ALASKA LEGISLATURE COMMITTEE FILES 1995-1996 8672
8542 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

04/13/95 LEGISLATIVE TELECONFERENCE NETWORK SYSTEM LTN1150

14:56:32 PARTICIPANT LIST (ALL PARTICIPANTS) BY:ANC

TCN:50573 SCHEDULED FOR:04/13/95 14:00 TO 16:00 FOR:ANC

PUBLIC HEARING HOUSE HEALTH, EDUCATION & SOCIAL SERVICE

LOCATION:ANCHORAGE

HB 156	GISELLE	BERYERON	HUNTWOOD CHRISTI	TESTIFY
HB 156	SANDY	BLOMFIELD		TESTIFY
HB 156	STEVEN	PORTER		TESTIFY
HB 156	BILL	MELL		TESTIFY
HB 156	JUSTIN	WALTON		TESTIFY
HB 156	JOSHUA	WALTON		TESTIFY
HB 156	JONATHAN	WALTON		TESTIFY
HB 156	PAIGE	WALTON		TESTIFY
HB 156	SARAH	WALTON		TESTIFY
HB 156	JERRY	WALTON		TESTIFY
HB 156	LAUREL	TATSUDA		TESTIFY
HB 156	MATTHEW	BERGERON		TESTIFY
HB 156	MARK	BERGERON		TESTIFY

Alaska State Legislature

House of Representatives

COMMITTEE ON HEALTH, EDUCATION AND SOCIAL SERVICES

PLEASE FILL IN ALL PARTS OF THIS SHEET. THANKS!

DATE: ~~4/6/95~~ 4/13/95

PLACE: Capitol Room 106

SUBJECT OF MEETING:

HB 156: Student Access to School Programs

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?		WHAT SUBJECT/ WHICH BILL?
Sylvia Reynolds	JDHS	10014 Crazy Horse Dr. Juneau, AK.	99801	790-2090	463-1900	(Y)	N	HB156
Sheila Peterson	DOE					(Y)	N	HB156
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	

HB

157

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

SPONSOR STATEMENT FOR HB 157
An act relating to licensure of dietitians and nutritionists

HB 157 will provide the people of Alaska the means for an educated choice when searching for valid, accurate nutrition information from accredited, highly skilled professionals.

This legislation contains provisions which ensure that individuals with nutrition practice and bachelors, masters or doctoral degrees from accredited schools may continue to work in Alaska. Over 120 registered dietitians and nutritionists live throughout Alaska. They work in hospitals, nursing homes, public health clinics, school lunch programs, and sports medicine. In out-patient clinics they provide nutritional teaching in diabetes, heart disease, kidney failure, digestive disorders, eating disorders, high-risk pregnancies, strokes, AIDS and cancer treatments, to name just a few.

Dietetics and nutrition is the integration and application of principals derived from the sciences of nutrition, biochemistry, physiology, food management and behavioral and social sciences to achieve and maintain people's health.

All dietitians are nutritionists. Dietitians use these terms inter-changeably, like physician-doctors and lawyer-attorney. However, not all nutritionists are dietitians; nutritionists is a broader, generic term. A registered dietitian has undergone many years in school studying courses not only in nutrition, but many pre-medical courses required by those seeking to become physicians. In addition, to be a member of the American Dietetic Association, the largest professional organization for food and nutrition professionals, dietitians must maintain continuing educational requirements.

Any person can currently call themselves a "nutritionist" without even one day of formal education or experience. They may offer sometimes harmful, sometimes expensive, sometimes dangerous advice and unproved therapies, unless statutes are in place which requires nutritionist licensing.

HB 157 will provide the people of Alaska the following benefits:

1. Protect Alaskans from potential harm caused by untrained individuals.
2. Provide increased protection from health and economic costs of nutrition fraud.
3. Enable the Alaskan consumer to distinguish between qualified and unqualified providers.
4. Establish locally enforceable standards for ethical practice.
5. Increase availability of nutrition services to Alaskans by providing a means for consumers to recognize qualified nutrition experts.

This legislation does not create a new board. Licensing will be administered by the Division of Occupational Licensing, and will have not cost to the state, as licensing fees from dietitians and nutritionists will pay all costs of administration It is also important to note that HB 157 in no way excludes other professions from practicing nutrition if they are allowed to do so under current statutes.

DIVISION OF LEGAL SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101

130 Seward Street, Suite 409
Juneau, Alaska 99801-2105

MEMORANDUM February 14, 1995

SUBJECT: Sectional Summary of HB 157, An Act relating to dietitians and nutritionists. (Work Order No. 9-LS0452\F)

TO: Representative Cynthia Toohey

FROM: Terri Lauterbach
Legislative Counsel

You have requested a sectional summary of the above-described bill.

Since you have not asked any specific questions about the bill, this summary is very brief. However, if you have specific questions or would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise and I will respond accordingly.

Section 1 directs the Department of Commerce and Economic Development to license persons who meet certain qualifications to be dietitians or nutritionists. It prohibits persons from acting as, or using the titles of, dietitians or nutritionists without a license from the department, with the exception of registered dietitians (see AS 08.38.010(b) for the exception).

Section 2 adds the regulation of dietitians and nutritionists to the list of occupations in AS 08.01.010 so that the general licensing statutes in AS 08.01 will apply to the licensing of dietitians and nutritionists.

Section 3 gives the Act an immediate effective date, except for the section that restricts practice without a license.

Section 4 delays the effective date of the section that requires a license to January 1, 1996. This way, the practice of dietitians and nutritionists can continue without licensure until the department has time (Jan. 1, 1996) to get the licensing process in place.

TML:glc:klb
95-140.glc

THE AMERICAN DIETETIC ASSOCIATION
216 WEST JACKSON BOULEVARD
CHICAGO, ILLINOIS 60606-6995
312/899-0040

DIVISION OF GOVERNMENT AFFAIRS
1225 EYE STREET, NW #1250
WASHINGTON, DC 20005
202/371-0500

NUTRITION PROFESSIONAL LICENSING
Fact Sheet

What is a licensed dietitian/nutritionist?

A licensed dietitian/nutritionist is a person licensed by a state government to practice dietetics and nutrition. Nutrition and dietetics is the integration and application of principles derived from the sciences of nutrition, biochemistry, physiology, food management , and behavioral and social sciences to achieve and maintain peoples' health.

All dietitians are nutritionists. Dietitians use these terms interchangeably, like physician-doctor and attorney-lawyer.

However, not all nutritionists are dietitians; nutritionist is the broader, generic term. Therefore, in state laws including the term "nutritionist" provisions are made to ensure that individuals with nutrition practice experience and bachelor's, master's, or doctoral degrees from accredited schools may continue to practice.

What states grant a license to nutrition professional?

Alabama, Arkansas, the District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Minnesota, Mississippi, Montana, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, the Commonwealth of Puerto Rico, Rhode Island, Tennessee, Texas and Utah confer such license. Other laws to regulate nutritionists exist in California, Nebraska, New York, Vermont, Wisconsin and Washington. In all 34 laws regulate nutrition professionals. All but one of these laws were passed since 1982.

Why license dietitian/nutritionists now?

Anyone can call him or herself a "nutritionist" and offer sometimes expensive, sometimes dangerous advice and unproved therapies--unless the state has a law that requires nutritionist licensing. The largest professional organization for food and nutrition professionals is The American Dietetic Association, with over 64,000 members who meet academic and experience requirements. Eighty percent are Registered Dietitians (RD's), who pass an examination and maintain the RD designation by meeting continuing education requirements and many have advanced degrees.
Dietetic technicians and students are other ADA members. While the RD credential is nationally recognized as indicative of competence to practice nutrition and dietetics, it is a voluntary quality control mechanism.

ADA is recognized as the accrediting agency for both coordinated undergraduate programs in dietetics and dietetic internships by the Council on Post secondary Accreditation and the US. Department of Education. ADA has existed since 1917, but many self-styled "nutritionists"--some of whom have "degrees" from unaccredited schools--began using this title in the 1970's. By the 1980's, nutrition fraud was widespread enough to draw national attention, thanks to the report issued and hearings conducted by Representative Claude Pepper's Health and Long-Term Care Subcommittee. Health fraud costs Americans somewhere between $25 and $50 billion a year; nutrition fraud is the most common type of health fraud.

What will dietitian/nutritionist licensing do?

- Protect people from potential harm caused by untrained individuals.
- Provide increased protection from the health and economic costs of nutrition fraud.
- Enable consumers to distinguish between qualified and unqualified providers.
- Establish locally enforceable standards for ethical practice.
- Increase availability of nutrition services by providing a means for consumers to recognize qualified nutrition experts.

Will dietitian/nutritionist licensing increase health care costs?

No. Dietitian-nutritionist licensing will reduce health care costs because their services are cost effective in many ways, for example:

- Averted costs of lifetime care for mentally/physically retarded person due to low infant birth weight prevented through improved nutrition care during pregnancy.
- Reduced frequency/length of hospital stay through appropriate nutrition care of patients--especially those with heart disease, cancer, diabetes, alcoholism substance abuse, or kidney problems.
- Decreased length of hospital stay through appropriate nutrition support that prepares a patient for surgery and cancer treatments and speeds wound healing.
- Decreased hospital stay and better growth rate of premature infants through improved nutrition care.

Who do I call to support dietitian/nutritionist licensing or to get more information?

Look in your local telephone directory for the district or state dietetic association nearest you, or call Janet E. Witt, Administrator, State Government Affairs, Washington, D.C. (202-371-0500).

THE AMERICAN DIETETIC ASSOCIATION
216 WEST JACKSON BOULEVARD
CHICAGO, ILLINOIS 60606-6995
312 899-0040

DIVISION OF GOVERNMENT AFFAIRS
1225 EYE STREET, NW #1250
WASHINGTON, DC 20005
202/371-0560

DIETITIANS AND HEALTH CARE DELIVERY

Dietitians are extensively trained and educated in the science of nutrition and its application to disease prevention and treatment. In practice, the dietitian integrates and applies the principles derived from the sciences of nutrition, biochemistry, physiology, food management and behavior to achieve and maintain health. The dietitian has become a fundamental team member in effective health care delivery with the rapid advance of the science of nutrition and its correlation with disease prevention and treatment.

THE ROLE OF DIETITIANS IN MEDICAL TREATMENT SETTINGS:

* Dietitians are a vital component of the medical treatment team for conditions and diseases which have a nutrition component like diabetes, heart disease, renal failure, digestive disorders, high-risk pregnancies, strokes, AIDS, and cancer treatments.

* As part of an interdisciplinary treatment team (physicians, nurses, dietitians, and other health professionals), dietitians educate treatment team members in the science of nutrition; assess the patient's blood chemistry, anthropometric measurements, medical history, and diet history to determine nutrition status; and, with the interdisciplinary treatment team, develop, administer and evaluate the patient's response to nutrition therapies.

SOME FACTS ABOUT DIETITIANS:

* Dietitians hold bachelors, masters or doctoral degrees from accredited universities. Most dietitians are credentialed as registered dietitians through a voluntary credentialing mechanism that is nationally recognized as the primary indicator of competence to practice.

    - Registered dietitians have met specified educational requirements which include course work in physiology, biochemistry and nutrition; national examinations; and mandatory continuing education requirements.

* Over 80 percent of all registered dietitians work in health care delivery.

Work Setting	Percent of Registered Dietitians
Hospitals, HMOs	43%
Long-term Care Facilities	12%
Clinics and Counseling	27%

* Other work settings in which registered dietitians practice include university faculties and school food service. In all of these settings, dietitians pay particular attention to the impact of nutrition on the health status of the public they serve.

STATE LICENSURE SURVEY
Current as of December 19, 1994

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Alabama	Y	N		Pract.	Dict. Nutr.	All ?	$75 app. $75 2yr				N/A	N/A		Y	
Alaska	N	N						Y	Incl. in state code				Info	Y	
Arizona	N	N	$20-30K					?	Cert	JCHHO	N/A		finance testi-monial	Y	
Arkansas	Y	Y	?	Pract	Diet	All	$110 app. $50 r				N/A			Y	
California	Y	Y	16.5 K	Title Act	Diet	N/A	N/A	N	--	Y	N/A	--	other states	Y	--
Colorado	N	Y	$12K	CO Cons Prot Act	Diet	N/A	N/A	N			N/A	Y		Y	
Connecticut	Y	Y	$10K	Cert. Vol	Diet Nutr.	All	$150 app. $50 r.				N/A		Support		

1 State regulation?
2 Lobbyist used?
3 Lobbyist's salary?
4 Type of Regulation?
5 Who is regulated?
6 Who takes exam?
7 Licensure fees?
8 Licensure bill?
9 Will a licensure bill be presented in 1995?
10 Type to be introduced?
11 What else is in progress?
12 Year of Sunset Review?
13 ADA support needed?
14 Licensure Contact?
15 Suggestions?

STATE LICENSURE SURVEY 12/19/94

STATE LICENSURE SURVEY
Current as of December 19, 1994

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Illinois	Y	Y	$10-20K	P. Act	Diet. N.C.	All apps.	$100-150 TBD	N/A	N/A		2002	Have	Nutr. Counselor Exam Grassroots	Y	
Indiana	Y	Y	20 K	Cert. Vol.	Diet.	All apps.	Determined	No	N/A	--	--	En-closed	Provide info on other states' work	Y	
Iowa	Y	Y	$5K	P. Act	Diet.	Non RD	$100 2yr	N/A	N/A		N/A	Have	Lic. update	Y	
Kansas	Y	Y	$6,500	P. Act	Diet.	All apps.	$135 2yr	N/A	N/A			Amend 1994 Include		Y	
Kentucky	Y	Y	$12K	P. Act	Diet Nutr	No exams RD or Ed req.	$50 under review	N/A	N/A		N/A	Reg being written	Other state regs.	Y	
Louisiana	Y														

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STATE LICENSURE SURVEY
Current as of December 19, 1994

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Montana	Y	Y	1993-$1.5K 1995-$10K	Lic. Nutr.	Diet. Nutr. N.C.	No exam	$25 app. $25 ann.						State HCR Finance	Y	
Nebraska	Y	Y	$6K	Cert. Vol.	Nutr.	All	$100 2yr	?	P. Act				State HCR	Y	
Nevada	N	Y	2 K/mo.	None	N/A	N/A	N/A	Yes	P. Act	Thru State Board of Health	--	--	Info. On leg via insur-ance code	Y	
New Hampshire	N	Y	4.5K					Y	P. Act				Advice, Info on other state bills	Y	
New Jersey	N	Y	$9K										Moral support opposi-tion info	Y	Sen Comm. Full Sen. Gov.

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STATE LICENSURE SURVEY
Current as of December 19, 1994

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Oregon	Y	Y	1989-$10K ?	Cert. Vol.	Diet	All apps	$50 app. $150 2yr	Y	P. Act		Y			Y?	
Pennsylvania	N	Y	$15K					Y	P. Act				Prog-ram on Lic.	Y	
Puerto Rico	Y	N		P. Act	Diet Nutr	All	$45 app. $75 3yr				1995 Bill review			Y	
Rhode Island	Y	N		P. act	Diet. Nutr. N.C.	All	$50 app. $50 ann.							Y	
South Carolina	N														
South Dakota	N	N						?	?						
Tennessee	Y	Y	?	P. Act	Diet. Nutr	All	$75 app. $140 2yr							Y	

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STATE LICENSURE SURVEY
Current as of December 19, 1994

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Wisconsin	Y	Y	1993-$10K 1994-$5K	Cert. Vol.	Dict. Nutr.	Non RDs		N/A	N/A		1999	Regs. not avail.		Y	
Wyoming	N	N		In state in code	Dict.			Maybe	P. Act		N/A	N/A		Y	

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Alaska Dietetic Association

P.O. Box 244601 Anchorage, Alaska 99524-4601

January 12, 1995

Representative Con Bunde
State Capitol
Room 101
Juneau, Alaska 99801

Dear Representative Bunde:

We are writing to you on behalf of the Alaska Dietetic Association - a group of one hundred health care professionals providing nutritional care services throughout the state.

Over the last decade, interest in foods and nutrition has escalated to the point that today you cannot pick up a newspaper, magazine or even watch the evening news without some mention of miracle vitamins, wonder foods or new found methods of rapid weight reduction. This undying interest in nutrition as a magic cure-all has enticed a variety of unskilled care providers to market services in this growing field. Unfortunately, ***the average American consumer finds it nearly impossible to determine a qualified medical nutrition therapist from a charlatan.***

Additionally, current reimbursement and healthcare reform trends are rapidly moving towards the necessary ***designation of "licensed" as a requirement for third-party payment.*** These two concerns for the public safety have prompted thirty-five other states to license dietitians.

To foster movement towards licensure our group:

1) Has been reviewing legislation passed by other states to determine the language which addresses our concerns and will fit under Alaska statutes.
2) Will be contacting other health care professionals to let them know of our licensure plans. Because many are allowed to provide nutritional counseling as part of their scope of practice under current statutes, we will assure them that this legislation will not impact their ability to provide this service.
3) Is aware that fees from our members must pay for any and all costs of regulating our licensing.

Because of the repect of your peers **we are asking that you sponsor our legislation.** It is our firm belief that there will be much support for this issue, as our members have committed to be active in the passage of this legislation.

Please find enclosed a copy of Cost Savings Through Medical Nutrition Therapy in Alaska which addresses additional personal and economic impacts of medical nutrition therapy. We will be contacting your office in the near future to arrange for an appointment to further discuss this important issue. Thank you for consideration of our request.

Sincerely,

Susan A. Luck

Susan A. Reed, M.S., R.D.
President
Alaska Dietetic Association
7520 Solarset
Anchorage, Alaska 99507

Nancy Eberle, R.D.
15001 Golden View Drive
Anchorage, Alaska 99516

Julianne Minarik

Julianne Minarik, R.D.
P.O. Box 126
Girdwood, Alaska 99587

Barbara Russell

Barbara Russell, R.D.
15105 Longbow Drive
Anchorage, Alaska 99516

Toni Niesen

Toni Niesen, R.D.
17741 Mountainside Village Dr.
Anchorage, Alaska 99516

Elizabeth Seaman, R.D.
5101 Whispering Spruce
Anchorage, Alaska 99516

Debra K. Stransky

Debra Stransky, R.D.
5800 Yukon Drive
Anchorage, Alaska 99516

Pat Stone R.D.

Pat Stone, R.D.
11986 Wilderness Drive
Anchorage, Alaska 99516

Frances N Jaynes, RD

Frances N. Jaynes
2900 Chesapeake Ave
Anchorage, AK 99516

PROVIDENCE HOSPITAL
3200 PROVIDENCE DRIVE
P.O BOX 19o604
ANCHORAGE ALASKA 99519-o604
PHONE (907) 562-2211

SISTERS OF PROVIDENCE
HEALTH SYSTEM
Serving in the West since 1856

February 14, 1995

Representative Con Bunde, Co-Chair
Representative Cynthia Toohey, Co-Chair
House Health, Education and Social Services Committee
Room 104
State Capital
Juneau, Alaska 99801-1182

Dear Representatives Bunde and Toohey:

Thank you and the House Health, Education and Social Services Committee for introducing HB 157. I live in District 18 in Anchorage and am employed as a Registered Dietitian at Providence Hospital.

The passage of HB 157, which will provide licensure for dietitians and nutritionists, is important in order to protect the health and safety of the general public. At the present time, anyone in Alaska can call themselves a nutritionist and profit from providing nutrition information to the public, regardless of their training or educational background in the area of nutrition. I feel it is essential for the public to be able to identify qualified individuals with whom they can trust to provide sound nutrition advise.

As a dietitian in an acute care setting I occasionally see the ramification of poor nutrition counseling. The adults that spend money on supplements they do not need is one thing but the cases that really make me mad are the little babies that are admitted because they are not growing. Mothers turn to all kinds of sources for information on baby care. When that source turns out to be unqualified and gives inaccurate information the results can be devastating to the mother and the baby. Licensure will help guide the public to individuals who can provide good and accurate information. Just one baby growing properly would make this bill worth while.

Thank you again for considering the passage of HB 157

Sincerely,

Frances Jaynes, R.D.

Frances Jaynes, R.D.

2305 Douglas Drive
Anchorage, Alaska 99517
February 10, 1995

The Honorable Cynthia Toohey
Alaska State House of Representatives
Juneau, Alaska 99801-1182

Dear Cynthia,

I am writing to urge you to support passage of House Bill No. 157, an Act relating to licensure of dietitians and nutritionists. Licensure will enable people to distinguish between qualified and unqualified providers and provide increased protection from the health and economic cost of nutrition fraud.

As you know I have practiced as a Registered Dietitian in Anchorage for a number of years. If I recall correctly we both worked in the late 60's or early 70's at the old Anchorage Community Hospital (or was it Presbyterian then?). I am very concerned about the proliferation of unqualified, so called nutritionists, dietitians, diet therapists, etc. who provide the public with misinformation and then profit from the sale of pills, supplements and other unproven nutrition therapies and theories.

Since you are my district representative in the State House I want you to actively support passage of this important Act. If you have questions or need additional information please feel free to contact me.

Sincerely,

Christine Gill

Christine Gill, R. D.

February 13, 1995

THE HONORABLE CYNTHIA TOOHEY
ALASKA STATE HOUSE OF REPRESENTATIVES
JUNEAU, AK 99801-1182

Dear Representative Toohey:

I am a Registered Dietitian who recently lived in your district in Anchorage and am currently working in Anchorage.

I am writing to urge your support of House Bill 157. Passage of this bill will essentially provide licensure for professional Registered Dietitians practicing in Alaska. Licensing dietitians and nutritionists will enable consumers to distinguish between qualified and unqualified providers, and will provide a mechanism to establish locally enforceable standards for ethical practice.

Additionally, licensing dietitians/nutritionists will, most probably, reduce health care costs as a result of the increased availability of nutrition counseling, which addresses preventative behaviors which reduce the risks of chronic disease.

Thank you for your consideration of supporting House Bill 157.

Sincerely,

Wendy Zinkovsky

Wendy Zinkovsky, RD
1241 Denali, #105
Anchorage, AK 99501

Patricia Stone
11986 Wilderness Dr.
Anchorage AK 99516

February 14, 1995

The Honorable Con Bunde
Alaska State House of Representative
Juneau, Alaska 99801-1182

Dear Representative Bunde,

Thank you for introducing House Bill 157. It is very important to me and all Alaskans that this bill is past this year. I have lived in your district for 13 years and worked as a Registered Dietitian for 37 years.

I am writing to you to let you know why I believe this bill is important. HB 157 protects Alaskans from poorly trained individuals doing nutrition therapy. Currently, anyone can call themselves a nutritionist and "treat" Alaskans. Consumers do not have any clear indication who is and is not qualified to provide this therapy. Licensure of qualified individuals will give that necessary information to consumers.

Medical Nutrition Therapy by qualified individuals saves money. A study has just been completed that shows the extent of this savings and has been included with the information on this bill. Please take a minute to look at this study, it will show you how well trained individuals help Alaskans.

Nutrition therapy by unqualified individuals cost Alaskans money, time and pain. One of my colleagues was relating to me one such case the other day. A patient was admitted to the hospital with bright yellow skin. Expensive testing was done to determine the reason for her jaundice; liver disease was feared. All testing proved negative. A diet history was done and it was discovered that she had been drinking large quantities of alfalfa juice on the advice of a "nutrition consultant". Alfalfa is a bright green plant high in beta carotene which caused the yellow skin coloring. Lucky for this patient she was able to stop the supplement and her coloring returned to normal. Not all patients are so lucky. Of course, someone was out the cost of her hospitalization and testing.

Passage of HB 157 will help keep unqualified individuals from improperly treating Alaskans and protect them from individuals who are more interested in making a profit from the sale of supplements then they are in providing quality care.

Thank you for your continued support of House Bill 157.

Sincerely,

Patricia A Stone RD.

Patricia A. Stone, R.D.

17741 Mountainside Village Drive
Anchorage, AK 99516
February 13, 1995

The Honorable Con Bunde
Alaska State House of Representatives
Juneau, AK 99801-1182

Dear Representative Bunde:

I am writing as a resident of your legislative district to thank you for introducing House Bill 157 relating to licensure of dietitians and nutritionists.

As a dietitian who has worked in Alaska since the mid seventies, I can attest to the importance of this bill. Our state, like the 34 other states who have passed laws regulating nutrition professionals, has an abundance of untrained individuals who present themselves to the public as nutrition professionals. The danger in this is that clients following inappropriate advice can jeopardize their health while attempting to protect it.

Appropriate nutrition advice from a qualified professional can reduce overall health care costs through both preventive and therapeutic methods. By passing House Bill 157, the legislature has an opportunity to help protect the public from both the health and the economic costs of nutrition fraud.

I encourage you to continue to support this bill and promote its passage in the House of Representatives.

Sincerely,

Antoinette Niesen

Antoinette Niesen, MS, RD

PROVIDENCE HOSPITAL
3200 PROVIDENCE DRIVE
P.O. BOX 196604
ANCHORAGE, ALASKA 99519-6604
PHONE (907) 562-2211

SISTERS OF PROVIDENCE
SERVING IN THE WEST SINCE 1856

February 14, 1995

Honorable Con Bunde, Co-chairman
HES Committee

We, the undersigned Providence Hospital Registered Dietitians, strongly support HB 157 and will be watching closely its progress. We thank you for your interest and support.

Medical nutrition therapy can save many dollars, as is well documented in the "Cost Savings of Medical Nutrition Therapy in Alaska" report. Please refer to this document for specific cases if needed.

Sincerely,

Frances Jaynes, R.D. — Julianne Minarik, R.D.

Bette Seaman, R.D. — Pat Stone, R.D.

COST SAVINGS THROUGH MEDICAL NUTRITION THERAPY IN ALASKA

prepared by

The Alaska Dietetic Association

September 1994

COST SAVINGS THROUGH MEDICAL NUTRITION THERAPY IN ALASKA

prepared by

The Alaska Dietetic Association

September 1994

ACKNOWLEDGEMENTS

This document was prepared under the leadership
and guidance of
Patricia Stone, RD

The Alaska Dietetic Association also thanks
the following individuals who gave generously
of their time and talents.

Jennifer Andrews, MA, RD
Antoinette Nieson, MS, RD
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EXECUTIVE SUMMARY

MEDICAL NUTRITION THERAPY IN ALASKA IMPROVES HEALTH AND SAVES MONEY

The Alaska Dietetic Association has compiled this information demonstrating the health and cost benefits of medical nutrition therapy provided by Registered Dietitians (RDs). These cases are representative of the geographical and cultural diversity we enjoy in Alaska. This document demonstrates the effectiveness of early intervention by highly trained nutrition professionals in the lives of many people. We urge you to weigh the evidence carefully and make informed choices to benefit our state and nation.

MEDICAL NUTRITION THERAPY:

TOUCHES ALL ALASKANS

We have included 34 case studies from all parts of the state, demonstrating the cost effectiveness and health benefits of medical nutrition therapy provided by RDs in outpatient, inpatient, dialysis, home health and long-term care settings. The clients range in age from seven months to ninety-eight years of age.

IMPROVES HEALTH

Physicians and patients alike recognize the important and effective role of RDs in the optimal health care of all Alaskans. Their letters demonstrate support for the inclusion of medical nutrition therapy in any health care reforms implemented in the future.

SAVES MONEY

The net savings per case averaged $1,033, and ranged from $32 - $327,105.
The cost of RD intervention averaged $313 per case with a range of $53 - $1,650. Total cost of intervention was $9,700 for 34 cases.
Patients were seen an average of 12 times by an RD with a range of 1 - 85 visits.

IS COST EFFECTIVE

The total net savings demonstrated by these few cases was over $1,193,993. Applied to our population in general, the savings could be many times this amount.

CORRECTION

THE FOLLOWING DOCUMENT(S)
HAVE BEEN REFILMED TO
ASSURE LEGIBILITY OR PAGINATION

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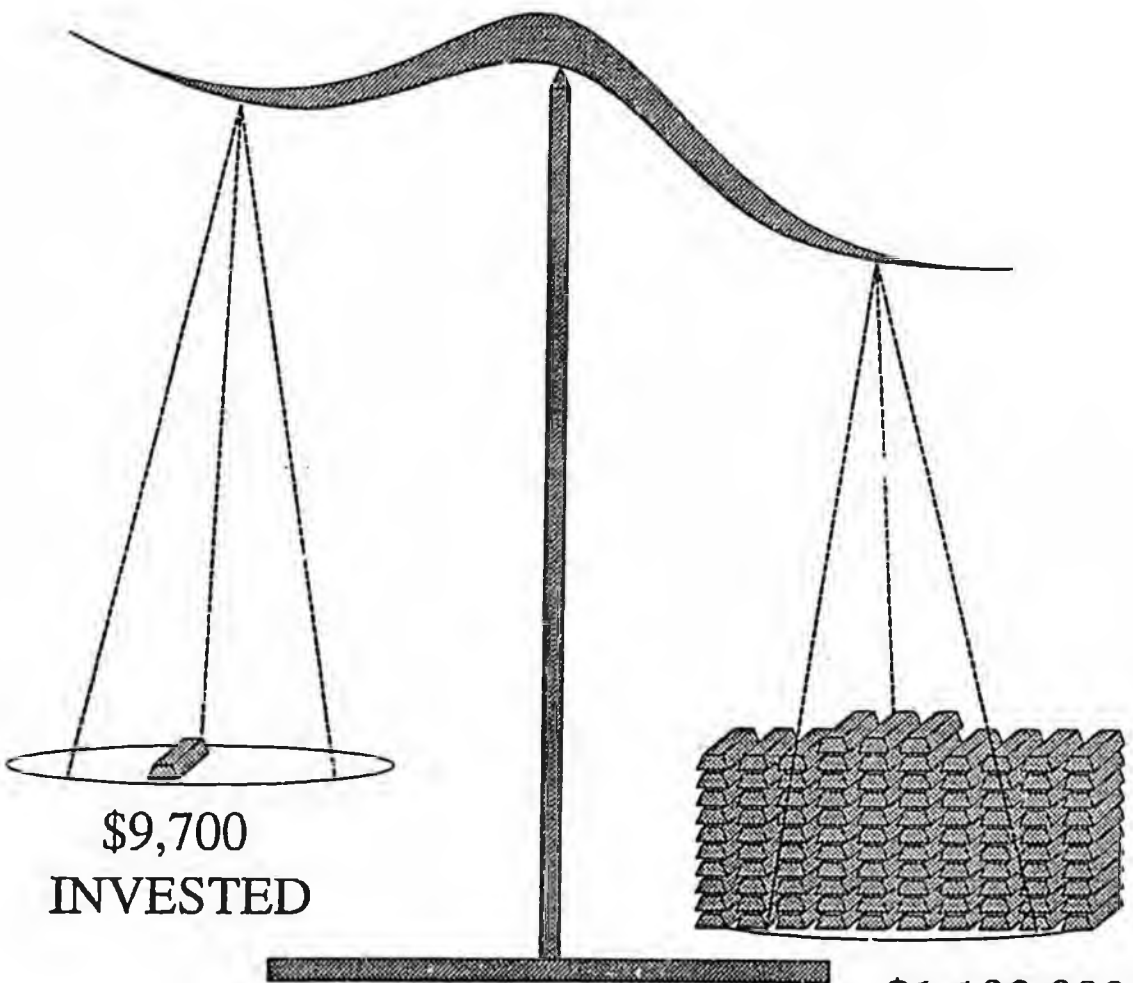
MEDICAL NUTRITION THERAPY SAVES MONEY



The 34 collected cases were categorized and analyzed for costs. These cost figures were compiled from hospitals and other reliable sources within the state of Alaska. Where figures could not be obtained, we used conservative numbers from the Massachusetts Dietetic Association. In all cases, we gave low estimates of cost savings and used reasonable outcomes in the first year, not worst case scenarios. Most hospitalizations referred to in **NET SAVINGS** are prices of room costs, not including professional fees, laboratory tests and other technology likely to be used. The **ADDITIONAL SAVINGS** figures for some cases reflect annual medication costs if nutition intervention had not been implemented.

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GLOSSARY of TERMS

Medical Nutrition Therapy

Medical nutrition therapy is the use of specific nutrition services to treat an illness, injury, or condition. Medical nutrition therapy involves:
1) assessment of nutritional status of the patient/client; and
2) treatment which includes diet therapy, counseling, or specialized nutrition supplements.

Registered Dietitian (RD)

A person who has completed a minimum of a baccalaureate degree in dietetics or a related subject from an accredited college or university, completed a supervised clinical experience, and passed a national examination. Specific educational requirements include course work in physiology, biochemistry, and nutrition. More than 49% of Registered Dietitians hold advanced degrees. To retain RD status, a dietitian must fulfill continuing education requirements to update and enhance knowledge and skills. The Registered Dietitian is qualified to perform nutrition screening, assessment and treatment.

Nutrition Assessment

The review and analysis of medical and diet history, blood chemistry values, and anthropometric measurements to determine nutritional status and appropriate treatment modalities.

Nutrition Treatment

Intervention and counseling of individuals on appropriate dietary intake to manage an illness or improve nutrition status. This involves integrating information from the nutrition assessment with information on food preferences, other sources of nutrients, cultural background, and socioeconomic status. Nutrition treatment ranges from diet modification to specialized nutrition therapy (eg., supplementation with nutrition formulas by mouth, naso-gastric tube or intravenous infusion).

Nutrition Screening

The examination of individuals and populations to identify characteristics known to be associated with dietary or nutritional problems.

WHAT ALASKANS ARE SAYING ABOUT MEDICAL NUTRITION THERAPY

WHAT ALASKANS ARE SAYING ABOUT MEDICAL NUTRITION THERAPY

"The cost-effectiveness and value to the quality of life of Alaskans provided by incorporation of registered dietitians into the health care team has been demonstrated repeatedly. Any new legislation concerned with health care reform must recognize these significant benefits."

Peter M. Nakamura, MD, MPH
Director, Division of Public Health
State of Alaska

"I have always considered nutrition as a basic treatment modality for many of the patients whom I see. Nutritional issues are one of the root causes of virtually all of the diabetes in the Alaska Native population and probably is the most significant factor associated with the increasing rates of cardiovascular disease...There is no question in my mind...basic nutrition information, assessment and treatment are a part of any primary health care package and should be recognized and reimbursed appropriately."

Thomas S. Nighswander, MD, MPH
Director, Community Health Services
Alaska Native Medical Center, Anchorage

"In [Mayo] medical school nutrition was not an emphasized subject...However, in 'real life' nutritional practices are of vital importance to people's health...services provided by our local dietitian are essential for preventing disease..."

Mark Withrow, MD
Kodiak Island Hospital and Care Center

"Change in eating habits is a major life style change...Nurses and physicians are not experts in nutritional therapy and cannot provide the in-depth teaching required for many dietary prescriptions."

Ann Fleenor, RN and Susan Carothers, RN
Patient Educators
Fairbanks Memorial Hospital

"...it is my impression that Registered Dietitians are the experts in...medical nutrition services for preventing complications of disease processes."

Stanley N. Smith, MD
Primary Care Associates
Anchorage, AK

WHAT ALASKANS ARE SAYING ABOUT MEDICAL NUTRITION THERAPY

"If we are to strive to educate our public in overall wellness and prevention, nutritional services is a key component...The nursing staff have very little education in nutrition and count on our dietitian to give them...training."

Kate Fitzgerald, RN
Kodiak Island Hospital and Care Center

"The body of knowledge that the dietitian brings to the interdisciplinary team process, offers a unique and all-encompassing picture of patient care."

Pat Thorn, RN
Kodiak Island Hospital and Care Center

"Without nutritional counseling I know my son would not have progressed so well...Please do not underestimate the vital need inpatients and outpatients have for nutritional counseling."

Teresa Heikkila
Consumer, Anchorage

"...dietitians have been a great help to me and have possibly saved my life."

Thomas J. Yates
Consumer, Anchorage

"Medical nutrition therapy is an integral part of diabetes treatment. It improves the quality of life and reduces complications resulting in health care cost savings."

Cynthia Schraer, MD
Diabetes Control Officer
Alaska Native Medical Center

"...I believe medical nutrition therapy is an integral part of medical treatment. It improves outcomes and speeds recovery resulting in health care cost savings..."

Jerome Nasenbeny, MD
Deputy Chief of Pediatrics
Alaska Native Medical Center

WHAT ALASKANS ARE SAYING ABOUT MEDICAL NUTRITION THERAPY

"Medical nutrition therapy must be considered an important part of the treatment regimen for a wide variety of conditions that seriously affect the health of the American Indian and Alaska Native population."

Kenneth M. Petersen, MD
Senior Clinician for Pediatrics
Indian Health Service

"...There is no doubt that the savings in nutritional services, adequate nutrition and other preventative services are substantial."

Thomas C. Wood, MD, FACP
Medical Director
Alaska Kidney Center
Anchorage, AK

"I believe that effective nutrition therapy is cost effective treatment for a number of illnesses and is important as a disease preventive measure..."

David J. Schraer, MD
Deputy Director/Chief Medical Officer
Alaska Area Native Health Service
Anchorage, AK

"Appropriate nutritional therapy can help improve survival, reduce complications as well as decrease overall expenditures because of improvement in patient well-being, decrease the need for and expense related to medication, decrease need for hospitalization and other expensive technology.

Steven B. Tucker, MD, FACP
Nephrology
Anchorage, AK

CASE STUDIES

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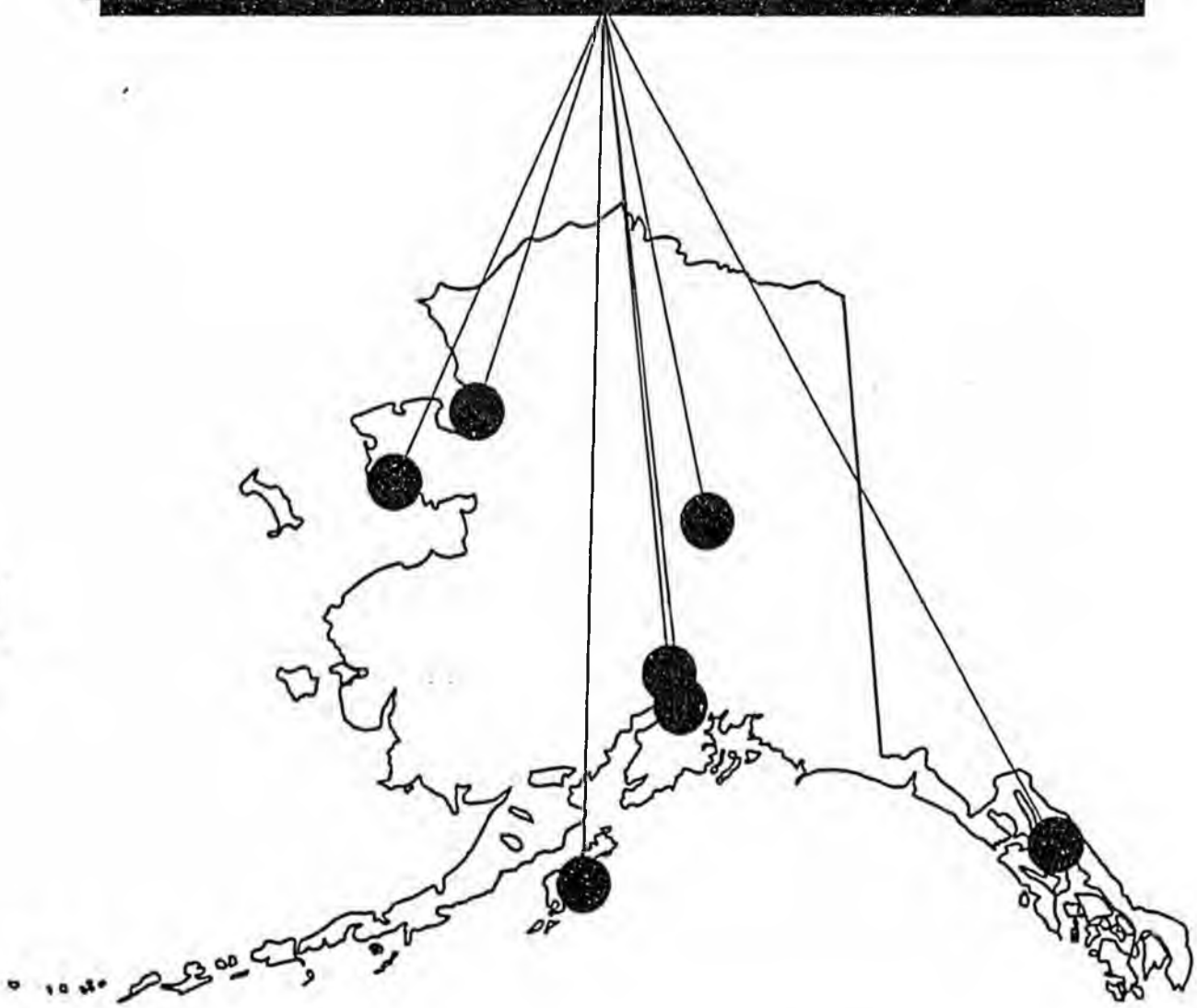
MEDICAL NUTRITION THERAPY IN ALASKA



Beginning in September 1993, Registered Dietitians from around the state were asked to submit case studies of individuals who had benefited from their practice. Every effort has been made to protect the identity of the 34 consumers involved. The cases are representative of the above geographic regions of the state of Alaska.

The 34 collected cases were categorized and analyzed for costs. These cost figures were compiled from hospitals and other reliable sources within the state of Alaska. Where figures could not be obtained, we used conservative numbers from the Massachusetts Dietetic Association. In all cases, we gave low estimates of cost savings and used reasonable outcomes in the first year, not worst case scenarios. Most hospitalizations referred to in **NET SAVINGS** are prices of room costs, not including professional fees, laboratory tests and other technology likely to be used. The **ADDITIONAL SAVINGS** figures for some cases reflect annual medication costs if nutrition intervention had not been implemented.

CASE STUDIES IN MATERNAL CARE

1.

SITE:	Urban Alaska out-patient clinic.
PATIENT:	38 year old pregnant woman with gestational diabetes mellitus.
RD INTERVENTION:	Nutrition assessment and individualized treatment, 2 visits.
HEALTH OUTCOME:	Blood glucose (sugar) controlled during pregnancy resulting in delivery of a healthy, normal weight infant.
INTERVENTION COST:	$110
NET SAVINGS:	**$4,240** Cost of hospitalization for blood glucose stabilization.

2.

SITE:	Urban Alaska out-patient clinic.
PATIENT:	36 year old pregnant woman with gestational diabetes mellitus.
RD INTERVENTION:	Nutrition assessment and individualized treatment, 3 visits.
HEALTH OUTCOME:	Blood glucose well controlled throughout pregnancy. Delivery of healthy, normal weight infant.
INTERVENTION COST:	$168
NET SAVINGS:	**$4,182** Cost of hospitalization for blood glucose stabilization.

5

3.

SITE:	Urban Alaska out-patient clinic.
PATIENT:	30 year old woman with excessive weight gain and gestational diabetes mellitus.
RD INTERVENTION:	Nutrition assessment and individualized treatment, 2 visits.
HEALTH OUTCOME:	Blood glucose and weight gain controlled. Healthy, normal weight infant.
INTERVENTION COST:	$120
NET SAVINGS:	**$8,367** Cost of hospitalization for blood glucose stabilization, 3 months of insulin therapy for blood glucose management, cost saved by avoiding C-section.

CASE STUDIES IN MATERNAL CARE (Con't)

4.

SITE:	Rural Alaska out-patient clinic.
PATIENT:	34 year old pregnant woman with gestational diabetes mellitus, excessive weight gain, blurred vision, dizziness, and headaches.
RD INTERVENTION:	Nutrition assessment and individualized, culturally appropriate treatment, one extensive visit.
HEALTH OUTCOME:	Normalization of blood glucose levels and weight gain throughout pregnancy. Delivery of healthy baby.
INTERVENTION COST:	$80
NET SAVINGS:	**$23,087** Cost of hospitalization to stabilize blood glucose, 3 months of insulin management, air evacuation to urban area at delivery and 3 day NICU stay for infant.

5.

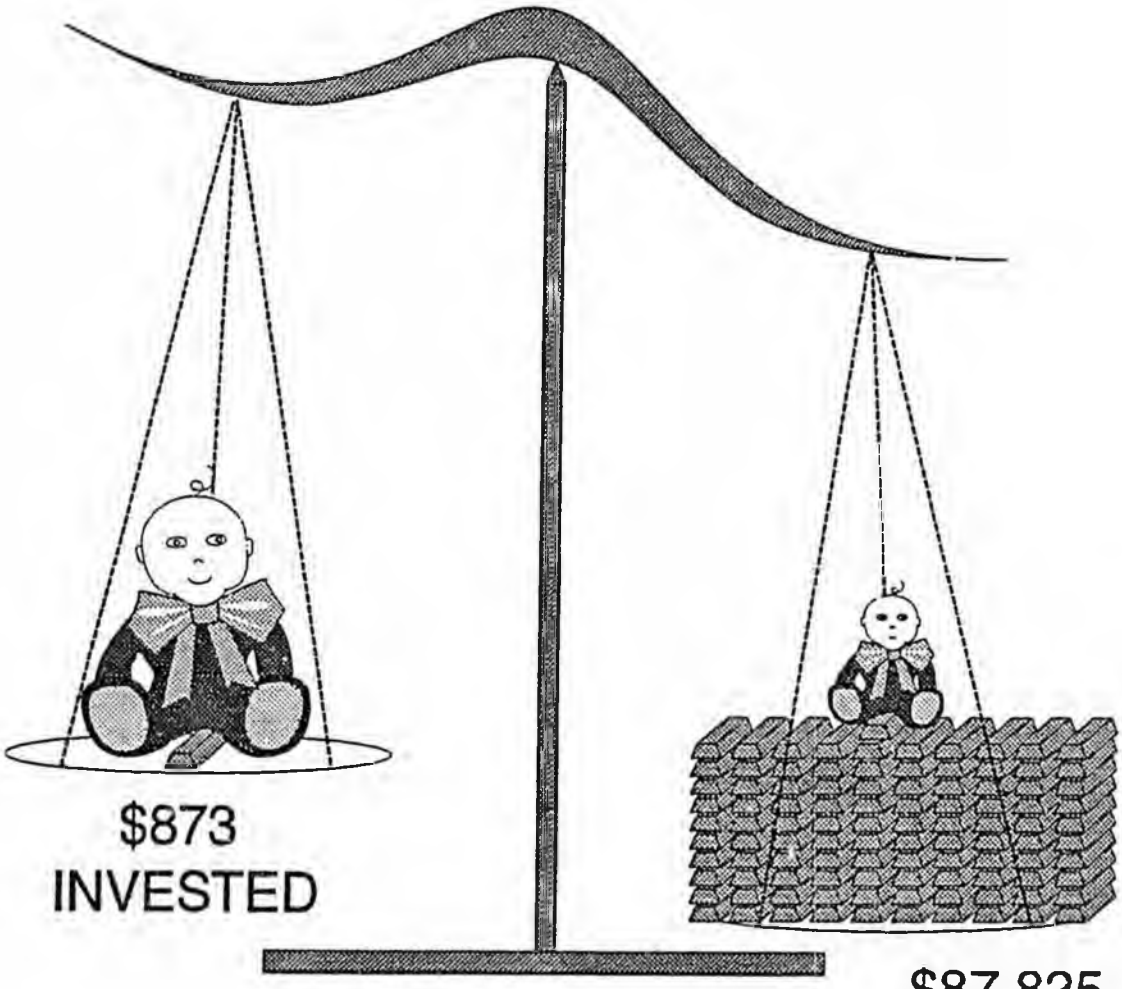
5

SITE:	Rural Alaska out-patient clinic.
PATIENT:	18 year old pregnant woman, underweight at conception and with inadequate weight gain.
RD INTERVENTION:	Nutrition assessment and individualized treatment, 3 visits.
HEALTH OUTCOME:	Appropriate weight gain and delivery of healthy normal weight infant.
INTERVENTION COST:	$120
NET SAVINGS:	**$39,737** Cost of hospitalization for maternal malnutrition and dehydration, air evacuation to urban hospital for pre-term delivery by C-section, 2 week NICU stay for infant born prematurely.

6.

SITE:	Rural Alaska out-patient clinic.
PATIENT:	36 year old pregnant woman with gestational diabetes mellitus.
RD INTERVENTION:	Nutrition assessment and individualized treatment, 5 visits.
HEALTH OUTCOME:	Delivery of normal weight infant. Client reported less fatigue and satisfaction with diet that fit her lifestyle.
INTERVENTION COST:	$275
NET SAVINGS:	**$8,212** Cost of hospitalization for blood glucose control and cost saved avoiding C-section..

MATERNAL CASE STUDIES



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Normal Weight vs. Low Birth Weight Infants

*This figure could be as high as **$2,580,000** for only six cases. The National Commission to Prevent Infant Mortality reports that preventing one low birth weight delivery would save $14,000 - $30,000 in medical expense. It currently costs as much as $400,000 for neonatal intensive care unit treatment for one low birthweight infant. In Alaska there were 544 low birth weight infants born in 1991 (4.6 % of total births that year). The impact of RD intervention on just half of these births would have resulted in a savings of **$3, 981,400.**

The Alaska Dietetic Association: Dedicated to Good Nutrition For All Alaskans
P.O. Box 244601, Anchorage, AK 99524

CASE STUDY IN HOME HEALTH CARE

7.

SITE:	Home health care, urban Alaska.
PATIENT:	47 year old man, HIV positive with retinopathy and significant weight loss, candidate for total parenteral nutrition (TPN).
RD INTERVENTION:	Nutrition assessment and individualized treatment, 10 visits.
HEALTH OUTCOME:	Weight gain, increased strength and improved quality of life. Avoided TPN. Patient returned to home and family.
INTERVENTION COST:	$145
NET SAVINGS:	**$23,169** Cost of continued hospitalization and TPN.

CASE STUDIES IN ACUTE CARE

8.

SITE:	Rural Alaska out-patient clinic.
PATIENT:	39 year old man with insulin-dependent diabetes mellitus (IDDM), obesity, and poor blood glucose control.
RD INTERVENTION:	Nutrition assessment and individualized treatment, 3 visits
HEALTH OUTCOME:	Gradual weight loss with improved blood glucose control, decreased insulin requirements, and increased energy level.
INTERVENTION COST:	$104
NET SAVINGS:	**$4,469** Cost of one hospitalization for uncontrolled diabetes mellitus and cost of insulin for 1 year.
ADD'L SAVINGS:	**$457** - Cost of insulin per year.

9.

SITE:	Urban Alaska out-patient clinic.
PATIENT:	66 year old man with elevated blood lipids, cholesterol, triglycerides, and blood glucose levels.
RD INTERVENTION:	Nutrition assessment and individualized treatment, 5 visits.
HEALTH OUTCOME:	Normalization of blood values, appropriate weight loss. Patient continues to follow customized food and exercise plans, has resumed outdoor winter sports activities and reports feeling much better.
INTERVENTION COST:	$215
NET SAVINGS:	**$9,717** Cost of medication for diabetes mellitus first year, and cost of hospitalization for cardiac event.
ADD'L SAVINGS:	**$342** - Cost of oral hypoglycemic medication per year.

CASE STUDIES IN ACUTE CARE (Con't)

10. SITE: Urban Alaska out-patient clinic.
PATIENT: 69 year old woman with non-insulin-dependent diabetes mellitus, overweight.
RD INTERVENTION: Nutrition assessment and treatment, 3 visits.
HEALTH OUTCOME: Appropriate weight loss and return of blood glucose to normal range.

INTERVENTION COST: $80

NET SAVINGS: **$262**
Cost of oral hypoglycemic medication for first year.
ADD'L SAVINGS: **$342** - Cost of oral hypoglycemic medication per year.

11. SITE: Urban Alaska out-patient clinic.
PATIENT: 44 year old woman with non-insulin-dependent diabetes mellitus. Elevated blood glucose, overweight, vision problems, increased thirst and urination.
RD INTERVENTION: Nutrition assessment and individualized treatment, 9 visits.
HEALTH OUTCOME: Appropriate weight loss, blood glucose improved to normal range, symptoms resolved, and patient felt better with more energy for activities.

5

INTERVENTION COST: $310

NET SAVINGS: **$32**
Cost of medication for blood glucose management for first year.
ADD'L SAVINGS: **$342** - Cost of oral hypoglycemic medication per year.

12. SITE: Urban Alaska out-patient clinic.
PATIENT: 39 year old male with life threatening heart and lung disease, obesity, sleep apnea, hypoxia. Out of work due to ill health.
RD INTERVENTION: Individualized assessment and treatment, 15 visits over 13 month period.
HEALTH OUTCOME: Weight loss of 152 pounds. Heart and lung condition improved. Client returned to work. Much improved quality of life.

INTERVENTION COST: $480

NET SAVINGS: **$5,607**
Due to reduced medication requirements and an avoided hospitalization for heart failure.

CASE STUDIES IN ACUTE CARE (Con't)

13. SITE: Urban Alaska out-patient clinic.
PATIENT: 45 year old man with high blood pressure, non-insulin-dependent diabetes mellitus, elevated blood lipids, obesity, and history of heart attack.
RD INTERVENTION: Nutrition assessment and individualized treatment, 9 visits.
HEALTH OUTCOME: Blood pressure and diabetes mellitus controlled, lower cholesterol and triglycerides. Weight loss of 39 pounds.

INTERVENTION COST: $300

NET SAVINGS: **$14,615**
Cost of oral hypoglycemic medication, hospitalization for blood glucose control and for cardiac event.

14. SITE: Urban Alaska out-patient clinic.
PATIENT: 60 year old man with obstructive sleep apnea due to obesity, congestive heart failure, diabetes mellitus, pulmonary failure. Required daily oxygen.
RD INTERVENTION: Nutrition assessment and individualized treatment, 7 visits.
HEALTH OUTCOME: Patient lost 110 pounds over a 6 month period. Reduction of oxygen needs. Sleep and life quality greatly improved, ability to do most activities of daily living without assistance.

INTERVENTION COST: $300

NET SAVINGS: **$6,476**
Cost of hospitalization for congestive heart failure.
Cost of oral hypoglycemic medication and medication for fluid control.

15. SITE: Private nutrition clinic, urban Alaska.
PATIENT: 40 year old woman with obesity, eating disorder, back pain, and family history of diabetes mellitus.
RD INTERVENTION: Nutrition assessment and individualized treatment, 22 visits in 7 months.
HEALTH OUTCOME: Appropriate weight loss and maintenance of weight loss, reduced risk of diabetes mellitus, control of eating disorder and improved quality of life.

INTERVENTION COST: $690

NET SAVINGS: **$12,477**
Cost of hospitalization for diabetic ketoacidosis and insulin for first year.

CASE STUDIES IN ACUTE CARE (Con't)

16. SITE: Urban Alaska private nutrition clinic.
PATIENT: 53 year old man with elevated blood cholesterol and triglyceride levels and obesity, at risk for diabetes mellitus.
RD INTERVENTION: Nutrition assessment and individualized treatment, 8 visits.
HEALTH OUTCOME: Normalization of blood glucose, cholesterol and triglyceride levels, and appropriate weight loss.

INTERVENTION COST: $285

NET SAVINGS: **$16,582**
Cost of hospitalization for cardiac event and diabetic ketoacidosis.

17. SITE: Urban Alaska private nutrition clinic.
PATIENT: 45 year old man, with obesity, elevated blood lipids and diverticulosis. Candidate for knee surgery.
RD INTERVENTION: Nutrition assessment and individualized treatment, 46 visits in 13 months.
HEALTH OUTCOME: Weight loss of 224 pounds, blood glucose and cholesterol reduced, adverse symptoms declined, and patient quality of life improved.

INTERVENTION COST: $810

NET SAVINGS: **$30,628**
Cost of hospitalization for knee surgery and drug therapy for hypertension, cholesterol control and diabetes mellitus in the first year.

18. SITE: Rural Alaska out-patient clinic.
PATIENT: 57 year old woman with NIDDM, high blood pressure and high cholesterol.
RD INTERVENTION: Nutrition assessment and individualized treatment, 7 visits.
HEALTH OUTCOME: Significant appropriate weight loss, normalized blood pressure, glucose, and cholesterol levels. Quality of life improved with increased stamina and energy for activities.

INTERVENTION COST: $68

NET SAVINGS: **$3,000**
Due to reduced medication needs.

CASE STUDIES IN ACUTE CARE (Con't)

19. SITE: Urban Alaska out-patient clinic.
PATIENT: 40 year old man with elevated blood glucose, obesity, heartburn and fatigue.
RD INTERVENTION: Nutrition assessment and individualized treatment, 14 visits.
HEALTH OUTCOME: Normal blood glucose, weight loss, eliminated need for oral hypoglycemic medication, more energy, less heartburn, increased quality of life.

INTERVENTION COST: $595

NET SAVINGS: **$7,166**
Cost of hospitalization for diabetic ketoacidosis and cost saved by eliminating oral hypoglycemic medication in the first year.

ADD'L SAVINGS: **$342** - Cost of oral hypoglycemic medication per year.

20. SITE: Urban Alaska out-patient clinic.
PATIENT: 45 year old man with non-insulin-dependent diabetes milletis (NIDDM), overweight, poor diet habits.

5

RD INTERVENTION: Nutrition assessment and individualized treatment, 4 visits with client and his spouse.
HEALTH OUTCOME: Normalized blood glucose. Appropriate weight loss for client and spouse.
INTERVENTION COST: $195

NET SAVINGS: **$4,206**
Cost of hospitalization for diabetic ketoacidosis and cost saved by eliminating oral hypoglycemic medication in the first year.

ADD'L SAVINGS: **$342** - Cost of oral hypoglycemic medication per year.

21. SITE: Urban Alaska out-patient clinic.
PATIENT: 67 year old woman with kidney failure, low serum albumin, poor appetite.
RD INTERVENTION: Nutrition assessment and individualized treatment, 5 visits in 2 months.
HEALTH OUTCOME: Improved albumin level, improved appetite, higher energy level.

INTERVENTION COST: $110

NET SAVINGS: **$4,240**
Cost of hospitalization for stabilization of renal condition.

CASE STUDIES IN ACUTE CARE (Con't)

22.

SITE:	Urban Alaska out-patient clinic.
PATIENT:	72 year old woman with diabetes mellitus, kidney failure, severe fatigue and weakness.
RD INTERVENTION:	Nutrition assessment and individual treatment, 8 visits in 4 months.
HEALTH OUTCOME:	Improved blood values, more energy.
INTERVENTION COST:	$138
NET SAVINGS:	**$4,212** Cost of hospitalization for diabetic nephropathy.

CASE STUDIES IN PEDIATRIC CARE

23.

SITE:	Urban Alaska out-patient clinic.
PATIENT:	Seven month old baby with failure to thrive, malnutrition, anemia and developmentally delayed.
RD INTERVENTION:	Nutrition assessment and individualized treatment, 7 visits with parents.
HEALTH OUTCOME:	Child gained weight and grew appropriately. Developmental gains included the child sitting up and starting to crawl.
INTERVENTION COST:	$185
NET SAVINGS:	**$4,495** Cost of hospitalization for failure to thrive.

5

24.

SITE:	Urban Alaska out-patient clinic.
PATIENT:	16 month old female with poor weight gain, poor appetite, borderline failure to thrive.
RD INTERVENTION:	Nutrition assessment and individualized treatment, 8 visits with parents.
HEALTH OUTCOME:	Improved weight/height status, better appetite and broader diet choices.
INTERVENTION COST:	$53
NET SAVINGS:	**$4,298** Cost of hospitalization for failure to thrive.

CASE STUDIES IN PEDIATRIC CARE(Con't)

25. SITE: Urban Alaska out-patient clinic.
PATIENT: 12 month old infant, tube fed by gastrostomy, diagnosed with liver failure, tyrosinemia.
RD INTERVENTION: Nutrition assessment and individualized treatment, 3 visits.
HEALTH OUTCOME: Improved growth and liver function. Child much more active and mobile.

INTERVENTION COST: $85

NET SAVINGS: **$46,715**
Cost of hospitalization and intensive care for liver disease, reduction in frequency of liver function tests.

26. SITE: Urban Alaska hospital.
PATIENT: 2 year old girl admitted in respiratory distress; listless and weak on total parenteral nutrition after surgery.
RD INTERVENTION: Nutrition assessment and individualized treatment, 2 visits.
HEALTH OUTCOME: Successful transition from total parenteral nutrition to night tube feedings with oral intake during the stay in hospital. At home, tube feeding discontinued patient doing remarkably well.

5

INTERVENTION COST: $1,650

NET SAVINGS: **$279,150**
Cost of 2 month hospitalization and further surgery out of state.

27. SITE: Urban Alaska hospital.
PATIENT: 3 year old boy with fever, jaundice, pale and lethargic, not eating by mouth with history of long term total parenteral nutrition because of short gut, failure to thrive and anemia.
RD INTERVENTION: Nutrition assessment and aggressive intervention with individualized treatment, 35 visits.
HEALTH OUTCOME: Measurable nutrition status indicators (hematocrit, albumin) were significantly improved. At discharge, patient was happy and active, fed by naso-gastric tube. Patient has continued steady growth and good health.

INTERVENTION COST: $495

NET SAVINGS: **$327,105**
Cost of two 35-day hospitalizations (typical for this patient).

CASE STUDIES IN PEDIATRIC CARE (Con't)

28.

SITE:	Urban Alaska hospital.
PATIENT:	Newborn boy with meconium ileus and cystic fibrosis.
RD INTERVENTION:	Nutrition assessment and individualized treatment, 15 visits with parents.
HEALTH OUTCOME:	Successful transition from total parenteral nutrition to oral feedings, decreased hospital stay, improved growth and body protein stores.
INTERVENTION COST:	$330
NET SAVINGS:	**$149,522** Cost of extended hospital stay (4 weeks) and TPN continued for 17 days.

CASE STUDIES IN LONG TERM CARE

29.

SITE:	Long term care facility, urban Alaska.
PATIENT:	98 year old woman with obstructive stage IV decubitus ulcer, not eating well.
RD INTERVENTION:	Nutrition assessment and individualized treatment. Educated facility staff regarding treatment plan, 8 visits.
HEALTH OUTCOME:	Improved appetite, increased weight and improved healing of decubitus ulcer.
INTERVENTION COST:	$75
NET SAVINGS:	**$29,781** Cost of hospitalization and TPN.

5

30.

SITE:	Urban Alaska long term care facility.
PATIENT:	30 year old man with traumatic brain injury from a motor vehicle accident with dysphasia, spasticity and joint contractures.
RD INTERVENTION:	Nutrition assessment and individualized treatment, 11 visits.
HEALTH OUTCOME:	Maintained ideal body weight and nutritional status during transition to long term care.
INTERVENTION COST:	$185
NET SAVINGS:	**$33,362** Cost of care with continued tube feeding. Long term TPN.

CASE STUDIES IN INPATIENT CARE

31.	SITE:	Urban Alaska hospital.
	PATIENT:	16 year old man with, head injury and coma, candidate for TPN.
	RD INTERVENTION:	Nutrition assessment and individualized treatment, 9 visits (1 long, 8 short).
	HEALTH OUTCOME:	Increase in patient's gastrointestinal function and long term enteral feeding management. Stabilization of nutrition status, eliminated need for TPN.
	INTERVENTION COST:	$65
	NET SAVINGS:	**$3,545** Cost of TPN for 5 days (minimal estimate).
32.	SITE:	Urban Alaska hospital.
	PATIENT:	48 year old female with severe metabolic acidosis, alcoholic hepatitis and pancreatitis.
	RD INTERVENTION:	Nutrition assessment and individualized treatment, 18 visits (1 long, 17 short).
	HEALTH OUTCOME:	Improved nutrition status, reduced length of TPN therapy.
	INTERVENTION COST:	$300
	NET SAVINGS:	**$27,318** Cost of prolonged use of TPN and longer hospital stay.
33.	SITE:	Rural Alaska hospital.
	PATIENT:	67 year old woman with malnutrition, undesirable weight loss and severe rheumatoid arthritis.
	RD INTERVENTION:	Nutrition assessment and individualized treatment, 19 visits.
	HEALTH OUTCOME:	Patient increased weight and strength. Able to return home and to walk alone with her walker.
	INTERVENTION COST:	$467
	NET SAVINGS:	**$42,112** Cost of hospitalization and TPN for 3 weeks.

CASE STUDIES IN INPATIENT CARE (Con't)

34.

SITE:	Urban Alaska hospital.
PATIENT:	24 year old woman with HIV, malnutrition, pneumonia, poor diet intake, and undesirable weight loss of 22 pounds.
RD INTERVENTION:	Nutrition assessment, TPN monitoring, and initiation of oral nutrient-dense foods.
HEALTH OUTCOME:	Appropriate weight gain, medication reduced, improved blood chemistry, less depressed, appetite increased. Patient returned home.
INTERVENTION COST:	$112
NET SAVINGS:	**$11,907** Cost of extended hospitalization and further TPN.

5

GLOSSARY OF MEDICAL TERMS

ANEMIA - A pathological deficiency in the oxygen-carrying component of the blood, measured in unit volume concentrations of hemoglobin, red blood cell volume, or red blood cell number.

BLOOD GLUCOSE - The principal circulating sugar in the blood and the major energy source of the body. See also diabetes mellitus.

BLOOD LIPIDS - Any of a group of conjugated proteins in which at least one of the components is a lipid. Lipoproteins, classified according to their densities and chemical qualities, are the principal means by which lipids are transported in the blood.

CARDIAC EVENT - A heart attack, arrhythmia, or other condition of the heart requiring hospitalization.

CHOLESTEROL -A substance normally synthesized by the liver and important as a constituent of cell membranes and a precursor to steroid hormones. Its level in the bloodstream can influence the pathogenesis of certain conditions, such as the development of atherosclerotic plaque and coronary artery disease.

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CONGESTIVE HEART FAILURE - Inability of the heart to maintain a circulation sufficient to meet the body's needs marked by breathlessness and abnormal retention of sodium and water, resulting in edema, with congestion of the lungs or peripheral circulation, or both. Requires dietary and medical intervention.

CYSTIC FIBROSIS - A hereditary disease of the exocrine glands, usually developing during early childhood and affecting mainly the pancreas, respiratory system, and sweat glands. It is characterized by the production of abnormally viscous mucus by the affected glands, usually resulting in chronic respiratory infections, impaired pancreatic function and in some cases, malabsorption of food.

DEVELOPMENTALLY DELAYED - A child lagging behind acceptable norms in physical and mental development.

DIABETES MELLITUS - 1. A severe, chronic form of diabetes caused by insufficient production of insulin and resulting in abnormal metabolism of carbohydrates, fats, and proteins. The disease, which typically appears in childhood or adolescence, is characterized by increased sugar levels in the blood and urine, excessive thirst, frequent urination, acidosis, and wasting. Diet changes are necessary to achieve normal blood glucose levels and prevent long-term complications including blindness (diabetic retinopathy). kidney failure (diabetic nephropathy), and nerve damage (diabetic neuropathy). Also called insulin-dependent diabetes (IDDM). (Cont'd on next page)

GLOSSARY OF MEDICAL TERMS (con't)

2. A mild form of diabetes that typically appears first in adulthood and is exacerbated by obesity and an inactive lifestyle. This disease often has no symptoms, is usually diagnosed by tests that indicate glucose intolerance, and is treated with changes in diet and an exercise regimen. Also called non-insulin-dependent diabetes (NIDDM).

DIABETIC KETOACIDOSIS - Metabolic acidosis produced by accumulation of ketones in uncontrolled diabetes mellitus which can lead to coma.

DIABETIC NEPHROPATHY - See Diabetes Mellitus.

DIVERTICULOSIS - Condition in which small pouches form in the lining and wall of the colon requiring modification of the diet.

DYSPHASIA -Difficulty in eating or swallowing.

ENTERAL SUPPORT - Supplementation of oral nutrition with additional oral feedings or naso-gastric tube feedings.

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FAILURE TO THRIVE - The condition in which a child who fails to grow acceptably.

GASTROINTESTINAL - Of or relating to the stomach and intestines.

GASTROSTOMY - The creation of an opening into the stomach to provide for the administration of food and liquids when other conditions make conventional consumption of food impossible.

GESTATIONAL DIABETES - Diabetes mellitus associated with pregnancy, requiring diet modification and in some cases insulin or oral hypoglycemic medication.

HYDRATION - To supply water to (a person, for example) in order to restore or maintain fluid balance.

HYPOXIA - Diminished availability of oxygen to body tissues.

IDDM - See Diabetes Mellitus.

INSULIN - See Diabetes Mellitus.

INSULIN-DEPENDENT DIABETES MELLITUS - See Diabetes Mellitus.

IV - Intravenous; uses include rehydration, feeding, delivery of medication, etc.

GLOSSARY OF MEDICAL TERMS (con't)

JAUNDICE - Yellowish discoloration of the whites of the eyes, skin, and mucous membranes caused by deposition of bile salts in these tissues. It occurs as a symptom of various diseases, such as hepatitis, that affect the processing of bile.

JOINT CONTRACTURES - Abnormal shortening of muscle tissue which can lead to permanent disability.

KIDNEY FAILURE - The failure of the kidneys to filter the blood resulting in a build-up of byproducts of protein metabolism in the body. This condition requires dialysis or kidney transplant and both require significant dietary modification.

LIVER FAILURE - The loss of function in one or more vital capacities of energy storage/conversion, fat storage/conversion, protein metabolism, vitamin storage, etc.

MALNUTRITION - Poor nutritional status caused by lack of adequate nutrition or excesses in nutrition.

MECONIUM ILEUS - The blocking of the bowels in the newborn by meconium (fetal feces).

METABOLIC ACIDOSIS - Weakness, malaise, headache progressing to stupor and coma caused by accumulation of keto acids (derived from fat metabolism) in the blood at the expense of bicarbonate. It usually occurs in the presence of some underlying disease like diabetes mellitus or renal (kidney) failure.

NICU - Neonatal intensive care unit.

NIDDM - See Diabetes Mellitus

NON-INSULIN-DEPENDENT DIABETES MELLITUS - See Diabetes Mellitus

ORAL HYPOGLYCEMIC - A medication taken by mouth that lowers the blood sugar level.

PANCREATITIS - Inflammation of the pancreas resulting in abnormal production of insulin, digestive disorders or self-digestion of the organ. Sudden severe abdominal pain, vomiting and fever can accompany pancreatitis.

PULMONARY FAILURE - A life-threatening condition in which respiratory function is inadequate to maintain the body's need for oxygen supply and carbon dioxide removal while at rest.

GLOSSARY OF MEDICAL TERMS (con't)

RESPIRATORY DISTRESS SYNDROME - A condition most often seen in premature infants, infants of diabetic mothers and of those who experienced bleeding during pregnancy, infants delivered by C-section, and infants who experienced asphyxia during birth.

SERUM ALBUMIN - A plasma protein, a decrease in which may occur with severe kidney disease, liver disease, malnutrition, and extensive burns. Low levels usually indicate poor nutrition status.

SHORT GUT - A shortened intestinal tract caused by birth defect or surgical removal of much of the intestine.

SLEEP APNEA - Temporary cessation of breathing during sleep.

SPASTICITY - Continuous resistance to stretching by a muscle due to abnormally increased tension, with heightened deep tendon reflexes.

TOTAL PARENTERAL NUTRITION - The provision of all nutritional needs by venous route. It is used to bypass use of the intestinal tract (e.g. due to blockage, acute inflammation or spasm, malabsorption) and to provide nutrition when a person is unable to consume food by any other means.

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TPN - See Total Parenteral Nutrition

TRIGLYCERIDE - A neutral blood lipid considered as important as high cholesterol in the development of ischemic heart disease.

TUBE FEEDING - Usually the ingestion of liquid food by tube inserted through the nose to the stomach or upper small intestine. Tubes can be surgically placed through the abdominal wall into the stomach or small intestine.

TYROSINEMIA - The presence of excessive amounts of tyrosine (a naturally occurring amino acid present in most proteins) in the blood stream.

CASE STUDY CONTRIBUTORS

Laura Brown, RD, Palmer
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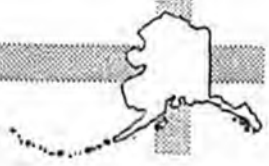
Barbara Pichon, RD, Anchorage
Rita Schipfmann, RD, Fairbanks
Elizabeth Seaman, RD, Anchorage
Patricia Stone, RD, Anchorage
Patricia Till, RD, Kodiak
Caren Winey, MPH, RD, Anchorage
John Wray, RD, Juneau



LETTERS IN SUPPORT OF MEDICAL NUTRITION THERAPY

from
PHYSICIANS
CONSUMERS
ALLIED HEALTH PROFESSIONALS

STATE OF ALASKA

WALTER J. HICKEL, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
SECTION OF MATERNAL, CHILD, AND FAMILY HEALTH

NUTRITION SERVICES
1231 GAMBELL STREET
ANCHORAGE, ALASKA 99501-4627
PHONE: (907)272-3616
FAX: (907)274-1384

July 29, 1994

Susan Reed, M.S., R.D.
President, Alaska Dietetic Association
9401 King Street
P.O. Box 220330
Anchorage, AK 99522-0330

Dear Ms. Reed:

I am delighted to learn that the Alaska Dietetic Association is playing a proactive role in health care reform. This activity is both proper and important given the evidence demonstrating the contribution of nutritional assessment and nutritional intervention to health promotion and disease prevention.

The mission of public health, as stated by the Institute of Medicine, is to "fulfill society's interest in assuring conditions in which people can be healthy." Nutrition is one of the many integral components that are necessary for public health to address this mission and specifically assumes two roles: 1) To fulfill society's interest in assuring conditions in which people have access to adequate and appropriate food; and 2) To fulfill society's interest in assuring conditions in which people can achieve optimal nutritional health.

The responsibility of public health nutrition is to generate organized community effort to promote nutritional health, prevent hunger, prevent nutrition-related conditions and disease, and to assure or provide medical nutrition therapy. At a minimum, public health nutrition professionals and registered dietitians assume the leadership role with others at federal, state and community levels to identify and prioritize nutrition problems; develop community based plans which assure that vital elements are in place for addressing the highest priority nutrition related needs of the population or community; and work to assure that plans are carried out appropriately.

Nutrition programs and services can prevent, postpone, or mitigate the onset or progression of nutrition-related health problems and thus save scarce health care dollars. Nearly one-third of adult Alaskans are overweight and nearly 60% of deaths in Alaska in 1987 were from nutrition-related diseases such as heart disease, some types of cancer, stroke and diabetes. An estimated 90 percent of Americans are exposed to excess chronic disease risk from eating a diet too high in fat, too low in fiber, with too few fruits and vegetables. Rates of exposure are thought to be similar for Alaskans. In addition to disease prevention, public health nutrition must also play a role in health promotion. Pregnant women, infants, children including those with special needs, the elderly and the low-income, are most vulnerable to nutritional risk. Access to adequate, safe and culturally relevant foods and establishment of healthful eating habits is critical to growth, development, maintenance of health and cost containment of health care later in life.

The cost-effectiveness and value to the quality of life of Alaskans provided by incorporation of registered dietitians into the health care team has been demonstrated repeatedly. Any new legislation concerned with health care reform must recognize these significant benefits.

Sincerely,

Peter M. Nakamura, M.D., M.P.H.
Director, Division of Public Health

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

Alaska Native Medical Center
255 Gambell Street
Anchorage, Alaska 99501-6108

July 22, 1994

The Alaska Dietetic Association
Executive Board
PO BOX 244601
Anchorage, AK 99524

Dear Dietitians:

Betsy Nobmann, our Area Nutritionist has asked that I write a letter of support for Medical Nutrition Therapy as a basic benefit in any Health Care Reform package past either at the National or the State level.

My perspective on this issue is coming from my role as a practicing family and emergency room physician and my participation in the health reform efforts in the State of Alaska.

I have always considered nutrition as a basic treatment modality for many of the patients whom I see. Nutritional issues are one of the root causes of virtually all of the diabetes that we see in the Alaska Native population and probably is the most significant factor associated with the increasing rates of cardiovascular disease. In my practice I do not deal with some of the specialized problems associated with renal failure and burn treatment. These are very specialized areas that need very precise and monitored nutritional therapy.

There is no question in my mind, however, that basic nutrition information assessment and treatment are a part of any primary health care package and should be recognized and reimbursed appropriately.

Sincerely,

Maria S. Stone

Thomas S. Nighswander, M.D., MPH
Director, Community Health Services

cc: Betsy Nobmann

KODIAK ISLAND HOSPITAL & CARE CENTER
1915 East Rezanof Drive
Kodiak, Alaska 99615

July 1, 1994

TO WHOM IT MAY CONCERN:

RE: Nutrition in Medical Practice

The purpose of this letter is to express my strong support for nutritional and dietary services in a general medical practice. After graduating from Mayo Medical School in 1976, I have practiced in Kodiak, Alaska, for the past 16 years. My practice has a heavy emphasis on obstetrics and pediatrics, but deals with all aspects of medicine.

In medical school nutrition was not an emphasized subject matter. However, in "real life" nutritional practices are of vital importance to people's health. Dietary services provided by our local dietician are essential for preventing disease and can often obviate the need for medications. This is particularly true in patients with elevated cholesterol and hypertension. There is also nutritional factors that play a part in a variety of cancers, specifically colon cancer. A hospital-based dietician is vital in obstetrics particularly. A week does not go by that I do not refer a young, teenage Mom, gestational diabetic or an overweight pregnant patient to a dietician.

Unlike other aspects of medicine where we fight an already present disease process, dieticians can influence disease and hopefully before it becomes present. Additional areas of dietary importance include my geriatric patients in the Intermediate Care Facility and cardiac rehab. patients. Obesity is a common problem in this country, and nutritional services are obviously needed there as well.

I want to express my strong support for dietary nutritional services in whatever direction the health care of this country changes.

Sincerely,

Mark Withrow, MD

Mark Withrow, M.D.

MW:dm
cc: Pat Till

TERESA E. HEIKKILA
4121 RESURRECTION DR.
ANCHORAGE AK 99504

TO WHOM IT MAY CONCERN:

I AM WRITING IN SUPPORT OF NUTRITIONAL COUNSELING SERVICES AT PROVIDENCE HOSPITAL. I AM A MOTHER OF A ONE YEAR OLD WHO WAS BORN BY C-SECTION 9 WEEKS EARLY DUE TO ESOPHAGEAL ATRESIA. (HIS ESOPHAGUS WAS INCOMPLETE). AT THREE DAYS OLD HE HAD A GASTOSTROMY TUBE (FOOD TUBE) PLACED IN HIS STOMACH SO HE COULD EAT SUCCESSFULLY. ~~HE~~ HE IS STILL USING THE FOOD TUBE.

IN NOVEMBER OF 1993, I TOOK HIM TO THE NUTRITIONAL COUNSELING OFFICE BECAUSE I FELT HE HAD A VERY LOW ENERGY LEVEL AND HIS GROWTH AND DEVELOPMENT WERE BEING HINDERED BECAUSE OF LOW CALORIE INTAKE. OBVIOUSLY, WHEN ONE CANNOT SUCCESSFULLY EAT THROUGH THEIR MOUTH ON A "HUNGER" SCHEDULE THEIR NUTRITION CAN BE QUITE INADEQUATE. THE NUTRITIONAL COUNSELING SERVICES AND PAT STONE HELPED TO ADDITIONALLY FORTIFY ZAKRY'S FORMULA TO GIVE HIM THE ADDED CALORIES HE DESPERATELY NEEDED. BY FOLLOWING THEIR INSTRUCTIONS CAREFULLY IN MAKING ZAKRY'S FORMULA, I WAS ABLE TO AVOID SPENDING THREE TIMES AS MUCH MONEY FOR PHARMACEUTICAL PRESCRIPTION FORMULAS.

SINCE NOVEMBER 1993, AFTER CONSULTING THE NUTRITIONAL COUNSELING SERVICES, ZAKRY'S GROWTH AND DEVELOPMENT

HAVE HAD INCREDIBLE LEAPS AND BOUNDS!
WITHOUT ~~THESE SE~~ NUTRITIONAL COUNSELING I KNOW
MY SON WOULD NOT HAVE PROGRESSED SO~~O~~ WELL. THE
EFFECTS COULD HAVE BEEN DEVASTATING FOR HIM.
PLEASE DO NOT UNDERESTIMATE THE VITAL NEED
IN-PATIENTS AND OUT-PATIENTS HAVE FOR NUTRITIONAL
COUNSELING. IT IS CRUCIAL FOR FAMILIES WHO HAVE
MEMBERS AFFLICTED WITH HEART DISEASE, DIABETES, OBESITY,
SPASTIC COLON, ESOPHOGEAL ATRESIA, ETC.... TO HAVE
~~THESE~~ THIS PROGRAM AVAILABLE.

SINCERELY,

Teresa E Heikkila

ALASKA NATIVE MEDICAL CENTER
P.O. Box 107741
Anchorage, AK 99510

Jerome Nasenbeny, M.D.
Deputy Chief
Pediatrics Department
Alaska Native Medical Center
255 Gambell Street
Anchorage, AK 99501

July 12, 1994

Alaska Dietetic Association Executive Board
P.O. Box 244601
Anchorage, AK 99524

Dear Board Members:

I am writing this letter in support of the American Dietetic Association's belief that health care reform legislation should explicitly require coverage of medical nutrition therapy for those with conditions or diseases which can be treated and controlled by nutrition therapy, as well as prevented by medical nutrition therapy.

In the last 18 years I have worked at Indian Health Service hospitals, both in Arizona and in Alaska. Over this period of time, I have had occasion to see numerous children with problems related to poor nutrition - over- as well as under-nutrition. I would like to discuss a few of these situations in support of the above statement.

On occasion in the native American population, we see children with Type I insulin dependent diabetes mellitus. Nutritional aspects of this disease are of prime importance, and we always need the help of the dietitians on the hospital staff in caring for these children. Without good dietary information, my job in caring for these children would be much harder. I feel that a sound basis in good nutrition from the Dietetic Department is necessary for the appropriate care of these patients.

I have had occasion to see children admitted to the hospital sick with major infections, including both meningitis as well as bad pneumonias and bone and joint infections. There seems to be an association in these childrens' illness with significant levels of anemia. Some of this is the anemia of infection and chronic disease, however, a major portion of this anemia is related to poor nutritional intake and lack of proper amounts of iron in the

CONTINUED....

diet. I think that this problem could be avoided if there was more attention to this problem by the parents with good direction from the dietary department as well as from the medical staff.

Frequently we see children born to pregnant women who have not had good nutrition themselves during pregnancy for any number of reasons. The lasting effect on these children is that they are usually born small for gestational age (intrauterine growth retarded). This certainly could have an impact on the rest of their lives with regard to proper development and growth as well as on their developing brain. Good nutrition and education during pregnancy is a major need amongst the population that I serve.

On occasion, we have had a chance to admit patients to the hospital because of failure to thrive or the development of severe diarrhea in the hospital due to either the patient's illness or secondary to iatrogenic causes. This frequently results in children not able to tolerate normal formulas and normal dietary intakes, but require specialized formulas. The Dietary Department is instrumental in helping us educate parents with regard to these needs.

Also, going along with the previous stated subject, we frequently see children admitted to the hospital with the diagnosis of failure to thrive that is non-organic in etiology. Frequently, the mother is confused about making formula properly or some other problem centered around this. Dietary staff are instrumental in correcting this problem.

Probably the most significant thing I have seen over the last 18 years is that the pediatric native American population in the United States is becoming more and more obese. I believe that medical science can state with some degree of assurance that obesity in childhood is to some extent related to obesity in adulthood and all the medical problems that obesity entails. I firmly believe that dietitians and others from the Nutrition Department should be intimately involved with the obesity in the ranks of children in our hospital, both on an ongoing basis as well as on a basis of helping to educate families properly in the nutrition of their children.

I think this is one of the major problems in the native American population today, and feel that ongoing input from the Dietary Service amongst all children seen in Well Child Clinic would be advantageous to future generations. I could see some sort of a short questionnaire being formed by the dietary staff to assess nutrition as well as one-on-one evaluation of patients on an as-needed basis based upon the questionnaire.

I would also like to see dietitians make rounds on all patients on

CONTINUED....

the pediatric ward in our hospital assessing their physical growth as well as their nutritional status. In this way, the children who have good growth parameters could be encouraged to continue good nutrition patterns, and children with poor growth parameters, be they over-growth or under-growth, could be educated towards proper early handling of this potential long-term problem.

If there are any further questions that you have concerning my thoughts about nutritional therapy, do not hesitate to contact me.

Once again, I would like to go on record as stating that I believe medical nutrition therapy is an integral part of medical treatment. It improves outcomes and speeds recovery resulting in health care cost savings in the future. I agree with the American Dietetic Association in their belief that coverage of medical nutrition therapy, when medically necessary and appropriate, needs to be in the basic health care benefit package.

JN/018/#2668
D: 07/12/94 T: 07/12/94

Jerome Nasenbeny, M.D.
Pediatrics

FEB 22 1993

PJ Williams
P.O. Box 87-2271
Wasilla, AK 99687-2271
(907) 373-5052

WIC Coordinator
attn: Sheryl
403 South Alaska Street
Palmer, AK 99645-6356

Dear Sheryl:

I wanted to let you know formally how much our family appreciates the support you have given us through my pregnancy. We really needed help during this time period, and the WIC program has been of great benefit.

Not only has the food supplements helped, but your support, guidance, advice, and dietary counseling has been a solid rock of support for me. You gave me more advice and information than my doctor, as far as my diet is concerned, and you show a real caring for my healthy outcome in this pregnancy.

I feel so much better knowing I have had somebody looking out for me, and giving our family some much needed healthy food.

Thank you again so much.

Sincerely,

PJ Williams

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Alaska Area Native Health Servi
250 Gambell Street
Anchorage, Alaska 99501-2781

July 8, 1994

Refer to: A-DD/CMO

Ms. Susan Reid
President
Alaska Dietetic Association
P.O. Box 244601
Anchorage, Alaska 99524

Dear Ms. Reid:

I am writing in support of including medical nutrition therapy in any health care benefit package.

I believe that effective nutrition therapy is cost effective treatment for a number of illnesses and is as important as a disease preventive measure for a number of illnesses.

Medical nutrition therapy is an integral part of medical treatment and as such should be included in any health care benefit package.

Sincerely,

David J. Schraer, M.D.
Deputy Director/Chief Medical Officer
Alaska Area Native Health Service

cc: Christine Gill

KODIAK ISLAND HOSPITAL & CARE CENTER
1915 East Rezanof Drive
Kodiak, Alaska 99615

MEMORANDUM

TO: To Whom It May Concern
FROM: Loren D. Halter, DO
DATE: June 22, 1994
RE: Medical Nutrition services requiring the services of a registered dietician within the Kodiak Island Hospital and the Intermediate Care Center.

Dear Sir;

I whole heartedly support the idea of a continuing and ongoing Medical Nutrition Service here in the hospital which requires the services of a full time Registered Dietician.

I think these services are invaluable in this hospital, as we have many diabetics, many cardiac patients and many obstetrical type patients who need this type of counseling.

At the present time, we only have part-time service which I think is grossly inadequate and we are not giving the continuing Community Health Care that is required of a hospital or a community.

Therefore, I whole heartedly support the increased services of Medical Nutrition services with a Registered Dietician in Kodiak Alaska.

If I can be of any other services or if you have any other questions, please do not hesitate to call me.

Sincerely,

L D Halter DO

Loren D. Halter, DO, Diplomat
American Board of Family Practice
North Pacific Medical Center

Primary Care Associates

BRUCE J. KIESSLING, M.D.
STANLEY N. SMITH, M.D.
MARY ANN FOLAND, M.D.
MARI D. KOCH, M.D.
IRENE S. LOHKAMP, M.D.

3500 LA TOUCHE, SUITE 310
ANCHORAGE, ALASKA 99508
TELEPHONE: (907) 562-1234

April 22, 1994

TO WHOM IT MAY CONCERN

Please be advised that it is my impression that registered dietitians are the experts in the medical nutritional services for preventing complications of disease processes.

In addition, they provide valuable preventative health care by giving patients proper nutritional advise.

These medical nutritional services as far as family practice is concerned, involves long term management of diabetes mellitus, helping reduce the complications of obesity, controlling abnormal lipids, and dietary restriction necessary to control hypertension. Also those of us in primary care that practice obstetrics, good nutrition is very important in preventing complications of high risk pregnancies and also infant nutrition becomes a very important factor in reducing the ravages of diseases that come from improper nutrition.

If I can be of any further assistance in this regard please contact me.

Sincerely yours,

Stanley N. Smith, M.D.

SNS/mb

Denali Center
Fairbanks Memorial Hospital

Denali Center
1510 19th Avenue
Fairbanks, AK 99701
(907) 458-5100

Fairbanks Memorial Hospital
1650 Cowles Street
Fairbanks, AK 99701-5998
(907) 452-8181
Fax (907) 458-5324

June 30, 1994

To Whom It May Concern:

Medical Nutrition Therapy is an important part of a person's wellness and/or recovery from an illness. It is an essential component of the healing process when there is an insult to the body. In chronic illness, nutrition is an essential component to maintaining health.

Medical Nutrition Therapy should be reimbursed by payors both on an inpatient and outpatient basis. A good understanding of optimum nutrition can avoid reoccurrence of illness and better control of chronic conditions. Examples: a diabetic avoids high blood sugars and hospitalization by maintaining normal blood sugars through correct diet, or person with chest pain controls heart disease partially by low fat and cholesterol diet. The results are decreased numbers of doctor visits and hospitalizations. People will not visit the dietitians if they have to pay for the consult themselves.

Change in eating habits is a major life style change. It often requires more than one contact with a dietitian and requires outpatient follow-up after hospitalization.

I (we) encourage support of legislation to mandate Medical Nutrition Therapy be covered by payors. Nurses and physicians are not experts in nutritional therapy and cannot provide the in depth teaching required for many dietary prescriptions.

Sincerely yours,

Ann Fleenor, R.N.
Patient Educator
Fairbanks Memorial Hospital

Susan Carothers, R.N.
Patient Educator
Fairbanks Memorial Hospital

Kodiak Island Hospital
& Care Center

1915 E. Rezanof Drive
Kodiak, AK 99615
(907) 486-3281 FAX (907) 486-2336

June 21, 1994

To Whom It May Concern:

I am writing to express my support for medical nutrition services in the hospital/nursing home setting. Patient education, direct supervision, and follow-up care with regards to diet is a basic component of healthcare. If we are to strive to educate our public in overall wellness and prevention, nutritional services is a key component.

Our hospital realizes the effectiveness of having a registered dietitian on staff. I would not want to see this diminish. The medical staff request counsel and guidance from the dietitian. The nursing staff have very little education in nutrition and count on our dietitian to give them the overall training. Many of our patients, i.e., diabetics, heart patients, surgery patients, etc., require a special diet and follow-up care.

I would strongly recommend that nutrition services continue to be an essential part of the acute setting. It is no doubt that as healthcare evolves towards wellness and prevention, nutrition will be an essential focus.

Sincerely,

Kate Fitzgerald

Kate Fitzgerald, RN
Patient Care Administrator

KF/cdw

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

Alaska Native Medical Center
255 Gambell Street
Anchorage, Alaska 99501-6108

July 5, 1994

Dear Pat Stone:

I am writing to support the inclusion of medical nutrition therapy in the standard benefits package.

For patients with diabetes, nutrition is a key component of blood sugar control. Patients with diabetes often have other health problems such as elevated cholesterol levels and high blood pressure that can be improved with diet modification.

An assessment of current eating habits, blood chemistry lab values, height and weight are used to develop an individualized meal plan for each patient. Patients with diabetes can often control their blood sugar levels without medications after counseling and diet modification from a dietitian. Most often this counseling takes place in an outpatient setting.

Recently DCCT (Diabetes and Control and Complications Trial) proved that control of blood sugar levels reduce retinopathy, renal failure, and neuropathy. Medical nutrition therapy is an integral part of diabetes treatment. It improves the quality of life and reduces complications resulting in health care cost savings. The coverage of medical nutrition therapy for patients with diabetes needs to be in the basic benefits package.

Sincerely,

Cynthia Schraer

Cynthia Schraer, MD
Diabetes Control Officer

PETER B. HULMAN, M. D.
INTERNAL MEDICINE AND NEPHROLOGY
3340 PROVIDENCE DRIVE, SUITE 551
ANCHORAGE, ALASKA 99508

TELEPHONE (907) 562-2712

July 18, 1994

TO WHOM IT MAY CONCERN:

Re: Nutritional Support

It is my understanding that Medicaid will help patients with indicated medications but will not reimburse for nutritional support. I am a nephrologist and take care of many patients who have clinical malnutrition both as a result of their renal failure and as a complication of their therapy. For example, patients on peritoneal dialysis lose large amounts of protein in the peritoneal dialysis fluid and frequently require nutritional supplementation to make up for the protein losses. to me nutritional supplementation is the same as medical therapy for my patients and is necessary to prevent morbidity and mortality.

Indeed, year after year review of mortality data on dialysis patients shows only one universally predicted factor. That factor is serum albumin level. People with serum albumin levels below normal are at progressively higher risk of death on dialysis. We therefore do not take nutritional deficiency lightly and feel that it is a severe clinical medical problem.

Many of our patients are on Medicare and Medicaid and cannot afford to buy their own nutritional supplementation. I urge you very strongly to include nutritional support as a part of health care reform legislation, to help both us as physicians and our patients.

Very truly yours,

Peter B. Hulman

Peter B. Hulman, M.D. FACP

PH:mm

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control

225 Eagle Street
Anchorage, Alaska 99501-2692
July 6, 1994

Alaska Dietetic Association Executive Board
P.O. Box 244601
Anchorage, AK 99524

Dear Ak.D.A. Executive Board,

I am eager to write this letter in support of the importance of medical nutrition therapy particularly in regard to American Indian and Alaska Native (AI/AN) children. Nutrition related diseases are among the top ten conditions affecting AI/AN children. Furthermore with the advance in medical knowledge there is increasing evidence of beneficial effect of nutrition therapy to speed recovery and enhance the lives of affected children.

Obesity among AI/AN children is a problem of increasing importance. In the recent pediatric literature no topic has received more attention. Not only is obesity an issue for the child, but its long lasting effects relating to self esteem, type II diabetes, and cardiovascular disease in AI/AN adults is also mammoth.

Infectious disease is still a very important cause of morbidity in AI/AN children. Evidence continues to mount supporting the role of nutrition in the prevention and intervention of these diseases. For example, intravenous medical nutrition and early alimentation has become a mainstay in speeding recovery of such patients. Furthermore, recent research supports the beneficial effect of vitamin A therapy in children with severe viral respiratory diseases.

Growth and development problems of a variety of sorts are also frequent problems among the AI/AN population. Many of these are related to condition of the perinatal period and frequently are ameliorated by nutritional intervention. This intervention includes special feeding of infants who have prematurity, or chronic lung disease, or intestinal problems, or cardiac disease. Some populations of AI/AN infants have a high prevalence of iron deficiency which has measurable effect on their intellectual functioning later in life.

Medical nutrition therapy must be considered an important part of the treatment regimen for a wide variety of conditions that seriously affect the health of the American Indian and Alaska Native population. It would be important to include such therapy in a basic health care benefit package.

Sincerely,

Kenneth M. Petersen, MD
Senior Clinician for Pediatrics
Indian Health Service

Steven B. Tucker, M.D., F.A.C.P.
NEPHROLOGY

Suite 304, 3300 Providence Drive, Anchorage, Alaska 99508
Telephone: 907-261-4840
Fax: 907-261-4820

7-13-94

To Whom it MAY CONCERN.

Proper Nutrition REMAINS AN IMPORTANT part OF MEDICAL therapy FOR MULTIPLE Acute AS WELL AS Chronic illnesses.

Appropriate nutritional therapy can help improve survival reduce complications as well as decrease overall expenditures because of improved pt well being, decrease the need for + expense related to medication decreased need for Hospitalization and decrease Attendant

Appropriate Health Care Reform legislation should include coverage for nutritional (medical) therapy

THOMAS C. WOOD, M.D., F.A.C.P.
INTERNAL MEDICINE AND NEPHROLOGY
PROVIDENCE MEDICAL OFFICE BLDG.
3340 PROVIDENCE DRIVE, SUITE 551
ANCHORAGE, ALASKA 99508

TELEPHONE (907) 562-2712

July 12, 1994

Beverly Wooley, R.D.
Alaska Dietetic Association
2073 Dimond Drive
Anchorage, Alaska 99507

Dear Ms. Wooley:

As the Medical Director of the Alaska Kidney Center, I fully support your efforts to include dietetic services under any national health care reform plan. While I am not familiar with the precise cost savings attributed to good nutrition, there is no doubt that the savings in nutritional services, adequate nutrition and other preventive services are substantial. This is particularly true of the population of patients treated for end-stage chronic renal failure.

Again I assure you that your efforts to improve nutritional services and to ensure their coverage under any national health care plan are essential and necessary to achieve overall cost savings.

Sincerely yours,

Thomas C. Wood, M.D., F.A.C.P.

TW:mm

cc: Debra Mestas, R.D., Alaska Kidney Center

Kodiak Island Hospital
& Care Center

1915 E. Rezanof Drive
Kodiak, AK 99615
(907) 486-3281 FAX (907) 486-2336

June 29, 1994

Dear Sirs:

Having practiced as a Nurse Manager for the past 15 years, I have experienced providing care both with and without the benefit of collaboration with a Registered Dietician. The body of knowledge that the dietician brings to the interdisciplinary team process, offers a unique and all-encompassing picture of patient care. The thorough assessment and aggressive approach toward monitoring lab values, body structures and risk factors focuses clearly on achieving the best outcomes for each patient.

It is clear to me that the Registered Dietician brings a level of expertise to the care team; and medical nutrition services are important in providing overall total care for long term care patients and/or residents.

Sincerely,

Pat Thorn, RN
Nurse Manager
Care Center

December 8, 1993.

I am writing because I have received help from the Providence Hospital dietitians and in some way I want to be able to repay them for what they have done for me.

When I first came to them, I weighed 465 pounds. I couldn't bend over to touch my shoes or my toes. I had to buy special clothes, I couldn't even bend over to wash my own feet. My health was impaired. I started to get congestive heart disease and congestive lung failure. I still have these conditions, but they are not so bad. I used to get pitting edema in my legs so bad I could hardly walk. I would have to be in a prone position with my feet elevated all the time. This is no way for a human being to live.

Two months ago I went to see the dietitian at Providence Hospital. During the past two months I have really improved because I have followed what she said. I dropped from 465 pounds to 370 pounds.

I am glad to say that I am able to bend over, touch my toes and tie my own shoes. I am able to get a good night's sleep for a change and many of the problems I had before are gone.

The help dietitians do for overweight people, if they'll listen, is tremendous. It is a life saver because you don't go back to the same problems you had before.

The Providence dietitians have been a great help to me and have possibly saved my life. I thank them from the bottom of my heart.

Thomas J. Yates

REFERENCES

Alaska Bureau of Vital Statistics, 1991 Annual Report.

American Heritage Dictionary, © 1993, 1990 WordStar Incorporated International. © 1992 by Houghton Mifflin Company.

Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, 2nd Ed., by Benjamin F. Miller, MD and Claire Brackman Keane, RN, BS, MEd; © 1978 by W.B. Saunders Company, Philadelphia.

Nutrition Services Improve Health and Save Money, Massachussetts Dietetic Association, 1993.

Schron, W. F. WIC Prenatal Participation and Its Relationship to Newborn Medicaid Costs in Missouri: A Cost/Benefit Analysis. American Journal of Public Health, Vol. 75, No. 8, 1985.

Certification Board for Nutrition Specialists

By Facsimile

March 1, 1995.

The Hon. Cynthia Toohey
Co-Chair; Health, Education and Social Services Committee
Alaska House of Representatives

Dear Chairwoman Toohey:

The Certification Board for Nutrition Specialists (CBNS) has some concerns with the qualifications for nutritionists set forth in HB 157 (dietitian/nutritionist licensure), which is scheduled for a hearing on March 2.

CBNS is a private credentialing board for nutrition professionals who hold master's and doctoral degrees from regionally accredited universities. It was founded by the American College of Nutrition, one of the most prestigious organizations in the nutrition field. Individuals who meet our requirements are granted the title "Certified Nutrition Specialist." Among our certificate holders are many highly accomplished practicing professionals and university professors.

The language of the bill is quite familiar to me, as most provisions appear to have been drawn from a Minnesota licensure law. Although I personally developed the eligibility requirements for nutritionists in conjunction with the Minnesota Dietetic Association, this language is now six years old. Experience with the suitability of these provisions since then--as well as the development of our board's credential--make some amendments to this language necessary.

I am attaching several amendments that CBNS considers necessary to insure that all qualified nutritionists are treated equally under the law and that no well-trained individuals are denied practice rights due to the diversity of educational programs in our field.

If you need more information, feel free to call me at (301) 869-0827. And, on behalf of all of our certificate holders, please accept my sincere thanks for your attention to our concerns.

Cordially,

Patricia Hausman

Patricia Hausman, M.S., C.N.S., L.N.
Chair, Legislative Committee

1456 Second Avenue #258
New York NY 10021
(212) 332-0774
FAX (212) 777-1103

Proposed Amendments to HB 157

Section 08.38.010. (see page 1, line 13)

(b) Notwithstanding (a) of this seection, an individual who is registered by the Commission on Dietetic Registration of the American Dietetic Association may use the title "registered dietitian" and the designation "R.D." and an individual certified by the Certification Board for Nutrition Specialists may use the title "Certified Nutrition Specialist" and the designation "C.N.S."

Section 08.38.030. (see page 3, line 4)

(1) has qualified as a diplomate of the American Board of Nutrition in [Springfield, Virginia;] Rockville, Maryland or as a Certified Nutrition Specialist with the Certification Board for Nutrition Specialists in New York, New York; or

new text underlined
[deleted text bracketed]

Since 1936

NNFA

National Nutritional Foods Association

February 28, 1995

Honorable Cynthia Toohey
Honorable Con Bunde
Co-Chairs
House Health, Education and
Social Services Committee
Alaska State Legislature
State Capitol
Juneau, AK 99801-1182

Re: Opposition to H.B. 157: Proposal to License the Practice of Dietitians and Nutritionists

Dear Chairs Toohey and Bunde and Members of the Committee:

The National Nutritional Foods Association ("NNFA") is a national trade organization which represents manufacturers, distributors, and retailers in the natural products industry. Our members sell whole foods, grains, vegetables, prepackaged products, herbs, and dietary supplements. The National Nutritional Foods Association Northwest ("NNFA-NW") is a regional affiliate of NNFA, which includes local retail health food stores, manufacturers, and distributors located within the state of Alaska, representing millions of dollars in commerce within the state each year.

NNFA and NNFA-NW, including their Alaska membership, make this submission to express our strong opposition to H.B. 157, the proposed act relative to licensing dietitians and nutritionists. This bill prohibits free speech and free exchange of ideas in the nutritional arena and places in the hands of a group a monopoly on nutrition counseling and education. Many other states have seen the introduction of similar bills with respect to the practice of dietitians and nutritionists. Those efforts have failed time and time again.

150 E. Paularino Avenue, Suite 285 • Costa Mesa, California 92626
(714) 966-6632 • (714) 641-7005 FAX

LICENSURE IS UNNECESSARY

Licensure of dietitians and nutritionists in Alaska is unnecessary. We are unaware of any reports of harm to the people of Alaska to justify a licensure bill that would severely limit the rights of the citizens of Alaska to freely discuss and obtain nutritional information.

The bill's ostensible purpose is to protect the public from fraud. But the bill lays the groundwork for licensed dietitians and nutritionists to serve as the sole purveyors of nutritional information in the State of Alaska.

In all of the years that dietitians have been pushing for licensure, promising unmitigated disaster if a bill such as H.B. 157 was not passed, no harm to the public has ever been shown. Alaska already has strong laws which protect the public, including consumer fraud laws which prohibit misrepresentations, medical practice laws which prohibit diagnosis or treatment by non-doctors, and laws which prohibit dispensing prescription drugs without a license. NNFA and NNFA-NW support enforcement of current law to protect the public health.

THE REAL PURPOSE IS MONEY

Why would dietitians seek this kind of legislation? The reason is that they want monopoly control to the point of excluding anyone else from providing nutritional information and advice. A president of the American Dietetic Association herself admitted this with respect to dietitian licensure and concluded that licensure for dietitians was bad:

> "Those in the profession who have examined honestly the true purpose served by licensure have acknowledged quickly that those professional groups which seek licensure are motivated primarily by the anticipated benefit to members of the profession. Yet, the purported purpose of licensing is to protect the public.
>
> * * *
>
> "Although the stated purpose of licensure is to benefit the public, few pleas for licensure have come from the public ... Practitioners also observe that licensing increases the potential for third-party payment for professionals ... "

Journal of the American Dietetic Association, Vol. 84, No. 4 (April, 1984) page 455. Thus, as the ADA itself noted, licensing means higher fees. Higher fees means higher consumer costs, making licensure an expensive proposition for those who are allegedly to be protected by this bill.

ALASKA DOES NOT NEED A MONOPOLY WHICH LIMITS FREEDOM OF SPEECH IN THE NUTRITION FIELD

Licensed dietitians and nutritionists should not be the only groups allowed to provide nutrition information and education. Licensed dietitians should also not be the only ones permitted to assess the nutritional needs for health maintenance and disease prevention. Nor should they be the only ones permitted to supervise, administer, or teach nutrition programs for health maintenance and disease prevention.

We oppose this bill outright. It will be used to outlaw a whole array of activities which are traditionally and legitimately carried on by health food stores. Our retailer members should be permitted to provide and disseminate oral and written nutritional information in order to respond to customer inquiries, and explain the use and benefits and preparation of their product. *Federal law dictates this to be the case. Alaska law should not contradict that right.*

ACTION IN OTHER STATES

NNFA and NNFA-NW respectfully ask that the committee consider recent action with respect to dietitian licensure bills in other states:

California - "Fee revenues would not be sufficient to cover program costs." Staff analysis, Dietitian Licensure Bill 1988.

Colorado - Sunrise committee recommended against dietitian licensure. "The additional costs of regulation could be burdensome." Sunrise Report 1989.

Idaho - Dietitian licensure bill defeated - 1993.

Indiana - Dietitian licensure bill defeated - 1993.

Mississippi - Proposal to make voluntary licensure mandatory - defeated - 1993.

Minnesota - "The benefit expected to accrue to the public from a decision to license this occupation are not likely greater than the costs." 1990 Staff Sunrise Review Need for Regulation of Dietitians and Nutritionists.

Missouri - Voluntary certification bill defeated - 1993.

South Carolina - Sunrise report October 1992, strongly recommended against licensure - costly and unnecessary.

Washington - Certification since 1984. A bill this year to license dietitians defeated - 1993.

Virginia - A 1994 proposed licensure bill was defeated.

SUMMARY

NNFA and NNFA-NW, including their Alaska membership, oppose mandatory dietitian and nutritionist licensure because it is costly and unnecessary and will accomplish little more than set the stage for abuse directed against concerned health food store retailers who maintain the wellness of the public by providing beneficial information about the benefits of dietary supplements and health foods to their customers

Respectfully submitted,

NATIONAL NUTRITIONAL FOODS ASSOCIATION-
NORTHWEST
Cheryl Bottger, President

NATIONAL NUTRITIONAL FOODS ASSOCIATION
Joseph M. Bassett, President

Michael Q. Ford, Executive Director

FISCAL NOTE

STATE OF ALASKA **BILL NO. HB 157**

1995 LEGISLATIVE SESSION

Revision Date: March 1, 1995 Department: Commerce and Economic Development

Title: An Act relating to licensure of dietitians and nutritionists and providing for an effective date. BRU: Occupational Licensing

Component: Operations

Sponsor: House HESS

Requestor: House HESS COMPONENT SERIAL #: 1844

Expenditures/Revenues (Thousands of Dollars)

OPERATING EXPENDITURES	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
PERSONAL SERVICES	12.8	12.8	6.7	6.7	6.7	6.7
TRAVEL	0.0	0.0	0.0	0.0	0.0	0.0
CONTRACTUAL	3.0	3.0	3.0	3.0	3.0	3.0
SUPPLIES	1.0	1.0	1.0	1.0	1.0	1.0
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	16.8	16.8	10.7	10.7	10.7	10.7
CAPITAL EXPENDITURES						
CHANGE IN REVENUES	33.6	0.0	21.4	0.0	21.4	0.0

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 General Fund						
1005 GF/Program Receipts	16.8	16.8	10.7	10.7	10.7	10.7
1006 GF/MHTIA						
Other						
TOTAL	16.8	16.8	10.7	10.7	10.7	10.7

Estimate of any current year (FY 95) cost: $ 0.0

POSITIONS

FULL-TIME	0	0	0	0	0	0
PART-TIME	1	1	1	1	1	1
TEMPORARY	0	0	0	0	0	0

ANALYSIS: (Attach a separate page if necessary)

HB 157 requires licensing of dietitians and nutritionists by the Department of Commerce and Economic Development. The division of occupational licensing anticipates existing staff will perform the licensing and investigative functions; and like all licensing programs, time spent on this program will be based on positive timekeeping. The personal services costs reflected in this fiscal note are estimates of time that will be required to implement this new program. All costs will be covered through licensing fees. The estimated costs are explained in detail on the attached page.

Prepared by: Jennifer Strickler, Admin. Officer Phone: 465-2144

Division: Occupational Licensing Date: 2/28/95

Approved by Commissioner: William L. Hensley Date: 3/1/95

Agency: Commerce and Economic Development

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