JAN 25 2001

CARL T.C. GUTIERREZ
GOVERNOR OF GUAM

The Honorable Joanne M. S. Brown
Legislative Secretary
I Mina'Bente Singko na Liheslaturan Guåhan
Twenty-Fifth Guam Legislature
Suite 200
130 Aspinal Street
Hagåtña, Guam 96910

Dear Legislative Secretary Brown:

Enclosed please find Substitute Bill No. 516 (COR), "AN ACT TO *REPEAL AND REENACT* §12802(a)(xiii) AND ARTICLE 21 OF CHAPTER 12 OF THE GUAM CODE ANNOTATED, RELATIVE TO REGULATING THE DIETITIAN AND NUTRITIONIST PROFESSIONS, " which I have **signed** into law as **Public Law No. 25-192.**

This legislation amends Public Law No. 24-321, which set out for the first time the practice of "Nutritionist/Clinical Dietitian". Prior to this public law, there were no definitions set out in local law for those practitioners known as either dietitians or nutritionists. In fact, there was no explicit requirement for licensure under the Allied Health Board for the specialties of dietitian and nutritionist. Public Law No. 24-321 set out definitions for the practice of dietitian, nutritionist, dietary technician, and dietary assistant, however, did not specifically set out the scope of practice for nutritionists.

Bill No. 516 goes a step further than Public Law No. 24-321. Bill No. 516 specifies the level of education and the certification from accrediting organizations that have to be obtained by both dietitians and nutritionists. The education and certification for these two groups, while both dealing with nutritional care, is different. Bill No. 516 combines the scope of practice for both licensed dietitians and licensed nutritionists, as is currently being practiced on Guam in different sectors of our health care community. Public Law No. 24-321, apparently, did not take into account adequately the nutrition services currently being offered satisfactorily to our community.

While there is still active debate on the provisions of Bill No. 516, the field of applying nutrition to the health of individuals is a new and developing field. Further amendments to accommodate dietitians and nutritionists must be addressed through future legislation.

Very truly yours,

Carl T. C. Gutierrez
I Maga'Lahen Guåhan
Governor of Guam

Attachment: copy attached for signed bill or overridden bill
original attached for vetoed bill

cc: The Honorable Antonio R. Unpingco, Speaker

OFFICE OF THE LEGISLATIVE SECRETARY
ACKNOWLEDGMENT RECEIPT
Received By
Time 11:30 a.m.
Date 26 Jan 2001

00614

MINA'BENTE SINGKO NA LIHESLATURAN GUAHAN
2000 (SECOND) Regular Session

CERTIFICATION OF PASSAGE OF AN ACT TO *I MAGA'LAHEN GUAHAN*

This is to certify that Substitute Bill No. 516 (COR), "AN ACT TO *REPEAL AND REENACT* §12802(a)(xiii) AND ARTICLE 21 OF CHAPTER 12 OF THE GUAM CODE ANNOTATED, RELATIVE TO REGULATING THE DIETITIAN AND NUTRITIONIST PROFESSIONS," was on the 20th day of December 2000, duly and regularly passed.

ANTONIO R. UNPINGCO
Speaker

Attested:

JOANNE M.S. BROWN
Senator and Legislative Secretary

This Act was received by *I Maga'lahen Guahan* this 27 day of Dec, 2000, at 6:16 o'clock P.M.

Assistant Staff Officer
Maga'lahi's Office

APPROVED:

CARL T. C. GUTIERREZ
I Maga'lahen Guahan

Date: 1-25-01

Public Law No. 25-192

MINA'BENTE SINGKO NA LIHESLATURAN GUÅHAN
2000 (SECOND) Regular Session

Bill No. 516 (COR)
As substituted by the Committee on Health, Human Services and Chamorro Heritage and amended.

Introduced by: S. A. Sanchez, II
F. B. Aguon, Jr.
E. C. Bermudes
A. C. Blaz
J. M.S. Brown
E. B. Calvo
M. G. Camacho
Mark Forbes
L. F. Kasperbauer
A. C. Lamorena, V
C. A. Leon Guerrero
K. S. Moylan
V. C. Pangelinan
J. C. Salas
A. R. Unpingco

AN ACT TO *REPEAL AND REENACT* §12802(a)(xiii) AND ARTICLE 21 OF CHAPTER 12 OF THE GUAM CODE ANNOTATED, RELATIVE TO REGULATING THE DIETITIAN AND NUTRITIONIST PROFESSIONS.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative Findings and Intent. The purpose of this Act is to more clearly define, regulate and control the practice of dietetics and

nutrition services on Guam in order to better serve the public interest. Because the practice of dietetics and nutrition services plays an important part in the attainment and maintenance of health, it is in the public's best interest that persons who present themselves as providers of services in these areas meet specific requirements and qualifications.

The delivery of medical nutrition therapy is an integral part of healthcare delivery. Therefore, the practice of dietetics needs to be defined in terms of its specific scope. Those who practice dietetics need to be proficient in core competencies, as well as competencies specific to their respective areas of specialization in clinical, community, food service systems management or consultant dietetics.

Professional nutrition practice has a wide range of legitimate application. In some practice areas, it may *not* be necessary for health care practitioners to possess competencies in medical nutrition therapy. Where nutrition practice does relate to health care, it is in the public interest to define and regulate different scopes of dietetics and nutrition practices by their respective inclusion or exclusion of medical nutrition therapy services. In this way, any member of the public can seek the services of a licensed nutrition professional confident that this professional has met the educational, examination and experiential requirements necessary to provide the appropriate dietetics and/or nutrition services relevant to their needs. This will protect the public from unsubstantiated and unethical nutrition advice that can damage health.

However, there is a strong and increasing demand for health professionals with experience in nutrition to assess nutritional status, and to provide nutrition education and counseling to the public, to develop and implement Federal, local and private nutrition initiatives, and to conduct research on the benefits of nutritional improvement.

Numerous academic programs offer training at the undergraduate and graduate levels leading to expertise in the field of nutrition. The diversity of programs is valuable in providing a comprehensive range of expertise in the field. It would be in the public interest to expand the pool of qualified professionals available to fill the demand for nutrition expertise, as well as to provide consumers with a mechanism for identifying appropriately trained nutrition professionals.

Many States have recently passed laws which licensed nutrition professionals under the titles of "nutritionist" or "dietitian," and which define the range of practice reserved to licensed nutrition professionals. Most of these laws discriminate in favor of one (1) segment of the nutrition profession, registered dietitians, and in so doing they may discriminate against other legitimately qualified nutrition professionals. Such discrimination may unfairly withhold professional recognition, including reimbursement for services, from qualified professionals, and may restrict rather than expand the pool of qualified professionals available to meet the needs of public and private employers and of the general public.

The intent of licensure laws is to protect the public from unqualified practitioners. Scholars, legislators and members of the regulated professions

continue to debate whether licensure is an effective means of accomplishing this objective.

Whether or not licensure can accomplish its avowed objective, it can have a very real impact on the ability of legitimately trained health professionals in nutrition to pursue their careers, to obtain professional recognition, to obtain reimbursement for professional services, or to qualify for professional insurance coverage. *If* licensure of nutrition practice is to be adopted, it is essential that the legislation provide for fair treatment of all individuals who are qualified by education and experience to practice in the field of nutrition.

Licensure requirements for nutritionists and dietitians were originally enacted in Public Law Number 24-329. This proposed revision will help to clarify incomplete and inaccurate information in the current law, and use terminology which encompasses all persons who practice dietetics and nutrition services. This legislation will also give clear guidelines to recognize those who are qualified to receive reimbursement for the services of professional nutrition practice.

Section 2. Section 12802(a)(xiii) of Article 8, Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated is hereby *repealed and reenacted* to read as follows:

"(xiii) *'Dietetics'* or *'Nutrition Practice'* shall mean the integration and application of principles derived from the sciences of food and nutrition to provide for *all* aspects of nutrition care for

individuals and groups, including, but *not* limited to, nutrition services and medical nutrition care as defined in this Act."

Section 3. Article 21 of Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated is hereby *repealed and reenacted* to read as follows:

"ARTICLE 21.

DIETITIAN AND NUTRITIONIST.

Section 122101. Definitions. For purposes of this Article, the following words and phrases have been defined to mean:

(a) *'Dietitian'* shall mean a person certified as a Registered Dietitian by the Commission on Dietetic Registration.

(b) *'Nutritionist'* shall mean a person who either: (1) has qualified as a diplomate of the American Board of Nutrition or as a Certified Nutrition Specialist with the Certification Board for Nutrition Specialists; or (2) has received a master's or doctoral degree from an accredited college or university with a major in human nutrition, public health nutrition, clinical nutrition, nutrition education, community nutrition, or food and nutrition, and has completed a documented work experience in human nutrition or human nutrition research of *at least* nine hundred (900) hours.

(c) *'American Dietetic Association'* ('ADA') is a national professional organization for nutrition and dietetics practitioners which accredits educational and pre-professional training programs in dietetics.

(d) *'The Commission on Dietetic Registration'* ('CDR') is a member of the National Commission for Certifying Agencies ('NCCA') and is the credentialing agency of the American Dietetic Association.

(e) *'Certification Board for Nutrition Specialists'* ('CBNS') is the credentialing body which certifies advanced degree nutritionists as Certified Nutrition Specialists.

(f) *'Licensed Dietitian'* ('LD') shall mean a person licensed by the Board to engage in dietetics or nutrition practice under this Article.

(g) *'Licensed Nutritionist'* ('LN') shall mean a person licensed by the Board to engage in dietetics or nutrition practice under this Article.

(h) *'Medical nutrition care'* means the component of nutrition care that deals with:

(1) interpreting and recommending nutrient needs relative to medically prescribed diets, including, but *not* limited to, tube feedings, specialized intravenous solutions and specialized oral feedings;

(2) food and prescription drug interactions; *and*

(3) developing and managing food service operations whose chief function is nutrition care and provision of medically prescribed diets.

(i) *'Medically prescribed diet'* means a diet prescribed when specific food or nutrient levels need to be monitored, altered, or both, as a component of a treatment program for an individual whose health status is impaired or at risk due to disease, injury, or surgery, and may only be performed as initiated by or in consultation with a licensed physician.

(j) *'Nutrition assessment'* means the evaluation of the nutrition needs of individuals or groups using appropriate data to determine nutrient needs or status and make appropriate nutrition recommendations.

(k) *'Nutrition counseling'* means advising and assisting individuals or groups on appropriate nutrition intake by integrating information from the nutrition assessment.

(l) *'Nutrition services for individuals and groups'* shall include, but is *not* limited to, all of the following:

(1) providing nutrition assessments relative to preventive maintenance or restorative care;

(2) providing nutrition education and nutrition counseling as components of preventive maintenance or restorative care; *and*

(3) developing and managing systems whose chief function is nutrition care. Nutrition services for individuals and groups does *not* include medical nutrition care as defined in this Act.

(m) *'Restorative'* means the component of nutrition care that deals with oral dietary needs for individuals and groups. Activities shall relate to the metabolism of food and the requirements for nutrients, including dietary supplements for growth, development, maintenance or attainment of optimal health.

Section 122102. Qualification for Licensure; Dietitian or Nutritionist.

(a) Licensed Dietitian. The applicant for licensure as a dietitian shall:

(1) Provide evidence of current registration as a Registered Dietitian ('RD') by the Commission on Dietetic Registration (CDR); *or*

(2) (i) Have received a baccalaureate or postgraduate degree from a college or university, accredited by a regional accrediting body recognized by the Council on Post-Secondary Accreditation, with a major in dietetics, human nutrition, nutrition education, community nutrition, public health nutrition, foods and nutrition, or an equivalent major course of study, as approved by the Board. Applicants who have obtained their education outside of the United States and its territories must have their academic degree validated by the Board as equivalent

to a baccalaureate or masters degree conferred by a regionally accredited college or university in the United States;

(ii) Have satisfactorily completed a program of supervised clinical experience approved by the CDR; *and*

(iii) Have passed the registration examination for dietitians administered by the CDR.

(b) Licensed Nutritionist. The applicant for licensure as a nutritionist shall:

(1) meet the requirements of Subsections (a)(1) or (2) of this Section; *or*

(2) has qualified as a diplomate of the American Board of Nutrition, or as a Certified Nutrition Specialist with the Certification Board for Nutrition Specialists, *or* has received a master's or doctoral degree from an accredited college or university with a major in human nutrition, public health nutrition, clinical nutrition, nutrition education, community nutrition or food and nutrition, and has completed a documented work experience in human nutrition or human nutrition research of at least nine hundred (900) hours.

(c) Waiver of fees. All fees for application and license in part (b) of this Section will be waived for all applicants who are currently licensed under part (a) of this Section.

Section 122103. Waiver of Examination Requirements; Licensure by Endorsement. The Board may grant a license to any person who is currently registered as a Registered Dietitian by the CDR, or who is currently recognized as a diplomate of the American Board of Nutrition or as a Certified Nutrition Specialist with the Certification Board for Nutrition Specialists.

Section 122104. Scope of Practice; Licensed Dietitians and Licensed Nutritionists.

(a) Nutrition assessment, as defined in this Article, and including individual and community food practices and nutritional status using anthropometric, biochemical, clinical, dietary and demographic data, for clinical research and program planning purposes;

(b) Developing, establishing, and evaluating nutrition services for individuals and groups as defined in this Article;

(c) Nutrition counseling and education, as a part of preventive or restorative health care throughout the life cycle;

(d) Determining, applying and evaluating standards for food and nutrition services;

(e) Applying scientific research to the role of food in the maintenance of health and the treatment of disease; *and*

(f) Medical nutrition care and medically prescribed diets, as defined by this Article, can be provided by a licensed dietitian; *however*, a licensed nutritionist can *only* provide medical nutrition care and medically prescribed diets in consultation with a licensed physician or a licensed dietitian.

Section 122105. Persons and Practices *Not* Affected.

Nothing in this Article shall be construed as preventing or restricting the practice, services or activities of:

(a) any person licensed or certified on Guam by any other law from engaging in the profession or occupation for which the person is licensed or certified, or any person under the supervision of the licensee or certified individual when rendering services within the scope of the profession or occupation of the licensee or certificant; and any person with a bachelor's degree in home economics or health education from furnishing nutrition information incidental to the practice of that person's profession;

(b) any dietitian or nutritionist serving in the Armed Forces or the Public Health Service of the United States, or employed by the Veterans Administration when performing duties associated with that service or employment;

(c) any person pursuing a supervised course of study leading to a degree or certificate in dietetics or nutrition at an accredited education program, *if* the person is designated by a title which clearly indicates the person's status as a student or trainee;

(d) any person when acting under the direction and supervision of a person licensed under this Article, in the execution of a plan of treatment authorized by the licensed person;

(e) an educator who is employed by a nonprofit organization approved by the Board; a Federal, territorial, or other political subdivision; an elementary or secondary school; or an accredited institution of higher education, insofar as the activities and services of the educator are part of such employment;

(f) any person who markets or distributes food, food materials, or dietary supplements, or any person who engages in the explanation of the use and benefits of those products, or the preparation of those products, as long as that person does *not* represent oneself as a licensed dietitian or licensed nutritionist, and provides to the client a disclaimer, in writing, stating such; *or*

(g) any person who provides general or gratuitous nutrition information, as long as the provider does *not* represent oneself as a licensed dietitian, or licensed nutritionist, and provides to the client a disclaimer stating such.

Section 122106. Prohibited Acts.

(a) Unauthorized Practice. *Except* as otherwise provided under this Article, a person may *not* practice, attempt to practice, or offer to practice dietetics or nutritional services on Guam, *unless* licensed by the Board.

(b) Misrepresentation of Title. *Except* as otherwise provided under this Article, a person may *not* represent or imply to the public by use of the title 'licensed dietitian' or 'licensed nutritionist,' by other title, by description of services, methods or procedures that the person is authorized to practice dietetics or nutritional services on Guam.

(c) Misuse of Words and Terms. *Unless* authorized to engage in dietetics or nutrition practice under this Article, a person may *not* use the words 'dietitian,' 'registered dietician' or 'licensed dietitian,' 'nutritionist,' 'nutrition specialist' or 'licensed nutritionist,' alone or in combination, or the terms 'LD,' 'RD' or 'D,' 'LN,' 'NS' or 'N,' or any facsimile or combination in any words, letters, abbreviations or insignia."

Section 4. Severability. *If* any provision of this Law or its application to any person or circumstance is found to be invalid or contrary to law, such invalidity shall *not* affect other provisions or applications of this Law which can be given effect without the invalid provisions or applications, and to this end the provisions of this Law are severable.

6

I MINA' BENTE SINGKO NA LIHESLATURAN GUAHAN

2000 (SECOND) Regular Session

Date: 12/20/00

VOTING SHEET

S **Bill No.** 516 (COR)

Resolution No. _____

Question: _____

_____

NAME	YEAS	NAYS	NOT VOTING/ ABSTAINED	OUT DURING ROLL CALL	ABSENT
AGUON, Frank B., Jr.	✓				
BERMUDES, Eulogio C.	✓				
BLAZ, Anthony C.	✓				
BROWN , Joanne M.S.	✓				
CALVO, Eduardo B.	✓				
CAMACHO, Marcel G.	✓				
FORBES, Mark	✓				
KASPERBAUER, Lawrence F.	✓				
LAMORENA, Alberto C., V	✓				
LEON GUERRERO, Carlotta A.					✓
MOYLAN, Kaleo Scott	✓				
PANGELINAN, Vicente C.	✓				
SALAS, John C.	✓				
SANCHEZ, Simon A., II	✓				
UNPINGCO, Antonio R.	✓				
TOTAL	14	0	0	0	1

CERTIFIED TRUE AND CORRECT:

_____

Clerk of the Legislature

* 3 Passes = No vote

EA = Excused Absence

I MINA' E ITE SINGKO NA LIHESLATURAI GUÅHAN

Committee on Health, Human Services and Chamorro Heritage
Kumiten Salut, Setbision Tinaotao yan Irensian Chamoru
Sinadot Simon A. Sanchez II, Ge'Hilo'

December 13, 2000

Speaker Antonio R. Unpingco
I Mina' Bente Singko Na Liheslaturan Guåhan
155 Hesler Street
Hagåtña, Guåhan 96910

Dear Mr. Speaker:

I Kumiten Salut, Setbision Tinaotao yan Irensian Chamoru has completed its evaluation of Bill No. 516 and hereby issues the enclosed Committee Report.

A public hearing was held on the measure on December 7, 2000.

Committee Members voted as follows:

To pass	9
Not to pass	___
Abstain	___
Inactive File	___

Consequently, the Committee submits its recommendation to "DO PASS" Bill No. 516, as substituted by the Committee on Health, Human Services and Chamorro Heritage.

Your kind attention to this matter is immensely appreciated.

Saina Ma'åse' yan Magof Ha'ånen Yu'os,

SIMON A. SANCHEZ II

Orlean Pacific Plaza, Suite B-103
865 South Marine Drive
Tamuning, Guam 96911

Phone: (671) 649-LIFE (5433) • 647-3234/5/6
Fax: (671) 647-3267
Email: sensanchez@kuentos.guam.net

I MINA' E ITE SINGKO NA LIHESLATURA/ ŦUÅHAN

Committee on Health, Human Services and Chamorro Heritage
Kumiten Salut, Setbision Tinaotao yan Irensian Chamorro
Sinadot Simon A. Sanchez II, Ge'Hilo'

December 13, 2000

MEMORANDUM

TO: **Committee Members**

FROM: **Chairperson**

SUBJECT: **Committee Report for Bill No. 516 (COR), as substituted by the Committee on Health, Human Services and Chamorro Heritage** – An act to repeal and reenact item (xiii) of §12802(a) of Article 8, Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated and to repeal and reenact Article 21 of Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated, both relative to the regulation of dietitian and nutritionist professions..

Attached hereto is the Committee Report for your review and consideration. Please call me if you need clarification or additional information. Then, please mark and sign the accompanying Voting Sheet.

Saina Ma'åse' yan Magof Ha'ånen Yu'os,

SIMON A. SANCHEZ II

Orlean Pacific Plaza, Suite B-103
865 South Marine Drive
Tamuning, Guam 96911

Phone: (671) 649-LIFE (5433) • 647-3234/5/6
Fax: (671) 647-3267
Email: sensanchez@kuentos.guam.net

I Liheslaturan Guåhan
Kumiten Salut, Setbision Tinaotao Yan Irensian Chamoru
VOTING SHEET

Bill No. 516, as substituted by the Committee on Health, Human Services and Chamorro Heritage - An act to repeal and reenact item (xiii) of §12802(a) of Article 8, Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated and to repeal and reenact Article 21 of Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated, both relative to the regulation of dietitian and nutritionist professions.

	To Pass	Not to Pass	Abstain	Inactive File
Senator Simon A. Sanchez II, Chairperson	✓			
Senator Joanne M.S. Brown, Vice Chairperson				
Senator Frank B. Aguon, Jr., Member	✓			
Senator Anthony C. Blaz, Member				
Senator Eduardo B. Calvo, Member	✓			
Senator Marcel G. Camacho, Member	✓			
Senator Mark Forbes, Member	✓			
Senator Lawrence F. Kasperbauer, Member	X			
Senator Alberto C. Lamorena V, Member	✓			
Senator Carlotta A. Leon Guerrero, Member				
Senator Kaleo S. Moylan, Member	✓			
Senator Vicente C. Pangelinan, Member	✓			

I Mina' Bente Singko Na Liheslaturan Guåhan
Kumiten Salut, Setbision Tinaotao yan Irensian Chamoru

Committee Report
Bill No. 516 (COR)

as substituted by the Committee on Health, Human Services and Chamorro Heritage

"An act to repeal and reenact item (xiii) of §12802(a) of Article 8, Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated and to repeal and reenact Article 21 of Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated, both relative to the regulation of dietitian and nutritionist professions."

Simon A. Sanchez II, Chairperson
Joanne M.S. Brown, Vice Chairperson

Members

Frank B. Aguon, Jr.
Anthony C. Blaz
Marcel G. Camacho
Lawrence F. Kasperbauer
Carlotta A. Leon Guerrero
Vicente C. Pangelinan
Eulogio C. Bermudes
Eduardo B. Calvo
Mark Forbes
Alberto C. Lamorena V
Kaleo S. Moylan

I. OVERVIEW

Bill No. 516 proposes to more clearly define, regulate and control the practice of dietitian and nutritionist services on Guam to better serve the public interest.

The Bill was introduced November 30, 2000 and publicly heard on December 7, 2000.

II. COMMITTEE FINDINGS

Licensure requirements for dietitians and nutritionists were originally enacted in Public Law 24-239. The revisions proposed by this Bill would clarify incomplete and inaccurate information in the current law and use terminology that encompasses all persons who engage in dietetics or nutrition practice.

The Committee worked extensively with the professionals directly affected by this licensure measure. After numerous meetings and discussions on many issues, the two foremost concerns that slowed progress on this Bill were: (1) educational training and experience and (2) scope of practice. Agreement was finally reached that dietitians will comply with the credentialing requirements of their national certifying authority, the Commission on Dietetic Registration, and nutritionists will comply with the credentialing requirements of the Certification Board for Nutrition Specialists. As for the scope of practice, the Committee has heard and listened to both sides of the issue and it has taken the position that both professions should be allowed to practice in Guam; only, nutritionists will be required to be supervised by either a licensed physician or licensed dietitian in order to engage in medical nutrition care.

Testimonies and relevant documents submitted to the Committee are attached to this Report.

III. COMMITTEE RECOMMENDATIONS

The Committee on Health, Human Services and Chamorro Heritage thus recommends to the full body for **Bill No. 516, as substituted by the Committee, "TO PASS".**

MINA'BENTE SINGKO NA LIHESLATURAN GUAHAN
2000 (SECOND) Regular Session

CERTIFICATION OF PASSAGE OF AN ACT TO *I MAGA'LAHEN GUAHAN*

This is to certify that Substitute Bill No. 516 (COR), "AN ACT TO *REPEAL AND REENACT* §12802(a)(xiii) AND ARTICLE 21 OF CHAPTER 12 OF THE GUAM CODE ANNOTATED, RELATIVE TO REGULATING THE DIETITIAN AND NUTRITIONIST PROFESSIONS," was on the 20th day of December 2000, duly and regularly passed.

ANTONIO R. UNPINGCO
Speaker

Attested:

JOANNE M.S. BROWN
Senator and Legislative Secretary

This Act was received by *I Maga'lahen Guahan* this _____ day of _____, 2000, at _____ o'clock _____.M.

Assistant Staff Officer
Maga'lahi's Office

APPROVED:

CARL T. C. GUTIERREZ
I Maga'lahen Guahan

Date: _____

Public Law No. _____

MINA'BENTE SINGKO NA LIHESLATURAN GUAHAN
2000 (SECOND) Regular Session

CERTIFICATION OF PASSAGE OF AN ACT TO *I MAGA'LAHEN GUAHAN*

This is to certify that Substitute Bill No. 516 (COR), "AN ACT TO *REPEAL AND REENACT* §12802(a)(xiii) AND ARTICLE 21 OF CHAPTER 12 OF THE GUAM CODE ANNOTATED, RELATIVE TO REGULATING THE DIETITIAN AND NUTRITIONIST PROFESSIONS," was on the 20th day of December 2000, duly and regularly passed.

_____
ANTONIO R. UNPINGCO
Speaker

Attested:

_____
JOANNE M.S. BROWN
Senator and Legislative Secretary

This Act was received by *I Maga'lahen Guahan* this _____ day of _____, 2000, at _____ o'clock _____.M.

_____
Assistant Staff Officer
Maga'lahi's Office

APPROVED:

_____
CARL T. C. GUTIERREZ
I Maga'lahen Guahan

Date: _____

Public Law No. _____

MINA'BENTE SINGKO NA LIHESLATURAN GUÅHAN
2000 (SECOND) Regular Session

Bill No. 516 (COR)
As substituted by the Committee on
Health, Human Services and Chamorro
Heritage and amended.

Introduced by: S. A. Sanchez, II
F. B. Aguon, Jr.
E. C. Bermudes
A. C. Blaz
J. M.S. Brown
E. B. Calvo
M. G. Camacho
Mark Forbes
L. F. Kasperbauer
A. C. Lamorena, V
C. A. Leon Guerrero
K. S. Moylan
V. C. Pangelinan
J. C. Salas
A. R. Unpingco

AN ACT TO *REPEAL AND REENACT* §12802(a)(xiii) AND ARTICLE 21 OF CHAPTER 12 OF THE GUAM CODE ANNOTATED, RELATIVE TO REGULATING THE DIETITIAN AND NUTRITIONIST PROFESSIONS.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative Findings and Intent. The purpose of this Act is to more clearly define, regulate and control the practice of dietetics and

nutrition services on Guam in order to better serve the public interest. Because the practice of dietetics and nutrition services plays an important part in the attainment and maintenance of health, it is in the public's best interest that persons who present themselves as providers of services in these areas meet specific requirements and qualifications.

The delivery of medical nutrition therapy is an integral part of healthcare delivery. Therefore, the practice of dietetics needs to be defined in terms of its specific scope. Those who practice dietetics need to be proficient in core competencies, as well as competencies specific to their respective areas of specialization in clinical, community, food service systems management or consultant dietetics.

Professional nutrition practice has a wide range of legitimate application. In some practice areas, it may *not* be necessary for health care practitioners to possess competencies in medical nutrition therapy. Where nutrition practice does relate to health care, it is in the public interest to define and regulate different scopes of dietetics and nutrition practices by their respective inclusion or exclusion of medical nutrition therapy services. In this way, any member of the public can seek the services of a licensed nutrition professional confident that this professional has met the educational, examination and experiential requirements necessary to provide the appropriate dietetics and/or nutrition services relevant to their needs. This will protect the public from unsubstantiated and unethical nutrition advice that can damage health.

However, there is a strong and increasing demand for health professionals with experience in nutrition to assess nutritional status, and to provide nutrition education and counseling to the public, to develop and implement Federal, local and private nutrition initiatives, and to conduct research on the benefits of nutritional improvement.

Numerous academic programs offer training at the undergraduate and graduate levels leading to expertise in the field of nutrition. The diversity of programs is valuable in providing a comprehensive range of expertise in the field. It would be in the public interest to expand the pool of qualified professionals available to fill the demand for nutrition expertise, as well as to provide consumers with a mechanism for identifying appropriately trained nutrition professionals.

Many States have recently passed laws which licensed nutrition professionals under the titles of "nutritionist" or "dietitian," and which define the range of practice reserved to licensed nutrition professionals. Most of these laws discriminate in favor of one (1) segment of the nutrition profession, registered dietitians, and in so doing they may discriminate against other legitimately qualified nutrition professionals. Such discrimination may unfairly withhold professional recognition, including reimbursement for services, from qualified professionals, and may restrict rather than expand the pool of qualified professionals available to meet the needs of public and private employers and of the general public.

The intent of licensure laws is to protect the public from unqualified practitioners. Scholars, legislators and members of the regulated professions

continue to debate whether licensure is an effective means of accomplishing this objective.

Whether or not licensure can accomplish its avowed objective, it can have a very real impact on the ability of legitimately trained health professionals in nutrition to pursue their careers, to obtain professional recognition, to obtain reimbursement for professional services, or to qualify for professional insurance coverage. *If* licensure of nutrition practice is to be adopted, it is essential that the legislation provide for fair treatment of all individuals who are qualified by education and experience to practice in the field of nutrition.

Licensure requirements for nutritionists and dietitians were originally enacted in Public Law Number 24-329. This proposed revision will help to clarify incomplete and inaccurate information in the current law, and use terminology which encompasses all persons who practice dietetics and nutrition services. This legislation will also give clear guidelines to recognize those who are qualified to receive reimbursement for the services of professional nutrition practice.

Section 2. Section 12802(a)(xiii) of Article 8, Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated is hereby *repealed and reenacted* to read as follows:

"(xiii) *'Dietetics'* or *'Nutrition Practice'* shall mean the integration and application of principles derived from the sciences of food and nutrition to provide for *all* aspects of nutrition care for

individuals and groups, including, but *not* limited to, nutrition services and medical nutrition care as defined in this Act."

Section 3. Article 21 of Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated is hereby *repealed and reenacted* to read as follows:

"ARTICLE 21.

DIETITIAN AND NUTRITIONIST.

Section 122101. Definitions. For purposes of this Article, the following words and phrases have been defined to mean:

(a) *'Dietitian'* shall mean a person certified as a Registered Dietitian by the Commission on Dietetic Registration.

(b) *'Nutritionist'* shall mean a person who either: (1) has qualified as a diplomate of the American Board of Nutrition or as a Certified Nutrition Specialist with the Certification Board for Nutrition Specialists; or (2) has received a master's or doctoral degree from an accredited college or university with a major in human nutrition, public health nutrition, clinical nutrition, nutrition education, community nutrition, or food and nutrition, and has completed a documented work experience in human nutrition or human nutrition research of *at least* nine hundred (900) hours.

(c) *'American Dietetic Association'* ('ADA') is a national professional organization for nutrition and dietetics practitioners which accredits educational and pre-professional training programs in dietetics.

(d) *'The Commission on Dietetic Registration'* ('CDR') is a member of the National Commission for Certifying Agencies ('NCCA') and is the credentialing agency of the American Dietetic Association.

(e) *'Certification Board for Nutrition Specialists'* ('CBNS') is the credentialing body which certifies advanced degree nutritionists as Certified Nutrition Specialists.

(f) *'Licensed Dietitian'* ('LD') shall mean a person licensed by the Board to engage in dietetics or nutrition practice under this Article.

(g) *'Licensed Nutritionist'* ('LN') shall mean a person licensed by the Board to engage in dietetics or nutrition practice under this Article.

(h) *'Medical nutrition care'* means the component of nutrition care that deals with:

(1) interpreting and recommending nutrient needs relative to medically prescribed diets, including, but *not* limited to, tube feedings, specialized intravenous solutions and specialized oral feedings;

(2) food and prescription drug interactions; *and*

(3) developing and managing food service operations whose chief function is nutrition care and provision of medically prescribed diets.

(i) *'Medically prescribed diet'* means a diet prescribed when specific food or nutrient levels need to be monitored, altered, or both, as a component of a treatment program for an individual whose health status is impaired or at risk due to disease, injury, or surgery, and may only be performed as initiated by or in consultation with a licensed physician.

(j) *'Nutrition assessment'* means the evaluation of the nutrition needs of individuals or groups using appropriate data to determine nutrient needs or status and make appropriate nutrition recommendations.

(k) *'Nutrition counseling'* means advising and assisting individuals or groups on appropriate nutrition intake by integrating information from the nutrition assessment.

(l) *'Nutrition services for individuals and groups'* shall include, but is *not* limited to, all of the following:

(1) providing nutrition assessments relative to preventive maintenance or restorative care;

(2) providing nutrition education and nutrition counseling as components of preventive maintenance or restorative care; *and*

(3) developing and managing systems whose chief function is nutrition care. Nutrition services for individuals and groups does *not* include medical nutrition care as defined in this Act.

(m) *'Restorative'* means the component of nutrition care that deals with oral dietary needs for individuals and groups. Activities shall relate to the metabolism of food and the requirements for nutrients, including dietary supplements for growth, development, maintenance or attainment of optimal health.

Section 122102. Qualification for Licensure; Dietitian or Nutritionist.

(a) Licensed Dietitian. The applicant for licensure as a dietitian shall:

(1) Provide evidence of current registration as a Registered Dietitian ('RD') by the Commission on Dietetic Registration (CDR); *or*

(2) (i) Have received a baccalaureate or postgraduate degree from a college or university, accredited by a regional accrediting body recognized by the Council on Post-Secondary Accreditation, with a major in dietetics, human nutrition, nutrition education, community nutrition, public health nutrition, foods and nutrition, or an equivalent major course of study, as approved by the Board. Applicants who have obtained their education outside of the United States and its territories must have their academic degree validated by the Board as equivalent

to a baccalaureate or masters degree conferred by a regionally accredited college or university in the United States;

(ii) Have satisfactorily completed a program of supervised clinical experience approved by the CDR; *and*

(iii) Have passed the registration examination for dietitians administered by the CDR.

(b) Licensed Nutritionist. The applicant for licensure as a nutritionist shall:

(1) meet the requirements of Subsections (a)(1) or (2) of this Section; *or*

(2) has qualified as a diplomate of the American Board of Nutrition, or as a Certified Nutrition Specialist with the Certification Board for Nutrition Specialists, *or* has received a master's or doctoral degree from an accredited college or university with a major in human nutrition, public health nutrition, clinical nutrition, nutrition education, community nutrition or food and nutrition, and has completed a documented work experience in human nutrition or human nutrition research of at least nine hundred (900) hours.

(c) **Waiver of fees.** All fees for application and license in part (b) of this Section will be waived for all applicants who are currently licensed under part (a) of this Section.

Section 122103. Waiver of Examination Requirements; Licensure by Endorsement. The Board may grant a license to any person who is currently registered as a Registered Dietitian by the CDR, or who is currently recognized as a diplomate of the American Board of Nutrition or as a Certified Nutrition Specialist with the Certification Board for Nutrition Specialists.

Section 122104. Scope of Practice; Licensed Dietitians and Licensed Nutritionists.

(a) Nutrition assessment, as defined in this Article, and including individual and community food practices and nutritional status using anthropometric, biochemical, clinical, dietary and demographic data, for clinical research and program planning purposes;

(b) Developing, establishing, and evaluating nutrition services for individuals and groups as defined in this Article;

(c) Nutrition counseling and education, as a part of preventive or restorative health care throughout the life cycle;

(d) Determining, applying and evaluating standards for food and nutrition services;

(e) Applying scientific research to the role of food in the maintenance of health and the treatment of disease; *and*

(f) Medical nutrition care and medically prescribed diets, as defined by this Article, can be provided by a licensed dietitian; *however*, a licensed nutritionist can *only* provide medical nutrition care and medically prescribed diets in consultation with a licensed physician or a licensed dietitian.

Section 122105. Persons and Practices *Not* Affected.

Nothing in this Article shall be construed as preventing or restricting the practice, services or activities of:

(a) any person licensed or certified on Guam by any other law from engaging in the profession or occupation for which the person is licensed or certified, or any person under the supervision of the licensee or certified individual when rendering services within the scope of the profession or occupation of the licensee or certificant; and any person with a bachelor's degree in home economics or health education from furnishing nutrition information incidental to the practice of that person's profession;

(b) any dietitian or nutritionist serving in the Armed Forces or the Public Health Service of the United States, or employed by the Veterans Administration when performing duties associated with that service or employment;

(c) any person pursuing a supervised course of study leading to a degree or certificate in dietetics or nutrition at an accredited education program, *if* the person is designated by a title which clearly indicates the person's status as a student or trainee;

(d) any person when acting under the direction and supervision of a person licensed under this Article, in the execution of a plan of treatment authorized by the licensed person;

(e) an educator who is employed by a nonprofit organization approved by the Board; a Federal, territorial, or other political subdivision; an elementary or secondary school; or an accredited institution of higher education, insofar as the activities and services of the educator are part of such employment;

(f) any person who markets or distributes food, food materials, or dietary supplements, or any person who engages in the explanation of the use and benefits of those products, or the preparation of those products, as long as that person does *not* represent oneself as a licensed dietitian or licensed nutritionist, and provides to the client a disclaimer, in writing, stating such; *or*

(g) any person who provides general or gratuitous nutrition information, as long as the provider does *not* represent oneself as a licensed dietitian, or licensed nutritionist, and provides to the client a disclaimer stating such.

Section 122106. Prohibited Acts.

(a) Unauthorized Practice. *Except* as otherwise provided under this Article, a person may *not* practice, attempt to practice, or offer to practice dietetics or nutritional services on Guam, *unless* licensed by the Board.

(b) Misrepresentation of Title. *Except* as otherwise provided under this Article, a person may *not* represent or imply to the public by use of the title 'licensed dietitian' or 'licensed nutritionist,' by other title, by description of services, methods or procedures that the person is authorized to practice dietetics or nutritional services on Guam.

(c) Misuse of Words and Terms. *Unless* authorized to engage in dietetics or nutrition practice under this Article, a person may *not* use the words 'dietitian,' 'registered dietician' or 'licensed dietitian,' 'nutritionist,' 'nutrition specialist' or 'licensed nutritionist,' alone or in combination, or the terms 'LD,' 'RD' or 'D,' 'LN,' 'NS' or 'N,' or any facsimile or combination in any words, letters, abbreviations or insignia."

Section 4. Severability. *If* any provision of this Law or its application to any person or circumstance is found to be invalid or contrary to law, such invalidity shall *not* affect other provisions or applications of this Law which can be given effect without the invalid provisions or applications, and to this end the provisions of this Law are severable.

FILE

MINA' BENTE SINGKO NA LIHESLATURAN GUÅHAN
TWENTY-FIFTH GUAM LEGISLATURE
155 Hesler Street, Hagåtña, Guam 96910

December 15, 2000
(DATE)

Memorandum

To: Senator Simon A Sanchez, II

From: Clerk of the Legislature

Subject: Report on Bill No. 516(COR)

Pursuant to §7.04 of Rule VII of the 25th Standing Rules, transmitted herewith is a copy of the Committee Report on Bill No. 516(COR), for which you are the prime sponsor.

Should you have any questions or need further information, please call the undersigned at 472-3464/5.

Josephine Brennan-Badley

Attachment

RECEIVED 12/15/00 9:30 AM

I MINA' BENTE SINGKO NA LIHESLATURAN GUÅHAN

Committee on Health, Human Services and Chamorro Heritage
Kumiten Salut, Setbision Tinaotao yan Irensian Chamoru
Sinadot Simon A. Sanchez II, Ge'Hilo'

December 13, 2000

Speaker Antonio R. Unpingco
I Mina' Bente Singko Na Liheslaturan Guåhan
155 Hesler Street
Hagåtña, Guåhan 96910

Dear Mr. Speaker:

I Kumiten Salut, Setbision Tinaotao yan Irensian Chamoru has completed its evaluation of Bill No. 516 and hereby issues the enclosed Committee Report.

A public hearing was held on the measure on December 7, 2000.

Committee Members voted as follows:

To pass	9
Not to pass	___
Abstain	___
Inactive File	___

Consequently, the Committee submits its recommendation to "DO PASS" Bill No. 516, as substituted by the Committee on Health, Human Services and Chamorro Heritage.

Your kind attention to this matter is immensely appreciated.

Saina Ma'åse' yan Magof Ha'ånen Yu'os,

SIMON A. SANCHEZ II

Orlean Pacific Plaza, Suite B-103
865 South Marine Drive
Tamuning, Guam 96911

Phone: (671) 649-LIFE (5433) • 647-3234/5/6
Fax: (671) 647-3267
Email: sensanchez@kuentos.guam.net

I MINA' BENTE SINGKO NA LIHESLATURAN GUÅHAN

Committee on Health, Human Services and Chamorro Heritage
Kumiten Salut, Setbision Tinaotao yan Irensian Chamorro
Sinadot Simon A. Sanchez II, Ge'Hilo'

December 13, 2000

MEMORANDUM

TO: **Committee Members**

FROM: **Chairperson**

SUBJECT: **Committee Report for Bill No. 516 (COR), as substituted by the Committee on Health, Human Services and Chamorro Heritage** – An act to repeal and reenact item (xiii) of §12802(a) of Article 8, Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated and to repeal and reenact Article 21 of Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated, both relative to the regulation of dietitian and nutritionist professions..

Attached hereto is the Committee Report for your review and consideration. Please call me if you need clarification or additional information. Then, please mark and sign the accompanying Voting Sheet.

Saina Ma'åse' yan Magof Ha'ånen Yu'os,

Simon A. Sanchez II

SIMON A. SANCHEZ II

Orlean Pacific Plaza, Suite B-103
865 South Marine Drive
Tamuning, Guam 96911

Phone: (671) 649-LIFE (5433) • 647-3234/5/6
Fax: (671) 647-3267
Email: sensanchez@kuentos.guam.net

I Mina' Bente Singko Na Liheslaturan Guåhan
Kumiten Salut, Setbision Tinaotao Yan Irensian Chamoru
VOTING SHEET

Bill No. 516, as substituted by the Committee on Health, Human Services and Chamorro Heritage - An act to repeal and reenact item (xiii) of §12802(a) of Article 8, Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated and to repeal and reenact Article 21 of Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated, both relative to the regulation of dietitian and nutritionist professions.

	To Pass	Not to Pass	Abstain	Inactive File
Senator Simon A. Sanchez II, Chairperson	✓			
Senator Joanne M.S. Brown, Vice Chairperson				
Senator Frank B. Aguon, Jr., Member	✓			
Senator Anthony C. Blaz, Member				
Senator Eduardo B. Calvo, Member	✓			
Senator Marcel G. Camacho, Member	✓			
Senator Mark Forbes, Member	✓			
Senator Lawrence F. Kasperbauer, Member	X			
Senator Alberto C. Lamorena V, Member	✓			
Senator Carlotta A. Leon Guerrero, Member				
Senator Kaleo S. Moylan, Member	✓			
Senator Vicente C. Pangelinan, Member	✓			

I Mina' Bente Singko Na Liheslaturan Guåhan
Kumiten Salut, Setbision Tinaotao yan Irensian Chamoru

Committee Report
Bill No. 516 (COR)

as substituted by the Committee on Health, Human Services and Chamorro Heritage

"An act to repeal and reenact item (xiii) of §12802(a) of Article 8, Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated and to repeal and reenact Article 21 of Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated, both relative to the regulation of dietitian and nutritionist professions."

Simon A. Sanchez II, Chairperson
Joanne M.S. Brown, Vice Chairperson

Members

Frank B. Aguon, Jr.
Anthony C. Blaz
Marcel G. Camacho
Lawrence F. Kasperbauer
Carlotta A. Leon Guerrero
Vicente C. Pangelinan
Eulogio C. Bermudes
Eduardo B. Calvo
Mark Forbes
Alberto C. Lamorena V
Kaleo S. Moylan

I. OVERVIEW

Bill No. 516 proposes to more clearly define, regulate and control the practice of dietitian and nutritionist services on Guam to better serve the public interest.

The Bill was introduced November 30, 2000 and publicly heard on December 7, 2000.

II. COMMITTEE FINDINGS

Licensure requirements for dietitians and nutritionists were originally enacted in Public Law 24-239. The revisions proposed by this Bill would clarify incomplete and inaccurate information in the current law and use terminology that encompasses all persons who engage in dietetics or nutrition practice.

The Committee worked extensively with the professionals directly affected by this licensure measure. After numerous meetings and discussions on many issues, the two foremost concerns that slowed progress on this Bill were: (1) educational training and experience and (2) scope of practice. Agreement was finally reached that dietitians will comply with the credentialing requirements of their national certifying authority, the Commission on Dietetic Registration, and nutritionists will comply with the credentialing requirements of the Certification Board for Nutrition Specialists. As for the scope of practice, the Committee has heard and listened to both sides of the issue and it has taken the position that both professions should be allowed to practice in Guam; only, nutritionists will be required to be supervised by either a licensed physician or licensed dietitian in order to engage in medical nutrition care.

Testimonies and relevant documents submitted to the Committee are attached to this Report.

III. COMMITTEE RECOMMENDATIONS

The Committee on Health, Human Services and Chamorro Heritage thus recommends to the full body for **Bill No. 516, as substituted by the Committee, "TO PASS".**

MINA' BENTE SINGKO NA LIHESLATURAN GUÅHAN

Kumitean Areklamento, Refotman Gubetnamento Siha, Inetnon di Nuebu, yan Asunton Fidirat

Senadot Mark Forbes, Gehilu
Kabisiyon Mayurât

13 DEC 2000

MEMORANDUM

TO: Chairman
Committee on Health, Human Services & Chamorro Heritage

FROM: Chairman
Committee on Rules, Government Reform, Reorganization
and Federal Affairs

SUBJECT: Principal Referral – Bill No. 516

The above bill is referred to your Committee as the Principal Committee. In accordance with Section 6.04.05. of the Standing Rules, your Committee "shall be the Committee to perform the public hearing and have the authority to amend or substitute the bill, as well as report the bill out to the Body." It is recommended that you schedule a public hearing at your earliest convenience.

Thank you for your attention to this matter.

MARK FORBES

Attachment

155 Hesler Street, Hagåtña, Guam 96910
Telephone: 671-472-3407/408/512 • Facsimile: 671-477-5036 • Email : senforbes@kuentos.guam.net

MINA'BENTE SINGKO NA LIHESLATURAN GUÅHAN
2000 (SECOND) Regular Session

Bill No. 516 (COR)

Introduced by: S. A. Sanchez, II

AN ACT TO REPEAL AND REENACT ITEM (xiii) OF §12802(a) OF ARTICLE 8, CHAPTER 12, DIVISION 1, PART 1 OF TITLE 10 OF THE GUAM CODE ANNOTATED AND TO REPEAL AND REENACT ARTICLE 21 OF CHAPTER 12, DIVISION 1, PART 1 OF TITLE 10 OF THE GUAM CODE ANNOTATED, BOTH RELATIVE TO THE REGULATION OF DIETITIAN AND NUTRITIONIST PROFESSIONS.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative findings and intent. The purpose of this Act is to more clearly define, regulate and control the practice of dietetics and nutrition services on Guam in order to better serve the public interest. Because the practice of dietetics and nutrition services plays an important part in the attainment and maintenance of health, it is in the public's best interest that persons who present themselves as providers of services in these areas meet specific requirements and qualifications.

The delivery of medical nutrition therapy is an integral part of healthcare delivery. Therefore the practice of dietetics needs to be defined in terms of its specific scope. Those who practice dietetics need to be proficient

in core competencies, as well as competencies specific to their respective areas of specialization in clinical, community, food service systems management, or consultant dietetics.

Professional nutrition practice has a wide range of legitimate application. In some practice areas, it may not be necessary for health care practitioners to possess competencies in medical nutrition therapy. Where nutrition practice does relate to health care, it is in the public interest to define and regulate different scopes of dietetics and nutrition practices by their respective inclusion or exclusion of medical nutrition therapy services. In this way, any member of the public can seek the services of a licensed nutrition professional confident that this professional has met the educational, examination, and experiential requirements necessary to provide the appropriate dietetics and/or nutrition services relevant to their needs. This will protect the public from unsubstantiated and unethical nutrition advice that can damage health.

However, there is a strong and increasing demand for health professionals with experience in nutrition to assess nutritional status and to provide nutrition education and counseling to the public, to develop and implement Federal, local and private nutrition initiatives, and to conduct research on the benefits of nutritional improvement.

Numerous academic programs offer training at the undergraduate and graduate levels leading to expertise in the field of nutrition. The diversity of programs is valuable in providing a comprehensive range of expertise in the field. It would be in the public interest to expand the pool of qualified professionals available to fill the demand for nutrition expertise, as well as to

provide consumers with a mechanism for identifying appropriately trained nutrition professionals.

Many states have recently passed laws which license nutrition professionals under the titles of "nutritionist" or "dietitian" and which define the range of practice reserved to licensed nutrition professionals. Most of these laws discriminate in favor of one segment of the nutrition profession, registered dietitians, and in so doing they may discriminate against other legitimately qualified nutrition professionals. Such discrimination may unfairly withhold professional recognition, including reimbursement for services, from qualified professionals, and may restrict rather than expand the pool of qualified professionals available to meet the needs of public and private employers and of the general public.

The intent of licensure laws is to protect the public from unqualified practitioners. Scholars, legislators, and member of the regulated professions continue to debate whether licensure is an effective means of accomplishing this objective.

Whether or not licensure can accomplish its avowed objective, it can have a very real impact on the ability of legitimately trained health professionals in nutrition to pursue their careers, to obtain professional recognition, to obtain reimbursement for professional services, or to qualify for professional insurance coverage. If licensure of nutrition practice is to be adopted, it is essential that the legislation provide for fair treatment of all individuals who are qualified by education and experience to practice in the field of nutrition.

Licensure requirements for nutritionists and dietitians were originally enacted in Public Law 24-329. This proposed revision will help to clarify incomplete and inaccurate information in the current law and use terminology which encompasses all persons who practice dietetics and nutrition services. This legislation will also give clear guidelines to recognize those who are qualified to receive reimbursement for the services of professional nutrition practice.

Section 2. Item (xiii) of §12802(a) of Article 8, Chapter 12, Part 1, Division 1 of Title 10 of the Guam Code Annotated is hereby *repealed and reenacted* to read as follows:

"(xiii) *'Dietetics'* or *'Nutrition Practice'* shall mean the integration and application of scientific principles of food, nutrition, biochemistry, physiology, food management, and behavioral and social sciences to achieve and maintain human health through the provision of nutrition care services.."

Section 3. Article 21, Chapter 12, Part 1, Division 1 of Title 10 of the Guam Code Annotated is hereby *repealed and reenacted* to read as follows:

"ARTICLE 21.

DIETITIAN AND NUTRITIONIST.

§122101. Definitions. For purposes of this Article, the following words and phrases have been defined to mean:

(a)*'Dietitian'* shall mean a person certified as a Registered Dietitian by the Commission on Dietetic Registration.

(b) *'Nutritionist'* shall mean a person who either (1) has qualified as a diplomate of the American Board of Nutrition or as a Certified Nutrition Specialist with the Certification Board for Nutrition Specialists, or (2) has received a master's or doctoral

degree from an accredited college or university with a major in human nutrition, public health nutrition, clinical nutrition, nutrition education, community nutrition, or food and nutrition, and has completed a documented work experience in human nutrition or human nutrition research of at least 900 hours.

(c) *'American Dietetic Association'* ('ADA') is a national professional organization for nutrition and dietetics practitioners which accredits educational and pre-professional training programs in dietetics.

(d) *'The Commission on Dietetic Registration'* ('CDR') is a member of the National Commission for Certifying Agencies (NCCA) and is the credentialing agency of the American Dietetic Association.

(e) *'Certification Board for Nutrition Specialists'* ('CBNS') is the credentialing body which certifies advanced degree nutritionists as Certified Nutrition Specialists.

(f) *'Licensed Dietitian'* ('LD') shall mean a person licensed by the Board to engage in dietetics or nutrition practice under this Article.

(g) *'Licensed Nutritionist'* ('LN') shall mean a person licensed by the Board to engage in dietetics or nutrition practice under this Article.

§122102. Qualification for licensure; Dietitian or Nutritionist. (a) Licensed Dietitian. The applicant for licensure as a dietitian shall:

(1) Provide evidence of current registration as a Registered Dietitian (RD) by the Commission on Dietetic Registration (CDR); *or*

(2)(i) Have received a baccalaureate or postgraduate degree from a college or university, accredited by a regional accrediting body recognized by the Council on Post-Secondary Accreditation, with a major in dietetics, human nutrition, nutrition education, community nutrition, public health nutrition, foods and nutrition, or an equivalent major course of study, as approved by the Board. Applicants who have obtained their education outside of the United States and its territories must have their academic degree validated by the Board as equivalent to a baccalaureate or masters degree conferred by a regionally accredited college or university in the United States; *and*

(ii) Have satisfactorily completed a program of supervised clinical experience approved by the CDR; *and*

(iii) Have passed the registration examination for dietitians administered by the CDR.

(b) Licensed Nutritionist. The applicant for licensure as a nutritionist shall:

(1) Meet the requirements of subsection (a)(1) or (2) of this Section; *or*

(2) Has qualified as a diplomate of the American Board of Nutrition or as a Certified Nutrition Specialist with

- To provide support for best care (administrators, third-party payers)
- To create job descriptions and expectations (human resources, nutrition care units)
- To market quality programs based on evidence of improved results (health organizations)
- To project cost savings (institutions, policy makers)

WHAT IS THEIR VALUE IN DIABETES CARE?

Substantial research has defined the value of blood glucose control in the care of people with diabetes. Diabetes medical nutrition therapy (MNT) is one aspect of the total care package. The NPGs define the broad spectrum of responsibilities that result in improved outcomes. As shown in the diabetes NPGs, the role of the dietitian involves more than designing a diabetes food plan, it involves integrating nutrition with the medical and behavioral care of the individual. When this is done, the key long-term marker for blood glucose control, glycosylated hemoglobin (HbA1c), is significantly reduced.

With the type 1 NPG study, HbA1c decreased a clinically significant 1 percent (9.15 percent to 8.15 percent) in 3 months (1). The type 2 study showed that with continued contact with a dietitian, 3-month HbA1c improvements were maintained (2). The value of this was demonstrated by the landmark Diabetes Control and Complications Trial; for every 10 percent decrease in HbA1c, risk for progression of retinopathy decreased by 43 percent (3). In addition, overall risk for diabetes complications decreased with improved HbA1c values.

TABLE 2: OBJECTIVES FOR ESTABLISHING NUTRITION PRACTICE GUIDELINES (1)*

- Define the responsibilities of dietetic professionals who work with patients who have diabetes.
- Guide practice decisions based on medical, nutritional, and behavioral elements of care.
- Promote self-management training that teaches and guides patients in diabetes knowledge, skills, and behaviors required to achieve metabolic control.
- Define state-of-the-art medical nutrition therapy based on the most current scientific evidence and expert consensus.

** Guiding objectives for the type 1 NPG but are applicable to all of the diabetes NPGs.*

Thus, the value of following evidence-based NPGs is knowing that improvement in HbA1c is expected and that translates to decreased risk of diabetic complications. The diabetes NPGs demonstrate that MNT improves outcomes. They are guidelines for best care.

REFERENCES

1. Kulkarni K, Castle G, Gregory R, et al. The Diabetes Care and Education Dietetic Practice Group. Nutrition practice guidelines for type 1 diabetes mellitus positively affect dietitian practices and patient outcomes. *J Am Diet Assoc.* 1998; 98:62–70.

2. Monk A, Barry B, McClain K, et al. Practice guidelines for medical nutrition therapy by dietitians for persons with non-insulin-dependent diabetes mellitus. *J Am Diet Assoc.* 1995; 95:999–1008.

3. The relationship of glycemic exposure (HbA1C) to the risk of development and progression of retinopathy in the diabetes control and complications trial. *Diabetes.* 1995; 44(8)968–983.

Measuring Outcomes: What, When, Why, And How?

—Todd W. Weaver, MPH, PhD
Manager, Outcomes Research
International Diabetes Center
Minneapolis, MN

ABSTRACT

An outcome is a measurable product of the changed state or condition of an individual, population, or process as a consequence of health care. The major outcomes categories are health and cost. The American Association of Diabetes Educators (AADE) has developed an outcomes measurement tool specific to outcomes from diabetes education. The proposed behaviors to be measured revolve around physical activity, eating/food choices, medication administration, problem-solving high and low blood glucose levels, problem-solving sick days, risk-factor reduction activities, and living/coping with diabetes.

A hierarchical approach for gathering outcomes at various stages of the diabetes education process defines outcomes as immediate (learning), intermediate (behavior change), post-intermediate (clinical indicators), and final (health status).

INTRODUCTION

In the late 1980s and throughout the 1990s, the government and private sector began demanding that health care become accountable for services. To demonstrate the quality or effectiveness of services and gain back reimbursement, most health care organizations slowly began responding by measuring and documenting the effect of care in their patient populations. Although dating back to the mid-19th century, this process has grown in recent years into a discipline called outcomes measurement. Despite this growth and the demand for evidence-based practice, the ever-shrinking health care dollar has made this endeavor feasible for only large organizations that have access to endowments, research dollars, and a well-organized initiative. The following article describes a practical and hierarchical approach to the measurement of nutrition and diabetes education outcomes in a clinical setting.

Position of The American Dietetic Association: Cost-effectiveness of medical nutrition therapy

J Am Diet Assoc. 1995;95:88.

This position was reaffirmed by the House Executive Committee on September 6, 1996. An update will be published in late 1999.

Note: For the latest information on ADA's activities surrounding medical nutrition therapy, please visit ADA's Government Affairs Web pages at http://www.eatright.org/gov/mntindex.html.

The health care system is undergoing scrutiny by consumers, policy makers, and payers. The challenge of containing costs while maintaining quality health care is formidable. How best to meet this challenge is being debated by state and federal officials, health policy researchers, public interest groups, and professional organizations. The American Dietetic Association has entered the debate because medical nutrition therapy provided by dietetics professionals results in health benefits for the public and reduced health care costs.

Position

It is the position of The American Dietetic Association that medical nutrition therapy is effective in treating disease and preventing disease complications, resulting in health benefits and cost savings for the public. Therefore, medical nutrition therapy provided by dietetics professionals is an essential reimbursable component of comprehensive health care services.

Nutrition-Related Diseases and Conditions and Their Costs

The Surgeon General has stated, "If you are among the two out of three Americans who do not smoke or drink excessively, your choice of diet can influence your long-term health prospects more than any other action you might take" (1, p 1). Eight of the 10 leading causes of death, including coronary heart disease, stroke, some types of cancer, and diabetes mellitus, are related to diet and alcohol (1).

In 1992, diet-related diseases and conditions consumed a major portion of the $819.9 billion price tag for this nation's health care costs (2):

- **Low birth weight**

The greatest single hazard to infant health, low birth weight, costs the nation $3.5 to $7.5 billion each year (3,4). According to a five-state study, Medicaid pays an average of $22,500 per delivery of a very-low-birth-weight infant and almost $6,500 per delivery of an infant of moderately low birth weight vs just $2,200 per delivery of a normal-weight infant (5). Low gestational weight gain is associated with increased risk of low birth weight and fetal and infant mortality (6).

- **Malnutrition**

Among hospitalized adults, excess costs for patients with malnutrition were $5,575 per surgery patient and $2,477 per medical patient (7). More than 150 studies have been conducted since 1974 revealing an incidence of malnutrition in hospitals ranging from 30% to 55% (8).

- **Cancer**

More than $104 billion is spent for cancer including treatment, lost productivity, and mortality costs (9). One third of the annual 500,000 deaths from cancer, including breast, colon, and prostate cancers, may be attributed to undesirable dietary practices (10).

- **Cardiovascular disease**

Coronary heart disease and strokes cost $128 billion for treatment and lost productivity (11).

- **Diabetes mellitus**

Annually, $92 billion, including direct and indirect costs, is spent on diabetes (12).

- **Obesity**

Obesity-related costs are $39.3 billion annually (13). Obesity is associated with increased risk for diabetes mellitus, hypertension, cardiovascular disease, stroke, gout, sleep apnea, and osteoarthritis (14). Another $33 billion is spent annually on illusionary "quick-fix" weight loss solutions by 65 million Americans (15).

- **Older Americans**

The elderly represent 12.6% of the population and account for 36% of health care costs ($302 billion) (16,17). In a study of older patients admitted to a hospital, those who were malnourished at admission had actual hospital charges double that of those who were not malnourished, and their average length of stay was 5.6 days longer than patients without malnutrition (18). Of patients admitted to long-term-care facilities, 39% have malnutrition (19).

Medical Nutrition Therapy

In response to the challenge of containing health care costs while maintaining quality of care, many health care providers and payers have established integrated health care systems or networks. These integrated systems offer a continuum of care -- from family-oriented preventive primary care in the outpatient setting to acute care in hospitals, home care, and long-term care.

Medical nutrition therapy is an essential component of any system designed to provide quality, cost-effective care throughout the life cycle. After nutrition screening identifies those at risk, appropriate medical nutrition therapy leads to improved health outcomes resulting in economic benefits and improved quality of life. See Figure 1 for definitions and descriptions

Medical nutrition therapy saves money by providing alternatives to more costly therapies, by decreasing length of hospital stay, and by preventing the need for surgery and hospitalizations. The following sections present the economic benefits of medical nutrition therapy in various care settings and throughout the phases of the life cycle.

Economic Benefits of Medical Nutrition Therapy in Acute Care

In the acute-care setting, factors contributing to an increase in the demand for medical nutrition therapy include the aging of the population, the higher acuity level of hospitalized patients, and the coexistence of malnutrition with chronic diseases. Adequate nutrition is essential to reduce morbidity and mortality from acute and chronic disease. Well-nourished persons are more resistant to disease and are better able to tolerate other therapy and to recover from acute illness, surgical interventions, and trauma. Nutrition plays a direct role in the recovery of a patient from disease or the treatment associated with the disease.

The Agency for Health Care Policy and Research has published a critical literature review (20) that documents the clinical effectiveness of dietetics practice and cost-benefit analysis. Although the report is critical of the limited research in evaluating clinical effectiveness, the author states (in reference to dietetics): "Recently, this profession has made major contributions in the use of total parenteral nutrition support in surgical or other short-term and long-term care conditions" (20, p 1). Substantial savings are possible when parenteral nutrition (feeding by vein) is closely monitored and adjusted to meet individual patient needs and when enteral feeding (via tube in the gastrointestinal tract) is appropriately substituted for the more costly parenteral feeding. A study of enterally fed patients revealed a benefit of $4.20 for every $1 invested in nutrition support team management (21).

Economic Benefits of Medical Nutrition Therapy Provided Outside the Hospital Setting

Current health care payment systems and managed care have decreased the length of hospital stays. Medical nutrition therapy has taken on increased importance as patients are discharged sooner and require continued nutrition care in other settings --long-term-care facilities and rehabilitation centers, community and outpatient facilities, hospice, and home care.

Home Care

Medical nutrition therapy that was previously provided to inpatients who need to follow special diets for chronic diseases such as diabetes, renal failure, cancer,

and acquired immunodeficiency syndrome (AIDS) can be effectively provided as a home health care benefit when these patients are unable to go to an outpatient setting. Many patients who are discharged from the hospital still require parenteral or enteral nutrition therapy. These specialized nutrition therapies can potentially save costs associated with expensive hospitalization but require frequent follow-up and monitoring by a registered dietitian. For example, in Washington, DC, a patient with AIDS was able to avoid hospitalization while receiving home care for parenteral nutrition therapy at a cost savings of $26,000 (22).

Long-Term Care

The number of residents in long-term-care facilities requiring a high level of acute care is increasing. These persons are prone to malnutrition and need specialized nutrition care. In spite of conscientious care, pressure sores can be a notable problem in residents, resulting in increased health care costs (23). The development of pressure sores correlates directly with the incidence of malnutrition. In addition, nutritional factors such as anemia, hyperglycemia, dehydration, food-drug interaction, and vitamin/mineral deficiencies may contribute to patients' risk of pressure sores. Medical nutrition therapy delivered to residents with pressure sores speeds the healing process. Optimal nutrition care helps prevent pressure sores from occurring (24).

Residents who are on enteral or parenteral feedings require the expertise of a registered dietitian to determine the optimum balance of nutrients and fluid and the most appropriate form of medical nutrition therapy. One skilled nursing facility saved $3,000 per month on a patient after a registered dietitian's nutrition assessment and recommendations led to the patient's improved acceptance of meals and a decrease in the use of a costly medical food supplement (25). Appropriate medical nutrition therapy can improve the quality of life, slow the rate of physical deterioration, and prevent further costly hospitalization or the need for a higher level of skilled care.

Outpatient Care

Current health care payment systems have decreased the length of hospital stays. As a result, medical nutrition therapy services to prepare patients needing to follow special diets are very limited in the inpatient setting. These services may need to be provided and reinforced in the outpatient setting. Examples include medical nutrition therapy for diabetes, hypertension, hypercholesterolemia, and kidney failure.

Diabetes mellitus is a costly and devastating disease. Medical nutrition therapy, the cornerstone of treatment, can prevent or postpone the onset or decrease the progression of costly complications of this disease. In non-insulin-dependent diabetes, there is the potential cost savings of decreasing or discontinuing the use of oral hypoglycemic agents when diet and exercise alone can provide the desired outcomes. In a short-term prospective clinical trial of adults with non-insulin-dependent diabetes mellitus, Franz et al (26) found significant

improvement in blood glucose control when patients received medical nutrition therapy from registered dietitians. The Diabetes Control and Complications Trial (DCCT), a multicenter 10-year study of insulin-dependent diabetes mel-litus, demonstrated that optimal glycemic control reduced the risk of diabetes complications by 60% (27). Registered dietitians, key members of the DCCT diabetes management teams, were able to identify and promote specific diet-related behaviors associated with improved glycemic control (28,29).

Hypercholesterolemia is a risk factor for the development of coronary heart disease. National treatment guidelines for lowering blood cholesterol recommend a trial of medical nutrition therapy before initiating drug therapy (30). The Massachusetts Dietetic Association studied more than 250 patients who received medical nutrition therapy, which included diet modification and counseling from a registered dietitian, for their hypercho-lesterolemia. The study demonstrated an estimated cost savings of $1,300 per patient per year (31).

Hypertension is the primary reason for visiting a physician, according to 1991 outpatient claims information from the Health Insurance Association of America (32). Drug costs account for 70% to 80% of total expenditure for hypertension treatment (33, p 10). The Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure states, "The goal of treating patients with hypertension is to prevent morbidity and mortality associated with high blood pressure and to control blood pressure by the least intrusive means possible" (34, p 11). The Joint Committee recommends that, in overweight patients with stage 1 hypertension, an attempt to control blood pressure with weight loss and other lifestyle modifications should be tried for at least 3 to 6 months before initiating drug therapy. Other lifestyle modifications include restricting dietary sodium and alcohol intake and ensuring adequate intakes of dietary potassium, calcium, and magnesium. Using medical nutrition therapy according to the Joint Committee recommendations, a registered dietitian in Maine was able to help a patient with hypertension decrease the dosage of medication for an estimated 5-year cost savings of more than $900 (35). Considering that as many as 50 million people have hypertension or are taking antihypertensive medications, the cost savings for the nation may be substantial (34).

Economic Benefits of Medical Nutrition Therapy in Preventive Care

A clear need for comprehensive and coordinated action to improve America's diet and health is documented by five federally funded publications (1,3,36-38). The link between dietary fat and coronary heart disease is well established. The American Cancer Society has published nutrition guidelines to advise the public on dietary practices that may reduce the risk of cancer (10).

The goals of medical nutrition therapy in preventive care are to keep people healthy in their communities; to reduce the incidence and severity of preventable diseases; to improve health and quality of life; and to reduce total medical costs, particularly costs for drug therapy, surgery, hospitalization, and extended care. *Healthy People 2000* states the following objective: "Increase to at least 75% the proportion of primary care providers who provide nutrition assessment and

counseling and/or referral to qualified nutritionists or dietitians" (3, p 128). The US Preventive Services Task Force recommends that clinicians who are unable to perform a complete dietary history, understand barriers to changes in eating habits, and offer individualized guidance on food selection and preparation, should refer patients to a registered dietitian or qualified nutritionist for further counseling (36).

Economic Benefits of Medical Nutrition Therapy at the Beginning and End of the Life Cycle

Maternal and child health

Ongoing nutrition screening is an integral part of maternity care at the beginning of pregnancy and periodically throughout pregnancy and lactation (6). A 1992 US General Accounting Office estimate of the Special Supplemental Food Program for Women, Infants, and Children (WIC) indicates that every dollar invested in WIC for pregnant women yields up to $4.21 in Medicaid savings (4). Optimal nutrition for pregnant women will lead to the proper growth and development of the fetus and prevention of low-birth-weight infants and costly complications. Medical nutrition therapy promotes optimal growth, development, and maintenance of health for infants and children with developmental disabilities and chronic medical conditions that may require a lifetime of treatment.

Gestational diabetes is a condition occurring during pregnancy, which, if not treated effectively, can result in a large baby, complicated delivery, neonatal complications, and additional costs. Appropriate diet, the first line of treatment in controlling blood glucose levels, may be all that is required to ensure a positive pregnancy outcome. A registered dietitian in Arizona provided appropriate medical nutrition therapy and self-management training to a patient with gestational diabetes. The patient was able to avoid the need for insulin therapy and a cesarean section delivery for an estimated cost savings of $5,496 (35).

Older Americans

By the year 2010, one in seven Americans will be aged 65 years or older (16). Eighty-five percent of the older population has one or more of the chronic conditions that have been documented to benefit from nutrition interventions (39). Nutrition screening, assessment, and treatment are essential to decreasing mortality, morbidity, and attendant health care costs for vulnerable older Americans. Once older persons have been identified as malnourished, services through public/private partnerships, such as home-delivered meals, should be made available to those who need it (40). Moyer (41) noted that nutri-tious home-delivered meals can be provided to an older person for an entire year for what it costs to spend 1 day in the hospital. Home health care visits by a dietetics professional may also help older persons secure and maintain adequate nutritional status. Adequately nourished patients have decreased morbidity and mortality and fewer secondary medical complications and diseases. Their wounds

heal faster, they have fewer infections, and their hospitalizations are shorter. These factors all reduce Medicare, Medicaid, and other third-party payer costs.

Medical Nutrition Therapy Recommended by National Groups

The following health care advocacy and government groups have published recommendations that include medical nutrition therapy: the National Cholesterol Education Program (30), the National High Blood Pressure Education Program (34), the American Diabetes Association (42), the American Cancer Society (43), the National Academy of Sciences Committee on Nutritional Status During Pregnancy and Lactation (44), and the Nutrition Screening Initiative (40)

Provider Credentials and Accountability

Credentialed dietetics professionals are the primary providers of medical nutrition therapy. See Figure 2 for providers of medical nutrition therapy. They are qualified by education, supervised experience, and passage of a national or state examination. Registered dietitians are vital members of the interdisciplinary treatment teams. They are leaders in assessment, therapies, and monitoring of quality care. They are the educators of other health professionals in nutrition-related areas.

Summary

The national debate on health care reform has led health care providers and payers to develop new approaches to meet the challenges of cost containment and the need for quality care. Medical nutrition therapy plays a key role throughout the continuum of care in all practice settings and phases of the life cycle, from prenatal care to care of older Americans. After nutrition screening identifies those at risk, appropriate medical nutrition therapy leads to improved health outcomes resulting in improved quality of life and cost savings. Dietetics professionals are key members of the health care team and are uniquely qualified to provide medical nutrition therapy.

References

1. *The Surgeon General's Report on Nutrition and Health*. Washington, DC: US Dept of Health and Human Services; 1988. DHHS (PHS) publication 88-50210.
2. Burner S, Waldo D, McKusick D. 1992 National health expenditures projections through 2030. *Health Care Finan Rev*. 1992;14:1-29.
3. *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. Washington, DC: US Dept of Health and Human Services; 1990. DHHS (PHS) publication 91-50213.
4. *Early Intervention: Federal Investments Like WIC Can Produce Savings.* Gaithersburg, Md: US General Accounting Office; 1992. GAO publication HRD-92-18.
5. Devaney B. *The Savings in Medicaid Costs for Newborns and Their Mothers from Prenatal Participation in the WIC Program: Analysis of Very Low Birth*

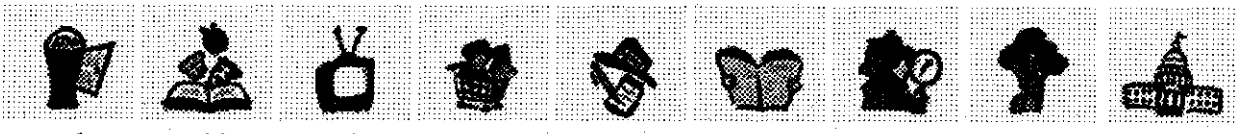
Weight. Princeton, NJ: Mathematica Policy Research, Inc; 1991.
6. Subcommittee on Nutritional Status and Weight Gain During Pregnancy, National Academy of Sciences. *Nutrition During Pregnancy.* Washington, DC: National Academy Press; 1990.
7. Reilly J, Hull SF, Alert N, Waller A, Bringardener S. Economic impact of malnutrition: a model system for hospitalized patients. *JPEN.* 1988; 88:371-376.
8. Coats KG, Morgan SL, Bartolucci AA, Weinsier RL. Hospital-associated malnutrition: a reevaluation 12 years later. *J Am Diet Assoc.* 1993; 93:27-33.
9. *Cancer Facts and Figures 1994.* Atlanta, Ga: American Cancer Society; 1994.
10. The Work Study Group on Diet, Nutrition, and Cancer. *American Cancer Society Guidelines on Diet, Nutrition, and Cancer.* Atlanta, Ga: American Cancer Society; 1992.
11. *Heart and Stroke Facts: 1994 Statistical Supplement.* Dallas, Tex: American Heart Association; 1994.
12. *Diabetes: 1993 Vital Statistics.* Alexandria, Va: American Diabetes Association; 1993.
13. Colditz GA. Economic costs of obesity. *Am J Clin Nutr.* 1992;55 (suppl):503S-507S.
14. Pi-Sunyer FX. Medical hazards of obesity. *Ann Intern Med.* 1993;119:655-660.
15. Opening Statement of Chairman Ron Wyden, Subcommittee on Regulation, Business Opportunities, and Energy, May 7, 1990. *News from Congressman Ron Wyden.* 1990: 1-2 .
16. *1990 Census of Population: General Population Characteristics for United States.* Washington, DC: US Dept of Commerce Bureau of Census; 1992.
17. Aging America: Trends and Projections. Washington, DC: US Dept of Health and Human Services; 1991. *DHHS publication* 91-28001.
18. Robinson G, Goldstein M, Levine G. Impact of nutritional status on DRG length of stay. *JPEN.* 1987;11:49-51.
19. Nelson KJ, Coulston AM, Sucher KP, Tseng RY. Prevalence of malnutrition in the elderly admitted to long-term-care facilities. *J Am Diet Assoc.* 1993;93:459-461.
20. Critical Literature Review: Clinical Effectiveness in Allied Health Practices. Washington, DC: US Dept of Health and Human Services; 1993. *DHHS (PHS, AHCPR) publication* 94:0029.
21. Hassell JT, Games AD, Shaffer B, Harkins LE. Nutrition support team management of enterally fed patients in a community hospital is cost beneficial. *J Am Diet Assoc.* 1994; 94:993-998.
22. Bernardi C, McGovern M. *Nutrition Services for Improved Health and Cost Savings: Demonstrating Success in the District of Columbia.* Washington, DC: District of Columbia Metropolitan Area Dietetic Association; 1993.
23. Frantz RA, Gardner S, Harvey P, Spacht J. The cost of treating pressure ulcers in a long-term care facility. *Decubitus.* 1991;4:37-42.
24. Pinchcofsky-Devin GD, Kaminski MV. Correlation of pressure sores and nutritional status. *J Am Geriatr Soc.* 1986;34:435-440.
25. Health care reform legislative platform: economic benefits of nutrition services. *J Am Diet Assoc.* 1993; 93:686-690.
26. Franz MJ, Mazze RS, Splett PL, Monk AM. NIDDM practice guidelines:

Exhibition of The American Dietetic Association; October 19, 1994: Orlando, Fla.
27. The Diabetes Control and Complications Trial (DCCT) Research Group. The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. *N Engl J Med.* 1993;329:977-986.
28. DCCT Research Group. Nutrition intervention for intensive therapy in the Diabetes Control and Complications Trial: implications for clinical practice. *J Am Diet Assoc.*1993;93:768-772.
29. Delahanty LM, Halford BN. The role of diet behaviors in achieving improved glycemic control in intensively treated patients in the Diabetes Control and Complications Trial. *Diabetes Care.*1993;16:1453-1458.
30. National Cholesterol Education Program. *Second Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults.* Washington, DC: National Institutes of Health; 1993.
31. McGehee MM, Johnson EQ, Rasmussen HM, Sahyoun NR, Lynch MM, Lobosco R, Carey M, Folkman J, Gallagher L, Braunstein N, Dwyer J. Cost-effectiveness of medical nutrition therapy by registered dietitians for patients with hypercholesterolemia. *J Am Diet Assoc.* 1994; 94(suppl):A33. Abstract.
32. *Source Book of Health Insurance Data 1993.* Washington, DC: Health Insurance Association of America; 1994.
33. World Hypertension League. Cited by: *The Fifth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure.* Bethesda, Md: National Institutes of Health; 1993. NIH publication No. 93-1088.
34. *The Fifth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure.* Bethesda, Md: National Institutes of Health; 1993. NIH publication No. 93-1088.
35. Morrison's Hospitality Group Nutrition Services. *Nutrition Services – Your Competitive Advantage.* Mobile, Ala: Morrison's Hospitality Group; 1993.
36. *Guide to Clinical Services: An Assessment of the Effectiveness of 169 Interventions, Report of the US Preventive Services Task Force.* Baltimore, Md: Williams & Wilkins; 1989: 309.
37. *Nutrition and Your Health: Dietary Guidelines for Americans. 3rd ed.* Washington, DC: US Dept of Agriculture and Health and Human Services; 1990. Home and Garden Bulletin No. 232.
38. *Committee on Diet and Health. Diet and Health: Implications for Reducing Chronic Disease Risk.* Washington, DC: National Academy Press; 1991.
39. US Senate Committee on Education and Labor. Cited by: American Academy of Family Physicians, The American Dietetic Association, National Council on the Aging, Inc. *Incorporating Nutrition Screening and Interventions into Medical Practice: A Monograph for Physicians.* Washington, DC: The Nutrition Screening Initiative; 1994.
40. American Academy of Family Physicians, American Dietetic Association, National Council on the Aging, Inc. *Incorporating Nutrition Screening and Interventions into Medical Practice: A Monograph for Physicians.* Washington, DC: Nutrition Screening Initiative; 1994.
41. Moyer WR. Presentation at the White House Conference on Aging Input Session on Nutrition and Home/Community-Based Services; June 4, 1994;

Indianapolis, Ind.
42. The American Diabetes Association. Standards of medical care for patients with diabetes mellitus. *Diabetes Care*. 1994;17:616-623.
43. Holleb AT, Fink DJ, Murphy GP. *The American Cancer Society Textbook of Clinical Oncology*. Atlanta, Ga: The American Cancer Society; 1991.
44. Committee on Nutritional Status During Pregnancy and Lactation. National Academy of Sciences. *Nutrition Services in Perinatal Care*. Washington, DC: National Academy Press;1992.
45. ADA Council on Practice Quality Management Committee. ADA's definitions for nutrition screening and nutrition assessment. *J Am Diet Assoc*. 1994; 94:838-839.
46. Disbrow DD, Dowling RA. Cost-effectiveness and cost-benefit analyses: research to support practice. In: Monsen ER, ed. *Research: Successful Approaches*. Chicago, Ill: American Dietetic Association; 1991: 272-294.

■ ADA Position adopted by the House of Delegates on October 16, 1994. This position is in effect until December 1997.
■ Recognition is given to the following for their contributions:
Authors:
Mary Carey, PhD, RD, and Sandra Gillespie, MMSc, RD
Reviewers:
Clinical Nutrition Management dietetic practice group (Sylvia Escott-Stump, MA, RD; Michele M. Fairchild, MA, RD; Evalina Scott, RD); Diabetes Care and Education dietetic practice group (Melinda Marynuik, MEd, RD); Doris Disbrow, DrPH, RD; Michele Mathieu-Harris; Martha M. Lynch, MS, RD; Patricia L. Splett, MPH, PhD, RD

Back to: POSITION PAPERS



member services | nutrition resources | in the news | marketplace | pressroom | classifieds | find a dietitian | gateway to related sites | government affairs

Cost Effectiveness Studies of Medical Nutrition Therapy

Updated July 21, 1999

Outcome Studies:
Cost Studies of Medical Nutrition Therapy: Selected References

In order to meet the needs of the changing healthcare environment, dietetic professionals need to show that medical nutrition therapy affects patient outcomes. Medical nutrition therapy provided by a qualified dietetics professional makes a difference in achieving positive patient outcomes and is a cost-effective asset to the healthcare organization. This Outcome Studies reference list is broken up into three parts: disease-specific studies, general cost effective studies and guides to help getting started setting up outcome studies.

Disease specific studies

1. American Diabetes Association. Economic Consequences of Diabetes Mellitus in the U.S. in 1997. Diabetes Care. February 1998; 21(2): 296-309.

2. Brannon SD, Tershakovec AM, Shannon BM. The cost-effectiveness of alternative methods of nutrition education for hypercholesterolemic children. *Am J Public Health*. 1997;87(12):1967-70.

3. Collins RW. Medication cost savings associated with weight loss for obese non-insulin-dependent diabetic men and women. *Preventive Medicine*. 1995;24:369-374.

4. Franz MJ, Splett PL, Monk A, Barry B, McClain K, Weaver T, Upham P, Bergenstal R, Mazze RS. Cost-effectiveness of medical nutrition therapy provided by dietitians for persons with non-insulin-dependent diabetes mellitus. *J Am Diet Assoc*. 1995;95:1018-1024.

5. Gallagher-Allfred CR, Voss AC, Finn SC, McCarnish MA. Malnutrition and clinical outcomes: The case for medical nutrition therapy. *J Am Diet Assoc*. 1996;96(4): 361-6.

6. McGehee MN, Johnson EQ, Rasmussen HM, Sahyoun N, Lynch MM, Carey M. Benefits and costs of medical nutrition therapy by registered dietitians for patients with hypercholesterolemia. *J Am Diet Assoc*. 1995; 95: 1041-1043.

7. McMahon K, Decker G, Ottery FD. Integrating proactive nutritional assessment in clinical practices to prevent complications and cost. Seminars in Oncology, Suppl 6, April 1998; 25 (2): 20-27.

8. *Cutting Hospital Costs with Clinical Nutrition Services.* A report (malnutrition) by the Nutritional Care Management Institute. Tucker, GA.

9. Ottery FD. Supportive nutrition to prevent cachexia and improve quality of life. *Semin Oncol.* 1995;22(Suppl 3):98-111.

10. Packard PT, Heaney RP. Medical nutrition therapy for patients with osteoporosis. *J Am Diet Assoc.* 1997;97(4):414-7.

11. Stinnett AA, Mittleman MA, Weinstein MC, Kuntz KM, Cohen DJ, Williams LW, Goldman PA, Staiger DO, Hunink MGM, Tsevat J, Tosteson ANA, Goldman L. The Cost Effectiveness of Dietary and Pharmacological Therapy for Cholesterol Reduction in Adults. In: Gold MR, Siegal JE, Russell LB, Weinstein MC, ed. *Cost Effectiveness in Health and Medicine.* 1st ed. New York, NY: Oxford University; 1996:349-391.

12. Schrock, Linda E. "Review of Cost Efficiency and Efficacy of Delivering a Diabetes Education Program in a Southwest Rural Healthcare Facility." *The Diabetes Educator*.1998; 24 (4): 485-492.

13. The American Dietetic Association: *Diabetes Guidelines Cost Effectiveness Study.* Chicago, Ill; The American Dietetic Association and the International Diabetes Center. Fact Sheet.

14. Tosteson ANA, Weinstein MC, Hunink MGM, Mittleman MA, Williams LW, Goldman PA, Goldman L. Cost-effectiveness of population wide educational approaches to reduce serum cholesterol levels. *Circulation.* 1997;95:24-30.

15. Young JS. HIV and medical nutrition therapy. *J Am Diet Assoc.* 1997;97(10 Suppl 2):S161-6.

General Cost Effective Studies

1. Dietetics in Development and Psychiatric Disorders Practice Group. *Medical Nutritional Therapy Improves Health and Saves Money for Persons with Developmental Disabilities and Psychiatric Disorders.* 1995.
2. Ferdman, E. ADA focuses on the Benefits of Medical Nutrition Therapy. *The HCQA Quality Forum*, Winter 1999; vol. 6: 5, 19.
3. Illinois Dietetic Association. *Medical Nutrition Therapy Saves Money & Improves Health.* Wheaton, Ill; 1994.
4. Johnson, Rachel The Lewin Group – What does it tell us and why does it matter? *J Am Diet Assoc.* 1999, 99 : 426-427

5. Lucas, Betty, MPH, RD, CD, Nardella, Maria, MA, RD CD, & Feucht, Sharon, MA, RD, CD. *Nutrition Services for Children with Special Health Care Needs – What are the Cost Considerations?* National MCH Clearinghouse
6. Nagle M, Mitchell DC, et al. What to consider when conducting a cost-effectiveness analysis in a clinical setting. *J Am Diet Assoc* 1998; 98: 1149-1154.
7. Sheills, J.F., Rubin, R, Stapleton, D.C., The estimated costs and savings of medical nutrition therapy: The Medicare Population. *J Am Diet Assoc* 1999; 99:428-432
8. Splett PL. *Cost Outcomes of Intervention: Outcomes Research, Part 1.* Evansville, Ind: Mead Johnson & Company; 1996.
9. Splett PL. *Cost Outcomes of Intervention: Measuring Effectiveness of Nutrition Interventions, Part 2.* Evansville, Ind: Mead Johnson & Company; 1996.
10. Splett PL. *Cost Outcomes of Intervention: Economic and Cost Analysis of Nutrition Intervention, Part 3.* Evansville, Ind: Mead Johnson & Company; 1996.
11. Splett PL. Effectiveness and Cost Effectiveness of Nutrition Care: A Critical Analysis with Recommendations. *J Am Diet Assoc.* 1991; 91 (suppl):S1-S54.
12. The American Dietetic Association's **Web Site** www.eatright.org/nfs68.html
13. *The Economic Impact of Diabetes,* chapter 30, pgs. 601-611. Diabetes in America. 2nd edition. National Institutes of Health, 1995.
14. The Nutrition Care Management Institute. *Cost Containment through Nutrition Intervention.* Deerfield, Ill: Clintec Nutrition Company; 1996.
15. *Therapy for Diabetes* chapter 25; pgs: 519-534. Diabetes in America. 2nd edition. National Institutes of Health: 1995
16. Position of The American Dietetic Association: Cost-effectiveness of medical nutrition therapy. *J Am Diet Assoc.* 1995;95:88-91.

Outcomes Research Study Guides

The following publications offer direction for starting your own outcomes projects to improve patient care.

1. Eisenberg JM, Clinical Economics: A guide to the economic analysis of clinical practices. *JAMA.* 1989;262:2879-2886.

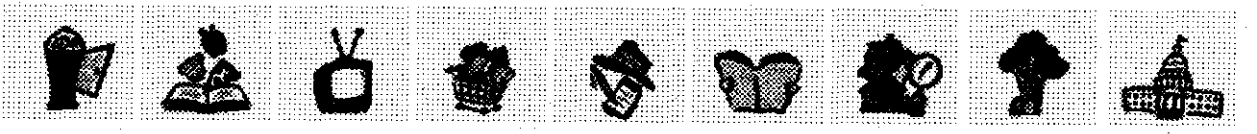
2. Morbidity and Mortality Weekly Report. *A Framework for Assessing the Effectiveness of Disease and Injury Prevention.* Atlanta, GA: U.S. Department of Health and Human Services, Center for Disease Control and Prevention; 1992.

3. Splett PL. *The Practitioner's Guide to Cost-Effectiveness Analysis of Nutrition Interventions.* Arlington, Va: National Center for Education in Maternal and Child Health; 1996.

4. The American Dietetic Association and Ross Products Division of Abbott Laboratories. *Nutrition Intervention and Patient Outcomes.* Columbus, Ohio: Ross Products Division, Abbott Laboratories; 1995.

5. The American Dietetic Association and Ross Products Division of Abbott Laboratories. *Outcomes Management: Linking Research to Practice.* Columbus, Ohio: Ross Products Division, Abbott Laboratories; 1996.

Back to: Quality Management



member services | nutrition resources | in the news | marketplace | pressroom | classifieds | find a dietitian | gateway to related sites | government affairs

~Memorandum~

From: Ann Gallagher, RD, CD, LD, President, American Dietetic Association

National Academy of Sciences Report Urges MNT Coverage by RDs

The Food and Nutrition Board, Institute of Medicine (IOM) Committee on Nutrition Services for Medicare Beneficiaries has recommended that nutrition therapy, upon referral by a physician, be a reimbursable benefit for Medicare beneficiaries and that registered dietitians be reimbursed as the provider of nutrition therapy. In a study released today, IOM said that expanded coverage of nutrition therapy will "improve the quality of care and is likely to be a valuable and efficient use of Medicare resources."

The IOM report, entitled *The Role of Nutrition in Maintaining Health in the Nations Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population*, also recommends a reevaluation of existing reimbursement systems and regulations for nutrition services along the continuum of care. The study was prompted by the Balanced Budget Act of 1997 which directed the Health Care Financing Administration (HCFA) to evaluate the benefits and costs of the provision of nutrition services, including the services of a registered dietitian, to Medicare beneficiaries.

Based on currently available data, the study estimated the Medicare portion of charges for coverage of nutrition therapy during the five-year period of 2000 to 2004, to be $1.43 billion. However, the report stated that expanded coverage for nutrition therapy is "likely to generate economically significant benefits to beneficiaries, and in the short term to the Medicare program itself, through reduced healthcare expenditures." IOM went on to say that the committee recommends that these services (nutrition therapy) be reimbursed "whether or not expanded coverage reduced overall Medicare expenditures."

Based on ADA's review of the document, following are key recommendations of the report:

- Based on the high prevalence of individuals with conditions for which nutrition therapy was found to be of benefit, the committee recommends that nutrition therapy, upon referral from a physician, be a reimbursable benefit for Medicare beneficiaries. The committee recommended coverage to be based on physician referral rather than on the administratively burdensome task of coverage based on specific conditions.

- With regard to the selection of health care professionals to provide nutrition therapy, the registered dietitian is currently the single identifiable group of health care professionals with standardized education, clinical training, continuing education, and national credentialing requirements necessary to be directly reimbursed as a provider of nutrition therapy. However, the

committee also recognizes that other health care professionals could in the future submit evidence to be evaluated by HCFA for consideration as reimbursable providers.

- The committee recommends that reimbursement for enteral and parenteral nutrition-related services in the acute care setting be continued at the present level. A multidisciplinary approach to the provision of this care is recommended.

- The committee recommends that HCFA as well as accreditation and licensing groups reevaluate existing reimbursement systems and regulations for nutrition services along the continuum of care (acute care, ambulatory care, home care, skilled nursing and long-term care) to determine the adequacy of care delineated by such standards. Several areas that should be specifically addressed include:
- Validation of nutrition screening methodologies used in acute care settings as well as the optimal timing of nutrition screening should be reviewed. While screening for nutrition risk in the acute care setting is crucial, the current time requirement, as well as many screening methodologies are not evidence based.
- Provision of nutrition services, including both basic nutrition education as well as nutrition therapy in the home care setting, should be reviewed. A registered dietitian should be available to serve as a consultant to health professionals providing basic nutrition education and follow-up, as well as to provide nutrition therapy, when indicated, directly to Medicare beneficiaries being cared for in a home setting.
- Regulations in ambulatory and home care settings that exclude enteral and parenteral nutrition unless the gut is expected to be dysfunctional for a least 90 days, needs to be reevaluated.
- Requirements and standards for food and nutrition services in skilled nursing and long-term care facilities should be reviewed. Staffing must be adequate, and staff members should be well trained and professionally supervised by nutrition professionals so that patients are fed sensitively and appropriately.
- A research agenda in the area of nutrition in the older person should be pursued by federal agencies such as the National Institute on Aging, the Agency for Health Care Policy and Research, and HCFA.

Copies of the report are available at http://www.nap.edu/catalog/9741.html.

Summary Prepared by the National Academy of Sciences

THE ROLE OF NUTRITION IN MAINTAINING HEALTH IN THE NATION'S ELDERLY:

EVALUATING COVERAGE OF NUTRITION SERVICES FOR

THE MEDICARE POPULATION

A Report by the Committee on Nutrition Services for Medicare Beneficiaries,

Food and Nutrition Board, Institute of Medicine

This report meets the requirements mandated by the Balanced Budget Act of 1997, which directed the Health Care Financing Committee (HCFA) to evaluate the benefits and costs of the provision of nutrition services, including the services of a registered dietitian, to Medicare beneficiaries. In early 1999, the Institute of Medicine appointed an expert committee of 14 members with backgrounds in nutrition, medicine, nursing, geriatrics and health economics. The Committee was charged with the task of developing recommendations regarding the technical and policy aspects of the coverage of nutrition services and addressing three key questions:

- Is there evidence that the provision of nutrition services is of benefit to individuals in terms of morbidity, mortality or quality of life?
- To what extent are registered dietitians and other health care professionals qualified by training and credentials to provide such services?
- What are the costs and possible offsets for the provision of such services?

In considering the provision of nutrition services across the continuum of care, the committee examined evidence for specific diseases and conditions that frequently affect Medicare beneficiaries and produce significant morbidity and mortality and for which nutrition interventions have generally been recommended. In addition, nutrition services in each of the following distinct patient care settings were evaluated: acute care (hospitals), outpatient care (ambulatory services), home care, skilled nursing and long-term-care. Although varying amounts of basic nutrition services are included in reimbursement payments in hospital, home health, and post-acute care settings, services have been largely inconsistent or inadequate to meet the needs of the growing elderly population.

KEY RECOMMENDATIONS.

1. Based on the high prevalence of individuals with conditions for which nutrition therapy was found to be of benefit, the committee recommends that nutrition therapy, upon referral from a physician, be a reimbursable benefit for Medicare beneficiaries. Consistent evidence from limited data suggests that nutrition therapy is effective as part of a comprehensive approach to the management and treatment of many conditions affecting the Medicare population, including dyslipidemia, hypertension, heart failure, diabetes and kidney failure. It is estimated that 86 percent of Americans over the age of 65 have diabetes, dyslipidemia, hypertension or a combination of these conditions alone. In addition, given that there may be many other conditions for which nutrition therapy may play an important role, the committee recommended coverage to be based on physician referral rather than on the administratively burdensome task of coverage based on specific conditions.

2. With regard to the selection of health care professionals to provide nutrition therapy, the registered dietitian is currently the single identifiable group of health care professionals with standardized education, clinical training, continuing education and national credentialing requirements necessary to be directly reimbursed as a provider of nutrition therapy. However, the committee also recognizes that other health care professionals could in the future submit evidence to be evaluated by HCFA for consideration as reimbursable providers. The committee determined that in the spectrum of health care settings and patient conditions, two tiers of nutrition services exist. The first tier is basic nutrition education and advice, which is generally provided incidental to other services. This type of nutrition service can generally be provided by most health care professionals. The second tier of nutrition services is nutrition therapy. Nutrition therapy is an intensive approach to the management of chronic diseases and requires significantly more training in food and nutrition science than is commonly provided in the curriculum of other health professionals. It requires a broad knowledge base to translate complex diet prescriptions into meaningful individualized dietary modifications for the lay person.

3. The committee recommends that reimbursement for enteral and parenteral nutrition-related services in the acute care setting be continued at the present level. A multidisciplinary approach to the provision of this care is recommended. The committee reviewed medical conditions for which enteral and parenteral nutrition regimes may be warranted

and concluded that their use in preventing complications and avert malnutrition has been shown to be effective for many conditions. The committee also concluded that the delivery and oversight of enteral and parenteral nutrition therapy be carried out by a multidisciplinary team including a physician, nurse, pharmacist and dietitian.

4. The committee recommends that HCFA as well as accreditation and licensing groups reevaluate existing reimbursement systems and regulations for nutrition services along the continuum of care (acute care, ambulatory care, home care, skilled nursing and long-term care) to determine the adequacy of care delineated by such standards. Several areas that should be specifically addressed include:

4.1 Validation of nutrition screening methodologies used in acute care settings as well as the optimal timing of nutrition screening should be reviewed. While screening for nutrition risk in the acute care setting is crucial, the current time requirement, as well as many screening methodologies are not evidence.

4.2 Provision of nutrition services, including both basic nutrition education as well as nutrition therapy in the home care setting, should be reviewed. A registered dietitian should be available to serve as a consultant to health professionals providing basic nutrition education and follow-up, as well as to provide nutrition therapy, when indicated, directly to Medicare beneficiaries being cared for in a home setting.

4.3 Regulations in ambulatory and home care settings that exclude coverage for enteral and parenteral nutrition unless the gut is expected to be dysfunctional for at least 90 days, need to be reevaluated. To avoid complications of extended semistarvation and possible rehospitalization, coverage for enteral and parenteral nutrition needed for longer than 7 days should be covered. In addition, monitoring of patients while on enteral and parenteral nutrition is crucial to avoid both the under- and overuse of this type of therapy. The registered dietitian should be involved in the monitoring of enteral and parenteral nutrition and the transition from one feeding modality to another.

4.4 Requirements and standards for food and nutrition services in skilled nursing and long-term care facilities should be reviewed. Staffing must be adequate, and staff members should be well trained and professionally supervised by nutrition professionals so that patients are fed sensitively and appropriately.

4.5 A research agenda in the area of nutrition in the older person should be pursued by federal agencies such as the National Institute on Aging, the Agency for Health Care Policy and Research, and HCFA. Recommendations for research topics were made by the committee and can be found at the end of each chapter.

ESTIMATED COST TO THE MEDICARE PROGRAM

Given currently available data, the estimated Medicare portion of charges for coverage of nutrition therapy during the 5-year period, 2000 to 2004, is $1.43 billion. Expanded coverage for nutrition therapy is likely to generate economically significant benefits to beneficiaries, and in the short term to the Medicare program itself, through reduced healthcare expenditures.

The Role of Nutrition in Maintaining Health in the Nation's Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population is available for sale from the National Academy Press at 1-800-624-6242 or 202-334-3313 (in the Washington metropolitan area), or visit the NAP's on-line bookstore at http://www.nap.edu. For more information about the Institute of Medicine, visit the IOM home page at http://www.iom.edu. For more information about the Food and Nutrition Board, visit the FNB home page at http://www.iom.edu/fnb.

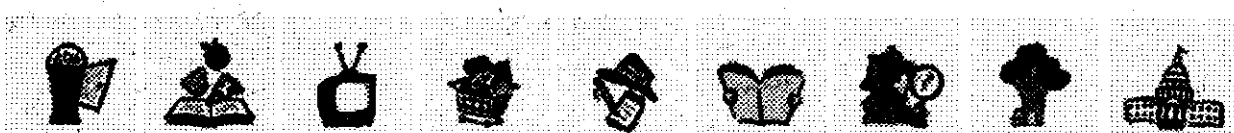
COMMITTEE MEMBERS Virginia A. Stallings, M.D. *(Chair)* The Children's Hospital of Philadelphia Philadelphia, PA Lawrence L. Appel, M.D., M.P.H. John Hopkins Medical Institutions Baltimore, MD Julia A. James Health Policy Alternatives, Inc. Washington, DC Gordon L. Jensen, M.D., Ph.D. Vanderbilt University Medical Center Nashville, TN Elvira Q. Johnson, M.S., R.D., C.D.E. Cambridge Health Alliance Cambridge, MA Joyce K. Keithley, D.N.Sc., R.N. Rush-Presbyterian-St. Luke's Medical Center Chicago, IL Col. Esther F. Myers, Ph.D., R.D., F.A.D.A. Travis Air Force Base, CA Harold Pollack, Ph.D. University of Michigan F. Xavier Pi-Sunyer, M.D., M.P.H St Luke's-Roosevelt Hospital Center New York, NY

Carol Porter, Ph.D., R.D., F.A.D.A. University of California at San Francisco Medical Center San Francisco, CA David B. Reuben, M.D. University of California at Los Angeles School of Medicine Los Angeles, CA Robert S. Schwartz, M.D. University of Colorado Health Sciences Center Denver, CO Annalynn Skipper, M.S., R.D., C.N.S.D., F.A.D.A. Nutrition Consultation Service Oak Park, IL Linda G. Snetselaar, Ph.D., R.D. University of Iowa Iowa City, IA STAFF Rony Gunter-Nathan Study Director Geraldine Kennedo Project Assistant Food and Nutrition Board, Institute of Medicine 2101 Constitution Ave., NW Washington, DC 20418 202-334-1732 (Phone) 202-334-2316 (FAX) fnb@nas.edu
http://www.iom.edu/fnb

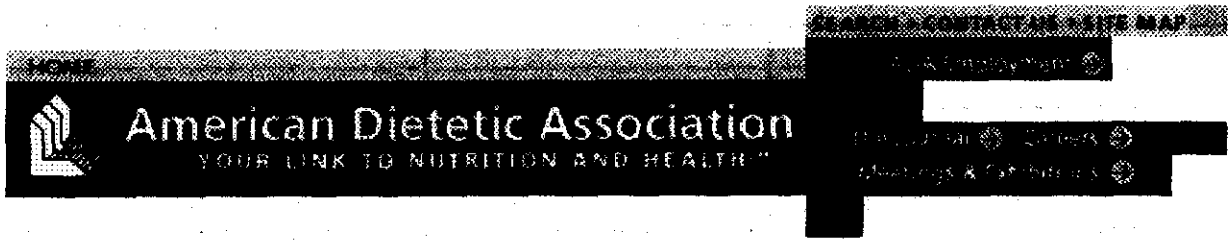
Related press release 12/15/99

To contact ADA's Government Relations Team:
1225 Eye Street, NW
Suite 1250
Washington, DC 20005-3914
202/371-0500
FAX: 202/371-0840
govaffairs@eatright.org

Back to: Comments
Government Affairs Index



member services | nutrition resources | in the news | marketplace | pressroom | classifieds | find a dietitian | gateway to related sites | government affairs



The Medicare Medical Nutrition Therapy Act of 1999 Bill Summary (H.R. 1187/S. 660)

March 1999

- Provides coverage under Medicare Part B for medical nutrition therapy services furnished by registered dietitians and qualified nutrition professionals.

- Defines **medical nutrition therapy services** as "nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian or nutrition professional pursuant to a referral by a physician."

- Defines **registered dietitian/nutrition professional** as an individual who:

  A. Holds a baccalaureate or higher degree by a regionally accredited college in the United States (or equivalent foreign degree) and has completed a nationally accredited program in nutrition or dietetics;
  B. Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional;
  C. Is licensed or certified as a dietitian or nutrition professional by a state where the services are performed or meets criteria established by the Secretary of Health and Human Services in states that do not provide licensure or certification.

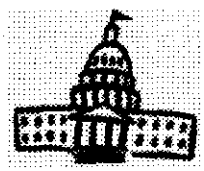
- Individuals who are already licensed or certified as of the date of enactment of the bill do not have to meet criteria A and B.

Back to: MNT Index

member services | nutrition resources | in the news | marketplace | pressroom | classifieds | find a dietitian | gateway to related sites | government affairs

American Dietetic Association
YOUR LINK TO NUTRITION AND HEALTH™

Government Affairs



Comments on Regulatory Actions

- 11/17/99
USDA/FNS: ADA's comments on Modification of the "Vegetable Protein Products" Requirements for the National School Lunch Program, School Breakfast Program, Summer Food Service Program and Child and Adult Care Food Program.

- 09/17/99
FDA: ADA comments on Food Labeling: Safe Handling Statements: Shell Eggs: Refrigeration of Shell Eggs Held for Retail Distribution

- 06/24/99
Committee on Nutrition Services For Medicare Beneficiaries of the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences

- 05/18/99
FDA: Irradiation in the Production, Processing, and Handling of Food: Advance Notice of Proposed Rulemaking.

- 04/26/99
USDA/FSIS: ADA's comments on Irradiation of Meat and Meat Products, Proposed Rule

- 04/12/99
DHHS: ADA's comments on HCFA's Medicare Program: Expanded Coverage for Outpatient Diabetes Self-Management Training Services, Proposed Rule

- 01/25/99

Comments on Regulatory Actions

Coverage for Medical Nutrition Therapy

Food Security/Nutrition Assistance Programs

Food Labeling/Dietary Supplements

Grassroots Tools

Other Legislation

Press Releases

Reimbursement Resources

State Issues

Testimony and Statements

The Washington Report

FDA: ADA comments on Food Labeling: Health Claims; Soy Protein and Coronary Heart Disease

● 12/15/98
View the Comments of The American Dietetic Association on Healthy People 2010 Draft Objectives for the Nation
Healthy People 2010 is a major national effort that will define the Nation's health agenda and guide policy to promote health and prevent disease in the next decade.

If your computer does not already have the free Adobe Acrobat Reader software installed, download the Acrobat Reader from Adobe's Web site now to view the following files:

Part I: Comments
Part II: Appendices
Part III: Cover Letter

For more information on **Healthy People 2010**, visit http://www.health.gov/healthypeople.

● 11/11/98
USDA: ADA's comments on proposed rule on the National School Lunch Program and School Breakfast Program: Additional Menu Planning Alternatives

● 08/14/98
FDA: ADA's comments on structure/function claims and dietary supplements

● 05/26/98
FDA: Labeling potentially harmful juice products: proposed rule

● 05/19/98
ADA's comments to FDA and USDA on the use of the term "healthy" and qualifying sodium levels on food labels

● 04/30/98
USDA: ADA's response to USDA's proposal on the use of the term "organic"

● 04/20/98
HCFA: Official comments of The American Dietetic

Government Affairs Index

Government Relations Team:
1225 Eye Street, NW
Suite 1250
Washington, DC
20005-3914
202/371-0500
FAX: 202/371-0840
govaffairs@eatright.org

Association to the Health Care Financing Administration on the Medicare and Medicaid Programs; Hospital Conditions of Participation; Provider Agreements and Supplier Approval: proposed rule.

•08/06/97
CDSL: Comments from the American Dietetic Association in response to the Commission on Dietary Supplements Labels Report to the President, the Congress, and the Secretary of Health and Human Services

•08/05/97
FDA: Food Labeling: Health Claims; Soluble Fiber from Certain Foods and Coronary Heart Disease

•07/18/97
FDA: Dietary Supplements Containing Ephedrine Alkaloids: proposed rule.

•06/09/97
HCFA: Home Health Agency Conditions of Participation: proposed rule.

•05/05/97
FDA: Current Good Manufacturing Practice in Manufacturing, Packing, or Holding Dietary Supplements: Advance notice of proposed rulemaking.

•04/28/97
FDA: Regulation of Medical Foods: Advance notice of proposed rulemaking.

•04/24/97
FDA: Food Labeling: Nutrient Content Claims, General Principles, Health Claims, General Requirements and Other Specific Requirements for Individual Health Claims: proposed rule.

•04/21/97
FDA: Food Labeling: Nutrient Content Claims Pertaining to the Available Fat Content of Food: proposed rule.

The CBNS is the only organization providing voluntary certification of all professional nutritionists with advanced training in nutrition science. In addition to nutritionists at the doctoral level, the CBNS offers certification to registered dieticians, pharmacists, nurses, and other health professionals with graduate degrees in nutrition and with significant experience as professional nutritionists.

The CBNS is composed entirely of professional nutritionists, each with years of invaluable experience. Acting as a Board, these nutritionists have developed a process for the voluntary certification of professional nutritionists, based on education and experiential eligibility criteria as well as the ability to demonstrate knowledge and skills through a formal examination process. Attaining certification as a Certified Nutrition Specialist will attest to the qualifications, advanced skills, and professional stature of a nutritionist.

In addition, the Certification Board for Nutrition Specialists:

1) Is dedicated to the advancement of basic and applied nutritional sciences and to their ethical and humanistic application to the betterment of the human condition;

2) Recognizes the need for strong scientific training and advanced education for professional nutritionists;

3) Supports the participation of professional nutritionists in independent evaluations of scientific data and related literature without fear of persecution, political reprisal, or loss of credential;

and

4) Encourages all nutritionists to uphold these fundamental principles.

American College of Nutrition

Memorandum

To: Dr. George Kallingal, Chair, Guam Board of Allied Health Examinations

CC: The Guam Nutrition Association
Drs. Youngberg and Horinouchi
Dr. Michael Glade, President, CBNS

From: Stanley Wallach, M.D., MACN, CNS
Executive Director, American College of Nutrition (ACN)
Vice-President, Certification Board for Nutrition Specialists (CBNS)
Clinical Professor of Medicine, NY University School of Medicine

Date: 08/25/99

Re: GNA Letter dated April 28, 1999

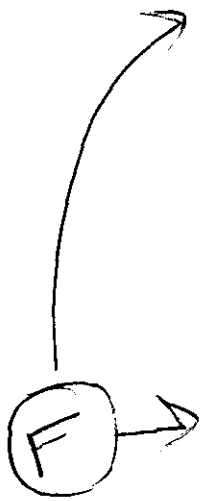
Dear Sirs,

I have received a copy of the letter sent to you by the GNA disputing the credentials of Certified Nutrition Specialists (CNS). I wish to reply on behalf of ACN and CBNS. I believe there are several misconceptions on the part of the GNA signatories, all of whom are RD's , who are either misinformed or closed minded as to the possibility that highly qualified, advanced degree non-RD's may have as much or more clinical competence in nutrition than RD's at the baccalaureate level. I wish to reply to the points in their one-sided letter as follows:

1. All CNS's must have an advanced degree from a regionally accredited institution. The large majority of CNS's have such a degree in nutrition itself. When the advanced degree is in a professional field, additional documented course work and experience is required and carefully scrutinized before allowing these individuals to take the CNS examination. Professionals who have been certified have taken and passed a far more difficult exam than the CDR exam. No professionals have been admitted to examination merely on the basis of having a professional degree. RN's with baccalaureate degrees are not eligible if they do not have an advanced degree in nutrition as well. RD's without an advanced degree are also are not eligible for CNS status. However, several

RD's with advanced degrees are also CNS's. I challenge the GNA signatories to take the CNS examination since I think it will change their mind regarding CNS diplomate competence.

2. CBNS examines the transcripts of all applicants and will not admit to examination candidates whose programs do not contain extensive nutrition experience, even when the degree is in a "related area". I am the main reviewer of credentials.



3. There is confusion here on the part of the GNA signatories. We exclude course work as serving as part of the experience requirement. To do otherwise would be "double dipping". In no way do we prohibit RD type course work from consideration so long as there is also an advanced degree. On the other hand, nutritionists are not particularly interested in food service, kitchen management, personnel relations, etc., since it does not qualify them to do clinical nutrition work. I believe RD's get much more of this technical type of training than they do of clinical nutrition.

4. CBNS requires examination applicants to document their experience and this is carefully scrutinized by me. By intent, we do not require rigid adherence to any one type of experience. Nutritionists should not all be "cut out of the same mold" as dietitians probably are.

5. The comment here is correct. Individuals without clinical experience may compete for the CNS certificate to demonstrate their excellence as a career enhancing credential. The large majority continue to do their "own thing" and do not practice. If they did, they would be as qualified as RD's at the baccalaureate level based on their prior coursework. We do not encourage this, however. The states of NY, MD, and IL also seem to be less concerned than Guam and accept the CNS examination for licensure. We are attempting to achieve the same in several other states, going against intense ADA lobbying to maintain their monopoly. I daresay this seems to be true in Guam as well.

6. CBNS was started by ACN approximately 5-6 years ago. ACN is a prestigious 40 year old academic nutrition society and stands behind CBNS. When I looked into NOCA a few years ago, my memory is that we had to wait five years to apply. We certainly plan to do so now that we are old enough. NOCA is not the "end-all or be-all" since I feel ACN is more qualified to oversee a nutrition certification process. Please remember that our purpose is not to oppose the ADA but to accept the fact that there are a large number of non-RD nutritionists of varying competence and credentials who are unregulated in many states. The CBNS altruistically is attempting to certify the competent nutritionist and discourage the fringe element in nutrition. We did not expect the subliminal and

overt attacks we have encountered from the ADA, who seem to be more interested in turf issues than in excellence.

I urge you to look beyond the partisanship of the GNA and include CBNS in Guam licensing requirements. We are the "only show in town" that seeks competence, not exclusivity, among non-RD nutritionists. CBNS would be willing to provide more material if you need it to reach a decision.

July 8, 1999

George Kallingal, Ph.D.
Chairperson
Guam Board of Allied Health Examiners
1302 E. Sunset Boulevard
Tiyan, Guam [Zip Code?]

Dear Dr. Kallingal:

Wes Youngberg of the Seventh Day Adventist Clinic has asked me to write to you in response to the letter you received from The Guam Nutrition Association (GNA) dated April 28, 1999. As President of the Certification Board for Nutrition Specialists (C.B.N.S.), I am writing to request your help in ensuring that the dietitian initiative to restrict the licensing of "nutritionists/clinical dietitians" in Guam ("Recommended Revisions of Article 21 in the Allied Health Bill 695 (Law 24-329) Regarding Licensure of "Nutritionist/Clinical Dietitian") achieves its intended purpose of expanding public access to preventive and therapeutic nutrition services and reassuring the public that those services are being provided by qualified professionals.

This measure has the potential to make an important contribution to disease prevention and human health, as well as increasing the availability and quality of the nutritional services that can be provided to the people of Guam. However, these revisions, as written, exclude most Certified Nutrition Specialists who, as a group, are equally and often more qualified to provide nutrition services than the Registered Dietitians (RDs) for whom these revisions are intended to provide a "closed shop" (and essentially an exclusive contract between Guam and the Commission on Dietetic Registration (CDR)).

As written, these recommended revisions will exclude from the definition of "provider of nutritional services" those professional nutritionists who, despite earning graduate or medical degrees, having obtained extensive professional experience, and having demonstrated knowledge and skills in the provision of nutritional care and services, may be excluded simply because they did not select an undergraduate major specifically in dietetics but instead pursued advanced and professional education and training in human nutrition. The modification of clause (a) of recommended Section 122102, to read as follows, will correct that oversight:

> **Section 122102. Qualifications for Licensure; Dietitian. (a) Registration and Certification. Applicants who provide evidence of current registration as a Registered Dietitian (RD) by the Commission on Dietetic Registration (CDR) or evidence of current certification as a Certified Nutrition Specialist (CNS) by the Certification Board for Nutrition Specialists (CBNS) shall be deemed to meet the qualifications for licensure; *or***

Certified Nutrition Specialists are experienced professional nutritionists with advanced degrees (in addition, some are RDs and some are licensed physicians). All have demonstrated their knowledge and skills through satisfying an extremely stringent set of eligibility and performance

criteria, including either documenting over ten years' experience serving their fellow citizens or by passing what is widely acknowledged as one of the most demanding written examinations demonstrating competence in nutrition, at an advanced (graduate level), in existence. (I will be happy to provide you with more details concerning the content of the certification examination, should you so desire.) Standards also must be met for maintaining certification, including satisfying continuing education requirements. Since its founding in 1993, the Certification Board for Nutrition Specialists, an affiliate of the prestigious American College of Nutrition, has become recognized as the premiere organization certifying the competence of professional nutritionists.

Certification by this Board (as a Certified Nutrition Specialist) is rapidly becoming accepted as the highest standard to which a professional nutritionist can be held. The states of Illinois, Maryland and New York have recognized via statute the value of certification by the Certification Board for Nutrition Specialists and its appropriateness as the basis of eligibility for licensure to provide nutritional services. The State legislature of California has recognized via statute that Certified Nutrition Specialists are equally eligible for voluntary insurance reimbursements for nutrition services (meaning that Certified Nutrition Specialists are fully competent and qualified to provide those services) within the dietitian services law under the State Business and Professionals Code. In addition, the legislature of the state of Massachusetts has refused for several years running to provide exclusivity to the CDR and has declined to adopt restrictive legislation substantially equivalent to that being proposed by the Guam Nutrition Association (acting for the American Dietetic Association (ADA) and the CDR). Several US Senators are actively involved in forestalling a similar ADA-initiated attempt underway in the US Congress to restrict payment for nutritional services by the US government only to individuals who have in the past and currently are paying monies to the ADA and CDR.

(G) Although the CBNS has not enjoyed a history long enough to allow it to become a member of the National Commission on Health Certifying Agencies, the CBNS has been recognized as the appropriate legitimate organization for the certification of professional nutritionists with master's or doctoral-level degrees and post-graduate experience in human nutrition by the Intersociety Professional Nutrition Education Consortium. This Consortium is composed of representatives of the American Dietetics Association, the American College of Nutrition, the American Society for Parenteral and Enteral Nutrition, the American Society for Clinical Nutrition, the American College of Bariatric Medicine, the American Board of Nutrition and the Commission on Dietetic Registration.

Based on this strong rationale for inclusion rather than exclusion, I urge you to support this suggested addition to this important legislation.

Dr. Youngberg also has asked me to respond to the 6 specific points of objection emphasized by the Guam Nutrition Association's assembly of registered dietitians. While I am not surprised that the GNA would object to any attempt to prevent the establishment of an ADA-backed monopoly on Guam, I find their specific objections juvenile. Most revealing is their emphasis on specified undergraduate-level coursework, which fully reveals the level of professional competence they feel is appropriate for providers of nutritional services. While we have no objection to the educational requirements made of those desiring to become registered dietitians, we do disagree

that non-prescriptive graduate-level education and training makes one less well-qualified than do undergraduate courses in food service, kitchen management, portion measurement, and the ability to read meal substitution charts.

The GNA also has misrepresented the CBNS experience requirement. The requirement specifically excludes experience obtained while earning a degree exactly because such experience is insufficiently professional. The CBNS requires professional experience obtained after the last degree has been awarded in order to ensure that the individual has been able to perform acceptably in the "real world."

Most of these objections become silly when placed in the proper context. A Certified Nutrition Specialist has either documented over ten years' experience providing nutrition services or has passed a very difficult exam. The CBNS feels that these requirements are clearly sufficiently demanding and are at least equivalent to those of the ADA and CDR (for whom the GNA speaks).

There also is a recurrent theme that runs through each of these ADA-backed initiatives that suggests that somehow licensure will ensure that every one who is hired by anyone under any circumstances will be appropriate, competent and skilled at performing whatever they are hired to do. Obviously this is at the least naive. As talented as they are, not even all RDs are fully competent to provide every aspect of nutritional services. This is recognized by such organizations as the American Society for Enteral and Parenteral Nutrition (ASPEN), who provide post-graduate training in enteral and parenteral nutrition support for RDs, with a separate certification in that specific competency. No thinking person would suggest that all that would be examined in any situation would be a single document hanging on the wall (or even 2 or 3). The CBNS asserts that licensure merely recognizes a general competency within a profession; assuring good matches between individuals and services to be provided obviously requires a more thoughtful approach.

I hope I have shed some light on the true distinctions between registered dietitians and Certified Nutrition Specialists. I will be more than happy to continue this dialogue should you wish. You may reach me through the CBNS national office in New York City or more directly at the following contact points:

home office telephone: 1-847-733-9783
voice mail: 1-800-306-0306, ext. 105
e-mail: the_nutrition_doctor@yahoo.com
surface mail: PO Box 10889, Chicago IL 60610

In addition, any of the following Directors of the Certification Board for Nutrition Specialists will be delighted to answer any questions you may have:

Harry Preuss, M.D.
Georgetown University Medical Center
202-687-1441

Stanley Wallach, M.D.
Hospital for Joint Diseases
212-777-1037

Jeffrey Blumberg, Ph.D.
Tufts University
617-556-3334

Thank you for your time and consideration.

Sincerely,

Michael J. Glade, Ph.D., F.A.C.N., C.N.S.
President, Certification Board for Nutrition Specialists

CBNS
c/o Hospital for Joint Diseases
301 E. 17th Street
New York, NY 10003

(H)

Subject: RE: Information on the Intersociety Committee on Nutrition Certif ication
Date: Thu, 1 Jun 2000 09:37:30 -0500
From: Douglas Heimburger <HEIMBURD@SHRP.UAB.EDU>
To: "'Charlie Morris'" <cmorris@mail.gov.gu>

Charlie,

This is a somewhat sensitive issue since the CBNS is a member of IPNEC. However, I can say that their representation that IPNEC has endorsed them in some way is not correct, and I appreciate your inquiry. I'll answer your specific questions below. Let me know if you need anything else. I hope it helps!

I forwarded your note about job availabilities to the director of our dietetic internship. Doug Heimburger

-----Original Message-----
From: Charlie Morris [mailto:cmorris@mail.gov.gu]
Sent: Thursday, June 01, 2000 5:05 AM
To: Douglas Heimburger, MD, MS
Subject: Information on the Intersociety Committee on Nutrition Certification

Dear Dr. Heimburger:

Greetings from Guam. I am the Administrator of Nutrition Health Services for the Government of Guam (Dept. of Public Health and Social Services).

Steve Zeisel from the University of North Carolina has referred me to you (I believe he cc'd you a copy of our email correspondence) as the appropriate contact person regarding the Intersociety Professional Nutrition Education Consortium (IPNEC).

We (i.e., the members of our Guam Nutrition Association) are presently dealing with nutritionist/dietitian licensure issues and specifically, the question of whether individuals possessing the CNS credential from the Certifying Board for Nutrition Specialists (CBNS) should be licensed by endorsement in the same manner as RD's currently are. We would appreciate your assistance in clarifying some issues which have arisen on the relationship between the IPNEC and the CBNS. Your assistance would contribute greatly to our understanding of this specific issue, as well as to understanding current issues which surround the credentialing of nutriton and dietetics professionals in general.

1. Has the IPNEC endorsed or officially recognized the CBNS as the appropriate legitamate organization for the certification of professional nutritionists with master's or doctoral-level degrees and post-graduate experience in human nutrition?

No. IPNEC does not endorse any particular group.

2. How do current post-baccalaureate nutrition programs (i.e., to your knowledge, at UAB or elsewhere) address the issue of credentialing (and specifically the selection of credentialing pathways) in advising their nutrition students on career options?

We advise them to obtain the RD if they want to provide patient care. I believe all other dietetic training programs do so as well.

3. Steve Zeisel mentioned that the IPNEC has developed advanced plans for certification recognized by all groups. Is there any published

information on these plans and if so, where can it be obtained? Has the IPNEC established any tentative timeline for the implementation of these plans?

For the foreseeable future, IPNEC is addressing only nutrition credentials for physicians. While it has been suggested that we address other groups of professionals in the future, we have not made definite plans to do so. The most up-to-date information we have was just published in the May issue of the American Journal of Clinical Nutrition, and I have attached a pdf file containing the article. We plan to give the first exam to certify physician nutrition specialists in Fall 2001. More details will be forthcoming by the end of this year.

<<AJCN paper.pdf>>

Your assistance in clarifying these issues is greatly appreciated. If you have questions or require clarification please feel free to contact me at:

Charles Morris, MPH, RD, LD
Administrator, Nutrition Health Services
Government of Guam
Department of Public Health and Social Services
P.O. Box 2816
Hagatna, Guam 96932
Phone: (671)475-0287
Fax: (671)477-7945
email: cmorris@mail.gov.gu

On another, unrelated note, we have several job openings in Nutrition here at our department (3 in WIC and 1 in Chronic Disease Nutrition). If any of your graduating students are looking for employment in a physical setting of tropical beuaty, then Guam is the place! If anyone is interested, they can contact me at the above address.

Thank you,

Charlie Morris

AJCN paper.pdf	**Name:** AJCN paper.pdf **Type:** Portable Document Format (application/pdf) **Encoding:** x-uuencode

H

Subject:
Date: Thu, 30 Sep 1999 15:23:23 -0500
From: Chris Reidy <CREIDY@eatright.org>
To: 'Charles Morris' <cmorris@ns.gu>

Dear Mr. Morris:

This is in follow-up to our recent conversation regarding ADA/CDR endorsement of other certifying board credentials. By policy, neither ADA nor CDR have ever endorsed other organization's products or services. Representatives of ADA and CDR participate in the Intersociety Professional Nutrition Education Consortium. They have assured me that the Consortium has not endorsed credentials awarded by any of its member organizations.

I hope this information is helpful to you.

Christine Reidy, RD
Director
Commission on Dietetic Registration
1/312/899-4857
creidy@eatright.org

The Guam Nutrition Association

Asusiasion Sinestansian Guahan

October 1, 1999

George Kallingal, PhD, Chair
Guam Board of Allied Health Examiners
1302 E. Sunset Boulevard
Tiyan, Guam

Dear Dr. Kallingal and Board Members:

As a member of the Guam Nutrition Association, I am responding to the testimony of Wes Youngberg, DrPH, of the SDA Clinic. Because his testimony was for the most part, a reiteration of points from the correspondences of Drs. Stanley Wallach and Michael Glade, my discussion will address some of these components. Although their posturing, misstatements, name calling, and self-pronounced acclaim was undoubtedly an attempt to distract from the concerns we expressed, they did nothing substantive to address them. Our concerns remain, and they are serious.

Our concerns can be summed up in one word: "standards." Without them the "excellence," that Dr. Wallach derides our Association's disregard for, in his point #6, cannot be attained on a consistent basis. There is more to being a certifying board than the ability to make and administer a difficult exam. Standards have to be the basis for any kind of credible certification. If "so-called standards" cannot be written, then they are discretionary and by definition, not standards. It is not a matter of being "cut from the same mold" (Wallach, point #4). To characterize dietitians in this way is incorrect. The American Dietetic Association (ADA) develops standards for dietetic education programs, as well as specific competencies for areas of emphasis. What Dr. Glade refers to in his letter as "non-prescriptive graduate-level education and training" does not have to be that way. One can prescribe numerous pathways, but the objective assurance of core competencies must be there and cannot be done through examination alone. Standards need to extend to specific minimum course work and evidence of an academically-supervised practicum. With CNS, the assurance of these competencies are clearly not there – especially with graduate degrees conferred in health disciplines other than nutrition.

Possession of a graduate degree is not, in and of itself, an objective determinant of nutrition knowledge among certificants, nor does it confer objectivity to an evaluator. We take issue with the premise that a high level of academic attainment among the members of the CBNS (i.e., Glade and Wallach) and its association with an academic institution (i.e., the American College of Nutrition) waives the need for specific and objective standards in the candidate (for accreditation) evaluation process. It is disturbing that a single member of any board would presume to allay concerns of objectivity and accountability by asserting his own non-descriptive, subjective evaluation of candidate credentials (Wallach, point #4).

CNS has a loosely-defined scope which allows different health professions to integrate into their own practices. This enables anyone possessing this self-affirmed organization's credential to make up their own professional applications as they go along – practicing their own brand of medical nutrition therapy in any manner they see fit. Absent of standards and any kind of defined role in the delivery of nutrition services, these individuals have the potential to act unabated in usurping the roles of physicians by acting as independent health care providers with prescriptive authority. To allow this degree of presumptive latitude creates discontinuity in the delivery of health care in general and confusion among health care recipients. Moreover, to practice medical nutrition therapy on the basis of credentials awarded by a board with no external accountability, with no uniform and objective set of prerequisite course work and practicum standards for accreditation, in a virtually unlimited scope of practice in an undefined role, holds an inherent danger for the unwary health care recipient. This is no turf battle. It is a battle over what should and should not be.

Dr. Youngberg in his presentation to the board claimed that CBNS membership in the National Commission for Certifying Agencies (NCCA) is eminent because NCCA's alleged 5-year waiting period had just been satisfied. Aside from the fact that the NCCA has no such 5-year waiting period requirement, there are other reasons to suspect that the CBNS membership in the NCCA may not be in the immediate future. For example, NCCA standard 7.e reads:

> *(certifying agencies) shall demonstrate that any title or credential awarded for the certification program reflects the practitioners' daily occupational or professional duties and is not confusing to employers, consumers, regulators, related professions and/or other interested parties. The following factors will be considered in determining whether the practitioner title or credential complies with this criterion:*
>
> - *educational background required by discipline;*
> - *function of discipline;*
> - *occupational and/or professional duties and breadth of these activities;*
> - *level of supervision by other practitioners, or of any other practitioners; and*
> - *various titles commonly utilized in the discipline or related disciplines.*

The NCCA also requires: that certifying boards have leadership elected by its members, that procedures for the election of the governing body prohibit incumbent leadership from selecting a majority of its successors, that all disciplines which hold this title are represented on the board (i.e., hard to do when there are no specific limitations on the numbers of graduate level health professionals who can attain this "professional enhancement"), that the board contain one voting public member outside the certification who represents the recipients of the certificant's care, and that the certification organization be separate from the accreditation and education functions of the discipline.

The lack of any defined role of nutrition in health practice, coupled with the fact that (to use Dr. Wallach's words, point #5) "Individuals without clinical experience may compete for the CNS certificate to demonstrate their excellence as a career enhancing credential. The large majority

continue to do their 'own thing' and do not practice." In other words, CNS stands in direct opposition to the NCCA standard which requires that the certification "reflects the practitioners' daily occupational or professional duties and is not confusing to employers, consumers, regulators, related professions and/or other interested parties."

Dr. Glade boasted the recognition of CBNS as the appropriate legitimate organization for the certification of professional nutritionists with master's or doctoral-level degrees and post-graduate experience in human nutrition by the Intersociety Professional Nutrition Education Consortium. Representatives from the ADA and the Commission on Dietetic Registration (CDR), who participate on that Consortium, have advised that the Consortium has not endorsed credentials awarded by any of its member organizations. The purpose of this consortium was not to designate credentialing entities but to review the adequacy of nutrition education in the training of Physicians in Medical School. Moreover, the ADA and the CDR, as a matter of policy, do not endorse.

The ADA, over its 30-year existence, has over 69,000 credentialed Registered Dietitians. The ADA defines core knowledge requirements, as well as knowledge requirements in the specialty areas of clinical nutrition, community nutrition, food service management, and private practice nutrition. Not only does it prescribe the basic core academic and experience requirements for the prospective practitioner, it reviews university nutrition programs for credentialing, both at the graduate and the undergraduate levels whose course work sufficiently prepares its students in the practice of dietetics and medical nutrition therapy. The ADA requires that all experience is supervised within a pre-approved practicum, in an academic setting before practitioners are allowed to practice within their professional scope independently. Absent of this as a prerequisite, any independent medical nutrition therapy practice performed by anyone, graduate level or not, unnecessarily imperils the public and is therefore by definition, irresponsible.

One last housekeeping point, again specifically in reference to the letters of Drs. Wallach and Glade. In the course of our discussions, our Association has welcomed the open expression of varying points of view in regard to the issues which affect our nutrition profession. We recognize all such expression to be in the spirit of establishing professional standards which are in the best interests of our population. To this end, our Association is prepared to defend its point of view. However, the professional standards of our Association, as well as personal standards of conduct, compel us to limit our responses within these discussions to relevant and intelligent points for consideration. We recognize the use of provocative descriptors such as: "narrow-minded", "juvenile", "silly", and "naive," as well as the use of other hyperbolic vehicles intended to denigrate our profession, to be an invitation to a different kind of discourse for which no title, degree, or level of knowledge can make credible. Hence, to such discourse, both now and in the future, we will decline to respond in kind. To do so makes no point, nor serves any useful purpose relevant to our discussion.

Sincerely yours,

Charles H. Morris

CHARLES H. MORRIS, MPH, RD, LD
Nutritionist/Dietitian

Nadolny Mary Clare

From: Nadolny Mary Clare
Sent: Friday, June 02, 2000 12:00 AM
To: 'office@cert-nutrition.org'
Cc: 'wyoungberg@guamsda.com'
Subject: Eligibility Requirements, Testing, and Questions Regarding CBNS

Dear Dr. Wallach,

This letter was sent to you last week, but I did not receive a confirmation of receipt. Therefore, I apologize if this is a repeat. Your response would be greatly appreciated.

In working on nutritionist legislation for Guam, some questions have arisen about eligibility requirements to sit for the CBNS examination and about the organization itself. I understand from your letter to Dr. George Kallingal, Chairman of Guam's Board of Allied health Examiners, dated August 25, 1999, that you are the main reviewer of credentials. Clarification of the following points would be helpful.

Standards for Certification Eligibility:

- In reviewing the course content of transcripts, how many semester hours of nutrition coursework constitute "extensive nutrition experience"? Does the amount of coursework needed vary with the type of profession being reviewed? Are there any specifically required courses? What objective criteria determines that a sufficient amount of coursework has been completed?
- For the applicants who submit 4000 hours of independent experience as a professional nutritionist in a professional setting, CBNS accepts documentation of self employment. How do you determine that this individual has been following acceptable standards of professional practice? Accountability here seems questionable.
- For those in a supervised professional experience, does this need to be in a clinical setting? Which type of nutrition professionals would be qualified to supervise the experience? Are there any specific competencies that a candidate must demonstrate (understanding that these competencies may be different based on the area of emphasis)?
- Would either type of experience require practicing nutrition assessment, counseling, education, or interventions in health promotion/disease prevention for clients needing medical nutrition therapy (MNT) for common conditions (e.g., hypertension, diabetes, hyperlipidemia, and obesity)?

Testing:

- Can you provide a general description on the procedures used in examination construction and validation?
- Is there a formal policy of periodic review of the testing mechanism to ensure the ongoing relevance of the test to the knowledge and skills needed in this discipline--especially for performing medical nutrition therapy?

CBNS:

- How can Guam's Board validate that a person is currently certified as a CNS?
- Are there written standards of practice of MNT for disease management that CBNS members follow--either published by CBNS or another entity?
- Does CBNS have a formal policy and procedure, including sanction or revocation of the certification, for conduct deemed harmful to the public or inappropriate to the discipline (e.g., incompetence, unethical behavior, engaging in nutrition practices with very little or no scientific basis)?
- Has CBNS applied to the National Commission for Certifying Agencies? If not, does CBNS plan do so in the near future? If not, is there another form of external accountability for the organization?

These questions cover many issues. Your thoughtful response would be very useful. Those of us working on licensure hope to be able to submit a draft to our legislator by Monday, June 12th. If you could respond to these issues by next week, we would truly appreciate your answers.

Sincerely,

Mary Clare Nadolny, RD, LD
Health Improvement
PacifiCare Asia-Pacific
(671) 646-5825 ext. 107
fax:(671) 646-3883 or (671) 646-1764
E-mail: mary.nadolny@phs.com
Home: (671) 646-3776

RD Licensure Bill Passes! Act 280

On July 31, 2000, HB 749, the bill to license dietitians became law. The passing of the bill culminates eight years of very hard and often heartbreaking work by HDA. Finally, the state of Hawai`i joins 38 other states in recognizing registered dietitians as license-eligible nutrition professionals.

At the start of the 2000 legislative session, our bill, HB 749 was in Conference Committee, a committee composed of the chairpersons from the committees that had heard our bill during the 1999 legislative session. Our task was to come to an agreement with the regulating agency, the Department of Commerce and Consumer Affairs (DCCA), over a critical component of the bill, the qualifying exam. DCCA stood firm on its position that, for licensure, the exam should be the Certified Nutrition Specialist (CNS) exam, and would only support certification for dietitians if the Commission on Dietetics Registration (CDR) exam were to be used. And we stood our ground that the only exam, the exam used as the qualifying exam by every other state and jurisdiction, that should be used to license our profession was the CDR exam.

Celebrating our success: Amy Tousman & Carrie Mukaida

The licensure committee and Gary Slovin, HDA lobbyist, presented our case to Dr. Bruce Anderson, the Director of Health, and Dr. Virginia Pressler, Deputy Director, and they both were convinced that licensure for dietitians was needed, and that the CDR exam was the appropriate exam to use. Dr. Anderson communicated his support for licensure of dietitians to Kathy Matayoshi, the head of DCCA. After many discussions, it was agreed that the DOH was where the licensure program should reside.

This was the turning point for us. After numerous meetings within the DOH, the conclusion was reached that the Nutrition Program was able to administer the licensing program for dietitians. Tony Ching, Deputy Director in charge of policy issues, Bruce Anderson and Virginia Pressler, made sure that the DOH Nutrition Program had the resources to run the program.

With Gary serving as the spokesperson, and with Dr. Anderson's and Kathy Matayoshi's support, the agreement was presented to the legislators who sat on the conference committee. On the day of the decision-making meeting, NoeNoe Tom from DCCA and Bruce Anderson both voiced support of the compromise that had been reached, and the committee unanimously passed our bill. We were thrilled! In appreciation of their support, all members of the committee were presented leis by HDA.

The RD licensing bill was then sent to the "floor" for passage by the House of Representatives and the Senate. The legislature passed HB 749 "Relating to Dietitians" on May 2, 2000, and it was submitted to Governor Cayetano. The committee had previously met with the Governor and was told that if the bill passed the legislature he would not veto it. So, we were confident he would sign it into law.

Committee chair Carol Young and lobbyist Gary Slovin

Our confidence soon plummeted when we learned that our bill was on the list of bills being considered for veto by the Governor. The licensure committee immediately took action to persuade the governor that the bill deserved his support and should not be vetoed.

We had terrific support from folks who believed in our cause; Art Ushijima, CEO from Queens Medical Center, Fran Hallonquist, CEO of Kapi`olani Medical Center, Dr. Terry Shintani, Mary Jo Sweeney, Hawai`i Rural Health Association, Rich Meirs, CEO Hawai`i Healthcare Association, Orianna Skomoroch, Regional CEO of Kaua`i Veterans' Memorial Hospital and Mahelona Medical Center, Roy Nishida, Governor's Liaison Officer on Kauai, and others, all wrote to the governor asking that he sign the bill. At this point, the governor's office notified us that Governor Cayetano did not need to meet with us, and that he had all the information he needed to make his decision.

(B)

Commission on Accreditation for Dietetics Education

Curriculum Entry-Level Dietitian Education

- **Foundation Knowledge and Skills for Didactic Component of Entry-Level Dietitian Education Programs**
- **Competency Statements for the Supervised Practice Component of Entry-Level Dietitian Education Programs**
- **Competency Statements for Entry-Level Dietitian Education Programs Emphasis Areas**

Foundation Knowledge and Skills for Didactic Component of Entry-Level Dietitian Education Programs

Individuals interested in becoming Registered Dietitians should expect to study a wide variety of topics focusing on food, nutrition, and management. These areas are supported by the sciences: physical and biological, behavioral and social, and communication. Becoming a dietitian involves a combination of academic preparation, including a minimum of a baccalaureate degree, and a supervised practice component.

To become a Registered Dietitian (RD), take one of the following pathways:

- **Pathway 1** Coordinated Programs in Dietetics

or

- **Pathway 2** Didactic Programs in Dietetics

and either

- Dietetic Internships

or

- Preprofessional Practice Programs

A.3.1. Present an educational session for a group
A.3.2. Counsel individuals on nutrition
A.3.3. Demonstrate a variety of documentation methods
A.3.4. Explain a public policy position regarding dietetics
A.3.5. Use current information technologies
A.3.6. Work effectively as a team member

B. PHYSICAL AND BIOLOGICAL SCIENCES

Graduates will have *basic knowledge about*:
B.1.1. Exercise physiology

Graduates will have *working knowledge of*:
B.2.1. Organic chemistry
B.2.2. Biochemistry
B.2.3. Physiology
B.2.4. Microbiology
B.2.5. Nutrient metabolism
B.2.6. Pathophysiology related to nutrition care
B.2.7. Fluid and electrolyte requirements
B.2.8. Pharmacology: Nutrient-nutrient and drug-nutrient interaction

Graduates will have *demonstrated the ability to*:
B.3.1. Interpret medical terminology
B.3.2. Interpret laboratory parameters relating to nutrition
B.3.3. Apply microbiological and chemical considerations to process controls

C. SOCIAL SCIENCES

Graduates will have *basic knowledge about*:
C.1.1. Public policy development

Graduates will have *working knowledge of*:
C.2.1. Psychology
C.2.2. Health behaviors and educational needs
C.2.3. Economics and nutrition

- Resources

Other Accreditation Information

- Standards of Education
- Grievance/ Complaint Procedure

Back to:
CADE Index
Careers
RD Fact Sheet
DTR Fact Sheet
CDR

Graduates will have *demonstrated the ability to*:

E.3.1. Calculate and interpret nutrient composition of foods
E.3.2. Translate nutrition needs into menus for individuals and groups
E.3.3. Determine recipe/formula proportions and modifications for volume food production
E.3.4. Write specifications for food and foodservice equipment
E.3.5. Apply food science knowledge to functions of ingredients in food
E.3.6. Demonstrate basic food preparation and presentation skills
E.3.7. Modify recipe/formula for individual or group dietary needs

F. NUTRITION

Graduates will have *basic knowledge about*:

F.1.1. Alternative nutrition and herbal therapies
F.1.2. Evolving methods of assessing health status

Graduates will have *working knowledge of*:

F.2.1. Influence of age, growth, and normal development on nutritional requirements
F.2.2. Nutrition and metabolism
F.2.3. Assessment and treatment of nutritional health risks
F.2.4. Medical nutrition therapy, including alternative feeding modalities, chronic diseases, dental health, mental health, and eating disorders
F.2.5. Strategies to assess need for adaptive feeding techniques and equipment
F.2.6. Health promotion and disease prevention theories and guidelines
F.2.7. Influence of socioeconomic, cultural, and psychological factors on food and nutrition behavior

Graduates will have *demonstrated the ability to*:

G.3.4. Apply marketing principles

H. HEALTH CARE SYSTEMS

Graduates will have *basic knowledge about*:
H.1.1. Health care policy and administration
H.1.2. Health care delivery systems

Graduates will have *working knowledge of*:
H.2.1. Current reimbursement issues
H.2.2. Ethics of care

Competency Statements for the Supervised Practice Component of Entry-Level Dietitian Education Programs

Competency statements specify what every dietitian should be able to do at the beginning of his or her practice career. The core competency statements build on appropriate knowledge and skills necessary for the entry-level practitioner to perform reliably at the verb level indicated. One or more of the emphasis areas should be added to the core competencies so that a supervised practice program can prepare graduates for identified market needs. Thus, all entry-level dietitians will have the core competencies and additional competencies according to the emphasis area(s) completed.

CORE COMPETENCIES FOR DIETITIANS (CD)

Upon completion of the supervised practice component of dietitian education, all graduates will be able to do the following:

CD1. Perform ethically in accordance with the values of The American Dietetic Association

CD2. Refer clients/patients to other dietetics professionals or disciplines when a situation is beyond one's level or area of competence (perform)

CD3. Participate in professional activities

CD4. Perform self assessment and participate in

CD23. Supervise production of food that meets nutrition guidelines, cost parameters, and consumer acceptance

CD24. Supervise development and/or modification of recipes/formulas

CD25. Supervise translation of nutrition into foods/menus for target populations

CD26. Supervise design of menus as indicated by the patient's/client's health status

CD27. Participate in applied sensory evaluation of food and nutrition products

CD28. Supervise procurement, distribution, and service within delivery systems

CD29. Manage safety and sanitation issues related to food and nutrition

CD30. Supervise nutrition screening of individual patients/clients

CD31. Supervise nutrition assessment of individual patients/clients with common medical conditions, eg, hypertension, obesity, diabetes, diverticular disease

CD32. Assess nutritional status of individual patients/clients with complex medical conditions, ie, more complicated health conditions in select populations, eg, renal disease, multi-system organ failure, trauma

CD33. Manage the normal nutrition needs of individuals across the lifespan, ie, infants through geriatrics and a diversity of people, cultures, and religions

CD34. Design and implement nutrition care plans as indicated by the patient's/client's health status (perform)

CD35. Manage monitoring of patients'/clients' food and/or nutrient intake

CD36. Select, implement, and evaluate standard enteral and parenteral nutrition regimens, ie, in a medically stable patient to meet nutritional requirements where recommendations/adjustments involve primarily macronutrients (perform)

CD37. Develop and implement transitional feeding

For establishing an emphasis area, the program has the following options:

- Use one or more of the four defined emphasis areas; or,
- Develop a general emphasis by selecting a minimum of seven competency statements, relevant to program mission and goals, with at least one from each of the four defined emphasis areas. The selected competencies should build on the core competencies. General emphasis does not mean achievement of all competencies from all emphasis areas; or,
- Create a unique emphasis area with a minimum of seven competency statements, based on environmental resources and identified needs.

Four emphasis areas and corresponding competencies for each emphasis are identified.

NUTRITION THERAPY EMPHASIS COMPETENCIES (NT)

NT1. Supervise nutrition assessment of individual patients/clients with complex medical conditions, ie, more complicated health conditions in select populations, eg, renal disease, multi-system organ failure, trauma

NT2. Integrate pathophysiology into medical nutrition therapy recommendations (perform)

NT3. Supervise design through evaluation of nutrition care plan for patients/clients with complex medical conditions, ie, more complicated health conditions in select populations, eg, renal disease, multi-system organ failure, trauma

NT4. Select, monitor, and evaluate complex enteral and parenteral nutrition regimens, ie, more complicated health conditions in select populations, eg, renal disease, multi-system organ failure, trauma (perform)

NT5. Supervise development and implementation of transition feeding plans from the inpatient to home setting

NT6. Conduct counseling and education for patients/clients with complex needs, ie, more

FS4. Manage production of food that meets nutrition guidelines, cost parameters, and consumer acceptance

FS5. Manage procurement, distribution, and service within delivery systems

FS6. Manage the integration of financial, human, physical, and material resources

FS7. Manage safety and sanitation issues related to food and nutrition

FS8. Supervise customer satisfaction systems for dietetics services and/or practice

FS9. Supervise marketing functions

FS10. Supervise human resource functions

FS11. Perform operations analysis

BUSINESS/ENTREPRENEUR EMPHASIS COMPETENCIES (BE)

BE1. Perform organizational and strategic planning

BE2. Develop business or operating plan (perform)

BE3. Supervise procurement of resources

BE4. Manage the integration of financial, human, physical, and material resources

BE5. Supervise organizational change process

BE6. Supervise coordination of services

BE7. Supervise marketing functions

(1)

Noe Tom
DCCA
Dear Noe:

A belated thank you for meeting with Gary Slovin and me earlier last month. We took the information you shared with us to the Hawaii Dietetic Association. We understood that the one point we disagree on is the examination for dietitian licensure.

We have researched this examination issue and still feel that the only appropriate examination to test for skills and information needed by dietitians for licensure is the Committee on Dietetic Registration (CDR) Exam.

I have included some references to support our position:

1) The CDR exam includes sections on medical nutrition therapy and food safety. These are areas that are not focused on in the current Nutritionist exam cited in the bill. Dietitians work with critically ill patients and the Medical nutrition therapy section will focus on knowledge needed to treat these patients. Critically ill patients also have a lower immune status and the nutrition provided to these patients must be handled in a safe manner. The CDR exam has an extensive section on food safety. The President and the federal government have been focusing on food safety. The CDR exam tests for knowledge of food safety for critically ill. The nutritionist exam does not have a food safety section. (see attached document)
2) The CDR exam is certified by a third party, the National Commission for Certifying Agencies. I'm sure you know of this certification since most of the other exams used for licensure are certified by this association. The website: www.noca.org/ncca will provide a list of exams which are certified by this organization. (see attached document). The nutritionist exam is not certified by this association.
3) All other states who have dietitian licensure use the CDR exam. This would allow standardization among other states and would also allow dietitians with appropriate education and qualifications from out-of-state to move to Hawaii.

We thank you for all the work you have done on this issue. We feel that we are so close to coming to a meeting point on this dietitian licensure bill. Please feel free to contact me at 225-2797 if you have further questions.

Sincerely,

Donna Ojiri,RD
President
Hawaii Dietetic Association

REGISTRATION EXAMINATION FOR DIETITIANS
STUDY OUTLINE

DOMAIN I - FOOD AND NUTRITION (15%)

TOPIC A - Food Science, Food Safety, Nutrient Composition of Foods

1. Food science
   a. Physical and chemical properties of food
      (1) Meats, fish, poultry
      (2) Eggs
      (3) Milk and dairy products
      (4) Flour and cereals
      (5) Vegetables and fruits
      (6) Fats and oils
   b. Scientific basis for preparation and storage
      (1) Function of ingredients
      (2) Effects of techniques and methods on
         (a) aesthetic properties
         (b) nutrient retention
      (3) Roles of food additives
2. Food Microbiology
   a. Sources of contamination and spoilage
   b. Characteristics and control of foodborne pathogens
   c. Foodborne illness
3. Nutrient composition of food
   a. Sources of data
   b. Macro and micronutrients sources

TOPIC B - Nutrition and Supporting Sciences

1. Principles of normal nutrition
   a. Function of nutrients
   b. Nutrient needs throughout the life span
2. Principles of physiology and biochemistry as related to nutrition
   a. Ingestion
   b. Digestion
   c. Absorption
   d. Metabolism, regulation
   e. Excretion

DOMAIN II - NUTRITION SERVICES: COMMUNITY/CLINICAL (40%)

TOPIC A - Nutrition Screening and Assessment

1. Screening
   a. Purpose
   b. Selection and use of risk factors
   c. Parameters and limitations
   d. Methodology
2. Assessment of individuals: collection and interpretation of data
   a. Anthropometric data
      (1) Height
      (2) Weight
      (3) Body frame
      (4) Standard weight
      (5) Weight/height ratio, body mass index (BMI)
      (6) Skinfold measurements
      (7) Circumference measurements
   b. Biochemical data
      (1) Lab values related to nutritional status
      (2) Collection and interpretation
   c. Clinical
      (1) Body composition measurements
      (2) Physical signs and symptoms
      (3) Medical history
      (4) Activity patterns/level of intensity, duration
      (5) Drug/medications/nutrient interaction implications for potential nutrition problems
   d. Dietary
      (1) Dietary screening methodology
         (a) 24-hour recall
         (b) food frequency questionnaire
         (c) diet history
         (d) interviews/verification
      (2) Analysis of dietary information
         (a) energy/ nutrient requirements and recommendations
         (b) calculation methods (manual versus computerized)
         (c) data interpretation and limitations
         (d) outcomes monitoring
         (e) documentation
   e. Economic/social
      (1) Socioeconomic
      (2) Cultural food patterns
      (3) Psychological/behavioral
      (4) Religious

(5) Lifestyles
(6) Food fads/cultism
(7) Level of education
(8) Nutrition knowledge, interest, motivation

3. Assessment of groups
   a. Assessment of population nutrition needs
      (1) Nutrition status indicators
         (a) age, sex, ethnic, and cultural groups
         (b) specific needs populations
         (c) nutrition risk factors
      (2) Demographic data
      (3) Nutrition screening surveillance systems
         (a) national surveys
         (b) reference data
      (4) Populations with special needs
   b. Community health resources data
      (1) Food programs
      (2) Consumer education resources
      (3) Health services
      (4) Studies on local foods, marketplace, food economics
   c. Public health programs and practices
      (1) Public health principles
      (2) Programs
      (3) Monitoring

TOPIC B - Normal Nutrition/Health Promotion/Disease Prevention

1. Dietary guides and practices
   a. RDAs
   b. Food plans
      (1) Food Guide Pyramid
      (2) Exchange system
   c. Federal dietary guidelines and goals
      (1) *Dietary Guidelines for Americans*
      (2) *Surgeon General's Report on Nutrition and Health*
   d National groups
      (1) American Heart Association
      (2) National Cancer Institute
      (3) National Cholesterol Education Program
      (4) Nutrition Screening Initiative
2. Planning nutrition care - individuals
   a. Identification of desired outcomes/actions
      (1) Scientific basis for nutrition intervention
      (2) Relationship of nutrition to maintenance of health and prevention of disease during major stages of life

(3) Evaluation of nutrition information
(a) food fads
(b) health fraud
(c) popular media
(d) marketing strategies
(e) sources of nutrition information assistance

b. Determination of energy/nutrient needs specific to life span stage
c. Case management decisions
d. Menu planning for health promotion
(1) Nutritional adequacy
(2) Client acceptance, diet patterns, schedules
(3) Sociocultural and ethnic factors
(4) Substitutions and food preferences
(5) Cost factors
(6) Food labeling
(7) Recipe modification
(8) Cultural/religious food practices

3. Implementing care plans
a. Diet recommendations to promote wellness
b. Provision of nutrition care for specific nutrition-related problem
(1) Adaptation for client needs
(2) Institutional protocol
c. Communication regarding plans
(1) Other health care personnel
(2) Patient/families
d. Discharge planning (continuity of care)
e. Documenting implementation, appropriate charting techniques, confidentiality, protocol

4. Continuity of nutrition care
a. Care plan: continuous review and update
b. Outcomes evaluation
c. Cooperative interaction with others
(1) Other health care professionals
(2) Support staff
(3) Community service agencies
(4) Interdepartmental committees
(a) utilization review
(b) quality improvement

5. Community nutrition programs and services
a. Community resources and nutrition related programs
(1) Food Stamp Program
(2) Title III Nutrition Services
(3) Child Nutrition Program
(a) school breakfast and lunch program
(b) Special Milk Program

(4) Commodity Distribution Program
(5) Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
(6) Expanded Food and Nutrition Education program

b. Community resources as source of nutrition information assistance
c. Resource allocation and budget development
d. Legislation and public policy

TOPIC C- Medical Nutrition Therapy

1. Planning and intervention
   a. Identify desired outcomes and actions
   b. Relationship of physiology and pathology to treatment of primary nutrition related disorders
      (1) Critical care
         (a) trauma
         (b) surgery
         (c) burns
      (2) Disordered eating
      (3) Food allergies and intolerance
      (4) Immune system disorders, infections, and fevers
      (5) Malnutrition: protein, calorie, vitamin, mineral
      (6) Metabolic, endocrine, and inborn errors of metabolism
      (7) Oncologic conditions
      (8) Organ systems
   c. Determine energy/nutrient needs specific to condition
   d. Determine specific feeding needs
      (1) Methods of nourishment
         (a) routes (oral, enteral, parenteral)
         (b) techniques/equipment
         (c) values/limitations/complications
         (d) department policies and procedures
      (2) Sources for:
         (a) modified diet products
         (b) enteral feedings
         (c) food supplements
      (3) Composition/texture of foods
      (4) Calculation of parenteral/enteral needs
      (5) Diet patterns/schedules; specific meals for diagnostic test (test meals)
2. Implementing care plans
   a. Provision of nutrition care for specific nutrition-related problems
   b. Compliance with regulations
      (1) JCAHO
      (2) Medicare

c. Communication regarding plans with:
   (1) Other healthcare personnel
   (2) Patients/families
d. Discharge planning for continuity of care
e. Documenting implementation, appropriate charting techniques, confidentiality, protocol

3. Evaluating nutrition care
   a. Review and update previous care plan
   b. Monitor responses to nutrition care
   c. Evaluate outcomes
   d. Interact with other disciplines
      (1) Utilization
      (2) Review
      (3) Nutrition care committees

DOMAIN III - EDUCATION AND RESEARCH (5%)

TOPIC A - Counseling

1. Interviewing
   a. Goal identification
   b. Techniques of questioning: open-ended, closed, leading
2. Counseling - individuals and groups
   a. Setting goals/objectives/agendas
   b. Educational/literacy level
   c. Type of intervention required
      (1) Knowledge - educational program or focused individual counseling
      (2) Skills - practice
      (3) Attitudes - behavior modification
   d. Motivational techniques
   e. Consultative process
   f. Continuity of care/intervention
   g. Evaluation tools/strategies

TOPIC B - Education and Training

TOPIC C - Research

1. Types of research and research design
2. Statistical evaluation, interpretation and application

DOMAIN IV - FOODSERVICE SYSTEMS (20%)

TOPIC A - Menu Planning

1. Types of menus
   a. Patient/resident
      (1) Preselect
      (2) Nonselective
      (3) Restaurant
   b. Commercial
      (1) Cafeteria
      (2) Coffeeshop/restaurant
      (3) Catering
2. Menu development
   a. Master menu
      (1) Concepts and development
      (2) Use (manual and automated systems)
   b. Guidelines and parameters
      (1) Cycle
      (2) Aesthetics
      (3) Nutritional adequacy
      (4) Cost
      (5) Substitutions
      (6) Regulations
   c. Clients
      (1) Age/life cycle stage
      (2) Cultural/religious influence
      (3) Satisfaction measurement
         (a) surveys
         (b) sales data
   d. Operational influences
      (1) Equipment
      (2) Labor
      (3) Budget/cost
   e. External influences
      (1) Trends,
      (2) Climates
      (3) Seasons

TOPIC B - Foodservice Purchasing, Production, Distribution, and Service

1. Purchasing, receiving, and inventory management
   a. Purchasing principles, concepts, and methods
      (1) Bidding
      (2) Specification development

(3) Group purchasing/prime vendor
(4) Ethics

b. Purchasing decisions
(1) Product selection/yield
(2) Cost analysis
(3) Vendor performance, evaluation, and auditing

c. Receiving and storage
(1) Methods
(2) Records
(3) Security

d. Inventory management
(1) Control procedures
(2) Issuing procedures
(3) Costing
(4) Forecasting demand

2. Principles of quantity food preparation and processing
a. Cooking methods
(1) Food acceptability
(2) Nutritive value
b. Equipment
c. Natural and engineered foods
d. Preservation and packaging methods
e. Modified diets

3. Food production control procedures
a. Standardized recipes
b. Ingredient control
c. Portion control and yield analysis
d. Forecasting production demand
e. Production systems
(1) Conventional
(2) Commissary
(3) Ready prepared
(4) Assembly serve
f. Production scheduling

4. Distribution
a. Form of food delivered
b. Equipment

5. Service
a. Type of service systems
(1) Centralized
(2) Decentralized
b. Measurement and documentation of client/customer satisfaction

TOPIC C - Safety and Sanitation

1. Safety
   a. Employee safety
      (1) Universal precautions
      (2) Equipment use and maintenance
      (3) Personal work habits
   b. Safety practices
      (1) Working conditions
      (2) Regulations
      (3) Fire safety and accident prevention
      (4) Accident prevention
   c. Safety documentation and record keeping
2. Sanitation and food safety
   a. Principles
      (1) Contamination and spoilage
      (2) Factors affecting bacterial growth
      (3) Foodborne illness
   b. Sanitation practices and infection control
      (1) Personal hygiene
      (2) Food and equipment
      (3) Temperature control
      (4) Food handling techniques
   c. Regulations (governmental and other agencies)
   d. Food quality and safety
      (1) Temperature
      (2) Additives
      (3) Processes

TOPIC D - Facility Layout and Management

1. Facility layout
   a. Planning consideration for equipment and layout
      (1) Menu production and service system
      (2) Safety and sanitation
      (3) Privacy/accessibility
      (4) Codes and standards
   b. Planning team
      (1) Composition
      (2) Roles
      (3) Responsibilities
2. Equipment selection and preventive management

DOMAIN V - MANAGEMENT (20%)

TOPIC A - Human Resources

1. Staff selection
   a. Laws and regulations
   b. Job analysis, specifications, descriptions
   c. Performance standards
   d. Candidate interviews
   e. Employee selection
   f. Compensation

2. Employment process
   a Personnel information
      (1) Records
      (2) Confidentiality
   b. Unions/contracts
   c. Grievances
   d. Employeee counseling
   e. Performance management

TOPIC B - Finance and Materials

1. Budget development/resource allocation
   a. Purpose/philosophy
   b. Budget procedures
   c. Types
      (1) Operational
      (2) Capital
      (3) Revenue
      (4) Cash flow
      (5) Master
   d. Methods
      (1) Incremental
      (2) Performance
      (3) Zero-based
   e. Components
      (1) Direct costs
      (2) Indirect costs
      (3) Capital expenditures
      (4) Profit margin
      (5) Revenue
   f. Resources allocation
      (1) Fiscal/materials

(2) Cost control mechanisms (e.g., purchase specifications, negotiating contracts)
(3) Factors affecting available resources (e.g., DRGs)

2. Financial status: monitoring, evaluation, and control
   a. Monitoring
      (1) Accounting procedures
      (2) Reports
      (3) Indicators of status
      (4) Corrective adjustments
      (5) Cost control strategies/procedures
   b. Budget effectiveness
      (1) Financial statements
      (2) Profit and loss statements
      (3) Value analysis
      (4) Cost/benefit studies
      (5) Productivity studies (quantitative)
   c. Control
      (1) Cash accounting procedures
      (2) Cash security
      (3) Cash auditing

TOPIC C - Marketing Products and Services

1. Marketing analysis and strategies
   a. Process
      (1) Identification of target market
      (2) Determination of needs/wants
      (3) Competitive advantage
      (4) Marketing mix
   b. Techniques/methods
      (1) Strategies
      (2) Promotion
   c. Documentation and evaluation
2. Pricing strategies
   a. Cafeteria food products
      (1) Philosophy
         (a) Breakeven
         (b) Revenue-generating
      (2) Methods
         (a) food cost percent
         (b) markup
   b. Catering
   c. Nutrition services
      (1) Philosophy

(2) Establishing cost
(3) Reimbursement

Topic D - Functions and Characteristics

1. Management Functions
   a. Planning
   b. Organizing
      (1) Work scheduling
      (2) Organizational structure
      (3) Workload, productivity, and FTE requirements
   c. Directing
      (1) Coordination
      (2) Delegation
      (3) Communication
      (4) Motivation (theories, strategies)
      (5) Leadership styles, skills, techniques
      (6) Management approaches
   d. Controlling/evaluating
2. Management Characteristics
   a. Skills
      (1) Technical
      (2) Human
      (3) Conceptual
   b. Roles and styles
      (1) Decision-making
      (2) Informational
      (3) Conflict resolution
      (4) Relationships (internal/external)
      (5) Problem-solving/decision-making
      (6) Organizational structure
   c. Traits
      (1) Interpersonal communications
      (2) Use of authority, influence, and power

TOPIC E - Quality Improvement

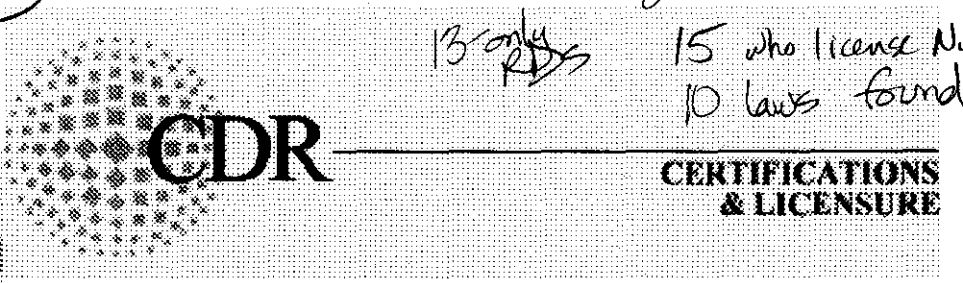
1. Purpose/relationship to system/product/service
   a. Rationale
   b. Criteria
   c. Integration
2. Regulatory guidelines (e.g., federal/state, JCAHO, other)
3. Process
   a. Plans
   b. Standards/criteria (indicators)

c. Data collection and outcomes documentation
d. Evaluation
e. Report

4. Application
   a. Monitor targeted area
   b. Identify problems
   c. Implement corrective action
   d. Evaluate effectiveness

D

28 who license RDs.
13 only RDs 15 who license Nutritionist, too
10 laws found—
1 - ADA, CNS
3 - ADA only
3 - ADA or state exam
2 - ADA or approved by state board
1 - no exam



Laws that Regulate Dietitians/Nutritionists

The forty-one states list below have laws that regulate dietitians or nutritionists through licensure, statutory certification, or registration. For state regulation purposes, these terms are defined as the following:

- **Licensing**-statutes include an explicitly defined scope of practice, and performance of the profession is illegal without first obtaining a license from the state.
- **Statutory certification**-limits use of particular titles to persons meeting predetermined requirements, while persons not certified can still practice the occupation or profession.
- **Registration**-is the least restrictive form of state regulation. As with certification, unregistered persons are permitted to practice the profession. Typically, exams are not given and enforcement of the registration requirement is minimal.

Dietetics practitioners are licensed by states to ensure that only qualified, trained professional provide nutrition services or advice to individuals requiring or seeking nutrition care or information. Only state-licensed dietetics professionals can provide nutrition counseling. Nonlicensed practitioners may be subject to prosecution for practicing without a license. States with certification laws limit the use of particular titles (eg, dietitian or nutritionist) to persons meeting predetermined requirements; however, persons not certified can still practice. Consumers in these states who are seeking nutrition therapy assistance need to be more cautious and aware of the qualifications of the provider they choose.

Should you plan to practice dietetics in these states it is important that you contact a state regulatory agency prior to practicing dietetics. **Obtain state licensure agency contact information by clicking on the state name below:**

License

D Guam
D N **Alabama** (1989)**-licensing of dietitian/nutritionist
D **Arkansas** (1989)-licensing of dietitians
California (1982)-registration* of dietitians
Connecticut (1994)-certification of dietitians
Delaware (1994)-certification of dietitians/nutritionists

Exam
D N **District of Columbia** (1986)-licensing of dietitians and nutritionists
ADA or state board
D N **Florida** (1988)-licensing of dietitians, nutritionists and nutrition counselors
D **Georgia** (1994)**-licensing of dietitians
D **Idaho** (1994)-licensing of dietitians
ADA or Ill board exam
D N **Illinois** (1991)-licensing of dietitians and nutrition counselors
Indiana (1994)-certification of dietitians
D **Iowa** (1985)-licensing of dietitians
D **Kansas** (1989)**-licensing of dietitians
D **Kentucky** (1994)**-licensing of dietitians and certification of nutritionists

Louisiana (1987)**-licensing of dietitians/nutritionists
Maine (1994)**-licensing of dietitians and dietetic technicians
Maryland (1994)**-licensing of dietitians and nutritionists
Minnesota (1994)-licensing of dietitians and nutritionists
Mississippi (1994)**-licensing of dietitians and nutritionists title protection
Missouri (1998)*-certification# of dietitians
Montana (1987)**-licensing of nutritionists and dietitians title protection
Nebraska (1995)**-licensing of medical nutrition therapists
Nevada (1995)*-certification of dietitians
New Mexico (1997)-licensing of dietitians, nutritionists and nutrition associates
New York (1991)-certification of dietitians and nutritionists
North Carolina (1991)-licensing of dietitians and nutritionists
North Dakota (1989)**-licensing of dietitians and certification# of nutritionists
Ohio (1986)-licensing of dietitians
Oklahoma (1984)-licensing of dietitians
Oregon (1989) - certification# of dietitians
Puerto Rico (1974)**-licensing of dietitians and nutritionists
Rhode Island (1991)**-licensing of dietitians and nutritionists
South Dakota (1996)-licensing of dietitians and nutritionists
Tennessee (1987)-licensing of dietitians/nutritionists
Texas (1993)**-certification# of dietitians
Utah (1996)-certification of dietitians
Vermont (1993)-certification of dietitians
Virginia (1995)*-certification of dietitians and nutritionists
Washington (1988)-certification of dietitians and nutritionists
West Virginia (1996)-licensing of dietitians
Wisconsin (1994)-certification of dietitians

Click here for the total list of state licensure agency contacts

* This is an entitlement law, which protects use of the title by individuals not meeting state-mandated qualifications.

** Year amended and/or reauthorized.

These laws provide the certified practitioner with a license, and are termed "voluntary licensing" laws.

Commission on Dietetic Registration
216 West Jackson Blvd.
Chicago, IL 60606-6995
Phone: 312-899-0040 Ext. 5500
Fax: 312-899-4772

11 - RD only
19 - RD/N

Government Affairs

State Professional Regulation

Ling Patty - 1st RD in Guam

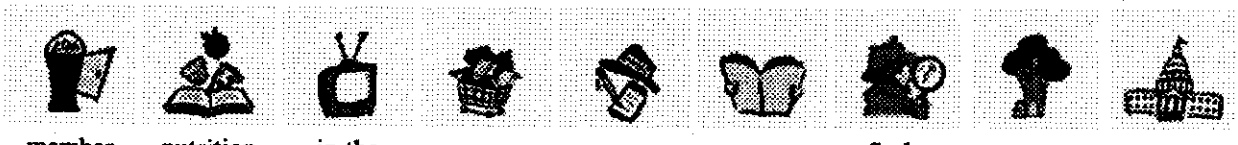
- **Alabama** (1989)* - licensing of dietitian-nutritionist
- **Alaska** (1999) - licensing of dietitian-nutritionist
- **Arkansas** (1989) - licensing of dietitian
- **California** (1995)* - registration of dietitian
- **Connecticut** (1994) - certification of dietitian
- **Delaware** (1994) - certification of dietitian-nutritionist
- **District of Columbia** (1986) - licensing of dietitian-nutritionist
- **Florida** (1988) - licensing of dietitian-nutritionist and nutrition counselor
- **Georgia** (1994)* - licensing of dietitian
- **Idaho** (1994) - licensing of dietitian
- **Illinois** (1991) - licensing of dietitian and nutrition counselor
- **Indiana** (1994) - certification of dietitian
- **Iowa** (1985) - licensing of dietitian
- **Kansas** (1989)* - licensing of dietitian
- **Kentucky** (1994)* - licensing of dietitian and certification of nutritionist
- **Louisiana** (1987)* - licensing of dietitian-nutritionist
- **Maine** (1994)* - licensing of dietitian-nutritionist – one license
- **Maryland** (1994)* - licensing of dietitian and nutritionist
- **Massachusetts** (1999) - licensing of dietitian and nutritionist
- **Minnesota** (1994) - licensing of dietitian-nutritionist
- **Mississippi** (1994)* - licensing of dietitian and title protection of nutritionist
- **Missouri** (1998) - certification of dietitians
- **Montana** (1987)* - licensing of nutritionist and title protection of dietitian
- **Nebraska** (1995)* - licensing of medical nutrition therapist
- **Nevada** (1995) - licensing of dietitians
- **New Mexico** (1997)* - licensing of dietitian, nutritionist, and nutrition associate
- **New York** (1991) - certification of dietitian and nutritionist
- **North Carolina** (1991) - licensing of dietitian and nutritionist
- **North Dakota** (1989)* - licensing of dietitian and ~~certification of~~ licensed nutritionist
- **Ohio** (1986) - licensing of dietitian
- **Oklahoma** (1984) - licensing of dietitian
- **Oregon** (1989) - certification of dietitian
- **Puerto Rico** (1974)* - licensing of dietitian and nutritionist
- **Rhode Island** (1991)* - licensing of dietitian and nutritionist
- **South Dakota** (1996) - licensing of dietitian – nutritionist
- **Tennessee** (1987) - licensing of dietitian and nutritionist

Texas (1993)* - certification of dietitian
Utah (1993)* - certification of dietitian
Vermont (1993) - certification of dietitian
Virginia (1995) - certification of dietitian
Washington (1988) - certification of dietitian and nutritionist
West Virginia (2000)* - licensing of dietitian
Wisconsin (1994) - certification of dietitian
* Indicates year amended or reauthorized under sunset provisions.

- **Licensing**--statutes include an explicitly defined scope of practice, and performance of the profession is illegal without first obtaining a license from the state.
- **Statutory certification**--limits use of particular titles to persons meeting predetermined requirements, while persons not certified could still practice the occupation or profession.
- **Registration**--is the least restrictive form of state regulation. As with certification, unregistered persons may be permitted to practice the profession if they do not use the state-recognized title. Typically, exams are not given and enforcement of the registration requirement is minimal.

To contact ADA's Government Relations Team:
1225 Eye Street, NW
Suite 1250
Washington, DC 20005-3914
202/371-0500
FAX: 202/371-0840
govaffairs@eatright.org

Back to: State
Government Affairs Index



member services | nutrition resources | in the news | marketplace | pressroom | classifieds | find a dietitian | gateway to related sites | government affairs

The Guam Nutrition Association

Asusiasion Sinestansian Guahan

George Kallingal, PhD, Chairperson
Guam Board of Allied Health Examiners
1302 E. Sunset Boulevard
Tiyan, Guam

Dear Dr Kallingal:

Members of the Guam Nutrition Association met with doctors of the Seventh Day Adventist Clinic, Wes Youngberg, DrPH, MPH and Keith Horinouchi, DrPH, MPH, on April 19, 1999 to consider their position favoring the inclusion of Certified Nutrition Specialists (CNS) as meeting the eligibility requirements to be Licensed as Dietitians on Guam. Drs. Youngberg and Horinouchi graciously presented their points and answered questions of the members, and then they excused themselves from the meeting.

After their departure, the members discussed Dr. Youngberg's and Dr. Horinouchi's points and reviewed written documentation of the Certification Requirements for CNS. In the end, it was the unanimous consensus of those present that Certified Nutrition Specialists should *not* be Licensed as Dietitians. Upon examination the members concluded that CNS certification requirements were *not* sufficiently regulated and comprehensive, either academically or experientially, in the nutrition field to ensure competence in the health care delivery of nutritional services. The reasons specifically are as follows:

1) CNS recognizes and certifies individuals with advanced degrees in non-nutrition professions such as nursing and pharmacology. Licensed physicians must have only 10 hours of *formal or informal* nutrition course work. This does not ensure a sufficient knowledge base in the field of nutrition and dietetics.

2) CNS requires *no* specific academic course requirements prior to certification but only to hold an advanced degree in nutrition or "a field closely allied to nutrition."

3) CNS requires *no* prior-approved, pre-professional clinical practicum in dietetics. In fact, it specifically prohibits experience to include "work for which graduate credits were awarded while matriculated in a full or part-time program of degree-conferring graduate study."

4) CNS Professional experience (4000 hours) may be *unsupervised* and *self-documented* so long as it is in a "professional setting." This type of documentation is not objective and lacks the scrutiny of being accountable to established standards of professional practice.

5) CNS Professional experience (1000 hours supervised or 4000 hours unsupervised) does not have to be in a clinical setting. Experience can consist exclusively of such non-clinical practices as nutrition research and public policy nutrition which are

experiences that do *not* prepare an individual to be a health care provider of nutritional services. Whether the experience is supervised or unsupervised, there is no assurance that the experience is in a learning environment.

6) The Certification Board for Nutrition Specialists is a self-affirming credentialing entity and *not* a member of the National Commission on Health Certifying Agencies.

We feel strongly that licensure as a dietitian should be limited only to those individuals who are registered dietitians by the Commission on Dietetic Registration (CDR) because of the rigid national standards that RD's must meet in order to become registered. In addition to 100+ hours of college coursework in the field of chemistry, anatomy/physiology, food service management, nutrition, foods, and dietetics, RD's must also complete a 900-hour internship from an accredited institution under the supervision of an RD, where they receive specialized training in the area of clinical dietetics, medical nutrition therapy, community nutrition, and foodservice management. Only after individuals have completed these requirements are they allowed to sit for the RD exam.

The undersigned members of the Guam Nutrition Association must *strongly recommend against* the licensing of Certified Nutrition Specialists as Dietitians. It is important to note that this recommendation in no way intends to make a pronouncement on the competency of specific individuals who may not be Registered Dietitians. Our recommendation is based solely on the conclusion that the certification requirements for CNS are not adequate to ensure the competency of its certificants in the health care provision of nutritional services.

Sincerely,

MARY CLARE NADOLNY, RD, LD
Dietitian/Nutritionist

CHARLES MORRIS, MPH, RD, LD
Dietitian/Nutritionist

ROSE MCNINCH, MEd, RD, LD
Dietitian/Nutritionist

DAWN OAKLEY, MPH, RD, CDE, CNSD, LD
Dietitian/Nutritionist

RACHAEL TAITANO, PhD, RD
Assistant Professor

STEPHEN WEISS, MS, RD, LD
Dietitian/Nutritionist

ANDREA WICKHAM, RD, LD
Dietitian

CAADE

Commission on Accreditation/Approval for Dietetics Education

Competency Statements for the Supervised Practice Component of Entry-Level Dietitian Education Programs

Competency statements specify what every dietitian should be able to do at the beginning of his or her practice career. The core competency statements build on appropriate knowledge and skills necessary for the entry-level practitioner to perform reliably at the verb level indicated. One or more of the emphasis areas should be added to the core competencies so that a supervised practice program can prepare graduates for identified market needs. Thus, all entry-level dietitians will have the core competencies and additional competencies according to the emphasis area(s) completed.

CORE COMPETENCIES FOR DIETITIANS (CD)

Upon completion of the supervised practice component of dietitian education, all graduates will be able to do the following:

CD1. Perform ethically in accordance with the values of The American Dietetic Association

CD2. Refer clients/patients to other dietetics professionals or disciplines when a situation is beyond one's level or area of competence (perform)

CD3. Participate in professional activities

CD4. Perform self assessment and participate in professional development

CD5. Participate in legislative and public policy processes as they affect food, food security, and nutrition

CD6. Use current technologies for information and communication activities (perform)

CD7. Supervise documentation of nutrition assessment and interventions

CD8. Provide dietetics education in supervised practice settings (perform)

CD9. Supervise counseling, education, and/or other interventions in health promotion/disease prevention for patient/clients needing medical nutrition therapy for common conditions, eg, hypertension, obesity, diabetes, and diverticular disease

CD10. Supervise education and training for target groups

CD11. Develop and review educational materials for target populations (perform)

CD12. Participate in the use of mass media for community-based food and nutrition programs

CD13. Interpret and incorporate new scientific knowledge into practice (perform)

CD14. Supervise quality improvement, including systems and customer satisfaction, for dietetics service and/or practice

CD15. Develop and measure outcomes for food and nutrition services and practice (perform)

CD16. Participate in organizational change and planning and goal-setting processes

CD17. Participate in business or operating plan development

CD18. Supervise the collection and processing of financial data

CD19. Perform marketing functions

CD20. Participate in human resources functions

CD21. Participate in facility management, including equipment selection and design/redesign of work units

CD22. Supervise the integration of financial, human, physical, and material resources and services

CD23. Supervise production of food that meets nutrition guidelines, cost parameters, and consumer acceptance

CD24. Supervise development and/or modification of recipes/formulas

CD25. Supervise translation of nutrition into foods/menus for target populations

CD26. Supervise design of menus as indicated by the patient's/client's health status

CD27. Participate in applied sensory evaluation of food and nutrition products

CD28. Supervise procurement, distribution, and service within delivery systems

CD29. Manage safety and sanitation issues related to food and nutrition

CD30. Supervise nutrition screening of individual patients/clients

CD31. Supervise nutrition assessment of individual patients/clients with common medical conditions, eg, hypertension, obesity, diabetes, diverticular disease

CD32. Assess nutritional status of individual patients/clients with complex medical conditions, ie, more complicated health conditions in select populations, eg, renal disease, multi-system organ failure, trauma

CD33. Manage the normal nutrition needs of individuals across the lifespan, ie, infants through geriatrics and a diversity of people, cultures, and religions

CD34. Design and implement nutrition care plans as indicated by the patient's/client's health status (perform)

CD35. Manage monitoring of patients'/clients' food and/or nutrient intake

CD36. Select, implement, and evaluate standard enteral and parenteral nutrition regimens, ie, in a medically stable patient to meet nutritional requirements where recommendations/adjustments involve primarily macronutrients (perform)

CD37. Develop and implement transitional feeding plans, ie, conversion from one form of nutrition support to another, eg, total parenteral nutrition to tube feeding to oral diet (perform)

CD38. Coordinate and modify nutrition care activities among caregivers (perform)

CD39. Conduct nutrition care component of interdisciplinary team conferences to

discuss patient/client treatment and discharge planning

CD40. Refer patients/clients to appropriate community services for general health and nutrition needs and to other primary care providers as appropriate (perform)

CD41. Conduct general health assessment, eg, blood pressure, vital signs (perform)

CD42. Supervise screening of the nutritional status of the population and/or community groups

CD43. Conduct assessment of the nutritional status of the population and/or community groups

CD44. Provide nutrition care for population groups across the lifespan, ie. infants through geriatrics, and a diversity of people, cultures, and religions (perform)

CD45. Conduct community-based health promotion/disease prevention programs

CD46. Participate in community-based food and nutrition program development and evaluation

CD47. Supervise community-based food and nutrition programs

CAADE Home

member services | nutrition resources | in the news | marketplace | pressroom | classifieds | find a dietitian | gateway to related sites | government affairs

CERTIFICATION BOARD FOR
CBNS
NUTRITION SPECIALISTS

(E)

Certifying Examination - Washington, D.C.
October 1, 1999

The Certification Board for Nutrition Specialists (CBNS) will administer an examination for professional nutritionists seeking certification as a Certified Nutrition Specialist (CNS) on **Friday, October 1, 1999 in Washington, D.C.** Pre-registration, advance payment of the examination fee, and prior demonstration of eligibility are required for all examinees.

Eligibility. Certification as a Certified Nutrition Specialist (CNS) requires a passing score on the CBNS Certifying Examination. Authorization to sit for the examination requires the following documentation:

1) For professional nutritionists, an advanced degree (masters or doctoral level) from a **regionally accredited** institution in the field of nutrition, or a field allied to nutrition and relevant to the practice of nutrition. A list of eligible educational institutions is compiled by the American Council on Education (Accredited Institutions of Postsecondary Education). Advanced degrees earned from institutions outside the United States will be considered by the CBNS on an individual basis.

2) For licensed medical professional (includes holders of MD, DO, DDS, and DPM licenses), documentation of graduation from an accredited institution and a current licence to practice within the US are required. In addition, documentation of additional formal or informal course work in nutrition or an allied field is required.

3) For all applicants the completion, (by the time of the examination) of either: a) **1000 hours of supervised professional experience** in nutrition related activities, or b) **4000 hours of independent experience as a professional nutritionist in a professional setting.** Professional experience may include, singly or in combination, experience as a nutritionist, dietitian, nutrition researcher, or public policy nutritionist. Documented self-employment is acceptable. This experience may **not** include work for which graduate credits were awarded while matriculated in a full or part-time program of degree-conferring graduate study. The Credentials Committee of the CBNS will decide on the applicability of experience in individual cases.

Registration Fees and Procedures. The CBNS certifying examination will be administered on **Friday morning, October 1, 1999 in Washington, D.C.** Eligible applicants will be advised of the time and site. Applications for the examination, **including payment of the full examination fee of $300.00 and a nonrefundable application fee of $50.00**, must be received by **September 15, 1999.** The $50.00 application fee is not refundable, whereas the examination fee will be refunded, if requested before **September 15, 1999,** or later if verified circumstances require withdrawal.

Graduate and professional school transcripts and documentation of qualifying professional experience must be postmarked no later than **September 10, 1999,** to be received by **September 15, 1999.** Applicants meeting the education and experience requirements, and who have paid the application fees in full, will be notified of their eligibility on or before **September 15, 1999.** Applicants deemed to be ineligible also will be notified on or before **September 15, 1999,** and the $300.00 examination fee will be refunded. Registrations will not be accepted after the deadline.

A passing grade on the examination will maintain the certification of successful examinees until **December 31, 2004.** At that time, documentation of 75 credit hours of acceptable continuing education credits will be required. Recertification will be required in 2009. A yearly maintenance fee of $20 is also required to permit CBNS to provide continuing logistic support for successful examinees, publish a directory of CNS diplomates, and maintain a data-base of CE credits.

Certification Examination Specifications. Candidates for certification as Certified Nutrition Specialists will be allowed four hours to complete the examination. The examination questions will be drawn from a bank of questions submitted by invited experts. The examination will consist of 200 questions, all in single-answer, multiple choice format, and cover the broad spectrum of basic and applied nutritional science. Themes such as nutritional science, nutrition assessment, treatment outcomes, epidemiology, and integration of these areas are threaded throughout examination. An adjusted score of 65% is required to pass the examination. A diploma acknowledging certification as a Certified Nutrition Specialist (CNS) will be sent to successful candidates. Candidates whose examination scores are below the minimum acceptable standard may request manual confirmation of their examination score upon payment of a $50.00 regrading fee. Unsuccessful candidates are eligible to sit for a subsequent examination (up to two years later) by submission of a re-examination application only, and a re-examination fee of $150.00. **A new 2nd edition Study Guide for the examination is available at a cost of $75.00** which includes postage and handling.

Application Procedure

1) Mail complete application form to:

Certification Board for Nutrition Specialists
Stanley Wallach, M.D.
Hospital for Joint Diseases
301 East 17th Street
New York, NY 10003

or by fax: (212) 777-1103

Telephone inquiries: (212) 777-1037

2) Include a check or money order for $350.00. Arrange for submission of graduate or professional school transcripts with evidence of degrees awarded, and reasonable documentation of professional experience as a nutritionist. Checks and money orders should be payable to the **CBNS**. Payment by credit card is acceptable (MasterCard or Visa only). A credit card authorization form is included below to be signed and returned with the application.

3) Documentation of professional experience may take the form of a resume, curriculum vitae, or letters from supervisors. In all cases, the materials provided must be adequate to allow accurate evaluation of the eligibility of the applicant.

4) Application forms must be accompanied by all fees and must be received no later than **September 15, 1999**.

6) Voluntary withdrawals (for any reason) will be honored until **September 15, 1999** and the full examination fee will be returned. No refunds will be made after **September 15, 1999**, except for verified unusual circumstances requiring withdrawal.

If paying by credit card, please detach this portion and return with application

CHARGE YOUR EXAMINATION FEE PAYMENT TO YOUR CREDIT CARD:

Credit Card (We only accept Visa or MasterCard) **Amount authorized: $** _____ *

Please Check: ❑ **Visa** ❑ **MasterCard** **Expiration Date** _____

Account # _____

Name _____ **Signature** _____

*Add $75.00 for study guide.

CERTIFICATION BOARD FOR NUTRITION SPECIALISTS

RATIONALE FOR PROFESSIONAL NUTRITIONIST CERTIFICATION

The pivotal roles of nutrition in the maintenance of health, prevention of disease, and management of chronic conditions are widely recognized. Because the complex physical and chemical processes of metabolism that are necessary for the maintenance of health and well-being depend on nutritional status, the basic and applied nutritional sciences are integral to the life sciences. In addition, the use of individual nutrients in therapeutic amounts ("nutritional pharmacology") increasingly is becoming incorporated into mainstream medical treatment and health maintenance programs.

These trends in modern scientific disease prevention and treatment have increased the demand for innovative, responsible, and creative professional nutritionists. The responsibility for educating and training these professionals is being borne by accredited graduate (postbaccalaureate) programs offering advanced degrees in basic and applied nutrition sciences and in fields closely allied to nutrition. In general, graduates of these advanced degree programs have a higher level of competence and a broader scope of knowledge than do individuals who have not received formal training beyond the undergraduate level.

The CBNS endorses voluntary certification for all individuals fulfilling advanced degree educational and experience eligibility criteria. Voluntary certification provides formal recognition that professional nutritionists have met rigorous and demanding eligibility requirements, including postgraduate education, subsequent supervised practice as a professional nutritionist, and demonstration of a depth and breadth of knowledge appropriate for effective practice in the profession of nutrition. The primary intent of a certification program is to provide assurance that all those certified as Nutrition Specialists meet or exceed these requirements. The specific purposes of the certification process of the Certification Board for Nutrition Specialists are to:

1) Develop objective, fair, and appropriate standards against which professional knowledge, ability, and competence in nutrition science and its application can be evaluated and judged;

2) Provide a means of measuring professional nutritionists against these standards;

3) Encourage continued personal learning and inquiry, professional growth, adherence to ethical values, and compliance with ethical standards, thereby promoting professionalism among nutritionists;

4) Acknowledge, through a formal, voluntary credential, professional nutritionists who meet the competency standards set by the Board and who have fulfilled the requirements for the designation, Certified Nutrition Specialist;

and

5) Achieve national recognition of the validity of the designation, Certified Nutrition Specialist, as identifying those nutritionists with advanced training in nutrition science and its application who embody the principles of professionalism (knowledge, understanding, skills, experience, competence, and ethical behavior).

4. Changes are needed to the proposed legislation.

- **The scope of practice needs to be defined for each group of professionals.** Because of the variance in education and experience of dietitians and nutritionists, the scope of practice needs to reflect the differences.

- **References to CBNS should be eliminated.**

  - ✓ **CBNS lacks standards in critical areas.** See item #2.

  - ✓ **Nutritionists' qualifications can be broadened to include more qualified practitioners.** Recommend amending the current proposal to include master or doctorate degrees in nutrition with 900 hours of professionally supervised dietetic practice experience. → or nutrition

- **The following changes are endorsed by all of the licensed dietitians on Guam:**

1. **Section 1-page 2, line 9:** add "certain types of " before "medical nutrition therapy services."

2. **Section 1-pages 2, line 16 through page 3, line 24:** delete 5 paragraphs from "However, there is a strong...." to "...in the field of nutrition." These statements downplay the importance of the 70,000 already recognized nutrition professionals, the Registered Dietitians.

3. **Section 2-page 4, line 13**: after "physiology", remove the word "*food*" before "management." Management responsibilities include more than food.

4. **ARTICLE 21, 122101. Definitions. Page 4, lines 23 to 26:** delete after (1) " *has qualified as....with CBNS.*" Replace with "is a dietitian" ??

5. **122101, (b) (2), lines 1 through 5:** after "from an" add "regionally" before "accredited college or university" --followed by adding "in the United States." Further down: after "food and nutrition and has " add "satisfactorily" before "completed a documented." Delete "*work*" and substitute "dietetic practice" before "experience in human nutrition." Delete "*or human nutrition research*" before "of not less than 900 hours." To complete this statement, after "900 hours," add "under the supervision of a registered dietitian, a state licensed nutrition professional, or other state licensed health care provider."

6. **122101 (e), page 5, line 14-16:** Delete all of (e). replace it with this definition: "'Registered Dietitian' ('RD') means a person registered by the Commission on Dietetic Registration."

7. **122101:** after (g), move the entire section that is currently under 122104 Scope of Practice to a new definition--"(h) 'Nutrition Care Services' means dietetics....", changing items (a) through (e) to items "(1) Assessing.." through "(5) Applying scientific research...the treatment of disease."

8. **122102 Qualifications..(b) Licensed Nutritionist...(2), page 6, lines 24:** Delete "*Has received a master's...900 hours.*" Add "(i) Have received a master's or doctoral degree from a college or university ....

9. **Remaining recommended changes are documented on the attached proposed revision of bill 516.**

(A)

(A) Proposed Revision by RDs

MINA 'BENTE SINGKO NA LIHESLATURAN GUÅHAN
2000 (SECOND) Regular Session

Bill No. 516

Introduced by: S.A. Sanchez, II

AN ACT TO REPEAL AND REENACT ITEM (xiii) OF §12802(a) OF ARTICLE 8, CHAPTER 12, DIVISION 1, PART 1 OF TITLE 10 OF THE GUAM CODE ANNOTATED AND TO REPEAL AND REENACT ARTICLE 21 OF CHAPTER 12, DIVISION 1, PART 1 OF TITLE 10 OF THE GUAM CODE ANNOTATED, BOTH RELATIVE TO THE REGULATION OF DIETITIAN AND NUTRITIONIST PROFESSIONS.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative findings and intent. The purpose of this Act is to more clearly define, regulate and control the practice of dietetics and nutrition services on Guam in the public interest. Because the practice of dietetics and nutrition services plays an important part in the attainment and maintenance of health, it is in the public's best interest that persons who present themselves as providers of services in these areas meet specific requirements and qualifications.

The delivery of medical nutrition therapy is an integral part of healthcare delivery. Therefore the practice of dietetics needs to be defined in terms of its specific scope. Those who practice dietetics need to be proficient in core

competencies, as well as competencies specific to their respective areas of specialization in clinical, community, food service systems management, or consultant dietetics.

Professional nutrition practice has a wide range of legitimate application. In some practice areas, it may not be necessary for health care practitioners to possess competencies in medical nutrition therapy. Where nutrition practice does relate to health care, it is in the public interest to define and regulate different scopes of dietetics and nutrition services practice by their respective inclusion or exclusion of certain types of medical nutrition therapy services. In this way, any member of the public can present for services to a licensed nutrition professional confident that the professional has met the educational, examination, and experiential requirements necessary to provide the appropriate dietetics and/or nutrition services relevant to their needs. This will protect the public from unsubstantiated and unethical nutrition advice which can damage health.

~~However, there is a strong and increasing demand for health professionals with experience in nutrition to assess nutritional status and to provide nutrition education and counseling to the public, to develop and implement Federal, local and private nutrition initiatives, and to conduct research on the benefits of nutritional improvement.~~

~~Numerous academic programs offer training at the undergraduate and graduate levels leading to expertise in the field of nutrition. The diversity of programs is valuable in providing a comprehensive range of expertise in the field. It would be in the public interest to expand the pool of qualified professionals available to fill the demand for nutrition expertise, as well as to provide consumers with a mechanism for identifying appropriately trained nutrition professionals.~~

~~Many states have recently passed laws which license nutrition professionals under the titles of "nutritionist" or "dietitian" and which define the range of practice reserved to licensed nutrition professionals. Most of these laws discriminate in favor of one segment of the nutrition profession, registered dietitians, and in so doing they may discriminate against other legitimately qualified nutrition professionals. Such discrimination may unfairly withhold professional recognition, including reimbursement for services, from qualified professionals available to meet the needs of the public and private employers and of the general public.~~

~~The intent of licensure is to protect the public from unqualified practitioners. Scholars, legislators, and members of the regulated nutrition professions continue to debate whether licensure is an effective means of accomplishing this objective.~~

~~Whether or not licensure can accomplish its avowed objective, it can have a very real impact on the ability of legitimately trained health professionals in nutrition to pursue their careers, to obtain professional recognition, to obtain reimbursement for professional services, or to qualify for professional insurance coverage. If licensure of nutrition practice is to be adopted, it is essential that the legislation provide for fair treatment of all individuals who are qualified by education and experience to practice in the field of nutrition.~~

Licensure requirements for nutritionists and dietitians were originally enacted in Public Law 24-329. This proposed revision will help to clarify incomplete and inaccurate information in the current law and use terminology which encompasses all persons who practice dietetics and nutrition services. This legislation will also give clear guidelines to recognize those who are qualified to receive reimbursement for the services of professional nutrition practice.

Section 2. Item (xiii) of §12802(a) of Article 8, Chapter 12, Part 1, Division 1 of Title 10 of the Guam Code Annotated is hereby *repealed and reenacted* to read as follows:

"*(xiii) 'Dietetics or Nutrition Practice'* shall mean the professional discipline of applying and integrating scientific principles of food, nutrition, biochemistry, physiology, ~~food~~ management, and behavioral and social sciences to achieve and maintain human health through the provision of nutrition care services."

Section 3. Article 21, Chapter 12, Part 1, Division 1 of Title 10 of the Guam Code Annotated is hereby *repealed and reenacted* to read as follows:

"ARTICLE 21."

DIETITIAN AND NUTRITIONIST

§122101. Definitions. For purposes of this Article, the following words and phrases have been defined to mean:

(a) *'Dietitian'* shall mean a person certified as a Registered Dietitian by the Commission on Dietetic Registration.

(b) *'Nutritionist'* shall mean a person who either (1) ~~has qualified as a diplomat of the American Board of Nutrition or as a Certified Nutrition Specialist with the Certification Board for Nutrition Specialists,~~ is a dietitian or (2) has received a master's or higher degree from an regionally accredited college or university in the United States with a major in human nutrition, public health nutrition, clinical nutrition, nutrition education, dietetics, community nutrition, or food and nutrition and has satisfactorily completed a documented ~~work~~ dietetic practice experience in human nutrition ~~or human nutrition~~

research of not less than 900 hours under the supervision of a registered dietitian, a state licensed nutrition professional, or other state licensed health care provider.

(c) *'American Dietetic Association'* ('ADA') is a national professional organization for nutrition and dietetics practitioners which accredits educational and pre-professional training programs in dietetics.

(d) *'The Commission on Dietetic Registration'* ('CDR') is a member of the National Commission for Certifying Agencies (NCCA) and is the credentialing agency of the American Dietetic Association.

~~(e) *'Certification Board for Nutrition Specialists'* ('CBNS') is the credentialing body which certifies advanced degree nutritionists as Certified Nutrition Specialists.~~

(e) *'Registered Dietitian'* ('RD') means a person registered by the Commission on Dietetic Registration.

(f) *'Licensed Dietitian'* ('LD') shall mean a person licensed by the Board to engage in ~~dietetics or nutrition~~ practice as a dietitian under this Article.

(g) *'Licensed Nutritionist'* ('LN') shall mean a person licensed by the Board to engage in ~~dietetics or nutrition~~ practice as a nutritionist under this Article.

(h) *'Nutrition Care Services'* means dietetics and nutrition practice that deals with:

(1) Assessing individual and community food practices and nutritional status using anthropometric, biochemical, clinical, dietary, and demographic data, for clinical research and

program planning purposes;

(2) Developing, establishing, and evaluating nutritional care plans that establish priorities, goals, and objectives for meeting nutrient needs for individuals or groups;

(3) Nutrition counseling and education as a part of preventive or restorative health care throughout the life cycle;

(4) Determining, applying, and evaluating standards for food and nutrition services; *and*

(5) Applying scientific research to the role of food in the maintenance of health and the treatment of disease.

§ 122102. Qualification for licensure; Dietitian or Nutritionist. (a) Licensed Dietitian. The applicant for licensure as a dietitian shall:

(1) Provide evidence of current registration as a Registered Dietitian (RD) by the Commission on Dietetic Registration (CDR); *or*

(2) (i) have received a baccalaureate or postgraduate degree from a college or university, accredited by a regional accrediting body recognized by the Council on Post-Secondary Accreditation, with a major in dietetics, human nutrition, nutrition education, community nutrition, public health nutrition, foods and nutrition, or an equivalent major course of study, as approved by the board. Applicants who have obtained their education outside of the United States and its territories must have their academic degree validated by the board as equivalent to a baccalaureate or masters degree conferred by a regionally accredited college or university in the United States; *and*

(ii) have satisfactorily completed a program of supervised

clinical experience approved by the CDR; *and*

(iii) have passed the registration examination for dietitians administered by the CDR.

(b) **Licensed Nutritionist.** The applicant for licensure as a nutritionist shall:

(1) Meet the requirements of subsection (a)(1) or (2) of this Section; *or*

(2) ~~Has qualified as a diplomat of the American Board of Nutrition or as a Certified Nutrition Specialist with the Certification Board of Nutrition Specialists, or (2) Has received a master's or doctoral degree from an accredited college or university with a major in human nutrition, public health nutrition, clinical nutrition, nutrition education, community nutrition, or food and nutrition, and has completed a documented work experience in human nutrition or human nutrition research of at least 900 hours~~ (i) Have received a master's or doctoral degree from a college or university, accredited by a regional accrediting body recognized by the Council on Post-Secondary Accreditation, with a major in dietetics, human nutrition, nutrition education, community nutrition, public health nutrition, foods and nutrition, or an equivalent major course of study, as approved by the board. Applicants who have obtained their education outside of the United States and its territories must have their academic degree validated by the board as equivalent to a master's or doctoral degree conferred by a regionally accredited college or university in the United States; *and*

(ii) Have satisfactorily completed a documented dietetic practice

experience in human nutrition of at least 900 hours under the supervision of a registered dietitian, a state licensed nutrition professional, or other state licensed health care provider.

(c) Waiver of fees. All fees for application and license will be waived in part (b) of this Section for all applicants who are currently licensed under part (a) of this Section.

§122103. Waiver of examination requirements; licensure by endorsement. The Board may grant a license to any person who is currently registered as a Registered Dietitian (RD) by the CDR ~~or who is currently recognized as a diplomat of the American Board of Nutrition or as a Certified Nutrition Specialist with the Certification Board for Nutrition Specialists~~.

§122104. Scope of practice; dietitians and nutritionists.

~~(a) Assessing individual and community food practices and nutritional status using anthropometric, biochemical, clinical, dietary, and demographic data, for clinical research and program planning purposes;~~

~~(b) Developing, establishing, and evaluating nutritional care plans that establish priorities, goals, and objectives for meeting nutrient needs for individuals or groups;~~

~~(c) Nutrition counseling and education as a part of preventive or restorative health care throughout the life cycle;~~

~~(d) Determining, applying, and evaluating standards for food and nutrition services; *and*~~

~~(e) Applying scientific research to the role of food in the maintenance of health and the treatment of disease.~~ ←*Moved To Definitions Section*

(a) **Dietitian.** The practice of a licensed dietitian includes, without

limitation, the development, management, and provision of nutrition care services.

(b) **Nutritionist.** The practice of a licensed nutritionist includes the development, management, and provision of outpatient nutrition care services as follows:

(1) Nutrition management of patients, by physician referral, with type 1, type 2 and gestational diabetes, renal disease, gastrointestinal diseases, allergies, pulmonary diseases, cardiovascular disease, dislipidemia, hypertension, and obesity;

(2) Nutrition support, by physician referral, of AIDS patients and patients in renal failure; *and*

(3) Nutrition assessment, counseling and education to individuals and groups as a part of normal nutrition care, health promotion and disease prevention throughout the life cycle.

§122105. Persons and practices not affected. Nothing in this Article shall be construed as preventing or restricting the practice, services or activities of:

(a) any person licensed or certified on Guam by any other law from engaging in the profession or occupation for which the person is licensed or certified, or any person under the supervision of the licensee or certificant when rendering services within the scope of the profession or occupation of the licensee or certificant; and any person with a bachelor's degree in home economics or health education from furnishing nutrition information incidental to the practice of that person's profession;

(b) any dietitian or nutritionist serving in the Armed Forces or the Public Health Service of the United States or employed by the Veterans Administration when performing duties associated with that service or employment;

(c) any person pursuing a supervised course of study leading to a degree or certificate in dietetics or nutrition at an accredited education program, *if* the person is designated by a title which clearly indicates the person's status as a student or trainee;

(d) any person, when acting under the direction and supervision of a person licensed under this Article, in the execution of a plan of treatment authorized by the licensed person;

(e) any person who provides weight control services, provided that:

(1) the program has been reviewed by, consultation is available from, and no program changes can be made without approval by a licensed dietitian or a licensed nutritionist, *or* a dietitian or nutritionist registered by the Commission on Dietetic Registration (CDR) ~~*or* by the Certification Board for Nutrition Specialists~~ in another state, territory or other jurisdiction of the U.S.; *and*

(2) the weight control program either recommends licensed physician consultation generally, or has in place procedures which require physician referral when medical conditions such as heart disease, cancer, diabetes, hypoglycemia, morbid obesity and pregnancy exist;

(f) an educator who is employed by a nonprofit organization approved by the Board; a federal, territorial, or other political subdivision; an elementary or secondary school; or an accredited institution of higher education, insofar as the activities and services of the educator are part of such employment;

(g) any person who markets or distributes food, food materials, or dietary supplements, or any person who engages in the explanation of the use and benefits of those products or the preparation of those products as long as that person does not represent himself or herself as a dietitian or licensed nutritionist and provides to the client a disclaimer, in writing, stating such;

(h) any person who provides general or gratuitous nutrition information as long as the provider does not represent himself or herself as a dietitian or licensed nutritionist and provides to the client a disclaimer stating such.

§122106. Prohibited Acts. (a) Unauthorized Practice. Except as otherwise provided under this Article, a person may not practice, attempt to practice, or offer to practice dietetics or nutritional services on Guam unless licensed by the Board.

(b) **Misrepresentation of title.** Except as otherwise provided under this Article, a person may not represent or imply to the public by use of the title "licensed dietitian" or "licensed nutritionist", by other title, by description of services, methods, or procedures that the person is authorized to practice dietetics or nutritional services on Guam.

(c) **Misuse of Words and Terms.** Unless authorized to engage in

dietetics or nutrition practice under this Article, a person may not use the words "dictitian", "registered dietitian", or "licensed dietitian", "nutritionist", ~~"nutrition specialist",~~ or "licensed nutritionist", alone or in combination, or the terms "LD", "RD", or "D", "LN", ~~"NS"~~ or "N", or any facsimile or combination in any words, letters, abbreviations, or insignia."

(d) Use of the title "Registered Dietitian" and the designation "(RD)". Notwithstanding parts (b) and (c) of this Section, an individual registered by the Commission on Dietetic Registration (CDR), who does not violate part (a) of this Section, has the right to use the title "Registered Dietitian" and the designation "R.D."

Section 4. Severability. If any provision of this Law or its application to any person or circumstance is found to be invalid or contrary to law, such invalidity shall not affect other provisions or applications of this Law which can be given effect without the invalid provisions or applications, and to this end the provisions of this Law are severable."

TX.3.3 Policic ıd procedures support safe medication scription or ordering.

TX.3.4 Preparing and dispensing medication(s) adhere to law, regulation, licensure, and professional standards of practice.

TX.3.5 Preparation and dispensing of medication(s) is appropriately controlled.

TX.3.5.1 A patient medication dose system is implemented.

TX.3.5.2 Pharmacists review all prescriptions or orders.

TX.3.5.3 When preparing and dispensing a medication(s) for a patient, important patient medication information is considered.

TX.3.5.4 Pharmacy services are available when the pharmacy department is closed or not available.

TX.3.5.5 Emergency medications are consistently available, controlled, and secure in the pharmacy and patient care areas.

TX.3.5.6 A medication recall system provides for retrieval and safe disposition of discontinued and recalled medications.

TX.3.6 Prescriptions or orders are verified and patients are identified before medication is administered.

TX.3.7 The organization has alternative medication administration systems.

TX.3.8 Investigational medications are safely controlled, administered, and destroyed.

TX.3.9 Medication effects on patients are continually monitored.

TX.4 Each patient's nutrition care is planned.

TX.4.1 An interdisciplinary nutrition therapy plan is developed and periodically updated for patients at nutritional risk.

TX.4.1.1 When appropriate to the patient groups served by a unit, meals and snacks support program goals.

TX.4.2 Authorized individuals prescribe or order food and nutrition products in a timely manner.

TX.4.3 Responsibilities are assigned for all activities involved in safe and accurate provision of food and nutrition products.

TX.4.4 **Food and nutrition products are distributed and administered in a safe, accurate,**

Intent of TX.4.1

A more intensive plan for nutrition therapy may be indicated for patients at high nutritional risk. The plan identifies measurable goals and actions to achieve them. The patient's physician, the registered dietitian, nursing, and pharmaceutical services staff participate in developing the plan, and their roles in implementation are clearly defined.

Standard

TX.4.1.1 When appropriate to the patient groups served by a unit, meals and snacks support program goals.

Intent of TX.4.1.1

Depending on the types or ages of patients served, some units may provide snacks or meals for special occasions or recreational activities. For example, on a child or adolescent service, the child learns to select appropriate snacks according to a plan for nutrition care. When appropriate, facilities that permit patient involvement are available for preparing and serving meals and snacks. Staff members assist patients when necessary and ensure that each patient receives an adequate amount and variety of food.

Standard

TX.4.2 Authorized individuals prescribe or order food and nutrition products in a timely manner.

Intent of TX.4.2

Food and nutrition products are administered only when prescribed or ordered by medical staff, authorized house staff, or other individuals with appropriate clinical privileges. Consistent with medical staff rules and regulations, verbal prescriptions or orders for food and nutrition products are accepted by designated personnel. Verbal prescriptions and orders are authenticated by the initiator within a defined time frame. All prescription orders are documented in the patient's medical record before any food or other nutrient is administered to the patient. A prescription or order for food or other nutrient is accepted by designated personnel. Such orders are documented in the patient's medical record before any food or other nutrient is administered to the patient.

Q: supplementation ≥ mdr. products, cal-densed foods, ↑ pro foods

Standard

TX.4.3 Responsibilities are assigned for all activities involved in safe and accurate provision of food and nutrition products.

HACCP

Intent of TX.4.3

Staff responsibilities for preparation, storage, distribution, and administration of food and nutrition products are clearly defined to ensure safety and accuracy.

Standard

TX.4.4 Food and nutrition products are distributed and administered in a safe, accurate, [redacted], and acceptable manner.

POSITIONS AVAILABLE

GEORGIA—PUBLIC HEALTH NUTRITIONISTS
Positions available for RD and RD-eligible nutritionists in local health departments throughout the state. Great for starting a career or making a career enhancing move. Contact Hans Hammer, Office of Nutrition, 2 Peachtree St, NW, Suite 11-262, Atlanta, GA 30303-3142; 404/657-2884; E-mail hhammer@dhr.state.ga.us.<www.thejobsite.org/> or <www.GDA-online.org/>

SPEAKER
MED2000, a company dedicated to providing high-quality CE seminars to medical professionals nationwide, is seeking a dynamic person with excellent speaking skills to join its team of speakers. Must have doctoral degree in nutrition or related field, research publications, and clinical experience. Excellent compensation and benefits. Send resume to: Human Resources Department, MED2000, Inc, PO Box 211655, Bedford, TX 76095-8655.

CLINICAL DIETITIAN
Assesses patients and recommends medical nutrition therapy, counsels and educates inpatients and outpatients. Licensed or provisionally licensed as a dietitian by the Oklahoma State Board and must be a registered dietitian or registration-eligible. Prefer one year on-the-job experience over and above internship. The ideal candidate will be self-motivated, possess excellent interpersonal skills, and be a multidisciplinary team player. Certified diabetic educator a plus. MRMC is a progressive, independent, not-for-profit, 366-bed, JCAHO accredited, acute care facility offering competitive salaries and a full range of benefits. Muskogee is a friendly city of 40,000 conveniently located 45 minutes from Tulsa. Muskogee Regional Medical Center, Attention: Human Resources, 300 Rockefeller Dr, Muskogee, OK 74401; telephone 918/684-2364; fax 918/684-3334; jobline 918/684-3385 <www.muskogeehealth.com> Equal Opportunity Employer.

DIETARY INTERVIEWERS
Fluency in English and Spanish required. Nationwide travel. Health research organization seeks dietary interviewers for National Health and Nutrition Examination Survey (NHANES) sponsored by the US Public Health Service. Individuals will be part of a large medical team conducting health exams in mobile exam centers for a four-year data collection period. One-year minimum commitment and full-time continuous travel required. Must have BS in food and nutrition or other health related field (with at least 10 credit hours in food and nutrition). Competitive salary, lodging, per diem, car, 3-4 weeks paid vacation per year, and holidays; insurance available. Telephone Beverly Geline 800/937-8284; E-mail resume to GELINEB1@Westat.com. WESTAT, Rockville, Maryland. EOE.

ARIZONA SUNSHINE BECKONS!
The State of Arizona WIC program has openings at the local levels. Registered dietitians with previous WIC or community health experience preferred. Customer service skills required. Positions that provide high risk counseling, training for clinic staff, and developing the WIC nutrition education program are available in a variety of urban and rural settings. Previous WIC experience and an RD are preferred, but will consider candidates with a bachelor's degree. Spanish/English bilingual speakers a plus! Send resume to: Quality Assurance Recruitment, Arizona Department of Health Services, WIC Program, 1740 W Adams, Room 203, Phoenix, AZ 85007-2602; fax 602/542-1890 or E-mail your resume to AWHITMI@hs.state.az.us.

HEALTHCARE MANAGERS
Attractive interim opportunities exist in many facilities nationwide! If you would accept a short-term assignment, send resume, requirements, and the names, addresses, and telephone numbers of four professional/managerial references to: the Nielsen Healthcare Group, Department D, 8460 Watson Rd, Suite 225, St Louis, MO 63119; fax 314/984-0820. No fees.

DIETITIAN
Seeking registered dietitian to provide nutritional support services to people in need. Services include initial assessment and counseling; education and advocacy; menu planning; coordinating with chef. Understanding of nutritional requirements and medical/medication issues relating to nutrition for people living with HIV/AIDS, effective communication skills, and ability to operate in a culturally diverse environment. Full-time with benefits. Salary to mid-thirties. Resume to Assistant Executive Director, Maryland Community Kitchen, PO Box 2298, Baltimore, MD 21203; fax 410/243-3624.

FACULTY POSITION SAN DIEGO STATE UNIVERSITY EXERCISE AND NUTRITIONAL SCIENCES
Assistant professor, tenure-track position beginning August 2001. Teach undergraduate and graduate nutrition courses based on department need. Doctorate in nutrition or closely related area and registered dietitian certification required. Demonstrated commitment to excellence in teaching, research, grant activity, graduate student mentoring, and service expected. Send letter of application, detailed curriculum vitae, and three letters of recommendation by October 15, 2000 to: Dr B. Robert Carlson, Chair, Department of Exercise and Nutritional Sciences, San Diego State University, San Diego, CA 92182-7251. SDSU is an equal opportunity, Title IX employer and does not discriminate against persons on the basis of race, religion, national origin, sexual orientation, gender, marital status, age, or disability.

DIETITIAN
Nutrition Services at Winter Haven Hospital, 711+ bed system, ideally located in central Florida (between Tampa and Orlando), is seeking a full-time clinical dietitian to perform all aspects of nutritional care. Must be registered or registration-eligible. Send resume to: Professional Recruiter, Winter Haven Hospital, 200 Avenue F, NE, Winter Haven, FL 33881. 800/937-1725. AA/EOE. Drug-free workplace. <www.winterhavenhospital.com>

Please call 800/877-1600 ext 4759; or E-mail classads@eatright.org for JADA classified advertising rates, deadlines, and procedures.

CLINICAL DIETITIAN CENTER FOR INFANT DEVELOPMENT AND NUTRITION AT DeVOS CHILDREN'S HOSPITAL

An extraordinary opportunity exists at the newly established Center for Infant Development and Nutrition at DeVos Children's Hospital. DeVos Children's has undergone an extensive strategic planning process to develop a comprehensive program that addresses the developmental and nutritional needs of premature infants and high-risk children. The clinical dietitian we seek is a program builder with extensive experience or advanced training in neonatal nutrition and a vision for enhancing long-term outcomes of premature infants. Acting as a key member of the interdisciplinary team, this professional will provide clinical assessments and thereapeutic interventions both in the NICU and in the long-term follow-up program under the leadership of the Chair in Infant Development and Nutrition. Our successful candidate will be a registered dietitian with certification in pediatric nutrition or nutrition support. Candidates who are master's prepared are preferred. Past experience in neonatal nutrition, infant nutrition research and program development is highly valued and will be strongly considered. Interest in metabolic diseases is also desired but not required. DeVos Children's Hospital is located in beautiful Grand Rapids, Michigan, 25 minutes from the shores of Lake Michigan. We offer an excellent salary and benefits package, including relocation reimbursement up to $3,500 and matching current vacation entitlement from present employer. To request more information or to apply, please contact: Spectrum Health Human Resources, Attention: Bob Vander Ploeg, 330 Ionia NW, Grand Rapids, MI 49503; telephone 800/347-5455; fax 616/391-2780; E-mail Bob.vanderploeg@spectrum-health.org.

CHILD NUTRITION NUTRITIONIST

Charlotte-Mecklenburg Schools is seeking a Child Nutrition Nutritionist to develop education programs designed to change nutrition attitudes and values of school children. The nutritionist is responsible for formulating outcome evaluations for nutrition education programs, develops and implements nutrition education curriculum workshops for teachers, conducts nutrition education implementation classes for child nutrition cafeteria managers, assists staff in selection of instructional materials and software, creates public media presentations, news releases and department marketing programs. Qualifications include a master's degree in nutrition with emphasis in education, registered dietitian, minimum of three (3) years' experience in a nutrition-related field, experience with public relations/multimedia and education curriculum, skills in effective communication. Ability to organize nutrition education projects, ability to communicate with community nutrition agencies, knowledge of practical programs for improving nutrition, ability to integrate nutrition and total human wellness. Computer experience preferred. We offer a starting salary of $44,067 annually and an excellent benefits package. Submit resume by October 31 to: Charlotte-Mecklenburg Schools, PO Box 30035, Charlotte, NC 28230-0035 or apply on-line <www.cms.k12.nc.us>. Equal Opportunity Employer.

NUTRITION DEPARTMENT FACULTY POSITION

The Nutrition Department at the College of Saint Benedict/Saint John's University is seeking applicants for a nine-month, full-time, tenure-track position as assistant professor beginning August 2001. The Nutrition Department offers an accredited coordinated program in dietetics and a bachelor's degree in nutrition science. Candidates must have the RD credential and a master's degree in nutrition or a related field (PhD preferred). The College of Saint Benedict/Saint John's University distinguishes teaching as the primary area of emphasis. The department seeks an individual to teach the following courses, introductory nutrition, life cycle/community nutrition and public health within the nutrition and dietetics programs and courses of the college. Professional work experience in community nutrition along with college teaching experience is highly desirable. More information about the colleges and the department is available at <http://www.csbsju.edu>. Saint John's University, a liberal arts college for men, and the College of Saint Benedict, a liberal arts college for women, are located four miles apart in Central Minnesota just outside metropolitan St Cloud and 70 miles from Minneapolis. Both are Catholic colleges in the Benedictine tradition. Students attend classes on both campuses, selecting courses from a common curriculum with identical degree requirements. Academic departments are joint and the academic program is coordinated by the Provost for Academic Affairs, with the assistance of the undergraduate deans on each campus. This partnership allows each college to offer to its students a co-educational academic experience with expanded educational opportunities, while preserving the single sex character and distinct heritage of each institution. All applicants must submit a letter of application, curriculum vitae, registration number, statement of teaching philosophy, three recent letters of recommendation, and copies of all transcripts to: College of Saint Benedict, Human Resources, 37 S College Ave, St Joseph, MN 56374-2099; E-mail asiemers@csbsju.edu. Applications received after December 15, 2000 cannot be guaranteed consideration. Women and people of diverse racial, ethnic, and cultural backgrounds are encouraged to apply. The College of Saint Benedict/Saint John's University are EEO/AA employers. Any questions regarding the position should be addressed to Amy Olson, Department Chair; E-mail aolson@csbsju.edu; telephone 320/363-5057.

FOUR UNIVERSITIES OFFER MATERNAL AND CHILD NUTRITION TRAINEESHIPS

Four universities offer education and training opportunities in maternal and child nutrition to RDs seeking a master's or doctoral degree in public health nutrition. The programs vary in their emphasis and length of study, but all provide support in the form of tuition assistance, fees, and a monthly stipend. The US Maternal and Child Health Bureau, Health Resources and Services Administration, US Department of Health and Human Services fund these traineeships. Application deadlines for the 2001-2002 academic year will be soon approaching. Contact the individual university programs listed below for information and application materials. ■ University of California, Los Angeles, Department of Community Health Sciences, School of Public Health, 10833 Le Conte Ave, Box 951772, Los Angeles, CA 90095-1772, Attention: Marion Taylor Baer, PhD, RD; E-mail mtbaer@ucla.edu ■ University of Minnesota, Division of Epidemiology, School of Public Health, Suite 300, WBOB, 1300 S 2nd St, Minneapolis, MN 55454-1015, Attention: Jamie Stang, PhD, MPH, RD or Mary Story, PhD, RD; E-mail stang@epi.umn.edu or story@epi.umn.edu ■ University of North Carolina, Department of Nutrition, CB#7400, McGavran-Greenberg Hall, Chapel Hill, NC 27599-7400, Attention: Jan Dodds, EdD, RD; E-mail jandodds@unc.edu ■ University of Tennessee, Department of Nutrition, 1215 W Cumberland Ave, 229JHB, Knoxville, TN 37996-1900, Attention: Betsy Haughton, EdD, RD; E-mail haughton@utk.edu.

PUBLIC HEALTH NUTRITIONIST SALARY $36,433-$44,284

The Solano County Health and Social Services Department Nutrition Services Program has a position available for a Public Health Nutritionist. This outstanding position, with excellent salary and benefits, gives an experienced nutritionist the opportunity to work in a variety of community programs and to be creative and innovative as a member of our Nutrition Special Projects Team. Solano County is located between San Francisco, the Napa Valley, and Lake Tahoe and is near U.C. Berkeley and U.C. Davis. Applicants must be registered dietitians. Applicants who are bilingual in Spanish and English are preferred. Applicants with WIC experience are preferred. Qualified individuals should contact: Claudia Burnett, RD, MEd, Solano County Health and Social Services Department, Nutrition Services Bureau, PO Box 4090 (MS 3-220), Fairfield, CA 94533-0677; 707/421-7231. An Equal Opportunity Employer. Women, minorities, and persons with disabilities are encouraged to apply.

WIC DIETITIAN IN CALIFORNIA

Sacramento is the capital of California and just 2 hours or less from San Francisco, the coast and Lake Tahoe. Dietitian needed to provide nutrition counseling, serve as leadworker in WIC clinics and complete projects in staff training, outreach, program development. This is an 80% position, $15.74-$21.22/hr, with benefits. Fax resume to Teri Ellison, RD, MPH, Director, Sacramento County WIC Program, 916/395-7314. Telephone 916/427-9062.

REGISTERED DIETITIAN

Registered dietitian for LA County based Home Health/Hospital Enteral provider—up to $51K for CNSD with car allowance, expenses, medical benefits. Requires minimum 5 years' experience, computer proficient, excellent customer service skills, heavy driving. Fax resume to 909/596-6535, between the hours of 9-4, M-F.

ASSISTANT PROFESSOR (HUMAN NUTRITION), DEPARTMENT OF ANIMAL SCIENCE, FOOD AND NUTRITION, SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

Assistant professor position in food and nutrition. This is a tenure-track, nine-month faculty position (50% research, 45% teaching, and 5% service including outreach activities) at the rank of assistant professor. Generation of summer salary via grants is expected. An earned doctorate in human nutrition, food and nutrition, or related field is required by time of appointment. Post-doctoral experience and/or RD eligibility is preferred but not required. The candidate must demonstrate the potential for excellence in teaching undergraduate and graduate students, and the ability to conduct an externally funded research program that is nationally and internationally recognized as well as publish research in high-quality journals. While the specific area of research is open, the department seeks a candidate that will strengthen existing programs in community/public health nutrition, gene-nutrient interaction, bioactive components of functional foods, or basic and applied aspects of food safety. The incumbent will teach nutrition courses as necessary at the undergraduate and graduate levels and supervise graduate students. There is also the potential to develop courses in one's area of expertise. Application deadline is November 16, 2000 or until filled. Applicants must request three letters of reference and send a letter of application, a curriculum vitae, official transcripts and statements of teaching philosophy, and research interests to: Dr William Banz, RD, Chair, Search Committee, Department of Animal Science, Food and Nutrition, Southern Illinois University, Carbondale, IL 62901-4417; telephone 618/453-7511; fax 618/453-7517; E-mail banz@siu.edu. Department webpage: <http://www.siu.edu/departments/coagr/animal/ans.html> SIUC is an AA/EOE.

2 POSITIONS: AMBULATORY CARE DIETITIAN AND FOODSERVICE MANAGER

Harborview Medical Center is one of two primary teaching and research hospitals for the University of Washington. We are seeking dynamic and highly qualified candidates to join our growing team. With over eighty specialty clinics and services, and the only Level One Trauma Center in a four state region, Harborview is committed to serving a wide spectrum of the population, maintains over 90% inpatient occupancy, and provides over 300,000 clinic visits per year. Twice awarded JCAHO's highest rating - accreditation with commendation. Competitive salaries and excellent benefits. *Ambulatory Care Dietitian* (Ref MR6698) - Responsible for direct patient care and development of services in fast-paced medical and specialty care clinics. Recruiting an autonomous, self-directed professional to join other Ambulatory Care Dietitians in a collaborative environment. RD and 24-month applicable experience is required. CDE and/or master's degree is preferred. *Foodservice Manager* (Ref 2000-0627) - Successful candidate will assume responsibility for either customer focused patient foodservice or award-winning retail services, depending on qualifications. Must have strong capabilities in operations management and human relations. Must be a responsible team player, effective leader, and must have an active interest in culinary arts. BS is required; RD is preferred. Please send cover letter and resume with the reference number(s) indicated to: UW Medical Centers Employment, Box 359715, 325 Ninth Ave, Seattle, WA 98104; fax 206/731-3060; E-mail uwmcp@u.washington.edu. EO/AAE <www.washington.edu/medical/hmc>

REGISTERED DIETITIAN NORFOLK, VIRGINIA

Fast paced National Sales & Marketing Company is seeking a highly motivated registered dietitian to provide nutrition education and food information to customers and company employees for a local retailer. Activities include researching/writing monthly features (for brochures, ads, Web site, etc.); Grand Opening/Reopening planning meetings and events and tours; diabetes events and health fairs; serve as nutrition expert for customer questions/concerns; provide school-store nutrition tours and presentations; and, participate in media events. The ideal candidate will have 2+ years of experience as a registered dietitian with a BS degree in nutrition, dietetics, or food science. Must be able to travel, work independently and have strong communications, public speaking, presentation, organization, and computer skills. Salary based on experience. Please fax resume (along with salary history) to 949/797-9112 or E-mail jobs@asmco.com.

UTAH – FOOD NUTRITION EDUCATION COORDINATOR

Salary: $19.18 per hour, 8 hours per day, 250 days per year with benefit package. Alpine School District is looking for a registered dietitian. The candidate must have the appropriate bachelor's degree, and eligible to become licensed with the state of Utah. Major responsibilities for this position include planning quality nutritional meals for students K-12 in 54 schools, assist managers in planning meals for students with special needs, assist in developing a process for working with students, schools, and parents in meeting their needs and wants, and ensuring that all meals meet the USDA Federal guidelines. Position closes on October 25, 2000. Fax resume to Alpine School District 801/756-8490. For more information call 801/756-8419.

October 2000 Volume 100 Number 10

RD Licensure Bill Passes! Act 280

On July 31, 2000, HB 749, the bill to license dietitians became law. The passing of the bill culminates eight years of very hard and often heartbreaking work by HDA. Finally, the state of Hawai`i joins 38 other states in recognizing registered dietitians as license-eligible nutrition professionals.

At the start of the 2000 legislative session, our bill, HB 749 was in Conference Committee, a committee composed of the chairpersons from the committees that had heard our bill during the 1999 legislative session. Our task was to come to an agreement with the regulating agency, the Department of Commerce and Consumer Affairs (DCCA), over a critical component of the bill, the qualifying exam. DCCA stood firm on its position that, for licensure, the exam should be the Certified Nutrition Specialist (CNS) exam, and would only support certification for dietitians if the Commission on Dietetics Registration (CDR) exam were to be used. And we stood our ground that the only exam, the exam used as the qualifying exam by every other state and jurisdiction, that should be used to license our profession was the CDR exam.

Celebrating our success: Amy Tousman & Camie Mukaida

The licensure committee and Gary Slovin, HDA lobbyist, presented our case to Dr. Bruce Anderson, the Director of Health, and Dr. Virginia Pressler, Deputy Director, and they both were convinced that licensure for dietitians was needed, and that the CDR exam was the appropriate exam to use. Dr. Anderson communicated his support for licensure of dietitians to Kathy Matayoshi, the head of DCCA. After many discussions, it was agreed that the DOH was where the licensure program should reside.

This was the turning point for us. After numerous meetings within the DOH, the conclusion was reached that the Nutrition Program was able to administer the licensing program for dietitians. Tony Ching, Deputy Director in charge of policy issues, Bruce Anderson and Virginia Pressler, made sure that the DOH Nutrition Program had the resources to run the program.

With Gary serving as the spokesperson, and with Dr. Anderson's and Kathy Matayoshi's support, the agreement was presented to the legislators who sat on the conference committee. On the day of the decision-making meeting, NoeNoe Tom from DCCA and Bruce Anderson both voiced support of the compromise that had been reached, and the committee unanimously passed our bill. We were thrilled! In appreciation of their support, all members of the committee were presented leis by HDA.

The RD licensing bill was then sent to the "floor" for passage by the House of Representatives and the Senate. The legislature passed HB 749 "Relating to Dietitians" on May 2, 2000, and it was submitted to Governor Cayetano. The committee had previously met with the Governor and was told that if the bill passed the legislature he would not veto it. So, we were confident he would sign it into law.

Committee chair Carol Young and lobbyist Gary Slovin

Our confidence soon plummeted when we learned that our bill was on the list of bills being considered for veto by the Governor. The licensure committee immediately took action to persuade the governor that the bill deserved his support and should not be vetoed.

We had terrific support from folks who believed in our cause; Art Ushijima, CEO from Queens Medical Center, Fran Hallonquist, CEO of Kapi`olani Medical Center, Dr. Terry Shintani, Mary Jo Sweeney, Hawai`i Rural Health Association, Rich Meirs, CEO Hawai`i Healthcare Association, Orianna Skomoroch, Regional CEO of Kaua`i Veterans' Memorial Hospital and Mahelona Medical Center, Roy Nishida, Governor's Liaison Officer on Kauai, and others, all wrote to the governor asking that he sign the bill. At this point, the governor's office notified us that Governor Cayetano did not need to meet with us, and that he had all the information he needed to make his decision.

The licensure committee was terribly disappointed, but, under the guidance of Gary Slovin, and our other champion, Bruce Anderson, we didn't give up. In all, there were three meetings in which our bill was on "the chopping block."

It was like starting all over again. After each veto meeting, Dr. Anderson reported to us about the discussion at the meeting. The committee assisted Dr. Anderson in developing appropriate responses to the questions raised. This process was nerve-wracking but the committee showed incredible teamwork.

On the final day to veto bills, the governor finally said that he would sign the bill.

All the details that transpired, and that led up to the governor finally signing the bill would take pages and pages. Suffice to say that every member on the committee worked very, very hard to get our bill passed into law.

The licensure committee's work is still not done. We are now working on writing the Administrative Rules that will detail how the RD licensure program will be administered. This is quite a lengthy process. The rules must go through public hearing, and we need approval from various departments and the governor. With the assistance of Gary, and Lou Erteschik, DOH public hearings officer, the rule writing process is underway.

Mahalo to the dedicated HDA Licensure Committee members that helped make licensure in Hawai`i a reality this year.

- Terri Fields Hosler
- Joni Ishihara
- Mae Isonaga
- Joann Moylan
- Carrie Mukaida
- Rosemary Nakasone
- Sharon Odom
- Donna Ojiri
- Amy Tousman
- Robyn Wong
- Valerie Yin
- Eva Young
- Carol Young

The possibility of forming a study group for those members who need to take the CDR exam is being explored. If interested contact CPI Chair Shirley Seeger at 678-7032.

Committee members: Pat Iida, Donna Ojiri and Mae Isonaga

One very positive and exciting advantage of the licensing program being administered through DOH, is our ability to offer educational opportunities for dietitians using licensing fees. This should prove to be an excellent way to keep dietitians up to speed on the latest developments in food and nutrition.

In closing, here is what we now know about our licensure program:

1. The eligibility requirements for licensure in Hawai`i include:

- A baccalaureate degree from a regionally accredited college with a major course of study in dietetics, human nutrition, food and nutrition, or food systems management
- A documented supervised practice experience component in dietetic practice of not less than 900 hours
- Pass the CDR exam

2. Licensing fees will be approximately $75 a year (based on other professions with similar membership numbers)

3. Members will be informed of the licensing process as it develops, and Hawai`i dietitians will receive a licensure application by mail, sometime within the next 6-12 months.

The licensure committee is very pleased with the outcome of this licensure effort and feels a RD Licensure Program in the State of Hawai`i was well worth the time and effort. The committee thanks all HDA members for your support over the last eight years on this endeavor.

GUAM SDA
SEVENTH-DAY ADVENTIST CLINIC

SDA CLINIC WELLNESS CENTER - *Preventive Care & Lifestyle Medicine*
655 Harmon Loop Road, Suite 110
Dededo, Guam 96912
Phone: (671) 632-7522 •• Fax: (671) 632-7533

FAX TRANSMITTAL

DATE: 12/08/2000

TO: Senators Ben Pangelinan / Simon Sanchez

RE: Bill 516; Letter of Support

FAX#: 472-3556 / 647-3267

FROM: Dr. Wes Youngberg

Transmitting (2) page(s) including cover sheet. Please let us know if transmission is not legible or experiencing problems and please call us to verify receipt of this material.

WARNING: This transmittal contains PRIVILEGED & CONFIDENTIAL information intended for use by the recipient name above. Use, copying, or distributing by any other person is strictly prohibited. If you have received this transmittal in error, please notify us immediately by telephone. THANK YOU.

MESSAGE:

Senators,

Attached is a copy of a letter received via email from John Westerdahl who is the Director of Health Promotion and Nutritional Services at Castle Medical Center in Hawaii.

The original email has been forwarded to your email address.

Please call me should you have any questions or concerns.

Castle Medical Center

Nutritional Services Department
640 Ulukahiki Street
Kailua, Hawaii

Dear Sirs:

As both a Registered Dietitian (RD) and Certified Nutrition Specialist (CNS) for a major medical center in Hawaii, I am in support of Bill 516 recognizing both RD and CNS qualified health professionals to legally offer medical nutrition therapy services on Guam. The RD and the CNS both take comprehensive board examinations and have educational backgrounds that qualify them as true experts in the field of nutrition.

It is my opinion that the qualified CNS should be allowed to practice the same scope of service in the field of medical nutrition therapy as the RD on Guam. The CNS has credible graduate or doctoral educations and experience in the field of human nutrition. I have previously served as a proctor for the Credentialing Board for Nutrition Specialists (CBNS), CNS examination at one of the American College of Nutrition's annual meetings and can attest to the fact that the CNS examination is very rigorous. Only those who have a thorough knowledge and expertise in the field of nutrition pass the examination. The CNS as well as the RD offer professional nutritional services and programs that enhance the health and wellness of the people of Guam.

Sincerely,

John Westerdahl, MPH,RD,CNS
Director of Health Promotion and Nutritional Services
Castle Medical Center

Sarah M. Thomas-Nededog

P.O. Box 8633 Tamuning, Guam 96931 (671) 720-9104 Email: sarahtn@itand

December 7, 2000

Honorable Simon Sanchez
Chairman, Committee on Health, Human Services and Chamorro Heritage
25th Guam Legislature
Hagatna, Guam 96910

Dear Senator Sanchez:

Hafa Adai and Good Morning Mr. Chairman and members of the Committee on Health, Human Services and Chamorro Heritage. I am testifying as a private citizen **in favor of Bill 516** "An Act .... relative to the regulation of dietitian and nutritionist professions."

This is an important bill and I thank you Chairman Sanchez for introducing it. This bill proposes the remedy of inequity, an oversight of some sort. If passed, nutritionists will receive the same opportunities for licensure under Guam law that other similar professionals already enjoy.

Mr. Chairman, I have had the opportunity to work with dietitians in several positions in my over 20 years as a social worker and human services manager. Dietitians do an good job at directing food services staff to prepare food in accordance with medical and regulatory requirements of their clientele. But more often than not, these dietitians are administrators and do not generally interact with the majority of those that are affected by their work. My experience with nutritionists, especially those at the Seventh Day Adventist Clinics Wellness Center, is that their job is to personally and individually work with patients using a total person approach. Their programs are comprehensive and include the physical, emotional, social and spiritual aspects of lifestyle management aimed at improving and maintaining good health.

In a short period of time, Mr. Chairman and members of the committee, Guam will join our nation in welcoming thousands of baby boomers (those born between 1946 and 1964) to the categorical age of senior citizens. In 2006, there will be not just more retirees and persons participating in senior programs, but individuals who if not well, will be stressing and straining our health care, welfare and social service systems.

In 2000, we saw major complications with our Medically Indigent Program (MIP) and continue to see shortages in staff at all health and social service agencies. There is not enough resources in terms of funds and in personnel to provide needed services. If this is the state of affairs, then what will our plans be for just five (5) years from now, when thousands join the age group of man'amko that we pledge to care for? If they are well, as some are, the challenges will not be as complex. But I urge you to note that we have astronomical rates of diabetes, hypertension, coronary heart disease and cancer on Guam and very little in the way of preventing these conditions.

The lifestyle management programs managed by doctorate level nutritionists at the SDA Wellness Center offer hope for not just the individuals and families that participate in these programs, but for government and private health and social service agencies that are committed to work with those afflicted by these debilitating conditions.

My dear senators, if there is a single act you can do that will ultimately affect thousands of our people for generations to come, it would be to firmly and expeditiously support Bill 516. By doing so, you would make a contribution to the prevention of chronic diseases that are rampant on our island and costing us millions in health care and social services costs in addition to robbing thousands of living a full and productive life.

In closing, I want to share with you several situations that are very real and true.

- a 75 year old women who has not walked outside of her home for years and who grieves over the loss of her husband some 5 years ago, now exercises almost daily at the park and beach, socializes with others while doing so and has a new found purpose for living;

- a 48 year old woman who is diabetic and on insulin felt restricted in her social activities is now off of insulin all together, and has lost significant amounts of weight and is enjoying life more than ever;

- a man in his 50's facing the decision for surgery due to poor circulation has improved his diet and exercise program and subsequently decreased the need for surgery.

All these people participated in the Wellness program. You can imagine the spirit that glows from their faces now. There is no price for the energy that is infused as a result of the consistent, professional, and multifaceted intervention from the nutritionist at SDA. I am sure there are many more that you will hear.

I ask that you pass Bill 516 next week before adjourning this legislature and suggest that you call for an oversight hearing in one (1) year to assess the direct effect the work of both dietitians and nutritionists have on our heath and socials service systems.

Please let me know if you have any questions that I may be able to answer. I wish you well in your deliberations.

SARAH M. THOMAS-NEDEDOG

UNIVERSITY OF GUAM
UNIBETSEDÅT GUAHAN

COLLEGE OF AGRICULTURE & LIFE SCIENCES
CONSUMER & FAMILY SCIENCES
UOG Station, Mangilao, Guam 96923
Telephone: (671) 735-2026 Fax: (671) 734-4222
Internet: rtaitano@uog9.uog.edu

TO: Senator Simon Sanchez, Chair
Health Committee

FROM: Rachael T. Taitano, Ph.D., R.D., L.D.
Assistant Professor of Nutrition

Date: December 7, 2000

Re: Testimony Against Legislation Introduced to Revise Public Law No. 24-329 — Article 21 — DIETITIANS AND NUTRITIONISTS

I would like to take this opportunity to voice, once again, my opinions about the proposed legislation regarding licensure for dietitians (LD) and nutritionists (LD).

I want to begin by stating that I have no objections to licensing nutritionists, nor do I want to put anyone out of business. I definitely feel that there is a need for more nutrition professionals here on Guam, and I think that LN's can help to fill this need. However, I do not feel that LD's and LN's should have the same scope of practice because there is no guarantee that they receive the same education and training.

In addition to passing a credentialling examination, LD's have received education and training that is standardized by an internationally recognized and respected nutrition organization — the American Dietetics Association. LD's receive specialized education and training in dietary support and nutrition management for many disease conditions. Much of that training is in an in-patient setting, where medical and dietary management can make a life-or-death difference in the lives of patients. LD's also receive extensive training for treatment of patients in an out-patient setting — making LD's qualified to provide nutrition support and management to patients in both inpatient and outpatient settings.

LN's, even those certified through CBNS, may have the education and training to give nutrition advice to individuals in an outpatient setting. However, there is no assurance that LN's are qualified to provide inpatient nutrition support. The CBNS does not have the rigorous standards of care that the American Dietetics Association has, nor do they require a *supervised* 900-hour internship under the direction of a registered dietitian. Therefore, there is no way of knowing if LN's certified through CBNS, have the training necessary to give in-patient nutrition support.

For these reasons, I feel strongly that the scope of practice for LN's should be limited to outpatient care only. This will ensure now, and in the future, that the professionals providing nutrition support for patients in Guam's hospitals will have the education, training, and credentials that are accepted and recognized on a national level.

Also, I do not feel that one of the qualifications for LN's should include 'CBNS' certification as a 'diplomat of the American Board of Nutrition'. Because of the debate surrounding the legitimacy of CBNS as a nationally recognized credentialling body for nutritionists, I feel that the CBNS certification should be deleted from the proposed legislation. I feel that it would be adequate for LN's on Guam to simply have: 1) received a master's or doctoral degree in nutrition; and 2) satisfactorily completed 900 hours of experience under the supervision of a registered dietitian.

Thank you for your time and attention!

Respectfully Submitted,

Rachael T. Taitano, Ph.D., R.D., L.D.

Alvin Duenas
From: Michael Carlson
Sent: Monday, December 11, 2000 1:27 PM
To: Simon Sanchez
Cc: Alvin Duenas
Subject: FW: Drs. Akimoto's & Geslani's support of bill 516

-----Original Message-----
From: wes [SMTP:wesy@kuentos.guam.net]
Sent: Monday, December 11, 2000 10:51 AM
To: Senator Simon Sanchez; Sen. Mark Forbes; Sen. Marcel Camacho; Sen. Kaleo Moylan; Sen. Eulogio Eloy Bermudes; Sen. Eddie Calvo; Sen. Carlotta Leon Guerrero; Sen. Ben Pangelinan; Sen. Antonio Unpingco; Sen. Anthony Blaz; Sen. Alberto Lamorena; Sen. Joanne Brown
Subject: FW: Drs. Akimoto's & Geslani's support of bill 516

Dear Senators,
Here are additional support letters for bill 516.
Thank you for your careful consideration.

Wes Youngberg, DrPH, MPH, CNS

-----Original Message-----
From: Vincent T. Akimoto [mailto:vaki1@ite.net]
Sent: Saturday, December 09, 2000 1:53 PM
To: wesy@kuentos.guam.net
Cc: Dr. Mary Kleschen; Aline Yamashita; aperez@k57.com; ATTN:PDN EDITOR; Auntie Charo; bsterne@k57.com; Frank Blas Aguon, Jr.; jessica taylor; Jon Anderson; kaleo; Lou Leon Guerrero (E-mail); M. D. Ed Cruz; M. D. George Macris; mindy_doo@hotmail.com; parroyo@k57.com; Paula Brinkley; stephanie@kuam.com; whitman frank; guam variety
Subject: Re: Dr. Geslani's support of bill 516

Wes, thanks for keeping me informed about the current issues. I concur precisely with Dr. Heslani's thinking and support both the dietician and nutrionist comunities in their effort to create a health care system that is good enough for Guam. I believe that this type of open and professional dialogue helps to improve our medical discipline and I hope that all sides remain committed overall to safe and competent patient care for our island community.
wes wrote:
> -----Original Message-----
> From: bevan geslani [mailto:bgeslani@hotmail.com]
> Sent: Wednesday, December 06, 2000 4:42 PM
> To: wesy@kuentos.guam.net
> Subject: Re: Nutrition Licensure
>
> Wes,
> Below is a letter I faxed and emailed to Senator Sanchez and also emailed to
the other senators.
*
> Dear Senator Sanchez,
> I would support Bill 516 as it is written now. The Bill is a win-win for
> everyone involved. Since licensure is a function of the government to insure

> a minimum (but with the highest safety factors built in) qualifications to
> do their trade, I see that both the dietitians and the nutritionist in the
> same category. Granting that dietitians have more exposure to the clinical
> aspects of nutrition, the graduate nutritionist do have more extensive
> training in the pharmaco-physiology of nutrition. Are they the same? No.
But
> in function and practice, they are the same and complementary. My analogy
is
> that MD's and DO's are not the same, but in the practice of medicine, both
> DO's and MD's are the same. We come from different perspectives, but
> ultimately we care for the patient in the same way. This thing holds true
> with the dietitians and the graduate nutritionist.
> For the nutritional welfare of the island, I restate my support for this
> Bill. The licensing of both groups under one umbrella will bring the best
> of both worlds to our island. More power to your outstanding service.
> Sincerely,
>
> Bevan A. Geslani, M.D.
> Medical Director, Guam SDA Clinic
> Past President, Guam Medical Society
> Fellow, American College of Physicians
> Diplomate, American Board of Internal Medicine
>
>

> _____
> Get more from the Web. FREE MSN Explorer download :
http://explorer.msn.com

Mary Clare

LICENSURE OF DIETITIAN AND NUTRITIONIST PROFESSIONS

Act 12802(a) of Article 8, Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code annotated and Article 21 of Chapter 12, Division 1, Part 1 of Title 10 Of the Guam Code annotated

1. There is a difference between a dietitian and a nutritionist.

- **Dietitian (RD) training focuses specifically on health care services.**
  - ✓ **Education:** Studies include normal nutrition and all disease states affected by nutrition, with practical applications such as food safety, menu writing, and food production, which are approved by the Commission on Accreditation of American Dietetic Association (ADA). (B)
  - ✓ **Structured, Directed Internship:** Clinical Dietetic Interns are required by ADA to practice in all areas of patient care both in and out of the hospital while supervised by a Registered Dietitian. For example, internship experience includes treatment of nutrition related disorders: (B)
    1. Critical care--such as surgery, burns, and trauma,
    2. Disordered eating,
    3. Food allergies and intolerance,
    4. Immune system disorders--such as AIDS, infections, and fevers,
    5. Malnutrition--protein, calorie, vitamin, mineral,
    6. Metabolic, endocrine, and inborn errors of metabolism (like diabetes & babies with PKU),
    7. Oncologic conditions, and
    8. All organ systems--including heart disease.
  - ✓ **Exam:** RD candidates must successfully complete comprehensive testing by the Commission on Dietetic Registration (CDR) division of ADA before registration is granted. A third party, the National Commission for Certifying Agencies, certifies the development of the CDR exam. Every state with licensure accepts the CDR exam. (D) (C)
- **Dietitian training guarantees competency skills in *all* aspects of medical nutrition therapy.**
  - ✓ **New RDs are able to perform nutrition care services across the lifespan**. From infants through geriatrics, dietitians calculate and define diets for nutrition related health conditions--including the critically ill, and translate those nutrition needs into menus for individuals and groups in a diversity of cultures and religions. (B)
  - ✓ **The Commission on Dietetic Registration is the only agency that exclusively certifies nutrition professionals in health care.** No other program has similar verifiable standards in education, internships, and examination. Certifies University didactic programs in dietetics
  - ✓ **JCAHO regulations for all hospitals require RDs to perform medical nutrition therapy.** (Cathy)
- **Advanced degrees in nutrition do not necessarily focus on health care.** Emphasis in advanced degree studies may focus on a limited area of research or public policy. Lack of foundational knowledge would not properly prepare a nutritionist to practice medical nutrition therapy. (E)
- **Non-ADA Internships may be limited in scope**. If the intern lacks hands on practice in the diversity of the medical field, he or she would not be adequately trained for the spectrum of nutrition therapy.

2. The Certification Board of Nutrition Specialists (CBNS) lacks standards.

- **Course requirements are not specified.** Course work may not be specific to medical nutrition therapy. There are no published objective standards for evaluating course content.
- **Professionals without a degree in nutrition may be credentialed.** This could be in "a field closely allied to nutrition." Licensed medical professionals, including medical doctors, osteopaths, dentists, and podiatrists, need only 10 hours of formal or informal coursework. This does not ensure sufficient knowledge in the field of nutrition and dietetics.
- **The content of the 1000 hours of supervised professional experience in nutritional related activities is not delineated.** The experience could be limited in scope. For example time may focus on only one area of nutrition practice or not include patient contact, such as research or public policy making. "By intent we do not require rigid adherence to any one type of experience."
- **Unsupervised, independent practice is acceptable to meet the CBNS experience requirement.** This type of documentation is not objective and lacks the scrutiny of being accountable to established standards of professional practice. Whether the experience is supervised or unsupervised, there is no assurance that the experience is in a learning environment.
- **CBNS has no outside accountability.** It is a self-affirming credentialing entity. It is not NCCA certified. The NCCA requires agencies it certifies to have policies and procedures for functions such as the development of their exam, the composition of their board, and disciplinary actions of its members.
- **ADA does not endorse CBNS.** Dr. Glade, the president of CBNS, in a letter to Dr. Kallingal of Guam's Board of Allied Health Examiners stated "...the CBNS has been recognized as the appropriate legitimate organization for the certification of professional nutritionists with master's or doctoral degrees and post-graduate experience in human nutrition by the Intersociety Professional Nutrition Education Consortium. This Consortium is composed of representatives of the American Dietetic Association...and the Commission on Dietetic Registration." Christine Reidy, the Chair of ADA's Commission on Dietetic Registration denies this, since by policy, ADA does not endorse other organizations. Memo from Douglas Hemmerger - chair of committee + Christine Reidy

3. The proposed act represents basically good legislation.

- **It repairs weak existing legislation.** The current law contains portions that are vague, incomplete, and grammatically incorrect.
- **It helps protect the public from fraud.** Historically, nutrition is a field susceptible to quackery.
- **It allows well-trained nutritionists to perform nutritional care.** The current law allows only RDs to practice in this field.

the Certification Board for Nutrition Specialists, or (2) has received a master's or doctoral degree from an accredited college or university with a major in human nutrition, public health nutrition, clinical nutrition, nutrition education, community nutrition, or food and nutrition, and has completed a documented work experience in human nutrition or human nutrition research of at least 900 hours.

(c) Waiver of fees. All fees for application and license in part (b) of this Section will be waived for all applicants who are currently licensed under part (a) of this Section.

§122103. Waiver of examination requirements; licensure by endorsement. The Board may grant a license to any person who is currently registered as a Registered Dietitian by the CDR or who is currently recognized as a diplomate of the American Board of Nutrition or as a Certified Nutrition Specialist with the Certification Board for Nutrition Specialists.

§122004. Scope of practice; dietitians and nutritionists.

(a) Assessing individual and community food practices and nutritional status using anthropometric, biochemical, clinical, dietary, and demographic data, for clinical research and program planning purposes;

(b) Developing, establishing, and evaluating nutritional care plans that establish priorities, goals, and objectives for meeting nutrient needs for individuals or groups;

(c) Nutrition counseling and education as a part of preventive or restorative health care throughout the life cycle;

(d) Determining, applying, and evaluating standards for food and nutrition services; and

(e) Applying scientific research to the role of food in the maintenance of health and the treatment of disease.

§122105. Persons and practices not affected. Nothing in this Article shall be construed as preventing or restricting the practice, services or activities of:

(a) any person licensed or certified on Guam by any other law from engaging in the profession or occupation for which the person is licensed or certified, or any person under the supervision of the licensee or certificant when rendering services within the scope of the profession or occupation of the licensee or certificant; and any person with a bachelor's degree in home economics or health education from furnishing nutrition information incidental to the practice of that person's profession;

(b) any dietitian or nutritionist serving in the Armed Forces or the Public Health Service of the United States or employed by the Veterans Administration when performing duties associated with that service or employment;

(c) any person pursuing a supervised course of study leading to a degree or certificate in dietetics or nutrition at an accredited education program, *if* the person is designated by a title which clearly indicates the person's status as a student or trainee;

(d) any person when acting under the direction and supervision of a person licensed under this Article, in the execution of a plan of treatment authorized by the licensed person;

(e) any person who provides weight control services, provided that:

(1) the program has been reviewed by, consultation is available from, and no program changes can be made without approval by, a licensed dietitian or a licensed nutritionist, *or* a dietitian or nutritionist registered by the Commission on Dietetic Registration (CDR) or certified by the Certification Board for Nutrition Specialists in another state, territory or other jurisdiction of the U.S.; *and*

(2) the weight control program either recommends licensed physician consultation generally, or has in place procedures which require physician referral when medical conditions such as heart disease, cancer, diabetes, hypoglycemia, morbid obesity and pregnancy exist;

(f) an educator who is employed by a nonprofit organization approved by the Board; a federal, territorial, or other political subdivision; an elementary or secondary school; or an accredited institution of higher education, insofar as the activities and services of the educator are part of such employment;

(g) any person who markets or distributes food, food materials, or dietary supplements, or any person who engages in the explanation of the use and benefits of those products or the

preparation of those products as long as that person does not represent himself or herself as a dietitian or licensed nutritionist and provides to the client a disclaimer, in writing, stating such;

(h) any person who provides general or gratuitous nutrition information as long as the provider does not represent himself or herself as a dietitian or licensed nutritionist and provides to the client a disclaimer stating such.

§122106. Prohibited Acts. (a) Unauthorized Practice. Except as otherwise provided under this Article, a person may not practice, attempt to practice, or offer to practice dietetics or nutritional services on Guam unless licensed by the Board.

(b) Misrepresentation of title. Except as otherwise provided under this Article, a person may not represent or imply to the public by use of the title "licensed dietitian" or "licensed nutritionist", by other title, by description of services, methods, or procedures that the person is authorized to practice dietetics or nutritional services on Guam.

(c) Misuse of Words and Terms. Unless authorized to engage in dietetics or nutrition practice under this Article, a person may not use the words "dietitian", "registered dietician" or "licensed dietitian", "nutritionist", "nutrition specialist" or "licensed nutritionist", alone or in combination, or the terms "LD", "RD" or "D", "LN", "NS" or "N", or any facsimile or combination in any words, letters, abbreviations, or insignia."

Section 4. Severability. *If* any provision of this Law or its application to any person or circumstance is found to be invalid or contrary to law, such invalidity shall *not* affect other provisions or applications of this Law which can be given effect without the invalid provisions or application, and to this end the provisions of this Law are severable."

I MINA' BENTE SINGKO NA LIHESLATURAN GUÅHAN

Committee on Health, Human Services and Chamorro Heritage
Kumiten Salut, Setbision Tinaotao yan Irensian Chamorro

TESTIMONY RECORD for
PUBLIC HEARING, December 7, 2000, 9:30 AM, Legislative Session Hall, Hagåtña, Guam
Bill 516 (COR) An act to repeal and reenact item (xiii) of §12802(a) of Article 8, Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated and to repeal and reenact Article 21 of Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated, both relative to the regulation of dietitian and nutritionist professions.

Charlie Morris NAME	Registered Dietician/Nutritionist ORGANIZATION	WRITTEN or ORAL Testimony? [please circle one or both]
P. O. Box 5033, U06 Sta Mangilao GU 96923 MAILING ADDRESS	(H)789-1756 (W) 475-0287 CONTACT NUMBER(S)	FOR or AGAINST? [please circle one]
✓ JEAN R. FACCHINI NAME	REGISTERED DIETITIAN/ ORGANIZATION NUTRITIONIST	WRITTEN or ORAL Testimony? [please circle one or both]
P.O. BOX 7818 MOUL, AGANA HTS GU 96919 MAILING ADDRESS	(W) 344-9710 (H) 477-3285 CONTACT NUMBER(S)	FOR or AGAINST? [please circle one]
✓ Keith Horinouchi NAME	SDA Clinic Wellness Ctr ORGANIZATION Nutritionist	WRITTEN or ORAL Testimony? [please circle one or both]
~~P.O. Box~~ 388 Ypao Rd Tamuning, Guam. MAILING ADDRESS	632-7522 CONTACT NUMBER(S)	FOR or AGAINST? [please circle one]
✓ JOAQUIN GUZMAN NAME	_____ ORGANIZATION	WRITTEN or ORAL Testimony? [please circle one or both]
PMB 96-13 Sta Rita, GU 96915 MAILING ADDRESS	565-1513 CONTACT NUMBER(S)	FOR or AGAINST? [please circle one]
✓ Stephen Weiss NAME	Registered Dietitian/Nutr. ORGANIZATION	WRITTEN or ORAL Testimony? [please circle one or both]
128 So. Pago ct. Dededo MAILING ADDRESS	475-0288 / 688-6759 CONTACT NUMBER(S)	FOR or AGAINST? [please circle one]

Orlean Pacific Plaza, Suite B-103
865 South Marine Drive
Tamuning, Guam 96911

Phone: (671) 649-LIFE (5433) • 647-3234/5/6
Fax: (671) 647-3267

I MINA' BENTE SINGKO NA LIHESLATURAN GUÅHAN

Committee on Health, Human Services and Chamorro Heritage
Kumiten Salut, Setbision Tinaotao yan Irensian Chamorro

TESTIMONY RECORD for
PUBLIC HEARING, December 7, 2000, 9:30 AM, Legislative Session Hall, Hagåtña, Guam
Bill 516 (COR) An act to repeal and reenact item (xiii) of §12802(a) of Article 8, Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated and to repeal and reenact Article 21 of Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated, both relative to the regulation of dietitian and nutritionist professions.

N. David Emerson	Guam SDA Clinic	WRITTEN or (ORAL) Testimony?
NAME	ORGANIZATION	[please circle one or both]
388 Ypao Road		
Tamuning, Guam 96911	(671) 649-3780	(FOR) or AGAINST?
MAILING ADDRESS	CONTACT NUMBER(S)	[please circle one]

Mary Clare Nadolny	PacifiCare/Registered Dietitian	(WRITTEN) or (ORAL) Testimony?
NAME	ORGANIZATION	[please circle one or both]
316 Farenholt Ave, Apt. 4B		
Tamuning, 96911	646-3776, 646-8825x107	FOR or (AGAINST)?
MAILING ADDRESS	CONTACT NUMBER(S)	[please circle one]

Catherine Cruz Guzman	Guam Memorial Hospital	(WRITTEN) or (ORAL) Testimony?
NAME	ORGANIZATION	[please circle one or both]
850 Gov. Camacho Road		
Tamuning, Guam 96912	647-2345/46	FOR or (AGAINST)?
MAILING ADDRESS	CONTACT NUMBER(S)	[please circle one]

Dr. Carl Swanson		WRITTEN or (ORAL) Testimony?
NAME	ORGANIZATION	[please circle one or both]
P.O. Box 5420, UOG Station		
Mangilao, Guam 96923	734-1828	(FOR) or AGAINST?
MAILING ADDRESS	CONTACT NUMBER(S)	[please circle one]

Dr Wes Yoemans DMH	SDA Clinic Wellness	(WRITTEN) or (ORAL) Testimony?
NAME	ORGANIZATION Center	[please circle one or both]
388 Ypao Rd		
Tamuning 96911	632-7522	(FOR) or AGAINST?
MAILING ADDRESS	CONTACT NUMBER(S)	[please circle one]

Orlean Pacific Plaza, Suite B-103
865 South Marine Drive
Tamuning, Guam 96911

Phone: (671) 649-LIFE (5433) • 647-3234/5/6
Fax: (671) 647-3267

I MINA' BENTE SINGKO NA LIHESLATURAN GUÅHAN

Committee on Health, Human Services and Chamorro Heritage
Kumiten Salut, Setbision Tinaotao yan Irensian Chamorro

TESTIMONY RECORD for
PUBLIC HEARING, December 7, 2000, 9:30 AM, Legislative Session Hall, Hagåtña, Guam
Bill 516 (COR) An act to repeal and reenact item (xiii) of §12802(a) of Article 8, Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated and to repeal and reenact Article 21 of Chapter 12, Division 1, Part 1 of Title 10 of the Guam Code Annotated, both relative to the regulation of dietitian and nutritionist professions.

Betty Jo Vercio NAME	Guam SDA Wellness Center ORGANIZATION	WRITTEN or ORAL Testimony? (ORAL circled) [please circle one or both]
388 Ypao Rd. Tamuning, Guam 96911 MAILING ADDRESS	646-5975 632-7522 CONTACT NUMBER(S)	FOR or AGAINST? (FOR circled) [please circle one]

NAME	ORGANIZATION	WRITTEN or ORAL Testimony? [please circle one or both]
MAILING ADDRESS	CONTACT NUMBER(S)	FOR or AGAINST? [please circle one]

NAME	ORGANIZATION	WRITTEN or ORAL Testimony? [please circle one or both]
MAILING ADDRESS	CONTACT NUMBER(S)	FOR or AGAINST? [please circle one]

NAME	ORGANIZATION	WRITTEN or ORAL Testimony? [please circle one or both]
MAILING ADDRESS	CONTACT NUMBER(S)	FOR or AGAINST? [please circle one]

NAME	ORGANIZATION	WRITTEN or ORAL Testimony? [please circle one or both]
MAILING ADDRESS	CONTACT NUMBER(S)	FOR or AGAINST? [please circle one]

Orlean Pacific Plaza, Suite B-103
865 South Marine Drive
Tamuning, Guam 96911

Phone: (671) 649-LIFE (5433) • 647-3234/5/6
Fax: (671) 647-3267

GUAM SDA
SEVENTH-DAY ADVENTIST CLINIC

SDA CLINIC WELLNESS CENTER - *Preventive Care & Lifestyle Medicine*
Phone: (671) 632-7522 •••• Fax: (671) 632-7533
655 Harmon Loop Road, Palm Village Suites 109 & 110
Dededo, Guam 96912

December 7, 2000

Testimony in favor of passing bill 516

Dear Senators,

Over the past year we have been working diligently with Senator Sanchez and the registered dietitians. Our position from the beginning was to be licensed on an even playing field with dieticians and to have our national credentialling exam and organization recognized in the licensure bill. We do NOT wish to limit the scope of practice of registered dietitians and we respect their right to bill recognition of their national organization and exam.

Since its establishment just over 5 years ago the Credentialling Board for Nutrition Specialists (CBNS) has been successful in attempts to make state licensure available to its registered professional members. The CBNS is currently the only national credentialling organization for masters and doctoral level nutritionists. Already the states of New York, Maryland, Delaware, and most recently Alaska have passed bills supporting equal scope of practice for nutritionists and dietitians as well as full recognition of the CBNS and its national exam. Bill 516 was written using these laws as a guide. If these US states recognize this newly organized group of nutritionist then what is to keep Guam from doing so. This is especially important when Guam has far fewer nutrition professionals (based on need) compared to these other states.

In 1990 while serving on the faculty of Loma Linda University as an Assistant Clinical Professor, I became involved with a group of doctoral level clinical nutritionists who were working with the California Dietetic Association (CDA) in seeking equal recognition in a state licensure bill. Because of the CDA's unwillingness to include us in the bill we had no choice but to fly to Sacramento and testify against the discriminatory aspect of their bill. Their bill was not passed and consequently California still does NOT have a licensure bill that oversees nutritional services.

The California Business & Professions Code currently regulates the practice of nutrition services and states, "... registered dietitians, or other nutritional professionals with a masters or higher degree in a field covering clinical nutrition sciences from a college or university accredited by a regional accreditation agency, who are deemed qualified to provide these services by the referring physician and surgeon, may be reimbursed for the nutritional assessment, counseling, and treatments..."

Presently registered dietitians and clinical nutritionist registered with the CBNS are working together on government committees that give leadership to the advancement of effective nutritional services to the people of California. It is my wish that we can do the same on Guam.

Currently there is only one medical group or clinic on Guam that employs a fulltime dietitian that is available to take referrals from the medical community on a daily basis. Guam Memorial Hospital has several qualified dietitians who work tirelessly but find themselves spending most of their time managing the food service and administrative aspects of their work and well as attempting to serve the acute needs of patients the patient. This leaves little time for actual patient consultations and developing programs that effectively address long term and follow up care of patients. In the past few years the chief dietitian at GMH has sent memos to all physicians and clinics reporting that they do NOT have staff resources to receive referrals for out patient care. Because of their staff shortage they recommended that referrals be sent to PacifiCare or SDA Clinic Wellness Center for medical nutrition therapy. We appreciate the hospitals recognition of our medical nutrition services. Of course we are happy to participate in the care of these patients.

Given the shortage of registered dietitians and clinical nutritionists presently on Guam, we suggest that restricting the services provided by nutritionists would pose a significant set back to the delivery of effective health care to patients from Guam and the islands of Micronesia. Guam's economic and health care challenges may further deplete the numbers of qualified nutrition professionals on island. It is imperative that both clinical nutritionists and registered dietitians continue to work together as complementary colleagues in the delivery of nutrition therapy. Over the past 8 years we have been able to do this; serving together on Government committees; jointly providing community screening programs; participating in the continuing medical education programs for various health professional groups; and encouraging patients to take advantage of each others services. We did no seek to limit each others scope of nutrition practice in the past and should go forward with an attitude of mutual respect and cooperation to better serve the people of Guam.

The SDA Clinic Wellness Center currently employs three full time clinical nutritionists with masters degrees in nutrition and doctorates in clinical preventive care. We also employ a diabetes nurse educator with a masters degree in community health, and two health educators with college degrees. Our staff is coordinated to provide whole person care in the context of team management approach. Under Bill 516 our three clinical nutritionists would become Licensed Nutritionist allowing physicians to continue referring patients for medical nutrition therapy without limitation in scope of clinical care requested. Currently, physicians from all major clinics and medical groups refer patients to our clinical nutritionist. In addition, our diabetes nurse educator and two health educators would NOT be licensed but neither would they be restricted "from furnishing nutrition information incidental to the practice of that person's profession." The passage of Bill 516 would allow us to continue operating as the largest provider of medical nutrition therapy on island and empower us to further develop innovative clinical services in keeping with our mission to serve the health needs of the people of Guam.

We urge you to not delay in passing Bill 516. I think we all can agree that the health needs of the people of Guam are a priority.

Sincerely,

Wes Youngberg, DrPH, MPH, CNS
Clinical Preventionist & Clinical Nutritionist
Director, SDA Clinic Wellness Center
Preventive Care & Lifestyle Medicine Services

Guam Medical Society

850 Gov. Carlos Camacho Rd. Tamuning, Guam 96911 Email: guammedicalsociety@usa.net
Telephone: (671)647-2113 Fax: (671) 647-3278 Website: www.guammedicalsociety.com

December 7, 2000

VIA FACSIMILE 647-3267

The Honorable Simon A. Sanchez, II
Chairman,
Committee on Health, Human Services and Chamorro Heritage
Twenty Fifth Guam Legislature
Hagåtña, Guam 96910

RE: **Bill 516**

Dear Senator Sanchez,

As President of the Guam Medical Society I would like to express my support of Bill 516. Of key importance is the masters and doctoral levels clinical nutritionists are currently a primary resource for medical referrals where consultations and intervention are needed in the area of medical nutrition therapy.

Currently the Wellness Center employs three clinical nutritionists with masters degrees in nutrition as well as doctoral degrees in clinical preventive services. They presently see 150 patients each week including office consultations and clinical group sessions, which comprises the bulk of medical nutritional therapy on Guam. Failure to pass this bill could lead to the relocation of Drs. Youngberg, Horinouchi and Fujimoto to States that do not limit their practice of nutritional therapy. This would inevitably cause closure of the Wellness Center and loss of jobs to its many staff members.

With so few dietitians and nutritionists currently available on Guam it would be unwise to restrict their scope of practice in the area of nutritional therapy. To do so would significantly limit the availability of nutritional services to the people of Guam and further increase the burden of disease we face in our health care system.

The US Congress is expected to pass the "Medical Wellness Act of 2000" which provides for Medicare reimbursement to dieticians or nutritionists who are licensed to provide medical nutrition therapy. Failure to pass Bill 516 would exclude Medicare patients from reimbursement for referrals to clinical Nutritionists.

It is important to note that physicians from most medical groups and clinics regularly refer patients to the Wellness Center nutritionists for adjunctive nutritional therapy. Primary care physicians as well as various specialists and surgeons regularly refer patients to clinical nutritionist for a variety of medical problems. Clinical programs that integrate lifestyle medicine interventions including nutritional therapy can often improve these medical problems. As physicians we do not wish to be restricted in referring our patients to graduate level clinical nutritionists simply because they do not also hold a registered dietitian degree.

We also support registered dietitians in practicing without limitation in the area of nutritional services.

In summary we feel that the inclusive intent of bill 516 to license both dietitians and nutritionist with masters or doctoral degrees and recognition of their respective credentialing organizations best serves the medical needs of the people on Guam.

Dangkolu na Si Yu'os Ma'ase !

Sincerely,

Moon Yun, M.D.
President
Guam Medical Society

Testimony in support of Bill 516

" RELATIVE TO REGULATION OF DIETITIAN AND NUTRITION PROFESSIONS"

My name is Dr. Keith Horinouchi DrPH, MPH, a clinical preventionist and nutritionist, working at the Seventh-day Adventist Clinic Wellness Center. I have a Masters of Public Health in Nutrition and a Doctorate of Public Health in Clinical Preventive Care. I am in support of Bill 516 as submitted by Senator Simon Sanchez II, to license both nutritionists and dietitians on Guam.

I have been working on Guam now for the past 4 years providing nutrition therapy along with other lifestyle medicine interventions at the SDA Wellness Center. Our staff at the SDA Wellness Center has been integral in the management and reversal of chronic disease conditions like diabetes, hypertension, high cholesterol, heart disease, osteoarthritis, asthma, hyperinsulinemia, insulin resistance syndrome, and obesity to name a few through a number of lifestyle and nutritional therapy intervention programs including Guam's only Comprehensive Diabetes Management Clinic, Lifestyle Medicine Clinic, the NEWSTART program (Guam's only intensive disease reversal program) and individual consultations. All of these programs utilize nutrition therapy which is integral in the reversal and management of disease that has put the SDA Wellness Center in the forefront of this type of care on Guam.

I have also been involved in many community screenings for diabetes and elevated blood cholesterol levels, lectures to the senior citizens centers (Manamko), health and nutrition teaching to local schools and lectures at major conferences.

As the Vice President of the American Cancer Society, Guam Chapter, I am involved in the educational and support programs which this organization provides to Guam. My contribution to ACS also includes the prevention and management of cancer through nutrition and lifestyle interventions.

I am also the Director of NEWSTART, our most intensive disease reversal program on Guam. In the past 16 months since the inception of the program we have been able to successfully reverse chronic disease conditions and to provide our community with an alternative to improved quality of life, reversal of diabetes and coronary artery disease and give our patients more control over their use of medicines and their own health.

Another responsibility I have is as the Health Director of our Seventh-day Adventist Church in the Guam and Micronesia region. Again through nutrition and lifestyle change, we have been able to impact hundreds of lives in our NEWSTART health fairs, medical mission trips and staff trainings to neighboring islands. Again where chronic diseases like diabetes, obesity, hypertension and heart disease are prevalent, the SDA Clinic and Wellness Center has provided these services on a voluntary basis to those in need.

With current law, the above functions that I perform specifically as a Nutritionist may not be possible if this bill is not passed. Guam is in need of all its nutrition and dietitian professionals. Excluding Nutritionists like myself to practice here on Guam would be a disservice to the needs of the community.

Thank you very much for your understanding and support.

Keith Horinouchi DrPH, MPH

Clinical Preventionist, SDA Clinic Wellness Center

Director of NEWSTART, SDA Clinic Wellness Center

Vice President of the American Cancer Society

Health Director, Guam Micronesia Mission of the Seventh-day Adventist Church

GUAM SDA SEVENTH-DAY ADVENTIST CLINIC

Guam Seventh-day Adventist Clinic

"Your Health is Our Mission"

388 Ypao Road, Tamuning, Guam 96911
Telephone: (671) 646-8881
Facsimile: (671) 648-2556

WRITTEN TESTIMONY FOR BILL 516

FAX TO: 647-3267

December 6, 2000

Senator Simon Sanchez
Chairman
Committee of Health and Social Services
Guam Legislature
Agana, Guam 96911

Dear Senator Sanchez,

I would support Bill 516 as it is written now. The Bill is a win-win for everyone involved. Since licensure is a function of the government to insure a **minimum** (but with the highest safety factors built-in) qualifications to do their trade, I see that both the dietitians and the nutritionists in the same category. Granting that dietitians have more exposure to the clinical aspects of nutrition, the graduate nutritionists do have more extensive training in the pharmaco-physiology of nutrition. Are they the same? No. But in function and practice, they are the same and complementary. My analogy is that MD's and DO's are not the same, but in the practice of medicine, both DO's and MD's are the same. We come from different perspectives, but ultimately we care for the patient in the same way. This thing holds true with the dietitians and the graduate nutritionists.

For the nutritional welfare of the island, I restate my support for this Bill. The licensing of both groups under one umbrella will bring the best of both worlds to our island. More power to your outstanding service.

Sincerely,

Bevan A. Geslani, M.D.
Medical Director, Guam SDA Clinic
Past President, Guam Medical Society
Fellow, American College of Physicians
Diplomate, American Board of Internal

I have been privileged to be involved with the Wellness Centre as the diabetes nurse educator & coordinator of the Diabetes Education Program for the past 2 years. I see our team approach as being very effective in the lifestyle changes patients are making. Our team is composed of health educators, clinical preventionist & nutritionist, physicians & me a nurse educator. We have all experienced the excitement of patients here in Guam making great improvements in their lifestyle. Each person of the diabetes team reinforces concepts which effect blood sugars specifically with exercise & diet. Without all of us working together, I believe the diabetes program would be greatly diminished in its impact on the patients. And, in fact, without the support of Dr. Horinouchi, Dr. Yamagata, clinical nutritionists, the diabetes program would be impossible. Also with the critical shortage of dietician & clinical nutritionists on Guam, I strongly urge the passing of Bill 516 to help embrace the enormous need of the people in Guam to be informed & encouraged to make dietary changes. Realizing the availability of dietician & nutritionist on Guam.

Guam Memorial Hospital Authority
Dietetic Services Department
850 Governor Carlos G. Camacho Road
Tamuning, Guam 96911

December 7, 2000

Committee on Health and Human Resources
Mina'Bente Singko Na Liheslaturan Guahan
Hagatna, Guam 96932

Good morning, Senator Sanchez and members of the Committee on Health and Human Resources. My name is Catherine Cruz Guzman. I am a Registered Dietitian, masters-prepared, currently working in the capacity of the Hospital Food Services Assistant Administrator at the Guam Memorial Hospital Authority.

I was one of the proponents for licensure of dietitians and nutritionists when it came up as Bill 695 in the 24th Guam Legislature. It is because I firmly believe that through licensure of the nutrition and dietetic profession that the protection of the public from individuals who act fraudulently as nutritionist or dietitians are ensured. When the Bill was signed into law on December 30, 1998, I shared knowledge of its existence with those interested. Several important issues which had not been addressed in Article 21 of the Law, or were not included in the language of the Bill, were raised by fellow colleagues. Thus work to amend Article 21 ensued giving birth to Bill 516.

I thank you for the opportunity given to me to speak **not in favor** of Bill 516.

This is a Bill that has some good intentions and is well-meaning and will be necessary to correct some of the flaws identified in Article 21. We are in dire straits of such a bill. However, I am not in favor of Bill 516 and I ask you not to pass this bill, simply because it is unfinished.

What is wrong with the Bill? I have four (4) concerns with this unfinished bill.

1. **There is no definition of Medical Nutrition Therapy.**
   It is imperative that Medical Nutrition Therapy (MNT) be defined in the Bill as it is the impetus for such licensure of the profession. It defines the scope of practice.

2. **The definition for Nutritionist did not include the statement *a person registered by the Commission on Dietetic Registration* which has been included as part of the Qualification for Licensure (122102) in the Licensed Nutritionist subsection Item(b)(1).**
   This may have been an oversight as the bill has gone through many cuts and pastes.

3. **The Qualifications for Licensure allows for a person with an advanced degree in nutrition or related field, non-registered with the American Dietetic Association (having not taken the RD exam) to be licensed with the same scope of practice as an Registered Dietitian (RD).**

This can't happen. Even the Joint Commission on Accreditation of Healthcare Organization (JCAHO) does not recognize this. (JCAHO is the nation's principal standards setter and evaluator for a variety of health care organizations, ambulatory care organizations, behavioral health organizations, home care organizations, health care networks, pharmacies and laboratories.)

It is clearly written in the intent of the standards under Care of Patients, TX.4.1
An interdisciplinary nutrition therapy plan is developed and periodically updated for patients at nutritional risk.:
A more intensive plan for nutrition therapy may be indicated for patients at high nutritional risk. The plan identifies measurable goals and actions to achieve them. The patient's physician, **the registered dietitian**, nursing, and pharmaceutical services staff participate in developing the plan, and their roles in implementation are clearly defined.
(Copy of standard and intent submitted)

Joint Commission did not merely say 'the dietitian' but rather clearly specified the Registered Dietitian. The standard clearly identifies the RD as the nutrition professional qualified to provide medical nutrition therapy with other disciplines. And as the Chief Clinical Dietitian of the hospital, I need to abide by those standards in our preparation for accreditation. Therefore, the scope of practice in Bill 516 must say that. You can not have the same scope of practice for both the dietitian, who needs to be an RD, and the nutritionist, who does not need to be an RD, as written in this Bill.

To reiterate my point, RDs have been recognized nationwide as the primary providers of medical nutrition therapy. Examples:

- Numerous insurance plans offer coverage for medical nutrition therapy provided by RDs.
- MNT delivered by RDs was part of the Stanford Coronary Risk Intervention Project (SCRIP), a study of 300 patients with coronary atherosclerosis.
- Risk reduction – RD intervention adjunctive to lipid-lowering drugs – produced significant improvements in LDL, HDL, coronary artery diameter measured by angiography, and rate of hospitalization.
- In another example from the literature, RDs provided the MNT for the Diabetes Control and Complications Trial (DCCT), which demonstrated that control of blood sugar reduces incidence of microvascular disease.
- Similar findings was seen at the International Diabetes Center locations where patients who were seen by an RD had a statistically significant improvement in glycosylated hemoglobin at 6 months compared with those who did not receive counseling from the RD.

Through a sampling of these examples, it is clear that medical nutrition therapy need to be provided by an RD.

How important is the RD in nutritionist positions? If you look at the classified advertising for Nutritionist positions, more than likely there would be a requirement for RD or RD-eligible. Examples: (copies submitted)

~~ Georgia
Public Health Nutritionists... ...RD and RD-eligible

~~ Faculty Position
San Diego State University
Exercise and Nutritional Sciences... ...RD required

~~ Child Nutrition Nutritionist
Charlotte-Mecklenburg Schools
North Carolina... ...qualifications include RD

~~ Nutrition Department
Faculty Position
College of Saint Benedict/Saint John's University
Minnesota... ...must have RD credential

~~ Public Health Nutritionist
Solano County Health Department
California... ...must be RD

~~ Ambulatory Care Dietitian
Harborview Medical Center
Washington State... ...RD required

~~ Food Nutrition Education Coordinator
Alpine School District
Utah... ...looking for an RD

There are many more other nutritionist positions requiring RD credentials nationwide.

4. **The section on Licensure Examination was deleted from Article 21.**
It is important that the provision for passing the Commission on Dietetic Registration (CDR) exam is retained in the Bill.

Hawaii had just passed their RD Licensure Bill, which had taken them eight (8) years in the making. They, too, were faced with challenges of qualifying Certified Nutrition Specialist (CNS). The outcome? It was agreed that the CDR exam (used for RD credentialing), and not the CNS exam (used to certify Nutrition Specialists), was the appropriate exam to use for licensure of dietitians and nutritionists. In that, the state of Hawaii has joined 38 other states in recognizing Rds as license-eligible nutrition professionals. Compare this to only 3 known states (New York, Maryland, and Illinois) that have opened licensure to non-RD or CNS. We need to seriously look at why many states have not considered the CNS exam to use for licensure.

In the healthcare profession, we have Nurse Specialists who are required to be registered nurses (RN). I feel justified in saying that Nutrition Specialists also be required to be RD or pass the CDR exam.

I am not against the work of the non-RD dietitians at Guam Renal Care, home care and nursing

home care services on the island, as well as our CNS counterparts at Seventh Day Adventist. I, personally, have enjoyed working and have always worked favorably with them on several community projects. I can say before the committee that we work together wonderfully in providing necessary nutrition services for Guam. By all means, I do not feel that by not passing this bill would these healthcare centers immediately have to shut down.

I would highly suggest that a subsection be added to the Bill that would allow non-RDs currently in dietetic and nutrition practice and wishing to practice MNT be given a grace period of up to 2 years to pass the CDR exam. Those not electing to pursue this route may be licensed with a defined limited scope of practice that excludes MNT.

In closing, I ask you to allow those of us, both in favor and against Bill 516, to finish working on this bill. Si Yuus Maase and may God bless you in this decision.

12/7/00

MINA'BENTE SINGKO NA LIHESLATURAN GUÅHAN
2000 (SECOND) Regular Session

Bill No. 516 (COR)

Introduced by: S. A. Sanchez, II 8:50 12/30/00

AN ACT TO REPEAL AND REENACT ITEM (xiii) OF §12802(a) OF ARTICLE 8, CHAPTER 12, DIVISION 1, PART 1 OF TITLE 10 OF THE GUAM CODE ANNOTATED AND TO REPEAL AND REENACT ARTICLE 21 OF CHAPTER 12, DIVISION 1, PART 1 OF TITLE 10 OF THE GUAM CODE ANNOTATED, BOTH RELATIVE TO THE REGULATION OF DIETITIAN AND NUTRITIONIST PROFESSIONS.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative findings and intent. The purpose of this Act is to more clearly define, regulate and control the practice of dietetics and nutrition services on Guam in order to better serve the public interest. Because the practice of dietetics and nutrition services plays an important part in the attainment and maintenance of health, it is in the public's best interest that persons who present themselves as providers of services in these areas meet specific requirements and qualifications.

The delivery of medical nutrition therapy is an integral part of healthcare delivery. Therefore the practice of dietetics needs to be defined in terms of its specific scope. Those who practice dietetics need to be proficient

in core competencies, as well as competencies specific to their respective areas of specialization in clinical, community, food service systems management, or consultant dietetics.

Professional nutrition practice has a wide range of legitimate application. In some practice areas, it may not be necessary for health care practitioners to possess competencies in medical nutrition therapy. Where nutrition practice does relate to health care, it is in the public interest to define and regulate different scopes of dietetics and nutrition practices by their respective inclusion or exclusion of medical nutrition therapy services. In this way, any member of the public can seek the services of a licensed nutrition professional confident that this professional has met the educational, examination, and experiential requirements necessary to provide the appropriate dietetics and/or nutrition services relevant to their needs. This will protect the public from unsubstantiated and unethical nutrition advice that can damage health.

However, there is a strong and increasing demand for health professionals with experience in nutrition to assess nutritional status and to provide nutrition education and counseling to the public, to develop and implement Federal, local and private nutrition initiatives, and to conduct research on the benefits of nutritional improvement.

Numerous academic programs offer training at the undergraduate and graduate levels leading to expertise in the field of nutrition. The diversity of programs is valuable in providing a comprehensive range of expertise in the field. It would be in the public interest to expand the pool of qualified professionals available to fill the demand for nutrition expertise, as well as to

provide consumers with a mechanism for identifying appropriately trained nutrition professionals.

Many states have recently passed laws which license nutrition professionals under the titles of "nutritionist" or "dietitian" and which define the range of practice reserved to licensed nutrition professionals. Most of these laws discriminate in favor of one segment of the nutrition profession, registered dietitians, and in so doing they may discriminate against other legitimately qualified nutrition professionals. Such discrimination may unfairly withhold professional recognition, including reimbursement for services, from qualified professionals, and may restrict rather than expand the pool of qualified professionals available to meet the needs of public and private employers and of the general public.

The intent of licensure laws is to protect the public from unqualified practitioners. Scholars, legislators, and member of the regulated professions continue to debate whether licensure is an effective means of accomplishing this objective.

Whether or not licensure can accomplish its avowed objective, it can have a very real impact on the ability of legitimately trained health professionals in nutrition to pursue their careers, to obtain professional recognition, to obtain reimbursement for professional services, or to qualify for professional insurance coverage. If licensure of nutrition practice is to be adopted, it is essential that the legislation provide for fair treatment of all individuals who are qualified by education and experience to practice in the field of nutrition.

Licensure requirements for nutritionists and dietitians were originally enacted in Public Law 24-329. This proposed revision will help to clarify incomplete and inaccurate information in the current law and use terminology which encompasses all persons who practice dietetics and nutrition services. This legislation will also give clear guidelines to recognize those who are qualified to receive reimbursement for the services of professional nutrition practice.

Section 2. Item (xiii) of §12802(a) of Article 8, Chapter 12, Part 1, Division 1 of Title 10 of the Guam Code Annotated is hereby *repealed and reenacted* to read as follows:

"(xiii) *'Dietetics'* or *'Nutrition Practice'* shall mean the integration and application of scientific principles of food, nutrition, biochemistry, physiology, food management, and behavioral and social sciences to achieve and maintain human health through the provision of nutrition care services.."

Section 3. Article 21, Chapter 12, Part 1, Division 1 of Title 10 of the Guam Code Annotated is hereby *repealed and reenacted* to read as follows:

"ARTICLE 21.

DIETITIAN AND NUTRITIONIST.

§122101. Definitions. For purposes of this Article, the following words and phrases have been defined to mean:

(a)*'Dietitian'* shall mean a person certified as a Registered Dietitian by the Commission on Dietetic Registration.

(b) *'Nutritionist'* shall mean a person who either (1) has qualified as a diplomate of the American Board of Nutrition or as a Certified Nutrition Specialist with the Certification Board for Nutrition Specialists, or (2) has received a master's or doctoral

degree from an accredited college or university with a major in human nutrition, public health nutrition, clinical nutrition, nutrition education, community nutrition, or food and nutrition, and has completed a documented work experience in human nutrition or human nutrition research of at least 900 hours.

(c) *'American Dietetic Association'* ('ADA') is a national professional organization for nutrition and dietetics practitioners which accredits educational and pre-professional training programs in dietetics.

(d) *'The Commission on Dietetic Registration'* ('CDR') is a member of the National Commission for Certifying Agencies (NCCA) and is the credentialing agency of the American Dietetic Association.

(e) *'Certification Board for Nutrition Specialists'* ('CBNS') is the credentialing body which certifies advanced degree nutritionists as Certified Nutrition Specialists.

(f) *'Licensed Dietitian'* ('LD') shall mean a person licensed by the Board to engage in dietetics or nutrition practice under this Article.

(g) *'Licensed Nutritionist'* ('LN') shall mean a person licensed by the Board to engage in dietetics or nutrition practice under this Article.

§122102. Qualification for licensure; Dietitian or Nutritionist. (a) Licensed Dietitian. The applicant for licensure as a dietitian shall:

(1) Provide evidence of current registration as a Registered Dietitian (RD) by the Commission on Dietetic Registration (CDR); *or*

(2)(i) Have received a baccalaureate or postgraduate degree from a college or university, accredited by a regional accrediting body recognized by the Council on Post-Secondary Accreditation, with a major in dietetics, human nutrition, nutrition education, community nutrition, public health nutrition, foods and nutrition, or an equivalent major course of study, as approved by the Board. Applicants who have obtained their education outside of the United States and its territories must have their academic degree validated by the Board as equivalent to a baccalaureate or masters degree conferred by a regionally accredited college or university in the United States; *and*

(ii) Have satisfactorily completed a program of supervised clinical experience approved by the CDR; *and*

(iii) Have passed the registration examination for dietitians administered by the CDR.

(b) Licensed Nutritionist. The applicant for licensure as a nutritionist shall:

(1) Meet the requirements of subsection (a)(1) or (2) of this Section; *or*

(2) Has qualified as a diplomate of the American Board of Nutrition or as a Certified Nutrition Specialist with

the Certification Board for Nutrition Specialists, or (2) has received a master's or doctoral degree from an accredited college or university with a major in human nutrition, public health nutrition, clinical nutrition, nutrition education, community nutrition, or food and nutrition, and has completed a documented work experience in human nutrition or human nutrition research of at least 900 hours.

(c) Waiver of fees. All fees for application and license in part (b) of this Section will be waived for all applicants who are currently licensed under part (a) of this Section.

§122103. Waiver of examination requirements; licensure by endorsement. The Board may grant a license to any person who is currently registered as a Registered Dietitian by the CDR or who is currently recognized as a diplomate of the American Board of Nutrition or as a Certified Nutrition Specialist with the Certification Board for Nutrition Specialists.

§122004. Scope of practice; dietitians and nutritionists.

(a) Assessing individual and community food practices and nutritional status using anthropometric, biochemical, clinical, dietary, and demographic data, for clinical research and program planning purposes;

(b) Developing, establishing, and evaluating nutritional care plans that establish priorities, goals, and objectives for meeting nutrient needs for individuals or groups;

(c) Nutrition counseling and education as a part of preventive or restorative health care throughout the life cycle;

(d) Determining, applying, and evaluating standards for food and nutrition services; and

(e) Applying scientific research to the role of food in the maintenance of health and the treatment of disease.

§122105. Persons and practices not affected. Nothing in this Article shall be construed as preventing or restricting the practice, services or activities of:

(a) any person licensed or certified on Guam by any other law from engaging in the profession or occupation for which the person is licensed or certified, or any person under the supervision of the licensee or certificant when rendering services within the scope of the profession or occupation of the licensee or certificant; and any person with a bachelor's degree in home economics or health education from furnishing nutrition information incidental to the practice of that person's profession;

(b) any dietitian or nutritionist serving in the Armed Forces or the Public Health Service of the United States or employed by the Veterans Administration when performing duties associated with that service or employment;

(c) any person pursuing a supervised course of study leading to a degree or certificate in dietetics or nutrition at an accredited education program, *if* the person is designated by a title which clearly indicates the person's status as a student or trainee;

(d) any person when acting under the direction and supervision of a person licensed under this Article, in the execution of a plan of treatment authorized by the licensed person;

(e) any person who provides weight control services, provided that:

(1) the program has been reviewed by, consultation is available from, and no program changes can be made without approval by, a licensed dietitian or a licensed nutritionist, *or* a dietitian or nutritionist registered by the Commission on Dietetic Registration (CDR) or certified by the Certification Board for Nutrition Specialists in another state, territory or other jurisdiction of the U.S.; *and*

(2) the weight control program either recommends licensed physician consultation generally, or has in place procedures which require physician referral when medical conditions such as heart disease, cancer, diabetes, hypoglycemia, morbid obesity and pregnancy exist;

(f) an educator who is employed by a nonprofit organization approved by the Board; a federal, territorial, or other political subdivision; an elementary or secondary school; or an accredited institution of higher education, insofar as the activities and services of the educator are part of such employment;

(g) any person who markets or distributes food, food materials, or dietary supplements, or any person who engages in the explanation of the use and benefits of those products or the

preparation of those products as long as that person does not represent himself or herself as a dietitian or licensed nutritionist and provides to the client a disclaimer, in writing, stating such;

(h) any person who provides general or gratuitous nutrition information as long as the provider does not represent himself or herself as a dietitian or licensed nutritionist and provides to the client a disclaimer stating such.

§122106. Prohibited Acts. (a) Unauthorized Practice. Except as otherwise provided under this Article, a person may not practice, attempt to practice, or offer to practice dietetics or nutritional services on Guam unless licensed by the Board.

(b) Misrepresentation of title. Except as otherwise provided under this Article, a person may not represent or imply to the public by use of the title "licensed dietitian" or "licensed nutritionist", by other title, by description of services, methods, or procedures that the person is authorized to practice dietetics or nutritional services on Guam.

(c) Misuse of Words and Terms. Unless authorized to engage in dietetics or nutrition practice under this Article, a person may not use the words "dietitian", "registered dietician" or "licensed dietitian", "nutritionist", "nutrition specialist" or "licensed nutritionist", alone or in combination, or the terms "LD", "RD" or "D", "LN", "NS" or "N", or any facsimile or combination in any words, letters, abbreviations, or insignia."

Section 4. Severability. *If* any provision of this Law or its application to any person or circumstance is found to be invalid or contrary to law, such invalidity shall *not* affect other provisions or applications of this Law which can be given effect without the invalid provisions or application, and to this end the provisions of this Law are severable."