

William S Naughton, DPM
1410 Warwick Ave, Unit 1A
Warwick, RI. 02888
401-228-7909

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Representative K. Joseph Shekarch
Speaker of the House of Representatives
State of Rhode Island General Assembly
82 Smith Street
Providence, RI 02903

Re: Opposition to RI 6088 - Permits a certified foot care nurse or a certified foot care specialist, to provide certain at-home foot care, including routine foot and nail care including nail clipping

Dear Speaker,

I write in opposition of the introduced legislation H6088, “Permits a certified foot care nurse or a certified foot care specialist, to provide certain at-home foot care, including routine foot and nail care including nail clipping.” APMA is the premier professional organization representing a vast majority of the estimated 15,000 licensed podiatrists, also known as Doctors of Podiatric Medicine (DPMs), in the United States. Within APMA’s umbrella of organizations, there are 53 component societies in states, including Rhode Island, and other jurisdictions, as well as several affiliated and related organizations. APMA adamantly supports increasing and improving access to care, however, I do not believe RI H6088 is the correct vehicle to accomplish this goal. **Furthermore, we are deeply concerned that codifying nurses’ scope of practice to overlap with podiatrists in will lead to worse patient outcomes and create a threat to public safety, as nurses do not have the extensive training to treat at-risk diabetic foot and ankle concerns in the same manner as podiatrists.**

Podiatrists are physicians and surgeons qualified by their education and training to diagnose and treat conditions affecting the lower extremity, i.e., the foot, ankle, and where appropriate, muscles, tissues, and bones of the leg. They have an intimate knowledge of the anatomic structures involved with at-risk foot care services and extensive training related to this delicate service, completing four years of undergraduate and four years of podiatric medical education followed by a three-year postgraduate hospital-based residency program. Comparatively, a nurse will only receive two to four years of undergraduate or associate degree training in order to become a registered nurse, with some additional graduate level courses for a nurse practitioner. There is no dedicated focus on foot and ankle care generally in this underlying education, let alone a focus on providing at-risk foot care. When reviewing the eligibility requirements for certification by either the American Foot Care Nurses Association (AFCNA) or the Wound, Ostomy, and Continence Nursing Certification Board (WOCNCB), the level of education required to obtain certification is only 24 continuing medical education credits and 30 to 40 hours of supervised clinical care, depending on the certification. This is equivalent to a weekend conference and one week of supervised care, versus the hundreds of hours of training and years of education a DPM receives. Aside from the quantitative comparison, the AFCNA and WOCNB certifications are not subject to the same rigor and training a DPM undergoes, and both represent too low of a bar to suffice for providers that are treating these vulnerable populations.

Simply put – registered nurses and nurse practitioners do not receive adequate education and training to universally provide this care to these complex and elderly patients. Patients who qualify for covered at-risk

foot care are at extraordinary risk for lower extremity pathology, including non-healing wounds, infection, and amputation. In comparison to podiatrists, registered nurses and nurse practitioners, even those with one of the specified designations, lack sufficient breadth and depth of training and expertise to ensure optimal patient outcomes. When performing at-risk foot care, podiatric physicians often encounter tinea pedis, xerosis, fissures, pre-ulcerative lesions and other pathology that can be managed more efficiently when caught early. Many of the patients who qualify for this service have profound neuropathy which leads to their inability to sense and seek attention for such pathologies. Registered nurses and nurse practitioners do not have sufficient training or licensed to diagnose these pathologies or initiate treatment for these pathologies, nor should they be relied upon to find them and bring them to the attention of the supervising provider. Delaying or missing care for these complications can lead to worse patient outcomes, including amputation and possible loss of life.

Studies such as APMA's Thomson Reuters study (attached) support how care provided by podiatrists to diabetic patients, including at-risk foot care, can have a significant reduction on future amputations and hospitalizations. The study estimated that \$10.5 billion in savings nationally over three years can be realized if every at-risk patient with diabetes sees a podiatrist at least one time in a year preceding the onset of an ulceration. Another independent study conducted by Duke University (attached) and published in Health Services Research found that Medicare-eligible patients with diabetes were less likely to experience a lower extremity amputation if a podiatrist was a member of the patient care team, and patients with severe lower extremity complications who only saw a podiatrist experienced a lower risk of amputation compared with patients who did not see a podiatrist.

APMA strongly supports legislative and regulatory changes that improve and expand access to care which I strongly support too.. However, I believe that this goal should be balanced with patient safety in mind, and RI H6088 does not sufficiently protect patient safety or improve outcomes. Registered nurses and nurse practitioners play a particularly important role in healthcare delivery, but this responsibility extends beyond their formal training. **RI H6088 should not be moved forward for passage and implementation.**

I appreciate your consideration and is pleased to discuss this matter further with you. Please contact me, at 401-864-3510 or drnaughton@hotmail.com with any further questions or concerns.

Sincerely,

William Naughton

William S Naughton, DPM

Board Certified

Ocean State Podiatry & Associates, LLC

Attached:

- *The Economic Value of Specialized Lower-Extremity Medical Care by Podiatric Physicians in the Treatment of Diabetic Foot Ulcers*
- *Receipt of Care and Reduction of Lower Extremity Amputations in a Nationally Representative Sample of U.S. Elderly*