

# Comment Report

SSB 3172

A bill for an act relating to boards, commissions, committees, councils, and other entities of state government, and including effective date and transition provisions.(See SF 2385.)

Subcommittee Members: Cournoyer-CH, Koelker, Weiner

Date: 02/14/2024

Time: 12:00 PM

Location: Room G15

**Name:** Brian J Smith RDN LD

**Comment:** Dear Senators, In regards to SSB 3172. My name is Brian J. Smith and I am a Registered Dietitian Nutritionist, Licensed to practice as a healthcare professional in the state of Iowa. I wish to make it known that I am opposed to some of the language in SSB 3172, specifically the following sections: A) Page 92, lines 17 and 32 Which eliminates dietetics as a health profession B) Page 99, lines 1035 and Page 100, lines 13 Which eliminates licensure for dietitians C) Page 326, lines 13 17 Which eliminates the Iowa Board of Dietetic Licensure I am a Registered and Licensed Dietitian Nutritionist and I am a Healthcare Professional by virtue of those credentials as well as the license that was granted to me to practice. The language in the bill as it is currently drafted nullifies the fact that I am a medical professional providing lifesaving and lifeextending care every day that I report to work. I have been in the practice of Medical Nutrition Therapy and Dietetics for 25 years, currently working in acute and critical patient care at hospitals here in Des Moines. I have also been a consultant Dietitian to several critical access (county) hospitals in rural Iowa during much of that time and for several years, I have been the Dietitian with a University of Iowa specialty clinic that serves about of the Iowans who suffer from Amyotrophic Lateral Sclerosis, or more commonly known as Lou Gehrigs Disease. This disease is universally fatal, though with adequate nutrition care, their life expectancy can be maximized and the majority of these persons are able to remain at home, preserving their dignity and wisely using healthcare resources for the good of all Iowans. I provide crucial health care every single day that I am on the nursing floors or in the critical care areas. I know that my work as a Registered and Licensed Dietitian is vital because of my unique scope of practice: 1) I identify and treat malnutrition, a medical diagnosis that is found with about 20% of our hospitalized Iowans (that would be about 7,000 to 8,000 malnourished persons who present to hospitals within in this county each year.) These persons generally cost much more to restore to health than do adequately nourished persons. The interventions I provide every day mitigate some of the worst problems associated with this endemic health issue. 2) Daily, I feed patients who are not able to take nutrition orally, which leaves either tube feeding or intravenous feeding as the only option to nourish the person. This is an area of medical practice for which no other health discipline has the training and the skill set to implement these feeding modalities safely and effectively. Physicians rely on me and my Registered Dietitian colleagues to manage these lifesaving interventions. 3) I do one on one nutrition education and counseling with about 300 people a year to help keep them from having to take more medication over time and/or to keep them from being prematurely institutionalized; or to protect them from possibly fatal medical events as the result of ingestion of foods that harm impaired body systems, as can happen when someone goes on dialysis when kidneys fail, or if they ingest an allergenic food for example. By the numbers over the past 25 years, I would have seen every single resident of Carroll County at least once and I would have educated every single resident of Fremont County at least once, and then some. I am just one of 1100+ Licensed Dietitian practitioners who do this kind of

work every day in Iowa in hospitals, nursing homes, schools and other facilities. We do so much more than recommend healthy foods to purchase in a store. We are healthcare professionals and the nutrition experts, guided by evidence-based research. In order to function at the level of practice that I do, one must have a vital skill set that is not available in an online short course, in a series of YouTube videos or as a result of a Google search, plain and simple. I have 3 science-based university degrees that focused on biochemistry, human nutrition and food science, totaling over 250 hours of university semester credits. I had to be vetted through a competitive national application process before placement in a supervised, 1200-hour internship which took place in the community, in the schools and at a teaching hospital before I was allowed to sit a national board examination to gain my practice credential before I could apply for licensure to practice in Iowa. I am bound by my professional registry and licensure to continue to engage education related to my scope of practice and to report those hours to the national dietetics registry and to our Board of Licensure at the time of renewal of my license. These requirements are perfectly and exactly in line with the same requirements for competency to practice in other health care professions, such as Physician, Physician Assistant, Nurse Practitioner, Registered Nurse, Physical Therapist, Speech Therapist, Dentist, Chiropractor, Optometrist, Social Worker and others. Furthermore, my employer REQUIRES Registered and Licensed Dietitian practitioners to do the work that we do, just as they expect other allied health practitioners to be credentialed and licensed. All of the health care organizations in Iowa hold to this standard of having a license before hiring a Registered Dietitian Nutritionist to be on staff. This has been the standard for hospitals and care facilities in this state for almost 4 decades. My colleagues in outpatient practice are bound by contracts that require a Registered Dietitian credential and a license before they can be credentialed to be paid by any insurance, Medicare or the Medicaid MCOs. No Credential and no License equals no money. That would be a job killer. The Board of Dietetic Licensure is a natural extension of the Constitutional duty of the Government of Iowa to protect its citizens. This Board is strictly self-funding by the fees paid by licensees and it has operated in the black for many years. This Board has a duty to protect Iowans from those among my colleagues who may be impaired, derelict, negligent, incompetent or in arrears with their ongoing training and education. In the time that I served on the Board of Dietetics, we had the authority to vet applicants for licensure whomay have been qualified but due to ongoing legal issues or addictions, they were not suitable to practice in Iowa. Similarly, we deliberated cases of alleged dereliction of practice and of practices outside of the scope of medical nutrition therapy by a licensee and issued corrective action as a result. As I see it, if I were to be impaired, grossly negligent or found incompetent with the 3 areas of practice that I had mentioned above, causing grave injury or death, the patients and families currently have a rightful, constitutional recourse to see to it that I should cease from doing further harm to themselves or to other Iowans. The national registry body does not provide that sort of due process to restrain me from doing further harm in a case such as this. There is a bill currently in the House (HF 2375) that if passed, would allow Registered and Licensed Dietitians in the State of Iowa to practice across state lines in an interstate licensure compact, which would increase access to nutrition care, reduce the licensure burden on applicants, and reduce the administrative burden on Iowa, licensing out-of-state applicants. The compact is definitely in line with the spirit with which this bill was written, though if Licensure and the Board of Licensure is eliminated, Registered Dietitian practitioners will not be able to participate in this compact. Therefore, I urge you to: 1) restore the word dietetics as a health profession on page 92, lines 17 and 322) restore the language from page 99 (lines 1035) and page 100 (lines 13) that strikes any mention of Licensure for Dietitians 3) strike lines 1317 on page 326 that would otherwise eliminate Dietetic Licensure Thank you for your attention to this matter. Brian J Smith RDN LD1001 43rd Street Des Moines, Iowa 50311 Iowa License 01423

**Name:**

Catherine Rudolph

**Comment:**

My name is Cat Rudolph. I am a registered dietitian nutritionist (RDN) conducting community research aimed at improving the health and wellbeing of older adults in Iowa. My work and education has included a Bachelors and Masters in Dietetics and Exercise Science, more than 1200 hours of supervised practice experience at Duke University Hospital, farmers market management, a hospital job as a clinical dietitian, and I am currently in a Nutritional Sciences PhD program at Iowa State. My experiences have shown me the complexity of nutrition issues at the individual and community level, and how harmful misinformation and nutrition advice from nonexperts can be. I especially saw this harm first hand when I was at my job as a cancer dietitian. The advice my patients received on the internet and from unqualified health experts with minimal educational background did not consider the complexity of unique medical nutrition needs among those with cancer. The language in this bill strikes dietetics licensure in Iowa (starting on page 100). This is extremely concerning as dietetics licensure ensures only qualified nutrition practitioners are authorized to treat individuals with medical conditions, protecting Iowa citizens from harm. Registered dietitians provide medical nutrition therapy (MNT), which are nutrition care services provided to treat a disease state or medical condition. Licensure provides RDNs with the legal authority to practice MNT, which we are highly trained for. Iowa law (6531.1(17A,147)) provides that treating conditions is the practice of medicine, with the caveat that such regulation does not apply to licensed health professionals who are exclusively engaged in the practice of their respective professions. Without licensure, Registered Dietitian Nutritionists practicing medical nutrition therapy would be unlawfully practicing medicine. Our national credentialing does not provide us with this legal authority and oversight. Without licensure, anyone, qualified or not, may provide dietetic services. Without licensure, the state has no authority over negligent providers. Licensure ensures only qualified nutrition practitioners are authorized to treat individuals with medical conditions, creating accountability and safeguarding the public by regulating all providers of medical nutrition therapy services, not just Registered Dietitian Nutritionists. Secondly, payers, such as insurance companies, look to licensure to identify who is a qualified provider of medical nutrition therapy and as such, who may be credentialed to provide such services. Requiring licensure of qualified dietetics practitioners expands access to nutrition care and income opportunities for RDNs. Third, Iowa has the unique opportunity to participate in the Dietetic Licensure Compact (HF 2375), which significantly broadens nutrition care access, the income opportunities of dietitians, and supports active duty military and their spouses. Without licensure, Iowa would be unable to participate and benefit from the compact. Maintaining licensure would increase opportunities for RDNs to participate in the compact, enticing more RDNs to live in Iowa and contribute to the Iowa economy. This could be especially helpful to dietitians who live on/near the borders of our state. States without licensure, such as Michigan, are increasingly seeing patients/clients receive MNT outside of their state. Registered and licensed dietitians work tirelessly across Iowa to improve the public health and wellbeing of Iowa citizens. RDNs manage complex medical conditions such as: diabetes, heart disease, cancer, kidney disease, malnutrition, gastrointestinal (GI) disorders, and nutrition support through feeding tubes or IV; as well as providing individualized nutritional guidance within the setting of specific surgeries, drugs, or treatments. This bill is a major offense to the work that we do. RDNs are valued members of the healthcare profession and deserve similar treatment as other healthcare professions who also have licensure and a board structure. Our public universities (Iowa State, U of I) offer top level training to educate and prepare the next generation of RDNs. This bill would drive more future RDNs out of the state of Iowa to states where they have more opportunities and are respected as a profession. Lastly, maintaining our Board of Dietetics, or at the very least a subcommittee under the Board of Medicine ensures that our profession has a voice in decisions being made about our licensure. Only RDNs understand the unique requirements and standards of practice of our profession. Thank you for your consideration. I ask that you please: 1) amend the language that removes dietetics licensure 2) retain the Board of Dietetics or move us under a subcommittee under the Board of Medicine

**Name:**

Susie Roberts

**Comment:**

Dear Subcommittee: I am a registered and licensed dietitian, with a private practice (of just myself). I contract with the Knoxville Hospital/Clinic, as well as several businesses, to provide nutrition services to Iowans. I am contacting you to ask you to vote against SSB 3172, which proposes to eliminate dietetics licensure and the Board of Dietetics. For several reasons, I oppose this bill because it would: Increase the risk of harm among Iowa citizens by allowing unqualified nutrition practitioners to practice complex nutrition care Decrease access to evidencebased nutrition care for Iowa citizens Decrease access to timely, qualified care and increase healthcare costs as it would eliminate dietitians ability to independently practice medical nutrition therapy Restrict Iowa from being able to participate in the interstate Dietitian Licensure Compact, which would streamline dietitians ability to provide nutrition care across state lines and increase access to nutrition care in Iowa (see HF2375). Similar to other Iowa healthcare professions, licensure of dietitians aims to safeguard the public by identifying qualified practitioners and enabling recourse for incompetent care or harmful advice. Licensure laws guide the public to qualified providers, protecting against negligence and the dissemination of inaccurate nutrition treatment that can harm health (both physical and mental), plus lead to unnecessary expenses. While dietitians practice in a variety of settings, licensure is particularly important in the context of the practice of medical nutrition therapy (MNT), which is nutrition care aimed at treating a disease state or medical condition. MNT is a specialized form of evidencebased nutrition care and differs from general nutrition or health education. MNT services may be covered by one's health insurance; as a matter of fact, CMS may be INCREASING MNT services! (read more here: <https://www.eatrightpro.org/advocacy/initiatives/medicalnutritiontherapyact>). Dietitians practicing medical nutrition therapy manage complex medical conditions such as diabetes, heart disease, cancer, kidney disease, malnutrition, and gastrointestinal (GI) disorders. Licensed dietitians are highly qualified to provide healthpromoting therapeutic diet orders for individuals receiving nutrition support through feeding tubes or IVs, within intensive care settings, while considering the various medications or treatments patients are receiving. Without licensure, anyone, qualified or not, may provide medical nutrition therapy. Licensure ensures only qualified dietetic practitioners are authorized to treat individuals with medical conditions, creating accountability and safeguarding the public by regulating all providers of medical nutrition therapy services, not just registered dietitian nutritionists (RDNs). Licensure allows dietitians to practice at their level of competence. Without licensure, RDNs have no legal authority to practice medical nutrition therapy, the service for which they are trained and most qualified to provide. It is also important to note that dietetics licensure supports employment opportunities and access to nutrition care in Iowa: Generally, payers, such as insurance companies, look to licensure to identify who is a qualified provider of medical nutrition therapy and to assess a practitioner's eligibility for reimbursement. Requiring licensure of qualified dietetics practitioners expands access to nutrition care and income opportunities for RDNs. Iowa has the unique opportunity to participate in the Dietitian Licensure Compact (HF 2375). The Dietitian Licensure Compact, developed in collaboration with the Department of Defense, Council of State Governments, and the Academy of Nutrition and Dietetics, provides licensees with opportunities for multistate practice, increases mobility for individuals who are relocating (e.g., military personnel), improves public safety, and promotes workforce development by reducing unnecessary licensure burdens. If Iowa eliminates licensure, Iowa would not be able to participate in these benefits. Maintaining licensure would increase opportunities for dietitians to participate in the compact, enticing more dietitians to live in Iowa and contribute to the Iowa economy. This is especially helpful to dietitians who live on/near the borders of our state. States without licensure, such as Michigan, are increasingly seeing patients/clients receive MNT outside of their state. Additionally, maintaining the Iowa Board of Dietetics in its current form or as a subcommittee under the Board of Medicine ensures that there is regulatory oversight by peer

professionals with a thorough understanding of the requirements and standards of practice for dietetic practitioners. The Board is selfsufficient and does not utilize taxpayer expenses, while serving the interests of Iowa citizens.I ask that you please vote to retain: Dietetics licensure in Iowa The Board of Dietetics in its current form OR as a subcommittee under the Board of Medicine.Susie Roberts, RDN  
LD5156897115

**Name:** Beth Nichols

**Comment:** Hello,I am a Licensed Dietitian in Iowa. I would like your support to vote against the removal of the dietetic licensure board and to retain the Board of Dietetics in its current structure. Licensed Dietitians do specialized work to help members of the public, that someone without proper education and licensing could cause a danger, if the dietetic field is not regulated by licensure. Training required to become a Dietitian includes proof of a four year degree in Dietetics/Nutrition, completing a recognized internship program which is 612 months, passing a National Dietetics Board exam and continuing education credits to maintain licensure. Items to consider: would you like your dentist or your doctor to be unlicensed?Dietitians provide important counseling and education in various ways including specialized diet and counseling in dialysis, to prevent patients from having dangerous side effects that could cause them to die or be hospitalized. Dietitians provide evaluation and calculation of specialized tube feedings (enteral) or parenteral nutrition when someone is unable to eat a normal diet. Dietitians provide education and counselingto people living with diabetes, which in turn can help prevent futher complications, increase quality and span of life, as well as preventing increased health care cost related to dialysis, cardiovascular events/surgeries, stroke, blindness and amputations. This is a very short list of all the ways qualified dietitians impact public health. I urge you to protect the public from unqualified nutrition practitioners. Keeping dietetic licensure helps health insurers to know who is a qualified dietitan, when providing services to insurance members. Its important for Iowa licensing to continue to allow for participation in licensure compact with neighboring states that have dietetic licensure.Thank you,Beth Nichols MS RD LD CDCES

**Name:** Dr. Angie Tagtow, DrPH, MS, RD, LD

**Comment:** At a time in which morbidity and mortality from dietrelated chronic diseases and food and nutrition insecurity in Iowa are increasing, SSB 3172 (and HSB 710) would jeopardize Iowans access to critical lifesaving medical nutrition services by highly trained, specialized health professionals.Further, this bill would:1)Eliminate the ability of dietitians to lawfully practice Medical Nutrition Therapy (MNT) in Iowa.a.Under IAC 6531.1(17A,147) Definitions the practice of medicine and surgery is defined as follows: The practice of medicine and surgery shall mean holding ones self out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical or mental condition and who shall either offer or undertake, by any means or methods, to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical or mental condition. This rule shall not apply to licensed podiatrists, chiropractors, physical therapists, nurses, dentists, optometrists, acupuncturists, pharmacists, and other licensed health professionals who are exclusively engaged in the practice of their respective professions. Without licensure, dietitians practicing Medical Nutrition Therapy (MNT) in Iowa will be practicing medicine without a license (<https://www.legis.iowa.gov/docs/iac/rule/653.1.1.pdf>).2)Eliminate the ability of Iowas health care and public health systems to employ dietitians, to provide lifesaving MNT to patients and clients with critical and chronic disease states, and to be reimbursed for medical nutrition services.a.Most health care and public health systems require dietitians to be licensed in Iowa for employment.b.Public and private payers require dietitians to be licensed in order to qualify for reimbursement, therefore without dietetic licensure, health insurers will not be able to identify credentialled nutrition practitioners and therefore not able to provide reimbursement for MNT.i.Medicare regulations permit dietitians to write diet orders but only if

consistent with state law. If dietitians do not have the authority to practice MNT per 6531.1(17A,147) and be in violation of the practice of medicine for providing such services, it would not be lawful for dietitians to independently write diet orders consistent with Medicare regulations without licensure.c.Congress and the Centers for Medicare and Medicaid are considering the expansion of MNT to provide Medicare Part B coverage for outpatient prediabetes, obesity, high blood pressure, high cholesterol, malnutrition, eating disorders, cancer, gastrointestinal diseases including celiac disease, HIV/AIDS, cardiovascular disease and any other disease or condition causing unintentional weight loss; authorize the Secretary of Health to include other diseases based on medical necessity; and allow nurse practitioners, physicians assistants, clinical nurse specialists and psychologists to refer their patients for MNT. If Iowa does not retain dietetic licensure, health systems will not be able to provide these expanded services to Iowans with chronic diseases.3)Negatively impact Iowas economy by removing dietitians from the Iowa workforce.a.Limited opportunities for dietitians to legally practice in Iowa will result in decreased retention, a loss of jobs, and increased relocation to states with dietetic licensure.b.The lack of professional opportunities in Iowa will result in decrease enrollment in accredited dietetic education programs at Iowa State University and the University of Iowa.c.Without dietetic licensure, Iowa and the 1400 dietitians who practice in Iowa would not be able to participate in the Dietitian Licensure Compact (HF 2375 Dietitian Licensure Compact), which would expand opportunities for the dietetic workforce and enable dietitians to provide nutrition care across state lines.i.Developed in collaboration with the Department of Defense, Council of State Governments, and the Academy of Nutrition and Dietetics, HF 2375 provides Iowa licensees with opportunities for multistate practice, increases mobility for individuals who are relocating (e.g., military personnel), improves public safety, and promotes workforce development by reducing unnecessary licensure burdens. ii.Maintaining licensure would increase opportunities for dietitians to participate in the compact, enticing more dietitians to live in Iowa and contribute to the Iowa economy. This is especially helpful to dietitians who live on/near Iowas borders. States without licensure, such as Michigan, are increasingly seeing patients/clients receive MNT outside of their state. 4)Decrease compliance with Federal programs that require the services of a licensed dietitian (see examples).a.Per the Iowa Department of Health and Human Services Medicaid Screening Center Provider Manual, Number 834 (10/102022), Nutrition Counseling (Medical Nutrition Therapy) & Counseling for Obesity Nutrition policy states that obesity counseling and MNT must be provided by a licensed dietitian.b.Per Iowa Administrative Code, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) must employ licensed dietitians.i.641 73.4(135). Definitions: "Competent Professional Authority" or "CPA" means an individual on the staff of the contract agency who, using standardized WIC screening tools and eligibility criteria provided by the department, determines whether an applicant for WIC services is eligible to receive those services. A CPA shall be a dietitian licensed by the Iowa board of dietetics; a nutrition educator as defined in the Iowa WIC Policy and Procedure Manual; or a physician, registered nurse, or licensed physician assistant (see Federal regulation at <https://www.fns.usda.gov/wic/nutritionriskcriteria>).ii.641 73.5(3). All contract agencies shall employ at least one licensed dietitian to provide services for participants determined to be at high risk. Nutrition educators employed by a contract agency shall be supervised by a licensed dietitian.iii.641 73.9(1)(f). Participants who are at high risk, as defined in the Iowa WIC Policy and Procedure Manual, shall receive counseling and a nutrition plan of care developed by a licensed dietitian. The plan of care shall be documented in the participant record and shall include scheduling a minimum of one individual education contact by a licensed dietitian.These bills do not support the health and wellbeing of Iowans, nor supports Iowas health care workforce and economy. I am encouraging you to vote against SSB 3172/HSB 710, which proposes to eliminate licensure for dietitians and the Board of Dietetics.If the bills move forward, I request the following revisions:1)Page 92, lines 17 and 32 Remove strikethroughs and retain dietetics as a health profession2)Page 99, lines 1035 and Page 101, lines 13 Remove strikethroughs and

retain licensure for dietitians3)Page 326, lines 13 17 Remove strikethroughs and reestablish the Board of Dieteticsa.Option: Maintaining the Iowa Board of Dietetics in its current form or as a subcommittee under the Board of Medicine ensures that there is regulatory oversight by peer professionals with a thorough understanding of the requirements and standards of practice for dietetic practitioners. The Board is selfsufficient and does not utilize taxpayer expenses, while serving the interests of Iowa citizens.Thank you for your consideration in this important matter. Dr. Angie Tagtow, DrPH, MS, RD, LDDefinitions for reference:Registered dietitian nutritionists (RDNs) are highly trained specialized health professionals who completed a graduate degree from an accredited dietetics program and a supervised practice requirement, passed a national exam, and continue professional development throughout their careers. RDNs are valued members of health care teams and provide critical Medical Nutrition Therapy (MNT) and nutrition services in hospitals, longterm care facilities, and veterans hospitals. In Iowa, dietitians are also instrumental in schools/universities, public health clinics, social service agencies, and industry/retail. Dietitians practicing medical nutrition therapy manage complex medical conditions such as diabetes, heart disease, cancer, kidney disease, malnutrition, and gastrointestinal (GI) disorders. Licensed dietitians are highly qualified to provide healthpromoting therapeutic diet orders for individuals receiving nutrition support through feeding tubes or IVs within intensive care settings, while considering the various medications or treatments patients are receiving. Currently, there are more than 1400 RDNs in Iowa. Dietetic Certification/Registration: A registered dietitian nutritionist earns a professional certification upon the successful completion of specific and rigorous academic and supervised practice requirements and passed the Commission on Dietetic Registration (CDR) Examination. Registration requirements do NOT differ from state to state and the use of the certification/credential is nationally recognized. Dietetic Licensure: Iowa is one of 45 states that has dietetic licensure which requires dietitians to hold a state license in order to legally practice within that state as outlined in the states regulations. For example, some states may specify that only licensed practitioners may provide medical nutrition therapy (MNT), while other states specify that only licensed practitioners may provide any type of nutrition and dietetics services. Dietetic registration is not a substitution for state dietetic licensure. Similar to other healthcare professions, licensure of dietitians aims to safeguard the public by identifying qualified practitioners and enabling recourse for incompetent care or harmful advice. Licensure laws guide the public to qualified providers, protecting against negligence and the dissemination of inaccurate nutrition treatment that can harm health and lead to unnecessary expenses.

**Name:** John Kenyon

**Comment:** Boards and commissions are a vital way for Iowans to participate in the governance and oversight of important state resources, giving voice to a broad swath of our residents. The move away from these bodies, and away from regulation in general, makes us less safe, less prepared, and less vigilant. Please do not move this bill forward. Do not strip our r state government of the watchful eye provided by so many hardworking volunteers who seek to make Iowa a better place.

**Name:** Cheri Barnhart

**Comment:** Republicans should take a breath and stop destroying Iowa. From healthcare to Public Schools to AEA to libraries and now boards that allow public input. Why this continued quest to destroy Iowa? I no longer recognize the state I was born and raised in.

**Name:** Stephanie Powers

**Comment:** Please vote no to the current version of SSB 3172, specifically the focus on eliminating dietetics as a health profession and eliminating dietitians requirement to obtain licensure. I have been a dietitian eight years. Currently I am a nutrition specialist in the pediatric unit and neonatal intensive care unit at MercyOne Des

Moines. I work on interdisciplinary teams that regularly include members covered by their own specific boards including medicine and surgery, psychology, physical therapy, nursing, speech pathology, occupational therapy, respiratory care, pharmacy, and social work. We all rely on each other to perform our specific roles and trust each others training and education meets Iowa licensure expectations. Why is only the dietetics board under scrutiny? My hospital's doctors specifically consult me to complete Medical Nutrition Therapy (MNT). For example, I provide nutrition recommendations for a patient's tube feeding or to help formulate total parental nutrition (nutrition provided through an IV to provide macronutrients and micronutrients when their gut does not work). Especially with total parental nutrition, we work closely with pharmacy to make our recommendations. If done wrong, it can be life threatening, or even deadly just a few risks include advancing feedings too fast in a malnourished patient and causing refeeding syndrome, recommending an incorrectly large amount of dextrose or rate that will damage their blood vessels or also cause critical high blood sugars, or alternatively adjusting the dextrose too quickly and causing threatening hypoglycemia. This is something dietitians are specifically trained to do in partnership with pharmacists and doctors. We assess, evaluate, plan/recommend, and monitor the patient as a part of their care team. Why would this not be something needed to be covered under a licensure board, when the doctors and pharmacists are also covered? Dietitians roles can vary, but it is important for all to be under the Iowa Licensure umbrella to ensure credentials and continuing education are maintained, as well as to have a governing body to report any complaints or organize investigations if needed. Thank you for considering this. Stephanie Powers, RD, LDN, CSP, CNSC

**Name:** Maren Wolff

**Comment:** Your support is requested in amending SSB 3172 regarding the Board of Dietetics and dietetics licensure. It is essential to maintain licensure for dietitians in Iowa, as well as to maintain the Board of Dietetics, in order to ensure Iowans have access to safe and high quality nutrition care from Registered Dietitian Nutritionists (RDNs). RDNs are health care providers that have gone through extensive education and training to provide medical nutrition therapy (MNT). With MNT, dietitians manage complex medical conditions and provide individualized nutrition recommendations. This specialized nutrition care is critical for treating conditions like cancer, kidney disease, diabetes, gastrointestinal disorders, and malnutrition; as well as for those individuals needing nutrition support via feeding tubes or IVs. These are all diseases and conditions that Iowans are experiencing. As just one example, in 2023 the Iowa Cancer Registry found that Iowa has the second highest incidence rate of cancer in the United States. This is just one of many reasons that access to nutrition care from licensed dietitians should actually be expanded, and not inhibited through elimination of dietitians ability to practice MNT in Iowa. Licensure also ensures protection of the public by authorizing only qualified nutrition practitioners to treat medical conditions. Similarly, licensure enables health insurers to identify and credential qualified nutrition practitioners. Hence, maintaining licensure is also essential for supporting employment opportunities in Iowa. Without licensure, Iowa would also be prohibited from participating in the Dietitian Licensure Compact, which seeks to streamline dietitians ability to provide MNT in other states, and would allow Iowans to experience expanded access to nutrition care from RDNs. It is also important to consider that Iowas higher education institutions have accredited programs that train students to become RDNs. Elimination of licensure may lead graduates of these programs to choose to leave the state for employment opportunities elsewhere. My request is that you amend the current language of SSB 3172 to retain 1) dietetics licensure in Iowa and 2) the Board of Dietetics in its current form, or as a subcommittee under the Board of Medicine. Thank you for your consideration and attention to this important matter. Maren Wolff, PhD, RDN, LD; President, Iowa Academy of Nutrition and Dietetics

**Name:** Anita Christensen



**Comment:** Please vote no SSB3172. Iowans deserve the right to be a part of their state government by participating in a robust choice of boards and commissions. Important voices will be lost when these bodies are eliminated.

**Name:** Amanda Glaser

**Comment:** Do not take local input/control away. Do not eliminate boards/commissions etc.

**Name:** Catherine Rudolph

**Comment:** Attached is a petition letter on behalf of registered dietitians/dietetic interns across the state and other supporters. Dear Senators of the State Government Committee, As registered and licensed dietitian nutritionists and dietetics students in Iowa, we strongly recommend maintaining Iowa dietetics licensure and the Iowa Board of Dietetics. This recommendation not only impacts RDNs' ability to continue their practice but also impacts the constitutional duty of our state government to protect its citizens. Similar to other healthcare professions, professional regulation of Licensed Dietitian Nutritionists aims to safeguard the public by identifying qualified practitioners and enabling recourse for incompetent care or harmful advice. Licensure laws guide the public to qualified providers, protecting against negligence and the dissemination of inaccurate nutrition recommendations that can harm health and lead to unnecessary expenses. While RDNs practice in a variety of settings, licensure is particularly important in the context of the practice of medical nutrition therapy (MNT), which is nutrition care aimed at treating a disease state or medical condition. MNT is a specialized form of evidencebased nutrition care and differs from general nutrition or health education. MNT provides RDNs with the ability to manage complex medical conditions such as diabetes, heart disease, cancer, kidney disease, malnutrition, and gastrointestinal (GI) disorders. RDNs are highly qualified to provide healthpromoting nutrition recommendations for individuals receiving nutrition support through feeding tubes or IVs within the setting of complicated surgeries and while considering the various drugs or treatments patients are on. Without licensure, anyone, qualified or not, may provide dietetic services. Licensure ensures only qualified nutrition practitioners are authorized to treat individuals with medical conditions, creating accountability and safeguarding the public by regulating all providers of medical nutrition therapy services, not just RDNs. Licensure allows RDNs to practice at their level of competence. Without licensure, RDNs have no legal authority to practice medical nutrition therapy, the service for which they are trained and most qualified to provide. It is also important to note that dietetics licensure supports employment opportunities and access to nutrition care in Iowa: Generally, payers, such as insurance companies, look to licensure to identify who is a qualified provider of medical nutrition therapy and to assess a practitioner's eligibility for reimbursement. Requiring licensure of qualified dietetics practitioners expands access to nutrition care and income opportunities for RDNs. The Academy of Nutrition and Dietetics in collaboration with the Council of State Governments is working to streamline the licensure of RDNs by introducing an interstate compact. States participation in the Dietitian Licensure Compact is contingent upon states licensing and regulating the practice of dietetics. If a state does not license RDNs, that state will not be able to seek the Compact benefits such as expanded nutrition care access for Iowa citizens, increased income opportunities for RDNs, and support for active duty military and their spouses. Maintaining licensure would increase opportunities for RDNs to participate in the compact, enticing more RDNs to live in Iowa and contribute to the Iowa economy. This is especially helpful to RDNs who live on/near the borders of our state. States without licensure, such as Michigan, are increasingly seeing patients/clients receive MNT outside of their state. Additionally, maintaining the effective and efficient Iowa Board of Dietetics is essential to protecting Iowa citizens from unethical, harmful nutrition care. There is no taxpayer expense associated with the Board of Dietetics. The fees that Licensed Dietitians pay to renew their license cover all costs incurred by the department that provides oversight. This Board has proven to be costeffective and it operates consistently in the black each year. The Board of Dietetics is efficient with its meetings. The Board of Dietetics meets quarterly, and as needed. It has held virtual meetings for several years, when appropriate. The Board of Dietetics compensates its members. The Board of Dietetics is comprised of both professional and citizen members and these Board members are provided compensation for their service to the citizens of Iowa. We urge the Iowa legislature to maintain the dietetics licensure and the Board of Dietetics during the upcoming legislative session and

beyond for the protection and health of Iowa citizens, and support of employment opportunities for qualified nutrition care practitioners. Iowa Registered Dietitians/Nutrition signatures (Iowa zip code): Abbie Scott, RDN, LD, Private Practice and Clinical (Hospital/Behavioral Health) (50315) Keep Iowa licensure so constituents aren't more at risk from receiving negligible nutrition information from unlicensed individuals! Nicole Rodenkirk RDN, LD, CLS, Registered Dietitian in the WIC program (50265) It is essential to ensure our licensures and credentials to be able to help families in prevention of comorbidities while simultaneously ensuring we are up to date with the highest of education in our field of nutrition and dietetics. Miriam Troutner MS RD LDN CNSC, Clinical care (52001) Licensure is what sets us apart from other providers to the public. Consolidate the board, but please keep our licensure. Brannan Murphy MS, RDN LD, Cardiac Rehabilitation Outpatient Dietitian, (52761) Should you choose to eliminate our Board and our licensure, people will fall ill with the plethora of misinformation out there regarding nutrition and health. We also will still be responsible for our massive amount of debt we gained to acquire our licensure without a job. Erin Hoisington, RDN, Aging Nutrition (50046) Regan Janssen, Dietetic intern (50023) Laura Parsons, Government (50021) Jill Ardueser, Dietetics student (50014) Katie Lashier, RD, LD, Long term care (50021) Amber Baughman, MS, RD, LD, Clinical Assistant Professor (50010) Elizabeth Olsen, MS, RD, LD, Clinical dietitian in a critical access hospital (50022) Brianna Montross, RD, LD, Healthy Food Access Specialist (52241) Renee M Greiner RDN LD, Foodservice distribution and menu writing (50624) Kristen Twinam, Student, (52621) Jennifer Norgaard, RD LD, Community Nutrition (50021) Amanda Thul, RD, LD, Inpatient and outpatient clinical dietitian (50548) Amber Frederick RDN/LD, Clinical Nutrition Manager (52242) Mary Sell, MPA, RDN, LD, Menu Services Manager (50613) Susan Carlson, RDN, LD, School Nutrition Dietitian Ankeny CSD (50023) Mareah Stallsmith, MBA, RD, LD Wellness Manager, (50226) Kerri A. Roling, RD K12 School Nutrition Director, (50327) Sydney Rottinghaus Master of Clinical Nutrition student/dietetic intern (50401) Hannah Sorrell, Master of Clinical Nutrition student (52246) Jackie Ament, RDN, School nutrition (52046) Maddie Sickels RD, LD, Inpatient/Outpatient Clinical Dietitian (50833) Anne Cundiff, RD, LD, FAND, Corporate Retail (50263) Ashley Danielson, RDN, Aging Nutrition, Government (50323) Tracey Sauke, RD, LD, Community dietitian (50613) Emily Wood, RDN, Masters student in Nutrition and Dietetics (50014) Alyson Fendrick, RD, Marketing Communications Manager in Agriculture (50327) Jesell Souhrada, NDTR, Dietetic Intern, ED Medical Scribe, MPH student (52722) Jody Gatewood MS, RD, LD, Assistant State Nutrition Program Specialist (50014) Veronica Buis, Student, (50014) Martha McClurg, MPH, RD, LD, On career sabbatical to raise young children (52403) Denise Boozell RDL, CDCES, Diabetes Educator, (50166) Morgan Farnham, Student (50543) Lauren Slagle, Student (50322) Melissa Anker, RD, LD, Clinical Dietitian, Bariatric and weight loss (50273) Allysa Ballantini Clements, MPPD, RD, LD, Telehealth Medical Nutrition Therapy (50315) Hannah Ledeboer MS, RD, LD, Clinical dietitian/bariatrics (50023) Pamela G Eaton, RD, LD, Renal Dietitian in dialysis clinics (51544) Janette Batts, RDN LD, Clinical dietitian in dialysis unit (50023) Summer McVicker, Dietetic Intern (50010) Annette Snyder, MS, RD, CSOWM, LD, Private Practice (50525) Britt McConnell, RD, College foodservice (52246) Tia Muilenburg, BS in dietetics, Masters of Nutrition and Dietetics student (50126) Erin Bergquist MPH RD LD, Clinical Professor, Education (50201) Brooke Tasler, RDN, LD, Food Service Management/Clinical Dietitian, (51442) Lyndi Buckingham Schutt, PhD, RDN, LD, Assistant Professor of Human Nutrition (50014) Karen Foster RDN LD, Cardiometabolic Specialist for Omada Health (52101) Allyson Willits RD, LD, Clinical Dietitian in hospital setting (52722) Cole Hopkins, MPPD, RD Clinical Dietitian (50309) Cindy Kamies, MS, LD/RDWIC Dietitian/nutrition education (51031) Melissa Lewis, RD, JD, Dietitian/Health & WellBeing (50029) Stephanie Johnson, RD, LD, WIC Dietitian (52577) Michelle McGovern RD, LD, CDCES, Registered Dietitian, Diabetes Educator (52233) Karen Uhrich, MS, RD, LD, CDCES, CPT, Certified Diabetes and Education Specialist/Diabetes Education (52722) Savannah Schultz, MS, RDN, LD,

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February 14th, 2024

Dear Senators of the State Government Committee,

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Licensure allows RDNs to practice at their level of competence. Without licensure, RDNs have no legal authority to practice medical nutrition therapy, the service for which they are trained and most qualified to provide.

It is also important to note that dietetics licensure **supports employment opportunities** and access to nutrition care in Iowa:

- Generally, **payers, such as insurance companies, look to licensure** to identify who is a qualified provider of medical nutrition therapy and to **assess a practitioner's eligibility for reimbursement**. Requiring licensure of qualified dietetics practitioners **expands access to nutrition care and income opportunities for RDNs**.
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**Iowa Registered Dietitians/Nutrition signatures (Iowa zip code):**

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Erin Person MS, RD, Performance Nutrition, (50003)  
Janet Weber, RD, LD, RN, IBCLC, WIC Registered & Licensed Dietitian, Registered Nurse, IBCLC (50643)  
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Joshlyn Krapfl, Student (52065)  
Karen Meyer, RD, LD, Long-term care (52003)  
Madison Kelly, RD, Clinical dietitian (51503)  
Megan Dalsing RD, LD, Community Nutrition - Hy-Vee Store Dietitian (52002)  
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Carlene Russell, RDN, Geriatric Dietitian (retired) (50327)

Teresa Ann Romey (retired RDN LD), Long term care dietitian (51463)  
Brandy K Strub, MS, RD/LD, Hospital Dietitian (52172)  
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Ann Parker MHS, RDN, LD, Education (50009)  
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Cathy Drost, RD, LD, CPH, Food and Health Specialist, Extension (52577)  
Jodie Huegerich, UNI Local Food Program Manager (50613)  
Lisa Woodruff, RDN, LD, Specializing in pediatric food allergy (52302)  
Stephany Brimeyer, RDN LD, Manager of Nutrition Services in statewide system for children with special health care needs (52722)



**Non-RDN signatures of support (Iowa zip code):**

Sheyann Sundeman, RN, DaVita Dialysis (50836)  
Kathy Travis, Cosmetologist Iowa license (51544)  
Lori Carlson LPN, LPN/DaVita Dialysis (51601)  
Jessica Schaack ARNP, Nurse practitioner, Nephrology (50109)  
Peyton Carolus, LMSW, Medical Social Worker (50327)  
Liberty Ahrens, RN, Registered Nurse/DaVita IOWA (50801)  
Chessy L. Fahey, RN BSN, Registered nurse at DaVita Inc.  
Maria Fecundo, ARNP, Associate in Kidney Care, (50315)  
Fawn Roberts, ARNP, Family Nurse Practitioner (50533)  
Jessica Mathisen PA-C, Physician Assistant in Nephrology (50323)  
Mary Steffensmeier, Diabetes and Nutrition Program Coordinator (50702)  
Kristin Johnson (50322)  
Scot Johnson (50322)  
Jacob Pendergraft (51566)  
Tory Carrick (51566)  
Danielle, Farm Loan Office (52535)  
Michaela Buntrock, Elevate Eyecare (50022)  
Bailey Vial (51566)  
Alexandria Kenney, Business administration (51561)  
Lainie Edie, Masters Grant Manager (51566)  
Dhivya Sundaramurthy, Nephrologist (50309)  
Sarah Shomshor APRN, Nurse Practitioner (51503)  
Kate White (51503)  
Cathy Mann (51503)  
Jonathan Sayre Wood (50014)  
Traci Brockman, RN, Director of Specialty Services - direct supervisor of Clinical Nutrition program (50022)