September 14, 2026

The Honorable Brett Guthrie
Chairman
House Committee on Energy and Commerce

The Honorable Morgan Griffith
Chairman
Health Subcommittee
House Committee on Energy and Commerce

The Honorable Frank Pallone
Ranking Member
House Committee on Energy and Commerce

The Honorable Dianna DeGette
Ranking Member
Health Subcommittee
House Committee on Energy and Commerce

RE: September 15, 2026, Subcommittee on Health Hearing *Examining Legislative Proposals to Reform Medicare provider Payment and Bolster Health Care Cybersecurity*

Dear Chairman Guthrie, Ranking Member Pallone, Chairman Griffith and Ranking Member DeGette,

The undersigned organizations representing patients and health care providers write to express our strong support for H.R. 1616, *Promoting Access to Diabetic Shoes Act* which would authorize nurse practitioners (NPs) and physician associates/physician assistants (PAs) to certify when patients with diabetes meet the criteria for therapeutic shoes.

Currently in Medicare, patients with diabetes who see an NP or PA must undergo a multistep process to obtain medically necessary therapeutic shoes. When the treating NP or PA determines that the patient has a condition requiring therapeutic shoes, the NP or PA must send the patient to a physician to make the same determination and take over the patient's care related to diabetes. The physician then refers that patient to a "podiatrist or other qualified individual" to fit and furnish the shoes. This process requires an additional billable visit and delays patient access to effective treatment for complications related to diabetes.

For patients in rural and underserved communities who face challenges in accessing care, this barrier may be the difference between receiving or foregoing care. Diabetic shoes are a proven treatment method to prevent further comorbidities and complications, and early intervention helps prevent costly complications. The barriers to care which delay patients receiving these necessary preventative services lead to costly complications.

Utilization of therapeutic footwear is effective for the prevention of diabetic foot ulcers (DFUs) in at-risk patients with diabetes.[1,2] The risk for patients is steadily increasing, as approximately 1.6 million people have DFUs, which are associated with increased rates of amputations and mortality.[3] Up to one-third of

[1] Bus, S.A., van Netten, J.J., Lavery, L.A., Monteiro-Soares, M., Rasmussen, A. & Jubiz, Y., Price, P.E. (2016). IWGDF guidance on the prevention of foot ulcers in at-risk patients with diabetes. Diabetes/Metabolism Research and Reviews, 32(Suppl.1), 16-24. doi: 10.1002/dmrr.2696
[2] American Diabetes Association. (2018). Standards of Medical Care in Diabetes-2018. Diabetes Care, 41, 917-928 . http://care.diabetesjournals.org/content/diacare/early/2018/03/20/dci18-0007.full.pdf
[3] Armstrong, D.G., Tze-Woei, T., Boulton, A.J. & Bus, S.A. (2023). Diabetic Foot Ulcers: A Review. JAMA, 330(1), 62-75. doi: 10.1001/jama.2023.10578

the costs of diabetes care are for DFUs and other lower-extremity complications.[4] The number of diabetes-related hospitalizations due to lower limb amputations (LLAs) doubled from 2009-2019 and 87% of LLAs are a result of complications from diabetes.[5,6] The proportion of LLAs attributable to diabetes is highest for people ages 45-74.[7]

It is important to note that while this legislation would authorize NPs and PAs to certify their patients' need for therapeutic shoes, it does not change the criteria necessary for coverage. The certifying clinician will still be required to affirm a patient meets the existing Medicare criteria required to certify their need for shoes. Medicare's policy benefit manual clearly delineates that a patient must have one or more of the following conditions: peripheral neuropathy with evidence of callus formation; history of pre-ulcerative calluses; history of previous ulceration; foot deformity; previous amputation of the foot or part of the foot; poor circulation.[8] These requirements will not change because of this legislation.

Within the recently released Long-Term Enhanced ACO Design (LEAD) Model, the Centers for Medicare and Medicaid Innovation (CMMI) recognized the impact of this barrier on the Medicare program. Utilizing statutory flexibilities to test CMMI models, LEAD authorizes NPs and PAs to certify their patients' need for therapeutic diabetic shoes. CMMI states that removal of this barrier is "is expected to reduce delays in patients accessing this benefit and avoid the costs of an additional clinician visit."[9] CMMI states that waiving this barrier is expected to "limit Medicare expenditures by providing a streamlined approach for certifying and ordering care, avoiding duplicative work."[10] This waiver was also included within CMMI's ACO REACH model.[11] The agency notes that empowering NPs/PAs "would capitalize on established relationships between a beneficiary and a NP to reduce impediments to better coordinate care for beneficiaries and bridge potential gaps in coverage." [12]

Passage of H.R. 1616 addresses this issue and will make it possible for NPs and PAs to continue providing high-quality care to their Medicare patients with diabetes. It will also reduce Medicare spending by eliminating duplicative services, improving the timeliness of care for patients with diabetes who need therapeutic shoes, and allowing patients to continue receiving care from their provider of choice.

We greatly appreciate the health subcommittee's consideration of this bill in this legislative hearing and look forward to the full committee's consideration. Should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs, msapio@aanp.org, 703-740-2529.

Sincerely,

Alliance of Wound Care Stakeholders

American Academy of Nurse Practitioners Certification Board

American Academy of Nursing

American Academy of PAs

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[4] Armstrong, D.G., Swerdlow, M.A., Conte, M.S., Padula, W.V. & Bus, S.A. (2020). Five year mortality and direct costs of care for people with diabetic foot complications are comparable to cancer. Journal of Foot and Ankle Research, 13(16). https://doi.org/10.1186/s13047-020-00383-2
[5] CDC. (2024). Preventing Diabetes-Related Amputations. https://www.cdc.gov/diabetes/diabetes- complications/preventing-diabetes-related-amputations.html CDC_AAref_Val=https://www.cdc.gov/diabetes/library/features/amputations.html
[6] CDC. (2021). Diabetes State Burden Toolkit. https://nccd.cdc.gov/Toolkit/DiabetesBurden/Hospitalization/Lea
[7] Ibid
[8] https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c15.pdf
[9] lead-rfa.pdf
[10] Ibid
[11] ACO Realizing Equity, Access, and Community Health (REACH) Model Request for Application
[12] Ibid

American Association of Nurse Practitioners

American Diabetes Association

American Organization for Nursing Leadership

American Nephrology Nurses Association

American Nurses Association

American Society of PeriAnesthesia Nurses

diaTribe

Gerontological Advanced Practice Nurses Association

Hospice and Palliative Nurses Association

Kroger

National Association of Indian Nurses of America

National Association of Nurse Practitioners in Women's Health

National Association of Pediatric Nurse Practitioners

National Association of Rural Health Clinics

National League for Nursing

National Organization of Nurse Practitioner Faculties

National Rural Health Association

Nurses Organization of Veterans Affairs

Organization for Associate Degree Nursing

PA Education Association

Preventive Cardiovascular Nurses Association