



**Reporting Harm**  
Who, What, When, Where, Why and How?

**Kay Mavko**  
Chair of Licensure Workgroup  
Former Executive Director,  
Ohio Board of Dietetics  
State Regulatory Specialist, Ohio Dietetic  
Association

---

---

---

---

---


---

---

---

---

---



**Who Should Report Harm?**

- Anyone from the public can report violations / harm
- Health professionals who understand dietetic practice and want to protect their scope of practice – the RD
- If you don't report who will?
- Dietetics licensure statutes were written to license you!
- Dietetics licensure statutes exist to protect the public
- You are the professional with the responsibility to report

2

---

---

---

---

---


---

---

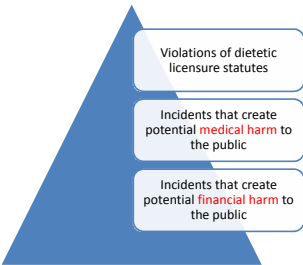
---

---

---



**What Should be Reported?**



- Violations of dietetic licensure statutes
- Incidents that create potential **medical harm** to the public
- Incidents that create potential **financial harm** to the public

3

---

---

---

---

---


---

---

---

---

---



---

**Thoughts for Consideration**

Do you need to totally know your law forward and backward?

No – but a basic awareness of title restrictions and scope of practice is important

Be aware of unlicensed activities in your community

Observe and listen to your instincts!

---

4

---

---

---


---

---

---

---

---



---

**Examples of incidents of harm**

Person calling herself RD, LD was recommending raw food diets to clients over internet and offering nutritional counseling and medical nutrition therapy to cure specific diseases (DM, heart disease, allergies.)

No nutrition credentials, was a fitness model, self taught raw foodist.

---

5

---

---

---


---

---

---

---

---



---

**Examples of incidents of harm**

Licensed dietitian (1) loaned over \$2,000 to a patient and reflected the balance of the loan on bills for professional services rendered; and (2) failed to present a patient with a complete accounting of her bills.

---

6

---

---

---

---

---

---

---

---

 Academy of Nutrition and Dietetics

---

### When Should violations and Harm be Reported?

- Today
- Tomorrow
- And each day that violations or incidents of harm occur
- Licensing Boards need continual incidents to investigate



7

---

---

---

---

---

---

---

---

 Academy of Nutrition and Dietetics

---

### When is it too late to report ?

- When your governor has put your licensing board on the elimination list
- When a competing profession decides to expand their scope of practice to include nutrition assessment and counseling
- When your state decides to seek licensure and you are preparing the testimony for the public hearing before your state legislative committee

**Don't wait until it is too late!**



8

---

---

---


---

---

---

---


---

 Academy of Nutrition and Dietetics


---

### Where Do You Report?

To Your State Licensing Board



**We should not report to**



9

---

---

---

---

---

---

---

---

**Why Should You Report ?** 

---

**Without reports of violations and harm ...**

- No investigations
- No discipline
- Few Board actions
- Value of licensing Board gets questioned
- Board's Existence is diminished!
- Sunset can occur!



10

---

---

---


---

---

---

---

---

**Why Report ?** 

---

- Because you are required to
- If RD's do not report harm, other groups may gain a competitive advantage
- Complacency will allow them to do so
- Board actions are your data for protecting your scope of practice!
- Competitive environment demands it!

---

---

---


---

---

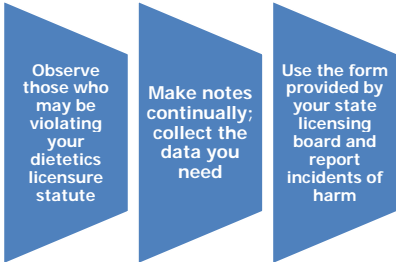
---

---

---

**How to Report** 

---



12

---

---

---


---

---

---

---

---

**How to Report** 

---

Use Board's form

Describe incident in your own words  
Use detail and copies of pertinent documents

If including patient records - remove identifiers  
Dates, times, type of service should be included

Sign and date  
Anonymous complaints are difficult to process  
(some statutes prohibit processing)

---

13

---

---

---


---

---

---

---

---

**Barriers to Reporting** 

---

- Complacency (someone else will do it)
- Unaware of process to report
- Concern about confidentiality
- Intimidation and lack of confidence

---

14

---

---

---


---

---

---

---

---

**How to Report** 

---

**With ...**

**Determination**

**Knowledge and ..**

**Confidence!**

---

15

---

---

---


---

---

---

---

---



## Making Nutrition an Essential Health Benefit

Jessie Pavlinac, MS, RD, CRS, LD  
Vice-chair, Coding and Coverage Committee

---

---

---


---

---

---

---


---

*Primer* 

---

### State Health Insurance Exchange

- Created under the Patient Protection and Affordable Care Act (ACA)
- Competitive marketplace where consumers and small businesses can shop for, select, and enroll in private health insurance
- “One-stop shops”



2

---

---

---


---

---

---

---

---

*Primer* 

---

### State Health Insurance Exchanges

- Apply for approval by January 1, 2013
- Operations commence by January 1, 2014
- Options:

|  |    |   |    |  |
|--|----|---|----|--|
| <b>state-run</b>                         | OR | <b>hybrid</b>   | OR | <b>federally run</b>   |
| Choose to operate a state-based exchange |    | Opt for a state-federal partnership hybrid exchange model |    | Defer to the federal government for a federally run exchange |

3

---

---

---

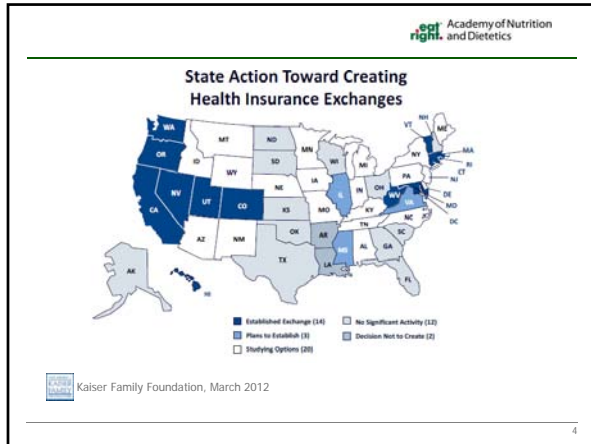
---

---

---

---

---




---

---

---

---

---

---

---

---

---

---




---

---

---

---

---


---

---

---

---

---

- Defining Essential Health Benefits get right. Academy of Nutrition and Dietetics
- Ten benefit categories (per the ACA):
- 1) Ambulatory patient services
  - 2) Emergency services
  - 3) Hospitalization
  - 4) Maternity and newborn care
  - 5) Mental health and substance abuse services
  - 6) Prescription drugs
  - 7) Rehabilitative and habilitative services and devices
  - 8) Laboratory services
  - 9) Preventive and wellness services and chronic disease management
  - 10) Pediatric services, including oral and vision care
- 
- Where is nutrition???**
- 6

---

---

---

---

---


---

---

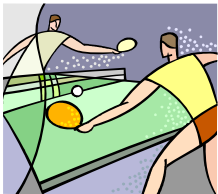
---

---

---



---

HHS  States

7

---

---

---


---

---

---

---


---



HHS Essential Health Benefits Bulletin

**Proposed Benchmarks:**

- One of the three largest "small group" plans in the state
- One of the three largest state employee health plans
- One of the three largest federal employee health plan options
- The largest HMO plan offered in the state's commercial market



8

---

---

---


---

---


---

---

---



Wild Cards



- Supreme Court Case
- State Mandates
- Tug-of-War between state branches of government
- Election Year

9

---

---

---

---


---

---

---

---






---

## Call to Action

- What is happening in my state?
- Who is making the decisions?
- Which benchmark does my state support?
- Which benchmark does my affiliate dietetic association support?
- What state mandates exist?



10

---

---

---


---

---

---

---


---



---

## *What is happening in my state?*

State Implementation Tracking Chart (National Association of Insurance Commissioners):  
[http://www.naic.org/documents/committees\\_b\\_exchanges\\_ah\\_b\\_exchange\\_model\\_act\\_state\\_implementation.pdf](http://www.naic.org/documents/committees_b_exchanges_ah_b_exchange_model_act_state_implementation.pdf)

Academy's CQ State Tracker 

11

---

---

---

---

---

---

---

---



---

## Benchmark Plans in the States



12

---

---

---

---

---

---

---

---

**Advocacy Plan** 

---

- Speak with one voice
- Meet with decision-makers
- Monitor legislative review/action related to state mandates
- Advocate for nutrition as an essential health benefit
- Advocate for specific inclusion of RDs as providers of nutrition services



13

---

---

---

---

---

---

---

---

---

---

**Framing the Message** 

---

- Sample legislative language
- Government agency reports:
  - Institute of Medicine
  - U.S. Preventive Services Task Force
- RDs are effective providers of nutrition services
- RDs provide cost-savings
- RDs play a key role in prevention and treatment



14

---

---

---

---

---

---

---

---

---

---

**Academy Resources** 

---



- Reimbursement Representatives and State Regulatory Specialists
- Summary of Benchmark Plans
- Written comments/testimony

15

---

---

---

---

---

---

---

---

---

---

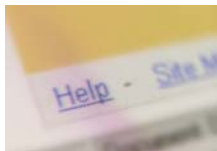
---

### For More Information and Guidance

Marsha Schofield, MS,RD,LD  
Director, Nutrition Services Coverage  
[mschofield@eatright.org](mailto:mschofield@eatright.org)

Juliana Smith  
Director, State Government Relations  
[jsmith@eatright.org](mailto:jsmith@eatright.org)

Pepin Tuma, Esq.  
Director, Regulatory Affairs  
[ptuma@eatright.org](mailto:ptuma@eatright.org)



---

---

---

---

---

---

---

---