



TO: Members of the Legislative Council Study Committee on Occupational Licenses  
FROM: Tracey Elmes, MS, RDN & Cassie Vanderwall, PhD, RD, CDE, CD, FAND – on behalf of the Wisconsin Academy of Nutrition and Dietetics (WAND)  
DATE: December 6, 2022  
RE: Credentialing of Nutrition Care Providers and Comments on LRB-0466/P2 (Sunset Review) and LRB-0470/P2 (Sunrise Review)

---

Today, we are providing comments on behalf of the Wisconsin Academy of Nutrition and Dietetics (WAND). Our organization has been following the public meetings of the Legislative Council Study Committee on Occupational Licenses over the last few months. During those meetings, it has been made clear that there needs to be changes at the state Department of Safety and Professional Services (DPS) to improve the occupational license processing system in Wisconsin, which has been experiencing significant backlogs.

While it is a positive step that DPS has moved all applications for initial occupational credentials in the health care field – including for dietitians – to an online system, further process improvement is clearly needed. As such, the committee is reviewing draft legislation that would impact the current occupational credential processing backlog, which some of our own members have experienced. However, WAND is also concerned that some of these draft bills could also have negative impacts. Further discussion of WAND’s concerns will be addressed later in this memo.

Before we provide comments on the draft legislation, we’d like to provide some background information on WAND and our members. The Wisconsin Academy of Nutrition and Dietetics (WAND) is a statewide organization of over 1,500 registered dietitian nutritionists (RDNs) and dietetic technicians, registered (DTRs) who provide expert nutrition services to a diverse population of Wisconsin residents. Our members work in a variety of settings: hospitals, clinics and other health care facilities, sports nutrition and corporate wellness programs, community and public health, private practice, universities and research centers, as well as food and nutrition-related business and industries.

To obtain the RDN credential, an individual must earn a B.S. degree and complete a minimum of 1,200 hours of supervised dietetic practice before being eligible to sit for the National Exam. In 2024, the profession will require a graduate degree before eligibility is granted for the board exam. Once credentialed, RDNs must maintain 75 hours of continuing education every 5 years.

These academic and professional qualifications define credentialed nutritionists, or dietitians, but are not prohibitive to individuals entering the nutrition workforce. In fact, there are over 25 occupations and opportunities for non-credentialed nutritionists in the field of food and nutrition.

Providing high-quality nutrition care in a safe manner is of utmost importance to WAND members. Prompt credentialing is essential to doing so. Unfortunately, there are a number of accounts documented within Wisconsin where non-credentialed individuals provided medical nutrition therapy (MNT) and posed individual harm and scenarios of potential harm. MNT entails a holistic assessment of medical, social and nutrition histories, prescriptive calculations, and performance of a nutrition-related

physical exam. These data are used to craft an individualized therapeutic diet that is prescriptive in calories, protein, vitamins, minerals, and fluids. Credentialed nutritionists, or dietitians, are qualified to provide MNT and in many states are the sole provider of the nutrition care process, which includes MNT. RDNs and DTRs also work alongside physicians, nurses, and other allied healthcare professionals on multidisciplinary healthcare teams in a variety of settings.

The following are two cases where non-credentialed individuals provided MNT and posed harm or potential harm to patients:

#### **Adolescent with Type 1 Diabetes on Specific Carbohydrate Diet – Account of Harm**

- An adolescent arrived at the emergency department of a hospital in diabetes ketoacidosis after she had been following a specific carbohydrate diet under the direction of a well-intending naturopath. Adherence to this specialized diet is recommended for digestive distress but is contraindicated in the presence of Type 1 diabetes due to the necessity of carbohydrates for the ingestion of insulin. Following the ER visit, this patient was referred to an RDN for medical nutrition therapy that addressed both her diabetes and digestive health.

#### **Pre-transplant Candidate and Mediterranean Diet – Account of Potential Harm**

- A patient awaiting a kidney transplant was counseled by their personal trainer to follow a Mediterranean diet that was high in both potassium and phosphorus. These nutrients – if consumed in high amounts – can be fatal to individuals in end stage renal disease. The patient approached their dietitian to inquire about this dietary pattern and was advised to remain on their current nutritional regimen that was low in both potassium and phosphorus.

Unfortunately, these are not the only examples where non-credentialed individuals have posed either individual harm or potential harm to patients in Wisconsin. This is why WAND feels that it is important for the Wisconsin Legislature to consider legislation that requires licensure for qualified nutrition care providers (RDNs and Certified Nutrition Specialists), instead of the current certification of dietitians. Through licensure of qualified nutrition care providers, we can continue to safeguard the health and welfare of Wisconsin citizens by: (1) Establishing educational standards for the provision of medical nutrition therapy, (2) Strengthen oversight of persons engaged in the practice of nutrition, and (3) Support continuity of care via inter-state practice (e.g., telehealth) and spur on economic and professional growth.

Wisconsin, in its use of the “certified” credential, lags behind other midwestern states – particularly Minnesota, Iowa, Illinois, Missouri, and Ohio – in their adoption of licensure for RDNs. In fact, a majority of all states license nutrition care professionals, versus certification. Not only would licensure of nutrition care providers in Wisconsin improve the safety of Wisconsin patients, it would also remove an impediment to treating patients who are located in states that require RDN licensure. Specifically, the lack of licensure in Wisconsin prevents RDNs in our state from engaging in telehealth services with patients who wish to receive nutrition care services from Wisconsin-based nutrition care professionals but are physically located in a different state. For example, a retired Wisconsin resident who spends winters in Florida would not be able to receive telehealth care services from a certified Wisconsin RDN while in Florida, as Florida requires nutrition care professionals to be licensed. To address this and similar situations, some Wisconsin RDNs apply for licensure in Illinois, so that they are able to provide telehealth care to patients who are physically located outside of Wisconsin. The lack of licensure for nutrition care professionals in Wisconsin is also a barrier to participating in regional compacts for registered dietitians.

As noted above, WAND agrees with the Legislative Council Study Committee on Occupational Licenses that improvements need to be made to the occupational license processing process at DSPS. However, our organization is concerned that some of the study committee's proposed bills could also have negative impacts. Our organization's comments are as follows:

**LRB-0466/P2 (Sunset Review)**

- This draft legislation would create a Joint Review Committee on Occupational Credentials. Under this draft bill, the committee would review each currently credentialed occupation on an 8-year rotational basis – a “sunset” review. WAND feels that this provision would place unnecessary administrative burdens on volunteer, professional organizations that represent the various occupations in Wisconsin. Also bearing in mind the existing backlog of occupational license applications at DSPS, this would strain DSPS even further, as this agency would need to research and provide data to the Joint Review Committee at public hearings regarding each occupational credential. As a practical matter, DSPS likely does not have the staff capacity to meet the requirements of this bill.

**LRB-0470/P2 (Sunrise Review)**

- LRB-0470 would also create a Joint Review Committee on Occupational Credentials. This committee would be required to review any legislation creating a new occupational credential – a “sunrise” review process – before the legislature would be able to take any action. From a fiscal responsibility perspective, WAND is generally supportive of analyzing the costs associated with creating new occupational licenses. While the bill does not require the involvement of DSPS, as a practical matter, it's quite likely that the Joint Review Committee would call on the agency to provide data and testimony at public hearings. As is noted above, such demands would likely strain DSPS capabilities even further, bearing in mind the agency's current credential processing backlog.

Thank you for your service on the Legislative Council Study Committee on Occupational Licenses. We appreciate you taking the time to review and consider our comments. If you have any questions, please contact WAND's government affairs representatives – Nathan Butzlaff ([nathan@hovenconsulting.com](mailto:nathan@hovenconsulting.com), 608-310-8833) or Tim Hoven ([tim@hovenconsulting.com](mailto:tim@hovenconsulting.com), 414-305-2011).