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March 3, 2026

The Honorable Melissa A. Murray, Chair
Senate Committee on Health and Human Services
State House
82 Smith St.
Providence, RI 02903

RE: S 2116 – An Act Relating to Businesses and Professions - Nurses

Dear Chair Murray:

Please accept this letter regarding S 2116, legislation that would permit a nurse who has the appropriate knowledge and can demonstrate clinical competency, to provide home services foot care, which would include routine foot and nail care and implementing a plan of foot care that includes hygiene and the shortening of toenails and fingernails. A nurse providing in-home foot care would ensure that 2 hours of continuing education out of the 10 hours required each certification period would be focused on foot care. The Rhode Island Department of Health (RIDOH) would determine fair and reasonable license and renewal fees for nurses providing services pursuant to this section. RIDOH is supportive of this legislation with amendments.

Registered nurses routinely assess the feet during routine care and follow provider's orders for any prescribed topical or medication treatments to address abnormalities. From a public safety perspective, RIDOH wishes to inform the Committee that a podiatrist undergoes four years of podiatric medical school and completes a minimum three-year residency to be eligible to be licensed in Rhode Island and become board certified.

Certification is available for foot care nurses, but it is not a requirement in this bill. Certification as a foot care nurse only requires 24 educational hours and 40 clinical hours under an Advanced Practice Registered Nurse (APRN), Physician Assistant (PA), or podiatrist. Without a certification and/or initial supervision requirement, RIDOH and the Board of Nursing have no means to determine that an individual nurse has "the theoretical knowledge of and demonstrate(s) clinical competency in" the required elements, including the safe use of instruments in the provision of foot care.

Debridement of thick toenails, particularly in patients with diabetes, vascular insufficiency, and those on anticoagulants, can be difficult and can result in damage to surrounding soft tissue. Damaged soft tissue could result in infection, bleeding, development of open wounds, and even the need for surgical intervention, including amputation. While an APRN has prescribing and procedural intervention within their scope of practice, a registered nurse does not. **RIDOH recommends an amendment requiring certification.**

The American Podiatric Medical Association ([APMA Collaborating with NGS CAC Representatives to Address At-Risk Foot Care LCA Changes - APMA MAIN](#)) has published the opinion that the services provided by certified foot care nurses must be performed under the direct supervision of a physician or another qualified practitioner. This bill as written has no supervision or collaboration requirements for the foot care nurses.

RIDOH recommends aligning S 2116 with requirements found in Rhode Island's public health dental hygienist statute and the Massachusetts Board of Registration in Nursing Advisory Ruling. See: [RIGL 5-31.1-39](#). In Rhode Island, public health dental hygienists are authorized to provide care within their scope independently with a cooperative agreement with a dentist. RIDOH recommends the following wording be added:

§ 5-31.1-39. Certified Foot Care Nurses.

(a) Any certified foot care nurse, which for purposes of this chapter means any practicing registered nurse who is certified by a Rhode Island Board of Nursing-approved organization, may perform foot care services and procedures through home services subject to conditions adopted by the Rhode Island Board of Nursing, in a home services setting, without the immediate or direct supervision or direction of a podiatrist or other licensed independent provider, as long as those procedures and services are within the nursing scope of practice that has been authorized and adopted by the Rhode Island Board of Nursing as a delegable procedure for a registered nurse.

(b) Any certified foot care nurse shall enter into a written collaborative agreement with a local or State government agency or institution or with a licensed podiatrist who states that they shall be able to provide the appropriate level of communication and consultation with the certified foot care nurse to ensure patient health and safety prior to performing any procedure or providing any service under this section. The written collaborative agreement will follow the appropriate guidelines as determined and established by the Rhode Island Board of Nursing. The collaborative agreement shall stipulate that the application of prescribed or over-the-counter medications, treatments, interventions, or devices intended for reasons other than moisturizing and/or a protective moisture barrier and/or applying off-loading/padding pressure relieving devices to intact skin requires an order from a duly authorized prescriber identifying the minimum required elements of a prescription prior to implementation.

(c) Any certified foot care nurse shall provide to the patient, or to the patient's legal guardian, a consent form to be signed by the patient or legal guardian. The consent form shall be consistent with current Department of Health policies that describe services to be rendered and explains that services rendered are not a substitute for a podiatry examination by a podiatrist. The consent form must include a description of the potential adverse events which could occur as a result of the procedure, including bleeding, ingrown nails, infection, wound development, and the need for additional intervention by a provider. The consent form shall also inform the patient or legal guardian that the patient should obtain a podiatry examination by a podiatrist within ninety (90) days after undergoing a procedure authorized pursuant to this section. The patient or legal guardian shall also obtain written referral to a podiatrist and an assessment of further podiatry needs.

RIDOH would be supportive of this legislation with the above noted amendments which will expand patient access to podiatry services while at the same time protecting patient health and safety. We welcome the opportunity to work with the sponsors on RIDOH's proposed amendments. Thank you for the opportunity to comment on this important legislation.

Sincerely,

A handwritten signature in black ink that reads "Jerome M. Larkin". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Jerome M. Larkin, MD

Director

CC: The Honorable Members of the Senate Committee on Health and Human Services
The Honorable Lori Urso
Kristen Silvia, Director of Legislation and Deputy Chief of Staff
Patricia Resende, Director of Senate Policy