



November 1, 2021

The Honorable Joanne Comerford, Senate Chairwoman  
The Honorable Marjorie Decker, House Chairwoman  
Joint Committee on Public Health  
State House, Room 130  
Boston, Massachusetts 02133

Dear Chairwoman Comerford, Chairwoman Decker, and Members of the Committee:

On behalf of the Alliance of Wound Care Stakeholders, (“Alliance”), we are writing this letter in support of House Bill 2270/Senate Bill 1510 “An Act Relative to the Definition of Podiatry.” This legislation would update the podiatric practice act in Massachusetts to allow podiatrists to treat the foot, ankle, and lower leg.

The Alliance is a nonprofit multidisciplinary trade association of physician specialty societies, clinical and patient associations whose mission is to promote evidence-based quality care and access to products and services for people with chronic wounds (diabetic foot ulcers, venous stasis ulcers, pressure ulcers and arterial ulcers) through effective advocacy and educational outreach in the regulatory, legislative, and public arenas. The Alliance is viewed as the umbrella association for all of wound care since our membership includes not only the clinical and patient associations mentioned but also wound care clinics and business entities (manufacturers and distributors).

Doctors of podiatric medicine (DPMs), also known as podiatrists or podiatric physicians and surgeons, are integral to the prevention and treatment of lower extremity wounds. A diabetic foot ulcer is an open sore or wound that occurs in approximately 15 percent of patients with diabetes and is commonly located on the foot or lower leg. Diabetes is the leading cause of non-traumatic lower extremity amputations in the United States, and approximately 14-24 percent of patients with diabetes who develop a foot ulcer will require an amputation. Foot ulceration precedes 85 percent of diabetes-related amputations. However, with early detection and management by a wound care specialist, such as a podiatrist, development of a foot ulcer is preventable.

Additionally, podiatrists are well trained to treat more than just diabetic foot ulcers. Podiatrists are also trained to treat pressure injuries/ulcers, arterial ulcers, venous leg ulcers, surgical dehiscence, and ulcers that result from trauma. All of these ulcer types can occur at the level of the ankle or lower leg in addition to the foot. The podiatrists we represent are extraordinarily skilled in treating all these ulcer types when they occur at the level of the ankle or lower leg. As it is our mission to promote evidence-based quality wound care, we support podiatrists’ ability to care for wounds of the ankle and lower leg. Even more importantly, our mission also includes ensuring access to services for people with chronic wounds. Allowing podiatrists to provide these services helps further our mission, and more importantly, expands Massachusetts residents’ access to high level care.

Unfortunately, because Massachusetts law is outdated and is not commensurate with the education and training of DPMs, it is difficult to recruit and retain well-qualified podiatrists to practice in Massachusetts. This further exacerbates the shortage of health-care providers that are needed to treat patients with diabetes and the aging population. Massachusetts health-care consumers suffer the most with limited access to care by a podiatrist, as research has shown ulcers heal faster and are lower risk for infection with earlier detection and treatment.

We urge you to support modernizing the podiatric scope of practice law in Massachusetts and pass House Bill 2270/Senate Bill 1510. Thank you for your consideration.

Sincerely,



Caroline E. Fife, MD, CWS, FUHM



Matthew G. Garoufalis, DPM, FASPS, FACFAOM, CWS

Alliance of Wound Care Stakeholders Co-chairs



Marcia Nusgart, R.Ph  
Executive Director