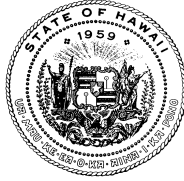


JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII'



KENNETH S. FINK, M.D., M.G.A, M.P.H
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

LATE

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WRITTEN
TESTIMONY
ONLY

**Testimony COMMENTING on SCR23 SD1
URGING THE DEPARTMENT OF HEALTH TO AMEND THE HAWAII ADMINISTRATIVE
RULES TO AUTHORIZE LICENSED DIETITIANS TO PRESCRIBE MODIFIED
DIETS AND PLAN THERAPEUTIC DIETS.**

REP. MARK NAKASHIMA, CHAIR
HOUSE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Wednesday, April 17, 2024

2:00 p.m.

Room 423

1 **Fiscal Implications:** None.

2 **Department Testimony:** The Department of Health (DOH) is open to amendments to Title 11,
3 Chapter 83, Hawaii Administrative Rules, regarding dietitian licensure from “qualified dietitian”
4 to “licensed dietitian,” essentially making licensure mandatory for dietitians who practice
5 dietetics in hospitals in the State of Hawaii, as proposed by SCR23 SD1.

6
7 DOH acknowledges the additional flexibility that the proposed amendments may provide to
8 dietitians in the hospital setting. Since almost all hospitals require their dietitians to be licensed
9 for insurance billing purposes, there should not be a significant influx of dietitian license
10 applications, and the extra burden on DOH is likely to be minimal. There are currently two
11 hundred and forty six (246) licensed registered dietitians in the State of Hawaii. Licensure, at
12 the moment, is required by some facilities in their policies, or could be required by insurance
13 companies for billing.

14

15 Thank you for the opportunity to testify.

Nutrition Unlimited...

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4/16/2024

Representative Mark Nakashima
Chair, House Committee on Consumer Protection and Commerce
Hawaii State House of Representatives
State Capitol 415 South Beretania Street
Honolulu, HI

Dear Representative Nakashima,

I am a Registered Dietitian and am writing in support of the of the resolution you have introduced supporting SCR23, SD1 urging the Hawaii State Department of Health (DOH) to amend the Hawaii Hospital Administrative rules (HAR) §11-93-8(c) and §11-93-8(d) to authorize licensed dietitians to prescribe therapeutic diets.

As you know, the Centers for Medicare and Medicaid Services (CMS) ruled that “RDs [registered dietitians] are the professionals who are best qualified to assess a patient’s nutritional status and to design and implement a nutritional treatment plan in consultation with the patient’s interdisciplinary team.” As such, the CMS permits hospitals, at their discretion, to extend therapeutic diet orders privileges to RDs as of May 2014.

Some reasons why allowing RD's therapeutic diet ordering privileges is necessary.

Reduces unnecessary, burdensome procedures. The system, under current hospital rules, wastes time and resources, delaying the initiation of nutrition support (enteral tube-feedings, parenteral nutrition, oral nutritional supplements) and/or oral diet changes while RDs seek out physicians to write the orders. With the current shortage of physicians in Hawaii, this is an area where RDs can help reduce the workload of physicians and increase efficiency.

Increases flexibility for health care providers to improve care. RDs have the education and training to perform nutrition assessments, determine nutrition diagnoses, and provide therapeutic nutrition interventions. By allowing RDs to provide efficient nutrition care with order writing privileges, patients receive optimal and timely nutrition support thereby facilitating recovery and decreasing length of stay.

Reduces cost to the medical facility. RDs are paid substantially less than Physicians, Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs). CMS estimates savings of up to \$459 million in annual hospital costs.

Frees up the physician’s time to care for patients, ultimately increasing patient’s overall satisfaction with their care.

Thank you for introducing this concurrent resolution. Please feel free to reach out to me at the number listed above if you have any questions.

Sincerely,



Amy Tousman, MPH, RD, CDE

LATE

April 17, 2024

Representative Nakashima
Chair, Committee on Consumer Protection and Commerce
Hawaii State House of Representatives
State Capitol 415 South Beretania Street
Honolulu, HI

Dear Representative Nakashima and Members of the Committee on Consumer Protection and Commerce,

I am writing in support of SCR23 urging the Department of Health to amend the Hawaii administrative rules to authorize licensed dietitians to prescribe therapeutic diets. As a licensed and registered dietitian (LD/RD) in the State of Hawaii, it is my firm belief that amending the rules to allow licensed dietitians (with the support and approval of the facility where they practice) to write therapeutic diet orders for patients will positively affect the health of the kama'aina and malihini of Hawaii.

As you may know, the Centers for Medicare and Medicaid Services (CMS) ruled that "RDs [registered dietitians] are the professionals who are best qualified to assess a patient's nutritional status and to design and implement a nutritional treatment plan in consultation with the patient's interdisciplinary team." As such, the CMS permits hospitals, at their discretion, to extend therapeutic diet orders privileges to RDs as of May 2014.

I enthusiastically support this resolution because of the positive impact changing the DOH administrative rules will have on patient care and efficiency of hospital operations. Currently RDs recommend or propose diet orders, but then need to contact patients' physicians to complete the order. Often that physician is taking care of other patients or conducting procedures and can't complete the order for some time, thereby delaying provision of the most appropriate diet. Changing the DOH Administrative Rules to allow Registered/Licensed Dietitians to Order Therapeutic Diets will increase efficiency of patient care and patient safety.

As a dietitian in a hospital on the Big Island, I often had patients kept NPO (nil per os= nothing to eat or drink) for extended periods after a procedure or after admittance while I was unable to reach a doctor to place a diet order. NPO status can not only make the patient very uncomfortable, but can cause nutrition deficiencies, lengthen wound healing and hospital stays, and cause or worsen malnutrition in the elderly and chronically and/or critically ill patient. Also, patients that would benefit from enteral nutrition (EN=tube feeding) to help them recover have been kept NPO or on inappropriate and extremely expensive PN (parenteral nutrition =nutrients given in an IV) because the attending physician did not see my recommendations (the dietitian is generally the practitioner who determines tube feed administration requirements).

I urge you to support this resolution for the benefit of the residents of Hawai'i. Please do not hesitate to reach out to me should you have questions regarding my support of this resolution.

With Aloha,
Angela Wolfenberger MS, RDN/LD
Queens Comprehensive Weight Management Center
Hawaii Academy of Nutrition and Dietetics