Antitrust Referral Analysis Submittal by Person Affected by Board or Commission Action

Contact Name: Brittany McAllister

Company (if applicable): Board for Certification of Nutrition Specialists

Date: February 1, 2018

Referral Topic: Medical Board -> Dietetics Advisory Council Rules

The Common Sense Initiative was established by Executive Order 2011-01K and placed within the Office of the Lieutenant Governor. The CSI office was codified by ORC 107.52 for agency rule review. Additional scope was added in 2017 under ORC 107.56 which describes actions to be reviewed by the CSI office for determination of approval or disapproval.

Please note: When submitting this analysis form to the CSI Office, evidence must be provided that a copy of this completed form was also transmitted to the subject board or commission, as required by ORC 107.56 (C)(2).

Referral Information

1. Name of board or commission taking or proposing to take action: Medical Board's Dietetics Advisory Council

2. Does this action/proposed action deny an application for licensure? The ongoing action and rules implementation denies applications for licensure from any nutritionist who is not a registered dietitian.

3. Does this referral pertain to a disciplinary action by the licensing board or commission taken against you or your company? No.

4. What is the action/proposed action being taken? The action is the continuance, implementation, and enforcement of rules under the Medical Board's newly created Dietetics Advisory Council, which were originally developed and implemented by the now abolished Dietetics Board.

5. Please describe the relevant factual background you wish to include in this referral (e.g., history, context). Please see the attached packet.

6. Please check all of the following that apply as reasons the action/proposed action is subject to review? (ORC 107.56(B)(1))?

   ☒ Fixes prices or limits price competition;

   ☒ Divides, allocates or assigns customers or potential customers or geographic markets in this state among members of the occupation regulated by the boards;

   ☒ Excludes present or potential competitors from the occupation regulated by the board;

   ☒ Limits output or supply in this state of any good or service provided by the members of the regulated occupation;

   ☐ Prohibits offering a particular quality-level of a product or service;

   ☒ Restricts advertising or makes it more expensive or less effective;

   ☐ Substantially reduces the number of firms or providers that can serve a particular set of customers; or

   ☐ Any other activity that could be subject to state or federal antitrust law if undertaken by private persons.

7. In a brief statement, explain why you believe the board or commission does not have the statutory or other legal authority to take the action/proposed action? As outlined in the attached background packet, many of the rules promulgated by the Dietetics Board went beyond the clearly articulated state policy established by the legislature in statute. Additionally, even the rules that implement the statute without going beyond it are "merely a pretext by which the board or commission enables the members of an occupation or industry the board or commission regulates to engage in anticompetitive conduct that could be subject to state or federal antitrust

law if the action were taken by a private person or combination of private persons." (Am. Sub. H. B. No. 49 132nd GA.: Sec. 107.56(D).)

8. How is the action/proposed action consistent or inconsistent with state or federal antitrust law and how does it impact competitiveness? We believe these rules are likely in violation of 15 U.S.C. s 2 "Monopolizing trade a felony; penalty." These rules impact competitiveness by limiting the entirety of the dietetics/nutrition provider market to the holders of one private credential while limiting entrants to the market who hold other recognized private credentials.

*Send this form, a complete copy of the action or proposed action, and evidence that this form was transmitted to the board or commission taking or proposing the action, and any other documentation deemed appropriate for evaluation to the CSI Office at CSIReferrals@governor.ohio.gov.

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February 1, 2018

Lieutenant Governor Mary Taylor
Ohio Common Sense Initiative
CSIOhio@governor.ohio.gov

Lieutenant Governor Taylor and Ohio Common Sense Initiative Staff:

With the passage last year of House Bill 49, I am contacting you on behalf of the Board for Certification of Nutrition Specialists℠ (BCNS℠) to bring your attention to Chapter 4759 of the Ohio Administrative Code. For decades, these regulations and their accompanying statutes have had an anti-competitive effect on qualified nutrition practitioners who hold nutrition credentials other than that of the Registered Dietitian® (RD®) credential. Along with creating a pathway for review by your office of anti-competitive regulations, House Bill 49 also abolished the Dietetics Licensing Board and moved licensure for dietitians to a Dietetics Advisory Council under the Medical Board.

Background

Our organization, BCNS, is the foremost certifying body for advanced degree nutrition professionals. Our Certified Nutrition Specialist® (CNS®) certificants earn a masters or doctoral degree in nutrition or clinical healthcare, complete a robust nutrition science curriculum, perform 1000 hours of documented, supervised nutrition practice experience, and pass the BCNS' rigorous Certification Examination for Nutrition Specialists. The CNS certification is fully accredited by the National Commission for Certifying Agencies, the nationally recognized accrediting organization for certifying programs, the same accreditation held by the Registered Dietitian credential. The CNS certification is also listed by the US Department of Labor as an advanced nutrition credential in the definition of the "Dietitians and Nutritionists" profession in the Occupational Outlook Handbook of the Bureau of Labor and Statistics.[1]

Our practitioners, well trained in medical nutrition therapy, deliver preventive and chronic nutrition care to Americans with diabetes, cardiovascular disease, Alzheimer's, obesity, digestive disorders, chronic pain, neurodegenerative and autoimmune diseases and more. CNSs are also engaged in research, teaching, and consulting to industry.

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[1] United States Department of Labor, Bureau of Labor Statistics. December 2015. Occupational Outlook Handbook, Dietitians and Nutritionists.

Despite the existence of CNSs and other types of credentialed *nutritionists*, Ohio state law currently only allows *dietitians* to practice through its exclusive scope of practice licensure law.[2]

Anti-Competitive Rules

This has been a long-standing issue in the state of Ohio since the passage of the law in 1986, but the passage of HB 49 created an opportunity to address this anti-competitive law with your office. With that, we are writing to ask CSI to review the rules related to dietitians (Ohio Administrative Code 4759-4-01 through 4759-4-13), which for over two decades have effectively prevented any nutrition practitioner who has a credential other than that of the private Registered Dietitian® credential, from working as a nutrition professional in Ohio. Accordingly, the law has also prevented Ohio citizens from having access to other kinds of nutrition practitioners.

While these rules were promulgated by the former Board of Dietetics (BOD), we anticipate that these rules will continue to be applied under the newly appointed Dietetics Advisory Council as the Council's professional members can only be appointed from those who are licensed under the Ohio law.

Within the rules passed by the Dietetics Board there are both rules that are more restrictive than the statute requires, and rules that implement a statute which is "merely a pretext by which the board or commission enables the members of an occupation or industry the board or commission regulates to engage in anticompetitive conduct that could be subject to state or federal antitrust law if the action were taken by a private person or combination of private persons".[3]

We believe these rules could indeed be in violation of **15 U.S.C. § 2** "Monopolizing trade a felony; penalty".[4]

By adopting and implementing rules that mandate all applicants for licensure conform to the credentialing standards of a single, private professional association (The Academy of

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[2] Ohio Revised Code Chapter 4759: Dietetics, and Ohio Administrative Code 4759 Ohio Board of Dietetics.

[3] Am. Sub. H. B. No. 49 132nd G.A.: Sec. 107.56(D).

[4] **15 U.S.C. §2. Monopolizing trade a felony; penalty**. Every person who shall monopolize, or attempt to monopolize, or combine or conspire with any other person or persons, to monopolize any part of the trade or commerce among the several States, or with foreign nations, shall be deemed guilty of a felony, and, on conviction thereof, shall be punished by fine not exceeding $100,000,000 if a corporation, or, if any other person, $1,000,000, or by imprisonment not exceeding 10 years, or by both said punishments, in the discretion of the court.

Nutrition and Dietetics) and its certifying board (The Commission on Dietetic Registration), the Dietetics Board has effectively created a market monopoly for Ohio Registered Dietitians. Holders of other nationally recognized credentials have been and continue to be shut out of market participation. These laws have drastic economic consequences to these professionals; most have left the state or do not locate there because of lack of employment opportunities. Ohio consumers are denied their choice of and access to providers who may be better suited to meet their needs or preferences. The statute and rules diminish the public health of Ohio citizens through the artificial restraint on competition embedded within them.

History of Dietetics Board Interactions

We would also like to make Common Sense Initiative staff aware that as early as April 2014 BCNS (then called The Certification Board for Nutrition Specialists, or CBNS) provided the Dietetics Board with background information on the CNS qualifications and credential, yet the Board declined to discuss CNSs or a possible expansion of licensing pathways for credentialed nutritionists at any of their meetings later that year, as detailed in Appendix C.[5]

The anti-competitive intent of the Dietetics Board is further conveyed in a February 2017 report sent to Representative Keith Faber in advance of HB 49 passing.[6] This report, included in Appendix D, articulates that the Dietetics Board clearly sees its function as one of licensing only registered dietitians and to align itself only with the Ohio Academy of Nutrition and Dietetics (OAND).

The intent of this anti-competitive law and rules is also exemplified in a presentation entitled entitled Reporting Harm: Who, What, When, Where, Why and How, created by the Ohio Dietetics Board's former executive Director of twelve years. These slides advocate reporting harm not in the interest of consumer protection, but as an anti-competitive tool (Appendix E).[7]

Enclosures

We have attached a packet to this letter to provide you with robust background on the issue at hand. It includes the following Appendices:

- Appendix A: Detailed education, pre-professional practice, and examination requirements for CNSs, including a comparison to the requirements for dietitians.
- Appendix B: Proposed language changes to the current rules.

[5] Appendix C.
[6] Appendix D.
[7] Appendix E.

- Appendix C: Dietetics Board August and November 2014 meeting minutes.
- Appendix D: Dietetics Board Report to State Representative Keith Faber, February 2017.
- Appendix E: Reporting Harm: Who, What, When, Where, Why and How (selected slides)
- Appendix F: Personal letters from CNSs and CNS candidates describing how the ways the law has hampered their careers.

Conclusion

The Academy of Nutrition and Dietetics and its state affiliates (such as the Ohio Academy of Nutrition and Dietetics) are not the only private, professional associations for nutrition professionals and its RD credential is not the only pathway to becoming a qualified nutrition professional. Indeed, *dietetics* preparation at the Baccalaureate level for the RD credential and *nutrition* preparation at the Master or Doctoral level for the Certified Nutrition Specialist credential, while overlapping in many areas, are not the same. However, these differences have been used as an anticompetitive tool. To use one association's credential as the only acceptable measure for a broader profession is inherently biased, particularly when only members of one association are making and enforcing the rules.

We stress the urgency of this situation. There are currently several Human Nutrition Masters and Doctoral students in Ohio who are close to completing or who have completed their graduate nutrition degrees but are unable to complete pre-professional practice hours under appropriate supervisors because of existing rules. And, without relief, they have no hope of being licensed or finding employment in Ohio and will be forced to move out of state or find other avenues of employment like dozens of other clinical nutrition professionals in Ohio have already been forced to do.

We appreciate your timely review of these rules. Please contact me if I can be of further assistance.

Sincerely,

Brittany Dawn McAllister, MPH
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Appendix A

Certified Nutrition Specialist Requirements
Comparison of RD to CNS Preparation

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CNS Requirements Overview

BOARD FOR CERTIFICATION OF NUTRITION SPECIALISTS BCNS℠	Certified Nutrition Specialist® (CNS®) Clinical Credential: Demonstrates competence as advanced clinical nutrition professional		CNS-Scholar℠ (CNS-S℠) Non-Clinical Credential: Shows distinction in applied nutrition science
	Requirements for Nutritionists and Other Advance-Degreed Health Professionals	**Requirements for MDs and DOs**	**Requirements**
Degree (from regionally accredited institution)	Master's or doctoral degree in nutrition or a related field (e.g. DC, DDS, Doctor of Nursing, ND, PA, PharmD, etc.)	MD or DO degree	Doctoral-level degree in nutrition or a related field (e.g. DC, DDS, Doctor of Nursing, ND, PA, PharmD, etc.)
Nutrition-Specific Coursework	Nutrition: 9 graduate-level semester credit hours	Foundational Nutrition: 4 semester credit hours (or 60 continuing education credits) Advanced Nutrition: 5 semester credit hours (or 75 CE credits)	Nutrition: 9 graduate-level semester credit hours
Nutrition-Related Coursework	Biochemistry: 6 semester credit hours Physiology or Anatomy/ Physiology: 3 semester credit hours Clinical or Life Sciences: 12 semester credit hours	Biochemistry: 6 semester credit hours Physiology or Anatomy/ Physiology: 3 semester credit hours Clinical or Life Sciences: 12 semester credit hours	Biochemistry: 6 semester credit hours Physiology or Anatomy/ Physiology: 3 semester credit hours Clinical or Life Sciences: 12 semester credit hours
Experience	1,000 hours of supervised practice experience	1,000 hours clinical nutrition practice experience achieved in: -clinical practice, or -as part of fellowship or residency and; Submission of 5 case studies	Equivalent of 3 years in clinical nutrition, industry, research or academia and; Minimum of 5 nutrition papers in peer reviewed journals, nutrition textbook chapters or comparable works
Examination	Certification Examination for Nutrition Specialists℠	Certification Examination for Nutrition Specialists℠	Certification Examination for Nutrition Specialists℠
Recertification	75 continuing education credits every 5 years	75 continuing education credits every 5 years	75 continuing education credits every 5 years

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CNS Supervised Practice Experience Handbook
For Candidates & Supervisors

December, 2017

BOARD *for* CERTIFICATION *of* NUTRITION SPECIALISTS℠

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About the CNS Supervised Practice Experience Program (SPE)

1. Satisfactory completion of the CNS Supervised Practice Experience is essential to being awarded the CNS credential. The program is structured to ensure each candidate obtains the in-depth knowledge and skills expected of an advanced-level nutrition professional while maintaining the flexibility required to achieve individual career goals. As such, candidates are responsible for tailoring their own supervised experience based on all program requirements outlined herein as well as locating supervisors that meet the qualifications outlined below.

2. Although the Supervised Experience Program may be completed before or after passing the BCNS Certifying Examination, it is important to note that historically those who have completed the practice experience perform better on the examination than those who have not. The CNS credential will not be awarded until the completed experience has been approved by the BCNS credentials council

3. The CNS Supervised Practice Experience consists of 1,000 hours of supervised practice in clinical nutrition care in the following nutrition categories in accordance with CNS Supervised Practice Experience Competencies. Work done in each of the categories must address the competencies outlined in -Appendix A.
   Category A: Nutrition assessment (minimum 200 hours)
   Category B: Nutrition intervention, education, counseling, or management (minimum 200 hours)
   Category C: Nutrition monitoring or evaluation (minimum 200 hours).
   Remaining 400 hours may be in any of the above categories

See "Appendix A: CNS Supervised Practice Experience Competencies" for a complete listing of all competencies that must be met for each category.

4. The supervised experience may be obtained entirely or partly from:
   a. Internship, residency or clinical rotation
   b. Clinical practice setting
   c. Community setting
   d. Institutional setting
   e. Home health care setting

Up to 250 hours may be obtained from:

   f. Practicum as part of a master's or doctoral degree program

5. In order to address the required competencies, the 1,000 hours may come from multiple venues and supervisors. Supervisors may supervise a candidate in multiple settings, and candidates may work with multiple supervisors. Each supervisor must meet the eligibility requirements and be approved by the BCNS prior to supervising candidates for eligible practice hours.

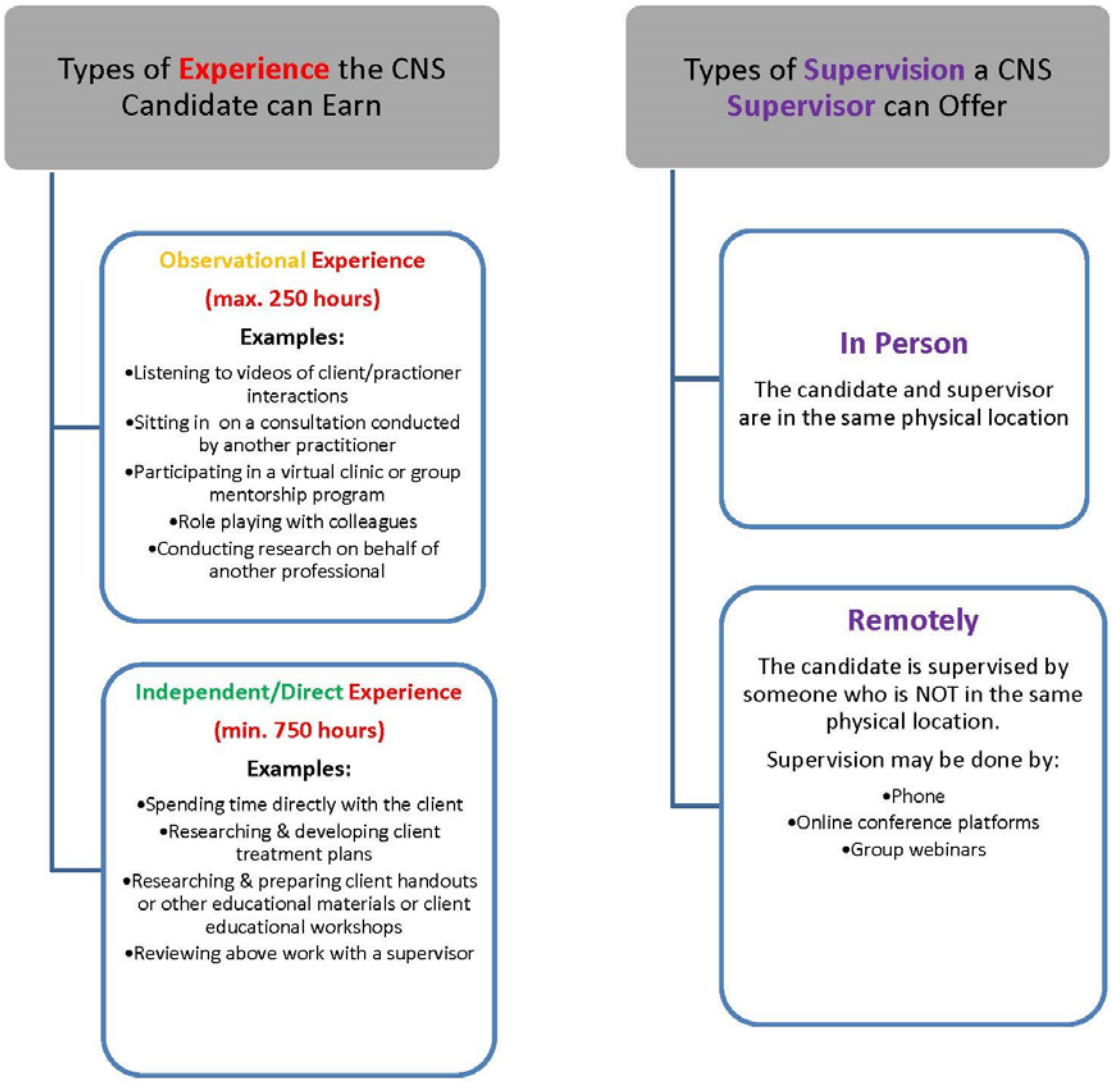
   To be eligible, all supervised experience must be gained after the candidate matriculates into the qualifying degree program. The purpose of the supervised experience is to demonstrate the application of the didactic coursework. The practice experience is more meaningful and beneficial if begun after the majority of the didactic coursework requirements have been met. Therefore, it is expected that most candidates will have completed most, if not all, of the relevant didactic coursework prior to beginning the SPE.

6. For candidates who have had significant clinical nutrition practice experience prior to applying for the CNS credential, this guideline will be evaluated on a case by case basis.

7. BCNS allows supervision to be done in person, remotely, or a combination of the two. See chart below.

8. Candidates can earn both Observational Experience and Independent/Direct Experience. See chart below.

BCNS Supervised Practice Experience



Candidate Responsibilities

1. Each candidate is responsible for locating the setting(s) for the experience and qualified supervisor(s), and for working with the supervisor(s) to tailor the experience in accordance with CNS Supervised Practice Experience Requirements and CNS Supervised Practice Experience Competencies. Note: to meet all of the competencies, candidates may need to work with multiple supervisors in multiple *settings* (such as a practicum or internship, clinical practice, community, institutional or home health care setting.)

2. To insure that candidates are working with a BCNS qualified supervisor, each candidate is responsible for ensuring the completion and submission of the CNS Supervisor Approval Request Form for each supervisor they will work with. Note: the approval of the candidate's supervisor does not mean the candidate's experience is approved. Candidates are required to submit a candidate report upon the completion of the SPE, which will be reviewed for approval.

3. Candidates are encouraged to utilize the CNS Practice Experience Plan and competencies to develop a comprehensive program that meet the CNS requirements. This Plan does not need to be submitted to the BCNS but rather is a tool provided to get the most out of the Supervised Practice Experience. Candidates are encouraged to share this plan with their approved supervisor(s).

4. Each CNS candidate must document and attest to the completion of 1,000 hours, by completing on an ongoing bases and submitting the following documentation:

- CNS Candidate Report
- CNS SPE Tracking Tool (Appendix H) (or equivalent spreadsheet)

5. Although the BCNS SPE requirements have been developed to dovetail with those of many state licensing boards, requirements vary from state to state. Thus, BCNS approval of SPE does not guarantee approval in all states. Most states separately evaluate the education, examination, and SPE of each candidate individually. The CNS SPE requirements are flexible to allow each candidate to design an SPE that meets both individual career goals and objectives and state licensing statutes and regulations in the state in which they intend to practice. For best outcomes, BCNS strongly recommends that each candidate review the current licensing statute and regulations in their state *before* beginning the SPE so that it may be designed to meet the state's requirements for record-keeping, supervisor qualifications, competencies and skills, practice facilities, etc. This should not be difficult, but planning and record-keeping is essential. It can also be helpful to obtain a copy of the licensure application ahead of time so that candidates understand the documentation that will be required for licensure. Applications are generally available online, but in some states it will be necessary to call the department handling the process to obtain a copy. (*To learn more about each state's licensing statute and regulations, refer to NutritionAdvocacy.org.*)

6. Candidates are responsible for making any financial arrangements with supervisors which may range from a paid internship to a mentorship program for which there may be a fee to candidates; BCNS requirements do not address financial arrangements.

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About the Supervisors

Supervisor Qualifications

Supervisors must meet ***both*** of the following criteria:

1. Must have a minimum of 3 years full time clinical experience in nutrition care or the equivalent; and
2. Must hold at least one of the following:
   - CNS credential in good standing; or
   - Master's of science or doctoral degree in a field of nutrition; or
   - MD or other doctoral-level licensed professional whose legal scope of practice includes nutrition AND who has both didactic training and clinical experience in nutrition.

     For those health professionals who are not CNSs, licensed nutritionists or do not hold an MS or graduate degree in nutrition, the BCNS evaluates both didactic training and experience in clinical nutrition for each potential supervisor to determine their ability to provide a robust SPE for CNS candidates. Supervisors must demonstrate training and experience in nutrition assessment, nutrition intervention including medical nutrition therapy and evaluation. The didactic training may include coursework in nutrition from a degree program or other advanced nutrition coursework, or continuing education credits that focus on nutrition.

Additional Requirements for Supervisors

- The above eligibility requirements apply to all supervisors, including faculty of a degree program offering practicum or internship.
- The supervisor's qualifying degree must be from a regionally accredited institution.
- The supervisor must have the equivalent of three years of full time clinical experience in nutrition care completed after obtaining the required credential or degree. Licensed or certified nutritionists or dietitians are only eligible as supervisors if they also hold a master's or doctoral degree in the field of nutrition from a regionally accredited institution.
- Approved supervisors may supervise multiple candidates on an ongoing basis.

Supervisor Responsibilities

1. Supervisors are responsible for completing the BCNS Supervisor Approval Request Form and submitting it to the BCNS along with their current CV. If the supervisor is pre-approved, the one-page Addendum is required for each new candidate being supervised.

2. Supervisors are responsible for assisting each candidate in tailoring an experience that meets the CNS supervised practice experience requirements, CNS supervised practice experience competencies and the candidate's career goals. The Candidate's Practice Experience Plan should be reviewed.

3. Each supervisor is responsible for holding regularly scheduled sessions with the candidate. Meetings may be held in-person or remotely. BCNS requires that for every 40 hours the candidate works toward meeting the competencies, a minimum of 1 hour must be spent with the supervisor reviewing cases, competencies covered, etc.

4. Each supervisor is responsible for verifying the completion of the hours reported on the CNS Supervised Practice Experience Candidate's Report, rating the candidate's performance in each of the designated competency categories, and submitting the CNS Supervised Practice Experience Supervisor's Report for approval by the BCNS Credentials Council.

5. It is expected that holding regularly scheduled sessions with the candidate will allow supervisors to identify on an ongoing basis, competency areas that require improvement so that any deficiencies may be adequately addressed during the supervised practice experience.

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Appendix A: CNS Supervised Practice Experience Competencies

The following are the competencies to be addressed by the supervised practice experience. Although in-depth experience is not expected for each competency, candidates should have a basic understanding of the application of each in practice. The level of supervision should be adequate to enable the supervisor to attest the supervisee has met these competencies.

1. Category A: Nutrition Assessment
(Min. 200 Hours Required)

Definition: Nutrition assessment is an ongoing, dynamic process that incorporates a systematic approach to collect, record, and interpret relevant data regarding a client's health status and lifestyle. The nutrition assessment is used to identify existing nutritional health issues to enable effective treatment and prevention strategies and monitor improvements.

Competencies:
a. Health history. Know how to elicit a patient-appropriate health history, including data such as:

i. Current health concerns, past and present health history, and family health history
ii. Body weight history and recent weight changes
iii. Psychosocial history, including access to food, occupation, living situation, smoking, drug and alcohol use
iv. Medication and supplement use
v. Review of body systems
vi. Mastication and swallowing difficulty, appetite and bowel function
vii. Pregnancy history and/or desired pregnancy
viii. Sleep patterns, stress level

b.Diet and lifestyle history

i. Obtain a focused nutrition history via multi-day food record, a food frequency record and a 24-hour recall
ii. Identify limitations of food records, food frequency questionnaires, and recalls and understand the appropriate use of these tools
iii. Determine suboptimal dietary intake or status of nutrients
iv. Evaluate eating patterns, stress eating tendencies and disordered eating behaviors
v. Identify dietary avoidance behaviors
vi. Identify allergies and sensitivities to foods and dietary supplement ingredients based on history and symptoms reports
vii. Physical activity, identifying frequency, intensity, type and limitations to exercise
viii. Identify stages of change for making dietary and other lifestyle modifications

c.Biochemical and laboratory assessment

i. Evaluate signs of vitamin and mineral deficiencies or toxicities
ii. Interpret laboratory data as it applies to nutrition-related conditions and systemic imbalances
iii. Monitor growth, weight and BMI
iv. Identify hormonal and neurotransmitter imbalances based on laboratory assessment
v. Identify personalized and biochemical laboratory value ranges as compared to normal reference value ranges

d.Genetic/genomic factors

i. Demonstrate understanding of the basics of gene expression, transcription and translation
ii. Demonstrate understanding of genetic disorders in nutrient metabolism
iii. Evaluate family health history as it relates to current health status and risk factors

e.Anthropometrics

i. Be familiar with the following anthropometric measurements: mid-arm circumference, triceps skin-fold and mid-arm muscle circumference
ii. Be familiar with bioelectric impedance
iii. Be familiar with waist to hip ratio measurements
iv. Be familiar with emerging tools of anthropometrics (ultrasound, DEXA, MRI, CT scanning, and air displacement plethysmography)

f.Assessment of diet impact on health status

i. Be familiar with computerized analysis of food intake
ii. Determine individual micro- and macro-nutrient requirements using guidelines and recommendations customizing them according to the individual's age, sex, body type, reproductive status, activity level and metabolism

g.Identification of clinical status

i. Identify symptoms that require medical referral
ii. Correlate constellations of symptoms for the most effective and efficient treatment protocols

2. Category B: Nutrition Intervention, Education, Counseling or Management
(Min. 200 hours required)

Definition: A nutrition intervention consists of planned actions designed to change nutrition-related or lifestyle-related behaviors for the purpose of resolving health issues or optimizing health. It may involve any of the following activities: research related to treatment plan, development of medical nutrition therapy interventions, client education, counseling and management of individuals or groups, food preparation instruction, shopping, sustainability practices, and behavioral/motivational counseling.

Competencies:

a.Nutrition relationship to disease or system (Medical Nutrition Therapy)

Formulate applicable dietary and nutraceutical interventions for prevention, modulation, and management for the following chronic, systemic disorders:

i. Obesity
ii. Cardiovascular disease, dyslipidemias, and hypertension
iii. Insulin resistance and non-insulin dependent diabetes
iv. Endocrine disorders
v. Autoimmune disorders
vi. Gastrointestinal disorders (gastroesophageal reflux disease, peptic ulcer disease, dumping syndrome, irritable bowel syndrome, inflammatory bowel disease, short bowel syndrome, diverticulosis, and colorectal cancer)
vii. Hematologic disorders
viii. Bone disorders, such as osteopenia and osteoporosis
ix. Hepatic disorders
x. Pulmonary disorders
xi. Renal disorders
xii. Cognitive/neurological disorders
xiii. Food allergies and intolerances
xiv. Apply nutritional therapy in compromised individuals (those undergoing chemotherapy, radiation, surgical procedures, dialysis, bariatric surgery, or those who cannot masticate, swallow, or absorb nutrients due to medical interventional procedures or treatments)
xv. Apply specific dietary and nutraceutical modifications as adjuvant therapy in immuno-compromised individuals (those with HIV-AIDS, cancer, tuberculosis)

b. Drug-nutrient/ drug-herb interactions

i. Identify common drug-nutrient and drug-herb-interactions affecting glucoregulation, coagulation, and metabolism
ii. Identify drug/herb action, duration of action, indication and dose of a patient's current therapeutic regimen
iii. Identify dietary factors that affect the actions of common drugs and the underlying mechanisms of action
iv. Identify nutrient depletions which can occur related to commonly used drugs
v. Identify interactions between drugs and foods (including herbs) and their constituents
vi. Assess the interaction of nutrients with alcohol

c. Interactions between nutrients

i. Assess the synergistic effects and antagonistic interactions of nutrients in foods and supplements and how they may impact the health status of an individual

d. Dietary therapeutics and behavior optimization

i. Assess the advantages and limitations of popular diets
ii. Identify the therapeutic usefulness of specific foods
iii. Apply scientific evidence and methods when developing specific dietary recommendations
iv. Assess the link between behaviors learned in childhood and their impact on obesity and other chronic health issues in adulthood
v. Apply psychological and motivational skills to enhance clinical outcomes
vi. Gauge and optimize compliance with recommendations

e.Nutraceutical and supplement therapeutics

i. Apply evidence-based dose and duration of use of nutraceuticals for common conditions
ii. Develop working knowledge of good manufacturing practices and other markers of quality end-products

f. Eating behaviors and eating disorders

i. Assess the effects of disordered eating patterns on nutritional status, body composition and function

g. Data comprehension and translation

i. Assess individual patient data and compare with other data (national guidelines, policies, consensus statements, expert opinions and previous outcome experience) to develop nutritional therapeutic interventions

h. Botanical and related therapeutics

i. Develop working knowledge of the effects of common botanical supplements and their indication for health promotion
ii. Assess the safe use and potential toxicity of botanical supplements

3. Category C: Nutrition Monitoring or Evaluation
(min 200 hours required)

Definition: Regular re-evaluation of treatment plan and goals based on evaluation of identified improvements in symptoms and overall health status. Includes review of clinical research, standards of care, and other indirect contact as well as client report and records.

Competencies: The competencies for Category C are the same as those listed above for Categories A and B.

4. The additional following competencies are to be addressed within Categories A, B and C.

a. Professional Issues

i. Food Quality and Safety
1. Develop working knowledge of the causes and preventive measures needed for the most common food borne illnesses

2. Monitor current developments and outbreaks of food borne illnesses and translate media information into science-based evidence and patient recommendations
3. Assess populations at risk for food safety issues
4. Assess factors that may negatively affect food quality (pesticides, xenobiotics, GMO's, hormones, food additives, PCB, heavy metals)

ii. Cultural Issues, Ethical Standards and Boundaries

1. Apply all HIPAA compliance requirements
2. Refer clients to appropriate healthcare providers when their care requires services outside the scope of practice of a CNS
3. Assess the impact of personal and cultural beliefs on dietary and lifestyle patterns and be able to address these beliefs when developing nutrition intervention plans

b. Epidemiology and Biostatistics

i. Apply the knowledge of basic epidemiology of nutrition into practice

ii. Utilize knowledge from research studies to compare outcomes and translate them into science-based therapies for clients

Remaining hours may be in any of the above categories.

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CNS Supervised Practice Experience Supervisor FAQs

CNS Supervised Practice Experience Supervisor FAQs

How do I become a supervisor?
If you meet the qualifications of a supervisor, complete the Supervisor Approval Request form and submit it to the BCNS along with your current CV or resume. The BCNS Credentials Council will review your documentation and contact you via email.

What is the benefit to me for volunteering as a supervisor?
You will be advancing the career of the individual you supervise as well as the broad mission of nutrition as a foundational tool in the prevention and treatment of chronic disease. The candidate will support your practice by adding value to your client, and you will learn valuable skills and information -as a result of working with your intern.

How does the CNS candidate find me?
Once you have been approved as a CNS supervisor, your contact information will become part of the BCNS database. With your permission, we will offer your name to CNS candidates.

How will the CNS candidate be assigned?
The CNS candidate will contact you directly by phone or email, and arrange for you to review their resume. You may conduct an interview with the candidate.

What if I am not comfortable with the candidate?
You are under no obligation to accept a CNS candidate. It is up to you to select a candidate with whom you feel comfortable.

Must the candidate work in my office/practice?
If the candidate has a setting where they can see clients, you may supervise remotely by phone, email or Skype.

If the supervised hours are being completed in my office/practice, must I pay them a salary?
BCNS has no requirement for this. You may work out a financial arrangement with the candidate that is mutually acceptable.

May I charge the candidate for my service of providing supervision?
The supervised clinical practice is not a part of any degree program nor worked into the overall tuition costs to earn a Master's Degree in Nutrition. Therefore, you can charge for hours you spend with candidates, as it is a service that is offered through your business rather than being associated to a school program. Any financial arrangement made is between you and the candidate and does not involve the BCNS.

How often must I interact with my candidate?
Meetings should be held regularly. We recommend at least a 1-hour meeting for every 40 hours worked.

What type of work am I expected to supervise?
The candidate must fulfill a certain number of hours in three main competency categories. These are outlined in the CNS Supervised Experience Program Requirements and on the Supervised Practice Experience Report. You may assign the candidate duties other than those pertaining to these competencies, but this will not count towards the 1,000 hour requirements.

What do I do in the meetings I hold with the candidate?
Your role is to guide and mentor the candidate, and take responsibility for work done under your supervision. The candidate will provide information regarding the cases they are working on and will ask for your guidance in developing experience in the required competencies.

Must I supervise all 1,000 hours?
No. You may provide as many hours as you wish. Candidates may select multiple venues and supervisors to complete the 1,000 hour program.

What do I do when the supervised experience requirement is complete?
Complete the Supervised Practice Experience Report and submit it to the BCNS with the materials requested.

What happens to the Supervised Practice Experience Report after I submit it to the BCNS?
The report is reviewed by the BCNS Credentials Council, and the experience is either accepted or rejected. You may be contacted for further information about the candidate's performance. Once the candidate has successfully completed all 1,000 approved hours and passed the exam, the CNS credential will be awarded.

BOARD *for* CERTIFICATION *of* NUTRITION SPECIALISTS℠

CNS Supervised Practice Experience Supervisor Approval Application (To be filled out by each Supervisor)

BOARD *for* CERTIFICATION *of* NUTRITION SPECIALISTS℠

CNS Supervisor Approval Application
Part I: About the Supervisor
Each Supervisor Should Fill out Part I and Attach a Resume / CV

1. Supervisor name _____ Email _____

2. Supervisor phone _____ Today's date _____

3. Address _____

City, ST Zip _____

4. Supervisor title _____

5. Supervisor Degree(s) *(List only those from regionally accredited institutions)* _____

6. Number of full-time years of experience in clinical nutrition *(min.3 full-time years required)* _____

7. Type of license _____ License number _____

8. What is your area of specialty and clinical experience in nutrition?
_____
_____
_____
_____
_____

9. CNS Requirements – your professional designation must be one of the following:

☐ Certified Nutrition Specialist ☐ MS or Doctoral degree in a field of nutrition/dietetics
If you have checked off either of these boxes, please skip to #15.

☐ MD or other Doctoral-level licensed professional whose scope includes nutrition *and* has training and experience in nutrition
If you have checked off this box **only**, please complete #10-14.

For those health professionals who are not CNSs, licensed nutritionists or do not hold an MS or graduate degree in nutrition, the BCNS evaluates both didactic training and experience in clinical nutrition for each potential supervisor to determine their ability to provide a robust SPE for CNS candidates. Supervisors must demonstrate training and experience in nutrition assessment, nutrition intervention including medical nutrition therapy and evaluation.

For the full document, please go to NutritionSpecialists.org

https://nutritionspecialists.org/become-cns/forms-helpful-documents

BOARD *for* CERTIFICATION *of* NUTRITION SPECIALISTS℠

CNS Supervised Practice Experience
Supervisor Approval Application Addendum
(To be filled out by the Supervisor for each new CNS candidate)

BOARD *for* CERTIFICATION *of* NUTRITION SPECIALISTS℠

CNS Supervisor Approval Application
Addendum: New CNS Candidate

BCNS requires that an approved Supervisor fill out and submit an Addendum for each new CNS candidate.

Today's date _____

Your name: _____

Your email address: _____

Your phone number: _____

Were you previously approved as a BCNS Supervisor? ☐ Yes ☐ No

If not, please submit the full Supervisor Approval Application.

New Candidate Information

Candidate's name _____

Candidate's email address: _____

Candidate's phone number: _____

Date you will begin working together _____

Is this candidate's practice experience going to be (check all that apply):

☐ Observational - ☐ Independent/Direct - ☐ Combination of Observational and Independent/Direct
(Please see the chart on page 2 for clarification.)

In what types of practice settings will this candidate practice? Please check all that apply.

☐ University internship
☐ Clinical practice
☐ Community setting
☐ Institution (hospital, nursing home, etc.)
☐ Home health care
☐ Other; Please describe

How will you supervise candidate(s)?

☐ In person - ☐ Remotely - ☐ Combination of In person / Remotely
(Please see the chart on page 2 for clarification.)

Please send this 1-page addendum to Applications@NutritionSpecialists.org.

Thank you.

For the full document, please go to NutritionSpecialists.org

https://nutritionspecialists.org/become-cns/forms-helpful-documents

BOARD *for* CERTIFICATION *of* NUTRITION SPECIALISTS℠

CNS Supervised Practice Experience Supervisor's Report (To be filled out by the Supervisor)

BOARD *for* CERTIFICATION *of* NUTRITION SPECIALISTS℠

CNS Supervised Practice Experience Supervisor's Report

To be completed by the supervisor

Part 1

Name of candidate supervised _____

Candidate's title _____

Candidate's job description _____

_____

Your name _____

Your email _____ Phone _____

Candidate worked under your supervision from: Start date _____ End date _____

How did you hold meetings with this candidate? ☐ One-on-one ☐ Group ☐ Combination of both

Please provide the following detail for monthly meetings with this candidate.

☐ One-on-one Number of hours: _____

☐ Group Number of hours: _____

☐ Total Number of hours: _____

Note: these meeting hours pertain to how much time the supervisor and candidate spend reviewing cases and other work together. The BCNS requires that a supervisor spend 1 hour with the candidate per 40 hours the candidate works clinically.

Describe the Supervised Practice Setting (may indicate more than one):

☐ Internship, residency, clinical rotation

☐ Clinical practice

☐ Community setting

☐ Institution (hospital, nursing home, etc.)

☐ Home health care

☐ Other; Please describe _____

Name and location of facility where candidate practiced during your supervision:

Name: _____

Location: _____

For the full document, please go to NutritionSpecialists.org

https://nutritionspecialists.org/become-cns/forms-helpful-documents

BOARD *for* CERTIFICATION *of* NUTRITION SPECIALISTS℠

CNS Supervised Practice Experience Candidate's Report (To be filled out by the Candidate)

BOARD *for* CERTIFICATION *of* NUTRITION SPECIALISTS℠

CNS Supervised Practice Experience - Candidate's Report

To be submitted upon completion of the 1,000 hours

Completion of Program Requirements

Candidates who pass the examination must successfully fulfill all CNS program requirements within five years after the exam date. Exam results will expire for those candidates who have not met all program requirements within this five-year period, and reexamination will be required.

Personal Contact Information ☐ Preferred Contact (please check one)

Date of Examination: _____ Date Submitting this Report: _____

Last name: _____ First name: _____

Maiden name: _____ Degree/Credential: _____

Phone: _____ Email (not a school one) _____

Street Address: _____

City: _____

State/Province: _____ Zip Code: _____

Business Contact Information ☐ Preferred Contact (please check one)

Business name:

_____

Business street address:

_____

City: _____ State/Province: _____ Zip code: _____

Phone: _____ Email: _____

Current Employment Information/Primary Occupation

☐ Nutrition practitioner ☐ Business consultant/manager ☐ Educator

☐ Researcher ☐ Other healthcare practitioner (please specify): _____

Candidate's job title:

_____

For the full document, please go to NutritionSpecialists.org

https://nutritionspecialists.org/become-cns/forms-helpful-documents

BOARD *for* CERTIFICATION *of* NUTRITION SPECIALISTS℠

CNS Practice Experience Plan for Candidates
(Recommended to be filled out by the Candidate)

BOARD *for* CERTIFICATION *of* NUTRITION SPECIALISTS℠

CNS Practice Experience Plan
For the CNS Candidate's Internal Use Only - Not Required for Submission

This is a document we provide to help you plan your Supervised Practice Experience. It is not required, nor necessary for you to submit it to the BCNS upon completion of your 1,000 hours. We suggest that you share and discuss your plan with your BCNS-approved supervisor(s).

Please note: It may be necessary for you to work with multiple supervisors in multiple settings to cover all competencies. All Supervisors must be approved by BCNS.

Supervisor #1 _____ Date approved by BCNS: _____

Supervisor #2 _____ Date approved by BCNS: _____

Supervisor #3 _____ Date approved by BCNS: _____

☐ Work with each supervisor to determine which competencies she/he covers and note in the appendix below.

☐ Schedule regular meetings with each supervisor to review cases, competencies covered, etc. BCNS requires that you meet with each supervisor for one hour per every 40 hours you work.

☐ Use the SPE CNS Tracking Tool (or comparable document) to record the competencies you cover and the number of hours you work in each category A, B, C each day and month. Note: use one spreadsheet for each supervisor with whom you work.

Please check the box(es) that apply:

A. ☐ I plan to work exclusively with my own clients

B. ☐ I plan to work exclusively with my supervisors' clients

C. ☐ I plan to work with both my own clients and my supervisors' clients

If you checked C, what percentage with:

_____% your own clients

_____% your supervisors' clients

Describe How You Plan to Meet the Competencies
How do you plan to practice? For example, think about where you will be working, what community events you would like to conduct, what type(s) of clients you'll be working with, what health condition(s) you might specialize in, etc. Consider a variety of practices so that you can meet all of the required competencies. Provide as much detail as needed to make your practice experience a success.

_____

For the full document, please go to NutritionSpecialists.org

https://nutritionspecialists.org/become-cns/forms-helpful-documents

BOARD *for* CERTIFICATION *of* NUTRITION SPECIALISTS℠

CNS Supervised Practice Experience Tracking Tool Formula-driven Spreadsheet for Tracking Hours
(Recommended to be filled out by the Candidate)

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CNS Supervised Practice Experience Hours Tracking Tool Summary Sheet. Candidate's Report

Candidate's Name _____
Date Submitting _____
CNS Exam Date _____
Candidate's Email (not school) _____
Candidate's Phone _____

Supervisor's Name _____

Click in the cell to select from dropdown menu

Type of Practice Setting
Type of Supervision
Type of Experience

Date Range of Work (m/d/yrs)
Start Date _____
End Date _____

Do not type in this box. Hours will automatically fill in. They are formatted to enter in the totals from each Month		Cat A Hrs	Cat B Hrs	Cat C Hrs	Subtotal
		0	0	0	0
Total hours spent with supervisor	0				
Total hours = Subtotal + hour spent with your supervisor.	0.00				
Total clients/patients	0				

Candidate's Signature _____

Supervisor's Signature _____

Please submit this form with other Candidate Report documents to Applications@NutritionSpecialists.org

Types of Practice Setting:
- University Internship
- Clinical Practice
- Community Setting
- Institution (hospital, nursing home, etc.)
- Home Health Care
- Other

Types of Supervision:
- In-Person
- Remote
- Both

Types of Experience:
- Observational
- Independent/Direct
- Both

For the full document, please go to NutritionSpecialists.org

https://nutritionspecialists.org/become-cns/forms-helpful-documents

BOARD *for* CERTIFICATION *of* NUTRITION SPECIALISTS℠

Exam Content Outline

Certification Exam Content Domains	Percentage of Exam
1. **Fundamental Principles of Nutrition** a. Epidemiology and biostatistics b. Life cycle c. Energy balance and caloric values of foods d. Body composition and regulation of metabolism e. Nutritional biochemistry f. General nutrition-related physiology	**20%**
2. **Nutrients and Human Health** a. Metabolism of nutrients b. Digestion, absorption, and transport of nutrients c. Function of nutrients d. Toxicity of nutrients e. Macronutrient sources and nutrient quality f. Micronutrient sources g. Nutrient requirements h. Bioactive components in foods and nutrients i. Insufficiency/deficiency of nutrients	**30%**
3. **Nutrition Assessment** a. Health history b. Diet and lifestyle history c. Biochemical and laboratory assessment d. Genetic/genomic factors e. Anthropometrics f. Assessment of diet impact on health status g. Identification of clinical status	**20%**
4. **Clinical Intervention and Monitoring** a. Nutrition relationship to disease or system b. Drug-nutrient/ drug-herb interactions c. Interactions between nutrients d. Dietary therapeutics and behavior optimization e. Nutraceutical and supplement therapeutics f. Eating behaviors and eating disorders g. Data comprehension and translation h. Botanical and related therapeutics	**25%**
5. **Professional Issues** a. Food quality and safety b. Cultural issues, ethical standards and practice boundaries	**5%**

BOARD *for* CERTIFICATION *of* NUTRITION SPECIALISTS℠

Code of Ethics

Preamble

The Board for Certification of Nutrition Specialists (BCNS) is a nonprofit credentialing board for nutrition specialists (CNS/CNS-S). The Certified Nutrition Specialist (CNS) is formal recognition for nutrition care professionals who have met rigorous and demanding eligibility requirements, including postgraduate education, subsequent supervised practice in professional nutrition and demonstration of a depth and breadth of knowledge appropriate for effective practice in the profession of nutrition. The Certified Nutrition Specialist-Scholar (CNS-S) is formal recognition for nutrition care professionals who have met rigorous and demanding eligibility requirements, including postgraduate educations, subsequent experience in the nutrition industry, research, academia, writing or clinical practice, and demonstration of authored nutrition papers, texts, research, and patents.

The ethical obligations of the nutrition science professional include a commitment to continuous growth and development, professionalism across disciplines, and the highest standards of patient/client nutrition care. This serves to clarify to current and future certificants, and to those served by certificants, the nature of the ethical responsibilities held in common by its certificants. All individuals certified by the BCNS are required to adhere to the code of ethics.

Purpose of the Board for Certification of Nutrition Specialists Code of Ethics

The nutrition science professional has an obligation to demonstrate actions that reflect values, ethical principles, and ethical guidelines. The Board for Certification of Nutrition Specialists (BCNS) code of ethics sets forth these values and principles to guide conduct. It clarifies the social contract that dictates the profession's responsibilities to the patient/client, the public and the profession; and upholds the fundamental principle that the paramount purpose of the nutrition professional's services shall be to benefit the patient/client.

Code of Ethics, Principles and Interpretative Guidelines

The following ethical principles are based on the core values of the Board for Certification of Nutrition Specialists, and apply to all BCNS certificants. Guidelines included for each ethical principle are a non-exhaustive list of behaviors and situations that can help to clarify the principle. They are not meant to be a comprehensive list of all situations that can occur.

A CNS/CNS-S that is clinically practicing nutrition care agrees to adhere to the following code of ethics, principles and interpretative guidelines:

- Foremost, do no harm. A CNS/CNS-S consciously avoids harmful actions or omissions, embodies high ethical standards and adheres to all applicable local, state, and federal laws and regulations in the choices he or she makes.
- A CNS/CNS-S places service, and the health and welfare of other persons before self-interest, and conducts oneself in the practice of the profession so as to bring honor to oneself, peers and to the nutrition science profession.

- A CNS/CNS-S respects and understands that he or she is a health care professional dedicated to providing competent and scientifically sound nutritional and other appropriate care within their own scope of practice, with compassion and respect for human dignity and rights.
- A CNS/CNS-S employs his/her best good faith efforts to provide unbiased information and facilitate understanding to enable the patient/client to make informed choices in regard to all recommended plans of care or assessment. The patient/ client should make his or her own determination on such recommendations and assessment. A CNS/CNS-S shall not mislead patients into false or unjustified expectations of favorable results of treatment.
- A CNS/CNS-S upholds the standards of professionalism, and is honest in all professional interactions. A nutrition science professional will additionally be knowledgeable about established policies and procedures for handling concerns about unethical behavior. These include policies and procedures created by BCNS, licensing and regulatory bodies, employers, supervisors, agencies and other professional organizations (see BCNS Disciplinary and Complaint Policy).
- A CNS/CNS-S upholds the standards of professionalism and commits to performing his/her duties competently, safely and ethically. Drug and alcohol abuse will not be tolerated by the BCNS. Any person discovered using alcohol or drugs in a professional practice will be subject to discipline, including certification revocation (see BCNS Disciplinary and Complaint Policy).
- A CNS/CNS-S respects the rights of patients, clients, colleagues and other health professionals, and safeguards patient/client confidence, trust and privacy in accordance with the law. This includes, but is not necessarily limited to, being familiar with and carrying out all HIPAA compliance requirements.
- A CNS/CNS-S commits to the study, application and advancement of scientific knowledge, continues to seek nutritional and related health education, and makes relevant nutrition science information available to patients/clients, colleagues and the public. They also obtain consultation, and recognizes the talents of other health professionals when indicated, referring patients/clients to appropriate healthcare providers when their care requires services outside the scope of practice of a CNS.
- A CNS/CNS-S values his or her responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.
- A CNS/CNS-S truthfully and accurately states one's credentials, professional education and experiences. CNS and CNS-S may be used as a post-nominal credential. The Board for Certification of Nutrition Specialists does not recognize "board-eligible," and such nomenclature is to be avoided.

A CNS-S that is not clinically practicing nutrition care agrees to adhere to the following code of ethics, principles and interpretative guidelines:

- A CNS-S upholds the standards of professionalism, and is honest in all professional interactions. A nutrition science professional will additionally be knowledgeable about established policies and procedures for handling concerns about unethical behavior. These include policies and procedures created by BCNS, licensing and regulatory bodies, employers, supervisors, agencies and other professional organizations (see BCNS Disciplinary and Complaint Policy).
- A CNS-S upholds the standards of professionalism and commits to performing his/her duties competently, safely and ethically. Drug and alcohol abuse will not be tolerated by the BCNS. Any person discovered using alcohol or drugs in a professional practice would be subject to discipline, including certification revocation (see BCNS Disciplinary and Complaint Policy).
- A CNS-S respects the rights of clients, colleagues and other health professionals, and safeguards client confidence, trust, and privacy in accordance with the law. This includes, but is not necessarily limited to, being familiar with and carrying out all HIPAA compliance requirements.
- A CNS-S commits to the study, application, and advancement of scientific knowledge, continues to seek nutritional and related health education, makes relevant nutrition science information available to colleagues and the public, obtains consultation and recognizes the talents of other health professionals when indicated.
- A CNS-S values his or her responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.
- A CNS-S truthfully and accurately states one's credentials, professional education and experiences.
- CNS-S may be used as a post-nominal credential. The Board for Certification of Nutrition Specialists does not recognize "board-eligible," and such nomenclature is to be avoided.

BOARD *for* CERTIFICATION *of* NUTRITION SPECIALISTS℠

Differences between Clinical Nutrition Professionals and Registered Dietitians

Historical Background

The role of nutrition in preventing and treating chronic disease is increasingly recognized as central to both good health and health care cost containment. While historically, the Registered Dietitian has been the most familiar professional credential such is no longer the case. Evolving nutrition science has spawned many other training pathways and approaches apart from dietetics for becoming highly qualified in providing nutrition care. A changing professional landscape includes those whose primary profession is in providing nutrition care as well as other health professionals who recognize the importance of nutrition applied within in their primary specialty. Nutrition care is no longer confined to hospitals and other institutions and is accessed in the community by consumers directly as well as by referral from other professionals.

Credentialing

Private professional associations awarding nutrition credentials currently recognized by the National Commission for Certifying Agencies include:

- Board for Certification of Nutrition Specialists (BCNS)
- American Clinical Board of Nutrition (ACBN)
- Commission on Dietetic Registration (CDR)
  Both BCNS and CDR are recognized by the U.S. Bureau of Labor Statistics in its Occupational Handbook definition of Dietitians and Nutritionists.

Areas of Practice

- 92% of RDs are only accessible to the public through some type of institutional gateway such as hospital inpatient or outpatient departments or through government programs such as Woman, Infants, and Children (WIC).[1]
- Majority of clinical nutritionists or other health professionals with clinical nutrition specialties are employed in private practice, in health clinics, by corporations or colleges/universities.

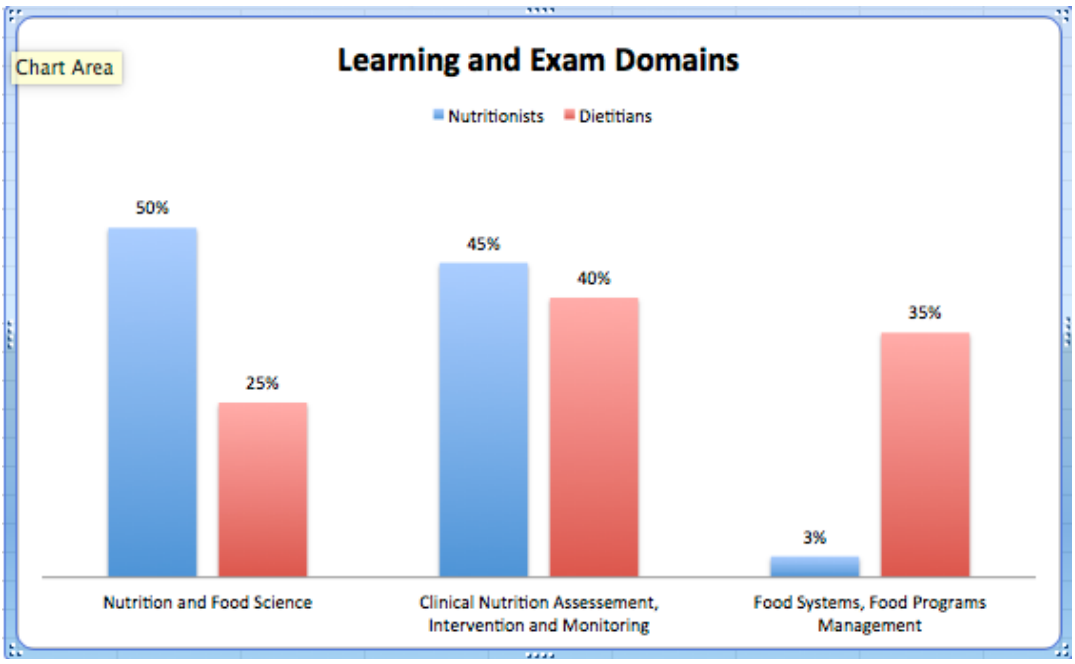
[1] American Dietetic Association Compensation and Benefits Survey of the Dietetics Profession 2009 in Winterfeldt, et al, Dietetics Practice and Future Trends, 2011, p.8.

Preparation

Each of the above three credentials require education through a regionally accredited college or university, a supervised practice component and a psychometrically validated exam.

- Certified Nutrition Specialist by BCNS requires Masters or Doctoral level of nutrition education
- Diplomate of the American Clinical Board of Nutrition by ACBN requires Masters or Doctoral level of nutrition education
- Registered Dietitian by CDR requires a Baccalaureate level of dietetics Education

The chart below highlights key difference in focus between Certified Nutrition Specialists (CNS) and Registered Dietitians (RD) based on 2017 exam comparison data from the Commission on Dietetic Registration and the Board for Certification of Nutrition Specialists.



This comparison illustrates the differences in core competencies of the two professions, inclusive of academic and experience preparation. Although there is some overlap, there are significant differences.

A significant part of dietitian preparation is in areas that are not fundamental to the nutritionist and vice versa.

1. The overlap occurs in the area of clinical application (assessment and intervention for nutritionists and nutrition care for dietitians).
2. Differences are as follows:
    a. Nutrition science is a major component of the nutritionist pathway (50%), but significantly smaller in the dietitian pathway (less than the 25% shown because that category for RDs also includes non-science topics).
    b. Food service management/food service systems is a major part of the dietitian pathway (35%), but relatively small in the nutritionist pathway (3%).
    c. Emphasis on nutritional biochemistry --
        i. Nutritionist pathway: considered a fundamental principle
        ii. Dietitian pathway: considered adjunctive to nutrition care

Exam Domain Comparison **see next page**

EXAMINATION DOMAIN COMPARISON CHART, as of 2017				
Certification Examination for Nutrition Specialists (BCNS) Content Domains	**%of Exam**	**Registration Examination for Dietitians (CDR) Content Domains**	**% of Exam**	**Difference**
NUTRITION SCIENCE 1. **Fundamental Principles of Nutrition** a. Epidemiology and biostatistics` b. Life cycle c. Energy balance and caloric values of foods d. Body composition and regulation of metabolism *e. Nutritional biochemistry* 2. **Nutrients and Human Health** a. Metabolism of nutrients b. Digestion, absorption, and transport of nutrients c. Function of nutrients d. Toxicity of nutrients e. Macronutrient sources and nutrient quality f. Micronutrient sources g. Nutrient requirements h. Bioactive components in foods i. Insufficiency/deficiency of nutrients	**50%**	1. **Principles of Dietetics** a. Food Science and Nutrient Composition of Foods b. Nutrition and Supporting Sciences c. Education, Communication and Technology d. Research application	**25%**	**Nutrition Science is weighted 2 times greater on Nutrition specialist exam**
CLINICAL APPLICATION 3. **Nutrition Assessment** a. Health and lifestyle history b. Biochemical and laboratory assessment c. Genetic/genomic factors d. Anthropometrics e. Assessment of diet impact on health status f. Identification of clinical status 4. **Clinical Intervention and Monitoring** a. Nutrition relationship to disease or system b. Drug-nutrient/ drug-herb interactions, c. Interactions between nutrients d. Dietary therapeutics and behavior optimization e. Nutraceutical and supplement therapeutics	**45%**	2. **Nutrition Care for Individuals and Groups** a. Screening and Assessment b. Diagnosis c. Planning and Intervention d. Monitoring and Evaluation	**40%**	
5. **Professional Issues** *a. Food quality and safety (3%)* b. Cultural issues, ethical standards and practice boundaries	**5%**	3. **Mgmt. of Food & Nutrition Programs & Services** a. Functions of Management b. Human Resources c. Financial Management d. Marketing and Public Relations e. Quality Management and Improvement 4. **Food Service Systems** a. Menu Development b. Procurement, Production, Distribution, and Service c. Sanitation and Safety d. Equipment and Facility Planning	**21%** **14%**	**Food service/food systems is weighted 7 times greater on dietitian exam**

BOARD *for* CERTIFICATION *of* NUTRITION SPECIALISTS℠

Appendix B

Proposed amendments to current rules under OH 4759

Please note:

We have highlighted paragraphs throughout the entirety of the rules that are either more restrictive than statute, or if simply implementing the statute, are a reflection of where the statute/"clearly articulated state policy is merely a pretext by which the board or commission enables the members of an occupation or industry the board or commission regulates to engage in anticompetitive conduct that could be subject to state or federal antitrust law if the action were taken by a private person or combination of private persons." (Am. Sub. H.B. No. 49 132nd G.A. Sec. 107.56(D))

There are comments throughout referencing the authorizing statute language, and below each paragraph in blue text we've included a Background section explaining how the rule relates to the statute, as well as a Problem section which illustrates challenges with the rule language, and a Suggested Change section beneath that. In the Suggested Change section, additional text is highlighted in green, and deleted text is reflected in ~~strike-through~~.

4759-4-01 Applications.

(A) Each applicant for initial licensure or renewal shall file a completed application with the board which demonstrates compliance with sections 4759.05 and 4759.06 of the Revised Code and this chapter.

(B) Applications shall be completed in ink, signed by the applicant, accompanied by the appropriate fee and by such evidence, statements or documents as specified or required. An electronic signature may be used on applications submitted on-line.

(C) The executive secretary/executive director, in consultation with staff, shall formulate the content of application forms to be used by applicants to the board. The board shall approve the content of the forms prior to their use. Applicants shall only submit applications on the forms approved by the board.

Each form shall contain, prior to the signature of the applicant, a statement that any applicant who knowingly makes a false statement on the application is guilty of a misdemeanor of the first degree under section 2921.13 of the Revised Code.

(D) Each applicant who is not a registered dietitian (RD) must forward an academic transcript from all degree granting institutions of higher education directly to the board or submit an official "student issued" copy.

1. Background: The authorizing statute 4759.05(A)(9) grants the board authority to formulate an application form for licensure.
    a. Problem: If the credential of one private association is accepted in lieu of more onerous paperwork and review requirements, other private nutrition credentials all recognized by the same national certifying organization should also be accepted.

Comment [BM1]: Authorizing statute: 4759.05(A)(9):

(9) Formulation of an application form for licensure or license renewal that includes the statement that any applicant who knowingly makes a false statement on the application is guilty of a misdemeanor of the first degree under section 2921.13 of the Revised Code;

b. Suggested Change: Each applicant who is not a registered dietitian (RD), a certified nutrition specialist (CNS), or who does not hold a nationally recognized credential in nutrition recognized by the National Commission on Certifying Agencies must forward an academic transcript from all degree granting institutions of higher education directly to the board or submit an official "student issued" copy.

(E) For the purpose of proving accreditation of a course of study at a foreign institution, an applicant shall have the applicant's academic credentials independently validated as equivalent by an accreditation agency that is recognized by the "Council for Higher Education Accreditation," or its predecessors, or have the applicant's academic credentials independently validated by an agency specializing in education evaluations which is acceptable to the board. A copy of the validation shall be attached to the application as part of the application.

(F) A licensee shall notify the board of a change of address providing at least a new address, telephone number, and signed request for the change. A licensee shall notify the board of a change of name by providing legal evidence of the name change and a signed request for the change.

(G) All applications, statements and documents submitted shall become the property of the board.

R.C. 119.032 review dates: 12/20/2012 and 12/20/2017
Promulgated Under: 119.03
Statutory Authority: 4759.05(A)
Rule Amplifies: 4759.05 , 4759.06, 4759.07, 4759.08
Prior Effective Dates: 11/30/87, 2/9/98, 3/15/03, 3/21/08

4759-4-02 Preprofessional experience.

(A) An applicant shall successfully complete a preprofessional dietetic experience that is approved by "The Academy of Nutrition and Dietetics" and is at least equivalent to the requirement for such programs adopted by "The Commission On Dietetic Registration."

1. Background: Combined with 4759.05(A)(3), one of the authorizing statutes for this rule is 4759.06(A)(6). This statute states that an applicant's preprofessional dietetic experience must be "approved by the academy of nutrition and dietetics", (AND) *or* "approved by the board under division (A)(3) of section 4759.05 of the Revised Code;".

    a. Problem: These combined statutes give the board authority to adopt requirements that are at least equivalent to AND, but do not require the board to accept *only* preprofessional experience that has been approved by AND or is *the same as* AND. Despite this, the board chooses to only accept preprofessional experience that has both been approved by AND, and matches the requirements of their affiliated certifying entity, the Commission on Dietetic Registration, or CDR. This eliminates other highly qualified nutritionists with different and sometimes more advanced credentials from qualifying for licensure. There are preprofessional experiences for nutrition practitioners that have requirements set by other, nationally recognized certifying bodies than AND/CDR. These practitioners are unable to have their preprofessional experience considered, are therefore unable to obtain licensure and are thus barred from employment as nutritionists in Ohio. The standard for licensure needs to be one that protects the public from harm by poorly trained providers, not one that only matches the requirements of one private association. This stifles both competition and innovation in a field with quickly advancing science and training.

    b. Suggested Change "An applicant shall successfully complete a preprofessional dietetic experience that is approved by "The Academy of Nutrition and Dietetics" and is at least equivalent to the requirement for such programs adopted by "The Commission On Dietetic Registration:", or nutrition experience approved by "The Board for Certification of Nutrition Specialists (BCNS) or another nationally recognized nutrition or dietetics organization approved by the Board. An applicant who provides evidence of current registration as an RD from CDR or current certification as a CNS from BCNS will be deemed to have met the preprofessional practice requirement.

(B) Doctoral degree alternative.

Comment [BM2]: Authorizing statutes for this entire rule: 4759.05(A)(3) and 4759.06(A)(6):

4759.05(A)(3): The Ohio board of dietetics shall:
(A) Adopt, amend, or rescind rules pursuant to Chapter 119. of the Revised Code to carry out the provisions of this chapter, including rules governing the following: ...
(3) Requirements for pre-professional dietetic experience of applicants for licensure as a dietitian that **are at least equivalent to the requirements adopted by the commission on dietetic registration**;

4759.06(A)(6) : (A) The Ohio board of dietetics shall issue or renew a license to practice dietetics to an applicant who: ... (6) Has successfully completed a pre-professional dietetic experience approved by the academy of nutrition and dietetics, **or experience approved by the board under division (A)(3) of section 4759.05 of the Revised Code;**

As an alternative to the requirements in paragraph (A) of this rule, the holder of a doctoral degree may meet the preprofessional dietetic experience by successfully completing a planned program of continuous experience in dietetic practice of not less than nine hundred hours under the supervision of a licensed dietitian in this state or a registered dietitian provided all the following conditions are satisfied:

1. Background: The doctoral degree pathway created by this rule requires the preprofessional experience be in "a planned program … under the supervision of a licensed dietitian in this state or a registered dietitian".

    a. Problem: The doctoral degree pathway in this rule requires the preprofessional experience be in "a planned program … under the supervision of a licensed dietitian in this state or a registered dietitian". Since a doctoral degree pathway is not explicitly defined in statute there is more room for flexibility in the rules. The rules currently limit the supervisor of the preprofessional experience to only licensed dietitians in Ohio and to registered dietitians in other states. It does not serve or protect the public interest to limit supervisors to licensed or registered dietitians while leaving out qualified supervisors with different, and sometimes more advanced, qualifications to those of licensed or registered dietitians. Remembering that the goal is protecting the public from unqualified providers, nutritionists with other nationally recognized credentials, such as the Certified Nutrition Specialist credential, as well as other licensed health care practitioners with nutrition in their scope of practice who demonstrate nutrition practice experience should be included as supervisors to expand the diversity and numbers of qualified professionals providing mentoring for new professionals.

    b. Suggested Change: "As an alternative to the requirements in paragraph (A) of this rule, the holder of a doctoral degree may meet the preprofessional dietetic or nutrition experience by successfully completing ~~a planned program of continuous~~ preprofessional experience in dietetic or nutrition practice of not less than nine hundred hours under the supervision of a licensed dietitian, licensed nutritionist, or licensed health care provider with nutrition in their scope of practice who demonstrates nutrition practice experience, in this state, or a registered dietitian, a certified nutrition specialist or any nutritionist holding a current nutrition credential recognized by the National Commission on Certifying Agencies provided all the following conditions are satisfied:"

(1) The applicant holds the doctoral degree from an accredited institution;

(2) The applicant has, as part of successfully completing either a baccalaureate or higher degree from an accredited institution, a major in any of the following subjects: human nutrition, food and nutrition, dietetics, food systems management, or public health nutrition;

1. Background: The statute does not require specific majors for a doctoral pathway.

    a. Problem: A finite list of majors fails to recognize that nutrition is a growing and expanding field of study. Titles of degrees and majors may vary by college or university across the nutrition profession and already exceed what is reflected in this rule. Recognition of additional titles as well as any major that is nutrition-related, i.e. intended to be a nutrition major, should be recognized. Additionally, many health care professionals seek specialty training and board certification in nutrition but already have the requisite science training from another degree. Thus they attain board certification based on the sum of required coursework rather than a specific degree. The education component is not a stand-alone requirement and is combined with supervised practice and an examination to ensure well-rounded practitioners.

    b. Suggested Change: (2) The applicant has, as part of successfully completing either a baccalaureate or higher degree from an accredited institution, a major in any of the following subjects: human nutrition, nutritional biochemistry, nutritional genomics, food and nutrition, dietetics, food systems management, or public health nutrition, or any nutrition-related major; or current certification from the Board for Certification of Nutrition Specialists or another current credential in nutrition recognized by the National Commission on Certifying Agencies.

(3) The applicant has submitted the program to the board for its approval and received approval prior to engaging in the planned program;

1. Background: Neither of the authorizing statutes require an applicant to obtain preapproval for their preprofessional experience, nor require it to be part of a "program".

    a. Problem: Many professionals in training find supervisors/placements as they proceed through their preprofessional experience and plan goals and objectives with the mentor for each stage. The function of the Board's rules is to provide clear guidance on the supervised practice requirement, but it should not be the discretionary function of rotating board members to allow or disallow an individual's supervised experience before it is undertaken. It is the applicant's responsibility to ensure their supervised practice hours meet state requirements.

b. Suggested Change: "~~The applicant has submitted the program to the board for its approval and received approval prior to engaging in the planned program~~"

(4) The experience meets requirements that are at least equivalent to the requirements adopted by "The Commission On Dietetic Registration"; and

1. Background: Neither of the authorizing statutes require that preprofessional experience requirements for individuals in a doctoral degree alternative pathway be at least equivalent to the requirements adopted by CDR.

a. Problem: Selecting one private association and one credential as the benchmark for a broader profession does not protect nor advance public health.

b. Suggested Change: The experience meets requirements that are at least equivalent to the requirements adopted by "The Commission On Dietetic Registration", "The Board for Certification of Nutrition Specialists", or another national nutrition certifying entity whose nutrition credential is recognized by the National Commission on Certifying Agencies; and

(5) Following completion of the program, the applicant shall submit a certificate of completion signed by the dietitian who supervised the program.

1. Background: There is no mention in statute of a required type of supervisor of the preprofessional experience for individuals in this pathway.

a. Problem: As noted above under 4759-4-02 Preprofessional experience, the doctoral degree pathway unnecessarily limits the supervisor of the preprofessional experience to only licensed dietitians in Ohio and to registered dietitians in other states, leaving out qualified supervisors such as advance degreed nutritionists who are not dietitians and other licensed health care practitioners with nutrition in their scope of practice who have demonstrated nutrition practice experience.

b. Suggested Change: Following completion of the program, the applicant shall submit a certificate of completion signed by ~~the~~ a licensed dietitian, a licensed nutritionist, or licensed health care provider with nutrition in their scope of practice who demonstrates nutrition practice experience, or a registered dietitian, a certified nutrition specialist or any nutritionist holding a current nutrition credential recognized by the National Commission on Certifying Agencies who supervised the experience. ~~program.~~ An applicant who provides evidence of current registration as a registered dietitian with The Commission on Dietetic Registration or current certification as a certified nutrition

specialist by the Board for Certification of Nutrition Specialists will be deemed to have met the preprofessional practice requirement.

For purposes of this paragraph, an "accredited institution" is either: an institution accredited to grant the degree described in this paragraph by an accrediting agency that is recognized by the "Council for Higher Education Accreditation" or its predecessors ; or an institution in a foreign country when the applicant presents evidence that the doctoral degree has been validated as equivalent to a degree under this paragraph by an institution accredited for such degrees in accordance with this paragraph or; by an agency specializing in educational credential evaluations which is acceptable to the board.

Effective: 04/01/2013
R.C. 119.032 review dates: 12/18/2012 and 12/18/2017
Promulgated Under: 119.03
Statutory Authority: 4759.05(A)
Rule Amplifies: 4759.05(A)(3), 4759.06(A)(6)
Prior Effective Dates: 11/30/87, 2/9/98, 3/21/08

4759-4-03 Examination.

(A) As a prerequisite to the issuance of an initial license, the applicant shall provide evidence of passing the examination designated in paragraph (B) of this rule.

(B) The board selects and approves of the examination for dietitians offered by "The Commission On Dietetic Registration".

1. Background: The authorizing statute 4759.05(A)(1) states that the Board must select and approve "a dietitian licensure examination offered by the commission on dietetic registration *or any other examination*". The use of the words "or any other examination" implies that the Board may choose to recognize additional exams.

    a. Problem: There are other nutrition examinations approved by the National Commission on Certifying Agencies as part of other credentials. Not recognizing them prevents others who have passed these exams from obtaining licensure and prevents recognition of new credentialing exams as the profession grows. This blocks innovation, employment, and patient/client access to qualified providers.

    b. Suggested Change: "The board selects and approves of the examination for dietitians offered by "The Commission On Dietetic Registration", for nutritionists offered by "The Board for Certification of Nutrition Specialists", or any other examination offered by a certifying entity as part of a nutrition credential that has been accredited by the National Commission for Certifying Agencies.

R.C. 119.032 review dates: 12/20/2012 and 12/20/2017
Promulgated Under: 119.03
Statutory Authority: 4759.05(A)
Rule Amplifies: 4759.05(A)(1)(2), 4759.06(A)(7), 4759.06(C)
Prior Effective Dates: 11/30/87, 2/9/98, 3/15/03, 3/21/08

Comment [BM3]: Authorizing statute for this rule: 4759.05(A)(1)

4759.05(A)(1):
The Ohio board of dietetics shall:
(A) Adopt, amend, or rescind rules pursuant to Chapter 119. of the Revised Code to carry out the provisions of this chapter, including rules governing the following:
(1) **Selection and approval of a dietitian licensure examination** offered by the commission on dietetic registration or any other examination;

4759-4-04 Continuing education.

(A) Each applicant for renewal of a license shall demonstrate compliance with the continuing education/professional development requirements of this rule.

(B) Each applicant for license renewal shall:

(1) Be a registered dietitian; or

(2) If not a registered dietitian, establish a five year continuing education cycle with the board, and adhere to that schedule for meeting requirements consistent with the options offered by "The commission on dietetic registration."

1. Background: The authorizing statute states that CE rules must be "consistent with" CDR's CE requirements, but also says that "the board may adopt rules to waive the requirements for a person who is unable to meet the requirements due to illness *or other reasons."* The board has decided to accept the RD certification in lieu of requiring an additional level of review or requirements for CE under (B)(2). Under (B)(1), the Board has already created an alternative option, and has the authority to do so under the authorizing statute's mention of "or other reasons". The term "or other reasons" could include already being registered or certified by a national nutrition certifying body.

    a. Problem: The existing language could bar nutritionists who are certified by entities other than CDR and/or who meet continuing education requirements for nutrition established by other professional associations or certifying entities from practicing.

    b. Suggested Change: (1) ~~Be a~~ Hold a current registration or certification as a registered dietitian, a certified nutrition specialist, or other credentialed nutritionist whose nutrition credential has been accredited by the National Commission for Certifying Agencies; or (2) If not a registered dietitian, certified nutrition specialist, or other nutritionist whose nutrition credential has been accredited by the National Commission for Certifying Agencies, establish a five year continuing education cycle with the board, and adhere to that schedule for meeting requirements consistent with the options offered by any certifying entity whose nutrition credential is recognized by the National Commission on Certifying Agencies. ~~"The commission on dietetic registration."~~

For each five year cycle an individual learning plan shall be submitted and approved by the board and a log of learning activities maintained by the licensee. A copy of the log shall be submitted directly to the Ohio board of dietetics postmarked by June thirtieth of the year

Comment [BM4]: Authorizing statute: 4759.05(A)(6):

(6) Continuing education requirements for renewal of a license, except that the board may adopt rules to waive the requirements for a person who is unable to meet the requirements due to illness or other reasons. Rules adopted under this division shall be consistent with the continuing education requirements adopted by the commission on dietetic registration.

that the cycle ends, and shall demonstrate successful completion of at least seventy-five continuing professional education units.

(C) Beginning in two thousand-five, on odd numbered calendar years, each applicant for renewal, reactivation, or reinstatement of a license shall report to the board completion of at least one continuing education unit of board approved education in jurisprudence.

Board approved programs in jurisprudence shall include approved programs and activities relating to current laws, rules, and regulations dealing with the practice of dietetics and recent changes that have occurred to those laws, rules, and regulations. A list of approved programs and activities will be posted on the board's web site.

1. Background: The authorizing statute does not address programs in jurisprudence.

    a. Problem: The existing language limits the approved programs in jurisprudence to covering the practice of dietetics, thereby excluding programs in jurisprudence that cover nutrition.

    b. Suggested Change: Board approved programs in jurisprudence shall include approved programs and activities relating to current laws, rules, and regulations dealing with the practice of dietetics and nutrition, recent changes that have occurred to those laws, rules, and regulations.

Replaces: 4759-4-04

R.C. 119.032 review dates: 12/20/2012 and 12/20/2017
Promulgated Under: 119.03
Statutory Authority: 4759.05(A)
Rule Amplifies: 4759.05(A)(6), 4759.06(A)(8), 4759.06(E)
Prior Effective Dates: 11/30/87, 2/9/98, 3/15/03, 3/21/08

4759-4-05 Licensure by reciprocity.

If an applicant seeks licensure on the basis that the applicant has met equivalent requirements in another state or foreign country, the applicant shall attach to the application proof that the requirements of the other state or foreign country are equivalent to those of this state, unless the board has taken action recognizing that the requirements of the other state or foreign country to be waived are equivalent to similar requirements in this state.

R.C. 119.032 review dates: 12/20/2012 and 12/20/2017
Promulgated Under: 119.03
Statutory Authority: 4759.05(A)
Rule Amplifies: 4759.06(D)
Prior Effective Dates: 11/30/87

4759-4-06 Status categories.

(A) Inactive status.

A licensee may have a license placed in inactive status by written request to the board, signed by the holder of the license or the holder's legal guardian.

While a license is in inactive status, the licensee shall meet the cumulative continuing education/professional development requirements as required by rule 4759-4-04 of the Administrative Code, but is not required to pay the annual fee.

If a licensee fails to meet the continuing education/professional development requirements as prescribed in rule 4759-4-04 of the Administrative Code, the license may not be withdrawn from inactive status until any cumulative deficiency is corrected or waived by the board for good cause shown.

A license may be withdrawn from inactive status by completion of the application for reactivation, and providing evidence of compliance with cumulative continuing education/professional development requirements, and payment of the current reactivation fee.

An expired or lapsed license may not be placed in inactive status.

(B) Expired status.

A license not renewed by June thirtieth following its issuance is expired.

An expired license may not be placed in inactive status.

(C) Late status.

An application for renewal is late and the license is expired if it is postmarked after the thirtieth day of June but not later than the fifteenth day of August of the renewal year.

An individual seeking to renew an expired license during the late period shall complete the renewal application, and pay the current renewal and late fees.

An expired license may not be placed in inactive status during the late period.

(D) Lapsed status.

An expired license shall lapse after the fifteenth day of August of the renewal year.

An individual seeking to reinstate a lapsed, suspended, or revoked license shall complete the application for reinstatement, provide evidence of compliance with cumulative continuing education/professional development requirements as specified in rule 4759-4-04 of the Administrative Code, and pay the current reinstatement fee. The license may not be

reinstated until any cumulative deficiency is corrected or waived by the board for good cause shown.

A lapsed license may not be renewed or placed in inactive status.

Effective: 04/01/2013
R.C. 119.032 review dates: 12/18/2012 and 12/18/2017
Promulgated Under: 119.03
Statutory Authority: 4759.05(A)
Rule Amplifies: 4759.05(A)(5), 4759.06, 4759.08
Prior Effective Dates: 11/30/87, 2/9/98, 3/15/03, 3/21/08

4759-4-07 Failure to maintain licensure.

An individual seeking to reinstate a license which has lapsed for more than two years shall meet the current licensure requirements including passing the examination, completion of the application for reinstatement, and payment of the reinstatement fee.

This rule does not apply to the holder of a license in inactive status, or a registered dietitian.

1. Background: There is no statutory provision addressing procedures for failure to maintain licensure.

    a. Problem: Naming only one private credential for which its holders are not subject to a rule leaves out other private credential holders in good standing.

    b. Suggested Change: This rule does not apply to the holder of a license in inactive status, or a registered dietitian, certified nutrition specialist, or credentialed nutritionist whose nutrition credential has been accredited by the National Commission for Certifying Agencies.

R.C. 119.032 review dates: 12/20/2012 and 12/20/2017
Promulgated Under: 119.03
Statutory Authority: 4759.05(A)
Rule Amplifies: 4759.06(C)
Prior Effective Dates: 11/30/87; 2/9/98

4759-4-08 Limited permit.

(A) The board may grant a limited permit to a person who has completed the education and preprofessional requirements for licensure upon the following conditions:

(1) The person has filed a completed application for a limited permit and paid the appropriate fee;

(2) The application contains any required statements or transcripts verifying completion of the academic and preprofessional requirements in order to qualify to take the examination for licensure; and

(3) The applicant indicates intent to take the examination for licensure within seven months of the issuance of the limited permit.

(B) The permit shall expire if the permit holder fails to take the examination in a timely manner or fails the examination twice.

(C) Limited permits shall expire the following October thirty-first for those issued between April first and September thirtieth and the following April thirtieth for those issued between October first and March thirty-first.

(D) A limited permit may be renewed.

(E) A limited permit holder who fails the examination must report the results to the board office immediately.

(1) The first time the limited permit holder fails, the limited permit holder shall practice only under the direct supervision of an Ohio licensed dietitian as approved by the board.

1. Background: Supervisors for practitioners with a "limited permit" is not mentioned in the authorizing statutes.

a. Problem: It does not serve or protect the public interest to limit supervisors to state licensed dietitians while leaving out qualified supervisors with different, and sometimes more advanced qualifications, to those of licensed or registered dietitians. Nutritionists with other credentials, such as the Certified Nutrition Specialist credential, as well as other licensed health care practitioners with nutrition in their scope of practice with demonstrated nutrition experience, can and should be allowed to serve as supervisors in order to expand the diversity and numbers of qualified professionals providing mentoring for new professionals.

b. Suggested Change: "The first time the limited permit holder fails, the limited permit holder shall practice only under the direct supervision of an

Comment [BM5]: Authorizing statute: 4759.05(A)(4) and 4759.06(F):

4759.06(F): The board may grant a limited permit to a person who has completed the education and pre-professional requirements of divisions (A)(5) and (6) of this section and who presents evidence to the board of having applied to take the examination approved by the board under division (A)(1) of section 4759.05 of the Revised Code. A person holding a limited permit who has failed the examination shall practice only under the direct supervision of a licensed dietitian.

4759.06(F): The board may grant a limited permit to a person who has completed the education and pre-professional requirements of divisions (A)(5) and (6) of this section and who presents evidence to the board of having applied to take the examination approved by the board under division (A)(1) of section 4759.05 of the Revised Code. A person holding a limited permit who has failed the examination shall practice only under the direct supervision of a licensed dietitian.

Ohio licensed dietitian, a nutritionist, or licensed health care provider with nutrition in their scope of practice who demonstrates nutrition practice experience, or a registered dietitian, certified nutrition specialist, or any nutritionist holding a current nutrition credential recognized by the National Commission on Certifying Agencies.,~~as approved by the board~~."

(2) The second time the limited permit holder fails, the limited permit expires immediately.

(F) A limited permit shall not be issued to a person who has failed the examination two or more times.

(G) The licensed dietitian who provides direct supervision of a person who has failed the examination and holds a limited permit shall provide sufficient guidance and direction to enable the person to perform competently. Direct supervision means that the licensee providing the supervision needs to be readily available by telecommunication, or in person and the licensee must review the work of the supervisee at least every fourteen days. When reviewing the work of a supervisee, the licensee shall comply with standards for professional responsibility and practice set forth in Chapter 4759-6 of the Administrative Code.

1. Background: Supervisors for practitioners with a "limited permit" is not mentioned in the authorizing statutes.

a. Problem: It does not serve or protect the public interest to limit supervisors to state licensed dietitians while leaving out qualified supervisors with different, and sometimes more advanced qualifications, to those of licensed or registered dietitians. Nutritionists with other credentials, such as the Certified Nutrition Specialist credential, as well as other licensed health care practitioners with nutrition in their scope of practice can and should be allowed to serve as supervisors in order to expand the diversity and numbers of qualified professionals providing mentoring for new professionals.

b. Suggested Change: "The licensed dietitian, nutritionist, or licensed health care provider with nutrition in their scope of practice who demonstrates nutrition practice experience, or registered dietitian, certified nutrition specialist, or any nutritionist holding a current nutrition credential recognized by the National Commission on Certifying Agencies who provides direct supervision of a person who has failed the examination and holds a limited permit shall provide sufficient guidance and direction to enable the person to perform competently."

R.C. 119.032 review dates: 12/20/2012 and 12/20/2017
Promulgated Under: 119.03
Statutory Authority: 4759.05(A)
Rule Amplifies: 4759.05(A)(4), 4759.06(F), 4759.08(A)(3)
Prior Effective Dates: 11/30/87, 2/9/98, 3/15/03, 3/21/08

4759-4-09 License certificates and permits.

(A) The board shall prepare and provide to each new licensee a license certificate and to each permittee a permit identification card. The identification card shall contain the person's name, license number and date of expiration.

(B) Official certificates shall be signed by the chairman and be affixed with the raised seal of the board. Permit identification cards shall bear the signature of the chairman and/or the executive secretary/executive director.

(C) Any certificate and permit identification card issued by the board shall remain the property of the board and shall be surrendered to the board on demand.

(D) Neither the holder nor anyone else shall make any alteration on a certificate or identification card issued by the board.

(E) The board shall notify all licensees that licenses can be verified on the board's website. Official verification letters will be issued by the board upon request only.

Effective:	04/01/2013
R.C. 119.032 review dates:	12/18/2012 and 12/18/2017
Promulgated Under:	119.03
Statutory Authority:	4759.05(A)
Rule Amplifies:	4759.06

Prior Effective Dates: 11/30/87, 2/9/98, 3/21/08

4759-4-10 Prorated initial license fee.

For the purposes of section 4759.08 of the Revised Code the board waives fifty per cent of the initial licensure fee if the license is only valid for the period between April first and June thirtieth.

R.C. 119.032 review dates: 12/20/2012 and 12/20/2017
Promulgated Under: 119.03
Statutory Authority: 4759.05(A)
Rule Amplifies: 4759.08(A)(1), 4759.08(D)
Prior Effective Dates: 11/30/87, 2/9/98, 3/15/03

4759-4-11 Criminal records check.

(A) In addition to the requirements established in section 4759.06 of the Revised Code and agency 4759 of the Administrative Code, all applicants for an initial license or limited permit license to practice dietetics in the state of Ohio shall submit to a criminal records check conducted by the Ohio bureau of criminal identification and investigation in accordance with section 4759.06 1 of the Revised Code.

(B) The results of the criminal records check shall be received by the board prior to the issuance of an initial license to practice and the records check shall have been conducted no earlier that twelve months prior to the filing of the application with the board.

(C) An applicant requesting a criminal records check shall provide the Ohio bureau of criminal identification and investigation with the applicant's name, address, and any other information required by the bureau of criminal identification for the purpose of completing the criminal records check. In the request the applicant shall ask the superintendent of the bureau of criminal identification and investigation to obtain any information it has pertaining to the applicant from the federal bureau of investigation.

(D) The applicant shall cause the results of the criminal records check to be forwarded directly to the "Ohio Board of Dietetics at 77 South High St., Columbus, Ohio, 43215-6119." The board shall only accept results of a criminal records check submitted directly to the board from the Ohio bureau of criminal identification and investigation.

(E) The applicant shall bear all costs associated with the required criminal records check as determined by the Ohio bureau of criminal identification and investigation, the federal bureau of investigation, and by any agency with authority to charge a fee for fingerprint impressions.

(F) Prior to issuance of a license, the board will in its discretion evaluate the results of the criminal records check and information from any other source to determine if the applicant is eligible for a license.

(G) The results of the criminal records check are a confidential record and are not a public record for the purposes of section 149.43 of the Revised Code. Pursuant to section 4776.04 of the Revised Code the results are available for inspection by the applicant or applicant's legal representative during regular business hours. A legal representative requesting inspection of an applicant's criminal records shall have an appropriately filed letter of representation on file in the board office prior to inspecting the applicant's records.

(H) Background check reports will be retained in the board office for one year from the date of it's receipt or final action is taken upon the applicant's license, or until such time as the report is no longer of administrative value.

R.C. 119.032 review dates: 12/20/2012 and 12/20/2017
Promulgated Under: 119.03

Statutory Authority: 4759.05(A)
Rule Amplifies: 4759.06, 4759.061
Prior Effective Dates: 07/06/2009

4759-4-12 Consideration of military experience, education, training and term of service.

(A) Eligibility for licensure.

In accordance with Chapter 5903. of the Revised Code, the board has determined that there are no military programs of training, military specialties and lengths of service that are substantially equivalent to or which exceed the educational and supervised training requirements for licensure as a dietitian.

(B) Definitions related to military service and veteran status.

(1) "Military," in accordance with division (A) of section 5903.03 of the Revised Code, means the armed forces of the United States or a reserve component of the armed forces of the United States, including the Ohio national guard or the national guard of any other state.

(2) "Member" means any person who is serving in the military,

(3) "Veteran" means any person who has completed service in the military, and who has been discharged under honorable conditions or who has been transferred to the reserve with evidence of satisfactory service.

(C) License renewal and continuing education.

(1) For military members in active duty, the board shall waive the requirements of paragraph (C) of rule 4759-4-04 of the Administrative Code for jurisprudence continuing education.

(2) In accordance with section 5903.10 of the Revised Code, a licensee whose license expired due to the licensee's service in the armed forces of the United States or a reserve component of the armed forces of the United States, including the Ohio national guard or the national guard of any other state, shall be eligible for renewal of the expired license in accordance with section 4759.06 of the Revised Code, if the following conditions are met:

The licensee presents the board with satisfactory evidence that, not more than twelve months prior to the date the evidence is submitted to the board, the licensee was honorable discharged or separated under honorable conditions.

(D) Prorated initial license fee.

In accordance with paragraph (D) of rule 4759.08 of the Revised Code the board shall waive the prorated initial license fee for military service members.

(E) Prioritizing veterans and military members licensure applications.

Applications completed in accordance with section 4759.06 of the Revised Code will be processed within one to two business days.

Effective: 06/30/2014
R.C. 119.032 review dates: 12/20/2017
Promulgated Under: 119.03
Statutory Authority: 5903.03 ORC
Rule Amplifies: 5903.03 ORC

4759-4-13 Temporary license for military spouse.

(A) An individual whose spouse is ordered to active military duty in this state is eligible for a temporary military spousal license to practice as a licensed dietitian in accordance with section 4759.06 of the Revised Code.

(B) An application for a temporary military spousal license shall include the following:

(1) Proof that the applicant is married to an active duty service member of the armed forces of the United States;

(2) Proof that the applicant holds a valid, unrestricted license to practice dietetics in another jurisdiction of the United States;

Comment [BM6]: Authorizing Statute: 4759.06(D): The board may waive the requirements of division (A)(5), (6), or (7) of this section or any rules adopted under division (A)(7) of section 4759.05 of the Revised Code, if the applicant presents satisfactory evidence of education, experience, or passing an examination in another state or a foreign country, that the board considers the equivalent of the requirements stated in those divisions or rules.

1. Background: Nothing in the Dietetics Practice Act touches on military spouse licensure, however 4759.06(D) authorizes the Board to allow applicants who present "satisfactory evidence of education, experience, or passing an examination in another state or a foreign country, that the board considers the equivalent of the requirements stated..."

a. Problem: The concept behind 4759-4-13 and the national movement to expedite licensure for military spouses is to make it *easier and quicker* for relocating military spouses to practice in their new state. The rule under 4759.06(D) is intended to make it easy for general applicants who have the education, experience, and passed exam to become licensed quickly. However 4759-4-13(B)(2) actually requires military spouses to do *more* to obtain licensure: provide proof of a valid license to practice dietetics in another state, something that's not required for other out-of-state applicants. This becomes even more of a problem because some states do not require or offer a license to practice dietetics or nutrition. Eliminating subsection (B)(2) of this rule would hold military spouses to the same standard, allowing them to meet requirements under 4759.06.

b. Suggested Change: ~~(2) Proof that the applicant holds a valid, unrestricted license to practice dietetics in another jurisdiction of the United States;~~

(3) Proof that the applicant's spouse is assigned to a duty station in Ohio and the applicant is also assigned to a duty station in Ohio pursuant to the spouses's active duty military orders; and

(4) The initial application fee of one hundred twenty-five dollars.

(C) A temporary military spouse license shall expire six months after the date of issuance and is not renewable.

Effective: 06/30/2014
R.C. 119.032 review dates: 12/20/2017
Promulgated Under: 119.03
Statutory Authority: 5903.03 ORC
Rule Amplifies: 5903.03 ORC

Appendix C

Ohio Board of Dietetics Minutes August and November 2014

OHIO BOARD OF DIETETICS
MINUTES OF THE BOARD MEETING
August 1, 2014
31st Floor, Board Room, Vern Riffe Center
Columbus, Ohio 10:00 A.M.

AGENDA ITEM #1 – CALL TO ORDER

BOARD MEMBERS PRESENT: Susan Finn, Christopher Taylor, John Ridgway, Judith Nagy

OTHERS PRESENT: Pat McKnight, Ohio Academy of Nutrition and Dietetics liaison (Consumer Protection Coordinator); Donald Davis, Compliance Specialist; Karen Morrison, OBD Executive Secretary; Melissa Wilburn, Assistant Attorney General.

Chairman Finn called the meeting to order at 10:03 a.m., noting that a quorum was in attendance. Ms. Finn welcomed the group.

AGENDA ITEM #2 – APPROVAL OF MINUTES OF MAY 23, 2014

The minutes of the May 23, 2014 regular Board meeting were presented to the Board by the Executive Secretary and they were reviewed and approved as submitted. The following motion resulted:

RESOLUTION #1

John Ridgway moved and Judith Nagy seconded a motion to approve the minutes of the May 23, 2014 regular Board meeting as submitted by the Executive Secretary. The motion was approved with vote as follows:

Susan Finn	**yes**	**John Ridgway**	**yes**
Christopher Taylor	**yes**	**Judith Nagy**	**yes**

AGENDA ITEM #3– APPROVAL OF LICENSES

Ms. Morrison presented the names of 10 individuals to the Board who were issued a Limited Permit license between May 23, 2014 and June 27, 2014 during Fiscal Year 2014. The Limited Permits expire on October 31, 2014. The following motion was made:

RESOLUTION #2

Christopher Taylor moved and Susan Finn seconded a motion to place upon the minutes of the August 1, 2014 meeting the names of 10 individuals who were issued a Limited Permit during Fiscal Year 2014 since the May 23, 2014 meeting of the Board. The names appear on the list presented to the Board by the Executive Secretary. (See attached list labeled Resolution #2)

The motion was approved with vote as follows:

Susan Finn	**yes**	**John Ridgway**	**yes**
Christopher Taylor	**yes**	**Judith Nagy**	**yes**

Ms. Morrison presented the names of 7 individuals to the Board who were issued a Limited Permit license between July 2, 2014 and July 25, 2014 during Fiscal Year 2015. The Limited Permits expire on October 31, 2014. The following motion was made:

RESOLUTION #3

Christopher Taylor moved and Susan Finn seconded a motion to place upon the minutes of the August 1, 2014 meeting the names of 7 individuals who were issued a Limited Permit during Fiscal Year 2015 since the May 23, 2014 meeting of the Board. The names appear on the list presented to the Board by the Executive Secretary. (See attached list labeled Resolution #3)

The motion was approved with vote as follows:

Susan Finn	**yes**	**John Ridgway**	**yes**
Christopher Taylor	**yes**	**Judith Nagy**	**yes**

Ms. Morrison presented the names of 6 individuals to the Board who were issued a pro-rated initial license between May 23, 2014 and June 13, 2014 during Fiscal Year 2014. The following motion was made:

RESOLUTION #4

Christopher Taylor moved and Susan Finn seconded a motion to place upon the minutes of the August 1, 2014 meeting the names of 6 individuals who were issued a pro-rated initial license during Fiscal Year 2014 since the May 23, 2014 meeting of the Board. The names appear on the list presented to the Board by the Executive Secretary. (See attached list labeled Resolution #4)

The motion was approved with vote as follows:

Susan Finn	**yes**	**John Ridgway**	**yes**
Christopher Taylor	**yes**	**Judith Nagy**	**yes**

Ms. Morrison presented the names of 46 individuals who were issued a license for the period between July 1, 2014 and July 25, 2014 for Fiscal Year 2015. The list included 41 initial licenses, 2 reactivations and 3 reinstatements. The following motion was made:

RESOLUTION #5

Christopher Taylor moved and Susan Finn seconded a motion to place upon the minutes of the August 1, 2014 meeting the names of 46 individuals who were issued a license for Fiscal Year 2015 between July 1, 2014 and July 25, 2014. There were 41 initial licenses, 2 reactivations and 3 reinstatements. The names appear on the list presented to the Board by

the Executive Secretary. (See attached list labeled Resolution #5) The motion was approved with vote as follows:

Susan Finn	**yes**	**John Ridgway**	**yes**
Christopher Taylor	**yes**	**Judith Nagy**	**yes**

AGENDA ITEM #4 – ENFORCEMENT REPORT- DON DAVIS

Mr. Davis presented the Enforcement Report for the period of May 23, 2014 to June 30, 2014 for Fiscal Year 2014. The enforcement statistics indicate that the period started with 10 open cases and 5 cases were closed at the May 23, 2014 Board meeting. One case was opened resulting in a pending caseload of six.

For the period of July 1, 2014 to August 1, 2014 for Fiscal Year 2015, the period started with 6 open cases. No cases were opened or closed prior to the August 1, 2014 meeting of the board, resulting in a pending caseload of six cases.

A summary of completed and pending cases was provided.

A copy of the Enforcement Report is attached to the minutes of this meeting.

AGENDA ITEM # 5 – EXECUTIVE SESSION – ENFORCEMENT

The Board moved into Executive Session at 10:15 a.m. with the following motion:

RESOLUTION #6

Susan Finn moved and John Ridgway seconded a motion for the Board to move into Executive Session pursuant to Revised Code Section 121.22(G) purposes of deliberation on matters pertaining to enforcement.

The motion was approved with roll call vote as follows:

Susan Finn	**yes**	**John Ridgway**	**yes**
Christopher Taylor	**yes**	**Judith Nagy**	**yes**

The Board came out of Executive Session at 10:30 a.m.

AGENDA ITEM #6 – FINDINGS, ORDERS, AND ACTIONS

Following Executive Session the following findings, orders and actions were made:

RESOLUTION #7

John Ridgway moved and Judith Nagy seconded a motion to close the following case for the reasons cited:

14OBD77 Unfounded

The motion was approved with vote as follows:

Susan Finn	**yes**	**John Ridgway**	**yes**
Christopher Taylor	**recused**	**Judith Nagy**	**yes**

STATUS OF BOARD ACTIONS

There were no board actions to report.

AGENDA ITEM #7 – FINANCIAL REPORT (FY14)

The financial report was presented by Ms. Morrison for the months of May – June 2014 including Allotments, Expenditures and Revenues to date. She reported that the available budget is $435.80 after encumbrances.

Routine expenditures occurred during the period including $41,339.08 in May 2014 and $27,024.13 in June 2014. Revenues of $153,565.00 in May and $119,205.00 in June were reported in OAKS. Total revenue for FY 2014 is $382,915.00.

A copy of the financial report is attached to the minutes of the meeting. The following motion was made:

RESOLUTION # 8

John Ridgway moved and Christopher Taylor seconded a motion to approve expenditures as presented for May and June 2014 and to accept the Financial Report as submitted to the Board by the Executive Secretary.
The motion was approved with vote as follows:

Susan Finn	**yes**	**John Ridgway**	**yes**
Christopher Taylor	**yes**	**Judith Nagy**	**yes**

Ms. Morrison sought the boards input and inquired whether they would approve the payment of monthly parking expenses for the exempt OBD staff, Ms. Morrison and Mr. Davis.

RESOLUTION #9

John Ridgway moved and Christopher Taylor seconded a motion to approve monthly parking expenditures for the exempt staff of the board of dietetics. The motion was approved with vote as follows:

Susan Finn	**yes**	**John Ridgway**	**yes**
Christopher Taylor	**yes**	**Judith Nagy**	**yes**

Ms. Morrison sought the boards input and inquired whether they would approve the exempt staff of the board to work flexible hours, such as four ten-hour days, provided that the office is staffed from 8:00 a.m. to 5:00 p.m. This will increase efficiency by reducing our weekly commuting times and also improve office efficiencies by scheduling routine appointments on the off days. Staff will alternate days off to ensure office coverage.

RESOLUTION #10

Christopher Taylor moved and John Ridgway seconded a motion to approve flexible work hours for the exempt staff of the board of dietetics. The motion was approved with vote as follows:

Susan Finn	**yes**	**John Ridgway**	**yes**
Christopher Taylor	**yes**	**Judith Nagy**	**yes**

AGENDA ITEM #8 – FINANCIAL REPORT (FY15)

Financial reports for FY15 were not available at the time of the board meeting.

AGENDA ITEM # 9– DISCUSSION OF VACANT SECRETARY POSITION

Ms. Morrison updated the board on the current status of the office functions. Mr. Davis and Ms. Morrison expressed their opinions that the workload is currently manageable. The board will not actively seek to fill the position at this time.

AGENDA ITEM #10 – FY16-17 BUDGET

Ms. Morrison discussed the upcoming budget for the FY16-17 biennium. The budget is due on September 17. Additional funds will be requested in anticipation of the E-license project, as the cost has been predicted to be several times the current amount, but still is pending.

AGENDA ITEM #11 – BOARD REPORTS

CHAIRMAN – Chairman Finn

Chairman Finn shared her experience regarding her recent appointment to the National Commission on Hunger. It is an eighteen month commission. During that time the committee is charged with developing recommendations for the 15 food and nutrition programs. The budget for the commission is one million dollars.

OAND LIAISON/CONSUMER PROTECTION COORDINATOR – Pat McKnight

Ms. McKnight discussed the recent passage of the CMS rule for diet order writing.
Ms. McKnight reported that the Academy of Nutrition and Dietetics was impressed that OBD had the foresight to draft and implement an administrative rule over one year ago to address the CMS rule which had not been drafted at that time.

Ms. McKnight informed the board that the 7th Legislation and Public Policy Day (for students and interns) is October 14, 2014. She shared the agenda with the board. The next Legislative day for dietitians is March 25, 2015.

Ms. McKnight informed the board that the Academy of Nutrition and Dietetics has new credentialing for Dietetic Technician Registered (DTR). The DTRs are now able to identify their degree in their signature. Examples are: a DTR who has an associate's degree would sign NAME, AA, DTR. Likewise if a DTR has a bachelor's of science, they would include BS, DTR after their signature. Other changes include the option to use NDTR for Nutrition and Dietetics Technician, Registered.

Ms. McKnight reported that the public member vacancy remains to be filled.

DIRECTORS REPORT – Karen Morrison

Ms. Morrison reported on the MBE (Minority Business Enterprise) scorecard. All agencies must spend 15% of their eligible expenditures with MBE vendors, per Ohio law. The Board of Dietetics exceeded 15%, spending 26.46% with MBE vendors.

Ms. Morrison shared the Management Letter from the State Auditor's office for the audit period of FY13 and FY14. She was pleased to report the agency had no findings or recommendations. A copy of the management letter is attached to the minutes of the meeting.

Ms. Morrison reminded the board that a presentation and additional documents were sent by the CNS (Certified Nutrition Specialist) executive director. This will be on the November 14, 2014 agenda.

Ms. Morrison sought the boards input for questions from Ms. Gupta about activities she has inquired about doing. After brief discussion it was determined that Guideline F should be reiterated, specifically "*Collection of nutritionally relevant data, whether gathered manually or by nutrient analysis software is beyond the jurisdiction of the Board. However, the manner in which the data is utilized may be the practice of dietetics. A dietitian license is required to interpret the results, provide nutritional assessments, recommend appropriate nutritional intake, and provide nutritional counseling or education as components of preventive, curative and restorative health care, unless specifically exempted from licensure.*"

Ms. Morrison provided an update from the Boards and Commissions management group. The Ohio Business Compliance Program Incentive was introduced and discussed.

Ms. Morrison shared the 2014 Combined Charitable Campaign Agency Goal with the board. These contributions are from individuals, not agency funds.

AGENDA ITEM #12 – UPCOMING MEETINGS

November 14, 2014
February 6, 2015
May 1, 2015
August 7, 2015
November 6, 2015

AGENDA ITEM #13 – FY15 RENEWAL UPDATE

As of August 1, 2014, renewal statistics are as follows:

Renewed online:	3,650
Renewed via paper:	84
Have not renewed:	125
Changed to inactive:	97
Changed to expired:	13

AGENDA ITEM #14 – DISCUSSION OF PERTINENT LEGISLATIVE ISSUES

Ms. McKnight discussed current legislative issues. HB 264 sponsored by Representative Wachtmann is the "safe at school" bill for children with diabetes. It passed the House and the Senate. The bill is in the process of implementation. Workshops are being developed to guide individuals on fulfilling the intentions of the bill.

AGENDA ITEM #15 & #16 – SUBCOMMITTEE MEETINGS AND REPORTS

Five learning plans were received by the board after the May 23, 2014 meeting of the board.

The Education subcommittee reviewed four Continuing Education / Professional Development Learning Plans and one Professional Development Learning Log. The Rules committee did not have any items to discuss. The applications committee did not have any items to discuss.

Each committee provided a brief report.

EDUCATION COMMITTEE – The Education committee reported that they reviewed four and approved three Professional Development Learning Plans. They reviewed and approved one learning log.

RULES COMMITTEE – The Rules committee did not have any items to discuss.

APPLICATIONS COMMITTEE- The applications committee did not have any items to discuss.

NEW BUSINESS – There was no new business to report at this time.

AGENDA ITEM #17 – PRESENTATIONS SINCE MAY 23, 2014 MEETING

*MetroHealth Medical Center	May 2014	4 dietetic interns
*Youngstown State University	June 2014	10 undergraduates/interns

*SKYPE presentation

AGENDA ITEM #18 – ANNUAL ETHICS REQUIREMENT

The full board and staff participated in an e-course sponsored by the Ethics Commission for one hour. The minutes serve as documentation for attendance in the annual ethics training requirement.

AGENDA ITEM #19 – ADJOURNMENT

A motion was made to adjourn the meeting. There was consensus by the Board to adjourn the August 1, 2014 meeting of the Ohio Board of Dietetics at 2:45 p.m.

Respectfully submitted,

Karen Morrison **Date** 11/14/14
Karen Morrison, Executive Secretary
Ohio Board of Dietetics

Susan Finn **Date** 11/14/14
Susan Finn, Chairman
Ohio Board of Dietetics

Date 11/14/14
Witness

OHIO BOARD OF DIETETICS
MINUTES OF THE BOARD MEETING
November 14, 2014
31st Floor, Board Room, Vern Riffe Center
Columbus, Ohio 10:00 A.M.

AGENDA ITEM #1 – CALL TO ORDER

BOARD MEMBERS PRESENT: Susan Finn, Christopher Taylor, John Ridgway, Judith Nagy, Joseph Nigh

OTHERS PRESENT: Pat McKnight, Ohio Academy of Nutrition and Dietetics liaison (Consumer Protection Coordinator); Donald Davis, Compliance Specialist; Karen Morrison, OBD Executive Secretary; Steve Kochheiser, Assistant Attorney General.

Chairman Finn called the meeting to order at 10:04 a.m., noting that a quorum was in attendance. Ms. Finn welcomed the group and welcomed our most recently appointed board member, Joseph Nigh, Esq.

AGENDA ITEM #2 – APPROVAL OF MINUTES OF AUGUST 1, 2014

The minutes of the August 1, 2014 regular Board meeting were presented to the Board by the Executive Secretary and they were reviewed and approved as submitted. The following motion resulted:

RESOLUTION #1

John Ridgway moved and Christopher Taylor seconded a motion to approve the minutes of the August 1, 2014 regular Board meeting as submitted by the Executive Secretary.
The motion was approved with vote as follows:

Susan Finn	**yes**	**John Ridgway**	**yes**
Christopher Taylor	**yes**	**Judith Nagy**	**yes**
Joseph Nigh	**yes**		

AGENDA ITEM #3 – APPROVAL OF LICENSES

Ms. Morrison presented the names of 10 individuals to the Board who were issued a Limited Permit license between August 1, 2014 and November 7, 2014 during Fiscal Year 2015. Two of the ten Limited Permits expired on October 31, 2014. Eight of the ten Limited Permits expire on April 30, 2015. The following motion was made:

RESOLUTION #2

Christopher Taylor moved and John Ridgway seconded a motion to place upon the minutes of the November 14, 2014 meeting the names of 10 individuals who were issued a Limited Permit during Fiscal Year 2014 since the August 1, 2014 meeting of the Board. The names appear on the list presented to the Board by the Executive Secretary. (See attached list labeled Resolution #2)

The motion was approved with vote as follows:

Susan Finn	**yes**	**John Ridgway**	**yes**
Christopher Taylor	**yes**	**Judith Nagy**	**yes**
Joseph Nigh	**yes**		

Ms. Morrison presented the names of 145 individuals who were issued a license for the period between August 1, 2014 and November 12, 2014 for Fiscal Year 2015. The list included 126 initial licenses, 6 reactivations and 13 reinstatements. The following motion was made:

RESOLUTION #3

Christopher Taylor moved and Susan Finn seconded a motion to place upon the minutes of the November 14, 2014 meeting the names of 145 individuals who were issued a license for Fiscal Year 2015 between August 1, 2014 and November 12, 2015. There were 126 initial licenses, 6 reactivations and 13 reinstatements. The names appear on the list presented to the Board by the Executive Secretary. (See attached list labeled Resolution #3) The motion was approved with vote as follows:

Susan Finn	**yes**	**John Ridgway**	**yes**
Christopher Taylor	**yes**	**Judith Nagy**	**yes**
Joseph Nigh	**yes**		

AGENDA ITEM #4 –ELECTION OF OFFICERS FOR CALENDAR YEAR 2015

Chairman Finn indicated that the informal procedure for the election of officers for calendar 2015 is for the Board Chairman to request nominations from the floor for the leadership positions of Board Chairman and Vice Chairman. Ms. Finn called for nominations.

The following motions resulted: **RESOLUTION # 4**

John Ridgway moved and Judith Nagy seconded a motion to nominate Christopher Taylor for Chairman of the Ohio Board of Dietetics for calendar year 2015 effective January 1, 2015. Christopher Taylor accepted the nomination.

The motion was approved with vote as follows:

Susan Finn	**yes**	**John Ridgway**	**yes**
Joseph Nigh	**yes**	**Judith Nagy**	**yes**
Christopher Taylor	**abstain**		

RESOLUTION # 5

Judith Nagy moved and Joseph Nigh seconded a motion to elect John Ridgway as Vice-Chairman of the Ohio Board of Dietetics for calendar year 2015, effective January 1, 2015. Mr. Ridgway accepted the nomination.

The motion was approved with vote as follows:

Susan Finn	**yes**	**John Ridgway**	**abstain**
Christopher Taylor	**yes**	**Judy Nagy**	**yes**
Joseph Nigh	**yes**		

Chairman Finn thanked the Board members for agreeing to serve in the leadership positions during calendar year 2015. She indicated that it is traditional for the incoming Chairman to make committee appointments at this time, and asked Ms. Morrison to describe the current committees and their make-up.

Appointment of Board Committees for Calendar Year 2015

Ms. Morrison described the current make-up of Board committees. The 2014 committees included the following:

Probable Review Panel: Board Vice-chairman, AAG, Compliance Specialist, Director

Application Review: Dietitian member, Compliance Specialist, AAG, Director

Continuing Education / Professional Development: Educator member, Director, Dietitian member

Rules Committee: Public member, Dietitian member, ODA liaison, Compliance Specialist, Director

The consensus of the Board was to continue the same committees and member make-up for 2015. The Board members were polled for their individual interest in service on particular committees.

The following Board member committee assignments were made:

Ms. Finn	Rules Committee
Mr. Taylor	Education
Mr. Ridgway	Probable Review and Education Committees
Ms. Nagy	Education and Application Committees
Mr. Nigh	Rules Committee
Ms. McKnight	Rules Committee

Ms. Morrison agreed to coordinate committee meetings and agendas as required for the work of the committees.

AGENDA ITEM #5 - ANNUAL ENFORCEMENT AND FY15 ENFORCEMENT REPORTS - DON DAVIS

Mr. Davis presented the Annual Enforcement Report for Fiscal Year 2014. There were three cease and desist letters sent, one consent agreement and 77 cases investigated. There were three investigations on unlicensed individuals.

A copy of the Annual Enforcement Report was provided and is attached to the minutes of this meeting.

Mr. Davis presented the Enforcement Report for the period of August 2, 2014 to November 14, 2014 for Fiscal Year 2015. The enforcement statistics indicate that the period started with 6 open cases and 1case was closed at the August 1, 2014 Board meeting. One hundred and nine cases were opened resulting in a pending caseload of 114.

For the period of July 1, 2014 to August 1, 2014 for Fiscal Year 2015, the period started with 6 open cases. No cases were opened or closed prior to the August 1, 2014 meeting of the board, resulting in a pending caseload of one hundred and fourteen cases.

A summary of completed and pending cases was provided.

A copy of the Enforcement Report is attached to the minutes of this meeting.

AGENDA ITEM # 6 – EXECUTIVE SESSION – ENFORCEMENT

The Board moved into Executive Session at 10:25 a.m. with the following motion:

RESOLUTION #6

Christopher Taylor moved and John Ridgway seconded a motion for the Board to move into Executive Session pursuant to Revised Code Section 121.22(G) purposes of deliberation on matters pertaining to enforcement.

The motion was approved with roll call vote as follows:

Susan Finn	**yes**	**John Ridgway**	**yes**
Christopher Taylor	**yes**	**Judith Nagy**	**yes**
Joseph Nigh	**yes**		

The Board came out of Executive Session at 11:05 a.m.

AGENDA ITEM #7 – FINDINGS, ORDERS, AND ACTIONS

Following Executive Session the following findings, orders and actions were made:

RESOLUTION #7

John Ridgway moved and Joseph Nigh seconded a motion to close the following cases for the reasons cited:

15OBD01	**Misuse of title came into compliance**
15OBD02	**Moral Character, unfounded**
15OBD03-104	**Expired without reason, unfounded**
15OBD105	**Moral Character, unfounded**
15OBD106	**Limited Permit expired without reason, unfounded**
15OBD107	**Limited Permit expired without reason, unfounded**
15OBD108	**Limited Permit expired without reason, unfounded**
15OBD109	**Moral Character, unfounded**

The motion was approved with vote as follows:

Susan Finn	**yes**	**John Ridgway**	**yes**
Christopher Taylor	**recused**	**Judith Nagy**	**yes**
Joseph Nigh	**yes**		

STATUS OF BOARD ACTIONS

There were no board actions to report.

AGENDA ITEM #8 – RULE 4759-6-02(C) (3)

The Board discussed inquiries related to the interpretation of Section 4759-6-02 (C) (3) of the Ohio Administrative Code related to CMS State Operations Manual §482.28 – Conditions of Participation (CoPs): Food and Dietetic Services, released in July 2014.
It is the position of the Ohio Board of Dietetics that licensed dietitians in Ohio have the authority to pursue the privileging process in accordance with CMS and based on 4759.05 of the ORC and 4759-6-02 C 3 of the OAC. The board remains aligned with the Academy of Nutrition and Dietetics and Centers for Medicare and Medicaid Services for therapeutic diet privileging. It is also the position of the Ohio Board of Dietetics that Guideline J is obsolete and shall be removed from the website.

RESOLUTION #8

Joseph Nigh moved and John Ridgway seconded a motion to clarify the Board's position.

The motion was approved with vote as follows:

Susan Finn	**yes**	**John Ridgway**	**yes**
Christopher Taylor	**yes**	**Judith Nagy**	**yes**
Joseph Nigh	**yes**		

AGENDA ITEM #9 – CONFIDENTIALITY

The board discussed the importance of possibly adding a confidentiality chapter to ORC 4759. Wording for the confidentiality statue was discussed. There will be ongoing discussion at future meetings.

RESOLUTION #9

Joseph Nigh moved and Christopher Taylor seconded a motion to support the effort of the association to modify or add language to a statue related to the confidentiality of complaints and investigations.

The motion was approved with vote as follows:

Susan Finn	**yes**	**John Ridgway**	**yes**
Christopher Taylor	**yes**	**Judith Nagy**	**yes**
Joseph Nigh	**yes**		

AGENDA ITEM #10 – CUSTOMER SERVICE STANDARDS

In accordance with ORC § Sec. 121.91 (A), the board developed customer service standards. These will be used for each position, as all of the positions have a substantial amount of contact with the public. The customer service standards are attached to the minutes of the meeting and will be posted on the Ohio Board of Dietetics website. The board also developed a course of action for the customer service standards to be measured based on surveys to licensed dietitians in Ohio. A survey on survey monkey will be developed and five-hundred licensees will be surveyed annually. The survey will begin February 2015 and each February thereafter. The customer service standards are attached to the minutes of the meeting.

RESOLUTION #10

Christopher Taylor moved and Judith Nagy seconded a motion to adopt Customer Service Standards in accordance with ORC § Sec. 121.91 (A).

The motion was approved with vote as follows:

Susan Finn	**yes**	**John Ridgway**	**yes**
Christopher Taylor	**yes**	**Judith Nagy**	**yes**
Joseph Nigh	**yes**		

AGENDA ITEM #11 - ANNUAL AND FY15 FINANCIAL REPORTS

The annual financial report presented by Ms. Morrison showed that after encumbrances, the board had a remainder of $2,057.35 for FY 2014. Total revenue for FY 2014 was $382,915.00. The annual report is attached to the minutes of the meeting.

The financial report was presented by Ms. Morrison for the months of July – September 2014 including Allotments, Expenditures and Revenues to date. She reported that the available budget is $245,928.02 encumbrances.

Routine expenditures occurred during the period including $19,318.69 in July, $34,262.54 in August and $18,314.89 in September 2014. Revenues of $88,232.50 in July, $9,832.52 in August and $5,154.98 in September were reported in OAKS. Total revenue for FY 2015 is $103,790.00.

A copy of the financial report is attached to the minutes of the meeting. The following motion was made:

RESOLUTION # 11

Christopher Taylor moved and Joseph Nigh seconded a motion to approve expenditures as presented for July – September 2014 (FY15) and to accept the Financial Report as submitted to the Board by the Executive Secretary. The motion was approved with vote as follows:

Susan Finn	**yes**	**John Ridgway**	**excused**
Christopher Taylor	**yes**	**Judith Nagy**	**yes**
Joseph Nigh	**yes**		

AGENDA ITEM #12 – BOARD REPORTS

CHAIRMAN – Chairman Finn

Chairman Finn welcomed our most recently appointed board member, Joseph Nigh and led introductions of the board members and staff. There was no further information to report.

OAND LIAISON/CONSUMER PROTECTION COORDINATOR – Pat McKnight

Ms. McKnight informed the board that the 7th Legislation and Public Policy Day (for students and interns) occurred on October 14, 2014. She shared the summary report with the board. It is attached to the minutes of the meeting. The next Legislative day, which is held for dietitians, is March 25, 2015.

Ms. McKnight reported that at the national conference (The Food and Nutrition Expo and Conference held in Atlanta Georgia this fall), a summit for licensure was included. This is evidence that the Academy for Nutrition and Dietetics strongly supports licensure and is encouraging all states to obtain licensure for dietetics. The Academy sponsors one person from each state to attend the summit and the conference.

DIRECTORS REPORT – Karen Morrison

Ms. Morrison discussed the designation of "Essential Employee" in accordance with Ohio Administrative Code Section 123:1-46-01, Weather Emergencies; DAS Directive HRD-11 and Weather Emergency Procedures. The board was asked the board to make a motion to designate one staff of the board to fulfill this role, that unless otherwise directed, essential employees are to report to work during a weather emergency.

RESOLUTION #12

Susan Finn moved and Christopher Taylor seconded the motion to designate Karen Morrison as an Essential Employee as defined by the Department of Administrative Services. The motion was approved with the following vote:

Susan Finn	**yes**	**John Ridgway**	**excused**
Christopher Taylor	**yes**	**Judith Nagy**	**yes**
Joseph Nigh	**yes**		

Ms. Morrison informed the board that the 2014 Workforce Plan is completed as required and will be sent to all board members.

Ms. Morrison reported that the biennial budget for FY16-17 was submitted on September 10. The amount budgeted was significantly higher than FY14-15 due to ongoing rate increases in all areas. Testimony will occur within the next few months.

Ms. Morrison reminded the board that the Legislative Services Commission report was emailed to all board members on November 4, 2014. There were no questions from the board regarding this report.

Ms. Morrison informed the board that there is a mandatory upcoming training for EEO. She will forward more information about the training as she receives it.

Ms. Morrison reported that the Office of Information Technology, DAS has changed their billing to quarterly instead of monthly. This decreases our agency's processing time for paying bills.

Ms. Morrison informed the board that the FY2015 rent cost has increased to $12.01 per square foot. The rate will be increasing to $15.24 by FY2016.

Ms. Morrison informed the board that there was an Ohio Shared Services rate adjustment from $12.25 per transaction to $9.75 per transaction for FY2015. This is due to standardization and decreased processing costs. It is planned that once accounts payable becomes more standardized, that those rates will also decrease.

Ms. Morrison reviewed the board attendance memo from the Governor's Office from August 20, 2014. The memo reiterated the Ohio Revised Code § 3.17 that board members failing to meet

the three-fifths attendance requirement during any two year period will forfeit their position on the board.

Ms. Morrison reported on the MBE (Minority Business Enterprise) scorecard. All agencies must spend 15% of their eligible expenditures with MBE vendors, per Ohio law. The Board of Dietetics exceeded 15%, spending 26.46% with MBE vendors. The Ohio Board of Dietetics was recognized at an award ceremony on September 24, 2014 at the King Arts Complex.

Ms. Morrison provided an update on the Elicense 2.0 (Versa) project. To date there is not sufficient data to determine the cost at this point. The first four boards are moving forward although the date to go live remains uncertain.

Ms. Morrison sought input from the board as to a "jurisprudence" topic for the upcoming renewal in May 2015. A one hour jurisprudence course is required biennially. The board provides a module and quiz on the OBD website to enable licensees a no cost, convenient method to complete this requirement. The topic will be related to clarifying the CMS rule on therapeutic diet order writing. The module will be posted on the OBD website mid-February.

Ms. Morrison followed through with the board's previous approval to purchase a digital check scanner. The scanner has arrived and staff will be trained on its use in the upcoming week. With limited staff, this eliminates the need to make deposits at the Treasure of State's office, and increases our availability to our customers.

AGENDA ITEM #13 – ADVANCED DEGREES

Ms. Morrison asked the board if they needed further information other than what we have, from the CNS (Certified Nutrition Specialist) executive director. The board wants to keep communication open and Ms. Morrison will be in contact if additional information is needed.

AGENDA ITEM #14 – DISCUSSION OF PERTINENT LEGISLATIVE ISSUES

There were no pertinent legislative issues to report at this time.

AGENDA ITEM #15 & #16 – SUBCOMMITTEE MEETINGS AND REPORTS

Three learning plans and one learning activity log were received by the board after the August 1, 2014 meeting of the board.

The Education subcommittee reviewed three Continuing Education / Professional Development Learning Plans and one Professional Development Learning Log. The Rules committee did not have any items to discuss. The applications committee did not have any items to discuss.

Each committee provided a brief report.

EDUCATION COMMITTEE – The Education committee reported that they reviewed and approved three Professional Development Learning Plans. They reviewed and approved one learning log.

RULES COMMITTEE – The Rules committee did not have any items to discuss.

APPLICATIONS COMMITTEE- The applications committee did not have any items to discuss.

NEW BUSINESS – There was no new business to report at this time.

AGENDA ITEM #17 – PRESENTATIONS SINCE AUGUST 1, 2014 MEETING

*University of Cincinnati	October 2014	30 undergraduates
Annual Policy Day (OAND)	October 2014	105 undergraduates/interns

*SKYPE presentation

AGENDA ITEM #18 – AGENDA ITEMS FOR NEXT MEETING

The following agenda items were requested for the next board meeting:

- Confidentiality
- Privileging

AGENDA ITEM #19 – ADJOURNMENT

Christopher Taylor moved and Joseph Nigh seconded a motion to adjourn the meeting. There was consensus by the Board to adjourn the November 14, 2014 meeting of the Ohio Board of Dietetics at 1:55 p.m.

Respectfully submitted,

Karen A. Morrison **Date** 2/6/15
Karen Morrison, Executive Secretary
Ohio Board of Dietetics

Susan Finn **Date** 2/6/15
Susan Finn, Chairman
Ohio Board of Dietetics

_____ **Date** 2/6/15
Witness

BOARD *for* CERTIFICATION *of* NUTRITION SPECIALISTS℠

Appendix D

Dietetics Board Report to State Representative Keith Faber, February 2017.

OHIO BOARD OF DIETETICS

77 SOUTH HIGH STREET, 18TH FLOOR
COLUMBUS, OH 43215-6119
Ph: (614) 466-3291
www.dietetics.ohio.gov

Dear Honorable Chairman Faber,

Please find in this document, responses to your request on behalf of the Ohio Board of Dietetics.

1. What is your department's primary purpose and objectives? **"The mission of the Ohio Board of Dietetics is to effectively protect the public by regulating the practice of dietetics through licensure, and by fairly and consistently enforcing the laws and rules governing nutritional practices."**
2. What is your department's past and anticipated workload, the number of staff required to complete that workload, and the department's total number of staff? Also provide a breakdown of how many staff work in administration, customer service, or in the field. **In the past there has been 3 FTE staff: 2 administration and one secretary. OBD's secretary accepted another position in May 2013. The executive secretary and the program administrator 2 absorbed the workload of that position and we have maintained our services with 2 FTE since 2013. For the FY18-19 OBD proposed budget you will notice that the secretary position was de-funded and those monies could fund operational expenses. This strategy allowed the Board to propose flat funding for FY18-19.**
3. Please identify the rules adopted by your department and explain how these rules are consistent with the legislative mandate of the department as expressed in the statutes that created and empowered the department. **Rules codified in Chapter 4759-01 through 4759-10 of the Ohio Administrative Code support the statute in the Ohio Revised Code, Chapter 4759.05 which sets out the authority and duties of the board, as approved and mandated by the legislature since 1987.**
4. Does your department's jurisdiction or any of its programs overlap or duplicate those of other departments? If so, what is the extent to which your department coordinates with those other departments and the extent to which the department's programs could be consolidated with the programs of other state departments? **Our services and responsibilities are cooperative and do not overlap or duplicate.**
5. Is your department necessary to protect the health, safety, or welfare of the public? If so, how? **Absolutely. The Board protects the public by licensing only qualified dietitians, responding to complaints, and pursuing complaints as determined**

necessary by the Board.

6. What is the amount of regulation exercised by your department compared to such regulation, if any, in other states? **Superior – most other states with dietetic licensure do not have a good complaint process, adequate staffing, or as clearly articulated laws and rules as we have in Ohio and they do not follow up appropriately. Ohio is a model.**
7. Describe the general costs and impact of your department's activities on Ohio's businesses and individuals. **For the licensees, they pay $125 for an initial license, $95 to renew, $65 for a limited permit, $180 to reinstate an expired license and $125 to reactivate an inactive license. The impact that licensed dietitians have in the state of Ohio, is ensuring the health and safety of the public. There are cost saving measures, to provide Medical Nutritional Therapy to manage or improve an individual's disease state. Neglecting to do this could cause the individuals condition to decline, thus costing more money to the individual. Physicians often defer to dietitians as the nutrition expert. They recognize that they simply do not have the time or the detailed knowledge in many cases, and a dietitian is a critical part of the healthcare team.**
8. Identify and explain your customer service standards and what methods you use to monitor or improve customer service at your agency. **The agency's customer service standards are listed below, and also on our website. Customers are randomly selected on a regular basis to participate in the Board's Survey Monkey survey. We receive emails and phone calls frequently from licensees, potential applicants and organizations in which gratitude is expressed for our promptness, clear information, being pleasant to work with, that OBD is so much easier than other states, and the list goes on. Too often these comments are not captured in an annual survey. We take pride in our jobs and provide the best customer service we can, often going above and beyond the expectations of the customer.**

Ohio Board of Dietetics Customer Service Standards

Ohio Board of Dietetics Customers:

- *The citizens of Ohio*
- *Students contemplating a career in nutrition and dietetics*
- *Students currently enrolled in nutrition and dietetics programs*
- *Individuals in closely related fields such as personal training or wellness coaching*
- *Colleges and universities that offer nutrition and dietetics degrees*
- *Licensees*
- *Employers or potential employers of licensees*

Federal, state and local government agencies

Nutrition and dietetics professional associations included but not limited to, the Academy of Nutrition and Dietetics, the Ohio Academy of Nutrition and Dietetics, and other District Dietetic Associations in Ohio.

Ohio Board of Dietetics Customer Service Goals:

We will treat all of our customers with courtesy and respect

We will provide high-quality service by a knowledgeable staff member

We will provide complete, accurate and precise information

We will regularly assess our customer's needs and level of satisfaction with our service

We will continue to improve our customer service based on customer feedback

Ohio Board of Dietetics Customer Service Standards:

1. The Board's regular office hours are Monday through Friday 8 a.m. to 5:00 p.m. except on Federal and State days of observance.

2. Questions from the public will be handled by the staff member who has the knowledge and expertise to respond to the subject matter of the call.

3. We will do our best to clarify the question being asked if the caller is not clear in their request

4. All questions from our customers will be answered completely and accurately.

5. If the staff member cannot answer the question or the question falls outside the staff member's duties, the customer will be transferred to the appropriate staff member or advised that the staff member will attempt to locate the answer and call the customer back.

6. If a question or complaint falls outside of the Board's jurisdiction, the customer will be referred to the appropriate agency whenever possible.

7. If the individual whom the caller is trying to reach is unavailable the caller will be transferred to voicemail.

8. All messages, telephone and email, will be returned within 2 business days whenever possible.

9. Voicemail messages and email out of office messages will provide the main office telephone number.

10. Calls will be answered in the order received. Callers will be placed on hold (with periodic updates) or transferred to voicemail if the individual they request is on another call or away from their desk.

11. When returning a customer's call, staff will leave their full name, agency name, telephone number and time available if they are leaving a message.

12. Written correspondence will be professional and the information contained therein will be complete, accurate and precise.

13. All applications will be reviewed and evaluated as soon as possible based on workload, with prioritization of military members.

14. The applicant will be contacted as soon as possible if additional or missing information is requested.

15. Received background checks will be reviewed daily, both electronically and by mail.

16. Applicants will be updated on the status of their application by telephone, email or written letter.

17. Approved applications will be processed as soon as possible in accordance with Board policy, giving priority to military members.

9. Please provide an assessment of the authority of your department regarding fees, inspections, enforcement, and penalties. **We are authorized by the ORC Chapter 4759 to fulfill the duties of the Board.**

10. Has your department's operation been impeded or enhanced by existing statutes and procedures and by budgetary, resource, and personnel practices? If so, which sections? **The Board aligns with the Commission on Dietetic Registration, the Academy of Nutrition and Dietetics and CMS regulations.**

11. Has your department recommended statutory changes to the general assembly that would benefit the public as opposed to the persons regulated by the department? If so, have those policies been adopted and implemented? **No**

12. Has your department required or requested any persons it regulates to report to it the impact of department rules and decisions on the public as they affect service costs and service delivery? **No**

13. Describe how your department encouraged public participation in its rule-making and decision- making? **Our stakeholders are notified of any rule changes or updates and the information is posted on our website, and open for comment. We accept and consider all comments. Also, the liaison from the Ohio Academy of Nutrition and Dietetics attends Board meeting. Regular Board meetings are open to the public.**

14. What is the process for formal public complaints that are filed with the department? And how are they resolved? **The Ohio Board of Dietetics (OBD) has a complaint form on the OBD website. Written complaints are mailed or emailed to the Board. We docket every complaint that is within the Board's jurisdiction pursuant to Chapter 4759 ORC, and notify the complainant of receipt. An investigatory plan is developed and pursued to collect pertinent facts and evidence and then the investigational information presented to the Board – who determines if charges are appropriate. Persons charged by the Board are afforded a hearing, and if requested the Board holds an administrative hearing. Upon the completion of hearings, findings and conclusions are considered by the Board and a determination is made on what action(s) or discipline should occur in order to achieve compliance with applicable laws and rules. When a case is closed for lack of sufficient evidence, or compliance is achieved the complainant is notified of the outcome of our findings.**

15. Does federal law require that Ohio perform some or all of the tasks of your agency? If so, what functions are required and how are they met? **No**

16. Please describe in detail how any state regulation or rule, of your department, exceeds or differs from any similar federal requirements with a similar impact. **n/a**

17. Please identify the department's practices and methods to comply with public records requests; any methods to make your records more generally available or online; the number of public records disputes during the last 2 years and the top 3 record types that are requested by the public.

When a public records request is received, it is acknowledged immediately with a date on which they can expect the request to be fulfilled. The timeframe is on average 24 hours. Approximately 10-12 public records requests are received on a regular basis from insurance companies or educational institutions, requesting the Boards attestation to education verification criteria. Examples of these companies are Aetna, American Specialty Health, Amerigroup Real Solutions, Aperture, Quality Network Management, Med Advantage, Medical Mutual of Ohio, Medversant, Molina, Optum, Well Care Plans, Inc., and Health Net Federal Services/TRICARE/VA Network Credentialing.

The Board also gets approximately 6-10 requests annually from Enclarity Data and Lexus Nexus for a list of all dietitians, licensure status, and contact information.

When the Board receives lengthy or complex public records requests, the Board seeks guidance and consults with the Assistant Attorney General assigned to the Board.

To the Board's knowledge, there have been no public records disputes.

If your department issues licenses, please answer the following:

1. Are such licenses required by federal law and, if so, what law(s)? **no**
2. What is the extent to which licensing ensures that practitioners have occupational skill sets or competencies that correlate with a public interest? What is the impact that those criteria have on applicants for a license, particularly those with moderate and low incomes, seeking to enter the occupation or profession? **To be licensed, dietitians must meet the minimum standards to practice. The Board has no absolute bars for licensure and evaluates each incident on a case by case basis. The profession is available to anyone willing to meet the educational requirements.**
3. What is the extent to which the requirement for the license stimulates or restricts competition, affects consumer choice, and affects the cost of services? **If an individual meets the educational requirements set forth by the Commission on Dietetic Registration and the Academy of Nutrition and Dietetics, they may apply for licensure.**

On behalf of the Board of Dietetics, thank you for inquiring about our responsibilities to the citizens of the state of Ohio.

Sincerely,

Karen Morrison

Karen Morrison, MBA, RD, LD
Executive Secretary

Judith Nagy, MEd, RD, CSG, LD, FAND
Chairman, Dietitian Member

Joseph Nigh, Esq
Vice Chairman, Public Member

Susan Finn, PhD, RD, LD, FADA
Dietitian Member

Christopher A. Taylor PhD, RD, LD
Educator Member

John H. Ridgway, MBA, RD, LD
Dietitian Member

Donald Davis, RD, LD
Compliance Specialist

Appendix E

National webinar created by the former Ohio Dietetics Board Executive Director to encourage filing of complaints by RDs against non-RDs explicitly for the purpose of competitive advantage.

Academy of Nutrition and Dietetics

Reporting Harm
Who, What, When, Where, Why and How?

Kay Mavko
Chair of Licensure Workgroup
Former Executive Director,
Ohio Board of Dietetics
State Regulatory Specialist, Ohio Dietetic Association

Why Should You Report ?

Academy of Nutrition and Dietetics

Without reports of violations and harm …

- No investigations
- No discipline
- Few Board actions
- Value of licensing Board gets questioned
- Board's Existence is diminished!
- Sunset can occur!

Why Report ?

Academy of Nutrition and Dietetics

- Because you are required to
- If RD's do not report harm, other groups may gain a competitive advantage
- Complacency will allow them to do so
- Board actions are your data for protecting your scope of practice!
- Competitive environment demands it!

BOARD *for* CERTIFICATION *of* NUTRITION SPECIALISTS℠

Appendix F

Certified Nutrition Specialist and Candidate Personal Letters

January 30, 2018

Lieutenant Governor Mary Taylor
Ohio Common Sense Initiative
CSIOhio@governor.ohio.gov

Lieutenant Governor Taylor and Ohio Common Sense Initiative Staff,

As you may know, through HB 49 last year, Ohio Dietetics Board recently became the Dietetics Advisory Council under the Medical Board. Rules promulgated by this Board prevent nutritionists who are not Registered Dietitians from legally practicing in this state.

I am a Doctor of Clinical Nutrition (DCN). I received my doctoral degree from Maryland University of Integrative Health (MUIH) in August 2017. I passed the Board for Certification of Nutrition Specialist's (BCNS) Certified Nutrition Specialist (CNS) exam in November 2017. I did my residency January-July 2017. The Ohio Board of Regents granted permission to MUIH for me to do my residency here in Ohio, which allowed me to obtain some of the supervised practice hours required to become a CNS.

However, while my residency is completed, I am not able to continue with getting the rest of my supervised practice hours needed to earn my CNS credential because there is no provision in state law allowing me to do so, and ultimately I would not be legally authorized to practice or obtain a license after that even if I could complete them. Ohio rules require one's supervisor to be a registered dietitian but due to the differences in training and my doctoral level training, it would be highly unlikely I could find a dietitian who would be an appropriate supervisor. It also has been a longstanding national problem for dietetics that there are not enough internship spots for dietetics students (many can never get the RD credential because of this) making it even less likely I would find any dietitian supervisor, much less one with appropriate training.

Since I am not legally allowed to provide nutrition care in Ohio, this has resulted in the substantial loss of income. I have not been gainfully employed in my advanced field of study since I switched careers in 2015.

I was a Superintendent of schools prior to my career switch. I am still currently licensed in public education and can teach at any level, any subject. I never dreamed that in moving on to a more specialized field of study, I would not be allowed to practice! Now I must figure out how to provide for my family and pay back my student loans. It is not realistic for me to move out of state at this point in my life. It is unbelievable to me that my state sanctions this monopoly and for no valid reason keeps well trained professionals from working.

BCNS is sending further detailed information on this situation and suggestions for fixing it. It is my desire that you will take a good look at this information and end the current overly restrictive laws to open up job opportunities for myself and other nutritionists, and improve access to nutrition care in Ohio.

If you would like to hear more about how this law has impacted my career, please contact me: Dr. Tara D. Meyerink, Integrative and Functional Nutrition Practitioner. 614-570-9288. Tvm.fdn@gmail.com

Please contact BCNS if you have questions about the broader legal and profession questions: Brittany Dawn McAllister, MPH, Advocacy Manager, Board for Certification of Nutrition Specialists. 737-484-1309. BMcAllister@nutritionspecialists.org

Thank you,

Dr. Tara D. Meyerink, DCN, FDN-P

January 30, 2018
Lieutenant Governor Mary Taylor
Ohio Common Sense Initiative
CSIOhio@governor.ohio.gov

Lieutenant Governor Taylor and Ohio Common Sense Initiative Staff,

I am writing to ask you to examine rules under the Medical Board's Dietetics Advisory Council. These rules, which were previously under the Ohio Dietetics Board, are the reason nutritionists such as myself can neither complete required pre-professional practice hours nor legally practice.

Soon I will have completed a Master's degree program in Human Nutrition from an accredited university, I plan to become a Certified Nutrition Specialist (CNS) by the Board for Certification of Nutrition Specialists (BCNS) and establish a nutrition practice that will allow me to use my education and training to help fellow Ohioans. Unfortunately, due to current dietetics rules in our state I am being prohibited from achieving either of these two goals.

The BCNS is also aware of these challenges with the Ohio law and will be contacting your office.

Contact information for the Board for Certification of Nutrition Specialists' Advocacy Manager as well as my own is listed below.

- Brittany Dawn McAllister, MPH, Advocacy Manager, Board for Certification of Nutrition Specialists
- 737 -484-1309
- BMcAllister@nutritionspecialists.org

- Ann Marie Musick-Stovall
- 937-776-5328
- ann_stovall@yahoo.com
- www.linkedin.com/in/annmarie2/

Thank you,

Ann Marie Musick-Stovall

Ann Marie Musick-Stovall

Lieutenant Governor Mary Taylor
Ohio Common Sense Initiative
CSIOhio@governor.ohio.gov

January 30th, 2018

Dear Lieutenant Governor Taylor and Ohio Common Sense Initiative Staff,

I am requesting that you review the rules written and enforced by the Ohio Dietetics Board (now the Medical Board's Dietetics Advisory Council under the Board of Medicine) that prevent credentialed nutritionists who are not Registered Dietitians from getting licensed and from practicing in Ohio.

I studied Nutrition at the University of Bridgeport in Connecticut, a Master's degree program in Human Nutrition, graduating in August 2015. After undergoing over 1,200 Hours of supervised internships with different medical practitioners over a 6+ month period, I passed a comprehensive exam and became certified as a Certified Nutrition Specialist in May 2016. I did this in California where I live now, *as there was no legal way for me to do my internships in Ohio.*

My parents-in-law and most of my wife's family is very well connected and rooted in the Madeira / Blue Ash area and her parents are aging. It could be any time now that my wife has to relocate back to Ohio and as the situation currently stands, when that time comes, I will not be able to work in my profession in Ohio, despite having extensive education, and a respected national credential. My clinical experience and nutrition services, while being of tremendous value to Ohio's public health, would go unutilized.

Since I am not a Registered Dietitian, I can not work in the profession I have trained for in Ohio and would have to commute to either Indiana or Kentucky every day to be able to work in my profession.

I have been in contact with my certifying organization, the Board for Certification of Nutrition Specialists (BCNS), about this issue. They will also be sending you information, which provides further detail on the necessary changes needed in order to end the market monopoly the Dietetics Board created for Registered Dietitians.

While BCNS is best suited to answer your questions about the anti-competitive nature of the laws and the changes needed, I am available to discuss how this law has impacted my personal career, my family and my employment prospects in Ohio and how it hampers the careers of my fellow nutritionists, along with the public health of Ohio residents.

Contact information for the Board for Certification of Nutrition Specialists' Advocacy Manager as well as my own is listed below.

- Brittany Dawn McAllister, MPH, Advocacy Manager, Board for Certification of Nutrition Specialists
  - 737-484-1309
  - BMcAllister@nutritionspecialists.org
- Jan Kielmann, MS, Certified Nutrition Specialist (CNS),
  Institute for Functional Medicine Certified Practitioner (candidate) (IFMCP),
  - 909-792-7570
  - jan.kielmann@gmx.net

Thank you for your consideration of this important issue and for your attention to my concerns.

Jan Kielmann, MS, CNS, IFMCP

January 30, 2018

Lieutenant Governor Mary Taylor
Ohio Common Sense Initiative
CSIOhio@governor.ohio.gov

Lieutenant Governor Taylor and Ohio Common Sense Initiative Staff,

As I listened to the CSI 2017 Mid-Year Report on your website, I was encouraged to hear that one of CSI's foundational principles is to challenge the status quo. For this reason, I request you review rules regulating the dietetics/nutrition profession under the Medical Board's Dietetics Advisory Council (formerly the Dietetics Board). These rules have created a barrier that has long prevented credentialed nutritionists, other than Registered Dietitians, from licensure and from practice in our state. As it stands now, the current regulatory climate regarding nutritionists will stymie my own future personal practice in Ohio. Please permit me to provide some background and an explanation.

In 2007, my husband, our family of four, and I became Ohio residents. Prior to that, we lived outside the country for 17 years. Every 5 years or so, we returned stateside for a visit. Each time, I witnessed a further degeneration of our nation's health which disturbed me greatly. So, in 2011, while the Ohio CSI began its efforts, I resumed my undergraduate education with the resolve to make a difference.

For two years I followed the dietetics educational path as it was (and still is) the only professional nutritionist educational course accepted under Ohio law. However, in 2013, I was introduced to a Master of Science program in nutrition at the University of Bridgeport (UB) in Connecticut. The program provides a rigorous biochemical and physiological study of nutrition as it impacts health and chronic disease on a metabolic/cellular level. As I became convinced of its efficacy, I completed, in 2014, a unique-to-me undergraduate degree in Liberal Studies at Wright State University which included courses in Ohio's history, our nation's current social issues, two elective graduate-level courses in current issues in human diseases and advanced immunology, as well as a self-designed course that reviewed historical dietary patterns of the United States.

In 2015, I entered UB's 41-credit MS program and am thankful to say I have just completed that, graduation pending. Included in the course work is a one-of-a-kind virtual clinic of 255 hours that has been evaluated and held eligible by the Board for Certification of Nutrition Specialists (BCNS) as supervised practice experience towards the Certified Nutrition Specialist (CNS) credential. However, this is only a portion of the 1,000 required practice hours. I now must seek a supervisor who meets the requirements of the Board for Certification of Nutrition Specialists (BCNS). But, the current regulations keep me from taking this final step in my training because the rules stipulate that preprofessional practice hours must be "approved by the Academy of Nutrition and Dietetics," a different certifying entity and one that only approves preprofessional practice hours for registered dietitians (OAC 4759-4-02). So, unless there is a change in Ohio law, I am unable to either complete those preprofessional hours or get licensed to work.

I recognize that the decisions I have made have left me with a large school debt. Yet, I took this path with that resolve to make a difference and with confidence, that by the time I got to this point, there would be a window of hope for an effectual career for me that promises to also significantly benefit my fellow Ohioans. I believe you, Lieutenant Governor Taylor and the Ohio

CSI staff, are that hope. Again, unless there is change in the status quo, my only option is to consider taking residence in another state, such as Michigan or Pennsylvania, that recognize qualified nutrition professionals other than the RD. But, that is not my preference since this is my family's home and I am now a Buckeye, at heart.

I have been in contact with BCNS about this issue. They will also be sending you information to lay out some much-needed changes.

Please contact me if you would like to discuss further the way this law is hampering my career path. BCNS is also available to discuss the legal issues.

Our respective contact information is:

- Brittany Dawn McAllister, MPH, Advocacy Manager, Board for Certification of Nutrition Specialists
  - 737-484-1309
  - BMcAllister@nutritionspecialists.org
- Jill Anne Craig
  - 937-902-2569
  - jcraig@my.bridgeport.edu

Thank you for your time and consideration of this important issue and for your attention to my concerns.

Sincerely,

Jill A. Craig

Jill A. Craig