

January 24, 2020

Senator James T. Welch, Senate Chair
Joint Committee on Financial Services
Massachusetts State House, Room 413-B
Boston, MA 02133

Representative James M. Murphy, House Chair
Joint Committee on Financial Services
Massachusetts State House, Room 254
Boston, MA 02133

Dear Chair Welch and Chair Murphy:

The Academy of Nutrition and Dietetics (the “Academy”) appreciates the opportunity to submit these comments to the Massachusetts Joint Committee on H.991, “An Act advancing and expanding access to telemedicine services.” Representing more than 107,000 registered dietitian nutritionists (RDNs), nutrition and dietetics practitioners, registered, and advanced-degree nutritionists, the Academy is the largest association of food and nutrition professionals in the world and is committed to a vision of the world where all people thrive through the transformative power of food and nutrition and related support systems. Every day our members provide a variety of nutrition care services for clients and patients of all demographics, throughout all life stages, for wellness as well as for a range of conditions and chronic diseases. Our members provide nutrition services, including medical nutrition therapy (MNT),¹ in WIC clinics, ambulatory care settings, acute care hospitals, skilled nursing facilities, physicians’ offices, and in private practice. Notably, RDNs provide telehealth services nationwide to address these conditions and disease states and are recognized by CMS as telehealth providers for Medicare beneficiaries.

We join with our state affiliate, the Massachusetts Academy of Nutrition and Dietetics, in encouraging the Joint Committee on Financial Services to support inclusion of licensed dietitian/nutritionists across all work settings as providers eligible to provide telehealth services in in the language of H.991. Specifically, we recommend inserting “licensed dietitian/nutritionists as defined in Section 201 of chapter 112 of the general laws,” on page 15 of 17, directly after “other healthcare providers as defined in section 1 of chapter 111 of the general laws” (lines 260-261) or alternately, after “allied health providers as defined in section 23A of chapter 112 of the general laws” (lines 261-262).

Medicare specifically includes RDNs as providers of telehealth services, and private payors include RDNs as eligible providers across the country. The scope of practice for LDNs in Massachusetts and

¹ Medical nutrition therapy is defined as “Nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian or nutrition professional...” (source Medicare MNT legislation, 2000). MNT is a specific application of the Nutrition Care Process in clinical settings that is focused on the management of diseases. MNT involves in-depth individualized nutrition assessment and a duration and frequency of care using the Nutrition Care Process to manage disease.”

RDNs nationwide encompasses the provision of nutrition-related telehealth without limitation to a particular practice setting: “RDNs use electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. RDNs use interactive electronic communication tools for health promotion and wellness, and for the full range of MNT services that include disease prevention, assessment, nutrition focused physical exam, diagnosis, consultation, therapy, and/or nutrition intervention.”²

MNT provided by RDNs is a widely recognized component of medical guidelines for the prevention and treatment of heart disease, diabetes, renal disease, obesity, and many other chronic diseases and conditions as well as in the reduction of risk factors for these conditions. As primary prevention, strong evidence supports optimal nutritional status as a cost-effective cornerstone in the maintenance of health, well-being, and functionality. As secondary and tertiary prevention, MNT is a cost-effective disease management strategy that reduces chronic disease risk, delays disease progression, enhances the efficacy of medical/surgical treatment, reduces medication use, and improves patient outcomes including quality of life.³ RDNs provide high quality, evidence-based care to patients and deliver substantial cost-savings to the health care system as a whole.

Telehealth services are essential elements of quality health care for many Americans, including rural residents without local practitioners, suburban and urban residents with limited access to transportation or limited mobility. This would also apply to residents with unique nutrition needs, which would be expected due to food allergies or sensitivities, specific dietary preferences, and cultural or religious dietary limits, regardless of geographic location. In addition, telehealth may be especially useful for individuals with highly individualized needs due to rare health conditions (e.g., genetic disorders). To ensure that the purposes of H.991 are fully and equitably realized for all state residents consistent with nationwide standards of practice and professional performance, we respectfully seek a clarifying amendment ensuring their access to qualified RDNs across the continuum of care and across all practice settings.

The Academy appreciates the opportunity to offer support for H.991. Please contact either Jeanne Blankenship at 312-899-1730 or by email at jblankenship@eatright.org or Mark Rifkin at 202-775-8277 ext. 6011 or by email at mrifkin@eatright.org with any questions or requests for additional information.

Sincerely,


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² Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist. *J Acad Nutr Diet.* 2018;118(1):141-165.

³ **Grade 1 data.** Academy Evidence Analysis Library, [Grade Definitions: Strength of the Evidence for a Conclusion/Recommendation Grade I, "Good evidence is defined as: "The evidence consists of results from studies of strong design for answering the questions addressed. The results are both clinically important and consistent with minor exceptions at most. The results are free of serious doubts about generalizability, bias and flaws in research design. Studies with negative results have sufficiently large sample sizes to have adequate statistical power.""]