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May 25, 2001

Representative Haines and Committee Members,

Thank you for the opportunity to offer comment before your committee hearing on Obesity in Michigan. My name is Judy Stone and I am a nutritionist, as well as the Executive Director of Michigan Nutrition Association.

The Michigan Nutrition Association is a non-profit group whose mission is to promote nutrition and healthcare through a competitive, open and transparent process that preserves the rights of consumers to choose their practitioners, and the rights of *all health professionals* to utilize nutrition care in the delivery of services.

I know you are all here today because you recognize the serious challenge to both our state's health and it's economy, that the obesity epidemic represents. MNA represents a broad diversity of nutritionists and other health professionals who are trained to utilize nutrition in their patient care practices.

We would like to express our deep concern about a law passed in 2006 that would have a significant negative impact on our state's efforts to address obesity and other costly, chronic health care concerns in our state. PA 333 is a licensure law that was put forth by the Michigan Dietetic Association. Although the law passed, because of it's controversial and anti-competitive nature, it then took over four years for rules to be promulgated. Currently the rules are still under review by the Dept. of Energy, Labor and Economic Growth. This law would have the impact of significantly diminishing the numbers of qualified nutrition care providers in the state, as well as eliminating many hundreds of jobs, primarily those of small business entrepreneurs.

As Michigan looks forward towards the implementation of the Patient Protection and Affordable Care Act, it is clear that MIchigan will need more nutritionists and nutrition educators, not fewer, as would be the result if this law is implemented.

As many of your committee members may have joined the legislature since law was passed, I wanted to bring it to your attention; we believe this law needs to be either amended or repealed. I am attaching a copy of: 1) MNA's Policy Analysis paper of this law; 2) a single page Executive Summary; and 3) Comparison Chart "Nutritionists and Dietitians: who are they, how are they different?

I appreciate the work you all are doing to address obesity and other health issues in our state. Please contact me if I may be of further assistance answering questions about this issue.

Sincerely,
Judy Stone, CN, MSW
Executive Director, Michigan Nutrition Association

Health, Jobs and Freedom in Michigan:

What's Wrong with the Dietitian's Licensure Law?

White Paper prepared by Michigan Nutrition Association

Michigan Nutrition Association (MNA) is a non-profit, grass-roots organization representing the interests of multi-disciplinary health care professionals, and consumers, who value and incorporate nutritional counseling for prevention, wellness, and treatment of chronic disease. We believe that to adequately serve the health needs of the Michigan public, citizens must have freedom to choose nutritional therapy from a variety of professionals with different approaches. MNA emerged in 2010 from growing public concern about, and opposition to, PL 333, a law to license and regulate Michigan dietitians and nutritionists.

March 2011

Executive Summary

Michiganders are not healthy. Our national rankings are 3rd highest in obesity, 15th highest in Type 2 Diabetes, and 13th highest for Cardiovascular Disease mortality.

Public Act 333 of 2006 threatens to undermine Michigan's capacity to address nutrition-based, chronic disease and to contain ever-increasing, associated costs. Equally concerning, this law threatens many existing and potential jobs in the nutrition field at a time of increased public demand for more nutritious food, supplements, and the guidance to implement healthier eating habits and wellness-promoting lifestyles.

Public Act 333 creates a new regulatory regime controlled by bureaucrats. Under it, professionals must spend considerable time and money meeting additional standards, to qualify for licenses to continue their existing practices because it excludes recognition of every credential and qualification in nutrition other than that of Registered Dietitian. There is no flexibility for grandfathering qualified, seasoned professionals who are differently trained than RD's.

This law drastically limits consumer choice, ignores significant changes in the scientific nutrition knowledge base, and fails to recognize consumer trends favoring alternative treatment modalities that differ from the institutionally-based, acute care, Dietetics model currently taught in colleges and universities.

The law was prompted by the lobbying of the Michigan Dietetic Association on the undocumented, unexamined claim that the unlicensed practice of nutrition counseling threatens public health. In neighboring states like Ohio, the imposition of such a regulatory scheme resulted in sanctions on practitioners not for giving bad advice or causing harm, but for not having a license.

This law has broad, costly unintended consequences for entrepreneurship and innovation in Michigan; most non-RD nutrition practitioners targeted by this law are entrepreneurs, or work within other small businesses. In addition to job loss, this law will create added costs to the state due to legal actions taken against practicing, unlicensed nutritionists. It will recklessly impede efforts to restrain health care spending by restricting access to less costly resources for preventive care.

For five years now, the state has been developing rules to implement Public Act 333. Despite the efforts of nutritionists, the rules heavily favor dietitians and, despite the law's own mandate to create *minimum* standards that do not diminish competition, the proposed rules exceed minimum standards, and are not competitively neutral.

The MNA is not seeking to be included in this or any regulatory regime. It is our position that there are adequate existing safeguards, and that unlicensed nutrition professionals have not and do not pose a threat to the public that would justify additional regulatory measures.

Our recommendation: repeal the law, or amend it to apply only to those who want to use possession of a state license for their own marketing purposes and provide safe harbor for all others. End the threat to jobs, innovation, and healthy living in Michigan.

History of Public Act 333 of 2006

The history of the passage of PA-333 and the ensuing four and a half year rule-making process which, as of March 2011 is still incomplete, reveals the controversial, polarizing and questionable justification for the law.

SB-403 was introduced in 2006 initially as a bill which sought to license Registered Dietitians as Dietitians/Nutritionists. The proposed law would create a monopoly by making it illegal for any individual other than a Registered Dietitian (RD) to practice nutrition, unless it already exists in their scope of practice (e.g. medical doctors). It sought to claim ownership not just to the title of nutritionist, but the entire scope of practice by, in the words of one legislator, hijacking the term "nutritionist" to apply only to dietitians. However, deep concern over the implication of such restrictions prompted one RD, a former Michigan Dietetic Association Legislative Committee Chair herself, to testify before the House Health Policy Committee. Her compelling testimony urged them to recognize the diversity of health professionals incorporating nutrition in their care of patients, and their breadth of experience and training in nutrition, different from, and in many cases exceeding the academic and experience qualifications of many Registered Dietitians. In short she educated lawmakers that the field of nutrition includes, but is far broader than the dietetics brand represented by the Michigan Dietetic Association.

As a result, then Representative Kathy Angerer introduced a substitute bill with the intent that power not be given solely to only one credential (RD), one path to becoming a nutritionist, or one professional organization (Michigan Dietetic Association). Despite passage of the substitute bill, after four and half years of debate on the licensing board, this is not what happened. PA-333 does not recognize and protect the diversity of professionals trained to utilize nutrition in a variety of ways and in a variety of settings. The RD remains the only recognized credential; differently-trained nutritionists must comply with a standard set by RD's. One reason for this is that the law created a licensing board for which the only professional members "qualified" to serve were Registered Dietitians. No representation was given to non-RD nutritionists yet this board was charged with making the rules to decide how a non-dietitian might qualify to be licensed. Although the law was passed in 2006, due to public opposition, it was only in November 2010 that a(n) (incomplete) set of rules was finalized and sent on the path outlined in the Administrative Procedures Act.

MDA / ADA: What Do the Dietetic Associations Want?

Since the 1980s, the American Dietetic Association (ADA), through it's state chapters has systematically lobbied to enact state laws that would legally ensure Registered Dietitians the controlling hand in shaping the nutrition profession landscape. Many states passed laws giving practice rights only to Registered Dietitians. In other states non-dietitian practitioners can practice but the rules under the law set qualifying standards based almost entirely on the academic qualifications of Registered Dietitians. Michigan's law falls into the latter category.

The American Dietetic Association for decades has provided guidance to it's state organizations to lobby for a standard piece of legislation and a standard template for the rules under the law once passed. The template echoes as closely as possible, the curriculum outlined by the Commission on Dietetics Registration for all Dietetics programs in colleges and universities throughout the country.

In their spring 2010 publication, "The Link" the then-president of the Michigan Dietetic Association described to membership MDA's objective in the developing of licensing rules under PA-333, the licensure law,

> *"The licensure committee is currently establishing the rules and regulations. MDA received some national insight on how we can best proceed to ensure that our scope of practice is not infringed upon by inadequately trained wannabes."* 1

The national and state Dietetic Associations maintain (falsely) in position papers on their websites, and in legislative testimony in MIchigan and most other states, that they alone are the only qualified, adequately trained, science-based, nutritional professionals. Further, they maintain, without evidence, the public has been, and will be harmed without this licensure law. And they contend that the consumer is too confused to decide what nutrition provider to choose, therefore the state should legislate that decision for them. While the position of the dietetic associations has always been that the public will be harmed without the protection of licensure, insurance reimbursement and protectionism can be identified as strong driving forces behind their legislative efforts for licensure.

ADA and Turf Protection

In trends analyses and surveys conducted by the ADA or state dietetic associations, one theme is consistent: the recognition and fear that the RD has stiff competition from other professionals providing nutrition care, and particularly in filling the gap in holistic and preventive care that dietetics has not been able to address. From the ADA's own trends report in 2002,

> "There is an increase in the appeal of nutritionists over dietetics professionals from the public's point of view." and
>
> "Dietitians who in large part used to merely compete against disinterest or ignorance in the public, now have professional competitors. The best response is to assert the credentialing, experience, science-based knowledge and ethics of the profession." 2

In her book, Issues and Choices in Nutrition Clinical Practice, current ADA President-Elect Sylvia Stump, MA, RD wrote in 2007 that fear of competition or encroachment from other professionals and limited recognition of the dietetics professional as "the" food and nutrition expert are key concerns for RD's. 3

Most recently, RD's in Hawaii have gone after Chiropractors' scope of practice in Hawaii to draw tighter restrictions around their practice of nutrition 4

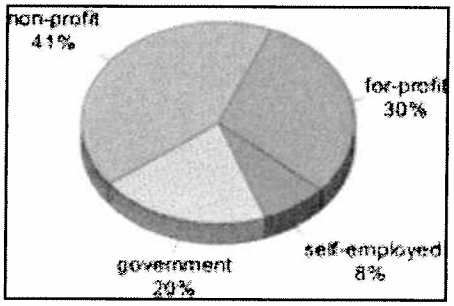
Michigan Nutrition Association asserts that claims of public harm and of RD's professional primacy are unfounded. Laws based on these claims are out of step with consumer preferences, ignorant of nutrition education outside of conventional Dietetics training programs, indifferent to deficits in Dietetics training programs, and motivated by a desire to stifle competition and create a monopoly. Further we contend PA-333 oversteps bounds attempting to regulate providers who offer an essentially different brand of nutrition than that for which Registered Dietitians are primarily trained, to a different market, outside of institutions. This is a market that the ADA/MDA scarcely serves, and as data below will show, is not adequately prepared to serve.

Who are Nutrition Care Providers?

Nutrition: A multi-disciplinary umbrella

A broad range of health professionals include nutrition as part of their professional service or have nutrition as their primary focus. Who are these professionals and how do they differ?

Historically, Dietetics is field that emerged from home economics, and grew over the decades to focus its training on institutional food service management, provision of medical nutrition therapy to acutely ill, hospitalized patients, and nutrition services within government programs. Nationally, over 90% of Registered Dietitians provide clinical, consulting. or food systems management services in an institutional setting. Only 8% work independently, many as consultants to nursing homes, institutions or corporations. The remainder of that 8% potentially serve the public directly as entrepreneurs, outside of institutions. This number has remained unchanged since 2002 [5]



Employment Location of Registered Dietitians

Not all nutritionists are dietitians

There are multiple avenues for individuals to receive training and credentials in nutrition to become Nutritionists, or to add nutrition to their core competencies. Practitioners who choose training outside of conventional dietetics are often motivated by the desire to pursue training that is based on prevention rather than disease management. They usually are seeking a career in the field of nutrition working outside of institutions. Training outside of conventional dietetics typically includes at a minimum: nutritional science, nutrition through the life-cycle, nutrition assessment, concepts and practices of integrative medicine as applied to nutrition, therapeutic use of special diets, therapeutic use of a variety of dietary approaches, therapeutic use of herbs and supplements, nutrition needs of specialized populations, understanding chronic disease, counseling skills, and many offer preparation for entrepreneurship as well. Many programs require previous coursework or degrees in the field to be considered for admission.

Categories / Training of Nutrition providers:

1. Registered Dietitians (BS, MS, degree)
2. Board Certified Clinical Nutritionists, Nutrition Specialists, Diplomate Nutritionists (all MS and PhD level degrees)
3. BS, MS, PhD in Human Nutrition
4. Public Health Nutritionists (MPH)
5. Health care professionals who use nutrition evaluation and counseling in their practices- Doctors (of Chiropractic, Naturopathy, Medicine, Osteopathy, Dentistry), Nurses, Pharmacists

6. Contemporary and emerging sources of nutrition counseling: Wellness Coaches, Holistic Health Coaches, Nutrition Counselors, Nutrition Coaches, Fitness Specialists, Web-based coaching with or without nutrition and health analysis software

Over the last two decades consumer demand for Alternative or Holistic health care has dramatically increased, including preventive and restorative nutrition. There has not been a concurrent integration of Complementary and Alternative (CAM) nutrition content into the academic curriculum of most nutrition or dietetics programs within accredited institutions of higher education. However there are many, other-accredited programs in the U.S. emphasizing complementary and alternative, evidenced-based approaches to nutrition that offer training and credentials. These programs provide nutrition training sought out by MD's, DC's, Pharmacists, Nurses, Dietitians, Mental Health Specialists, and others who recognize the importance of nutrition to healthy functioning. They prepare individuals for range of professional functions within the field of nutrition from wellness coaching to acute disease intervention and care.

(see Appendix A)

The existence of these programs, outside of the traditional dietetics training programs have had, and continue to have a pivotal role in defining, developing, and reflecting a burgeoning economy in low tech, low risk, non-invasive nutrition care that is fundamental to reducing the need for expensive critical care and long term use of pharmaceuticals.

These trained practitioners work in clinics, private practices, in health food stores, digitally through the internet, or provide corporate wellness. Many are our state's entrepreneurs who stand to be put out of business or incur excessive financial and opportunity costs to comply with the regulations set forth in PA-333. ***These professionals are a pivotal component of the infrastructure of a healthy Michigan. And they represent a significant area of job opportunity.***

"I am distressed that we are poised in the state of Michigan to reduce the number of nutrition professionals dramatically when Public Act 333 of 2006 goes into effect. As Coordinator of a Maternal Infant Health Program, I supervise two RDs and have supervised nutrition students from The University of Michigan's Master's program. I have a master's degree in clinical human nutrition from The University of Michigan. I am differently trained, not less trained, than a registered dietitian and should be recognized as equally trained." (letter on file)

As a graduate of a 4 year Naturopathic Medical College, nutrition is huge piece of what I was trained to do. Prevention is the name of the game and nutrition is the key tool we health care providers can offer our clients. For those already on the path of chronic disease, nutrition intervention can stop and reverse disease. The implementation of PA-333 would irreparably harm my patients and potential patients by criminalizing what I do, and would force me to waste time and money meeting standards my training and experience has already exceeded. (letter on file)

Michigan: 9.9 million citizens

There are an estimated 2000 Michigan Dietetic Association members, of which approximately 62% or 1240 are Registered Dietitians who would qualify for licensure under PA-333. With only 8% (based on national data above) working outside of institutions, and an undetermined number of those working as consultants to business and institutions, there would be *at best* (assuming all 8%) *99 RD's working outside of institutions, to serve citizen's in MIchigan!* We need a broad, multi--disciplinary nutrition umbrella covering our state's nutritional needs. PA-333 would irresponsibly diminish the supply of nutritional professionals in a market that Registered Dietitians are not serving, yet seek to control.

Furthermore, over the last decade, only 50% of total dietetics students were able to be matched to internships due to economics.. In 2009 Dietetics programs nationally were unable to provide the required internships to more than half of their students, making it impossible for them to become Registered Dietitians. 6 Under PA-333, students who do not complete an internship would not be eligible to practice in Michigan, further limiting the supply of practitioners and offering them no reason to stay in our state. Dietetics programs in Michigan in 2011 are currently unable to provide internships for up to 50% of students. 7 Dietetics training programs can't keep pace with the increasing need and demand for nutrition care, yet for decades the ADA legislative focus has been on excluding or controlling other nutrition care providers.

Nutritionists falling under the "nutritionist umbrella" do not seek to use the title of Dietitian, yet the Michigan Dietetic Association, through PA-333 wants to lay legal claim to the title Dietitian/ Nutritionist. Under the rules of PA-333 most of the nutrition providers in categories 2 - 5 above (p.4) would not qualify for licensure. This is a regulation that stands in direct opposition to the goals of improving health and decreasing health care costs statewide.

Is There a Need for Regulation?

Setting a standard

Proponents of Public Act 333 maintain that this law would protect public health by setting a specific educational standard. The ADA and the MDA contend that no one but the Registered Dietitian or someone who has equivalent education to the RD, is adequately trained to counsel the public about nutrition. But not everyone agrees that this is the standard by which all who provide nutrition services should be measured. In fact, in a 2005 article appearing in the Journal of the American Dietetic Association titled "A look at the educational preparation of the health-diagnosing and treating professions: Do dietitians measure up?", the author reviewed the educational preparation of 16 health-diagnosing and treating professions and concluded

> "Basic educational requirements for dietitians were developed almost 80 years ago and remain largely unchanged". 8

In her 2007 book, Issues and Choices in Clinical Nutrition Practice, now ADA President-elect Sylvia Eskott-Stump, tells us that the ADA's representative body, the House of Delegates, identified as a key issue *"the demands of professional competency and expectations for continuing education exceeded member interest levels." 3*

Yet nutritional science has grown astronomically over the past two decades, as has the public's appetite for this information. Witness the explosion of websites, blogs, magazines, radio talk shows, books, workshops, supplement sales, and media coverage of research on alternative therapies.

A significant portion of a Registered Dietitian's training is geared toward nutritional care of acutely ill, hospitalized patients, and / or the management of institutional food service systems.

Many consumers however, express a preference for nutritional professionals who have training based on more current nutritional science that focuses on principles of wellness and prevention, and use of special diets, herbs, homeopathy, vitamins, minerals, and nutraceuticals, rather than professionals who have trained only in hospital-based, disease management. In fact many consumers associate Registered Dietitians with the historically unhealthy nutrition offered in hospital and school cafeterias over which they have exclusive control, and for which they bear significant responsibility. The fact that Dietetic Associations both nationally and state-wide are sponsored by or partner with pharmaceutical companies, as well as food companies (e.g. Coco-Cola, Pepsi, Mars) communicates a confusing message to the public. [9] *What is clear is that there is not just one brand of nutritionist. Michigan Nutrition Association contends that the public good is best served by encouraging practitioners with diverse training and backgrounds, and allowing consumers to choose practitioners consistent with their own personal values, philosophies and needs, as expressed in the following letters written in opposition to PA-333.*

"This legislation does not allow Michigan's citizens to choose their avenue of health care or give them the freedom to decide which nutritional path is right for them. Thirteen years ago, I struggled with a deep depression and a serious eating disorder. I chose to find support by using a therapist, a registered dietician and a physician. At the age of 20, I found the use of a registered dietician an ineffective, unproductive way to treat my eating disorder from a nutritional perspective. What I learned is that eating disorders are multi-faceted, complex and at their root, an emotional issue. I got better by taking a much more holistic approach to food and healing. If I had not had access to a way of nutritional support that best fit me, I don't know where I'd be." (letter on file)

"I developed a digestive disease in 2005. I consulted with two physicians who could only offer general, non-specific advice that did not help me. Later I had the good fortune to find a holistic nutrition practitioner who provided the specific expertise to treat my problems with dietary advice and natural supplements. Her training, skills and experience have made all the difference. I strongly oppose any legislation that would interfere with my choice of health provider, and I think it would be a big mistake. Ultimately it would increase health care costs by sending me, and others like me to ineffective modes of treatment." (letter on file)

Protection from Harm

The proponents of PL 333 state there is harm done to citizens from lack of regulation in Michigan. MDA, since the early eighties, has been soliciting it's members to submit anecdotes of alleged harm via a form on the MDA website, even running a contest with a financial incentive to encourage submissions. [10] (Appendix B) In fact there has been no documented warning, investigation, or civil case from any of the MDA anecdotal claims of harm. This stands in stark contrast to the state's morbidity data which is a clear indictment of the harm done by absence of adequate nutritional support to our citizens. As Registered Dietitians have maintained almost exclusive responsibility for nutrition in schools and hospitals, and desire to be considered our nation's health experts, one has to seriously question whether there is adequate justification for the Dietetics standard of care being used as a baseline that would in fact, protect the public from nutritional harm.

A more realistic question of harm arises from the elimination of adequately trained nutrition professionals who would be taken out of service by this law, and the chilling effect the law would have on potential practitioners.

A preference for use of Complementary and Alternative Health (CAM) practices by the public is a well-documented and growing trend. [11, 12] The ability of consumers to have the freedom to choose nutrition providers who are well-versed in the risks, benefits, and appropriate use of special diets, herbs, vitamins, minerals, nutraceuticals and other supplements, is the only responsible position of public policy with regard to protection from any potential for harm. That said, data shows the often alleged risk of harm from nutritionists who may include the use of supplements and herbs, is almost non-existent. This is not so with the risks associated with pharmaceuticals, hospitalizations, surgeries, and living with chronic illness. "From 1998 through 2005, reported serious adverse drug events increased 2.6-fold from 34, 966 to 89, 842, and fatal adverse drug events increased 2.7-fold from 5519 to 15,107. [13] That stands in marked contrast to the 2008 data recently released from the American Association of Poison Control Centers.

> "The new 174-page annual report of the American Association of Poison Control Centers, published in the journal Clinical Toxicology, shows zero deaths from multiple vitamins; zero deaths from any of the B vitamins; zero deaths from vitamins A, C, D, or E; and zero deaths from any other vitamin. Additionally, there were no deaths whatsoever from any amino acid or herbal product. This means no deaths at all from blue cohosh, echinacea, ginkgo biloba, ginseng, kava kava, St. John's wort, valerian, yohimbe, Asian medicines, ayurvedic medicines, or any other botanical. There were zero deaths from creatine, blue-green algae, glucosamine, chondroitin, melatonin, or any homeopathic remedies." [14]

The premise of PA-333 is that citizens should not be allowed to exercise judgement and choice in choosing a nutrition care provider. This position nullifies the public health message that better individual self-responsibility will bring better health outcomes. **Do we really want our state government to tell people who they can and cannot see for nutritional help, dictating the type of nutritional care they choose?**

Existing Protections

Hospitals, nursing homes, and government programs, which arguably serve our most vulnerable and often our most nutritionally compromised citizens are free to regulate who they hire to deliver and oversee nutrition services. It's worth noting that Michigan's Beaumont Hospital, has two Naturopathic doctors on staff providing nutrition counseling yet these practitioners would not

qualify to do this under PA-333. Bottom line is that hospitals can and do choose to hire primarily Registered Dietitians thereby instituting their own regulatory process. There is no need for additional, state-based regulation.

In contrast to the higher risk procedures, equipment and drugs associated with medicine, nursing, pharmacy, and dentistry, nutrition counseling outside of medical institutions does not subject patients to comparable levels of risk.

Under the Michigan Consumers Protection Act of 1976 all citizens are afforded protection from "unfair, unconscionable, or deceptive methods, acts, or practices in conduct of trade or commerce". In particular, rule (c) protects the consumer against a practitioner misrepresenting his or her training, certification, affiliations and qualifications. This protection also extends to misrepresentation of the benefits of products (e.g. nutraceuticals, herbs, homeopathics, etc).

What Are Current Trends and Practices in Nutrition Care?

Use of Complementary and Alternative Medicine (CAM)

The 2001 Michigan Behavioral Risk Factor Surveillance System conducted through the MI Dept. of Community Health estimates that roughly half (53.8% of women, 45% of men) had used a CAM modality in the 12 months preceding the survey. [11] This data from 2001 shows Michigan outpaced the national data from a study done 6 years later, in 2007 which indicates 38% of adults use CAM modalities. [12] A national study conducted by the Stanford Center for Research in Disease Prevention investigating why people choose CAM found that consumers choose CAM

> "largely because *they find these health care alternatives to be more congruent with their own values, beliefs, and philosophical orientations toward health and life.*" [15] (emphasis added)

Many consumers additionally find that CAM modalities are more effective for them. CAM modalities include the use of special diets, utilization of nutrition and wellness coaching, use of herbs, nutraceuticals, vitamins, minerals, herbs and other supplements, and application of principles of Functional Medicine to nutrition. **MDCH has heard from hundreds of Michigan practitioners and consumers who are concerned about their government regulating who they can and cannot choose to see for nutritional help.**

ADA and CAM

In a survey undertaken to assess the adequacy of CAM content in undergraduate Dietetic curricula, most Dietetic program directors responded that "students are not being adequately prepared in this area" and that although some CAM content is included, "core knowledge is lacking". [16] Tougher-Decker and Thompson, in an article titled, "Competencies for Dietetics Professionals" write that "the education of traditionally trained dietitians has not kept pace with consumer complementary and alternative medicine usage patterns" [17]

More and more, the leading edge of research, technology and advanced practice is happening outside of mainstream academia. There is an very active trend of dietitians seeking advanced practice skills not available in conventional dietetics programs. Yet the MBDN rejected and refused to accept the very same credentials that their own members are seeking and that many differently-trained nutritionists already have.

MNA surveyed the dietetics programs at Michigan State, Eastern Michigan University, and Wayne State in February 2011 to see if this has changed in recent years. EMU noted they had one, 3-credit, CAM course, the other two have none by self report. [7]

The Global Marketplace

Consumers have existing rights to freely access a wide range of nutrition information and counsel through books, the internet, digital coaching programs offered through employers, and direct-to-consumer "prescription" nutrition programs offered by retailers such as Whole Foods and Walmart, in addition to face-to face services. With technology, geography no longer limits the universe of information and services available to the the consumer. While the quality and reliability of information may vary, or be more or less up-to-date as science moves forward, as a free society we don't legislate the right of individuals to seek and utilize these resources, instead we apply the principle of caveat emptor along with consumer protection laws.

Focusing on the Whole Person in Care

One of the underlying principles throughout CAM, is the concept of treating the whole person rather than focusing exclusively on a disease or symptom. In practice this means that more practitioners are becoming increasingly aware of the interrelationships between nutritional status and all else--pain, mental health, chronic disease, prescription drug / nutrient interaction, etc. Accordingly, many multi-disciplinary health practitioners are utilizing nutrition in the responsible care in their care of patients. *It cannot become the exclusive domain of any single professional organization.*

Shifting from Acute Care to Prevention, Wellness, and Disease Reversal

Cost containment in health care can only come from a reduction in the numbers of people with, and the number of years those people require care for, chronic diseases. A 2009 report from Thomson Reuters estimates the potential cost savings in the U.S. available from preventable conditions and avoidable care related to modifiable behaviors could be $150--$250 billion annually! [18] ***Looking for innovative ways to improve Michigan's capacity to offer citizens increased, rather than decreased access to preventive and restorative nutrition care should be at the top of the agenda.***

"You Can't Use the Rules to Fix a Bad Law"

Four and a half years after the passage of PA-333, minimum standards for licensure as a dietitian or nutritionist remain unfinished, yet Michigan Department of Community Health advanced the partial rule set to Office of Regulatory Reform and the State Office of Administrative Hearings and Rules (SOAHR) for review.

Why has it taken so long to generate an incomplete rule set? It is the position of Michigan Nutrition Association that this ill-conceived law has so many flaws, and so much public opposition, that it became nearly impossible, save for the weighted composition of the board, to generate rules. MNA heard MDCH staffers repeatedly state in frustration, "Look, you can't use the rules to fix a bad law".

Objections On Substance of PA-333

1. **Diminishes competition--**Law has the intent and effect of diminishing competition and fails to recognize that nutrition is a field encompassing multi-disciplinary health practitioners.

2. **Denies recognition of non-RD Credentials-**The original Licensure Bill (SB403) only recognized the Registered Dietitian (RD). A House Substitute Bill was introduced by Rep Kathy Angerer with the intention to prevent giving sole recognition, licensure, and power to one credential or one professional organization. This Substitute Bill was signed into law in 2006 as PA-333, the current law. The Michigan Board of Dietetics & Nutrition (MBDN) was charged with evaluating and approving other nutrition credentials and defining equivalent qualifications taking into account the diversity of nutrition practitioners. Ultimately, the MBDN voted not to approve any credential other than the RD, and voted to create burdensome requirements for all other, differently-trained practitioners.

3. **Ignores evolving science-**PA-333 limits accepted academic accreditation to "regionally accredited institutions of higher learning" most of which do not offer adequate, if any, training in CAM approaches to nutrition. With science, and public trends favoring increased use of CAM, and clear lack of training in CAM offered in Dietetics programs, the law would effectively reduce CAM nutrition practitioners in Michigan.

4. **Discriminates against non-RD applicants for licensure-**Although the Commission on Accreditation for Dietetics Education in a written position paper (see Appendix C) strongly recommends provisions for students in dietetics programs to receive academic and practice credit for life experience and non-traditional learning, no such parity for non-RD's seeking licensure was considered or allowed in the rules. This unequal treatment in effect, diminishes competition, and makes it more difficult for differently-trained nutritionists to qualify for licensure.

5. **Violates minimum standards provision-**PL 333 states, "The department, in consultation with the board, shall not promulgate rules under this section that diminish competition or exceed the minimum level of regulation necessary to protect the public." Yet the rules promulgated would grant licensure to RD's with majors whose primary training is in food systems management yet not accept many differently-trained nutritionists whose clinical training far exceeds that, and far exceeds the training of many RD degrees. For example, an RD with just 6 credits in basic nutrition is considered more qualified under this law than someone with a Masters or PhD in nutrition. If 6 credits in basic nutrition is considered minimum for any license, it must be a standard that is equally applied.

6. **No Proof of Harm-**While the law mandates minimum regulation necessary to protect the public from harm there is no documented evidence of existing harm to the public from lack of regulation that this law would remedy. Morbidity and health care expenditure data for MIchigan gives clear evidence that the public is being harmed from lack of adequate nutritional guidance, and in fact harm would result from diminishing the supply of, and access to, nutrition care resources that would result from PA-333.

Objections on Procedure:

1. **Board Composition**--The law precluded anyone but an RD to be appointed as a professional member to the initial licensing board. Of the two public members, both current appointees are employed in health institution food service with obvious close alliances by nature of the occupation, to Registered Dietitians. Although applicants apply to the governor's office for appointment, Michigan Dietetic Association had applications for board membership on their website, which were submitted first to the MDA, further denying the possibility of a fair and representative board.

2. **Public Input limited**-Public comment was only allowed to be heard after votes were taken; agenda was not made public in advance, minutes were vague and incomplete, and not posted for public review often for many months.

3. **Stated Board Bias-**The Board chair's stated position was "I'm not comfortable with equivalent meaning minimum" and "if we feel protection of the public requires more than the minimum, then we'll do it". Clearly this is direct violation of PL 333 as noted in point 5 above.

Objections on Impact

1. **Impedes Economic Growth**-This law would suppress the potential for tremendous economic growth that is beginning in Michigan as a result of partnerships between government, business, private and public institutions and organizations that have an interest in healthy food. Sustainable and diverse agriculture, strong local economies, and healthier citizens are naturally related. A diverse community of practitioners promoting healthy nutrition is integral to growth in all these areas.

2. **Reduces Number of Nutrition Care Providers-**Implementation of this law would take many qualified nutrition care providers out of the work force in a field that, based on morbidity data, is already understaffed.

3. **Promotes Job Loss and Relocation-**PA-333 would require many experienced, trained, multi-disciplinary nutrition care providers to stop providing nutrition care or to incur costly, unnecessary retraining, costs of supervision, and lost work time in order to comply with the law. The hostile climate will force many to chose instead to leave Michigan.

4. **Restricts Consumer Choice-**This law is out of step with changing trends in nutrition care and the MDCH has received many hundreds of letter expressing opposition to a law that would have the state restrict citizen's right to choose the form of nutrition care that aligns with their beliefs and preferences.

"As a student looking into the field of nutrition, but favoring a holistic approach, I am facing some tough decisions about having to relocate from my home state just so I will be able to pursue the type of career I want and not have to become a RD, which is not in line with how I want to practice. It's very unfortunate that this new law they are trying to pass is going to have this effect on many qualified professionals who may now have to relocate. This can't be good for Michigan's economy or for the citizens who will be forced to only seek nutrition advice from RDs or similarly trained nutritionists. I have no doubt that there are some very good RDs out there, but I believe taking away the public's right to choose their own health care is very harmful and unnecessarily restrictive. It's shameful that only RDs are allowed to serve on the board". (letter on file)

Embracing Opportunities for Greater Health and Fiscal Recovery

According to the Center for Health Care Research and Transformation at the University of Michigan, average annual spending for a patient with a single chronic condition can exceed spending for a person without a chronic condition by a range from $3,785 to $38,270. And while spending in MIchigan for patients with no chronic conditions averaged $2,788 per year, for those with three or more chronic conditions spending in 2008 averaged $27,763 per year. [19]

Michigan can continue to hemorrhage health care dollars for the preventably, chronically ill or we can make policy and regulatory decisions that support people to become healthier while simultaneously attracting talent, creating jobs, putting money into local economies, and creating opportunities for entrepreneurship that need to be part of Michigan's economic recovery. The data shows that good nutrition is good business. It's good for health care cost reduction, it's good for service sector job creation, it's good for stimulating affiliated markets. The 2010 Global Nutrition report released by Nutrition Business Journal indicates that despite the bad national economy over the last two years, growth in industries related to nutrition have continued to grow. [20] Health care is one of the few sectors of the national economy that has seen continued job growth in a bad economy. Unfortunately, this is propelled by growth in poor health. Rather than adopt a regulation that will continue an unabated acceleration in chronic disease and budget-breaking health care costs, Michigan can take advantage of a clear opportunity in front of us for better health, lower health care costs, and job creation.

In cities across our nation there is what has been called a Food Revolution taking place. The recognition that every person can improve his or her health and prevent disease through making healthier food choices is central to this paradigm shift, and the implications are widespread. As this movement grows it is sending clear and strong messages to the marketplace for related commerce:

1) Educational programs teaching people how to plan for, grow, and prepare healthier food;
2) Farm-to-School purchasing programs;
3) Small businesses that increase consumption of fresh fruits and vegetables such as prepared healthy foods in grocery stores, and meal preparation and delivery services;
4) Healthy food businesses in urban food deserts;
5) Growth of small farms, food artisans, farmers markets and increased agricultural diversity;
6) On site farming at hospitals, schools, and prisons to feed their populations and educate;
7) Private and public educational programs to train nutrition professionals for a diversity of roles;
8) Manufacturing businesses that can take advantage of our agriculture;
9) Tourism related to, and promoting healthy lifestyles;
10) Private sector entrepreneurship within the field of nutrition counseling.

(Appendix D highlights several examples of these enterprises.)

A serious, unintended consequence of PA-333 will be many missed opportunities to improve both the physical and fiscal health of Michigan. This law will not only diminish numbers of and access to nutrition care providers, but will put people out of work while making Michigan less attractive to those seeking opportunities in a burgeoning economy related to food, nutrition and preventive health.

Healthy food is fertile ground for cost savings, and for business and economic growth on so many fronts. Agriculture is a 60 billion dollar industry in MI, our second leading industry. Reinventing local and regional food systems not only stimulates economies, it stimulates

healthy community-building. Creating nutrition-savvy, current and future generations of consumers directly supports increased demand for locally and regionally-produced healthy food, and all the products and services related to a healthier lifestyle. At the same time health care expenditures will be reduced. Nutritionists are, and need to be a significant part of the economic revival of Michigan. PA-333 *is a cookie-cutter law designed over 30 years ago for the self-interest of one professional group, the MIchigan Dietetic Association.* It is is antithetical to a climate that supports health, non-commodity agricultural growth, and related business entrepreneurship and innovation.

Michigan stands at the edge of a unique and timely opportunity to provide a progressive environment supportive of contemporary health needs, economics, and market trends, that will broadly serve the interests and citizens of our state.

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APPENDIX A

Schools, Programs, and Certifications for Complementary and Alternative Nutrition Care Providers

Public Act 333 does not recognize any credential other than the Registered Dietitian (RD), and deems any training program other than dietetics, insufficient.

Michigan Programs (in gray) and National Programs

School / Program	Accreditation	Degree/ Certificate	Impact of PL-333 on graduates	Website
Oakland University School of Health Sciences	Higher Learning Commission of NCA North Central Association	BS in Health, Wellness, Health Promotion & Injury Prevention (Nutrition & Health Focus)	Not recognized for licensure	http://www.oakland.edu/?id=14039&sid=357
Central Michigan University	NCA/Higher Learning & NCATE	BS and MS in Dietetics	Qualifies only if internship is available and completed	http://cmich.edu/ehs/x20651.xml
University of Michigan MS Public Health	Higher Learning Commission	MS in Human Nutrition	Not recognized for licensure	http://www.sph.umich.edu/ehs/nutr/
Michigan State University - Food Science and Human Nutrition BS; MS	Higher Learning Commission	4 yr.	Qualifies only if internship is available and completed	http://fshn.msu.edu/
Andrews University, Berrien Springs, MI	Higher Learning Commission	BS& MS, Nutrition; Nut & wellness	Not recognized for licensure	http://www.andrews.edu/cas/nutrition/programs/bhs_wellness.html
Eastern MI, Ypsilanti, MI	Higher Learning Commission	RD	Qualifies only if internship is available and completed	http://www.emich.edu/hs/undergrad_progDietetics.html
Madonna University Livonia, MI	Higher Learning Commission	RD	Qualifies only if internship is available and completed	http://www.madonna.edu/academics/academic-majors/fn/updateapp/false
Blue Heron Academy, Grand Rapids, MI	Michigan Office of Secondary Education	Certificates in Holistic Health Counseling & Clinical Nutrition	Not recognized for licensure	http://www.blueheronacademy.com/holistic.htm
America Fitness Professionals & Associates - Nutrition & Wellness Consultant Certification	NOCA - National Organization for Competency Assurance	Certified Nutrition and Wellness Consultant	Not recognized for licensure	http://www.afpafitness.com/store/fitness-trainer-nutrition-certifications-nutrition-wellness-consultant-certification-c-1_5.html
Kaplan University - BS in Nutrition Science	Higher Learning Commission	BS in Health and Wellness; BS in Nutrition Science	Not recognized for licensure	http://online.kaplanuniversity.edu/health_sciences/Pages/Nutrition_Science_BS.aspx
Institute for Integrative Nutrition - Integrative Nutrition Certification	NY State Dept. of Education. affiliated with SUNY-Purchase	Inegrative Nutrition Health Coach	Not recognized for licensure	http://www.integrativenutrition.com/program/curriculum
Bauman College -	Eligible for certification through National Association of Nutrition Professionals	Nutrition Consultant	Not recognized for licensure	http://www.baumancollege.org/programs/nutrition-consultant.html
Bastyr University - BS Nutrition; MS Nutrition	Northwest Commission on Colleges and Universities (NWCCU).	BS, MS Nutrition BS in Dietetics	Not recognized for licensure Qualifies only if internship is available and completed	http://www.bastyr.edu/education/nutrition/degree-curriculum/bsn.asp

School / Program	Accreditation	Degree/ Certificate	Impact of PL-333 on graduates	Website
Bridgeport University	New England Association of Schools & Colleges	BS Health Sciences, MS in Human Nutrition	Not recognized for licensure	https://myub.bridgeport.edu/academics/nutrition/Pages/default.aspx
Nutrition Therapy Institute	American Naturopathic Medical Accreditation Board. Regulated by the CO. Dept of Higher Education, Department of Private Occupational Schools.	Nutrition Therapy Practitioner, Master Nutrition Therapist	Not recognized for licensure	http://www.ntischool.com/nutrition/nutr-course-desc.htm
Nutrition Therapy Association -	licensed private vocational school State of Washington	Nutrition Therapy Practitioner	Not recognized for licensure	http://www.nutritionaltherapy.com/NTT_Course_Description.aspx
Hawthorn University -	California Bureau for Private Post-secondary Education	MS Holistic Nutrition; MS Health and Nutrition Education; Doctor of Science in Holistic Nutrition; Nutrition Consultant Certificate	Not recognized for licensure	http://www.hawthornuniversity.org/mshncurriculum.html
Academy of Healing Nutrition -		Nutritional Coach, Holistic Health Counseling Certificate	Not recognized for licensure	http://academyhealingnutrition.com/
Trinity School of Natural Health	American Naturopathic Medical Accreditation Board.	Certificate in Nutritional Counseling	Not recognized for licensure	http://www.trinityschool.org/programs.php?id=5
National Association of Certified National Health Professionals -		Certified Natural Health Professional	Not recognized for licensure	http://www.cnhp.org/seminars/index.php
Huntington College of Health Sciences,	Accrediting Commission of the Distance Education and Training Council	Multiple BD, MS and Cdertificate programs in Nutrition	Not recognized for licensure	http://hchs.edu/index.html

Additional National, Post Graduate Nutrition Accreditations:

International and American Associations of Clinical Nutritionists (IAACN)
Post graduate training, exam leads to designation of Certified Clinical Nutritionist (CCN)

http://www.cncb.org/CORE%20ACADEMIC%20REQUIREMENTS-2011.pdf

American Clinical Board of Nutrition (ACBN)
Post professional degree training, 2000 hours experience, exam leads to designation of Diplomate, American Clinical Board of Nutrition (DACBN)
http://www.acbn.org/brochure.pdf

Certification Board for Nutrition Specialist (CBNS)
Post professional degree training, 1000 hours experience, exam leads to designation of Certified Nutrition Specialist (CNS)
http://cbns.org/certification/

None of these credential are recognized under Public Act 333

APPENDIX B

Michigan Dietetic Association "Documentation of Harm" Campaign

Win Free Registration to MDA's 2004 Annual Conference (a $200+ value)! Generously donated by Ocene Naglik.

Thank You Ocene. Look for Contest WINNERS here!!!

Contest Guidelines:

1. Obtain a Documentation of Harm form from the MDA website.
2. Submit one case of Documentation of Potentially Harmful Nutrition Information and/or Products to be eligible to win free registration to the 2004 MDA Annual Conference.
3. Documented incidents must have occurred in Michigan between January 1999 to March 1, 2004.
4. All cases must be sent/postmarked by March 1, 2004 and returned to:

Email (preferred method):
Laura Freeland Kull at LKull@madonna.edu Or

Snail mail:
Laura Freeland Kull, M.S., R.D.
MDA At Large Director of Legislation
23917 Whittaker
Farmington MI 48335 Or

Fax:
248.476.3660

5. Contestant names will be placed in a drawing and one winner will be selected for free registration. For each case of harm submitted, contestant's name will be entered in the drawing (that means you can send in as many as you have!).
6. Please note that the Documentation of Harm forms must be completed thoroughly in order to be eligible for the drawing.

Who is eligible????
All MDA members, includes Board members, Dietetic **Students and Interns** *(must be co-signed by an RD)*, and this year non-MDA members are also eligible!

For further information about this contest, please contact:
Laura Freeland Kull: LKull@madonna.edu

Documentation of Potentially Harmful Nutrition Information and/or Products
Instruction Sheet

This form is for documenting harm and/or potential harm from unqualified individuals dispensing nutrition advice and/or products. If there are questions regarding whether harm is secondary to the questionable advice and/or product versus the natural progression of the disease state, please cite studies indicating how this information or product can be potentially harmful. With regard to supplements, specifics regarding type of supplement, frequency of usage, approximate cost, ingredients, and dosages are helpful. In clinical settings, laboratory data (trends), weight history and diet history before and after R.D. intervention are helpful too.

This information will help us make a stronger case to our legislators regarding why we need to have State Legal Recognition of the "Registered Dietitian." These cases will also help to show why the Registered Dietitian is a necessary member of the healthcare team as the most qualified provider of medical nutrition therapy and nutrition services. Please see the suggestions listed below when completing the form.

I. ***Background Information*** - Please see form

II. ***Diagnosis History*** - Please see form

III. ***Suspected Nutritional Misinformation/Harm*** - Please see form

IV. ***Type of Advice or Product***

- Be as specific as possible about the advice the patient received:
how much of a supplement was advised, dose, frequency, length of time taken, compliance.
- Collect as much information about changes as possible – weight histories, lab values before and after advice (include dates).
- Dietetics is based on the science of nutrition and food. Please cite references to support why the advice, information or product may have caused harm or could be potentially harmful. Photocopy and include the full article of reference with the pertinent sentences, paragraphs underlined.

V. ***Type of Harm Incurred***

Physical Side Effects/Harm Incurred:

- Include supporting evidence as available (i.e. weight histories, lab values before and after advice- include dates).

Financial Harm Incurred:

(i.e. Consumer spent $25/week on vitamin/mineral supplements for three months and ended up in the hospital. The estimated cost of the hospitalization was $6,000)

VI. ***Quality of Treatment***

- What was the R.D.s intervention and how did it affect the outcome? Please include supporting evidence such as weight changes, lab values, changes in eating patterns (i.e. diet history) if available. If a R.D. did not intervene, how could a Registered Dietitian have made a difference in this case.

Documentation of Potentially Harmful Nutrition Information and/or Products (Confidential)

I. Background Information

Date of Incident:_____ **Date of Report**_____

Identification
Name of Consumer/Patient (optional):_____

Age:_____ Sex: M F (please circle)

City (where occurred):_____

Person Filing the Report
Name and Credentials:_____

Address:_____

Daytime Phone #_____ Evening Phone #_____

II. Diagnosis History

1. Was the consumer/patient diagnosed with any specific disorder by a licensed health professional prior to this interaction with the questionable practitioner/salesperson? YES NO

2. If so, what were the credentials of the individual providing the diagnosis?

3. What was the diagnosis/complaint?

III. Suspected Nutritional Misinformation/Harm

1. Type of Harm: (Check all that apply)
_____ physical _____ emotional _____ financial

2. Source of Nutritional Advice: (Circle all that apply)

Chiropractor	Acupuncturist	Herbalist	Radio/Television
Brochure/Magazine	Newspaper	Naturopathic Doctor	Medical Doctor
Nurse	Pharmacist	Physical Therapist	Health Food Store

Other:_____

3. What credentials were provided to the consumer/patient upon interaction with the questionable nutrition provider/salesperson?

4. Did the questionable practitioner/salesperson obtain:
   a. a diet record/recall/history? YES NO

   b. a medical history including past medical problems? YES NO

   c. a list of current medications the consumer/patient is taking? YES NO

IV. Type of Advice or Product

1. What advice was given by the questionable practitioner/salesperson? (Attach additional sheet if needed).

2. Did the questionable practitioner/salesperson provide scientific tests or studies to support the advice/product? YES NO

If yes, what tests, studies or trials were provided?

3. Cite references(s) indicating why this advice, product or service is potentially harmful:

V. Type of Harm Incurred/Treatment

1. Physical Side Effects/Harm Incurred: (Circle all that apply)

Nausea	Vomiting	Stomach/Abdominal Pain	Diarrhea
Dizziness	Rash	Itchiness	Respiratory Distress
Sleepiness	Insomnia	Organ Failure	High Blood Pressure
Weight Loss	Weight gain	Headaches	Death

Other:_____

2. Emotional Harm Incurred:

Depression Anxiety Agitation Anger Other_____

3. Financial Harm Incurred:

a. What was the cost of the services/product provided?

b. Were these costs worth the results that were obtained? YES NO (please describe)

VI. Quality of Treatment

1. Was followup care provided? YES NO

2. Did this treatment help the consumer/patient obtain desired results? YES NO

Signature of Person Filing this Report_____

Signature of Consumer/Patient (optional)_____

Please return form to: MDA Legislative Chair, c/o AMP, 3319 Greenfield Rd, #321, Dearborn, MI 48120

Documentation of Potentially Harmful Nutrition Information and/or Products (Confidential)

-Sample-

I. *Background Information*

Date of Incident: 5/99 → ongoing **Date of Report** 3/00

Identification
Name of Consumer/Patient (optional): —

Age: 49 Sex: M (F) (please circle)

City (where occurred): Ann Arbor, MI

Person Filing the Report
Name and Credentials: Sample

Address: Sample

Daytime Phone # _____ Evening Phone # _____

II. *Diagnosis History*

1. Was the consumer/patient diagnosed with any specific disorder by a licensed health professional prior to this interaction with the questionable practitioner/salesperson? (YES) NO

2. If so, what were the credentials of the individual providing the diagnosis? MD

3. What was the diagnosis/complaint? AIDS, AIDS wasting, numerous opportunistic infections, anemia, dehydration, mental status changes, pneumonia

III. *Suspected Nutritional Misinformation/Harm*

1. Type of Harm: (Check all that apply)
X physical _____ emotional X financial

2. Source of Nutritional Advice: (Circle all that apply)

Chiropractor	Acupuncturist	Herbalist	Radio/Television
Brochure/Magazine	Newspaper	(Naturopathic Doctor)	Medical Doctor
Nurse	Pharmacist	Physical Therapist	Health Food Store

Other: _____

3. What credentials were provided to the consumer/patient upon interaction with the questionable nutrition provider/salesperson? Naturopathic Doctor (ND)

4. Did the questionable practitioner/salesperson obtain:
   a. a diet record/recall/history? YES (NO)
   b. a medical history including past medical problems? (YES) NO
   c. a list of current medications the consumer/patient is taking? YES (NO)

IV. Type of Advice or Product

1. What advice was given by the questionable practitioner/salesperson? (Attach additional sheet if needed).
Do not take proven, tested HIV management medications. Instead treat your HIV/AIDS "naturally". Patient avoided active treatment until CD4 count = 5 and viral load = 460,000.

2. Did the questionable practitioner/salesperson provide scientific tests or studies to support the advice/product? YES (NO)

If yes, what tests, studies or trials were provided?

3. Cite references(s) indicating why this advice, product or service is potentially harmful:
See attached sheet

V. Type of Harm Incurred/Treatment

1. Physical Side Effects/Harm Incurred: (Circle all that apply)

(Nausea)	(Vomiting)	Stomach/Abdominal Pain	(Diarrhea)	(anemia)
Dizziness	Rash	Itchiness	Respiratory Distress	
Sleepiness	Insomnia	Organ Failure	High Blood Pressure	
(Weight Loss)	Weight gain	Headaches	Death	

Other: extreme wt loss, pt 5'6" tall, wasted to 76#

2. Emotional Harm Incurred:

Depression Anxiety Agitation Anger Other being deceived
None yet, pt still believes ND, but now taking management meds.

3. Financial Harm Incurred:

a. What was the cost of the services/product provided?
unknown, but very high (likely in excess of $100.00/mth) and ongoing.

b. Were these costs worth the results that were obtained? YES (NO) (please describe)
Patient nearly died.

VI. Quality of Treatment

1. Was follow up care provided? (YES) NO

2. Did this treatment help the consumer/patient obtain desired results? YES (NO)

Signature of Person Filing this Report_____

Signature of Consumer/Patient (optional)_____

Please return form to: MDA Legislative Chair, c/o AMP, 3319 Greenfield Rd, #321, Dearborn, MI 48120

Documentation of Potentially Harmful Nutrition Information and/or Products (Confidential)

Care Provider:
Care Setting:

Summary:

Client is a 49 year old female who was admitted to UM hospital 5/24/99 with diagnoses:
1. dehydration
2. AIDS
3. Anemia
4. Chronic Diarrhea
5. Cachexia & extreme wasting (5'5" & 76 lbs)

Previously admitted 3/3/99 with diagnoses:
1. Dehydration
2. Severe anemia
3. Diarrhea of unclear etiology
4. AIDS dementia
5. Endstage AIDS
6. Urinary tract infection.

Medical history significant for HIV diagnosis in 1985. Refused anti-retroviral therapy in the past, choosing instead to consult with naturopathic practitioner. Naturopathic doctor (ND) treated patient continuously from 1985 to time of hospital admissions in 1999. Did not encourage client to seek medical attention from MD or other health care provider. Over the course of approximately 14 years (1985 – 1999) patient utilized hundreds of herbs, supplements, and other alternative/complementary medicine regimens instead of seeking medical care from a licensed provider.

The patient has been followed by HATP clinic physicians & staff, since June of 1997 but has refused antiretroviral therapy consistently since care began in HATP. Attempts to get the patient to consider anti-retroviral therapy have been severely hampered by her lack of trust of conventional medicine and history of relying solely on naturopathic regimens for disease management.

I began consultation with the patient in August 1999. At this time, the patient weighed 82 lbs (66% of IBW). I saw patient every clinic visit, approximately weekly and biweekly, for a period of 3 months. Over this time, I worked very slowly to gain patient trust and build communication about the appropriate use of naturopathic remedies and conventional medications. Together, with HATP physicians, I helped the patient accept and begin to use anti-retroviral medications as well as prophylaxis for opportunistic infections. The patient stated to me in one visit, "I like you, you're not like the others in this clinic. You're open minded and I trust what you tell me."

I feel that I was instrumental in getting the patient to begin anti-retroviral medications. By working with the patient to selectively choose supplements & herbs for use that may be helpful and that had no evidence of harm or drug interaction potential, I was able to satisfy her need to use more 'natural' alternatives, while concurrently using anti-retroviral medications.

At her last clinic visit, the patient weighed 121.2 lbs. Her most recent lab results, drawn on 1/17/00 reveal a CD4 count of 198 cells/cmm and an undetectable viral load (< 50 viral copies/mL plasma). This is an excellent clinical outcome and indicates that she has had a rapid and very excellent response to nutrition and medical management of her HIV/AIDS.

References:

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APPENDIX C

Commission on Accreditation for Dietetic Education
Guidelines for Assessing Prior Learning

eat right. American Dietetic Association

The world's largest organization of food and nutrition professionals.

FAQ About Assessing Prior Learning and Accreditation Standards

Does the Commission on Accreditation for Dietetics Education (CADE) allow programs to assess and grant credit for prior learning?
Yes. CADE Accreditation Standards are designed to allow flexibility to programs that seek to provide quality dietetics education using innovative methods. Granting credit for prior learning is one such method. Nontraditional students often bring to the classroom knowledge and experiences that have been acquired in settings other than the traditional academic and supervised practice locations, and they may seek to receive credit for the same. CADE encourages programs to explore and develop ways to credit such individuals for the learning that they have acquired in nontraditional settings. For individual students, the required supervised practice hours may include hours credited from the individual's prior experience if the program has established a policy and process for assessing achievement of competencies.

How does assessment of prior learning apply to Didactic Programs in Dietetics?
In accordance with college and university policies, academic programs have always had the prerogative of granting credit for prior learning through assessment of previously taken coursework or experience. Programs are encouraged to individualize didactic and supervised practice experience taking into account prior coursework and experiential learning.

Does CADE need to approve the program's process for granting credit for prior learning experience before this can be done?
No. Once the program has established the policy and procedure, it must be communicated to all prospective and enrolled students. When the program is reviewed for initial or continued accreditation, the program should provide documentation of the process and the results for the CADE reviewers to evaluate within the context of the total program and its outcomes. Of course, new programs, which plan to use assessment of prior learning, would describe the process and procedures for implementation and communication to prospective students in the self-study application for candidacy for accreditation submitted to CADE.

Does CADE put a limit on the number of hours that can be credited towards required didactic courses or supervised practice hours based on the assessment of prior experience?
No, the CADE Standards do not limit the number of hours that can be credited. It is up to the program to establish the maximum number of hours for which a student can request credit. If credit is granted for a particular student, then the program can adjust the total number of courses or supervised practice hours that the student will need to complete. The program's policy and process for assessing achievement of the required knowledge, skills, and competencies should clearly describe these procedures.

Can a DPD, CP, or DI use this process to grant credit for any or all of the DT Foundation Knowledge, Skills, and Competencies or 450 supervised practice hours completed in a CADE-accredited/approved Dietetic Technician Program?
Yes. Dietitian education programs (CP, DPD, DI) can apply policies for assessing prior learning to the education and experience that DTRs have acquired and grant credit as appropriate. In colleges

and universities, formal articulation agreements between two-year and four-year institutions will facilitate this process and should be established whenever possible.

Can a program charge a fee for this assessment and charge tuition for the hours credited?

The program is responsible for all decisions related to tuition and fees. Programs should refer to the sponsoring institution's policies on tuition and fees when making these decisions. CADE Accreditation Standards require that tuition and fees conform to commonly accepted practice and be accurately disclosed in information provided to prospective and enrolled students.

How does assessment of prior learning fit into the computer matching process?

Dietetic Internship programs participating in computer matching must decide how and when the prior learning assessment will occur and communicate this to prospective applicants. If the program wishes to conduct the assessment prior to the computer matching application deadline date, it must be done in such a way that the integrity of the computer matching process is not compromised. In other words, applicants may not be "promised" a position or asked to prioritize a program based on the prior learning assessment process.

Has CADE published any guidelines for granting credit for prior learning?

In the "Clarity from CADE," January 1999 *CADE Newsletter* (written by Vidya Kudva, MS, RD, 1997-1999 Chair, Review Panel for Accreditation of Dietetic Technician Programs), programs were advised to consider the following points when giving credit for prior learning:

- Measure output competency not the input. (Don't say you give credit for "life experiences" — give credit for the learning that occurs in those experiences.)
- Assess the competence/knowledge learned, not the number of hours spent in the experience (eg, 15 years of work experience can reflect progressive learning or 14 years repeating one year's experience).
- Use the Foundation Knowledge, Skills, and Competency statements to evaluate the level of prior learning.
- Establish and fully disclose a standard policy and process for assessing and granting credit for prior learning, including provision for appeal.
- Apply the process consistently to all applicants interested in having prior learning considered for credit.
- Decide whether the policy will be to waive part or all of supervised practice requirements.
- Seek documentation or evidence that the student has actually acquired the learning claimed and for which credit is being sought.
- Identify which competencies have been met when granting credit for prior learning.
- Be sure you are meeting other institutional standards separate from CADE requirements, such as granting graduate level academic credit if this applies to the program.
- Develop a management process to coordinate portfolio-assisted assessment of prior learning in order to ensure overall program quality.

Assessing prior learning is not as simple as looking at a student's work history and assigning college level credit. The challenge lies in taking that work experience, and the learning acquired in a variety of settings, and matching it to the skills and competencies required of qualified RDs and DTRs serving the public.

Source: CADE/November 2006

APPENDIX D

Entrepreneur Profiles

Appendix D Entrepreneur Profiles

These are a few examples of Michigan Entrepreneurs whose business growth is spurred by consumer awareness of, and demand for products and services related to healthy food and nutrition.

Stacy Williams: What's Cooking! http://www.whatscookinga2.com/about.htm
Flve years ago Williams began her company What's Cooking! in Ann Arbor MI. She provides high value, fresh, healthy, home-delivered meals.. Williams offers extensive and varied weekly menus from which her customers choose, including box lunches, dinner entrees, specialty salads, soups, baked goods, and vegetable side dishes. Her menus can accommodate clients who, for health reasons need to avoid gluten, dairy, eggs or other ingredients, which makes her the perfect partner for nutritionists whose clients need help with healthy meal preparation. "My business thrives because people have a much stronger desire to be nutrition conscious in their food choices. I hope this law is stopped." What's Cooking! revenues in 2010 were up 23% and expenditures in the local economy increased an average of 29% over all vendors. In addition to herself, What's Cooking! employs 6 part-time employees for more than 2 full-time equivalents. She sources much of her food locally and in the last year moved to a new location, double in size, and now rents space to caterers when What's Cooking! is not actively using the space.

Ann Dougherty: Learn Great Foods http://www.learngreatfoods.com/about.html
Learn Great Foods offers Midwest Culinary and Farm Tours, classes and retreats, teaching guests the links between sustainable agriculture, delicious, healthy cooking, and the environment. Based in Northern Michigan, Learn Great Foods conducts tours in 6 states. LGF is able to bring part time work or business to: 8 tour guides, 15 chefs, and 88 small farms and artisan food makers. While on an LGF sponsored event, health-conscious guests spend an average of $75/day additionally on food purchases from the farms and businesses they visit. Says Dougherty, "I like to think of Learn Great Foods as a little, rural economic engine." Since opening in 2005, revenue has doubled every year but one and is on track for 100% growth again in 2011. "People are more health and food conscious and that definitely helps us grow".

Roger Newton: EsperVita Natural Products:
Roger Newton is a successful businessman, research scientist and serial entrepreneur in Michigan. He is the co-founder, President and CEO of EsperVita Natural Products, LLC, which is developing herbal and other nutrition-based products to treat Cardio-Metabolic Syndrome which accounts for 40-60% of morbidity and mortality in Michigan. EsperVita will be sourcing natural products from Michigan grown crops, and employing Michigan talent including nutritionists. Health care and nutrition professionals will help his company be successful by connecting EsperVita products with individuals that can most benefit from them. Yet Newton, with his Masters and Ph.D. in Nutrition would not be allowed, nor would his equally qualified staff, be allowed to refer to themselves as Nutritionists under PL-333. Newton says, "I am incredulous that Michigan could implement a law that will limit my credibility. Now I have to give equal weight to locating my company in a state whose regulations won't interfere with my company's potential to thrive".

David Klingenberger: The Brinery http://thebrinery.com

The Brinery is a Southeastern Michigan business steeped in the ancient art of fermentation. The Brinery specializes in all natural, brine-fermented vegetables such as sauerkraut, kimchi and pickles. Raw lacto-fermented foods are rich in lactobacteria, similar to yogurt, and have many known health benefits such as aiding digestion and boosting the immune system. Klingenberger is proud that his business is self-supporting in less than a year, and in addition to himself, has up to four, seasonal, part-time employees. He sources all his ingredients, and packaging in MIchigan from small, family farms and businesses. The Brinery began selling product at a local Farmer's Market and now is in 14 retail stores and restaurants in S.E. Michigan. "The list is growing weekly" says Klingenberger, a great example of a new generation of Michigan entrepreneurs who care deeply about healthy food, sustainability and local economies. "I plan for the Brinery to be a substantial economic force in Michigan employing 4 full time people and 12 part time seasonally. I will create a large niche for local farmers contract-growing produce for me.I want the Brinery to be part of a new movement of sustainable, hand crafted food products directly stimulate peoples' health, as well as Michigan's economy. Five years ago people weren't so aware of the health benefits of fermented food; that information isn't part of mainstream nutrition education. I can't believe my state wants to get rid of alternatively-trained nutritionists".

Nutritionists and Dietitians:
Who are they, how are they different?

Key Features	Registered Dietitians	Nutritionists	Professional Health Coaches
Education	BS, may have advanced degrees	MS, may have PhD	Varying degrees and certifications
Food Service Management & Sanitation	Included	Not Included	Not Included
Employment	92% in institutional settings	Private Practice, Clinics, Entrepreneurs, Public Health, Education	Private Practice, Clinics, Entrepreneurs
Service Focus	Acute Care, Disease Management, Food Systems Management	Prevention/ Wellness Care, Disease Mitigation	Prevention / Wellness Care
Sponsors and Partners	Pepsi, Coca-Cola, McDonald's, Hershey's, Mars, Pharmaceutical companies, other food/agricultural industry	Nutrition supplement companies, Universities, Testing laboratories	

See diagram page 2

Not shown here are the many health care practitioners who have additional training and include nutrition in their patient care such as: Medical Doctors, Chiropractors, Nurses, Pharmacists, Dentists, and Naturopathic Physicians, and others.

The field of nutrition extends beyond any one group, making it inappropriate for any single group or organization to attempt to regulate the field in their own self-interest.

As Michigan moves toward implementing it's strategic plan for the Patient Protection and Affordable Care Act, we will need many *more* nutrition care providers to deliver preventive services that will reduce the need for and cost of chronic disease care. It would be reckless and antithetical to MIchigan's health and economic goals to implement a law that would cut these valuable and necessary resources.