



To: Chair Donovan and members of the House Human Health Services Email:
HouseHealthandHumanServices@rilegislature.gov

From: Nadege Tan, MSN, ANP-C, CFCS

Re: Support for H7029

Date: 02/09/2026

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

I am writing to urge you to support H7029 (Boylan), which would permit a nurse who has the appropriate education and can demonstrate clinical competencies to provide routine foot care services in the home.

As a podiatry nurse practitioner and the founder of Nyota Medical Footcare, I have seen firsthand how gaps in access to routine foot care directly contribute to preventable infections, hospitalizations, and amputations. Throughout my career, I have encountered countless patient stories where timely, basic foot care could have changed the outcome.

Just last month, I spoke with a patient whose husband underwent a toe amputation after developing osteomyelitis following a routine toenail trim at his primary care doctor's office. According to his spouse, the skin was inadvertently cut, there was no follow-up or aftercare to ensure proper healing, and a localized wound progressed into a serious infection involving the bone. The result was a preventable toe amputation.

I am currently caring for a patient who is at the end of life and receiving hospice services who was in significant need of basic foot care. Because he is non-ambulatory, his family was unable to transport him to an outpatient clinic, and the hospice nurse ultimately identified my practice as a resource. He had not received any foot care since transitioning to hospice (approximately 2+yrs), resulting in severely overgrown nails, toe trauma, and significant pain as the nails caught on bedding. During careful nail reduction, I identified a wound at the cuticle that probed to bone. Under different circumstances, this finding would have required referral to a podiatrist for evaluation and management of suspected osteomyelitis. However, given the patient's hospice status and clearly defined goals of comfort-focused care, my role was to reduce nail thickness, trim the nails safely, and provide local wound care to prevent further deterioration and relieve pain. This case illustrates how nurses, practicing within a defined scope, provide essential, appropriate



care that directly improves quality of life while recognizing when escalation of care is warranted.

Together, these two cases highlight how access to properly trained foot care clinicians can mean the difference between preventable amputation and preserved comfort and function.

Unfortunately, this situation is not isolated to my home state Massachusetts, I believe it is also occurring in Rhode Island. The gap in access to routine foot care services is staggering. Many podiatry practices have understandably moved away from providing this level of preventive, in-home care. Recently, I contacted ten podiatry offices across the state, and every single practice confirmed they do not offer home foot care services. One podiatrist stated, "It is a known issue in the state". As a result, vulnerable patients are left without options. When routine care is inaccessible, minor issues like the ones I discussed earlier escalate into emergencies, and patients end up hospitalized for problems that could have been prevented.

It is important to clarify that nurses who practice foot care do not diagnose or treat foot and ankle diseases, nor do they replace podiatrists. Their role is clearly defined, limited, and complementary. Certified foot care nurses focus on routine nail and callus care, patient education, early risk identification, and timely referral to primary care providers, podiatrists, or other specialists when concerns are identified. This scope aligns with national standards established by the American Foot Care Nurses Association (AFCNA) and the Wound, Ostomy, and Continence Nurses Society (WOCN).

From a population health perspective, nurses play a critical role in reducing amputation rates by identifying problems early before they progress into ulcers, infections, hospitalizations, or limb loss. Many lower extremity amputations are preceded by small, preventable issues such as overgrown nails, calluses, skin breakdown, or unrecognized pressure points. Nurses are often the first and sometimes the only clinicians to see these issues, especially among older adults, patients with diabetes, and individuals with neuropathy.

Access to care is central to this issue. A significant portion of patients most at risk for amputation are homebound, including those who are bedbound, wheelchair-dependent, or physically unable to leave their homes. These individuals often go months or years without foot care, not because it is unnecessary, but because it is logistically inaccessible.



In these settings, certified nurses provide essential preventive services and act as a critical surveillance layer, ensuring timely referral when higher-level care is needed.

Importantly, nurses practicing foot care are trained to recognize red flags not manage complex pathology. Their role is to assess skin integrity, circulation concerns, nail changes, pressure areas, and signs of infection, and to escalate care promptly. This early detection and referral model supports, rather than competes with, podiatric care. The evidence shows that podiatrists reduce amputations, and nurses support that same goal by helping patients reach podiatrists sooner rather than later or not at all.

Rhode Island is currently the only state in the nation that seeks to restrict nurses from providing basic, preventive foot care in the home. In every other state, nurses are permitted under nursing scope of practice regulations to perform routine foot and nail care for high-risk and homebound patients. This places Rhode Island residents at a unique disadvantage and increases the likelihood that preventable foot problems will progress to serious complications, including amputation.

H7029 does not expand nursing practice into medical or surgical treatment of foot and ankle disease. Rather, it formalizes a preventive, safety focused role that already exists nationwide and is supported by national nursing organizations. By allowing certified nurses to provide routine foot care in the home, Rhode Island can improve access, reduce avoidable hospitalizations, and strengthen limb preservation efforts through early intervention and timely referral.

Reducing amputations requires seeing problems when they are small. Nurses are uniquely positioned to do exactly that. I respectfully urge you to support and pass H7029 for the health, safety, and dignity of Rhode Island's most vulnerable residents.

Sincerely,

A handwritten signature in black ink, appearing to read "Nadege Tan", is written over a light blue horizontal line.

Nadege Tan, MSN, ANP-C, CFCS

CEO and Founder

Nyota Medical Footcare, PLLC

Nyota Advance Wound Care

