LBEDN NEWS

Licensing Updates

Starting on April 15, 2019, licensees may request Inactive Status at the time of renewal. Inactive status may be granted to licensees who are no longer practicing, but who wish to maintain licensure.

Effective immediately, the Board will no longer mail renewal notification postcards on April 15th annually nor certified letters for non-renewal of a license. All communications from the Board will be sent via email. Please ensure that you maintain an updated email address with the Board. Please note that failure to receive notifications is not a justification for non-renewal of licensure.

Upcoming Events

- LAND Conference - April 8-9; L’Auberge, Baton Rouge
- Renewals open - April 15
- Board Meeting - May 3 at 8:30 am; Board Office
- Board Meeting - August 16 at 8:30 am; Board Office

Helpful tip

Did you know that the most common mistake when completing your LDN Renewal Application is in entering your registration information?

Your current CDR card must be uploaded into your renewal application - NOT your LDN identification card. Do not upload a letter or receipt from CDR, as we only accept the identification card or the PDF version of the card. You should enter your CDR number when prompted without adding any letters or symbols.

When entering the date your CDR card was issued, be sure to use the proper format, which is MM/DD/YYYY.

BOARD OPERATIONS

LBEDN continues to grow!
We are continuing to see an increase of licensees each fiscal year.

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<th>07/01/2015 through 06/30/2016</th>
<th>07/01/2016 through 06/30/2017</th>
<th>07/01/2017 through 06/30/2018</th>
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<tr>
<td>New LDNs</td>
<td>72</td>
<td>55</td>
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<td>Reinstated LDNs</td>
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<td>19</td>
<td>9</td>
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<td>Provisional LDNs</td>
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<td>Upgraded Licenses</td>
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<td>15</td>
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<td>FISCAL YEAR TOTAL</td>
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Meet the Board

Martina Musmeci Salles, MPH, RDN, LDN, FAND
Board Chairperson

Stephenie Marshall, MS, RDN, LDN
Board Vice Chairperson

April Cintron, RD, LDN
Secretary/Treasurer

Monica Pierson-McDaniels, MS, RDN, LDN
Board Liaison

Lori Roy, MS, RD, LDN
Board Member

Meghan Kavanaugh, MS, RN, RD, LDN, CDE, BC-ADM
Board Member

Howard Wetsman, M.D.
Medical Advisor

Public Member
Vacant
Explanation of CMS Rule Allowing RDNs to Write Therapeutic Orders
by: Lori Roy, MS, RD, LDN

By now you have probably heard about the CMS rule that allows hospital dietitians to write therapeutic diet orders, as long as certain criteria are met. The Centers of Medicare and Medicaid Services (CMS) states this would "Save hospitals significant resources by permitting registered dietitians to order patient diets independently, which they are trained to do, without requiring the supervision or approval of a physician or other practitioner. This frees up time for physicians and other practitioners to care for patients." According to CMS in the final rule, "the addition of ordering privileges enhances the ability that RDNs already have to provide timely, cost-effective, and evidence-based nutrition services as the recognized nutrition experts on a hospital interdisciplinary team."

RDNs (current with CDR and Louisiana licensure) may become privileged by the hospital staff to:
(a) order patient diets
(b) order lab tests to monitor the effectiveness of dietary plans and orders
(c) make subsequent modifications to those diets based on the lab tests

CMS made this change because it believes that RDNs are the professionals who are best qualified to assess a patient's nutritional status and to design and implement a nutritional treatment plan in consultation with the patient's interdisciplinary care team. CMS did note that lab ordering privileges for dietitians are not required or specifically allowed by this requirement, but are instead an option left to hospitals and their medical staffs to determine.

Before an RDN will be legally permitted to order patient diets or labs, the RDN must either:
1. become part of the medical staff or
2. be granted “privileges” by the hospital to order therapeutic diets or labs

This privilege MUST be written into the hospital policy/procedures.

What does it mean to have hospital privileges?
Privileging is the process by which a hospital's medical staff individually evaluates each practitioner and determines that he or she has the qualifications and demonstrated competence to perform all of the specific tasks for which privileges are granted.

If your hospital is still indecisive, let them know that this CMS rule can be started more "conservatively" at the beginning.
Example: RDN may write lab orders only for a CMP, CBC or A1c.
Example: RDN must be a CNSC (Certified Nutrition Support Clinician) to write TPN orders.

As long as the hospital guideline for RDN ordering privileges is clearly written in the policy/procedures, it can be at whatever level makes the administration and medical staff feel comfortable. Building trust is key! If the RDN is in doubt on anything, communicating with the doctor for his/her opinion helps build trust!

Once the doctors see how much time you’re saving them, they are usually more than happy to hand over many of these order changes to the RDN.

In Loving Memory
The Board would like to honor the legacies of Eve Dansereau Harmeyer and Paula J. Weeks. Both ladies served as Board Chairpersons. Both were true leaders of the profession.
Effective March 20, 2019, the Board adopted new rules and regulations to provide guidelines for the practice of telenutrition, created an inactive license status, and revised the fee schedule to increase certain license and license renewal fees. The Board conducted a public hearing on August 30, 2018, to solicit comments and testimony on the proposals. As a result of the consideration of those comments and testimony received, the Board made additional revisions to the fee structure and Code of Ethics, and held a second public hearing on January 28, 2019 to hear comments/concerns.

The Board revised the definitions section of the rules to remove: “diet instruction”, “incidental to the practice of their profession”, and “nutrition education”. The Board added definitions for: “Board”, “Consent Agreement and Order”, “Medical Nutrition Therapy”, “Telenutrition”, “Terminology”, and “Unprofessional Conduct”. Of notable change, the board streamlined the definition of the “scope of dietetic/nutrition practice”.

In Section 103. Qualifications for Licensure and Section 113. Issuance and Renewal of Licensure, the Board revised the time frame for provisional license holders to two years, to align with the Practice Act.

The Board added Section 105. Licensing of Dietitians/Nutritionists Practicing Telenutrition to provide guidelines for telenutrition in Louisiana. This section defines that the practice of dietetics/nutrition occurs where the patient or client is located at the time of the Dietetic practitioner/patient encounter. This section further defines that dietetic/nutrition practitioners working Louisiana, must be licensed in the State of Louisiana.

In Section 113. Issuance and Renewal of Licensure the board provided clarification for the renewal process and added an option for inactive status. Inactive status may be granted to licensees who are retired or who do not practice dietetics/nutrition during the fiscal year, July 1 – June 30. Licensees on inactive status must renew annually and complete the affidavit provided at the time of renewal. Licensees on inactive status shall not supervise individuals or otherwise engage in the practice of dietetics/nutrition. This section further defines the steps necessary to resume the practice of dietetics/nutrition for licensees on inactive status.

Section 117 was completely revised to adopt the Academy of Nutrition and Dietetics’ recent revision to the Code of Ethics for the Nutrition and Dietetics Profession which was effective June 2018.

In Section 123, the Board revised the fee schedule. Renewals have increased to $80 annually between April 15th and June 30th. Delinquent renewal fees have increased to $160 for renewals received from July 1st – August 31st. Applications for LDN licensure are now $145, provisional application fees remained the same, and reinstatement applications are now $150. Renewals for individuals claiming inactive status will be $45.

In Section 505 Conduct of Hearing, the board revised language related to compliance hearings.

In Chapter 7, the Board changed the name of the Impaired Practitioner Program to the Practitioner Health Program and allowed the use of a designated program administrator.

Please feel free to contact the Board office if you have any questions.
Howard Wetsman, M.D.

Dr. Howard Wetsman is an addiction psychiatrist who specializes in the outpatient treatment of addiction. He is the Chief Medical Officer and Founder of Townsend, a network of outpatient addiction treatment centers across south Louisiana. He is a Clinical Associate Professor at Louisiana State University, School of Medicine and is a Fellow of the American Society of Addiction Medicine.

Previously, Dr. Wetsman worked in several addiction treatment environments including academic centers and inpatient treatment units. Recently he served as a Regional Director of the American Society of Addiction Medicine. He also served as president of the Louisiana Society of Addiction Medicine and was a founding member of the Society of Uniformed Services Psychiatrists (a branch of the American Psychiatric Association).

Dr. Wetsman began his medical career as a General Medical Officer in the US Navy. He then led a Psychiatry Research Division and later became Medical Director of the Crisis Intervention Unit, Naval Medical Center in Portsmouth, Virginia. He received a Meritorious Service Medal in addition to other honors for his service. Dr. Wetsman is a graduate of the Louisiana State University School of Medicine, where he also completed his Psychiatry Residency and received the Sandoz Award.

Dr. Wetsman is the author of *Questions and Answers On Addiction* and *The Townsend Way*. He maintains a weekly blog at addictiondoctor.org and has presented papers at numerous addiction medicine conferences.

Lori Roy, MS, RD, LDN

Since 2011, Lori has worked as the Transplant Dietitian at Willis Knighton’s John C. McDonald Regional Transplant Center in Shreveport. Lori has 36 years of experience in multiple areas of dietetics including: director of clinical nutrition, director of food service, private practice, diabetes clinic, cardiology, infant nutrition, nutrition instructor, nursing home consultant, VA medical center, etc.

She was an honors graduate from Louisiana Tech University with both her B.S. and M.S. degrees in Dietetics (Institutional Management) and internship was through Tech’s Coordinated Undergraduate Program. She won multiple honors and scholarships at Tech.

Lori has 36 years of very active membership in her local, state, and national dietetic/nutrition associations. She has served as President and other positions with her local association. As Public Policy Chair, she served multiple years as the liaison for the Public Policy Workshop in Washington D.C., and also chosen by the Academy President to serve on the national Consumer Protection and License Subcommittee.

Both Lori and Howard’s terms conclude this year. Thank you both for volunteering your time and talent to LBEDN over the past six years! We appreciate your service, dedication, and contributions to the Board. Both have truly added value to the Board during their tenure.
From their origins, licensing boards were set up to protect the people of the State and not the licensees. Historically, that meant that those licensees suffering from mental illness or addiction who became professionally impaired were dealt with via disciplinary proceedings. That is no longer the case. Starting with the Medical Board over 20 years ago, a Physician’s Health Foundation was established with Board funds to monitor and advocate for those licensees who were ill and voluntarily got treatment. In cases where a licensee found him or herself with difficulties, they could contact the Foundation and, if they followed the recommendations, the Board never even heard of them. For those who came before the Board, the Board could refer them to the Foundation and avoided more permanent disciplinary action. That Physician’s Health Foundation has become The Healthcare Professionals’ Foundation of Louisiana.

The LBEDN is pleased to announce that it has contracted with the HPFL to supply services to any licensee who can benefit. If you need help or have a question about mental illness or addiction or concerns about a colleague, please contact HPFL at 888-743-5747 or visit their website at http://www.hpfla.org/.

The Role of the LBEDN
By: Martina Musmeci Salles, MPH, RDN, LDN, FAND

The Louisiana Board of Examiners in Dietetics and Nutrition (LBEDN) is a state agency that licenses dietitians and nutritionists. There are distinct differences between the licensure board and the professional association. The licensure board’s mission is to protect the public and ensure that individuals are qualified to practice. This means that the licensure board reviews applications, academic and examination requirements to ensure that an individual is eligible to practice. Additionally, the licensure board reviews complaints about dietitians/nutritionists, as well as other individuals who are practicing in the scope of a dietitian or nutritionist, or an individual who uses such titles. Lastly, the Board requires annual licensure renewal with continuing education hours to ensure that individuals remain relevant and competent to practice.

On the other hand, the professional associations’ mission is to advocate and promote the profession of dietetics and nutrition. The state professional association is responsible to advocate for and promote the profession. The national professional association is responsible to advocate for and promote the profession nationally, as well as provide certification to qualified applicants, and support to the state professional association members.

Often times, lines can be blurred and may cause confusion both inside and outside the profession. In Louisiana, licensure is mandatory; while certification and membership in both the state and national professional associations are voluntary. The most important thing to remember is that the licensure board is not an advocacy group and the LBEDN board is not here to promote the profession or support the professional, but instead to protect the public.