STATE OF NEBRASKA

DEPARTMENT OF HEALTH
Mark B. Horton, M.D., M.S.P.H.
Director

E. Benjamin Nelson
Governor

MEMORANDUM

TO: Senator Don Wesely, Chairman
Health & Human Services Committee
Nebraska Legislature

FROM: Mark B. Horton, M.D., M.S.P.H.
Director of Health

DATE: January 26, 1994

SUBJECT: The Final Report of the Director of Health on the Dietetic and Nutrition Proposal

Recommendations of the Director

The Nebraska Dietetic Association submitted a proposal to license dietitians and nutritionists to the technical committee in the spring of 1993. The technical committee recommended against the proposal, as did the 407 committee of the Board of Health and the full Board of Health. I concur with the action taken by the technical committee and the Board and recommend against the current proposal to license dietitians and nutritionists. However, such a recommendation should not be construed to mean that nutritionists and dietitians should not be licensed. I believe the idea of licensing dietitians and nutritionists is worthy of further consideration as discussed below.

Discussion on the Issues Raised by the Review

After reviewing the record of the review on this proposal and after giving the issue due consideration, I find that I am not convinced that significant harm has resulted from the current situation regarding dietetic and nutrition services, but that there is significant potential for such harm to occur. Further, while the current proposal would likely restrict public access to dietetic and nutrition services, I am not convinced that significant harm resulting from this has been demonstrated either.

It is my belief and experience that the public is being given incorrect or inaccurate information about nutritional practices and about specific nutritional products by individuals untrained and unqualified to give such information. It is extremely difficult to document the existence of and the extent of harm done by such practices. Also, while there certainly are many

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unlicensed individuals who are ethical and knowledgeable in the area of nutrition and who transmit appropriate and accurate nutritional information, I believe there is inherent danger in relying solely on information about nutritional practices and specific nutritional products transmitted by individuals or entities who make a living selling such programs and products. While recognizing these potential dangers, the current proposal does not represent a solution that balances the need to ensure the accuracy of nutritional information given to the public with the need for free flow of nutritional information that adequately meets the public's demand.

While there may be some question regarding the need to require licensure of individuals to ensure that all nutritional information given to the public is accurate, there is no question that there is a core of knowledge about nutritional practices and specific nutritional products that is crucial to health and the treatment of disease processes, and that the process of delivering those specific nutritional services will be benefited by the requirement that they be delivered by a licensed professional. Examples of these conditions include: pathological obesity, diabetes mellitus, advanced renal disease, failure to thrive in infancy, phenylketonia and other such metabolic diseases, inanition due to chronic debilitating diseases, chronic medical and post-surgical gastrotestinal conditions, and nutritional challenges of the elderly. While the current proposal fails to clearly delineate those nutritional services for which professional licensure would be beneficial, it is my belief that such a delineation would not only be beneficial, but would be critical to the establishment of standards of care for medical conditions that require nutritional services in the management of these conditions. I would encourage the nutrition profession to continue to explore this very important area of health care with the medical profession.

Finally, I would like to briefly address the issue of reimbursement. I agree with the profession, the technical committee, and the Board of Health that nutritional professionals need to be reimbursed for their services. However, concepts central to health care reform are moving us away from a fee for service reimbursement system, and toward capitation of services and the establishment of practice parameters. Capitation and practice parameters will surely require more explicit articulation of how various health professionals will need to be integrated into the process of health care to ensure comprehensiveness and quality of services. Once the role of a given health professional, such as a nutritionist or dietitian, is clearly defined in the process of care for a given condition, a firm basis will be established for the reimbursement of that professional. I believe that the future of the profession in question depends on its members working closely with the medical profession and other health professions to more clearly define the critical role that nutrition services play in the maintenance of health, and the delivery of comprehensive and quality services for specific medical conditions.

MBH/das