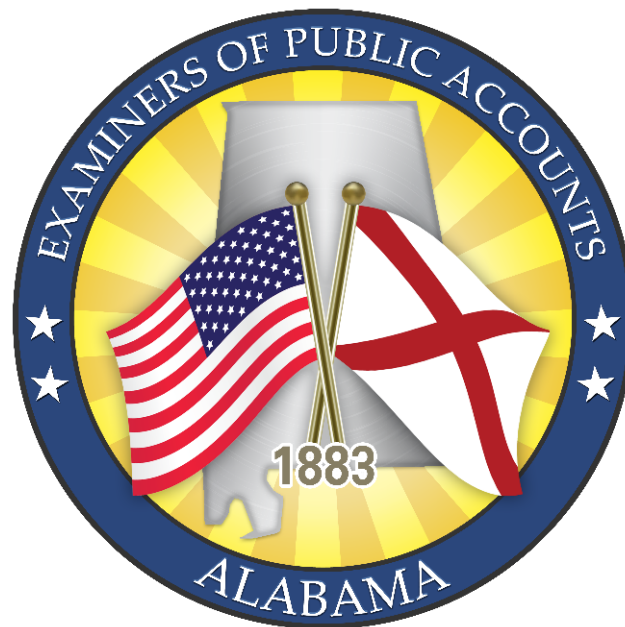


Report on the

Board of Podiatry

Montgomery, Alabama



Department of Examiners of Public Accounts

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Rachel Laurie Riddle, Chief Examiner



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September 23, 2020

Representative Howard Sanderford
Chairman, Sunset Committee
Alabama State House
Montgomery, AL 36130

Dear Representative Sanderford,

This report was prepared to provide information for use by the Sunset Committee in conducting its review and evaluation of the operations of the Board of Podiatry in accordance with the *Code of Alabama 1975*, Section 41-20-9.

The report contains unaudited information obtained from the management, staff, and records of the Board of Podiatry, in addition to information obtained from other sources.

Please contact me if you have any questions concerning this report.

Sincerely,

A handwritten signature in black ink that reads 'Rachel Laurie Riddle'.

Rachel Laurie Riddle
Chief Examiner

Examiner
Ashley L. Allen

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PROFILE

Purpose/Authority

The Board of Podiatry was created by Act No. 741, Acts of Alabama 1967 to license and regulate the practice of podiatry. The Board examines and licenses qualified applicants, investigates complaints against licensees and holds administrative hearings to discipline licensees. Current statutory authority for the Board is found in the *Code of Alabama 1975*, Section 34-24-230 through 34-24-276.

There was no new legislation since the last Sunset Review of the Board.

<u>Characteristics</u>	
Members and Selection	Seven members appointed by the Governor. <i>Code of Alabama 1975</i> , Section 34-24-250
Term	Five-year staggered terms. Members serve until their successors are appointed. Members cannot be appointed to successive terms. Previous Board members are eligible for non-successive appointments. <i>Code of Alabama 1975</i> , Section 34-24-250
Qualifications	<ul style="list-style-type: none">• United States citizen and resident of Alabama• Over 25 years of age• Engaged in actual continuous practice of podiatry in Alabama for a least five years preceding appointment. <i>Code of Alabama 1975</i> , Section 34-24-250
Consumer Representation	No statutory requirement.
Racial Representation	At least one black member at all times. One black member is currently serving. <i>Code of Alabama 1975</i> , Section 34-24-250
Geographical Representation	No statutory requirement.

Other Representation	The membership of the Board shall be inclusive and reflect the racial, gender, geographic, urban/rural and economic diversity of the state. <i>Code of Alabama 1975</i> , Section 34-24-250
Compensation	Board members receive \$300 per day engaged in Board business in addition to per diem and travel allowances as are reimbursed to state employees. <i>Code of Alabama 1975</i> , Section 34-24-253
Attended Board Member Training	Three Board Members Executive Director Twelve Warren & Company Inc. staff
<u>Operations</u>	
Administrator	The Board contracts with Warren & Company Inc. for administrative services and office space. Keith Warren, president of Warren & Company, serves as the Board's executive director. Annual contract amount is \$60,000.
Location	2777 Zelda Road Montgomery, AL 36106 Office hours: Monday- Friday, 8:30 am – 4:30 pm
Employees	None. The Board contracts with Warren & Company for management and administrative services including facilities.
Legal Counsel	Mr. Cameron McEwen, Deputy Attorney General for the Board of Funeral Services, serves as legal counsel for the Board of Podiatry through an inter-agency agreement.
Subpoena Power	Yes, both persons and records. <i>Code of Alabama 1975</i> , Section 34-24-276(b)
Internet Presence	www.podiatryboard.alabama.gov Information available includes: <ul style="list-style-type: none"> • Contact information • Information for consumers • Information for new license applicants • Board member/staff information

	<ul style="list-style-type: none"> • Listing of licensed podiatrists • Rules and regulations • Board minutes • Consumer Complaint form
<u>Financial</u>	
Source of Funds	Licensing fees and disciplinary fines
State Treasury	No. The Board operates from a checking account at Regions bank.
Required Distributions	<p>Should funds exceed more than \$100,000 at the end of any fiscal year, the excess of this amount shall be paid into the General Fund in the State Treasury.</p> <p><i>Code of Alabama 1975, Section 34-24-253</i></p>
Unused Funds	<p>Unused funds are retained at fiscal year-end.</p> <p><i>Code of Alabama 1975, Section 34-24-253</i></p>
<u>Licensee Information</u>	
Licensees	<p>159 licensed Podiatrists as of February 25, 2020.</p> <p><i>Source: Administrator</i></p>
Qualifications	<ul style="list-style-type: none"> • 19 years of age or over • A citizen of the United States or, if not a citizen of the United States, a person who is legally present • Of good moral character • A graduate of a college of podiatry recognized by the American Podiatric Medical Association • Completed a podiatric residency approved by the American Podiatric Medical Association or by the State Board of Podiatry under its rules and regulations • Successfully passed all parts of the examination given by the National Board of Podiatric Examiners • Be able to pass the standard examination prescribed by the State Board of Podiatry <p><i>Code of Alabama 1975, Section 34-24-255</i></p>

<p>Examinations</p>	<p>Passing the National Board of Podiatric Medical Examiners' examination is a prerequisite to application for licensure. The examination is administered by Prometric Testing Centers in Birmingham, Dothan, Huntsville, Mobile and Montgomery on dates scheduled by the National Board of Podiatric Medical Examiners.</p> <p>Pass/Fail rates for this examination were not available.</p> <p>Applicants must also pass an examination covering Alabama laws and regulations for the practice of podiatry. The examination is prepared, administered and graded by the Board. The examination is given semi-annually in June and December at the Board's office.</p> <p>Pass/Fail statistics for fiscal years 2016-2019 are shown in the following table.</p> <table border="1" data-bbox="621 852 1263 1083"> <thead> <tr> <th colspan="4">Alabama Law - Podiatry</th> </tr> <tr> <th>FY</th> <th>Taken</th> <th>Pass</th> <th>% Pass</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>1</td> <td>1</td> <td>100%</td> </tr> <tr> <td>2017</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>2018</td> <td>2</td> <td>2</td> <td>100%</td> </tr> <tr> <td>2019</td> <td>-</td> <td>-</td> <td>-</td> </tr> </tbody> </table> <p><i>Code of Alabama 1975</i>, Section 34-24-255 <i>Source:</i> Administrator</p>	Alabama Law - Podiatry				FY	Taken	Pass	% Pass	2016	1	1	100%	2017	-	-	-	2018	2	2	100%	2019	-	-	-
Alabama Law - Podiatry																									
FY	Taken	Pass	% Pass																						
2016	1	1	100%																						
2017	-	-	-																						
2018	2	2	100%																						
2019	-	-	-																						
<p>Reciprocity</p>	<p>Podiatrists licensed in other states who seek licensure in Alabama must meet the same requirements as podiatrists licensed solely in Alabama. There are no specific reciprocity agreements.</p> <p><i>Code of Alabama 1975</i>, Section 34-24-273</p>																								
<p>Renewals</p>	<p>Annually on or before October 1st Licensures may be renewed within 30 days after October 1 without incurring a late fee.</p> <p>Online renewals are not available.</p> <p><i>Code of Alabama 1975</i>, Section 34-24-275</p>																								
<p>Licensee Demographics</p>	<p>Data not collected by agency.</p>																								

Continuing Education	<p>A minimum of 12 hours of continuing education must be completed as a condition for annual license renewal.</p> <p><i>Code of Alabama 1975, Section 34-24-275</i></p>
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SIGNIFICANT ISSUES

No new significant issues.

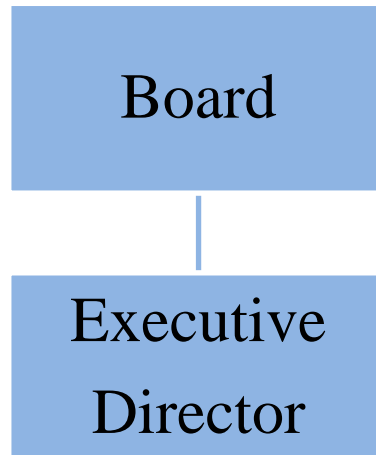
STATUS OF PRIOR FINDINGS/SIGNIFICANT ISSUES

Significant Issue 2012-01 – All four board members who responded to our survey and twelve of twenty-four (50%) licensees responding to the licensee survey stated that Alabama’s statutory restriction of practice to below the ankle is a major issue facing the profession. According to one board member, the number of applicants applying for licensure in Alabama is decreasing due to the limited scope of practice. According to the American Podiatric Association (APMA), the podiatric scope of practice statutes vary from state to state; all states permit treatment of the human foot, but, 44 states and the District of Columbia permit treatment at or above the ankle. Alabama, Mississippi, South Carolina, Kansas, New York and Puerto Rico do not allow podiatrists to perform medical treatment above the ankle.

Prior Status 2016 – The limited scope of practice prescribed by statute continues to be a significant issue for all five board members responding to our survey and forty of the sixty-seven licensees responding responded to our survey. House Bill 448 was introduced during the 2016 Legislative Session to expand the scope of practice of podiatry to include the examination, diagnosis, and treatment including, but not limited to, the medical, mechanical, manipulation, surgical and electrical treatment of the ankle and ankle joints. The bill did not pass.

Current Status 2020 - Respondents to our survey stated that limiting the scope of practice is the most significant issue facing podiatrists in Alabama. All seven board members and twenty-nine of thirty-eight licensees (76%) responding to our survey stated that the scope of practice, limiting the podiatrist to only the foot, continues to be a significant issue for the profession. Alabama, Massachusetts and Mississippi are the only three states that limit the scope of practice to the foot only. The Board introduced legislation in 2019 but the bills did not pass. The Board introduced HB 98 and SB 279 bills in the 2020 legislative session to expand the scope of the practice of podiatry to treat disorders of the foot, ankle and lower leg. The bills did not pass.

ORGANIZATION



PERSONNEL

The Board does not have employees. The Board contracts with Warren & Company, Inc. for management, administrative, and investigative services, as well as office space. Keith Warren, president of Warren & Company, Inc. serves as the Board's executive director. Annual contract amount is \$60,000.

Legal Counsel

Mr. Cameron McEwen serves as legal counsel to the Board through an inter-agency agreement with the Alabama Board of Funeral Services for an annual amount of \$5,000.00. Mr. McEwen is a Deputy Attorney General assigned to the Board of Funeral Services.

PERFORMANCE CHARACTERISTICS

Number of Persons per Licensee in Alabama and Surrounding States

	Population (estimate)*	Number of Licensees	Persons Per Licensee
Alabama	4,903,185	159	30,838
Florida	21,477,737	1,804	11,906
Georgia	10,617,423	497	21,363
Mississippi	2,976,149	95	31,328
Tennessee	6,829,174	240	28,455

**Source:* U.S. Census, December 2019 Population Estimates

Operating Disbursements per Licensee (FY 2019) - \$470.94

Fines/Penalties as a Percentage of Operating Receipts

	FY 2019	FY 2018	FY 2017	FY 2016
Total Receipts less Fines	\$96,719.01	\$84,492.65	\$71,977.25	\$82,200.00
Total Fines	0.00	250.00	5,000.00	0.00
Percentage	0.00%	0.30%	6.95%	0.00%

Notification of Board decisions to Amend Administrative Rules

The Board complied with notification procedures prescribed in the Administrative Procedure Act, which includes publication of proposed rules in the Administrative Monthly, and public hearings on proposed rules. Licensees are not individually notified of proposed changes.

COMPLAINT HANDLING

Administrative Rule 730-X-4 provides the procedures for receipt, documentation, and investigation of complaints relating to Board licensees.

Initial Contact/Documentation	Complaints accepted by mail, email, or fax. Complaints can be brought by anyone including the board and must be in writing. A complaint form is available on the board’s website but is not required. Complaints must be signed but are not required to be notarized. Complainants are notified in writing of receipt of their complaint.
Anonymous Complaints	Anonymous complaints are not accepted. However, the Board will investigate an anonymous complaint when it is accompanied by sufficient information.
Investigative Process / Probable Cause Determination	The investigative committee is comprised of the board vice-president, legal counsel and the executive director. The board member on the investigative committee does not vote at the hearing. The executive director and the legal counsel review and determine if probable cause exists.
Negotiated Settlements	The investigative committee may negotiate a settlement with the respondent. The negotiated settlement is presented for Board review and official action.

Notification of Resolution to the Complainant	Board's records show complainants are notified in writing of its resolution of their complaints.
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Source: Administrator, Administrative Rules

Schedule of Complaints Resolved Fiscal Years 2016 through 2019						
Year/Number Received	Year/Number Resolved					Pending
	2016	2017	2018	2019 (1)	2020¹	
2016/ 9	9	0	0	0	0	0
2017/ 7		7	0	0	0	0
2018/11			10	1	0	0
2019/7				6	1	0
¹ As of February 27, 2020						
<i>Source:</i> Administrator						

Average Time to Resolve Complaints – 32 days

Disposition of Resolved Complaints

# of Complaints	Resolution
18	No Jurisdiction
5	Withdrawn
3	Podiatrist Complied
3	Consent Approved / Consent Approved and Fine
2	Letter of Concern
1	Unfounded
1	License Suspended
1	Warning Letter

REGULATION IN CONJUNCTION WITH OTHER ENTITIES

A current valid Federal Bureau of Narcotics and Dangerous Drug number is required to receive an Alabama Controlled Substances permit. Otherwise there is no direct overlap of regulation with other state or federal agencies; however, the scope of practice of physicians and surgeons licensed by the Board of Medical Examiners overlaps the scope of practice of podiatrists.

FINANCIAL INFORMATION

Source of Funds

Licensing and regulatory fees.

Account

The Board operates from a Regions Bank checking account. The Board retains its remaining balance at fiscal year-end, except that unused funds at the end of any fiscal year exceeding \$100,000 must be transferred to the General Fund (*Code of Alabama 1975*, Section 34-24-253).

Schedule of Fees

Fees not specified in the statutes are set in the Board's *Administrative Rule* 730-X-3-.10

FEE TYPE/PURPOSE	STATUTORY AUTHORITY	AMOUNT AUTHORIZED	AMOUNT COLLECTED
Application fee	34-24-255(b)	Set by Board	\$100
Examination fee	34-24-255(b)	Set by Board	\$100
License Renewal	34-24-275	Set by Board	\$400
Late renewal fee	34-24-275	\$300.00	\$300
Controlled substance fee	20-2-50	\$50.00	\$50
Special certificate fee *	34-24-272	\$50.00	\$50
Administrative fine	34-24-252	≤ \$2,000	≤ \$2,000

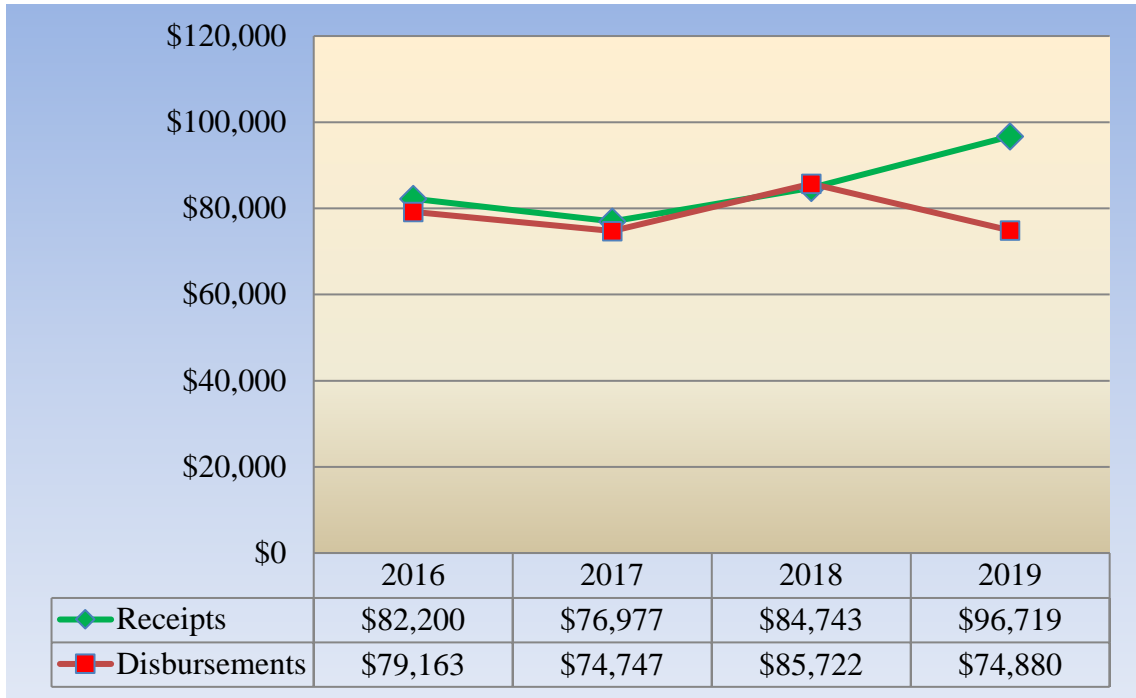
*Certificate of licensure for licensees changing a residence to another state, territory, or foreign country.

Schedule of Receipts, Disbursements and Balances

October 1, 2015 through September 30, 2019

	<u>2018-2019</u>	<u>2017-2018</u>	<u>2016-2017</u>	<u>2015-2016</u>
<u>Receipts</u>				
Licensing Fees	\$ 96,600.00	\$ 83,500.00	\$ 71,950.00	\$ 82,200.00
Miscellaneous Fees Not Otherwise Classified	119.01	-	27.25	-
Fees and Fines Not Otherwise Classified	-	250.00	5,000.00	-
Refunds against Disbursement	-	992.65	-	-
Total	<u>96,719.01</u>	<u>84,742.65</u>	<u>76,977.25</u>	<u>82,200.00</u>
<u>Disbursements</u>				
Personnel Costs	4,941.00	5,664.45	4,517.55	5,434.65
Travel In-State	3,052.49	3,641.77	2,955.31	3,697.16
Utilities and Communications	1,317.00	1,284.25	1,140.50	148.41
Professional Services	59,715.00	67,993.00	56,362.68	63,475.00
Supplies, Materials and Operating Expenses	4,724.34	5,738.39	3,480.52	6,407.91
Transfer to Department of Public Health	1,130.00	1,400.00	6,290.00	-
Total	<u>74,879.83</u>	<u>85,721.86</u>	<u>74,746.56</u>	<u>79,163.13</u>
Excess (Deficiency) of Receipts over Disbursements	21,839.18	(979.21)	2,230.69	3,036.87
Cash Balance at Beginning of Year	<u>30,150.08</u>	<u>31,129.29</u>	<u>28,898.60</u>	<u>25,861.73</u>
Cash Balance at Year End	<u>\$ 51,989.26</u>	<u>\$ 30,150.08</u>	<u>\$ 31,129.29</u>	<u>\$ 28,898.60</u>

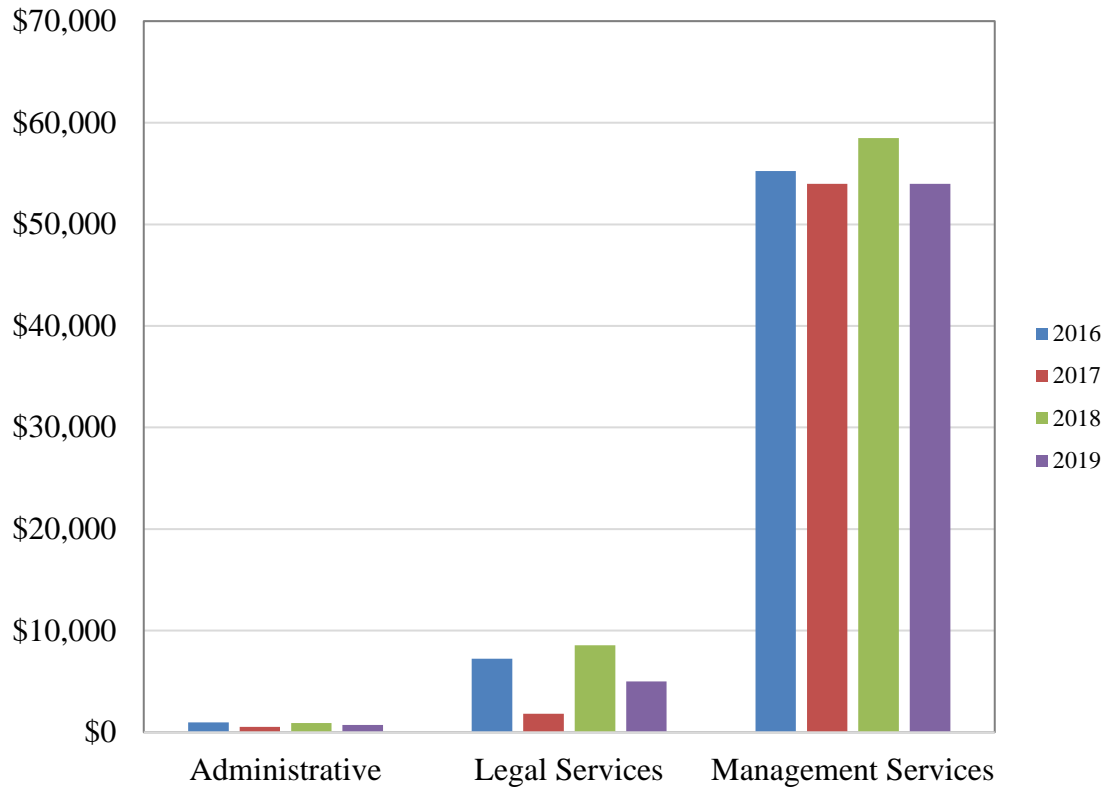
Operating Receipts vs. Operating Disbursements (Chart)



SUMMARY SCHEDULE OF PROFESSIONAL SERVICE DISBURSEMENTS*				
As of September 30 th				
Type of Service	FY 2016	FY 2017	FY 2018	FY 2019
Administrative	\$ 990.00	\$ 543.18	\$ 920.00	\$ 715.00
Legal Services	7,235.00	1,819.50	8,573.00	5,000.00
Management Services	55,250.00	54,000.00	58,500.00	54,000.00
Total	\$ 63,475.00	\$ 56,362.68	\$67,993.00	\$59,715.00

*Detailed information presented in the appendix

Professional Service Disbursement Chart



QUESTIONNAIRES

Board Member Questionnaire

A letter was sent to all seven members of the Board of Podiatry requesting participation in our survey. Seven participated in our survey. The percentages, where shown, are based on the number who responded to the question.

**1. What are the most significant issues currently facing the Board of Podiatry?
How is the Board addressing the issues?**

Board Member #1 – “Expanding the scope of practice for podiatry in Alabama to be in line with other states. This would allow podiatrists to treat ankle and leg problems. Currently there is a bill (HB 198) in the flow. We have been attempting to expand scope of practice for many years.”

Board Member #2 – “Scope of practice issues. We are currently restricted from operating to the full extent of our training. Working with the ALPMA to support passage of bills that will bring Alabama close to 47 other states scope of practice acts.”

Board Member #3 – “Broadening the scope of practice to align with the majority of states.”

Board Member #4 – “Scope of practice in the state.”

Board Member #5 – “Additions to the scope of practice of Podiatry. Waiting patiently on law for scope of practice increase.”

Board Member #6 – “Scope of practice issues. Currently involved in assisting The Alabama Podiatric Medical Association with legislation to expand the scope.”

Board Member #7 – “Expanding the scope of practice for podiatrist to match the training and experience of today's podiatrist. The board is presently working on the wording of the legislation to ensure the safety of the public while allowing podiatrist to perform in a manner that is equal to their training and experience.”

2. Is the Board of Podiatry adequately funded?

Yes	5	71%
Unknown	2	29%

3. Is the Board of Podiatry adequately staffed?

Yes	7	100%
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4. Does the Board of Podiatry receive regular reports on operations from the Executive Director?

Yes	6	86%
Other	1	14%

Board Member Questionnaire

Board Member #7 – “I am a new member but have been informed on the workings of the board. I don't have enough history to comment on the consistency of the reporting.”

5. Has the Board of Podiatry experienced any significant changes in its operations in the last two years?

Yes	1	14%
No	5	72%
Unknown	1	14%

6. Does the Board of Podiatry plan or expect any significant changes in its operations in the next five years?

No	3	43%
Unknown	4	57%

Licensee Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Thirty-eight participated in the survey. The percentages, where shown, are based on the number who responded to the question.

1. Do you think regulation of your profession by the Board of Podiatry is necessary to protect public welfare?

Yes	37	97%
No	1	3%

2. Do you think any of the Board of Podiatry' laws, rules, and policies are an unnecessary restriction on the practice of your profession?

Yes	22	58%
No	12	32%
Unknown	1	2%
No Opinion	3	8%

Respondent #6 – “Needing a legal disclaimer on every piece of information that has my practice name on it is excessive.”

Respondent #8 – “Limits the scope of practice below what our professional training is and is less than what 48 other states are allowed to practice.”

Respondent #10 – “Need increase of scope. Be able to administer nitrous oxide in office for some procedures.”

Respondent #12 – “Almost all 50 States now allow a podiatrist to work on the foot and ankle and GA. allows a podiatrists to work on the leg up to the Tibial Tuberosity which is below the knee so why is AL. so behind the times if DPM's have qualifications or certifications to do that work. Some podiatrist work in two three States and do ankle work in FL. or GA. or MS and not AL. and they can't do these same procedures in AL. These restrictions are STUPID in AL. This is behind the times for 2020. Look up in phone book and you will see definition of a PODIATRIST who is a "doctor of podiatric Medicine and Surgery who works on the Foot and Ankle!" So why is AL. behind the times??? In everything this State has to wake up to get more great doctors to come and also let current doctors do their jobs they were trained to do.”

Respondent #13 – “Pertaining to the advertising requirement of the disclaimer.”

Respondent #15 – “I believe they restrict podiatrists to only the front of the foot whereas crossing the state line into Florida and Georgia, they are able to practice their specialty in full to include the ankle.”

Respondent #17 – “WE ARE TRAINED TO PERFORM FOOT AND ANKLE PROCEDURES AND THE STATES CURRENTLY LIMITS TREATMENT TO THE FOOT.”

Respondent #18 – “Ankle scope limitations are unfair for those having completed a 3 year residency, which has become relatively standard in training within the past 10+ years.”

Respondent #19 – “The disclaimer on Ads.”

Respondent #27 – “Scope of practice of podiatry in Alabama should include the ankle, and Achilles’ tendon. It currently is not up to date, and as such is a detriment to the citizens of Alabama.”

Respondent #29 – “testing only twice a year is prohibitive to growth in the state.”

Respondent #31 – “scope of practice excludes the ankle.”

Respondent #34 – “anatomic scope.”

Respondent #37 – “The use of a disclaimer in advertising is not necessary.”

Respondent #38 – “we need to be able to hire NP and PA to help in our practice”

3. Do you think any of the Board of Podiatry’ requirements are irrelevant to the competent practice of your profession?

Yes	4	11%
No	29	76%
Unknown	3	8%
No Opinion	2	5%

Respondent #19 – “The disclaimer on Ads”

4. Are you adequately informed by the BOARD of changes to and interpretations of BOARD positions, policies, rules and laws?

Yes	19	50%
No	11	29%
Unknown	6	16%
No Opinion	2	5%

Respondent #5 – “I have only recently acquired my Alabama state license, so communication has only been limited to new licensee registrations, fees, etc.”

Respondent #8 – “Email updates should be sent to all members.”

Respondent #19 – “Perhaps there have not been any changes....”

Respondent #21 – “SOMETIMES.”

Respondent #38 – “I have never received anything other than them to increase our renewal fees by a \$100 dollars per year.”

5. Has the Board of Podiatry performed your licensing and renewal in a timely manner?

Yes	37	97%
No	1	3%

6. Do you consider mandatory continuing education necessary for competent practice?

Yes	34	89%
No	3	8%
No Opinion	1	3%

Respondent #12 – “The problem is the insurance industry will not pay for what we learn. We do mandatory CME's and can't use the knowledge we obtain because AL Blue Cross and others will not pay for the new drugs, new procedures, new DME or machines that we learn about or I cannot perform the ankle procedures I learn about because of the restrictions on ankle treatment and care in the State of Alabama. So yes more education is always needed but the State of Alabama needs to put more pressure on Insurance companies to pay for new drugs, pay for new procedure pay for new supplies and DME so we can use these knowledge we obtain to be better doctors and not wait or beg to get things paid for or use obsolete education.”

7. Has the Board of Podiatry approved sufficient providers of continuing education to ensure your reasonable access to necessary continuing education hours?

Yes	32	84%
No	1	3%
Unknown	4	10%
No Opinion	1	3%

Respondent #13 – “I don't think this is an applicable question.”

8. What do you think is the most significant issue(s) currently facing your profession in Alabama and what is the Board of Podiatry doing to address the issue(s)?

Respondent #1 – “Ankle privileges.”

Respondent #2 – “scope of practice to encourage new practitioners to move to the area. the current scope is too limiting, and the new and younger partitions have additional more specified training. older practitioners are retiring which may cause harm to the practice of podiatry.”

Respondent #3 – “no answer.”

Respondent #4 – “1. Patient access to care based on Health Insurance policy 2. Podiatrists included into the changing landscape to Health Insurance access to specialists. 3. Scope of Podiatry care should be based on training, and consider looking at National Standards as a guideline as training for Podiatrists has evolved over the years.”

Respondent #5 – “The most significant issues facing the Podiatry profession are out of the realm of the state of Alabama alone. Each state acts independently relating to most professions, including Podiatry which ultimately segregates and weakens us. The significant issues are at a national (APMA, CPME) level.”

Respondent #6 – “The biggest issue currently is the loss of podiatrists due to restriction of scope of practice. Newly trained podiatrists do not want to come to our state due to one of the smallest scopes of practice in the nation.”

Respondent #7 – “Yes.”

Respondent #8 – “Increasing the scope of practice to represent our level of professional training. The board has tried over time to affect this but Podiatry is under represented in the state and competes with MDs and orthopedist who wish to limit our scope of practice to limit our competition with them.”

Respondent #9 – “Scope of practice is most pressing issue. This is not an issue the Board can address. This is something the legislature needs to address. Legislation has been proposed but there has been no action on it.”

Respondent #10 – “Need increase in scope of practice. This is mostly relied on support from members of the state association. Need more support from the board”

Respondent #11 – “Restriction of podiatry coverage by insurance companies and I think the Board is doing nothing about it. 2ns - lack of ankle privileges.”

Respondent #12 – “Podiatry Practice Act for treatment of the Ankle should never be political where another profession such as orthopedic M.D.s control Podiatry to tell Podiatrists what they can and can't do based on training and certifications. My question to you reading this would be if almost all 50 States allow podiatrists to work on the Ankle then why not Alabama???? If there are only a handful of States that do not allow a podiatrist to work on the Ankle then where are these States located? and what is holding those States back behind the times? I have the right to obtain a living and make money of equal pay for equal work and have the opportunity for life, liberty and the pursuit of happiness. If I cannot do what I am trained to do with my degree I obtained then I am being discriminated against. For example, If two podiatrist went to the same undergraduate school, then both went to the same podiatry college, then both went to the same two year residency program and one went to practice in Alabama and one in Georgia why is one podiatrist free to do what they were trained today and the other restricted. Why can one make more money and the other restricted. Why can one obtain further advancement in their profession while the other is stuck and cannot advance. If you say if you don't like it in Alabama move to Georgia, you missed the point we do like it here we just want the same opportunity. We should never had to sue for work rights when those rights should already exist and be provided or granted without a fight for what is really right or correct or proper. If the State of Alabama wants to be first in everything not last like MS, and ARK then it is time to wake up get to the year 2020.”

Respondent #13 – “An increase in privileges that reflect the privileges in the other 47 states is the most pressing issue. It is impossible to recruit podiatric physicians to Alabama. We have a severe shortage of our profession in this state and I am not aware of any steps the board has done to advance this.”

Respondent #14 – “equal payment for the same procedures as orthopedist who get more re-imburement, board sits on their hands!!!”

Respondent #15 – “The cost of license renewal is high considering it is only for 1 year.”

Respondent #16 – “Scope of practice. Hospital surgical privileges.”

Respondent #17 – “The limitations to the scope of practice. I don't know if anything is being done to change and bring awareness to this issue.”

Respondent #18 – “Ankle scope – PAC.”

Respondent #19 – “We should be able to treat the ankle as well as the foot. Other than going before Legislature every year, I am not sure.”

Respondent #20 – “scope of practice.”

Respondent #21 – “SOME PODIATRIST WANT TO CHANGE THE SCOPE OF PRACTICE AND I THINK SOME HAVE LOBBIED FOR THIS. ALSO BECOMING MEDICAID PROVIDERS IS AN ISSUE BUT I DON'T THINK ANYONE IS ADDRESSING IT LOCALLY.”

Respondent #22 – “limitations to scope of practice.”

Respondent #23 – “Surgical access to the achilles tendon and ankle. I don't know what they are doing about it.”

Respondent #24 – “none at the moment.”

Respondent #25 – “Scope of practice.”

Respondent #26 – “I think the profession is falling behind other specialties in expanding the scope of practice - ex. collaborating with physician extenders (nurse practitioners, etc.), there are still facilities where podiatrists are not allowed privileges or limited privileges, and cpt codes are reimbursed at a different RVU as opposed to Foot & Ankle Ortho.”

Respondent #27 – “Scope of practice to include Ankle joint needs to be updated to keep up with the rest of the country, which will benefit patients in Alabama.”

Respondent #28 – “A wider scope of practice to include the ankle region is needed to advance podiatry in the state of Alabama. This will also have a positive health impact for the people of Alabama to obtain qualified podiatric care. The Board continues to have its scope of practice bill lobbied in the legislature.”

Respondent #29 – “scope of practice use of NP/PA in our practices reimbursement.”

Respondent #30 – “The most significant issue is access to the ankle. The board has been and will continue to make every effort to change this.”

Respondent #31 – “Scope of practice is limited to the foot and does not include the ankle. The board has not addressed this issue in 20 years.”

Respondent #32 – “Proper payment for services rendered. They are doing what they can.”

Respondent #33 – “the most significant issue is the inadequate amounts of licensed Podiatrist to treat the current population of the state. This is especially problematic at a time when foot complications from Diabetes and other chronic diseases are affecting a larger portion of the population of the state. Podiatric foot specialist often function as the first line of defense in that tend to see the 'simple' things before they become a major problem and so can do much to prevent bad outcomes.”

Respondent #34 – “expansion of anatomic scope of practice. As a relative newcomer I am not aware of efforts made historically or at present.”

Respondent #35 – “The limited scope of practice dissuades new three year residence trained podiatrist to settle in Alabama. Don't think the board is addressing this problem. The highly trained pod go to more friendlier states, to the long term detriment of Alabama.”

Respondent #36 – “Scope of practice limitation-below the ankle. ALPMA is lobbying for increase in scope of practice.”

Respondent #37 – “We need expansion of our scope of practice to include the ankle as well as soft tissue to the level of the knee. This will give us parity with podiatrists in nearly every state of the country.”

Respondent #38 – “we need to be able to hire a NP or PA to help in our practice. This will help Alabama bring in more D.P.M”

9. Do you think the Board of Podiatry and its staff are satisfactorily performing their duties?

Yes	25	66%
No	2	5%
Unknown	5	13%
No Opinion	6	16%

Respondent #17 – “I cannot say because I do not know the specifics about duties.”

Respondent #26 – “I can't see what they really do for me.”

Respondent #35 – “I've practiced in Alabama for 45years w/ no significant change. Other states are passing us buy, leaving Al. last as usual, to the detriment of its citizens.”

Complainant Questionnaire

A letter was sent to sixteen complainants whose complaint had been resolved in within the past two years requesting participation in our survey. Five participated in the survey. The percentages, where shown, are based on the number who responded to the question.

1. How was your complaint filed with the Board of Podiatry?

Mail	3	60%
Phone	1	20%
Fax	1	20%

2. Was receipt of your complaint promptly acknowledged?

Yes	4	80%
No	1	20%

3. If your answer to Question 2 was “YES”, how long after you filed your complaint were you contacted by the Board of Podiatry?

Immediately	1	40%
Within 10 days	1	40%
Within 30 days	2	20%

4. Was the person who responded to your complaint knowledgeable and courteous?

Courteous	1	20%
Both	2	40%
Neither	2	40%

5. Did the Board of Podiatry communicate the results of investigating your complaint to you?

Yes	3	60%
No	2	40%

Respondent #5 – “**█. █. █** never returned a phone call and **█ █** talked out of both sides of his mouth. No one should ever experience the pain to my family for filing a complaint of this nature.”

Complainant Questionnaire

6. Do you think the Board of Podiatry did everything it could to resolve your complaint?

Yes	2	40%
No	2	40%
Unknown	1	20%

7. Were you satisfied with your dealings with the Board of Podiatry?

Yes	2	40%
No	3	100%

Respondent #5 – “Investigator most likely took a payoff from someone as revenge for myself filing this complaint”

APPENDICES

Applicable Statutes

Section 34-24-230 Definitions.

For purposes of this title, the following terms shall have the respective meanings ascribed by this section:

- (1) **PODIATRY.** The diagnosis and treatment of disorders of the human foot, as described herein.
- (2) **PRACTICE OF PODIATRY.** The diagnosis and medical or surgical or mechanical or manipulative or electrical treatment of any ailment of the human foot except such definition does not include the amputation of the foot or the administering of an anesthetic other than local.
- (3) **DIAGNOSIS.** The process of ascertaining a disease or ailment by its general symptoms.
- (4) **MEDICAL TREATMENT.** The application to or prescription for the foot of pads, adhesives, felt, plaster, or any medicinal agency for both external and internal use in connection with treatment of local ailments of the human foot, except such definition does not include the medical treatment of any systemic disease, but does allow treating the local manifestations of those systemic diseases in the foot.
- (5) **SURGICAL TREATMENT.** The use of any cutting instrument to treat a disease, ailment, or condition of the human foot as defined herein, except that a podiatrist shall not be authorized to amputate the human foot, or perform any surgery on the human body at or above the ankle joint, or administer anesthetics other than local anesthetics.
- (6) **MECHANICAL TREATMENT.** The application of any mechanical appliance made of steel, leather, felt, or any material to the foot or in the shoe for the purpose of treating any disease, deformity, or ailment.
- (7) **MANIPULATIVE TREATMENT.** The use of the hand or machinery in the operation or working upon the foot and its articulations.
- (8) **ELECTRICAL TREATMENT.** Any treatment by means and methods supplied by electric current.
- (9) **HUMAN FOOT.** The terminal appendage of the lower extremity. It contains 26 bones and is divided into three parts - the forefoot, the midfoot, and the hindfoot. The forefoot consists of 14 phalanges and five metatarsals. The midfoot consists of five tarsal bones and their articulations. The hindfoot consists of two tarsal bones, the calcaneus and the talus. The foot is defined as including all 26 complete boney structures below the ankle joint, which ankle joint consists of the distal tibia and fibula and their articulations with the talus. The distal aspect of the tibia and fibula, the achilles tendon, and all structures above the dome of the talus reside within the leg.
(Acts 1967, No. 741, p. 1586, §1; Acts 1971, No. 2427, p. 3870, §1; Acts 1975, No. 1199, p. 2376, §1; Acts 1982, No. 82-437, p. 687, §1; Acts 1983, 2nd Ex. Sess., No. 83-131, p. 137, §1.)

Section 34-24-231 False or misleading statements in advertisements.

It shall be unlawful for any person engaged in the practice of podiatry in this state to print or cause to be printed, or circulate or cause to be circulated, or publish or cause to be published, by any means whatsoever, any advertisement or circular in which appears any untruthful, impossible, or improbable or misleading statement or statements, or anything calculated or intended to mislead or deceive the public.

(Acts 1967, No. 741, p. 1586, §18.)

Section 34-24-232 Grandfather clause.

Repealed by Act 2009-715, p. 2104, §2, effective August 1, 2009.
(*Acts 1967, No. 741, p. 1586, §20.*)

Section 34-24-233 Exemptions.

Nothing in this article shall be construed as applying to physicians, surgeons, or persons authorized to practice the healing arts as otherwise provided under the laws of the State of Alabama. No person who qualifies for a certificate of license under this article shall be subject to examination by the State Board of Medical Examiners.

(*Acts 1967, No. 741, p. 1586, §17; Acts 1975, No. 1199, p. 2376, §6.*)

Section 34-24-234 Penalties for violations.

Repealed by Act 2009-715, p. 2104, §2, effective August 1, 2009.
(*Acts 1967, No. 741, p. 1586, §19.*)

Section 34-24-250 Appointment; composition; qualifications of members; appointment; terms of office.

(a) The Governor of Alabama shall appoint a State Board of Podiatry consisting of seven persons, each of whom shall be a citizen of the United States and of Alabama, over the age of 25, and shall have been engaged in the actual continuous practice of podiatry in the State of Alabama for at least five years next preceding his or her appointment. One member of the board shall be appointed each year, with the exception of three members being appointed every fifth year starting in 1979, for terms of five years and until their successors are appointed and qualified. No member of the board shall be reappointed for a successive term. Previous board members are eligible for nonsuccessive appointments. The Governor may remove from office at any time any member of the board for neglect of duty, incompetency, improper or unprofessional conduct, or when the license or certificate of any member has been suspended or revoked. Vacancies on the board shall be filled by appointment by the Governor in the manner provided in this section. The Governor shall furnish each member of the board at the time of appointment a certificate of appointment, and the appointee shall qualify by taking the usual oath of office before the judge of probate of his or her home county within 15 days from the date of appointment.

(b) After April 6, 1993, each vacant office occurring shall be first offered to each available black licensee until a black member is appointed to the board. When a black member is appointed to the board, thereafter appointments shall be made in such a manner as to ensure at least one black member on the board at all times, and the membership of the board shall be inclusive and reflect the racial, gender, geographic, urban/rural, and economic diversity of the state.

(*Acts 1967, No. 741, p. 1586, §3; Acts 1979, No. 79-601, p. 1065, §1; Acts 1993, No. 93-156, p. 233, §3; Act 2009-38, p. 135, §3.*)

Section 34-24-251 Meetings; quorum.

The State Board of Podiatry shall hold meetings at such times and places as the board may designate for the discharge of all business as may legally come before the board, and may hold additional meetings, on call of the president of the board, and the president shall call such meetings on petition of a majority of the members of the board for carrying into effect the provisions of this article. The board may transact any and all business that may legally come before the board at these meetings including, but not limited to, designating times and places for the examination of applicants for licenses or certificates. The secretary-treasurer shall transact all ad interim business for the board

unless otherwise specified in this article. A majority of the members of the board shall constitute a quorum for the transaction of business. Should a quorum not be present on the day appointed for any meeting, those present may adjourn from day to day until a quorum is present.
(Acts 1967, No. 741, p. 1586, §4; Acts 1989, No. 89-242, p. 342, §3; Act 2009-715, p. 2104, §1.)

Section 34-24-252 Powers and duties.

The State Board of Podiatry shall be the certifying board for podiatrists and shall have the exclusive power and authority to certify and to issue, suspend, revoke, limit, and reinstate all licenses or certificates authorizing the licensee to practice podiatry in the State of Alabama, and shall have the following authorities and shall perform the following duties:

- (1) To promulgate any rules and regulations for its government as it may deem necessary and proper; and for purposes of disciplining its licensees, in addition to any other powers of the board, the board may adopt and collect administrative fines, not to exceed two thousand dollars (\$2,000) per violation, and may institute any legal proceedings necessary to effect compliance with this article.
- (2) To provide a standard of efficiency as to the moral, educational, and experience qualifications and fitness for all persons who desire to practice podiatry in this state.
- (3) To elect annually one of its members as president, one as vice-president, and one as secretary-treasurer, who shall hold their respective offices for one year and until their successors are elected and qualified. If a vacancy occurs in any of the three offices, a special meeting of the board shall be called for the purpose of filling the vacancy for the unexpired term.
- (4) To administer any oaths and take any affidavits as are required by this article, certifying thereto under its hand and the seal of the board.
- (5) To assist in the prosecution of violations of this article.
- (6) To appoint or employ a legal adviser or counsel, when deemed necessary, whose compensation shall be fixed by the board and paid in the same manner as the per diem and expenses of the board are paid.
- (7) To adopt a common seal to be affixed to its official documents.
- (8) To keep a record of its proceedings, a register of persons licensed as podiatrists, and a register of licenses and certificates revoked by the board.
- (9) To annually, on or before January 1, make a report to the Governor of Alabama of all its official acts during the preceding year, of its receipts and disbursements, a full and complete report of the condition of podiatry and the practice in this state, and to file duplicate copies of the report with the Secretary of State, the State Auditor, and the Alabama Department of Archives and History.
- (10) To employ, when deemed necessary and without regard to the state Merit System, and set the salary of, an executive director who shall serve at the pleasure of the board and shall administer board policy.

(Acts 1967, No. 741, p. 1586, §5; Acts 1987, No. 87-588, p. 970, §1; Acts 1989, No. 89-242, p. 342, §3; Acts 1993, No. 93-156, p. 233, §3; Act 2009-715, p. 2104, §1.)

Section 34-24-253 Compensation of members; disposition of funds.

The members of the State Board of Podiatry shall each be entitled to receive the same per diem and travel allowance as is paid by law for state employees for each day actually employed in the discharge of their official duties, in addition to any daily compensation or allowance, if any, as may be provided by the board, in such amount as may be determined by the board out of the funds realized from the fees provided for in this article. Should the funds in the hands of the board at the end of any fiscal year be more than one hundred thousand dollars (\$100,000), the excess of this amount shall be paid into the General Fund in the State Treasury.

(Acts 1967, No. 741, p. 1586, §6; Acts 1985, No. 85-359, p. 300, §3; Acts 1989, No. 89-242, p. 342, §3; Act 2001-253, p. 305, §3; Act 2009-715, p. 2104, §1.)

Section 34-24-254 Salary and bond of secretary-treasurer.

Repealed by Act 2009-715, §2, effective August 1, 2009.

(Acts 1967, No. 741, p. 1586, §7; Acts 1989, No. 89-242, p. 342, §3.)

Section 34-24-255 Examinations - Requirements; issuance of license; fees.

(a) Every person desiring to commence the practice of podiatry shall apply to the board and shall pay an application fee as established by the board. The applicant shall thereafter take and pass the standard examination provided in this article and fulfill the other requirements as herein provided. The applicant shall be 19 years of age or over, or the age as the board may by rule determine, shall be a citizen of the United States or, if not a citizen of the United States, a person who is legally present in the United States with appropriate documentation from the federal government, of good moral character, shall be a graduate of a college of podiatry recognized by the American Podiatric Medical Association, shall have completed a podiatric residency approved by the American Podiatric Medical Association or by the State Board of Podiatry under its rules and regulations, shall have successfully passed all parts of the examination given by the National Board of Podiatric Examiners and shall be able to pass the standard examination prescribed by the State Board of Podiatry. The standard examination shall consist of tests in practical, theoretical, and physiological podiatry, in the anatomy and physiology of the human foot, and in pathology as applied to podiatry. In addition, the standard examination shall test the knowledge of the applicant of the Podiatry Practice Act and the rules and regulations of the board. The standard examination shall not be out of keeping with established teachings and adopted textbooks of recognized schools of podiatry. If the applicant satisfactorily passes the examination provided for he or she shall be issued a license to practice podiatry.

(b) The board may establish and collect an application fee and an examination fee from applicants for licensure, and a nonrefundable reexamination fee for a second or subsequent examination.

(Acts 1967, No. 741, p. 1586, §8; Acts 1975, No. 1199, p. 2376, §2; Acts 1985, No. 85-359, p. 300, §3; Acts 1987, No. 87-588, p. 970, §1; Acts 1989, No. 89-242, p. 342, §3; Acts 1997, No. 97-159, p. 216, §3; Act 98-366, p. 665, §1; Act 2008-132, p. 191, §3.)

Section 34-24-256 Examinations - Conduct.

Repealed by Act 2009-715, p. 2104, §2, effective August 1, 2009.

(Acts 1967, No. 741, p. 1586, §9; Acts 1989, No. 89-242, p. 342, §3.)

Section 34-24-257 Examinations - Second or subsequent examination.

Repealed by Act 2009-715, p. 2104, §2, effective August 1, 2009.

(Acts 1967, No. 741, p. 1586, §10; Acts 1975, No. 1199, p. 2376, §3; Acts 1985, No. 85-359, p. 300, §3; Acts 1989, No. 89-242, p. 342, §3.)

Section 34-24-258 Deposit and expenditure of funds.

All funds received by the board shall be deposited to the credit of the board in a federally insured bank selected by the board, and the execution and enforcement of this article and the payments of salaries, expenses, and other authorized costs shall be paid by checks drawn by the secretary-treasurer and countersigned by a designated member of the board.

(Acts 1997, No. 97-159, p. 216, §4; Act 2009-715, p. 2104, §1.)

Section 34-24-270 Practicing podiatry without license; penalty.

Any person who shall practice podiatry in this state or hold himself or herself out to the public as a podiatrist, or who shall in any sign or advertisement use the word "podiatrist," "foot specialist," "foot correctionist," "foot expert," or "chiropracist" or any other term or terms or letters indicating that he or she is a podiatrist or that he or she practices or holds himself or herself out as practicing podiatry or foot correction, without having at the time of so doing a valid certificate of qualification as provided in this article, shall be guilty of a misdemeanor and, upon conviction, shall be fined for each offense not less than \$50 nor more than \$500, and may be imprisoned for not less than one month nor more than three months. This article shall not prohibit the fitting, recommending, advertising, adjusting, or the sale of corrective shoes, arch supports, or similar mechanical appliances or patent or proprietary remedies by licensed retail drug or shoe dealers or manufacturers; but this exception shall not apply to the casting, molding, or making of individual molded footgear or devices, unless the same is made upon the prescription of a licensed physician or licensed podiatrist.

(Acts 1967, No. 741, p. 1586, §2.)

Section 34-24-271 License to podiatrist coming to this state; fee.

Repealed by Act 98-366, p. 665, §2, effective July 1, 1998.

(Acts 1967, No. 741, p. 1586, §11; Acts 1975, No. 1199, p. 2376, §4; Acts 1985, No. 85-359, §3.)

Section 34-24-272 Special certificate.

Any person who is a legal, ethical, and competent practitioner of podiatry in this state, who has been duly examined and licensed by the State Board of Podiatry, and of good moral character and known to the board as such, who shall desire to change his or her residence to another state or territory, or foreign country, shall, upon application to the board and the payment of a fee of fifty dollars (\$50), receive a special certificate over the signature of the president and secretary-treasurer of the board and bearing its seal which shall give the date upon which he or she was registered and licensed.

(Acts 1967, No. 741, p. 1586, §12; Acts 1985, No. 85-359, p. 300, §3; Act 98-366, p. 665, §1.)

Section 34-24-273 Issuance; contents; display by holder.

Every applicant who shall pass the standard examination, or whose reciprocity has been accepted by the State Board of Podiatry, shall receive from the board a license entitling him or her to practice podiatry in Alabama, which license shall be signed by the president of the board and countersigned by the secretary-treasurer of the board and have affixed thereto the seal of the board and be duly numbered and registered in the record book kept by the secretary-treasurer of the board, which record book shall be open to public inspection, and a duly certified copy of the record shall be received as evidence in all courts of this state in the trial of any case. Each person to whom a license has been issued shall keep the license conspicuously in his or her office or place of business and shall whenever required exhibit the license to any member or representative of the board.

(Acts 1967, No. 741, p. 1586, §13.)

Section 34-24-275 Renewal; continuing education.

Every licensed podiatrist who desires to continue the practice of podiatry shall annually, on or before the first of October, pay to the secretary-treasurer of the state board a renewal registration fee in a reasonable amount set by the board and comply with such other conditions as may be prescribed by the State Board of Podiatry; provided, however, that the license shall be renewed within 30 days after October first, or the licensee shall pay the renewal registration fee and a penalty of \$300. Among the conditions to be prescribed by the State Board of Podiatry is the requirement that evidence be

furnished by the applicant for renewal of completion of a continuing education program. Such program shall consist of no less than 12 hours, which shall be obtained at the annual state meeting of the Alabama Podiatry Association or any other continuing education program approved by the State Board of Podiatry. Any licensed podiatrist who is inactive in the practice of podiatry for a period of two years may have his or her license renewed to practice his profession on such conditions as may be prescribed by the State Board of Podiatry.

(Acts 1967, No. 741, p. 1586, §15; Acts 1975, No. 1199, p. 2376, §5; Acts 1979, No. 79-601, p. 1065, §2; Acts 1985, No. 85-359, p. 300, §3.)

Section 34-24-276 Suspension or revocation; members of board immune from suit.

(a) A license issued to any person may be suspended for a definite period of time, revoked, or limited, or a licensee may be reprimanded, or an application for licensure or renewal of licensure may be denied by the State Board of Podiatry for any of the following reasons:

(1) Conviction of any offense involving moral turpitude, in which case the record of conviction or a certified copy thereof certified by the clerk of the court or by the judge in which court the conviction is had shall be conclusive evidence of such conviction.

(2) Unprofessional conduct including any conduct of a character likely to deceive or defraud the public, lending his or her license to any person, the employment of "cappers," or "steerers" to obtain business, "splitting" or dividing a fee with any person or persons, the obtaining of any fee or compensation by fraud or misrepresentation, employing directly or indirectly any suspended or unlicensed podiatrist to do any professional work, fraudulent or misleading advertising, the use of any advertising which does not include a disclaimer required by rules and regulations of the board, carrying the advertising of articles not connected with the profession, the employment of any drugs or medicines in his or her practice unless authorized to do so by the laws covering the practice of medicine of this state.

(3) Obtaining a license or certificate by fraud, deceit, or misrepresentation, whether knowingly or unknowingly practiced on the board.

(4) When the holder of a license or certificate is suffering from a contagious or infectious disease.

(5) Gross incompetency, wilful or wanton negligence, or repeated negligence in the practice of podiatry.

(6) Intemperance in the use of intoxicating liquors or narcotics to such an extent as to unfit the holder of the license for the proper practice of podiatry.

(7) Failure to renew his or her license and pay any penalty prescribed in this article.

(8) Failure to comply with continuing education requirements prescribed in this article.

(9) Violating any rule or regulation promulgated by the board.

(10) Disciplinary action taken by another state based upon acts by a licensee similar to acts described in this section which results in suspension or revocation of a license or certificate to practice podiatry in another state. A certified copy of the record of the disciplinary action of the state taking such an action shall be conclusive evidence thereof.

(11) Sexual misconduct including, but not limited to, any or all of the following:

a. Engaging in or soliciting a consensual or nonconsensual sexual relationship when a podiatrist-patient relationship exists.

b. Making sexual advances, requesting sexual favors, and engaging in other verbal conduct or physical contact of a sexual nature with a patient.

c. Intentionally viewing a completely or partially disrobed patient in the course of treatment if the viewing is not related to patient diagnosis or treatment according to current practice standards.

(12) Any other misconduct defined by the board.

(b) Whenever charges are preferred against any holder of a license, the board shall fix a time and place for the hearing of the same, and a copy of the charges, in writing and verified by oath, together with a notice of the time and place of hearing, shall be served upon the accused at least 10 days before the date fixed for the hearing. When personal service cannot be effected, the board shall cause to be published at least 30 days prior to the date set for the hearing, in a newspaper published in the county in which the accused was last known to practice, a notice to the effect that at a definite time and place a hearing will be held by the board on charges preferred against the person. The board may issue subpoenas and compel the attendance of witnesses and the production of all necessary papers, books and records, documentary evidence and materials, or other evidence. The accused shall have the right to be confronted by the person or persons preferring the charges, to cross-examine the witnesses against him or her, to be represented by counsel, and to have the testimony taken down by a stenographer. The expense of counsel and stenographer, either or both, shall be borne by the accused. Witnesses at hearings before the board shall testify under oath and may be sworn by any member of the board. Any person disciplined pursuant to this section may appeal the action to the circuit court, or other court of like jurisdiction, in the county in which the person resides.

(c) Members of the Board of Podiatry or the members of any committee of podiatrists impaneled by the board, making any report, rendering any opinion, supplying any evidence or information, or offering any testimony to the board in connection with a disciplinary investigation or action as authorized in this article shall be immune from suit for any conduct in the course of their official duties with respect to such investigations, actions, or hearings.

(Acts 1967, No. 741, p. 1586, §16; Acts 1987, No. 87-588, p. 970, §1; Act 2009-715, p. 2104, §1.)

Professional Services by Vendor

	2016	2017	2018	2019
Administrative Services				
Debra S. Henry, CPA - Tax Preparation	\$ 990.00	\$ 543.18	\$ 920.00	\$ 715.00
Legal Services				
Hendon Coody - Legal	2,235.00	-	-	-
Copeland, Franco, Screws, & Gill - Legal	-	-	1,073.00	-
AL Board of Funeral Services (Cameron McEwen)	5,000.00	1,250.00	7,500.00	5,000.00
Baker Court Reporting	-	569.50	-	-
Total Legal Services	7,235.00	1,819.50	8,573.00	5,000.00
Management Services				
Warren & Company, Inc.	55,250.00	54,000.00	58,500.00	54,000.00
Total Professional Services	\$63,475.00	\$56,362.68	\$67,993.00	\$59,715.00

Board Members



Alabama State Board of Podiatry
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Montgomery, AL 36106
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www.podiatryboard.alabama.gov

February 27, 2020

Ashley Allen
Examiners of Public Accounts
Post Office Box 302251
Montgomery, AL 36130-2251

Dear Ms. Allen:

Please find the following members that serve on the Alabama State Board of Podiatry during the audit period.

Please let me know if you have any questions or need any additional information. Thank you for your assistance and cooperation in this matter.

Sincerely,

A handwritten signature in blue ink, appearing to be "Keith E. Warren", with a long horizontal flourish extending to the right.

Keith E. Warren
Executive Director

<u>Board Member</u>	<u>Appointment Date</u>	<u>Appointment Expiration</u>	<u>Position</u>
Dr. Tommy W. Garnett Wetumpka, Alabama	September 26, 2014	March 25, 2019	Chair
Dr. Hadryan H. Vaughn Montgomery, Alabama	September 26, 2014	March 25, 2019	Vice Chair
Dr. John S. Odle Jasper, Alabama	September 26, 2014	March 25, 2019	Secretary- Treasurer
Dr. Angela L. Hampton Huntsville, Alabama	May 9, 2016	May 8, 2021	
Dr. Robson F. Araujo Boaz, Alabama	October 9, 2019	July 21, 2023	
Dr. Jeffrey M. Dull Bay Minette, Alabama	October 9, 2019	July 21, 2023	
Dr. Maurice Wainwright Birmingham, Alabama	October 9, 2019	July 21, 2023	