

From: ST, RegulatoryCounsel
Sent: Thursday, August 07, 2014 4:32 PM
To: Lazo, Teresa
Subject: FW: comments re Prosthetists, Orthotists, Pedorthists and Orthotic Fitters industry

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From: Sofya Tamarkin [<mailto:tamarkincontact@hotmail.com>]

Sent: Thursday, August 07, 2014 4:31 PM

To: ST, RegulatoryCounsel

Subject: comments re Prosthetists, Orthotists, Pedorthists and Orthotic Fitters industry

Dear Ms. Lazo,

Thank you for your involvement with improving Prosthetists, Orthotists, Pedorthists and Orthotic Fitters industry.

I am concerned that my employees will not be able to obtain official Orthotic Fitter License, and therefore will no longer be able to fit simple diabetic shoes (A5500) and mold diabetic inserts (A5512).

We see thousands of patients a year in our locations. In our Centers, we accept most insurance companies in the area. When people have no medical insurance, we help them by extending discounts. We help in any way we can, often donating shoes to those in need. Many doctors in the area would attest to our high quality, patient-friendly environment. Patients come back to us year after year and this is the best reward of all.

We employ about 20 people who fit diabetic shoes and mold inserts. Without putting my employees down, I want to convey to you that these are 'simple' people who will not be able to obtain an official State License as an Orthotic Fitter.

Diabetic shoes (A5500) come in various width sizes and are fitted based on the measurements provided by a measuring device. As the description in Medicare Policy explains "it is an OFF-THE-SHELF shoe..." I strongly believe that this shoe CAN be fitted by a non-licensed individual, who was trained by a Licensed Professional under his/her INDIRECT supervision. On the other hand, a different code A5501 is a CUSTOM MOLDED SHOE. This shoe requires extensive knowledge on fitting and molding and can ONLY be fitted by a licensed professional.

The same difference exists with the inserts.

A5512 is a code for a molded insert. The molding process is done to a pre-existing 'shell' with a heat gun. As the description in the Medicare Policy states, "it is PREFABRICATED" (last word of the description)... Again, I am certain that this insert CAN be fitted/molded by a non-licensed individual, who was trained to do so under the INDIRECT supervision of a licensed professional. A5513, on the other hand, is a CUSTOM MOLDED insert from a patient's model. This insert requires extensive knowledge on fitting and molding and can ONLY be fitted by a licensed professional!

The payments for A5500 and A5512 are significantly LESS. The reason for that is because less custom in-depth knowledge is involved in providing these items. Yet, the payment for CUSTOM molded shoes A5501 and inserts A5513 are much higher since they can and must be fitted only by a licensed professional.

We need to clarify this explanation in regards to the new State Law. This way, non-licensed professionals (that are very good at what they do, based on my own experience) can continue to have jobs in my industry.

I respect that there is a need for a basic criteria for anyone who 'touches' a patient. Yet, the current requirements are not realistic for those who perform a basic task of fitting diabetic shoes and inserts. It makes me sad that these good, hardworking people will lose their jobs. Of course, as a Licensed Board Certified Pedorthist I would take full liability and responsibility for all INDIRECT supervision.

I would like to propose to the state to incorporate the concept of **INDIRECT supervision**.
I got my idea from the State of Iowa

<http://www.ilga.gov/commission/jcar/admincode/068/068013250000400R.html>

Again, thank you for your help!

Sofya Tamarkin, Board Certified Licensed Pedorthist, MBA
215 300 3355

PS Just to let you know, leaders of Prosthetists, Orthotists, Pedorthists and Orthotic Fitters industry agreed with this point of view.

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS
PART 1325 ORTHOTICS, PROSTHETICS AND PEDORTHICS PRACTICE ACT
SECTION 1325.40 SUPERVISION

Section 1325.40 Supervision

- a) Non-licensed caregivers (assistants, technicians, residents, or students) may provide orthotic, prosthetic, or pedorthic services only under the supervision of a licensee under the Act. All services must be performed pursuant to the supervisor's order, control, oversight, guidance and full professional responsibility. The following sets forth four levels of supervision and identifies the supervisory relationship between the licensed orthotist, prosthetist, or pedorthist and other non-licensed orthotic, prosthetic, or pedorthic caregivers.
 - 1) Independent – The licensed caregiver is qualified to provide independent, unsupervised, direct patient care as well as confer or consult with colleagues, physicians or other allied health professionals in providing patient care within the scope of practice.
 - 2) Indirect Supervision – The non-licensed caregiver is qualified to provide patient care independent of a licensee; however, the licensed supervisor must review and countersign all entries in the patient's clinical record within 15 working days following the delivery of care. The supervisor must be physically available for consultation within 60 minutes during the delivery of care.
 - 3) Close Supervision – The non-licensed caregiver is qualified to provide patient care independent of the designated clinical supervisor (licensed orthotist, prosthetist, or pedorthist); however, the supervisor must personally review the assessment and care rendered. The supervisor must be physically present in the facility and available for consultation throughout the delivery of care. The supervisor is responsible for countersigning all entries in the patient's clinical record.
 - 4) Direct Supervision – The non-licensed caregiver is not qualified to provide patient care independent of the designated clinical supervisor (licensed orthotist, prosthetist, or pedorthist) and is only qualified to provide care under supervision. The supervisor must review the results of care rendered by the supervised individual before dismissal of the patient. The supervisor

is available for consultation throughout the patient care process. The supervisor is responsible for countersigning all entries by the caregiver in the patient's clinical record before dismissal of the patient.

- b) Assistants may provide all levels of care. Supervision is based on training and experience of the assistant and the classification of the device. Custom fabricated and fitted devices and custom fitted devices (high complexity) should be provided under direct or close supervision. Custom fitted devices (low complexity) should be provided under close or indirect supervision. Off-the-shelf devices and over-the-counter devices may be provided under indirect supervision.
- c) Technicians shall only provide care involving technical implementation skills and no clinical assessment or patient management skills. The care shall be under close or direct supervision depending on the complexity of the care.
- d) Residents shall provide all levels of care under supervision. Supervision should progress from direct supervision to indirect supervision as the resident progresses through the residency program.
- e) Students shall provide all levels of care under direct supervision.

(Source: Amended at 37 Ill. Reg. 4861, effective April 1, 2013)