



PATRICK TESTIN

STATE SENATOR

DATE: April 9th, 2025

RE: **Testimony on Assembly Bill 45**

TO: The Assembly Committee on Regulatory Licensing Reform

FROM: Senator Patrick Testin

Thank you Chairman Sortwell and members of the committee for accepting my testimony on Assembly Bill 45.

Interstate compacts are agreements that allow a group of states to put in place parameters for credentialed professionals to practice in states that have ratified this agreement via legislation.

During the 2023-2024 legislative session, several bills were enacted that ratified Wisconsin's membership in various interstate compacts, including the Physician Assistant Compact, the Dentist and Dental Hygienist Compact, and the Counseling Compact. AB 45 would allow Wisconsin to join the Dietitian Licensure Compact.

In order for the compact to be created, seven states need to enact legislation joining the compact. At this time, three states have enacted legislation to join the dietitian compact—Alabama, Nebraska and Tennessee. If Wisconsin were one of the first seven states to enact this legislation, it would afford us an opportunity to influence the establishment of the compact commission, which will administer and implement the compact.

When the compact is established, eligible Wisconsin dietitians will be afforded the opportunity to apply for a compact privilege to practice their profession in one or multiple states. While dietitians will need to pay a fee to each state in which they are applying in practice, these fees will be set by the compact commission and are generally significantly lower than if they were not applying via the compact process. In addition, compact privileges to practice in other states are issued more quickly than through a non-compact process. Out-of-state dietitians would be able to take advantage of the compact process to serve patients in Wisconsin as well. Such dietitians would be subject to our state's laws and regulations just as Wisconsin-based dietitians are.

Why is it beneficial to implement a dietitian compact? It will:

- Make it much less burdensome for Wisconsin dietitians to apply to practice in multiple states.
- Allows our dietitians to serve patients who relocate or reside part-time in other states.
- Allow military spouses to more easily continue their practices when they move every two to three years
- Reduces our state's administrative burden.

I ask for your support and am happy to take any questions.



TO: Members of the Assembly Committee on Regulatory Licensing Reform
FROM: Wisconsin Academy of Nutrition and Dietetics
DATE: April 8, 2025
RE: April 9 Hearing - Assembly Bill 45 (Relating to: ratification of the Dietitian Licensure Compact)

On behalf of the Wisconsin Academy of Nutrition and Dietetics and the patients we serve, we respectfully request your support of Assembly Bill 45, which will enter Wisconsin into the interstate Dietitian Licensure Compact.

This legislation would allow eligible dietitians to care for patients in states outside of Wisconsin that also join the compact. In order to do so, a Wisconsin dietitian would need to apply for a compact privilege in such a state and meet other requirements put in place by the state, such as undergoing a background check and paying a fee. As is generally the case under other multi-state occupational compacts, the compact privilege fee to practice in another state is generally less than if the dietitian went through the normal credentialing process in that state. In addition, applications for a compact privilege are generally processed more expeditiously than applications submitted under the normal credentialing process.

The Wisconsin Academy of Nutrition and Dietetics (WAND) supports Wisconsin joining this multi-state dietitian licensure compact. This compact will simplify the credentialing application process for Wisconsin dietitians that practice in other states. Thus, it also supports inter-state practice and decreases the risk of disrupted care when patients move out of state or reside in other states on a part-time basis. In addition, it would make Wisconsin a more military family-friendly state by making it much easier for military personnel or their spouses to continue to treat patients independent of their locale.

As you may know, Wisconsin dietitians are certified and maintain title protection. **This compact would not change how dietitians are regulated in the state.** This dietitian licensure compact bill applies to Wisconsin's certified dietitians. In addition, **this bill does not expand the scope of practice for dietitians who are certified in our state.**

Once again, WAND respectfully requests your support for Assembly Bill 45. We thank you for your consideration.

If you have any questions, please contact the WAND government affairs team, Tim Hoven and Nathan Butzlaff, at tim@hovenconsulting.com or nathan@hovenconsulting.com.

TO: Members of the Assembly Committee on Regulatory Licensing Reform

FROM: Kelley Wilson, MS, RDN, CD
Manager of Clinical Nutrition Operations – UW Hospital and Clinics

DATE: April 9, 2025

RE: Assembly Bill 45 – a bill ratifying the Dietitian Licensure Compact

Good morning – Chair Sortwell, Vice Chair Wichgers, Ranking Member Moore-Omokunde – and committee members.

Thank you, Representative Sortwell, for holding this hearing to address the Dietitian Licensure Compact Bill. I am grateful for the opportunity to have my voice heard today. I have been a Registered Dietitian for 13 years. I've worked in both the inpatient and outpatient setting, and I've been fortunate to support two #1 hospitals, one in Oklahoma and now here in Madison, Wisconsin. The bulk of my career was spent as a leading gastrointestinal nutrition expert. However, for the past few years, I have worked in a leadership role as a Clinical Nutrition Manager. A Clinical Nutrition Manager oversees operations of Clinical Nutrition care, namely the dietitians that provide that care and any systems and programs related. At UW Health, I am one of three Clinical Nutrition Managers. I am responsible for adult facing care in the clinics. I also oversee our teaching kitchen where patients learn the art of Culinary Medicine, and I orchestrate a CDC-recognized Lifestyle Change Program.

I am currently credentialed in the state of Wisconsin but have been credentialed in Oklahoma and Illinois. Today, I'm sharing my perspective on the licensure compact through the lens of a Clinical Nutrition Manager. UW Health is a large organization. Between Wisconsin and Illinois, we have 6 hospitals, 4 medical centers, and nearly 100 outpatient clinics. There are dietitian teams in both states. All WI-based UW Health outpatient dietitians are required to maintain licensure in both Wisconsin and Illinois due to our reach and volume. In the past 12 months, my team alone, which does not service pediatrics, completed over 31,000 outpatient visits. Of those visits, 9% were patients residing outside of the state of Wisconsin. The same percentage of our total telehealth visits represent non-Wisconsinites. This shows how important licensing in a neighboring state truly is. While acutely ill patients usually require in-person visits, many patients are suitable for virtual care. This allows patients to maintain care in our system, not to mention it generates revenue in our state.

Though we are successful supporting some neighbors, the current licensure framework limits care more broadly. For example, some of that 9% I mentioned were telehealth visits conducted to states our dietitians are not licensed in, such as Florida or Minnesota. It's not uncommon for patients to be in other states – for example, many locals vacation south in the winter months. Other patients may have recently moved or have translocated temporarily to take care of a family member. Anyway, when these occur, we are unable to provide the best practice of individualized medical nutrition therapy. This is not good patient care. Dietitians are often specialized in one area like kidney stones, epilepsy, or cystic fibrosis and some patients have driven hundreds or even thousands of miles to receive our care in person because of licensure limitations. But this is not the ability of the average patient, nor should it be the expectation. The licensure compact would largely eradicate this problem, allowing many eligible patients to receive remarkable nutrition care when they need it.

Another problem we encounter with the current system is that obtaining a license in another state is slow and cumbersome. Of 14 dietitians I've hired in the past 3 years, 86% had unexpected delays in receiving their Illinois license. Despite an advertised 12-week processing time, most waited 5-7 months after their check was cashed. These delays cause strains on our workforce and patients. The licensure compact would allow for an easier and faster process to obtain necessary state licensure and remove strains from systems on both ends.

Lastly, as a manager I am focused on designing the future workforce; I can't help but think about the falling number of students entering the nutrition field. We are facing a shortage of dietitians in the coming years, but the U.S is getting sicker. The licensure compact would better utilize resources by allowing dietitians to provide care farther distances to eligible patients.

In summary, a dietitian licensure compact provides multiple workforce benefits including a more efficient licensing process, a more mobile labor pool, and expanded employment opportunities. But the most important benefits are those that reach the patient, because that's why we work in healthcare – to provide the best possible care to our patients. The compact would allow patients to receive the care where they choose, and despite relocation or living part time in another state. It would also support continuity of care, so patients can receive quality care in a timely fashion over the course of their healthcare journey.

I appreciate the committee chair granting this hearing today and am available for any questions the committee may have for me.

TO: Members of the Assembly Committee on Regulatory Licensing Reform

FROM: Mackenzie Burke, MS, Registered Dietitian Nutritionist, Lifestyle Coach
Clinical Nutrition Supervisor at UW Health

DATE: April 9, 2025

RE: Assembly Bill 45 – a bill ratifying the Dietitian Licensure Compact

Good morning – Chair Sortwell, Vice Chair Wichgers, Ranking Member Moore-Omokunde – and committee members.

Thank you for holding this hearing on Assembly Bill 45 today. My name is Mackenzie Burke. I have been a dietitian since 2021 and worked for UW Health since then. I started as a Dietitian in cardiology care and have since moved into a Supervisor role. I have a masters in clinical nutrition from UW Madison, and have practiced in a variety of clinics including preventative cardiology, cardiac rehab, osteoarthritis clinic, transplant clinic, and ALS clinic. I am also a registered Lifestyle Coach for the Diabetes Prevention Program or Lifestyle Change Program. I currently oversee 13 dietitians in my role across a variety of clinics including Surgical Weight Management, Medical Weight Management, General Nutrition, Osteoarthritis clinic, and cardiology.

I am credentialed in Wisconsin and Illinois, which is a requirement for dietitians at UW Health. Illinois is also not a member of the dietitian licensure compact at this time. As a supervisor, new staff members are often waiting for licensure from the state of Illinois anywhere from 3 months to a year from when they apply for licensure. Yes, we have had people wait up to a year. During this time, that staff member cannot accept any video visits from a patient who lives in Illinois. It is very common for our northern Illinois patients to come in person for their initial visit to establish care, and want to follow up with their dietitian via video following. We recently changed our policy at UW Health to allow for up to year to get your license from IL, as before we had a 90 day cut off, and we kept having to extend the deadline for new employees. This wait time hinders patients we serve in Illinois, especially in northern IL. These patients choose to come to Madison for their specialty care as opposed to Chicago, bringing additional revenue to the state of Wisconsin. Being able to serve these patients with a video visit is a huge benefit to them and to the state of Wisconsin as we are able to get and keep their care here. This is why we require licensure in IL for our dietitians. Of note, we will also have patients in the Upper Peninsula of Michigan drive, sometimes up to 2 hours, to cross the border into Wisconsin to join their video visit. Michigan has not yet joined the compact.

In the variety of clinics I have worked in, I have seen patients who come from all over the Midwest to seek care at UW Health. UW Health is one of the top Transplant centers in the country. We often get patients traveling from not only across Wisconsin but Michigan, Illinois, Iowa, Minnesota, sometimes even Indiana to be assessed by our transplant center to be put on our waitlist for an organ. These patients hope to receive a new kidney, liver, heart, or lungs. If you have never met anyone in organ failure, they are very sick. Often times with much higher nutritional needs than the average individual. They are at a higher risk for frailty, malnutrition, micronutrient deficiencies, and may have limited access to a dietitian where they live. For many of these patients, we would like to follow up with them to get them as strong as possible before they pursue a transplant, as this better their outcomes. However, we can only provide video visits to check in on these patients for Wisconsin and Illinois residents. Otherwise, patients would have to return in person to follow up with a dietitian, driving often 3+ hours to clinic every few months to check in and

maintain their status on the waitlist. Dietitians in Wisconsin would greatly be able to widen their scope of practice and better serve our patients if Wisconsin joined the compact. UW Health also is one of the only health centers in the country with access to an adult neurology/epilepsy clinic with a dietitian who specializes in keto. 22 states in the country have no medical center with this type of care, if the compact was passed, we would be able to cast a much wider net on patients we are able to serve.

At UW Health, we are passionate about attracting and keeping a strong workforce. I am from Massachusetts originally and choose to stay in Wisconsin as I love Madison and working at UW Health. In fact, out of our current outpatient workforce, 35% are students from our integrated graduate program through UW, and several of those students are originally from a different state. UW Health has attracted dietitians from other states as we are a top medical center. We have a few dietitians who have actually moved back to Wisconsin to be closer to family, or have moved for their spouse's work. Before they are able to join our workforce they must be licensed in Wisconsin first. This delays start times and can impact patient care. If we were to join the compact, this would allow us to attract more excellent experienced candidates from other states.

Thanks again for holding this hearing on Assembly Bill 45. I respectfully ask all of you for your support of this bill. I would be happy to answer any questions you may have.

TO: Members of the Assembly Committee on Regulatory Licensing Reform

FROM: Valerie Shurley MBA, MS, RDN, CD, FAND
Director of Nutrition Systems

DATE: April 9, 2025

RE: Assembly Bill 45 – a bill ratifying the Dietitian Licensure Compact

Good morning – Chair Sortwell, Vice Chair Wichgers, Ranking Member Moore-Omokunde – and committee members. I'd like to thank you for holding today's hearing and learning more about the Dietitian Licensure Compact.

I have been a Registered Dietitian for 18 years and have been in leadership and management for the last 14. Currently, I work with Ascension Wisconsin and oversee 23 dietitians.

In my role, I hire, onboard and train dietitians. Since we work for a hospital, our accrediting body, the Joint Commission, requires that we be licensed or certified. When we hire dietitians from out of state, they must go through the Wisconsin Certification process. While the process has improved with the online LicenseE system, it is still time consuming and can take months for the certification to come through. Outpatient dietitians are unable to bill for services until their certification comes through. Because of this, they're not allowed to see patients. If the Dietitian Compact was in place, the certification process would be significantly quicker, and the RD would be able to render services sooner.

As I'm sure you're aware, telehealth services have significantly increased since the COVID 19 pandemic. With the Dietitian Compact in place, Wisconsin Dietitians would be able to easily apply for licensure in another compact state. This is necessary as we must be licensed in the state where the patient is physically located. Unfortunately, we have had to cancel or reschedule patient appointments while they were traveling for college, vacation or work.

I hope these examples help you understand why the Dietitian Licensure Compact is beneficial for Wisconsin employers and residents. I'd like to thank you again for holding this hearing, and I am able to address any questions you may have.

TO: Members of the Assembly Committee on Regulatory Licensing Reform

FROM: Laura Birkel, MFCS, RD, CD
Registered Dietitian, Bariatric Surgery and Obesity Medicine
Emplify Health by Gundersen

DATE: April 9, 2025

RE: Assembly Bill 45 – a bill ratifying the Dietitian Licensure Compact

My name is Laura Birkel and I am a registered dietitian in La Crosse, Wisconsin. I have practiced as a registered dietitian in an array of settings over the past 9 years. I graduated from Viterbo University with Bachelor's degree in Community and Medical Dietetics and received my Master's degree in Family and Consumer Science from Iowa State University. My current work is in the outpatient setting, specializing in weight management and bariatric surgery nutrition therapy. To serve the patient population within Emplify Health's system, I am required to hold licenses in Wisconsin, Minnesota, and Iowa.

With onboarding dietitians to our growing department, I've unfortunately seen the stress and burden of obtaining multiple state licenses. States possess individual platforms to submit requests and obtain licenses and the communication methods to coordinate submission of documents is not always clear. Attending to these applications of state licensure for Minnesota and Iowa takes up a good amount of my valuable professional time that could be utilized in more efficient ways. I've personally seen how this process limits how quickly providers can be onboarded and negatively impacts the promptness of them seeing patients virtually and within our group class platforms. Between multiple passwords, logins, understanding platforms for the various state websites, and attempting to remember the schedule of payments for renewal and continuing education requirements, maintaining a license in multiple states puts a heavy burden on maintenance of my professional licensing.

The lack of dietitian licensure compact can be restrictive of care options for those who travel or attend school in another state. I have a patient who is pursuing her doctorate in Oklahoma but is originally from Eastern Iowa. She is planning for bariatric surgery and prefers to take minimal time off from her schooling. Because of this, we have to carefully plan her surgery and follow-up visits around when she is able to travel back instead of having more convenience with virtual care. It would be less of a scheduling burden for both her and our department if there were more care delivery options outside of in-person. By not being able to see her as often as desired, it poses a risk for her recovery and progression post-bariatric surgery.

Lastly, a benefit of the dietitian compact would be to promote improved access to dietetic services and thus require a stronger presence of dietetics within the field of public health for the state of Wisconsin. Credentialing will protect the profession and credibility of dietetics while preserving the regulatory authority of the state to promote public health and wellbeing. The ease of obtaining a credential via the dietitian compact will reduce dietitian fatigue and promote more sustained professional presence within the field of nutrition and dietetics.

I would like to close by thanking this committee for holding this hearing and thank you for considering this bill.

Sincerely,
Laura Birkel, MFCS, RDN, CD, LD
Registered Dietitian, Bariatric Surgery and Obesity Medicine
Emplify Health by Gundersen, La Crosse, WI 54601

TO: Members of the Assembly Committee on Regulatory Licensing Reform

FROM: Marisa Pruitt, RDN, CD, Clinical Manager, Bariatric Surgery and Obesity Medicine
Emplify Health, La Crosse, WI

DATE: April 2025

RE: Assembly Bill 45 – a bill ratifying the Dietitian Licensure Compact

Good morning to this committee, its chairs and members. Thank you for holding this very important meeting.

My name is Marisa Pruitt. I'm a registered dietitian in La Crosse, Wisconsin, with a 17-year history working in weight management and obesity care. I currently manage an accredited bariatric surgery and obesity medicine clinic and oversee seven dietitians who hold licenses in Wisconsin, Minnesota, and Iowa.

Virtual care has become a clinic standard and expectation of patients in the post-COVID-19 era. Particularly as it relates to chronic disease management such as obesity, diabetes, and cardiovascular disease, removing any and all barriers to accessing affordable, evidence-based nutrition care is pivotal to the patient's success in managing their disease(s).

The dietitians in my area conduct individual and group-based nutrition therapy via virtual platforms. This care model is in high demand with patients who appreciate the ease and flexibility virtual care offers. However, we are routinely forced to reschedule patients who "arrive" for their virtual visit but are traveling for work and are in a state that our dietitians are not licensed in. Patients who are in the military, live in multiple locations (e.g. "snowbirds", and university students) must suspend their care or stop care altogether due to licensing limitations. This seems silly in the year 2025 where remote work opportunities and technology advancements seem limitless.

This bill would have a profoundly positive impact on our clinic and patients, improving the continuity of care and eliminating licensing barriers for patients who wish to stay connected to their obesity treatment care team wherever they are. The ease of mental and travel burdens would be significant.

Further, the bill would eliminate the high degree of variability in credentialing from state to state (e.g. continuing education requirements, background checks, fees, etc.) which creates unnecessary barriers to licensing dietitians who already hold the RD/RDN credential, are already required to complete ongoing continuing education, and are practicing in and hold licenses in other states. The delays in processing these applications and administering licenses delays patient care and adds unnecessary costs to healthcare.

I would like to close by thanking this committee for holding this hearing and thank you for considering this bill.

Sincerely,
Marisa Pruitt, RDN, CD
Clinical Manager, Bariatric Surgery and Obesity Medicine
Emplify Health by Gunderson, La Crosse, WI 54601

TO: Members of the Assembly Committee on Regulatory Licensing Reform

FROM: Kayla Sipley, RDN, IFNCP, LD, CD
Registered Dietitian – Bariatric Surgery & Obesity Medicine
Emplify Health, Onalaska, WI, 54650

DATE: 4/9/2025

RE: **Assembly Bill 45 – a bill ratifying the Dietitian Licensure Compact**

Good morning to this committee, its chairs and members.

Thank you for holding this very important meeting. My name is Kayla Sipley. I'm a Registered Dietitian and Functional Nutrition Care Practitioner, certified in the state of Wisconsin over the last 12 years. Recently I went through the process of obtaining licensure in Minnesota and Iowa. I have worked in long-term care over the last 12 years, I started my own business for genetic interpretation (nutrigenomics/nutrigenetics) in 2023, and I joined the Bariatric Surgery and Obesity Medicine team at Emplify Health in Onalaska, WI two months ago.

Virtual appointments are a standard and expectation of our current patients. Each dietitian on our team has a designated remote day where we provide virtual visits as well as other virtual visits sprinkled into our on-site schedules. Having virtual visit options has helped increase compliance with appointment attendance as it has removed a travel barrier for those that live further away or have transportation access issues. Furthermore, we have had patients express interest and gratitude that our clinic can accommodate virtual visits. One issue that we have faced with offering virtual visits is when our patients are in another state for work, vacation, military status, or visiting family. We are routinely forced to reschedule patients who "arrive" for their virtual visit but are in a state that I am not licensed in. Patients become frustrated by this limitation and honestly, I would be too.


Another big issue with holding multiple licenses and living in a state where compact licensure isn't offered, is how time consuming and expensive it is to maintain multiple licenses. Having just received my Minnesota and Iowa licensure, I can personally attest to how each state's requirements are different and oftentimes not user friendly. Some states require official school transcripts even if you have been out of school and practicing in dietetics already, some require a copy of your current Commission on Dietetic Registration (CDR) status that has been signed by a notary, some require background checks with finger printing and some require the state you live in to send a formal proof of current status to the state you are applying to. Moreover, Iowa licensure was almost impossible for me to obtain after having been a dietitian for 12 years. There was an issue with Iowa not receiving my Wisconsin credential proof despite Wisconsin having sent it three times. I had to call and email several times to both Iowa and Wisconsin to resolve the issue. All these extra steps are expensive, time-consuming and become a big barrier to providing care for our patients. These barriers are also why I am not offering medical nutrition therapy to those in other states in my private practice. If things do not change with credentialing, I foresee dietitians leaving the workforce and fewer students enrolling in the Dietetics program as wages have not kept up with how expensive and difficult it is to obtain and maintain licensure.

This bill would significantly impact our clinic's practice, improving the continuity of care and allowing patients to stay connected to their obesity treatment care team, even if they happen to be in a different

state at the time of their visit. It would also eliminate the extra financial and time barriers to licensing dietitians who already hold the RD/RDN credential, who are practicing and hold licensure in other states, and are already required to complete ongoing continuing education. If I were able to practice in other states, this would allow us to see patients in other states both in Obesity Care but also in private practice.

I would like to close by thanking this committee for holding this hearing and thank you for considering this bill.

Sincerely,

 RDN, IFNCP, LD, CD

Kayla Siple, RDN, IFNCP, LD, CD; Registered Dietitian- Bariatric Surgery and Obesity Medicine, Emplify Health by Gundersen, Onalaska, WI, 54650

April 9, 2025

Dear Members of the Assembly Committee on Regulatory Licensing Reform:

As a practicing Registered Dietitian and the Supervisor of Nutrition and Diabetes Education Programs for Aurora Healthcare in the Greater Milwaukee area, I am contacting you to respectfully request your support for Assembly Bill 45, authored by Representative Rob Brooks and Senator Patrick Testin. This important bill would enter Wisconsin into the interstate dietitian licensure compact.

The purpose of this compact is to facilitate interstate practice of dietetics with the goals of improving workforce mobility and access to care—two outcomes that would make a significant impact on the work we do every day.

In my role, I supervise programs that serve a wide range of patients, including vulnerable populations managing chronic conditions like diabetes. One of the biggest barriers we face is maintaining continuity of care when patients move or temporarily reside out of state. This is especially problematic in our pediatric diabetes program in Pleasant Prairie, where many of our patients live just across the border in Illinois. Because of current regulations, we must require these families—already under significant strain caring for children with type 1 diabetes—to travel across state lines just to receive essential care. With telehealth capabilities readily available, this is an unnecessary burden we could easily lift with more flexible licensure rules.

Our adult patients face similar disruptions. When they travel or move out of Wisconsin into neighboring states like Illinois or Michigan, we often have to pause care—despite having the capacity and relationships to continue supporting them remotely. This results in gaps that can negatively impact long-term health outcomes, particularly for people managing complex conditions like diabetes.

Assembly Bill 45 directly addresses these challenges. Under the compact, Wisconsin dietitians could apply for a “compact privilege” in another state, streamlining access through a faster, often lower-cost application process than traditional licensure. This would make it easier for us to continue treating patients across state lines and support interstate practice, while reducing barriers to care.

Importantly, this compact would also enhance workforce development and make Wisconsin a more military family-friendly state, ensuring that military personnel and their spouses can continue practicing regardless of relocation. The compact would not change how dietitians are regulated in Wisconsin. It applies to certified dietitians only and does not expand scope of practice.

Wisconsin already participates in numerous other interstate occupational compacts. I strongly believe that joining the interstate dietitian licensure compact is a logical, patient-centered step that supports continuity of care and improves health equity across our borders.

Thank you for your time and thoughtful consideration.

Sincerely,

Amanda Stinson, MS, RD, CD, CDCES
1126 S. Main Street
Cedar Grove, WI 53013

April 9, 2025

Dear Members of the Assembly Committee on Regulatory Licensing Reform:

As a practicing Consultant Dietitian I am contacting you to respectfully request that you support Assembly Bill 45, authored by Representative Rob Brooks and Senator Patrick Testin that would enter Wisconsin into the Interstate Dietitian Licensure Compact.

The purpose of this compact is to facilitate interstate practice of dietetics with the goals of improving workforce mobility and improving access to care.

To allow a Wisconsin dietitian to take advantage of this interstate compact, the dietitian would need to apply for a "compact privilege" in another state and pay a fee. Compact privilege fees are generally lower than if the dietitian went through the normal credentialing process in that state. Also, a compact privilege application is generally processed faster than applications submitted through the normal occupational credentialing process.

This compact will simplify the credentialing application process for Wisconsin dietitians that practice in other states. Thus, it also supports interstate practice and decreases the risk of disrupted care when patients move out of state or reside in other states on a part-time basis.

Joining the compact would also promote workforce development by reducing unnecessary licensure burdens. In addition, it would make Wisconsin a more military family-friendly state by making it much easier for military personnel or their spouses and family to continue to receive treatment regardless of their stationed location.

As you may know, Wisconsin dietitians are certified and maintain title protection. This compact would not change how dietitians are regulated in our state. This Dietitian Licensure Compact Bill applies to Wisconsin's certified dietitians. In addition, this bill does not expand the scope of practice of dietitians who are certified in our state. Please note: As a WI Senator asked me about proficiency of RDNs throughout the entire Compact group. All RDNs from every State take the same National Exam, therefore meet the identical level of education and proficiency regardless of their location or University.

Wisconsin is a member of numerous other interstate occupational compacts. I strongly support Wisconsin joining the interstate dietitian licensure compact, as well. Thank you for your consideration.

Sincerely,

Karen D Krchma RDN CD
Integrative and Functional Nutrition Practitioner
11713 N. Eugene Avenue
Mequon, WI 53092

March 6, 2025

Representative Shae Sortwell
Chairman, Assembly Committee on Regulatory Licensing Reform
Wisconsin State Assembly
Room 214 North, State Capitol
PO Box 8953
Madison, WI 53708

Dear Chairman Sortwell and Members of the Assembly Committee on Regulatory Reform:

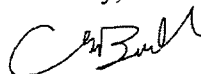
Wisconsin stands at the forefront of an opportunity to provide national leadership by enacting Assembly Bill 45, Ratification of the Dietitian Licensure Compact. This Compact, developed through a collaboration between the Department of Defense, The Council of State Governments, and the Academy of Nutrition and Dietetics promises a multitude of advantages. Notably, it grants licensees the freedom to practice across multiple states, facilitates mobility for various demographics such as military personnel and their families, bolsters public safety, and streamlines workforce development by alleviating unnecessary licensure hurdles.

The Dietitian Licensure Compact has been enacted in Alabama, Nebraska, Ohio, and Tennessee. It is presently awaiting Governor signature in Mississippi and South Dakota and has been filed in eighteen other states this session. The benefits of embracing the Dietitian Licensure Compact are many for Wisconsin. It promises diminished administrative burdens, heightened operational efficiency, and access to a shared compact database crucial for expediting licensure procedures and disciplinary measures. Moreover, it fosters enhanced collaboration among state licensure boards, particularly in the realms of investigation and conflict resolution, all while ensuring Wisconsin's continued jurisdiction over practicing licensees within its borders.

Crucially, enacting the Dietitian Licensure Compact would foster positive economic growth within Wisconsin. It would catalyze healthcare workforce expansion, particularly in rural areas, open new market avenues for dietitians, and attract dietetic students and professionals to the state. This, in turn, would translate to reduced healthcare expenditures for Wisconsin citizens through heightened patient access and continuity of care under the guidance of qualified dietitians.

On behalf of the Academy of Nutrition and Dietetics and the 116,917 dietetic professionals we represent, including nearly 2,542 residing in Wisconsin, we implore your support for the passage of the Dietitian Licensure Compact. By seizing this opportunity, Wisconsin can pave the way for a brighter, more interconnected future in the realm of dietetics, benefiting both its citizens and the broader healthcare landscape.

Sincerely,



Charla M. Burill, JD, RD
Senior Director State Legislative & Government Affairs
Academy of Nutrition and Dietetics



MANPOWER AND
RESERVE AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
1500 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-1500

April 9, 2025

Wisconsin State Assembly
Committee on Regulatory Licensing Reform
2 E Main St, Madison, WI 53702

Representative Shae Sortwell, Chair

Remarks of
Shane M. Preston
Great Lakes Region Liaison
United States Department of Defense-State Liaison Office

AB 45, an act for ratification of the Dietitian Licensure Compact

The Department of Defense is grateful for the opportunity to support the policies reflected in AB 45, an act for ratification of the Dietitian Licensure Compact. This legislation addresses licensing issues affecting our service members and their families. The purpose of the compact is to facilitate interstate practice of professional health care services with the goal of reducing regulatory barriers and increasing access to care.

My name is Shane Preston, and I am the Great Lakes Region Liaison for the United States Department of Defense-State Liaison Office, operating under the direction of the Under Secretary of Defense for Personnel and Readiness. Our office works with state officials, policy makers, and stakeholders regarding issues that affect military service members, veterans, and their families.

Licensure issues for both our transitioning military members and their active duty military spouses have been a priority for the Department for several years. The Council of State Governments (CSG) has partnered with the Department of Defense (DoD), and The Academy of Nutrition and Dietetics (AND) to support the mobility of licensed dietitians through the development of a new interstate compact. This compact will create reciprocity among participant states and reduce barriers to license portability that many of our military spouses face. To address license portability for military spouses, states have turned to occupational licensure interstate compacts, which streamline relicensing between member states of a compact for all practitioners in an occupation and provide specific support for military spouses of relocating active-duty personnel.

Professional licensure has been an enduring problem for military spouses. Obtaining a license in a new state can be both time consuming and expensive, and military spouses often cannot adequately anticipate how to prepare for licensure in a new state due to the unpredictable nature of military moves. The short duration of military assignments, coupled with lengthy relicensing processes, can discourage military spouses from seeking relicensure, causing them to quit an occupation or causing military families to leave the military.

Military spouses are a cross-section of the American population, though a greater percentage of them are in licensed occupations than their civilian counterparts, and they are significantly more mobile. Frequent moves and cumbersome licensing and certification requirements limit career options for military spouses. Removing these barriers, creating licensing reciprocity, and facilitating placement opportunities can help a military family's financial stability, speed the assimilation of the family into its new location, and create a desirable new employee pool for a state.

The Department of Defense is grateful for the efforts Wisconsin has historically made to support our uniformed service members and their families. We appreciate the opportunity to support the policies reflected in AB 45. With the above stated benefits in mind, we look forward to seeing this effort advance to improve the quality of life for all populations we aim to serve. We appreciate the opportunity to provide comments on the policies included in AB 45 and thank the bill sponsor Rep. Brooks and the Chair of the Committee on Regulatory Licensing Reform for bringing up this important legislation.

Respectfully,

Shane Preston

SHANE PRESTON

Great Lakes Regional Liaison
Defense-State Liaison Office



April 7, 2025

The Honorable Shae A. Sortwell
Chair, Committee on Regulatory Licensing Reform
Wisconsin State Assembly
PO Box 8952
Madison, WI 53708

RE: ATA ACTION SUPPORT OF ASSEMBLY BILL 45

Dear Chair Sortwell and Members of the Committee on Regulatory Licensing Reform,

On behalf of ATA Action, I am writing to express strong support for AB 45 which would enact the Dietitian Licensure Compact.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. Recognizing that integrating nutrition services into virtual care models can have transformative impacts on health outcomes and reduce healthcare costs, ATA Action launched the Virtual Foodcare Coalition to support the enactment of state and federal telehealth policies that expand access to foodcare.

The Dietician Licensure Compact is an interstate compact designed to facilitate care from Dietitians across state boundaries. By providing for licensure portability through a Compact Privilege granted to qualifying professionals, the Compact allows professionals to practice in multiple states without having to obtain additional state licenses. This Compact also preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

Increasing Dietician's ability to practice across state lines is particularly important to enabling increased access to telehealth care, which will only serve to benefit Wisconsin patients. Furthermore, the Compact can also help address provider shortages, particularly within underserved populations, disadvantaged communities, and those who are geographically isolated. ATA Action is pleased to see Wisconsin take the first step towards adopting this important compact and expanding access to care and telehealth services.

Thank you for the opportunity to comment. We urge the committee to advance AB 45 to enact the Dietician Licensure Compact. If you have any questions or would like to further discuss ATA Action's perspective on this critical issue, please contact me at kzebley@ataaction.org.

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley", written in a cursive style.

Kyle Zebley
Executive Director
ATA Action