

**Department of Health and Human Services
Division of Public and Behavioral Health**

**DIETITIAN ADVISORY GROUP
SUMMARY NOTES**

Date: October 16, 2014

Time: 11 a.m.

MEETING LOCATIONS

Videoconference Locations:

Department of Health and Human Services
Division of Public and Behavioral Health
727 Fairview Drive, Ste E
Carson City, Nevada 89701

Department of Health and Human Services
Division of Public and Behavioral Health
4220 South Maryland Parkway, Building D, Suite 810
Las Vegas, Nevada 89119

Attendees:

Carson City:

Leticia Metherell

Via Teleconference:

Barbara Paulsen
Deborah Klein
Laura Kruskall

Three out of five members participated therefore there was a quorum. Each Advisory Group Member provided a brief introduction. It was explained that this was an informational meeting with no action items but individuals would be given an opportunity to comment during the Public Comment section.

Agenda item #3: Overview of Dietitian Licensing Program

Leticia Metherell provided an overview of the dietitian licensing program and identified those involved in the program.

- Leticia Metherell, Health Facilities Inspection Manager, Registered Nurse, Dietitian Licensing Unit. Email provided: lmetherell@health.nv.gov
- Bernie Osgood, Dietitian Licensing Unit Administrative Assistant is available to answer questions about license and renewal applications as well as change of information questions. Email provided: bosgood@health.nv.gov
- Jennifer Dunaway, RD, LD is a supervisor in the Las Vegas office and resident expert who is consulted on dietitian related issues.
- Linda Anderson, Deputy Attorney General is the Division of Public and Behavioral Health's legal counsel and assists the Division with the interpretation of laws and regulations. Change to agenda announced that Leticia Metherell would be presenting agenda item number four instead of Linda Anderson.

Leticia Metherell went over the Division of Public and Behavioral Health's Dietitian Licensing Page including availability of:

- Nevada laws and regulations and importance that each dietitian goes to the website and reviews the laws and regulations governing dietitians.
- Renewal information is posted on the website and other useful information.

The Division's URL was provided: health.nv.gov and steps to get to the dietitian page provided. First go to Health Care Quality and Compliance (HCQC) page then go to blue button titled, "Dietitian Licensing"

An overview of dietitian program was provided. The first dietitian was licensed in March of 2013 and we have grown to having 456 licensed dietitians currently. We have had no temporary licenses issued and only a few provisional licenses issued. The majority of licenses issued have been for regular, licensed dietitians. No complaints have been filed against a licensed dietitian and no disciplinary action has been taken.

A renewal reminder was also provided. The importance of renewing on time was emphasized because renewing late would result in a \$100 late renewal fee and the dietitian would be required to take the CDR exam before renewing.

Public Comment on Agenda item #3

A comment was made that the CDR exam is not required for failure to renew a license on time.

NRS 640E.220 (3) was read:

The Board shall require a licensed dietitian who fails to submit an application for the renewal of his or her license within 2 years after the date of the expiration of the license to take the examination required by NRS 640E.150 before renewing the license. It was explained that the exam referred to in NRS 640E.150 was the CDR exam.

A comment was then made that by the time an individual renewed they would have already taken the exam therefore the section would not require someone to retake the exam if they were late to renew.

It was explained that upon initial application and in accordance with NRS 640E.150 an individual is required to have passed the CDR exam as noted in NRS 640E.150 (e). That this is the section in which the initial requirement to pass the CDR exam is. It was explained that having it stated again in the renewal section of statutes and specifically having the section refer to requiring taking the exam for failure to submit an application within 2 years would indicate that the exam would have to be taken again before renewing the license.

At this point a comment was made that the Commission on Dietetic Registration would not allow a currently registered dietitian in good standing to retake the examination.

Leticia Metherell thanked the individuals for their comments and stated she would look into the renewal issue further and get back to the advisory group members.

Agenda item #4: Licensed Dietitians, Registered Dietitians, NRS 439.537 and the importance of not letting your registration or licensure as a dietitian lapse.

The NRS on the agenda, NRS 439.537 was read out loud. It was explained that only a registered dietitian could make themselves out as a licensed or registered dietitian and that it was important that licensed dietitians do not let their registration lapse. It was also explained that during renewals each registration would be verified to ensure each dietitian was registered at the time of renewal.

Public Comment for Agenda item #4

There was no one who wished to testify on agenda item #4.

Agenda item #5: Dietitians and Ordering Diets and Medical Laboratory Tests

The statutes below were read out loud.

NRS 640E.260

1. A licensed dietitian shall provide nutrition services to assist a person in achieving and maintaining proper nourishment and care of his or her body, including, without limitation:

(l) Accepting and transmitting verbal and electronic orders from a physician consistent with an established protocol to implement medical nutrition therapy; and

(m) Ordering medical laboratory tests relating to the therapeutic treatment concerning the nutritional needs of a patient when authorized to do so by a written protocol prepared or approved by a physician.

2. A licensed dietitian may use medical nutrition therapy to manage, treat or rehabilitate a disease, illness, injury or medical condition of a patient, including, without limitation:

(c) Developing and managing operations to provide food, care and treatment programs prescribed by a physician, physician assistant, dentist, advanced practice registered nurse or podiatric physician that monitor or alter the food and nutrient levels of the patient.

Public Comment on agenda item #5

An advisory group member asked if a policy was put in place outlining each type of diet, for example if an allowed amount of sodium and other factors were outlined for a diet and the policy was signed off by the medical staff allowing dietitians to order diets in accordance with the policy, would that be allowed? It was explained that this would not suffice but what could be done is specific protocols could be developed for each type of diet. A physician could then order a protocol for a specific patient. For example, the physician orders Protocol A for one patient and Protocol B for another patient, it is the physician ordering a specific protocol for a specific patient. The dietitian would then have the flexibility to work within the Protocol and make determinations related to the diet based on the protocol ordered by the physician. She also asked about supplements and the ability to order supplements. She explained that as long as a supplement fell within the parameters of the diet she felt a dietitian should be able to provide these to patients. She did not see the difference between Boost and a yogurt. It was explained that after consultation with the Centers for Medicare and Medicaid Services and our registered dietitian on staff they were both in an agreement that a supplement is supplemental to a diet and is not part of a diet. It was also explained that it was important that facilities be in compliance with both federal and

state laws. It was explained that if dietitians wanted to order diets including supplements it would require legislative action to change state law to allow dietitians to order diets. Hospitals, for example, could then tailor their policies and procedures to dictate how that would look, for example one hospital may want dietitians to only be able to order supplements while another may want to provide greater ordering privileges to a dietitian. It was noted that although the Dietitian Advisory Group as a group representing the Division could not move legislative forward in the name of the Advisory Group, dietitians as individuals could ask a legislator if he or she would move a bill forward allowing dietitians to order diets. One individual mentioned contacting their association about moving the item forward.

Agenda item #6: Public Comment

The meeting was opened up to anyone who wished to express any other public comments. It was explained that no action could be taken on a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken.

No one expressed interest in providing further comment.

As part of the public comment section I did provide information on some free educational opportunities. I explained that website courser.org provided free bachelor and master level classes including ones related to nutrition such as a self-study course from Stanford University titled, "Child Nutrition and Cooking 2.0", a John Hopkins course titled, "An Introduction to the US food system: Perspectives from Public Health and one from Vanderbilt University titled, "Nutrition, Health and Lifestyle: Issues and Insights." One person then requested the URL which was provided: coursera.org.

Agenda item #7: Adjournment

This meeting adjourned at approximately 11:45 a.m.