

Testimony of Deborah Hutcheson, DCN, RD, CNSD, CDE, LDN

House Democratic Policy Committee Public Hearing

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Good afternoon. My name is Deborah Hutcheson. I am a Registered Dietitian and Licensed Dietitian/Nutritionist holding a doctoral degree and two specialty certifications, 1) Certified Diabetes Educator and 2) Certified Nutrition Support Dietitian. I am an Assistant professor from the University of Pittsburgh and director of the Coordinated Masters Program in Dietetics (CMD). I am also president of the Pennsylvania Dietetic Association, an affiliate of the Academy of Nutrition and Dietetics (formerly the American Dietetic Association). My purpose here today is to provide some background for the presentations you will hear from other health care professionals this afternoon.

First, I am happy to have this opportunity to thank the members of the Democratic Caucus for your support through the years. Your members have introduced legislation and amendments to legislation which have helped us to help our patients. Most notably a large number of you co-sponsored House Bill 656, which amended the Insurance Act of May 17, 1921 to include “coverage for education relating to diet” for patients with diabetes. You introduced and co-sponsored House Bill 139 which provided for insurance policies to cover the cost of formulas necessary for the treatment of phenylketonuria (PKU) and for the counseling of patients and their families on this genetic disease. It should be noted that for PKU and certain other diseases, the ONLY therapy is a specific type of diet.

It is unfortunate that at the time these laws were enacted, while dietitians were registered with a national credential, they were not licensed in the Commonwealth of Pennsylvania and thus specific reference could not be made to them in the legislation. Members of the Democratic Caucus rose on the floor of the Pennsylvania General Assembly to speak about this oversight in order to enter it into the Legislative Record for the day. Again, we are grateful for this support. We worked for nineteen years to acquire licensure, and finally in 2002 we were successful, again thanks to many members of your Caucus. By this time, forty-four other states had already enacted licensure laws. When it became clear that we would not be able to have our own licensure board, we petitioned the Nurses Board to ask if we could join them. They were most welcoming, and thus our profession was the first non-nursing profession to be licensed by their Board. I’m happy to report to you that this has been a very successful collaboration. The members of the Pennsylvania Dietetic Association very quickly procured their licenses, and the Bureau of Professional and Occupational Affairs processed the applications quickly and efficiently. This is the first opportunity we have had to share that information with you.

In moving forward to the issue we are here to discuss today. Nearly three-quarters of a century ago Highmark, the current trade name for Blue Shield of PA, was created by state law when it was felt that non-profit health insurance plans were needed to help Americans who did not have health insurance. At the time the Blue Shield enabling law was passed, it specifically listed the types of medical providers who could be reimbursed under the insurance plans. Their position has been that in order to get direct reimbursement, a profession must get the enabling law amended and have that profession listed. Since RDs were not included in the enabling law, we

do not have direct reimbursement. Although there are a few RD services that are covered, coverage is not universal nor is it uniformly administered.

In 2008, in an effort to resolve the problem, PADA worked on Act 108 which allowed health care professionals who are licensed by the Commonwealth of Pennsylvania to be eligible for participation in Highmark plans. It did not list each profession, but said that eligibility was to be open to licensed professions “including but not limited to” those professions specifically named in the law. PADA thought this would allow RDs to be reimbursed since they are licensed providers. However, Highmark’s position since that time has been that the language of Act 108 was not sufficient.

As a result, PADA worked with legislators to draft legislation to change the language of Act 108 to include RDs. The first bill (HB 2535) was introduced in May of 2010 by Representative Mike Sturla (D-Lancaster) and this amendment very clearly includes RDs in the Blue Shield law. The bill cleared the House Insurance committee and was being considered by the Appropriations Committee when the 2010 Legislative session ended. Without this bill, it is very probable that Highmark will continue to refuse reimbursement of RD services.

Secondly, I want to provide you with the understanding of the education and training required to become a Registered Dietitian (RD). As is the case with most healthcare professions, the training to become an RD is rigorous. The candidate must first complete an accredited education program and earn at a minimum a bachelor’s degree in dietetics and nutrition. The coursework includes the basic sciences, chemistry, biochemistry, biology, microbiology, anatomy and physiology; the social sciences, psychology, sociology; as well as, nutrition based coursework in nutrient metabolism, nutrition assessment, nutrition education and counseling, medical nutrition therapy, food science, and management. Upon obtaining a Bachelor of Science degree the candidate must then apply to an accredited Dietetic Internship program to complete a minimum of 1200 hours of supervised practice experience under the supervision of Registered Dietitians.

The educational programs for RDs are accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND). ACEND serves and protects students and the public by assuring the quality and continued improvement of nutrition and dietetics education programs. ACEND is recognized by the United States Department of Education as a Title IV gatekeeper. This recognition affirms that ACEND meets national standards and is a reliable authority on the quality of nutrition and dietetics education programs. ACEND is also a member of the Association of Specialized and Professional Accreditors (ASPA) and abides by its code of good practice.

Following the completion of both portions of the educational process the candidate must take the national Registration Examination for Dietitians. The Commission on Dietetics Registration (CDR) has oversight of the credentialing examination standards. CDR protects the public through credentialing and assessment processes that assures the competence of registered dietitians. In addition, to maintain the RD credential, the RD must accumulate 75 hours of continuing education every 5 years.

However, possession of the RD credential following a bachelor's degree is just the minimum amount of education required to practice. Many RDs hold additional certifications, awarded by the Commission on Dietetic Registration, in areas of specialization such as pediatric or renal nutrition, sports dietetics, gerontology, oncology, nutrition support and diabetes education. Moreover, of the 3,964 Registered Dietitians in Pennsylvania, nearly 40% have a Master's degree or higher and/or maintain specialty certifications.

Finally, I would like to summarize some points on the value of Registered Dietitians. Licensed Registered Dietitians are the recognized NUTRITION EXPERTS providing vital food and nutrition services, while promoting health and well-being to the public. RDs are the best qualified health care professionals possessing the national education standards, clinical training, credentialing, continuing education, standardized practice protocols and evidenced based research to be recognized as providers of nutrition education and medical nutrition therapy (MNT) services for prevention, wellness and disease management. Evidence will be presented today regarding the role nutrition plays in prevention and management of chronic disease and how utilizing RDs to provide MNT services yields a significant impact resulting in both cost savings and an improved quality of life for Pennsylvania residents. Given that evidence, it will be apparent that Registered Dietitians should be covered as preferred providers in all health insurance plans in our state. Our citizens/we deserve consistent access to these licensed healthcare professionals.

The Pennsylvania Dietetic Association has 3600 members, working across the state in almost every legislative district and in every county. We are in hospitals and long term care facilities, community based programs for individuals throughout the life cycle, private practice, clinics, education and a variety of other settings.

Dietitians have provided information for hearings on assisted living, long term care and group homes. We have also shared our expertise at hearings on cardiovascular disease, osteoporosis, enterocolitis and other diseases. We offer our expertise to you to provide information on food allergies, which figure in five bills that have been introduced during this session.

In closing, as we are willing to offer our expertise when called upon, we hope that you will once again help us in our quest to provide optimal nutritional care for the citizens of Pennsylvania. I would like to thank you for the opportunity to present our issue before you today.