the study, see the interview with Dr. Driver and her co-author, James Wrobel, DPM, in this issue.

Diabetes is an epidemic in the United States. According to the American Diabetes Association, nearly 24 million Americans have diabetes, and an additional 1.6 million new cases are diagnosed each year.¹ As the number of patients with diabetes grows, so too will the number of amputations and hospi-

**Please be involved, be active,
and be part of the battle
to defend our profession!**

talizations. These patients have a chronic illness, and they need preventive care from a podiatrist to keep them out of hospitals and off the operating table.

Hospitalizations and amputations ultimately will add to the skyrocketing costs of health care in America. An investment in care by podiatrists, however, could save close to \$200 million, according to the Thomson Reuters data.

Our states have responded to our call to action. The Colorado Podiatric Medical Association (CPMA) recently achieved victory when the association convinced not only state regulators, but also the state medical society, to support an updated scope of podiatric practice. Read more in "Colorado Updates Scope of Practice: A Case Study in State Advocacy," also in this issue. In Virginia, a solid grassroots advocacy strategy helped retain Medicaid coverage for podiatric medicine for this year. The Virginia Podiatric Medical Association (VPMA) already has requested the results of the Thomson Reuters study in order to put them to use in ongoing advocacy efforts. (The results will be published in two peer-reviewed journals, including the *Journal of the American Podiatric Medical Association*, later this year and will be available for use in advocacy efforts at that time.)

We owe a great deal to state components like CPMA and VPMA for their tireless advocacy efforts. We need every APMA member to continue doing battle for our profession in order to take this message to a national level and achieve recognition under Title XIX.

That's why it is critically important that APMA members become actively involved in Today's Podiatrist, APMA's campaign to increase awareness about the benefits of podiatry among medical professionals, the general public, and students. I'm excited to tell you that the campaign makes its public debut this month with new tools, including a dedicated website, an online video, a "widget," and more. See the article on page 16 in this issue (and find out just what a widget is). Visit www.todayspodiatrist.com to learn more and find out how you can be involved.

Today's Podiatrist is an outstanding opportunity for every member to help elevate the perception of podiatric medicine, create and solidify relationships with medical allies, further Vision 2015, and unify the profession.

I know how frustrated many of you are. We have waged a long battle for recognition as physicians, surgeons, and specialists. We've struggled with politics, bureaucracy, and ignorance. But we must channel our anger and frustration into advocacy. Madeleine Albright has said she is both an idealistic realist and a realistic idealist. I feel the same: As an idealistic realist, I know it will be difficult to achieve our goals. But as a realistic idealist, I know that we can and *must* achieve them, despite the sacrifice they may require.

Please be involved, be active, and be part of the battle to defend our profession! With more determination and more soldiers, we can be victorious. ■

¹ American Diabetes Association. "Diabetes Statistics." <http://www.diabetes.org/diabetes-basics/diabetes-statistics/> (accessed June 28, 2010).

Today's Podiatrist Campaign Goes Public: What You Need to Know

APMA first introduced Today's Podiatrist in March and now is actively promoting the campaign to the public.

APMA has spent six months familiarizing membership with the campaign and enlisting 19 state associations and many individual members to help spread the message. The second phase of the campaign launch includes several new developments that you as an APMA member should know about to help make Today's Podiatrist the most successful awareness campaign the profession has ever seen. Member tip sheets and informational materials will continue to be available at www.apma.org/todayspodiatrist to download and use in your practices.

Landing Site

A new website, TodaysPodiatrist.com, is now live on the Web and will be central to the campaign—providing detailed information for each of Today's Podiatrist's three target audiences: *patients* (the consumer public, with a slight lean toward women ages 35–55); *students* interested in a career in medicine; and *medical professionals*. TodaysPodiatrist.com is a vibrant, engaging, and highly interactive site that is clearly segmented for

By now, you are probably aware of the Today's Podiatrist campaign and what it sets out to accomplish for podiatric medicine. Today's Podiatrist is an ambitious public relations effort to promote podiatrists as 21st century physicians, surgeons, and specialists.

TODAY'S

PODIATRIST

PHYSICIAN • SURGEON • SPECIALIST

each of these three audiences. Upon first visiting the **Today's Podiatrist.com** homepage, you will notice several focal points—colorful feature images highlighting different topics in podiatric medicine, large buttons that make it easy to find a local podiatrist, and a one-click feature to sign up for one of the Today's Podiatrist newsletters.



Today'sPodiatrist.com

Because social media will play a significant role in the campaign, easy-to-locate buttons to connect with APMA's Facebook, Twitter, and YouTube pages are front and center. Updates on the Today's Podiatrist campaign will be distributed through these channels. An interesting and interactive "foot-health timeline" provides users with information on common foot ailments seen at six stages of life. The homepage also will feature a downloadable PDF titled "What are Your Feet Saying About You?" The PDF describes chief causes and treatments for foot ailments such as bunions, blisters, and heel pain.

Each of the interior pages features specific information targeted towards each audience. For patients, there is information describing why caring for the feet and visiting a podiatrist regularly are important to staying healthy throughout life. Students can learn how a career in podiatric medicine

is both challenging and rewarding. Medical professionals can peruse compelling information about the importance of including a podiatrist in their medical treatment team and why referring to a podiatrist can help save limbs and lives. Additionally, each audience will have its own Today's Podiatrist newsletter, with regularly updated content delivered via e-mail.

"Meet Your Feet" Online Video.

If you attended July's Annual Scientific Meeting in Seattle, you were among the first to view the new online video promoting Today's Podiatrist. Titled "Meet Your Feet," the fast-paced, high-energy video uses upbeat music and narration along with a video technique called stop-motion animation to highlight foot facts, while describing the role of today's podiatrist. **Today'sPodiatrist.com** prominently fea-

Because social media will play a significant role in the campaign, easy-to-locate buttons to connect with APMA's Facebook, Twitter, and YouTube pages are front and center. Updates on the Today's Podiatrist campaign will be distributed through these channels.

tures this video, which can be placed on your practice's website to encourage others to meet their feet and make an appointment with a podiatrist. The video also is on APMA's YouTube page, and we encourage you to share it with friends, family, and patients.

continued on page 18

