

Cynthia Burke, MS, RD, LDN, FADA
House Democratic Policy Committee Public Hearing
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Good afternoon, members of the House Policy Committee. My name is Cynthia Burke. I am a Registered, Licensed Dietitian and a Fellow of the Academy of Nutrition and Dietetics, and I reside in Pittsburgh. I am here today to ask that you work on legislation that will recognize Registered Dietitians as providers of medical nutrition therapy in health insurance plans. Expansion of services to include registered/licensed dietitians who are welcome to sign on as providers of MNT (Medical Nutrition Therapy) to subscribers of insurance companies is the hurdle that exists today. Registered Dietitians (RD) are the licensed health care providers in Pennsylvania yet our services and credentials, which are a result of many years of specialized training, are not fully recognized. It is our unique background and training and an extensive scientific knowledge base utilizing evidenced based practice that makes us distinctly qualified as the best choice to provide appropriate nutrition services.

I have worked in the field of developmental disabilities for 25 years. My clients are intellectually disabled (mentally retarded), special needs, autistic, or can have a dual diagnosis with psychiatric involvement to name a few. Their health nutrition concerns are the same as other Pennsylvanians. They have heart disease, hypertension, cancer, renal disease, weight disparities, osteoporosis, arthritis and diabetes. In addition they are more likely to encounter negative nutritional effects from medication that affects eating behavior, energy expenditure, electrolytes or nutritional status. The majority of these individuals have a Medicaid HMO as an insurance carrier. In Western Pennsylvania, MNT to this population are limited or non-existent. The need for appropriate nutrition services/MNT is easily documented and has been identified by families, staff, supervisors, managers, residential providers and health care providers and professionals. However, RD's as providers of these identified medically nutritional identified services are only available at out-patient care facilities and are limited in access and scope. While MNT may be a component of a Medicaid HMO's special needs services, it limits access, creates health disparity and does not allow for completion and continuation of services.

At the time when state hospitals were closing, reimbursement of nutrition services was reimbursed through the Medicaid Waiver Program. I provided in-home services and was a member of teams that worked to produce positive outcomes while incorporating person centered planning. When Pennsylvania used stricter criteria for reimbursement, the Medicaid Waiver program was no longer an avenue for payment of services. During this transition period my services were specifically ordered by physicians to provide treatment to their patients. To do this I had to become a Medicaid HMO (Gateway) provider. I personally was been denied the opportunity of being a provider stating that only nutrition services offered at health care outpatient facilities were covered.

During that time I held the position of executive vice president of Right at Home, an at-home caregiver agency providing medical and non-medical care to the elderly and disabled. Right at Home is a Medicaid provider and I used this information to apply to be a provider of nutrition services to Medicaid HMO participants. Again I was denied with the reason that they didn't need any more providers.

When the Medicaid Waiver Program ended funding for nutrition services the alternative MNT services was and remains insufficient to provide appropriate adequate care. This patient population has a limited understanding and ability of nutrition and health and is supported by staff that may have a limited or poor understanding themselves. Therefore they are unable to properly evaluate these individuals or assess their nutritional needs. In addition the ability of individuals and staff to provide appropriate meals remains a challenge. Also, staff turnover is high and retraining is always an issue that further hinders these patients from receiving optimal care ultimately resulting in health disparity.

The services of a Registered Dietitian in improving health outcomes are well documented through my past clientele. Also documented are negative health outcomes, resulting from a lack of these services, which either never existed or were stopped due to a funding issue. . The developmental disability population of Allegheny County as well as Pennsylvania is denied appropriate care because they either have the wrong insurance, are unable to sit through a counseling session or do not have funds to pay for the services of a Registered Dietitian. Counseling sessions via managed care agencies are limited with many individuals being unable to benefit from outpatient sessions due to their particular handicap.

In addition, the nutritional care of this population is directed by non-nutrition professionals. It is the "health care belief" that staff possesses which has the most significant impact on the nutritional well-being of this population, not intervention by trained licensed nutritional professional. Without nutritional intervention by a registered, licensed dietitian, many disease states worsen, resulting in a need for increased medical care, including the need for more prescription drugs and additional costs related to medical diagnostics and treatment. Poor diet is associated with heart disease, cancer and stroke as well as other chronic conditions such as pulmonary disease, diabetes, liver disease, and arteriosclerosis and kidney disease. I have observed these conditions and know that MNT (medical nutrition therapy) provided by a Registered Dietitian is essential for both prevention and treatment of these conditions, as well as others. We know that there is a cost savings in providing nutrition care whether in prevention or disease management. One study conducted at Massachusetts General Hospital demonstrated a savings of \$4.28 for each dollar spent on MNT. Lack of RD-provided MNT services certainly has played a role in the escalating prevalence of these conditions and the associated growth in the costs of treating them. Expanding access to these services from the nutrition experts can help to rein in spiraling health care costs in our state.

In closing, I urge you to work on legislation the will recognize the Registered Dietitian as providers of health care insurance in our state.