

Bethany Thayer

My name is Bethany Thayer. I was born and raised in Michigan and have been a registered dietitian in Michigan since 1989 working to improve health through nutrition in the community, hospitals and academia. Currently I am one of over 100 registered dietitians employed by Henry Ford Health and in this role, I hire dietitians to provide our patients with clinically indicated medical nutrition therapy and regularly hear stories from dietitians of patients who had their health set back because of advice received by unqualified nutrition practitioners.

The legislation in front of you is a revised reintroduction of last session's SB 614. We worked tirelessly with the American Nutrition Association on drafting a licensure bill for the past four years. As such, multiple iterations of this bill have been drafted providing a dual pathway to licensure. Last year, LARA shared feedback that they would only support a bill that relied on programmatic accreditation of education and supervised practice.

Even with this feedback we continued to work on drafting a bill that would allow for immediate licensing of other qualified providers once programmatic accreditation was achieved. However, LARA's response to that draft was, and I quote, "rules shall not be promulgated for nutritionists until the establishment of a national accrediting body"

Since the RD credential is the only nutrition credential that requires programmatic accreditation of the academic and supervised practice requirements, it is the only pathway to licensure provided for in this bill.

We are proud of the work done on HB 4608 as it addresses many past concerns:

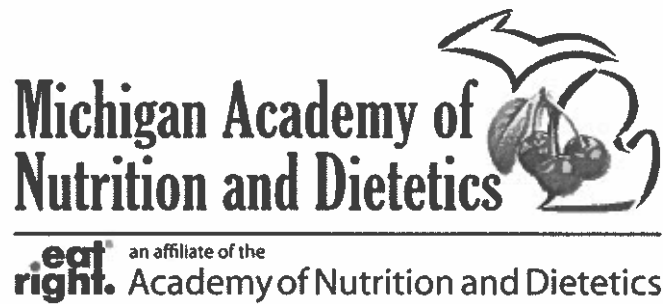
- 1) This bill is narrowly tailored to license the practice of medical nutrition therapy for the treatment or management of an individual's disease or medical condition. It does not impact those providing basic nutrition services.
- 2) It serves to protect the public from harm by establishing minimum qualifications, reducing confusion, and increasing consumer information when seeking qualified providers of medical nutrition therapy.
- 3) It balances consumers' right to seek information from a variety of sources and their need to know which practitioners meet minimum standards for education and competency and receive nutrition care from competent practitioners.
- 4) It does not put anyone out of work as personal trainers, coaches and others can continue to provide information on healthy eating. Organizations like CrossFit have in their own training handbook this statement, "A Certified CrossFit Trainer recognizes the limitations of his or her own knowledge and skill set and refers clients to other healthcare professionals when appropriate."
- 5) It does not impact sales of supplements.

Licensure would also increase patient access to MNT as insurers are less likely to cover medical costs from unlicensed providers.

Licensure is not just common; to my knowledge, it is mandatory for all other health care professions. There would even be an additional conservative savings of \$14.5 M per year according to estimated calculations cited by the Centers for Medicare and Medicaid Services as this bill allows for licensees to write diet orders, allowing physicians to assign that responsibility to qualified nutrition professionals.

In Summary: Evidence-based medical nutrition therapy provided by licensed dietitians will help improve quality of life as well as lower health care costs, avoid expensive medications, and increase the productivity of Michigan's workforce. Ensuring that Michigan residents have access to competent, qualified medical nutrition therapy to address disease states and medical conditions would be best achieved by passing this legislation. This is why we urge your support for HB 4608.

Thank you, and we'd be happy to answer any questions from the committee.



Mark Thiesmeyer-Hook

Good morning, Chairwoman Rogers and members of the House Health Policy Committee. Thank you for allowing us to speak with you today. My name is Mark Thiesmeyer-Hook, a business owner, a registered dietitian and president of the Michigan Academy of Nutrition and Dietetics. Beth Thayer, and I are here to testify in favor of HB 4608, which would license the practice of Medical Nutrition Therapy. I am going to give you a view from 10,000 feet regarding why this bill is so important. Beth will give you the view from the ground.

First, who exactly is a registered dietitian? Registered dietitians complete a programmatically-accredited dietetic program at a bachelor's and/or master's level, they complete a programmatically-accredited supervised practice program rotating through various clinical programs and they pass a national credentialing exam. RDs are part of the medical team providing nutrition diagnosis, therapeutic nutrition treatment and nutrition counseling individualized to the complex needs of each patient. We have over 4000 RDs in Michigan with the vast majority working in clinical settings practicing Medical Nutrition Therapy or MNT.

Beth is going to expand more on MNT but I'll give you the quick definition: MNT is the provision of nutrition care services to treat or manage a disease state or medical condition.

Here is the high-level view for why HB 4608 is so important for Michigan.

Michigan is one of only two states that does not yet license, credential or otherwise legally recognize the title of dietitians. This puts our state at a disadvantage.

You have in front of you Michigan's health report card as we rank against the other 49 states. There is a lot of information on this report, but I'd like to call your attention to just two points. At the top, you see we get the lowest grade for cardiovascular disease. Strokes and heart attacks are the leading cause of death in Michigan. MNT is research-proven to be not only effective at reducing heart disease risk, but also MORE cost-effective than other medical treatments.

Second, nearly 1 in 8 Michiganders suffers with diabetes; 1 in 3 are pre-diabetic! It's an epidemic. The American Diabetes Association says that those with diagnosed diabetes cost Michiganders an estimated \$9.7 B each year. Dietitians are the HEROS of diabetes management. Patients who work with dietitians often can keep diabetes under control and prevent complications. But the point I really want to convey is that MNT provided by dietitians is shown to be cost effective at PREVENTING diabetes in the first place. Licensing MNT could save Michigan millions of dollars in health care expenses.

Dr Malaeb is a surgeon at the University of Michigan. When I told him I would be testifying today, he told me why he thinks this bill is so important. Before he can operate on a patient, he needs to make certain their HBA1C, a measure of diabetes management, is under control. When the number is too high, he refers them to the University of Michigan Metabolism & Endocrinology clinic. One of his patients recently told him the clinic is backlogged 2 months! They suggested the patient see a dietitian in private practice. Unfortunately, the patient's insurance won't cover an RD visit in private practice because Michigan does not yet license MNT, an issue for patients and practitioners. Dr. Malaeb is faced with a dilemma since the risk of infection is two-fold in patients who get his operation without better management of their diabetes. We have an ACCESS problem in Michigan. Patients who need our help often cannot see us.

MNT is a proven method of improving health and reducing costs. When done correctly it can decrease hospital stays, keep people out of the hospital, decrease or in some cases eliminate the need for medications and other costly medical treatment. Nutrition care provided before disease occurs can prevent diseases such as heart disease and type II diabetes, two diseases that can be life-changing and costly. **Although preventative care would not require a license, qualified nutrition providers credentialed with insurance companies generally can provide preventative nutrition care with limited out of pocket costs to the patient.**

HB4608 paves the way to start working on improving health in Michigan. By licensing the practice of MNT you can improve access for Michigan's citizens to receive quality nutrition care.

In addition to being a dietitian, I am also an exercise trainer and gym owner. I have personally witnessed the rise in obesity and chronic disease in Michigan and we need every foot soldier in fitness and healthcare to be helping. I am proud to say that HB4608 was carefully written to not put people out of jobs. My personal trainers, other fitness instructors, health coaches and wellness practitioners can still help people improve their nutrition, fitness and health. They can and should continue helping people lose weight, cook healthier and understand supplements. Our bill solely licenses the practice of MNT. Beth will explain that in more detail. Thank you.

Michigan Nutrition Health Statistics Report Card

How does Michigan compare to the rest of the states? The letter grades rank how well the 50 states are doing from best to worst for each of the categories.

- A: 1st-10th Best
- B: 11th-20th
- C: 21st-30th
- D: 31st-40th
- F: 41st-50th Worst

Michigan's Overall Health



We assembled data from government and non-profit sources representing the most recent actual reported data, no projections were included.

We found that Michigan has a disproportionate amount of nutrition-related chronic disease that drives up our spending on health care. Our high mortality rate from cardiovascular disease and overall low life expectancy rate suggest that policy changes in health and wellness would be beneficial.

This report is a snapshot of the state's health and the beginning of a conversation about improving it.

Michigan Academy of
Nutrition and Dietetics



eat right. an affiliate of the
Academy of Nutrition and Dietetics

F

Heart Disease Death Rate

D

Food Insecurity

D

Life Expectancy

D

Diabetes

D

Alzheimer's Death Rate

C

Adult Obesity

C

Breast Cancer

C

Childhood Obesity

C

Kidney Disease

C

Stomach Cancer

C

High Blood Pressure

C

Colorectal Cancer

