

Event Outline · Guest Speakers: • Jessie Pavlinac, MS, RDN-AP, CSR, LD, FNKF, FAND • Whitney Ellersick, MS, RDN • Federal Nutrition Policy Updates • Laura Perdue, MPH, RDN • State Nutrition Policy Updates Morgan Kuiper, MS, RD, LD Virtual Meetings with Oregon Legislators • 1:00 PM - 5:00 PM

Oregon Legislator Virtual Meeting Schedule Representative Nelson (House District 44) 1:00 PM - 1:30 PM (via Microsoft Teams) House Speaker Rayfield (House District 16) 1:30 PM - 1:50 PM Legislative Director for Representative Javadi (House District 32) 2:00 PM - 2:30 PM Senator Manning (Senate District 7) 2:30 PM - 3:00 PM Staff Member for Representative Nathanson (House District 14) $\,$ 3:00 PM - 3:15 PM Representative Neron (House District 26) 3:30 PM - 3:45 PM Policy Director for Senator Steiner (Senate District 17) 4:30 PM - 4:50 PM if you did not pre-register to porticipate and would like to, please email ector@gmail.com by 12:45 PM today and we will respond to you with the m

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Poll#1

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Which of the following best describes your current a rea of dietetics practice or role?

- A. Clinical inpatient, outpatient, or private practice
- B. Community and public health
- C. Food service and/or management
- D. Research or academic
- E. Student or intern

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Poll #2

Is this your first time participating in Legislative Day?

A. Yes
B. No

Poll#3

Which of the following best describes your level of background knowledge and experience with nutrition policy and advocacy?

- A. Novice I am brand new to nutrition policy and advocacy!
- B. Competent I have some experience and some background knowledge.
- C. Expert I am a nutrition policy and advocacy pro!

Learning Objectives

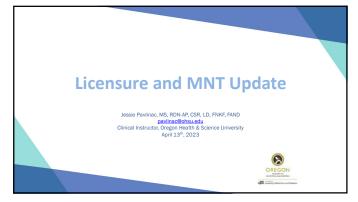
- Describe federal legislative priorities for the Academy of Nutrition and Dietetics and state legislative priorities for the Oregon Academy of Nutrition and Dietetics.
- Discuss the current policy landscape on dietitian licensure, medical nutrition therapy, and telehealth.
- Explore the importance and role of school meals during the COVID-19 pandemic.
- Identify the impact of current legislation on school nutrition
 programs
- Apply advocacy skills by participating in discussions with state legislators about nutrition priorities in Oregon.



Speaker Introduction

Jessie Pavlinac, MS, RDN-AP, CSR, LD, FNKF, FAND

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Licensure for Oregon Dietitians

- Established in 1989
- A Title Protection Act
- Dietitians are Licensed by the Oregon Health Authority

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- Requires RDN from CDR and 15 CEUs/year and cultural competency CEU every other year Board of Licensed Dietitians
- - Members appointed by Governor

 - Two are members of the public
 One is a physician trained in clinical nutrition
 - Four are licensed dietitians who have been in dietetic practice for at least 5 years
 - Term of office is four years and can serve two consecutive terms

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Licensure for Dietitians

- Dietitians integrate and apply principles derived from the sciences of nutrition, biochemistry, food, management, physiology and behavioral and social sciences to achieve and maintain the health of people through:
 - Assessing the nutritional needs of clients;
 - Establishing priorities, goals and objectives that meet nutritional needs of clients;
 - Advising and assisting individuals or groups on appropriate nutritional intake by integrating information from a nutritional assessment with information on food and other sources of nutrients and meal preparation; and
 - Evaluating and making changes in food, diets and nutrition services, maintaining appropriate standards of nutritional quality in food and maintaining appropriate standards of nutrition services.

Licensure for Dietitians

STANDARD OF PRACTICE AND PROFESSIONAL CONDUCT

- Use systematically reviewed scientific evidence in making food and nutrition practice $% \left(1\right) =\left(1\right) \left(1\right) \left($
- decisions by integrating best available evidence with professional expertise and client values to improve outcomes;
- Use accurate and relevant data and information to perform nutrition assessment and identify nutrition-related problems;
- Determine a nutrition diagnosis to identify and label specific nutrition problem(s) for which the dietitian provides medical nutrition therapy;
- 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;

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Licensure for Dietitians

STANDARD OF PRACTICE AND PROFESSIONAL CONDUCT

- 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;
- Document and communicate the Nutrition Care Process in a timely manner;
- Apply appropriate standards of quality and safety in food and nutrition services; and
- Consider the health, safety, and welfare of the clients and public at all times.

834-060-0000 Standards of Practice 834-060-0010 Standards of Professional Conduct

Compact Act For Registered Dietitians

- The most effective means for achieving borderless practice for licensed practitioners and military spouses relieving the burdens of maintaining multiple state licenses.
- 44 states and territories have enacted occupational licensure compacts for nurses, physicians, physical therapists, emergency medical technicians, psychologists, speech therapists/audiologists, occupational therapists, and counselors.
- The Academy of Nutrition and Dietetics was selected by The Council of State Governments (CSG) and Department of Defense (DoD) to receive technical assistance with the development of an interstate compact to enhance licensing portability for licensed dietitian nutritionists.

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Compact Act For Registered Dietitians

- Funding from the Department of Defense (DoD)
 - Council of State Government
 - The Academy
 - Compact Document Team and Technical Assistance Group
 - Include regulatory board administrators, licensed dietitian nutritionists, expert legal counsel and others with knowledge of the profession that will contribute to the development of the compact
 - · Legislative approval and does NOT eliminate state license

Compact Act For Registered Dietitians

- COMPACT LEGISLATION DEVELOPMENT
 - Phase I: Technical Assistance Group: develops framework for Compact Document Team.
 - Phase II: Compact Document Team: drafts compact language based on framework from the Technical Assistance Group.
 - Phase III: Technical Assistance Group: Document team vets the initial draft with the technical assistance group before it becomes public.

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Compact Act For Registered Dietitians

- COMPACT LEGISLATION DEVELOPMENT
 - Phase IV: Stakeholder Review: CSG publishes the language for public comment and feedback. CSG circulates draft language to all interested stakeholders for review and feedback. Compact Document Team considers suggested edits and changes based on stakeholder review.
 - Phase V: Consensus Building: Compact Document Team shares updated language with the Technical Assistance Group and both groups come to a consensus on finalized language.
 - Phase VI: Introduction: CSG will introduce the finalized compact to policymakers to promote enactment of the new compact legislation.



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Compact Act For Registered Dietitians

Compact Privilege Model - EXAMPLE

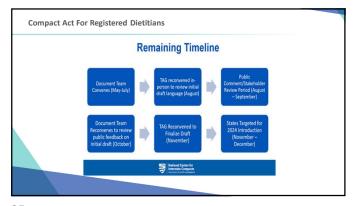
- To exercise the compact privilege under the terms and provisions of the Compact, the licensee shall:
 - Hold a license in the home state
 - Have no encumbrance on any state license
 - Be eligible for a compact privilege in any member state
 - Have not had any adverse action against any license or compact privilege within the previous two years

Compact Act For Registered Dietitians

Compact Privilege Model - EXAMPLE (continued)

- Notify the Commission that the licensee is seeking the compact privilege within a remote state or remote states
- Pay any applicable fees, including any state fee, for the compact privilege
- Meet any jurisprudence requirements established by the remote state or states in which the licensee is seeking a compact privilege
- Report to the Commission adverse action taken by any non-member state within 30 days from the date the adverse action is taken.

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Compact Act For Registered Dietitians

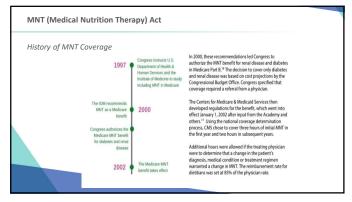
What Does This Mean For Oregon Dietitians?

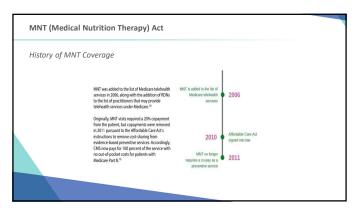
It does not change our current Licensure Act

To join the compact there would need to be legislation

Depending on the final wording of the compact we might need to update our current licensure to allow licensed dietitians to join the compact depending on the language of the compact.

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MNT (Medical Nutrition Therapy) Act

The bill amends the Social Security Act to:

• Provide Medicare Part B coverage of outpatient MNT for prediabetes, obesity, high blood pressure, high cholesterol, malnutrition, eating disorders, cancer, gastrointestinal diseases

> celiac disease, HIV/AIDS, cardiovascular disease and any other disease or condition causing unintentional weight

- Authorize the Secretary of Health to include other diseases based on medical necessity; and
- Allow nurse practitioners, physician's assistants, clinical nurse specialists and psychologists to refer their patients for MNT.

Resources

· MNT Act Advocacy Tool Kit

https://community.eatrightpro.org/HigherLogic/System/Downl oadDocumentFile.ashx?DocumentFileKey=c356c1fa-5624-9e33 -34d1-49abd24b20f8&forceDialog=0

MNTWorks Toolkit

MNT Works Toolkit (eatrightpro.org)

Step-by-step playbook for advocating for improved access and coverage of MNT to stakeholders

- · Commercial Payers
- · Employers and Benefits Consultants
- Hospital Administrators
- Primary Care Providers

Power of Payment 2.0 - coming soon

Telehealth

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- Medicare Part B program allows several services provided by registered dietitian nutritionists and nutrition professionals to be offered via telehealth.
- - Medical nutrition therapy, individual and group
 - Diabetes self-management training, individual and group
 - Intensive behavioral therapy for cardiovascular disease (must be billed by the primary care provider)
 - Behavioral counseling for obesity, individual (must be billed by the primary care provider)
- Annual wellness visit (must be billed by the primary care provider)
- The beneficiary must meet the eligibility criteria for the service, the provider delivering and billing for the service must be eligible to do so, the service must be delivered in the setting defined by CMS, and all other billing guidelines must be followed.

Telehealth

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Medicare

- · The patient receiving the service must be present and participate in the telehealth visit.
- The telehealth services must include use of an interactive audio and video telecommunications system and must be in "real time." Therefore,
- Telephone calls, images transmitted via facsimile machines and text messages (email) without visualization or stored and delayed transmiss of images of the patient do not qualify as telehealth services.
- The use of audio-visual interaction to provide MNT to Medicare Part B beneficiaries *during the public health emergency,* Medicare permits audio-only delivery for MNT (97802-4, G0270), as of March 1, 2020, in cases when audio and video are not possible.
- What will happen now the public health emergency has been terminated?

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Telehealth

Temporary Medicare changes through December 31, 2024

- Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) can serve as a distant site provider for non-behavioral/mental telehealth services.
- Medicare patients can receive telehealth services authorized in the Calendar Year 2023 Medicare Physician Fee Schedule in their home.
- There are no geographic restrictions for originating site for non-behavioral/mental telehealth services.
- Some non-behavioral/mental telehealth services can be delivered
- using audio-only communication platforms.

 An in-person visit within six months of an initial behavioral/mental telehealth service, and annually thereafter, is not required.

Telehealth

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Online Assessment and Management Services

While not technically classified as a telehealth service under Medicare Part B. RDN Medicare providers may use the following G codes with their Medicare Part B beneficiaries after an initial MNT encounter:

- G2061: Qualified nonphysician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes
- G2062: Qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes)
- G2063: Qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes

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Telehealth

- https://www.oregon.gov/omb/board/philosophy/pages/telemedicine.aspx
- · Check with other payers about MNT provision requirements



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Advancing School Food

Whitney Ellersick, MS, RDN
Senior Director, Portland Public Schools
April 13°, 2023

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Perspective shared today is based on observations and experiences ov er the last 15 years with Portland Public Schools

School Foodservice is highly regulated at the federal level (USDA Child N utrition Programs) for every meal served

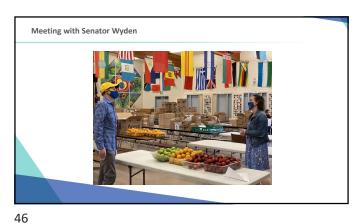


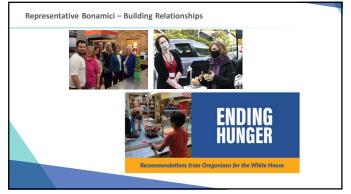












Continued Conversations about Importance of School Meals

- Conversations continue at the federal but mostly state level to show value and importance of nourishing students while they are in school
- $\bullet \quad \textit{Different platform and visibility of school meals due to the pandemic and many lessons learned} \\$
- Expanded CEP proposed
- While many states have adopted universal meals, Oregon is creating a task force that will continue to maximize federal dollars
- Proposed menu pattern changes, public comment period expanded

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Lessons Learned

Nothing will change if you are not willing to share your story with those who influence your work.

Nothing will change if you are not willing to work

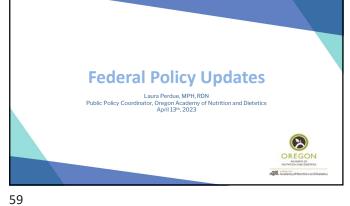
Others may decide for you if you are not willing to



Speaker Introduction

Laura Perdue, MPH, RDN

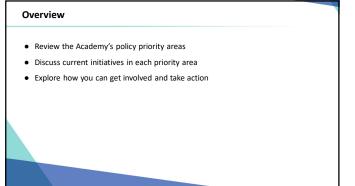
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Disclosures

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I have no conflicts of interest to disclose



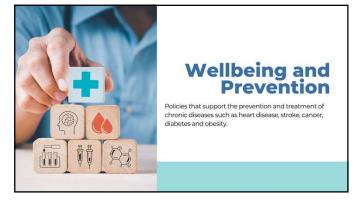
Academy Policy Priority Areas

- · Wellbeing and Prevention
- · Nutrition Security and Food Safety
- Nutrition Care and Health Systems
- · Diversity and Inclusion

Public Policy Priorities (eatrightpro.org)

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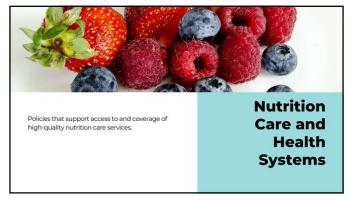


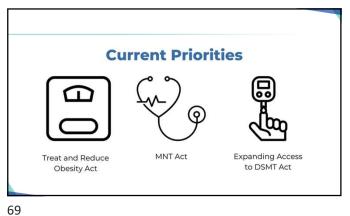
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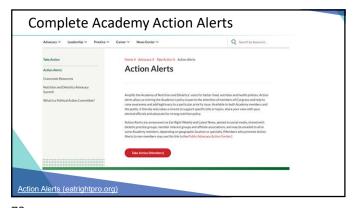








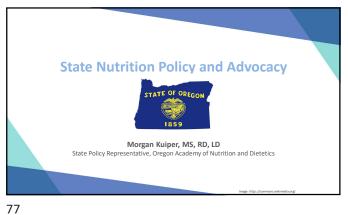


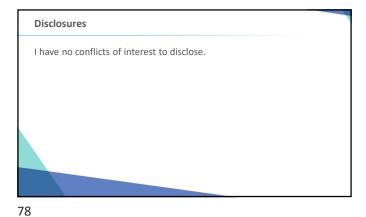














2023 Oregon Legislative Session o Oregon State Legislature gathers in early January each year o Odd-numbered years: sessions may not exceed 160 days $\circ\;$ Even-numbered years: sessions may not exceed 35 days $\circ~82^{\text{nd}}$ Oregon Legislative Assembly gathered for the 2023 Oregon Legislative Session on Tuesday, January 17th o Several key steps in early January during odd-numbered years: o Newly elected individuals sworn in o Legislative leaders elected o Rules are adopted o Committees appointed o Bill introduction begins

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SB 610: Food for All Oregonians

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FOOD FOR ALL OREGONIANS

If passed, SB 610 would:

1) Establish the Food for All Oregonians Program within the Supplemental Nutrition Assistance Program (SNAP) to provide nutrition assistance to Oregon residents who would quality for federal SNAP but for immigration status.

2) Require Department of Human Services to convene an advisory group to recommend metrics to evaluate the success of the department in treating all applicants for and recipients of public assistance in a welcoming manner and with respect, courtesy, fairness, and dignity.

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SB 610: Food for All Oregonians



Primary goals:

- Make food assistance available to all Oregonians currently excluded due to immigration status.
- Ensure everyone is aware of this support through community navigation and outreach, improved language access, and more.

Groups impacted:

- Lawful Permanent Residents
- Deferred Action for Childhood Arrivals (DACA) participants Individuals with Temporary Protected Status (TPS)
- Compact of Free Association (COFA) community members
 Undocumented immigrants
 Anyone in the process of seeking asylum

HB 2803: Nutritionist Licensing

If passed, HB 2803 would:

Require the Oregon Health Authority (OHA) to study the establishment of a licensure program for nutritionists with a focus on ensuring that the licensure facilitates health insurer reimbursement for services provided by nutritionists to increase access to professional nutritional advice for Oregonians.



Note: This bill is not going to move forward during the 2023 legislative session. Our policy team is following the bill closely as it may be reintroduced in a future session.

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HB 2803: Nutritionist Licensing

What we know about HB 2803:

- Introduced by a constituent seeking to establish a licensure program for nutritionists who meet certain qualifications to allow them to receive insurance reimbursement for services provided.
- Goal is to create a structure similar to Washington's Dietitian and Nutritionist Licensure Program.
- Further background information, workgroup sessions, and meetings to learn more are needed before moving forward.
- Opportunity for registered dietitians to advocate for evidencebased practice and the health and safety of consumers and our communities – get involved!

HB 2728: Double Up Food Bucks

If passed, HB 2728 would:

- Require the Department of Human Services to contract with nonprofit organizations to implement/administer a program to assist SNAP recipients in purchasing locallygrown fruits and vegetables from farmers' markets, farm share sites, and participating retail outlets.
- Appropriates \$8,000,000 for the biennium beginning July 1st, 2023.
- Doubles the value of SNAP benefits at local farmers' markets so that shoppers may bring home more fresh fruits and vegetables.
 - Example: If an individual spends \$20 of their SNAP dollars at a participating farmers' market, they will receive another \$20 to buy more locally-grown fruits and vegetables.

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HB 3030: Healthy School Meals for All Task Force

Initial HB 3030 would:

Establish Universal School Meal Account for the purpose of reimbursing school districts for certain costs incurred in providing federally reimbursable meals.

Amended HB 3030

- <u>Creates the Healthy School Meals for All Task</u>
 Force.
- Task force gathers stakeholders to create and recommend a legislative proposal to make it possible for schools in rural, urban, and suburban communities across Oregon to offer free breakfast and lunch to all students.
- Expands upon Oregon's success in improving access to school meals.



nage: https://www.hopkinsmedicine.org/

School Meals in Oregon

- Pre-Student Success Act: approximately 25% of Oregon schools took part in the Community Eligibility Provision (CEP).
- CEP offers breakfast and lunch to all students in schools with higher rates of food insecurity.
 The Student Success Act increased access to school
- The Student Success Act increased access to scho meals in Oregon (most significant expansion in school meals nationwide).
- Increased to 693 Oregon schools all over the state participating in CEP.
- 45% of schools in Oregon returned to means testing school meals after the nationwide COVID-19 waiver allowing schools to offer free meals to all students expired in June 2022.

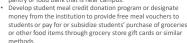


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HB 3089: Hunger-Free Campus Designation If passed, HB 3089 would: Authorize the Higher Education Coordinating Commission to award a "Hunger-Free Campus" designation to public universities and community colleges that demonstrate required actions taken to combat hunger. Require the commission, when moneys are available, to administer a grant program to provide moneys for funding student hunger programs and innovations at public universities and community colleges Establishes how commission must prioritize recipients of grants.

Requirements for "Hunger-Free Campus" Designation

- · Establish a hunger task force that meets specific requirements.
- SNAP enrollment.
- Provide options for students to use SNAP benefits at campus stores or information on establishments near campus where students could use SNAP benefits.
- Host a campus awareness event.
 Provide at least one physical food pantry on campus or enable students to receive food through a direct, stigma-free arrangement established between the institution and a local food pantry or food bank that is near campus.



Conduct a biennial student survey on hunger at the institution.

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Meeting Preparation

· General format:

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- Brief introduction to the dietetics profession and Oregon Academy of Nutrition and Dietetics.
- · Introductions (constituents encouraged to go first so that they can connect with their legislator).
 - Name, where you live/work/study, indicate if you are a constituent, share about your current role in nutrition/dietetics and/or any relevant past
- Opportunity for participants to ask for support for a specific food and nutrition-related bill, share more about their experience as a nutrition professional, and discuss nutrition policy issues most important to them.

Communicating with Legislators

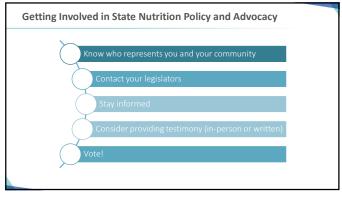
- · Be professional and concise.
- · Consider sharing a personal or professional story that relates to a specific nutrition policy issue or bill.
- If you are asked a question and do not know the answer, it is okay to say "I don't know." You can provide an answer later on when you've had a chance to gather more information.



- Say thank you!
- · Follow-up 1-2 days after the meeting.

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Reminders

Your CPEU certificate and the handout are available in your control panel.

Remember the legislator sessions today!

Watch for a post-event evaluation – we appreciate your feedback!