

My name is Tina McDonald, I live in Tiverton, RI. I am writing to you today in support of bill H7029 which allows a trained foot care nurse to provide certain at-home foot care, including routine foot and nail care including nail clipping. I have been a Registered Nurse in both RI and MA for over 23 years, with experience providing care in a variety of settings, including hospitals, clinics, nursing facilities and private homes. It was my work as a wound, ostomy, continence (WOC) nurse in acute care that brought me to the specialty of foot care. As a wound nurse I saw a lot of patient's feet as I addressed wounds, impaired skin, poor hygiene, knowledge deficit of foot care and self-neglect. I discovered the need for basic foot and nail care was great, and not otherwise being met. This need in my community is what motivated me to become further educated and credentialed by the Wound Ostomy Continence Nursing Certification Board (WOCN-CB) as a CFCN. I worked full-time in a hospital setting when I first started out, seeing a couple clients in their homes nights and weekends. Through word-of-mouth the news of these services spread, and without actual marketing, referrals kept coming in. As I had suspected, the need was definitely great. Mostly referrals came from homecare and Hospice staff, who also provided supportive care for people in their homes, and were thrilled to have someone available to provide these services. The clients were mainly homebound, weak, dealing with chronic illnesses, and many were end-of-life with limited support. Still others did not have insurance coverage for routine foot and nail care, but still needed help to meet this basic personal care need. The concept of paying privately for nursing care not otherwise covered by insurance is not unique to foot care. Private duty nurses and nursing assistants fill a much needed gap in the care required for many older and disabled adults to "age in place". Just because insurance companies do not cover the cost, does not mean the services are not needed.

The population I serve has the nursing diagnosis of self-care deficit. The majority of my clients were able to care for their own feet for most of their lives. They now need to depend on others to perform their basic foot and nail care for various reasons, including: obesity, impaired mobility, poor eyesight, decreased strength, dementia, fear, and decreased dexterity. Some used to travel to Podiatrists or nail salons for foot care, but are no longer able to leave their homes for routine care. Many people are embarrassed or self-conscious of the appearance of their feet and nails, and simply are not comfortable going to a salon and exposing their feet in a public setting without privacy. The burden of taking over this task in this mostly homebound population often falls to the family caregivers, who do not feel competent, confident or qualified to deliver the care needed,

especially if their family member has diabetes or is on blood-thinners. Family caregivers are often stepping into roles that they have never been in before: learning new skills and navigating unknown territory as they struggle to manage their loved ones care in their homes. Some of those tasks are easier to learn and perform than others, and foot care is often a necessary activity of daily living that caregivers are not comfortable doing themselves. Families have shared over and over again with me, relief and gratitude for the support foot care nurses can provide in these needful situations.

As a Certified Foot Care Nurse, I assess the skin, clean the feet thoroughly, teach patients and caregivers proper foot care, moisturize dry skin, as well as trim the toenails and reduce thick nails and calluses. A light massage while moisturizing the feet leaves the patient feeling comfortable and well cared for with the therapeutic modality of touch. This is especially important to the quality of life of homebound people, who are often isolated with minimal social contact. My nursing services are basic, routine and preventative with a focus on wellness and health maintenance. The foot care nurse is at times the only health care provider thoroughly examining this part of the body. In the rushed world of our healthcare system, with telehealth visits on the rise since Covid, thorough assessments are challenging. As healthcare providers, we rely on every member of the team to bring assessments and perspectives that others may have missed. No healthcare team encompasses one person, and all members have something to add to enhance the whole, elevating the overall level of care. I often discover issues outside the realm of routine foot care, requiring referrals, which are made before I leave the patient's home, involving the patient and/or family members to determine a clear plan for follow-up appropriately.

I currently am only providing foot care services to residents in MA, although I did provide mobile foot care in RI from 2014-12/2023, when I was ordered to stop by the Department of Health, which I did. Unfortunately, the abrupt end to foot care nursing in RI left hundreds of homebound and older residents of the state without routine preventative foot care. Podiatrists were not able to fill the void. RI is the only state in the country currently not allowing RNs with specific training and competency in Foot Care to provide this basic home service. The MA Board of Nursing (BON) has a very clear Nursing Advisory Statement guiding the practice of Foot Care in their state (attached). I also have attached a certificate from the MA BON for my business Foot Nurses of New England LLC clearly stating I am

properly licensed to provide mobile foot care services in MA. This is nursing care, not the practice of medicine. We are trained specialized nurses, are not physicians or Podiatrists, and are well aware of the boundaries of our scope of practice. Residents and caregivers in RI deserve access to these services. Supporting this bill is the humane thing to do to promote the health and wellness of the most vulnerable residents of our state.

Opposition to this bill is almost exclusively from Podiatrists. I truly hope we can change this resistance, and work together collaboratively in the future to achieve the highest level of public health and safety for RI residents. The RI Podiatric Medical Association (RIPMA) has voiced some concerns, but I do want to note that several members of their board have referred clients to me in the past for home nursing foot care services. Many Podiatrists have shared relief and gratitude to have reliable health care professionals to refer patients to, who otherwise would not have access to safe foot care. They admit that they are not able to meet the foot care needs of the homebound population, although they have frequent requests for it. In addition, routine foot care is not a covered service by insurance companies, unless there are certain underlying, billable, chronic conditions. The RIPMA website (www.rifootdoctors.com) lists all the important specialized interventions Podiatrists contribute to foot health and preservation of limbs, including: diagnosing and treating foot and nail problems, performing foot and ankle surgeries, prescribing therapies, performing diagnostic testing, prescribing or fitting orthotics, and treating various abnormalities of the foot. Routine basic foot and nail care is not on this list, although obviously they are capable of it. With all due respect, we nurses know we are not physicians. We recognize Podiatrists as the highly skilled, knowledgeable, well-educated, effective physicians that they are. Accepting foot care nurses as competent providers of routine/basic foot and nail care, actually supports the Podiatrists to practice at the highest level of their skill set and ability. Just as nurses depend on supportive staff to meet the basic needs of patients (bed baths, showering, feeding, ambulation assist, etc) to allow them the ability to perform at the highest level of their skill set. Our state's older population (over 65) is higher than the national average, encompassing over 211,520 people. In addition, latest statistics report 14.3% of the population of RI is disabled, many of whom include the 4.5% of our state who are Veterans (US Census Bureau, 2023). As of today there are 109 licensed

Podiatrists in RI (State of RI Dept of Health): simply not enough to meet all the foot care needs of the state. Just as a healthcare team is never just one person, the time for recognizing the importance and significance of every member of the team, including foot care nurses, is long overdue.

Thank you for your consideration,

Tina McDonald

Tiverton, RI

United States Census Bureau

https://data.census.gov/profile/Rhode_Island?g=040XX00US44#populations-and-people

State of Rhode Island Department of Health

<https://health.ri.gov/find/licensees/index.php?prof=Podiatric%20Medicine#foo>

Rhode Island Podiatric Medical Association <https://www.rifootdoctors.com/what-is-a-foot-ankle-specialist/>