

MedChi

The Maryland State Medical Society

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TO: The Honorable Shane E. Pendergrass, Chair
Members, House Health and Government Operations Committee
The Honorable Ken Kerr

FROM: J. Steven Wise
Pamela Metz Kasemeyer
Danna L. Kauffman

DATE: January 21, 2021

RE: **OPPOSE** – House Bill 182 – *Health Occupations - Podiatric Physicians*

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **opposes** House Bill 182.

House Bill 182 would allow a podiatrist to be called a “podiatric physician.” MedChi believes that current law allowing the use of the term “physician” only by individuals licensed as medical doctors (“M.D.”) or doctors of osteopathy (“D.O.”) is the correct policy, and that this legislation should not be passed. To some, this may seem an unnecessary dispute over a single word. However, the word “physician” has had unique meaning in the policies enacted by the General Assembly and to the public. For its part, the Legislature reserved the term for use by those practicing medicine in Health Occ. § 14-602 and sought to prevent confusion between podiatrists and physicians when it enacted §16-401, stating that a podiatrist may not use “any word or abbreviation that suggests the licensee is licensed to practice medicine rather than podiatry.” Adding the word “physician” is certainly contrary to this policy. In short, the General Assembly has recognized this important distinction, but this bill reverses course and blurs the line.

The general public also assigns special meaning to the term physician, recognizing it as identifying a person that has been to medical school. A survey by the American Medical Association showed that 88% of respondents agreed that only licensed medical doctors or doctors of osteopathic medicine should be able to use the title of “physician.” Adding ‘physician’ to the title of a podiatrist implies something different than what most health care consumers assume and adds unnecessary confusion to an already perplexing world of health care. Recognizing that health care consumers can be confused by the plethora of providers, the General Assembly in 2013 required all health care providers to wear badges identifying the type of license they hold. The patient who sees the term “physician” on a badge may have certain expectations, particularly in an acute care situation, and not appreciate the more limited scope of practice of the “podiatric physician”.

Finally, should the Committee choose to pass this legislation and put podiatrists on equal footing with MDs and DOs, it should finish the job. As physicians, “Podiatric Physicians” should be licensed and regulated by the Board of Physicians. The same disciplinary grounds and requirements applicable to physicians and their licensure, with the disclosure of medical malpractice insurance, the posting of charging documents for those facing discipline, and other similar regulatory requirements incumbent upon MDs and DOs, should be made applicable to podiatrists. The need for a separate podiatry board would be eliminated, and significant cost savings to the State would be realized.

For the reasons set forth above, MedChi asks that the Committee oppose this legislation.

For more information call:

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