



House of Representatives

File No. 629

General Assembly

February Session, 2024

(Reprint of File No. 96)

Substitute House Bill No. 5196
As Amended by House Amendment
Schedule "B"

Approved by the Legislative Commissioner
May 1, 2024

AN ACT EXPANDING THE PODIATRIC SCOPE OF PRACTICE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (c) of section 20-54 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective October*
3 *1, 2024*):

4 (c) A licensed podiatrist may independently engage in the surgical
5 treatment of the ankle, including the surgical treatment of the
6 anatomical structures of the ankle, as well as the administration and
7 prescription of drugs incidental thereto, and the surgical treatment of
8 manifestations of systemic diseases as they appear on the ankle, after
9 the podiatrist provides documentation to the Department of Public
10 Health of the following: (1) (A) Graduation on or after June 1, 2006, from
11 a three-year residency program in podiatric medicine and surgery that
12 was accredited by the Council on Podiatric Medical Education, or its
13 successor organization, at the time of graduation, and (B) current board
14 certification or qualification in reconstructive rearfoot ankle surgery by

15 the American Board of Foot and Ankle Surgery, or its successor
16 organization; or (2) (A) graduation prior to June 1, 2006, from a
17 residency program in podiatric medicine and surgery that was at least
18 two years in length and accredited at the time of graduation by said
19 council, and (B) current board certification or qualification in
20 reconstructive rearfoot ankle surgery by the American Board of Foot
21 and Ankle Surgery, or its successor organization. For purposes of this
22 section, "surgical treatment of the ankle" includes all soft tissue and
23 osseous procedures, including ankle fracture fixation, ankle fusion,
24 ankle arthroscopy, insertion or removal of external fixation pins into or
25 from the tibial diaphysis at or below the level of the myotendinous
26 junction of the triceps surae, [and] insertion and removal of retrograde
27 tibiotalar calcaneal intramedullary rods and locking screws up to the
28 level of the myotendinous junction of the triceps [surae] surae and
29 Chopart joint-level amputation, but does not include the surgical
30 treatment of complications within the tibial diaphysis related to the use
31 of external fixation pins, the performance of total ankle replacements or
32 the treatment of tibial pilon fractures.

33 Sec. 2. (NEW) (*Effective from passage*) (a) The cochairpersons of the
34 joint standing committee of the General Assembly having cognizance of
35 matters relating to public health shall convene a panel comprised of two
36 representatives each from an organization representing podiatrists in
37 the state and an organization representing orthopedic physicians in the
38 state to develop, not later than August 1, 2024, a protocol for permitting
39 licensed podiatrists who have provided documentation to the
40 Department of Public Health of meeting the requirements set forth in
41 subdivision (1) or (2) of subsection (c) of section 20-54 of the general
42 statutes, as amended by this act, to perform total ankle replacement
43 surgery. The protocol shall consist of a description of the experience,
44 skill and training requirements for performance of such surgery and the
45 procedure for assessing whether a podiatrist has the requisite
46 experience, skill and training. Not later September 1, 2024, the panel
47 shall submit a report, in accordance with the provisions of section 11-4a
48 of the general statutes, regarding the panel's protocol to the joint

49 standing committee of the General Assembly having cognizance of
50 matters relating to public health and the Commissioner of Public
51 Health. Not later than October 1, 2024, the commissioner shall post such
52 protocol on the Department of Public Health's Internet web site.

53 (b) On and after October 1, 2024, a licensed podiatrist who has
54 provided documentation to the Department of Public Health of meeting
55 the requirements set forth in subdivision (1) or (2) of subsection (c) of
56 section 20-54 of the general statutes, as amended by this act, may apply
57 to a hospital in the state for privileges to perform total ankle
58 replacement surgery at such hospital. A hospital may, at a minimum,
59 utilize the protocol developed pursuant to subsection (a) of this section
60 to assess whether a podiatrist has the requisite experience, skill and
61 training to perform total ankle replacement surgery at such hospital.

62 (c) A podiatrist who has been approved by a hospital for privileges
63 to perform total ankle replacement surgery pursuant to subsection (b)
64 of this section may perform such surgery at such hospital.

65 (d) Nothing in this section shall be construed to require a hospital to
66 grant a podiatrist privileges to perform total ankle replacement surgery
67 at the hospital.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2024</i>	20-54(c)
Sec. 2	<i>from passage</i>	New section

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill, which allows licensed podiatrists to perform Chopart joint-level amputations and total ankle replacement surgeries under certain conditions and requires the Public Health Committee to convene a panel, is not anticipated to result in a fiscal impact to the state or municipalities.

House "B" strikes the language of the underlying bill and its associated fiscal impact and replaces it with the language discussed above.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sHB 5196 (as amended by House "B")******AN ACT EXPANDING THE PODIATRIC SCOPE OF PRACTICE.*****SUMMARY**

This bill expands the scope of practice of podiatric medicine to allow podiatrists to independently perform Chopart joint-level (i.e., forefoot and midfoot) amputations. To do so, a licensed podiatrist must provide the Department of Public Health (DPH) documentation that they:

1. graduated from a podiatric residency program meeting specified criteria and
2. hold current board certification or qualification in reconstructive rearfoot ankle surgery by the American Board of Foot and Ankle Surgery, or its successor.

Under the bill, the residency program must have been accredited by the Council on Podiatric Medical Education, or its successor, when the podiatrist graduated. The program must have been at least (1) two years in length if the person graduated before June 1, 2006, or (2) three years for graduates on or after that date.

Current law already allows podiatrists who meet the above criteria to independently perform certain ankle surgeries, including all soft tissue and osseous procedures (e.g., fixing ankle fractures, ankle fusions, and ankle arthroscopy). They cannot perform total ankle replacements (see below), tibial pilon fracture surgeries, or surgeries to treat complications within the tibial diaphysis related to the use of external fixation pins.

The bill also requires the Public Health Committee co-chairpersons to convene a panel of two representatives each from an organization

representing podiatrists and an organization representing orthopedic physicians in Connecticut. The panel must develop a protocol by August 1, 2024, for allowing podiatrists who meet the criteria described above to perform total ankle replacement surgeries.

Under the bill, the protocol must describe the experience, skill, and training requirements to perform these surgeries and the procedure for assessing whether a podiatrist meets the requirements. The panel must report on the protocol to the Public Health Committee and the DPH commissioner by September 1, 2024. The commissioner must then post the protocol on the department’s website by October 1, 2024.

Starting October 1, 2024, the bill allows podiatrists who provide DPH documentation that they meet the protocol’s requirements to apply to a Connecticut hospital for privileges to perform total ankle replacement surgeries. At a minimum, hospitals may use the protocol to determine whether podiatrists meet the requirements needed to perform the surgeries.

Under the bill, hospitals are not required to grant podiatrists privileges to perform total ankle replacement surgeries, but podiatrists who receive the privileges may do so.

*House Amendment “B” replaces the underlying bill (File 96) and (1) specifies that podiatrists who meet certain criteria may perform Chopart joint-level amputations and (2) adds the provision creating a process for certain podiatrists to perform total ankle replacement surgeries.

EFFECTIVE DATE: October 1, 2024, except the provision on total ankle replacement surgeries is effective upon passage.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 36 Nay 1 (03/11/2024)