

**Steven Sepe**

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**From:** Heather F. Fogg <heather@fundamentalfootcare.com>  
**Sent:** Sunday, February 8, 2026 3:00 PM  
**To:** House Health and Human Services Committee  
**Cc:** Rep. Edwards, John G.  
**Subject:** RE: Support for H7029, February 10, 2026

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## **Testimony in Support of Access to Mobile Foot Care Provided by Registered Nurses Rhode Island Legislature**

### **Rhode Island Legislature**

TO: Chair Donovan and members of the House Human Health Services Committee

CC: Rep. Edwards

FROM: Heather Fogg, BSN, RN, CFCS

Owner and Founder, Fundamental Foot Care, PLLC

Hampden, Maine

February 10, 2026

Good morning, Chair Donovan and members of the House Human Health Services Committee;

Thank you for the opportunity to share my testimony.

My name is **Heather Fogg**. I am a registered nurse licensed in the state of Maine and nationally certified in medically based routine foot care since December 2019. I hold national certification through the **American Foot Care Nurses Association**. I am writing on behalf of Rhode Island's older adults and medically vulnerable residents who are struggling to access basic, essential foot care, and on behalf of my colleague, **Tina McDonald**.

For seniors and individuals living with diabetes, vascular disease, neuropathy, mobility limitations, or vision impairment, foot care is not cosmetic—it is a matter of **safety, function, and dignity**. Many of these individuals are unable to trim their own toenails or safely care for their feet. Family members are often untrained, and well-meaning attempts can result in cuts, infection, or serious complications.

At present, access to podiatry in Rhode Island is limited—particularly for homebound elders, residents of assisted living facilities, and individuals facing transportation barriers. This is not unique to Rhode Island. Across the country, older adults and chronically ill populations are severely underserved when it comes to routine, medically based foot care.

In Bangor, Maine alone, we have lost **seven podiatrists in less than seven years** due to retirement, relocation, or budget constraints within healthcare organizations. Currently, only two podiatrists remain. This practice of two podiatrists is not accepting new patients and no longer provides routine foot care services such as toenail trimming, callous and corn debridement, or fungal nail care. The next closest podiatrist is nearly an hour away.

Appointments are difficult to obtain, wait times are long, and many podiatry practices do not offer mobile services. As a former medical-surgical nurse at the region's largest acute care hospital, I have seen firsthand the consequences of unavailable routine foot care: severely overgrown nails, painful callouses, skin breakdown, infections, impaired mobility, increased fall risk, avoidable emergency department visits, hospitalizations, amputations, and premature decline.

These outcomes are **preventable**.

Several years ago, I arrived at a client's home for an initial foot care visit. During my nursing assessment, I discovered a serious wound with purulent drainage on her right shin. Her right-great toenail was partially detached, with visible signs of infection and drainage at the nail bed. The client was in her late sixties with a history of significant mental illness, uncontrolled diabetes, urinary incontinence, severe obesity, and she walked barefoot in her home. She reported leaving her home only one to two times per year.

I cleansed the infected areas with normal saline, applied appropriate dressings, provided emotional support, and explained the urgent need for hospital evaluation. She was transported by ambulance and admitted to the hospital, where she remained for six days receiving intravenous antibiotics, followed by weeks of wound care nursing visits. Based on my clinical experience, there is a high probability she would have lost her right leg had I not intervened when I did.

**Registered nurses are uniquely qualified to help meet this unmet need.** While nurses are not podiatrists, we are highly trained healthcare professionals with strong foundations in anatomy, physiology, infection prevention, wound care, vascular and neurological assessment, chronic disease management, and patient safety. Certified foot care nurses practice within a defined scope, follow evidence-based standards, and are trained to recognize when referral to podiatry or other medical providers is necessary.

In my more than six years as a foot care nurse, patient safety has always been the priority—as I know it is for Tina as well. Certified foot care nurses do not replace podiatrists; **we complement them**. We provide routine, non-surgical care, early

identification of problems, and timely referrals. This collaborative model reduces complications and eases strain on the broader healthcare system.

My business, **Fundamental Foot Care**, provides care in private homes, senior housing, assisted living facilities, nursing facilities, and my own brick and mortar clinic. I also hold a contract with **Dorothea Dix Psychiatric Center**, a State of Maine–run facility. Most of my clients come through word-of-mouth referrals and primary care practices.

Last June, when another Bangor-area podiatrist retired, she sent a letter to her patients listing my private-pay nursing practice and two podiatry offices—both nearly an hour away—as care options. As a result, my practice received nearly **100 new clients**, largely because of access limitations and distance to podiatry services.

I ask this committee to consider the real-world impact of restricting nursing practice in this area. When access to routine foot care is denied, the consequences are not theoretical—they are lived daily by our seniors. Restricting qualified nurses does not increase safety; **it removes care altogether.**

Beyond physical care, nurses bring something equally vital: **time, presence, and human connection.** Many older adults are isolated. For some, a foot care nurse may be the only healthcare professional they see regularly. We assess not only feet, but overall well-being—often identifying early signs of infection, skin breakdown, poor circulation, or functional decline that might otherwise go unnoticed.

Rhode Island is facing an aging population and increasing healthcare access challenges. Allowing properly trained and certified registered nurses to provide routine, mobile foot care is a practical, patient-centered solution to a serious and growing gap in care.

I respectfully urge you to support policies that recognize the qualifications of certified foot care nurses and restore access to this essential service for Rhode Island’s most vulnerable residents.

Thank you for your time, your consideration, and your commitment to the health and dignity of our elders.

Sincerely,

Heather Fogg

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**Heather F. Fogg, BSN, RN, CFCS**

Founder/Owner/CEO

Fundamental Foot Care

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