Submitter: Christopher Seuferling

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2817

Dear Committee Members,

I am a 2-year trained podiatrist who treats leg and foot wounds on a daily basis. Wound care centers in the community of Portland often refer patients to me to treat difficult recalcitrant leg or foot wounds.

By now you've heard many valid arguments to support this bill....particulary that NP/PA?RNs can treat these same leg ulcers, so why not podiatrists, who have more training?...Podiatrists all over the country treat these same ulcers on a daily basis. It is not unique to Oregon....Podiatrists were treating these same wounds in Oregon up until 2014 when the phone call in question occurred....Podiatrists currently treat the ulcers with the same pathology (venous stasis) at the ankle level; there is no fundamental difference in ulcers more proximal on the lower leg.

While these reasons alone should offer enough proof to support this bill, I'd ask you to answer a personal yet simple question as you ponder your decision on this matter....At the end of the day, if you had a loved one (ie; parent, spouse, child, etc) with a leg ulcer, what type of specialist would you refer them to? I've thought long and hard about during the 18 years I've been in practice and I can't think of anyone more qualified than a podiatrist. Orthopedics, vascular specialists, dermatologists, PCPs do not see and treat these wounds on a daily basis like podiatrists do. Perhaps, wound care centers would be an option, however they are run by MD/DOs, who learned their wound care skills through on the job training. Futhermore, the specialists doing most of the actual hands-on work at wound care facilities are RNs (who have not had the same amount of training as podiatrists).

After this hearing, feel free to do your research and please contact me if you can think of a specialty you would trust with a leg wound more so than podiatry. I don't say this out of arrogance, but rather out of confidence in our training and expertise. We are the primary wound care specialists of the lower leg and this is ingrained into us from day one in podiatry school. It is in the DNA of podiatrists, whether they completed a 1, 2, or 3 year residency. Happy to have you come shadow me at my office and see the extent of wound care I do on a daily basis.

At the end of the day, I feel it would be dangerous and negligent to deny a leg ulcer patient access to podiatry. Shouldn't we be offering patients access to the premium specialists? If not podiatry, then who?

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