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September 12, 2014

Senator Michael Stack
The State Capitol
Harrisburg, PA 17120

RE: Proposed Rules for Prosthetists, Orthotists, Pedorthists and Orthotic Fitters

Sent via fax: 717 772 2162

Dear Senator Stack:

I had the opportunity to review the comments on the above reference proposed rules and felt I should offer you some additional information and clarity. To begin, I have been in the Orthotics and Prosthetics industry here in Pennsylvania for over thirty five years. I managed a large multi site practice based in Northeast Philadelphia for twenty four years. I have had my own practice here in Bucks county for over eleven years. I sit on the Board of Directors for the American Orthotic and Prosthetic Association. I am on the Medicare Region A (NHIC) Provider Outreach and Education Advisory Board and I am President of the Pennsylvania Orthotic and Prosthetic Society (POPS).

POPS is the organization who worked over six years with law makers to promote licensing of orthotic prosthetic, pedorthic and orthotic fitters. HB48 was ultimately passed in to law in 2012, now ACT 90. The very intent of the law was to provide quality patient care and protection for individuals in the Commonwealth from unqualified healthcare providers. Much testimony had been given over the years that supported the need for such legislation. However, as no bills are perfect we found the need in 2014 to amend ACT 90 to correct some of the imperfections particularly with regards to the "grandfathering period". It was never anyone's intent to prohibit qualified providers from being able to continue practice in the Commonwealth. As a result ACT 104 was passed.

This piece of legislation specifically gives Orthotic Fitters or individuals working in that capacity an expedited pathway to licensure simply by practicing for two years. As an alternative, they could be licensed by virtue of certification by either BOC or ABC. Both ACT90 and ACT104 supports the orthotic fitter scope of practice which provides for the dispensing and fitting of prefabricated devices. This would include diabetic (therapeutic) shoes and inserts. The vast majority of individuals currently providing these devices in the commonwealth, would qualify for licensing and therefore be able to continue in their jobs. Licensed Fitters do not require supervision (indirect or direct) as it is within their scope of practice to provide independent care.

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Medicare established the Therapeutic Shoe Program to mitigate the need for amputations. The expectation that patients would receive qualified care for the complications of the diabetic foot and related modalities is inherent to the Program. It is critical that individuals providing this type of care and service have, at the very least, some training and education. The idea of delegating care to non licensed individuals, is not only in contrast to the intent of the law, but compromises the expected level of care for this vulnerable patient base. It, without doubt fosters an environment for fraud and abuse.

I am sure you will agree that access to quality patient care is paramount. ACT90 and ACT104 will license over 600 individuals who until now have not been accountable to anyone, including their patients.

I hope this information is helpful in understanding a very complex issue, Please feel free to contact me if I can provide any additional information.

Very Truly yours,

Eileen Levis
PRESIDENT

cc. Senator Tomlinson
Teresa Lazo
Representative Harhart
Representative Readshaw
IRRC