

Universal Coverage Testimony

The New York State Podiatric Medical Association, representing 1,300 podiatrists across New York State, applauds Governor's Spitzer's initiative to develop a proposal for universal health coverage. As this proposal takes shape, the State will face many difficult trade-offs. While NYSPMA recognizes the tough choices that will need to be made, we encourage the State to recognize the well- documented public health benefits of podiatric care and the clinical and economic advantages of including podiatric care in a basic benefits package.

I. A Basic Benefits Package Should Include Coverage of Podiatry Services

On July 24, 2007, The New York City Department of Health issued a report documenting the devastating effects of diabetes. Among other chilling statistics, it found that fully one third of the

500,000 diabetics living in New York City do not receive a foot exam. Another 200,000 New Yorkers have the disease, but don't even know it. Hospitalization rates – many for non-traumatic lower-extremity amputations – meanwhile are extremely high, at a rate more than twice the Healthy People 2000 goal of 1.8 per 1,000 persons with diabetes.

One more statistic. Numerous studies conclude that patient care with a podiatric component results in 40-60% reductions in the rate of lower extremity amputations. There are 3,000 such amputations each year in New York City. Stated differently, if every New Yorker with diabetes received regular podiatric care, the savings would be measured in the tens of millions of dollars across the State. Access to podiatrists is a well documented strategy for providing quality care and save significant health care dollars.

II. The Current System is Broken.

Let's juxtapose this against the current state of coverage for the people of New York. With many caveats, the traditional Medicare program provides a minimally acceptable level of coverage. People on Medicaid must rely on outpatient hospital clinics for podiatric care. Coverage in the office setting is not available at all. Delay in obtaining these services frequently results in medical complications, emergency room visits, and hospitalizations that could have been avoided. While there is coverage under commercial insurance, this coverage is often problematic. Patients are confused by what is and is not covered and therefore delay care.

By not focusing first and foremost on determining plan benefits based on cost-effectiveness and early intervention value, the critical

opportunity to invest rationally is lost. In podiatric care, this applies particularly to diabetes. One of the horrible pathologies of this disease is that people with diabetes lose sensation in their feet.

Unable to feel the pain, and often unable to even see the bottom of their feet, simple problems go untreated and escalate into complex, even life- threatening problems. Simple measures such as frequent foot exams, and the use of inexpensive devices such as thermal sensing devices can easily identify incipient problems. There is no more graphic example than of the old adage that an ounce of prevention is worth a pound of cure.

III. We Must Put in Place a Rational System

Universal coverage – with a major emphasis on prevention, on education, and on incentives for regular care holds the promise of truly improving our ability to care for people. Let us focus on the basics. Let us focus on the obvious. Routine preventive care

including foot care -- prevents disease and prevents progression of disease. Preventative measures, particular for people with diabetes and other chronic peripheral vascular disease, dramatically pay for themselves. Thank you.