

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 54th LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By **CHAIRMAN DUANE GRIMES**, on January 16, 1995, at 3:00 p.m.

ROLL CALL

Members Present:

Rep. Duane Grimes, Chairman (R)
Rep. John C. Bohlinger, Vice Chairman (Majority) (R)
Rep. Carolyn M. Squires, Vice Chairman (Minority) (D)
Rep. Chris Ahner (R)
Rep. Ellen Bergman (R)
Rep. Bill Carey (D)
Rep. Dick Green (R)
Rep. Antoinette R. Hagener (D)
Rep. Deb Kottel (D)
Rep. Bonnie Martinez (R)
Rep. Brad Molnar (R)
Rep. Bruce T. Simon (R)
Rep. Liz Smith (R)
Rep. Loren L. Soft (R)
Rep. Kenneth Wennemar (D)

Members Excused: Rep. Susan L. Smith

Members Absent: None

Staff Present: David Niss, Legislative Council
Jacki Sherman, Committee Secretary

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:

Hearing: HB 121
Executive Action: HB 121 DO PASS

Tape 1 - Side A

HEARING ON HB 121

Opening Statement by Sponsor:

REP. BRUCE SIMON said this bill would revise the scope of podiatry to include the human ankle. Currently podiatrists can treat the foot and the soft tissue up to the knee. It is illegal for a podiatrist in Montana to treat the ankle. Many Montana

podiatrists are taking patients out of state to be treated and operate on the ankle. Podiatrists are highly trained individuals and are under the Board of Medical Examiners. They are considered physicians in the state of Montana.

Proponents' Testimony:

Dr. Loren Rogers, Missoula, said he had practiced as a podiatrist/physician for 21 years. He has held hospital privileges in six hospitals in southwestern Montana. **Dr. Rogers** was also one of the first podiatric surgeons to become credentialed in hospital privileges in Missoula. Thirty-eight states have licensure to include the ankle. The podiatrist is licensed to do any surgical procedure in the ankle or foot and to diagnose and treat any malady of the foot. The credentia in a hospital realm are basically the guidelines and the control factors that limit the podiatrist or podiatric surgeon and physician to their level of expertise. Credentia committees review physicians when they have the credentials to do surgical or medical procedures. These credentia committees look at the doctor's educational background, experience, and residency work. The review is done on a local basis.

Dr. Jim Clough, D.P.M., Great Falls, said the training of podiatrists is extensive. Many obtain pre-medical undergraduate degrees. Podiatry school has a four-year curriculum. One year of postgraduate training in a hospital is required. Residency training programs range from one to three years in podiatry. Currently podiatrists are regulated by the Board of Medical Examiners. **EXHIBIT 1**

Dr. David Andrew Wolfe, D.P.M., Billings, said he will submit written testimonies from three of his patients along with his own written testimony. Patients have been forced outside of the state to have procedures done. **EXHIBIT 2**

Dr. Matthias H. Fettig, D.P.M. EXHIBIT 3

Opponents' Testimony: None.

Informational Testimony: None

Questions From Committee Members and Responses:

REP. JOHN BOHLINGER asked **Dr. David Wolfe, D.P.M.,** if the medical credentials received would permit a podiatrist to work at either St. Vincent's Hospital or Deaconess Medical Center. **Dr. Wolfe** replied yes. **REP. BOHLINGER** then asked, "You often have to travel out of state with your patients for surgery. This involves considerable added expense to the patient. How much money is involved?" **Dr. Wolfe** replied it had been an expense for himself as well as the patient and he missed several days of work traveling. The patient had to pay for lodging, meals, out-of-state hospital charges and airfare.

REP. BOHLINGER remarked that those revenues were then lost to out-of-state doctors and asked what those costs would have been in the Billings area. **Dr. Wolfe** answered that the costs would have been considerably less.

CHAIRMAN GRIMES asked **REP. SIMON** if this legislation would take away the opportunity for orthopedic surgeons to perform. **REP. SIMON** replied no. **CHAIRMAN GRIMES** then asked if the definition is standard. **REP. SIMON** replied yes.

CHAIRMAN GRIMES asked **Dr. Rogers** how many podiatrists and how many orthopedic surgeons are in Montana. **Dr. Rogers** answered that there are close to thirty practicing or licensed podiatrists and three times as many orthopedic surgeons.

REP. BONNIE MARTINEZ asked **Dr. Rogers** why podiatrists are not able to practice in the hospitals. **Dr. Rogers** replied that podiatrists are able to practice in the hospitals and said "our bone of contention is truly the ankle." The ankle is a mutual bone of the foot, as well as the lower leg creating an ankle joint. Podiatrists are allowed to do surgical procedures on the total foot, which does include the ankle. Herein lies the gray area. Being allowed to work in the hospitals is determined by the credentialing committee.

REP. KEN WENNEMAR asked **Dr. Rogers** to explain the difference between a podiatrist and an orthopedic surgeon. **Dr. Rogers** explained that an orthopedic surgeon is a specialist dealing with osteostructures of the entire body. His educational process virtually parallels podiatry. His residency will extend several years longer than a podiatrist. That is not to say he is more educated in the foot; his knowledge extends to other areas of the body. Podiatrists are most knowledgeable on the foot and ankle area. Residency programs for podiatrists are directed toward this training. However, podiatrists have had exposure to treating other areas of the body as well.

REP. DEB KOTTEL asked **Dr. Rogers** if it is not uncommon for multiple professions to share in the treatment of a particular area and are examples available. **Dr. Rogers** replied that they do have cases like that.

REP. KOTTEL then asked **Dr. Rogers** if it is not true that there are many hospitals that specialize in podiatry. **Dr. Rogers** answered that there are speciality hospitals for podiatry.

REP. KOTTEL asked **Dr. Rogers** if it is true that if podiatrists carry medical malpractice insurance and fall below medical standards, they can have their license revoked. **Dr. Rogers** replied that the board of medical examiners controls these doctors and addresses doctors of any problems that may arise. They set the limits and standards by which doctors must perform.

Closing by Sponsor:

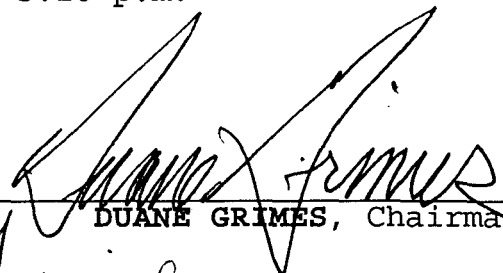
REP. SIMON thanked the committee for their questions and assistance to help clarify this bill. He said this is an opportunity to take one small step towards improving access for health care to the citizens of Montana. He hoped the committee would consider a favorable vote for this bill.

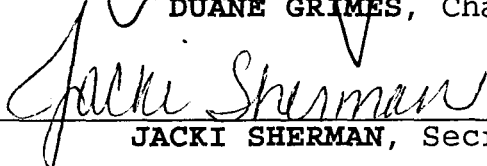
EXECUTIVE ACTION ON HB 121

Motion/Vote: REP. SIMON MOVED THAT HB 121 DO PASS. The motion carried unanimously.

ADJOURNMENT

Adjournment: The meeting adjourned at 5:10 p.m.


DUANE GRIMES, Chairman


JACKI SHERMAN, Secretary

DG\js

HOUSE OF REPRESENTATIVES

Human Services and Aging

ROLL CALL

DATE 1/16/95

NAME	PRESENT	ABSENT	EXCUSED
Rep. Duane Grimes, Chairman	✓		
Rep. John Bohlinger, Vice Chairman, Majority	✓		
Rep. Carolyn Squires, Vice Chair, Minority	✓		
Rep. Chris Ahner	✓		
Rep. Ellen Bergman	✓		
Rep. Bill Carey	✓		
Rep. Dick Green	✓		
Rep. Toni Hagener	✓		
Rep. Deb Kottel	✓		
Rep. Bonnie Martinez	✓		
Rep. Brad Molnar	✓		
Rep. Bruce Simon	✓		
Rep. Liz Smith	✓		
Rep. Susan Smith			✓
Rep. Loren Soft	✓		
Rep. Ken Wennemar	✓		



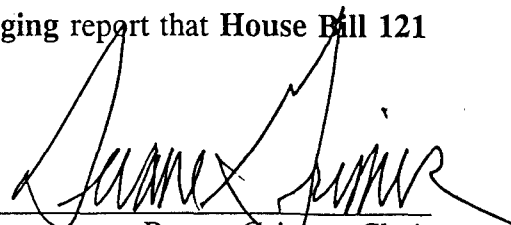
HOUSE STANDING COMMITTEE REPORT


January 16, 1995

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging report that House Bill 121 (first reading copy -- white) **do pass**.

Signed: _____


Duane Grimes, Chair

1-17

Committee Vote:
Yes 16, No 0.

131720SC.Hdh

HOUSE OF REPRESENTATIVES

ROLL CALL VOTE

Human Services and Aging Committee

DATE 1-16-95 BILL NO. HB121 NUMBER

MOTION: Simon move "do pass" on HB121

NAME	AYE	NO
Rep. Duane Grimes, Chairman	✓	
Rep. John Bohlinger, Vice Chairman, Majority	✓	
Rep. Carolyn Squires, Vice Chairman, Minority	✓	
Rep. Chris Ahner	✓	
Rep. Ellen Bergman	✓	
Rep. Bill Carey	✓	
Rep. Dick Green	✓	
Rep. Toni Hagener	✓	
Rep. Deb Kottel	✓	
Rep. Bonnie Martinez	✓	
Rep. Brad Molnar	✓	
Rep. Bruce Simon	✓	
Rep. Liz Smith	✓	
Rep. Susan Smith	✓	
Rep. Loren Soft	✓	
Rep. Ken Wennemar	✓	



MONTANA PODIATRIC MEDICAL ASSOCIATES, P.C.

Reconstructive Foot Surgery
Preventive Sports Medicine
Children's Gait Clinic
Diabetic Foot Care

EXHIBIT 1
DATE 1-16-95
HB 121

James G. Clough, D.P.M.
David B. Huebner, D.P.M.

To Members of the House Human Services and Aging Committee:

Podiatrists are the major providers of foot care services in the United States. We are fortunate to enjoy the best foot care in the world, largely due to the contributions of the Podiatrist.

The training of a Podiatrist is very similar to that of allopathic physicians. We obtain pre-medical training at Colleges and Universities and take the Medical College Aptitude Tests. The four year podiatry college is similar in focus to that of traditional medical school. In fact, during the first two years of our training our classes are about identical. Our third and fourth years prepare us for our specialty as foot care providers. Post-graduate training programs serve to prepare us to function at hospitals and give us additional training in areas of specialty, such as foot surgery. Montana currently requires one year of residency for licensure. Programs vary in length from 1-3 years.

We are currently licensed and regulated by the Board of Medical Examiners. A podiatrist does have a seat on the Board. Many Podiatrists in Montana are on staff at their local hospitals, and are credentialled by the medical staff.

The model law as proposed by the American Podiatric Medical Association includes the ankle-joint in its scope, and indeed 30 states now include the ankle joint in the scope of practice of a podiatrist. The reason for this is very clear, the ankle joint is an integral part of the foot function and cannot be easily seperated into a seperate unit. Any textbook on foot surgery will reveal this truth, where the ankle joint is considered part of the foot and included in the context of treating foot problems. As a result of this, the podiatrist receives extensive training in the evaluation and treatment of ankle conditions.

The surgical board recognized by the APMA is The American Board of Podiatric Surgery, its journal is titled The Journal of Foot and Ankle Surgery. Even the orthopedic foot society titles their journal Foot and Ankle. My Board Certification is in Foot and Ankle Surgery.

How appropriate it is then, that we should be allowed in the state of Montana to treat ankle disorders. These procedures will largely be credentialled by the medical staff of our local hospitals, just as the foot procedures we currently perform are.



MONTANA PODIATRIC MEDICAL ASSOCIATES, P.C.

James G. Clough, D.P.M.

David B. Huebner, D.P.M.

Reconstructive Foot Surgery
Preventive Sports Medicine
Children's Gait Clinic
Diabetic Foot Care

The well qualified podiatrist will seek practice in states allowing them to utilize the full scope of their training. If Montana wants to attract the best doctors then we need to change the law. If Montana wants to keep the best doctors, then we need to change the law. If Montana wants to provide a better selection of doctors to provide ankle care in our communities, then we need to change the law. A vote for Bill 121 is a vote for better quality ankle care by a larger group of qualified physicians. I urge you strongly to consider Bill 121 and I would offer to talk with you if you have any questions at all regarding this bill.

Thank you for your consideration.

Sincerely,

James G. Clough, D.P.M.

DECLARATION OF D. ANDREW WOLFE, D.P.M.

EXHIBIT 2
DATE 1-16-95
HB 121

1 I, David Andrew, (Andy) Wolfe, D.P.M., hereby declare:

2 1. I am a doctor of podiatric medicine licensed by the Board
3 of Medical Examiners and am in active practice at 1690 Rimrock
4 Rd., Suite L, Billings, Montana. I am a third generation
5 Montanan and have come from a long line of health care
6 practitioners including a dentist and two medical doctors
7 providing service to Montanans in Columbus and Bozeman.

8

9 2. Like most doctors of podiatric medicine, I took a
10 pre-medical curriculum in undergraduate school. I attended
11 Carroll College and Montana State University at Bozeman
12 and graduated from MSU participating in the University Honors
13 Program. Other academic honors including Alpha Epsilon Delta
14 (Pre-Medical Honor Society), Mortar Board and Phi Kappa Phi.
15 Upon graduation I had difficulty deciding which of the three
16 branches of medicine that I wanted to pursue. Allopathic
17 medicine (Medical Doctor/M.D.), Osteopathic Medicine (Doctor
18 of Osteopathy/D.O.) and Podiatric Medicine (Doctor of
19 Podiatric Medicine/D.P.M.) all had their merits. It was at
20 the MSU Career Center that I learned the Federal Government
21 performed a study and rated podiatric medicine among the top
22 ten professions to participate in the 1990's based on need.
23 It was explained to me that there is a projected shortage of
24 foot and ankle providers as the "baby boomers" in the American
25 population age. Thus, I chose to become a podiatric

DECLARATION OF D. ANDREW WOLFE, D.P.M.

1 physician. In professional school, prospective podiatric
2 physicians receive their curriculum at one of seven podiatric
3 medical schools in the United States. I was fortunate
4 in receiving a WITCHE scholarship from the State of Montana
5 which paid for a significant portion of my tuition. The
6 course of instruction leading to the degree of Doctor of
7 Podiatric Medicine (D.P.M.) is four years in length. The
8 first two years are largely devoted to classroom instruction
9 and laboratory work in the basic medical sciences. This
10 includes microbiology, biochemistry, pharmacology, pathology
11 and both gross and lower extremity anatomy. These first two
12 years of instruction are very similar to the allopathic
13 medical schools. Some of my instructors taught the exact
14 same classes in another nearby medical school. During the
15 third and fourth years, as students we concentrated more on
16 clinical courses. Although we studied some general medicine,
17 emergency medicine and general diagnosis, this was where a
18 podiatric education diverged with an allopathic education.
19 We concentrated far more on the lower extremity and began to
20 specialize. Toward the end of my fourth year, I participated
21 in externships at large teaching hospitals. These included
22 San Francisco General Hospital, Fifth Avenue Medical Center in
23 Seattle, Kaiser-Vallejo Hospital and Ft. Miley Veterans
24 Administration Hospital. Often, the orthopedic resident
25 doctors that I worked along-side in these hospitals relied

DECLARATION OF D. ANDREW WOLFE, D.P.M.

1 upon my expertise in foot and ankle problems when managing
2 lower extremity pathology. After obtaining the degree of
3 Doctor of Podiatric Medicine (D.P.M.) and passing national
4 board examinations, I participated in a two year surgical
5 residency program. This post-doctorate training required
6 me to be a resident physician at Western Medical Center.
7 This was a major shock trauma center located in Orange County,
8 California. The attending physicians overseeing my work and
9 teaching me were Medical Doctors, Doctors of Osteopathy and
10 Doctors of Podiatric Medicine. In the first year, my
11 rotations included pathology, anesthesia, general surgery,
12 general medicine and podiatric surgery. I assisted in many
13 types of surgeries throughout the body including the foot and
14 ankle. In my second year, my rotations were much more
15 limited to the foot and ankle and the attending physicians
16 under whom I learned were primarily podiatric surgeons and
17 orthopedic surgeons. During both years I rotated through the
18 emergency room treating a variety of problems including
19 everything from ankle fractures to heart attacks and even
20 delivering babies while under the supervision of the
21 emergency room attending physicians. It was here I received
22 advanced cardiac life support certification. I worked in my
23 residency program over 120 hours a week for two years straight
24 with no time off.
25

DECLARATION OF D. ANDREW WOLFE, D.P.M.

1
2 3. Upon return to my native state, I was chagrined to learn
3 that although Montana helped finance me to become a foot and
4 ankle specialist, I could not practice on the ankle because of
5 an archaic practice act. This was set into place back in
6 the days when podiatric physicians did not receive ankle
7 training as part of their standard curriculum and practiced
8 only on the feet. To keep my skills sharp, I have been forced
9 to take my patients with ankle problems requiring bone surgery
10 out of state. Not only does this pose a significant
12 inconvenience to my patients, but revenue generated by these
13 surgeries is going to out of state hospitals and is not
14 supporting our own community hospitals. For those cases that
15 are emergent and require immediate surgery, I have been forced
16 to pass the patient off to an orthopedic surgeon. Some
17 patients have complained that they specifically wanted a
18 specialist and that is why they came to me. I have been
19 forced to explain that, although I was trained to diagnose
20 their problem and perform their surgery, I cannot legally
21 treat them within the Montana borders at this time.

22
23 4. The Montana Podiatric Medical Association is concerned
24 about the difficulty in attracting the most skilled and
25 highly trained foot and ankle specialists to this state when

DECLARATION OF D. ANDREW WOLFE, D.P.M.

1 a podiatric physician can only practice a fraction of what
2 they were trained to do under the existing Montana law. I
3 know of one case in Bozeman already where an excellent
4 surgeon passed up Montana because of our practice act.

5
6 5. To include the ankle in the practice act does not mean
7 that every podiatric physician can perform ankle surgery.
8 Surgeons must prove proper training for every procedure
9 they wish to perform to the hospital credentialing
10 committee. This written application for each of the specific
11 surgeries the physician wishes to perform is reviewed and
12 temporary privileges are either granted or denied based upon
13 the findings of the credentials committee. If temporary
14 privileges are granted, the surgeon must then perform this
15 procedure with a proctor present for as many times as the
16 credentials committee sees fit. At any time, if incompetence
17 is noted, privileges to perform the surgery can be denied.

18
19 6. Inclusion of the full range of podiatric services into
20 this state's practice act will give Montanans a chance to
21 receive their care from a specialist and provide them a
22 better choice of health practitioners to choose from.
23 Increased competition for the health care dollar can only
24 benefit the consumer requiring service. On behalf of the

DECLARATION OF D. ANDREW WOLFE, D.P.M.

1 Montana Podiatric Medical Association, I strongly advocate
2 that the Practice Act for Podiatric Physicians be made
3 current by including ankle into the scope of practice. I
4 declare under penalty of perjury that the foregoing is true
5 and correct.

D. ANDREW WOLFE, D.P.M.

EXHIBIT 2
DATE 1-16-95
HB 121



January 14, 1995

Montana State Legislature
Capital Building
Helena, MT

And to whom it may concern;

Honorable Montana State Legislators, my name is Diana Morrosis Haker, BSN, BS. Education, R.N. I am currently a registered nurse in the State of Montana. For the past three years, I have worked on the orthopedic floor of Saint Vincent Hospital and Health Center located in Billings, MT. This is where I first met Dr. D. Andrew Wolfe, podiatrist. In the past, I have taken care of many of Dr. Wolfe's patients that were sent to the orthopedic floor. During that time, I found Dr. Wolfe to be a very caring, considerate, compassionate, and knowledgeable physician of podiatry/surgery.

One night during my shift, I was talking to Dr. Wolfe about how flexible my ankles were. I was at that time tripping on the carpet that St. Vincent Hospital had placed in the halls and patient rooms. My ankles were constantly being twisted. After that discussion with Dr. Wolfe, I made an appointment to see Dr. Wolfe about the problem I was having with my ankles. I had a diagnosis of right and left lateral ankle instability. I received a pair of orthotics that Dr. Wolfe made for me. This helped greatly, but my ankles would still occasionally twist.

The next step was surgery. I decided to have Dr. Wolfe perform surgery on my right ankle. Dr. Wolfe has performed this type of surgery on professional athletes with great success.

I had to travel round trip from Billings to Tuscan, California for my surgery. Why you ask? Because podiatrist cannot do ankle surgery in Montana, they can in California and many other states.



page two

In California, I received excellent care at Tuscan Hospital. I feel that it would have been nice for Dr. Wolfe to be able to do this surgery in Montana. First, I went down to a place I have never been to. Second, my family could not come and be a support to me during my medical stay. Even with these negatives, I still felt that I made the best decision to have Dr. Wolfe perform surgery. He was in my opinion the best person to do this surgery.

To make a long story short, I had a right ankle arthroplasty and articular surface bossing done on June 3, 1994. All of my right lateral ankle ligaments were torn and causing great damage that would eventually cause severe arthritis unless I elected to have surgery to correct the problem. At this time, I am 100% satisfied with the results. I have a stable right ankle for the first time and have complete range of motion without pain.

Even though it is extremely inconvenient to have surgery in California, I am having Dr. Wolfe perform surgery to my left ankle. This will be done in the near future. I feel that even though it is expensive to go to California, I will travel again to have surgery.

As an orthopedic nurse and a patient who has had ankle surgery I feel that it is a great injustice for the great State of Montana not to allow podiatry surgeons to perform ankle surgery. Montana is losing valuable income and potential customers that would elect to use our health system if they were able to do ankle surgery. It is also extremely wise to allow the best specialist to do the surgery, who better than a specialist whose area is feet/ankles.

EXHIBIT 2
DATE 1-16-95
HB 121



page three

Honorable Montana State Legislators, I hope you take this small testimony and elect to have podiatry/surgeons do ankle surgery in this great state of Montana. I know it is the right decision.

Thank you for your time concerning this matter, I remain,

Sincerely,

Diana Morrosis Haker R.N.

Diana Morrosis Haker R.N.
1556 Pacific Ave.
Worden, MT 59088-0014

dmh.

Marjorie "Charlie" Koski
208 E. Front St.
P.O. Box 397
Joliet, Montana 59041

January 12, 1995

Montana State Legislature
Helena, Montana

Re: Podiatrists

Sir:

Having been born with a "Club foot", has brought years of Dr. visits and unsuccessful corrective surgeries. From birth, I have been treated by Orthopedic Surgeons. The pain grew to unbearable proportions. I could not walk any distance without pain in my foot and ankle, and was using crutches to aid me in getting around. I knew there was "something wrong", but could not receive any "help" from Orthopedic Surgeons. My inability to carry out essential daily activities became so severely limited, *I sought out a podiatrist*. I have been a patient at "Billings Foot Care" as of 1993, and *know* I have had better care and more concern from Dr. Wolfe than I have ever received from any Orthopedic Surgeon.

Dr. Wolfe determined that corrective surgery was required on my ankle in order to walk without pain. As for hospitals, there are two in Billings, (thirty miles from my home), so the surgery could be done there, I thought. But there is an antiquated State Law and medical politics toward Podiatry Surgeons, which would stop this surgery from taking place, at least here.

There was NO CHOICE, I had tried every treatment available and the surgery was necessary! Dr. Wolfe cared enough about me, as his patient, that we traveled out of state so the surgery could be done. The travel expenses, ie: airfare, motel, meals, and car rental were out of our respective pockets. Both of our lives had to be rearranged. Dr. Wolfe's other patients had to be taken care of while he was away, and because of the additional expense, my family could not be with me, when I needed them the most. Therefore, Dr. Wolfe was the person that I put all my trust and faith in, not only for the surgery, but the return flight back to Montana. Our airline flight left Billings Thursday, January 26, 1994, I was in the hospital for surgery the following day, Friday the 27th, one day of recovery was Saturday the 28th and I was discharged from the hospital Sunday the 29th, for a return trip home.

Complications included swelling, blisters, danger of having my foot bumped enroute to the airport, on the airplane, and enroute from Billings to home, entailed additional expense, because of necessary cast removal and replacement. Also, Flight connections were of great concern to Dr. Wolfe. Struggling on crutches, with a full length leg cast, I had to climb the stairs of a commuter plane, only to turn around and struggle again to deplane, due to engine problems, and then, return to the terminal to be rerouted. While Dr. Wolfe went to the other end of the *enormous terminal* to arrange a connecting flight, and because I had no family with me, he had to leave me in the care of an airport employee, who was to arrange for a "Skyboy" (which she did not do--She forgot about me), to wheel me to the opposite end of the terminal, to meet up with Dr. Wolfe. Because I did not show up at the other end of the terminal, Dr. Wolfe ran the full length of the terminal, and then pushing me in the wheelchair, ran all the way back to the other end of the terminal to catch the connecting flight that had been arranged. We missed that flight, and again, another flight connection had to be arranged. My leg was so swollen, I was miserable, and all I wanted to do was lie down, elevate my leg, go to sleep and hope this trip was just a horrible nightmare. This was an uncomfortable and strenuous trip back to Montana within two days of having major surgery. All of this, because of state and medical politics! Oh, did I forget to mention that the thousands of dollars for this surgery were Not spent in Montana!

As I am still in treatment, I am not only faced with another surgery, but also the question as to whether the State and Medical Politics will allow me to have this surgery in a Montana hospital, or will it be held against me, that *My Doctor of Choice* is a Podiatrist?

Being a native Montanan, I am appalled, that *my* state government, the elected people that *represent me*, would allow the kind of law and child's play by professionals at the risk of a patients well being. I am pleading with you to change this law and the attitudes of professionals toward patients safety and welfare.

Reflecting back on this harrowing trip, would I have gone to a different doctor for convenience sake? Absolutely Not!! I cannot help but think about the futility of the positive aspect of being able to have my family drive me to a Billings hospital for surgery and bring me home, for a comfortable trip and recovery, instead of this trip from Hell. In my opinion, this trip was inconvenient, expensive and dangerous, but *essential*.

Had it not been for Dr. Wolfes interest in me as a patient in pain, his expertise, knowledge and superior ability as a Podiatrist and Surgeon, my hopes for the future would be extremely dim, if he had not operated on my foot *and* ankle. No physician has ever been so dedicated, or kept his medical oath, as Dr. Wolfe has. He has genuine care and interest for myself and all of his patients.

I write this in hopes that other people will benefit from my traumatic experience.

Respectfully Submitted,



Marjorie "Charlie" Koski

EXHIBIT 2

DATE 1-16-95

HB 121

1/13/95

915 N. 22nd St

I broke & twisted my ankle when I fell in Feb of 94. I went to Dr. Andrew Wolfe and after x-ray he told me I must have surgery.

He called an orthopedic surgeon who did the surgery with him as assistant. I would have preferred for the podiatrist to do the surgery because he is a foot and ankle specialist.

Sincerely,
Allizane Jones



MONTANA FOOT CLINIC

A Podiatric Medical & Surgical Group

Mathias H. Fettig, D.P.M.
Thomas M. Countway, D.P.M.

EXHIBIT 3
DATE 1-16-95
HB 121

HOUSE HUMAN SERVICES & AGING COMMITTEE

RE: House Bill 121: Scope of Practice Legislation (Ankle)

On behalf of my absence today, I would like to express my support to House Bill 121. This bill would encompass the expansion of treatment of the ankle to the Podiatric Medical Society in the state of Montana.

As a current practicing Podiatric Surgeon in Billing, I have not been able to exercise the entire scope of my residency training I received 10 years ago at the University of Texas at San Antonio. At this University setting, I trained within a multi-disciplined medical environment which included the ankle as an integral anatomical part of complete Footcare & Surgery to the lower extremity.

As the records show, the state of Montana is one of only several states that has not progressed to include Podiatric Physicians to treat the ankle in their scope of practice. I feel that this expansion of practice to the ankle would increase the quality of care and enable competent Podiatric Physicians to participate in complete foot and ankle care to the patients of Montana.

Thank you for the consideration of the passage of this House Bill 121.

Cordially,

Mathias H. Fettig, DPM

file: 33.015

HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services & Aging

DATE 1-16-95

BILL NO. HB 121 SPONSOR(S) Simon

PLEASE PRINT

PLEASE PRINT

* PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppose
LENN L. ROGER	HB 121	✓	
Rose Hughes	MT PODIATRIC MED. ASSN.	✓	
D. ANDREW WOLFE DPM	" "	✓	
James G. Clough DPM.	" "	✓	
SUE WEINGARTER	MPMA	✓	

PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS
ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.

HR:1993

wp:visbcom.man

CS-14