



Nancy Grodin
Deputy Insurance Commissioner
Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, MD 21202-2272

Dear Deputy Commissioner Grodin:

My name is Anna Bondy, and I am from the Maryland Academy of Nutrition and Dietetics (MAND). MAND is an organization representing approximately 1200 licensed dietitians and nutritionists, dietetic interns, and nutrition students in the state of Maryland. Thank you for the opportunity to present our perspective on how Network Adequacy affects the work of dietitians and nutritionists. We welcome any opportunity to work together as part of this process.

Licensed dietitians and nutritionists work in a variety of practice areas in Maryland, including hospitals, nursing homes, outpatient facilities, private practices and public health departments. They have a wide variety of specialties, including diabetes, renal disease, pediatrics, metabolic genetics, oncology, GI, and eating disorders. However, dietitians' ability to join insurance networks and receive adequate compensation often affects their ability to serve their clients.

As other provider groups have reported at previous hearings, many of the licensed dietitians and nutritionists found on lists of approved providers are inpatient/ hospital dietitians, have moved out of state or no longer practice. As a result, new providers are not allowed to join the networks because the networks appear "full". When these provider lists are not updated, and there are limited numbers of providers accepting outpatient clients, clients experience delays in care, especially when they require a specialty dietitian.

Just to put things in perspective, there are approximately 1892 licensed dietitian/nutritionists in the state of Maryland. Additionally, there were 597 providers with NPI numbers in Maryland (as of 12/8/16) that identify as a Registered Dietitian or Nutrition Professional, and only 54 Medicare providers (as of May 2016). Considering the stark contrast between the number of licensed nutrition professionals in Maryland, the number of registered providers, and the number of Medicare providers, it seems likely that there is inconsistent representation of different specialties within different geographic areas, especially in terms of outpatient providers. However, many hospital-based dietitians do not enroll individually in Medicare, so these numbers do not reflect all the providers that receive reimbursement for their services.

Insurance plans on the state marketplace include coverage for diet counseling related to "risk for chronic disease", and "obesity screening and counseling" for adults and children; Medicare Part B plans cover Medical Nutrition Therapy (MNT) for people with diabetes, kidney disease or a kidney transplant within the last 36 months. Medicare payment rates for MNT services provided by registered licensed dietitians are 15% less than if physicians were to provide these services, thereby saving the health care system significant dollars. Registered licensed dietitians also bring down health care costs by teaching clients how to make the necessary lifestyle changes to treat and decrease the severity of their disease states. Please see the additional resources below documenting these facts. We believe that inability to access



insurance networks has caused many nutrition professionals to become discouraged and ultimately not reach as many patients with their preventive approach.

So what are we asking? First, we ask that private insurance networks are open and available for licensed dietitians and nutritionists to join. That means making public standards for network capacities, making public standards for provider to enrollee ratios and any other network standards so we can begin to have a conversation about what a better network looks like. Second, we ask that the provider listings be updated regularly (at least on a quarterly basis), with consideration given to the need for a wide variety of specialties and certifications specific to patients' needs. Third, we ask that you consider the geographic accessibility of dietitians to Maryland residents living outside of the Washington, DC and Baltimore metropolitan areas, and consider standards that would ensure more licensed dietitians and nutritionists in rural areas are part of the network.

Thank you for the opportunity to comment on this issue.

Sincerely,

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Contributors

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Additional Resources

1. Academy Quality Management Committee, Subcommittee of Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitians. *J Acad Nutr Diet.* 2013;113(6 Suppl):S29-S45. doi:10.1016/j.jand.2012.12.007.
2. Jortberg BT, Fleming MO. Registered dietitian nutritionists bring value to emerging health care delivery models. *J Acad Nutr Diet.* 2014;114(12):2017-2022. doi:10.1016/j.jand.2014.08.025.
3. Slawson DL, Fitzgerald N, Morgan KT. Position of the Academy of Nutrition and Dietetics: The Role of Nutrition in Health Promotion and Chronic Disease Prevention. *J Acad Nutr Diet.* 2013;113(7):972-979. doi:10.1016/j.jand.2013.05.005.
4. Powers M a., Bardsley J, Cypress M, et al. Diabetes Self-Management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. *J Acad Nutr Diet.* 2015;115(8):1323-1334. doi:10.1016/j.jand.2015.05.012.