



Oregon

John A. Kitzhaber, MD, Governor

Health Licensing Agency

700 Summer St. NE, Suite 320

Salem, Oregon 97301-1287

Telephone (503) 378-8667

FAX (503) 585-9114

TTY (503) 373-2114

E-Mail: ohla.info@state.or.us

Website: www.Oregon.gov/OHLA

WHO: Oregon Health Licensing Agency
Board of Licensed Dietitians
Legislation & Rules Committee

WHEN: October 20, 2011 – 9 am

WHERE: Oregon Health Licensing Agency
Rhoades Conference Room
700 Summer St NE, Suite 320
Salem, Oregon

COMMITTEE: Jill Calamar, Dr. Paula Koeller, Maureen McCarthy

What is the purpose of the meeting?

The purpose of the meeting is to begin review of 2009 Oregon Revised Statutes Chapter 691.405-955, Senate Bill 939, and Oregon Administrative Rules Chapter 834, Divisions 001 through 010. Please use appropriate language, manners and protocols when conducting business. A working lunch may be served for committee members and designated staff in attendance. Please visit <http://www.oregon.gov/OHLA/LD/index.shtml> for current meeting information.

Is the public or licensees allowed to attend the meeting?

Yes. Members of the public are invited and encouraged to be in attendance at all committee meetings, although public comment is not generally taken during this time. Technical experts may be in attendance at committee meetings and could be called upon to provide knowledge in specific areas.

What if the committee enters into executive session?

Prior to entering into executive session the committee chairperson will announce the nature of and the authority for holding executive session, at which time all audience members are asked to leave the room with the exception of news media and designated staff. Executive session would be held according to ORS 192.660.

No final actions or final decisions will be made in executive session. The committee will return to open session before taking any final action or making any final decisions.

Who do I contact if I have questions or need special accommodations?

The meeting location is accessible to persons with disabilities. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting. For questions or requests contact a board specialist at (503) 373-2049.

All members are asked to please give at least 24-hour notice if they are unable to attend the meeting so arrangements may be made.

**Enrolled
Senate Bill 939**

Sponsored by Senator DEVLIN

CHAPTER

AN ACT

Relating to state financial administration; creating new provisions; amending ORS 171.305, 184.642, 284.126, 284.335, 377.838, 475.304, 676.150, 676.160, 676.410, 676.606, 676.610, 676.612, 676.613, 676.622, 676.625, 676.992, 691.405, 691.415, 691.435, 691.445, 691.465, 691.485, 701.005, 701.068, 701.088, 701.117, 701.133, 701.139, 701.140, 701.145, 701.146, 701.149, 701.150, 701.153, 701.180, 701.235, 835.020, 835.035, 835.100, 835.106 and 836.072 and sections 8b and 9e, chapter 877, Oregon Laws 2007, section 5, chapter 755, Oregon Laws 2009, sections 19 and 20, chapter 827, Oregon Laws 2009, and sections 9 and 10, chapter 93, Oregon Laws 2010; repealing ORS 87.058, 691.425, 691.455, 691.495, 691.505, 691.515, 691.535, 691.545, 691.555, 691.565, 691.575, 691.580, 691.585, 691.955 and 701.148 and section 5, chapter 93, Oregon Laws 2010, and section 6, chapter ___, Oregon Laws 2011 (Enrolled House Bill 2049); and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SEMI-INDEPENDENT AGENCIES

SECTION 1. ORS 284.126 is amended to read:

284.126. (1) The Oregon Tourism Commission shall adopt budgets on a biennial basis using classifications of expenditures and revenue required by ORS 291.206 (1). That portion of the budget that is funded by appropriations from the General Fund or by allocations of lottery funds is subject to review and approval by the Legislative Assembly and to future modification by the Emergency Board or the Legislative Assembly. The remainder of the budget is subject to review and recommendation by the Legislative Assembly.

(2) The commission shall adopt or modify a budget only after a public hearing on the budget. At least 15 days prior to a public hearing, the commission shall give notice of the hearing to all persons known to be interested in the proceedings of the commission and to any person who has requested a notice. **The commission shall file a copy of the adopted or modified budget with the Legislative Fiscal Officer not later than five business days after the commission adopts or modifies a budget.**

(3) The commission shall follow generally accepted accounting principles and keep such financial and statistical information as is necessary to completely and accurately disclose the financial condition and financial operations of the commission as may be required by the Secretary of State.

(4) The commission shall prepare an annual financial statement of commission revenues and expenses and shall make the statement available for public review. **The commission shall file a copy of the annual financial statement with the Legislative Fiscal Officer not later than five business days after the statement is prepared or adopted by the commission.**

SECTION 2. ORS 284.335 is amended to read:

284.335. (1) Except as provided in subsection (2) of this section, when carrying out the duties, functions and powers of the Oregon Film and Video Office, the director of the office may contract with any state agency for the performance of such duties, functions and powers that the director considers appropriate.

(2) The director of the office *[shall]* may not, without the prior approval of the Film and Video Board:

- (a) Award any contract for goods or professional services in excess of \$25,000;
- (b) Authorize any expenditure of moneys in excess of \$25,000;
- (c) Sell or otherwise dispose of real or personal property valued in excess of \$25,000;
- (d) Commence a civil legal action or proceeding;
- (e) Sell, transfer and convey property to a buyer or lease property to a tenant;
- (f) Borrow money and give guarantees;
- (g) Finance, conduct or cooperate in the financing of facilities and projects to assist the film, video and emerging media industries; or
- (h) In accordance with ORS chapter 183, adopt rules necessary for the administration of laws that the office is charged with administering.

(3) The Film and Video Board shall approve the lease of property to a tenant only when the sale, transfer or conveyance of the property cannot be effected with reasonable promptness or at a reasonable price.

(4) The Film and Video Board *[shall]* may not allow the director to borrow money or give guarantees under subsection (2)(f) of this section unless the indebtedness or other obligations of the office are payable solely out of its own resources and do not constitute a pledge of the full faith and credit of the State of Oregon or any of the revenues of this state.

(5) The office shall file with the Governor, *[and]* the Legislative Assembly and the Legislative Fiscal Officer a biennial report of the activities and operations of the office. The report shall include a full and complete reporting of the financial activities and transactions of the office during the biennium, including at least the information required under ORS 284.365 (5).

SECTION 3. ORS 377.838 is amended to read:

377.838. (1) Except as provided in subsection (2) of this section, in carrying out the duties, functions and powers of the Travel Information Council, the director of the Travel Information Council may contract with any state agency for the performance of such duties, functions and powers as the council considers appropriate.

(2) The director of the Travel Information Council *[shall]* may not, without the prior approval of the council:

- (a) Award any contract for goods or professional services in excess of \$25,000; or
- (b) Authorize any expenditure of moneys in excess of \$25,000.

(3) The council shall file with the Governor, *[and]* the Legislative Assembly and the Legislative Fiscal Officer an annual report of the activities and operations of the council.

OREGON HEALTH LICENSING AGENCY

SECTION 4. ORS 691.405 is amended to read:

691.405. As used in ORS 691.405 to 691.585:

[(1) "American Dietetic Association" means the national professional organization of dietitians that provides direction and leadership for quality dietetic practice, education and research.]

[(2) "Board" means the Board of Examiners of Licensed Dietitians established under ORS 691.485.]

[(3) "Commission on Dietetic Registration" means the commission on dietetic registration that is a member of the National Commission for Certifying Agencies.]

[(4)] (1) "Dietetics practice" means the integration and application of principles derived from the sciences of nutrition, biochemistry, food, management, physiology and behavioral and social sciences to achieve and maintain the health of people through:

- (a) Assessing the nutritional needs of clients;
- (b) Establishing priorities, goals and objectives that meet nutritional needs of clients;
- (c) Advising and assisting individuals or groups on appropriate nutritional intake by integrating information from a nutritional assessment with information on food and other sources of nutrients and meal preparation; and
- (d) Evaluating[,] and making changes in [and] food, diets and nutrition services, maintaining appropriate standards of nutritional quality in food and maintaining appropriate standards of nutrition services.

[(5)] (2) "Licensed dietitian" means a dietitian licensed as provided in ORS 691.435.

SECTION 5. ORS 691.415 is amended to read:

691.415. *[On or after the date stated in the administrative rules adopted by the Board of Examiners of Licensed Dietitians, no]* A person who is not licensed under ORS 691.435 *[shall]* **may not practice or attempt to practice as a licensed dietitian using in connection with the name of the person the words or letters "L.D.," or "Licensed Dietitian."**

SECTION 6. ORS 691.485 is amended to read:

691.485. (1) There is established [a], **within the Oregon Health Licensing Agency, the Board [of Examiners] of Licensed Dietitians [for the purpose of carrying out and enforcing the provisions of ORS 691.405 to 691.585] to advise the agency with regard to the regulation of dietitians.** The board consists of seven members appointed by the Governor *[and subject to confirmation by the Senate in the manner provided in ORS 171.562 and 171.565]*. All members of the board must be residents of this state. Of the members of the board:

(a) Two must be members of the general public who are not otherwise qualified for membership on the board and who are not a spouse, domestic partner, child, parent or sibling of a licensed dietitian;

(b) One must be a physician trained in clinical nutrition; and

(c) Four must be licensed dietitians who have been engaged in the practice of dietetics for *[no fewer than]* **at least five years.**

[(2)(a)] *Board members required to be licensed dietitians may be selected by the Governor from a list of three to five nominees for each vacancy, submitted by a professional organization representing dietitians.]*

[(b)] *In selecting the members of the board, the Governor shall strive to balance the representation on the board according to:]*

[(A)] *Geographic areas of this state; and]*

[(B)] *Ethnic group.]*

[(3)] (2) The term of office of each member is *[three]* **four years, but a member serves at the pleasure of the Governor. [The terms must be staggered so that no more than three terms end each year.]** A member is eligible for reappointment. **If a person serves two consecutive full terms, a period of at least four years must elapse before the person is again eligible for appointment to serve on the board.** If there is a vacancy on the board for any reason, the Governor shall make an appointment to become immediately effective for the unexpired term. **A member shall hold the member's office until the appointment and qualification of a successor.**

[(4)] (3) Members of the board are entitled to compensation and expenses as provided in ORS 292.495. The *[board]* **agency may provide by rule for compensation to board members for the performance of official duties at a rate that is greater than the rate provided in ORS 292.495.**

(4) **The board shall meet at least once per year.**

SECTION 7. ORS 691.435 is amended to read:

691.435. *[An applicant shall be granted a license as a dietitian if the person has:]* **The Oregon Health Licensing Agency, in consultation with the Board of Licensed Dietitians, shall issue a dietitian license to an applicant who:**

(1) *[Filed]* Files an application *[and paid the required application fee;]* as prescribed by the agency;

(2) Pays fees established by the agency; and

[(2)] (3) Demonstrates to the satisfaction of the agency that the applicant has:

(a) Received a baccalaureate or post-baccalaureate degree from a regionally accredited college or university in the United States with a major course of study in human nutrition, dietetics, foods and nutrition or food systems management approved by the board *[of Examiners of Licensed Dietitians]* as meeting the standards for approval of the course of study under ORS 691.405 to 691.585;

[(3)] Demonstrated knowledge of the Code of Ethics of the Dietetic Profession; and either]

[(4)] Satisfactorily completed continuing education requirements established by the board; or]

[(5)] (b) Completed a planned, continuous program of dietetic experience approved by the *[board]* agency of 900 hours under the supervision of a licensed dietitian; and

[(6)] (c) Passed an examination prescribed by the *[board]* agency.

SECTION 8. ORS 691.445 is amended to read:

691.445. The Oregon Health Licensing Agency, in consultation with the Board *[of Examiners]* of Licensed Dietitians, may waive the examination requirement and grant a dietitian license to an applicant *[for a license as a dietitian]* who:

(1) Files an application as prescribed by the agency;

(2) Pays fees established by the agency; and

[(1)] (3) Presents satisfactory evidence *[to the board]* of:

(a) Current registration as a dietitian with *[the Commission on Dietetic Registration;]* a credentialing body approved by the board; or

(b) Current licensure under the laws of any other state or territory in the United States, if the requirements for licensure of dietitians in the state or territory in which the applicant is licensed are not less than those required by ORS 691.405 to 691.585.

[(2)] Was a practicing dietitian before 1990 and has been employed in the practice of dietetics for at least three of the 10 years prior to October 3, 1989; or]

[(3)] At the time of application, received a doctorate degree in nutrition, dietetics or related physical sciences under a curriculum approved by the board and been involved in dietetics through practice, teaching or research related to nutrition care.]

SECTION 9. ORS 691.465 is amended to read:

691.465. *[(1)]* The Board of Examiners of Licensed Dietitians shall issue a license with a duration of not more than two years to each person approved to be licensed. The license shall be prima facie evidence of the right of the person to whom it is issued to represent the person as a licensed dietitian subject to the provisions of ORS 691.405 to 691.585.]

[(2)] Each licensed dietitian shall apply to the board for a renewal of the license at least 30 days before the expiration date. Licenses shall expire on October 31 of odd-numbered years or on such date as may be specified by board rule. Each applicant for renewal shall submit the required fee and present evidence of completion of at least 30 hours of continuing education or present evidence of the minimum continuing education requirements of the American Dietetic Association. Any license that is not renewed by the expiration date shall be automatically suspended. The board may reinstate a suspended license upon payment of a nonrefundable penalty fee and all past unpaid renewal fees.]

[(3)] The license fee for a license issued for a period of less than 24 months shall be prorated on a monthly basis to reflect the shorter licensing period.]

[(4)] A license that has been suspended by reason of nonpayment of fees for a period of two years or more shall be renewed upon reapplication and payment of all applicable fees.]

[(5)] Subject to prior approval of the Oregon Department of Administrative Services and a report to the Emergency Board prior to adopting the fees and charges, the fees and charges established under this section shall not exceed the cost of administering the regulatory program for which the fee or charge is established, as authorized by the Legislative Assembly within the board's budget to implement ORS 691.405 to 691.585, as the budget may be modified by the Emergency Board.]

(1) Except as provided in subsections (2) and (3) of this section, a license issued under ORS 691.405 to 691.585 expires one year from the date of issuance. To renew the license, the licensee must submit to the Oregon Health Licensing Agency:

- (a) A completed renewal application;
- (b) The required renewal fee; and
- (c) Satisfactory evidence of having completed any required continuing education credits on or before the expiration date of the license as specified by agency rule.

(2) The agency may vary the date of license renewal by giving the applicant written notice of the renewal date being assigned and by making prorated adjustments to the renewal fee.

(3) The agency shall adopt by rule requirements for late renewal of a license, reactivation of a dormant or expired license or reinstatement of a license that has been expired for more than three consecutive years.

SECTION 10. Sections 11 to 13 of this 2011 Act are added to and made a part of ORS 691.405 to 691.585.

SECTION 11. The Oregon Health Licensing Agency, in consultation with the Board of Licensed Dietitians, shall:

- (1) Adopt rules necessary for the administration of ORS 691.405 to 691.585;
- (2) Issue, deny, revoke, suspend and renew dietitian licenses;
- (3) Determine the qualifications, training, education and fitness of applicants for licenses, renewals of licenses and reciprocal licenses for dietitians;
- (4) Determine requirements for reciprocity and equivalency for licensed dietetics practice;
- (5) Establish a code of professional responsibility and standards of practice for licensed dietitians;
- (6) Develop, approve or recognize examinations to test an applicant's knowledge relating to dietitian techniques and methods and any other subjects the board may determine to be necessary to assess an applicant's fitness to practice as a licensed dietitian;
- (7) Provide for waivers of examinations; and
- (8) Establish continuing education requirements for renewal of a dietitian license.

SECTION 12. (1) The Oregon Health Licensing Agency shall establish by rule and collect fees and charges for the following related to licensed dietitians:

- (a) Application;
- (b) Original license;
- (c) License renewal;
- (d) Temporary practice registration;
- (e) Examinations;
- (f) License reactivation;
- (g) Late renewal;
- (h) Replacement or duplicate license;
- (i) Reciprocity; and
- (j) Providing copies of official documents or records and for recovering administrative costs associated with compiling, photocopying or preparing and delivering the documents or records.

(2) All moneys received by the agency under subsection (1) of this section shall be paid into the General Fund of the State Treasury and credited to the Oregon Health Licensing Agency Account.

SECTION 13. In the manner prescribed in ORS chapter 183 for contested cases and in consultation with the Board of Licensed Dietitians, the Oregon Health Licensing Agency may impose a form of discipline listed in ORS 676.612 against any person practicing dietetics for any of the grounds listed in ORS 676.612 and for any violation of the provisions of ORS 691.405 to 691.585, or the rules adopted under ORS 691.405 to 691.585.

SECTION 14. ORS 676.606 is amended to read:

676.606. Pursuant to ORS 676.607, the Oregon Health Licensing Agency shall provide administrative and regulatory oversight and centralized service for the following boards, advisory councils and programs:

- (1) Board of Athletic Trainers, as provided in ORS 688.701 to 688.734;
- (2) Board of Cosmetology, as provided in ORS 690.005 to 690.235;
- (3) State Board of Denture Technology, as provided in ORS 680.500 to 680.565;
- (4) State Board of Direct Entry Midwifery, as provided in ORS 687.405 to 687.495;
- (5) Respiratory Therapist Licensing Board, as provided in ORS 688.800 to 688.840;
- (6) Environmental Health Registration Board, as provided in ORS chapter 700;
- (7) Advisory Council for Electrologists and Permanent Color Technicians and Tattoo Artists, as provided in ORS 690.350 to 690.430;
- (8) Advisory Council on Hearing Aids, as provided in ORS 694.015 to 694.185;
- (9) Body piercing technician registration program and body piercing facility licensing program, as provided in ORS 690.500 to 690.570;
- (10) Sex Offender Treatment Board, as provided in ORS 675.360 to 675.410; [and]
- (11) Nursing Home Administrators Board, as provided in ORS 678.710 to 678.820; and
- (12) Board of Licensed Dietitians, as provided in ORS 691.405 to 691.585.

SECTION 15. ORS 676.610 is amended to read:

676.610. (1)(a) The Oregon Health Licensing Agency is under the supervision and control of a director, who is responsible for the performance of the duties, functions and powers and for the organization of the agency.

(b) The Director of the Oregon Department of Administrative Services shall establish the qualifications for and appoint the Director of the Oregon Health Licensing Agency, who holds office at the pleasure of the Director of the Oregon Department of Administrative Services.

(c) The Director of the Oregon Health Licensing Agency shall receive a salary as provided by law or, if not so provided, as prescribed by the Director of the Oregon Department of Administrative Services.

(d) The Director of the Oregon Health Licensing Agency shall be in the unclassified service.

(2) The Director of the Oregon Health Licensing Agency shall provide the boards, councils and programs administered by the agency with such services and employees as the agency requires to carry out the agency's duties. Subject to any applicable provisions of the State Personnel Relations Law, the Director of the Oregon Health Licensing Agency shall appoint all subordinate officers and employees of the agency, prescribe their duties and fix their compensation.

(3) The Director of the Oregon Health Licensing Agency shall be responsible for carrying out the duties, functions and powers under ORS 675.360 to 675.410, 676.605 to 676.625, 676.992, 678.710 to 678.820, 680.500 to 680.565, 687.405 to 687.495, 687.895, 688.701 to 688.734, 688.800 to 688.840, 690.005 to 690.235, 690.350 to 690.430, 690.500 to 690.570, 691.405 to 691.585 and 694.015 to 694.185 and ORS chapter 700.

(4) The enumeration of duties, functions and powers in subsection (3) of this section is not intended to be exclusive or to limit the duties, functions and powers imposed on or vested in the Oregon Health Licensing Agency by other statutes.

SECTION 16. ORS 676.612 is amended to read:

676.612. (1) In the manner prescribed in ORS chapter 183 for contested cases and as specified in ORS 675.385, 678.780, 680.535, 687.445, 688.734, 688.836, 690.167, 690.407, 690.515, 694.147 and 700.111 and section 13 of this 2011 Act, the Oregon Health Licensing Agency may refuse to issue or renew, may suspend or revoke or may otherwise condition or limit a certificate, license, permit or registration to practice issued by the agency or may discipline or place on probation a holder of a certificate, license, permit or registration for commission of the prohibited acts listed in subsection (2) of this section.

(2) A person subject to the authority of a board, council or program listed in ORS 676.606 commits a prohibited act if the person engages in:

(a) Fraud, misrepresentation, concealment of material facts or deception in applying for or obtaining an authorization to practice in this state, or in any written or oral communication to the agency concerning the issuance or retention of the authorization.

(b) Using, causing or promoting the use of any advertising matter, promotional literature, testimonial, guarantee, warranty, label, insignia or any other representation, however disseminated or published, that is false, misleading or deceptive.

(c) Making a representation that the certificate, license, permit or registration holder knew or should have known is false or misleading regarding skill or the efficacy or value of treatment or remedy administered by the holder.

(d) Practicing under a false, misleading or deceptive name, or impersonating another certificate, license, permit or registration holder.

(e) Permitting a person other than the certificate, license, permit or registration holder to use the certificate, license, permit or registration.

(f) Practicing with a physical or mental condition that presents an unreasonable risk of harm to the holder of a certificate, license, permit or registration or to the person or property of others in the course of performing the holder's duties.

(g) Practicing while under the influence of alcohol, controlled substances or other skill-impairing substances, or engaging in the illegal use of controlled substances or other skill-impairing substances so as to create a risk of harm to the person or property of others in the course of performing the duties of a holder of a certificate, license, permit or registration.

(h) Failing to properly and reasonably accept responsibility for the actions of employees.

(i) Employing, directly or indirectly, any suspended, uncertified, unlicensed or unregistered person to practice a regulated occupation or profession subject to the authority of the boards, councils and programs listed in ORS 676.606.

(j) Unprofessional conduct, negligence, incompetence, repeated violations or any departure from or failure to conform to standards of practice in performing services or practicing in a regulated occupation or profession subject to the authority of the boards, councils and programs listed under ORS 676.606.

(k) Conviction of any criminal offense, subject to ORS 670.280. A copy of the record of conviction, certified by the clerk of the court entering the conviction, is conclusive evidence of the conviction. A plea of no contest or an admission of guilt shall be considered a conviction for purposes of this paragraph.

(L) Failing to report any adverse action, as required by statute or rule, taken against the certificate, license, permit or registration holder by another regulatory jurisdiction or any peer review body, health care institution, professional association, governmental agency, law enforcement agency or court for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action as described in this section.

(m) Violation of a statute regulating an occupation or profession subject to the authority of the boards, councils and programs listed in ORS 676.606.

(n) Violation of any rule regulating an occupation or profession subject to the authority of the boards, councils and programs listed in ORS 676.606.

(o) Failing to cooperate with the agency in any investigation, inspection or request for information.

(p) Selling or fraudulently obtaining or furnishing any certificate, license, permit or registration to practice in a regulated occupation or profession subject to the authority of the boards, councils and programs listed in ORS 676.606, or aiding or abetting such an act.

(q) Selling or fraudulently obtaining or furnishing any record related to practice in a regulated occupation or profession subject to the authority of the boards, councils and programs listed in ORS 676.606, or aiding or abetting such an act.

(r) Failing to pay an outstanding civil penalty or fee that is due or failing to meet the terms of any order issued by the agency that has become final.

(3) For the purpose of requesting a state or nationwide criminal records check under ORS 181.534, the agency may require the fingerprints of a person who is:

(a) Applying for a certificate, license, permit or registration that is issued by the agency;

(b) Applying for renewal of a certificate, license, permit or registration that is issued by the agency; or

(c) Under investigation by the agency.

(4) If the agency places a holder of a certificate, license, permit or registration on probation under subsection (1) of this section, the agency, in consultation with the appropriate board, council or program, may determine and at any time modify the conditions of the probation.

(5) If a certificate, license, permit or registration is suspended, the holder may not practice during the term of suspension. Upon the expiration of the term of suspension, the certificate, license, permit or registration may be reinstated by the agency if the conditions of suspension no longer exist and the holder has satisfied all requirements in the relevant statutes or administrative rules for issuance, renewal or reinstatement.

SECTION 17. ORS 676.613 is amended to read:

676.613. (1) In addition to all other remedies, when it appears to the Oregon Health Licensing Agency that a person is engaged in, has engaged in or is about to engage in any act, practice or transaction that violates any provision of ORS 675.360 to 675.410, 676.617, 678.710 to 678.820, 680.500 to 680.565, 687.405 to 687.495, 688.701 to 688.734, 688.800 to 688.840, 690.005 to 690.235, 690.350 to 690.430, 690.500 to 690.570, 691.405 to 691.585 or 694.015 to 694.185 or ORS chapter 700, the agency may, through the Attorney General or the district attorney of the county in which the act, practice or transaction occurs or will occur, apply to the court for an injunction restraining the person from the act, practice or transaction.

(2) A court may issue an injunction under this section without proof of actual damages. An injunction issued under this section does not relieve a person from any other prosecution or enforcement action taken for violation of statutes listed in subsection (1) of this section.

SECTION 18. ORS 676.622 is amended to read:

676.622. (1) A transaction conducted through a state or local system or network that provides electronic access to the Oregon Health Licensing Agency information and services is exempt from any requirement under ORS 675.360 to 675.410, 676.605 to 676.625, 676.992, 680.500 to 680.565, 687.405 to 687.495, 688.701 to 688.734, 688.800 to 688.840, 690.005 to 690.235, 690.350 to 690.430, 690.500 to 690.570, 691.405 to 691.585 and 694.015 to 694.185 and ORS chapter 700, and rules adopted thereunder, requiring an original signature or the submission of handwritten materials.

(2) Electronic signatures subject to ORS 84.001 to 84.061 and facsimile signatures are acceptable and have the same force as original signatures.

SECTION 19. ORS 676.625 is amended to read:

676.625. (1) The Oregon Health Licensing Agency shall establish by rule and shall collect fees and charges to carry out the agency's responsibilities under ORS 676.605 to 676.625 and 676.992 and any responsibility imposed on the agency pertaining to the boards, councils and programs administered and regulated by the agency pursuant to ORS 676.606.

(2) The Oregon Health Licensing Agency Account is established in the General Fund of the State Treasury. The account shall consist of the moneys credited to the account by the Legislative Assembly. All moneys in the account are appropriated continuously to and shall be used by the Oregon Health Licensing Agency for payment of expenses of the agency in carrying out the duties, functions and obligations of the agency, and for payment of the expenses of the boards, councils and programs administered and regulated by the agency pursuant to ORS 676.606. The agency shall keep a record of all moneys credited to the account and report the source from which the moneys are derived and the activity of each board, council or program that generated the moneys.

(3) Subject to prior approval of the Oregon Department of Administrative Services and a report to the Emergency Board prior to adopting fees and charges credited to the account, the fees and charges may not exceed the cost of administering the agency and the boards, councils and programs

within the agency, as authorized by the Legislative Assembly within the agency's budget, as the budget may be modified by the Emergency Board.

(4) All moneys credited to the account pursuant to ORS 675.405, 676.617, 680.525, 687.435, 688.728, 688.834, 690.235, 690.415, 690.550, 694.185 and 700.080 and section 12 of this 2011 Act, and moneys credited to the account from other agency and program fees established by the agency by rule, are continuously appropriated to the agency for carrying out the duties, functions and powers of the agency under ORS 676.605 to 676.625 and 676.992.

(5) The moneys received from civil penalties assessed under ORS 676.992 shall be deposited and accounted for as are other moneys received by the agency and shall be for the administration and enforcement of the statutes governing the boards, councils and programs administered by the agency.

SECTION 20. ORS 676.992 is amended to read:

676.992. (1) Except as provided in subsection (3) of this section, and in addition to any other penalty or remedy provided by law, the Oregon Health Licensing Agency may impose a civil penalty not to exceed \$5,000 for each violation of the following statutes and any rule adopted thereunder:

- (a) ORS 688.701 to 688.734 (athletic training);
- (b) ORS 690.500 to 690.570 (body piercing);
- (c) ORS 690.005 to 690.235 (cosmetology);
- (d) ORS 680.500 to 680.565 (denture technology);
- (e) ORS 687.405 to 687.495 (direct entry midwifery);
- (f) ORS 690.350 to 690.430 (electrology and permanent coloring or tattooing);
- (g) ORS 694.015 to 694.185 (dealing in hearing aids);
- (h) ORS 688.800 to 688.840 (respiratory therapy);
- (i) ORS chapter 700 (environmental sanitation);
- (j) ORS 676.617 (single facility licensure);
- (k) ORS 675.360 to 675.410 (sex offender treatment);
- (L) ORS 678.710 to 678.820 (nursing home administrators); [and]
- (m) ORS 691.405 to 691.585 (dietitians); and
- [(m)] (n) ORS 676.612 (prohibited acts).

(2) The agency may take any other disciplinary action that it finds proper, including but not limited to assessment of costs of disciplinary proceedings, not to exceed \$5,000, for violation of any statute listed in subsection (1) of this section or any rule adopted under any statute listed in subsection (1) of this section.

(3) Subsection (1) of this section does not limit the amount of the civil penalty resulting from a violation of ORS 694.042.

(4) In imposing a civil penalty pursuant to this section, the agency shall consider the following factors:

- (a) The immediacy and extent to which the violation threatens the public health or safety;
- (b) Any prior violations of statutes, rules or orders;
- (c) The history of the person incurring a penalty in taking all feasible steps to correct any violation; and
- (d) Any other aggravating or mitigating factors.

(5) Civil penalties under this section shall be imposed as provided in ORS 183.745.

(6) The moneys received by the agency from civil penalties under this section shall be paid into the General Fund of the State Treasury and credited to the Oregon Health Licensing Agency Account established under ORS 676.625. Such moneys are continuously appropriated to the agency for the administration and enforcement of the laws the agency is charged with administering and enforcing that govern the person against whom the penalty was imposed.

SECTION 21. ORS 676.150 is amended to read:

676.150. (1) As used in this section:

- (a) "Board" means the:
 - (A) State Board of Examiners for Speech-Language Pathology and Audiology;

- (B) State Board of Chiropractic Examiners;
 - (C) State Board of Licensed Social Workers;
 - (D) Oregon Board of Licensed Professional Counselors and Therapists;
 - (E) Oregon Board of Dentistry;
 - (F) Board [of *Examiners*] of Licensed Dietitians;
 - (G) State Board of Massage Therapists;
 - (H) Oregon Board of Naturopathic Medicine;
 - (I) Oregon State Board of Nursing;
 - (J) Nursing Home Administrators Board;
 - (K) Oregon Board of Optometry;
 - (L) State Board of Pharmacy;
 - (M) Oregon Medical Board;
 - (N) Occupational Therapy Licensing Board;
 - (O) Physical Therapist Licensing Board;
 - (P) State Board of Psychologist Examiners;
 - (Q) Board of Radiologic Technology;
 - (R) State Board of Direct Entry Midwifery;
 - (S) State Board of Denture Technology;
 - (T) Respiratory Therapist Licensing Board;
 - (U) Department of Human Services, to the extent that the department certifies emergency medical technicians;
 - (V) Oregon State Veterinary Medical Examining Board; or
 - (W) State Mortuary and Cemetery Board.
- (b) "Licensee" means a health professional licensed or certified by or registered with a board.
- (c) "Prohibited conduct" means conduct by a licensee that:
- (A) Constitutes a criminal act against a patient or client; or
 - (B) Constitutes a criminal act that creates a risk of harm to a patient or client.
- (d) "Unprofessional conduct" means conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or client.
- (2) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a licensee who has reasonable cause to believe that another licensee has engaged in prohibited or unprofessional conduct shall report the conduct to the board responsible for the licensee who is believed to have engaged in the conduct. The reporting licensee shall report the conduct without undue delay, but in no event later than 10 working days after the reporting licensee learns of the conduct.
- (3) A licensee who is convicted of a misdemeanor or felony or who is arrested for a felony crime shall report the conviction or arrest to the licensee's board within 10 days after the conviction or arrest.
- (4) The board responsible for a licensee who is reported to have engaged in prohibited or unprofessional conduct shall investigate in accordance with the board's rules. If the board has reasonable cause to believe that the licensee has engaged in prohibited conduct, the board shall present the facts to an appropriate law enforcement agency without undue delay, but in no event later than 10 working days after the board finds reasonable cause to believe that the licensee engaged in prohibited conduct.
- (5) A licensee who fails to report prohibited or unprofessional conduct as required by subsection (2) of this section or the licensee's conviction or arrest as required by subsection (3) of this section is subject to discipline by the board responsible for the licensee.
- (6) A licensee who fails to report prohibited conduct as required by subsection (2) of this section commits a Class A violation.
- (7) Notwithstanding any other provision of law, a report under subsection (2) or (3) of this section is confidential under ORS 676.175. A board may disclose a report as provided in ORS 676.177.

(8) Except as part of an application for a license or for renewal of a license and except as provided in subsection (3) of this section, a board may not require a licensee to report the licensee's criminal conduct.

(9) The obligations imposed by this section are in addition to and not in lieu of other obligations to report unprofessional conduct as provided by statute.

(10) A licensee who reports to a board in good faith as required by subsection (2) of this section is immune from civil liability for making the report.

(11) A board and the members, employees and contractors of the board are immune from civil liability for actions taken in good faith as a result of a report received under subsection (2) or (3) of this section.

SECTION 22. ORS 676.160 is amended to read:

676.160. As used in ORS 676.165 to 676.180, "health professional regulatory board" means the:

- (1) State Board of Examiners for Speech-Language Pathology and Audiology;
- (2) State Board of Chiropractic Examiners;
- (3) State Board of Licensed Social Workers;
- (4) Oregon Board of Licensed Professional Counselors and Therapists;
- (5) Oregon Board of Dentistry;
- (6) Board [of Examiners] of Licensed Dietitians;
- (7) State Board of Massage Therapists;
- (8) State Mortuary and Cemetery Board;
- (9) Oregon Board of Naturopathic Medicine;
- (10) Oregon State Board of Nursing;
- (11) Nursing Home Administrators Board;
- (12) Oregon Board of Optometry;
- (13) State Board of Pharmacy;
- (14) Oregon Medical Board;
- (15) Occupational Therapy Licensing Board;
- (16) Physical Therapist Licensing Board;
- (17) State Board of Psychologist Examiners;
- (18) Board of Medical Imaging;
- (19) Oregon State Veterinary Medical Examining Board; and
- (20) Oregon Health Authority to the extent that the authority certifies emergency medical technicians.

SECTION 23. ORS 676.410 is amended to read:

676.410. (1) As used in this section, "healthcare workforce regulatory board" means the:

- (a) Occupational Therapy Licensing Board;
- (b) Oregon Medical Board;
- (c) Oregon State Board of Nursing;
- (d) Oregon Board of Dentistry;
- (e) Physical Therapist Licensing Board;
- (f) State Board of Pharmacy; and
- (g) Board [of Examiners] of Licensed Dietitians.

(2)(a) An applicant for a license from a healthcare workforce regulatory board or renewal of a license by a healthcare workforce regulatory board shall provide the information prescribed by the Office for Oregon Health Policy and Research pursuant to subsection (3) of this section.

(b) Except as provided in subsection (4) of this section, a healthcare workforce regulatory board may not approve a subsequent application for a license or renewal of a license until the applicant provides the information.

(3) The Administrator for the Office for Oregon Health Policy and Research shall collaborate with the healthcare workforce regulatory boards to adopt rules for the manner, form and content for reporting, and the information that must be provided to a healthcare workforce regulatory board under subsection (2) of this section, which may include:

- (a) Demographics, including race and ethnicity.
- (b) Education information.
- (c) License information.
- (d) Employment information.
- (e) Primary and secondary practice information.
- (f) Anticipated changes in the practice.
- (g) Languages spoken.

(4)(a) A healthcare workforce regulatory board shall report healthcare workforce information collected under subsection (2) of this section to the Office for Oregon Health Policy and Research.

(b) A healthcare workforce regulatory board shall keep confidential and not release personally identifiable data collected under this section for a person licensed, registered or certified by a board. This paragraph does not apply to the release of information to a law enforcement agency for investigative purposes or to the release to the Office for Oregon Health Policy and Research for state health planning purposes.

(5) The requirements of subsection (2) of this section apply to an applicant for issuance or renewal of a license who is or who is applying to become:

- (a) An occupational therapist or certified occupational therapy assistant as defined in ORS 675.210;
- (b) A physician as defined in ORS 677.010;
- (c) A physician assistant as defined in ORS 677.495;
- (d) A nurse or nursing assistant licensed or certified under ORS 678.010 to 678.410;
- (e) A dentist or dental hygienist as defined in ORS 679.010;
- (f) A physical therapist or physical therapist assistant as defined in ORS 688.010;
- (g) A pharmacist or pharmacy technician as defined in ORS 689.005; or
- (h) A licensed dietitian, as defined in ORS 691.405.

(6) A healthcare workforce regulatory board may adopt rules as necessary to perform the board's duties under this section.

(7) In addition to licensing fees that may be imposed by a healthcare workforce regulatory board, the Oregon Health Policy Board shall establish fees to be paid by applicants for issuance or renewal of licenses reasonably calculated to reimburse the actual cost of obtaining or reporting information as required by subsection (2) of this section.

SECTION 24. ORS 691.425, 691.455, 691.495, 691.505, 691.515, 691.535, 691.545, 691.555, 691.565, 691.575, 691.580, 691.585 and 691.955 are repealed.

SECTION 25. The unexpended balance of the Board of Examiners of Licensed Dietitians Account established in ORS 691.565 is transferred to the Oregon Health Licensing Agency Account established in ORS 676.625 for expenditure by the agency for the biennium beginning July 1, 2011, as provided in ORS 676.625.

SECTION 26. (1) The repeal of ORS 691.505, 691.535, 691.545, 691.555 and 691.995 by section 24 of this 2011 Act does not affect any proceeding under ORS 691.505, 691.535, 691.545, 691.555 or 691.995 begun before and pending on the effective date of this 2011 Act, except that the Oregon Health Licensing Agency is substituted for the Board of Examiners of Licensed Dietitians in the proceeding.

(2) The amendments to ORS 691.485 by section 6 of this 2011 Act are intended to change the name of the Board of Examiners of Licensed Dietitians to the Board of Licensed Dietitians.

(3) For the purpose of harmonizing and clarifying statutory law, the Legislative Counsel may substitute for words designating the Board of Examiners of Licensed Dietitians, wherever they occur in statutory law, other words designating the Board of Licensed Dietitians.

SECRETARY OF STATE

Chapter 691 — Dietitians

2009 EDITION

DIETITIANS

OCCUPATIONS AND PROFESSIONS

GENERAL PROVISIONS

691.405 Definitions

LICENSING

691.415 License required

691.425 Application for licensing

691.435 Licensing requirements; examination

691.445 Licensing without examination based on prior practice

691.455 Licensing without examination for dietitian licensed in another state

691.465 License term; renewal; suspension if renewal not timely; reinstatement; rules; fees; how determined; continuing education

BOARD

691.485 Board of Examiners of Licensed Dietitians

691.495 Board meetings

691.505 Duties of board

691.515 Limits on rules relating to bidding and advertising

DISCIPLINE

691.535 Grounds for denial or refusal to renew license or suspension or revocation of licenses

691.545 Suspension or revocation if licensee adjudged mentally incompetent

691.555 Hearing and judicial review of disciplinary actions

FUNDING

691.565 Board of Examiners of Licensed Dietitians Account; disposition of receipts

MISCELLANEOUS

691.575 Duty to report prohibited conduct

691.580 Board duty to investigate complaints

691.585 Confidential information; immunity of person providing information

CIVIL PENALTY

691.955 Civil penalty

GENERAL PROVISIONS

691.405 Definitions. As used in ORS 691.405 to 691.585:

(1) “American Dietetic Association” means the national professional organization of dietitians that provides direction and leadership for quality dietetic practice, education and research.

(2) “Board” means the Board of Examiners of Licensed Dietitians established under ORS 691.485.

(3) “Commission on Dietetic Registration” means the commission on dietetic registration that is a member of the National Commission for Certifying Agencies.

(4) “Dietetics practice” means the integration and application of principles derived from the sciences of nutrition, biochemistry, food, management, physiology and behavioral and social sciences to achieve and maintain the health of people through:

(a) Assessing the nutritional needs of clients;

(b) Establishing priorities, goals and objectives that meet nutritional needs of clients;

(c) Advising and assisting individuals or groups on appropriate nutritional intake by integrating information from a nutritional assessment with information on food and other sources of nutrients and meal preparation; and

(d) Evaluating, making changes in and maintaining appropriate standards of quality in food and nutrition services.

(5) “Licensed dietitian” means a dietitian licensed as provided in ORS 691.435. [1989 c.487 §1; 2001 c.900 §216; 2007 c.71 §225; 2009 c.595 §1108; 2009 c.828 §43]

LICENSING

691.415 License required. On or after the date stated in the administrative rules adopted by the Board of Examiners of Licensed Dietitians, no person who is not licensed under ORS 691.435 shall practice or attempt to practice as a licensed dietitian using in connection with the name of the person the words or letters “L.D.” or “Licensed Dietitian.” [1989 c.487 §2]

691.425 Application for licensing. Any person desiring to be a licensed dietitian shall apply in writing to the Board of Examiners of Licensed Dietitians in the form and manner provided by the board. Each application shall include or be accompanied by evidence, satisfactory to the board, that the applicant possesses the qualifications prescribed by ORS 691.435, 691.445 or 691.455. [1989 c.487 §3; 2005 c.21 §10]

691.435 Licensing requirements; examination. An applicant shall be granted a license as a dietitian if the person has:

- (1) Filed an application and paid the required application fee;
- (2) Received a baccalaureate or post-baccalaureate degree from a regionally accredited college or university in the United States with a major course of study in human nutrition, dietetics, foods and nutrition or food systems management approved by the Board of Examiners of Licensed Dietitians as meeting the standards for approval of the course of study under ORS 691.405 to 691.585;
- (3) Demonstrated knowledge of the Code of Ethics of the Dietetic Profession; and either
- (4) Satisfactorily completed continuing education requirements established by the board; or
- (5) Completed a planned, continuous program of dietetic experience approved by the board of 900 hours under the supervision of a licensed dietitian; and
- (6) Passed an examination prescribed by the board. [1989 c.487 §4]

691.445 Licensing without examination based on prior practice. The Board of Examiners of Licensed Dietitians may waive the examination requirement and grant a license to an applicant for a license as a dietitian who:

- (1) Presents satisfactory evidence to the board of current registration as a dietitian with the Commission on Dietetic Registration;
- (2) Was a practicing dietitian before 1990 and has been employed in the practice of dietetics for at least three of the 10 years prior to October 3, 1989; or
- (3) At the time of application, received a doctorate degree in nutrition, dietetics or related physical sciences under a curriculum approved by the board and been involved in dietetics through practice, teaching or research related to nutrition care. [1989 c.487 §5]

691.455 Licensing without examination for dietitian licensed in another state. The Board of Examiners of Licensed Dietitians may license as a dietitian without examination any person who:

- (1) On the date the person applies as a licensed dietitian, is licensed under the laws of any other state or territory of the United States, if the requirements for licensure of dietitians in the state or territory in which the applicant is licensed are not less than those required by ORS 691.405 to 691.585; and
- (2) Applies for the license as provided in ORS 691.435. [1989 c.487 §6]

691.465 License term; renewal; suspension if renewal not timely; reinstatement; rules; fees; how determined; continuing education. (1) The Board of Examiners of Licensed Dietitians shall issue a license with a duration of not more than two years to each person approved to be licensed. The license shall be prima facie evidence of the right of the person to

whom it is issued to represent the person as a licensed dietitian subject to the provisions of ORS 691.405 to 691.585.

(2) Each licensed dietitian shall apply to the board for a renewal of the license at least 30 days before the expiration date. Licenses shall expire on October 31 of odd-numbered years or on such date as may be specified by board rule. Each applicant for renewal shall submit the required fee and present evidence of completion of at least 30 hours of continuing education or present evidence of the minimum continuing education requirements of the American Dietetic Association. Any license that is not renewed by the expiration date shall be automatically suspended. The board may reinstate a suspended license upon payment of a nonrefundable penalty fee and all past unpaid renewal fees.

(3) The license fee for a license issued for a period of less than 24 months shall be prorated on a monthly basis to reflect the shorter licensing period.

(4) A license that has been suspended by reason of nonpayment of fees for a period of two years or more shall be renewed upon reapplication and payment of all applicable fees.

(5) Subject to prior approval of the Oregon Department of Administrative Services and a report to the Emergency Board prior to adopting the fees and charges, the fees and charges established under this section shall not exceed the cost of administering the regulatory program for which the fee or charge is established, as authorized by the Legislative Assembly within the board's budget to implement ORS 691.405 to 691.585, as the budget may be modified by the Emergency Board. [1989 c.487 §7; 1991 c.77 §1; 1991 c.703 §34; 1993 c.10 §1; 2007 c.768 §52; 2009 c.42 §1]

BOARD

691.485 Board of Examiners of Licensed Dietitians. (1) There is established a Board of Examiners of Licensed Dietitians for the purpose of carrying out and enforcing the provisions of ORS 691.405 to 691.585. The board consists of seven members appointed by the Governor and subject to confirmation by the Senate in the manner provided in ORS 171.562 and 171.565. All members of the board must be residents of this state. Of the members of the board:

(a) Two must be members of the general public who are not otherwise qualified for membership on the board and who are not a spouse, domestic partner, child, parent or sibling of a licensed dietitian;

(b) One must be a physician trained in clinical nutrition; and

(c) Four must be licensed dietitians who have been engaged in the practice of dietetics for no fewer than five years.

(2)(a) Board members required to be licensed dietitians may be selected by the Governor from a list of three to five nominees for each vacancy, submitted by a professional organization representing dietitians.

(b) In selecting the members of the board, the Governor shall strive to balance the representation on the board according to:

(A) Geographic areas of this state; and

(B) Ethnic group.

(3) The term of office of each member is three years, but a member serves at the pleasure of the Governor. The terms must be staggered so that no more than three terms end each year. A member is eligible for reappointment. If there is a vacancy on the board for any reason, the Governor shall make an appointment to become immediately effective for the unexpired term.

(4) Members of the board are entitled to compensation and expenses as provided in ORS 292.495. The board may provide by rule for compensation to board members for the performance of official duties at a rate that is greater than the rate provided in ORS 292.495. [1989 c.487 §8; 2009 c.535 §31; 2009 c.756 §81]

691.495 Board meetings. (1) The Board of Examiners of Licensed Dietitians shall hold at least two regular meetings each year as provided by rules adopted by the board.

(2) The board shall keep a record of all its proceedings under ORS 691.405 to 691.585.

(3) A quorum of four members of the board must be present to conduct the business of the meeting. [1989 c.487 §9]

691.505 Duties of board. The Board of Examiners of Licensed Dietitians shall:

(1) Determine the qualifications and fitness of applicants for licensure, renewal of license and reciprocal licenses.

(2) Subject to the provisions of ORS chapter 183, adopt rules that are necessary to conduct its business, carry out its duties and administer ORS 691.405 to 691.585.

(3) Examine, approve, issue, deny, revoke, suspend and renew licenses of dietitian applicants and licensees under ORS 691.405 to 691.585 and conduct hearings in connection with these actions.

(4) Maintain a public record of every dietitian licensed in this state including places of business, residence and the date and number of their license.

(5) Establish standards of professional responsibility and practice for persons licensed under ORS 691.405 to 691.585 that are consistent with those standards of professional responsibility and practice adopted by the American Dietetic Association.

(6) Select a licensing examination offered by the Commission on Dietetic Registration or other examination.

(7) Establish continuing education requirements for renewal of a license consistent with the requirements adopted by the Commission on Dietetic Registration.

(8) Establish additional educational requirements for applicants for the previous five years of licensure.

(9) Conduct hearings on complaints concerning violations of ORS 691.405 to 691.585 and the rules adopted under ORS 691.405 to 691.585.

(10) Provide for examinations or waiver of examination for applicants.

(11) Establish examination and licensing fees.

(12) Request and receive the assistance of state educational institutions or other state agencies.

(13) Prepare information of consumer interest describing the regulatory functions of the board and describing the procedures by which consumer complaints are filed with and resolved by the board. The board shall make the information available to the general public and appropriate state agencies. [1989 c.487 §10; 2009 c.756 §82]

691.515 Limits on rules relating to bidding and advertising. Nothing in ORS 691.505 authorizes the Board of Examiners of Licensed Dietitians to adopt rules restricting competitive bidding or advertising by licensees except to prohibit false, misleading or deceptive practices. [1989 c.487 §11]

DISCIPLINE

691.535 Grounds for denial or refusal to renew license or suspension or revocation of licenses. The Board of Examiners of Licensed Dietitians may deny or refuse to renew a license or may suspend or revoke a license or may impose probationary conditions where the licensee or applicant has:

(1) Committed unprofessional conduct as defined by the standards of practice established by the board;

(2) Obtained or attempted to obtain a license by fraud, misrepresentation or concealment of material facts;

(3) Violated any lawful order or rule adopted by the board which may affect the health, welfare or safety of the public;

(4) Committed gross negligence or incompetence in the performance of professional duties;

or

(5) An impairment as defined in ORS 676.303. [1989 c.487 §12; 2009 c.756 §83]

691.545 Suspension or revocation if licensee adjudged mentally incompetent. The Board of Examiners of Licensed Dietitians may suspend or revoke the license of any person licensed under ORS 691.405 to 691.585 if the licensee has been adjudged mentally incompetent by a court of competent jurisdiction. [1989 c.487 §13]

691.555 Hearing and judicial review of disciplinary actions. (1) When the Board of Examiners of Licensed Dietitians proposes to refuse to issue or renew a license, or proposes to revoke or suspend a license, opportunity for hearing shall be accorded as provided in ORS chapter 183.

(2) Judicial review of orders under subsection (1) of this section shall be in accordance with ORS chapter 183. [1989 c.487 §14; 1995 c.79 §349]

FUNDING

691.565 Board of Examiners of Licensed Dietitians Account; disposition of receipts. (1) The Board of Examiners of Licensed Dietitians Account is established in the State Treasury, separate and distinct from the General Fund. All moneys received by the Board of Examiners of Licensed Dietitians under ORS 691.405 to 691.585 shall be deposited into the account and are continuously appropriated to the board to be used only for the administration and enforcement of ORS 691.405 to 691.585. Any interest or other income from moneys in the account shall be credited to the account.

(2) All fines collected or received for violations of or prosecutions under ORS 691.405 to 691.585 shall be paid into the account and used only for the administration and enforcement of ORS 691.405 to 691.585. [1989 c.487 §15; 2005 c.726 §5]

MISCELLANEOUS

691.575 Duty to report prohibited conduct. Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a licensed dietitian who has reasonable cause to believe that a licensee of another board has engaged in prohibited

conduct as defined in ORS 676.150 shall report the prohibited conduct in the manner provided in ORS 676.150. [2009 c.536 §9]

691.580 Board duty to investigate complaints. Upon receipt of a complaint under ORS 691.405 to 691.585, the Board of Examiners of Licensed Dietitians shall conduct an investigation as described under ORS 676.165. [1997 c.791 §51]

691.585 Confidential information; immunity of person providing information. (1) Any information that the Board of Examiners of Licensed Dietitians obtains pursuant to ORS 691.535 or 691.545 is confidential as provided under ORS 676.175.

(2) Any person who in good faith provides information to the board pursuant to ORS 691.535 shall not be subject to an action for civil damages as a result thereof. [1989 c.487 §14a; 1997 c.791 §52]

CIVIL PENALTY

691.955 Civil penalty. (1) Violation of any provision of ORS 691.415 to 691.545 is punishable by a civil penalty of not less than \$100 nor more than \$500.

(2) The Attorney General shall bring an action in the name of the State of Oregon in a court of appropriate jurisdiction to enforce any civil penalty imposed under this section. [1989 c.487 §16]

691.990 [Amended by 1967 c.587 §52; repealed by 1977 c.842 §27 and 1977 c.886 §42]

The Oregon Administrative Rules contain OARs filed through June 15, 2011

BOARD OF EXAMINERS OF LICENSED DIETITIANS

DIVISION 1

PROCEDURAL RULES

834-001-0000

Notice of Proposed Rules

Prior to the adoption, amendment, or repeal of any rule, the Board of Examiners of Licensed Dietitians shall give notice of proposed adoption, amendment, or repeal:

(1) In the Secretary of State's Bulletin referred to in ORS 813.360 at least 15 days prior to the effective date.

(2) By mailing a copy of the Notice to the persons on the Board's mailing list established pursuant to ORS 183.335(6).

(3) By mailing a copy of the Notice to the following persons, organizations or publications:

(a) Associated Press;

(b) United Press International;

(c) Oregon Dietetic Association; and

(d) Oregon State Health Division.

Stat. Auth.: ORS 691

Stats. Implemented:

Hist.: LDB 1-1990(Temp), f. 8-23-90, cert. ef. 9-4-90; LDB 2-1990, f. & cert. ef. 12-20-90

834-001-0005

Model Rules of Practice and Procedure

The Model Rules of Practice and Procedures promulgated by the Attorney General of the State of Oregon under the Administrative Procedures Act are by this reference adopted as the rules of procedure of the Board of Examiners of Licensed Dietitians.

[ED. NOTE: The full text of the Attorney General's Model Rules of Procedure is available from the office of the Attorney General or the Board of Examiners of Licensed Dietitians.]

Stat. Auth.: ORS 691

Stats. Implemented:

Hist.: LDB 1-1990(Temp), f. 8-23-90, cert. ef. 9-4-90; LDB 2-1990, f. & cert. ef. 12-20-90

DIVISION 10

IMPLEMENTATION AND ADMINISTRATION OF THE DIETETIC PRACTICE ACT

834-010-0005

Definitions

As used in this Chapter, the following terms and phrases, which have not already been defined in the Practice Act (ORS 691.405 through 691.585), shall have the meanings specified:

- (1) "Act" means Dietitian Practice Act.
- (2) "Applicant" means any person who has applied to the Board for a license to engage in the practice of dietetics in the State of Oregon.
- (3) "Application" means a written request directed to and received by the Board, on forms supplied by the Board, for a license to practice dietetics in the State of Oregon, together with all information, certificates, documents, and other materials required by the Board.
- (4) "Examination" means the examination administered by the Commission of Dietetic Registration (CDR). The Board recognizes the examination administered by CDR and the passing score set up by CDR as the Board's examination.
- (5) "Nutritional Assessment" means the evaluation of the nutritional needs of individuals and groups based upon appropriate biochemical, anthropometric, physical and dietary data to determine nutrient needs and recommend to the primary health care provider and/or client and implement appropriate nutritional intake including enteral and parenteral nutrition regardless of setting, including but not limited to ambulatory settings, hospitals, nursing homes, and other extended care facilities.

Stat. Auth.: ORS 691

Stats. Implemented:

Hist.: LDB 1-1990(Temp), f. 8-23-90, cert. ef. 9-4-90; LDB 2-1990, f. & cert. ef. 12-20-90

834-010-0010

Qualifications for Licensure

- (1) Applicants who are currently registered by the CDR are deemed to have met the academic requirements of ORS 691.435(2).
- (2) Each applicant must satisfactorily complete continuing education requirements as set forth by the CDR.
- (3) Each applicant for licensure shall agree to adhere to the Code of Ethics of the American Dietetic Association.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 691.405 - 691.535

Stats. Implemented:

Hist.: LDB 1-1990(Temp), f. 8-23-90, cert. ef. 9-4-90; LDB 2-1990, f. & cert. ef. 12-20-90; LDB 2-1993, f. 11-30-93, cert. ef. 12-1-93; BELD 1-2005, f. 5-23-05, cert. ef. 7-22-05

834-010-0015

Waiver

The Board may waive the examination requirements of OAR 834-010-0010.

Stat. Auth.: ORS 691

Stats. Implemented:

Hist.: LDB 1-1990(Temp), f. 8-23-90, cert. ef. 9-4-90; LDB 2-1990, f. & cert. ef. 12-20-90; BELD 1-2005, f. 5-23-05, cert. ef. 7-22-05

834-010-0019

Licensed in Another State

An applicant licensed in another state must also be currently registered as a dietitian by the CDR to be eligible for licensure in Oregon.

Stat. Auth.: ORS 691

Stats. Implemented:

Hist.: BELD 1-2005, f. 5-23-05, cert. ef. 7-22-05

834-010-0025

Application for Licensure

(1) Application for licensure must be submitted on the form and in the manner prescribed by the Board.

(2) Every application shall be typed or written in ink, signed under the penalty of perjury and accompanied by the appropriate nonrefundable application fee and by such evidence, statements or documents showing to the satisfaction of the Board that applicant meets the requirements of ORS 691.435 through 691.565.

(3) Applications are to be submitted to the address designated by the Board.

(4) Approved applications and all documents filed in support thereof shall be retained by the Board.

(5) The Board will not consider an application as officially submitted until the applicant pays the application fee in full.

(6) The executive officer of the Board will notify the applicant about any additional materials required.

(7) The application for a license shall contain such information as the Board may reasonably require.

Stat. Auth.: ORS 691

Stats. Implemented:

Hist.: LDB 1-1990(Temp), f. 8-23-90, cert. ef. 9-4-90; LDB 2-1990, f. & cert. ef. 12-20-90; BELD 1-2005, f. 5-23-05, cert. ef. 7-22-05

834-010-0030

Issuance and Renewal of Licenses

An applicant may be issued a license based on compliance with requirements stated in ORS 691.405, et seq. and these rules. The Board may issue a license to any person who meets the requirements upon payment of the license fee prescribed:

(1) Licenses will expire on October 31 of odd numbered years, beginning in 1995.

(2) Licensee's renewal application must be postmarked or received in the Board Office during regular business hours at least one month before the expiration date in order to avoid the late renewal fee.

(3) Applicants for renewal of licenses must provide documentation of having met continuing education requirements by providing the Board a copy of current registration card or evidence of 30 hours per biennial licensure period of continuing education approved by the Board. Applicants who have completed the required hours of continuing education which are approved

by the Commission of Dietetic Registration are deemed to have met the continuing education required by the Board.

(4) A renewed license shall be furnished to each licensee who meets all renewal requirements by the expiration date.

(5) No person without a current, valid license from the Board may use the title of or imply that he/she has the title of "licensed dietitian."

Stat. Auth.: ORS 691.405 - 691.535

Stats. Implemented: ORS 691

Hist.: LDB 1-1990(Temp), f. 8-23-90, cert. ef. 9-4-90; LDB 2-1990, f. & cert. ef. 12-20-90; LDB 1-1992, f. & cert. ef. 3-13-92; LDB 2-1993, f. 11-30-93, cert. ef. 12-1-93; BELD 1-2005, f. 5-23-05, cert. ef. 7-22-05; BELD 1-2008, f. & cert. ef. 4-9-08

834-010-0035

License Certificates

(1) The Board shall prepare and provide to each licensee a license certificate.

(2) The licensee shall surrender his/her license certificate upon appropriate demand by the Board.

(3) Neither the licensee nor anyone else shall make any alteration on a license certificate issued by the Board.

Stat. Auth.: ORS 691

Stats. Implemented:

Hist.: LDB 1-1990(Temp), f. 8-23-90, cert. ef. 9-4-90; LDB 2-1990, f. & cert. ef. 12-20-90

834-010-0040

Disapproved Application

The Board shall not approve an applicant for licensure if the applicant:

(1) Has not completed the requirements in ORS 691.435 through 691.465.

(2) Has failed to remit any applicable fees.

(3) Has failed to comply with requests for supporting documentation prescribed by the Board.

(4) Has deliberately presented false information on application documents required by the Board to verify applicant's qualifications for licensure.

Stat. Auth.: ORS 691

Stats. Implemented:

Hist.: LDB 1-1990(Temp), f. 8-23-90, cert. ef. 9-4-90; LDB 2-1990, f. & cert. ef. 12-20-90

834-010-0045

Denial, Revocation or Suspension of License

(1) The Board may refuse to issue a license, or suspend, revoke or impose probationary conditions and restrictions on the license of a person upon a finding of any of the causes listed in ORS 691.535.

(2) When the Board has cause to believe that a licensee/applicant has violated any part of ORS 691.405 through 691.555, the Board shall so advise the applicant in writing by certified mail, setting forth its grounds, specifying the sanctions which are sought and provide the licensee/applicant with the opportunity for hearing pursuant to 183.310 to 183.500. The Board's findings of fact, its conclusions of law under these rules and its decision as to the sanctions, if any, to be imposed shall be made in writing by certified mail and served upon the applicant.

(3) A suspended license shall be subject to expiration and may be renewed as provided in this section, but such renewal shall not entitle the licensee to engage in the licensed activity until he/she is reinstated. If a license revoked on disciplinary grounds is reinstated, the licensee must reapply and pay all applicable fees.

Stat. Auth.: ORS 691

Stats. Implemented:

Hist.: LDB 1-1990(Temp), f. 8-23-90, cert. ef. 9-4-90; LDB 2-1990, f. & cert. ef. 12-20-90

834-010-0050

Fees

In accordance with the provisions of ORS 691.565, the following fees, where applicable, are payable to the Board/Health Division by check or money order:

(1) Application fee shall be \$50, nonrefundable.

(2) Initial license fee shall be \$6.25 per month or fraction thereof remaining through the next October of odd-numbered year.

(3) Renewal fee shall follow the same fee structure as the initial license fee.

(4) Delinquent fee shall be \$25.

Stat. Auth.: ORS 691.405 - 691.535

Stats. Implemented:

Hist.: LDB 1-1990(Temp), f. 8-23-90, cert. ef. 9-4-90; LDB 2-1990, f. & cert. ef. 12-20-90; LDB 1-1992, f. & cert. ef. 3-13-92; LDB 2-1993, f. 11-30-93, cert. ef. 12-1-93; BELD 1-2010, f. & cert. ef. 6-23-10

834-010-0055

Rules for Professional Conduct

Licenseses, under the act, shall perform their professional duties using the American Dietetic Association (ADA) "**Code of Ethics for the Professional of Dietetics**", which includes but is not limited to the following:

- (1) The licensee provides professional service with objectivity and with respect for the unique needs and values of individuals, avoiding discrimination, and provides sufficient information to enable clients to make informed decisions.
- (2) The licensee accurately presents professional qualifications and credentials, and does not permit the use of these credentials by an unqualified person.
- (3) The licensee shall remain free of conflict of interest and shall promote or endorse products in a manner that is neither false nor misleading.
- (4) The licensee shall advance and promote the professional while maintaining professional judgment, honesty, integrity, loyalty, and trust to colleagues, clients and the public.
- (5) The licensee assumes responsibility and accountability for personal competence in practice through continuing education and recognition of the limits of his/her ability and adherence to accepted standards of practice.
- (6) The licensee presents substantiated information and interprets controversial information without personal bias, recognizing legitimate differences of opinion.
- (7) The licensee maintains the confidentiality of information.
- (8) The licensee shall be responsible for reporting alleged misrepresentation or violation of the Act and/or Board rules to the Board.

[Publications: The publication(s) referred to or incorporated by reference in this rule are available from the agency.]

Stat. Auth.: ORS 691

Stats. Implemented:

Hist.: LDB 1-1990(Temp), f. 8-23-90, cert. ef. 9-4-90; LDB 2-1990, f. & cert. ef. 12-20-90

834-010-0065

Rules for Standards of Practice

(1) Introduction to Standards of Practice of Licensed Dietitians:

(a) Purpose of Standards of Practice is:

(A) To establish appropriate levels of safe and effective practice for the Licensed Dietitian;

(B) To serve as a guide for the Oregon State Board of Examiners for Licensed Dietitians to evaluate safe and effective dietetic practice; and

(C) To define "Unprofessional Conduct" as referred to in ORS 691.535.

(b) The role of the Licensed Dietitian is continually evolving. The extent of practice for the licensee is dependent upon initial dietetic education and demonstrated competence in additional skills acquired through inservice, continuing education, or graduate studies which are within the standards of such practice as described in ORA 691.435.

(c) Definition of Terms:

(A) "Licensed Dietitian" will be used within the text of these Standards of Practice, but may be used interchangeably with "Licensed Medical Nutrition Therapist" when appropriate.

(B) "Institution " is defined as an accredited or licensed hospital, clinic, nursing home, school, government agency, etc., recognized by the Board.

(d) The Scope of Practice for Licensed Dietitians is provided in ORS 691.405.

(2) Standards of Practice:

(a) Licensed Dietitians screen and assess the nutritional needs of clients based upon established institutional policy and procedure or according to accepted practices established in scientific literature from peer reviewed journals recognized by the Board, such as Journal of the American Dietetic Association, American Journal of Clinical Nutrition, Journal of the American Medical Association, New England Journal of Medicine.

(b) Licensed Dietitians develop, document and implement nutrition care priorities, goals and objectives that meet the needs of clients based upon institution policy and procedure or according to accepted practices established in scientific literature from peer reviewed journals recognized by the Board.

(c) Licensed Dietitians sort, report and record data collected during screening, assessment and implementation of priorities for care.

(d) Licensed Dietitians monitor performance of clients' established and implemented priorities, goals and objectives and compare expected to actual outcome. They document results and

modify action/goals/objectives as appropriate, based upon institutional policy and procedure, or according to accepted practices from peer reviewed literature recognized by the Board.

(e) Licensed Dietitians treat and counsel individuals or groups on appropriate nutritional intake by integrating information from a nutritional assessment with recognized scientific data on food and other sources of nutrients and meal preparation techniques.

(f) Licensed Dietitians evaluate and implement appropriate standards of quality and safety in food and nutrition services based on current Joint Commission on Accreditation of Hospital Organizations standards, federal, state, local government regulations and/or institutional policy and procedure.

(g) Licensed Dietitians establish public health nutrition policies, which include health promotion, consumer protection and preventive services. They assess community nutrition status, develop and implement outreach programs; they monitor outcome of the programs, document and modify as appropriate to meet public health needs.

(h) Licensed Dietitians use a specialized knowledge of food and nutrition to collaborate with and provide education to other professional, personnel and/or consumers in integrating, interpreting and communicating principles of good nutrition/foodservice.

(i) Licensed Dietitians recognize and abide by Standards of Care established by experts in peer reviewed scientific literature recognized by the Board, or health care organizations such as American Diabetes Association, American Health Association, Human Subjects Committees, American Dietetic Association, National Institutes of Health, American Cancer Society, National Council on Health, Surgeon General, Healthy People 2000, which are recognized by the Board.

(j) Licensed Dietitians conduct, interpret and use research to enhance dietetic practice, using currently accepted scientific methods of investigation as described in peer reviewed literature recognized by the Board.

(k) Licensed Dietitians maintain current knowledge and skills by participating in continuing education activities with and emphasis on their area of practice, which is a minimum of 75 hours in 5 years.

(l) Licensed Dietitians follow the Code of Ethics of the American Dietetic Association:

(A) They abide by the statutes and regulations governing the field of medical nutrition therapy/dietetic;

(B) They accept the responsibility for their individual section within the dietetic practice field;

(C) They maintain competence in their area of practice;

(D) They contribute to the formulation, interpretation, implementation and evaluation of the objectives and policies related to dietetic practice within their employment setting; and

(E) They report unsafe practices to the Board through appropriate channels.

Stat. Auth.: ORS 691.505

Stats. Implemented: ORS 691.405

Hist.: BELD 1-1999, f. & cert. ef. 7-26-99

Current OAR language re: LD Scope of Practice

834-010-0065

Rules for Standards of Practice

(1) Introduction to Standards of Practice of Licensed Dietitians:

(a) Purpose of Standards of Practice is:

(A) To establish appropriate levels of safe and effective practice for the Licensed Dietitian;

(B) To serve as a guide for the Oregon State Board of Examiners for Licensed Dietitians to evaluate safe and effective dietetic practice; and

(C) To define "Unprofessional Conduct" as referred to in ORS 691.535.

(b) The role of the Licensed Dietitian is continually evolving. The extent of practice for the licensee is dependent upon initial dietetic education and demonstrated competence in additional skills acquired through inservice, continuing education, or graduate studies which are within the standards of such practice as described in ORA 691.435.

(c) Definition of Terms:

(A) "Licensed Dietitian" will be used within the text of these Standards of Practice, but may be used interchangeably with "Licensed Medical Nutrition Therapist" when appropriate.

(B) "Institution " is defined as an accredited or licensed hospital, clinic, nursing home, school, government agency, etc., recognized by the Board.

(d) The Scope of Practice for Licensed Dietitians is provided in ORS 691.405.

(2) Standards of Practice:

(a) Licensed Dietitians screen and assess the nutritional needs of clients based upon established institutional policy and procedure or according to accepted practices established in scientific literature from peer reviewed journals recognized by the Board, such as Journal of the American Dietetic Association, American Journal of Clinical Nutrition, Journal of the American Medical Association, New England Journal of Medicine.

(b) Licensed Dietitians develop, document and implement nutrition care priorities, goals and objectives that meet the needs of clients based upon institution policy and procedure or according to accepted practices established in scientific literature from peer reviewed journals recognized by the Board.

(c) Licensed Dietitians sort, report and record data collected during screening, assessment and implementation of priorities for care.

(d) Licensed Dietitians monitor performance of clients' established and implemented priorities, goals and objectives and compare expected to actual outcome. They document results and modify action/goals/objectives as appropriate, based upon institutional policy and procedure, or according to accepted practices from peer reviewed literature recognized by the Board.

(e) Licensed Dietitians treat and counsel individuals or groups on appropriate nutritional intake by integrating information from a nutritional assessment with recognized scientific data on food and other sources of nutrients and meal preparation techniques.

(f) Licensed Dietitians evaluate and implement appropriate standards of quality and safety in food and nutrition services based on current Joint Commission on Accreditation of Hospital Organizations standards, federal, state, local government regulations and/or institutional policy and procedure.

(g) Licensed Dietitians establish public health nutrition policies, which include health promotion, consumer protection and preventive services. They assess community nutrition status, develop and implement outreach programs; they monitor outcome of the programs, document and modify as appropriate to meet public health needs.

(h) Licensed Dietitians use a specialized knowledge of food and nutrition to collaborate with and provide education to other professional, personnel and/or consumers in integrating, interpreting and communicating principles of good nutrition/foodservice.

(i) Licensed Dietitians recognize and abide by Standards of Care established by experts in peer reviewed scientific literature recognized by the Board, or health care organizations such as American Diabetes Association, American Health Association, Human Subjects Committees, American Dietetic Association, National Institutes of Health, American Cancer Society, National Council on Health, Surgeon General, Healthy People 2000, which are recognized by the Board.

(j) Licensed Dietitians conduct, interpret and use research to enhance dietetic practice, using currently accepted scientific methods of investigation as described in peer reviewed literature recognized by the Board.

(k) Licensed Dietitians maintain current knowledge and skills by participating in continuing education activities with and emphasis on their area of practice, which is a minimum of 75 hours in 5 years.

(I) Licensed Dietitians follow the Code of Ethics of the American Dietetic Association:

(A) They abide by the statutes and regulations governing the field of medical nutrition therapy/dietetic;

(B) They accept the responsibility for their individual section within the dietetic practice field;

(C) They maintain competence in their area of practice;

(D) They contribute to the formulation, interpretation, implementation and evaluation of the objectives and policies related to dietetic practice within their employment setting; and

(E) They report unsafe practices to the Board through appropriate channels.

Stat. Auth.: ORS 691.505

Stats. Implemented: ORS 691.405

Hist.: BELD 1-1999, f. & cert. ef. 7-26-99

American Dietetic Association

Work Group on Licensure, Competition and Scope of Practice

Model Practice Act

January 2010

Section 4: Scope of Practice

Dietetics is the integration and application of principles derived from the sciences of food, nutrition, management, communication, and biological, physiological, behavioral, and social sciences to achieve and maintain optimal human health.

Licensed dietitian/nutritionists shall engage in (1) the nutrition care process, a systematic problem-solving method that dietetics professionals use to critically think and make decisions to address nutrition related problems and provide safe and effective quality nutrition care services and (2) Medical Nutrition Therapy.

The Nutrition Care Process consists of four distinct, but interrelated and connected steps:

- a. Nutrition Assessment
- b. Nutrition Diagnosis
- c. Nutrition Intervention,
- d. Nutrition Monitoring and Evaluation.

Rationale/Guidance

All of the terms listed here are defined in the definition section.

Rationale/Guidance:

The scope of practice defines specifically those areas for which there is the greatest potential for public harm and need for regulation and for which the licensed persons are uniquely prepared.

[The following are recommended for implementing regulations.]

A licensed dietitian/nutritionist may, upon referral by a health care provider authorized to prescribe dietary treatments, provide nutritional and dietary counseling, conduct nutritional and dietary assessments, and develop nutritional and dietary treatments, including therapeutic diets, for individuals or groups of patients in licensed institutional facilities or in private office settings. The referral shall be accompanied by a written prescription signed by the health care provider detailing the patient's diagnosis and including a statement of the desired objective of dietary treatment, unless a referring physician and surgeon has established or approved a written protocol governing the patient's treatment. The services described may be termed "medical nutrition therapy."

A licensed dietitian/nutritionist may accept or transmit verbal orders or electronically transmitted orders from the referring physician consistent with state regulations and established protocol to implement medical nutrition therapy.

A licensed dietitian/nutritionist may order medical laboratory tests related to nutritional therapeutic treatments when authorized to do so by a written protocol prepared or approved by the referring physician and when, permitted by state regulations.

Section 5: Title Protection

Only a person licensed or otherwise authorized to practice under this article shall practice dietetics/nutrition or provide nutrition care services or use the title dietitian/nutritionist, or the words dietitian or nutritionist alone or in combination or use the letters LD, LN, or similar titles or initials with intention of indicating practice without a valid license as a licensed dietitian/nutritionist.

The board may cause to issue in any competent court a writ of injunction enjoining any person from violating the provisions of this section.

Chapter 4759-6 Professional Responsibility

4759-6-01 Standards of practice in nutrition care.

The standards of practice in nutrition care provide a common understanding about the profession's minimum expectations for practice, and form a basis for self-evaluation and improvement and an expectation about nutritional care and service delivery. The standards of practice in nutrition care are comprised of four standards representing the four steps of the nutrition care process.

The "nutrition care process" is a systematic problem-solving method that dietitians may use to critically think and make decisions when providing medical nutrition therapy or to address nutrition related problems and provide safe, effective, high quality nutrition care.

The nutrition care process shall consist of four distinct, but interrelated steps including nutrition assessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation.

(A) The licensee uses accurate and relevant data and information to perform nutrition assessment and identify nutrition-related problems, as the foundation for nutrition diagnosis, the second step of the nutrition care process.

(1) "Nutrition assessment" means the same as "nutritional assessment" defined in paragraph (A) of rule 4759-2-01 of the Administrative Code.

(2) A nutrition assessment is initiated by referral and / or screening of individuals or groups for nutrition risk factors.

(3) The licensee systematically obtains, verifies and interprets data in order to make decisions about the nature and cause of nutrition-related problems.

(4) Nutrition assessment is an ongoing, dynamic process that involves not only initial data collection, but also reassessment and analysis of client or community needs.

(5) Problems that require consultation with or referral to another provider are recognized.

(6) Documentation and communication of nutritional assessment shall be complete, relevant, accurate and timely.

(B) The licensee determines a nutrition diagnosis to identify and label specific nutrition problem(s) that the dietitian is responsible for treating.

(1) "Nutrition diagnosis" is the identification and labeling that describes an actual occurrence, risk of, or potential for developing, a nutritional problem that dietetics practitioners are responsible for treating independently.

(2) The nutrition diagnosis is not a medical diagnosis. It results following nutrition assessment and the clustering, analysis, and synthesis of data and demonstrates a link to determining goals for outcomes, selecting appropriate interventions and tracking progress in attaining expected outcomes.

(3) Documentation of nutrition diagnosis(es) shall be relevant, accurate and timely and shall be revised and updated as additional assessment data become available.

(C) The licensee utilizes nutrition intervention as the third step in the nutrition care process to identify and implement appropriate, purposefully planned actions designed with the intent of changing a nutrition-related behavior, risk factor, environmental condition or aspect of health status for an individual, target group, or the community at large.

(1) "Nutrition Intervention" is a specific set of activities and associated materials used to address the problem; purposely planned actions designed with the intent of changing a nutrition-related behavior, risk factor, environmental condition, or aspect of health status for an individual, target group, or the community at large. It involves selection, planning, and implementing appropriate actions to meet patient / client / group's nutrition needs.

(2) "Intervention planning" involves prioritizing the nutrition diagnoses, conferring with the patient / client / and / or others, reviewing practice guides and policies, and setting goals and defining the specific nutrition intervention strategy.

(3) "Implementation of the nutrition intervention" is the action phase that includes carrying out and communicating the plan of care, continuing data collection, and revising the nutrition intervention strategy, as warranted, based on the patient / client response.

(4) The licensee performs the interventions or assigns the nutrition care that other competent practitioners may provide in accordance with federal, state and local laws and regulations.

(D) The licensee monitors and evaluates indicators and outcomes data directly related to the nutrition diagnosis, goals and intervention strategies to determine the progress made in achieving desired outcomes of nutrition care and whether planned interventions should be continued or revised.

(1) "Nutrition monitoring and evaluation" is the fourth step of the nutrition care process. Monitoring specifically refers to the review and measurement of the patient / client / group's status at a scheduled (preplanned) follow-up point with regard to the nutrition diagnosis, intervention plans / goals and outcomes, whereas evaluation is the systematic comparison of current findings with previous status, intervention goals, or a reference standard. Monitoring and evaluation use selected outcome indicators (markers) that are relevant to the patient / client / group's defined needs, nutrition diagnosis, nutrition goals, and disease state.

(2) The licensee uses standard nutrition care outcome indicator(s) to measure outcomes.

(3) Monitoring data should be compared with the nutrition prescription / goals / or reference standards to evaluate impact of the sum of all interventions on overall patient / client health outcomes.

(4) Documentation of nutrition monitoring and evaluation shall be comprehensive, specific, accurate, relevant and timely and reflect the indicators measured, results and method for obtaining measurement. The criteria to which the indicator is compared and factors facilitating or hampering progress should be referenced in support of positive or negative outcomes. Future plans for nutrition care, monitoring and follow-up or discharge should be included.

Replaces: 4759-6-01

Effective: 07/06/2009

R.C. 119.032 review dates: 12/20/2012

Promulgated Under: 119.03

Statutory Authority: 4759.05(A)

Rule Amplifies: 4759.05(A)(8)

Prior Effective Dates: 11/30/87, 2/9/98, 3/15/03

4759-6-02 Standards of professional performance.

Every licensee shall comply with the following standards of professional performance:

(A) Credentials.

(1) The licensee shall accurately present professional qualifications and credentials.

(2) The licensee shall permit use of that licensee's name for the purpose of certifying that dietetic services have been rendered only if the licensee has provided or supervised those services.

(B) Provision of service.

The licensee shall provide professional service based on client expectations and needs. Quality service is provided, facilitated and promoted based on the licensee's knowledge, experience and understanding of client needs and expectations.

(1) The licensee shall avoid discrimination on the basis of factors that are irrelevant to the provision of professional services, including, but not limited to race, creed, sex, age, or handicap.

(2) The licensee shall assure that sufficient information is available to enable a client to establish mutual goals and make informed decisions.

(C) Quality in practice.

(1) The licensee shall systematically evaluate the quality of service and improve practice based on evaluation results.

(2) Quality practice requires regular performance evaluation and continuous improvement.

(3) The licensee shall adhere to acceptable standards for that licensee's area of practice.

(4) The licensee shall generate, interpret and effectively apply evidence based interventions

substantiated by research.

"Evidence based" interventions means the conscientious, explicit judicious use of current best evidence in making decisions about the care of patients and is consistent with the Centre for evidence based medicine definition in "Evidence based medicine; what it is and what it isn't", Sackett, DL et.al. 1996.

(D) Competence and accountability.

(1) The licensee shall assume responsibility and accountability for personal competence in practice and engage in lifelong learning. Competent and accountable practice includes continuous acquisition of knowledge and skill development.

(a) The licensee shall establish performance criteria, compare actual performance with expected performance, document results and take appropriate action.

(b) The licensee shall conduct self-assessment of strengths and weaknesses at regular intervals and develop, implement and evaluate an individual plan for practice based on assessment of client needs, current knowledge, and clinical experience.

(2) The licensee shall maintain knowledge and skills required for continued professional competence in a manner consistent with the requirements of the Commission on dietetic registration.

(3) The licensee shall recognize the limits of that licensee's qualifications and seek counsel or make referrals as appropriate.

(E) Conflict.

(1) The licensee shall remain free of conflict of interest while fulfilling the objectives and maintaining the integrity of the dietetic profession.

(2) The licensee shall advance and promote the profession while maintaining professional judgment, honesty, integrity, loyalty, and trust to colleagues, clients and the public.

(F) Endorsement.

The licensee shall promote or endorse products only in a manner that is true and not misleading.

(G) Communication and application of knowledge.

The licensee shall effectively apply knowledge and communicate with others to achieve common goals by effective sharing and application of their unique knowledge and skills in food, human nutrition and management services.

(H) Utilization and management of resources.

The licensee shall use resources effectively and efficiently.

The licensee shall use a systematic approach to identify, monitor, analyze and justify the use of time, money, facilities, staff and other resources while considering safety, effectiveness and cost in planning and delivering interventions.

(I) Approval of a general program of weight control.

A "general program of weight control" as defined in rule 4759-5-06 of the Administrative Code must be approved by either a registered or licensed dietitian or physician licensed in Ohio. For purposes of division (J) of section 4759.10 of the Revised Code, the licensee shall provide written approval of all components of the general program of weight control and assume responsibility for the following:

(1) Guidelines for instruction: Program content and written step-by-step information that the presenter provides to customers to enable them to follow the meal plan and other aspects of a general program of weight control.

(2) Meal plans: General categories or groups of foods and suggested combinations of specific foods. Meal plans shall not be individualized for specific persons, conditions, or disease states.

(3) Handouts: Any information distributed in conjunction with the general program of weight control.

(4) Supplements: Products, including vitamins, minerals, herbs and other substances used as part of, or an enhancement to, a general program of weight control. The use of these products shall be substantiated by current scientific evidence.

(J) Supervision.

When providing supervision of another for purposes of division (F) of section 4759.06 and divisions (B) and (E) of section 4759.10 of the Revised Code, and rule 4759-5-02 of the Administrative Code, a licensee shall assume responsibility for the supervision in a manner that protects the public.

(K) Compliance.

The licensee shall comply with all laws and regulations concerning the profession, but shall seek to change them if the laws or regulations are inconsistent with the best interest of the public and the profession. The licensee:

(1) Shall accept the obligation to protect society and the profession by upholding the standards of practice and standards of professional performance; and

(2) Shall report alleged violations of the laws, rules and standards to the state board of dietetics.

(L) Interpretation of information and application of research.

(1) The licensee shall present substantiated information and interpret controversial information without personal bias, recognizing that a legitimate difference of opinion may exist.

(2) The licensee applies, participates in, or generates research to enhance practice and to improve

safety and quality of dietetic practice and services.

(M) Confidentiality.

The licensee shall maintain information consistent with legal obligations and client confidentiality.

(N) Professional conduct.

(1) The licensee shall conduct all practices with honesty, integrity, and fairness; and

(2) The licensee shall make and fulfill professional commitments in good faith; and

(3) The licensee shall inform the public and colleagues of services by use of factual information.

(4) The licensee shall make reasonable efforts to avoid bias in professional evaluation.

Replaces: 4759-6-01, 4759-6-02

Effective: 07/06/2009

R.C. 119.032 review dates: 12/20/2012

Promulgated Under: 119.03

Statutory Authority: 4859.05(A)

Rule Amplifies: 4759.05(A)(8)

Prior Effective Dates: 11/30/87, 2/9/98, 3/15/03

4759-6-03 Interpretation of standards.

The standards in this chapter are interpreted in a manner consistent with the "Standards of practice in nutrition care" and the "Standards of professional Performance" adopted by the American dietetic association.

Replaces: pt of 4759-6-02

Effective: 07/06/2009

R.C. 119.032 review dates: 12/20/2012

Promulgated Under: 119.03

Statutory Authority: 4759.05(A)

Rule Amplifies: 4759.05(A)(8)

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

American Dietetic Association Revised 2008 Standards of Practice for Registered Dietitians in Nutrition Care; Standards of Professional Performance for Registered Dietitians; Standards of Practice for Dietetic Technicians, Registered, in Nutrition Care; and Standards of Professional Performance for Dietetic Technicians, Registered

*The American Dietetic Association Quality Management Committee**

As the most highly and specifically trained and qualified providers of food and nutrition services, registered dietitians (RDs) and dietetic technicians, registered (DTRs) are accountable and responsible for their practice and service. The American Dietetic Association (ADA) leads the profession of dietetics by developing standards against which the quality of practice

and performance of RDs and DTRs can be evaluated. As part of ADA's Scope of Dietetics Practice Framework (1), the 2008 Standards of Practice (SOP) in Nutrition Care and Standards of Professional Performance (SOPP) for RDs and DTRs, along with ADA's Code of Ethics (2), guide the practice and performance of RDs and DTRs in all settings.

These standards and indicators reflect the minimum competent level of dietetics practice and professional performance for RDs and for DTRs. The SOP in Nutrition Care is composed of four standards representing the four steps of the Nutrition Care Process (NCP) (3). The SOPP for RDs and DTRs consists of six standards representing six domains of professionalism.

This article represents the 2008 ADA SOP in Nutrition Care and SOPP for RDs and DTRs (see the Web site exclusive Appendix at www.adajournal.org).

therefore, scope of practice comes down to the competency of individual practitioners and their particular practice settings. The decision tree and decision analysis tool of the Scope of Dietetics Practice Framework assist RDs and DTRs by providing tools for examining one's own practice (1). The code of ethics and SOPP are resources that support RDs' and DTRs' ability to provide specified nutrition services.

WHY WERE THE STANDARDS REVISED?

This update was initiated in response to a November 2006 ADA Board of Directors' motion that "Directs appropriate ADA units to formulate a clear and precise definition of the term 'supervision' as it applies to the Scope of Dietetics Practice Framework's SOP for the RD and for the DTR, and to revise these documents for accuracy and consistency with federal regulations and national standards."

HOW WERE THE STANDARDS REVISED?

The 2008 Standards are the result of a review and update of the 2005 ADA SOP in Nutrition Care and Updated SOPP (5). ADA's process for revising and updating the 2005 standards included a review by ADA Regulatory Affairs of the Centers for Medicare and Medicaid Services' Interpretive Guidelines; Centers for Medicare and Medic-

**Members of the American Dietetic Association Quality Management Committee 2006-2007 and 2007-2008: Sandra J. McNeil, MA, RD, FADA (chair, 2006-2007); Joanne B. Shearer, MS, RD (chair, 2007-2008); Rita M. Johnson, PhD, RD, FADA; Sue Kent, MS, RD; Catherine J. Klein, PhD, RD; Kathleen W. McClusky, MS, RD, FADA; Glenna R. McCollum, MPH, RD; Nancy L. Nevin-Folino, MEd, RD, CSP, FADA; Joyce A. Price, MS, RD; Marsha K. Schofield, MS, RD; Elizabeth R. Thompson, MPH, RD; Jody L. Vogelzang, PhD, RD, FADA; Maureen Otto, MS, RD; Mary Hager, PhD, RD, FADA; and Sharon M. McCauley, MS, MBA, RD, FADA, director of Quality Management at ADA. 0002-8223/08/10809-0025\$34.00/0 doi: 10.1016/j.jada.2008.07.001*

HOW DOES THE ADA SCOPE OF DIETETICS PRACTICE FRAMEWORK AND CODE OF ETHICS GUIDE THE PRACTICE AND PERFORMANCE OF RDS AND DTRS IN ALL SETTINGS?

Scope of practice is a fluid concept (4). It changes as knowledge, the health care environment, and technology expand. Food and nutrition professionals must possess the knowledge, skills, and competencies to perform their duties;

aid Services Conditions of Participation and Conditions for Coverage for hospitals, critical access hospitals, end-stage renal disease, hospice, and home health agencies; and the US Department of Agriculture regulations for the Special Supplemental Nutrition Program for Women, Infants, and Children. ADA Regulatory Affairs also reviewed state regulations for hospitals, critical access hospitals, end-stage renal facilities, assisted living facilities, hospices, and home health agencies. A review of a draft revision of the SOP for DTRs in Nutrition Care was completed by ADA members, including ADA's 2006-2007 Scope of Dietetics Practice Framework Sub-Committee of the Quality Management Committee and non-ADA member RDs and DTRs via the Internet and electronic surveys. Survey results and comments were reviewed by ADA's 2006-2007 and 2007-2008 Quality Management Committees. Feedback regarding this draft was received from the 2006-2007 Executive Committee of the Dietetic Technicians in Practice Dietetic Practice Group of ADA during four conference calls.

The rationales and indicators for the 2008 standards were updated using information from ADA Regulatory Affairs' review of regulations, electronic survey feedback, and through the consensus of the members of the 2006-2007 and 2007-2008 Quality Management Committees. Consensus is group opinion based on expert knowledge and experience. The Quality Management Committee members represent diverse practice and geographic perspectives.

WHAT ARE THE SOP IN NUTRITION CARE?

The SOP in nutrition care:

- address activities related to patient/client care during the NCP;
- apply to RDs and DTRs who have direct contact with individual patient/client care in acute and long-term care, as well as in public health, community, extended care, and ambulatory care settings;
- are formatted according to the four steps of the NCP (ie, nutrition assessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation); and
- reflect the individual levels (RD and DTR) of training, responsibility, and accountability.

WHAT ARE THE SOPP?

The SOPP:

- address behaviors related to the professional role that are not in the NCP;
- apply to RDs and DTRs in all practice settings;
- are formatted according to six domains of professional behavior (ie, provision of services, application of research, communication and application of knowledge, use and management of resources, quality in practice, and competence and accountability); and
- reflect the individual levels (RD and DTR) of training, responsibility, and accountability.

HOW DO THE SOP IN NUTRITION CARE, THE SOPP, AND PRACTICE-SPECIFIC STANDARDS RELATE TO EACH OTHER?

The SOP and SOPP are companion documents. The SOP in Nutrition Care describe the minimum expectation for competent nutrition care practice. The SOPP describe the minimum expectation for competent behavior in the non-direct patient/client nutrition care aspect of the roles of RDs and DTRs. Together the two sets of standards comprehensively depict the minimum expectation for competent patient/client care and professional behavior for RDs and DTRs.

ADA's 2005 SOP and SOPP (5) were designed as blueprints for the development of practice-specific SOP and SOPP for RDs in specialty and advanced levels of practice. The 2008 standards will also serve as the blueprint for future practice-specific standards. As of October 2007 the following dietetic practice groups of ADA have published practice-specific standards: Diabetes Care and Education (6); Behavioral Health Nutrition (7); Oncology Nutrition (8); and Dietitians in Nutrition Support, a joint project with the American Society for Parenteral and Enteral Nutrition (9,10). Practice-specific standards are in the process of being developed by the following workgroups of ADA dietetic practice groups: Pediatric Nutrition Care, Nephrology Care, Management of Food and Nutrition Systems, Education of Dietetics Practitioners, and Sports Dietetics.

WHAT IS MEANT BY "UNDER THE SUPERVISION OF AN RD"?

The definition of supervision is contextual. It varies by setting, by profession, and by intent. For example, supervision may be categorized as to whether it is managerial, clinical, personal, or professional. Further, an individual's experience in a work setting with supervision may affect his or her understanding of who a supervisor is and what supervision entails. In formulating a clear and precise definition of the term supervision as it applies to the 2008 SOP for DTRs in Nutrition Care, both legal definitions and definitions used in similar practice circumstances were identified and analyzed.

For the purpose of the 2008 SOP for DTRs in Nutrition Care, ADA describe supervision as follows:

An RD is accountable for the nutrition care of patients in various health care settings (eg, hospitals, nursing homes, home health agencies, and end-stage renal facilities) and social services programs (eg, Special Supplemental Nutrition Program for Women, Infants, and Children), and nutrition services provided by the Older Americans Act (through provision of daily meals provided in congregate and home-delivered settings).

In many health care settings, a DTR and other staff may be available to assist the RD. An RD in these settings must answer to patients, employers, boards of dietetics licensure, and the legal system if care is compromised.

RDs do not delegate the nutrition care process, but may assign certain tasks for the purpose of attaining needed information (eg, screening, gathering, and organizing data and information) or communicating with and educating patients. An RD may assign to DTRs interventions within their scope of practice, such as patient education, provision of medical food supplements, and referral to community agencies and programs.

Whether the supervision is direct (RD is on premises and immediately available) or indirect (RD is immediately available by telephone or other electronic means) is determined by regulatory and facility policies and procedures.

Additional considerations include regulation; that is, state dietitian/nutritionist licensure statutes and rules may include definitions of supervision and scope of practice specifications for technical and other assistive staff. Fed-

eral and state rules and regulations for health care facilities and for social service programs specify the qualified dietitian.

Accreditation must also be considered. Standards verify compliance with federal and state regulatory requirements and may specify additional requirements for an RD.

This description of supervision as it relates to RD/DTR teams is not synonymous with managerial supervision or oversight, clinical supervision (eg, peer-to-peer), supervision of provisional licensees, and/or supervision of dietetic interns and students. Clinical supervision is used in medicine and the mental health fields for the purposes of case review and professional development.

WHY ARE THE STANDARDS IMPORTANT?

The standards are designed to promote:

- safe, effective, and efficient food and nutrition services;
- evidence-based practice;
- improved health care and food and nutrition service-related outcomes;
- continuous quality improvement;
- dietetics research, innovation, and practice development; and
- development of the individual RDs and DTRs.

The standards:

- describe minimum levels of practice and performance;
- provide common indicators for self-evaluation;
- promote consistency in practice and performance;
- describe activities for which RDs and DTRs are accountable;
- describe the role of dietetics and the unique services that RDs and DTRs provide within the health care team;
- illustrate that food and nutrition services are provided in a framework that encourages continuous quality improvement;
- provide a basis for researchers to investigate relationships between dietetics practice and outcomes;
- provide a framework for educators to set objectives for educational programs; and
- reflect applicable federal laws and regulations (11,12).

The standards emphasize:

- the RD/DTR team; and
- the role of DTRs as an extension of RDs; for example, often being the first staff members from the nutrition team that a patient or client meets, serving as a conduit of nutrition care information at meetings and care conferences, and contributing to the continuum of care by facilitating communication between staff providing nutrition care and nursing care.

HOW ARE MEDICAL NUTRITION THERAPY (MNT) AND THE NCP RELATED?

ADA first defined MNT in the mid-1990s to promote the benefits of managing or treating a disease with nutrition (3). Its components included an assessment of nutritional status of patients and the provision of either diet modification, counseling, or specialized nutrition therapies. MNT became a broadly used term to describe a wide variety of food and nutrition care services.

However, in 2001, as part of the Medicare MNT benefit legislation, MNT received a new meaning. MNT services are now defined as the “nutritional diagnostic, therapy, and counseling services for the purpose of disease management, which are furnished by a registered dietitian or nutrition professional” (13).

In this context, RD or nutrition professional refers specifically to an individual who holds a baccalaureate or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics, as accredited by an appropriate national accreditation organization recognized by the Secretary of Health and Human Services for this purpose; has completed at least 900 hours of supervised dietetics practice under the supervision of an RD or nutrition professional; and is licensed or certified as an RD or nutrition professional by the state in which the services are performed; or in the case of an individual in a state that does not provide for such licensure or certification, meets such other criteria as the Secretary of Health and Human Services establishes (13).

As a result of this benefit legislation,

MNT is one specific type of nutrition care. NCP is a problem-solving method used in the application of MNT. The NCP is used to guide nutrition education and other preventative nutrition care services. The NCP articulates the consistent and specific steps exercised when delivering MNT. One of the key distinguishing characteristics between MNT and the other nutrition services using NCP is that MNT always involves in-depth, comprehensive assessment and individualized care (3).

HOW ARE THE STANDARDS STRUCTURED?

The standards are outcome focused with primarily process-type indicators. Each standard is equal in relevance and importance. Content for descriptions of standards, rationales, and indicators for standards of practice are adapted from ADA's *International Dietetics and Nutrition Terminology (IDNT) Reference Manual: Standardized Language for the Nutrition Care Process* (14). The standards are structured so that each has a standard (a brief description of the competent level of dietetics practice), a rationale (a description of the intent, purpose, and importance of the standard), indicators (action statements that illustrate how each standard may be applied in practice), and examples of outcomes (measurable results of applying the indicators to practice).

HOW CAN I USE THE STANDARDS TO EVALUATE MY PRACTICE AND PERFORMANCE?

The standards can be used as part of the Commission on Dietetic Registration Professional Development Portfolio process (15) to develop goals and focus continuing education efforts. The Professional Development Portfolio allows RDs and DTRs to engage in reflection, self-assessment, and goal setting, which are the critical components of Professional Development Portfolio recertification. The Figure shows a tool for reflecting on practice using the 2008 SOP in Nutrition Care and the SOPP. This assessment can lead to identification of individual learning needs.

HOW DO THE STANDARDS RELATE TO MY EVERYDAY PRACTICE?

The 2008 SOP in Nutrition Care and the SOPP provide a common under-

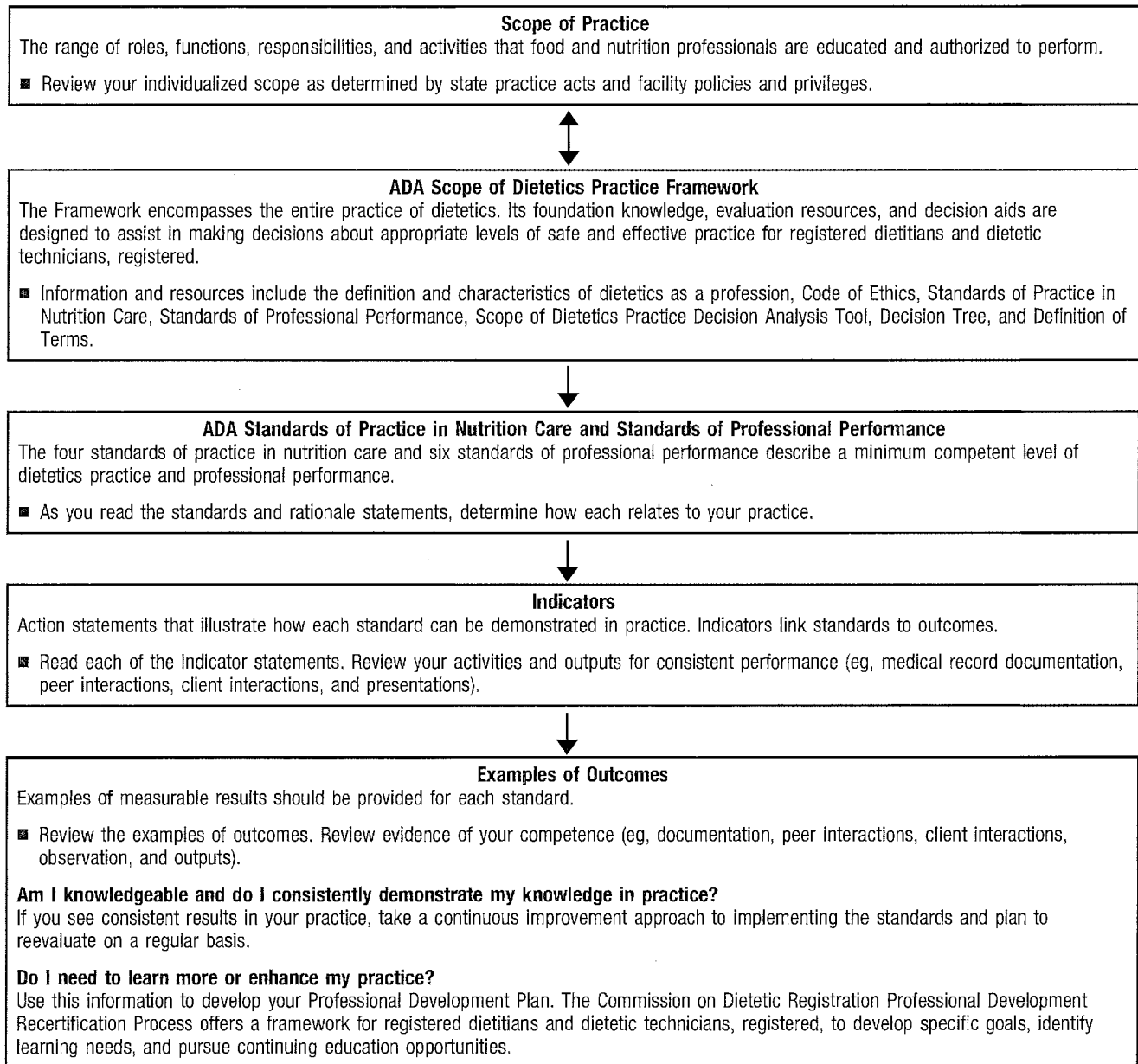


Figure. Flow chart for implementing the Standards of Practice and Standards of Professional Performance. Adapted from references 1 and 5; the American Dietetic Association: Standards of Professional Practice for Dietetics Professionals. *J Am Diet Assoc.* 1998;98:83-87; and the Evidence-Based Nutrition Practice Guidelines for Diabetes and Scope and Standards of Practice. *J Am Diet Assoc.* 2008;108(suppl 1):S52-S58.

standing of the role of RDs and DTRs in patient/client care and in nonpatient care roles, respectively. The standards also provide a common understanding about the profession's minimum expectations for practice and performance. Together the two sets of standards form a basis for self-evaluation and improvement and they establish an expectation about dietetic care and service delivery. Professional standards serve as a teaching tool and a guide for

both new and experienced RDs and DTRs (16,17).

The indicators and examples of outcomes are provided to elaborate on the standard. RDs and DTRs may not apply every indicator and achieve every outcome all at once, RDs and DTRs are not limited to the indicators and examples of outcomes provided, and all indicators may not be applicable to all RDs and DTRs.

The standards are written in broad

terms to allow for individual practitioners' handling of nonroutine situations. They are geared toward typical situations and toward practitioners with the RD or DTR credential, not those with credentials or degrees beyond that which is required for RD or DTR certification, and they are not intended to supersede the individual needs of a patient/client at any given time. RDs and DTRs face complex situations every day. Understanding the unique needs

of each situation and the latitude in applying standards is important to providing effective care and service. Strictly adhering to standards does not in and of itself constitute best care and service. It is the responsibility of individual practitioners to recognize and interpret situations, and to know what standards apply and in what ways they apply (18). Practitioners must understand the federal, state, and local laws and regulations affecting their practice as well as organizational policies and guidelines (1,19,20). Professional standards do not supersede laws and policies; however, they can serve as a resource for the development or modification of laws, policies, and guidelines.

The standards have been formulated to be used for individual self-evaluation and the development of practice guidelines, but not for institutional credentialing or for adverse or exclusionary decisions regarding privileging, employment opportunities or benefits, disciplinary actions, or determinations of negligence or misconduct. These standards do not constitute medical or other professional advice, and should not be taken as such. The information presented in these standards is not a substitute for the exercise of professional judgment by a health care professional. The use of the standards for any other purpose than that for which they were formulated must be undertaken with the sole authority and discretion of the user.

SUMMARY

The 2008 ADA SOP in Nutrition Care and SOPP for RDs and DTRs, practice-specific SOP/SOPP, and the ADA Code of Ethics are used collectively to gauge and guide a competent level of dietetics practice and performance. These resources continue to be reviewed and updated as new trends in the profession of dietetics and external influences emerge.

All RDs and DTRs should have in their personal libraries the most recent copies of the resources that compose the ADA Scope of Dietetics Practice Framework. To ensure that ADA members always have access to the most up to date materials, each resource is maintained on the Practice tab of ADA's Web site (www.eatright.org).

References

1. O'Sullivan Maillet J, Skates J, Pritchett E. American Dietetic Association: Scope of dietetics practice framework. *J Am Diet Assoc.* 2005;105:634-640.

2. Code of ethics for the profession of dietetics. *J Am Diet Assoc.* 1999;99:109-113.
3. Lacey K, Pritchett E. Nutrition Care Process and Model: ADA adopts roadmap to quality care and outcomes management. *J Am Diet Assoc.* 2003;103:1061-1072.
4. Visocan B, Switt J. Understanding and using the scope of dietetics practice framework: A step wise approach. *J Am Diet Assoc.* 2006;106:459-463.
5. Kieselhorst K, Skates J, Pritchett E. American Dietetic Association: Standards of practice in nutrition care and updated standards of professional performance. *J Am Diet Assoc.* 2005;105:641-645, 645.
6. Kulkarni K, Boucher J, Daly A, Shwide-Slavin C, Silvers B, O'Sullivan-Maillet J, Pritchett E. American Dietetic Association: Standards of practice and standards of professional performance for registered dietitians (generalist, specialist, and advanced) in diabetes care. *J Am Diet Assoc.* 2005;105:819-824.
7. Emerson M, Kerr P, Del Carmen Soler M, Girard TA, Hoffinger R, Pritchett E, Otto M. American Dietetic Association: Standards of practice and standards of professional performance for registered dietitians (generalist, specialist, and advanced) in behavioral health care. *J Am Diet Assoc.* 2006;106:608-613.
8. Robien K, Levin R, Pritchett E; Otto M. American Dietetic Association: Standards of practice and standards of professional performance for registered dietitians (generalist, specialist, and advanced) in oncology nutrition care. *J Am Diet Assoc.* 2006;106:946-951.
9. The Joint Standards Task Force of ASPEN and the American Dietetic Association Dietitians in Nutrition Support Dietetic Practice Group: Russell M, Stieber M, Brantley S, Freeman AM, Lefton J, Malone AM, Roberts S, Skates J, Young LS, ASPEN Board of Directors and ADA Quality Management Committee. American Society for Parenteral and Enteral Nutrition and American Dietetic Association: standards of practice and standards of professional performance for registered dietitians (generalist, specialist, and advanced) in nutrition support. *J Am Diet Assoc.* 2007;107:1815-1822.
10. The Joint Standards Task Force of ASPEN and the American Dietetic Association Dietitians in Nutrition Support Dietetic Practice Group: Russell M, Stieber M, Brantley S, Freeman AM, Lefton J, Malone AM, Roberts S, Skates J, Young LS, ASPEN Board of Directors and ADA Quality Management Committee. American Society for Parenteral and Enteral Nutrition and American Dietetic Association: Standards of practice and standards of professional performance for registered dietitians (generalist, specialist, and advanced) in nutrition support. *Nutr Clin Pract.* 2007;22:558-586.
11. State Operations Manual. Appendix A—Survey Protocol, Regulations and Interpretive Guidelines for Hospitals (Rev. 1, 05-21-04); Section 482.28. US Department of Health and Human Services, Centers for Medicare and Medicaid Services Web site. http://www.cms.hhs.gov/manuals/downloads/som107ap_a_hospitals.pdf. Accessed July 5, 2008.
12. State Operations Manual. Appendix PP—Guidance to Surveyors for Long Term Care Facilities. US Department of Health and Human Services, Centers for Medicare and Medicaid Services Web site. http://www.cms.hhs.gov/manuals/downloads/som107ap_pp_guidelines_ltcf.pdf. Accessed July 5, 2008.
13. Final MNT regulations. American Dietetic Association Web site. <http://www.eatright.org/ada/files/MNTLegislativeLanguage.doc>. Accessed July 5, 2008.
14. *International Dietetics and Nutrition Terminology (IDNT) Reference Manual: Standardized Language for the Nutrition Care Process*. Chicago, IL: American Dietetic Association; 2008.
15. Weddle DO. The professional development portfolio process: Setting goals for credentialing. *J Am Diet Assoc.* 2002;102:1439-1444.
16. Dreyfus HL, Dreyfus SE. *Mind over Machine: The Power of Human Intuitive Expertise in the Era of the Computer*. New York, NY: Free Press; 1986.
17. Batalden P, Leach D, Swing S, Dreyfus H, Dreyfus S. General competencies and accreditation in graduate medical education. *Health Aff (Millwood)*. 2002;21:103-111.
18. Gates G. Ethics opinion: Dietetics professionals are ethically obliged to maintain personal competencies in practice. *J Am Diet Assoc.* 2003;103:633-635.
19. Hager M, Otto M. An introduction to government regulations and the profession of dietetics. *J Am Diet Assoc.* 2006;106:1156-1159.
20. Hager M, Otto M. To cosign or not to cosign: What managers need to consider. *J Am Diet Assoc.* 2006;106:1328-1332.

Appendix. American Dietetic Association 2008 Standards of Practice for Registered Dietitians in Nutrition Care

Standard 1: Nutrition Assessment

Registered dietitians (RDs) use accurate and relevant data and information to identify nutrition-related problems.

Rationale: Nutrition assessment is the first of four steps of the Nutrition Care Process. Nutrition assessment is a systematic process of obtaining, verifying, and interpreting data to make decisions about the nature and cause of nutrition-related problems. It is initiated by referral and/or screening of individuals or groups for nutrition risk factors. Nutrition assessment is an ongoing, dynamic process that involves not only initial data collection, but also reassessment and analysis of client or community needs. It provides the foundation for nutrition diagnosis, the second step of the Nutrition Care Process.

Indicators for Standard 1: Nutrition Assessment

1. Each RD:

- 1.1 Evaluates dietary intake for factors that affect health and conditions including nutrition risk
 - 1.1A Adequacy and appropriateness of food, beverage and nutrient intake (eg, macro- and micro-nutrients, meal patterns, and food allergies)
 - 1.1B Adequacy and appropriateness of current diet prescription
- 1.2 Evaluates health and disease condition(s) for nutrition-related consequences
 - 1.2A Medical and family history and comorbidities
 - 1.2B Physical findings (eg, physical or clinical exam)
 - 1.2B1 Anthropometric measurements
 - 1.2C Medication management (eg, prescription, over-the-counter, and herbal medications; medication allergies; medication/food interaction; and adherence)
 - 1.2D Complications and risks
 - 1.2E Diagnostic tests, procedures, evaluations

- 1.2F Physical activity, habits, and restrictions
- 1.2G Population-based surveys
- 1.3 Evaluates psychosocial, socioeconomic, functional, and behavioral factors related to food access, selection, preparation, and understanding of health condition
 - 1.3A Uses validated tools to assess developmental, functional, and mental status, and cultural, ethnic, and lifestyle factors
- 1.4 Evaluates client(s) knowledge, readiness to learn, and potential for behavior changes
 - 1.4A History of previous nutrition care services/medical nutrition therapy
- 1.5 Identifies standards by which data will be compared
- 1.6 Identifies possible problem areas for determining nutrition diagnoses
 - 1.7 Documents and communicates:
 - 1.7A Date and time of assessment
 - 1.7B Pertinent data and comparison to standards
 - 1.7C Client's perceptions, values, and motivation related to presenting problems
 - 1.7D Changes in clients' perceptions, values, and motivation related to presenting problems
 - 1.7E Reason for discharge/discontinuation or referral if appropriate

Examples of Outcomes for Standard 1: Nutrition Assessment

- Appropriate assessment tools and procedures (matching the assessment method to the situation) are implemented
- Assessment tools are applied in valid and reliable ways
- Appropriate data are collected
- Data are validated
- Data are collected, organized, and categorized in a meaningful framework that relates to nutrition problems
- Effective interviewing methods are used
- Problems that require consultation with or referral to another provider are recognized
- Documentation and communication of assessment are complete, relevant, accurate, and timely

Standard 2: Nutrition Diagnosis

RDs identify and label specific nutrition problem(s) that the RD is responsible for treating.

Rationale: Nutrition diagnosis is the second of four steps of the Nutrition Care Process. At the end of the nutrition assessment step, data are clustered, analyzed and synthesized. This will reveal a nutrition diagnosis category from which to formulate a specific nutrition diagnosis statement. There is a difference between a nutrition diagnosis and a medical diagnosis. A nutrition diagnosis changes as the client response changes, whereas a medical diagnosis does not change as long as the disease or condition exists. The nutrition diagnosis(es) demonstrates a link to determining goals for outcomes, selecting appropriate interventions, and tracking progress in attaining expected outcomes.

Indicators for Standard 2: Nutrition Diagnosis

2. Each RD:

- 2.1 Derives the nutrition diagnosis(es) from the assessment data
 - 2.1A Identifies and labels the problem
 - 2.1B Determines etiology (cause/contributing risk factors)
 - 2.1C Clusters signs and symptoms (defining characteristics)
- 2.2 Ranks (classifies) the nutrition diagnosis(es)
- 2.3 Validates the nutrition diagnosis(es) with clients/community, family members, or other health care professionals when possible and appropriate
- 2.4 Documents the nutrition diagnosis(es) using standardized language and written statement(s) that include problem (p), etiology (e), and signs and symptoms (s)
- 2.5 Re-evaluates and revises nutrition diagnosis(es) when additional assessment data become available

Examples of Outcomes for Standard 2: Nutrition Diagnosis

- Nutrition diagnostic statements that are:
 - Clear and concise

- Specific—client- or community-centered
- Accurate—relates to the etiology
- Based on reliable and accurate assessment data
- Includes date and time
- Documentation of nutrition diagnosis(es) is relevant, accurate, and timely
- Documentation of nutrition diagnosis(es) is revised and updated as additional assessment data become available

Standard 3: Nutrition Intervention

RDs identify and implement appropriate, purposefully planned actions designed with the intent of changing a nutrition-related behavior, risk factor, environmental condition, or aspect of health status for an individual, target group, or the community at large.

Rationale: Nutrition intervention is the third of four steps of the Nutrition Care Process. It consists of two inter-related components—planning and implementation. Planning involves prioritizing the nutrition diagnoses, conferring with the patient/client and/or others, reviewing practice guides and policies, and setting goals and defining the specific nutrition intervention strategy. Implementation of the nutrition intervention is the action phase that includes carrying out and communicating the plan of care, continuing data collection, and revising the nutrition intervention strategy, as warranted, based on the patient/client response. An RD performs the interventions or assigns the nutrition care that others provide in accordance with federal, state, and local laws and regulations.

Indicators for Standard 3: Nutrition Intervention

3. Each RD:

Plans the Nutrition Intervention:

- 3.1 Prioritizes the nutrition diagnosis based on problem severity, safety, patient/client needs, likelihood that nutrition intervention will influence problem, and patient/client perception of importance
- 3.2 Bases intervention plan on best available evidence (eg, national

- guidelines, published research, evidence-based libraries, and databases)
- 3.3 Refers to policies and program standards
- 3.4 Confers with patient/client and caregivers
- 3.5 Determines patient/client-focused goals and expected outcomes
- 3.6 Details the nutrition prescription
- 3.7 Defines time and frequency of care
- 3.8 Utilizes standardized language for describing interventions
- 3.9 Identifies resources and/or referrals needed

Implements the Nutrition Intervention:

- 3.10 Collaborates with colleagues
- 3.11 Communicates the plan of care
- 3.12 Initiates the plan of care
- 3.13 Continues data collection
- 3.14 Individualizes nutrition intervention
- 3.15 Follows up and verifies that nutrition intervention is occurring
- 3.16 Adjusts intervention strategies, if needed, as response occurs
- 3.17 Documents:
 - 3.17A Date and time
 - 3.17B Specific treatment goals and expected outcomes
 - 3.17C Recommended interventions
 - 3.17D Adjustments to the plan and justification
 - 3.17E Client/community receptivity
 - 3.17F Referrals made and resources used
 - 3.17G Other information relevant to providing care and monitoring progress over time
 - 3.17H Plans for follow up and frequency of care
 - 3.17I Rationale for discharge if applicable

Examples of Outcomes for Standard 3: Nutrition Intervention

- Appropriate prioritizing and setting of goals/expected outcomes
- Appropriate nutrition plan or prescription is developed
- Interdisciplinary connections are established
- Nutrition interventions are delivered and actions are carried out
- Documentation of nutrition intervention is:

- Comprehensive
- Specific
- Accurate
- Relevant
- Timely
- Dated and timed
- Documentation of nutrition intervention is revised and updated

Standard 4: Nutrition Monitoring and Evaluation

RDs monitor and evaluate indicators and outcomes data directly related to the nutrition diagnosis, goals, and intervention strategies to determine the progress made in achieving desired outcomes of nutrition care and whether planned interventions should be continued or revised.

Rationale: Nutrition monitoring and evaluation is the fourth step in the Nutrition Care Process. Through monitoring and evaluation, an RD identifies important measures of change or patient/client outcomes relevant to the nutrition diagnosis and nutrition intervention and describes how best to measure these outcomes. The aim is to promote uniformity within the profession in evaluating the efficacy of nutrition interventions. In addition, an outcomes management system might be implemented.

Indicators for Standard 4: Nutrition Monitoring and Evaluation

4. Each RD:

- 4.1 Monitors progress:
 - 4.1A Checks patient/client understanding and compliance with nutrition intervention
 - 4.1B Determines whether the intervention is being implemented as prescribed
 - 4.1C Provides evidence that the nutrition intervention is or is not changing the patient/client behavior or status
 - 4.1D Identifies positive or negative outcomes
 - 4.1E Gathers information to indicate progress or reasons for lack of progress
 - 4.1F Supports conclusions with evidence
- 4.2 Measures outcomes:
 - 4.2A Selects the nutrition care outcome indicator(s) to measure
 - 4.2B Uses standardized nutrition care outcome indicator(s)

- 4.3 Evaluates outcomes:
 - 4.3A Compares monitoring data with nutrition prescription/goals or reference standard
 - 4.3B Evaluates effect of the sum of all interventions on overall patient/client health outcomes
- 4.4 Documents:
 - 4.4A Date and time
 - 4.4B Indicators measured, results, and the method for obtaining measurement
 - 4.4C Criteria to which the indicator is compared (eg, nutrition prescription/goal or a reference standard)
 - 4.4D Factors facilitating or hampering progress
 - 4.4E Other positive or negative outcomes
 - 4.4F Future plans for nutrition care, nutrition monitoring, and follow up or discharge

Examples of Outcomes for Standard 4: Nutrition Monitoring and Evaluation

- The client/community outcome(s) directly relate to the nutrition diagnosis and the goals established in the intervention plan. Examples include but are not limited to:
 - Nutrition outcomes (eg, change in knowledge, behavior, food or nutrient intake)
 - Clinical and health status outcomes (eg, change in laboratory values, body weight, blood pressure, risk factors, signs and symptoms, clinical status, infections, and complications)
 - Client-centered outcomes (eg, quality of life, satisfaction, self-efficacy, self-management, and functional ability)
 - Health care utilization and cost-effectiveness outcomes (eg, change in medication, special procedures, planned/unplanned clinic visits, preventable hospital admissions, length of hospitalizations, and prevented or delayed nursing home admissions)
- Documentation of nutrition monitoring and evaluation is:
 - Comprehensive
 - Specific
 - Accurate
 - Relevant
 - Timely
 - Dated and timed

AMERICAN DIETETIC ASSOCIATION 2008 STANDARDS OF PROFESSIONAL PERFORMANCE FOR REGISTERED DIETITIANS

Standard 1: Provision of Services

Registered dietitians (RDs) provide quality service based on customer expectations and needs.

Rationale: Quality service is provided, facilitated, and promoted based on an RD's knowledge, experience, and understanding of patient/client needs and expectations.

Indicators for Standard 1: Provision of Services

- 1. *Each RD:*
 - 1.1 Provides input and is active in the development of nutrition screening parameters
 - 1.2 Audits nutrition screening processes for efficiency and effectiveness
 - 1.3 Contributes to and designs referral process and systems to facilitate public access to food and nutrition professionals
 - 1.4 Collaborates with patient/client to assess needs, background, and resources and to set priorities, establish goals, and create individualized action plans
 - 1.5 Informs and involves patients/clients and their families in decision making
 - 1.6 Recognizes patient/client concepts of illness and their cultural beliefs
 - 1.7 Applies knowledge and principles of disease prevention and behavior change appropriate for diverse populations
 - 1.8 Collaborates and coordinates with colleagues
 - 1.9 Applies knowledge and skills to determine appropriate action plans
 - 1.10 Develops policies and procedures that reflect best evidence and applicable laws and regulations
 - 1.11 Advocates for the provision of food and nutrition services as part of public policy
 - 1.12 Maintains records of services provided
 - 1.13 Develops nutrition protocols and policies for target populations
 - 1.14 Implements food/formulary de-

livery systems in terms of the nutrition status, health, and well-being of target populations

Examples of Outcomes for Standard 1: Provision of Services

- Patients/clients participate in establishing goals
- Patients/clients needs are met
- Patients/clients are satisfied with services and products
- Evaluations reflect expected outcomes
- Effective screening and referral services are established
- Patients/clients have access to food assistance
- Patients/clients have access to nutrition services

Standard 2: Application of Research

RDs apply, participate in, or generate research to enhance practice.

Rationale: Application, participation, and generation of research promotes improved safety and quality of dietetic practice and services.

Indicators for Standard 2: Application of Research

- 2. *Each RD:*
 - 2.1 Accesses and reviews best available research findings for application to dietetics practice
 - 2.2 Bases practice on significant scientific principles and best evidence
 - 2.3 Integrates best evidence with clinical and managerial expertise and client values
 - 2.4 Promotes research through alliances and collaboration with food and nutrition and other professionals and organizations
 - 2.5 Contributes to the development of new knowledge and research in dietetics
 - 2.6 Collects measurable data and documents outcomes within practice setting
 - 2.7 Communicates research data and activities through publications and presentations

Examples of Outcomes for Standard 2: Application of Research

- Patient/client receives appropriate services based on the effective application of best evidence

- A foundation for performance measurement and improvement is established
- Best evidence is used for the development and revision of resources used in practice
- Benchmarking and knowledge of best practices is used to evaluate and improve performance

Standard 3: Communication and Application of Knowledge

RDs effectively apply knowledge and communicate with others.

Rationale: RDs work with and through others to achieve common goals by effective sharing and application of their unique knowledge and skills in food, human nutrition, and management services.

Indicators for Standard 3: Communication and Application of Knowledge

3. Each RD:

- 3.1 Exhibits knowledge related to a particular aspect of the profession of dietetics
- 3.2 Communicates and applies scientific principles, research, and theory
- 3.3 Selects appropriate information and best method or format for presenting in writing or verbally when communicating information
- 3.4 Integrates knowledge of food and human nutrition with knowledge of health, social sciences, communication, and management
- 3.5 Shares knowledge and information with patients/clients, colleagues, and the public
- 3.6 Guides students, interns, and patients/clients in the application of knowledge and skills
- 3.7 Seeks current and relevant information related to practice
- 3.8 Contributes to the development of new knowledge
- 3.9 Uses information technology to communicate, manage knowledge, and support decision making
- 3.10 Contributes to the multidisciplinary approach by promoting food and nutrition strategies that influence health and quality of life outcomes of target populations

- 3.11 Establishes credibility as a resource within the multidisciplinary health care and management team

Examples of Outcomes for Standard 3: Communication and Application of Knowledge

- Expertise in food, nutrition, and management is shared
- Individuals and groups:
 - Receive current and appropriate information
 - Understand information received
 - Know how to obtain additional guidance

Standard 4: Utilization and Management of Resources

RDs use resources effectively and efficiently.

Rationale: Mindful management of time, money, facilities, staff, and other resources demonstrates organizational citizenship.

Indicators for Standard 4: Utilization and Management of Resources

4. Each RD:

- 4.1 Uses a systematic approach to maintain and manage resources
- 4.2 Quantifies management of resources in the provision of dietetic services
- 4.3 Evaluates safety, effectiveness, and value while planning and delivering services and products
- 4.4 Participates in continuous quality improvement and documents outcomes relative to resource management
- 4.5 Assists individuals and groups to identify and secure appropriate and available resources and services

Examples of Outcomes for Standard 4: Utilization and Management of Resources

- Documentation of resource use is consistent with plan
- Data are used to promote and validate services
- Desired outcomes are achieved and documented

- Resources are effectively and efficiently managed

Standard 5: Quality in Practice

RDs systematically evaluate the quality of services and improve practice-based on evaluation results.

Rationale: Quality practice requires regular performance evaluation and continuous improvement.

Indicators for Standard 5: Quality in Practice

5. Each RD:

- 5.1 Knows, understands, and complies with federal, state, and local laws and regulations
- 5.2 Understands pertinent national quality and safety initiatives (eg, The Institute of Medicine, The National Quality Forum, The Institute for Healthcare Improvement)
- 5.3 Implements an Outcomes Management System to evaluate the effectiveness and efficiency of practice
- 5.4 Understands and continuously measures quality of dietetic services in terms of process and outcomes
- 5.5 Identifies performance improvement criteria to monitor effectiveness of services
- 5.6 Designs and tests interventions to improve processes and services
- 5.7 Identifies and addresses errors and hazards in dietetic services
- 5.8 Identifies expected outcomes
- 5.9 Documents outcomes
- 5.10 Compares actual performance to expected outcomes
- 5.11 Documents actions taken when discrepancies exist between actual performance and expected outcomes
- 5.12 Continuously evaluates and refines services based on measured outcomes

Examples of Outcomes for Standard 5: Quality in Practice

- Performance indicators are measured and evaluated
- Aggregate outcomes results meet pre-established criteria (goals/objectives)

- Results of quality improvement activities direct refinement of practice

Standard 6: Competency and Accountability

RDs engage in lifelong learning.

Rationale: Competent and accountable practice includes continuous acquisition of knowledge and skill development.

Indicators for Standard 6: Competence and Accountability

6. Each RD:

- 6.1 Conducts self-assessment of strengths and weakness at regular intervals
- 6.2 Identifies needs for development from a variety of sources
- 6.3 Participates in peer review
- 6.4 Mentors others
- 6.5 Develops and implements a plan for professional growth
- 6.6 Documents development activities
- 6.7 Adheres to the ADA Code of Ethics
- 6.8 Assumes responsibility for actions and behaviors
- 6.9 Integrates the ADA Standards of Practice and Standards of Professional Performance into self-assessment and development plans
- 6.10 Applies research findings and best available evidence into practice
- 6.11 Obtains occupational certifications in accordance with federal, state, and local laws and regulations
- 6.12 Seeks leadership opportunities

Examples of Outcomes for Standard 6: Competence and Accountability

- Self assessments are completed
- Development needs are identified
- Directed learning is demonstrated
- Practice reflects the ADA Code of Ethics
- Practice reflects the ADA Standards of Practice and Standards of Professional Performance
- Practice reflects best available evidence
- Relevant certifications are obtained
- Commission on Dietetic Registration

tion recertification requirements are met

AMERICAN DIETETIC ASSOCIATION 2008 STANDARDS OF PRACTICE FOR DIETETIC TECHNICIANS, REGISTERED IN NUTRITION CARE

The term *supervision* is used in the following Standards of Practice for dietetic technicians, registered (DTRs), in nutrition care.

For the purpose of this document ADA describes supervision as follows:

A registered dietitian (RD) is accountable for the nutrition care of patients in various health care settings (eg, hospitals, nursing homes, home health agencies, end-stage renal facilities, and other) and social services programs (eg, the Special Supplemental Nutrition Program for Women, Infants, and Children; Older Americans; and other). In many health care settings, a DTR and other staff may be available to assist an RD. In these settings RDs must answer to patients, employers, boards of dietetics licensure, and the legal system if care is compromised.

RDs do not delegate the nutrition care process, but may assign certain tasks for the purpose of providing RDs with needed information (eg, screens and gathering of data and other information) or communicating with and educating patients. RDs may assign to DTRs interventions within the DTR's scope of practice, such as provision of meals and snacks that meet the Dietary Guidelines for Americans.

Whether the supervision is direct (RD is on premises and immediately available) or indirect (RD is immediately available by telephone or other electronic means) is determined by regulatory and facility policies and procedures.

Additional considerations related to this description include:

Regulation: State licensure statutes and rules may include definitions of supervision and scope of practice specifications for technical and other assistive staff. Federal and state rules and regulations for health care facilities and for social service programs specify the qualified food and nutrition professional.

Accreditation: Standards verify compliance with federal and state regulatory requirements and may specify additional requirements for an RD.

Other forms of supervision not

covered by this definition: This description of supervision as it relates to the RD/DTR team is not synonymous with managerial supervision or oversight, clinical supervision, (eg, peer-to-peer), supervision of provisional licensees, and/or supervision of dietetic interns and students. Clinical supervision is used in medicine and the mental health fields for the purposes of case review and professional development.

Standard 1: Participates in Nutrition Screening and Provides Support to Nutrition Assessment

DTRs participate in the nutrition screening of individuals and/or populations and obtains and verifies relevant data and information in a timely manner for support of nutrition assessment under the supervision of an RD.

Rationale: Nutrition screening is the preliminary step that precedes the first step of the Nutrition Care Process—nutrition assessment. Although nutrition assessment is the responsibility of RDs, DTRs take an active role in obtaining and verifying relevant data and information for the RD to complete the assessment.

Indicators for Standard 1: Participates in Nutrition Screening and Provides Support to Nutrition Assessment

1. *DTRs assist RDs by obtaining and documenting verifiable, relevant data and information for individuals and/or populations by the following:*
 - 1.1 Conducts nutrition screening according to pre-established criteria
 - 1.2 Conducts dietary intakes:
 - 1.2A Collects dietary/nutrient intake information
 - 1.2B Records dietary/nutrient intake data
 - 1.2C Calculates dietary/nutrient intake
 - 1.2D Compares calculated intake to standards that have been identified by the RD
 - 1.2E Summarizes dietary intake information
 - 1.3 Conducts interviews and/or reviews records for:
 - 1.3A Medical and family history and co-morbidities
 - 1.3B Physical observations

- 1.3B1 Anthropometric measurements
- 1.3C Medication data (eg, prescription, over-the-counter, and herbal medications; medication allergies; potential for medication/food interaction; and adherence)
- 1.3D Potential nutrition-related complications and risks
- 1.3E Diagnostic tests, procedures, evaluations, and population-based surveys
- 1.3F Physical activity habits and restrictions
- 1.3G Psychosocial, socioeconomic, functional, and behavior factors related to food access, selection, preparation, and understanding of health condition
- 1.4 Documents and communicates:
 - 1.4A Date and time of interviews
 - 1.4B Date and time of records and data review
 - 1.4C Pertinent data and comparisons to standards
 - 1.4D Patient/client perceptions, interest, and motivation related to nutrition care
 - 1.4E Patient/client level of understanding, reported food-related behaviors, and other pertinent information

Examples of Outcomes for Standard 1: Participates in Nutrition Screening and Provides Support to Nutrition Assessment

- Effective interviewing methods are utilized
- Appropriate data are recorded
- Data can be verified
- Data are organized and categorized in a meaningful framework that relates to nutrition problems
- Documentation is:
 - Comprehensive
 - Specific
 - Accurate
 - Relevant
 - Timely
 - Dated and Timed
- Corrections to recorded data are made by approved methods

Standard 2: Provides Support to Nutrition Diagnosis

DTRs obtain, verify, and document relevant data and information to support RDs in identifying nutrition diagnoses of individuals or nutrition problems for populations. DTRs ob-

serve and communicate signs, symptoms, and other relevant information in a timely and accurate manner.

Rationale: The nutrition diagnosis is the second step in the Nutrition Care Process. DTRs contribute to nutrition diagnosis by obtaining and verifying relevant data and information about signs and symptoms for an RD to effectively cluster, analyze, and synthesize information to determine a nutrition diagnostic category(ies). Timely/appropriate nutrition diagnosis by an RD leads to timely/appropriate nutrition intervention.

Indicators for Standard 2: Provide Support to Nutrition Diagnosis

- 2. *DTRs assist RDs by obtaining and documenting accurate, relevant data, and information about signs and symptoms for individuals and/or populations by the following:*
 - 2.1 Observes and obtains signs and symptoms (defining characteristics)
 - 2.2 Verifies signs and symptoms with clients/community, family members, or other health care professionals when possible and appropriate
 - 2.3 Documents signs and symptoms/defining characteristics
 - 2.4 Communicates information about signs and symptoms/defining characteristics to an RD

Examples of Outcomes for Standard 2: Provide Support to Nutrition Diagnosis

- Documentation of signs and symptoms is:
 - Comprehensive
 - Specific
 - Accurate
 - Relevant
 - Timely
 - Dated and Timed
- Documentation of signs and symptoms is updated as additional data and information become available

Standard 3: Provides Support to Nutrition Intervention as Directed by an RD

DTRs assist RDs with nutrition interventions related to the nutrition diagnosis by implementing appropriate, purposefully planned intervention de-

signed with the intent of changing a nutrition-related behavior, risk factor, environmental condition, or aspect of health status for individuals and/or populations.

Rationale: Nutrition intervention is the third step of the Nutrition Care Process. Nutrition intervention is purposefully planned actions designed with the intent of changing nutrition-related behaviors, risk factors, environmental conditions, or aspect of health status for an individual, target group or community-at-large. DTRs contribute to the nutrition intervention by performing certain interventions such as nutrition classes and patient education with the goal of positively influencing the nutrition diagnosis/problem.

Indicators for Standard 3: Provide Support to Nutrition Intervention as Directed by an RD

- 3. *DTRs assist RDs by performing certain nutrition interventions for individuals and/or populations by the following:*
 - 3.1 Provides interventions as planned and directed by an RD and in accordance with
 - 3.1A Federal, state, and local statutes and regulations
 - 3.1B Health care facility or program policies and procedures
 - 3.2 Responds to patient/client inquiries regarding interventions that are within the established plan of care and consistent with a DTR's demonstrated competencies
 - 3.3 Communicates and clarifies the nutrition care plan, as developed by an RD, with patients/clients and interdisciplinary health care team members
 - 3.4 Documents intervention activities
 - 3.5 Verifies that nutrition interventions are occurring and patient/client needs are being met

Examples of Outcomes for Standard 3: Provide Support to Nutrition Intervention as Directed by an RD

- Nutrition prescription is implemented
- Documentation of intervention is
 - Comprehensive

- Specific
- Accurate
- Relevant
- Timely
- Dated and timed
- Patient/client menus reflect nutrition prescription
- DTRs report to RDs observed changes in the patient/client status that might influence the planned intervention
- Interdisciplinary connections are established

Standard 4: Provides Nutrition Monitoring and Supports Nutrition Evaluation

DTRs participate in the nutrition monitoring of individuals and/or populations under the supervision of RDs. DTRs use selected indicators as established by or in communication with RDs that are relevant to the patient's/client's defined needs, nutrition diagnosis/problem, nutrition goals, and health status.

Rationale: Nutrition monitoring and evaluation is the fourth step in the Nutrition Care Process. By obtaining nutrition data and information at scheduled (preplanned) follow-up points, DTRs assist RDs in nutrition monitoring and supports nutrition evaluation by an RD.

Indicators for Standard 4: Provides Nutrition Monitoring and Supports Nutrition Evaluation

4. *DTRs provide nutrition monitoring as support to nutrition evaluation of individuals and/or populations by the following:*
 - 4.1 Checks client understanding and adherence with plan for care
 - 4.2 Determines whether the intervention is being implemented as prescribed
 - 4.3 Identifies data and information impacting the effectiveness of the intervention strategy
 - 4.4 Communicates with RDs regarding monitoring activities and findings
 - 4.5 Participates in discharge planning for individuals and/or populations
 - 4.6 Tracks and documents:
 - 4.6A Progress toward goals
 - 4.6B Factors affecting progress
 - 4.6C Changes in patient/client level

- of understanding and food-related behaviors
- 4.6D Change in clinical data, health, or functional status
- 4.6E Outcomes of intervention

Examples of Outcomes for Standard 4: Provides Nutrition Monitoring and Supports Nutrition Evaluation

- Documentation of monitoring may include:
 - Knowledge or understanding
 - Behavior
 - Intake
 - Laboratory values
 - Body weight
 - Blood pressure
 - Complications
 - Activities of daily living
 - Medication/diet prescription changes
 - Satisfaction measurement
 - Communications with RDs
 - Participation in discharge planning
- Observed deviations in implementation of nutrition care plan are reported to RDs
- Documentation of monitoring is:
 - Comprehensive
 - Specific
 - Accurate
 - Relevant
 - Timely
 - Dated and timed

AMERICAN DIETETIC ASSOCIATION 2008 STANDARDS OF PROFESSIONAL PERFORMANCE FOR DIETETIC TECHNICIANS, REGISTERED

Standard 1: Provision of Services

Dietetic technicians, registered (DTRs) provide quality service based on customer expectations and needs.

Rationale: Quality service is provided, facilitated, and promoted based on a DTR's knowledge, experience, and understanding of patient/client needs and expectations.

Indicators for Standard 1: Provision of Services

1. *Each DTR:*
 - 1.1 Implements established screening systems
 - 1.2 Implements established referral systems
 - 1.3 Informs and involves patients/

- clients and their families in decision making
- 1.4 Recognizes patient/client concepts of illness and their cultural beliefs
- 1.5 Applies knowledge and principles of disease prevention and behavior change appropriate for diverse populations
- 1.6 Collaborates and coordinates with other practitioners as appropriate
- 1.7 Applies knowledge and skills to participate in determining the most appropriate action plan
- 1.8 Delivers services according to policies and procedures that reflect best evidence and applicable laws and regulations
- 1.9 Advocates for the provision of food and nutrition services as part of public policy
- 1.10 Maintains records of services provided

Examples of Outcomes for Standard 1: Provision of Services

- Patients/clients needs are met
- Patients/clients are satisfied with services and products
- Screening and referral services are implemented as designed
- Patients/clients have access to food assistance
- Patients/clients have access to nutrition services

Standard 2: Application of Research

DTRs participate in research to enhance practice.

Rationale: Participation in dietetics research leads to improved safe and quality practice and services.

Indicators for Standard 2: Application of Research

2. *Each DTR in collaboration with RDs and other health care professionals:*
 - 2.1 Reviews best available research findings for application to dietetics practice
 - 2.2 Bases practice on significant scientific principles and best evidence
 - 2.3 Integrates best evidence with clinical and managerial expertise and client values

- 2.4 Collects measurable data and documents outcomes within practice setting
- 2.5 Contributes ideas and assists in activities of the research team

Examples of Outcomes for Standard 2: Application of Research

- Patient/client receives appropriate services based on the effective application of best evidence
- A foundation for performance measurement and improvement is established
- Best evidence is used for the development and revision of resources used in practice
- Benchmarking and knowledge of best practices is used to evaluate and improve performance

Standard 3: Communication and Application of Knowledge

DTRs effectively apply knowledge and communicate with others.

Rationale: DTRs work with and through others to achieve common goals by effective sharing and application of their unique knowledge and skills in food, human nutrition, and management services.

Indicators for Standard 3: Communication and Application of Knowledge

3. Each DTR:

- 3.1 Exhibits knowledge related to a specific area(s) of dietetic service
- 3.2 Integrates knowledge of food and human nutrition with knowledge of health, social sciences, communication, and management
- 3.3 Selects appropriate information and best method or format for presenting in writing or verbally when communicating information
- 3.4 Shares knowledge and information with patients/clients, colleagues, and the public
- 3.5 Guides students, interns, and patients/clients in the application of knowledge and skills
- 3.6 Seeks current and relevant information related to practice
- 3.7 Contributes to the development of new knowledge
- 3.8 Uses information technology to

- communicate, manage knowledge, and support decision making
- 3.9 Establishes credibility as a resource within the multidisciplinary health care or management team

Examples of Outcomes for Standard 3: Communication and Application of Knowledge

- Expertise in food, nutrition, and management is shared
- Individuals and groups:
 - Receive current and appropriate information
 - Understand information received
 - Know how to obtain additional guidance

Standard 4: Utilization and Management of Resources

DTRs use resources effectively and efficiently.

Rationale: Mindful management of time, money, facilities, staff, and other resources demonstrates organizational leadership.

Indicators for Standard 4: Utilization and Management of Resources

4. Each DTR:

- 4.1 Uses a systematic approach to maintain and manage resources
- 4.2 Quantifies management of resources in the provision of dietetic services
- 4.3 Participates in evaluations of safety, effectiveness, and value while planning and delivering services and products
- 4.4 Participates in continuous quality improvement and documents outcomes relative to resource management
- 4.5 Assists individuals and groups to identify and secure appropriate and available resources and services

Examples of Outcomes for Standard 4: Utilization and Management of Resources

- Documentation of resource use is consistent with plan
- Data are used to promote and validate services

- Desired outcomes are achieved and documented
- Resources are effectively and efficiently managed

Standard 5: Quality in Practice

DTRs participate in systematic evaluations of the quality of services and improve practice-based evaluation results.

Rationale: Quality practice requires regular performance evaluation and continuous improvement.

Indicators for Standard 5: Quality in Practice

5. Each DTR:

- 5.1 Knows, understands, and complies with federal, state, and local laws and regulations
- 5.2 Understands pertinent national quality and safety initiatives (eg, The Institute of Medicine, The National Quality Forum, and The Institute for Healthcare Improvement)
- 5.3 Participates in an Outcomes Management System to evaluate the effectiveness and efficiency of dietetic practice
- 5.4 Participates in the collection of measures of the quality of dietetic services in terms of process and outcomes
- 5.5 Collects performance improvement criteria designed to monitor the effectiveness of services
- 5.6 Helps to design and test interventions to improve processes and services
- 5.7 Identifies and communicates errors and hazards in dietetic services
- 5.8 Documents outcomes
- 5.9 Compares actual performance to expected outcomes
- 5.10 Documents actions taken when discrepancies exist between actual performance and expected outcomes
- 5.11 Continuously evaluates and refines services based on measured outcomes

Examples of Outcomes for Standard 5: Quality in Practice

- Performance improvement criteria are measured

- Performance measurement data are collected
- Aggregate outcomes meet pre-established criteria (goals/objectives)
- Results of quality improvement activities direct refinement of practice
- Commission on Dietetic Registration recertification requirements are met

Standard 6: Competence and Accountability

DTRs engage in lifelong learning.

Rationale: Competent and accountable practice includes continuous acquisition of knowledge and skill development.

Indicators for Standard 6: Competence and Accountability

6. *Each DTR:*

- 6.1 Conducts self-assessment of strengths and weakness at regular intervals
- 6.2 Identifies needs for development from a variety of sources
- 6.3 Participates in peer review and mentors others
- 6.4 Develops and implements a plan for professional growth
- 6.5 Documents development activities
- 6.6 Adheres to the ADA Code of Ethics
- 6.7 Assumes responsibility for actions and behaviors
- 6.8 Integrates the ADA Standards of Practice and Standards of Professional Performance into self-assessment and development plans
- 6.9 Applies research findings and best available evidence into practice
- 6.10 Seeks leadership opportunities

Examples of Outcomes for Standard 6: Competence and Accountability

- Self assessments are completed
- Development needs are identified
- Directed learning is demonstrated
- Practice reflects the ADA Code of Ethics
- Practice reflects the ADA Standards of Practice and Standards of Professional Performance
- Practice reflects best available evidence
- Relevant certifications are obtained

American Dietetic Association/Commission on Dietetic Registration Code of Ethics for the Profession of Dietetics and Process for Consideration of Ethics Issues

PREAMBLE

The American Dietetic Association (ADA) and its credentialing agency, the Commission on Dietetic Registration (CDR), believe it is in the best interest of the profession and the public it serves to have a Code of Ethics in place that provides guidance to dietetics practitioners in their professional practice and conduct. Dietetics practitioners have voluntarily adopted this Code of Ethics to reflect the values (Figure) and ethical principles guiding the dietetics profession and to set forth commitments and obligations of the dietetics practitioner to the *public, clients, the profession, colleagues, and other professionals*. The current Code of Ethics was approved on June 2, 2009, by the ADA Board of Directors, House of Delegates, and the Commission on Dietetic Registration.

APPLICATION

The Code of Ethics applies to the following practitioners:

- (a) In its entirety to members of ADA who are Registered Dietitians (RDs) or Dietetic Technicians, Registered (DTRs);
- (b) Except for sections dealing solely with the credential, to all members of ADA who are not RDs or DTRs; and
- (c) Except for aspects dealing solely with membership, to all RDs and DTRs who are not members of ADA.

All individuals to whom the Code applies are referred to as "dietetics practitioners," and all such individuals who are RDs and DTRs shall be known as "credentialed practitioners." By accepting membership in ADA and/or accept-

ing and maintaining CDR credentials, all members of ADA and credentialed dietetics practitioners agree to abide by the Code.

PRINCIPLES

Fundamental Principles

1. **The dietetics practitioner conducts himself/herself with honesty, integrity, and fairness.**
2. **The dietetics practitioner supports and promotes high standards of professional practice. The dietetics practitioner accepts the obligation to protect clients, the public, and the profession by upholding the Code of Ethics for the Profession of Dietetics and by reporting perceived violations of the Code through the processes established by ADA and its credentialing agency, CDR.**

Responsibilities to the Public

3. **The dietetics practitioner considers the health, safety, and welfare of the public at all times.**
The dietetics practitioner will report inappropriate behavior or treatment of a client by another dietetics practitioner or other professionals.
4. **The dietetics practitioner complies with all laws and regulations applicable or related to the profession or to the practitioner's ethical obligations as described in this Code.**
 - a. The dietetics practitioner must not be convicted of a crime under the laws of the United States, whether a felony or a misdemeanor, an essential element of which is dishonesty.

- b. The dietetics practitioner must not be disciplined by a state for conduct that would violate one or more of these principles.
 - c. The dietetics practitioner must not commit an act of misfeasance or malfeasance that is directly related to the practice of the profession as determined by a court of competent jurisdiction, a licensing board, or an agency of a governmental body.
5. **The dietetics practitioner provides professional services with objectivity and with respect for the unique needs and values of individuals.**
 - a. The dietetics practitioner does not, in professional practice, discriminate against others on the basis of race, ethnicity, creed, religion, disability, gender, age, gender identity, sexual orientation, national origin, economic status, or any other legally protected category.
 - b. The dietetics practitioner provides services in a manner that is sensitive to cultural differences.
 - c. The dietetics practitioner does not engage in sexual harassment in connection with professional practice.
 6. **The dietetics practitioner does not engage in false or misleading practices or communications.**
 - a. The dietetics practitioner does not engage in false or deceptive advertising of his or her services.
 - b. The dietetics practitioner promotes or endorses specific goods or products only in a manner that is not false and misleading.
 - c. The dietetics practitioner provides accurate and truthful information in communicating with the public.

0002-8223/09/10908-0018\$36.00/0
doi: 10.1016/j.jada.2009.06.002

ADA values	Principles
Customer Focus: Meets the needs and exceeds expectations of internal and external customers	#5, #9
Integrity: Acts ethically with accountability for life-long learning and commitment to excellence	#1, #2, #4, #5, #6, #7, #10, #11, #12, #13, #17, #18
Innovation: Embraces change with creativity and strategic thinking	
Social Responsibility: Makes decisions with consideration for inclusivity as well as environmental, economic, and social implications	#3, #8, #9, #11, #13, #14, #15, #16, #17, #18, #19

Figure. Alignment of American Dietetic Association (ADA) Values to the Principles of the Code of Ethics for the Profession of Dietetics.

7. The dietetics practitioner withdraws from professional practice when unable to fulfill his or her professional duties and responsibilities to clients and others.

- a. The dietetics practitioner withdraws from practice when he/she has engaged in abuse of a substance such that it could affect his or her practice.
- b. The dietetics practitioner ceases practice when he or she has been adjudged by a court to be mentally incompetent.
- c. The dietetics practitioner will not engage in practice when he or she has a condition that substantially impairs his or her ability to provide effective service to others.

Responsibilities to Clients

8. The dietetics practitioner recognizes and exercises professional judgment within the limits of his or her qualifications and collaborates with others, seeks counsel, or makes referrals as appropriate.

9. The dietetics practitioner treats clients and patients with respect and consideration.

- a. The dietetics practitioner provides sufficient information to enable clients and others to make their own informed decisions.
- b. The dietetics practitioner respects the client's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

10. The dietetics practitioner protects confidential information

and makes full disclosure about any limitations on his or her ability to guarantee full confidentiality.

11. The dietetics practitioner, in dealing with and providing services to clients and others, complies with the same principles set forth above in "Responsibilities to the Public" (Principles #3-7).

Responsibilities to the Profession

12. The dietetics practitioner practices dietetics based on evidence-based principles and current information.

13. The dietetics practitioner presents reliable and substantiated information and interprets controversial information without personal bias, recognizing that legitimate differences of opinion exist.

14. The dietetics practitioner assumes a life-long responsibility and accountability for personal competence in practice, consistent with accepted professional standards, continually striving to increase professional knowledge and skills and to apply them in practice.

15. The dietetics practitioner is alert to the occurrence of a real or potential conflict of interest and takes appropriate action whenever a conflict arises.

- a. The dietetics practitioner makes full disclosure of any real or perceived conflict of interest.
- b. When a conflict of interest cannot be resolved by disclosure,

the dietetics practitioner takes such other action as may be necessary to eliminate the conflict, including recusal from an office, position, or practice situation.

16. The dietetics practitioner permits the use of his or her name for the purpose of certifying that dietetics services have been rendered only if he or she has provided or supervised the provision of those services.

17. The dietetics practitioner accurately presents professional qualifications and credentials.

- a. The dietetics practitioner, in seeking, maintaining, and using credentials provided by CDR, provides accurate information and complies with all requirements imposed by CDR. The dietetics practitioner uses CDR-awarded credentials ("RD" or "Registered Dietitian"; "DTR" or "Dietetic Technician, Registered"; "CS" or "Certified Specialist"; and "FADA" or "Fellow of the American Dietetic Association") only when the credential is current and authorized by CDR.
- b. The dietetics practitioner does not aid any other person in violating any CDR requirements, or in representing himself or herself as CDR-credentialed when he or she is not.

18. The dietetics practitioner does not invite, accept, or offer gifts, monetary incentives, or other considerations that affect or reasonably give an appearance of affecting his/her professional judgment.

Clarification of Principle:

- a. Whether a gift, incentive, or other item of consideration shall be viewed to affect, or give the appearance of affecting, a dietetics practitioner's professional judgment is dependent on all factors relating to the transaction, including the amount or value of the consideration, the likelihood that the practitioner's judgment will or is intended to be affected, the position held by the practitioner, and whether the consideration is offered or generally available to persons other than the practitioner.
- b. It shall not be a violation of this principle for a dietetics

practitioner to accept compensation as a consultant or employee or as part of a research grant or corporate sponsorship program, provided the relationship is openly disclosed and the practitioner acts with integrity in performing the services or responsibilities.

- c. This principle shall not preclude a dietetics practitioner from accepting gifts of nominal value, attendance at educational programs, meals in connection with educational exchanges of information, free samples of products, or similar items, as long as such items are not offered in exchange for or with the expectation of, and do not result in, conduct or services that are contrary to the practitioner's professional judgment.
- d. The test for appearance of impropriety is whether the conduct would create in reasonable minds a perception that the dietetics practitioner's ability to carry out professional responsibilities with integrity, impartiality, and competence is impaired.

Responsibilities to Colleagues and Other Professionals

19. The dietetics practitioner demonstrates respect for the values, rights, knowledge, and skills of colleagues and other professionals.

- a. The dietetics practitioner does not engage in dishonest, misleading, or inappropriate business practices that demonstrate a disregard for the rights or interests of others.
- b. The dietetics practitioner provides objective evaluations of performance for employees and coworkers, candidates for employment, students, professional association memberships, awards, or scholarships, making all reasonable efforts to avoid bias in the professional evaluation of others.

PROCESS FOR CONSIDERATION OF ETHICS ISSUES

In accordance with ADA's Code of Ethics, a process has been established

for consideration of ethics issues. This process defines the procedure for review of and response to ethics complaints, including hearings, disciplinary action, and appeals. The process was approved on June 2, 2009, by the ADA Board of Directors, the House of Delegates, and the Commission on Dietetic Registration.

Committee

A three (3)-person committee, comprised of members of ADA and/or CDR-credentialed practitioners, will be appointed to handle all ethics matters. One person will be appointed each year by the president-elect of ADA, the chairperson of CDR, or the speaker-elect of the House of Delegates (based on the expired term). Terms of office will be for three (3) years. Terms will be staggered to allow for continuity. The chairship will rotate among the three (3) committee members. The chairship will be awarded to the person moving into the third year of the three (3)-year term of office.

The Committee will have authority to consult with subject experts as necessary to conduct its business. The Committee may perform such other educational activities as might be necessary to assist members and credentialed practitioners to understand the Code of Ethics.

Ethics Opinions

The Committee may issue opinions on ethics issues under the Code of Ethics on its own initiative or in response to a member's or credentialed practitioner's request. These opinions will be available to members and credentialed practitioners to guide their conduct, and will also be available to the public. Situations may be factual or hypothetical, but no names will be disclosed.

Ethics Cases

Preamble. The enforcement procedures are intended to permit a fair resolution of disputes on ethical practices in a manner that protects the rights of individuals while promoting understanding and ethical practice. The Ethics Committee has the authority and flexibility to determine the best way to resolve a dispute, including educational means where appropriate.

1. Complaint

A complaint that a member or credentialed practitioner has allegedly violated the Code of Ethics for the Profession of Dietetics must be submitted in writing on the appropriate form to the Ethics Committee.

The complaint must be made within one (1) year of the date that the complainant (person making complaint) first became aware of the alleged violation or within one (1) year from the issuance of a final decision in an administrative, licensure board, or judicial action involving the facts asserted in the complaint.

The complainant need not be a member of ADA nor a practitioner credentialed by CDR.

The complaint must contain details on the activities complained of; the basis for complainant's knowledge of these activities; names, addresses, and telephone numbers of all persons involved or who might have knowledge of the activities; and whether the complaint has been submitted to a court, an administrative body, or a state licensure board. The complaint must also cite the section(s) of the Code of Ethics for the Profession of Dietetics allegedly violated.

The complaint must be signed and sworn to by the complainant(s).

2. Preliminary Review of Complaint

The chair of the Ethics Committee, legal counsel for ADA, and appropriate staff will review the complaint to determine whether all the required information has been submitted by the complainant and whether an ethics question is involved.

If a complaint is made regarding an alleged violation of the Code of Ethics for the Profession of Dietetics and a similar complaint is already under consideration regarding the same individual by a state licensure board of examiners, an administrative body, or a court of law, the Ethics Committee will not process the complaint until a final decision has been issued.

3. Response

If the preliminary review determines that the process should proceed, the ADA staff or chair of

the Ethics Committee will notify the respondent (person against whom the complaint is made) that a complaint has been made.

The notice will be sent from the staff via certified mail, return-receipt requested. The respondent will be sent a copy of the complaint, the Code of Ethics for the Profession of Dietetics, the Review Process, and the Response to Complaint form.

The respondent will have thirty (30) days from receipt of the notification in which to submit a response. The response must be signed and sworn to by the respondent(s).

If the Ethics Committee does not receive a response, the chair of the Ethics Committee or his or her designee will contact the respondent by telephone. If contact with the respondent is still not made, a written notice will be sent. Failure to reach the respondent will not prevent the Committee from proceeding with the investigation.

The response submitted to the Ethics Committee by the respondent, may, upon request by the complainant, be provided to the complainant following the decision of the Committee.

4. *Ethics Committee Review*

The chair of the Ethics Committee will add the complaint and response to the Committee's agenda, after consultation with legal counsel and appropriate staff. The complaint and the response will be reviewed by the Ethics Committee.

The Committee has broad discretion to determine how to proceed, including, but not limited to, dismissing the complaint, requesting further information from the parties, resolving the case through educational activities, holding a hearing as specified hereafter, or in any other way deemed advisable. The Committee may use experts to assist it in reviewing the complaint and response and determining further action.

At the appropriate time, the Ethics Committee will notify the complainant and the respondent of its decision, which may include the Committee's preliminary opinion with a request that the respondent take certain actions, including, but

not limited to, successful completion of continuing professional education in designated areas, or supervised practice based on the terms to be set forth by the Committee.

The Ethics Committee may also recommend appropriate remedial action to the parties, which if undertaken, would resolve the matter.

The Ethics Committee may recommend, in its discretion, that a hearing be held subject to the other provisions of these procedures.

5. *Licensure Board Action or Final Judicial or Administrative Action*

When the Ethics Committee is informed by a state licensure body that a person subject to the Code of Ethics for the Profession of Dietetics has had his or her license suspended or revoked for reasons covered by the Code, the Committee may take appropriate disciplinary action without a formal hearing.

When a person has been finally adjudged or has admitted to committing a misdemeanor or felony as specified in Principle 4 of the Code, the Committee may take appropriate disciplinary action without a formal hearing.

6. *Hearings*

A. *General*

Hearings shall be held as determined by the Ethics Committee under the following guidelines.

Hearing dates will be established by the chairman of the Ethics Committee. All hearings will be held in Chicago, IL.

The Ethics Committee will notify the respondent and the complainant by certified mail, return-receipt requested, of the date, time, and place of the hearing.

The respondent may request a copy of the file on the case and will be allowed at least one postponement, provided the request for postponement is received by ADA at least fourteen (14) days before the hearing date.

B. *Conduct of Hearings*

The chair of the Ethics Committee will conduct a hearing

with appropriate staff and legal counsel present. Individuals who have no conflict of interest will be appointed.

In the event that any Ethics Committee member cannot serve on the hearing panel for any reason, a replacement will be appointed by the representative of the original body that made the appointment, either the ADA president, the CDR chairperson, or the speaker of the House of Delegates as appropriate.

The parties shall have the right to appear, to present witnesses and evidence, to cross-examine the opposing party and adverse witnesses, and to have legal counsel present. Legal counsel for the parties may advise their clients, but may only participate in the hearings with the permission of the chair.

The hearing is the sole opportunity for the participants to present their positions.

Three members of the Ethics Committee shall constitute a quorum. Affirmative vote of two thirds (2/3) of the members voting will be required to reach a decision.

A transcript will be prepared and will be available to the parties at cost.

C. *Costs*

ADA will bear the costs for the Ethics Committee, legal counsel, staff, and any other parties called by ADA. ADA will bear the travel costs and one (1) night's hotel expenses for the complainant and respondent and one person that each chooses to bring, provided that such person is necessary to the conduct of the hearing as determined by the chair of the Ethics Committee. The Ethics Committee shall issue regulations to govern the payment of these expenses, which shall be incorporated and made part of these procedures.

The respondent and the complainant will be responsible for all costs and fees incurred in their preparation for and attendance at the hear-

ing, except expenses for travel and hotel as stated above.

D. Decision

The Ethics Committee will render a written decision specifying the reasons therefore and citing the provision(s) of the Code of Dietetics for the Profession of Dietetics that may have been violated. The Committee will decide that:

- 1) the respondent is acquitted;
- 2) educational opportunities are pursued;
- 3) the respondent is censured, placed on probation, suspended, or expelled from ADA; and/or
- 4) the credential of the respondent is suspended or revoked by the CDR of the ADA.

The decision of the Ethics Committee will be sent to the respondent and the complainant as soon as practicable after the hearing.

7. *Request by Complainant for Review of Respondent's Response*

The Ethics Committee will, except where the response contains information that the Committee determines for good reasons should not be shared, grant the request of a complainant to review the response received from the respondent in an ethics case, provided the request is made within thirty (30) days of notification of the final action of the Ethics Committee. The complainant will be required to maintain confidentiality of the documentation and to refrain from sharing it with any other third parties or individuals. The complainant will have twenty (20) days to advise the Ethics Committee as to any comments, concerns, or issues with regard to the respondent's response, but the Committee shall have no obligation to take further action. The respondent will be notified of the Committee's action to release the response to the complainant.

A. The materials describing the ethics complaint process, including those materials provided to the complainants and respondents, shall be amended to disclose the fact that a respondent's response may be

made available to the complainant.

- B. Any request to review the respondent's response must be submitted in writing (electronic or mail) no later than thirty (30) days after final action by the Committee.
- C. ADA staff will notify the Ethics Committee of the request and will provide a timeline for addressing it.
- D. Within five (5) business days of the request being received, the Committee will advise the respondent that the complainant has made the request and is being given access to the response. The requested documentation will be sent to the complainant via express mail to ensure delivery.
- E. The complainant will be required to commit in writing to maintain the confidentiality of the documentation by signing a statement to this effect.
- F. Any comments, concerns, or issues with the respondent's response must be communicated to ADA staff within twenty (20) days in writing (electronic or mail). ADA staff will add the complainant's comments, concerns, or issues onto the agenda of the next Ethics Committee conference call or meeting. The Committee will determine whether further action is necessary and shall communicate its determination to the complainant.
- G. The complainant will return the documents after review via UPS at the expense of ADA within twenty-five (25) days.

8. *Definitions of Disciplinary Action*

Censure: A written reprimand expressing disapproval of conduct. It carries no loss of membership or registration status, but may result in removal from office at the national, state, and district levels and from committee membership.

Time frame: Not applicable to the disciplinary action.

Probation: A directive to allow for correction of behavior specified in Principle 7 of the Code of Ethics for the Profession of Dietetics. It may include mandatory

participation in remedial programs (eg, education, professional counseling, and peer assistance). Failure to successfully complete these programs may result in other disciplinary action being taken. It carries no loss of membership or registration status, but may result in removal from office at the national, state, and district levels and from committee membership.

Time frame: Specified time to be decided on a case-by-case basis.

Suspension: Temporary loss of membership and all membership benefits and privileges for a specified time with the exception of retention of coverage under health and disability insurance. ADA group malpractice insurance will not be available and will not be renewed during the suspension period.

Time frame: Specified time to be decided on a case-by-case basis.

Suspension of Registration: Temporary loss of credential and all benefits and privileges for a specified period of time. It may include mandatory participation in remedial programs (eg, education, professional counseling, and peer assistance).

At the end of the specified suspension period, membership and registration benefits and privileges are automatically restored.

Time frame: Specified time to be decided on a case-by-case basis.

Expulsion: Removal from membership and a loss of all benefits and privileges.

Time frame: May apply for reinstatement after a five (5)-year period has elapsed or sooner if the basis for the expulsion has been removed, with payment of a reinstatement fee. The individual must meet membership requirements in effect at the time of the application for reinstatement.

Revocation of Credential: Loss of registration status and removal from registry; loss of all benefits and privileges. Upon revocation, the former credentialed practitioner shall return the registration identification card to CDR.

Time frame: Specified time for reapplication to be decided on a case-by-case basis, but, at minimum, current recertification re-

quirements would need to be met. A credential will not be issued until CDR determines that the reasons for revocation have been removed.

9. Appeals

A. General

Only the respondent may appeal an adverse decision to ADA. During the appeals process, the membership and registration status of the respondent remains unchanged.

The ADA president, the chairperson of CDR, and the speaker of the House of Delegates shall each appoint one person to hear the appeal. These individuals shall constitute the Appeals Committee for that particular case. Individuals who have no conflict of interest will be appointed.

B. Recourse to the Appeals Committee

To request a hearing before the Appeals Committee, the respondent/appellant shall notify the appropriate staff at ADA headquarters, by certified mail, return-receipt requested, that the respondent wishes to appeal the decision. This notification must be received within thirty (30) calendar days after receipt of the letter advising the respondent/appellant of the Ethics Committee's decision.

C. Contents

The appeal must be in writing and contain, at a minimum, the following information:

1. The decision being appealed.
2. The date of the decision.
3. Why the individual feels the decision is wrong or was improperly rendered (See E, "Scope of Review").
4. The redress sought by the individual.
5. The appeal will be signed and sworn to.

If the appeal does not contain the information listed above, it will be returned to the individual who will be given ten (10) calendar days to resubmit. Failure to furnish the required information

within ten (10) calendar days will result in the appeal being waived.

D. Procedures

Upon receipt of this notification, appropriate staff shall promptly notify the chair of the Appeals Committee that the respondent/appellant is appealing a decision made by the Ethics Committee.

The Appeals Committee chair shall acknowledge the appeal and request a copy of the relevant written information on the case from appropriate staff.

1. Location and participants
 - a. All appeals hearings will be held in Chicago, IL.
 - b. The complainant/appellee, the respondent/appellant, and the chair of the Ethics Committee will have the opportunity to participate in the appeals hearing.
 - c. The parties may have legal counsel present, who may advise their clients, but may only participate in the hearings with the permission of the chair.
 - d. Attendance at the hearing will be limited to persons determined by the chair to have a direct connection with the appeal and appropriate staff and legal counsel.
2. Conduct of the hearing

The three (3) parties involved in the appeal will be given the opportunity to state why the decision and/or disciplinary action of the Ethics Committee should be upheld, modified, or reversed.

E. Scope of Review

The Appeals Committee will only determine whether the Ethics Committee committed procedural error that affected its decision, whether the Ethics Committee's decision was contrary to the weight of the evidence presented to it, or whether there is new and substantial evidence that would likely have affected the Ethics Committee's decision that was

unavailable to the parties at the time of the Ethics Committee's hearing for reasons beyond their control.

In reviewing the decision of the Ethics Committee, the Appeals Committee shall consider only the transcript of the hearing and the evidence presented to the Ethics Committee.

F. Record of Hearing

A transcript will be prepared and will be maintained in the case file.

G. Decision of Appeals Committee

1. The Appeals Committee shall prepare a written decision stating the reasons therefore. The decision shall be to affirm, modify, or reject the decision and/or disciplinary action of the Ethics Committee or to remand the case to the Ethics Committee with instructions for further proceedings.
2. Decisions of the Appeals Committee will be final.

H. Costs

ADA will bear the costs for the Appeals Committee, staff, and legal counsel, and any parties called by ADA. ADA will bear the travel and one night's hotel expenses for the respondent/appellant, the complainant/appellee, and the chair of the Ethics Committee. The Ethics Committee shall issue regulations to govern the payment of these expenses, which shall be incorporated and made part of this procedure.

The respondent/appellant and the complainant/appellee will be responsible for all costs and fees incurred in their preparation for and attendance at the hearing, except expenses for travel and hotel as stated above.

10. Notification of Adverse Action

If the respondent is disciplined by the Ethics Committee and does not appeal the decision, the chair of the Ethics Committee will notify the appropriate ADA organizational units, CDR, the affiliate dietetic association, appropriate licensure boards, and governmental and private bodies within thirty (30) days after notification of the final decision.

In the event the respondent ap-

peals a decision to discipline him or her and the Ethics Committee decision is affirmed or modified, similar notification will be made by the chair of the Ethics Committee.

In response to an inquiry about registration status, the Office on Dietetic Credentialing will state only whether a person is currently registered.

11. *Record Keeping*

- A. Records will be kept for a period of time after the disposition of the case in accordance with ADA's record retention policy.
- B. Information will be provided only upon written request and affirmative response from ADA's legal counsel.

12. *Confidentiality Procedures*

The following procedures have been developed to protect the confidentiality of both the complainant and the respondent in the investigation of a complaint of an alleged violation of the Code of Ethics for the Profession of Dietetics:

- A. The need for confidentiality will be stressed in initial communications with all parties.

- B. Committee members will refrain from discussing the complaint and hearing outside of official committee business pertaining to the complaint and hearing.
- C. If the hearing on a complaint carries over to the next Committee, the complaint will be heard by the original Committee to hear the complaint.
- D. Communication with ADA witnesses will be the responsibility of the Committee chair or staff liaison.
- E. Witnesses who testify on behalf of ADA will be informed of the confidentiality requirements and agree to abide by them.
- F. The Committee chair will stress the importance of confi-

dentiality at the time of the hearing.

- G. To ensure confidentiality, the only record of the hearing will be the official transcript and accompanying materials, which will be kept at ADA offices. All other materials that were mailed or distributed to committee members should be returned to ADA staff, along with any notes taken by Committee members.
- H. The transcript will be available if there is an appeal of the Ethics Committee's decision and only to the parties, Ethics Committee members, Appeals Committee members, ADA legal counsel, and staff directly involved with the appeal.

Recognition is given to the members of the Code of Ethics Task Force for their contributions: Marianne Smith Edge, MS, RD, LD, FADA, Chair; Alice Beth J. Fornari, EdD, RD; Cheryl A Bittle, PhD, RD, LD; Doris Derelian, PhD, JD, RD, FADA; Jana Kicklighter, PhD, RD, LD; Leonard Pringle, DTR; Harold Holler, RD, LDN, ADA Staff; Chris Reidy, RD, CDR Staff; J. Craig Busey, JD, former ADA Legal Counsel.

