

Proponent Testimony (in person)

Ohio Senate Health Committee Hearing RE: SB 211 – Dietitian Licensure Compact

April 24, 2024

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Chairman Huffman, Vice Chair Johnson, Ranking Member Antonio, and members of the Ohio Senate Health Committee, my name is Wendy Phillips. I have been a registered dietitian nutritionist (RDN) for over 20 years, and am licensed as a dietitian in the state of Ohio, living in Independence and working in Cleveland. I have worked for a very large healthcare/food service company for 15 years, in roles that require me to recruit, hire, and manage dietitians in clinical and facility management positions in many states including Ohio.

Thank you for the opportunity to advocate in support of the Dietitian Licensure Compact (DLC) as proposed in SB211.

In addition to facilitating practice opportunities for dietitians, thereby contributing to the economy, the DLC will increase access to appropriate care for Ohioans, enhance public safety, and bring significant value to employers who depend on dietitians to fill positions.

Universities and dietetic internship programs in Ohio depend on consistent enrollment for financial viability and program sustainability, and organizations who hire dietitians depend on a pipeline of graduates to fill vacant positions. The DLC will reduce the cost, time, and administrative burden associated with starting a career as a dietitian and diversify the potential for income streams that make the career financially viable. This will encourage better enrollment and graduation numbers, which will benefit our economy and healthcare accessibility throughout the state. If Ohio joins the DLC, it will incentivize those who we educate and train in this state to stay here for their careers. It will open avenues for dietitians to provide medical nutrition therapy in other states who are members of the DLC, without needing to move outside of Ohio. Dietitians who do not live in Ohio but obtain compact privileges through the DLC will be required to adhere to the laws and regulations for dietetics practice in Ohio, and reports of harm or fraud will be visible to Ohio, thereby protecting the public while expanding access to specialty care when needed.

It is well documented that minority groups face more barriers to entry for many professions, especially healthcare professions including dietetics. As of 2021, 92% of RDNs identify as female, and 85% are white¹. This is usually not reflective of the general public who need to access specialized nutrition care and is very different than the population that we serve in northeast Ohio where I work. Despite efforts to increase diversity in the nutrition and dietetic profession, these statistics remain similar in 2024. A large body of research supports the fact that patients have better outcomes when their healthcare providers share similar characteristics, including race². The DLC will decrease barriers to career entry as a dietitian, with a goal of increasing the diversity of dietitians to better serve the public. My company is very interested in having an expanded workforce that can provide culturally appropriate care to our patients, clients, and communities.

Public safety is paramount. The rules and regulations established by states in response to licensure laws help the public understand which individuals demonstrate the knowledge and competency to provide a safe service and set guidelines for which services can be provided by licensed individuals. Ohio has a strong mechanism to establish this scope of practice and to

report instances of harm. By joining the DLC, Ohio would have increased visibility into the reporting for other states who also join the DLC, which increases transparency and ensures better protection for the public.

As a large employer with the need to employ and/or manage thousands of dietitians, my company has found it increasingly difficult to hire dietitians to work in healthcare facilities, especially since the COVID-19 pandemic. This is especially true for Ohio's higher acuity hospitals, as we require both entry-level dietitians and those with specialized experience and advanced certifications to match qualified nutrition professionals to complex patient needs. We often must recruit across state lines and wait on the length of time required to obtain new licensure in each state. This delays access to care for Ohioans, and at times places the healthcare institutions at regulatory risks due to inadequate staffing. Beyond the issue of recruiting, healthcare systems with facilities in two or more states often suffer financial and time burdens associated with moving existing staff around to cover responsibilities and see patients in the states in which they have facilities due to different licensure requirements, expense, and processes.

Thank you for considering my testimony in support of this important bill. I appreciate the opportunity to testify and would be happy to answer any questions you may have.

References (more available upon request)

1. Card E, Bellini SG, Williams P, Patten EV. Current Dietetic Internship Admission Criteria and Selection Processes: Results From an Electronic Survey of Directors. *J Acad Nutr Diet*. 2023;123(4):643-654.e6.
2. Moore C, Coates E, Watson A, de Heer R, McLeod A, Prudhomme A. "It's Important to Work with People that Look Like Me": Black Patients' Preferences for Patient-Provider Race Concordance. *J Racial Ethn Health Disparities*. 2023 Oct;10(5):2552-2564. doi: 10.1007/s40615-022-01435-y. Epub 2022 Nov 7. Erratum in: *J Racial Ethn Health Disparities*. 2022 Dec 19;: PMID: 36344747; PMCID: PMC9640880.