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House of Representatives
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

HOUSE DEMOCRATIC POLICY COMMITTEE HEARING

Topic: Medical Nutrition Therapy

418 Main Capitol Building – Harrisburg, PA

April 9, 2012

AGENDA

- 2:00 p.m. Welcome and Opening Remarks
- 2:10 p.m. Panel One:
- Deborah Hutcheson, DCN, RD, LDN, CNS, CDE
President of Pennsylvania Dietetic Association
 - Ilona Ray Garrity, MBA, RD, CNSC, LDN
 - James Kintzel, MD
 - Nancy Wagner, MBA, RD, LDN
- 3:00 p.m. Panel Two:
- Gale Maleskey, MS, RD, LDN
 - Jacqueline Jarrett, RD, LDN, CDE
 - Carol Burkhart Spicher, MS, RD, LDN, CDE
 - Julianne Hagan, MS, RD, RN, LDN, CDE
 - Cynthia Burke, MS, RD, LDN, FADA
- 4:00 p.m. Closing Remarks

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

House Democratic Policy Committee Public Hearing

April 9, 2012

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.

Testimony of Ilona Rae Garrity, MBA, RD, CNSC, LDN
House Democratic Policy Committee Public Hearing
April 9, 2012

Good afternoon. My name is Ilona Rae Garrity. I am the Reimbursement Chair for the Pennsylvania Dietetic Association, an affiliate of the Academy of Nutrition and Dietetics, formerly the American Dietetic Association, the world's largest organization of food and nutrition professionals. I am here today asking that you support our effort to be credentialed as providers in ALL Pennsylvania insurance plans. I also thank you again for your support of our past initiatives including introduction of HB 2535 in 2010. Although this bill was not signed into law prior to the close of the 2010 session, it has helped us with gaining additional recognition as well as paving our way towards achieving our goal of statewide recognition and credentialing by ALL insurance companies.

Medical nutrition therapy (MNT) is essential for maintaining and improving the health of PA residents and reducing costs due to nutrition-related diseases. Registered Licensed Dietitians are the most qualified health professional to provide MNT services.¹

Obesity continues to be a major epidemic nationwide. The PA Department of Health estimates that in 2010 66% of adults were overweight and 29% obese.² Based on CDC data, almost 17% of youths ages 2 through 19 were obese in 2009-2010. Since 1980, obesity among children and adolescents has almost tripled! The CDC reports that national medical costs for treating obesity-related illnesses has almost doubled, from \$78.5 billion to \$147 billion, in just 10 years. CDC estimates PA medical expenses attributed to obesity exceed \$4 billion per year. Obesity increases the risk of many diseases or health conditions, including Type II Diabetes, Hypertension, Dyslipidemia or abnormal lipid levels, Stroke, Cancers, Respiratory disorders including sleep apnea, Osteoarthritis, and Coronary Artery disease. If obesity continues at the present rate, our current generation could be the first in history where adults live shorter lives than their parents.

Diabetes is the 7th leading cause of death in the United States and is the leading cause of kidney failure, non-traumatic lower limb amputations, and new cases of blindness among adults. Diabetes is also a major cause of both heart disease and stroke. Based on data from CDC, medical expenses for people with Diabetes are more than double those without it. People with pre-diabetes, a condition in which individuals have higher than normal blood glucose levels but not sufficiently high to be classified as Diabetes, have an increased risk for developing Type II Diabetes, Heart Disease, and Stroke.

Nutrition, which is pivotal for both the prevention and treatment of Obesity, Diabetes and their associated complications, extends far beyond these conditions. The World Health Organization views nutrition as the foundation for health. Nutrition services, from pre-conception throughout life, are essential components of comprehensive health care. To ensure that our residents receive this comprehensive level of care, Medical Nutrition Therapy needs to be made available to residents when nutrition intervention can improve their health status. As Licensed Registered Dietitians, we are the MOST qualified health professional to provide Medical Nutrition Therapy.

We are skilled at translating the science of nutrition into practical solutions for healthy living, providing unparalleled value to the patient.

I thank you again for your past support and ask that you continue to work on the legislation necessary to ensure that Licensed Registered Dietitians are recognized as providers in ALL HEALTH INSURANCE PLANS in our state. All Pennsylvanians deserve consistent access to the most qualified and reliable source of credible nutrition information.

"Those who think they have no time for healthy eating will sooner or later have to find time for illness."
- modified from : Edward Stanley (1826-1893) from The Conduct of Life

¹ <http://www.eatright.org/healthprofessionals/content.aspx?id=6877>

² "These data were provided by the Bureau of Health Statistics and Research, Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions."

Testimony of James E. Kintzel M.D.
House Democratic Policy Committee Public Hearing
April 9, 2012

Good afternoon, members of the House Democratic Policy Committee. My name is James E Kintzel M.D. I am a nephrologist in my home town of Allentown, Pennsylvania where I opened my practice in 1969 after completing a Renal Disease Fellowship at the Hospital of the University of Pennsylvania where I graduated from medical school in 1964. I am board certified in both internal medicine and nephrology and have served as the director of the acute dialysis unit at Lehigh Valley Hospital and directed the home hemodialysis and home peritoneal training programs. I am presently the medical director of the Fresenius Outpatient Dialysis Clinic in East Stroudsburg, which I opened in the summer of 1986.

I am here today to ask you to work on legislation that would recognize Registered Dietitians as providers in all healthcare plans in Pennsylvania and thus reduce barriers to nutritional care.

I have seen the care of patients with chronic kidney disease (CKD) evolve over the past 42 ½ years. When I first opened my practice there was no financial support for these patients and they had to learn how to do their own hemodialysis treatments at home with a co-trainee during a 3 times a week 10 week training program utilizing their own health insurance. Once the training was completed, the Lehigh Valley Kidney Foundation provided financial help paying for 50% of their monthly lab costs and 10% of their dialysis supplies.

In 1971 the Pennsylvania Chronic Renal Disease Program began offering financial support for home hemodialysis. One of my patients moved on to Philadelphia, found a place to live on a park bench and became the first patient to receive state support at the outpatient dialysis center at Hahnemann Hospital which was his only treatment option.

In 1972 the federal government provided funding through its Medicare End Stage Renal Disease program. Care shifted away from home dialysis, which was not suitable for everyone. Before we opened an outpatient clinic in Allentown, our patients had to hire a driver to take them to 34th and Market streets in Philadelphia to dialyze on the midnight shift. We opened a dialysis clinic in Allentown in March of 1974 with 14 patients and by Oct 1975 when we opened a clinic in Bethlehem, we had 95 patients in Allentown dialyzing round the clock. Today there are over 1000 dialysis patients receiving treatment in the greater Lehigh Valley and close to 16,000 patients in the state of Pennsylvania costing \$250/Rx (treatment) 156 Rx treatments/year x 16,000 patients which comes to an expenditure of \$608 million a year.

If chronic kidney disease can be detected early and treatment begun in a timely fashion we can often delay the progression to end state renal disease and reduce the medical complications that accompany it. End Stage Kidney Disease requires expensive dialysis treatments usually three times per week. Early intervention can also dramatically reduce the initial hospitalization costs by a factor of 5 when the patient finally starts on dialysis.

Early intervention includes controlling blood pressure and protein wasting in the urine with DIET and medications, controlling secondary hyperparathyroidism with dietary phosphorous restriction and medications. Restricting dietary protein is known to reduce urinary protein

wasting early in CKD and later in the disease it can reduce the urea burden (protein waste products) that the kidney has to excrete. Potassium excretion becomes impaired as kidney function declines and patients must be taught what foods to avoid especially fruits and vegetables.

The prevalence of Diabetes Mellitus is increasing in the United States and damages the kidney's filtering membrane leading to protein in the urine, which leads to sclerosis, and scarring. In 1974 a study in Minneapolis showed that juvenile diabetics with protein in the urine were all dead within 5 years. Indeed protein in the urine is associated with a loss of 10% of kidney function per year compared to less than 1% in the normal population. In 2009 44% of patients starting on dialysis had diabetic kidney disease as the cause of their ESRD.

Dietitians are the most important members of the diabetic health care team teaching patients to control their sugar and other carbohydrate intake to lower their blood sugar. Elevated blood sugars lead to kidney damage with protein wasting and retinopathy in the eye leading to hemorrhages and blindness. Controlling fat intake to reduce elevated cholesterol and triglyceride levels to prevent atherosclerosis is equally important.

In my practice I utilize a three person healthcare team to treat patients with CKD. The physician coordinates treatment and prescribes medication. The dietitian educates the patient to grasp complicated aspects of the renal diet emphasizing sodium, potassium and phosphorous restriction, and the nurse educates the patients about their medications and ESRD treatment options. Since patients with chronic kidney disease have as much as a 5-10 fold increase in coronary disease they often die of their heart disease before they reach dialysis, so early nutritional intervention is essential. As a physician I am often unable to utilize one third of that team in the under 65 year age group because of inconsistent private insurance coverage for Medical Nutrition Therapy. Without the dietitians in the therapeutic loop there is no loop!

We as physicians in a very busy practice have neither the time nor the expertise to discuss the intricacies of specialized diets such as the renal diet. We spend significant amounts of time explaining the pharmacology of a variety of medications, the seriousness of their illness and the inevitability of chronic dialysis in the future. At one time we employed a dietitian to come to the office to sit and explain food choices and dietary principles to our patients but we ran out of space and her obligations elsewhere ended the service. With the increased number of dietitians being denied recognition as preferred providers of Medical Nutrition Therapy, patients are not being adequately cared for. There are not enough specialized dietitians listed as preferred providers that physicians can refer to. Today it is more important than ever to utilize a dietitian's services to see our office patients who present with multiple co-morbidities such as hypertension and obesity, both of which aggravate their chronic kidney disease.

As a practicing physician the most frustrating part of caring for patients with chronic kidney disease is the lack of consistent dietitian intervention services. I know if we can intervene early we can make a difference. In Pennsylvania we need the proactive pioneering spirit that we showed in 1971 when we were one of the first states to provide funding for treatment of end stage chronic kidney disease ESRD. We need consistent uniform dietitian services for all patients of all ages with all stages of CKD that often have other risk factors that ultimately contribute to the worsening of this debilitating and costly disease.

Testimony of Nancy Wagner MBA, RD, LDN
House Democratic Policy Committee Public Hearing
April 9, 2012

Good afternoon, members of the House Democratic Policy Committee. My name is Nancy Wagner and I am a renal dietitian. Today I am testifying along with the Medical Director at the dialysis clinic where I work. Recently I asked him to tell me what he says to his patients who have diabetes and need to follow a diet. He started to laugh and said "I hand them a piece of paper and tell them to stay away from sweets". Because I have nothing but the utmost respect for my Medical Director I am fairly certain he was joking with me however, all kidding aside, this is a reality for a lot of the patients that I see. I would like to speak to you about why improving the public's access to proper nutrition counseling by a registered dietitian is important to me and the citizens of Pennsylvania. I work with patients who have End Stage Renal Disease (ESRD) and who are on dialysis. One month ago Governor Tom Corbett proclaimed March 8, 2012 Pennsylvania Kidney Awareness Day citing that more than 15,573 Pennsylvanians are receiving dialysis, over 6,000 Pennsylvanians are awaiting kidney transplants, 26 million Americans have Chronic Kidney Disease and millions of others are at increased risk. The cost for one dialysis treatment is approximately \$250 and most people receive dialysis three times/week. If my math is correct, the healthcare costs for dialysis patients in our state are more than 50 million dollars per month! Dialysis treatments are paid for primarily through Medicare, Medicaid and private insurance companies. As we know, chronic diseases such as End Stage Renal Disease disproportionately affect minorities and lower income individuals and so most of the costs are paid for with our tax dollars. I tell you this because access to appropriate care involving early detection and treatment can often keep chronic kidney disease from getting worse and can prevent the need for very costly dialysis or transplant surgery.

Diabetes and high blood pressure are the leading causes of kidney failure so the majority of the patients that I see either have diabetes or high blood pressure or both. When I initially meet with a new patient I perform a thorough nutritional assessment and start the diet education process. If diabetes is the root cause of kidney failure then I will ask: who manages your diabetes, what kind of a diet do you follow and who educated you about the diabetic diet? Unfortunately, I have never had a patient tell me that a registered dietitian instructed them on the diabetic diet. Some of the things my patients have said to me are: "I was never told to see a dietitian about what I should eat" or "my doctor told me to just avoid sugar". I've even had patients say to me "If I knew I would end up on dialysis I would have followed a diet but no one told me what to eat until now". Many of my patients are instructed by their doctor (who is often their family doctor, not an endocrinologist who specializes in diabetes) to give themselves a certain amount of insulin based on their current blood sugar level. This is not the best way to control blood sugars – chasing blood sugars rather than maintaining acceptable levels. A registered dietitian is trained to teach patients to calculate the amount of carbohydrates they consume and then match that amount to their insulin dose. This is a much more effective method of controlling blood sugars. Over time, uncontrolled blood sugars damage the small blood vessels of the kidneys thus leading to kidney failure. Unfortunately, when I see my patients, the damage is already done and so my focus is on disease management.

Medical Nutrition Therapy (MNT) is the official term used to describe the diet education and nutrition counseling dietitians provide to the public. One of the most rewarding aspects of my job is providing MNT to my patients. The renal diet is very nutrient specific and can be restrictive. Having too much or too little of certain vitamins, minerals and fluids can be life threatening, even resulting in death. I teach my patients about which foods they can and cannot eat and how much they should eat. No other health care provider could even begin to offer the type of in-depth nutrition counseling that is necessary for patients with kidney disease. Every month I review their blood work and their diets with them. Those who follow their diet do very well on dialysis and have fewer hospitalizations and live longer. I recently overheard one of my patients say to another “diet is everything; if you follow the diet you will feel good”. I was so proud because, of course, this is the goal - helping our patients to stay healthy while living with dialysis. Medical Nutrition Therapy provided to my patients directly affects their overall health and improves clinical outcomes.

I applaud Governor Corbett for raising awareness about chronic kidney disease, a devastating disease that affects so many in our state. Early detection and treatment can often keep this disease from getting worse and may even prevent the need for dialysis. In a study conducted a few years back it was found that a major barrier to the appropriate utilization of outpatient nutrition counseling was the lack of third-party reimbursement for the service. Let me be clear, there are insurance plans that do cover Medical Nutrition Therapy provided by a registered dietitian, however it is inconsistent across the state and from plan to plan. You will hear stories today about how frustrating it is for dietitians to have to turn patients away because they are not a preferred provider under the patient’s insurance plan. This is why I ask that registered dietitians must be included as preferred providers in all insurance plans in our state. Creating barriers to access to our services has negative consequences and creates health disparities among our citizens. Medical Nutrition Therapy, involving in-depth individualized nutrition counseling, improves clinical outcomes and reduces healthcare costs in terms of prevention, wellness and disease management. In short, Medical Nutrition Therapy works!

It has been an honor to read this testimony to you today. Thank you.

Testimony of Jacqueline Jarrett RD, LDN, CDE
House Democratic Policy Committee Public Hearing
April 9, 2012

Good afternoon, members of the House Democratic Policy Committee. My name is Jacqueline Jarrett. I am a registered dietitian, licensed dietitian/nutritionist and am a certified diabetes educator in Pennsylvania. I am a co-owner of Advantage Nutrition and Wellness in Bethlehem. My business partner, Jennifer M. Doane is a registered dietitian, licensed dietitian nutritionist, masters of nutritional science, certified athletic trainer and certified specialist in sports dietetics. Unfortunately she could not be here today. I am here today asking that you work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state.

At our practice we treat a large number of nutrition and lifestyle influenced disease states including coronary heart disease, failure to thrive, renal disease, autoimmune diseases, diabetes mellitus, cancers related to food and alcohol consumption, obesity, hypertension, metabolic syndrome, anorexia nervosa, bulimia nervosa, as well as digestive disorders such as celiac disease and irritable bowel syndrome. The role of the RD is to provide evidence-based information about foods and nutrients and how they affect the body. Nutrition intervention is essential to reduce morbidity from these chronic and acute conditions. We utilize medical nutrition therapy to provide this counseling.

A typical day at the office includes one on one and/or family counseling for any variety of nutritional concerns including those listed above. We also provide group classes. Clients are referred to us primarily from physician and insurance companies with the main goal of improving health through less expensive lifestyle changes of improved diet and exercise. We pride ourselves on being client centered and goal focused in order to help clients identify barriers, overcome them and successfully reach their goals through education and self-management training.

Describing our insurance situation can be tricky because there are many different situations and experiences creating many different impacts. We are providers of these insurance companies: Aetna, Cigna, Devon, Highmark (under wellness benefits-not medical), Oxford, Medicare, Medicaid, Independence Blue Cross, Amerihealth Administrators, Keystone Healthplan East (IBC), Keystone 65 (IBC), Personal Choice (IBC), Capital Blue Cross, Horizon BC/BS, Gateway and Amerhealth St. Lukes.

There are some positive aspects of insurance reimbursement. For example, like medical attention, people are more likely to seek help for their nutritional needs, management and improvement of their diseased states if there is some insurance coverage that reduces their out-of-pocket costs. (It should be noted, however that individuals are paying high premiums and may also carry large deductibles that inhibit their follow-through on appointment scheduling when needing to self-pay for these wellness services.)

Another positive is that health insurance companies recommend only licensed and registered nutrition professionals. This better ensures that members will see a reputable provider as opposed to someone less qualified to help them manage their health.

We feel that improvements need to be made, however. More nutrition coverage for chronic disease states is needed as a way of decreasing medical costs through less expensive means. For the first time in history, lifestyle diseases like diabetes, heart disease and some cancers kill more people than communicable diseases. Treating these diseases costs a fortune, more than one-seventh of our GDP.

Another benefit of nutrition education and lifestyle change counseling is that it provides the potential for long term benefits that will alleviate the need for medication, surgery and future complications from not changing the root problems of these preventable diseases. Making Nutrition intervention for at risk populations more available will have an even greater impact on medical savings.

In a recent issue of the magazine *Circulation*, the American Heart Association editorial board stated flatly that costs in the US from cardiovascular disease – the leading cause of death here and in much of the rest of the world – will triple by 2030, to more than \$800 billion annually. Throw in about \$276 billion of what they call “real indirect costs”, like productivity, and you have over a trillion.

The best way to combat diet-related diseases is to change the way we eat. And if our thinking is along the lines of diet improved = deficit reduced, so much the better. If a better diet were to result only in a 10% decrease in heart disease that’s \$100 billion projected savings per year by 2030.

The following insurance companies have denied our application to be a provider: Highmark (medical), United Health Care, Health America and AETNA. With some of their self-funded plans, Aetna allows limited billing only by a physician’s office or hospital network.

The impact of this is that, as a private practice that does not affiliate with a hospital or physician’s office, we are locked out of receiving third-party reimbursement for our services. In the long run, we may be unable to continue our practice and serve our clients. Hospital and doctors would have the chance to monopolize the industry. Registered dietitians have proven themselves over and over to be the best resource for nutrition-related care and to be the nutrition experts. As RD’s are considered specialists in most networks I would envision the referral process being no different than a PCP referring one of their patient’s to a gastroenterologist when their signs and symptoms warrant the best “expert” possible.

We feel that limited specifications regarding billing through a physician or hospital network are not warranted in that we are always working under the client’s referring physician. Our scope of practice does not allow us to diagnose and all such administrative paperwork would be on hand prior to any scheduled sessions. This is no different than a physician referring to a physical therapist for treatment and sending a physician’s order including diagnosis for the PT to follow.

That said, we have always made a conscious choice to try to keep up with the insurance curve as we feel this is the best benefit for our client’s as well as our practice and efficacy as a small business in our community. The impact of this decision is that in order to keep up with the

insurance curve and provide effective billing for our client our overhead costs increase through electronic billing and staffing for administrative services.

Physicians often refer clients to us for nutritional counseling who do not make appointments because their insurance will not cover these services. A teenager diagnosed with anorexia nervosa, for example who would require consistent follow-up for MNT and general meal planning would not receive ANY benefits under certain insurance plans such as Capital Blue Cross. A client diagnosed with diabetes would receive wellness benefits through the Highmark Preventive Alliance Program of 1 (60-minute) initial and 6(30-minute) follow-up session per calendar year. However, the patient may need longer than 30 minutes and there may be better health outcomes if he or she had more than one follow up every 2 months.

We are aware that some providers, like Highmark Blue Shield, employ RD's in programs, paying them a fee to provide programing that (Highmark) develops. While there is reimbursement it is not through medical benefits or claim based services. Reimbursement rates are very low compared to competitive rates within the field. We are not content with this as dietitians are being underpaid for their expertise under this benefit. Although it may meet the needs of our patients somewhat because they are getting some covered benefit, the sessions are time-capped which does not allow us to meet all of their needs.

We consider recognition of RDs by insurance plans to be important. If third-party billing only recognizes physicians' or hospital networks as nutrition providers, our visibility as the nutrition experts will be diminished and the ability of the independent private practice to take on new clients and maintain a fiscally sound business would be limited to self-pay clients. As stated above, all clients would want to use their benefits as much as possible and may therefore not choose our office for their MNT services. This type of coverage would therefore, render Advantage Nutrition as useless.

The limitation of operating "under the direction of a physician" is what we already do now as RD's cannot diagnose. We receive physician orders for all MNT services with a client diagnosis prior to consultations.

Once again, I ask that you work on legislation that would recognize Registered Dietitians independently as providers in all health insurance plans in our state. Our citizens deserve consistent access to these licensed healthcare professionals regardless of affiliation or practice setting.

Testimony of Gale Maleskey, RD, LDN, MS
House Democratic Policy Committee Public Hearing
April 9, 2012

Good afternoon, members of the House Democratic Policy Committee. My name is Gale Maleskey. I am a Registered Dietitian with my own private practice, Integrative Nutrition, in Bethlehem, PA, and I am here today to ask that you work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state.

We are licensed healthcare providers in this state, yet insurance companies in this state do not consistently recognize us as providers under their plan. With Highmark Blue Cross Blue Shield, one of the biggest insurers in this area, for instance, I was told that I could not even apply to be a provider as a private practitioner. I would need to be working under the auspices of a medical doctor. That limits my practice.

As a result, I currently work with only one insurance company, Aetna, and the rest of my clients are asked to pay out-of-pocket. While some are more than willing and able to do this, I believe that people who need my services the most are those least likely to be able to pay out-of-pocket. That includes working families who are looking for specific, accurate nutritional guidance for conditions like childhood obesity, diabetes, high blood pressure, cancer and heart disease. I would love to be able to accept more patients with a variety of insurance coverages. Public health messages about healthy nutrition are important, but they do not have the impact or the ability to change behavior the way that a one-on-one individualized nutrition treatment plan does.

I love what I do for a living--help people live healthier lives and eat better—and I am hoping that you, as legislators, can help to make this a reality. This is an issue that has been going on for as long as I can remember, with no resolution. I believe my clients deserve consistent access to nutrition counseling without having to pay out-of-pocket.

We feel that improvements need to be made, however. More nutrition coverage for chronic disease states is needed as a way of decreasing medical costs through less expensive means. For the first time in history, lifestyle diseases like diabetes, heart disease and some cancers kill more people than communicable diseases. Treating these diseases costs a fortune, more than one-seventh of our GDP.

Another benefit of nutrition education and lifestyle change counseling is that it provides the potential for long term benefits that will alleviate the need for medication, surgery and future complications from not changing the root problems of these preventable diseases.

Making Nutrition intervention for at risk populations more available will have an even greater impact on medical savings.

In a recent issue of the magazine *Circulation*, the American Heart Association editorial board stated flatly that costs in the US from cardiovascular disease – the leading cause of death here and in much of the rest of the world – will triple by 2030, to more than \$800 billion annually. Throw in about \$276 billion of what they call “real indirect costs”, like productivity, and you have over a trillion.

The best way to combat diet-related diseases is to change the way we eat. And if our thinking is along the lines of diet improved = deficit reduced, so much the better. If a better diet were to result only in a 10% decrease in heart disease that’s \$100 billion projected savings per year by 2030.

The following insurance companies have denied our application to be a provider: Highmark (medical), United Health Care, Health America and AETNA. With some of their self-funded plans, Aetna allows limited billing only by a physician’s office or hospital network.

The impact of this is that, as a private practice that does not affiliate with a hospital or physician’s office, we are locked out of receiving third-party reimbursement for our services. In the long run, we may be unable to continue our practice and serve our clients. Hospital and doctors would have the chance to monopolize the industry. Registered dietitians have proven themselves over and over to be the best resource for nutrition-related care and to be the nutrition experts. As RD’s are considered specialists in most networks I would envision the referral process being no different than a PCP referring one of their patient’s to a gastroenterologist when their signs and symptoms warrant the best “expert” possible.

We feel that limited specifications regarding billing through a physician or hospital network are not warranted in that we are always working under the client’s referring physician. Our scope of practice does not allow us to diagnose and all such administrative paperwork would be on hand prior to any scheduled sessions. This is no different than a physician referring to a physical therapist for treatment and sending a physician’s order including diagnosis for the PT to follow.

That said, we have always made a conscious choice to try to keep up with the insurance curve as we feel this is the best benefit for our client’s as well as our practice and efficacy as a small business in our community. The impact of this decision is that in order to keep up with the

insurance curve and provide effective billing for our client our overhead costs increase through electronic billing and staffing for administrative services.

Physicians often refer clients to us for nutritional counseling who do not make appointments because their insurance will not cover these services. A teenager diagnosed with anorexia nervosa, for example who would require consistent follow-up for MNT and general meal planning would not receive ANY benefits under certain insurance plans such as Capital Blue Cross. A client diagnosed with diabetes would receive wellness benefits through the Highmark Preventive Alliance Program of 1 (60-minute) initial and 6(30-minute) follow-up session per calendar year. However, the patient may need longer than 30 minutes and there may be better health outcomes if he or she had more than one follow up every 2 months.

We are aware that some providers, like Highmark Blue Shield, employ RD's in programs, paying them a fee to provide programming that (Highmark) develops. While there is reimbursement it is not through medical benefits or claim based services. Reimbursement rates are very low compared to competitive rates within the field. We are not content with this as dietitians are being underpaid for their expertise under this benefit. Although it may meet the needs of our patients somewhat because they are getting some covered benefit, the sessions are time-capped which does not allow us to meet all of their needs.

We consider recognition of RDs by insurance plans to be important. If third-party billing only recognizes physicians' or hospital networks as nutrition providers, our visibility as the nutrition experts will be diminished and the ability of the independent private practice to take on new clients and maintain a fiscally sound business would be limited to self-pay clients. As stated above, all clients would want to use their benefits as much as possible and may therefore not choose our office for their MNT services. This type of coverage would therefore, render Advantage Nutrition as useless.

The limitation of operating "under the direction of a physician" is what we already do now as RD's cannot diagnose. We receive physician orders for all MNT services with a client diagnosis prior to consultations.

Once again, I ask that you work on legislation that would recognize Registered Dietitians independently as providers in all health insurance plans in our state. Our citizens deserve consistent access to these licensed healthcare professionals regardless of affiliation or practice setting.

Larien G. Bieber, M.D., F.A.C.P.
Samuel A. Rice, M.D.
John J. Scott, M.D.
James E. Spicher, M.D.
Marilyn D'Andrea-Spica, M.D.
John A. King, M.D.
Philip J. Jantzi, M.D.
Swapna R. Deshpande, M.D.
Robert A. Tribuzio, M.D.
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Rebecca A. Young, M.S.N., C.R.N.P.
Andrew C. Mayfield, M.S.N., C.R.N.P.
Mary E. Regan, M.S.N., C.R.N.P.
Maryellen Francescani, M.S.N., C.R.N.P.
Carol B. Spicher, R.D., C.D.E., L.D.N.

Testimony of *Carol Burkhart Spicher, M.S., R.D., C.D.E., L.D.N.*

House Democratic Policy Committee Public Hearing

April 9, 2012

Good afternoon, members of the House Democratic Policy Committee. I appreciate the opportunity to share my thoughts and experiences with you this afternoon. My name is Carol Burkhart Spicher. I work as a Registered Dietitian and Certified Diabetes Educator in several places in Lancaster, PA. I am here today to ask you to work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in Pennsylvania.

Most of my hours are spent with clients at General Internal Medicine located in Lancaster. Only adults (over 16 years of age) are seen there. I am grateful to be a team member with 22 other providers (physicians and nurse practitioners) in that medical practice.

I also work as a team member with a physician, nurse practitioners, and psychologists at a well known liberal arts college, Franklin and Marshall College in Lancaster, PA. I work there 8-10 hours/week to provide Medical Nutrition Therapy to students who are challenged with eating disorders, diabetes, high blood pressure and weight control. My third part-time job is with Lancaster General's Center for Wellness, where I lead a support group for women who live with Type 1 Diabetes. This role includes going out to community groups to discuss topics requested by them or leading a shopping tour in a local supermarket.

My personal interest in Type 1 Diabetes started when my younger and only brother was diagnosed at age 2. But in 1990 I took on the role of both patient and professional. I personally was diagnosed with Type 1 Diabetes at age 30. I now wear an insulin pump and understand how challenging it is to control that disease. I became a Certified Diabetes Educator within two years of my diagnosis.

At the Internal Medicine Office, I still see folks on a 1:1 basis, welcoming their family members or significant other to join in the counseling session. Beginning as early as 1992, I have spent many hours to become recognized as a provider within most of the insurance networks. Highmark is the only insurance company that refuses to cover my services. However, even though I've been assigned a provider number, coverage for my services is NOT guaranteed! The employers who are self-insured can choose to include or exclude coverage of medical nutrition therapy.

The inconsistencies are frustrating and challenging to both the provider and the client! Some policies allow only 1 visit per lifetime! Since diabetes is a progressive disease, I often inform patients on my first visit with them, that in 10 years, they will most likely need to take a long acting insulin. Put yourself in the client's position: Which visit would you want the insurance to cover? The first one where the client is shocked to be diagnosed with diabetes? Or the visit 10 years later, when they need to be taught to inject themselves with insulin?

Some policies mandate that their “covered lives” be seen by a “hospital dietitian”; which means that my services are not covered. This is especially frustrating to me since I have an ID badge from both hospital (Lancaster General for my Wellness Center job) and office settings. I’m the same provider, and offer similar skills in both counseling settings, but the insurances for some reason exclude dietitians employed in the office setting??!

I have letters written by physicians who support my request to you to make the insurance coverage for Medical Nutrition Therapy in PA more consistent. Dietitians are the experts in Nutrition. March was National Nutrition Month. This year the theme was “How to Build a Better Plate”. The government has chosen to replace a food pyramid with a Plate as a teaching tool. (Show them my teaching divided plate) I often explain to my patients that my role is to translate the doctor’s diet order into something they can understand and live with! So often we know that the “diet sheets” handed to the clients are not used, but stashed in the glove compartment or drawers as soon as they leave the appointment.

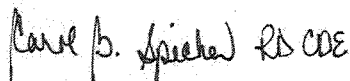
If your parent was newly diagnosed with diabetes, would you want them to be able to see a Registered Dietitian who would answer their questions and translate the words “diabetic diet” into a meal plan? Perhaps give them a specific list of healthy snacks? Or teach them how to read a food label? Or would you want them to go home and try to figure it out on their own or try to determine what’s true amidst the conflicting information that you, their child, would find on the internet??

I routinely start my visit with “How can I be helpful today? At the end, I ask them to summarize what their goals are: we write down three habits that they will try to change in the next three months. This week one of my patients sent me a list of questions that they want to discuss at the next appointment. I love that, when the client brings specific questions /topics that they want to discuss!

Often clients come with a goal of getting off medications. Seeing clients early in the diagnosis of diabetes makes it more likely that habit and lifestyle changes can be more effective, before their pancreas “poops out”. Patients smile when they admit that they’ve gone to Dunkin Donuts to eat 5 donuts on the way to my office, since they fear my taking away any food that tastes good. That’s not the image of the dietitian that I want you to grasp today! The finger wagging, NO NO NO scolding voice is not helpful. Instead, consider the Registered Dietitian as the preferred provider for Medical Nutrition Therapy! I read a sign by an elementary school: Education is 90% encouragement.

To summarize: My goal is to have you write and support the legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state. I hope that when you or your family members need Medical Nutrition Therapy, it will be available for you/them. Let us help you build a healthier plate!

Sincerely,



Carol Spicher, M.S., R.D., C.D.E., L.D.N.

Testimony of Julianne Hagan

House Democratic Policy Committee Public Hearing

April 9, 2012

Good afternoon. My name is Julianne Hagan and I am a licensed Registered Dietitian and Registered Nurse from Pittsburgh.

My expertise as a Registered Dietitian is currently not recognized by insurance companies who refuse to reimburse or reimburse at very low rates nutrition therapy services provided by Registered Dietitians. I am here today asking that you work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state. This reform is extremely important to promote the health of our communities, and to protect citizens from a current system that inhibits access to high quality nutritional counseling.

First, it is important to recognize that there is a great need for nutritional services in our state. Twenty- nine percent of Pennsylvania's children are overweight or obese, and still more have nutrition-related conditions such as high blood pressure, high cholesterol, poor growth or health conditions that may affect their long term health. The network of pediatric offices with which I work estimate that we serve 44,000 overweight or obese pediatric patients. Medical nutritional therapy has been proved effective to promote dietary changes that assist normal growth and development and prevent or treat chronic diseases. Eating habits also affect body image, attention span, and self esteem which are important contributors or barriers to children becoming productive members of society. As a form of preventative healthcare, MNT can slow escalating healthcare costs by preserving health before years of poor eating takes its toll on the children of Pennsylvania. Expanding access to services to Registered Dietitians can help families address problems early in life when change is more possible, effective and cost effective.

Now, acknowledging that nutritional services are integral to high quality healthcare in Pennsylvania, let us turn to how current insurance systems restrict access to these services, and result in an economically inefficient system.

When insurance companies provide little or no reimbursement for services provided by Registered Dietitians it undoubtedly limits the accessibility of the service. Highmark Insurance Company, for example, recognizes me as credentialed provider under their Federal Employee Plans but not under other plans. Plans also may cover nutrition counseling through dietitians hired by Giant Eagle and YMCAs but not through me, a credentialed provider.

Services related to nutrition may be provided by a physician or by a dietitian billing under the physician, however this increases the cost of services and takes time away from higher-level providers, such as physicians. For example, if a pediatric patient comes back to the physician repeatedly for nutrition counseling or weight monitoring, the cost is much higher than if the same service were offered by a dietitian whose billed amount is much less and whose expertise is often greater in the area of nutrition.

Currently, low reimbursements prohibit my employer from offering nutrition counseling services to the 145,000 pediatric clients served by our 31 community pediatric practices. Our network of

offices offers an integrated approach to preventing and treating childhood obesity through basic counseling to children and their families; however, this counseling is provided by registered nurses, who are trained by a colleague and myself. Nurses are already in high demand and their time and expertise is limited. As a licensed nurse and dietitian, I can personally attest to the different training and knowledge of these two professions, and while our nurses provide a great service many of our patients need nutrition counseling beyond what nurse's can or should provide. Unfortunately, the lack of coverage prevents my organization from hiring dietitians to address this need.

Finally, the current situation allows false information about nutrition to propagate in our state. Low reimbursement rates result in an inadequate supply of patients to support the practice of Registered Dietitians. The result is that affluent citizens pay out of pocket for Nutrition Therapy from sometimes unqualified providers, while poor and middle class citizens, who are already disproportionately overweight, rely on information from the media, fad diets, chiropractors, food companies, vitamin companies or cost-ineffective sources such as physicians. I live in the Fox Chapel Area of Pittsburgh and am acquainted with someone who did an 18 month online course, but has the financial resources to market her new nutrition coaching business and thus has numerous clients. She believes her approach is scientific yet makes recommendations that directly conflict with the latest recommendations made by the USDA Dietary Guidelines 2010, Institute of Medicine and other evidence based reports. Misinformation about nutrition is rampant but the key to scientifically sound and evidence-based nutrition therapy is having a Registered Dietitian providing the service. The Institute of Medicine, has acknowledged the Registered Dietitian as the "single identifiable group of health-care professionals with standardized education, clinical training, continuing education and national credentialing requirements necessary" to be recognized as providers of these services. Furthermore, RDs are the licensed nutrition healthcare providers in PA, meaning the state has already recognized the fact that we are qualified providers of nutrition service. Neither children nor adults should be seeing unqualified, unlicensed, individuals for nutritional guidance and paying out of pocket for a service so integral to their health.

In conclusion, the "Nutrition and You: Trends 2011" survey revealed that six in ten consumers say they would be interested in a consultation with a Registered Dietitian if it were covered by health insurance. As I have covered here today, nutritional counseling services are not only essential to the health of our state, but the current system has lead to an economically inefficient and uncontrolled market for nutrition information. In order to make it feasible for organizations and individuals to offer medical nutrition therapy services, reimbursement rates for services provided by Registered Dietitians must be higher than they currently are, in line with their education, expertise and their long term positive effect on health care costs.

Once again, I ask that you work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state. The citizens of Pennsylvania deserve consistent access to these licensed healthcare professionals.

Cynthia Burke, MS, RD, LDN, FADA

House Democratic Policy Committee Public Hearing
April 9, 2012

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.

**House Democratic Policy Committee
Public Hearing on Medical Nutrition Therapy
April 9, 2012
Harrisburg, PA**

**TESTIMONIES SUBMITTED INTO HEARING RECORD
BY PADA MEMBERS WHO ARE NOT TESTIFYING**

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Written Testimony Submitted by Andrea Dillaway-Huber, PhD, RD, LDN
House Democratic Policy Committee Public Hearing
April 9, 2012

Since I am unable to testify in person, I am submitting my written testimony to be entered into the hearing's record. My name is Dr. Andrea Dillaway-Huber. I am a Registered and Licensed Dietitian from Wyomissing, Pennsylvania and I am asking that you work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state.

I currently have a private practice specializing in pediatric and adolescent weight management and eating disorders and I am not a preferred provider for any insurance companies. Why? Insurance companies do not consistently recognize our credentials or us under their plans. If they do, I spend hours and multiple phone calls trying to get my patients coverage, only to find, as happened just recently, that I was asked to accept \$24 for a \$140 visit, which represents a net loss of income for my business.

I maintain a solid physician referral basis in my area, but many times patients end up not scheduling an appointment since I am not a provider under any insurance plans. Physicians get frustrated, patients get frustrated, and I too am frustrated. These patients often do not get the care they need for nutrition related concerns. Or, they turn to other less educated trainers, chiropractors, and nurses who do not have the extensive training and proven outcomes provided by a Registered and Licensed Dietitian. I hear story after story in my practice of misinformation provided by "alternative" providers. We could save Pennsylvania money and improve health if we were universally accepted as preferred providers receiving fair reimbursement for services.

MNT (medical nutrition therapy) is a medical service that has been proven to be safe and medically effective. The key to the effectiveness of these services is the registered dietitian as the provider of the service. The Institute of Medicine has previously acknowledged the registered dietitian as the "single identifiable group of health-care professionals with standardized education, clinical training, continuing education and national credentialing requirements necessary" to be recognized as providers of these services.

Insurance companies for many reasons must credential dietitians. First and foremost, Pennsylvania recognizes that a Registered and Licensed Dietitian is a qualified provider of nutrition services. Also, multiple studies support the fact that evidence based nutrition practices reduce health care costs and improve outcomes. In addition, physicians do not have the time or expertise and training to properly address nutritional issues with their patients. In medical school, physicians receive minimal nutrition education, most completing only one course.

Patients depend on the fact that they will be cared for by the health specialist with the best knowledge and training to meet their specific health needs. The Licensed, Registered Dietitian is the most highly qualified health specialist in terms of educational background and practical training to both assess and provide nutrition intervention for their patients.

So scope of practice would suggest that a dietitian better serves a patient's nutritional needs while a physician addresses and cares for their other health needs.

The financial impact on the economy for absenteeism, lost wages, productivity and quality of life is tremendous for patients unless evidence based nutrition practice provided by a registered and licensed dietitian is implemented in the patient's plan of care.

Once again, I ask that you work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state. Our citizens/we deserve consistent access to these licensed healthcare professionals.

Best regards,

Andrea Dillaway-Huber, PhD, RD, LDN
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Written Testimony Submitted by April Rudat, RD, LDN
House Democratic Policy Committee Public Hearing
April 9, 2012

Since I am unable to testify in person, I am submitting my written testimony to be entered into the hearing's record.

My name is April Rudat, MS Ed, RD, LDN, and I am a dietitian in private practice in Moscow, PA. I also work at Marywood University in Scranton, PA as faculty and as the Student Health Services Consultant Dietitian. I am the author of two books, "Oh Yes You Can Breastfeed Twins!" and "Truck Drivers: Stop Your Job from Killing You! The Dietitians' Guide to Smart Eating and Healthy Living" (co-authored with dietitian Sharon Madalis). I hold a Master's degree in Counseling from Old Dominion University in Norfolk, VA, and I received my Bachelor of Science in Dietetics from Indiana University of Pennsylvania in Indiana, PA. I completed my year-long dietetic internship at Geisinger Medical Center in Danville, PA, and I am credentialed as a Registered Dietitian (RD) through the Academy of Nutrition and Dietetics/Commission on Dietetic Registration and licensed in Pennsylvania as a Licensed Dietitian/Nutritionist (LDN).

In my private practice each day, I see patients – both adults and children – who struggle with eating disorders or weight management. I tailor my nutritional recommendations to each individual who sits before me, and I teach the art of nutritional balance and eating mindfully, healthfully, and according to one's hunger and fullness signals. This skill set is unique to Registered Dietitians, and the research evidence upon which we Registered Dietitians are trained is extensive and scientifically valid. We Registered Dietitians are an integral part of prevention and treatment of many diseases, and we are key practitioners in the war on obesity.

In my private practice, I bill for medical nutrition therapy using the CPT codes 97802 and 97803. I have had success in gaining provider status, in billing, and in being reimbursed using the following plans:

- Aetna
- Blue Cross of Northeastern Pennsylvania, First Priority Health
- Blue Cross of Northeastern Pennsylvania, First Priority Life Insurance Company
- Highmark Federal Employee Program

I have not had success when attempting to bill for medical nutrition therapy with several other plans, including Highmark Blue Shield. Ironically, I did obtain provider status with Highmark Blue Shield; however, when initially working with my first patient with this

plan, coverage was denied. The patient was told via phone that she could see a Registered Dietitian for a \$0 co-pay for unlimited visits, but when I called Highmark to obtain a mailing address for my CMS 1500 claim (bill for service), a representative told me only licensed providers could use the CPT codes 97802 and 97803. Upon telling her that I was a Licensed Dietitian Nutritionist in Pennsylvania, she then informed me that only a physician or chiropractor could use medical nutrition therapy codes. Finally, the representative told me that my patient could travel to see a Highmark-employed Registered Dietitian at a Highmark Community Clinic site, but the closest site to my patient was over one hour away. This patient has been seeing me for more than a year now, and she has been paying out of pocket, a fee-for-service, for sessions every other week. This person, a 50-year-old woman, struggles with a life-long eating disorder and needs weekly visits with a specialized dietitian such as myself, not a Community Clinic dietitian more than 1-hour away from her home.

In addition, with the aforementioned plans for which I am a provider, I also experience difficulty with so many of my patients in that there is often a 6-visit limit per calendar year. Can a Registered Dietitian really end obesity in 6 visits? Can a life-threatening eating disorder such as anorexia nervosa be effectively treated in 6 visits? Documented treatment time for eating disorders is 2 – 8 years with the recommendation for weekly visits with a treatment team including a Registered Dietitian, a therapist, a physician, and a psychiatrist.

I do hope this letter will provide a glimpse into reimbursement issues of Registered Dietitians – skilled, trained experts in nutrition – who are attempting to bill insurance companies for medical nutrition therapy for the prevention and treatment of many diseases. These include eating disorders, obesity, diabetes, kidney disease and others for which appropriate medical nutrition therapy administered by a Registered Dietitian can both save lives as well as significantly reduce medical costs associated with long term complications.

Please do not hesitate to contact me with any questions.

Thank you for your time,

April Rudat, MS Ed, RD, LDN

April Rudat, MS Ed, RD, LDN

Written Testimony Submitted by Christina Brecht, MPH, RD, LDN
House Democratic Policy Committee Public Hearing
April 9, 2012

Since I am unable to testify in person, I am submitting my written testimony to be entered into the hearing's record.

My name is Christina Brecht. I am a Registered Dietitian from Monroe County, licensed to practice in Pennsylvania. I am asking that you work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state.

I have been in private practice on a part time basis since 1988. At that time no insurance plans covered what I do - Medical Nutrition Therapy. Then Medicare, in 2002, recognizing the value and cost benefits of MNT approved coverage for Diabetes and Renal disease. Since that time additional insurance plans have begun to cover MNT for various diagnoses – such as diabetes, hyperlipidemia, hypertension, and obesity. I currently participate with Medicare, the Federal Employee program (FEP), First Priority Life (FPLIC) and First Priority Health (FPH). I do participate with my local BC/BS plan which is Blue Cross of Northeastern Pennsylvania so I am “in network” for many out of state BC/BS plans. I have received payment from some other private insurers on occasions when no other RD was available within a reasonable distance from the patient area. I have what is called a “661 flag” which means that I am “in network” for Premier Blue PPO. I have been denied claims submitted to Highmark for MNT, informed that Highmark does not credential the RD, LDN in Pennsylvania.

Additionally I am a tenured faculty member at East Stroudsburg University where I receive my medical benefits. My health insurer happens to be Highmark. So, as a member I can search for a health care provider. When I search for a registered dietitian I do find several – they are all in NJ and the closest one to me is 32.59 miles away. Not one RD in PA is listed – because, again, Highmark does not credential dietitians in PA. Highmark does provide for a limited number of “nutrition coaching” visits as part of its wellness benefit which can be provided by dietitians. Hoping to be added under this option I did inquire but was told that as a practitioner in Monroe County I could not participate. The closest “wellness coach” is approximately 1 hour from me. At this point only 12 counties have organizations that have been approved to provide this wellness option.

Registered Dietitians are the only health care professionals trained to provide MNT. The Institute of Medicine has previously acknowledged Registered Dietitians as the “single identifiable group of health-care professionals with standardized education, clinical training, continuing education and national credentialing requirements necessary” to be recognized as providers of these services. MNT is both a science and an art. RDs understand the science of nutrition and are uniquely qualified to translate this science into action steps for our patients. Achieving dietary change is challenging and complex. It is not simply about knowing what you should eat – if it were that simple we would not be facing an epidemic of obesity and diabetes. **The vast majority of my patients are referred to me directly by their medical doctor, who recognize the value of MNT.** The

MD has neither the time nor specific training in strategies for health behavior change. My first appointment with a new patient typically lasts one hour. That is the minimum time it takes to thoroughly assess the patients' knowledge, attitudes, behaviors and design a roadmap to improved health. For a few hundred dollars I have helped those with conditions such as diabetes, hypertension and hyperlipidemia manage their diseases and in some cases get off their medication. It is ironic that Highmark will cover bariatric surgery, which costs thousands of dollars but will not cover counseling by a Registered Dietitian which would cost a few hundred dollars. It simply does not make economic sense. Interestingly I have been told by Highmark that MNT (procedure code 97802/97803) is a covered benefit under their plans if performed by a chiropractor or a doctor – even though these groups are not trained to provide MNT nor licensed to do so.

This note from a recent patient provides evidence regarding the value of MNT:

To Whom It May Concern:

I recently had need of a dietitian to aid me with my diagnoses of Diabetes Type II - My dietitian (Christina Brecht) has provided me with an invaluable service. She has educated me in the proper food selection to control the disease and improve my health. Not only have I been able to control my disease, but I have also lost weight and improved my overall health because of her skill as a dietitian. (Food selection, carb (carbohydrate) counting, # of meals daily, snacks, exercise, and the list goes on) I am most grateful to have had her services.

With Respect,
Sherry Gallagher
276 Center Road
Stroudsburg PA 18360

I have not received payment for my sessions with Sherry Gallagher. She has a BC/BS of Idaho plan through her employer. Prior to her initial appointment with me, both Sherry and I confirmed with her plan that MNT was covered and that I was “in network” as I participate with my local plan (NEPA). I was told by NEPA to mail all out of state claims to a Highmark PO Box in Camp Hill. In doing so, my claim was denied, as it was processed by Highmark -which does recognize Dietitians. Both Sherry and I have made several calls and inquiries after my claim was denied – but have been unable to straighten this out as yet.

I lose approximately 50% of the referrals made to me by MD's due to insurance issues. Sometimes it is because the insurance carrier does not recognize dietitians; sometimes it is because a particular plan does not cover the diagnosis. For example- some plans do not cover MNT for Obesity alone unless there is a co -morbidity such as Diabetes. In a few cases patients will elect to pay out of pocket for a session with me, but rarely will they pay out of pocket for multiple sessions. I now have many calls from parents of obese children desperately seeking help as their pediatrician has warned them that their child may need medication for high blood pressure or diabetes in the near future. Last week, for example I

saw a 12-yr. old boy, 5'2", weighing 200 pounds. His blood tests indicated that he was "prediabetic". His mother felt it was essential that they receive nutrition counseling, so she decided to pay out of pocket for a single session with me. A single session just scratches the surface as this family attempts to modify their lifestyle behaviors.

MNT is a medical service that has been proven to be safe and medically effective. The key to the effectiveness of these services is the -Registered Dietitian as the provider of the service. Once again, I ask that you work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state. Our citizens/we deserve consistent access to these licensed healthcare professionals.

Written Testimony Submitted by Jennifer Palauskas BS, RD, LDN
House Democratic Policy Committee Public Hearing
April 9, 2012

Since I am unable to testify in person, I am submitting my written testimony to be entered into the hearing's record. My name is Jennifer Palauskas BS, RD, LDN. I am a Registered Dietitian from Scranton, Pennsylvania and I am here today asking that you work on legislation that would recognize Registered Dietitians (RD) as providers in all health insurance plans in our state.

We are licensed healthcare providers in the state, yet insurance companies do not consistently recognize us and credential us as providers under their plans. This creates barriers to access cost-effective services that could save our state money and improve the health of our citizens. It also creates health disparities among our citizens. For example, a gentleman called the hospital where I work for diet instruction on weight loss, after he had been educated on diabetes by a Nurse Practitioner who works in a physician's office. The nurse practitioner was covered by his insurance, while a RD is not. The nurse reviewed the information so quickly that the patient didn't fully understand it. So, a RD was asked to instruct the patient. If a Registered Dietitian, trained in both medical nutrition therapy for both obesity and diabetes treatment, had given the instruction originally, he/she would have first customized a treatment plan for both co-morbidities including appropriate follow up recommendations. Also, Registered Dietitians are trained to measure outcomes of our intervention. In this case, the patient was provided with a quiz at the end of our counseling to assess his knowledge. The patient was very pleased with the instruction that he received from the RD and felt his healthcare was individualized and not just part of a "cookie cutter fix-it plan".

Recognition of RDs by insurance plans is critical Registered Dietitians are licensed healthcare providers in the state, meaning the state has already recognized the fact that we are qualified providers of nutrition services. We are also nutrition experts and the most highly qualified) providers of nutrition services. We have all had at least 4 years of nutrition education, including instruction on every disease state. We have all passed a comprehensive examination administered by the Commission on Dietetic Registration. We must complete continuing education to maintain our registration and state license. Physicians don't have the time to provide nutrition education to their patients. - In addition, they have minimal training in nutrition. Nurses also generally are only required to complete one nutrition course during their schooling.

There is a multitude of data that demonstrates the cost-savings of RD-provided nutrition counseling. As just one example, a study conducted at Massachusetts General Hospital demonstrated a savings of \$4.28 for each dollar spent on MNT. MNT services provided by RDs are less expensive than physician office visits and hospitalizations for complications of disease such as diabetes that could be averted by nutrition interventions. Also, nutrition interventions can reduce and even eliminate the need for costly long-term medications to treat chronic diseases.

Nutrition and diet are known to be associated with seven of the top ten leading causes of death in the United States today, including the Big Three: heart disease, cancer and stroke. Diet and nutrition are also factors in other chronic conditions such as pulmonary disease, diabetes, liver disease, arteriosclerosis and kidney disease. Diet and nutrition have a major role in curbing the obesity epidemic facing both children and adults across our state. Lack of access to RD-provided medical nutrition therapy services certainly has played a role in the escalating prevalence of these conditions and the associated growth in the costs of treating them. Opening up access to these services from the nutrition experts can help to rein in spiraling health care costs in our state.

MNT is a medical service that has been proven to be safe and medically effective. The key to the effectiveness of these services IS THE REGISTERED DIETITIAN as the provider of the service. The Institute of Medicine has previously acknowledged the registered dietitian as the “single identifiable group of health-care professionals with standardized education, clinical training, continuing education and national credentialing requirements necessary” to be recognized as providers of these services.

Once again, I ask that you work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state. Our citizens deserve consistent access to these licensed healthcare professionals.

Sincerely,

Jennifer Palauskas
Registered Dietitian

Written Testimony Submitted by Karen Peterson, BS, LDN, CDE, RD
House Democratic Policy Committee Public Hearing
April 9, 2012

Since I am unable to testify in person, I am submitting my written testimony to be entered into the hearing's record. My name is Karen Peterson. I am a Registered Dietitian and a Diabetes Educator from New Castle, PA and I am writing this today asking that you work on legislation that would recognize Registered Dietitians (RD) as providers in all health insurance plans in our state.

RDs are licensed healthcare providers in the state, yet insurance companies do not consistently recognize us/credential us as providers under their plans. This creates barriers to access to cost-effective services that could save our state money and improve the health of our citizens. This results in health disparities among our citizens.

My problem with insurance companies is that it seems that they make up their own rules. My patients will phone their insurance company to confirm that they have medical nutrition therapy benefits/diabetes benefits and then when I submit the bill I'm either rejected or I never hear from them. Then when I do phone the companies for an explanation it takes forever to get to the correct department. I submit my bills on paper form. It would not be beneficial for me to get the computer program at this point in time to be able to send bill on line vs. via postal service.

I saw six patients last year for a total of 12 visits. I did not get paid for any of my services. They were all diabetics plus 3 patients have Stage 5 Kidney disease. The insurance was Medicare and Highmark/Blue Cross. The one young patient, age 33, had uncontrolled Type I Diabetes. He was seen by an Endocrinologist and was prescribed Medical Nutrition Therapy. He was referred to me to be able to get the Insulin Pump so he could go back to work within a 2-week period. I saw him and his wife in October 2011 and within 2 weeks he received the pump and is doing fine. If I had not seen him he would not have gotten the insulin pump for another 6-8 weeks and delayed from going back to work. His diabetes is in better control since he saw me and feels so much better. The bill was sent to his insurance company and to this date I have not heard if they are going to pay or reject my bill.

I work 2 jobs, full time for Jameson Health System, for over 30 years, the Diabetic Clinic and Jameson Care Center for long term and short term residents. My part time job is with Fresenius Medical Care, a dialysis unit for which I have worked over 10 years. I am trying to have a private practice to be able to have a part time job when I retire. I feel I can really help improve patients' lives with my knowledge and experience in the diabetes and renal world and to prevent further medical complications which would save money for the insurance companies. I spend about 90 minutes with my patients where MD's spend 15 minutes or less with their patients. I get the comments all the time that their MD or Nurse at MD's office never told them about their disease or medication.

RDs are licensed healthcare providers in the state, meaning the state has already recognized the fact that we are qualified providers of nutrition services; nutrition experts; best-qualified providers of nutrition services; evidence-based practice.

Summary:

Once again, I ask that you work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state. Our citizens deserve consistent access to these licensed healthcare professionals.

Written Testimony Submitted by Kathy P. Alfieri, BS, RD, LDN
House Democratic Policy Committee Public Hearing
April 9, 2012

Since I am unable to testify in person, I am submitting my written testimony to be entered into the hearing's record. My name is Kathy Partenope Alfieri, BS, RD, LDN. I am a Registered Dietitian and Clinical Nutrition Manager from Dunmore, Pennsylvania. I am here today asking that you work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state. I have 33 years experience in Dietetics; Hospital based nutrition, Home Health, Private Practice, and as a Clinical Educator of Student Dietitians.

We are licensed healthcare providers in the state, yet insurance companies do not consistently recognize us and credential us as providers under their plans. This creates barriers to access cost-effective services that could save our state money and improve the health of our citizens. It also creates health disparities among our citizens. I'd like to start by saying that I respect all fields of Healthcare and feel they all have their place and purpose in the community. However Registered Dietitians are specifically trained in the science, psychology, teaching, and communication aspect of Medical Nutritional Therapy and Education.

For example, many hospital employees, including nurses, will come to me or other Registered Dietitians at the facility the day after an appointment with their physician and say, "...I need your help, I don't understand." It is usually in regard to the doctor's recommendation that they follow a Diet, for example: Low Cholesterol Diet, Diabetic, or Low Salt. The employee has no idea where to begin. Even when he or she has been given a Diet Education Sheet, it's not adjusted to his or her needs. I can count on this occurring at least three times per week. A physician writes a prescription for medication treatment, and the pharmacist expert fills the prescription. In the same manner, a doctor writes the prescription for nutritional therapy and Education, and the RD expert is the healthcare professional to complete the therapy. But there is one catch, insurance companies are not recognizing Registered Dietitians as providers of the service.

One patient I was counseling was trying to conceive a child. She had Poly Cystic Ovarian Syndrome [PCOS] which can make conception difficult or even impossible. Blood sugar control is needed, and treatment is often an oral medication which not all patients tolerate. In this case she did not tolerate the medication, nor did she tolerate even the many pills her chiropractor had given her. As a team, I worked with the patient and her physician, and we came up with a treatment plan. After a short time, the patient was pregnant and had good blood sugar control.

An employee came to me to discuss her husband's new diagnosis of Celiac Disease [they can't take any Gluten / Flour]. Once again, she had no idea how to start the diet or even how to shop for the appropriate gluten free items. The employee, her husband, and I worked together. After this, her husband was able to gain healthy weight and muscle back and started feeling stronger.

People in the community every day call me as an RD to ask questions, because they consider RDs to be the experts in the field of nutrition.

Childhood Obesity is a large problem in Pennsylvania and throughout the country I reference the American Medical Associations recommendations to Physicians in prevention and treatment of this problem. Obesity in children can cause teenage diseases such as Diabetes and high blood pressure. Then as adults it can cause heart disease and multiple other debilitating, high cost healthcare illnesses. Childhood obesity is an increasingly serious problem effecting 13.9 percent of children two to five years of age; 18.8 percent of children six to 11 years of age; and 17.4 percent of adolescents 12 to 19 years of age in America.

Childhood Obesity: Highlights of AMA Expert Committee Recommendations. July 1, 2008

Source <http://www.aafp.org/afp/2008/0701/p56.html>

1st stage: includes physicians to assess key **dietary habits among other habits**

2nd stage: (STRUCTURED WEIGHT-MANAGEMENT PROTOCOL) involves providing a more structured plan for children and families that includes a low-energy-dense, balanced diet; structured meals; supervised physical activity of at least 60 minutes daily 12 ; one hour or less of screen time per day; and increased self-monitoring of these behaviors through completion of logs (Table 311). Family physicians may require help from allied care professionals or special expertise to implement this step.

In reference to the “Allied Care Professional or Special expertise,” the State of PA has already decided that the Registered Dietitian is that person. This is evidenced by the Team education program that will be starting. Pennsylvania will be educating Family Practice Physician & Registered Dietitian Teams. Those teams will then become certified to hold education Programs for Physicians on prevention and treatment plans to prevent Childhood Obesity. The State has already determined that the RD is the professional with the expertise to supply the treatment of Childhood obesity. Now we, the Registered Dietitians, urge our legislators to speak with CMC and other PA state insurers to recognize RDs as the provider of Nutritional Care and Prevention of Obesity as well as other health conditions such as High Blood Pressure and High Triglycerides.

However, most important is our communities’ health.

Recognition of RDs by insurance plans with third party payment is important. Registered Dietitians are licensed healthcare providers in the state, meaning the state has already recognized the fact that we are qualified providers of nutrition services. We are also nutrition experts and the best (i.e., effectiveness, cost) qualified providers of nutrition services. **We have all had at least 4 years of nutrition education on every disease state. Our education although heavy in science also includes courses in psychology, behavior management, and communication. We also need fifteen hours per year of continuing education to maintain our registration and PA license.** We focus every day on improving the health of the population, disease prevention to help control the cost of healthcare.

There is a multitude of data that demonstrates the cost-savings of RD-provided nutrition counseling. As just one example, a study conducted at Massachusetts General Hospital demonstrated a savings of \$4.28 for each dollar spent on MNT. MNT services provided by RDs are less expensive than physician office visits and hospitalizations for complications of disease such as diabetes that could be averted by nutrition interventions. Also, nutrition interventions can reduce and even eliminate the need for costly long-term medications to treat chronic diseases.

Nutrition and diet are known to be associated with seven of the top ten leading causes of death in the United States today, including the Big Three: heart disease, cancer and stroke. Diet and nutrition are also factors in other chronic conditions such as pulmonary disease, diabetes, liver disease, arteriosclerosis and kidney disease. Not to mention the role of nutrition in curbing the obesity epidemic facing both children and adults across our state. Lack of access to RD-provided medical nutrition therapy services certainly has played a role in the escalating prevalence of these conditions and the associated growth in the costs of treating them. Opening up access to these services from the nutrition experts can help to rein in spiraling health care costs in our state.

NOTE: Think about financial impact of these diseases (if not well managed) on the economy (lost wages, absenteeism, worker productivity); think about impact on quality of life of the citizens of PA.

MNT is a medical service that has been proven to be safe and medically effective. The key to the effectiveness of these services is the registered dietitian as the provider of the service. The Institute of Medicine has previously acknowledged the registered dietitian as the “single identifiable group of health-care professionals with standardized education, clinical training, continuing education and national credentialing requirements necessary” to be recognized as providers of these services.

Once again, I ask that you work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state. Our citizens deserve consistent access to these licensed healthcare professionals.

Sincerely,

Kathy Partenope Alfieri, RD, LDN

Written Testimony Submitted by Krista Yoder Latortue, MPH, RD, CSP, LDN
House Democratic Policy Committee Public Hearing
April 9, 2012

Since I am unable to testify in person, I am submitting my written testimony to be entered into the hearing's record. My name is Krista Yoder Latortue. I am a Registered Dietitian and am in private practice in Philadelphia and I am asking that you work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state.

Registered Dietitians are licensed healthcare providers in the state, yet insurance companies do not consistently recognize us/credential us as providers under their plans. This creates barriers for the public to access cost-effective services that could save our state money and improve the health of our citizens. It also creates health disparities among our citizens based on which insurance plans they have.

I personally see many patients through Independence Blue Cross Personal Choice, Independence Blue Cross PPO, and Keystone Health Plan East for medical nutrition therapy. Each of these health insurance plans covers six free visits with a Registered Dietitian per calendar year. Patients greatly benefit from these visits by learning and implementing healthy lifestyle changes that improve their nutritional status and health. My practice specializes in child nutrition and we are proud of our 75% success rate of improving the weight status of children and 95% success rate in decreasing picky eating and acceptance of healthy foods.

Patients who do not receive coverage for nutrition counseling by a Registered Dietitian under their health insurance plans are unable to access personalized nutrition counseling from a reliable source without paying out of pocket. This is a great disservice to members and does not allow them to optimize their health potential. Additionally, it disproportionately limits the healthcare access of members who are unable to afford the out of pocket expenses.

It is essential that all health insurance plans in Pennsylvania recognize Registered Dietitians as providers and cover nutrition counseling provided by a Registered Dietitian. Registered Dietitians are licensed healthcare providers in the state, meaning Pennsylvania has recognized the fact that we are qualified providers of nutrition services. Our services to patients are grounded in evidence-based practice guidelines-and we are the MOST qualified providers of medical nutrition therapy.

Once again, I ask that you work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state. Our citizens/we deserve consistent access to these licensed healthcare professionals.

Written Testimony Submitted by Elizabeth Ruder
House Democratic Policy Committee Public Hearing
April 9, 2012

Since I am unable to testify in person, I am submitting my written testimony to be entered into the hearing's record.

My name is Elizabeth Ruder. I am a doctoral level Registered Dietitian and Assistant Professor at the University of Pittsburgh. In this position, I serve as Director of the Didactic Program in Dietetics to educate and train the next generation of RDs. I am here today to ask that you advance legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state. The objective of my testimony is to provide you with an idea of the education and training required of Registered Dietitians.

Earning the RD credential is not easy, but the rigor and oversight of the credentialing process underscores that Registered Dietitians, alone, possess the standardized education, clinical training, continuing education and national credentialing requirements necessary to be recognized as providers of MNT (medical nutrition therapy) services.

The first step to become an RD is to earn a minimum of a bachelor's degree with approximately 60 credits of course work specific to nutrition and dietetics, including nutrition assessment, nutrient metabolism, medical nutrition therapy, and nutrition education and counseling, from an institution accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND). There are eleven accredited programs in Pennsylvania and roughly 226 accredited programs in the United States.

After completing the educational requirements from an accredited program, students must fulfill a minimum of 1200 hours of supervised practice through an accredited program at a health-care facility, community agency, or a foodservice corporation to obtain hands on experience with the supervision of a precepting Registered Dietitian. Typically, a practice program will run 10 to 12 months in length; most pay no stipend and many actually charge tuition. Despite this obstacle, competition for supervised practice programs is intense—nationally there are 2 applicants for every one position available in an internship practice program. Thus, rising Registered Dietitians generally possess excellent grades and significant work or volunteer experience in nutrition.

Once the 1200 hours of supervised practice experience is complete, the individual is eligible to sit for a national examination administered by the Commission on Dietetic Registration that ultimately awards the credential of "RD". Moreover, to maintain one's RD credential, one must accumulate 75 hours of continuing education every 5 years.

As I have alluded to, the somewhat lengthy, competitive process required to become an RD is overseen by two separate, independent agencies: the Accreditation Council for Education in Nutrition and Dietetics and the Commission on Dietetic Registration. These agencies ensure that individuals who possess the RD credential have received a

standardized education, hands on clinical training and remain up to date with the advances in the field.

However, possession of the RD credential following a bachelor's degree is just the minimum amount of education required to practice. Some RDs hold additional certifications in specialized areas of practice, awarded by the Commission on Dietetic Registration, in areas of specialization such as pediatric or renal nutrition, sports dietetics, nutrition support and diabetes education. In addition, of the 3,964 Registered Dietitians in Pennsylvania, 33% have a Master's degree or higher.

Registered Dietitians are highly trained to practice MNT and data demonstrate that RD-provided nutrition counseling saves money. Results from a 12-month randomized controlled trial comparing a registered dietitian-led lifestyle case-management intervention cost an average of \$328 per person per year, but reduced mean health plan costs by an average of \$3,586 per year (1).

Once again, I ask that you work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state. Our citizens deserve consistent access to qualified, trained, licensed healthcare professionals.

1. Wolf AM, Siadaty M, Yaeger B, et al. Effects of lifestyle intervention on health care costs: Improving Control with Activity and Nutrition (ICAN). *Journal of the American Dietetic Association*. Aug 2007;107(8):1365-1373.

Written Testimony submitted by Michele L. Francis, MS, RD, CDE, LDN
House Democratic Policy Committee Public Hearing
April 9, 2012

Since I am unable to testify in person, I am submitting my written testimony to be entered into the hearing's record. My name is Michele Francis, and I am currently employed as Manager of the Diabetes and Nutrition Services Department at The Chester County Hospital and Health System in West Chester, PA. As a practicing Registered Dietitian since 1989, I have educated countless patients, helping them to make lifestyle changes to improve their health outcomes. I have worked with many dietitians and have seen the value patients receive when working with these qualified health professionals. I firmly believe that people should have the right to access the services of a Registered Dietitian. For this reason, I am asking that you would recognize Registered Dietitians as providers in all health insurance plans in our state.

Our hospital outpatient program provides Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT) to patients with diabetes. Last year, we educated approximately 600 patients. Because these patients have a diagnosis of diabetes, insurance companies including Medicare, Blue Cross, Aetna, and Medicaid covered most, if not all of these services.

Our program has proven patient outcomes:

1. A1c reductions of greater than 2% (A1c is a measure of average glucose; research has shown that even a 1% reduction significantly reduces the risk of diabetes-related complications such as kidney disease, eye disease and nerve damage)
2. Average weight reduction of 6.6 pounds
3. Behavior change goal achievement greater than 90% for patients

These outcomes clearly demonstrate that DSMT and Medical Nutrition Therapy by a Registered Dietitian can significantly improve the health outcomes for patients who can access these services.

In my opinion, there are barriers that exist for patients to access a Registered Dietitian for MNT. First, most insurance plans only cover MNT for patients with a diagnosis of diabetes or kidney disease. This is very short-sited, since we know that other disease states are significant contributors to the rising cost of health care. There are 79 million people in the United States who have pre-diabetes. According to the American Diabetes Association, people with pre-diabetes could already have damage to the body, especially the heart and circulatory system. Without intervention, people with pre-diabetes will likely develop Type 2 diabetes within 10 years. These patients need access to qualified dietitians to decrease their risk of developing diabetes. We know that lifestyle management, including medical nutrition therapy, can reduce the risk of developing diabetes by 58% in this population. Dietitians are proven behavior change experts. These patients, who are

often obese with lipid abnormalities, should have access to MNT services to promote positive health behavior changes to reduce their chances of developing Type 2 diabetes.

Reducing hospital readmission rates is a recent and important initiative in health care cost-containment. According to a study presented at the American College of Cardiology's annual meeting, dietary counseling, as part of a "checklist" was shown to be a proven intervention to significantly reduce hospital readmission rates in patients with heart failure. The checklist required that patients were provided with information on how to modify their diet and exercise and encouraged them to schedule an appointment with a dietitian. After reading about this study, I realized that despite the demonstrated benefits, our hospital system could not fully implement this program because heart failure, while being a significant contributor to hospital readmission rates, is currently not a covered diagnosis for MNT services.

Another barrier which we have noted in our Health System is that while Independence Blue Cross (IBX) will cover MNT for obese patients for 6 visits/year, IBX has limited its number of "Diet and Nutrition Providers" by excluding hospital-based dietitians. The Registered Dietitians employed by The Chester County Hospital are not on "the list" and therefore, we are not able to provide this wonderful and much needed service, which incidentally is free to participants. Our own employees, who seek weight management counseling, have to go outside of our system to see a dietitian. It would be much more convenient and cost-effective for our employees to have on-site access to MNT services. We also get calls for weight management services on a regular basis from the general public and we have to turn these patients away, as they cannot afford the out-of-pocket cost they would incur because we are not approved providers. I believe that insurance companies need to recognize all Registered Dietitians as approved providers. After all, we are all licensed healthcare providers in the state, so we should be able to get credentialed under their plans.

The Institute of Medicine has acknowledged that Registered Dietitians are "the single identifiable group of health care professionals with standardized education, clinical training, continuing education and national credentialing requirements necessary" to be recognized as providers of MNT services. We need to be viewed as an integral part of the health-care cost containment solution. So once again, I ask that you please work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state. Thank you for your time and consideration.

Sincerely,



Michele L. Francis, MS, RD, CDE
Manager of Diabetes and Nutrition Services
The Chester County Hospital
701 East Marshall Street
West Chester, PA 19380

Written Testimony Submitted by Suzanne Ickes, RD, LDN
House Democratic Policy Committee Public Hearing
April 9, 2012

Since I am unable to testify in person, I am submitting my written testimony to be entered into the hearing's record. My name is Suzanne Ickes RD, LDN. I am a dietitian in Private Practice. I am a provider for several healthcare insurance companies and I am asking that you work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state.

While many insurance companies utilize Registered Dietitians, dietitian services are usually very limited. For example, most insurances will cover for at least one visit with the dietitian if the patient is diagnosed with diabetes. However, symptoms such as unexplained weight loss, pre-diabetes, disordered eating, obesity, are often not covered diagnoses. Also, even though some insurance companies cover for some dietitian services, this information is usually not made clear to their customers and so they remain unaware. At this time I would like narrow my focus to only one diagnosis that I would like to see covered by all insurance companies and that is pre-diabetes.

Pre-diabetes is a fasting blood glucose that is higher than the normal range of 100-126 milligrams (mg.) per deciliter. Once your fasting blood glucose tests twice at 127 mg. or higher, you have the diagnosis of diabetes. Understanding how carbohydrates affect blood glucose levels is key to the management of this disease. It is extremely unfortunate to have to wait until the disease has progressed to the diagnosis stage for primary treatment. In addition to my private practice, I also work part time as a dietitian in a hospital. It is not unusual to speak with a patient who has had diabetes for 5 – 20 years and learn that they have had no formal education on the diet. Most people with diabetes know nothing more about the diet other than “they should avoid sweets”. This is the quick simple message the doctors can give their patients and unfortunately it is often the only information they get. My patients are surprised to learn that fruit and milk raise their blood sugar. It is not difficult to learn about the diabetic diet but it does require time. Medical Nutrition Therapy (MNT) by a registered dietitian for diabetes as well as or, should I say, especially for pre-diabetes is absolutely essential.

I am asking that all insurance companies educate those they serve about the dietitian benefits they provide. I am asking that ALL insurance companies cover for pre-diabetes counseling with a dietitian. Diabetes is a progressive disease. The earlier you develop diabetes the more likely you are to experience complications such as glaucoma, kidney disease, loss of nerve sensation, and amputations. Unfortunately what once was called “Adult onset diabetes” is now called Type 2 diabetes. Why? Because now it starts in children. Why should anyone, especially a child, have to wait until their disease progresses before learning how they can control it? People are encouraged when they have an understanding of the disease and see the difference they can make in their blood glucose (sugar) levels just by following some basic diet instructions. It is extremely cost effective to prolong- possibly eliminate the complications caused by chronic high blood sugar levels.

Testimony of Kandi Perazzo, MA, RD, LDN
House Democratic Policy Committee Public Hearing
April 9, 2012

Since I am unable to testify in person, I am submitting my written testimony to be entered into the hearing's record. I am a licensed Registered Dietitian from Allentown and I am asking that you work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state.

From my perspective as a Registered Dietitian, we are licensed healthcare providers in the state, yet insurance companies do not consistently recognize us as providers under their plans. This creates barriers to access to cost-effective services that could save our state money and improve the health of our citizens. It also creates health disparities among our citizens. I am the owner of a small private practice specializing in weight management and sports nutrition. I currently do not accept insurance because of the details involved in obtaining coverage for patients and the disparity in what I would be reimbursed versus what I charge. This results in some potential clients who need to look elsewhere for someone who will accept their insurance.

In the past, I have been employed by Coordinated Health as the Highmark Personal Nutrition Coaching Registered Dietitian. I also facilitated nutrition classes for Highmark members. Because I know that Highmark offers personal nutrition counseling for members, I am obligated to tell potential clients that if they have Highmark, they may be entitled to free visits with a participating location/dietitian.

Recognition of registered dietitians by insurance plans is important because we are licensed healthcare providers in the state, meaning the state has recognized the fact that we are qualified providers of nutrition services. We are also the experts in nutrition, having a bachelor's degree along with a comprehensive internship in which we gain necessary competency to practice in clinical, community and foodservice management settings. Many of us have higher degrees, and we are required to obtain a specified amount of continuing education yearly to stay current in our field. We use evidence-based practice, which means we base our nutrition recommendations on what has been proven to work, not on theories or the nutrition fad of the moment. In this way we benefit the public by offering sound advice that has been proven to achieve results.

There is a multitude of data that demonstrates the cost-savings of RD-provided nutrition counseling. As just one example, a study conducted at Massachusetts General Hospital demonstrated savings of \$4.28 for each dollar spent on MNT. MNT services provided by RDs are less expensive than physician office visits and hospitalizations for complications of disease such as diabetes that could be averted by nutrition interventions. Also, nutrition interventions can reduce and even eliminate the need for costly long-term medications to treat chronic diseases.

Nutrition and diet are known to be associated with seven of the top ten leading causes of death in the United States today, including the Big Three: heart disease, cancer and stroke.

Diet and nutrition are also factors in other chronic conditions such as pulmonary disease, diabetes, liver disease, arteriosclerosis and kidney disease. Nutrition also plays a major role in curbing the obesity epidemic facing both children and adults across our state. Lack of access to RD-provided medical nutrition therapy services certainly has had an impact in the escalating prevalence of these conditions and the associated growth in the costs of treating them. Opening up access to these services from the nutrition experts can help to rein in spiraling health care costs in our state. Access to proper preventive services from a Registered Dietitian, or proper medical nutrition therapy to manage a disease before it is out of control, could have a major financial impact on the economy by preventing absenteeism and lost wages, and by increasing worker productivity. It would also greatly improve the quality of life of the citizens of PA, allowing them to live healthier lives.

Access to medical nutrition therapy services provided by Registered Dietitians addresses medical concerns of great importance to enrollees in health plans. The “Nutrition and You: Trends 2011” survey reveals that just over one in ten Americans are “very interested” in the services that dietitians provide. This number jumps to one in three for African-Americans, a group that has higher rates of obesity and diabetes. This same survey notes that six in ten consumers say they would be interested in a consultation with a Registered Dietitian if it were covered by health insurance.

MNT is a medical service that has been proven to be safe and medically effective. The key to the effectiveness of these services is the registered dietitian as the provider of the service. The Institute of Medicine has previously acknowledged registered dietitians as the “single identifiable group of health-care professionals with standardized education, clinical training, continuing education and national credentialing requirements necessary” to be recognized as providers of these services.

Summary:

Once again, I ask that you work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state. Our citizens/we deserve consistent access to these licensed healthcare professionals.

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GEISINGER
HEALTH SYSTEM

Written Testimony Submitted by CYNTHIA M BRYLINSKY
House Democratic Policy Committee Public Hearing
April 9, 2012

House Democratic Policy Committee:

Since I am unable to testify in person, I am submitting my written testimony to be entered into the records of this hearing.

I am writing to you as an individual who has been employed in health care for the past 30 years. I started my career as a Registered Dietitian (and I maintain those credentials), but have expanded my career at Geisinger in a role outside of dietetics. I have served as the VP of Operations of one of Geisinger's hospitals as well as having interim responsibility last year for the Third Party Contracting area. As such, I believe I am in a unique position to understand the challenges facing hospitals, health care providers and insurance companies in the current environment.

I am writing to ask that you work on legislation that would recognize Registered Dietitians (RDs) as providers in all health insurance plans in the Commonwealth of Pennsylvania. Healthcare reform and federal and state budget deficit issues have combined to highlight the need of the healthcare industry to improve value related to collaboration, accountability and communication, performance improvement (elimination of variation, unsafe practices and waste), and use of data and metrics to force continual improvement in the care provided to patients. Keeping our population healthier, focusing on preventable readmissions and assuring high quality care are paramount as healthcare reform moves forward.

One of the keys to providing high quality care to patients is to assure their diet is optimal based on their health status. There are countless disease processes which are directly impacted by diet – diabetes, hypertension, cancer, cardiovascular disease etc. Nutrition interventions, provided by a RD, can reduce and even eliminate the need for costly long-term medications to treat chronic diseases. Counseling patients on a healthy diet is a cost-effective strategy that can prevent complications and readmissions and help PA's efforts to meet the fiscal challenges of healthcare reform.

Geisinger has been recognized as a leader in health care reform by President Obama and many others. Currently, Geisinger has realized that keeping employees "well" by encouraging a healthier lifestyle is important in helping to control long-term costs

and to improve productivity and absenteeism. MyHealth Rewards is a new annual enrollment program that will provide employees with numerous options for enhancing personal well-being, adopting a healthier lifestyle, and/or managing chronic or serious health conditions. Visits with a registered dietitian are part of this effort.

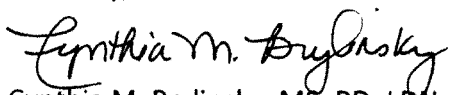
In the past, I practiced as a dietitian working with pediatric patients. Nutrition counseling is an extremely important part of the medical treatment of many children in areas such as a seizure disorder (ketogenic diet), diabetes or a multitude of genetic disorders. To many of these parents and children, the dietitian is their primary source of information, as the diet is a cornerstone to their child's health. If the dietitians' services are not covered, these parents would not have a source of information for the treatment of their children. Diets in these children are so specific; no other health care provider could even begin to offer the type of information conveyed by a dietitian.

Once again, I would ask that you work on legislation that would recognize Registered Dietitians as providers by all health insurance plans in the commonwealth. Currently, coverage for medical nutrition therapy provided by RDs is not consistently recognized by providers under their plans. RDs are licensed in the state of Pennsylvania, yet are not afforded coverage of their services on a routine basis. The impact of this lack of coverage is significant, as many patients are denied the access to the cost-effective services of an RD as a result of this lack of recognition.

The licensed Registered Dietitian is the recognized nutrition expert and must be included as providers in all insurance plans so that plan recipients receive appropriate care. Registered Dietitians have both the formal nutrition education and training necessary to provide the best possible nutrition intervention for our citizens.

Feel free to contact me if you need any additional information.

Sincerely,



Cynthia M. Brylinsky, MS, RD, LDN
Vice President, Financial & Decision Support Systems