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Sent: Sunday, March 1, 2026 6:51 PM
To: SLegislation <slegislation@rilegislature.gov>
Cc: Sen. LaMountain, Matthew L. <sen-lamountain@rilegislature.gov>
Subject: ANNE HAGAN FOR S2116

Dear Chairwoman Melissa Murray and the members of the Senate Health and Human Services Committee

I would like to address the Rhode Island Department of Health's recommended amendments to § 5-31.1-39 with regard to Certified Foot Care Nurses. I appreciate RIDOH's stated willingness to support this legislation and its shared goal of protecting patient health and safety.

I am writing not only as a Certified Foot Care Nurse, but as a registered nurse who spent the majority of my career in hospice nursing, caring for chronically ill, debilitated, and end-of-life patients in their homes and long-term care settings. Throughout my hospice career, I saw firsthand how basic foot care directly affects comfort, mobility, dignity, and quality of life, particularly for patients with advanced illness, diabetes, vascular disease, and limited mobility.

I also witnessed, repeatedly, the significant lack of available podiatry services for homebound and terminally ill patients in our state. As podiatrists increasingly stopped providing in-home foot care, a large and well-documented gap in care emerged—one that left many vulnerable patients without access to even the most basic preventive foot services.

After retiring from hospice nursing, I pursued and obtained national foot care nurse certification so I could continue addressing this unmet need safely and competently. This experience has given me a unique perspective on both patient safety and real-world access to care.

For these reasons, I support the inclusion of a certification requirement for nurses providing foot care. Certification establishes standardized education, clinical competency, and accountability and appropriately addresses concerns related to safe instrument use, clinical judgment, and the care of high-risk patients.

However, the additional requirements proposed—particularly mandatory written collaborative agreements, supervision structures, and required podiatry examinations within ninety days—go well beyond what is required anywhere else in the country. No other state requires certified foot care nurses to practice under direct supervision or

formal collaboration agreements, including neighboring Massachusetts, where nurses have safely provided independent foot care for many years.

While the American Podiatric Medical Association has expressed the opinion that foot care nurses should practice under supervision, this position does not reflect current access realities. The gap this bill seeks to address exists precisely because podiatrists are no longer routinely providing in-home foot care. Imposing supervision or collaboration requirements would recreate the same barriers that have left elderly, disabled, homebound, and hospice patients without basic preventive care.

Certified foot care nurses provide preventive, non-surgical services within a clearly defined nursing scope of practice. They do not diagnose medical conditions, perform surgical procedures, or replace podiatrists. They are trained to identify complications and make timely referrals when higher-level or podiatric care is needed. Requiring mandatory podiatry visits following routine foot care—particularly for homebound or terminally ill patients—is often impractical, burdensome, and in some cases unrealistic.

I would also respectfully note that the Rhode Island Board of Nursing has been largely silent and absent during this process, despite repeated outreach over the past year. Calls, emails, and written requests for guidance or engagement have gone unanswered, making it difficult for stakeholders to collaboratively shape language that reflects nursing standards and real-world practice.

Requiring certification alone provides an appropriate and proven safeguard. Adding layers of supervision, collaboration mandates, and compulsory podiatry referrals risks rendering the bill ineffective in practice while failing to improve patient safety—ultimately leaving the same vulnerable patients without care.

I respectfully urge the Committee to advance Bill S2116 with a certification requirement, but without supervision or collaboration provisions that are not required elsewhere and that would perpetuate the very access problems this legislation is intended to solve.

Thank you for your thoughtful consideration and your commitment to improving care for Rhode Island’s most vulnerable residents.

Sincerely,

Anne Hagan, RN, BSN

Certified Foot Care Nurse