



HB 2817: Updating Podiatry Practice in Oregon

Frequently Asked Questions

In 2023, the Oregon Legislature passed [HB 2817](#) that explicitly includes “the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle” within the podiatry scope of practice in Oregon starting January 1, 2024.

The Oregon Medical Board updated the [division 80 podiatric rules](#) to implement this change.

The frequently asked questions are informational only, please refer to [ORS 677.805 to 677.840](#) and [podiatric medicine rules](#) regarding DPM scope of practice in Oregon.

1. What was added to the DPM scope of practice?

The definition of podiatry in [ORS 677.010\(15\)](#) was updated to include the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle.

2. Does this treatment include treatment of ulcers on the human leg no further proximal than the tibial tubercle?

The updated definition of podiatry includes treatment of ulcers on the skin, skin-related structures, and subcutaneous masses on the human leg no further proximal than the tibial tubercle. However, deeper ulcers, including those involving tendon, muscle, or bone on the human leg, not directly attached to and governing the foot and ankle, are outside of the scope of podiatrists.

**Treatment of tendons directly attached to and governing the foot and ankle, were already within the definition of podiatry in ORS 677.010(15)(a)(A).*

3. Does this treatment include the underlying bone of the lower leg, proximal to the malleolar region?

Under the updated definition, when providing treatment of the soft tissue below the tibial tubercle, an Oregon licensed podiatrist may not include treatment of, or instrumentation of, the underlying bone of the lower leg, proximal to the malleolar region.

ORS 677.010(15) as amended by HB 2817 (2023)

(a) “Podiatry” means:

- (A) The diagnosis or the medical, physical or surgical treatment of ailments of the human foot, ankle and tendons directly attached to and governing the function of the foot and ankle, and treatment involving the use of a general or spinal anesthetic if that treatment is performed in a hospital licensed under ORS 441.025 or in an ambulatory surgical center licensed by the Oregon Health Authority and is under the supervision of or in collaboration with a podiatric physician and surgeon;
- (B) Assisting in the performance of surgery, as provided in ORS 677.814; and
- (C) The treatment of skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle.

(b) “Podiatry” does not include administering general or spinal anesthetics or the amputation of the entire foot.



4. Is additional education or training needed for DPMs to treat skin, skin-related structures and subcutaneous masses and wounds?

There are no additional requirements for an Oregon licensed DPM to treat skin, skin-related structures and subcutaneous masses and wounds. However, as provided in OAR 847-080-0042, DPMs practice within their individual education, training, and experience.

DPMs are held to the standard and duty of care. Each podiatric physician must use that degree of care, skill and diligence that is used by ordinarily careful podiatric physicians in the same or similar circumstances and in the same or similar community.

5. Does this addition to the definition of podiatry change the threshold for when a DPM refers a patient to another physician?

No. DPMs are still expected to refer patients when indications are beyond the DPM scope of practice as defined in [ORS 677.010](#) or their education, training, and experience. The law change does not change the threshold for DPMs to work with referral sources to provide appropriate patient care.

6. What process did the Oregon Medical Board utilize to implement HB 2817?

On August 23, 2023, the Oregon Medical Board hosted a workgroup to receive comments on implementing HB 2817. The workgroup included persons with subject matter expertise who would likely be affected by the proposed rules. The workgroup included Board members, DPMs, MD/DO physicians, and representatives of professional associations. The process was designed to include a diversity of opinions and viewpoints. Workgroup minutes and materials are [available online](#). The HB 2817 workgroup meeting was open to the public and any member of the public could attend the meeting and participate during the designated comment period.

In October 2023, the Oregon Medical Board initiated a rulemaking to implement HB 2817 and clarify that podiatric physicians and surgeons practice podiatry as defined in ORS 677.010, within the duty of care, and within their individual education, training, and experience. The Board held a public hearing and accepted written comments that were reviewed by the Board prior to final adoption of the rules, [OAR 847-080-0001 and 847-080-0042](#).

We know there may be additional questions, please contact elizabeth.ross@omb.oregon.gov.