



RAINIER MEDICAL
Wound Care Specialists

Dr. Julia Overstreet, DPM, FAPWCA
Podiatric Physician & Surgeon
Wound Care Specialist
Diabetic Foot Care Specialist

TO: RI Senate, Chairwoman Murray and Honorable Members of the Senate Health and Human Services Committee

FROM: Dr. Julia Overstreet, DPM, FAPWCA

RE: Support for S2116

DATE: 3-2-2026

My name is Dr. Julia Overstreet and I am a podiatric physician and surgeon practicing in Seattle, Washington. I have provided foot and wound care to older adults and high-risk patients for more than three decades, and for the last 20 years I have also taught and precepted nurses in diabetic foot care, wound care, and what we refer to as routine foot care.

I am writing to urge you to support S2116, which would permit nurses who have appropriate education and demonstrated clinical competency to provide routine home foot care services. For many years, podiatrists across the country have shifted away from routine nail and callus care toward surgery and other complex procedures, leaving a large gap in access to basic, noninvasive foot care for seniors and other vulnerable patients. Properly trained foot care nurses are uniquely positioned to close this gap by safely trimming dystrophic toenails, managing corns and calluses, and performing thorough lower extremity assessments in the home and residential settings.

I understand that some podiatrists may feel uneasy about nurses providing this care and may worry that their professional role is being encroached upon. In my experience, this concern is more about protecting professional territory than about actual risk to patients. When dentistry first faced the emergence of dental hygienists, many dentists opposed allowing hygienists to practice independently. Which was the way that field started. Today, dentists routinely employ multiple hygienists and recognize that these colleagues expand access to preventive care and strengthen, rather than weaken dental practices. A similar evolution can occur in podiatry: nurses providing basic, non-invasive foot care will not replace podiatrists but will extend our reach and allow podiatrists to focus on complex medical and surgical problems that truly require our specialized training.

Nurses are already entrusted with procedures far more invasive and technically demanding than routine foot care. For example, appropriately trained nurses place peripherally inserted central catheters (PICC lines), threading a central venous catheter so that it sits near the heart-well beyond anything that falls within the podiatric scope of practice. If nurses can safely and competently perform such advanced procedures under existing regulatory frameworks, it is entirely reasonable for them to provide carefully taught, noninvasive toenail and callus care in the home. This bill simply aligns the law with the level of responsibility nurses already carry every day.

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In practice, foot care nurses do not work in isolation or attempt to replace pediatric or primary care. They are diligent about consulting with podiatrists and primary care providers whenever they identify concerning findings during their examinations. Very often, they are the first clinicians to notice early wounds, infections, or circulatory problems in patients who might not otherwise see a specialist until the condition has progressed to a much more dangerous stage. By formalizing and supporting their role, H7029 will strengthen collaboration between nurses, podiatrists, and primary care providers, improve early detection of serious problems, and protect patients from preventable complications.

Rhode Islanders deserve access to safe, routine foot care in the home. Aging in place often means that family members are left trying to provide essential personal care for their loved ones without the skills or confidence to do so safely, especially when diabetes, vascular disease, or frailty are present. Allowing appropriately trained nurses to provide this noninvasive routine care is a practical, humane, and cost-effective way to protect the health and independence of older adults and other high-risk citizens.

A nearly identical bill passed the House unanimously in 2025, reflecting broad recognition that this is a necessary and sensible update to Rhode Island law. I respectfully ask you to pass S2116 out of committee and send it to the House floor with a recommendation for passage so that qualified foot care nurses can safely meet this urgent and growing need among your constituents.

Thank you very much for your time and consideration.

Sincerely,

A handwritten signature in black ink, reading "Julia Overstreet, DPM". The signature is written in a cursive style with a large initial "J" and "O".

Dr. Julia Overstreet, DPM, FAPWCA
Pediatric Physician and Surgeon
Diabetic Foot Care and Wound Care Specialist