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July 29, 2025

Brian K. Mahanna, Esq.
Counsel to the Governor
Executive Chamber, State Capitol
Albany, New York 12224

RE: S.6693-B/A.4613-B – AN ACT to amend the education law, in relation to modernizing the scope of practice of podiatry

Dear Mr. Mahanna:

We are writing to respectfully request that you veto the above-referenced legislation, which would threaten patient safety by significantly expanding the scope of surgical practice for podiatrists without ensuring adequate training, oversight, or patient protection.

There are several problematic aspects of this legislation, but the most serious concern is its authorization of podiatrists to perform partial and total ankle replacement (TAR). TAR is a high-risk procedure, one of the most technically demanding procedures in surgery, with significantly higher complication and revision rates when performed by low-volume or inadequately trained surgeons. The complexity and risk of this procedure demand training and oversight consistent with orthopedic surgical pathways.

While proponents have argued that other states permit podiatrists to perform TAR, state variation is not a quality benchmark. Scope laws across the country are inconsistent, and many still prohibit or strictly limit podiatrist-performed TAR. New York should lead by upholding the highest standards of patient safety, not by following states that have compromised them.

TAR is not a core component of podiatric residency training, and there is no national standard that requires podiatric trainees to perform these procedures under supervision. This bill also lacks any age-related guardrails, putting pediatric patients, whose anatomy requires specialized expertise, at risk. Expanding scope without equivalent education or experience creates a dangerous, two-tiered system of surgical care.

Other serious problems with this legislation include:

- Expanding “wound care” privileges to areas above the ankle, using vague “contiguity” language without requiring consultation with vascular or plastic surgeons, even though such wounds often involve systemic disease and require multidisciplinary coordination.
- Extending podiatric operative authority to the soft tissue of the leg below the tibial tuberosity.
- Lowering credentialing standards, allowing board-qualified (not board-certified) podiatrists to pursue advanced surgical privileges. Board qualification alone does not demonstrate proven competence. While the statute retains a reference to “direct personal supervision,” the sponsor’s memo implies supervision could occur outside the room or with only departmental sign-off.

While we share the goal of the sponsors to address health workforce shortages across the state to enhance access to care, lowering surgical standards is not the solution. Investments in training pipelines, loan forgiveness, rural recruitment programs and efforts to address the numerous deterrent factors to practicing in New York are the right path forward to addressing shortages, not by threatening patient safety by permitting surgical interventions through less trained personnel.

Again, we urge you to veto S.6693-B/A,4613-B and take the time to hear from all specialties who are directly responsible for managing surgical complications before advancing legislation that would irreversibly alter the standard of musculoskeletal care in our state.

Respectfully submitted,

A handwritten signature in black ink, reading "Morris M. Auster". The signature is written in a cursive, flowing style with a long horizontal stroke at the end.

MORRIS M. AUSTER, ESQ.