
Healthcare Nutrition Council

529 14th Street, NW • Suite 750 • Washington, DC 20045

The Honorable Ray Cooper
Governor
North Carolina Office of the Governor
20301 Mail Service Center
Raleigh, NC 27699-0391

RE: HNC Support for North Carolina Senate Bill 297 / House Bill 357- Modernize Dietetics/Nutrition Practice Act

Dear Governor Cooper:

The Healthcare Nutrition Council (HNC), representing manufacturers of enteral formulas, parenteral solutions, supplies, and equipment, wishes to express our strong support for North Carolina Senate Bill 297 / House Bill 357, which would provide for the licensure and regulation of qualified nutrition professionals. HNC supports this bill as we believe it is critical that all patients receive proper nutrition diagnoses, screenings and care plans from qualified dietitians with the proper training and education. We commend the North Carolina State Legislature for recognizing the expertise and value that licensed dietitians can provide to patients, providers and additional interdisciplinary care teams in multiple care settings. As this legislation will have an immediate positive impact on patients, we actively support SB. 297/HB. 357 and call on you to ensure that this bill becomes law.

Licensing Nutrition Professionals is Critical to Healthcare

Licensed Dietitians are at the forefront of battling malnutrition. These medical professionals are highly trained in the area of clinical nutrition and are often in the best position to assess a patient's nutritional status. Due to their unique training and education, licensed dietitians are often in the best position to assess a patient's nutritional status and work with other providers to implement a nutritional plan, including ordering therapeutic nutritional products when the results of a nutrition screening or assessment indicates such products are necessary. For licensed dietitians, they have at a minimum earned a bachelor's degree in nutrition from an accredited university or college and have completed at least 1,000 hours of supervised experience.

If this legislation is enacted, licensed dietitians may order, write, review, evaluate, monitor and manage therapeutic diets, including enteral and parenteral diets. HNC believes that dietitians understand the prescribed use and benefits of the enteral and parenteral nutrition formulas and solutions that HNC member companies formulate, market, and distribute. These products are specially formulated to treat specific conditions which provide the appropriate nutrients that a patient may be lacking over the course of the patient's treatment. Giving a patient the incorrect product for their condition could lead to further malnutrition and more adverse health outcomes. Other medical professionals, such as doctors and nurses, may not be able to effectively diagnose and prescribe the correct form of treatment to address malnutrition in these patients. The work of dietitians frequently goes unnoticed, as many medical professionals do not recognize the threat of malnutrition in individuals. By passing SB. 297/HB. 357, the state of North Carolina is recognizing the value of licensed dietitians' contributions to the healthcare system and on patient outcomes. Moreover, permitting licensed dietitians to prescribe nutritional products to patients would increase access to these specialized formulas that patients with complex diseases require.

Malnutrition and Its Impact on Patient Outcomes

It is widely recognized that nutritional status plays a significant role in health outcomes and healthcare costs. Data also shows that malnutrition is widely underdiagnosed and often goes untreated. In a recent study conducted by the Agency for Healthcare Research and Quality using the Healthcare Cost and Utilization Project database, only about 7 percent of hospitalized patients are diagnosed with malnutrition.ⁱ Yet, for over 30 years, large-scale studies have shown that as many as half of hospitalized patients and 35% to 85% of older long-term care residents are undernourished or at risk of becoming malnourished.^{ii,iii,iv,v,vi,vii,viii} This diagnosis gap is of great concerns and offers an opportunity for improvement which dietitians are uniquely qualified to address.

Malnutrition often is associated with acute and chronic diseases and injury, such as cancer, stroke, chronic obstructive pulmonary disease, heart failure, infection, trauma and surgical procedures. These diseases and conditions may cause an individual to become malnourished or may be exacerbated in a malnourished patient. Overall patient care and outcome are affected by nutrition care management, which includes timely diagnosis and application of appropriate treatment of malnutrition. Giving nutrition professionals clear authority to order and manage therapeutic nutrition when indicated will have a direct and immediate impact on patient outcomes that are influenced by nutritional status.

Malnutrition and Its Impact on Healthcare Costs

A 2014 study estimates that the annual burden of disease-related malnutrition for older adults aged 65 years and older across eight diseases was \$51.3 billion.^{ix} The authors hypothesize that their findings likely underestimate the total burden of disease-related malnutrition since its rates are much higher in hospitalized patients.^x Furthermore, malnourished patients and patients with nutrition related or metabolic issues are frequently readmitted to the hospital, which impacts overall healthcare costs for such patients.^{xi, xii} Studies have demonstrated that readmissions are 24-55% more costly than initial admissions and account for 25 percent of Medicare expenditures.^{xiii, xiv} Data from 2013 showed that 30-day hospital readmission rates for all causes (other than maternal or neonatal) to be more than 50 percent higher for patients with malnutrition. Rates of readmission were found to be highest among adults aged 18-64 years, those paid by Medicaid and those residing in metropolitan areas. Further, the average costs per readmission for patients with malnutrition were found to be 26-34 percent higher (\$16,900 to \$17,900) for patients with malnutrition compared to those without malnutrition (\$13,400).^{xv}

Timely, appropriate clinical nutrition therapies provided by nutrition professionals can improve or maintain patients' nutritional status, resulting in less morbidity and fewer complications, shorter hospital stays, fewer hospitalizations, reduced hospital readmissions and increased savings. For these reasons, HNC sees the real potential for SB. 297/HB. 357 to, most importantly, improve patient outcomes by increasing diagnosis and treatment of malnutrition by dietitians, but to also reduce healthcare costs associated with untreated malnutrition.

Conclusion

HNC would like to thank the North Carolina State Legislature for recognizing the role of licensed dietitians in ensuring proper nutrition, which is an important quality of care concern for hospitalized patients. Dietitians and other nutrition professionals are essential to the healthcare system. Ensuring their ability to rapidly identify and treat patients who are malnourished or at risk of malnutrition is key to improving patient outcomes, lowering medical costs, and shortening hospital stays. Licensing these professionals ensures a high standard is maintained by dietitians and gives them the opportunity to prescribe appropriate nutritional therapies quickly and efficiently.

For all of these reasons, we strongly support SB. 297/HB. 357 and encourage you to ensure its enactment into law.

Thank you for the opportunity to comment on this important legislation. If you have any questions or would like additional information, please contact me at ncayce@kellenccompany.com or 202-207-1126.

Sincerely,



Nadia Cayce, PhD
Executive Director
Healthcare Nutrition Council

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