

ALASKA LEGISLATURE COMMITTEE FILES 1999-2000 8672

9960 HOUSE LABOR & COMMERCE

Subject: SB78

Date: Wed, 29 Mar 2000 12:46:20 -0900

From: "Damien Delzer" <mdelzer@gci.net>

To: <Representative_Norman_Rokeberg@legis.state.ak.us>

Dear Representative Rokeberg,

I am a doctor of optometry licensed in four states. I am allowed to prescribe oral medications in all of them except Alaska. When I left federal service and joined the civilian community, I was amazed that Alaska's most accessible eye care providers were not allowed to practice as trained.

Please contact me if I can provide any information. Please support SB78 this Friday.

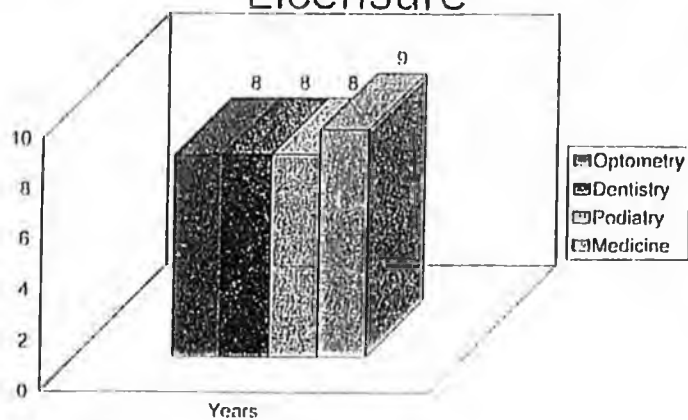
Sincerely,

Damien Delzer, O.D.
mdelzer@gci.net

436 Droz Dr
Fairbanks AK
99701

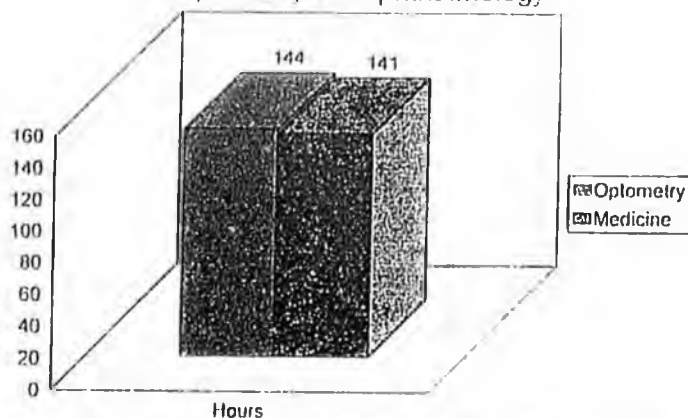
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Minimum Years of Education for Licensure



Classroom Hours of Pharmacology Training

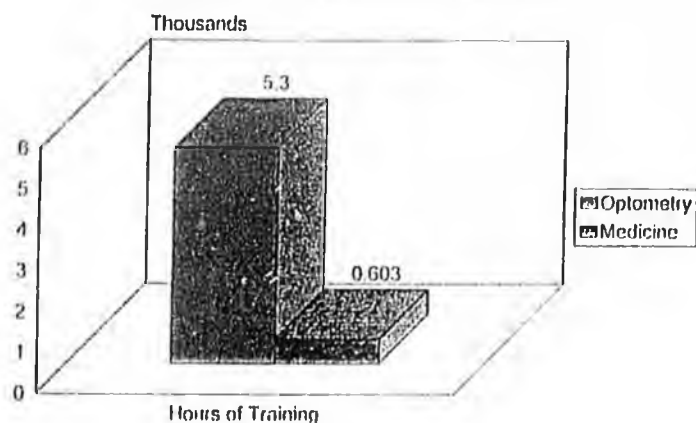
Optometry vs. Ophthalmology



Data based on curricula from University of Houston College of Optometry, Baylor College of Medicine, UT Medical School/Houston & Texas A&M Medical School

Hours of Training in Treatment of the Eye*

Optometry vs. General Medicine



*Clock hours

MINIMUM QUALIFICATIONS FOR LICENSE				
PROFESSION	BACHELOR DEGREE	PROFESSIONAL DEGREE	INTERNSHIP RESIDENCY	TOTAL
Dentistry	4 YEARS	4 YEARS	OPTIONAL	8+ YEARS
Podiatry	4 YEARS	4 YEARS	OPTIONAL	8+ YEARS
Medicine	4 YEARS	4 YEARS	1 YEAR	9+ YEARS
OPTOMETRY	4 YEARS	4 YEARS	OPTIONAL	8+ YEARS

Optometric Physician

Medical Park Suite 202
2211 E. Northern Lights Blvd.
Anchorage, AK 99508
(907) 276-2080
(907) 276-2081 Fax



American Optometric Association

JEFFREY A. GONNASON, O.D.

Optometry is a primary health care profession that examines, diagnoses, and treats disorders of the human eye and its appendages, utilizing diagnostic and therapeutic medications, methods, and procedures in accordance with professional training and competency.

Historically, medical doctors have enjoyed unlimited legislative trust in their scope of practice. The methods and procedures used by other limited license health care professions (dentists, podiatrists, nurse practitioners) are determined in regulations by their respective state boards, whereas Alaska's doctors of optometry (O.D.) have their scope of practice unduly restricted by old state statutes. For every new advance in technology, optometry has had to return to the legislature to update statutes to practice at the current standard of care.

In 1988, Alaska's statutes were updated to allow ODs to use diagnostic drugs. Alaska's Legislature was 49th out of the 50 states to enact this law. In 1992, the prescribing of therapeutic drugs to treat eye diseases was authorized, and Alaska was the 32nd state to enact. However, due to a compromise in the original bill, the medications were restricted to topical only.

Currently in the U.S., all 50 states authorize ODs to prescribe drugs, with 37 states allowing oral or systemic drugs. SB 78 will bring Alaska up to where North Carolina started in 1976..... 24 years later, an unfortunate turf battle with organized medicine. This is not new ground. One state, Oklahoma, currently authorizes the use of laser surgery by optometrists.

Last session, a bill was introduced and heard that would allow the State Board to determine the scope of optometry, as is the case for nurse practitioners. This would not only include all medications for the eye, but would include the use of lasers and some minor surgical procedures for qualified optometrists. This amplification was opposed by organized medicine, so this Senate Bill 78 is highly compromised and does not contain the expanded scope of lasers and surgery, even though such procedures are currently being taught in the schools. SB 78 simply removes the topical restriction allowing optometry to use all of their needed "tools" for treatment. After 8 years of Alaskan optometrists prescribing therapeutic medications, there have been zero complaints to the State Board, and none of organized medicine's testimony of disaster ever came true.

Malpractice insurance carriers report no difference in premiums or claims between states with or without oral pharmaceutical authority.

The State Audit Committee reported that eye care was improved by allowing ODs to prescribe, and saved money on travel and double visits. SB 78 will allow Alaskan optometrists to practice at the currently accepted standard of care, and once again provide improved access to quality, cost-effective eye care.

Uniting the profession

Medical specialties unite to fight optometry's encroachment into medical practice



Artman

Two years ago, legislation to allow Texas optometrists to treat glaucoma and perform some surgical procedures on the eye never made it to the House or Senate floor for debate. But that has not discouraged optometrists from aggressively pursuing a similar agenda this year.

Legislation has been filed in the 76th Texas Legislature to authorize what ophthalmologists are calling a dangerous expansion of optometrists' scope of practice. And, physicians from specialties such as family practice, dermatology, oncology, surgery, internal medicine, and pediatrics are closing ranks with ophthalmologists to fight what they see as a serious threat to the vision and health of Texas eye patients. >>

By Ken Ortolon, Associate editor

Kim Ross, vice president for public policy for the Texas Medical Association, says the pending debate in Texas is being played out in virtually every state legislature across the country. And, optometrists are backing their play with all the political muster they can assemble.

"Optometry, perhaps more so than any other allied health profession, continues to pursue through the ballot box quasi-medical legal status," Mr Ross said.

Optometrists scored a major victory last year when Oklahoma became the first state to allow them to perform laser surgery. That success likely will bolster their arguments before the Texas Legislature.

Setting the agenda

Two bills filed by State Rep Kim Brimer (R-Arlington) would radically expand optometrists' scope of practice to include full medical treatment and management of glaucoma with no physician input and grant them authority to perform 17 specific surgical procedures that do not involve the use of lasers. Furthermore, the bill gives the Texas Optometry Board unprecedented authority to decide what is within optometrists' scope of practice and set the standards for who can perform these new duties.

Finally, one of the bills requires the University of Houston College of Optometry and The University of Texas-Houston Health Science Center to conduct a study of the efficacy of allowing optometrists to perform laser surgery. Ironically, the Houston medical school did not ask to be part of the study.

The measures are almost identical to those filed in 1997 on optometry's behalf and would put Texas on the list with only six other states that allow optometrists to treat glaucoma. In a video produced to help support the 1997 legislation, optometrists argued that the state's "outdated" optometry act prevented them from providing all the care they are trained to provide and that optometrists are on a level playing field with physicians with regard to the use of lasers.

"Optometrists are educated and trained to care for most of the people's problems most of the time, including external eye disease, glaucoma, and the use of lasers," said Jerald Strickland, OD,

PhD, dean of the University of Houston College of Optometry, in that video.

Houston ophthalmologist Jeffrey D. Lanier, MD, says the "training" optometrists receive falls well short of what ophthalmologists receive and well short of what they need to competently perform the procedures or to use the drugs for which they're asking.

"The problem here is they have trained themselves," said Dr Lanier, who was part of the negotiating team for the Texas Ophthalmological Associ-

"They haven't gone to medical school, they haven't had any training in ophthalmology, and yet they keep increasing what they feel their abilities are by training themselves."

ation (TOA) during the last legislative session. "They haven't gone to medical school, they haven't had any training in ophthalmology, and yet they keep increasing what they feel their abilities are by training themselves."

Dr Lanier receives frequent referrals from optometrists and believes they are well trained for their current role in eye care. He also occasionally lectures on issues such as infectious diseases at the University of Houston optometry school. But he says lectures cannot replace the hands-on clinical experience needed to diagnose adequately and treat complex diseases of the eye.

"You can't learn medicine listening to a lecture or reading a book," Dr Lanier said. "You have to see tons of pathology and tons of patients to appreciate all the extreme ramifications of clinical signs and the disease presentations. The analogy I use is, it's like 120 people sitting somewhere watching someone play the piano. You'll never learn to play the piano that way."

Ignorant of ignorance

Dr Lanier says optometrists simply "don't know what they don't know." That was well demonstrated during the 1997 negotiations between optometrists and ophthalmologists when Dr Lanier asked one of optometry's representa-

tives how he would treat a corneal laceration. The optometrist replied that he would suture it with a silk suture.

"Well, I've been a corneal surgeon for 25 years, and I've never seen anybody put a silk suture in the cornea because there's just too much reaction and you get too much scarring," Dr Lanier told the optometrist. That exchange was witnessed by and appeared to have quite an impact on the chair of the House committee that considered that bill, Dr Lanier adds.

Optometrists also argued in their 1997 video that access to eye care would be improved greatly by granting additional authority to optometrists because large areas of the state have no access to ophthalmologists. Jay Propes, TOA executive director, says, however, that more than 95% of Texas has access to an ophthalmologist within a 50-mile radius.

"Our position is that the state has no compelling need to lower the quality of eye care by lowering the standards for eye care providers in the name of increased access," Mr Propes said.

The Oklahoma experience

These same arguments were made against optometry's bill in Oklahoma to no avail. Optometrists there actually had been performing laser procedures for several years before a 1997 court ruling that held laser surgery was beyond their legal scope of practice.

In the wake of their significant victory in the courts, Oklahoma physicians were caught off guard when legislation was filed to restore that au-

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Legislative Affairs

thority; optometrists already had considerable support for their bill before organized medicine could sufficiently counter its attack.

Edmond, Okla, ophthalmologist Jeffrey T. Shaver, MD, then the president of the Oklahoma Academy of Ophthalmology, says that's because optometrists were driving a "well-oiled political machine" when they pushed their bill through the Oklahoma Legislature in 1998. In an article published in the August 1998 issue of the *Review of Ophthalmology*, Dr Shaver said optometrists had been laying the political groundwork for their success for years.

"Optometrists here have worked very hard to get close to their legislators," he wrote. "They've made friends, held fundraisers, and helped them campaign for office."

Brian Foy, executive director of the Oklahoma State Medical Association (OSMA) agrees. "They are very politically savvy, as are most of the allied health organizations," Mr Foy said. "They believe in the political process, they get involved, they participate locally, they get to know their legislators, and, when they need something, they go for it. They've built the kind of legislative relationships we in the physician community have never been as successful at."

Mr Foy says OSMA fought the bill with assistance from TOA, Mr Propes, the Oklahoma Academy of Ophthalmology, the New Mexico Academy of Ophthalmology, the American Academy of Ophthalmology, and the American Medical Association but could not overcome optometry's head start.

"It was clearly a sinking ship," Mr Foy said. "We did everything we could but the legislators had already made up their minds. Politics won out over science."

The Oklahoma bill gives optometrists the authority to perform any laser surgical procedure not expressly prohibited by the bill, including glaucoma surgery, YAG capsulotomy, and photo refractive keratectomy.

Preventing a repeat

TMA physician leaders and lobbyists warn that optometrists are just as well organized here in Texas. We could see a

Legislative Affairs

repeat of the Oklahoma situation unless physicians unify to use their political clout to counter that of the optometrists, they say.

Toward that end, TMA and TOA are working with other medical specialties to present a united front to lawmakers. Mr Flores says medicine's message is simple. "A patient goes to see somebody in a white coat called the doctor. He or she doesn't know if the doctor is a doctor of this or a doctor of that, but the patient expects the state to protect him or her. We've got to make sure that the person called the doctor is doing only what he or she is trained and competent to do."

In a letter sent to every member of the legislature, Robert W. Sloane, Jr, MD, of Fort Worth, chair of the TMA Council on Legislation, said, "We strongly oppose this attempt to achieve status through political effort rather than through rigorous and extensive training."

Troy Alexander, who until recently served as director of legislative and public affairs for the Texas Academy of Family Physicians, says family practitioners are concerned with the across-the-board push of allied health professionals to expand their scope into the realm of medical practice.

"We are concerned because when one area of allied health expands its practice, it only helps other areas make their case to infringe on the practice of medicine," Mr Alexander said. "We see the threat by optometrists as a threat to family practice."

Mr Alexander says it's crucial for medicine to stick together on this issue to protect the public, something Dr Shaver says Oklahoma ophthalmologists failed to do.

"If medicine doesn't stand together on these cases, then one by one they will be picked off until the practice of medicine is compromised across the board," Mr Alexander said.

Even if medicine succeeds in beating back this year's legislation, optometrists won't quit, Dr Lanier adds.

"They are going to keep coming back until they make headway and they will make headway when they have the right people in the right spots in the legislature," Dr Lanier said. ★

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DONALD W. DIPPE, M.D.

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DISEASES AND SURGERY OF THE EYE

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ANCHORAGE, ALASKA 99508

TELEPHONE
(907) 264-1405

May 3, 1999

Geoff Bullock
ASMA Lobbyist
204 N. Franklin
Juneau, AK 99801

Subject: SB 78

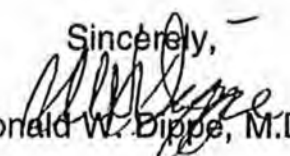
Dear Mr. Bullock:

Optometrists have filed a "bad medicine" Bill in the Alaska Legislature. This Bill would authorize Optometrists to prescribed ORAL AND INJECTABLE DRUGS AND CONTROLLED SUBSTANCES in Alaska.

SB 78 threatens the public health. This bill would allow Optometrists to use all oral and injectable drugs in the treatment of eye diseases. The State Board of Optometry would be the only authority on ensuring competence by optometrists to prescribe these oral and injectable pharmaceutical agents. SB 78 will also remove the current safeguards in existing law that prohibit optometrists from prescribing Schedule IIIA, IVA, and VA controlled substances. Optometrists do not have sufficient training or experience to use systemic drugs. Moreover, as we have seen in other states, passage of legislation which authorizes optometrists to prescribe oral and injectable pharmaceutical agents to treat eye diseases will expedite the timetable for introducing legislation authorizing optometrists to use laser surgical devices.

SB 78 will be heard on the Senate Floor shortly. Optometrists are currently making calls to the members of the Alaska Senate and are asking for a favorable review of SB 78. I urge you to vote against passage of SB 78. This is a "bad medicine" Bill and should not be permitted to come into law. I urge your support in voting against passage of SB 78.

Sincerely,


Donald W. Dippe, M.D.

DANIEL J. KARR, M.D.
Diplomate, American Board of Ophthalmology

SAMUEL A. McCONKEY, M.D.
Diplomate, American Board of Ophthalmology

BRUCE J. WOLF, M.D.
Diplomate, American Board of Ophthalmology

RONALD W. ZAMBER, M.D.
Diplomate, American Board of Ophthalmology



RANDALL W. CHRISTIANSEN, O.D.
Diplomate, National Board of Optometry

DAMIAN R. DICZLER, O.D.
Diplomate, National Board of Optometry

ROBERT P. HAMMOND, O.D.
Diplomate, National Board of Optometry

May 6, 1999

Senator Pete Kelly

Dear Senator Kelly:

We appreciate the opportunity to reiterate our strong opposition to Senate Bill SB-78. We're sure everyone would agree that medical competency is acquired through extensive, intensive medical training, not through legislative declaration. The people of Alaska deserve the most competent medical care available, and allowing inadequately trained individuals to prescribe oral medications is dangerous public policy.

Your support in defeating this misguided bill is critical and we greatly appreciate your efforts.

Ronald W. Zamber, M.D.
Board Certified Ophthalmologist

Sam A. McConkey, M.D.
Board Certified Ophthalmologist

Daniel J. Karr, M.D.
Board Certified Ophthalmologist

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1001 Noble St, Suite 410 • Fairbanks, Alaska 99701-4922 • (907) 458-7768
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E. E. BACH, O.D.
PHILLIP W. BACH, O.D., Ph.D.
OPTOMETRY
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ANCHORAGE, ALASKA 99503

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March 31, 2000

TO: Representative Norman Rokeberg
FAX: 465-2040

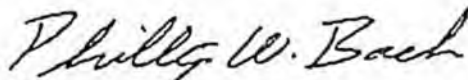
FROM: Phillip W. Bach, O.D.
561-8120
FAX: 562-1281

SUBJ: SB 78 (Optometry)

SB 78 will prevent expensive and time consuming referrals for conditions which optometrists may be best qualified to diagnose and treat.

Please support SB 78.

Very truly yours,



Phillip W. Bach, O.D.

Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

February 4, 2000

Honorable Norman Rokeberg
State Capital, Room 24
Juneau, AK 99801-1182

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MAR 31 2000

RE: SB 78—Optometrists Prescriptive Authority
Alaska State Medical Association Opposition

Dear Representative Rokeberg:

The Alaska State Medical Association (ASMA) represents Alaska's patients and the physicians who care for them.

ASMA opposes the enactment of SB 78 which would allow optometrists to prescribe therapeutic drugs and medications. (Optometrists are not physicians but often the general public mistakes them for the "EYE MD's", Ophthalmologists.) Optometrists do not have the education and training that a licensed physician and surgeon have. Furthermore, Ophthalmologists have further training beyond their MD, to further qualify them to use and prescribe the therapeutic drugs, which often have an impact not only on eye issues but interact with many body systems. We feel that if an individual wishes to practice medicine, he/she should be trained as a physician. I hope you would agree that this philosophy would be in the best interest of the public.

This may sound like a "turf" issue. It is not. This is a quality of care issue. The physician community must advocate for patients and what is best for them, as you and the rest of the Legislature must also do. The bottom line is that the Legislature is the final arbiter of what constitutes quality of care for Alaska's citizens.

If the Legislature feels that some portions of what historically has constituted the practice of medicine can be performed by someone other than a licensed physician, then so be it. ASMA would guess that a legacy of less than optimum and quality care is not one that you and your colleagues would like to be known and remembered for!

You will be getting more detailed information from the Eye MD's, the Ophthalmologists, about this issue. But, please notice that SB 78 can be construed to presume that optometrists will be granted the authority to prescribe drugs by the sole determination of the Board of Optometry. No indication is provided of what the educational, clinical, or practice criteria would be that the Board of

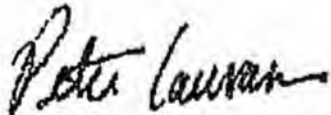
Optometry would apply. (By the way, this would seem to have to add to the costs the State would incur in regulating optometrists.) HB 139, which would provide prescriptive authority to psychologists, at least contains some education requirements, even as deficient as they are!

ASMA urges you to vote against the passage of SB 78. SB 78 would not contribute to better care for Alaska's citizens. And, rhetorically, what's the problem that is to be fixed by SB 78.

The American Medical Association, for about the past year, has been applying a litmus test to all issues of concern. It is simply stated in this question—"Is it good medicine?". ASMA believes that SB 78 is not good medicine. We urge you to apply this same test and are confident that you will arrive at the same answer.

Please vote NO on SB 78.

Sincerely,



BY: Peter Lawrason, MD, President

FOR: Alaska State Medical Association

/kms

JOHN COBBETT, O.D.

P.O. BOX 85777
NORTH POLE, ALASKA 99705
TELEPHONE (907) 488-9486

Please support

Senate Bill 78.

Thank you,



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Rick D. Swearingen, O.D.
Erik D. Christianson, O.D.

DATE: March 29, 2000

TO: House Labor and Commerce Committee

FROM: Erik D. Christianson, O.D.

RE: Senate Bill 78 " An Act relating to the prescription of pharmaceutical agents in the practice of optometry."

My name is Erik Christianson and I am an optometrist in practice at Ketchikan Eye Care Center in Ketchikan, Alaska. I wanted to bring your attention to a bill that is currently being reviewed by your committee. Senate Bill 78 is a bill that will allow optometrists to improve their ability to treat eye disease. **Currently, optometrists in Alaska with a therapeutic license endorsement are allowed to use ONLY TOPICALLY applied pharmaceutical agents to treat eye disease (see AS 08.72.272).** Currently all 50 states have statutes that allow optometrists to use topically applied medications for treatment of eye disease. An additional 23 states allow use of oral and injectable medications **RELATED** to the eye. To be the best eye doctor I can be I need to have access to a complete range of medications. The medications and proper training in their indications and contraindications is the most important issue, how they are delivered to the treatment site should not be. The most effective route of delivery for treatment whether it be topical, oral, or intravenous should be dictated by the condition and the expertise of the doctor, not legislation. Daily, I see patients who need more than a topical medication to properly treat their eye conditions.

Optometry is a limited license profession and as such has to make changes in scope of practice through legislation. Optometrists are the most accessible professional eye care providers. This is especially true in the rural western states. **It is in the best interest of the public to have a highly trained health care professional with expertise in treatment of eye and related diseases available in their community.** Optometrists are these professionals. The push to allow optometrists to treat eye disease and expand their scope of practice has paralleled improvements in optometric education and eye care technology.

Optometric treatment of eye disease with topical medication has been highly successful and puts the care of these patients in the hands of an "eye expert". In the past medicine and particularly the medical sub-specialty ophthalmology had been against changes in the scope of optometric practice. I believe that this is no longer the case. Alaskan optometrists have "talked the talk and walked the walk" with regard to topical treatment of eye disease. I was appointed to the Alaska Board of Optometry in June of 1998 and in my time on the board have not had a single incident regarding improper use of pharmaceuticals. In general, I believe that other members of the Alaska medical community see this as a good thing for Alaska patients.

Optometrists are the only eye care providers permanently located in the larger communities in most legislative districts. Ophthalmology is permanently located only in Anchorage, Fairbanks, Soldotna(?), and Juneau. Ketchikan currently has 2-3 optometrists practicing full-time and ophthalmology 1 week per month. My main office is in Ketchikan and I travel on a frequent basis to provide full scope eye care in Metlakatla and Craig. **DAILY our clinic receives referrals for treatment of eye problems from Ketchikan General Hospital Emergency Room; Annette Island Service Unit in Metlakatla; Seaview Medical Clinic in Craig, AK; Ketchikan Indian Corporation Tribal Health Clinic; USCG Health Services; ALL of the**

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351 Carlanna Lake Road
Ketchikan, Alaska 99901
907-225-2020
Fax: 907-247-2015

local private medical clinics in Ketchikan, Ketchikan Ship and Drydock, and periodically from Petersburg and Wrangell.

Patients throughout Alaska rely on optometrists to be their eye care providers. We have built their trust and have worked hard to keep it. Other medical professionals increasingly turn to optometrists as one of their options for treatment of eye problems that they feel is beyond their scope. Allow us to have the basic tools necessary to treat our patients and your constituents eye problems effectively. **Vote YES on SB 78.**

Professional Regards,



Erik D. Christianson, O.D.

P.S. On Tuesday evening the physicians from Ketchikan General Hospital's emergency room referred a patient for removal of a small, imbedded, and rusted piece of metal from his eye. I performed the necessary procedures to remove the metal and associated rust. After this procedure is done patients need stronger pain medication than that available over-the-counter. Because I cannot prescribe oral pain medication I have to take time and track down his physician to have them call in an Rx for pain medication. It undermines my credibility and wastes my time, the patient's time, and the physicians time. This is just one example of the daily need for a wide range of prescription medications in eye disease treatment.

S B

8 7

HOUSE COMMITTEE REPORT

(7)

Date Referred to Committee: April 7, 1999

FURTHER REFERRALS:

Date of Committee Action: April 12, 1999

The LABOR AND COMMERCE Committee considered:

CSSB 87(L&C)

CS FOR SENATE BILL NO. 87(L&C)

RENTAL CAR INSURANCE

"An Act requiring a license to sell rental car insurance."

recommends it be replaced with the following committee substitute _____ the same title a new title

additional referral to _____ Committee
 attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) _____ APPROVES PREVIOUS: (Dept/Date) _____

fiscal note(s) _____ fiscal note(s) _____

zero fiscal note(s) _____ zero fiscal note(s) DCE D

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>Alan Rokely</i>	✓			
<i>Chris Hill</i>	✓			
<i>Tom Price</i>	✓			
<i>Sam Williams</i>	✓			
<i>Paul Hooper</i>	✓			
<i>Steve</i>	✓			
<i>Greg Sandlin</i>	✓			

CHAIR'S SIGNATURE

Alan Rokely

4-12-99

FISCAL NOTE

No. 1
 Bill Version: SB87
 (S) Publish Date: 3/24/99

STATE OF ALASKA
 1999 LEGISLATIVE SESSION

Revision Date/Time (Note if correction) _____ Dept. Affected Commerce & Economic Development
 Title An Act requiring a license to sell rental car insurance BRU Insurance
 Component Insurance
 Sponsor Senate L&C by Request
 Requestor _____ Component Serial No. 354

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
----------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()						
------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY99) cost: 0.0

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This bill has no fiscal impact on this component.

Prepared by Marianne K. Burke, Director Phone 465-2215
 Division Insurance Date/Time 3/16/99 4:23 PM
 Approved by Commissioner Deborah B. Sedwick Date 3/14/99
 Agency Commerce & Economic Development

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REQUESTERS STATEMENT

SB 87, License to Sell Rental Car Insurance.

Senate Bill 87 provides for a limited license to a motor vehicle rental company authorizing the sale of insurance incidental to the rental transaction. Currently, the Alaska Insurance code is not clear on whether incidental sale of personal insurance on a rental motor vehicle should be licensed by the state or not.

As a result of regulatory action and litigation in other states, industry representatives and regulators are reviewing state statutes to determine if they contain provisions for the sale of these products when incidental to the renting or leasing of a motor vehicle. This Act will remove any ambiguity on licensure regarding the offering and sale of these insurance products in connection with the vehicle rental. The Division of Insurance and the industry would both be positively impacted by enactment of this legislation.

SB 87 establishes the jurisdiction of the Division of Insurance over the rental car industry in regard to the sale of their insurance products. Clarification of Division oversight and authority allows the agency to better regulate the sale of these products and protect consumer interests. The industry will gain a clear understanding of the requirements and its responsibilities regarding the promotion and sale of their insurance products.

Many of these products have been offered for 10 to 20 years. While many of the coverages are optional, customers who are not covered by existing insurance because they don't own their own vehicles need access to this type of insurance to avoid potential liability. SB 87 will allow uninterrupted access to coverage.



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SB 87, RENTAL CAR INSURANCE

SECTIONAL

Section 1 exempts the new limited license for selling car rental insurance, that is established in following section 2, from the general examination and testing requirements of the Division of Insurance for applicants and licensees.

Section 2 adds a new subsection AS 21.27.150 (a)(7) that establishes the "rental motor vehicle limited producer license", the conditions for the license, and its limitations.

S B

8 8

HOUSE COMMITTEE REPORT

(7)

Date Referred to Committee: April 28, 1999

FURTHER REFERRALS:

Finance

Date of Committee Action: 3 May 1999

The LABOR AND COMMERCE Committee considered:

CSSB 88(FIN)

CS FOR SENATE BILL NO. 88(FIN)

DIETITIANS AND NUTRITIONISTS

"An Act relating to licensure of dietitians and nutritionists; and providing for an effective date."

recommends it be replaced with the following committee substitute _____ the same title a new title

additional referral to _____ Committee attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) _____ APPROVES PREVIOUS: (Dept/Date) _____
 fiscal note(s) _____ fiscal note(s) DCED

zero fiscal note(s) _____ zero fiscal note(s) _____

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>John Sanders</i>	<input checked="" type="checkbox"/>			
<i>John Duff</i>			<input checked="" type="checkbox"/>	
<i>John L. Harris</i>	<input checked="" type="checkbox"/>			
<i>De Hols</i>	<input checked="" type="checkbox"/>			
<i>Samuel Miller</i>	<input checked="" type="checkbox"/>			
<i>Laura</i>	<input checked="" type="checkbox"/>			
<i>Ann Koley</i>	<input checked="" type="checkbox"/>			

CHAIR'S SIGNATURE

Ann Koley 5-3-99



SENATOR DAVE DONLEY
ALASKA STATE LEGISLATURE

APR 28 1999

MEMORANDUM

To: Representative Rokeberg, Chair of the House Labor and Commerce
Committee
Fr: Senator Dave Donley *DB*
Dt: April 28, 1999
Re: Senate Bill 88 "An act relating to licensure of dietitians and nutritionists"

I request that Senate Bill 83 be scheduled for a hearing at your earliest convenience.

Senate Bill 88 adds a new chapter to AS 08, thus providing for the licensure of professional dietitians and nutritionists. This is an important step in acknowledging the professional and scientific expertise required to be a dietitian or nutritionist.

Thank you in advance for your consideration of this request. If you or your staff should have any questions, please contact myself or Hans Neidig of my staff at 465-3892.

DD\hrn

Vice-Chair, Senate Finance Committee • Chair, Capital Budget Subcommittee • Co-Chair, Anchorage Caucus
MEMBER: Senate Judiciary Committee • Senate Labor & Commerce Committee • Legislative Council

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SENATOR DAVE DONLEY

ALASKA STATE LEGISLATURE

SPONSOR STATEMENT

FOR

CSSB 88 (FIN)

"An Act relating to licensure of dietitians and Nutritionists"

The Committee Substitute for Senate Bill 88 codifies professional title licensure of dietitians and nutritionists. Senate Bill 88 increases public access to the services of dietitians and nutritionists, helps to ensure the quality of such services, and protects consumers.

Senate Bill 88 represents sound public policy because it protects Alaskans from the potential harm that could be caused by untrained individuals. It accomplishes this by allowing Alaskans to differentiate between individuals who are qualified nutritionists and dietitians and those who are not. Also, with the advent of managed care and HMO's, it is necessary to make sure that the work of dietitians and nutritionists will be performed by experts in that field. There is legislation pending in Congress, which includes reimbursement for nutrition services within the Medicare Program, but only to those recognized by the state as nutrition professionals.

Senate Bill 88 contains provisions which ensure that individuals with nutrition practice experience and bachelor's, master's, or doctoral degrees from accredited schools may continue to work in Alaska. There are over 120 registered dietitians and nutritionists that live throughout Alaska. They work in hospitals, nursing homes, public health clinics, school nutrition programs and with athletic programs. In hospitals and clinics they are part of the health care team (physicians, nurses and therapists) providing education in diabetes, heart disease, kidney failure, digestive disorders, eating disorders, high risk pregnancies, AIDS and cancer treatments, to name just a few.

The licensing of dietitians and nutritionists enables the public to identify individuals who are qualified by education, experience and examination to provide nutrition care services. Recognition defines the dietetics and nutrition practice which includes the integration and application of the principles derived from the sciences of nutrition, biochemistry, food physiology, management, and behavioral and social sciences to achieve and maintain the health of the citizens of Alaska through the provision of nutrition care services.

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Page 2
CS Senate Bill 88 (FIN)
Sponsor Statement

Senate Bill 88 corrects the current situation where any person can call themselves a "nutritionist" or "dietitian" without even one day of formal education or experience. This can endanger the consumer with harmful, expensive or even dangerous advice and unproven therapies. Senate Bill 88 would reduce this danger to the public, through the licensing of dietitians and nutritionists.

Senate Bill 88 does not establish a new board. The licensing program will be conducted by the Division of Occupational Licensing, and will have no cost to the state, since licensing fees from the dietitians and nutritionists will pay for all of the program's administrative costs. It is also important to note that Senate Bill 88 will in no way impact other professions practicing nutrition or health food retailers unless they refer to themselves as a nutritionist or dietitian without meeting the standards that this bill would codify.



SENATOR DAVE DONLEY
ALASKA STATE LEGISLATURE

SECTIONAL ANALYSIS
CS SENATE BILL 88 (FIN)

"An Act relating to licensure of dietitians and nutritionists"

Section 1: Adds a new chapter to AS 08. The new chapter is Chapter 38 that is entitled *Dietitians and Nutritionists*.

The following are the new sections of Chapter 38:

Sec. 08.38.010. License Required (page 1)—This section stipulates that a person may not use the title of "dietitian," "licensed dietitian," "nutritionist," "licensed nutritionist," or an occupational title using the word "dietitian" or "nutritionist".

Also, covered by this section are the penalties for meeting the stipulations of this section.

Sec. 08.38.020. Dietitian Licensure (page 2)—This section stipulates that the department shall issue a dietitian license to individuals completing the requisite criteria.

Sec. 08.38.030. Nutritionist Licensure (page 2)—This section stipulates that the department shall issue a nutritionist license to individuals completing and meeting the requisite criteria. A grandfather clause for this section is found on page 5, lines 6-13.

Sec. 08.38.040. Grounds for suspension, revocation, or refusal to issue a license (page 2)—This section allows the department, after a hearing to impose a disciplinary sanction or refuse to issue a license to an individual licensed under this chapter if they commit one of the listed offenses.

Sec. 08.38.050. Licensure by credentials (page 3)—The department may issue a license to an individual it determines as having sufficient credentials from another state.

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Page 2
Sectional Analysis
Senate Bill 88

Sec. 08.38.080. Exemptions (page 3)—This section allows exemptions to the requirements of this chapter. The exemptions include: an animal nutritionist or a person serving in the armed services or who is a federal employee whose job title includes the term “dietitian” or “nutritionist”.

Sec. 08.38.090. Regulations (page 3)—This section allows the department to promulgate regulations to implement this chapter.

Sec. 08.38.100. Definitions (page 4)—This section sets out the relevant definitions to this chapter.

Section 2: (page 4)—This section adds conforming language to AS 08.01.010 to include regulation of dietitians and nutritionists to the applicability of Title 08 Business and Professions.

Section 3: (page 4)—This section adds conforming language to AS 08.02.010(a) Professional designation requirements.

Section 4: (page 5)—This section adds a grandfather clause to the licensure of a nutritionist section found on page 2, line 11 which would give a nutritionist a year and a half from the effective date to meet the requirements of AS 08.38.030 as created by this legislation.

Sections 5 & 6: (page 5)—These sections set out the effective dates of this Act.



THE AMERICAN DIETETIC ASSOCIATION

216 WEST JACKSON BOULEVARD
CHICAGO, ILLINOIS 60606-6985
312/899-0040

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

LAWS THAT REGULATE DIETITIANS/NUTRITIONISTS

- Alabama (1989)**--licensing of dietitian/nutritionist
- Arkansas (1989)--licensing of dietitians
- California (1982)--registration* of dietitians
- Connecticut (1994)--certification of dietitians
- Delaware (1994)--certification of dietitians/nutritionists
- District of Columbia (1986)--licensing of dietitians and nutritionists
- Florida (1988)--licensing of dietitians, nutritionists and nutrition counselors
- Georgia (1994)**--licensing of dietitians
- Idaho (1994)--licensing of dietitians
- Illinois (1991)--licensing of dietitians and nutrition counselors
- Indiana (1994)--certification of dietitians
- Iowa (1985)--licensing of dietitians
- Kansas (1989)**--licensing of dietitians
- Kentucky (1994)**--licensing of dietitians and certification of nutritionists
- Louisiana (1987)**--licensing of dietitians/nutritionists
- Maine (1994)**--licensing of dietitians and dietetic technicians
- Maryland (1994)**--licensing of dietitians and nutritionists
- Minnesota (1994)--licensing of dietitians and nutritionists
- Missouri (1998)*--certification# of dietitians
- Mississippi (1994)**--licensing of dietitians and nutritionist title protection
- Montana (1987)**--licensing of nutritionists and dietitian title protection
- Nebraska (1995)**--licensing of medical nutrition therapists
- Nevada (1995)*--certification of dietitians
- New Mexico (1997)**--licensing of dietitians, nutritionists and nutrition associates
- New York (1991)--certification of dietitians and nutritionists
- North Carolina (1991)--licensing of dietitians and nutritionists
- North Dakota (1989)**--licensing of dietitians and certification# of nutritionists
- Ohio (1986)--licensing of dietitians
- Oklahoma (1984)--licensing of dietitians
- Oregon (1989)--certification# of dietitians
- Puerto Rico (1974)**--licensing of dietitians and nutritionists
- Rhode Island (1991)**--licensing of dietitians and nutritionists
- South Dakota (1996)--licensing of dietitians and nutritionists
- Tennessee (1987)--certification--of dietitians/nutritionists
- Texas (1993)**--certification# of dietitians
- Utah (1996)**--certification of dietitians
- Vermont (1993)--certification of dietitians
- Virginia (1995)*--certification of dietitians and nutritionists
- Washington (1988)--certification of dietitians and nutritionists
- West Virginia (1996)--licensing of dietitians
- Wisconsin (1994)--certification of dietitians

* This is an entitlement law, which protects use of the title by individuals meeting state mandated qualifications.

** Year amended and/or reauthorized.

These laws provide the certified practitioner with a license, and are termed "voluntary licensing" laws.

- Licensing--statutes include an explicitly defined scope of practice, and performance of the profession is illegal without first obtaining a license from the state.
- Statutory certification--limits use of particular titles to persons meeting predetermined requirements, while persons not certified can still practice the occupation or profession.
- Registration--is the least restrictive form of state regulation. As with certification, unregistered persons may be permitted to practice the profession if they do not use the state recognized title. Typically, exams are not given and enforcement of the registration requirement is minimal.

Evidence on the Cost Effectiveness of Medical Nutrition Therapy

Findings both from randomized controlled clinical trials and from case studies show that medical nutrition therapy can save health care dollars and improve outcomes when provided to patients with diseases or injuries that place them at high risk of malnutrition – being inadequately nourished. Almost 17 million patients each year are treated for illnesses or injuries that stem from or place them at risk of malnutrition. Whether in hospitals, long-term care institutions, or scattered throughout the community, medical professionals recognize that medical nutrition therapy is a key factor in improving outcomes and speeding recovery for at least 40 percent of hospital patients in the U.S. who are malnourished based on clinical nutrition evaluations (Roubenoff, Roubenoff, Preto & Balke, “Malnutrition among hospitalized patients: A problem of physician awareness,” *Archives of Internal Medicine*, 1987).

An internal analysis of nearly 2,400 case studies submitted by ADA members shows that on average more than \$8,000 per patient can be saved with the intervention of medical nutrition therapy. Case studies show that, for diseases and conditions in which medical nutrition therapy is appropriate, the average annual or one-time savings per case include:

- For cancer, \$10,535 savings per case because specialized nutrition therapy enhances effectiveness of chemotherapy and radiation therapy;
- for heart disease, \$9,134 savings per case because medical nutrition therapy reduces the need for drugs and other artery-clearing procedures and/or surgery;
- for type I diabetes (insulin-dependent), \$9,049 savings per case because diabetic complications that result in hospitalization are reduced;
- for type II diabetes (non insulin-dependent), \$1,994 savings per case because medical nutrition therapy reduces or eliminates the need for insulin or oral agents;
- for kidney disease, \$18,467 savings per case by postponing the need for dialysis;
- for high cholesterol, \$2,709 savings per case by reducing the need for drugs;
- for hypertension, \$4,075 savings per case by reducing drug use and preventing complications such as stroke; and
- for a variety of other conditions – such as burns and surgery -- requiring tube or intravenous feedings, \$7,051 savings per case by transitioning the patient to less invasive and less expensive nutrient sources.

A survey of 2,337 patient records at 19 hospitals indicates that early nutritional interventions and regular clinical nutrition services reduce hospital stays for malnourished and at-risk patients. The reduced hospital days translate into \$8,200 per bed per year average cost savings according to *Cutting Hospital Costs with Clinical Nutrition Services*, a new report by the Nutritional Care Management Institute (NCMI) of Tucker, Georgia.

A report in the July 1995 issue of *The American Journal of Medicine* highlights a study which found that the use of a diabetes team, led by an endocrinologist working with a nurse diabetes educator and dietitian, resulted in a 56 percent reduction in length of hospital stays among patients hospitalized with a primary diagnosis of diabetes compared with patients treated by an internist alone. Currently, hospital care of diabetic patients costs an estimated \$65 billion a year. The potential 5-day reduction in hospitalization found by this study translates into billions of dollars per year in potential health care savings.

FISCAL NOTE

No. 2
 Bill Version: CSSB 88 (L&C)
 (S) Publish Date: 4-7-99

STATE OF ALASKA
 1999 LEGISLATIVE SESSION

Revision Date/Time (Note if correction) _____ Dept. Affected Commerce & Econ Dev.
 Title An Act relating to licensure of dietitians and BRU Occupational Licensing
nutritionists; and providing for an effective date. Component Occupational Licensing
 Sponsor Senator Donley
 Requester Senate Labor and Commerce Component Serial No. 2360

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Personal Services	8.5	8.5	8.5	8.5	8.5	8.5
Travel	0.0	0.0	0.0	0.0	0.0	0.0
Contractual	6.0	6.0	6.0	6.0	6.0	6.0
Supplies	1.0	1.0	1.0	1.0	1.0	1.0
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	15.5	15.5	15.5	15.5	15.5	15.5

CAPITAL EXPENDITURES						
----------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()	31.0	0.0	31.0	0.0	31.0	0.0
------------------------	------	-----	------	-----	------	-----

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts	15.5	15.5	15.5	15.5	15.5	15.5
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	15.5	15.5	15.5	15.5	15.5	15.5

Estimate of any current year (FY99) cost: 0.0

POSITIONS

Full-time					
Part-time					
Temporary					

ANALYSIS: *(Attach a separate page if necessary)*
 CSSB 88 (L&C) creates 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; however, 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 by licensing fees. The estimated costs are explained on the attached page.

Prepared by Jennifer Strickler, Administrative Manager Phone 465-2144
 Division Occupational Licensing Date/Time 3/26/99 4:02 PM
 Approved by Commissioner Deborah B. Sedwick Date 3/30/99
 Agency Commerce & Economic Development

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FISCAL NOTE

#2

STATE OF ALASKA
1999 LEGISLATIVE SESSION

BILL NO. CSSB 88 (L&C)

ANALYSIS: (Continued)

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT FISCAL NOTE CALCULATIONS FOR CSSB 88 (L&C)

PERSONAL SERVICES **\$8.5**

Provides 2.5 months of an Occupational Licensing Examiner I position, Range 12, \$8.5.

CONTRACTUAL SERVICES **\$6.0**

Funding provides approximately 30 hours of AG legal time for regulations, license appeals, and discipline, \$3.0; and, printing, postage, communications, and advertising costs, \$3.0. Any examination fees are anticipated to be paid by the applicant directly to the examining agency.

SUPPLIES **\$1.0**

To fund daily operating supplies of the program.

TOTAL: **\$15.5**

REVENUE & FUND SOURCE: Revenue will be generated by licensing fees sufficient to cover program costs. Approximately 100 licensees are expected to seek licensure and renew licenses biennially. Licensing fees must cover direct costs plus approximately \$100 per licensee for division/department overhead for the two-year period. Based on 100 licensees, licensing fees are estimated to be \$410.00 for the first biennium, and adjusted to actual costs based on positive timekeeping for the first renewal.

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Copies of minutes listed below were originally included in this file. The minutes are available on the legislative computer database. In order to save space copies of minutes have not been left in the files.

Mary Pagenkopf

Senate Labor & Commerce, March 25, 1999, 1:35 p.m.

Senate Finance Committee, April 10, 1999, 10:06 p.m.

4/29

To: JANET SEITZ FAX: 465-2040
Office of Rep. Rokeberg

From: JOAN WRAY, RD

FAX: 463-4919

Phone: 586-8491

19 pages

The Cost of Covering Medical Nutrition Therapy under Medicare: 1998 through 2004

Final Report

Prepared for:

The American Dietetic Association

April 18, 1997

By:

**John Sheils
David Stapleton, Ph.D.
Kimberly Dietrich
Scott Scrivner**

The Lewin Group, Inc.

EXECUTIVE SUMMARY

The purpose of this analysis was to develop an estimate of the cost of covering medical nutrition therapy services under Part B of the Medicare program. The coverage provisions analyzed are based upon those of the Medical Nutrition Therapy Act of 1995 (i.e., H.R. 2247). The cost of covering these services is equal to the difference between the cost of paying for the medical nutrition benefits covered under the Act and the amount of savings resulting from the use of medical nutrition services. In fact, there is extensive anecdotal evidence that the use of medical nutrition therapy services would save Medicare money through reduced hospitalizations and reduced utilization of physician services.

The Lewin Group conducted a review of the literature and data on the cost-effectiveness of medical nutrition services. The review revealed that little conclusive work has been produced to date. There are a number of studies of nutrition therapy provided by dietitians across a range of conditions. These studies tend to be inconclusive, or indicate that there is little or no effect. However, there was evidence, which we consider to be of "fair" quality that nutrition therapy resulted in savings for patients with diabetes, hypertension, and cardiovascular disease in general.

We reviewed available data sources to find a data set that would enable us to estimate the relationship between the use of dietitian services and utilization of other services for a large sample of the Medicare population. We selected data from the Group Health Cooperative of Puget Sound which, for several years, has covered dietitian services as a supplemental benefit for Medicare enrollees who are covered under the Group Health Medicare risk contract program. We used these data to estimate savings from the use of medical nutrition therapy for patients with diabetes and/or cardiovascular disease since our literature review indicated that there is evidence of savings for these patients.

Our analysis found that the use of dietitian services was associated with a reduction in inpatient and physician service utilization for patients with diabetes and/or cardiovascular disease (including congestive heart failure, arteriosclerosis, hypertension, hyperlipidemia and hypercholesterolemia). The study indicated that there were utilization savings within the first calendar quarter of receiving medical nutrition therapy and that these savings increased over time, reflecting the fact that many of the benefits of improving diet do not become apparent for a number of years. Using the savings estimates for the first calendar quarter following the dietitian visit, which is a conservative estimate of savings, we estimate that:

- For diabetes patients using dietitian services, hospital admissions were reduced by 9.5 percent and physician visits were reduced by 23.5 percent.
- For patients with cardiovascular disease, the use of dietitian services was associated with an 8.6 percent reduction in hospital utilization and a 16.9 percent reduction in physician visits.

We used these estimated savings data to estimate the net cost of covering dietitian services under Medicare for the 1998 through 2004 period. We estimate that the net cost to Medicare of covering medical nutrition therapy would be \$370 million over this period (*Table ES-1*). This includes \$2.7 billion in Medicare payments for medical nutrition services provided over this period, less program savings of \$2.3 billion.

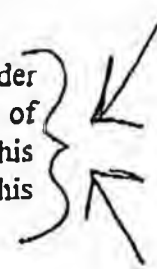


Table ES-1
Summary of Net Cost Projections: Assumes No Change in Part-B Premium (in millions)

	1998	1999	2000	2001	2002	2003	2004	1998-2004
Cover Dietitian Visits for All Medicare Beneficiaries								
Benefits Cost	\$346.1	\$359.9	\$374.2	\$389.2	\$404.5	\$420.6	\$437.6	\$2,732.3
Savings	\$85.0	\$183.2	\$295.2	\$400.6	\$430.0	\$465.7	\$502.9	\$2,362.6
Net Costs	\$161.1	\$176.7	\$79.0	(\$11.4)	(\$25.5)	(\$45.1)	(\$65.1)	\$369.7
Part A	(\$44.4)	(\$94.7)	(\$153.5)	(\$211.4)	(\$229.1)	(\$247.3)	(\$267.1)	(\$1,247.5)
Part B	\$305.5	\$271.4	\$232.5	\$200.0	\$203.6	\$202.2	\$202.0	\$1,617.2
Cover Dietitian Visits for Diabetes and Cardiovascular Only								
Benefits Cost	\$292.3	\$304.0	\$316.1	\$328.7	\$341.7	\$355.2	\$369.8	\$2,307.8
Savings	\$85.0	\$183.2	\$295.2	\$400.6	\$430.0	\$465.7	\$502.9	\$2,362.6
Net Costs	\$207.3	\$120.8	\$20.9	(\$71.9)	(\$88.3)	(\$110.5)	(\$133.1)	(\$54.8)
Part A	(\$44.4)	(\$94.7)	(\$153.5)	(\$211.4)	(\$229.1)	(\$247.3)	(\$267.1)	(\$1,247.5)
Part B	\$251.7	\$215.5	\$174.4	\$139.5	\$140.8	\$136.8	\$134.0	\$1,192.7
Cover Dietitian Visits for Diabetes Only								
Benefits Cost	\$173.7	\$180.3	\$187.9	\$194.9	\$203.1	\$211.1	\$219.8	\$1,370.8
Savings	\$57.3	\$123.6	\$198.9	\$269.4	\$288.6	\$309.2	\$331.3	\$1,578.3
Net Costs	\$116.4	\$56.7	(\$11.0)	(\$74.5)	(\$85.5)	(\$98.1)	(\$111.5)	(\$207.5)
Part A	(\$25.6)	(\$54.5)	(\$88.4)	(\$121.8)	(\$131.9)	(\$142.8)	(\$154.7)	(\$719.7)
Part B	\$142.0	\$111.2	\$77.4	\$47.3	\$46.4	\$44.7	\$43.2	\$512.2

Source: Lewin Group estimates.

We also found that the program could actually result in net savings to Medicare over this seven-year period if coverage of nutrition services were limited to only those persons who have diseases that have been demonstrated to show savings. For example, if coverage were limited only to persons with diabetes and cardiovascular disease, the program would result in net savings to Medicare of \$54.8 million over the 1998 through 2004 period. Limiting coverage to only persons with diabetes would result in savings of \$207.5 million over that same seven-year period. Thus, our analysis indicates that coverage of medical nutrition therapy results in significant savings in inpatient and physician utilization that substantially offsets the cost of providing the nutrition therapy services.

The net cost to the federal government of covering medical nutrition services would be further reduced if the Part-B premium were allowed to increase, as it would under current law, to reflect the net change in Medicare Part-B program costs. Under the Medical Nutrition Therapy Act of 1995, Part-B premiums over the 1998 through 2004 period would increase by \$394.4 million, thus reducing the net cost to the federal government of covering medical nutrition therapy from \$369.7 million without the premium increase to a net savings of \$24.7 million over this seven year period (*Table ES- 2*). The premium increase would be roughly \$0.20 per month. Similarly, the net cost to the federal government of covering dietitian services for diabetes and cardiovascular patients only would be reduced by additional Part-B premium revenues under these scenarios.

Table ES- 2
Net Federal Cost of Covering Medical Nutrition Therapy Services:
Summary Costs for 1998 through 2004 (in millions) ^{a/ b/}

	Coverage Scenario		
	Net Cost Before Part-B Premium Adjustment	Part-B Premium Revenues	Net Cost After Part-B Premium Adjustment
Medical Nutrition Therapy Act (cover all beneficiaries)	\$369.7	\$394.4	(\$24.7)
Cover Diabetics and Cardiovascular Patients Only	(\$54.8)	\$290.9	(\$345.7)
Cover Diabetics Only	(\$207.5)	\$124.8	(\$323.3)

a/ Equals total benefits costs less program savings and the increase in Part-B premium revenues.

b/ These estimates include the actual amount of spending, savings and premium revenues summed together for fiscal years 1998 through 2004. These estimates reflect projected population growth and cost growth over this period.

Source: Lewin Group estimates.

Recent Evidence Supports Medical Nutrition Therapy Coverage

Study Shows MNT associated with Substantial Reduction in Healthcare Spending

A study just completed by The Lewin Group for the Department of Defense estimates annual net savings of \$3.1 million if medical nutrition therapy was included as a covered benefit in the TRICARE contracts (care provided to DOD beneficiaries by civilian health care organizations). The study showed that MNT is associated with a substantial reduction in health care spending for inpatient and outpatient services for persons with diabetes, cardiovascular disease, and/or renal disease. Cost of providing MNT for all nutrition-related diagnoses would be more than offset by reductions in health care spending for diabetes, cardiovascular disease and renal disease. (*The Cost of Covering Medical Nutrition Therapy Services under TRICARE: Benefits Costs, Cost Avoidance and Savings. Final Report prepared by The Lewin Group, Inc. for Department of Defense Health Affairs, November 15, 1998*)

Diet Proven to Delay Need for Dialysis

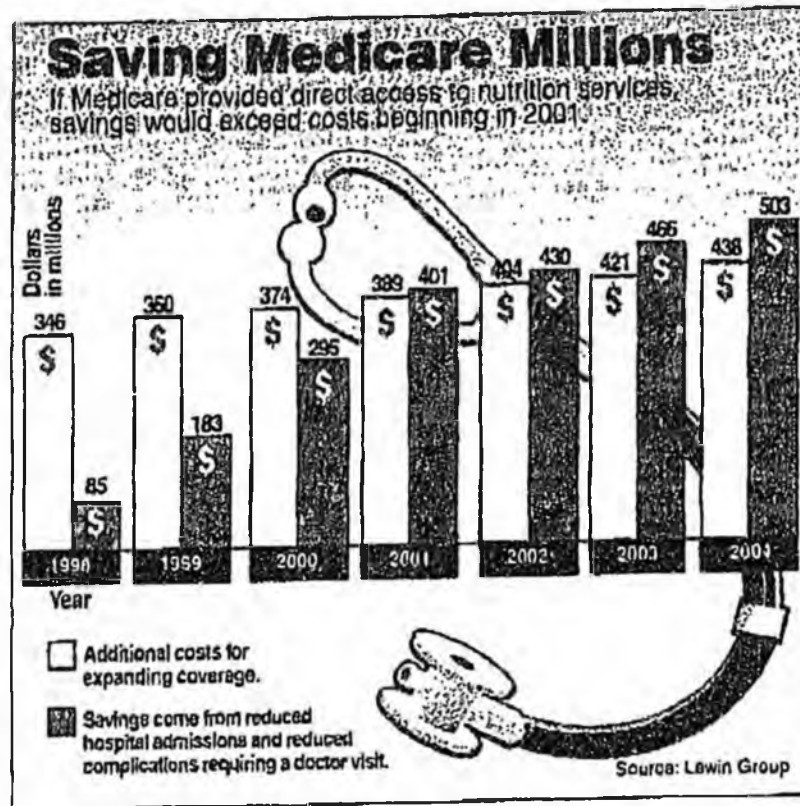
Kidney dialysis – a treatment costing Medicare over \$9.6 billion in 1998 – can be delayed up to one full year for patients following a low-protein diet, according to a recent study. Six registered dietitians were involved in the study, providing patients with diet counseling to help patients maintain a strict diet consisting mainly of fruits and vegetables and amino acid supplements. The study, conducted by Johns Hopkins Medical Institution researchers, found that participants were able to postpone dialysis by an average of 353 days, or roughly one year. In some cases, patients delayed dialysis by as much as four years. (*Journal of the American Society of Nephrology, January 1999, Vol.10, No.1*)

VA Study Shows Reduction in Cholesterol Medications from Nutrition

Results from a study conducted at the Department of Veterans Affairs Medical Center Lipid Research Clinic in Long Beach, California showed that nutrition intervention resulted in avoidance of lipid medications for 34 out of 67 patients at an annual cost savings of \$60,561. The study demonstrated significant serum cholesterol reduction and annual savings of health care dollars when patients were seen for 3 or 4 individualized dietitian visits for treatment of high cholesterol levels. (*Journal of The American Dietetic Association, October 1998, Vol. 98, No. 8*)

Physicians are Undertrained in Nutrition Issues

A recent report published by the Intersociety Professional Nutrition Education Consortium concluded that physicians remain "insufficiently informed about the role of diet in the prevention and treatment of disease." The report's authors indicated that less than six percent of medical school graduates now receive adequate nutrition training. (*American Journal of Clinical Nutrition, October 1998, Vol. 68, No. 4*)



Medical Nutrition Therapy Current Coverage Highlights

Military Health Care and Tricare, Department of Defense

Medical nutrition therapy is currently available to military personnel, their families and retired military through medical treatment facilities that have nutrition personnel assigned. In addition, a June 20, 1997 memorandum from the Assistant Secretary of Defense established healthcare policy to ensure medical nutrition therapy is an "intrinsic component of clinical practice" and, the TRICARE/Managed Care environment, "should be part of demand management, disease management, case management and discharge planning processes." Each military service is working to implement this policy.

Federal Employees Health Benefits Program (FEHBP)

The annual call letter issued by the Office of Personnel Management for the 1996 contract year urged fee-for-service plans to utilize the "Flexible Services Option" to cover "cost-effective, medically necessary services (such as medical foods and nutrition therapy) they do not otherwise cover."

Veterans Health Care System

Registered dietitians are part of almost all of the FIRMs and their services are covered as part of standard care. For example, a patient who comes in to a diabetes clinic will see the dietitian who is on that team as part of his or her care; similar services are available to patients with other diseases or conditions.

Managed Care Organizations

More than 75 percent of managed care plans provide some coverage for medical nutrition therapy. Services covered range from a single visit to an unspecified number; 3 or more visits, depending on the diagnosis and treatment objectives, are common. Diabetes is the most widely reimbursed diagnosis across all insurance plans. Medical necessity and physician referral are common requirements for coverage.

Medicaid

Although not part of the federal requirement, some nutrition services are provided as a state option in nearly every state. The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program requires client screening, which includes an assessment of nutrition status. Medicaid may also provide nutrition services under a Medicaid waiver to cover specific and limited populations such as HIV, inborn error of disease and the developmentally disabled. In many states, nutrition services are also provided as part of services to all pregnant women and infants with family income below 133% of federal poverty level.

Where's Medicare?

While HCFA's current conditions of participation for hospitals, end stage renal disease facilities and long-term care facilities require a dietitian either on staff or as a consultant, **coverage of medical nutrition therapy services in the outpatient setting – where it is often the most effective and efficient – is denied.** As a result, Medicare patients who don't have the financial means to pay out of pocket are denied access to a treatment, which has been proven to be effective in reducing and eliminating hospital stays, reducing drug dependence and improving quality of life.

Congress of the United States
Washington, DC 20515

**IMPROVE SENIORS' HEALTH AND LOWER TREATMENT COSTS
— SUPPORT MEDICARE COVERAGE FOR NUTRITION THERAPY —**

Dear Colleague:

We are writing to ask you to cosponsor legislation to cover medical nutrition therapy services in the outpatient (Part B) portion of Medicare. This is an updated version of legislation that received 225 cosponsors in the 105th Congress. We will introduce the bill in the next few days and hope you will sign on as an original cosponsor.

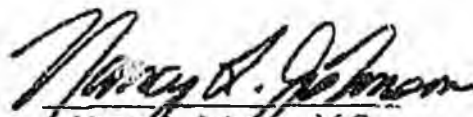
The Medicare Medical Nutrition Therapy Act will help treat and manage serious health care conditions among the elderly by providing coverage for nutrition therapy services as part of a comprehensive disease management plan. Through nutrition assessment and counseling services, nutrition professionals develop a nutritional care plan to help patients achieve specified medical goals, such as improved blood sugar levels, reduced cholesterol, etc.

Research shows that nutrition therapy speeds recovery and prevents medical complications by ensuring that patients with serious medical problems are properly nourished. Inadequate nutrition is widely recognized as a contributing factor in such diseases as diabetes, heart disease, cancer and stroke. Well-nourished patients are more resistant to disease and better able to recover from illness, surgery and trauma. This results in lower treatment costs through fewer and shorter hospital stays, reduced complications and less need for medication. Nutrition therapy is an integral and necessary part of disease management and these services ought to be covered by Medicare.

Coverage for medical nutrition therapy is supported by a broad array of disease prevention organizations including the American Cancer Society, the American Diabetes Association, the American Heart Association, the National Osteoporosis Foundation and the National Kidney Foundation. These groups understand that the millions of elderly Americans they represent would benefit from this care.


We urge you to renew or add your support of this important legislation. It is an important way that we can improve Medicare preventive benefits and help lower the overall costs to the health care system by avoiding further complications. If you would like to be an original cosponsor of this bill, please contact Suanna Bruinooge (Cong. Johnson, 5-4476) by March 10.

Sincerely,


Nancy L. Johnson, M.C.


Sherrod Brown, M.C.


Fred Upton, M.C.


Karen L. Thurman, M.C.

Medicare Medical Nutrition Therapy Act of 1999 Bill Summary

- Provides coverage under Medicare Part B for medical nutrition therapy services furnished by registered dietitians and qualified nutrition professionals.
- Defines **medical nutrition therapy services** as "nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian or nutrition professional pursuant to a referral by a physician."
- Defines **registered dietitian/nutrition professional** as an individual who:
 - A. Holds a baccalaureate or higher degree by a regionally accredited college in the United States (or equivalent foreign degree) and has completed a nationally accredited program in nutrition or dietetics;
 - B. Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional;
 - C. Is licensed or certified as a dietitian or nutrition professional by a state where the services are performed or meets criteria established by the Secretary of Health and Human Services in states that do not provide licensure or certification.
- Individuals who are already licensed or certified as of the date of enactment of the bill do not have to meet criteria A and B.

Evidence on the Cost Effectiveness of Medical Nutrition Therapy

Findings both from randomized controlled clinical trials and from case studies show that medical nutrition therapy can save health care dollars and improve outcomes when provided to patients with diseases or injuries that place them at high risk of malnutrition -- being inadequately nourished. Almost 17 million patients each year are treated for illnesses or injuries that stem from or place them at risk of malnutrition. Whether in hospitals, long-term care institutions, or scattered throughout the community, medical professionals recognize that medical nutrition therapy is a key factor in improving outcomes and speeding recovery for at least 40 percent of hospital patients in the U.S. who are malnourished based on clinical nutrition evaluations (Roubenoff, Roubenoff, Preto & Balke, "Malnutrition among hospitalized patients: A problem of physician awareness," *Archives of Internal Medicine*, 1987).

An internal analysis of nearly 2,400 case studies submitted by ADA members shows that on average more than \$8,000 per patient can be saved with the intervention of medical nutrition therapy. Case studies show that, for diseases and conditions in which medical nutrition therapy is appropriate, the average annual or one-time savings per case include:

- For cancer, \$10,535 savings per case because specialized nutrition therapy enhances effectiveness of chemotherapy and radiation therapy;
- for heart disease, \$9,134 savings per case because medical nutrition therapy reduces the need for drugs and other artery-clearing procedures and/or surgery;
- for type I diabetes (insulin-dependent), \$9,049 savings per case because diabetic complications that result in hospitalization are reduced;
- for type II diabetes (non insulin-dependent), \$1,534 savings per case because medical nutrition therapy reduces or eliminates the need for insulin or oral agents;
- for kidney disease, \$18,467 savings per case by postponing the need for dialysis;
- for high cholesterol, \$2,709 savings per case by reducing the need for drugs;
- for hypertension, \$4,075 savings per case by reducing drug use and preventing complications such as stroke; and
- for a variety of other conditions -- such as burns and surgery -- requiring tube or intravenous feedings, \$7,051 savings per case by transitioning the patient to less invasive and less expensive nutrient sources.

A survey of 2,337 patient records at 19 hospitals indicates that early nutritional interventions and regular clinical nutrition services reduce hospital stays for malnourished and at-risk patients. The reduced hospital days translate into \$8,200 per bed per year average cost savings according to *Cutting Hospital Costs with Clinical Nutrition Services*, a new report by the Nutritional Care Management Institute (NCMI) of Tucker, Georgia.

A report in the July 1995 issue of *The American Journal of Medicine* highlights a study which found that the use of a diabetes team, led by an endocrinologist working with a nurse diabetes educator and dietitian, resulted in a 56 percent reduction in length of hospital stays among patients hospitalized with a primary diagnosis of diabetes compared with patients treated by an internist alone. Currently, hospital care of diabetic patients costs an estimated \$65 billion a year. The potential 5-day reduction in hospitalization found by this study translates into billions of dollars per year in potential health care savings.

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Report on the 1997 Membership Database of The American Dietetic Association

JOSEPH A. BRYK, Ph.D.; TAMI KORNBLUM SOTO, MA

The American Dietetic Association (ADA) collects and disseminates comprehensive information about dietetics practitioners through its membership database. This ongoing data collection effort began in 1990, was repeated in 1991, and has been conducted biannually since that time. ADA's members have been supportive of the database update process and consistently high response rates yield reliable information.

Although the format of the database has been refined over time, a core set of questions and response categories have been kept constant and permit comparisons over time. The questionnaire is designed to provide demographic, educational, professional, and employment characteristics of ADA members. The questions and response categories are further designed to yield general information that permits segmentation of the membership for further study. Using information from the membership database, we might conduct a special study of a sample of members that share common characteristics, for example, members with advanced degrees practicing in food and nutrition management who are employed in for-profit organizations.

This report highlights employment and income data from the 1997 membership database update. Our analyses document the growth in the number of jobs held by dietetics professionals, the diversity of job settings and practice areas in dietetics, and increases in annual gross income in dietetics.

ADA has provided updated information on the profession through reports on the membership database for data collected in 1990, 1991, 1993, and 1995 (1-4). In conjunction with the present report, these articles document the trends within the profession in recent years. Members and others are encouraged to consult all of these articles to obtain a comprehensive picture of the profession.

METHOD

Design

The 1997 membership database update was conducted in conjunction with the 1997 membership renewal process. By combining the database mailing with the membership card mailing, the cost of data collection was minimized. By using this approach and a second mailing to nonrespondents, we obtained a response rate of 70.9%.

During the membership renewal and processing period (April to August), ADA mails all new and renewing members a membership card after they have paid their dues. In 1997, a special form was created so that the database questionnaire could be attached to the membership card. Beginning in April

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and continuing throughout the membership renewal period, the special form was sent to all members in the Active and Retired member classes with their membership cards.¹ All eligible members who paid their ADA membership dues by August 24, 1997, received the questionnaire.

A request for participation describing the importance of the membership database was included in the mailing. Members were asked to remove and keep their membership card and to complete and return the database questionnaire in the postage-paid return envelope. All eligible members who had not returned a completed questionnaire by October 1997 were sent a second mailing. All questionnaires received by the end of December 1997 were included in the 1997 database update.

Questionnaire

The questionnaire consisted of 22 closed-ended questions organized into 4 sections: (a) demographics, including year of birth, gender, and race/ethnic origin; (b) professional information, including number of years employed in dietetics after registration, licensure status, and professional certifications; (c) educational information, including degrees received, year and major of degrees received, and degrees in progress; and (d) employment information, including employment status, number of positions in dietetics, employment setting, type of employer, size of community employed in, amount of budget controlled, number of employees supervised, annual gross income, practice area, number of years worked in current position, and number of paid hours worked per week. Respondents who held 1 or more dietetics positions were given the opportunity to describe the employment characteristics of their primary and, if applicable, their secondary position in dietetics.

¹An Active member includes (a) any person who has earned a baccalaureate degree, meets academic requirements specified by the Commission on Accreditation/Approval for Dietetics Education (CAADE), and meets 1 or more of the following criteria: is a registered dietitian (RD) or has established eligibility to write the Registration Examination for Dietitians, has completed an applied preprofessional practice program (dietetic internship, coordinated or applied professional practice program) accredited or approved by CAADE, has earned a master's or doctoral degree conferred by a regionally accredited college or university, or is an Active member of the Dietitians of Canada; or (b) any person who has earned either a master's or doctoral degree and who holds 1 degree (baccalaureate, master's, or doctoral) in 1 of the following areas: dietetics, food and nutrition, nutrition, community/public health nutrition, food science, and/or foodservice systems management; or (c) any person who meets 1 of the following requirements: is a dietetic technician, registered (DTR), or has established eligibility to write the Registered Examination for Dietetic Technicians, or has completed an associate degree program for dietetic technicians approved by CAADE. A Retired member is any current Active member who is at least 62 years old and no longer employed in dietetics practice or education or is retired on total (permanent) disability.

Data Collection and Entry

Data collection for the membership database was done under the direction of ADA's Quality Management & Research and Management Information Services teams. Questionnaires were returned for data entry directly to Data Dimensions, a data collection and entry firm in Janesville, Wis. Responses that violated the instructions within the questionnaire were coded as missing. All of the information from the 1997 membership database is based on self-report of members with the exception of registration status, which is based on ADA's records.

Membership Database Policy

ADA has a membership database policy that requires confidential information (eg, age and salary information) to be aggregated and used in statistical analyses only.

Respondents

Of the 57,243 eligible members who were sent questionnaires, 40,637 respondents returned usable forms by December 1997. This constituted a 70.9% response rate, which is lower than the response rate of 77.9% achieved in 1995. However, comparison of the demographic information provided by respondents in 1995 and 1997 indicates that respondents to the 1997 update are comparable with respect to gender, age, race/ethnic origin, and education.

RESULTS

Demographic and Educational Characteristics

Table 1 presents the findings regarding gender, race/ethnic origin, and age for registered dietitians (RDs) and dietetic technicians, registered (DTRs). RDs and DTRs remain predominantly women, but the proportion of men is slightly higher among DTRs than among RDs. Although the majority of RDs and DTRs are white (non-Hispanic), the proportion of minority respondents is greater among DTRs. The age distribution of the respondents is similar for both RDs and DTRs.

Table 1 also presents the highest degree received or in progress reported by RDs and DTRs. Although receipt of a baccalaureate degree is the minimum educational requirement for registration as a dietitian, slightly more than half of RDs report that they have received or are working toward a graduate degree. Also, although an associate degree is the minimum educational requirement for registration as a dietetic technician, one third of DTRs report that they have received or are working toward a baccalaureate degree or graduate degree. These levels of education above the minimum educational requirement for registration reported by both RDs and DTRs parallel findings observed previously (1-4).

Employment Status: RDs

Table 2 presents a comparison of responses of RDs to 4 questions regarding employment that have been asked biannually since 1991. Given the different number of members each year, the number of respondents that gave a particular response should not be compared from year to year. Rather, the proportion of respondents that gave a particular response should be used to compare years.

Responses to the question regarding employment status provide an assessment of trends in employment for RDs. Responses to the questions regarding employment setting, type of employer, and number of hours worked per week document the diversity of employment for RDs who are employed in a primary position in dietetics.

Since 1991, the proportion of RDs that reported being employed in dietetics has remained high. In 1997, 82.9% of RDs

Table 1
1997 demographic characteristics of members*

Characteristic	RDs		DTRs	
	No.	%	No.	%
Gender				
Men	853	2.4	75	4.2
Women	35,408	97.6	1,699	95.8
Total	36,261	100.0	1,774	100.0
Race/ethnic origin				
White (not Hispanic)	32,245	90.8	1,525	88.5
Asian or Pacific Islander	1,701	4.8	54	3.1
Black (not Hispanic)	879	2.5	84	5.5
Hispanic	517	1.7	46	2.7
American Indian, Alaskan Native, or Hawaiian Native	83	0.2	4	0.2
Total	35,526	100.0	1,723	100.0
Age (y)				
≤25	1,488	4.1	108	8.1
26-30	4,380	12.1	187	10.5
31-35	4,740	13.1	265	14.9
36-40	6,279	17.4	320	18.0
41-45	7,215	20.0	310	17.5
46-50	4,692	13.0	258	14.5
51-55	3,008	8.3	171	9.6
56-60	1,874	5.2	97	5.5
61-65	1,222	3.4	41	2.3
≥66	1,260	3.5	17	1.0
Total	36,158	100.0	1,774	100.0
Highest degree received or in progress				
Associate degree	NA ^b	NA	1,153	66.4
Baccalaureate degree in progress	NA	NA	187	10.8
Baccalaureate degree	18,757	47.8	328	18.8
Master's degree in progress	2,294	6.5	36	2.1
Master's degree	14,300	40.8	29	1.7
Doctoral degree in progress	459	1.3	5	0.3
Doctoral degree	1,281	3.6	1	0.1
Total	36,061	100.0	1,737	100.0

*Includes registered dietitians (RDs) and dietetic technicians, registered (DTRs), in the active and retired member classes only. Each characteristic was addressed in a separate question; totals represent the number of respondents answering each question.

^bNA=not applicable.

were employed in dietetics only or both in and outside dietetics. Likewise the number of RDs, and the number of RDs who are members, has grown in each year since 1991. Accordingly, it is reasonable to conclude that an increasing number of RDs have been employed to fill an increasing number of positions in dietetics. This observation is consistent with Bureau of Labor Statistics projections that jobs for nutritionists and dietitians will demonstrate moderate growth through the year 2006 (5).

Other responses to the question regarding employment status confirm the resilience of employment in dietetics. The proportion of RDs who report being employed outside dietetics only is minimal and has remained very stable since 1991. Likewise, the proportion of RDs who report that they are not employed and are seeking employment (in dietetics or outside dietetics) is minimal and has remained consistent since 1991.

The data regarding employment settings and type of employers for respondents having a primary position in dietetics document the diversity of employment opportunities for RDs. Although reported employment in hospitals has declined nearly 8% since 1991, employment in other types of health care settings has increased (eg, clinics, ambulatory-care centers, and extended-care facilities) or remained stable (eg, the health maintenance organization, physician, or other care providers category and the home care category). In 1997, when asked

ADA REPORTS

Table 2
Comparison of 1991, 1993, 1995, 1997 employment data for registered dietitians*

Characteristic	1991		1993		1995		1997	
	No.	%	No.	%	No.	%	No.	%
Employment status								
Employed in dietetics only	19,095	70.8	28,006	72.9	27,353	71.8	25,408	70.8
Employed both in and outside dietetics	2,995	11.1	4,021	10.5	4,718	12.4	4,361	12.1
Employed outside dietetics only	1,535	5.7	1,949	5.1	1,942	5.3	2,020	5.6
Not employed and seeking employment in dietetics	368	1.4	561	1.5	492	1.3	490	1.4
Not employed and seeking employment outside dietetics	64	0.2	64	0.2	110	0.3	62	0.2
Not employed and at home raising a family	1,650	6.1	2,143	5.6	2,098	5.5	2,019	5.8
Not employed and retired	674	3.2	1,100	2.9	986	2.6	1,050	2.9
Not employed for other reasons	381	1.4	539	1.4	480	1.3	502	1.4
Total	26,982	100.0	38,403	100.0	38,179	100.0	35,912	100.0
Employment setting (primary position)								
Hospital (inpatient/acute care)	8,850	42.4	12,621	41.4	12,401	39.0	9,679	34.6
Clinic or ambulatory-care center	1,773	8.5	2,473	8.1	2,629	8.3	2,926	10.5
Extended-care facility	1,720	8.2	2,704	8.9	3,079	9.7	3,036	10.9
Health maintenance organization, physician, or other care provider	450	2.2	624	2.0	666	2.1	545	2.0
Home care	NA ^b	NA	NA	NA	438	1.4	399	1.4
Community/public health program	1,643	8.8	3,027	9.9	3,456	10.9	3,142	11.2
School foodservice (kindergarten through 12th grade, college)	668	3.2	931	3.1	874	3.1	893	3.2
College or university faculty	1,108	5.3	1,572	5.2	1,610	5.1	1,515	5.4
Private practice, primarily individual client counseling	875	3.2	924	3.0	1,039	3.3	841	3.4
Consultation, primarily to health care facilities	1,649	7.9	2,390	7.8	2,164	6.8	1,864	6.7
Consultation, primarily to other organizations	435	2.1	540	1.8	638	2.0	553	2.0
Other for-profit organizations	826	4.0	1,279	4.2	1,329	4.2	1,245	4.5
Other nonprofit organizations	885	4.2	1,379	4.6	1,335	4.2	1,203	4.3
Total	20,882	100.0	30,464	100.0	31,757	100.0	27,941	100.0
Type of employer (primary position)								
Federal government	1,347	6.5	2,069	6.7	2,118	6.7	1,597	5.6
State government	2,617	13.7	3,986	12.9	4,175	13.2	3,664	12.5
City or local government	1,595	7.7	2,252	7.3	2,434	7.7	2,051	7.2
Contract food management	1,321	6.4	2,074	6.7	2,076	6.6	2,034	7.1
Managed care organization	NA	NA	NA	NA	NA	NA	1,370	4.8
Other for-profit organization	4,008	19.4	6,094	19.8	6,661	21.1	5,823	20.4
Nonprofit organization	7,529	38.5	11,427	37.1	11,027	34.9	9,487	33.2
Self-employed	2,013	9.8	2,902	9.4	3,083	9.8	2,654	9.3
Total	20,630	100.0	30,804	100.0	31,674	100.0	28,580	100.0
Number of paid hours worked (primary position)								
10 paid hours or less	1,930	9.3	2,847	9.0	2,779	8.7	2,525	8.5
11-20 paid hours	2,612	12.7	3,789	12.1	3,910	12.3	3,650	12.3
21-30 paid hours	2,001	9.7	2,981	9.5	3,181	10.0	3,115	10.5
31-40 paid hours	13,204	64.0	20,260	64.3	20,274	63.7	18,764	63.4
41-50 paid hours	651	3.1	1,195	3.8	1,145	3.6	1,096	3.7
51 or more hours	246	1.2	408	1.3	515	1.6	452	1.5
Total	20,644	100.0	31,490	100.0	31,804	100.0	29,602	100.0

*Number of members vary each year and number of respondents are for reference only.
^bNA=not applicable.

about the type of employer for their primary position, nearly 5% of RDs reported being employed by managed care organizations.

The distribution of practice areas for primary positions reported by RDs in 1997 were as follows: clinical nutrition, 47.8%; food and nutrition management, 17.6%; community nutrition, 14.9%; consultation and business, 11.7%; and education and research, 8.0%. These practice areas have been used by ADA since they were adopted by the former Council on Practice in 1992. Consistent with previous findings, clinical

nutrition and food and nutrition management account for almost two thirds of all primary positions held by RDs.

Employment Status: DTRs

Table 3 presents the employment information reported by DTRs in 1995 and 1997, including employment status, employment setting, type of employer, and the number of paid hours worked per week in their primary position for those DTRs reporting employment in dietetics.

Table 3
1995 and 1997 employment data for dietetic technicians, registered*

Characteristic	1995		1997	
	No.	%	No.	%
Employment status				
Employed in dietetics only	1,321	73.3	1,284	72.7
Employed both in and outside dietetics	199	11.0	214	12.1
Employed outside dietetics only	113	6.3	133	7.5
Not employed and seeking employment in dietetics				
Not employed and seeking employment outside dietetics	56	3.1	37	2.1
Not employed and at home raising a family	4	0.2	4	0.2
Not employed and retired	49	2.7	52	2.9
Not employed and retired				
Not employed for other reasons	16	0.9	18	1.0
Total	45	2.5	25	1.4
Total	1,803	100.0	1,767	100.0
Employment setting (primary position)				
Hospital (inpatient/acute care)	696	40.8	600	42.2
Clinic or ambulatory-care center	47	3.2	22	1.5
Extended-care facility	449	30.2	493	34.8
Health maintenance organization, physician, or other care provider				
Home care	6	0.4	11	0.8
Community/public health program	10	0.7	3	0.2
School foodservice (kindergarten through 12th grade, college)	93	6.3	90	6.3
College or university faculty	37	2.0	43	3.0
Private practice, primarily individual client counseling	6	0.5	10	0.7
Consultation, primarily to health care facilities	14	0.9	11	0.8
Consultation, primarily to other organizations	22	1.5	22	1.5
Other for-profit organizations	9	0.6	4	0.3
Other nonprofit organizations	34	2.3	41	2.8
Total	70	4.7	73	5.1
Total	1,488	100.0	1,423	100.0
Type of employer (primary position)				
Federal government	77	5.3	66	4.6
State government	107	7.3	85	6.0
City or local government	113	7.7	117	8.2
Contract food management				
Managed care organization	104	7.1	102	7.2
Other for-profit organization	NA*	NA	187	13.1
Nonprofit organization	395	27.0	319	22.4
Nonprofit organization				
Self-employed	836	43.5	513	36.0
Total	31	2.1	37	2.6
Total	1,463	100.0	1,426	100.0
Number of paid hours worked (primary position)				
10 paid hours or less	38	2.5	43	2.9
11-20 paid hours	127	8.5	110	7.4
21-30 paid hours	131	8.8	153	10.3
31-40 paid hours	1,133	75.7	1,092	73.7
41-50 paid hours	46	3.1	55	3.7
51 or more hours	22	1.5	28	1.9
Total	1,497	100.0	1,481	100.0

*Number of members vary each year and number of respondents are for reference only

*NA=not applicable.

Regarding employment status, the proportion of DTRs who are employed in dietetics only or employed both in and outside dietetics is high and is similar to that reported by RDs. When taken in conjunction with the increase in the number of DTRs from 1995 to 1997, the employment level both in dietetics only and in and outside dietetics means that more DTRs were employed in dietetics than ever before.

With respect to employment settings, positions for DTRs are concentrated in 2 settings. Hospitals and extended-care facilities account for 76.8% of all primary positions held by DTRs, in contrast to 46.5% of all primary positions held by RDs. Regarding

type of employer, a larger proportion of DTRs than RDs are employed by managed care organizations. DTRs also report lower levels of part-time employment (30 or less paid hours per week) in their primary position and higher levels of full-time employment (31 or more paid hours per week) in their primary position than RDs.

Finally, DTRs and RDs differ with respect to the proportion of practitioners in each practice area. Among DTRs, 60% work in clinical nutrition, 29% work in food and nutrition management, and the remaining 11% work in community nutrition, consultation and business practice, or education and research.

ADA REPORTS

Table 4
1997 annual gross income (\$) compared by practice area and years of experience after registration for registered dietitians reporting full-time employment (ie, ≥ 31 h/wk) in primary position

Practice area and annual gross income	<5 y		6-10 y		11-15 y		16-20 y		>20 y		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Clinical nutrition (estimated median=\$35,491)												
\$25,000 or less	184	6.0	37	2.0	18	1.4	16	1.5	12	1.2	277	3.3
\$25,001-\$30,000	1,024	31.8	170	9.1	77	6.0	50	4.6	39	4.0	1,360	18.1
\$30,001-\$35,000	1,163	36.1	594	31.9	295	23.0	189	17.2	135	13.8	2,377	28.2
\$35,001-\$40,000	569	17.7	557	29.9	395	30.9	336	30.7	258	26.3	2,115	25.0
\$40,001-\$45,000	205	6.4	347	18.6	308	24.1	274	25.0	269	27.4	1,403	16.6
\$45,001-\$50,000	43	1.3	80	4.3	94	7.3	131	12.0	154	15.7	502	5.9
\$50,001-\$55,000	15	0.5	40	2.1	41	3.2	48	4.2	61	6.2	203	2.4
\$55,001-\$60,000	5	0.2	20	1.1	17	1.3	26	2.4	27	2.7	95	1.1
\$60,001 and over	5	0.2	18	1.0	35	2.7	28	2.6	26	2.6	112	1.3
Total	3,223	100.0	1,863	100.0	1,280	100.0	1,096	100.0	982	100.0	8,444	100.0
Food and nutrition management (estimated median=\$44,824)												
\$25,000 or less	42	5.8	22	3.5	8	0.9	9	0.9	17	1.5	98	2.2
\$25,001-\$30,000	118	16.2	24	3.8	18	2.1	16	1.6	31	2.7	207	4.7
\$30,001-\$35,000	195	26.7	73	11.5	63	7.4	49	4.9	51	4.4	431	9.9
\$35,001-\$40,000	175	24.0	137	21.6	126	14.9	128	12.7	104	9.0	668	15.3
\$40,001-\$45,000	109	14.9	149	23.5	196	23.2	174	17.6	159	13.7	787	18.1
\$45,001-\$50,000	53	7.3	110	17.3	157	18.6	192	19.4	183	16.8	695	15.9
\$50,001-\$55,000	23	3.2	60	9.4	119	14.1	137	13.8	150	13.0	489	11.2
\$55,001-\$60,000	6	0.8	27	4.3	62	7.3	87	8.8	134	11.6	326	7.5
\$60,001 and over	9	1.2	33	5.2	97	11.5	190	19.2	328	28.3	657	15.1
Total	730	100.0	635	100.0	846	100.0	990	100.0	1,157	100.0	4,358	100.0
Community nutrition (estimated median=\$34,870)												
\$25,000 or less	146	15.5	31	5.3	11	2.4	14	3.6	11	3.1	213	7.8
\$25,001-\$30,000	290	30.8	105	18.1	57	12.6	30	7.6	32	8.9	514	18.8
\$30,001-\$35,000	276	29.3	159	27.4	89	19.6	70	17.8	61	16.9	655	24.0
\$35,001-\$40,000	146	15.5	128	22.1	112	24.7	78	19.8	60	16.7	524	19.2
\$40,001-\$45,000	52	5.5	82	14.1	79	17.4	70	17.8	59	16.4	342	12.5
\$45,001-\$50,000	23	2.4	47	8.1	54	11.9	46	11.1	59	16.1	229	8.4
\$50,001-\$55,000	4	0.4	22	3.8	29	6.4	43	10.9	25	6.9	123	4.5
\$55,001-\$60,000	3	0.3	3	0.5	8	1.8	20	5.1	27	7.5	61	2.2
\$60,001 and over	3	0.3	3	0.5	14	3.1	23	5.8	26	7.2	69	2.5
Total	943	100.0	580	100.0	453	100.0	394	100.0	360	100.0	2,730	100.0
Consultation and business (estimated median=\$46,040)												
\$25,000 or less	14	4.7	4	1.6	1	0.4	2	0.8	6	2.4	27	2.1
\$25,001-\$30,000	44	14.9	12	4.8	6	2.7	5	2.0	9	3.7	76	6.0
\$30,001-\$35,000	79	26.7	20	11.2	15	6.7	14	5.6	13	5.3	149	11.9
\$35,001-\$40,000	56	18.9	47	18.7	29	12.4	25	10.1	27	11.0	183	14.5
\$40,001-\$45,000	35	11.8	41	16.3	31	13.8	36	14.5	24	9.8	167	13.2
\$45,001-\$50,000	21	7.1	27	10.8	38	16.9	35	14.1	28	11.4	149	11.8
\$50,001-\$55,000	14	4.7	28	11.2	30	13.3	30	12.1	19	7.7	121	9.6
\$55,001-\$60,000	9	3.0	28	10.4	20	8.9	22	8.9	17	6.9	94	7.4
\$60,001 and over	24	8.1	36	15.1	56	24.9	78	31.9	103	41.9	300	23.7
Total	296	100.0	251	100.0	225	100.0	248	100.0	246	100.0	1,266	100.0
Education and research (estimated median=\$45,211)												
\$25,000 or less	13	5.2	7	2.6	2	0.8	2	0.8	5	1.3	29	2.1
\$25,001-\$30,000	45	18.1	13	4.8	11	4.3	2	0.8	6	1.3	76	5.5
\$30,001-\$35,000	76	30.5	44	16.4	19	7.5	19	8.0	9	2.4	167	12.0
\$35,001-\$40,000	46	18.5	67	24.9	44	17.3	33	13.9	30	7.9	220	15.9
\$40,001-\$45,000	29	11.6	47	17.5	43	16.9	35	14.8	40	10.8	194	14.0
\$45,001-\$50,000	18	7.2	45	16.7	31	12.2	29	12.2	67	17.7	190	13.7
\$50,001-\$55,000	8	3.2	26	9.7	40	15.7	36	15.2	59	15.6	169	12.2
\$55,001-\$60,000	7	2.8	6	2.2	22	8.7	28	11.8	42	11.1	105	7.8
\$60,001 and over	7	2.8	14	5.2	42	16.6	53	22.4	122	32.2	238	17.1
Total	249	100.0	269	100.0	254	100.0	237	100.0	379	100.0	1,388	100.0
All areas of practice (estimated median=\$39,284)												
\$25,000 or less	409	7.5	101	2.8	40	1.3	43	1.5	51	1.6	644	3.5
\$25,001-\$30,000	1,621	28.0	324	9.0	169	5.5	103	3.5	116	3.7	2,233	12.3
\$30,001-\$35,000	1,780	32.9	898	25.0	481	15.7	341	11.5	270	8.6	3,779	20.8
\$35,001-\$40,000	892	16.2	936	26.0	705	23.1	598	20.2	479	15.3	3,710	20.4
\$40,001-\$45,000	430	7.9	668	18.5	657	21.5	589	19.9	551	17.6	2,893	15.9
\$45,001-\$50,000	158	2.9	309	8.6	374	12.2	433	14.6	491	15.7	1,765	9.7
\$50,001-\$55,000	64	1.2	178	4.9	259	8.5	292	9.8	314	10.1	1,105	6.1
\$55,001-\$60,000	30	0.6	82	2.3	129	4.2	193	6.5	247	7.9	681	3.7
\$60,001 and over	48	0.9	106	2.9	244	8.0	373	12.6	605	19.4	1,376	7.6
Total	5,441	100.0	3,598	100.0	3,058	100.0	2,965	100.0	3,124	100.0	18,186	100.0

Table 5

1997 annual gross income (\$) compared by length of time worked in primary position for dietetic technicians, registered, reporting full-time employment (ie, ≥ 31 h/wk) in primary position

Annual gross income*	<5 y		6-10 y		11-15 y		16-20 y		>20 y		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
\$20,000 or less	120	18.7	22	9.4	4	3.5	5	5.2	2	7.7	153	13.7
\$20,001-\$25,000	260	40.4	62	26.5	27	23.9	28	28.9	5	19.2	382	34.3
\$25,001-\$30,000	148	23.0	71	30.3	38	33.6	26	26.8	11	42.3	294	26.4
\$30,001-\$35,000	67	10.4	48	20.5	24	21.2	16	16.6	5	19.2	160	14.4
\$35,001-\$40,000	28	4.5	14	6.0	14	12.4	8	8.2	3	11.5	68	6.1
\$40,001 and over	19	2.9	17	7.2	6	5.4	14	14.4	0	0.0	56	5.0
Total	643	100.0	234	100.0	113	100.0	97	100.0	26	100.0	1,113	100.0

*Estimated median=\$25,380.

Annual Gross Income: RDs and DTRs

RDs and DTRs were asked to indicate the annual gross income for their primary position in dietetics. Annual gross income was the expected income from the position if it were held for the entire 12 months of 1997. The annual gross income presented for RDs and DTRs is limited to their primary position only and excludes income from other positions in or outside dietetics.

Table 4 gives income information for RDs who reported full-time employment in their primary position, that is, they worked 31 hours or more per week; the practice area for their primary position; and number of years of full-time employment in dietetics after registration. As noted in previous reports on the membership database, the annual gross income of RDs is related to both practice area and years of experience in dietetics practice.

The estimated median annual income (primary position) for RDs by practice area for 1997 was clinical nutrition, \$36,491; food and nutrition management, \$44,924; community nutrition, \$34,870; consultation and business, \$46,040; and education and research, \$45,211. The percent increase from the estimated median annual income (primary position) for RDs reported in 1995 is clinical nutrition, +4.0%; food and nutrition management, +4.6%; community nutrition, +2.9%; consultation and business, +6.2%; and education and research, +6.7%.

The percent increase in each practice area may be compared with the percent increase in wages and salaries from December 1995 to December 1997 for the civilian workforce reported in the Employment Cost Index series of the Bureau of Labor Statistics (6). When classified by occupational group, wages and salaries for professional specialty and technical workers increased +6.3%. When classified by industry, wages and salaries for workers in health services increased +6.3% and wages and salaries for workers in hospitals increased 4.5%.

Table 5 gives the annual gross income for DTRs who reported full-time employment in their primary position, that is, who worked 31 hours or more per week, and the number of years they worked in their primary position. The latter is not comparable with the number of years of full-time employment in dietetics after registration as reported for RDs because registration of dietetic technicians did not begin until 1986. As noted in previous reports on the membership database, annual gross income of DTRs is related to the length of time worked in their primary position.

In 1997, the estimated median annual income (primary position) for DTRs for the 2 most common areas of practice was clinical nutrition, \$24,219, and food and nutrition management, \$28,576. Although the estimated median annual gross income for DTRs practicing in clinical nutrition was virtually

unchanged from that reported in 1995, the estimated median annual gross income for DTRs practicing in food and nutrition management increased 3.7% from that reported in 1995. These results follow a +8.7% increase in annual gross income for DTRs practicing in clinical nutrition from 1993 to 1995 and a +9.1% increase in annual gross income for DTRs practicing in food and nutrition management from 1993 to 1995 (4).

CONCLUSION

We conclude that dietetics professionals are positioned to be the public's link to nutrition and health. The following are some of the observations that may be drawn from the 1997 membership data:

- The demand for food and nutrition services and the supply of registered dietetics practitioners available to meet this demand continue to grow.
- The diversity of employment settings in dietetics demonstrates the need for food and nutrition services among a great variety of clients.
- The variety of practice areas in dietetics allows practitioners to expand the application of food and nutrition science into new, uncharted areas.
- Increases in the income levels of dietetics professionals demonstrate the value of food and nutrition services in the marketplace.

ADA's strategic framework provides an opportunity for members to expand the demand for food and nutrition services. Members who work to expand this demand will serve the public effectively and create new opportunities for the profession. ■

The contents of this report do not necessarily reflect the views of The American Dietetic Association (ADA).

In addition to ADA, the Commission on Dietetic Registration contributed funds to support data collection for the 1997 membership database update.

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SOUTH PENINSULA HOSPITAL

4300 BARTLETT • HOMER, ALASKA 99603 • (907) 235-8101

4-6-99

Senator Dave Donley
Alaska State Legislature
Room 508 - State Capitol
Juneau, Ak. 99801-1182

Re: Senate Bill 88

Dear Senator Donley:

I am writing to let you know I support Senate Bill 88.

I work for South Peninsula Hospital and as Director of Support Services have the responsibility for supervising the dietary department and working directly with our hospital dietitian. I have learned the importance of qualified dietetic counseling in the process of quality health care services. The importance of licensed personnel in this field cannot be overemphasized. Poor or misinformation leads directly to additional health problems and increased costs.

Thank you for supporting the Alaska Dietetic Association's effort to achieve licensure. Please feel free to contact me if you have any questions. My direct line is 907-235-0351.

Sincerely,


Thomas Craig

Director Support Services



3220 Hospital Drive • Suite 100 • Juneau, Alaska 99801
Phone: (907) 586-2434 • Fax: (907) 586-2446

Sarah A. Isto, M.D.
Bob Crata, M.D.
Ellen Farley, M.D.
Sharon Fisher, M.D.
Lindy Jones, M.D.
Priscilla Valentine, M.D.
Anya Maier, M.D.
Justine Emerson, F.N.P.
Margaret Durand, F.N.P.

April 5, 1999

Senator David Donley
Alaska State Legislature
State Capitol, Room 508
Juneau, Alaska 99801-1182

RE: Senate Bill 88

Dear Senator Donley:

I am writing to let you know I support Senate Bill 88. I am a family physician working at Valley Medical Care here in Juneau. I have had the opportunity to work with registered dietitians both here in Juneau and during my years of training in New York State and find their services critical as part of patient health care, including diabetes (both in pregnant woman and in non-pregnant persons), hypertension, hyperlipidemia, obesity and coronary artery disease.

Although doctors are being educated in nutritional topics more than before, we do not have the time to give the nutrition education that the patient needs and value the services provided by registered dietitians. However, I do not want to refer my patients for that dietary teaching to a person who may not be properly educated themselves and would need to rely on a licensure system to check on the qualifications of each person wanting to be licensed as a dietitian.

Thank you for supporting the Alaska Dietetic Association's effort to achieve licensure. I would be happy to answer any questions you have on this topic and can be reached at 586-2434.

Sincerely,

Priscilla H. Valentine MD
Priscilla H. Valentine, M.D.
Family Physician

PHV/1dd

Alaska School Food Service Association



**March 15, 1999
Senator Dave Donely
Alaska State Legislature
Room 508-State Capitol
Juneau, Alaska 99801-1182**

RE: Senate Bill 88

Dear Senator Donely:

I am writing to let you know I support Senate Bill 88.

I work in the field of food and nutrition. I have had the opportunity to work with registered dietitians in the following way: Many of our state registered dietitians help our State Food Service Association by conducting food and nutrition workshops at our Annual State Food Service Association Conference held once a year and also at our State Spring Conferences. We have found them to be very helpful in helping our food service employees meet the nutritional needs of our children.

The main reason I support licensure is it will help Alaskans identify the experts in the field of food and nutrition. This will help ensure they are provided with sound nutrition advice and medical nutrition therapy. I also feel all health care professionals need to be treated in an equitable manner by the State.

Thank you for supporting the Alaska Dietetic Association's effort to achieve licensure. Please feel free to contact me if you have any questions. I can be reached at 907-225-3570.

Sincerely,

Marie Cook

**Marie Cook, Food Service Supervisor
Ketchikan Gateway Borough School District and
President of the Alaska Food Service Association**

Les Harpel, L.P.T.
Independence Park Medical Services
9500 Independence Drive, Suite 900
Anchorage, Alaska 99507
(907) 522-1341

March 21, 1999

Senator Dave Donley
Alaska State Legislature
Room 508 - State Capitol
Juneau, Alaska 99801-1182

Dear Senator Donley:

I am writing to let you know that I support Senate Bill 88.

I work in the field of medicine and have had the opportunity to work with Registered Dietitians. Our medical clinic employs a Registered Dietitian to provide nutrition counseling to our patients. We view this as a valuable link in total patient care and improves the prognosis and outcome in many instances. Registered Dietitians are also a valuable resource to provide current, accurate information in the area of nutrition and help to separate fact from fiction.

The main reason I support licensure for Dietitians and Nutritionists is that it will assist Alaskans in identifying experts in the field of food and nutrition. This will help ensure the general public is provided with sound nutrition advice and medical nutrition therapy. Thank you for supporting the Alaska Dietetic Association's effort to achieve licensure.

Sincerely,

A handwritten signature in black ink, appearing to read 'Les Harpel', with a large, stylized flourish above it.

Les Harpel, L.P.T.

Ernest J. Meinhardt, M.D.
Independence Park Medical Services
9500 Independence Drive, Suite 900
Anchorage, Alaska 99507
(907) 522-1341

March 21, 1999

Senator Dave Donley
Alaska State Legislature
Room 508 - State Capitol
Juneau, Alaska 99801-1182

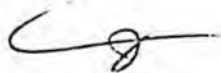
Dear Senator Donley:

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The main reason I support licensure for Dietitians and Nutritionists is that it will assist Alaskans in identifying experts in the field of food and nutrition. This will help ensure the general public is provided with sound nutrition advice and medical nutrition therapy. Thank you for supporting the Alaska Dietetic Association's effort to achieve licensure.

Sincerely,



Ernest J. Meinhardt, M.D.

Michael L. Hansen, P.A.
Independence Park Medical Services
9500 Independence Drive, Suite 900
Anchorage, Alaska 99507
(907) 522-1341

March 21, 1999

Senator Dave Donley
Alaska State Legislature
Room 508 - State Capitol
Juneau, Alaska 99801-1182

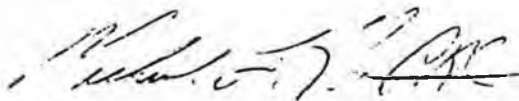
Dear Senator Donley:

I am writing to let you know that I support Senate Bill 88.

I work in the field of medicine and have had the opportunity to work with Registered Dietitians. Our medical clinic employs a Registered Dietitian to provide nutrition counseling to our patients. We view this as a valuable link in total patient care and improves the prognosis and outcome in many instances. Registered Dietitians are also a valuable resource to provide current, accurate information in the area of nutrition and help to separate fact from fiction.

The main reason I support licensure for Dietitians and Nutritionists is that it will assist Alaskans in identifying experts in the field of food and nutrition. This will help ensure the general public is provided with sound nutrition advice and medical nutrition therapy. Thank you for supporting the Alaska Dietetic Association's effort to achieve licensure.

Sincerely,



Michael L. Hansen, P.A.



Bishop of Fairbanks

1316 Peger Road • Fairbanks, Alaska 99709

(907) 474-0753

March 22, 1999

Senator Dave Donley
Alaska State Legislature
Room 508 State Capitol
Juneau, AK 99801-1182

Re: Senate Bill 88

Dear Senator Donley:

I am writing in support of Senate Bill 88.

As bishop of the Diocese of Fairbanks, I have had numerous opportunities to work with registered dietitians and/or nutritionists. This occurs both in consultation with regard to personnel under my direction as well as in my own case, since I am a diabetic (Type II).

The main reason I support licensure is that it will help Alaskans identify the experts in the field of food and nutrition. This will help ensure that they are provided with sound nutrition advice and medical nutrition therapy. I also feel all health care professionals need to be treated in an equitable manner by the State.

Thank you for supporting the Alaska Dietetic Association's effort to achieve licensure. Please feel free to contact me if you have any questions. I can be reached at (907) 474-9540.

Sincerely,

Michael J. Kaniecki, S.J.
Bishop of Fairbanks

Linda Christensen, RN
Independence Park Medical Center
9500 Independence Drive, Suite 900
Anchorage, Alaska 99507
(907) 522-1341

March 23, 1999

Senator Dave Donley
Alaska State Legislature
Room 508 - State Capitol
Juneau, Alaska 99801-1182

Dear Senator Donley:

I am writing to let you know that I support Senate Bill 88.

I work in the field of medicine and have had the opportunity to work with Registered Dietitians. Our medical clinic employs a Registered Dietitian to provide nutrition counseling to our patients. We view this as a valuable link in total patient care and improves the prognosis and outcome in many instances. Registered Dietitians are also a valuable resource to provide current, accurate information in the area of nutrition and help to separate fact from fiction.

The main reason I support licensure for Dietitians and Nutritionists is that it will assist Alaskans in indentifying experts in the field of food and nutrition. This will help ensure the general public is provided with sound nutrition advice and medical nutrition therapy. Thank you for supporting the Alaska Dietetic Association's effort to achieve licensure.

Sincerely,

Linda Christensen, RN

Linda Christensen, RN

Terrie Lyons, L.P.N.
Independence Park Medical Center
9500 Independence Drive, Suite 900
Anchorage, Alaska 99507
(907) 522-1341

March 23, 1999

Senator Dave Donley
Alaska State Legislature
Room 508 - State Capitol
Juneau, Alaska 99801-1182

Dear Senator Donley:

I am writing to let you know that I support Senate Bill 88.

I work in the field of medicine and have had the opportunity to work with Registered Dietitians. Our medical clinic employs a Registered Dietitian to provide nutrition counseling to our patients. We view this as a valuable link in total patient care and improves the prognosis and outcome in many instances. Registered Dietitians are also a valuable resource to provide current, accurate information in the area of nutrition and help to separate fact from fiction.

The main reason I support licensure for Dietitians and Nutritionists is that it will assist Alaskans in indentifying experts in the field of food and nutrition. This will help ensure the general public is provided with sound nutrition advice and medical nutrition therapy. Thank you for supporting the Alaska Dietetic Association's effort to achieve licensure.

Sincerely,

Terrie Lyons LPN
Terrie Lyons, L.P.N.

March 16, 1998

Senator Dave Donley
Alaska State Legislature
Room 508- State Capitol
Juneau, AK 99801-1182

RE: Senate Bill 88

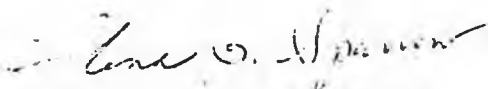
Dear Senator Donley,

I am writing to let you know I support Senate Bill 88. More than 120 registered dietitians and nutritionists live and work throughout the state of Alaska. They work in hospitals, nursing homes, public health clinics, child nutrition programs, maternal and child health programs, sports medicine. They also teach college level courses and work as private consultants. I have had the opportunity to work with a registered dietitian when I was taking care of my mother who besides having heart disease was also a diabetic. The dietitian provided much needed professional advice on kinds and quantity of food which were nutritious and palatable for my mother. It was a very positive experience for both my mother and me.

The main reason I support state licensure for dietitians and nutritionists, is that it will help Alaskans identify the experts in the field of food and nutrition. This will help ensure that we are provided with sound nutrition advice and medical nutrition therapy. These qualified nutrition professionals who have the education, training and experience are an integral part of the health care professional team. I think all health care professionals need to be treated in an equitable manner by the State.

Thank you for your supporting the Alaska Dietetic Association's effort to achieve licensure. Please feel free to contact me if you have any questions. I can be reached at (907) 474-7699 during the day or at (907) 474-9284 during the evening.

Sincerely,


Elena Bautista Sparrow, Ph.D.
1127 Park Drive
Fairbanks, AK 99709

Helen Spencer, Office Manager
Independence Park Medical Center
9500 Independence Drive, Suite 900
Anchorage, Alaska 99507
(907) 522-1341

March 23, 1999

Senator Dave Donley
Alaska State Legislature
Room 508 - State Capitol
Juneau, Alaska 99801-1182

Dear Senator Donley:

I am writing to let you know that I support Senate Bill 88.

I work in the field of medicine and have had the opportunity to work with Registered Dietitians. Our medical clinic employs a Registered Dietitian to provide nutrition counseling to our patients. We view this as a valuable link in total patient care and improves the prognosis and outcome in many instances. Registered Dietitians are also a valuable resource to provide current, accurate information in the area of nutrition and help to separate fact from fiction.

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Sincerely,



Helen Spencer
Office Manager

Lynn Robertson, C.N.M.
Independence Park Medical Services
9500 Independence Drive, Suite 900
Anchorage, Alaska 99507
(907) 522-1341

March 21, 1999

Senator Dave Donley
Alaska State Legislature
Room 508 - State Capitol
Juneau, Alaska 99801-1182

Dear Senator Donley:

I am writing to let you know that I support Senate Bill 88.

I work in the field of medicine and have had the opportunity to work with Registered Dietitians. Our medical clinic employs a Registered Dietitian to provide nutrition counseling to our patients. We view this as a valuable link in total patient care and improves the prognosis and outcome in many instances. Registered Dietitians are also a valuable resource to provide current, accurate information in the area of nutrition and help to separate fact from fiction.

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Sincerely,



Lynn Robertson, C.N.M.

Kathy Timison, R.N..
Independence Park Medical Center
9500 Independence Drive, Suite 900
Anchorage, Alaska 99507
(907) 522-1341

March 23, 1999

Senator Dave Donley
Alaska State Legislature
Room 508 - State Capitol
Juneau, Alaska 99801-1182

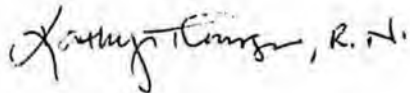
Dear Senator Donley:

I am writing to let you know that I support Senate Bill 88.

I work in the field of medicine and have had the opportunity to work with Registered Dietitians. Our medical clinic employs a Registered Dietitian to provide nutrition counseling to our patients. We view this as a valuable link in total patient care and improves the prognosis and outcome in many instances. Registered Dietitians are also a valuable resource to provide current, accurate information in the area of nutrition and help to separate fact from fiction.

The main reason I support licensure for Dietitians and Nutritionists is that it will assist Alaskans in indentifying experts in the field of food and nutrition. This will help ensure the general public is provided with sound nutrition advice and medical nutrition therapy. Thank you for supporting the Alaska Dietetic Association's effort to achieve licensure.

Sincerely,



Kathy Timison, R.N.

Pamela Tucker, P.T.A.
Independence Park Medical Center
9500 Independence Drive, Suite 900
Anchorage, Alaska 99507
(907) 522-1341

March 23, 1999

Senator Dave Donley
Alaska State Legislature
Room 508 - State Capitol
Juneau, Alaska 99801-1182

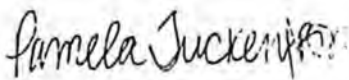
Dear Senator Donley:

I am writing to let you know that I support Senate Bill 88.

I work in the field of medicine and have had the opportunity to work with Registered Dietitians. Our medical clinic employs a Registered Dietitian to provide nutrition counseling to our patients. We view this as a valuable link in total patient care and improves the prognosis and outcome in many instances. Registered Dietitians are also a valuable resource to provide current, accurate information in the area of nutrition and help to separate fact from fiction.

The main reason I support licensure for Dietitians and Nutritionists is that it will assist Alaskans in indentifying experts in the field of food and nutrition. This will help ensure the general public is provided with sound nutrition advice and medical nutrition therapy. Thank you for supporting the Alaska Dietetic Association's effort to achieve licensure.

Sincerely,



Pamela Tucker, P.T.A.

Cindy Griffith, R.N..
Independence Park Medical Center
9500 Independence Drive, Suite 900
Anchorage, Alaska 99507
(907) 522-1341

March 23, 1999

Senator Dave Donley
Alaska State Legislature
Room 508 - State Capitol
Juneau, Alaska 99801-1182

Dear Senator Donley:

I am writing to let you know that I support Senate Bill 88.

I work in the field of medicine and have had the opportunity to work with Registered Dietitians. Our medical clinic employs a Registered Dietitian to provide nutrition counseling to our patients. We view this as a valuable link in total patient care and improves the prognosis and outcome in many instances. Registered Dietitians are also a valuable resource to provide current, accurate information in the area of nutrition and help to separate fact from fiction.

The main reason I support licensure for Dietitians and Nutritionists is that it will assist Alaskans in indentifying experts in the field of food and nutrition. This will help ensure the general public is provided with sound nutrition advice and medical nutrition therapy. Thank you for supporting the Alaska Dietetic Association's effort to achieve licensure.

Sincerely,



Cindy Griffith, R.N.



JUNEAU SCHOOL DISTRICT
CITY AND BOROUGH OF JUNEAU
OFFICE OF THE SUPERINTENDENT

10014 CRAZY HORSE DRIVE • JUNEAU, ALASKA 99801-8529 • (907) 463-1700 • FACSIMILE (907) 463-1768

March 24, 1999

Senator Dave Donley
Alaska State Legislature
Room 508--State Capitol
Juneau, AK 99801-1182

RE: Senate Bill 88

Dear Senator Donley:

I am writing to let you know I support Senate Bill 88. As Superintendent of the Juneau Schools I have had the opportunity to work with several nutritionists and support licensure. This legislation will assist Alaskans in identifying the experts in the field of food and nutrition, and help ensure that schools are provided with sound advice regarding nutrition issues.

Thank you for supporting the Alaska Dietetic Association's effort to achieve licensure. Please feel free to contact me if you have any questions. I can be reached at 463-1700 (ext. 215).

Sincerely,

Mary Rubadeau
Superintendent

SOUTH PENINSULA HOSPITAL

4300 BARTLETT • HOMER, ALASKA 99603 • (907) 235-8101

March 15, 1999

Senator Dave Donley
Alaska State Legislature
Room 508 -- State Capital
Juneau, Alaska 99801 - 1182

Re: Senate Bill 88

Dear Senator Donley:

I'm writing to let you know I support Senate Bill 88 regarding licensure for registered dietitians.

I have worked the past 30 years in a variety of health care positions. I have been a hospital administrator in Alaska since 1993. Throughout my career I have had the opportunity to work with many registered dietitians in hospitals around the nation. They have managed the hospital's dietary service and provided clinical dietary counseling and services to both physicians and patients. I have always found registered dietitians to be knowledgeable, conscientious and competent in providing accurate and scientifically based information to patients.

The primary reason I support licensure for dietitians in Alaska is that it will help all Alaskans identify the experts in the field of food and nutrition. Currently, everyone seems to think they are experts in nutrition regardless of education or experience. Licensure will help to assure that the people in Alaska are provided with sound nutritional advice and medically appropriate nutrition therapy by individuals who have met a baseline competency standard. I also feel all health-care professionals need to be treated in an equitable manner by the state. Licensure applies to virtually all other health-care providers in our state and should be extended to dietitians as well.

Thank you very much for supporting the Alaska Dietetic Association's effort to achieve licensure. Please contact me at 235-0326 if you have any questions or need any additional information.

Sincerely,



Charles C. Franz
Chief Executive Officer

Annette Simmons, M.A.
Independence Park Medical Center
9500 Independence Drive, Suite 900
Anchorage, Alaska 99507
(907) 522-1341

March 23, 1999

Senator Dave Donley
Alaska State Legislature
Room 508 - State Capitol
Juneau, Alaska 99801-1182

Dear Senator Donley:

I am writing to let you know that I support Senate Bill 88.

I work in the field of medicine and have had the opportunity to work with Registered Dietitians. Our medical clinic employs a Registered Dietitian to provide nutrition counseling to our patients. We view this as a valuable link in total patient care and improves the prognosis and outcome in many instances. Registered Dietitians are also a valuable resource to provide current, accurate information in the area of nutrition and help to separate fact from fiction.

The main reason I support licensure for Dietitians and Nutritionists is that it will assist Alaskans in indentifying experts in the field of food and nutrition. This will help ensure the general public is provided with sound nutrition advice and medical nutrition therapy. Thank you for supporting the Alaska Dietetic Association's effort to achieve licensure.

Sincerely,

Annette Simmons, M.A.

Annette Simmons, M.A.

Jan Guy, P.A.
Independence Park Medical Center
9500 Independence Drive, Suite 900
Anchorage, Alaska 99507
(907) 522-1341

March 23, 1999

Senator Dave Donley
Alaska State Legislature
Room 508 - State Capitol
Juneau, Alaska 99801-1182


Dear Senator Donley:

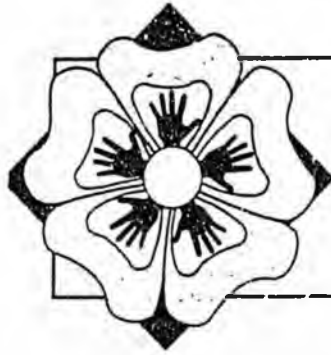
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The main reason I support licensure for Dietitians and Nutritionists is that it will assist Alaskans in indentifying experts in the field of food and nutrition. This will help ensure the general public is provided with sound nutrition advice and medical nutrition therapy. Thank you for supporting the Alaska Dietetic Association's effort to achieve licensure.

Sincerely,


Jan Guy, P.A.



F • N • A

Fairbanks Native Association

March 9, 1999

Senator Dave Donley
Alaska State Legislature
Room 508-Str Capitol
Juneau, AK 99801-1182

RE: Senate Bill 88

Dear Senator Donley:

I am writing to let you know I support Senate Bill 88.

We rely on the nutritionist comments for our breakfast, lunch & snack menus to make sure that we have enough of the dietary foods allow for the children here at Head Start.

The main reason I support licensure is that it will help Alaskans identify the experts in the field of food and nutrition. This will help ensure that they are provided with sound nutrition advice and medical nutrition therapy. I also feel all health care professionals need to be treated in an equitable manner by the State.

Thank you for supporting the Alaska Dietetic Association's effort to achieve licensure. Please feel free to contact me if you have any questions. I can be reached at 907-45604989 ext. 28.

Sincerely,

Brenda Krupa
Director

March 17, 1998

Senator Dave Donley
Alaska State Legislature
Room 508- State Capitol
Juneau, AK 99801-1182

RE: Senate Bill 88

Dear Senator Donley,

We the undersigned are writing to let you know we support Senate Bill 88. More than 120 registered dietitians and nutritionists live and work throughout the state of Alaska. They work in hospitals, nursing homes, public health clinics, child nutrition programs, maternal and child health programs, sports medicine. They also teach college level courses and work as private consultants. They provide medical nutrition therapy to patients with ailments including diabetes, heart disease kidney failure, digestive and eating disorders, high risk pregnancies, AIDS, strokes, and cancer.

The main reason we support state licensure for dietitians and nutritionists, is that it will help us Alaskans identify the experts in the field of food and nutrition. This will help ensure that we get sound nutrition advice and medical nutrition therapy from qualified nutrition professionals who have the formal education, proper training and experience. These dietitians and nutritionists are an integral part of the health care professional team. We believe that all health care professionals need to be treated in an equitable manner by the State.

Thank you for supporting the Alaska Dietetic Association's effort to achieve licensure.

Sincerely,

Printed Name	Signature	Address	
John R Alden	<i>John R Alden</i>	117 Galena St Fairbanks AK	99709
John YARIE	<i>John Yarie</i>	POB 81266 Fairbanks AK	99708
DAVID VERBYKA	<i>David Verbyka</i>	PO BOX 750101 FAIRBANKS AK	99705
John D. Fox, JR	<i>John D. Fox, Jr</i>	1520 SCENIC LOOP FAIRBANKS AK	99709
Carol E Lewis	<i>Carol E Lewis</i>	Box 81711 Fbks	99708
Roger W Pearson	<i>Roger W Pearson</i>	Box 1354 Kenai AK	99611
Janice T. Hanscom	<i>Janice T. Hanscom</i>	PO Box 70832, Fairbanks, AK	99707
Timothy K Quirk	<i>Timothy K Quirk</i>	853 Smallwood Tr Fairbanks AK	99712
Fredric M. Hughes	<i>Fredric M. Hughes</i>	1342 View Pointe Dr. Fairbanks	99709
Charles W. Knight	<i>Charles W. Knight</i>	4913 Princeton Dr. Fairbanks	99709
LOLA OLIVER	<i>Lola Oliver</i>	P.O. Box 8049 FBKS AK	99708
Glenn Today	<i>Glenn Today</i>	4837 Palo Verde Ave Fairbanks	99709
ROY ERICKSON	<i>Roy Erickson</i>	POB 82475 FBKS AK	99708
ANDREW W. BALSER	<i>Andrew W. Balsler</i>	P.O. Box 84391, FBANKS AK	99708

March 17, 1998

Senator Dave Donley
Alaska State Legislature
Room 508- State Capitol
Juneau, AK 99801-1182

RE: Senate Bill 88

Dear Senator Donley,

We the undersigned are writing to let you know we support Senate Bill 88. More than 120 registered dietitians and nutritionists live and work throughout the state of Alaska. They work in hospitals, nursing homes, public health clinics, child nutrition programs, maternal and child health programs, sports medicine. They also teach college level courses and work as private consultants. They provide medical nutrition therapy to patients with ailments including diabetes, heart disease, kidney failure, digestive and eating disorders, high risk pregnancies, AIDS, strokes, and cancer.

The main reason we support state licensure for dietitians and nutritionists, is that it will help us Alaskans identify the experts in the field of food and nutrition. This will help ensure that we get sound nutrition advice and medical nutrition therapy from qualified nutrition professionals who have the formal education, proper training and experience. These dietitians and nutritionists are an integral part of the health care professional team. We believe that all health care professionals need to be treated in an equitable manner by the State.

Thank you for supporting the Alaska Dietetic Association's effort to achieve licensure.

Sincerely,

Printed Name	Signature	Address	
Inez BAIKO	Inez Balko	4236 Birch Lane AK	AK 99709
Mary Lou Mathison	Mary Lou Mathison	1126 IVY DR. F&RS.	AK 99709
Godfrey Brennan	G. Brennan	1241 GARDNER ST F&RS.	AK 99709
NORMAND CEPIN	Normand Cepin	2890 N. KOSCIUSKO AVE F&RS.	AK 99709
Maria Teresa Boulat	dieta Maria Teresa	1316 PAPER RD.	AK 99709
MAGDALEN M. MITCHELL	Magdalen M. Mitchell	1715 ROOSEVELT F&RS.	AK 99709
MARY E. KRENKE	Mary E. Krenke	413 DUN KELLER F&RS.	AK 99701
Margonna L. Rottman	Margonna L. Rottman	1026 - KOSCIUSKO AVE F&RS.	AK 99709
Josefina Wooding	Josefina Wooding	4064 Birch Lane F&RS.	99709

Patricia Cue, R.D.
President, Alaska Dietetic Association
3982 Mullikin St.
Homer, AK 99603

Senator Dave Donley
Room 508
Alaska State Legislature
State Capital
Juneau, AK 99801-1182

March 17, 1999

Dear Senator Donley:

I am writing in support of Senate Bill 88 regarding licensure for dietitians and nutritionists in the State of Alaska. I have been a registered dietitian for eleven years. For eight of those years, I have lived and worked in the State of Alaska. I previously worked with the Yup'ik Eskimos in Bethel and am now employed with South Peninsula Hospital in Homer.

During the past eleven years, I have been providing valuable nutrition education and medical nutrition therapy to a variety of people and groups. I consulted with the Yukon Kuskokwim Native Corporation in the development of a Senior Meals Program in Hooper Bay. I developed a weight loss class in Homer and have counseled numerous people with diabetes, cancer and heart disease. The work that I perform should be recognized by the State of Alaska through professional licensing.

There are several important reasons why registered dietitians and nutritionists achieve licensure. I have personally observed patients in the hospital taking nutritional supplements that have no scientific basis for improving their health. Someone outside the profession sold them a product that was expensive and of no nutritional value. People within the State of Alaska should be protected from misinformation regarding nutrition. Licensing of registered dietitians and nutritionists will assist the public with accessing valid nutrition information from qualified professionals.

Thank you for your time and support for this particularly important issue.

Sincerely,



Patricia Cue, R.D.
President, Alaska Dietetic Association



March 10, 1999

Senator Dave Donely
Alaska State Legislature
Room 508 - State Capital
Juneau, AK 99801 -1182
RE: Senate Bill 88

Dear Senator Donley:

I am in support of Senate Bill 88.

I have been in the Nutrition & Food Service industry for over 25 years and have worked with registered dietitians and nutritionists. They have been very supportive in making sure that our patients as well as clients are correctly instructed on their nutritional needs and are able to give good sound advice.

The main reason I support licensure is that it will help ensure Alaskans to identify the professionals in the area of nutrition. If we as a state want to provide good sound nutrition advice and medical nutrition therapy then the only answer to Senate Bill 88 is YES.

Thank you for supporting the Alaska Dietetic Association's efforts to achieve licensure. Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Pier'. The signature is fluid and cursive, with a large, sweeping flourish at the end.

Michael Pier
General Manager
Sodexo Marriott
1001 East Benson Blvd
Anchorage, AK 99508-4100
(907) 729-2680

Charles E. Fields, P.A.
Independence Park Medical Services
9500 Independence Drive, Suite 900
Anchorage, Alaska 99507
(907) 522-1341

March 21, 1999

Senator Dave Donley
Alaska State Legislature
Room 508 - State Capitol
Juneau, Alaska 99801-1182

Dear Senator Donley:

I am writing to let you know that I support Senate Bill 88.

I work in the field of medicine and have had the opportunity to work with Registered Dietitians. Our medical clinic employs a Registered Dietitian to provide nutrition counseling to our patients. We view this as a valuable link in total patient care and improves the prognosis and outcome in many instances. Registered Dietitians are also a valuable resource to provide current, accurate information in the area of nutrition and help to separate fact from fiction.

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Sincerely,



Charles E. Fields, P.A.

James N. Bertelson, M.D.
Independence Park Medical Services
9500 Independence Drive, Suite 900
Anchorage, Alaska 99507
(907) 522-1341

March 21, 1999

Senator Dave Donley
Alaska State Legislature
Room 508 - State Capitol
Juneau, Alaska 99801-1182

Dear Senator Donley:

I am writing to let you know that I support Senate Bill 88.

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Sincerely,



James N. Bertelson, M.D.

Kathryn L. Less O.T.R./L.
Independence Park Medical Services
9500 Independence Drive, Suite 900
Anchorage, Alaska 99507
(907) 522-1341

March 21, 1999

Senator Dave Donley
Alaska State Legislature
Room 508 - State Capitol
Juneau, Alaska 99801-1182

Dear Senator Donley:

I am writing to let you know that I support Senate Bill 88.

I work in the field of medicine and have had the opportunity to work with Registered Dietitians. Our medical clinic employs a Registered Dietitian to provide nutrition counseling to our patients. We view this as a valuable link in total patient care and improves the prognosis and outcome in many instances. Registered Dietitians are also a valuable resource to provide current, accurate information in the area of nutrition and help to separate fact from fiction.

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Sincerely,

A handwritten signature in cursive script that reads "Kathryn L. Less O.T.R./L." The signature is written in dark ink and is positioned above the printed name.

Kathryn L. Less O.T.R./L.

Ronald E. Christensen, M.D.
Independence Park Medical Services
9500 Independence Drive, Suite 900
Anchorage, Alaska 99507
(907) 522-1341

March 21, 1999

Senator Dave Donley
Alaska State Legislature
Room 508 - State Capitol
Juneau, Alaska 99801-1182

Dear Senator Donley:

I am writing to let you know that I support Senate Bill 88.

I work in the field of medicine and have had the opportunity to work with Registered Dietitians. Our medical clinic employs a Registered Dietitian to provide nutrition counseling to our patients. We view this as a valuable link in total patient care and improves the prognosis and outcome in many instances. Registered Dietitians are also a valuable resource to provide current, accurate information in the area of nutrition and help to separate fact from fiction.

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Sincerely,



Ronald E. Christensen, M.D.

March 10th 1999

Senator Dave Donley
Alaska State Legislature
Room 508
Juneau, Alaska 99801-1182

Re: Senate Bill 88

Dear Senator Donley:

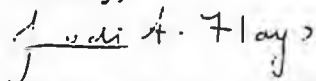
I am writing to make you aware that I and many professionals like me support Senate bill 88.

I am a patient educator R.N. with upward of 30 years experience in the nursing field and thus in working with registered dietitians. I have worked with them in acute care settings such as hospitals and in ambulatory care i.e. Health centers. I am also in several professional organizations with them. I depend on them on at least a weekly basis to help me in the assessment or therapy of a patient. The physicians depend on them on a daily basis. In our clinic they have a constant schedule of clients that are referred to them from our physicians or myself. Their participation in many committees is sought because of the valuable information they possess. They teach classes and take part in many community lectures such as Diabetes, Cancer, and Lung Associations. They offer continuing education to staff RNs they work with the WIC programs, schools and preschools. In short the medical and health related agencies couldn't get along without them.

The main reason I support the bill is to maintain a high quality in the field and help Alaskans identify the experts in the field of nutrition. Please support the Alaska Dietetic Association's effort to achieve licensure.

You may contact me if you have questions or need clarification on anything I mentioned.

Sincerely,



Judi Flory R.N. Patient Educator
Chief Andrew Isaac Health Center
Fairbanks, Ak. 99701

March 9, 1999

Senator Dave Donely
Alaska State Legislature
Room 508-State Capitol
Juneau, AK 99801-1182
RE: Senate Bill 88

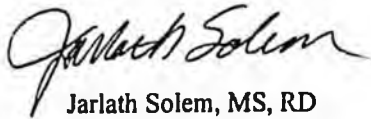
Dear Senator Donley:

I am writing to let you know I support Senate Bill 88.

I work in the field of Dietetics and feel Licensure will help Alaskans identify the experts in the area of food and nutrition. Licensure will help ensure that Alaskans are provided with sound nutrition advice and medical nutrition therapy. I also feel all health care professionals need to be treated in an equitable manner by the State.

Thank you for supporting the Alaska Dietetic Association's effort to achieve licensure. Please feel free to contact me if you have any questions. I can be reached at (907) 562-2281 during the day Monday through Friday.

Sincerely,



Jarlath Solem, MS, RD
Clinical Dietitian
3473 Newcomb Drive
Anchorage, AK 99508

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