



January 21, 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

Re: H.991, An Act advancing and expanding access to telemedicine services

Dear Chair Welch and Chair Murphy,

As president of the Massachusetts Academy of Nutrition and Dietetics, I am addressing this letter to you in support of H.991, 'An Act advancing and expanding access to telemedicine services.' In addition, I am writing to request for your consideration of inclusion of language related to the provision of nutrition services provided by licensed dietitian/nutritionists.

The Massachusetts Academy of Nutrition and Dietetics (MAND) is a state affiliate of the Academy of Nutrition and Dietetics, the world's largest organization of food and nutrition professionals and the association that represents credentialed nutrition and dietetics practitioners, including registered dietitian nutritionists (RDNs). MAND and its over 2,000 members are committed to helping Massachusetts residents thrive through the transformative power of food and nutrition, and support legislative efforts focused on promoting health through nutrition interventions.

RDNs are food and nutrition experts who have met academic and professional requirements to qualify for the 'RDN' credential – these include at minimum a bachelor's degree, an accredited supervised practice program and passing the national Registration Exam. To ensure that RDNs keep current on emerging science, they must complete continuing professional educational requirements to maintain registration. In many states, there are further regulations governing dietitians and nutritionists, allowing for a voluntary practice license.

Licensure is common and virtually mandatory for health care providers in which harm is possible from incompetent or unqualified practitioners. These protections are particularly important for people with medical diagnoses for which medical nutrition therapy (MNT) is indicated, or who could be vulnerable to harm if not treated by a qualified, licensed practitioner offering non-validated and harmful advice. As such, MAND worked with the legislature to pass the law creating the Licensed Dietitian/Nutritionist (LDN) designation, providing further credentials for qualified practitioners. Most healthcare organizations in Massachusetts now require RDNs to obtain the LDN credential to practice in their facilities.

Notably, when states set qualifications for licensure, they almost uniformly choose to mirror those of RDNs, reflecting the National Academies of Sciences, Engineering, and Medicine's (formerly the Institute of Medicine's) recognition of RDNs as "the single identifiable group of health-care professionals with standardized education, clinical training, continuing education and national credentialing requirements necessary to be directly

reimbursed as a provider of nutrition therapy.”¹ Additionally, when the federal government determined the qualifications necessary to provide medical nutrition therapy within Medicare, it set education and experience standards essentially mirroring those uniquely possessed by RDNs.²

RDNs work providing MNT in a variety of settings to prevent and treat disease, including cardiovascular disease, diabetes, kidney disease and obesity, as well as unique health needs, such as food allergies or sensitivities, specific dietary preferences and cultural or religious dietary limits. Medicare covers MNT provided by dietitians in the hospital and outpatient setting, and many third-party payers also cover MNT. Telemedicine (which Medicare calls “telehealth”) is now a reimbursable service covered by Medicare Part B and Medicare Advantage plans. The telehealth section of Medicare.gov includes the following: *Telehealth services include office visits, psychotherapy, consultations, and certain other medical or health services that are provided by an eligible provider who isn't at your location using an interactive 2-way telecommunications system (like real-time audio and video). These services are available in rural areas, under certain conditions, but only if you're located at one of these places: a doctor's office; a hospital; a critical access hospital (CAH); a rural health clinic; a federally qualified health center; a hospital-based dialysis facility; a skilled nursing facility; a community mental health center.*³

Nutrition advice is now available from many diverse sources, including magazines, the internet and smart phone apps. Consumers are likely to be uncertain where to turn for reliable and competent nutrition advice. In addition, people need accurate information on nutrition therapies and practices safe and appropriate for their individual health conditions and based upon their dietary requirements, cultural preferences and food resources.

Sadly, many patients live in communities lacking primary care facilities, including hospital-based outpatient clinics, federally qualified health centers and community health centers. There are physical and financial barriers to traveling to sources of medical care. In addition, chronic conditions may make travel cumbersome, if not impossible. Massachusetts has several counties where the nearest health center is many miles away.

With increasing awareness of the role nutrition plays in disease prevention, management and treatment, the importance of nutrition interventions such as telehealth to control health care spending and prevent unnecessary costs is significant. Licensure of dietitians protects against the provision of inaccurate nutrition recommendations or interventions that can lead to poor or even dangerous health outcomes — as well as unnecessary, expensive products and services. Licensure is the baseline by which payers should determine whether a practitioner is qualified to provide reimbursable services.

Allowing licensed dietitians to provide telehealth services has the potential to increase opportunities for residents to receive the right care at the right time in the most cost-effective manner. MAND thus encourages the Joint Committee on Financial Services to support inclusion of licensed dietitian/nutritionists in the language of H.991.

Attached is information on MAND, and the Academy of Nutrition and Dietetics' position on dietetic licensure and telehealth services. We will follow up with your staff to answer any questions you might have. In the meantime, I would be happy to provide additional information. I can be reached at president@eatrightma.org.

Sincerely,

Melanie Mott

Melanie Mott, PhD, RDN, LDN
President, Massachusetts Academy of Nutrition and Dietetics

Cc: Senator Michael O. Moore, Representative Christine P. Barber, Representative Ruth B. Balsler

References.

1. Committee on Nutrition Services for Medicare Beneficiaries. “The Role of Nutrition in Maintaining Health in the Nation’s Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population.” Washington, DC: Food and Nutrition Board, Institute of Medicine; January 1, 2000 (published).
2. U.S.C. 1395x(vv)(2) (Defining “registered dietitian or nutrition professional”).
3. <https://www.medicare.gov/coverage/telehealth>. Accessed Jan. 1, 2020.