NORTH CAROLINA BOARD OF DIETETICS/NUTRITION
BOARD MEETING
2:00 PM
1135 KILDAIRE FARM ROAD, SUITE 200
CARY, NC 27511

[ELECTRONIC ONLY MEETING]

OPEN MINUTES: October 29, 2021

Board Members Present: Analia Camarasa, Patricia Pitts, Amanda Holliday

Director: Charla Burill, Executive Director

Ex-Officio: Marnie Jones, Administrative Specialist

Guests: Traci Hobson, ANA legislative representative

Absent: *Ananya Sen*

Call to Order - Patricia Pitts

Charla Burill (for Dr. Sen) read the following information for the Board, regarding holding electronic Board meetings.

Session Law 2020-3, entitled "An Act to Provide Aid to North Carolinians in Response to the Coronavirus Disease 2019 (Covid-19) Crisis," sets forth, among other things, changes to the way boards may conduct meetings through simultaneous electronic means during the declaration of emergency. These changes will remain in effect until the declaration of emergency ends.
Since the Board has fully transitioned its operations to a virtual workspace, to ensure that the Board is complying with these new requirements and using best practices when meeting, please take note of the following guidelines:

1. Board members must identify themselves by name prior to speaking at any time during the meeting.
2. The Board Chair shall conduct all votes during the meeting by roll call; each voting Board member must identify himself or herself by name before casting a vote.
3. All documents to be reviewed by the Board will be distributed by electronic means in advance of the meeting.
4. Board members must announce themselves when joining or exiting the remote meeting because Board staff must accurately reflect attendance in the minutes and because the Board must maintain a quorum of participating members throughout the remote meeting.
5. All electronic chats, instant messages, texts, emails, etc. between Board members during the remote meeting are public records and must be provided to the Board's Executive Director, as the Board's custodian of records, at the conclusion of the remote meeting.
6. Please be mindful of your surroundings and background noise while participating in the remote meeting. When not speaking, please place your microphone on mute; and
7. Members of the public will be provided with the opportunity to watch or listen to open sessions of the remote meetings. However, Board members may continue to make motions to enter closed session, as allowed by law, to which members of the public will not have access.

To ensure a quorum, with Dr. Sen's absence, Patricia Pitts, as next presiding officer on the Committee, asked members to recognize their presence when their name was read:

1. Amanda Holliday – Present
2. Analia Camarasa – Present
3. Ananya Sen – n/a
4. And I, Patricia Pitts, am present.

Patricia declared there was a quorum of the Rules Committee. Patricia also asked if there were any existing conflicts. Hearing none, Amanda made a motion to approve the agenda with a change to the order, moving rule 303 to the end if discussion was needed. Analia seconded the motion. No discussion. Roll call to approve motion: Amanda – Yes, Analia – Yes, and Patricia – Yes.

Charla refreshed the committee on where the September meeting left off, noting the continued concerns of the Board regarding some of the applications being submitted lacking experience with various disease states, or with varied populations.

21 NCAC 17. 0104 - Applications

- Previously, the Board had discussed adding a list of specific body systems to 21 NCAC 17. 0104 (k)(3)(C). Charla was able to find a helpful reference directly from BCNS titled *CNS SPE Competencies*, that provides a detailed description of each Category (A, B, C) and what competencies they indicate they require a CNS candidate to meet as part of their supervised practice. The Board all agreed that pulling directly from the language already required by BCNS would be most appropriate, as the expectation would be that all candidates have been verified as meeting what is detailed in the BCNS requirements (even though many applications submitted thus far do not seem to demonstrate this). The BCNS competencies under Category A state:
  Be able to competently formulate actionable medical nutrition therapies and interventions, education, counseling and ongoing care for the prevention, modulation, and management of a broad range of chronic systemic disorders, including:
  - Obesity
  - Cardiovascular disease, dyslipidemias, and hypertension
  - Type 1 diabetes
  - Insulin resistance and type 2 diabetes
  - Endocrine disorders
  - Autoimmune disorders
  - Gastrointestinal disorders
  - Hematologic disorders
  - Bone disorders
  - Hepatic disorders
  - Pulmonary disorders
  - Renal disorders
  - Cognitive and neuro-cognitive disorders
  - Food allergies and intolerances
  - Cancer
  - Bariatric surgery
  - Surgical procedures
  - Mastication, swallowing, and nutrient absorption disorders
  - HIV-AIDS
  - Dermatological disorders
  - Mental health/mood disorders

Pat, Amanda, and Analia asked Traci Hobson for input, as the ANA representative. Traci commented that she would agree this makes sense and was going to suggest we refer to this as well.

Charla made a sidenote that similar edits do not need to be made under the rule for Category C, as it already states that the SPE must meet "…the competency requirements of the most current edition of the Accreditation Standards for Nutrition and Dietetics Internship Programs issued by ACEND." Thus, the competencies are standardized by programmatic accreditation and do not need further definition in (j)(C)(iii).

Pat and Amanda felt strongly that the statement regarding varied population groups should remain in 21 NCAC 17. 0104 (k)(3)(C) as Board members expressed concern that if student trainees only worked with one gender or only children, this would not adequately prepare them to practice general medical nutrition therapy. Thus, Charla will include the list from BCNS, but keep the piece stating, "And, such experiences must prepare students to work with various populations of diverse cultures, genders, and across the life cycle including infants, children, adolescents, adults, pregnant/lactating females, and older adults."

Analia commented with the concern that the Board needs to be able to determine what experience is enough; i.e. is competency in the entire list of disease states required? Charla noted that the language from BCNS indicates the word "including" which typically means all that is listed but can be more than. Analia noted this considering some of the latest applications received appeared to indicate in several areas that the applicants had limited or no experience in some of the competencies. The Board discussed these concerns noting that many applicants seem to indicate that they "learned about" a disease state in their academic program but did not work with any patients during their SPE who had the conditions noted. Board members found this problematic since the supervised practice experience is separate from the academic requirements. Academic achievements should be used to meet the academic requirements and not doubly used to meet supervised practice requirements.

Pat asked what BCNS does when they have applicants who have not covered a certain disease state listed in their competencies. Traci indicated that she would have to talk with Debbie at BCNS as she is not involved with review of applications; she can get back to us. Charla commented that she would like to speak with Traci further about what the NCBDN is seeing in some applications to better understand how BCNS reviews their application and determines that applicants have met their requirements. For insight, Amanda described in detail how ACEND requires competencies to be judged and evaluated. The Board discussed the differences between "exposure to" and "competent in." ACEND requires meeting of competencies; BCNS appears to require meeting of competencies in its guidance *CNS SPE Competencies* document, but from applications reviewed by the NCBDN, BCNS does not actually appear to maintain this standard.

Relevant proposed changes for 21 NCAC 17 .0104 are noted below:

(j) Applicants providing evidence of completing a supervised practice experience in G.S. 90-357.5(a)(1)(b) shall either:

(1) Submit a verification statement that includes the original signature of the Program Director of a documented, supervised practice experience that has been accredited by the ACEND as meeting the competency requirements of the most current edition of the Accreditation Standards for Nutrition and Dietetics Internship Programs; or

(2) Submit documentation demonstrating at least 1000 hours of documented, supervised practice experience, meeting the competency requirements of the most current edition of the Accreditation Standards for Nutrition and Dietetics Internship Programs issued by ACEND. The scope of activities may include alternate supervised experiential learning such as simulation, case studies, and role playing, but must also include at least 750 hours in a professional work setting. The 1000 hours must

be concurrent with or following completion of the academic requirements for licensure and need not be a paid experience. The following shall be necessary to determine and verify supervised practice experience:

(A) The supervisor shall:

(i) periodically observe the provision of nutrition care services by the student or trainee supervised, and evaluate, authorize, and approve all nutrition care services of the student or trainee supervised, in real-time.

(ii) maintain primary responsibility for and control over all nutrition care services performed by the student or trainee, including clinical record keeping; and

(iii) ensure the student or trainee is designated throughout the supervised practice experience by a title that clearly indicates the individual's status as a student or trainee.

~~The supervisor shall have access to all relevant patient/client records kept during the supervised practice experience. The supervisor shall review performance by periodic observation, either in real-time, or by some recording of the nutrition service.~~

(B) If there shall be more than one supervisor or facility for different parts of the supervised practice experience, information and verification of each part is required.

(C) The applicant shall provide to the Board for each supervisor/facility:

(i) the name and address of the facility providing the supervised practice experience;

(ii) the name, address, phone, and title of the supervisor who supervised the supervised practice experience;

(iii) a summary of nutrition services performed, along with dates and hours spent performing them.

(iv) evidence that the supervisor met the requirements stated in G.S. 90-357.5(a)(1)(b) at the time of supervision; and

(v) an attestation that the supervisor is not related to, married to, or domestic partners with the supervisee.

(D) Each supervisor ~~shall review the evidence provided by the applicant and verify that the information is true, including:~~ shall:

(i) verify that the applicant participated in nutrition services under his or her supervision, stating the total number of hours;

(ii) ~~providing~~ provide a summary of the nutrition services ~~provided~~ completed under his or her supervision; and

(iii) ~~providing~~ provide an evaluation of the applicant for the Board to be able to assess the applicant's performance in completion of the competencies required by ACEND.

(k) Applicants providing evidence of completing a supervised practice experience in G.S. 90-357.5(c)(2) shall submit documentation demonstrating at least 1000 hours of documented, supervised practice experience, meeting the

requirements as stated in G.S. 90-357.5(c)(2). The scope of activities may include alternate supervised experiential learning such as simulation, case studies, and role playing, but must also include at least 750 hours in a professional work setting. The 1000 hours must be concurrent with or following completion of the academic requirements for licensure and need not be a paid experience. The following shall be necessary for proof of completion of a Board-approved internship or a documented, supervised practice experience in nutrition services: ~~to determine and verify the supervised practice experience:~~

(1) The supervisor shall:

(A) periodically observe the provision of nutrition care services by the student or trainee supervised, and evaluate, authorize, and approve all nutrition care services of the student or trainee supervised, in real-time.

(B) maintain primary responsibility for and control over all nutrition care services performed by the student or trainee, including clinical record keeping; and

(C) ensure the student or trainee is designated throughout the supervised practice experience by a title that clearly indicates the individual's status as a student or trainee.

~~The supervisor shall have access to all relevant patient/client records kept during the supervised practice experience. The supervisor shall review performance by periodic observation, either in real-time or by some recording of the nutrition service.~~

(2) If there shall be more than one supervisor or facility for different parts of the supervised practice experience, information and verification of each part is required.

(3) The applicant shall provide to the Board for each supervisor/facility:

(A) the name and address of the facility providing the supervised practice experience;

(B) the name, address, phone, and title of the supervisor who supervised the supervised practice experience;

(C) a summary of nutrition services performed, along with dates, and hours spent performing ~~them;~~ them. Learning experiences must prepare students to be able to competently formulate actionable medical nutrition therapies and interventions, education, counseling and ongoing care for the prevention, modulation, and management of a broad range of chronic systemic disorders, including:

i. Obesity
ii. Cardiovascular disease, dyslipidemias, and hypertension
iii. Type 1 diabetes
iv. Insulin resistance and type 2 diabetes
v. Endocrine disorders
vi. Autoimmune disorders
vii. Gastrointestinal disorders
viii. Hematologic disorders
ix. Bone disorders

x. Hepatic disorders

xi. Pulmonary disorders

xii. Renal disorders

xiii. Cognitive and neuro-cognitive disorders

xiv. Food allergies and intolerances

xv. Cancer

xvi. Bariatric surgery

xvii. Surgical procedures

xviii. Mastication, swallowing, and nutrient absorption disorders

xix. HIV-AIDS

xx. Dermatological disorders

xxi. Mental health/mood disorders

And, such experiences must prepare students to work with various populations of diverse cultures, genders, and across the life cycle including infants, children, adolescents, adults, pregnant/lactating females, and older adults.

(D) evidence that the supervisor met the requirements as stated in G.S. 90-357.5(c)(2) at the time of supervision; and

(E) an attestation that the supervisor is not related to, married to, or domestic partners with the supervisee.

(4) Each supervisor ~~shall review the evidence provided by the applicant and verify that the information is true, including:~~ shall:

(A) verify that the applicant participated in nutrition services under his or her supervision, stating the total number of hours;

(B) ~~providing~~ provide a summary of the nutrition services ~~provided~~ completed under his or her supervision; and

(C) ~~providing~~ provide an evaluation of the applicant for the Board to be able to assess the applicant's performance in the areas of nutrition assessment; nutrition intervention, education, counseling, or management; and nutrition monitoring or evaulation.

21 NCAC 17. 0101 - Definitions

Charla again referred to the document titled *CNS SPE Competencies* and the definitions of the A, B, & C buckets it describes. This can help inform and direct some revised language in the Definitions section of the regulations. Charla noted that current definitions of nutrition assessment and nutrition counseling are geared towards patient care/interaction and activities done in the presence of, or for the benefit of, patients. Charla also noted that the current version of the definitions uses the terms Licensed Dietitians/Nutritionists and Licensed Nutritionists because there had been some confusion by non-licensed persons believing that the definitions were applicable to them. But, Charla thought adding licensed dietitian/nutritionist and licensed nutritionists made the terms more confusing because they are also applicable to students providing such care as part of their supervised practice.

Charla noted for the Board some comparison language for them to review from a MI proposed bill,[1] as well as again, referring to the *CNS SPE Competency* document definitions. The Board proceeded to blend the most optimal language from these reference points, as noted below:

(7) "Nutrition assessment" means:

(A) ~~the evaluation of the nutrition needs of individuals and groups by licensed dietitians/nutritionists and licensed nutritionists based upon biochemical, anthropometric, nutrigenomic, physical, and food and diet history data to determine nutritional needs and~~ the ongoing, dynamic, and systematic process of obtaining, verifying, and interpreting biochemical, anthropometric, physical, nutrigenomic, and dietary data to make decisions about the nature and cause of nutrition related problems and order therapeutic diets, including enteral and parenteral nutrition; ~~and~~

(B) the ordering of laboratory tests related to the practice of nutrition and ~~dietetics.~~ dietetics; and

(C) the conducting of a swallow screen.

(D) The collection of data does not, by itself, constitute nutrition assessment.

Traci noted that the line regarding data collection (in MI bill) was intended to provide clarification for health coaches. Charla and Analia discussed the intentional addition in 2019 of the ability for licensees to order therapeutic diets, something the previous iteration of the law did not include.

The Board again used a blended approach considering the current definition and the definition in SB 614 from Michigan[2] for the definition of "nutrition counseling," which also covers Bucket "B" of the requirements for supervised practice of LN applicants.

(8) "Nutrition ~~counseling"~~ intervention, education, counseling, or management" means the advice and assistance provided ~~by licensed dietitians/nutritionists and licensed nutritionists~~ to individuals or groups on nutrition intake by integrating information from the nutrition assessment with information on food and other sources of nutrient and meal preparation consistent with therapeutic needs and cultural background, which shall include ethnicity, race, language, religious and spiritual beliefs, education, and socioeconomic status.

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[1] From SB 614 Michigan "Nutrition assessment" means the ongoing, dynamic, and systematic process of obtaining, verifying, and interpreting biochemical, anthropometric, physical, nutrigenomic, and dietary data to make decisions about the nature and cause of nutrition related problems and making recommendations, including recommendations on enteral and parenteral nutrition. The collection of data does not, by itself, constitute nutrition assessment.

[2] From SB 614 Michigan, "Nutrition counseling" means a supportive process, characterized by a collaborative counselor-patient relationship with individuals or groups, to establish food and nutrition priorities, goals, and individualized action plans and general physical activity guidance that acknowledge and foster responsibility for self-care to treat or manage an existing disease or medical condition or to promote health and wellness.

"Nutrition intervention" means purposefully planned action and nutrition counseling that is intended to positively change a nutrition-related behavior, risk factor, environmental condition, or aspect of the health status for an individual.

The Committee then discussed adding a definition for "nutrition monitoring and evaluation." The Board reviewed the definition from the *CNS SPE Competencies* document and also the Michigan Bill[3] to craft a blended definition. As proposed the definition would be:

> "Nutrition monitoring or evaluation" means regular re-evaluation of medical nutrition therapy treatment and prevention plan to compare the outcomes with the patient's previous health status, intervention goals, or reference standards to determine the progress made in achieving desired outcomes of nutrition care and whether planned interventions should be continued or revised. Includes review of clinical research and standards of care.

The Board discussed the addition of the definition for a Swallow Screen. Charla researched the definition as it stands with the National Association for Speech and Audiology. As such, the proposed language here would be:

> "Swallow screen" means a minimally invasive evaluation procedure conducted by licensed dietitian/nutritionists that provides for the quick determination of:
>
> (A) the likelihood that dysphagia exists;
>
> (B) whether the patient requires referral for further swallowing assessment;
>
> (C) whether it is safe to feed the patient orally (for the purposes of nutrition, hydration, and administration of medication); and
>
> (D) whether the patient requires referral for nutritional or hydrational support.

The Board debated the merits of including the highlighted line of text above, as some more modern day definitions of a swallow screen many not include it. However, Both Charla and Amanda made points that it should likely be left in as the goal here is to get the patient fed faster, and if a referral is NOT required, this may accomplish that. Charla noted that all language is still tentative and subject to review, thus it can be removed later if needed. It was also noted that this definition would be limited to licensed dietitians/nutritionists at this time as this will be a required ACEND competency but is not presently a competency requirement for LNs. If that changes, the definition can be amended.

Charla noted that the *CNS SPE Competencies* provide that all hours must be met in categories A, B, & C with a minimum of 200 hours in each. There is not an additional "catch all" category. The Committee felt this made sense, and as such, it would be best to define "nutrition services" for the purposes of clarifying this term as it is used in § 90-357.5(C)(2). Charla noted that this would also align better with the BCNS standards for Competencies. Patricia agreed it would keep the language consistent and Analia also liked that it would provide clarification and reign in outlying activities that seem to fall outside the three buckets like writing a book. The suggested language here is:

> (9) "Nutrition services" for purposes of G.S. 90-357.5(c)(2) means the provision of nutrition assessments, nutrition intervention, education, counseling, or management, and nutrition monitoring or evaluation.

[3]From SB 614 Michigan - "Nutrition monitoring and evaluation" means identifying patient outcomes relevant to nutrition diagnosis and comparing the outcomes with the patient's previous health status, intervention goals, or reference standards to determine the progress made in achieving desired outcomes of nutrition care and whether planned interventions should be continued or revised.

21 NCAC 17. 0113 - Fees

The Board has been advised by its legal counsel, Henry Jones, that it should work to be able to self-insure as prices continue to increase for Director and Officers policies covering licensure related matters. His direction indicated that many licensing boards do this. To do so, since the Board has not raised its fees in over ten years, he suggested the board discuss raising some of its fees. Amy Beros, Board Treasurer, although not present at this meeting, has voiced agreement to build reserves to self-insure. Charla noted the following possible changes based on the premise that given the Board has not raised fees in many years, it will not likely raise fees again for many years.

21 NCAC 17 .0113 FEES

In accordance with the provisions of the Act, the following fees, where applicable, are payable to the Board by check or money order. Fees are nonrefundable, except for the Issuance Fee, if application is not approved.

Fee	Amount
Application Fee	~~$ 50.00~~ <u>$60.00</u>
Issuance Fee	~~125.00~~ <u>$150</u>
License Renewal Fee	~~75.00~~ <u>$95</u>
Late Renewal Fee	75.00
Examination Fee	150.00
Provisional License Fee	35.00
Duplicate License Certificate Fee	30.00
Duplicate License Identification Card Fee	20.00
Training Program	150.00

Before agreeing to final numbers, Analia suggested gathering information on comparative costs and other Boards' fees. Charla will pull together comparative data for review.

Charla again noted that the Rules process is far from done and the next steps are to clean up the proposed language and put it before the RRC for an informal prereview. After that it would be returned to Committee to discuss any issues before presenting to the Board for adoption, publication, and public comment.

<u>Public Comment</u> – Patricia

Patricia asked if there was any public comment. Traci Hobson indicated she had no comment at present.

Amanda motioned to adjourn the meeting. Analia seconded to motion. No further discussion. All approved. Meeting adjourned at 3:37 PM.