

From: Debbie Fleming <flemingdebbie@me.com>
Sent: Sunday, March 1, 2026 4:53 PM
To: SLegislation <slegislation@rilegislature.gov>
Cc: Sen. Urso, Lori <sen-urso@rilegislature.gov>
Subject: Support for SENATE BILL # S2116

TO: Chairwoman Melissa Murray and members of the SENATE Health & Human Services Committee

Email: SLegislation@rilegislature.gov

CC: Senator Lori Urso - State of Rhode Island General Assembly

Email: sen-urso@rilegislature.gov

FROM: Debbie Fleming, BScN, RN, CFCS, CFCN

RE: Support for **SENATE BILL # S2116**

DATE: 2026 February 8

Chairwoman Murray and honorable members of the Senate Health and Human Services Committee:

My name is Debbie Fleming, and I live in St. Albert, Alberta. In addition to providing in-home foot care to clients, I serve as an advisor, researcher, and educator for the American Foot Care Nurses Association.

I am writing to urge you to support Senate bill S2116 (Senator Lori Urso), which would permit a nurse who has the appropriate knowledge and clinical competency to provide routine home foot care services.

Rhode Islanders deserve access to safe, routine foot care in the home. Aging in place often requires family caregivers to provide personal care for loved ones, including routine foot care. Family members often lack the skills, knowledge, and confidence to provide this care safely. The Rhode Island Office of Healthy Aging states:

Many Rhode Islanders are growing older. "We are among the states with the highest share of adults age 85 and over....where you live, and your access to resources has a very real effect on your health and quality of life." <https://healthyagingdatareports.org/wp-content/uploads/2020/12/RI-Healthy-Aging-Report-2020.pdf#:~:text=Rhode%20Island's%20older%20population%20is%20growing%20dramatically,.increase%20of%20nearly%2075%25%20over%2030%20years.>

“By 2030, it is estimated that one in four Rhode Islanders will be 65 or older, while adults living with disabilities in Rhode Island account for 13 percent of the total state population...”

<https://oha.ri.gov/who-we-are/key-facts>

According to the 2023 US Census, there were 212,000 Rhode Island citizens aged 65 or older, which is almost 20% of the population!

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

As of August 6, 2022, according to data from the Rhode Island Board of Examiners, there were 101 licensed podiatrists, a ratio of 1 per 10,865 people

<https://podiaepedia.org/wiki/podiatry-practice/podiatry-worldwide/united-states/number-of-podiatrists-in-the-usa/> Even assuming all licensed Rhode Island podiatrists are in full-

time clinical practice, there are still too few podiatrists that to manage this growing senior population, in addition to applying their expert training to managing sports injuries and other health emergencies among younger populations. Accessibility for those in need of routine foot care service is key to early assessment, preventive education, and care, particularly for mobility-challenged, homebound citizens.

At last year’s hearing on this topic, Bill 6088, it is noteworthy that the podiatrists testifying stated they were unable to attend housebound individuals in their homes unless they had already been seen in a clinic, as insurance payment would not be assured. Sadly, the many homebound clients (~300) who were in the care of the RN, (a certified foot care nurse), who was ordered to cease service, remained in need and were not subsequently attended to in-home by the podiatrists who had expressed concern for their well-being. The recent Feb 10th hearing of Bill H7029 did not indicate any further action by podiatrists to provide in-home care beyond compiling a list of podiatrists willing to provide home visits. The list was not presented, and it is not available to the public.

There is a clear gap between the number of available health professionals able and prepared to provide foot care and Rhode Island’s population of seniors, many of whom need foot care. In-home care is where most foot care nurses practise in other states, as an adjunct to clinical podiatric care, and these nurses are not dependent on clients' insurance.

Foot care nurses providing in-home care across the country provide routine preventive care. They have formal nursing education and experience. Education includes infection prevention and control policies and protocols, as well as adherence to current evidence-based best practices for instrument disinfection to support nurse and client safety and well-being. The public is assured that nurses are properly trained through a rigorous, multi-

layered system of regulation, education standards, examinations, and continuous professional monitoring. Having completed additional specialized foot care training and experience working with clients with complex needs, nurses can identify signs and symptoms of infection, skin pathologies, nail abnormalities, and wounds and ulcers of the lower limb and foot.

There are times when nurses encounter first-time clients who are homebound and in urgent need of care beyond the nurse's scope of practice. As health professionals, nurses are trained to assess and identify such cases and refer clients to appropriate higher levels of expertise in a timely manner. Basic assessments identifying serious pathology save limbs of those whose conditions might have further deteriorated, as individuals would have remained unaware of the gravity of their condition, as they had been unable to access care.

Passing this bill and allowing nurses to fill this gap in access to appropriate foot care nursing is the humane thing to do to promote the health and wellness of the most vulnerable in our state. Residents and their caregivers in RI deserve access to these services. Rhode Island is the only state in the country that prevents trained nurses from providing this care.

Please pass this bill out of committee and to the Senate floor with a recommendation for passage to enable housebound people in urgent need of foot care to access much-needed professional foot care nursing.

Sincerely,

Debbie Fleming BScN, RN, CFCS (AFCNA-US), CFCN (WOCNCB-US)

AFCNA Advisory Board Member, Educator, Researcher & Volunteer

Member CAMDR - Canadian Association Of Medical Device Reprocessors

Member IPAC - Infection Prevention and Control Canada