



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

WHEN: November 10, 2011 – 1 pm

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

What is the purpose of the meeting?

The purpose of the meeting is to conduct regular board business. Please use appropriate language, manners and protocols when conducting board business. A working lunch may be served for board members and designated staff in attendance. A copy of the agenda is printed with this notice. Please visit <http://www.oregon.gov/OHLA/LD/meetings.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 board/council meetings. All public audience members are asked to sign-in on the attendance roster prior to the meeting. Comments may be heard under public comment at the end of the meeting. Please wait to be recognized by the Chairperson prior to commenting.

Is it possible to watch the meeting live on the internet?

Yes. You may access the meeting at <https://oregon.ilinc.com/join/cjrzpcv> (Link provided is specific to this meeting date) If you need assistance accessing the meeting contact the iLinc Join Help Desk at 1-800-799-4510, and select option "1."

What if the board/council enters into executive session?

Prior to entering into executive session the board/council 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 board/council 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.



Oregon Health Licensing Agency Board of Licensed Dietitians



1 pm, Thursday, November 10, 2011
700 Summer Street N.E., Suite 320
Salem, Oregon

Revised 11/8/2011

Call to Order

1. Approval of Agenda

2. Approval of Minutes

- ◆ July 21, 2011
- ◆ September 22, 2011

3. Reports

- ◆ Director's Report
 - Strategic Rulemaking Plan
 - 2013 Legislative Concepts
 - 2012 Chair Summit
- ◆ Statistical and Budget Report
- ◆ Regulatory Report
 - Investigative Protocol
- ◆ Policy, Legislation & Administrative Rules
 - OHLA Permanent Administrative Rules
 - Overview of Legislative Process
 - Process for Responding to Practice & Procedure Questions
 - Legislation & Rules Committee Update
 - Discuss Fiscal Impact of Proposed Administrative Rules

Working Lunch (12 to 1pm)

4. Items for Board Action

- ◆ Approve Proposed Administrative Rules
- ◆ Approve 2012 Meeting Dates

5. Public Comment

6. Other Board Business/Board Interest

- ◆ Board Member Composition
- ◆ Dietitians vs Nutritionist Clarification Discussion
- ◆ NOTE: The American Dietetic Assoc. name changes to Academy of Nutrition & Dietetics
- ◆ ODA Request for Licensed Dietitian description
- ◆ BLD Newsletter
- ◆ Report by Maureen McCarthy regarding CLEAR meeting held in Pittsburgh on Sept 7-10, 2011

7. Executive Session (If needed)

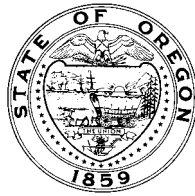
Agenda is subject to change.
For the most up to date information visit www.oregon.gov/OHLA

Approval of Minutes



July 21, 2011

September 22, 2011



Oregon Health Licensing Agency
Board of Licensed Dietitians



1:30 pm, Thursday, July 21, 2011
700 Summer Street NE, Suite 320
Salem, Oregon

MINUTES

MEMBERS PRESENT

Maureen McCarthy, Chair
Paula Koeller
Jill Calamar
Harold Burden
Helen Bolin
Diane Stadler

STAFF PRESENT

Sylvie McMillan, Fiscal Services and Licensing Manager
Callie Zink, Administrative Services Manager
Amanda Perkins, Board Specialist
Sinnamon Harris, Board Specialist

MEMBERS ABSENT:

None

GUESTS PRESENT:

None

Call to Order

Maureen McCarthy, Chair, called the meeting of the Board of Licensed Dietitians to order at 1:31 pm, Thursday, July 21, 2011, at 800 NE, Oregon St, Suite 445. Roll was called.

1. Approval of Agenda

MOTION:

Jill Calamar made a motion with a second by Harold Burden to approve the agenda. Motion passed unanimously.

2. Approval of Minutes

MOTION:

Diane Stadler made a motion with a second by Paula Koeller to approve the minutes for March 17, 2011. Motion passed unanimously.

MOTION:

Jill Calamar made a motion with a second by Diane Stadler to approve the minutes for June 30, 2011. Motion passed unanimously.

3. Reports

◆ Sandra Kelly, RD - Board Member Resignation

McCarthy stated Sandra Kelly had indicated that she intended to resign from the board, explaining that Kelly was not able to commit to another term at this time and had a standing conflict with the board meeting dates taking place on Thursdays. McCarthy inquired on the recruitment process for seeking new board members.

Callie Zink, Administrative Services Manager, stated that the agency works closely with the governor's office to recruit board and council members. Zink encouraged current members of the board to provide recommendations. Executive appointment interest forms were made available to the board members and Zink explained the forms could also be obtained via the governor's web site.

Members of the board inquired on the number of board members, the board member make-up and the qualification process for potential new members. Zink explained that the governor's office web site provides a general overview of what is being sought when recruiting, noting that diversity, gender, and geography are all items to be considered. Zink pointed out that currently the majority of members on this particular board reside in the Portland area, and explained that changes may occur over time to recruit members that are geographically spread out through-out the state of Oregon. Sylvie McMillan, Fiscal Services and Licensing Manager, explained that Senate Bill 939 states the board must consist of the following:

- 2 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;
- 1 member who is a physician trained in clinical nutrition; and
- 4 members who are licensed dietitians who have been engaged in the practice of dietetics for at least five years.

McCarthy stated she would assist in providing outreach regarding recruitment. Members asked if there was a list of previous members that served on the board historically. Zink stated she would contact the governor's office and request these records.

Helen Bolin stated she intended to resign from the board after the meeting held today. This was partially due to personal reasons, and in part due to the fact future meetings would be held in Salem and she did not wish to travel to and from meetings.

Diane Stadler asked if the size of the board could be increased, expressing concern that members of the board might become over tasked if assigned to multiple committees. McMillan stated it would take a statutory change to increase or decrease the size of a board, and explained the estimated expectations of each committee.

◆ Update on Transition to OHLA

McMillan provided a brief overview of the process of transitioning the board to the agency which included:

- Senate Bill 939 changed the name of the board to "Board of Licensed Dietitians"
- Web page is now part of the agency website. Interested parties can now access the dietitian website by visiting www.oregon.gov/OHLA/LD
- Contact information has changed-The agency telephone number is (503)378-8667 and the

mailing address is 700 Summer St, Suite 320, Salem, OR, 97301. Members of the public and licensees can also submit inquiries via email to ohla.info@state.or.us

McCarthy inquired as to how or why the name of the board was changed without consulting current members of the board. McMillan stated the previous name “Board of Examiners of Licensed Dietitians” was not applicable because the board does not administer an examination.

◆ **Policy, Legislation & Administrative Rules**

McMillan explained that currently all licenses expire October 31, 2011 and are issued for two years at a cost of \$150 which equates to \$6.25 per month. The agency is in the process of creating a rollout plan which will stagger the expiration dates of licenses and future licenses will be issued for a period of one year. McMillan stated licensees will receive a renewal notice in August 2011 that will explain each individual plan to change expiration dates and the appropriate fee.

McMillan stated that the agency has developed a strategic plan that prioritizes administrative rulemaking for the next 18 months, noting that the plan is flexible and subject to change dependent upon the agency’s ability to address staffing issues. McMillan explained the strategic plan is made up of three priority levels, and each priority level was given an estimated rulemaking time period. Each program within the agency was assigned to a priority level by taking into consideration multiple components including:

- Priority Level 1
 - If a temporary rule is currently in place
 - If it is a new profession
 - If there is a significant risk to public safety
- Priority Level 2
 - If rules need to be synchronized with OHLA standardized model
- Priority Level 3
 - Required 5 year review is necessary

Programs outlined as a priority level one are scheduled to undergo rulemaking as of July 2011-December 2011, programs outlined as a priority level two are scheduled to undergo rulemaking as of January 2012-July 2012, and programs outlined as a priority level three are scheduled to undergo rulemaking as of July 2012-December 2012. McMillan gave a brief overview of the rulemaking process. Members of the board requested a copy of Senate Bill 939. This will be provided to members at a later date by email. McMillan stated the Board of Licensed Dietitians is currently scheduled to address rulemaking in July of 2012. McCarthy inquired on updating standards of practice for licensed dietitians.

McCarthy stated there are individuals that would like to be informed of upcoming meetings related to rulemaking for licensed dietitians. McMillan noted interested individuals can request to be added to the board mailing list in order to receive notifications related to the board. Amanda Perkins, Board Specialist, asked members of the board to direct all interested individuals to contact her as the board specialist and she would take the appropriate steps to add them to the board mailing distribution list. Perkins suggested including this information in the outreach letter regarding the transition of the board to OHLA to direct the licensees on how to be included on the distribution list. The general process of how notification of meetings is conducted was discussed.

McMillan stated audio and visual of board and council meetings are available live via the internet and

explained stakeholders are able to gain access to these meetings from their personal computers, eliminating the need to travel to attend a meeting.

◆ **Outreach and Communication**

McMillan noted members of the board expressed the desire to continue a previously implemented board publication, and explained that this may not be necessary at this time because OHLA generates and disseminates a publication specific to each board and council titled “Central Issues.” This publication provides an overview of matters specifically related to the board. An example was provided. Members of the board acknowledged that communications from the board need improvement and agreed to only continue with the “Central Issues” publication. McMillan stated it is possible to include brief amounts of information on the renewal forms that are mailed to licensees also if there is a need to get information out on a certain topic.

McMillan presented a draft letter to be mailed to licensees regarding the transition to OHLA. Members of the board reviewed the draft letter and provided recommended revisions. McMillan explained the process that would take place to begin staggering the expiration dates of licenses. McCarthy stated that that clinical managers or supervisors of dietitians currently monitor renewal dates and may prevent a licensed dietitian from working if their license is not renewed on time. McCarthy questioned the appropriate method to provide outreach to these individuals. McMillan explained that licensees will need to notify their employers of the upcoming changes to renewal dates, and noted that the agency will send multiple renewal reminders to the licensees to assist in this process. McCarthy raised a historical occurrence of an individual that failed to renew on time, and explained that the board made a policy decision to attempt to contact any licensee that failed to renew to notify them that their license had lapsed. McMillan stated that according to administrative rule, the agency may send renewal reminders 45 days prior to the date of renewal of a license. However, taking into consideration the time and cost it would take to attempt to contact licensees whose license has entered inactive status would not be feasible due to the large number of authorization holders regulated by the agency. McMillan explained that it is the responsibility of the licensee to renew on time, and noted that licensees are able to check their licensing status online at any time to view their licensing information. McMillan explained the process in which the agency may issue duplicate licenses. Discussion revisited the process that the agency follows to notify licensees of renewal dates.

4. Items for Board Action

• **2011 Chair and Vice-Chair**

MOTION

Paula Koeller made a motion with a second by Harold Burden to re-appoint Maureen McCarthy as Chairperson and appoint Paula Koeller as Vice-Chair person. The motion passed unanimously.

• **2011 Committees**

Brief descriptions of duties related to the proposed committees were presented. Members of the board determined it was not necessary to have an Education & Examination Committee.

MOTION

Diane Stadler made a motion with a second by Paula Koeller approve the committees for the year 2011 as outlined below. The motion passed unanimously.

2011 COMMITTEES

Legislation/Rules	Maureen McCarthy, Paula Koeller, Jill Calamar Alternate: Harold Burden, Alternate: Diane Stadler
Enforcement	Diane Stadler
Public Protection/Safety	Maureen McCarthy
Customer Connection	Paula Koeller
Practice & Procedures Standards	Maureen McCarthy, Diane Stadler

- **2011 Board Meeting Dates**

McMillan explained it is necessary for members of the board to approve an additional meeting date to conduct board member orientation and regular board business, and stated the agency proposed November 10, 2011. McMillan summarized what would take place at board member orientation including completion of human resource paperwork, completion of accounting forms, an overview of how to use the board meeting mini-notebook computers, issuance of flash-drives to members, and a tour of the agency.

MOTION

Diane Stadler made a motion with a second by Paula Koeller to approve the meeting date November 10, 2011. The motion passed unanimously.

5. Public Comment

No public comment was received.

6. Other Board Business/Board Interest

McCarthy stated she provided members of the board by email a letter from a licensed dietitian that had allowed their licensure to lapse, and was requesting to be permitted to renew in the fall of 2011 without being required to reapply. McMillan explained the renewal process, and noted she will respond to this individual regarding this request.

McCarthy addressed Senate Bill 3650, explaining that it establishes coordinated care organizations. McCarthy would expect that licensed dietitians be recognized as the experts related to nutritional matters when enacting the bill, and asked if the agency could review this matter. McMillan is going to review this and report back to the members of the board.

McCarthy expressed she would like to assist in improving collaboration between the board and the Oregon Dietetic Association, and asked the appropriate guidelines. McMillan stated that the board and the association are separate and function for different purposes, noting that the board's purpose is to protect the public. The agency encourages members of the board to be a part of the association, but to take caution in keeping the roles separate. McMillan notified members of the board that she is able to go to organizations and present information related to the board and agency upon request by the board.

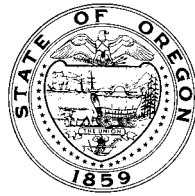
- There were no items in the "Board Interest File."

7. Executive Session-(If needed)

The board did not enter into executive session.

The meeting adjourned at approximately 4:22pm.

Prepared by: Amanda Perkins, Board Specialist



Oregon Health Licensing Agency
Board of Licensed Dietitians



9 am, Thursday, September 22, 2011
700 Summer Street NE, Suite 320
Salem, Oregon

MINUTES

MEMBERS PRESENT

Maureen McCarthy, Chair
Paula Koeller
Jill Calamar
Diane Stadler

STAFF PRESENT

Sylvie McMillan, Fiscal Services and Licensing Manager
Sinnamon Harris, Board Specialist

MEMBERS ABSENT:

Harold Burden

GUESTS PRESENT:

None

Call to Order

Maureen McCarthy, Chair, called the meeting of the Board of Licensed Dietitians to order at 9:08 am, via teleconference, Thursday, September 22, 2011, at the Oregon Health Licensing Agency (OHLA), Rhoades Conference Room, 700 Summer Street NE, Salem, Oregon. Roll was called.

The purpose of the teleconference was to approve the administrative rulemaking schedule. The board discussed the dates and made one changed from January 12, 2012 to January 9, 2012. The goal is to have permanent administrative rules effective on March 1, 2012.

Sinnamon Harris, Board Specialist, explained the rulemaking process and noted that each Legislation and Rules Committee meeting will be held in person at Oregon Health Licensing Agency (OHLA). This process is necessary as changes are immediately made to the rules and reviewed by the committee on the conference room's "Smart Board." Proposed administrative rules will be approved at the November 10, 2011, regular full board meeting but the permanent rule approval may be able to done by teleconference with all board members receiving a copy of the permanent rules via e-mail beforehand. Public comments received by the agency during the public comment period of December 1, 2011 to December 28, 2011,

will be e-mailed to the committee members to review in advance of the January 9, 2012, committee meeting.

The board identified the Legislation and Rules Committee members as: Maureen McCarthy, Jill Calamar and Paula Koeller.

MOTION:

Diane Stadler made a motion with a second by Jill Calamar to approve the Administrative Rule Schedule as amended with the January 9, 2012, date change. The motion passed unanimously

Sylvie McMillan, Fiscal Services and Licensing Manager, explained how she will attempt to write a rough draft of the rules, enter them into the agency standardize agency format, and perform some research in relation to the standards of practice and professional contact. This is to provide a starting point for further discussions to the committee. Items that will be e-mailed to the Legislation and Rules Committee before the October 20, 2011, meetings are:

- Senate Bill 939 (which moved Dietitians to OHLA)
- McMillan's rough draft *merged* version of SB 939 and current 2009 statutes created only for the use by the Legislation and Rules Committee.
- Copy of current LD administrative rules

It was mentioned that during the full board orientation on November 10, 2011, it be demonstrated how to dial into board teleconference meetings.

The meeting adjourned at approximately 9:35 am.

Prepared by: Sinnamon Harris, Board Specialist

Director's Report



OREGON HEALTH LICENSING AGENCY

Randy Everitt, Director

700 Summer St. NE, Suite 320

Salem, Oregon 97301-1287

Phone (503) 378-8667

Fax (503) 585-9114

Email ohla.info@state.or.us

Web <http://www.oregon.gov/OHLA/>

Strategic Plan to Complete Rulemaking for all OHLA Regulated Programs within 18 Months

Board of Athletic Trainers (AT)

Board of Body Art Practitioners (BAP)

Board of Cosmetology (COS)

Board of Denture Technology (DT)

Board of Licensed Dietitians (BLD)

Board of Direct Entry Midwifery (DEM)

Environmental Health Registration Board (EHRB)

Advisory Council on Hearing Aids (HAS)

Nursing Home Administrators Board (NHAB)

Respiratory Therapist and Polysomnographic Technologist Licensing Board (RTPT)

Sex Offender Treatment Board (SOTB)

Key components to achieving the strategic plan:

- Implement a rulemaking plan/structure
- Train new ASD employees
- Delineate priority of programs (see chart below)
- Meeting with stakeholders and staff in an integrated process

Priority Levels

- Level 1
 - If a temporary rule is currently in place
 - If it is a new profession
 - If there is a significant public safety
- Level 2
 - If rules need to be synchronized with OHLA standardized model
- Level 3
 - Required 5 year review is necessary

Things that should be considered:

- Reasons for emergency rule changes
 - Risks to public safety
 - Significant litigation risk
 - Significant barriers to licensure without increase staff time
- Unexpected or unplanned fee changes
- Other policy duties and responsibilities
 - Legislation
 - Issue responses
 - Program specific questions related to scope of practice

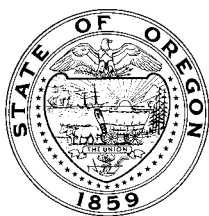
Steps to begin implementation of strategic plan:

- Approve timeline to complete strategic rulemaking plan
 - 1's July 2011-December 2011
 - 2's January 2012-June 2012
 - 3's July 2012-December 2012

Board	Rulemaking/Policy	Scheduled Meetings in June/July of 2011	Rating 1-3 (1 being highest priority)
Body Art Practitioners	<ul style="list-style-type: none"> • Prohibitions • Curriculum-Sources • Qualifications, education, training and examination • Apprentice vs. career school model • Fields of practice • Facility standards • Licensing roll-out 	July 6, 2011 Workgroup July 18, 2011 Leg/Rules	1 Temp Rule in place for TA temporary practitioners – Permanent rule plan in place
Direct Entry Midwifery	<ul style="list-style-type: none"> • • Temporary Rule #1 <ul style="list-style-type: none"> -3rd degree lacerations -peer review -breach restrictions -amend post-date protocol • Temporary Rule #2 <ul style="list-style-type: none"> -Extend risk information implementation date • M.I.M generating risk information packets • Leg/Rules to review all temporary rules • File proposed/permanent etc 	July 8, 2011 Leg/Rules July 11, 2011 Board Conf. Call July 27, 2011 M.I.M.	1 September 1 temporary rule increasing fee.
Dietitians	<ul style="list-style-type: none"> • OHLA synchronization • Statutory relevance 		1
Nursing Home Administrators	<ul style="list-style-type: none"> • OHLA synchronization • Complete overhaul • Reduce 1 year rule schedule to 6 months? 	July 12, 2011 Leg/Rules July 13, 2011 Full Board	1
Respiratory Therapist Polysomnographic Technicians	<ul style="list-style-type: none"> • Integrate polysomnographers • Work on definitions “place,” “emergency procedures” • General clean-up 	July 15, 2011 Leg/Rules July 22, 2011 Leg/Rules July 29, 2011 Leg/Rules	1
Cosmetology	<ul style="list-style-type: none"> • Civil penalty authority • ADA requirements 	October 24, 2011 full board January 23, 2012 full board	1

Athletic Trainers	<ul style="list-style-type: none"> • Agency/Program synchronization • Continuing education- concussions • One year renewal cycle- ALL or just initial registrants • BOC certified must be registered in Oregon 	<p>June 22, 2011 9 am Leg/Rules July 28, 2011 Full Board</p>	2
Denture Technology	<ul style="list-style-type: none"> • OHLA synchronization • Temporary Licensure • Reviewing education and qualifications 		2
OHLA	<ul style="list-style-type: none"> • Complete overhaul 		2
Hearing Aids	<ul style="list-style-type: none"> • OHLA synchronization • Education standards 160-520 • Supervision issues related to education 	June 17, 2011 Full Council	2
Cosmetology	<ul style="list-style-type: none"> • Skin-needling • Hair design vs. Esthetics related to eye brow/lash tinting • Report outcome of product safety committee to full board 	July 25, 2011 Full Board	3
Environmental Health Registration	<ul style="list-style-type: none"> • Completing permanent rulemaking • Start second rule track to look at duties of an environmental health specialist 	<p>June 30, 2011 Ed/Exam July 19, 2011 Full Board</p>	3
Sex Offender Treatment	<ul style="list-style-type: none"> • Review current rules • Fees • Recruitment of registrants • Present rule schedule on 6/24 still? 	June 24, 2011 Full Board	3

2013
Legislative
Concepts



2013 Legislative Concepts

OREGON HEALTH LICENSING AGENCY

The Oregon Health Licensing Agency (OHLA) begins the legislative process more than a year before the actual legislative session.

To begin the process the agency has compiled a list of possible legislative concepts for each program. Members are asked to review the list and make comments as well as add additional changes. As part of that process the agency will consider all comments and suggestions and may call on the individual boards and councils Legislative & Rules Committees to fine tune language or to act as experts in a particular profession.

OHLA ORS 676 – Streamline the following among all OHLA professions:

- Continuing education authority;
- Renewal requirements;
- Fee structure;
- Complaint and investigation confidential;
- Disclosure of confidential information to other public entity; and
- Charitable events exception for all programs or relevant programs;

Board of Athletic Trainers ORS 688:

- Remove NATA references; and
- Standardized definition of “Physician Extender”.

Board of Body Art Practitioners Oregon Laws 2011, Chapter 715 (ORS 690):

- Ear lobe piercing only field of practice with grandfathering provision;
- Make tattooing a minor illegal;
- Add freelance authorization for electrology allowing electrologists to be mobile licensees.

Board of Cosmetology ORS 690:

- Add work performed on the “face” related to esthetics;
- Practice standards and requirements for legend drugs and devices such as lasers and hydroquinone (skin lightening agent);
- Streamline public records confidentiality regarding complaints (690.195(2)); and
- Clarify authority to assess civil penalty to the Board (690.992) for violations of (676.612)

Board of Denture Technology ORS 680:

- Perform X-rays part of scope of practice.

Environmental Health Registration Board ORS 700:

- Exempt individuals under a supervised internship from registration with guidelines by rule;
- Define duties and parameters of an environmental health specialist;
- Designate title for waste water specialist as RWWS; and
- Elimination of waste water field of practice.

Advisory Council on Hearing Aids ORS 694:

- Council membership – designate four hearing aid specialists licensed under 694.065(a) and (c) and one audiologist licensed under ORS 681; and
- Add temporary licensure provisions by rule.

Board of Direct Entry Midwifery ORS 678:

- Mandatory licensing including exemptions;
- Broaden legend drugs and devices;

Nursing Home Administrators Board ORS 678:

- Standards for directors/administrators for Assisted/Residential Living Facilities.

Respiratory Therapist and Polysomnographic Technologists Licensing Board Oregon Laws 2011, Chapter 346 (ORS 690):

- Add training to requirements for licensure under polysomnography; and
- Add language related to the practice of respiratory care to include:
“the insertion of devices to draw, analyze, infuse or monitor pressure in arterial, capillary or venous blood as prescribed by medical director” and emergent intraosseous placement.

Sex Offender Treatment Board ORS 675:

- Designate titles for use by only a certified or associate sex offender treatment therapist as CCSOT and CASOT.
- Require that only certified or associate sex offender treatment therapists may treat minors or developmentally disabled;
- Mandatory licensure for all sex offender treatment therapists.

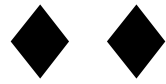
Other Issues:

- Durable medical equipment; and
- Home caregiver registry;

Oregon Health Licensing Agency

700 Summer Street NE, Suite 320
Salem, Oregon 97301-1287
(503) 378373-1904

2012
Chair Summit
January 20th



Statistical & Budget Reports



Oregon Health Licensing Agency

Board of Licensed Dietitians

Licensing Division Statistics as of November 8, 2011

2011 - 2013 Biennium

Quarter	Licenses Issued	Renewals Processed	% Renewed Online
1st	23	302	0.00%
2nd	20	232	0.00%
Total:	43	534	0.00%

Oregon Health Licensing Agency

Board of Licensed Dietitians

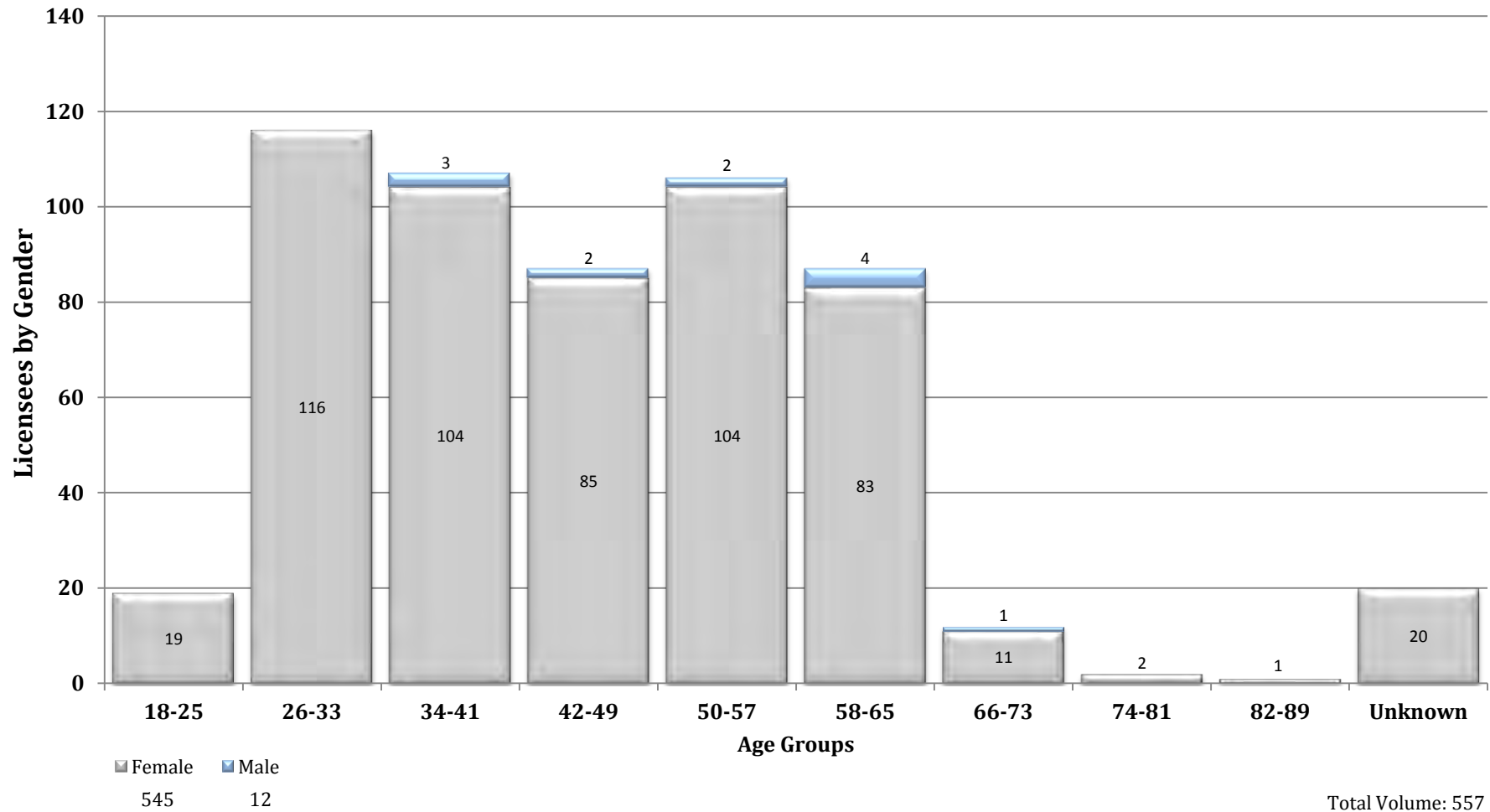
Regulatory Division Statistics as of November 8, 2011

2011 - 2013 Biennium

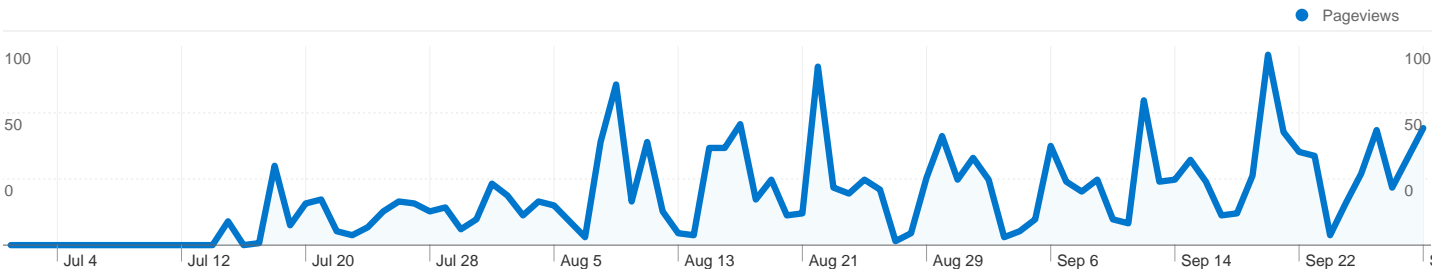
Quarter	Complaints Received	Complaints Closed	Proposed Sanctions	Final Orders
1st	0	0	0	0
2nd	0	0	0	0
Total:	0	0	0	0

Oregon Health Licensing Agency Board of Licensed Dietitians

Active Licensed Dietitians
Statistics grouped by Gender and Age Group as of November 8, 2011
2011 - 2013 Biennium



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Content Performance

Pageviews 2,469 % of Site Total: 1.80%	Unique Pageviews 1,704 % of Site Total: 1.55%	Avg. Time on Page 00:00:57 Site Avg: 00:01:13 (-22.62%)	Bounce Rate 40.74% Site Avg: 47.28% (-13.82%)	% Exit 38.03% Site Avg: 37.68% (0.93%)	\$ Index \$0.00 Site Avg: \$0.00 (0.00%)
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Pivot by: Source

1 - 5 of 9

	Total	google	(direct)	36ohk6dgmcd1n.yom.mail.yahoo.net	eatrightoregon.org	yahoo
Page	Pageviews	Pageviews	Pageviews	Pageviews	Pageviews	Pageviews
/OHLA/LD/index.shtml	1,356	591	104	104	139	173
/OHLA/LD/forms.shtml	417	0	173	139	34	34
/OHLA/LD/docs/LD_TransistiontoOHLA_Letter.pdf	173	139	0	0	0	34
/OHLA/LD/pdfs/app_packet.pdf	173	0	69	34	34	0
/OHLA/LD/	104	34	0	0	34	0
/OHLA/LD/links.shtml	104	34	0	69	0	0
/OHLA/LD/about_us.shtml	69	69	0	0	0	0
/OHLA/LD/contact_us.shtml	69	0	0	0	34	34

1 - 8 of 8

Health Related Licensing Boards

Board of Examiners of Licensed Dietitians

Revenue and Expenditures

For the Biennium 2009-2011

HEALTH RELATED LICENSING BOARDS		
LICENSED DIETITIANS FUND 4450		
STATEMENT OF CASH FLOW - Actuals		
FOR THE PERIOD 07/01/09 - 6/30/11		
09-'11 Beginning Cash Balance	\$	105,339.03
Revenues	\$	98,614.27
Expenditures	\$	76,352.46
Less: Accrued Expenditures	\$	-
Less: Total Expenditures	\$	(76,352.46)
Subtotal: Resources Available	\$	127,600.84
Change in (Current Assets)/Liabilities	\$	-
Ending Cash Balance (Actual) as of 9/30/11	\$	127,600.84

Agency Divisions	Shared Cost Categories	FTE ALLOCATION	Cosmetology	Board of Body Art	Denturists, Hearing Aids, Nursing Home Administrators and Environmental Health Specialists	Athletic Trainers, Respiratory Therapists and Polysmonographic Technologists , Direct Entry Midwives, Sex Offender Treatment Therapists and Dietitians
			Cosmetology Plan	Small Board Gold Plan	Small Board Silver Plan	Small Board Bronze Plan
Administrative Services Division	Management, Rules and Legislation and Board Support	10.00 FTE	X	X	X	X
	Education Services	1.00 FTE	X	X	X	
Fiscal Services / Licensing Division	Fiscal Services and Information Technologies	7.00 FTE	X	X	X	X
	Cosmetology Direct Support	1.00 FTE	X			
	Small Board Qualifications and Licensing	1.00 FTE		X	X	X
	Front Line	4.00 FTE	X	X	X	X
Regulatory Operations Division	Inspections	4.00 FTE	X	X		
	Investigations	4.00 FTE	X	X	X	X
	Admin Support	1.00 FTE	X	X	X	X
TOTAL FTE / COST CATEGORIES		33.00 FTE	8	8	7	6

Oregon Health Licensing Agency

Board of Licensed Dietitians

Revenue and Expenditures For the Biennium 2011-2013

OREGON HEALTH LICENSING AGENCY LICENSED DIETITIANS FUND 7840 STATEMENT OF CASH FLOW - Actuals FOR THE PERIOD 07/01/11- 9/30/11		
11-'13 Beginning Cash Balance <i>as of 9/30/11</i>	\$	127,600.84
Revenues	\$	16,687.50
Expenditures	\$	10,341.08
Less: Accrued Expenditures	\$	(49.80)
Less: Total Expenditures	\$	(10,291.28)
Subtotal: Resources Available	\$	133,997.06
Change in (Current Assets)/Liabilities	\$	165.66
Ending Cash Balance (Actual)	\$	134,162.72
Bronze Allocation		
Shared Services (ASD, FSD, REG)		1.43%
Small Board Qualifications and Support		9.88%
Front Line Support		0.83%
Direct Expenses		100.00%

Oregon Health Licensing Agency

Board of Licensed Dietitians

Revenue and Expenditures

For the Biennium 2011-2013

OREGON HEALTH LICENSING AGENCY LICENSED DIETITIANS FUND 7840 STATEMENT OF CASH FLOW - Projections FOR THE PERIOD 07/01/11- 6/30/13		
11-'13 Beginning Cash Balance <i>as of 9/30/11</i>	\$	127,600.84
Revenues	\$	102,312.50
Expenditures	\$	81,935.55
Less: Accrued Expenditures	\$	-
Less: Total Expenditures	\$	(81,935.55)
Subtotal: Resources Available	\$	147,977.79
Change in (Current Assets)/Liabilities	\$	-
Ending Cash Balance (Projections)	\$	147,977.79
Bronze Allocation		
Shared Services (ASD, FSD, REG)		1.43%
Small Board Qualifications and Support		9.88%
Front Line Support		0.83%
Direct Expenses		100.00%

**Regulatory
Operations Division
Report**



BOARD OF LICENSED DIETICIANS

2009 – 2011 Biennium

Between July 2009 and June 2011, the Oregon Board of Licensed Dieticians was not under the umbrella of the Oregon Health Licensing Agency (Agency).

2011 – 2013 Biennium

Between July 1, 2011 and November 7, 2011, no complaints were received by the Agency.



OREGON HEALTH LICENSING AGENCY



*Putting Oregonians to work
while protecting Oregon consumers*

Oregon Health Licensing Agency

Investigative Protocol



OHLA Investigative Protocol

1. OHLA must open an investigation on every complaint, reviewing the complaint for merit.



OHLA Investigative Protocol

- 2.** OHLA may initiate an investigation without a complaint, but such an investigation must be authorized by the Director or his designee prior to beginning.

OHLA Investigative Protocol

3. OHLA may initiate and proceed with an investigation, either after a complaint by the public or on its own initiative, based on a **reasonable cause** to believe a **statute or rule** has been violated.

OHLA Investigative Protocol

4. If a complaint has met the reasonable cause standard as determined by the Director or his designate, it will be assigned to an investigator for investigation.

OHLA Investigative Protocol

4. Continued...

OHLA has statutory authority to issue an immediate suspension of a license if there is an immediate threat to the health and safety of the public.



OHLA Investigative Protocol

- 5.** Complaints with insufficient identifying information or that have not met a reasonable cause standard will be referred back to the complainant for additional information.

OHLA Investigative Protocol

6. Any investigation initiated by the Agency will require notification to the appropriate Board/Council enforcement committee/designee as a courtesy unless there is a conflict of interest.

OHLA Investigative Protocol

6. Continued...

Under those circumstances, the Board/Council Chair will be notified by the Director or his designee.



OHLA Investigative Protocol

7. The initial investigation will focus on obtaining any documentation of the alleged misconduct from the complainant.



OHLA Investigative Protocol

8. If there is an affected client or consumer, all efforts will be made to complete an interview and obtain evidence and/or cooperation.

OHLA Investigative Protocol

8. Continued...

However, cooperation from the affected client/consumer is not an absolute requirement to continue the investigation.

OHLA Investigative Protocol

9. An interview in person or via telephone with the complainant will be conducted as a routine part of the investigative process.



OHLA Investigative Protocol

10. OHLA will request any written documents, reports or recordings from the complainant (individual or business) **verbally or in writing.**

OHLA Investigative Protocol

11. If the complainant does not respond, OHLA will issue a subpoena.



OHLA Investigative Protocol

11. Continued...

The subpoena will be drafted by the Investigator and reviewed by the Regulatory Manager and the Assistant Attorney General (AAG) prior to issuance.

OHLA Investigative Protocol

12. After conducting all interviews and collecting reports, the Investigator reviews all materials with the Regulatory Manager, a designated Subject Matter Expert (SME), and/or the Director before proceeding.

OHLA Investigative Protocol

12. Continued...

If the evidence does not support the facts of the allegation, the investigation is terminated.



OHLA Investigative Protocol

- 13.** If reasonable cause exists that a statute or rule has been violated, OHLA will notify the subject of the investigation that a complaint has been filed and there is reasonable cause to believe a violation has occurred.

OHLA Investigative Protocol

14. The subject of the investigation will be provided general information regarding the nature of the complaint in writing before any questioning is conducted.

OHLA Investigative Protocol

- 15.** The Investigator and SME will meet with the subject of the investigation and the Investigator will question the subject.

OHLA Investigative Protocol

15. Continued...

The SME may provide input and ask clarifying questions.



OHLA Investigative Protocol

15. Continued...

Due to a unique confidentiality provision in statute, a direct entry midwife who is the subject of an investigation may decline this initial interview.

OHLA Investigative Protocol

15. Continued...

However, a direct entry midwife may be compelled to participate in interviews after the agency issues any notice of proposed discipline.

OHLA Investigative Protocol

- 16.** The Investigator may request all written documents or records from the subject of the investigation to be provided before any interviews are requested, brought at the time of the interview or provided after interviews are concluded.

OHLA Investigative Protocol

17. The Investigator may request original documents if the original has value as evidence but must provide the subject or business entity with working copies within 72 hours.

OHLA Investigative Protocol

- 18.** If the SME and the Investigator believe the subject of the investigation did not violate any statutes or rules, the investigation is terminated.



OHLA Investigative Protocol

19. If at the end of the interview OHLA finds evidence to support a statute or rule has been violated, the subject will be notified of such in writing.



OHLA Investigative Protocol

20. If the subject of the investigation refuses to produce requested or required documents, the Agency may cite the subject for refusing to cooperate with the investigation. The Agency may also issue a subpoena for the specific records in question.

OHLA Investigative Protocol

21. Failure to respond to a subpoena may result in immediate suspension of an authorization to practice (license, certification, registration). Failure to respond to a subpoena may also result in the immediate filing of a contempt action against the subject of the investigation in civil court.

OHLA Investigative Protocol

22. After OHLA reviews all records and evidence and the investigation confirms that a violation of the statutes or rules is evident, investigative reports detailing all aspects of the investigation will be constructed.

OHLA Investigative Protocol

23. If the evidence does not support the allegation, OHLA will terminate the investigation and an investigation report will be constructed.



OHLA Investigative Protocol

24. An OHLA Investigator will provide an investigative report and the SME will provide a separate report to the Board/Council enforcement committee for review and recommendations.

OHLA Investigative Protocol

- 25.** If the investigation is unfounded, OHLA will notify the Board/Council of the details and no action will be taken.



OHLA Investigative Protocol

- 26.** OHLA will notify the subject of the investigation immediately in writing of the outcome.



OHLA Investigative Protocol

- 27.** OHLA and the Board/Council should agree on the penalty. If OHLA and the Board/Council disagree, the Agency must provide justification for the change.

OHLA Investigative Protocol

27. Continued...

OHLA has the authority to overrule the Board/Council on these issues, depending on the statutory authority of the Board/Council, in the interest of public health and safety.

OHLA Investigative Protocol

- 28.** OHLA will notify the subject of the investigation in writing of the board's and agency's decision and the required legal notifications will begin (if appropriate).

OHLA Investigative Protocol

Questions?



Policy, Legislation & Administrative Rules

Secretary of State
Certificate and Order for Filing
PERMANENT ADMINISTRATIVE RULES

I certify that the attached copies* are true, full and correct copies of the PERMANENT Rule(s) adopted on August 15, 2011 by the _____
Date prior to or same as filing date

<u>Oregon Health Licensing Agency</u>	<u>OAR 331</u>	
Agency and Division	Administrative Rules Chapter Number	
<u>Samantha Patnode, Policy Analyst</u>	<u>700 Summer St. NE, Suite 320, Salem, Oregon 97301-1287</u>	<u>503-373-1917</u>
Rules Coordinator	Address	Telephone

to become effective August 15, 2011. Rulemaking Notice was published in the June 2011 Oregon Bulletin.**
Date upon filing or later Month and Year

RULE CAPTION

Define terms used in ORS 676.612 and active military status protocols for authorization holders.

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

RULEMAKING ACTION

List each rule number separately (000-000-0000)

Secure approval of new rule numbers (Adopted or Renumbered rules) with the Administrative Rules Unit prior to filing.

ADOPT: 331-010-0050

AMEND: 331-020-0040, 331-020-0070

REPEAL:

Stat. Auth.: ORS 676.615

Other Auth.: ORS 408.450

Stats. Implemented: ORS 676.607, 676.608, 676.612, 408.450

RULE SUMMARY

Adopt 331-010-0050 allowing authorization holders in active military status waiver of renewal, fees and continuing education requirements, as well as protocols for restoration of former authorization status.

Define and clarify what constitutes an appearance before the agency during investigations of alleged violations of statutes or rules under the authority of the Oregon Health Licensing Agency (OHLA), its boards or councils.

Define and clarify the terms incompetence and negligence used in ORS 676.612 in relation to the boards or councils under the OHLA.

<u>Randall Everitt, Director</u>	<u>8/11/11</u>	
Authorized Signer	Printed name	Date

*With this original, file one photocopy of certificate, one paper copy of rules listed in Rulemaking Actions, and electronic copy of rules. **The Oregon Bulletin is published the 1st of each month and updates rules found in the OAR Compilation. For publication in Bulletin, rule and notice filings must be submitted by 5:00 m on the 15th day of the preceding month unless this deadline falls on a weekend or legal holiday, when filings are accepted until 5:00 pm on the preceding workday.
ARC 930-2005

OREGON HEALTH LICENSING AGENCY

DIVISION 10

AGENCY GENERAL ADMINISTRATION RULES

331-010-0050

Authorization Holders; Military Leave

(1) A practitioner authorized to practice under a program listed in ORS 676.606 is not required to renew the authorization or pay renewal fees while in active military service unless required by the authorization holders branch of the military.

(2) To be restored to former authorization status the authorization holder must notify the agency in writing within 60 days of being honorably discharged.

(3) No fees will be due until the following renewal period.

(4) Requirements for completing continuing education hours during an authorization holder's active duty period shall be evaluated on a case by case basis.

DIVISION 20

AGENCY REGULATORY OPERATIONS RULES

331-020-0040

Complaint Processing and Investigation

Pursuant to ORS 676.608, complaints filed with the Oregon Health Licensing Agency will be handled as follows:

(1) The agency will determine if the complaint is related to a profession or occupation regulated and administered by the agency and the complaint falls within authority delegated to the agency by statute.

(2) The agency investigator(s):

(a) Will review the information and as applicable, interview parties and witnesses, and examine physical evidence relating to the complaint;

(b) Will advise on whether an authorization holder or other individual practiced within the acceptable standards of the particular program;

~~(c) May attempt to informally resolve the matter;~~

~~(d)~~ (c) Will make recommendations for agency action.

(3) After receiving advice from the investigator(s), the agency will determine what action will be taken in accordance with ORS 676.608.

(4) As used in ORS 676.608(8), to "appear before the agency" includes: an investigative interview conducted under oath, under subpoena or otherwise compelled; an interview or hearing before a board, council, or subcommittee of a board or council; any depositions authorized by the agency; pre-hearing conferences; and contested case hearings. It does not include interrogatories, written admissions, other written communications, or voluntary communications.

Stat. Auth.: ORS 183, 676.605, 676.608, 676.615
Stats. Implemented: ORS 183, 676.605, 676.608, 676.615
Hist.: HLO 1-2004, f. & cert. ef. 2-13-04; HLA 1-2009, f. & cert. ef. 6-1-09

331-020-0070

Discipline

(1) The Oregon Health Licensing Agency may discipline authorization holders for violations of laws and rules, in accordance with ORS 676.612 and 676.992.

(2) Failure to cooperate with the agency or its agent is unprofessional conduct and is subject to disciplinary sanctions, which may include suspension or revocation and refuse to issue or renew or place on probation and assessment of civil penalties. Failure to cooperate with the agency or its agent includes, but is not limited to, the following:

(a) Failing to provide information within the specified time allotted and as requested by the agency;

(b) Failing to temporarily surrender custody of original client records to the agency upon request, which includes treatment charts, models, health histories, billing documents, correspondence and memoranda;

(c) Interference, use of threats or harassment which delays or obstructs any person in providing evidence in any investigation, contested case, or other legal action instituted by the agency;

(d) Interference, use of threats or harassment which delays or obstructs the agency in carrying out its functions under individual programs administered and regulated by the agency as listed in ORS 676.606 and rules adopted thereunder;
or

(e) Deceiving or attempting to deceive the agency regarding any matter under investigation including altering or destroying any records.

(3) The agency, at its discretion, may require supplemental training in an appropriate area of study as determined by the agency, board or council, as a disciplinary sanction. Supplemental training may be in addition to assessment of a monetary penalty or the agency, board or council may waive or reduce a penalty, in cases requiring supplemental training.

(4) As used in ORS 676.612(2)(j) incompetence means engaging in conduct which evidences a lack of ability or fitness to perform the holder's professional functions.

(5) As used in ORS 676.612(2)(j) negligence means engaging in conduct detrimental to the client.

Stat. Auth.: ORS 676.607, 676.612, 676.992
Stats. Implemented: ORS 676.607, 676.612, 676.992
Hist.: HLO 1-2004, f. & cert. ef. 2-13-04; HLA 1-2009, f. & cert. ef. 6-1-09

Overview Of Legislative Process



Oregon Health Licensing Agency

MEMORANDUM

October 26, 2011

To: OHLA Boards and Councils

Subject: Overview of OHLA Legislative Process

Hierarchy of Law Governing State Agencies

- **US and Oregon Constitutions**
 - **Oregon Revised Statutes**
 - *Oregon Laws*
 - *Budget Notes*
 - **Governor's Executive Orders/Agency Directives**
 - **Oregon Administrative Rules**
 - **Agency Policies**
 - **Agency Practices**

Laws may be made, amended or repealed by a vote of the people in an initiative or referendum, or by the Legislature.

State of Oregon Executive Branch agencies may not independently propose legislation. The process for agencies to request legislation is through the official Legislative Concept process:

1. Agency determines need for legislation. Upon director's approval, submits a formal proposal during a set timeline in between regular legislative sessions (the interim).
2. Proposals are reviewed by the Governor's Office and its designees (Department of Administrative Services). Consistency with the Governor's goals and political agenda and any fiscal impacts are considered.
3. Approved concepts are submitted to Legislative Counsel for drafting into bill form.
4. Final review by the Governor. Concepts receiving final approval are "Pre-session filed" by the Governor and enter the same formal legislative process as any other bill for consideration by the Legislature.

Persons acting as agents of the Executive Branch of government – including agency management, employees and appointed board and council members – are not allowed to advocate for or against legislation, budgets or other legislative initiatives without the express permission of the Governor's Office.

Legislative Relations

Consistent and clear communication is key to successfully navigating the complex and sometimes rapidly moving legislative process. Surprises are seldom good during the legislative session.

OHLA works closely with the Governor's Office, Department of Administrative Services, partner agencies, stakeholder groups and the Legislature to ensure that all bills, potential amendments and budgets that may impact the agency and its stakeholders are fully vetted and understood.

As OHLA board and council members, you can be a great asset in this process. You often play a dual role: both as agents of the state in your official capacity with OHLA, and as private citizens working in your individual professions. You may hear about actual or rumored legislative proposals that may have an effect on OHLA before we do. Please send Samie Patnode an e-mail or give her a call so she can follow up and track as appropriate.

Samie Patnode will also be your contact to provide you with information. You will get updates at your board or council meetings.

Legislative Contacts

As citizens, you have a constitutional right to participate in the political and legislative process separately from your role as an Oregon board or council member. However, please remember that you may not represent yourself in your official role to advocate for or against legislative action without the approval of the agency, which will first seek the approval of the Governor's Office.

If a legislator, staffer or other agent of the Legislature contacts you directly regarding policies and legislation of the agency, please clarify with him or her that you are speaking as an individual, and not as a representative of the regulatory/advisory board of which you are a member. As a courtesy, please give Samie Patnode a heads up e-mail or call so she knows what is being discussed.

If legislators or staffers are looking for an official response, please direct them to Samie Patnode and she will follow-up promptly, and keep you informed.

Legislative Contact Information

Samie Patnode, Policy Analyst

samie.patnode@state.or.us

503-373-1917

Fax 503-585-9114

**Process for
Responding to
Practice & Procedure
Questions**



700 Summer St NE • Suite 320
Salem, Oregon 97301-1287

Phone (503) 378-8667

Fax (503) 370-9004

Web site www.oregon.gov/OHLA

E-mail ohla.info@state.or.us



Public Advice Request

Athletic Trainers
Barbers
Body Piercing Technicians
Denturists
Direct Entry Midwives
Electrologists
Environmental Health Specialists
Estheticians
Hair Designers
Hearing Aid Specialists
Nail Technicians
Nursing Home Administrators
Permanent Color Technicians
Respiratory Therapists
Sex Offender Therapists
Tattoo Artists
Waste Water Specialists

Board of Athletic Trainers

Board of Cosmetology

Board of Direct Entry Midwifery

Board of Denture Technology

Environmental Health Registration Board

Nursing Home Administrators Board

Respiratory Therapist Licensing Board

Sex Offender Treatment Board

Advisory Council on Hearing Aids

Advisory Council for Electrologists, Permanent Color Technicians & Tattoo Artists

Process for Responding to Practice & Procedure Question

1. Receive question from stakeholder.
2. Send letter. (see attached)
3. Schedule time during next board/council meeting to discuss issue.
4. Provide issue statement at board/council meeting with options:
 - a. Allow board or council to determine answer;
 - b. Refer to Scope of Practice, Standards & Procedures Committee;
 - c. Refer to Assistant Attorney General (AAG);
 - d. Refer to AAG and schedule Practice & Procedures Standards Committee for question and answer with the agency and AAG; or
 - e. Decline to address.
5. If board/council choose b, c, or d the agency/board may review outcome prior to sending response to respondent.
6. Send response to respondent

Example Questions Presented to Agency

1. We have a need for Art lines in the ICU. We feel that Respiratory therapists (RT) would be ideal in filling this need. I know that RT's in other states place art lines. Would this be in our scope of practice here in Oregon?
2. Is skin needling within the scope of practice of an esthetician?
3. Can athletic trainers order plain film x-rays for extremities only?



Oregon

Theodore R. Kulongoski, Governor

Health Licensing Agency
700 Summer St. NE, Suite 320
Salem, Oregon 97301-1287
Telephone (503) 378-8667
FAX (503) 585-9114
E-Mail: ohla.info@state.or.us
Web Site: www.Oregon.gov/OHLA

August 26, 2010

Alice Testman
Testmaker Make Me A Test, Inc.
7030 Examination Way
Wrong Answer, Utah 94121

Dear Ms. Testman:

The Oregon Health Licensing Agency (OHLA) appreciates your interest in the Respiratory Therapist Licensing Board scope of practice.

The question you have presented to the agency is as follows:

We have a need for Art lines in the ICU. We feel that Respiratory Therapists would be ideal in filling this need. I know that RTs in other states place art lines. Would this be in our scope of practice here in Oregon?

Currently the agency does not provide personal legal advice to members of the public. However, you may certainly seek private legal advice on Oregon administrative law issues.

The agency will present your question to the board at the **September 15, 2010**, meeting, at which time the Board may elect to address the issue in open session, may decide to seek advice of its own legal counsel on the matter, may determine that further clarification of your question is necessary, or may decline to address your question. I encourage you to refine the question by including as much detail as possible and any additional information that would assist the board in coming to a conclusion. Please submit a revised question and additional information by **September 7, 2010**; otherwise, the original question will be submitted to the board for review.

The agency encourages you to attend the board meeting to clarify any questions the board may have. You may call Amanda Perkins, Board Specialist at (503) 373-1915 or Amanda.r.perkins@state.or.us to be scheduled on the agenda for the September 15, 2010 meeting.

Sincerely,

Samantha Patnode
Policy Analyst

Legislation & Rules Committee Update



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

Date: October 20, 2011

Members Present: Maureen McCarthy
Jill Calamar
Paula Koeller

Members Absent: None

Staff Present: Sylvie McMillan, Fiscal Services and Licensing Manager
Sinnamon Harris, Board Specialist

Guests Present: None

Maureen McCarthy, called the Board of Licensed Dietitians Legislation & Rules committee meeting to order at 9:18 am, on October 20, 2011, at the Oregon Health Licensing Agency (OHLA), Rhoades Conference Room, 700 Summer Street NE, Salem, Oregon. Roll was called.

Sylvie McMillan, Fiscal Services and Licensing Manager, began by explaining how the current Board of Licensed Dietitians administrative rules, Chapter 834 Division 1, Procedural Rules, are already under the Oregon Health Licensing Agency's (OHLA) administrative rules as an overarching rule for all the boards and councils. Chapter 834 Division 10 has been reformatted and renumbered to standardize and streamline the rules starting with new Divisions 20 through 60. The Legislation and Rules Committee were provided the following documentation for review and consideration:

- Senate Bill 939
- A draft copy created by the agency which “merged” SB 939 with Chapter 691 statutes (2009) (so the committee could clearly see the sections of the Licensed Dietitians statutes still viable. The 2011 Legislation statutes are not published until March 2012).
- Reference material to review for the Standards of Practice and Standards of Professional Conduct rule sections listed below:
 - a. American Dietetic Assoc/Commission on Dietetic Registration Code of Ethics for the Professional of Dietetics and Process for Consideration of Ethics Issues
 - b. 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
 - c. Ohio – Chapter 4759-6 Professional Responsibility
 - d. American Dietetic Association Work Group on Licensure, Competition and Scope of Practice, Model Practice Act, January 2010

Continuing Education Discussion

The committee discussed the language to be used for continuing education (CE) definition in administrative rules. The purpose of continuing education is to maintain and improve your knowledge and skills in the practice of dietetics.

The committee had a lengthy discussion to decide how many CE hours to require annually since the SB 939, Section 9, ORS 691.465(1)(c) moved Licensed Dietitians to a one-year renewal cycle and requires evidence of having completed any required CE credits on or before the expiration date of the license.

Maureen McCarthy explained that the Commission on Dietetic Registration (CDR) requires that Registered Dietitians must participate in and report 75 CE hours over a five-year registration period. McMillan stated she had researched other states and found those states, which must renew annually, just divided the 75 CE hours required by CDR by five years for 15 CE hours per year. McMillan noted the committee could decide upon another number, such as, five CEs per year to recommend to the board. McCarthy pointed out that requiring 15 CE hours each year will be a huge change for Oregon licensed dietitians and probably will stimulate feedback during the public comment period of administrative rulemaking.

There was a further discussion of those registered dietitians who were not credentialed through CDR. Those non-credentialed registered dietitians were required to take 30 CE hours every biennium. If the number of hours required are set to five CE hours per year, then that is all the CE hours those registrants will have to take. After consideration the committee decided to recommend a minimum of 15 CE hours annually.

New Division 30 Discussion

McMillan explained the difference between the terms “inactive” and “expired” licenses to the committee in regards to licensure renewals.

New Division 40 Discussion

Fees are set and established by the agency in statute. McMillan explained that the board will review and vote on all other divisions in the rules but Division 40. McMillan noted that the fees are meant to be just enough to cover board expenses. A couple of new fees that are standard in all OHLA board’s rules is one for a \$25 fee for non-sufficient funds (NSF) and \$25 charge for the replacement of a licensing or name change.

New Division 50 Discussion

McMillan explained how CE documentation must be maintained for two years in case the licensee is selected for the “audit” process. McCarthy noted that, again, this will be a new process for licensed dietitians and outreach to the licensees to disseminate this information will be necessary once the administrative rules are permanent.

New Division 60 Discussion

The committee began discussing the Standards of Practice and Standards of Professional Conduct with the review of Chapter 691.405 definition of “Dietetics practice.” McCarthy provided the committee with research material handouts from the American Dietetic Association. The committee also reviewed

the standards of practice on the CDR web site to use as examples in the development of the Board of Licensed Dietitians administrative rules.

The committee discussed mandatory reporting requirements under ORS 676.150. The Board of Licensed Dietitians are listed under (f) as mandatory reporters and thus must abide by the reporting obligations as outlined in the statute.

Fiscal Impact Discussion

The filing of proposed administrative rules requires that a statement of fiscal impact is also filed at the same time. McMillan asked the committee to consider if any changes made to the administrative rules would have a fiscal or economic impact any government, local groups, or small businesses. And to also consider the cost of compliance of recordkeeping, reporting, equipment, supplies, labor cost, etc.

The committee offered there may be a minimal impact regarding CEs that now must be performed annually but the number of hours required per year is the same as the previous biennium CE requirement. The CE auditing process is new to the licensees and will have a minimal cost of recordkeeping and agency staff time for review. The committee answered the question about the involvement of small businesses in the development of the rules in this manner: “generally, because these proposed rules are largely technical updates based on streamlining and aligning the rules with the agency no small businesses were consulted with the development.”

The meeting adjourned at approximately 2:53 pm.

Prepared by: Sinnamon Harris, Board Specialist

Items for Board Action

Issue:

Review administrative rules for consistency, standardization and professional practice.

Discussion:

On September 22, 2011, the Board of Licensed Dietitians approved an administrative rulemaking schedule for the year 2011. The Legislation and Rules Committee met on October 20, 2011, in order to review and recommend changes to administrative rules and to also perform a fiscal impact review.

A summary of proposed rule changes includes:

- The repeal of Chapter 834 Divisions 1 and 10.
- The adoption of Chapter 834 Divisions 20 through 60.

Summary of Administrative Rules by Number:

- OAR 834-020-0000 Definitions: in order to meet rulemaking protocols and define relevant terms where utilized within the rule for efficiency.
- OAR 834-030-0000 Licensed Dietitian Application Requirements: to establish a standardized pathway for licensure and to streamline the application process.
- OAR 834-030-0010 Licensed Dietitian Issuance and Renewal: to align with Senate Bill 939 and the Temporary Bill filed on October 1, 2011.
- OAR 834-050-0000 Continuing Education Requirements: to clarify and establish continuing education credit criteria. Dietitians must complete a minimum of 15 hours every year (or 1.5 credits).
- OAR 834-050-0010 Continuing Education: Audit, Required Documentation and Sanctions: clarity regarding the process if selected for an audit of attested continuing education credits.
- OAR 834-060-0000 Standards of Practice: to establish and maintain a high standard of integrity and dignity in the profession of Licensed Dietitians.
- OAR 834-060-0010: Standards of Professional Conduct: to protect the public against unprofessional conduct on the part of a Licensed Dietitian.

If the board approves proposed administrative rules, the public comment period will begin on December 1, 2011 and end as of December 28, 2011. The board is scheduled to adopt permanent rules on January 19, 2012.

Recommendation:

Approve proposed administrative rules regarding OAR Chapter 834 Divisions 020 -060.

**OREGON HEALTH LICENSING AGENCY,
BOARD OF LICENSED DIETITIANS**

DIVISION 20

GENERAL ADMINISTRATION

834-020-0000

Definitions

- (1) **“Agency”** means the Oregon Health Licensing Agency. The agency is responsible for the budget, personnel, performance-based outcomes, consumer protection, fee collection, mediation, complaint resolution, discipline, rulemaking and record keeping.
- (2) **“CDR”** means the Commission of Dietetic Registration.
- (3) **“CEU”** means a continuing education unit and the numerical value determined by the board to be earned by a renewal applicant by attending a specified training course. The terms "continuing education credit" and "continuing education unit" are synonymous and may be used interchangeably.
- (4) **“Continuing Education”** means post-licensure education in maintaining and improving knowledge and skills in dietetics practice as defined in ORS 691.405(1).
- (5) **“Official Transcript”** means an original document certified by an accredited college or university indicating hours and types of course work, examinations and scores that the student has completed, which has been submitted by the accredited college or university by mail or courier to the agency in a sealed envelope in accordance with ORS 691.435.
- (6) **“Nutrition Care Process”** means a systematic problem-solving method that dietitians 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.

DIVISION 30

LICENSURE OF DIETITIANS

834-030-0000

Licensed Dietitian Application Requirements

An individual applying for licensure as a licensed dietitian must:

- (1) Meet the requirements of OAR 331 division 30;**
 - (2) Submit a completed application form prescribed by the agency, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application fees;**
 - (3) Provide documentation of current valid certification with CDR; and**
 - (4) Pay all license fees.**
- (5) An applicant who is currently licensed under the laws of any other state or territory in the United States and does not have current valid certification with CDR must:**
- (a) Fulfill all requirements of subsections (1), (2), and (4) of this section; and**
 - (b) Demonstrate that the applicant's out of state or territory licensure qualifications are not less than those required by CDR.**

834-030-0010

Licensed Dietitian Issuance and Renewal

(1) LICENSURE AND RENEWAL: A license is subject to the provisions of OAR Chapter 331, division 30 regarding the issuance and renewal of a license, provisions regarding authorization to practice, identification, and requirements for issuance of a duplicate license.

(2) LICENSE RENEWAL: To avoid delinquency penalties, license renewal must be made prior to the license entering inactive status. The licensee must submit the following:

(a) Renewal application form;

(b) Payment of required renewal fee pursuant to 834-040-0000; and

(c) Documentation of having obtained required continuing education under OAR 834-050-0000, on a form prescribed by the agency.

(3) INACTIVE LICENSE RENEWAL: A license may be inactive for up to three years. When renewing after entering inactive status, the licensee must submit the following:

(a) Renewal application form;

(b) Payment of delinquency and licensure fees pursuant to OAR 834-040-0000;

(c) Documentation of having obtained required annual continuing education under OAR 834-050-0000, on a form prescribed by the agency, whether license has been current or inactive;

(4) EXPIRED LICENSE: A license that has been inactive for more than three years is expired and the licensee must reapply and meet the requirements listed in OAR 834-030-0000.

(5) A licensee failing to meet continuing education requirements listed under OAR 834-050-0000 is expired and must reapply and meet requirements pursuant to OAR 834-030-0000.

DIVISION 40

FEEES

834-040-0000

Fees

(1) Applicants and registrants are subject to the provisions of OAR 331-010-0010 and 331-010-0020 regarding the payment of fees, penalties and charges.

(2) Fees established by the Oregon Health Licensing Agency are as follows:

(a) Application: \$50

(b) Original license: \$75 for one year

(c) Renewal of license: \$75 for one year

(d) Other administrative fees:

(A) Delinquency fee: \$25 for each year in inactive status up to three years.

(B) Replacement of license, including name change: \$25.

(C) An additional \$25 administrative processing fee will be assessed if a NSF or non-negotiable instrument is received for payment of fees, penalties and charges. Refer to OAR 331-010-0010.

DIVISION 50

CONTINUING EDUCATION REQUIREMENTS FOR LICENSED DIETITIANS

834-050-0000

Continuing Education Requirements

(1) To maintain licensure, dietitians must complete a minimum of 15 hours every year (or 1.5 credits). Hours in excess of those required for the one-year reporting period shall not be carried forward and applied toward the succeeding year CEU renewal requirements.

(2) Each licensee shall document compliance with the continuing education requirement through attestation on the license renewal application. Licensees are subject to provisions of OAR 334-050-0010 pertaining to periodic audit of continuing education.

(3) Continuing education must address subject matter related to dietetics practice in accordance with ORS 691.405(1) and OAR 853-020-0000(3).

(4) CEU credit will be awarded based on the following criteria:

(a) Completion and passing of academic courses taken from an accredited college or university at the same rate of credit established by that institution;

(b) Professional courses which meet academic requirements in content, instruction and evaluation will be assigned CEU credit at the same rate.

(c) Courses that do not meet standards as set forth in paragraphs (a) and (b) of this subsection, such as workshops, symposiums, seminars, laboratory exercises, or any applied experience with or without formal classroom work may receive credit at the rate of 1.0 CEU for each ten hours of attendance.

(5) Documentation supporting compliance with continuing education requirements must be maintained for a period of two years following renewal and be available to the agency upon request.

834-050-0010

Continuing Education: Audit, Required Documentation and Sanctions

(1) The Oregon Health Licensing Agency will audit a percentage of licensees, as determined by the board, to verify compliance with continuing education requirements.

(2) Licensees notified of selection for audit of continuing education attestation shall submit to the agency, within 30 calendar days from the date of issuance of the notification, satisfactory evidence of participation in required continuing education in accordance with OAR 834-050-0000.

(3) If selected for audit, the registrant must provide documentation of the required continuing education, which must include:

(a) A certificate of completion or other agency approved documentation that includes the agency pre-approval number;

(b) Official transcript from the accredited college or university; or

(c) A CDR state licensure verification worksheet which can be viewed at www.oregon.gov/OHLA/LD.

(4) If documentation of continuing education is incomplete, the registrant has 30 calendar days from the date of notice to submit further documentation to substantiate having completed the required continuing education.

(5) Failure to meet continuing education requirements shall constitute grounds for disciplinary action, which may include but is not limited to assessment of a civil penalty and suspension or revocation of the license.

DIVISION 60

STANDARD OF PRACTICE AND PROFESSIONAL CONDUCT

834-060-0000

Standards of Practice

The board adopts the following standards of practice to establish and maintain a high standard of integrity and dignity in the profession of dietitians. A licensee must:

- (1) Use systematically reviewed scientific evidence in making food and nutrition practice decisions by integrating best available evidence with professional expertise and client values to improve outcomes.
- (2) Use accurate and relevant data and information to perform nutrition assessment and identify nutrition-related problems.
- (3) Determine a nutrition diagnosis to identify and label specific nutrition problem(s) that the dietitian is responsible for treating.
- (4) Utilize nutrition intervention to identify and implement appropriate 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.
- (5) 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.
- (6) Document and communicate the Nutrition Care Process in a timely manner.
- (7) Apply appropriate standards of quality and safety in food and nutrition services.
- (8) Consider the health, safety, and welfare of the clients and public at all times.

834-060-0010

Standards of Professional Conduct

The board adopts the following standards of professional conduct using the American Dietetic Association's Code of Ethics for the Profession of Dietetics to protect the public against unprofessional conduct on the part of dietitians which includes but is not limited to the following.

A licensee must:

- (1) Conduct themselves with honesty, integrity and fairness.**
- (2) Comply with all local, state, and federal laws and regulations concerning the practice of dietetics.**
- (3) Provide professional services with objectivity and with respect for the unique needs and values of individuals, avoiding discrimination and providing sufficient information to enable clients to make informed decisions.**
- (4) Not engage in false or misleading practices or communications and must remain free of conflict of interest.**
- (5) Abide by the *mandatory* reporting obligations as per ORS 676.150;**

Issue:

With the end of 2011 approaching it is necessary for the Board of Licensed Dietitians to approve meeting dates for the year 2012.

Discussion:

The following dates are proposed for the Board of Licensed Dietitians to conduct regular board business:

Thursday, March 15, 2012
Thursday, July 19, 2012
Thursday, November 8, 2012

OR

Friday, March 16, 2012
Friday, July 20, 2012
Friday, November 9, 2012

All board meeting start times at 1:30 pm.

Recommendation:

Board of Licensed Dietitians approves meeting dates for the year 2012. Approved meeting dates:

Public Comment

Other Board Business



Board Interest File

**Board Member
Composition
Discussion**

Dietitians
VS
Nutritionist

Clarification
Discussion

Definition of Terms List

Updated 09/2011

Click on a letter to jump to that section of the definition of terms.

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

	Description/Definition	Key Considerations
A-terms		Top of the Document
Advanced Practice Updated 12/2010	The practitioner demonstrates a high level of skills, knowledge and behaviors. The individual exhibits a set of characteristics that include leadership and vision and demonstrates effectiveness in planning, evaluating and communicating targeted outcomes.	The term <i>advanced practice</i> is used after a careful review of ADA's Standards of Practice (SOP) and Standards of Professional Performance (SOPP) in the various focus areas of dietetics practice and the literature for other professions. For more information on the criteria for advanced practice, please visit www.eatright.org/futurepractice
B-terms		Top of the Document
Board Certified Specialist in: Pediatric Nutrition (CSP) Renal Nutrition (CSR) Gerontological Nutrition (CSG) Sports Dietetics (CSSD) Oncology Nutrition (CSO)	Board Certified Specialists are registered dietitians (RDs) who have met empirically established criteria and who have successfully completed a specialty certification examination that simulates practice.	For further information on Board Certified Specialists, please visit CDR's website at: http://www.cdrnet.org/certifications/
C-terms		Top of the Document
Certificate Program Updated 2/2011	A certificate program is an intensive training program with a component that assesses the participant. Upon completion of the program, participants receive a certificate attesting to the attainment of a new knowledge/skill set (e.g., ADA/CDR Certificate in Adult Weight Management). Unlike a certification program, participants do not receive a professional designation (e.g., RD). Certificate programs must: <ol style="list-style-type: none"> 1. Be dietetics-related 2. Have stated learning objectives upon which the course and assessment content is based 3. Include content expert instruction and interactive discussion (which may occur face-to-face or by electronic delivery) 4. Include a post-course assessment that assesses the participant's attainment of the program's learning objectives 5. Have all course materials reviewed by a minimum of 3 professionals with demonstrated expertise in the content area who attest to the number of hours needed to complete the program 6. Be sponsored by ADA/CDR or one of their approved institutions. 	In certification, the focus is on assessing current knowledge and skills. In a certificate program, the focus is on training people to achieve a certain knowledge and skill base. The training and assessment usually cover a focused area of knowledge and skills. Unlike certification, curriculum-based certificates usually do not have ongoing requirements, do not result in an initial designation, and cannot be revoked. The certificate is more like an educational degree that is granted and never revoked. Some associations do date the certificate, however, requiring people to retake the course periodically. Reference: Commission on Dietetic Registration Professional Development Portfolio Guide, Page 6. Chicago IL 2010.

	<p>In addition, if the program includes a self-study component, the self-study must include an assessment based on stated learning objectives. Course participants must pass the assessment to continue in the program and to receive CPEUs for the self-study component.</p> <p>Individuals completing a Certificate program receive CPEUs for training and assessment time regardless of whether they pass the post-course assessment and receive the certificate. One CPEU is equivalent to 1 contact hour.</p>	
<p>Certification (Professional)</p> <p>Updated 7/2010</p>	<p>A process, often voluntary, by which individuals who have demonstrated the level of knowledge and skill required in the profession, occupation, role, or skill are identified to the public and other stakeholders.</p> <p>Reference: National Commission for Certifying Agencies, <i>Standards for Accreditation of Certification Programs</i>, National Organization for Competency Assurance (NOCA) Washington D.C 2003</p>	<p>Certification is voluntary. An individual does not need to be certified to engage in a given occupation. However, certification may be identified as an organizational requirement in job descriptions, career-laddering systems, reimbursement plans, or project specifications.</p> <p>Certifications may either be accredited or non-accredited. Accredited certification is a fundamentally important issue in terms of the validity and credibility of a certification. Both the registered dietitian and dietetic technician, registered certification programs administered by the Commission on Dietetic Registration are accredited by the National Commission for Certifying Agencies and comply with the "Standards for Accreditation of National Certification Organizations".</p>
<p>Certification (Statutory)</p> <p>Updated 7/2010</p>	<p>Statutory certification limits the use of particular <u>titles</u> to persons meeting predetermined requirements, while persons not certified can still practice the occupation or profession.</p> <p>Reference: Commission on Dietetic Registration website at the following link. http://www.cdrnet.org/certifications/licensure/ Definition originally published by ADA Washington D.C. office.</p>	<p>A state government certification regulates the use of a professional or occupational title, e.g., certified nurse assistant or certified public accountant. Certification does not establish a monopoly of service; anyone can perform the functions of a nurse assistant or an accountant. However, only members of an occupation or profession who have become certified by complying with specified training and testing requirements are allowed to use a protected title. It is illegal to use the "certified" title without the proper credentials. Frequently, state standards for certification are found in "right-to title" statutes and are called state certification acts.</p>

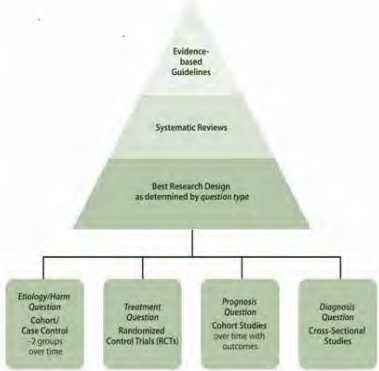
<p>Competence</p>	<p>Competence is the “ability to demonstrate appropriate professional behaviors with desirable outcomes. Professionals who are competent use up-to-date knowledge and skills; make sound decisions based on appropriate data; communicate effectively with patients, customers, and other professionals; critically evaluate their own practice; and improve performance based on self-awareness, applied practice, and feedback from others”. (ADA ethics opinion, May 2003)</p> <p>A determination of an individual’s capability to perform up to defined expectations (JCAHO).</p>	<p>Assumption - competence is observable, measurable and can be evaluated. Outcome focused</p> <p><u>Demonstrating competence</u> Following are Excerpts from Ethics Opinion May 2003:</p> <p>“Participating in critical self-evaluation, gathering feedback from others, following evidence-based practice guidelines, adopting best practices, or obtaining certification will help professionals evaluate how successful they are in maintaining competence.</p> <p>Some professionals may evaluate competence by completing the requirements to achieve and maintain relevant certification. For example, a professional may demonstrate application of knowledge and decision-making skills for the appropriate care of children by passing the examination to become a Certified Specialist in Pediatric Nutrition” [Specialization/Advanced Practice].</p> <p>Another strategy for dietetics practitioners is to compare their performance to evidence-based practice guidelines. Evidence-based practice guidelines are developed from current research on the effectiveness of different approaches to practice. The resulting guidelines translate the research findings into the most appropriate strategies to use in practice. Thus, a professional who is following the guidelines appropriately should be providing high-quality services.</p>
<p>Competent</p> <p>Added 12/2010</p>	<p>A dietetics practitioner who has just obtained RD/DTR status, starting in an employment situation as a professional, and gains on the job skills as well as tailored continuing education to enhance proficiency and knowledge. This RD/DTR as an advanced beginner starts the technical training and interaction for advancement and breadth of competence.</p>	<p><i>Criteria for Practice:</i> Obtained CDR registration status and is employable as a professional in dietetics.</p> <ul style="list-style-type: none"> • <i>Education:</i> Associate, Bachelor or Post Graduate Degree with completion of supervised practice experiences and is post registration. • <i>Experience:</i> Functions at a professional level using science based application learned in the education process and seeks additional learning experiences and networks that will aid in professional competence. • <i>Demonstrated Examples:</i> Individual has successfully completed requirements to sit for and pass the RD/DTR exam and is capable of entry-level practice employment. Additional aptitude in training and technical skills in a specified focus area may have been achieved in the education process by the professional.
<p>Credentialing (Organizational Setting)</p> <p>Updated 7/2010</p>	<p>The process of reviewing, verifying, and evaluating a practitioner’s credentials (i.e., professional education, clinical training, licensure, board and other certification, clinical experience, letters of reference, other professional qualifications, and disciplinary actions) to establish the presence of the specialized professional</p>	<p>Employers create boundaries for practice within the:</p> <ul style="list-style-type: none"> • Mission statement • Organization by-laws • Organizational chart (decision making/ who answers to whom) • Standards and guidelines adopted • Job descriptions (your own & all others)

	<p>background required for membership, affiliation, or a position within a healthcare organization or system. The result of credentialing in an organizational setting is that a practitioner is granted membership in a medical staff. The practitioner is evaluated on an organizational or accreditation specific basis, usually every 2 years.</p>	<ul style="list-style-type: none"> • Policies and procedures (describe who is qualified to assist/perform) <p>For more information regarding credentialing in an organizational setting, visit the CMS State Operations Manuals for Hospitals at: http://cms.hhs.gov/manuals/Downloads/som107ap_a_hospitals.pdf (Conditions of Participation 482.12(a) and 482.22)</p> <ul style="list-style-type: none"> • <i>Credentialing</i>: “the process of obtaining, verifying, and assessing the qualifications of a practitioner to provide care or services in or for a health care organization.” • Reference: The Joint Commission. Glossary. In: <i>2010 Hospital Accreditation Standards</i>. Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations; 2010: GL-7. <p>To view The Joint Commission Accreditation standards, visit www.jointcommission.org (see Medical Staff and Human Resources standards).</p> <p>To view the Healthcare Facilities Accreditation Program standards, visit www.hfap.org (see Allied Health Practitioners and Medical Staff standards).</p>
<p>Credentialing (Professional)</p> <p>Updated 7/2010</p>	<p>Process by which an agent qualified to do so grants formal recognition to and records such status of entities (individuals, organizations, processes, services, or products) meeting pre-determined and standardized criteria.</p> <p>Reference: Jacobs J A and Glassie J C. <i>Certification and Accreditation Law Handbook, 2nd edition</i>. Washington D.C.: American Society of Association Executives; 2004: 3.</p>	<p>The Commission on Dietetic Registration (CDR) is the credentialing agency for the American Dietetic Association. CDR protects the public through credentialing and assessment processes that assure the competence of registered dietitians and dietetic technicians, registered.</p> <p>CDR currently administers separate and distinct credentialing programs (e.g., Registered Dietitian; Dietetic Technician, Registered; and a number of specialty practice credentials). Other professional credentials, administered by other professional entities, include Certified Diabetes Educator or Certified Nutrition Support Clinician, etc.</p>
<p>D-terms</p>		<p><u>Top of the Document</u></p>
<p>Dietetic Technician, Registered</p>	<p>The Commission on Dietetic Registration defines a Dietetic Technician, Registered as an individual who has completed a minimum of an Associate degree granted by a U.S. regionally accredited college or university; completed a Dietetic Technician Program accredited/approved by The Commission on Accreditation for Dietetics Education (CADE) of The American Dietetic Association; successfully completed the Registration Examination for Dietetic Technicians; and accrued 50 hours of approved continuing professional education every five years. OR completed the minimum of a baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent; met current academic requirements (Didactic Program in Dietetics) as accredited/approved by</p>	<p>Entry-level DTR - first 3 years. The Dietetic Technician Registered works under the supervision of a RD when conducting medical nutrition therapy as a part of the NCP. In the aspects of practice that do not involve MNT, the Dietetic Technician, Registered does not necessarily work under the supervision of the RD (ADA BOD, 2003) Only Maine recognizes the DTR as a licensed practitioner. In states with either licensure or certification, there generally is specific reference in the dietitian licensing laws to exempt DTRs and others who meet the definition of dietetic technician, as long as they are under the supervision of an RD or licensed dietitian. A more specific reference to the relationship occurs, for example, in California's new law, which is explicit that DTRs “work under the supervision of registered dietitians when providing MNT.”</p>

	<p>CADE; completed a supervised practice program under the auspices of a Dietetic Technician Program as accredited/approved by The Commission on Accreditation for Dietetics Education of the American Dietetic Association; successfully completed the Registration Examination for Dietetic Technicians; and accrued 50 hours of approved continuing professional education every five years.</p>	
<p>Dietetics</p> <p>Revised & Approved by ADA BOD 8/2010</p>	<p>Dietetics is the integration, application and communication of principles derived from food, nutrition, social, business and basic sciences, to achieve and maintain optimal nutrition status of individuals through the development, provision and management of effective food and nutrition services in a variety of settings.</p>	
E-terms		Top of the Document
Entry Level	<p>An <i>entry-level practitioner</i> has less than three years of registered practice experience and demonstrates a competent level of dietetics practice and professional performance.</p>	<p>Ward B, Mueller C, Touger-Decker R, Sauer K. Entry-Dietetics Practice Today: Results from the 2010 Commission on Dietetic Registration Entry-Level Dietetics Practice Audit. <i>J Am Diet Assoc.</i> 2011;111:914-941.</p>
<p>Evidence Based Practice</p> <p>Updated 12/2009</p>	<p>Evidence-based practice (EBP) is an approach to health care wherein health practitioners use the best evidence possible, i.e. the most appropriate information available, to make decisions for individual patients. EBP values, enhances and builds on clinical expertise, knowledge of disease mechanisms, and pathophysiology. It involves complex and conscientious decision-making based not only on the available evidence but also on client characteristics, situations, and preferences. It recognizes that health care is individualized and ever changing and involves uncertainties and probabilities.</p> <p>It is practice based on successful strategies that improve client outcomes and are derived from various sources of evidence including research, national guidelines, policies, consensus statements, expert opinion, quality improvement data and client preference.</p>	<p>Evidence-based practice is about decision making in daily practice.</p> <p>Placing the client's benefits first, providing evidence based practice requires adopting a process of lifelong learning that involves continually posing specific questions of direct practical importance to clients, searching objectively and efficiently for the current best evidence relative to each question, and taking appropriate action guided by evidence. Reference: Gibbs, L. E. (2003).</p>
<p>Evidence-Based Dietetics Practice</p> <p>Added 3/2006</p>	<p>Evidence-Based Dietetics Practice is the use of systematically reviewed scientific evidence in making food and nutrition practice decisions by integrating best available evidence with professional expertise and client values to improve outcomes.</p>	<ul style="list-style-type: none"> • Evidence-based dietetics practice is consistent with the general definition and key considerations of "Evidence-Based Practice" in healthcare outlined in the ADA Scope of Practice Dietetic Framework Definition of Terms. • Evidence-based dietetics practice is based on the best available evidence including research, national guidelines, policies, consensus statements, expert opinion and quality improvement data. • The determination of "best available evidence" is based on the hierarchy of evidence (http://www.adaevidencelibrary.com/topic.cfm?cat=1231).

		<ul style="list-style-type: none"> • The systematic review of scientific evidence is an ongoing process. • Evidence-based dietetics practice involves continuing evaluation of outcomes which becomes part of the evidence base. • Evidence-based dietetics practice applies to individual clients, customers and communities. • Evidence-Based Guidelines for dietetics practice are available at www.adaevidencelibrary.com.
<p>Evidence-Based Nutrition Practice Guidelines and Toolkits</p> <p>Added 8/2007</p>	<p>Evidence-Based Nutrition Practice Guidelines are a series of guiding statements and treatment algorithms which are developed using a systematic process for identifying, analyzing and synthesizing scientific evidence. They are designed to assist the registered dietitian and patient/client in making decisions about appropriate nutrition care for specific disease states or conditions in typical settings. Evidence-Based Toolkits are a set of companion documents which are disease or condition specific and detail how the registered dietitian (RD) or RD/dietetic technician registered (DTR) team applies the Evidence-Based Nutrition Practice Guideline in practice. They include forms such as documentation forms, outcomes monitoring sheets, patient/ client education resources, case studies and MNT protocols for implementing the Evidence-Based Nutrition Practice Guideline. Evidence-Based Nutrition Practice Guidelines and Toolkits incorporate ADA's Nutrition Care Process and Model as the standard process for patient/client care. Evidence-Based Nutrition Practice Guidelines and Toolkits for dietetics practice are available at www.adaevidencelibrary.com</p>	<p>Clinical nutrition practice guidelines aim to reduce inappropriate variations in practice and to promote the delivery of evidence-based health care. They have the potential to improve the safety, quality, and value of health care and the health status of patients/clients/populations. Outcomes of care provided are evaluated and monitored. These guidelines meet the standards of National Guidelines Clearinghouse and Agency for Healthcare Research and Quality described at http://www.guideline.gov</p> <p>To be effective a clinical nutrition practice guideline should be:</p> <ul style="list-style-type: none"> • Based on evidence, or in the absence of evidence, expert consensus. • Periodically reviewed and, as indicated, revised based on new empirical studies and/or changes in expert consensus. • Adapted, as appropriate, to the specific patient/client populations served in various settings*. • Approved by appropriate clinical and administrative leaders in the organization where they are implemented. • Disseminated and implemented by registered dietitians and other professionals who will apply the guideline in patient/client care. • Supported through changes in the organization's systems, such as information management processes and equipment management processes. <p>*These may include but are not limited to: acute care facilities, sub acute facilities, post-acute facilities/rehab centers/skilled nursing facilities, continuing care retirement facilities/nursing facilities, home health care, clinics or physician offices, office of the registered dietitian.</p> <p>See also definition and key considerations for <i>Medical Nutrition Therapy Protocols</i>.</p> <p>ADA Evidence-based Nutrition Practice Guidelines and Toolkits are intended as a general framework for the care of patients/clients with particular health problems and not for application to the treatment of all patients/clients in all circumstances. Complicating conditions such as severe illness or co-morbidity, for example, may require different treatments or considerations. The</p>

		<p>independent skill and judgment of the registered dietitian or referring health care provider must always determine treatment decisions. Protocols/guidelines for practice are provided with the express understanding that they do not establish or specify particular standards of care for legal, medical, or other purposes.</p>
<p>Evidence-Based/ Practice Guidelines</p> <p>Added 2/2011</p>	<p>Evidence-based guidelines are determined by scientific evidence. Practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care.</p> <p>Reference: QI 9: Clinical Practice Guidelines, Element A. <i>2009 Standards and Guidelines for the Accreditation of Health Plans</i>. NCQA</p> <p>Institute of Medicine. M.J. Field and K.N. Lohr, eds. <i>Clinical Practice Guidelines: Directions for a New Program</i>. Washington, DC: National Academy Press; 1990:38.</p>	<p>To be effective, practice guidelines should be based on evidence, or in the absence of evidence, expert consensus. Professional standards may be incorporated into practice guidelines.</p> <p>See definitions for “Best available research/evidence” and “Evidence-Based Nutrition Practice Guidelines and Toolkits”</p>
<p>Evidence, Best Available Research/</p> <p>Updated 2/2011</p>	<p>The best available research/evidence refers to the most appropriate research/evidence available to answer a question. Evidence-based guidelines and systematic reviews are considered the best available sources of research/evidence. If these do not exist, then primary research is the best available and the type of question would determine the best research/evidence.</p> <p>“The four most common types of evidence analysis questions are: diagnosis, treatment, prognosis and etiology. The type of question you are trying to answer determines the best research design to seek.</p> <p>For instance, a randomized controlled trial (RCT) would be the most appropriate type of study to answer a question about therapy or treatment. This hierarchy is often shown graphically as a pyramid with expert opinions at the bottom of the pyramid and randomized controlled trials (RCTs) at the top.</p> <p>However, a RCT would not be the strongest research design to answer a question about prognosis. The highest level of evidence for prognosis is a cohort study. Always look for the strongest evidence you can find to answer your type of question.</p>	<p>For more information, visit the Evidence Analysis Library at: www.adaevidencelibrary.com</p>

	 <p>Hierarchy of Evidence by Research Design</p> <p>The type of question you are trying to answer determines the best <i>research design to use.</i>"</p> <p>Reference: American Dietetic Association. <i>Evidence Analysis Manual</i>. ADA Evidence Analysis Library. https://www.adaevidencelibrary.com/topic.cfm?cat=1155 Published 2008. Accessed 03/2009.</p>	
<p>Expert</p> <p>Added 12/2010</p>	<p>An RD or DTR who is recognized within the profession and has mastered the highest degree of skill in or knowledge of a certain focus or generalized area of dietetics through additional knowledge, experience, or training. An expert has the ability to immediately see “what” is happening and “how” to approach the situation. An expert can easily use the skills within the field of dietetics to become successful through the application of these skills to areas that may fall outside those in the traditional profession.</p>	<p><i>Criteria for Practice</i></p> <ul style="list-style-type: none"> • <i>Education:</i> The RD or DTR may obtain additional degree (Bachelors, Masters, PhD, etc.) in addition to years of significant on-the job training. This individual may have additional credentials in more than one focus area of practice based on job experience and career choices. • <i>Experience:</i> The practitioner transcends reliance on rules, guidelines, and maxims. The practitioner uses “intuitive grasp of situations based on deep, tacit understanding” and has a “vision of what is possible”. Uses the “analytical approaches” in new situations plus patterns of recognition to plan as well as diagnosis. • <i>Demonstrated Examples:</i> <ol style="list-style-type: none"> 1. Obtains credentials in more than one focus area of practice based on years of experience and career choices. 2. Achieves peer recognition, such as contributions to evidence-based knowledge and potential publishing in peer-reviewed journals. 3. Mentors peers and those identified below expert in the Career Development Guide for the purpose of betterment of the individuals and the profession of dietetics.
<p>F-terms</p>		<p><u>Top of the Document</u></p>
<p>Federal Recognition of RDs as Medicare Providers</p> <p>Revised 2/2009</p>	<p>Registered Dietitians or Nutrition Professionals must meet the following qualifications:</p> <ul style="list-style-type: none"> • BS degree or higher • Program in nutrition or dietetics • At least 900 hrs practice experience, 	<p>Direct recognition statutes extend independent-practitioner status to non-physician professionals.</p> <p>According to federal law, CMS can allow persons credentialed as "registered dietitians"</p>

	<p>e.g. Internship or AP4</p> <ul style="list-style-type: none"> (State) licensed or certified <p>Includes dietitians or nutrition professionals who are licensed or certified as of December 21, 2000. After this date, must also be an RD <u>and</u> state licensed or certified, if applicable.</p> <p>Requires a referral from a physician. Communication with physician is expected regarding client progress or lack of progress.</p> <p>Reference: US Code, Title 42. § 1395x. Social Security. (vv) Medical nutrition therapy services; registered dietitian or nutrition professional.</p>	<p>with CDR to use that credential as proof of the education and experience requirements.</p> <p>If RDs practice in more than one state and enroll to become Medicare providers, they will need proof of licensure in all states where they practice.</p> <p>CMS' final regulation clarifies that Medicare will pay dietitians who enroll to obtain provider status in the Medicare program regardless of whether they provide the MNT services in an independent practice setting, hospital outpatient department or any other setting, except for services provided to patients in an inpatient stay in a hospital or skilled nursing facility.</p> <p>For more information, visit the US Code Online via GPO Access: (http://www.gpoaccess.gov/uscode/index.html)</p> <p>For CMS' final regulation, visit the Code of Federal Regulations: http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?type=simple;c=ecfr;cc=ecfr;sid=288cf070b2134bb86ef75348258efdd4;idno=42;region=D V1;q1=410.140;rgn=div5;view=text;node=42%3A2.0.1.2.10#42:2.0.1.2.10.7.35.3</p>
Fellow of the American Dietetic Association (FADA) (Certification)	ADA recognition certification. Suspended in 2002 for reevaluation.	The Fellow certification is for experienced registered dietitians (RDs) who demonstrate advanced level characteristics.
Focus Area of Dietetic Practice Added 12/2010	Defined area of dietetics practice that requires focused knowledge, skills, and experience.	The term <i>focus area</i> is adopted based on feedback from members to the Council on Future Practice and relates to how a practitioner specializes in a specific area of practice (i.e., diabetes, community health).
G-terms		Top of the Document
Generalist Revised 12/2008	A general practitioner (or generalist) is an individual whose practice includes responsibilities across several areas of practice including, but not limited to, more than one of the following: community, clinical, consultation and business, research, education, and food and nutrition management.	
H-terms		Top of the Document
Healthcare Quality Added 3/2006	Healthcare Quality is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.	
I-terms		Top of the Document
J-terms		Top of the Document
K-terms		Top of the Document
L-terms		Top of the Document
Licensure (Regulatory)	The mandatory process by which a	The federal government has no direct say in

	<p>governmental agency grants time-limited permission to an individual to engage in a given occupation after verifying that the individual has met predetermined, standardized criteria.</p> <p>The goal of licensure is to ensure that licensees have the minimal degree of competency necessary to ensure that the public health, safety, and welfare are reasonably well protected.</p> <p>To become licensed, a person usually must meet eligibility requirements (such as years of work experience) and pass an assessment (usually a multiple-choice test).</p> <p>The licensure assessment usually covers a broad area of knowledge and skills at the entry level.</p> <p>Licenses usually have ongoing requirements (such as continuing education or retesting and renewal fees) that need to be met to maintain the license.</p> <p>Licensure is typically granted at the state level.</p>	<p>the regulation of occupations or professions, and states vary in terms of their requirements for registration, certification, and licensure.</p> <p>If a state has licensure for a given occupation, a person in that occupation must be licensed to work in that state.</p> <p>If a person works in multiple states, he must be licensed in each of those states.</p> <p>Although associations do not grant professional licensure, they often have a role in licensure activities. For example, they may advocate licensure to be instituted in states, and they may collaborate with the state agencies during the development and administration of licensing.</p> <p><i>Consideration:</i> Most scopes of practice in licensure law contain only a general statement about the responsibilities, education requirements, and a non-specific list of allowed duties and do not explicitly identify services that are complex or beyond their scope. If something is not explicitly identified as “not within the scope” it does not mean a person cannot do that service. Conclusion: State scopes of practice are vague and broad (Source: Office of the Inspector General [OIG]).</p>
M-terms		Top of the Document
<p>Medical Nutrition Therapy</p> <p>Updated 7/2010</p>	<p>Medical nutrition therapy (MNT) is an evidence-based application of the Nutrition Care Process focused on prevention, delay or management of diseases and conditions, and involves an in-depth assessment, periodic re-assessment and intervention.</p>	<p>The ADA definition of medical nutrition therapy is broader than the MNT definition established by Medicare Part B and other health plans. In addition, the ADA definition may differ from the MNT definition included in state licensure laws.</p> <p>MNT may include nutrition education (See <i>Definition of Terms list</i>).</p> <p>For MNT billing and payment purposes, RDs should check state licensure laws and payer policies to determine practice criteria for providing MNT services.</p> <p>As noted in the Evidence Analysis Library, MNT is “... focused on the management of diseases. MNT involves in-depth individualized nutrition assessment and a duration and frequency of care using the Nutrition Care Process to manage disease.” (Source: www.adaevidencelibrary.com)</p> <p>Under Medicare Part B, MNT services are defined as “nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a Registered Dietitian or nutrition professional ... pursuant to a referral by a physician”. Reference: Medicare MNT Benefit (Source: US Code- 42USC§1395x(vv)).</p>
<p>Medical Nutrition Therapy Protocols</p> <p>Added 8/2007</p>	<p>Medical Nutrition Therapy Protocols are a plan or set of steps, which are based on systematically analyzed evidence and clearly define the level, content, and frequency of nutrition care that is appropriate for a disease or condition in</p>	<p>Medical Nutrition Therapy (MNT) Protocols aim to standardize nutrition care provided by the RD and identify what outcomes could be reasonably expected.</p> <p>MNT Protocols are a component of ADA's</p>

	<p>settings in which they are implemented*. They assist the registered dietitian in the application of Evidence-Based Nutrition Practice Guidelines.</p> <p>*These may include but are not limited to: acute care facilities, sub acute facilities, post-acute facilities/rehab centers/skilled nursing facilities, continuing care retirement facilities/nursing facilities, home health care, clinics or physician offices, office of the registered dietitian.</p>	<p>Evidence-Based Toolkits and apply the disease or condition specific Evidence-Based Nutrition Practice Guideline. They incorporate ADA's Nutrition Care Process and Model as the standard process, use the standardized language to document the patient/client care and include the following components:</p> <ul style="list-style-type: none"> • MNT Summary Page • MNT Flowchart of Encounters • MNT Encounter Process <p>They can be used to articulate MNT to health care decision makers and payers, train students, orient and evaluate staff.</p> <p>Evidence-Based Nutrition Practice Guidelines and Toolkits for dietetics practice are available at www.adaevidencelibrary.com</p> <p>See also definition and key considerations for <i>Evidence-based Nutrition Practice Guidelines and Toolkits</i>.</p> <p>Complicating conditions such as severe illness or co-morbidity, for example, may require different treatments or considerations. The independent skill and judgment of the registered dietitian or referring health care provider must always determine treatment decisions. Protocols/guidelines for practice are provided with the express understanding that they do not establish or specify particular standards of care for legal, medical, or other purposes.</p>
N-terms		Top of the Document
<p>Nutrition Care Process and Model</p> <p>Updated 7/2010</p>	<p>ADA's Nutrition Care Process is defined as "a systematic problem-solving method that credentialed dietetics practitioners use to critically think and make decisions to address nutrition related problems and provide safe and effective quality nutrition care." The Nutrition Care Process consists of four distinct, but interrelated and connected steps: (a) Nutrition Assessment, (b) Nutrition Diagnosis, (c) Nutrition Intervention, and (d) Nutrition Monitoring and Evaluation. Even though each step builds on the previous one, the process is not linear. Critical thinking and problem solving will frequently require that dietetics professionals revisit previous steps to reassess, add, or revise nutrition diagnoses; modify intervention strategies; and/or evaluate additional outcomes.</p> <p>The Nutrition Care Model is a visual representation that reflects key concepts of each step of the Nutrition Care Process and Illustrates the greater context within which the Nutrition Care Process is conducted.</p>	<ul style="list-style-type: none"> • The Registered Dietitian (RD) performs all steps of the Nutrition Care Process. The Dietetic Technician, Registered performs the Nutrition Care Process steps as assigned by the RD based on demonstrated competencies. • The International Terminology of Dietetics and Nutrition (IDNT) is one of many standardized terminologies that are used by the health professions. The IDNT is used to describe, document and record dietetics practice. • The Nutrition Care Process and Standardized Language provide the framework and data terms for research that facilitates measurement of nutrition practice and outcomes.
<p>Nutrition Education</p> <p>Updated 2/2011</p>	<p>Nutrition education is defined as instruction or training intended to lead to acquired nutrition-related knowledge and/or nutrition-related skills and be provided in individual or group settings (1). RDs and DTRs provide nutrition education to prevent disease or maintain</p>	<p>RDs and DTRs providing nutrition education follow a standardized nutrition care process that includes some form of a nutrition assessment, diagnosis, intervention and monitoring and evaluation. These unique steps distinguish RDs and DTRs from other health care practitioners who provide nutrition</p>

	<p>or improve a client's health and well-being.</p> <p>Nutrition education does not include nutritional diagnostic, therapy and counseling services (MNT), but nutrition education may be provided along with behavioral counseling as part of an MNT encounter. See definition for MNT.</p> <p>Reference: (1) ADA International Dietetics and Nutrition Terminology Reference Manual, 3rd edition.</p>	<p>education.</p> <p>DTRs routinely provide nutrition education services based on their job description, facility procedures and standards of practice. DTRs providing nutrition education may or may not be directly reimbursed depending on payer policies, state licensure laws and/or facility policies.</p> <p>Other groups and health plans may define nutrition education differently than ADA. For billing and payment purposes, RDs and DTRs should check state licensure laws and payer policies to determine practice criteria for providing nutrition education.</p> <p>Current Procedural Terminology codes for education and training (98960-62) may be used by RDs to bill for nutrition education services. Check payer policies to verify coverage of education and training services.</p>
<p>Nutrition Informatics</p> <p>Updated on 9/2010</p>	<p>"The effective retrieval, organization, storage and optimum use of information, data and knowledge for food and nutrition related problem solving and decision making. Informatics is supported by the use of information standards, processes and technology."</p> <p>Reference: HOD Backgrounder: Nutrition Informatics. American Dietetic Association. http://www.eatright.org/Members/content.aspx?id=10621 Published July 30, 2008. Accessed January 21, 2009.</p> <p>Definition adapted from definition for <i>biomedical informatics</i> ("the scientific field that deals with biomedical information, data, and knowledge- their storage, retrieval, and optimal use for problem solving and decision making").</p> <p>Shortliffe EH, Cimino JJ, eds. <i>Biomedical Informatics: Computer Applications in Health Care and Biomedicine</i>. 3rd ed. New York, NY: Springer Science+Business Media, LLC; 2006: 24.</p> <p>Simple definition: The intersection of information, nutrition and technology.</p>	<p>The tendency to think of nutrition technology as nutrition informatics often occurs and unfortunately leads to a mind/set focused on technology versus the broad application of nutrition informatics.</p>
<p>Nutrition Screening</p> <p>Added 6/2009</p>	<p>Process of identifying patients, clients, or groups who may have a nutrition diagnosis and benefit from nutrition assessment and intervention by a registered dietitian.</p>	<ul style="list-style-type: none"> • Nutrition screening may be conducted in any practice setting as appropriate • Nutrition screening tools should be quick, easy to use, valid and reliable for the patient/population/setting • Nutrition screening tools and parameters are established by registered dietitians, but the screening process may be carried out by DTRs and others who have been trained in nutrition screening. • Nutrition screening and rescreening should occur within an appropriate timeframe for the setting.

		<ul style="list-style-type: none"> For more information regarding nutrition screening, please visit the Evidence Analysis Library at www.adaevidencelibrary.com
<p>Nutritional Genomics</p> <p>Added 6/2009</p>	<p>“An umbrella term that describes the application of genetic technology to food and nutrition and includes nutrigenetics and nutrigenomics. It is the study of how dietary and other lifestyle choices influence the function of living beings at the molecular, cellular, organismal, and population levels.”</p> <p>“Nutrigenetics concerns the individual’s genetic make-up (DNA) and the proteins those genes produce and how well those proteins work.”</p> <p>“Nutrigenomics is the study of the mechanisms by which bioactive food components communicate with the genetic material and influence gene expression.”</p> <p>Reference: HOD Backgrounder: Nutritional Genomics. American Dietetic Association http://eatright.org/Members/content.aspx?id=7183 Published July 30, 2008. Accessed January 21, 2009.</p> <p>DeBusk RM, Fogarty CP, Ordovas JM, Kornman KS. Nutritional Genomics in Practice: Where Do We Begin? <i>J Am Diet Assoc.</i> 2005;105(4): 589-598.</p> <p>DeBusk R. Nutritional Genomics: Implications for Dietetics. <i>Women’s Health Report</i>, Spring 2008.</p> <p>NCMHD Center of Excellence for Nutritional Genomics Web Site. http://nutrigenomics.ucdavis.edu/ Copyright 2006-2007. Accessed May 20, 2008.</p>	<p>The nutritional genomics community is standardizing terminology across disciplines and countries, with “nutritional genomics” being the field.</p> <p>“Nutrigenetics” concerns the “goodness of fit” of an individual’s genetic makeup with his environment.</p> <p>“Nutrigenomics” concerns the influence of environmental factors (of which food is a major component) on gene expression.</p>
<p>Nutritionist</p>	<p>There is no accepted national definition for the title “nutritionist”.</p> <p>All Registered Dietitians are nutritionists but not all nutritionists are Registered Dietitians.</p> <p>Some state licensure boards have enacted legislation that regulates use of the title Nutritionist and set specific qualifications for holding the title. For states that regulate this title the definition is variable from state to state.</p>	<p>Non-accredited “credentials”</p> <p>There are nutritionist “credentials” that require little more than the appropriate payment to confer the credential.</p> <p>Regulatory</p> <p>There are states that have the statutory definition of Nutritionist distinguishing that the RD credential is not required for certification as a Nutritionist but is required for licensing as a Dietitian.</p> <p>There are states that allow for licensed dietitian, and licensed nutritionist to be used interchangeably.</p> <p>There are States that allow for either a dietitian license or a nutritionist license.</p> <p>In general, the license or certification as a dietitian can be obtained with a bachelors degree and a related supervised practice</p>

		experience component (or proof of RD status with CDR), while the nutritionist licensure or certification typically requires a masters or higher degree in nutrition with a supervised practice experience component.
O-terms		Top of the Document
P-terms		Top of the Document
Position Papers	<p>ADA Position Papers explain the Association's stance on an issue that affects the nutritional status of the public.</p> <p>Positions, which consist of a position statement and a support paper, are based on sound scientific data.</p>	<p>An ADA Position Paper:</p> <ul style="list-style-type: none"> • Expresses an opinion on an emerging issue, which may be controversial, or maybe be a source of consumer confusion or represents a professional need for clarification. • Addresses an issue, which impacts the nutritional status of the public. • Derives from an analysis and synthesis of current facts, data and research literature that results in consensus. • Provides direction to facilitate appropriate action from members, other professionals and the public. • Expresses a positive and proactive call to action to promote optimal nutrition, health and well being for the public. • Reflects the mission, vision, philosophy, values and the strategic initiatives of the Association.
Practice Reports/ Practice Papers	Practice Papers are evaluative summaries of scientific and/or evidence-based information that address member-identified practice topics.	Practice Papers are meant to provide key opportunities for critical reasoning and quality improvement in dietetics practice and to include peer-reviewed perspectives from content experts, employers, and alliance groups of The American Dietetic Association.
Privileging (Organizational Setting/ Managed Care Facility)	The process of determining a health care professional's current skill and competence to perform specific diagnostic or therapeutic procedures that the professional requests to perform as a participant in or an affiliate of a healthcare facility or system. The result of privileging is that a practitioner is permitted by a healthcare organization or network to conduct those specific procedures.	<p>Clinical privileges provide a natural way to differentiate between different levels of clinical decision-making skills. If the profession desires to indicate a clear progression from entry-level dietetics practice to a higher level with additional experience or certification, then clinical privileges would provide an avenue for this to be recognized in the medical community using a mechanism (credentialing and privileging) that is well respected.</p> <p>Consider that independent provider status has provided a basis not otherwise available to be cited for consideration of privileging the registered dietitian.</p>
Proficient Added 12/2010	An RD or DTR who is three plus years beyond entry into the profession, who has obtained operational job performance skills and is successful in the chosen focus area of practice.	<p><i>Criteria for Practice:</i> An RD or DTR that is employed using dietetic skills with experience as well as continuing education, technical training and or a professional credential (specialist). There is an assurance of competency with proficient achievement in a focus area of practice.</p> <ul style="list-style-type: none"> • <i>Education:</i> The professional who has achieved the required education for RD/DTR may have acquired post entry-level education degree (Bachelors from Associate, Masters from Bachelors, etc) or completed a residency or specialized course work in a focus area of dietetics practice and or attained a Specialist credential.

		<ul style="list-style-type: none"> • <i>Experience:</i> Uses an approach to practice which is centered on experience with a professional skill application of a higher level than supervised practice, uses broad application of knowledge required for specific practice situations, maintains an active network of professionals germane to the focus area, and is active in team work and leadership using an effective level of communication and interaction with others to positively influence the practice area. • <i>Demonstrated Examples:</i> <ol style="list-style-type: none"> 1. Obtains formal education degree or credential to show evidence of a higher level of practice ability or training to further skill level. 2. Participates in research. 3. Identified as a well-known speaker or published in focus area of practice. 4. Sought after for practice and operational advice.
Q-terms		Top of the Document
Quality Healthcare Added 3/2006	See “ Healthcare Quality ”	
Quality Management Added 7/2010	<p>A systematic process with identified leadership, accountability, and dedicated resources for the purpose of meeting or exceeding established professional standards.</p> <p>Reference: Adapted from the National Quality Center’s Quality Management 101 PowerPoint presentation, slides 9 and 3. National Quality Center. Quality Management 101. Titles I & II Technical Assistance (TA) Webex. January 11, 2007. http://nationalqualitycenter.org/index.cfm/5857/15038 . Accessed 02/10/2010.</p>	
R-terms		Top of the Document
Reasonable and Prudent	<p>The test of reasonable and prudent is a legal standard rooted in English Common Law. It is resorted to when there are no specific regulatory standards or best business practices to define appropriate conduct in given situations. Key considerations: “What would a reasonable and prudent person do in a similar circumstance or, alternatively, was the behavior in question consistent with what a reasonable and prudent person would have done?”</p>	<p>Reasonable Person -- A phrase used to denote a hypothetical person who exercises qualities of attention, knowledge; intelligence, and judgment that society requires of its members for the protection of their own interest and the interests of others. Thus, the test of negligence is based on either a failure to do something that a reasonable person, guided by considerations that ordinarily regulate conduct, would do, or on the doing of something that a reasonable and prudent (wise) person would not do.</p> <p>Source: National Association for Court Management http://www.nacmnet.org/Glossary.html</p>
Registered Dietitian (RD)	<p>The Commission on Dietetic Registration defines the Registered Dietitian (RD) as an individual who has completed the minimum of a Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent; has met current minimum</p>	<p>Entry–level RD - first 3 years</p> <p>Consideration: Completing and passing the examination demonstrate minimum competence for practice. This is not well understood by members. An individual who has not taken the exam practicing at the same</p>

	<p>academic requirements (Didactic Program in Dietetics) as approved by The Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association; has completed supervised practice experience accredited/approved by The Commission on Accreditation/Approval for Dietetics Education of The American Dietetic Association; has successfully completed the Registration Examination for Dietitians; and accrued 75 units of approved continuing professional education every five years.</p>	<p>capacity as an RD is not appropriate. Prior to successfully passing the RD exam, there is no approved professional designation. Until such time as the RD exam is passed, registration eligible individuals should have all medical record documentation co-signed by an RD just as is required while the individual is completing the supervised practice requirement. Employers should use the RD credential as the baseline competency assessment for qualified individuals to practice independently.</p>
Registration Eligible	<p>The Commission on Dietetic Registration uses “registration eligible” to identify individuals who have met the didactic and supervised practice requirements to write the registration examination.</p>	<p>The term <i>RDE</i> is not a professional designation/credential. The commission has noted with concern an increase in the use of the term <i>RDE</i> to designate registration eligibility. Both employers and the public find the use of the <i>RDE</i> confusing and it should not be used.</p>
Retired Registered Status	<p>At its July 2004 meeting, the Commission on Dietetic Registration (CDR) made the decision to discontinue Retired Registration status effective June 1, 2005.</p> <p>All individuals who have been accepted as Retired Registered as of May 31, 2005 will maintain retired status for life.</p> <p>The Commission on Dietetic Registration defines a Retired Registered individual as a former registered dietitian or dietetic technician, registered who is no longer practicing dietetics on a paid or unpaid basis, has filed a complete application for Retired Registered status and who has been accepted as Retired Registered as of May 31, 2005</p>	<p>CDR's Retired Registered Status is separate and distinct from ADA's Retired membership class.</p> <p>CDR established the retired registered designation in June 2003. From the onset CDR has recognized that while some practitioners found the designation to be meaningful, many found it to be confusing and constraining. The confusion has centered on CDR's requirement that all applicants for retired registered status sign a statement indicating that they are no longer practicing dietetics in either a paid or unpaid position. This statement is necessary, since CDR is formally acknowledging that the individuals who hold retired registered status have chosen not to meet recertification requirements. This issue is further complicated by the fact that definitions and interpretations of what may constitute dietetics practice may vary from state to state. As always, individuals who resign from registered status may note their former registered status and relevant dates of registration on their CV.</p>
S-terms		Top of the Document
Scope of Dietetics Practice Decision Tree	<p>The Scope of Practice Decision Tree is the evaluation resource to use if an activity is not easily identifiable as within the dietetics practitioner's Scope of Practice. The Decision Tree is used after first thoroughly considering the Code of Ethics, Standards of Practice in Nutrition Care, and Standards of Professional Performance to guide the dietetics professional or organization's decision.</p>	<p>The Scope of Dietetics Practice Decision Tree considers questions in progression through following levels of evaluation. If an answer is not found by applying the answers found in one section proceed as needed through to section C. Section C is used only if A-B does not provide adequate guidance for a decision.</p> <ul style="list-style-type: none"> • Initial dietetics education/credentialing and demonstrated competence in additional skills acquired through training, education or practice • Licensure/Certification, Organizational Privileging • Existing Literature & Research, ADA Position and Practice Papers, Nationally Developed Guidelines/Guides for Practice

		<ul style="list-style-type: none"> • Advisory Opinion <p>Remember: The step of using The Decision Tree to guide decision making on scope of practice is after thoroughly considering the Code of Ethics, Standards of Practice in Nutrition Care, and Standards of Professional Performance.</p> <p>The Decision Tree has a reference to <i>reasonable and prudent</i>. The test of reasonable and prudent is a legal standard resorted to when there are no regulatory statutes or best business practices to define a situation. Here you ask the question of what a reasonable and prudent person would do in a similar circumstance. In other words, what does common-sense dictate? Would you? Could you? Should you? How would the prudent person be expected to act in a certain manner based on a certain situation?</p>
<p>Scope of Dietetics Practice Framework</p>	<p>The Scope of Dietetics Practice Framework is a tool with resources to assist in making decisions about appropriate levels of safe and effective practice for the dietetics professional. It can serve as a guide for organizations to evaluate safe and effective dietetics practice. Resources in this framework serve to guide dietetics practitioners in determining if an activity is within the individuals' scope of practice. These include our Code of Ethics, our Standards of Practice in Nutrition Care, our Standards of Professional Performance; the Scope of Practice Decision Analysis Tool, Decision Tree and Definition of Terms.</p>	<p>It is impossible to capture the complexity of the profession of dietetics practice through a list of activities examined in isolation and then parceled out. An algorithmic approach was selected to describe the range of roles, functions, responsibilities and activities that dietetics professionals are educated and authorized to perform allowing the flexibility to capture the breath of the professional practice of dietetics. This captures our core accountabilities based on formal education and training beyond entry-level practice that can be in the form of specialty or advanced credentials or degrees. This approach allows for the scope of practice to evolve, as new research in dietetics and practice change. Whether an activity is within our individual scope of practice is influenced by our Code of Ethics, Standards of Practice in Nutrition Care and Standards of Professional Performance, as well as by licensure and certification laws, research and guides for practice and expert opinion.</p> <p>Our Code of Ethics fundamentally does not change during our professional career. Our Standards of Practice in Nutrition Care and Standards of Professional Performance provide a framework for practice and Standards of Practice in Nutrition Care may evolve into specialty and/or advanced levels of practice. Standards of Professional Performance can evolve for specific practice areas. This builds on the foundation of our core Standards of Practice and Professional Performance, and is defined with additional criteria and professional performance indicators.</p> <p>When you look at the algorithm, the top defines dietetics as defined by the ADA Board of Directors, adding flexibility due to the breadth of the profession. The left column identifies the characteristics of any profession, followed by how dietetics meets these characteristics. The third set of items</p>

		<p>identifies the professional resources we have to guide us as a profession, such as our Code of Ethics, our educational core competencies, our published research and position statements, our professional development process, and our Nutrition Care Process and Model. The second block states that professional evaluation resources serve as our foundation for safe and effective practice. With the definition of dietetics and the resources, ADA can describe the framework for the appropriate scope of practice for individual dietetics practitioners.</p> <p>Whereas the profession of dietetics has flexible boundaries, individuals must ethically take responsibility for determining their own competence to provide a specific service. The decision aids in the third block assist in this determination.</p>
Scope of Practice	It describes the range of roles, functions, responsibilities, and activities which dietetics practitioners are educated and authorized to perform.	The scope of practice of dietetics has flexible boundaries to capture the breath of professional practice, and not all dietetics practitioners will practice to the full extent of the range of practice. Individuals, as well as organizations, must ethically take responsibility for determining competence of each individual to provide a specific service.
Specialist Added 12/2010	A practitioner who demonstrates additional knowledge, skills and experience in a focus area of dietetics practice by the attainment of a credential.	<p>The term <i>specialist</i> requires a credential.</p> <p>To learn more regarding the criteria for specialist, please visit www.eatright.org/futurepractice</p>
T-terms		Top of the Document
Therapeutic Diet Added 09/2011	A diet intervention ordered by a health care practitioner as part of the treatment for a disease or clinical condition manifesting an altered nutritional status, to eliminate, decrease, or increase certain substances in the diet (e.g., sodium, potassium).	<p>The definition for Therapeutic Diet is used by CMS in its Resident Assessment Instrument Minimum Data Set (MDS) 3.0 for Long Term Care/Nursing Homes. CMS additionally included ADA's interpretive recommendations for clarifying a "supplement" and mechanically altered diets for coding purposes on the MDS:</p> <ul style="list-style-type: none"> • Therapeutic diets are not defined by the content of what is provided or when it is served, but why the diet is required. Therapeutic diets provide the corresponding treatment that addresses a particular disease or clinical condition, which is manifesting an altered nutritional status by providing the specific nutritional requirements to remedy the alteration. • A nutritional supplement (house supplement or packaged) given as part of the treatment for a disease or clinical condition manifesting an altered nutrition status, does not constitute a therapeutic diet, but may be part of a therapeutic diet. Therefore, supplements (whether given with, in-between, or instead of meals) are only coded in K0500D, Therapeutic Diet when they are being administered as part of a therapeutic diet to manage problematic health conditions (e.g. supplement for

		<ul style="list-style-type: none"> protein-calorie malnutrition). A mechanically altered diet should not automatically be considered a therapeutic diet.
U-terms		Top of the Document
V-terms		Top of the Document
W, X, Y, Z-terms		Top of the Document

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**ODA Request
For
Licensed Dietitian
Discussion**

Statement for ODA “For The Public” Web Page

The page will distinguish between dietitian and nutritionist in an earlier entry. As BLD Chair, **I’ve been asked to write a description, for the general public, about “what is an LD?”** in ≤ 100 words.

With this in mind, please comment on the text below (91 words):

The State has an interest in protecting the health and safety of every citizen. Licensing of dietitians and other health care workers protects the public. Citizens know that a “Licensed Dietitian (LD)” has met certain standards of education and experience to be an expert in food and nutrition. In addition, the LD continues her/his education according to guidelines and abides by the profession’s Code of Ethics.

Licensure is voluntary for dietitians in Oregon, though some employers may require it due to specific regulations. There are over 600 licensed dietitians in Oregon.

BLD Newsletter

Discussion

CLEAR

Report

Summary of State Experiences Re: RD Licensure

(Personal Summary by M McCarthy from ADA Pre-Conference Workshop
At CLEAR Meeting, Pittsburgh, PA, Sept 6-7, 2011)

Summary by Category—

States with title protection:

ID

OR

PA—wants to re-write statute to include scope of practice (SOP)

TX—x 23 years. Hope for LD in 2013. Support from massage therapists and acupuncturists!

No Licensure:

CA

CO—working for statute in 2012

MI—CCNs oppose bill. Looking for other professions to support.

NJ—thought licensure bill would pass last year. But it didn't. RDs were told the lack of cases of harm was partly responsible.

NY

SD

VA—4th attempt this January

WA state—lobbyist advised them to develop a “unified message” before continuing their pursuit of licensure

Sunset Laws:

IL and NM, maybe more. But not OR

Struggling to keep CD, LD:

IN—CD required for LTC. Trying to retain the CD credential and must present before Reset Cabinet. Struggling with new lobbyist.

MN—has LN credential. “Fight” with chiropractors cost \$20K. On going. Poor Ex Director functioning.

Cases of Harm:

MD—doing a great job. Effort is led by a younger male RD who is a vegan and monitors alternative communities effectively. Has generated more than 20 complaints.

Miscellaneous:

AL—starting to see encroachment from CCNs, NPs

DE—just passed licensure in '07

HA—passed in '00; rules passed without objection, but many roadblocks before that

LA—LD in '08; RDs and nutritionists are licensed. New practitioners are calling themselves “nutritionalists” and skirting the title protection.

MT—LDs are under the Medical Board (more secure than free-standing BLD??). RD about to chair the Medical Board.

SC—started work on licensure in '86 and got it in '07

TN—licensure act with weak SOP. Get about 5 complaints of harm per year.

Executive Session

