

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 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.