

AMERICAN FOOT CARE NURSES ASSOCIATION

OFFICIAL POSITION STATEMENT

Rhode Island House Bill 2026-H 7029 Substitute A

Relating to Businesses and Professions: Nurses, Section 5-34-51, Foot Care

Issued March 2026

I. Statement of Support with Recommended Amendments

The American Foot Care Nurses Association (AFCNA) formally supports Rhode Island House Bill 2026-H 7029 Substitute A and commends Representative Jennifer Boylan and her legislative colleagues for their commitment to expanding access to quality foot care for Rhode Island residents. This bill represents a meaningful and long-overdue recognition of foot care nursing as a legitimate and essential specialty practice.

AFCNA is particularly gratified that the bill names our organization by statute alongside the Wound, Ostomy and Continence Nursing Certification Board (WOCNCB) as a qualifying national certifying body. We accept that recognition with both pride and responsibility. It is precisely because AFCNA is named in this legislation that we feel a duty to speak directly and honestly to the Committee: the bill as currently written does not fully reflect the standards our certification represents, and several provisions require amendment before it can deliver on its stated promise.

We submit this position statement in a spirit of partnership with the Rhode Island General Assembly. We want this bill to pass. We want it to be strong. And we want it to serve every patient in Rhode Island who needs foot care, not just those who happen to live in a private home.

II. About AFCNA and the Specialty of Foot Care Nursing

AFCNA was founded to create a professional community of nurses dedicated to providing routine foot care and filling a critical gap in the healthcare system. Podiatrists and other providers are traditionally the first-line providers of foot care, but changes in the healthcare industry, including access barriers, mobility limitations, and the growing burden of diabetes-related lower extremity disease, have created an urgent need for trained nurses to step into this space.

Our members practice in homes, hospitals, clinics, senior centers, community settings, nursing homes, church, homeless shelters and long-term care facilities across the country. They are registered nurses who have completed rigorous post-licensure training, demonstrated clinical competency under the supervision of qualified preceptors, and passed a national examination to earn the Certified Foot Care Specialist (CFCS) credential through AFCNA.

These are not beauticians. These are not technicians. These are skilled nurses who identify signs of vascular compromise in a patient's feet before a wound forms, who recognize the early neuropathy that precedes diabetic ulceration, and who provide the consistent, preventive care that keeps vulnerable patients out of emergency rooms and wound care centers. We are proud of our members and we are committed to making sure the law reflects what they actually do.

III. Statement from the President

Donna Golden, MSN, ANP-C, CWON, CFCS | President, AFCNA | Founder, Mobile Medical Foot Care

I have been a registered nurse for nearly five decades. I have practiced in acute care, rehabilitation, wound care, home care, nursing homes, primary care, and hyperbaric medicine. I have managed wound centers and taught nurses across disciplines. And in all those years, I never fully appreciated how profound the gap in foot care was until I started seeing it up close in the wound center. Where did this gap begin in people's homes.

When I was running a wound and hyperbaric center, I kept encountering patients whose feet had been ignored for months or years. Toenails so thickened they had curved back into the skin. Calluses that had cracked open and become infected. Diabetic feet that nobody had looked at carefully since their last podiatry appointment months ago. And I kept asking the same question: how did it get this far? The answer, almost every time, was access. The patient could not get to a podiatrist. The patient lived alone. The patient could not drive. The patient could not afford the copay. The patient did not know that help was available.

That is what led me to foot care nursing, and that is what led me to AFCNA. When I found Dr. Julia Overstreet's program and earned my CFCS credential, I finally had the framework to do this work the right way. In 2022, I founded Mobile Medical Foot Care to serve patients on the South Shore of Massachusetts. I go to their homes, their assisted living center, their senior centers. I bring my training, my instruments, and my clinical judgment. I assess their circulation, their skin integrity, their nail structure, and their overall lower extremity health. And I make a difference in their quality of life in ways that a six-month podiatry appointment simply cannot.

Rhode Island H 7029 is doing something important. It is saying, formally and legally, that nurses like me have a role to play. We are grateful for that. But we need the bill to reflect the full scope of what we are trained to do. When the bill limits instruments to emery boards and emery discs, it is not describing clinical nursing practice. When it requires referral for any alteration in skin integrity, it is not protecting patients; it is delaying their care. When it excludes wound assessment from the defined scope, it creates a billing gap that will prevent practices from ever hiring a foot care nurse under this statute.

I also want to say something about the settings this bill covers. Home care matters enormously. But foot care nurses serve people in clinics, in senior centers, in shelters. I know nurses who set up foot care stations at soup kitchens. I know nurses who go to encampments. These are the patients who have no other access to care at all. If this bill leaves those settings unprotected, we have missed an opportunity that may not come around again for years.

AFCNA stands behind this legislation. We ask only that it be made as strong as the nurses it is meant to protect.

IV. Clinical Standards That Must Be Reflected in the Bill

AFCNA's position is that any legislation governing foot care nursing in Rhode Island must be consistent with the national clinical standards our CFCS certification represents. The following standards are non-negotiable from AFCNA's perspective and must be reflected in the bill's defined scope of practice:

Instrumentation

Certified foot care nurses are trained in the safe use of professional-grade instruments including nail nippers, nail rasps, rotary instruments with appropriate attachments, and callus files. Restricting practice to emery boards and pedicure drills with emery disc attachments is inconsistent with AFCNA training standards and is inadequate for the clinical presentations nurses routinely encounter, including thickened dystrophic nails, onychogryphosis, and compacted hyperkeratotic tissue. Instrument authorization must be tied to documented clinical competency, not an enumerated list.

Clinical Judgment and Skin Integrity Management

AFCNA certification explicitly trains nurses to assess and manage minor alterations in skin integrity as part of a comprehensive foot care encounter. A mandatory referral requirement for any skin integrity finding eliminates the clinical judgment that distinguishes a certified nurse from an aide. Referral obligations must be calibrated to the complexity of the finding, not applied as a categorical rule that overrides nursing assessment.

Wound Assessment and Basic Wound Care

Wound assessment and basic wound care are core competencies of the CFCS credential. They are also explicitly recognized at the federal level: CMS Billing and Coding Article A57759, effective December 1, 2023, specifically names the CFCS as a qualifying credential for a Registered Nurse to perform covered foot care services under Medicare. A bill that requires CFCS certification while excluding the wound care competencies that credential represents creates an internal contradiction and a Medicare billing gap that will undermine the bill's practical implementation.

Continuing Education

A minimum of two continuing education hours per certification period is insufficient for specialty nursing practice. AFCNA recommends a minimum of six hours per cycle, with a safe harbor provision for nurses maintaining active AFCNA CFCS certification in good standing.

V. Authorized Practice Settings Must Reflect How Foot Care Nursing Is Actually Delivered

AFCNA's members do not only go to patients' homes. They operate clinics. They provide care at senior centers, community health events, and shelters. Some work in hospital outpatient departments and ambulatory care settings. The bill's current definition of home services, which limits practice to private residential spaces and explicitly excludes senior centers, commercial spaces, and community areas, does not reflect the full landscape of foot care nursing practice.

AFCNA takes a particular interest in community-based foot care for underserved populations. Our members have always understood that the patients who most need foot care are often precisely those who cannot access traditional care settings. Rhode Island's homelessness crisis, with more than 2,300 unhoused individuals as of 2025 and the second-highest rate of chronic homelessness in the country, represents a population whose foot health needs are severe and largely unmet. A certified foot care nurse operating at a

Providence shelter or a Newport community health fair may be the only clinician those individuals will see for their feet in a given year. The bill must not inadvertently prohibit that care.

AFCNA recommends that the bill's authorized practice settings be expanded to include:

- Nurse-operated outpatient foot care clinics and office settings where patients present for scheduled appointments
- Hospital-affiliated outpatient clinics and ambulatory care departments (excluding in-patient units and 24-hour care settings)
- Community-based sites including senior centers, shelters, faith-based organizations, community health fairs, and common areas of multi-unit residential dwellings when serving residents of that building

VI. Nurse Practitioners Should Not Be Included in This Bill's Scope

AFCNA respectfully recommends that nurse practitioners be removed from the bill's defined scope. Rhode Island NPs already hold full independent practice authority under General Laws Section 5-34-44 with no ambiguity and no access barriers. Including NPs under a statute that imposes instrument restrictions, mandatory referral requirements, and a narrow defined scope would risk subjecting their foot care practice to a specific statute that is more restrictive than their existing general APRN authority. Under settled principles of statutory interpretation, a specific statute controls over a general one, and that principle could be used to limit NP practice in a way that was never intended.

This bill is for registered nurses. That is the right scope, the right focus, and the right problem to solve. NPs do not need this pathway because they already have a broader one. If the Committee wishes to acknowledge NP practice, AFCNA recommends a single safe harbor clause making clear that nothing in this section limits the scope of an APRN licensed under Section 5-34-44.

VII. AFCNA's Commitment to Rhode Island

AFCNA is prepared to serve as an ongoing resource to the Rhode Island General Assembly as this legislation develops. We offer:

- Expert clinical testimony from our President, Board members, and certified member practitioners
- Technical assistance on drafting language that aligns with national certification standards
- Coordination with other national nursing organizations and credentialing bodies as needed
- Data and evidence on patient outcomes, access gaps, and the clinical value of certified foot care nursing
- Ongoing monitoring and input as rules and regulations are developed by the Rhode Island Department of Health

We are also committed to helping build the foot care nursing workforce in Rhode Island. Our certification program is accessible to any qualified nurse. Our member network includes practitioners across New England who are ready to serve Rhode Island patients. When this bill becomes law, with the amendments we have recommended, AFCNA will support its implementation with the same energy we have brought to this advocacy.

Rhode Island has an opportunity to lead the country on this issue. We hope to help make that happen.

Submitted on behalf of the American Foot Care Nurses Association

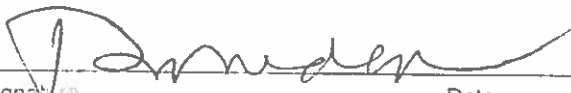
Donna Golden, MSN, ANP-C, CWON, CFCS

President, American Foot Care Nurses Association

Founder and Owner, Mobile Medical Foot Care

Serving the South Shore of Massachusetts (Quincy to Plymouth)

MSN 1988 | Adult Nurse Practitioner 2003 | CWON | CFCS | RN Since 1977

 3/23/26
Signature Date

American Foot Care Nurses Association | afcna.org | Mobile Medical Foot Care | mobilemedicalfootcare.org