

## **Dietetic Licensure Talking Points | Winter 2022**

The following information provides talking points and supporting information. Where possible we have provided examples. This document may evolve over time. **Updated January 8, 2022.** 

If you are unable to answer questions, it is appropriate to get the questioners contact information and let them know you will provide them with further information in writing. Contact <a href="mailto:myWVAND@gmail.com">myWVAND@gmail.com</a> if you have questions that need more information or further explanation.

| Talking Point  | Supporting Information  |
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| The Commission on Dietetic<br>Registration cannot take on the<br>duties of the West Virginia Board of<br>Licensed Dietitians.  | <ul> <li>Other entities such as Health Departments and other boards are already overburdened with current duties and do not want to take on further responsibilities.</li> <li>WVBOLD wants to be the organization that licenses dietitians.</li> <li>WVBOLD is willing to work with PERD to implement suggestions of strengthening our licensure.</li> <li>See table in WV Licensed Dietitians Info flier.</li> </ul>  |
| Without a license, dietitians will lose the ability to autonomously practice, see their existing scope of practice reduced, lose professional autonomy, and run the risk of a \$10,000 fine and 5 years in prison for violating the <a a="" and="" condition="" disease="" href="https://www.www.www.www.www.www.www.www.www.w&lt;/td&gt;&lt;td&gt;&lt;ul&gt;     &lt;li&gt;Dietitians' current scope of practice intersects with the practice of medicine. It includes both a nutrition diagnosis (§31-2-2.2) and the " intake"<="" intervention="" li="" medical="" modification="" nutrient="" of="" or="" the="" through="" treatment="" whole-food=""> <li>The PERD Report failed to consider that when dietitians are no longer "licensed health care providers," they lose eligibility for the only relevant exception to the Medical Practice Act and would be guilty of a felony punishable by fines and prison for continuing their independent practice of dietetics and nutrition. This also removes dietitians from being able to provide telehealth.</li> <li>Physicians either delegate to dietitians the task of assessing a</li> </a> |   |
| * "Practice of medicine and surgery" means the diagnosis or treatment of, or operation or prescription for, any human disease, pain, injury, deformity or other physical or mental condition. (§ 30-3-4 (3))   | patient's nutrition status and determining how to provide nutrition or dietitians obtain privileges to do so independently. This is a critical task for people who cannot eat or have a dysfunctional gut and requires independent judgment that unlicensed individuals cannot exercise.  • Efficient delegation to licensed dietitians saves time and money and relieves burdens on the healthcare system and providers. Estimated annual savings just from RDNs having clear legal status to issue therapeutic diet orders in WV \$4,568,464 (2021 dollars) that cannot be saved if dietitians are not licensed. Example: Currently many licensed dietitians have order writing privileges which streamlines patient care; without licensure we would not be allowed this level of independent judgment (i.e. ordering therapeutic diets, writing TPN/TF orders). |

| Talking Point   | Supporting Information  |
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| Licensure allows the public, employers, and insurance companies to reliably identify qualified nutrition professionals. | Patients and communities receiving conflicting, confusing and often inaccurate nutrition advice from unqualified individuals bear the physical and financial costs, often resulting in significant harm and even death.   |
| Many of the largest health insurance companies in WV require licensure for reimbursement of nutrition services.         | <ul> <li>Without licensure, RDs would have to negotiate pay for the benefit with each insurer and may not be successful.</li> <li>In the few states that do not have licensure, RDs and their employers will testify that they would gladly pay licensure fees to eliminate this time-consuming redundant task.</li> <li>Example: A private practice RD in rural WV is concerned she would lose the ability to bill BCBS. As a private practice RD, she is able to seamlessly bill insurance alleviating physicians having to incur the cost of hiring an RD since she seeks payment on her own.</li> </ul> |
| COVID has further stressed an already burdened health care system in WV.  | People on ventilators because of COVID cannot eat and rely on the expertise of licensed dietitians to prevent malnutrition.  Removing licensure from RDs would further stress the system as without licensure, we would no longer be able to have the task of managing tube feedings and TPNs   |
| WV has a shortage of healthcare practitioners.  | RDs do not want to work in a state without licensure. Loss of licensure would:  • Limit our ability to provide patient care.  • Impact compensation for our expertise.  • Decrease the number of dietetic students who choose to matriculate from WV universities because of better opportunities in one of the forty-seven states/US territories that have dietetic licensure.   |
| West Virginia is not Virginia.  | <ul> <li>Virginia law provides more flexibility for unlicensed practitioners than West Virginia; dietitians practice near the height of their scope of practice</li> <li>Virginia Medical Practice Act has exceptions relevant to dietitians unavailable in WV (e.g., technical personnel, delegation, and catchall "performing services in the lawful conduct of his particular profession") § 54.1-2901 (4, 6, 19)</li> </ul>   |
| Removal of licensure would require rewriting of WV laws, codes, hospital bylaws, etc.                                   | <ul> <li>Each hospital will have to rewrite their Medical Bylaws.</li> <li>Without licensure our practice of dietetics would no longer have a standard of practice between facilities/employers.</li> </ul>   |

Visit <a href="https://www.eatrightwv.org/publicpolicy">www.eatrightwv.org/publicpolicy</a> for updated information.