COLORADO

Department of Regulatory Agencies

Colorado Office of Policy, Research & Regulatory Reform

2025 Sunset Review

Colorado Podiatry Board

October 15, 2025

COLORADO
Department of Regulatory Agencies
Executive Director's Office

October 15, 2025

Members of the Colorado General Assembly
c/o the Office of Legislative Legal Services
State Capitol Building
Denver, Colorado 80203

Dear Members of the General Assembly:

The Colorado General Assembly established the sunset review process in 1976 as a way to analyze and evaluate regulatory programs and determine the least restrictive regulation consistent with the public interest. Pursuant to section 24-34-104(5)(a), Colorado Revised Statutes (C.R.S.), the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) at the Department of Regulatory Agencies (DORA) undertakes a robust review process culminating in the release of multiple reports each year on October 15.

A national leader in regulatory reform, COPRRR takes the vision of their office, DORA and more broadly of our state government seriously. Specifically, COPRRR contributes to the strong economic landscape in Colorado by ensuring that we have thoughtful, efficient, and inclusive regulations that reduce barriers to entry into various professions and that open doors of opportunity for all Coloradans.

As part of this year's review, COPRRR has completed an evaluation of the Colorado Podiatry Board. I am pleased to submit this written report, which will be the basis for COPRRR's oral testimony before the 2026 legislative committee of reference.

The report discusses the question of whether there is a need for the regulation provided under Article 290 of Title 12, C.R.S. The report also discusses the effectiveness of the Colorado Podiatry Board in carrying out the intent of the statutes and makes recommendations for statutory changes for the review and discussion of the General Assembly.

To learn more about the sunset review process, among COPRRR's other functions, visit coprrr.colorado.gov.

Sincerely,

Patty Salazar
Executive Director

Colorado Podiatry Board

Background

What is regulated?

A podiatrist is a Doctor of Podiatric Medicine (DPM) who specializes in treatments related to the foot and ankle, and other structures of the leg to treat a variety of conditions, including but not limited to arch problems, arthritis, calluses, heel spurs, and ingrown toenails. Podiatrists predominantly work in private office settings, but may also work in government offices or hospitals, and they may work closely with physicians or other specialists.

Why is it regulated?

Podiatry is a highly skilled profession, and podiatrists hold a position of trust with the patients that they work with. Treatments administered, if performed improperly, can cause significant damage to a patient's foot, ankle, or other leg structures.

Who is regulated?

At the end of fiscal year 23-24, there were 288 total active licenses administered by the Colorado Podiatry Board (Podiatry Board), which is housed in the Division of Professions and Occupations.

How is it regulated?

The Podiatry Board oversees the licensure and regulation of Podiatrists in Colorado as specified in the Podiatry Practice Act (Act). The Podiatry Board is tasked with the issuance of podiatry licenses and is required by statute to establish an application process for examination, initial licensure, and license renewal.

What does it cost?

In fiscal year 23-24, expenditures associated with the Act amounted to $81,953 and 0.55 full-time equivalent employees were allocated to the program.

What disciplinary activity is there?

During the sunset review period of fiscal years 19-20 through 23-24, 104 complaints were filed and 6 disciplinary actions were taken against licensees.

Key Recommendations

- **Sunset the Podiatry Board, place the Podiatry Practice Act under the regulatory authority of the Colorado Medical Board and add three podiatrists to the Colorado Medical Board.**
- **Require podiatrists to develop plans addressing the confidentiality of patient records, utilizing language similar to that of the Medical Practice Act.**

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Background

Sunset Criteria

Enacted in 1976, Colorado's sunset law was the first of its kind in the United States. A sunset provision repeals all or part of a law after a specific date, unless the legislature affirmatively acts to extend it. During the sunset review process, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) within the Department of Regulatory Agencies (DORA) conducts a thorough evaluation of such programs based upon specific statutory criteria[1] and solicits diverse input from a broad spectrum of stakeholders including consumers, government agencies, public advocacy groups, and professional associations.

Sunset reviews are guided by statutory criteria and sunset reports are organized so that a reader may consider these criteria while reading. While not all criteria are applicable to all sunset reviews, the various sections of a sunset report generally call attention to the relevant criteria. For example,

- In order to address the first criterion and determine whether the program under review is necessary to protect the public, it is necessary to understand the details of the profession or industry at issue. The Profile section of a sunset report typically describes the profession or industry at issue and addresses the current environment, which may include economic data, to aid in this analysis.
- To address the second sunset criterion--whether conditions that led to the initial creation of the program have changed--the History of Regulation section of a sunset report explores any relevant changes that have occurred over time in the regulatory environment. The remainder of the Legal Framework section addresses the fifth sunset criterion by summarizing the organic statute and rules of the program, as well as relevant federal, state and local laws to aid in the exploration of whether the program's operations are impeded or enhanced by existing statutes or rules.
- The Program Description section of a sunset report addresses several of the sunset criteria, including those inquiring whether the agency operates in the public interest and whether its operations are impeded or enhanced by existing statutes, rules, procedures and practices; whether the agency or the agency's board performs efficiently and effectively and whether the board, if applicable, represents the public interest.
- The Analysis and Recommendations section of a sunset report, while generally applying multiple criteria, is specifically designed in response to the fourteenth criterion, which asks whether administrative or statutory changes are necessary to improve agency operations to enhance the public interest.

[1] Criteria may be found at § 24-34-104, C.R.S.

These are but a few examples of how the various sections of a sunset report provide the information and, where appropriate, analysis required by the sunset criteria. Just as not all criteria are applicable to every sunset review, not all criteria are specifically highlighted as they are applied throughout a sunset review. While not necessarily exhaustive, the table below indicates where these criteria are applied in this sunset report.

Table 1
Application of Sunset Criteria

Sunset Criteria	Where Applied
(I) Whether regulation or program administration by the agency is necessary to protect the public health, safety, and welfare.	• Profile of the Profession
(II) Whether the conditions that led to the initial creation of the program have changed and whether other conditions have arisen that would warrant more, less, or the same degree of governmental oversight.	• History of Regulation • Recommendations 1 and 2
(III) If the program is necessary, whether the existing statutes and regulations establish the least restrictive form of governmental oversight consistent with the public interest, considering other available regulatory mechanisms.	• Legal Summary
(IV) If the program is necessary, whether agency rules enhance the public interest and are within the scope of legislative intent.	• Legal Summary
(V) Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures, and practices and any other circumstances, including budgetary, resource, and personnel matters.	• Legal Summary • Program Description and Administration • Administrative Recommendation 1
(VI) Whether an analysis of agency operations indicates that the agency or the agency's board or commission performs its statutory duties efficiently and effectively.	• Program Description and Administration • Recommendation 1
(VII) Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates.	• Legal Summary • Program Description and Administration • Recommendation 1
(VIII) Whether regulatory oversight can be achieved through a director model.	• Program Description and Administration
(IX) The economic impact of the program and, if national economic information is not available, whether the agency stimulates or restricts competition.	• Profile of the Profession

Sunset Criteria	Where Applied
(X) If reviewing a regulatory program, whether complaint, investigation, and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession or regulated entity.	• Complaint Activity • Disciplinary Activity
(XI) If reviewing a regulatory program, whether the scope of practice of the regulated occupation contributes to the optimum use of personnel.	• Licensing • Examinations
(XII) Whether entry requirements encourage equity, diversity, and inclusivity.	• Licensing • Examinations
(XIII) If reviewing a regulatory program, whether the agency, through its licensing, certification, or registration process, imposes any sanctions or disqualifications on applicants based on past criminal history and, if so, whether the sanctions or disqualifications serve public safety or commercial or consumer protection interests. To assist in considering this factor, the analysis prepared pursuant to subsection (5)(a) of this section must include data on the number of licenses, certifications, or registrations that the agency denied based on the applicant's criminal history, the number of conditional licenses, certifications, or registrations issued based upon the applicant's criminal history, and the number of licenses, certifications, or registrations revoked or suspended based on an individual's criminal conduct. For each set of data, the analysis must include the criminal offenses that led to the sanction or disqualification.	• Collateral Consequences
(XIV) Whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest.	• Recommendations 1 & 2 • Administrative Recommendation 1

Sunset Process

Regulatory programs scheduled for sunset review receive a comprehensive analysis. The review includes a thorough dialogue with agency officials, representatives of the regulated profession and other stakeholders. Anyone can submit input on any upcoming sunrise or sunset review on COPRRR's website at coprrr.colorado.gov.

The functions of the Colorado Podiatry Board (Podiatry Board) in the Division of Professions and Occupations (Division), as enumerated in Article 12 of Title 290, Colorado Revised Statutes (C.R.S.), shall terminate on September 1, 2026, unless continued by the General Assembly. During the year prior to this date, it is the duty of COPRRR to conduct an analysis and evaluation of the Podiatry Board pursuant to section 24-34-104, C.R.S.

The purpose of this review is to determine whether the currently prescribed regulation should be continued and to evaluate the performance of the Podiatry Board. During this review, the Podiatry Board must demonstrate that the program serves the public interest. COPRRR's findings and recommendations are submitted via this report to the Office of Legislative Legal Services.

Methodology

As part of this review, COPRRR staff interviewed Division staff, practitioners, and officials with state and national professional associations; and reviewed Colorado statutes and rules, and the laws of other states.

The major contacts made during this review include, but are not limited to:

- American Podiatric Medical Association;
- Colorado Foot and Ankle Society;
- Colorado Hospital Association;
- Colorado Medical Society;
- Department of Regulatory Agencies, Division of Professions and Occupations;
- Federation of Podiatric Medical Boards; and
- Podiatry Board members.

Profile of the Profession

In a sunset review, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) is guided by the sunset criteria located in section 24-34-104(6)(b), C.R.S. The first criterion asks whether regulation or program administration by the agency is necessary to protect the public health, safety, and welfare.

To understand the need for regulation, it is first necessary to recognize what the profession does, where they work, who they serve and any necessary qualifications.

A podiatrist is a Doctor of Podiatric Medicine (DPM) who specializes in treatments related to the foot and ankle, and other structures of the leg.[2]

Podiatrists treat a variety of conditions, including, but not limited to:[3]

- Arch problems,
- Arthritis,
- Calluses,
- Heel spurs, and
- Ingrown toenails.

Tasks performed by podiatrists may include:[4]

- Assessing and diagnosing foot, ankle and lower leg conditions;
- Reviewing a patient's medical history;
- Performing physical examinations;
- Providing non-surgical treatment;
- Performing surgical procedures, including repairing bone fractures and removing bone spurs; and
- Prescribing medications.

Podiatrists predominantly work in private office settings, but may also work in government offices or hospitals, and they may work closely with physicians or other specialists.[5]

In order to become a podiatrist, candidates must attend an accredited DPM program.

[2] American Podiatric Medical Society. *Patients And The Public: What is a Podiatrist?* Retrieved July 3, 2025, from www.apma.org/patients-and-the-public/what-is-a-podiatrist/
[3] Bureau of Labor Statistics. *Occupational Outlook Handbook: What Podiatrists Do*. Retrieved July 3, 2025, from www.bls.gov/ooh/healthcare/podiatrists.htm#tab-2
[4] Bureau of Labor Statistics. *Occupational Outlook Handbook: What Podiatrists Do*. Retrieved July 3, 2025, from www.bls.gov/ooh/healthcare/podiatrists.htm#tab-2
[5] Bureau of Labor Statistics. *Occupational Outlook Handbook: Work Environment*. Retrieved July 3, 2025, from www.bls.gov/ooh/healthcare/podiatrists.htm#tab-3

Admission into podiatric medical programs requires the completion of at least three years of undergraduate education, typically in the areas of healthcare, biology, or physical science.[6]

Applicants to DPM schools typically submit their Medical College Admission Test (MCAT) examination scores, along with letters of recommendation.[7] Once admitted to an accredited program, candidates must complete four years of training through the completion of a DPM degree plus three years of additional hospital residency training. Podiatrists may also continue with the completion of fellowship training following the completion of their residency.[8]

Coursework required for completion of a DPM degree is similar to that of other medical degrees, and typically includes coursework such as anatomy, physiology, pathology, and pharmacology.[9]

Additionally, podiatrists have the ability to receive additional board certification through a combination of examination, clinical experience, and advanced training.[10] Board certification is offered through the American Board of Foot and Ankle Surgery, the American Board of Podiatric Medicine, and the American Board of Multiple Specialties in Podiatry.

All states require podiatrists to be licensed in order to practice, and applicants must also demonstrate the passage of the American Podiatric Medical Licensing Exam (APMLE) as a condition of licensure, in addition to any other state-level requirements.[11]

The ninth sunset criterion questions the economic impact of the program and, if national economic information is not available, whether the agency stimulates or restricts competition. One way this may be accomplished is to review the projected salary and growth of the profession.

There are approximately 9,700 practicing podiatrists in the U.S.[12] whose annual median wage was $152,800 as of May 2024.[13]

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[6] Bureau of Labor Statistics. *Occupational Outlook Handbook: How to Become a Podiatrist*. Retrieved July 3, 2025, from www.bls.gov/ooh/healthcare/podiatrists.htm#tab-4
[7] Bureau of Labor Statistics. *Occupational Outlook Handbook: How to Become a Podiatrist*. Retrieved July 3, 2025, from www.bls.gov/ooh/healthcare/podiatrists.htm#tab-4
[8] American Podiatric Medical Society. *Patients And The Public: What is a Podiatrist?* Retrieved July 3, 2025, from www.apma.org/patients-and-the-public/what-is-a-podiatrist/
[9] Bureau of Labor Statistics. *Occupational Outlook Handbook: How to Become a Podiatrist*. Retrieved July 3, 2025, from www.bls.gov/ooh/healthcare/podiatrists.htm#tab-4
[10] American Podiatric Medical Society. *Patients And The Public: What is a Podiatrist?* Retrieved July 3, 2025, from www.apma.org/patients-and-the-public/what-is-a-podiatrist/
[11] Bureau of Labor Statistics. *Occupational Outlook Handbook: How to Become a Podiatrist*. Retrieved on July 3, 2025, from www.bls.gov/ooh/healthcare/podiatrists.htm#tab-4
[12] Bureau of Labor Statistics. *Occupational Outlook Handbook: Work Environment*. Retrieved August 27, 2025, from www.bls.gov/ooh/healthcare/podiatrists.htm#tab-3
[13] Bureau of Labor Statistics. *Occupational Outlook Handbook: Pay*. Retrieved August 27, 2005, from www.bls.gov/ooh/healthcare/podiatrists.htm#tab-5

Legal Framework

History of Regulation

In a sunset review, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) is guided by the sunset criteria located in section 24-34-104(6)(b), Colorado Revised Statutes (C.R.S.). The first and second sunset criteria question:

> Whether regulation or program administration by the agency is necessary to protect the public health, safety, and welfare; and
>
> Whether the conditions that led to the initial creation of the program have changed and whether other conditions have arisen that would warrant more, less or the same degree of governmental oversight.

One way that COPRRR addresses this is by examining why the program was established and how it has evolved over time.

In 1915, regulation of podiatry began in Colorado under what is now referred to as the Colorado Medical Board (Medical Board). In 1943, the Medical Board established a podiatry advisory board in order to advise the Medical Board on issues related to podiatry.

Then, in 1985, the podiatry advisory board became an independent, autonomous board, now referred to as the Colorado Podiatry Board (Podiatry Board).

As of 2001, applicants for licensure have also been required to complete a residency program which includes, but is not limited to, at least one year of work in a hospital, and completion of an educational program approved by the Podiatry Board.

In 2009, a sunset review was completed which made additional changes to the statutes that govern the Podiatry Board and the licensees that it regulates. Recommended changes to the Practice Act included:

- Amendment of the definition of podiatry to clarify that podiatrists may treat the soft tissues below the mid-calf, and
- Increases to the level of minimum professional liability insurance required for podiatrists who perform surgery.

The 2018 sunset report contained a variety of recommendations, including:

- Clarification that the passage of an approved examination approved by the Podiatry Board is a requirement of licensure, and
- Amendment of the Practice Act to indicate that failure to act within the limitations created by a health condition is grounds for discipline.

During the 2019 legislative session, the General Assembly recodified Title 12, C.R.S. At that time, Article 32 was repealed and reenacted as Article 290. Though there were changes in the manner in which the law reads and many provisions of law were combined with common elements of other laws, none of those changes affected the implementation or enforcement of the Practice Act.

Legal Summary

The third, fourth, fifth and seventh sunset criteria question:

> Whether the existing statutes and regulations establish the least restrictive form of governmental oversight consistent with the public interest, considering other available regulatory mechanisms;
>
> Whether agency rules enhance the public interest and are within the scope of legislative intent;
>
> Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures, and practices and any other circumstances, including budgetary, resource, and personnel matters; and
>
> Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates.

A summary of the current statutes and rules is necessary to understand whether regulation is set at the appropriate level and whether the current laws are impeding or enhancing the agency's ability to operate in the public interest.

The laws that govern the regulation of podiatry are housed in Article 290 of Title 12, Colorado Revised Statutes (C.R.S.) (Practice Act). The Colorado Podiatry Board (Podiatry Board) is vested with the authority to regulate the practice of podiatry.

As specified in the Practice Act, the Podiatry Board oversees the regulation and licensure of podiatrists in Colorado. The Podiatry Board is tasked with the issuance of initial podiatry licenses and is required by statute to establish an application process for examination, initial licensure, and license renewal.[14]

A podiatrist, including anyone who is training in a residency program, must be licensed by the Podiatry Board in order to practice in Colorado.[15]

[14] § 12-290-106(1)(b), C.R.S.
[15] § 12-290-102(2), C.R.S.

Practice of Podiatry

The practice of podiatry is defined in the Practice Act as:[16]

> Holding out one's self to the public as being able to treat, prescribe for, palliate, correct or prevent any disease, ailment, pain, injury, deformity or physical condition of the human toe, foot, ankle, tendons that insert into the foot and soft tissue below the mid-calf, by the use of any medical, surgical, mechanical, manipulative or electrical treatment, including complications thereof consistent with such scope of practice;
>
> Suggesting, recommending, prescribing or administering any podiatric form of treatment, operation or healing for the intended palliation, relief or cure of any disease, ailment, injury, condition or defect of the human toe, foot, ankle, tendons that insert into the foot, and soft-tissue wounds below the mid-calf, including complications thereof consistent with the scope of practice; and
>
> Maintaining an office or other place for the purpose of examining and treating persons afflicted with disease, injury or defect of the human toe, foot, ankle, tendons that insert into the foot, and soft-tissue wounds below the mid-calf, including the complications thereof consistent with the scope of practice.

The Practice Act specifically prohibits podiatrists from amputating the foot, and it only allows podiatrists to administer local anesthetics.[17]

While the Practice Act allows a podiatrist to treat a soft-tissue wound below the mid-calf, the patient must also be under the care of a physician for the underlying medical condition. If not, the podiatrist must refer the patient to a physician to treat the underlying medical condition.[18]

A podiatrist may perform surgery on the ankle below the level of the dermis if they:[19]

- Are certified by the American Board of Podiatric Surgery,
- Perform surgery under the supervision of a licensed podiatrist who is certified,
- Perform surgery under the supervision of someone licensed to practice medicine who is certified in orthopedic surgery, or
- Have completed a three-year surgical residency program approved by the Podiatry Board.

[16] § 12-290-102(3)(a), C.R.S.
[17] § 12-290-102(3)(b), C.R.S.
[18] § 12-290-102(3)(c), C.R.S.
[19] § 12-290-103(2), C.R.S.

Board Membership

The Podiatry Board consists of five members appointed by the Governor to four-year terms, including four podiatrists and one member of the public who is not a licensed health-care professional and who is not employed by nor benefits financially from the health-care industry.[20]

Podiatry Board members elect a president and vice president from their membership on a biennial basis, and the majority of Podiatry Board members must be present to constitute a quorum.[21]

Licensure

The Podiatry Board will issue a license to an applicant who demonstrates that they: [22]

- Reached the age of 21,
- Graduated from a school of podiatry approved by the Podiatry Board,
- Passed a national examination, and
- Completed a residency program of at least one year.

Additionally, an applicant must demonstrate competency by providing evidence that, during the two years preceding the application, the applicant was engaged in one of the following:[23]

- Was enrolled in podiatric medical school or in a residency program,
- Passed the national examination,
- Was engaged in the active practice of podiatry, or
- Can otherwise demonstrate competency as required by the Podiatry Board.

The Podiatry Board may issue a volunteer license at a reduced fee to a licensee who attests that they are no longer earning a living from podiatry.[24]

Disciplinary Authority

The Podiatry Board has the authority to deny, revoke and suspend a license of anyone who is found to have violated any provisions of the Practice Act. The Podiatry Board may also place a licensee on probation,[25] issue a letter of admonition[26] or a letter of concern,[27] and the Podiatry Board may issue a fine of up to $5,000.[28]

[20] § 12-290-105(1), C.R.S.
[21] § 12-290-105(2), C.R.S.
[22] § 12-290-107(1), C.R.S.
[23] § 12-290-107(1)(d), C.R.S.
[24] §§ 12-290-109 (1) and (2), C.R.S.
[25] § 12-290-113(3)(b), C.R.S.
[26] § 12-290-113(2)(c)(III), C.R.S.
[27] § 12-290-113(2)(c)(V), C.R.S.
[28] § 12-290-113(13), C.R.S.

The Podiatry Board may discipline a licensee for unprofessional conduct, including, but not limited to:[29]

- Resorting to fraud, misrepresentation or material deception, or making a misleading omission in securing a license;
- Conviction of a felony or any crime that would constitute a violation of the Practice Act;
- Habitual or excessive use or abuse of alcohol or controlled substances;
- An act or admission that fails to meet the generally accepted standards of practice;
- Violating the Practice Act or a rule or order of the Podiatry Board;
- Failing to notify the Podiatry Board of a physical condition or mental health disorder that renders the licensee unable to perform podiatry with reasonable skill and with safety;
- Performing a procedure beyond the podiatrist's training and competence; and
- Falsifying, repeatedly making incorrect entries or repeatedly failing to make essential entries on patient records.

Professional Liability Insurance

Any licensee who performs surgical procedures must maintain professional liability insurance of $1 million per incident and $3 million annual aggregate. The Podiatry Board has the authority to establish professional liability insurance requirements for licensees who do not perform surgery,[30] with a minimum indemnity amount of $500,000 per incident, and $1 million annual aggregate per year.[31]

Professional Service Corporations

Licensed podiatrists may organize professional service corporations created exclusively for the purpose of conducting the practice of podiatry. All shareholders of the corporation must be licensed podiatrists who are actively engaged in the practice of podiatry[32], and the president and directors of the corporation must be shareholders, to the extent possible.[33]

A professional service corporation is prohibited from conducting itself in any way that would violate the standards of professional conduct as outlined in the Practice Act for licensed individuals.[34]

[29] § 12-290-108(3), C.R.S.
[30] § 12-290-104(2), C.R.S.
[31] 3 CCR § 712-1-1.13.B., Colorado Podiatry Board.
[32] § 12-290-118(1)(d), C.R.S.
[33] § 12-290-118(1)(f), C.R.S.
[34] § 12-290-118(2)(a), C.R.S.

Program Description and Administration

In a sunset review, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) is guided by sunset criteria located in section 24-34-104(6)(b), Colorado Revised Statutes (C.R.S.). The fifth, sixth and seventh sunset criteria question:

> Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures, and practices and any other circumstances, including budgetary, resource, and personnel matters;
>
> Whether an analysis of agency operations indicates that the agency or the agency's board or commission performs its statutory duties efficiently and effectively; and
>
> Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates.

In part, COPRRR utilizes this section of the report to evaluate the agency according to these criteria.

The laws that govern the regulation of podiatry are housed in Article 290 of Title 12, Colorado Revised Statutes (C.R.S.) (Practice Act). The Colorado Podiatry Board (Podiatry Board) is vested with the authority to regulate the practice of podiatry, and it is housed in the Colorado Department of Regulatory Agencies' Division of Professions and Occupations (Division).

As specified in the Practice Act, the Podiatry Board oversees the regulation and licensure of podiatrists in Colorado. The Podiatry Board is tasked with the issuance of initial podiatry licenses and is required by statute to establish an application process for examination, initial licensure, and license renewal.[35]

The Podiatry Board consists of five members appointed by the Governor to four-year terms, including four podiatrists and one member of the public who is not a licensed health-care professional and who is not employed by nor benefits financially from the health-care industry.[36] Meetings are currently held remotely on a quarterly basis.

Table 2 highlights the total program expenditures and the number of full-time equivalent (FTE) employees dedicated to the program for fiscal year 19-20 through fiscal year 23-24.

[35] § 12-290-106(1)(b), C.R.S.
[36] § 12-290-105(1), C.R.S.

Table 2
Program Expenditures and FTE

Fiscal Year	Program Expenditures	FTE
19-20	$153,858	0.56
20-21	$72,223	0.55
21-22	$75,091	0.55
22-23	$65,946	0.55
23-24	$81,953	0.55

According to Division staff, fluctuations in program expenditures are due to changes in legal fees. The number of FTE reflected in the table does not include employees in the centralized offices of the Division that provide management, licensing, administrative, technical, and investigative support. However, the cost of those FTE is reflected in the total program expenditures.

In fiscal year 24-25, the Division allocated a combined total of 0.55 FTE to support the Podiatry Board, apportioned in the following manner:

- Program Management II – 0.20 FTE (Program Director) - Manages and supervises all Podiatry Board related matters which include policy development, administration, licensing, enforcement, and Podiatry Board meetings.
- Technician III – 0.25 FTE (Program Specialist) - Provides case management and case preparation for multiple programs, as well as other duties as assigned.
- Technician IV – 0.15 FTE (Program Specialist) – Provides practice monitoring, compliance, case management, statute and rule review in addition to oversight of packet case material production for Podiatry Board review.
- Technician V – 0.20 FTE (Team Lead) - Provides a broad range of administrative and technical support, including enforcement, education, support for the Podiatry Board, and assists with licensing matters. Further, this position interfaces with the work units responsible for the licensing, education, investigation, settlement, and complaint processing that requires review and decisions from the Podiatry Board. This position is responsible for the compilation, assessment and completion of accurate and timely deliverables for Podiatry Board members.

Licensing

The eleventh and twelfth sunset criteria question whether the scope of practice of the regulated occupation contributes to the optimum use of personnel and whether entry requirements encourage equity, diversity and inclusivity.

In part, COPRRR utilizes this section of the report to evaluate the program according to these criteria.

In order to obtain an initial license in podiatry, an applicant must demonstrate the completion of specific requirements, including:[37]

- Graduation from a podiatry school approved by the Podiatry Board,
- Passage of the basic sciences examination administered by the National Board of Medical Examiners,
- Passage of the written Podiatric Medical Licensing Examination for States (PMLEXIS) of the National Board of Medical Examiners or any successor organization with scores determined by the Podiatry Board, and
- Completion of a one-year residency.

Additionally, an applicant must demonstrate competency by providing evidence that, during the two years preceding the application, the applicant was engaged in one of the following:[38]

- Was enrolled in podiatric medical school or in a residency program,
- Passed the national examination,
- Was engaged in the active practice of podiatry, or
- Can otherwise demonstrate competency as required by the Podiatry Board.

In lieu of applying for an initial license, applicants that are licensed to practice podiatry in another jurisdiction may apply for a license by endorsement. In order to obtain a license by endorsement, an applicant must satisfy certain requirements including, but not limited to:[39]

- Graduation from a podiatry school approved by the Podiatry Board;
- Passage of the written Podiatric Medical Licensing Examination for States (PMLEXIS) examination of the National Board of Podiatric Medical Examiners or any successor organization with scores determined by the Podiatry Board, except that the Board may waive the examination requirement in instances where the applicant has demonstrated satisfactory experience, training, and/or education to demonstrate substantial equivalence;
- Demonstration of passage during the time of licensure in another jurisdiction of the basic sciences examination of the National Board of Podiatric Medical Examiners or successor organization (if testing occurred after 1970); and
- Demonstration of compliance with training requirements in another jurisdiction that are comparable to those required by the Podiatry Board.

Licensure also requires the payment of fees, which cover the costs of the program. Table 3 highlights initial and renewal license fees during fiscal years 19-20 through 23-24.

[37] 3 CCR § 712-1-1.6-A, Colorado Podiatry Board.
[38] § 12-290-107(1)(d), C.R.S.
[39] 3 CCR § 712-1-1.6-B, Colorado Podiatry Board.

Table 3
Initial and Renewal License Fees

Fiscal Year	Original	Original Volunteer	Original Training	Renewal	Renewal Volunteer
19-20	$285	$20	$10	$339.50	$20.50
20-21	$400	$15	$30	$500	$30
21-22	$400	$50	$30	$325	$20
22-23	$304	$38	$23	$247	$20
23-24	$304	$23	$38	$247	$15

Original license fees include licensure by examination and endorsement.

The increase in fees for fiscal years 20-21 and 21-22 were due to two disciplinary cases, which were resolved with stipulations during fiscal year 19-20. Due to the small number of licensees and the high legal fees associated with the resolution of these cases, license fees increased. Subsequent declines in fees correlate with the previous year's legal fees, the number of active podiatrists, and annual fees.

Table 4 provides the total number of all initial, endorsement, and renewal licenses, as well as the total number of all active licenses administered by the Podiatry Board for fiscal years 19-20 through 23-24.

Table 4
Total Licenses Issued

Fiscal Year	Initial	Endorsement	Renewal	Total
19-20	24	4	263	317
20-21	34	7	252	285
21-22	33	12	253	278
22-23	28	16	255	283
23-24	22	6	266	288

The table above demonstrates an overall decrease in the number of licenses issued during the years under review. The total number of licensees may have dropped due to the COVID-19 pandemic, and the candidates' inability to access examination facilities and documents between January and June 2020.

Table 5 provides the total number of initial, endorsement, and renewal licenses, as well as the total number of active podiatrist licenses issued by the Podiatry Board for this license type during fiscal years 19-20 through 23-24.

Table 5
Podiatrist Licenses Issued

Fiscal Year	Initial	Endorsement	Renewal	Total
19-20	14	4	259	317
20-21	23	7	250	306
21-22	25	12	250	312
22-23	20	16	252	322
23-24	14	6	264	318

License renewal occurs on an annual basis for podiatrists. The table indicates that the total number of licenses and the total number of renewals remained stable during the years under review.

An individual who is participating in a residency program approved by the Podiatry Board as a part of their training toward full licensure may be issued a podiatry training license.

Table 6 provides the total number of podiatrist training licenses administered by the Podiatry Board during fiscal years 19-20 through 23-24.

Table 6
Podiatrist Training Licenses Issued

Fiscal Year	Training Licenses Issued	Total
19-20	8	34
20-21	8	28
21-22	8	31
22-23	8	36
23-24	8	32

The table above demonstrates that, although there has been some fluctuation in the total number of training licenses administered by the Podiatry Board, the number of licenses issued has remained steady during the years under review.

Podiatrist training licenses are not renewable and expire no later than three years after the issuance date, upon discontinuation of the residency program, or when the training licensee receives a full license to practice podiatry.[40]

[40] § 12-290-110(6), C.R.S.

An individual with a current podiatry license may apply to the Podiatry Board for a volunteer license. Qualifications for a volunteer license include:[41]

- Attesting that the practitioner is no longer earning income as a podiatrist,
- Maintaining liability insurance, and
- Paying the application fee.

Additionally, the volunteer status must be clearly displayed on the face of the practitioner's license.

Table 7 provides the total number of initial, endorsement, and renewal volunteer licenses issued per fiscal year for fiscal years 19-20 through 23-24.

Table 7
Podiatrist Volunteer Licenses Issued

Fiscal Year	Initial	Renewal	Total
19-20	1	4	4
20-21	0	2	2
21-22	0	3	2
22-23	0	3	2
23-24	0	2	1

It is possible for initial, endorsement, and renewal totals to reflect higher numbers than the number in the total column since those numbers reflect license activity throughout the fiscal year, while the total column reflects the total number of licenses still active as of the fiscal year-end.

The Board may issue a temporary podiatry license to a candidate that is a recent graduate of an approved podiatry school and who meets all qualifications for licensure with the exception of the completion of any required examinations.

Table 8 provides the total number of temporary licenses administered by the Podiatry Board for this license type during fiscal years 19-20 through 23-24.

[41] § 12-290-109(2), C.R.S.

Table 8
Podiatrist Temporary Licenses Issued

Fiscal Year	Temporary Licenses Issued	Total
19-20	1	1
20-21	1	1
21-22	Not applicable	Not applicable
22-23	Not applicable	Not applicable
23-24	Not applicable	Not applicable

The table indicates that only two temporary podiatry licenses were issued during the years under review. By direction of the Governor's Executive Order D 2020, temporary licenses were made available during the COVID-19 pandemic and are currently no longer issued by the Board.

Both full and training podiatry licenses may be issued to military spouses if they hold a credential in good standing in another state and meet specific requirements for licensure through endorsement.

Only one military spouse podiatrist license and only one military spouse training license were issued during the years under review.

However, pursuant to Colorado House Bill 24-1097 signed by the Governor in April 2024, spouses, dependents, and Gold Star spouses of military personnel stationed in Colorado may obtain temporary licenses for any profession or occupation under the purview of the Division, as long as they hold a credential in good standing from another U.S. state or territory and meet certain other requirements.

Examinations

The eleventh and twelfth sunset criteria question whether the scope of practice of the regulated occupation contributes to the optimum use of personnel and whether entry requirements encourage equity, diversity and inclusivity.

In part, COPRRR utilizes this section of the report to evaluate the program according to these criteria.

Applicants must successfully pass the American Podiatric Medical Licensing Examination (APMLE) as a condition of licensure.

The APMLE consists of four separate components: Part I (General Science), Part II (Written), Part II (Clinical Skills Patient Encounter), and Part III (Examination). Each part examines specific skills, including:[42]

- Part I – Tests the candidate's basic understanding of science concepts including general anatomy, lower extremity anatomy, biochemistry, physiology, pathology, microbiology and immunology, and pharmacology;
- Part II (Written) – Tests the candidate's knowledge of a variety of clinical areas of medicine, including, but not limited to orthopedics, radiology, research, and jurisprudence in a written format;
- Part II (Clinical Skills Encounter) – Tests the candidate's proficiency in a variety of clinical tasks needed in order to enter residency, including a podiatric and general physical examination of a patient; and
- Part III - Tests that the candidate's skills are safe for unsupervised practice by sampling clinical skills regarding evaluation, diagnosis, and treatment of patients.

The fee for each examination component is $925.[43]

Examinations are not tracked or administered by the Podiatry Board or the Division, and all relevant examinations are administered by the Federation of Podiatric Medical Boards.

Complaints

The eighth and tenth sunset criteria require COPRRR to examine whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession or regulated entity.

In part, COPRRR utilizes this section of the report to evaluate the program according to these criteria.

The Podiatry Board reviews complaints and takes disciplinary actions resulting from violations of the Practice Act. Table 9 details the total number of alleged violation types received for all license types from complaints for fiscal years 19-20 through 23-24.

[42] American Podiatric Medical Licensing Examination. *About the Exam*. Retrieved August 28, 2025, from www.apmle.com/about-the-exam/
[43] American Podiatric Medical Licensing Examination. *Exam Costs*. Retrieved August 28, 2025, from www.apmle.com/about-the-exam/exam-cost/

Table 9
Total Complaint Information

Alleged Violation	FY 19-20	FY20-21	FY 21-22	FY 22-23	FY 23-24
Continuing Education Violation	5	0	2	4	0
Criminal Conviction	0	0	0	1	0
False Billing/Abuse of Health Insurance	3	0	1	0	0
Outside of the Scope of Practice	0	0	0	1	0
Prescribing Administering Drugs Improperly	0	0	1	0	0
Substandard Care	7	11	16	19	17
Unlicensed Practice	1	0	1	0	0
Unprofessional Conduct	1	3	4	2	4
Total	**17**	**14**	**25**	**27**	**21**

The complaint categories listed above reflect information input by the complainants; these categories are not defined explicitly by Division staff.

Table 10 details the total number of alleged violation types received for licensed podiatrists for fiscal years 19-20 through 23-24.

Table 10
Podiatrist Complaint Information

Alleged Violation	FY 19-20	FY20-21	FY 21-22	FY 22-23	FY 23-24
Continuing Education Violation	5	0	2	4	0
Criminal Conviction	0	0	0	1	0
False Billing/Abuse of Health Insurance	3	0	1	0	0
Outside of the Scope of Practice	0	0	0	1	0
Prescribing Administering Drugs Improperly	0	0	1	0	0
Substandard Care	6	11	16	18	17
Unlicensed Practice	1	0	1	0	0
Unprofessional Conduct	1	2	4	2	4
Total	**16**	**13**	**25**	**26**	**21**

The previous table reflects an increase in substandard care complaints in recent years. There is no known reason for this increase. However, final actions (discussed below) show that discipline did not also increase during the same years.

Additionally, no complaints were received related to the categories of military spouse or military spouse training licenses, only two complaints were received for podiatrist training licenses in the categories of substandard care and unprofessional conduct, and only one complaint was received regarding an unlicensed individual during the years under review.

Disciplinary Activity

The tenth sunset criterion requires COPRRR to examine whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession or regulated entity.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

The Practice Act articulates specific violations that may result in discipline. Table 11 displays the final agency actions of the Podiatry Board for all license types from fiscal year 19-20 through 23-24.

Table 11
Total Final Agency Actions

Found Statutory Violations	FY 19-20	FY20-21	FY 21-22	FY 22-23	FY 23-24
Combined with Other Case	1	0	1	0	0
Stipulation	1	0	0	0	1
Letter of Admonition	0	0	0	1	1
Total Disciplinary Actions	**2**	**0**	**1**	**1**	**2**
Dismissed	15	10	11	17	17
Dismissed Application	0	0	1	2	1
Letter of Admonition	1	0	1	1	1
Letter of Concern	4	1	3	7	3
Total Dismissals	**20**	**11**	**16**	**27**	**22**

The table above lists all final agency actions for licensees and includes podiatrist training license final agency actions. No revocations or suspensions occurred during the years under review. The decrease and then increase in dismissals is due to the overall decrease in cases received, likely due to the COVID-19 pandemic. The only final agency action that occurred for podiatrist training licenses during the years under review was one dismissal in fiscal year 20-21.

Although the Podiatry Board has fining authority, no fines were reported during the years under review.

Table 12 depicts the average number of days for case processing time during fiscal years 19-20 through 23-24 for all cases. Each case lifespan is tabulated from the filing of the initial complaint through the final agency action taken.

Table 12
Average Time to Case Closure

Fiscal Year	Number of Days
19-20	109.39
20-21	121.67
21-22	120.24
22-23	98.31
23-24	97.28

Average time to closure significantly decreased during the years under review as a result of a Division-wide focus on the reduction of this metric.

Collateral Consequences – Criminal Convictions

The thirteenth sunset criterion requires COPRRR to examine whether the agency, through its licensing, certification or registration process, imposes any sanctions or disqualifications on applicants based on past criminal history and, if so, whether the sanctions or disqualifications serve public safety or commercial or consumer protection interests.

COPRRR utilizes this section of the report to evaluate the program according to this criterion.

The Podiatry Board may deny, refuse to renew, revoke, suspend, or place on probation any licensee as an official power delegated to the Podiatry Board for conviction of a felony in Colorado or any other state or under federal law.

During the five years under review, no sanctions were imposed by the Podiatry Board for any felony related convictions.

Analysis and Recommendations

The final sunset criterion questions whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest. The recommendations that follow are offered in consideration of this criterion, in general, and any criteria specifically referenced in those recommendations.

Recommendation 1 — Sunset the Colorado Podiatry Board, place the Podiatry Practice Act under the regulatory authority of the Colorado Medical Board and add three podiatrists to the Colorado Medical Board.

The Colorado Podiatry Board (Podiatry Board) and the Colorado Medical Board (Medical Board) both oversee health-care professions that work to address patient care which may include addressing illness, injury, and preventative measures, through assessment and/or treatment. Additionally, all of the professions regulated by both boards require very specific training and education in order to ensure that they meet basic competencies, and all have very distinct scopes of practice and varying licensure requirements.

Since the professions overseen by both boards are regulated in a similar manner, the consolidation of the regulation of podiatry under the Medical Board would likely create additional efficiencies, including a reduction in staff allocations and the financial resources needed to operate two separate boards. Further, the number of cases before the Podiatry Board is significantly smaller than that of the Medical Board and could be incorporated into the Medical Board agenda without creating too much additional strain on the work performed overall.

Similarly to all other professions regulated by the Medical Board, podiatry should remain its own independent license type, with its own independent licensing requirements. However, relocating the Podiatry Practice Act (Practice Act) to Article 240 of Title 12, Colorado Revised Statutes (C.R.S.), and placing regulatory authority of the Practice Act under the Medical Board would streamline processes under the regulatory authority of one board, rather than two. Additionally, this type of structural alignment already occurs in 13 other states.

The Medical Board currently consists of 17 total members and is structured into three separate sub-panels that each complete specific tasks. These consist of two inquiry panels (which each complete tasks including the review of complaints, investigations, and conducting hearings) and one licensing panel (which completes tasks including reviewing license applications and addressing instances of unauthorized practice).

The Podiatry Board currently consists of four podiatry members and one member of the public. Stakeholders have expressed concern regarding the potential of losing the

expertise of podiatrists on the Medical Board if consolidated, since the educational and licensure requirements for podiatrists are unique as an area of specialization.

If one podiatrist were placed on each inquiry panel and one podiatrist were placed on the licensing panel (for a total of three podiatrists seated on the Medical Board), then the Medical Board would only contain one less podiatrist than the current Podiatry Board structure, with representation on each panel in the event of recusal on either inquiry panel, and the unique licensing requirements of a podiatrist would also be represented on the licensing panel. This change would help to ensure effective representation on the Medical Board is maintained for the practice of podiatry.

The second, sixth, and seventh sunset criteria ask,

> Whether the conditions that led to the initial creation of the program have changed and whether other conditions have arisen that would warrant more, less, or the same degree of governmental oversight;
>
> Whether an analysis of agency operations indicates that the agency or the agency's board or commission performs its statutory duties efficiently and effectively; and
>
> Whether the composition of the agency's board or commission adequately represents the public interest…

Placing the regulatory authority of the Practice Act and the licensees that it regulates under the Medical Board will consolidate similar license types under one regulatory entity, thereby streamlining processes and reducing associated costs.

Further, the addition of three podiatrists to the Medical Board will help to ensure that representation of this unique profession is maintained within the regulatory authority overseeing the podiatric regulatory requirements. This consolidation could lead to a decrease in fees for podiatrists, since they would no longer need to support the costs associated with a separate board and supporting program staff.

Therefore, the General Assembly should sunset the Podiatry Board, place the Practice Act under the regulatory authority of the Medical Board, and add three podiatrists to the Medical Board.

It is worth noting that concurrently with this sunset review, the Division of Professions and Occupations also underwent a sunset review. Recommendations in the sunset report of the Division will likely impact the Act, as those recommendations will have Division-wide impact. Such recommendations were made in the sunset report of the Division, as opposed to individual programmatic reports, to ensure consistency and cohesion in policy implementation across the Division.

Recommendation 2 - Require podiatrists to develop plans addressing the confidentiality of patient records, utilizing language similar to that of the Medical Practice Act.

Both on a federal and state level, maintaining confidentiality of patient records has been demonstrated to be crucial to privacy protection. For example, the Health Insurance Portability and Accountability Act (HIPAA) of 1996 established a variety of protections and standards for the protection of health-related patient information. Additionally, various acts within the Colorado Revised Statutes, including those that provide the regulatory requirements of healthcare professionals licensed under the Medical Board, contain provisions for the protection of sensitive patient information.

Section 12-240-142, C.R.S., within the Medical Practice Act states,

> Each licensed physician and physician assistant shall develop a written plan to ensure the security of patient medical records.

This statutory section also articulates what each written plan must contain, including, but not limited to, storage, proper disposal, and method by which patients may have access to their medical records.

However, the Practice Act does not contain any similar provision. Patients who receive care from licensees under the Practice Act should be afforded the same patient protections as those who seek the care of a physician, since documents containing sensitive medical history may be collected in order to facilitate treatment by a podiatrist as well.

The second and fourteenth sunset criteria ask,

> Whether the conditions that led to the initial creation of the program have changed and whether other conditions have arisen that would warrant more, less, or the same degree of governmental oversight; and
>
> Whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest.

Protections regarding patient privacy are well established in Colorado law, and establishing provisions in the Practice Act that require licensees to develop processes to protect patient records in a manner that is consistent with the Medical Practice Act would lead to greater consistency in the safeguards established. Therefore, the General Assembly should require podiatrists to develop plans addressing the confidentiality of patient records, utilizing language similar to that of the Medical Practice Act.

Administrative Recommendation 1 — The regulator of podiatrists should develop rules regarding telehealth for podiatrists.

A variety of practice acts which oversee the regulation of healthcare professionals include statutory language authorizing the use of telehealth, including the Medical Practice Act, which defines telemedicine as,[44]

> …the delivery of medical services through technologies that are used in a manner that is compliant with the federal "Health Insurance Portability and Accountability Act of 1996"…including information, electronic and communication technologies, remote monitoring technologies, and store-and-forward transfers, to facilitate the assessment, diagnosis, consultation or treatment of a patient while the patient is located at an originating site and the person who provides the services is located at a distant site.

Throughout this sunset review, stakeholders indicated that although much of the practice of podiatry requires in-person evaluation of a patient's condition, certain aspects of patient care could be addressed through the utilization of telehealth services.

Stakeholders also indicated that during the COVID-19 pandemic, the Podiatry Board did authorize podiatrists to provide some telehealth services, but this was retracted once the height of the pandemic concluded.

Many patients throughout Colorado could benefit from telehealth services from podiatrists, including those living in rural areas as well as patients that may struggle with mobility issues. An initial in-person visit with a podiatrist or physician may still be necessary for many types of treatments, but some services, including the ability to remotely view a specific condition to determine if further medical treatment is required or to discuss a patient's symptoms could still occur utilizing telehealth services.

The fifth and fourteenth sunset criteria ask,

> Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures, and practices and any other circumstances, including budgetary, resource, and personnel matters; and
>
> Whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest.

[44] § 12-240-104(6), C.R.S.

Patients throughout Colorado utilize the services of podiatrists, and allowing these services to be performed through telemedicine increases accessibility of care, which is in the public interest. For this reason, the regulator of podiatrists should develop rules regarding telehealth for podiatrists to provide procedural clarity and uniformity.