Fighting for the Profession: The Recent History of Legislative and Public Policy Efforts at the Academy

Editor's Note: This is the 10th article in the Academy's Modern History series covering 1990-present. This series as well as other history articles are available in the Academy History collection at www.jandonline.org/content/amh.

AS PART OF ITS MISSION AND vision, the Academy of Nutrition and Dietetics* is committed "to improving the nation's health and advancing the profession of dietetics through research, education, and advocacy." The Academy first set its sights on policy-related activity with the establishment of a legislative committee in 1923, when the Academy comprised slightly more than 700 members.[1,2] The legislative committee achieved much throughout the decades that followed—including the publication of the Academy's first statement on legislation and public policy in 1969—their work expanded exponentially in the 1980s.

Several issues drove these developments. In the immediate, there were impending determinations regarding nutrition-related Medicare and Medicaid coverage and proposed federal government spending cuts in national health programs. However, although lawmakers had turned to the Academy for philosophical and evidence-based guidance on national nutrition programs since the 1920s,[3] nutrition programs were not readily understood and, thus, easily targeted to be cut from spending bills and budgets.[4] The Academy was also trying to include beneficial and potentially life-saving nutrition care services that were not included in the 1965 Medicare Act.[4] The Academy recognized the benefit of collaborating with elected policymakers who would champion the Academy's issues, and thus the legislative program took off.[1,5]

In 1987, following the formation of the Academy's Political Action Committee (PAC) in 1981 and the establishment of the Washington, DC, office in 1986, the Academy established a long-range legislative purpose: "To promote optimal health and nutrition of the population through leadership on public policy issues with nutrition, food, and health implications."[1] The Academy's groundbreaking strategic plan of 1991 identified the Academy as the advocate of the dietetics profession, but many of the advocacy-focused strategies incorporated to support this goal were more robustly delineated in the strategic plan in later years.[6]

The Academy cast the public as the primary beneficiary of all public policy activity at a time when the momentum of the public policy program was in its infancy.[1] Today, this early goal has been translated to an overarching advocacy mission statement[7]:

> The Academy of Nutrition and Dietetics is committed to improving the nation's health and advancing the profession through research, education, and advocacy. Advocacy is critical to achieving the mission, vision, goals, and strategies outlined in the Academy's Strategic Plan Roadmap. Public policy significantly influences and forms the Academy's public image and that of the dietetics profession.

In recent decades, the Academy has asserted itself in a host of legislative activity—including state licensure laws, the federal health care reform efforts from the early 1990s and into the 2000s and 2010s, Medicare and Medicaid reform deliberations that affect reimbursement, and the development and reauthorization of federal nutrition, food, and health programs—and engaging grassroots programming. These efforts have established the Academy as the leader in representing registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs) in the public policy and advocacy landscape.[8]

US HEALTH CARE REFORM

The cost of individual health care was not considered within the purview of public policy until the early 1970s. Once viewed as "an investment in the country's health," outsized spending increasingly was seen as having the potential to slice into government budgets and employer profit margins, and thus it became a greater concern for policymakers.[9] By 1991, health care costs shot up 11.5% to $838.5 billion, putting it at four times the overall inflation rate.[10] That same year, the Academy's Nutrition Services Payment Systems Committee conducted a survey in collaboration with a national group that contracted foodservice and clinical nutrition services. The purpose of the survey was to collect empirical and anecdotal data at the state level regarding: (a) the relationship between successful third-party reimbursement and the use of specific diagnostic and

*Until 2012, the Academy of Nutrition and Dietetics was known as the American Dietetic Association. Throughout this article, it will be referred to as "the Academy."

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procedure codes, and (b) the impact of nutrition therapies on improving outcomes while lowering costs.[11]

Using the survey results, in 1991 the Academy then identified health care reform as its top legislative priority, and the House of Delegates (HOD), in an effort to establish a financial rationale for including nutrition care in any reform package, adopted "The Economic Benefits of Nutrition Services" in 1991. This official position—penned by the Academy's Champion Team for Health Care Reform and informed by the creation of diagnosis-related groups†—asserted that all Americans should have access to affordable health care, including nutrition services that are fundamental to preventive and therapeutic care.[11,13]

The collective national attention to health care reform accelerated in 1992, as health care spending was projected to reach 15% of the gross national product by the end of the decade and calls for a national health insurance program were part of the platform for Bill Clinton's presidential candidacy. In response, the Academy increased its efforts to advocate for the inclusion of nutrition care in any such program and amassed demonstrable proof that medical nutrition therapy (MNT) was an effective cost-savings measure. Among the outcomes of these efforts was publication of a position paper identifying "the dietetics professional (qualified dietitian) as a qualified provider of services eligible for reimbursement.[11]

MNT: The Academy's Health Care Reform Strategy

Though third-party reimbursement had been a notable issue to watch since the mid-1970s, it wasn't identified as a key legislative priority in the Academy's policy and advocacy activities until the 1980s, when serious efforts were initiated to justify and advocate for what would later be known as MNT.[1,15]‡ At that time, there had been tremendous strides in establishing dietetics licensure state to state—starting in the mid-1970s and over the course of 15 years, 34 states established official recognition in the form of licensure, certification, or registration—but governors of some holdout states were unswerving in their lack of support on the basis of taxpayer value.[2] As the momentum in this arena was slowing, the Academy refocused its efforts to address the exclusion of nutrition services from national health insurance plans, including Medicare, despite resolute lobbying efforts from the 1970s through the early 1990s.[2,11,16] As part of its health care reform strategy, the Academy sought to demonstrate to key decision-makers that nutrition care services should be considered as medical treatment, and that they should reverse the Medicare reimbursement policy excluding coverage.[17] This heralded a turning point in advocacy at the Academy as the grassroots networks and consortium of state-level legislative network coordinators (LNCs) grew.[2] Via "The Economic Benefits of Nutrition Services," the Academy's platform became "to convince patients, other health care providers, third-party payers, government agencies, and legislators of the value of comprehensive nutrition services, including MNT."[10]

The Academy engaged in a multilayered blitz to advance its health care reform platform: building an aggressive state-level grassroots network to engage the attention of newly elected members of Congress (in 1993, with 110 new House members and 14 new Senate members, this represented the largest freshman class in nearly 45 years), seeking bipartisan support of health care reform while lobbying on Capitol Hill and at the White House, and developing a robust media outreach program.[18] While lobbying Congress, the Academy was seeking the support of external partners such as the American Academy of Pediatrics and the National Council on Aging to advance the position that minimum benefits for preventive, long-term, outpatient, acute, and home care that are mandated by government should include nutrition services,[10] and building coalitions to advance the Academy's legislative platform.[18] The Academy joined forces with several other associations and advocacy groups—American Public Health Association, American Society for Clinical Nutrition, American Society for Parenteral and Enteral Nutrition, Association of the Faculties of Graduate Programs in Public Health Nutrition, Association of State and Territorial Health Officials, Center for Science in the Public Interest, National Association of WIC [Special Supplemental Program for Women, Infants, and Children] Directors, The Oley Foundation, and The Society for Nutrition Education and Behavior—under the umbrella of the Coalition for Nutrition Services in Health Care Reform. This organization issued a joint position statement that stressed the need for accessible and affordable quality health and nutrition services for all Americans, and that nutrition services should be included, and reimbursable, in any health care reform package.[18] The Academy also contracted with The Wexler Group, a Washington, DC–based public policy firm, to provide intensive training to LNCs and to advance its message to the Clinton administration and members of Congress.[13]

President Clinton's administration introduced health care reform legislation in 1993; it was the first federal health care plan with nutrition-related provisions, including basic MNT coverage where medically appropriate, coverage of nutrition counseling in clinical preventive services and health education and training programs, and full funding of WIC, among others.[2,18] Yet, it still fell short of ideal, omitting MNT for many conditions from the basic benefits package—a point then–Academy president Susan Finn,

†*Diagnosis-related groups (DRG) were created in 1983 through the Prospective Payment System. Based on the International Classification of Diseases, 9th Revision, DRGs classified patients based on 23 major diagnostic categories then further grouped them into close to 500 medically meaningful categories, which implied that all patients within a DRG would clinically respond similarly to treatment and use similar hospital resources. At that time, only three DRGs were related to nutrition disorders (nutritional and miscellaneous metabolic disorders), which served as a basis for establishing previously undocumented cost-benefit justifications for nutrition care.*[12]

‡*A conceptual framework for MNT may have been established in the earliest years of the Academy, with terms like "clinical nutrition," "nutrition services," and "nutrition counseling" used to describe it. It was in a January 1995 Academy position paper*[14] *about MNT's cost effectiveness that MNT was first defined, and the term became popularized in the years thereafter.*