

My name is Tina McDonald, I live in Tiverton, RI. I am writing to you today in support of bill S2116 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 licensed 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 (Certified Foot Care Nurse). 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.

Registered nurses in Rhode Island are already licensed, regulated, and held accountable by the Rhode Island Department of Health. We complete rigorous education, pass national licensure exams, fulfill continuing education requirements, and practice under professional standards that prioritize patient safety. Foot care nurses pursue additional specialized education focused specifically on foot health. This includes advanced training in foot anatomy and function, biomechanics, skin and nail pathology, risk assessment, and the impact of chronic illnesses — such as diabetes, vascular disease, neuropathy, and arthritis — on the feet. We are trained to recognize early warning signs of complications and to intervene appropriately or refer when necessary. This specialized

knowledge allows us to provide safe, preventive care while identifying conditions that require higher-level medical evaluation.

In addition, foot care nurses receive further training in infection prevention, sterilization of foot care instruments, and proper maintenance of equipment based on guidelines from the Centers for Disease Control and Prevention. We are educated in cleaning, disinfection, sterilization processes, safe transport of instruments, and prevention of cross-contamination. These evidence-based standards are consistently applied in practice. Infection control is foundational to nursing. Patients and providers alike trust nurses every day to provide wound care, administer medications, and prevent complications in complex clinical situations. That same training, ethical obligation, and accountability apply to routine foot care services. (Please see attached WOCN-CB blueprint of education program and certification requirements for more details).

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. Nurses are not only educated in referring appropriately, but ethically obligated to do so. It is already how the healthcare system functions safely and effectively. The role foot nurses serve regarding health promotion and public safety/protection is paramount.

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 access to routine preventative foot care. Podiatrists were not able to fill the void. Preventative foot care decreases hospitalizations, and decreases costly complications as well as emergency department visits. 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). This advisory statement does not reduce oversight, it clarifies it. It also does not replace Podiatry, but rather maintains referral requirements for cases requiring a higher level of care. Foot Nurses collaborate with a client's own established health care team, providing patient-centered care to meet their

individual goals and needs. To clarify: Foot Nurses in MA **are not required** to have a formal partnership with an overseeing provider in order for them to provide basic routine foot care in private homes. It allows foot nurses autonomy within set parameters, and provides evidence-based regulation while valuing the collaborative role that we bring to the established health care team. I 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: Denying RI residents access to nursing care does not enhance public health. In addition, over-regulation can unintentionally decrease overall access to this basic care, creating further barriers for our seniors and homebound, disabled residents who already have limited access to healthcare providers, including primary care providers, in the midst of the health care crisis our state is currently in. We need to lessen the burden on the overworked primary care providers practicing in our state, and provide them more options to delegate care allowing them to best meet the needs of the populations they serve. Supporting this bill is the humane thing to do to promote the health and wellness of the most vulnerable residents of our state, while utilizing licensed professionals to the full extent of their education and training.

I have personally been getting referrals from Podiatrists for years for basic home 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. 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. 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 104 licensed Podiatrists in RI (State of RI Dept of Health): simply not enough to meet all the foot care needs of the state. In closing, this issue ultimately comes down to access, safety, and responsible healthcare delivery in our state, and this bill would support foot care nurses to help elevate the health and wellness of our most vulnerable residents.

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/>

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Boston, Massachusetts 02108-1512

Certificate by Regulatory Board

In compliance with General Laws, Chapter 156C/108A the, MA Board of Nursing hereby certifies
(name of board)

that in connection with the formation/registration of: Foot Nurses of New England
(name of company/partnership)

a professional limited liability company/limited liability partnership formed to render mobile foot care services
(type of service)

the below listed members/partners are duly licensed or admitted to practice the profession listed above.

Member/Partners

Addresses

Tina McDonald

356 East Rd.
Tiverton, RI 02878

Signed by:

Stewart Allen, Admin. Asst.
(secretary/clerk of the regulatory board)

on this

2nd

day of

July

2024

Delete any inapplicable language.

Massachusetts Board of Registration in Nursing

Advisory Ruling on Nursing Practice

Title: Foot Care

Advisory Ruling Number: 9305

Authority:

The Massachusetts Board of Registration in Nursing (Board) is created and authorized by Massachusetts General Laws (M.G.L.) c. 13, ss. 13, 14, 14A, 15 and 15D, and G.L. c. 112, ss. 74 through 81C to protect the health, safety, and welfare of the citizens of the Commonwealth through the regulation of nursing practice and education. In addition, M.G.L. c.30A, s. 8 authorizes the Board to make advisory rulings with respect to the applicability to any person, property or state of facts of any statute or regulation enforced or administered by the Board. Each nurse is required to practice in accordance with accepted standards of practice and is responsible and accountable for his or her nursing judgments, actions, and competency. The Board's regulation at 244 CMR 9.03(6) requires all nurses to comply with any other law and regulation related to licensure and practice.

Date Issued: January, 1979

Dates Revised: July 15, 1992; September 25, 2002; March 9, 2011, December 10, 2014, February 14, 2018

Scope of Practice: Registered Nurse and Licensed Practical Nurse

Purpose:

To guide the practice of Registered Nurses and Licensed Practical Nurses whose practice incorporates foot care to meet nursing and client goals including, but not limited to, health promotion, client teaching, health risk reduction, and promotion of safety and comfort.

Advisory:

Foot care is an important component of nursing care. Nurses must apply evidence based principles when assessing, planning, implementing and evaluating an individual's foot health care needs. Licensed nurses who incorporate foot care into their practice must recognize foot signs and symptoms that may represent conditions requiring treatment beyond their scope of practice and refer to appropriate members of the health care team for collaboration and orders for continued treatment. Nurses may perform nursing techniques and procedures related to foot care only after appropriate education and demonstrated clinical competency that includes adherence to standard precautions and principles of asepsis and infection control.

Clients must grant informed consent, with substantiating documentation by the nurse. In obtaining informed consent for a nursing intervention, the nurse will provide the client with information about foot care, including its intended benefits and potential risks. Collaboration and consultation between members of the health care team is essential. Documentation of consent, assessment information, plan of care, interventions and evaluation must adhere to current standards of practice.

Nurses who provide foot care must have theoretical knowledge of and demonstrate clinical competency in:

1. Foot and lower extremity anatomy and physiology;
2. Structure and function of the foot and nail;
3. Common foot pathology and related nursing interventions;
4. Changes in the foot due to age and chronic diseases;
5. Nursing assessment of the foot and lower extremity;
6. Use of instruments used in nursing foot care; and
7. Infection control.

Foot care is considered a nursing intervention that includes, but is not limited to, the following components:

1. Assessing past medical history including diabetes mellitus, peripheral vascular disease or peripheral neuropathy;
2. Assessing health habits affecting feet and lower extremities (activity level, exercise, obesity, diet, smoking, etc.);
3. Assessing circulation;
4. Assessing skin integrity, foot and nail structure;
5. Assessing pain and methods of relief;
6. Implementing a plan of foot care that is consistent with recognized standards of practice that includes:
 - a. Hygiene and shortening of toe and finger nails;
 - b. The use of emery boards or pedicure drill with emery disc attachment, to smooth corns or calluses
 - c. Referring the patient to an appropriate practitioner for further assessment and orders when alterations in skin integrity, foot structure and/or other abnormalities require application of prescribed or over-the-counter treatments/devices; and
 - d. Evaluating client response to plan of care.

Client education includes, but is not limited to the following:

1. Self-care, hygiene, health habits;
2. Appropriate footwear;
3. Nutrition;
4. Exercise;
5. Compliance with medical regime; and
6. Reporting changes and/or problems to their primary care provider.

For the purpose of this Advisory Ruling on Nursing Practice, 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(s) from a duly authorized prescriber identifying the minimum required elements¹ of a prescription prior to implementation.

References:

¹ Name of ultimate user, name of the medication/substance, dose and route of the medication/substance, frequency of the medication/substance administration, a valid medication/substance order date, specific directions for administration, signature of the duly authorized prescriber, signature of the individual accepting/verifying the order.

Bryant, Ruth et al, editors. Acute & Chronic Wounds: Current Management Concepts. Howes-Trammel, et al. *Foot and Nail Care*. Chapter 15, © 2011, Elsevier, Inc.
<http://www.maphn.org/Resources/Documents/Foot%20and%20Nail%20Care%20Chapter%20Bryant%20TEXT%202010.pdf>

Burton, M. et al, editors. Fundamentals of Nursing Care. © 2015 by F. A. Davis Company.

Indian Health Service Division of Diabetes Treatment and Prevention. Indian Health Diabetes Best Practice Foot Care. April 2011.
http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/2011_BP_Foot_Care_508c.pdf

Treas, L. et al, editors. Basic Nursing. © 2015 by F. A. Davis Company

Wound, Ostomy and Continence Nursing Certification Board Foot Care Certification
<http://www.wocncb.org/certification/foot-care-certification>

American Foot Care Nurses Association
<https://afcna.org/>

2019 CFCN Examination Blueprint

CFCN Target Audience Statement

The Certified Foot Care Nurse (CFCN) is an integral part of the health care team, providing foot care assessment, prevention, intervention, and education for patients in all settings across the health care spectrum. The CFCN uses evidence-based practice to elevate the standard of foot care and improve patient quality of life.

	<i>Classification</i>	<i>Test Specifications (Items)</i>
<i>Domain I: Assessment and Care Planning (32.5% of exam)</i>	<i>010000</i>	<i>36</i>
Task 1: Obtain comprehensive patient health history (e.g., current medications, comorbidities, health habits) through interviews, established medical records, and questionnaires to determine the patient’s risk factors and current health status (e.g., mental, psychosocial, socioeconomic, cultural). (8.5% of exam; 9 items)	010100	9
Knowledge of:		
a. Medications and alternative therapies (e.g., blood thinners, diabetes, steroids, autoimmune, neuropathic, homeopathy)	010101	
b. Comorbidities and conditions affecting the feet and lower extremities (e.g., vascular disease, neurological disease, diabetes, autoimmune disease, arthritis, trauma)	010102	
c. Factors affecting lower extremity health (e.g., smoking, diet, obesity, activity level, cognitive, socioeconomic, cultural)	010103	
d. Methods for mental health assessment	010104	
e. Functional disabilities (e.g., gait, mobility, balance, visual, cognitive)	010105	
Skill in:		
f. Collecting health history components	010106	
g. Evaluating health history components	010107	
Task 2: Perform focused lower extremity physical assessments (e.g., pain, integumentary, vascular, musculoskeletal, neurological) to determine current physical status. (9.1% of exam; 10 items)	010200	10
Knowledge of:		
a. Anatomy and physiology of the lower extremities	010201	
b. Methods of pain assessment	010202	
c. Types of pain (e.g., neuropathic, musculoskeletal, vascular)	010203	
d. Compromised skin integrity (e.g., fissures, ulcers, corns, calluses, dermatitis)	010204	

e. Vascular status (e.g., temperature, hair growth patterns, pulses, blanching, capillary refill, rubor, pallor, edema, altered pigment)	010205	
f. Musculoskeletal function of the foot (e.g., range of motion, deformities, strength)	010206	
g. Neurological status (e.g., sensory, motor, autonomic)	010207	
h. Charcot arthropathy	010208	
Skill in:		
i. Performing pain assessment	010209	
j. Differentiating pain types	010210	
k. Palpating pulses (i.e., dorsalis pedis, posterior tibialis, popliteal)	010211	
l. Using a Doppler	010212	
m. Performing ankle-brachial index (ABI)	010213	
n. Interpreting ankle-brachial index (ABI)	010214	
o. Performing monofilament, vibratory, and proprioception tests	010215	
Task 3: Develop an initial patient-centered plan of care using health history and physical assessment information to establish foot care goals. (7.6% of exam; 9 items)	010300	9
Knowledge of:		
a. Patient-centered care	010301	
b. History and physical assessment findings	010302	
c. Appropriate interventions (e.g., treatments, education, referrals)	010303	
Skill in:		
d. Reviewing complete health history and physical assessment	010304	
e. Setting appropriate goals based on identified patient needs	010305	
f. Planning interventions based on patient-centered needs and goals (e.g., cultural, socioeconomic, physical)	010306	
Task 4: Perform ongoing evaluation and modification of the patient-centered plan of care to optimize patient outcomes and promote care goals. (7.3% of exam; 8 items)	010400	8
Knowledge of:		
a. Patient-centered care	010401	
b. Anticipated responses to current interventions	010402	
c. Appropriate modifications based on responses to interventions	010403	
Skill in:		

d. Evaluating patient responses to interventions	010404	
e. Modifying goals based on patient response	010405	
f. Modifying interventions based on revised patient needs and goals	010406	
<i>Domain II: Prevention, Intervention, and Treatment (41.7% of exam; 46 items)</i>	<i>020000</i>	<i>46</i>
Task 1: Perform preventative care on feet and lower extremities to promote foot health and reduce the risk of complications. (7.1% of exam; 8 items)	020100	8
Knowledge of:		
a. Integumentary system	020101	
b. Skin cleansing guidelines	020102	
c. Skin moisturizers (e.g., humectants, emollients)	020103	
Skill in:		
d. Selecting and applying appropriate skin care products (e.g., cleansers, moisturizers)	020104	
Task 2: Recommend treatment and provide care for dermatological conditions affecting the feet and lower extremities to promote optimal skin health and integrity. (7.9% of exam; 9 items)	020200	9
Knowledge of:		
a. Integumentary system	020201	
b. Signs and symptoms of skin impairments (e.g., blisters, hyperkeratotic lesions, stasis dermatitis, fissures, verucca vulgaris, trauma, tinea pedis, paronychia, maceration)	020202	
c. Skin cleansing guidelines	020203	
d. Skin moisturizers (e.g., humectants, urea, emollients, anti-itch)	020204	
e. Barrier products (e.g., dimethicone, petrolatum, zinc-based product)	020205	
f. Topical treatments (e.g., antiperspirant, antifungal)	020206	
Skill in:		
g. Managing skin impairments	020207	
h. Applying skin care products (e.g., cleansers, moisturizers, medications)	020208	
Task 3: Recommend treatment and provide care for wounds affecting the feet and lower extremities to promote optimal wound management. (9.2% of exam; 10 items)	020300	10
Knowledge of:		

a. Characteristics of wound types (e.g., vascular, neuropathic, traumatic, pressure injuries)	020301	
b. National Pressure Ulcer Advisory Panel (NPUAP) pressure injury staging system	020302	
c. Wagner grading system for diabetic foot ulcers	020303	
d. Appropriate topical treatment to maintain periwound integrity	020304	
e. Wound management (e.g., containment of drainage, eliminating dead space, reducing bioburden, controlling odor, debridement)	020305	
f. Compression therapy (indications and contraindications)	020306	
g. Advanced wound therapy (e.g., electrical stimulation, bioengineered tissue, negative pressure wound therapy, hyperbaric oxygen therapy)	020307	
Skill in:		
h. Selecting dressings and appropriate therapies for wounds	020308	
i. Applying dressings and appropriate therapies to wounds	020309	
Task 4: Perform nail care and debridement to reduce the risk of injury and promote comfort. (9.1% of exam; 10 items)	020400	10
Knowledge of:		
a. Nail anatomy	020401	
b. Onychopathology (e.g., onychomycosis, onychocryptosis, onychogryphosis, paronychia)	020402	
c. Personal protective equipment (PPE) guidelines	020403	
d. Appropriate nail care debridement tools and equipment	020404	
e. Nail debridement techniques	020405	
f. Instrument disinfectant and sterilization guidelines (e.g., cold sterilization, autoclave)	020406	
Skill in:		
g. Identifying free nail border	020407	
h. Selecting nail care debridement tools and equipment	020408	
i. Using nail care debridement tools and equipment	020409	
Task 5: Implement offloading interventions to prevent or manage injury (e.g., Charcot, ulceration, callus, trauma) and promote foot health. (8.3% of exam; 9 items)	020500	9
Knowledge of:		
a. Appropriate footwear and garments (e.g., shoes, socks, hosiery, inserts)	020501	
b. Offloading modalities to reduce friction and shear and redistribute pressure	020502	

c. Offloading products and devices (e.g., lamb's wool, moleskin, silicone, padding, inserts, shoes, boots, total contact casts)	020503	
d. Wear patterns (e.g., pressure mapping)	020504	
Skill in:		
e. Identifying areas of pressure, friction, and shear	020505	
f. Selecting offloading products and devices	020506	
g. Applying offloading products and devices	020507	
Domain III: Education and Referral (25.9% of exam; 28 items)		
Task 1: Instruct patients and caregivers on risk factors and foot care guidelines (e.g., hygiene, footwear, daily foot inspections) to prevent complications, maintain optimal lower extremity health, and facilitate patient autonomy. (12.9% of exam; 14 items)		
	030100	14
Knowledge of:		
a. Comorbidities and conditions affecting the feet and lower extremities (e.g., vascular disease, neurological disease, diabetes, autoimmune disease, arthritis, trauma)	030101	
b. Age-related processes affecting the feet and lower extremities	030102	
c. Health habits affecting the feet and lower extremities (e.g., activity level, exercise, diet, smoking)	030103	
d. Preventive skin care strategies	030104	
e. Appropriate health care-related educational resources (e.g., websites, printed materials)	030105	
Skill in:		
f. Assessing the health literacy of patients and caregivers (e.g., learning style, readiness to learn, barriers to learning, cultural diversity, current understanding)	030106	
g. Educating patients and caregivers regarding important foot and nail care guidelines (e.g., prevention, dermatological conditions, wound management, offloading, managing underlying comorbidities, continued follow-up)	030107	
Task 2: Collaborate with interdisciplinary health care professionals and make appropriate referrals to optimize patient outcomes and promote care goals. (13.0% of exam; 14 items)		
	030200	14
Knowledge of:		
a. Roles and responsibilities of specialized health care providers (e.g., vascular specialist, podiatrist, orthopedist, dermatologist, pedorthist, orthotist, pain management specialist, diabetes educator, wound specialist, dietitian)	030201	

Skill in:		
b. Communicating with members of the interdisciplinary team	030202	
c. Identifying and accessing programs for specific lower extremity disease processes	030203	
d. Referring patients to appropriate health care providers	030204	