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Bill H6088 scheduled 3/27/25

FOR

My name is Dr. Kate Clayton-Jones. I live in Conway, MA. and I am writing to you today about bill H6088 which is a bill that permits a board-certified foot care nurse to provide certain at-home care of feet to the people of Rhode Island. Routine care of feet is a necessary activity of daily living. This bill would support nurses in the provision of routine foot and nail care to people in their homes.

I became a nurse in 2013. I saw a sign that said the foot care nurse was at the senior center and became intrigued. I wanted to be helpful, and the compassionate evidence-based care model appealed to me, so I trained to be a foot care nurse. I was invited to sit on the WOCNCB CFCN examination board, so I personally know how rigorous the test questions are. I also hold a PhD in nursing science. My research proved that a simple shoe-lacing intervention that nurses can do in homes is able to prevent wounds from happening. I am also about to graduate, in May as a nurse practitioner so I know the medical model well.

My work as a foot care nurse was welcomed by both consumers and those who provide supportive services to older adults. I was offered contracts by organizations in Massachusetts that support elder wellness. My little one-off foot care business was so much in demand that I had to train other nurses to do what I do. I have managed to grow a business that currently employ 45 nurses. We cover most of Massachusetts and Northern CT. I have been invited into Rhode Island

as well. Last year my nurses provided regularly scheduled in home foot care services to over 7000 consumers – that's 32000 plus visits. That's a lot of happy people with happy feet.

My point here is - I know this world well. Older adults wishing to stay in their homes in Massachusetts are not much different than Rhode Islanders, your older adults are deserving of good evidence-based in-home routine foot care. And a good business model meets a need and when good people do good business it's a good thing for many.

I support this bill because Foot Care Nursing, nationwide, is about preventing foot care related issues like falls and amputations from happening. Foot Care nursing is not just about nail care, it's about Nursing which is defined as "a healthcare profession that involves caring for people of all ages and stages of life to promote health, prevent illness, and help people recover from injury or disease. It's also about early detection through assessment and the provision of education and support to prevent issues from happening". Nurses follow the nursing process which is defined as a "systematic approach to care using the fundamental principles of critical thinking, client-centered approaches to treatment, goal-oriented tasks, evidence-based practice (EDP) recommendations, and nursing intuition. Holistic and scientific postulates are integrated to provide the basis for compassionate, quality-based care" (Toney-Butler & Thayer 2023)

We know that a fall is preventable with good evidence-based care of feet such as nail trimming. We know a wound is preventable with skin care and making sure a shoe is not rubbing on the skin. We know that amputations are preventable with early assessment and early referral and interventions. We also know that it is less expensive on the system to prevent a problem from happening.

It is also a lot less expensive both emotionally and financially for older adults to age in place. While this is well known, the growing elderly population that needs a little more help to

stay well, and safe in their homes, is facing a shortage of health care providers and a system that cannot afford to continue to fix all the broken parts. We know cars last longer with routine maintenance. This is also true of aging adults. The signs in medical offices may say “please take off your shoes” but then what - the wait time for a routine foot care appointment, where I live, is eight months to a year if the podiatrist will accept the patient – which often times they will not.

I ask - have you seen nails that have grown for 8 months – at 1- 2mm/ month growth they are claws – 12- 16 mm long and almost impossible to walk on. Those long nails are a care problem, not a medical problem, and that care can be delivered by nurses safely to a consumer in the home. After all that’s where most of us trim our nails and care for our feet.

It's not as if these older adults can do for themselves. Routine foot care is not just about diabetics either. These are people with Dementia, Alzheimer’s, Parkinsons and other comorbidities who are also often are blind, arthritic, and stiff. If you cannot reach or see your feet you have a problem, no matter the comorbidity. Care of feet is a basic activity of daily living that when done well is a gift of independence and wellness., and when not available is home confinement and a disability. Atul Gwande in his book Being Mortal says “there is a lot of shame inside of peoples shoes”; so I ask - why would anyone want to stand in the way of less expensive preventative care for the feet of older adults wanting to stay in their homes?

This argument about foot care and inviting nursing in to provide in-home care to people needing this service is not a new one. In the 1980s when Medicare changed its billing rules, many podiatrists chose to narrow their foot care practices and they also protested the entrance of nurses into the arena. This left many people without access to routine foot care. This is the same situation that many people are facing today. They have a need for evidence-based care for their feet and require a higher skill set than a nail salon but do not require a medical intervention, like

a surgery. There are more people who are living with comorbidities than ever before. They need this service, and the providers are just not there. These are hard times to be in medicine and tough choices have to be made which means many podiatrists are unable to take patients for routine care of feet in great part because the reimbursement rates are too low to support a viable business, or they just don't have enough staff. But there is a tried-and-true solution.

In the 1980s wound care nurses stepped into the space vacated by podiatry to learn how to take care of feet. Not diagnose and treat, but to assess and perform an activity of daily living – the care for feet. With help from some podiatrists and other experts they developed training and out of that initiative came the WOCNCB CFCN certification board Foot Care exam – a psychometrically designed test that assessed the knowledge skills of a registered nurses wishing to perform care of feet. The Certified Foot Care specialist exam is newer exam and supported by the American Association of Foot Care Nurses, a National Nursing Organization. And just to clarify from taking the pre-requisites to passing the RN- Nclex takes about 4 years of schooling. We can be trained to do things safely - Nurses can do IVs, life saving measures, and even insert catheters. Nurses are professional care givers, and just as in everything else we have been trained in, if we receive the training to care for feet then it is within our scope of practice.

If you are concerned about the safety and wellbeing for older patients, then voting yes to nursing taking care of feet is the right thing to do. Yes, there is a cross over between medicine and nursing, but we know our lane. Applying evidence-based techniques that we have learned, we can use an Emory board or rotary tool to bring unruly nails safely back to fully functioning without causing injury. We can also help stiff feet become a little more mobile and we can teach people to do better skin care to prevents wounds. We can also lace shoes and place tongue pads

so that toes are used for balance instead of gripping and slipping in ill-fitting shoes. Our world is about prevention. We are nursing and we have a great reputation in this space.

Because the model is different than medicine, Foot Care nurses are able to meet people where they live so family members do not have to take the day off work to take their elder to another medical appointment. It is also our responsibility to advocate for patients so if we see a medical issue we are often the first to bring it to attention and recommend a visit to a medical professional. Ours is a profession and a business and so we are accountable. We use an electronic medical record system to document all our visits and, just like Florence Nightingale, we keep data. Our falls rate for people over 65 is about 7% which is well below the national average of 25%. That number represents less emergency room visits, hospitalizations and other expenses and allows beds to be utilized for more life-threatening emergencies. The average age of our customer is 76 years old. Since the average cost of a fall for an elder is now around \$62,000 without serious injury (Dykes et al 2023), and the average annual price of an independent fully licensed, credentialed and insured nurse providing monthly in home care of feet is less than \$2000/ year, it would seem that passing this legislation would not only be a medical cost savings but also a gift or quality of life to many older voters.

Adopting Foot Care Nursing meets the Institute of Health's Triple aim – population health, improved experience of care at an affordable cost because for 40 years, all over the country, individual nurses have quietly been providing and improving the evidence and techniques to provide the safest and most effective based foot care that patients need to thrive in their homes. While the nail salon business has boomed, and so have nail polish sales, it makes no sense, or cents to have your older adults who are already struggling with their health to have their routine foot care needs denied. Relegating routine care of feet to an over-burdened medical

system and practitioners who only have 15 minutes to trim toenails and calluses, when they are qualified and able to perform a much higher-level procedure, like saving a diabetic foot from amputation, does not seem like smart resource utilization. It also does not seem particularly responsible to have the only other option for routine foot care of people with multiple comorbidities be the nail salon. Our amputation rates and infection rates need to go down, not up. I ask you to support the education, wellness and connected compassionate care that research has shown to be 50% of the efficacy of an intervention that an elder needs to thrive (Trzeciak et al, 2018), by voting to pass this bill.

And if there is a fear for lost income or opportunities by podiatrists, then let all be aware that passing this bill will not only open their doors for more customers, because the nurses will catch things and refer medical issues, but the bill will also enable entrepreneurial minded persons to grow their practices and reach more customers because Medicare billing article A56232 states that “a Registered Nurse that holds foot care certification (CFCN® and/or CFCS) may perform covered foot care services when all the following requirements are met:

- Services are performed under direct supervision of a physician or other practitioner
- All requirements of the “incident to” provision are met per the CMS Medicare Benefit Policy Manual
- Proof of accredited Foot Care Nurse certification must be included in the documentation
- All other coverage provisions outlined in this Billing and Coding Article are met (CMS.gov 2024)

So, in these uncertain times, I respectfully ask that you to let go of the fear and embrace a better way for older adults to age in place. By supporting this bill you are demonstrating not only kindness to older adults, but an understanding of the importance an historically proven,

independent professional model of evidence-based method for the provision of routine foot care that is also a compassionate pathway to reducing costs while also improving outcomes.

Sincerely,

Dr. Kate Clayton-Jones

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