

September 18, 2015
House Energy & Commerce Subcommittee on Health Hearing
“Improving the Medicaid Program for Beneficiaries”

I want to thank Chairman Pitts and Ranking Member Green, and the Committee for their focus today on improving the Medicaid program for beneficiaries. This vital safety net program has had many successes to date, but as my colleagues know Medicaid faces significant challenges as we work to modernize the program to ensure it is able to provide meaningful access to the most vulnerable patients for decades to come.

While I generally support the bills under consideration today by the Subcommittee aimed at improving Medicaid patient access to care, I very much believe there is a missing component in this discussion.

I found particularly noteworthy the GAO report this committee recently received which found that Medicaid enrollees face particular challenges in accessing certain types of care, such as obtaining specialty care or dental care. Additionally, GAO has previously reported that 38 States experienced challenges ensuring enough participating providers.

These disturbing revelations point to a real policy need to address the holes in this vital safety net program and facilitate improvements to care among our nation’s most vulnerable.

With respect to specialty care, Congresswoman DeGette and I have been working on a bipartisan bill to improve Medicaid access to care and improve quality outcomes when it comes to medically necessary foot and ankle care. The HELLPP Act (H.R. 1221) would remove Medicaid patient access barriers to the best trained and best educated

physician specialists of the foot and ankle – podiatrists, also known as doctors of podiatric medicine.

Our health-care system increasingly requires the skills of podiatrists because they play a critical role in treating lower extremity complications related to diabetes, peripheral arterial disease, obesity, arthritis, and other chronic conditions, as well as treating and preventing complications from these conditions. Take diabetes as an example: The early-warning signs of diabetes are often found in manifestation of complications in the lower extremity. As such, podiatrists are frequently the first health-care provider to detect, treat, and therefore significantly prevent or reduce complications, such as lower-limb amputations.

Foot and ankle care is already a covered benefit under Medicaid. However, access to that care is jeopardized because currently federal Medicaid law only includes part of the Medicare physician definition which results in not ensuring access to *a podiatrist*.

The HELLPP Act would remedy this access barrier by referencing the same Medicare definition of physician to ensure that Medicaid patients—who disproportionately suffer from chronic conditions—have timely access to the most appropriate and best trained providers of foot and ankle care.

A strong body of evidence shows that when podiatric physicians and surgeons are delivering foot and ankle medical and surgical care, patient outcomes are better, hospitalizations are fewer and shorter, and our health-care delivery system saves billions of dollars annually.

The Energy & Commerce Committee has voted in favor of this Medicaid access provision in past legislation (2009). And just last congress our Senate colleagues included this podiatry access provision in that chamber's main Medicare SGR reform bills last congress.

While the bills before the Subcommittee are important elements toward improving Medicaid for beneficiaries, there is more we can and should be doing. I very much hope we can take additional steps in the near future and also work to advance the HELLPP Act this congress.