



April 4, 2025

Chairwoman Donovan
Chair, House Health & Human Services
State of Rhode Island General Assembly
82 Smith Street
Providence, RI 02903

Re: Rhode Island House bill No. 6088

Dear Representative Donovan and the House Health and Human Services Committee,

Thank you for hearing our testimony and our concerns last week during the committee's discussion of H6088. We agree with you that a gap in care exists for specific patients and Rhode Island podiatrists would like to work with the committee and other stakeholders towards an appropriate solution that ensures access to safe, quality care. In light of this shared goal, we wanted to send a follow-up letter to clarify a few of the questions raised by the committee.

First, under the Medicare definition, routine foot care includes trimming, cutting, clipping, or debriding nails, cutting or removing corns or calluses, hygienic and preventative maintenance care, and basically any other service performed in the absence of localized illness, injury, or symptoms involving the foot. This type of care is generally not covered by Medicare. In this ideal scenario of an uncompromised patient, RIPMA would have no concerns over a nurse with foot care certification treating such a patient. An example of such a patient would be a homebound patient with intact neurovascular status.

However, our main concern is when routine foot care becomes a covered service under Medicare. This is not the "otherwise completely healthy" patient scenario raised during the hearing. Patients who qualify for routine foot care, sometimes referred to as "at-risk foot care," are often very complex patients with various comorbidities. Systemic conditions that qualify patient for coverage of the service such as metabolic, neurologic, and/or peripheral vascular disease are present in these patients. Additionally, a patient must have "Class findings" for the patient to be deemed "at risk". Class findings may include non-traumatic amputation of the foot or integral skeletal portion thereof, absent pedal pulses, advanced trophic changes, claudication, edema, burning, temperature changes, and paresthesias. Medicare covers this care because the complications that can result from not receiving it are grave – leading to possible amputation and/or loss of life. This nuanced care is important and complex and should not be provided by an unsupervised, inadequately trained nurse or other non-physician provider.

Related to all of this is what qualifies a patient to be homebound. A patient must be assessed face to face by either a doctor or nurse practitioner to be certified to receive home health care. It is this face-to-face evaluation that is essential in determining the above "high risk factors" and

appropriate care. Additionally, there seemed to be some confusion as to what a home setting is, and how it is defined. Numerous podiatrists provide care in “home” settings like senior living facilities, nursing homes, and assisted living facilities.

RIPMA appreciates the intention to expand access to care, and at the same time, we want to avoid unintended consequences. Thus, we recommend further research and evaluation of this issue to ensure patient safety. While we recognize that Ms. McDonald, who testified in support of this legislation, is a nurse with years of qualified experience, RIPMA is concerned that patients may be cared for by an inexperienced professional. Such as a newly licensed nurse or a nurse deciding to change their specialty focus, who has received only 24 hours of continuing medical education and 30 to 40 hours of supervised care. We believe the prudent approach would be for RIPMA to first work with appropriate stakeholders to evaluate the curriculum and foot care nurse certification, along with training and supervised hours, to best ensure patient safety. In the meantime, as we have noted, there are a number of podiatrists who perform house calls in this state, and we can poll our membership about their availability to take on new homebound patients in need of care. We look forward to this continued conversation and are happy to answer additional questions or concerns. Please do not hesitate to contact me at jkdomenico@gmail.com.

Respectfully submitted,
Joseph Domenico, DPM
President