For Registered Dietitians (RDs):

1/25/2002 FACT SHEET to Clarify Implementation of AB 1444 as of 1/1/2002

Disclaimer: CDA is offering these "Fact Sheets" to provide assistance and guidance for members concerning the effect and implementation of AB 1444 (Maddox). This new legislation, signed into law last year, expands the scope of practice for Registered Dietitians and certain defined "other nutritional professionals," and recognizes in the law Dietetic Technicians, Registered. It also specifies a scope of practice for DTRs. CDA is confident that the information contained in these fact sheets correctly reflects both the language in the new law, and the Legislative intent behind the new law. There are necessarily some gray areas associated with any new statute, as it is impossible to include the level of detail in statutes necessary to anticipate every situation that may arise in the practice setting. CDA along with input from various government agencies will continue to work to clarify these issues, and to ensure that the intent of AB 1444 is carried out.

State law:

AB 1444 (Chapter 628, Statute of 2001) will become state law on January 1, 2002. Several provisions regarding Registered Dietitians, “other nutrition professionals,” and Dietetic Technicians Registered will be added to existing provisions in the California Business & Professions (B&P) Code Sections 2585 and 2586.

For a full understanding of the new bill, please print a copy of the final, chaptered version of AB 1444 off the Internet. Go to the CDA Website: www.dietitian.org. On the opening page, under “New to You”, click on “Copy of AB 1444”.

Historical information:

✓ In 1983, Registered Dietitians (RDs) were identified (B&P Section 2585) and given a scope of practice (B&P Section 2586) in California state law.
✓ In 1995, both Registered Dietitians and “other nutrition professionals” were permitted, upon written referral by a physician and surgeon, reimbursement for the nutritional advice or advice concerning proper nutrition as set forth in Section 2068, or for the nutritional assessments, counseling, and treatments as set forth in Section 2586.
✓ In 1995, “other nutrition professionals” were identified in California Business & Professions Code Section 2585 (e) as persons “with a master’s or higher degree in a field covering clinical nutrition sciences, from a college or university accredited by a regional accreditation agency, who are deemed qualified to provide these services by the referring physician and surgeon”.
✓ Existing law does not prohibit a person from providing nutritional advice (B&P 2068).

What AB 1444 will change:

- Designate the services provided by registered dietitians and “other nutrition professionals,” formerly called nutrition and dietary counseling, assessment and treatment, as medical nutrition therapy (MNT).
- Permit the RD to take verbal or electronically transmitted orders when the referring physician and surgeon have established or approved a written protocol regarding the patient’s treatment. This protocol can be one established for a given medical condition and approved in the treatment center providing care for that patient. (**Hypothetical practice situations soon will be available on the CDA Website.)
- Authorize the RD to order medical laboratory tests related to medical nutrition therapy when authorized to do so by a written protocol prepared or approved by the referring physician and surgeon.
- Identify Dietetic Technicians, Registered, (B&P Section 2585 (b)) and grant a scope of practice (B&P Section 2586 (b)) in California state law as of 1/1/2002.
- AB 1444 identifies the RD to provide direct supervision of dietetic technicians, registered (DTRs). This law limits the RD to provide supervision to 2 DTRs at any one time at one facility.
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- AB 1444 deletes the state law definition for "dietitian" because there was never a scope of practice for "dietitian". AB 1444 states that it is a misdemeanor for anyone to call themselves a "dietitian" unless they meet the state law requirements for a "Registered Dietitian".

Implementation of AB 1444:

- Each facility will need to establish or approve a written protocol for the RD to accept verbal or electronically transmitted orders from the referring physician and surgeon.
- For the RD to order labs related to medical nutrition therapy (MNT), each facility will need to develop disease specific protocols that are approved by the referring physician or by the medical staff of the hospital/clinic. The new law applies to both the RD working in either a medical facility or in private practice. All RDs should be aware of the patient's insurance limitations for payment of lab tests. RDs in private practice need to have copies of the disease protocols from the patient’s physician in her/his private office. Examples of some appropriate nutrition related lab tests include:
  1. Chronic Renal Failure: renal panel, calcium PO₄, albumin levels & creatinine clearance.
  2. Diabetes: hemoglobin A1c, fructosamine, fasting and random plasma glucoses, lipid panels.
  3. Long Term Care/chronic disease: hemoglobin, hematocrit, albumin.

- The RD will now be able to instruct the patient about changes in diets and any medications related to the physician protocol. This could include interpretation of blood glucose results and adjustments in food, medication or physical activity as prescribed by the physician. The RD may review the effect of insulin or oral hypoglycemic agents on blood glucose levels and recommend changes in therapy to the referring physician.
- The RD will be able to take orders from the physician for any oral vitamin or mineral supplements, high calorie/high protein supplement, changes in diet orders or textures and tube feedings or water flush changes. Written treatment protocols are necessary for all of the above changes.
- **The RD will not be able to accept or transmit orders to the pharmacy for any dangerous drugs, TPN or IV vitamins or minerals.** "Dangerous drugs" are defined in the Business & Professions Code under ‘Pharmacy’ as: Any drug unsafe for self-use, or, any drug that can be lawfully dispensed only on prescription, or, if the pharmacy board determines that the unrestricted retail sale of the drug is dangerous to the public health or safety.
- **“Direct supervision”** means the RD shall be physically available on site during regular business hours in all but small/rural hospitals. “Direct supervision” implies that the RD shall be available by pager or telephone for consultation with the DTR, regardless of the size of the facility. The RD should be available for consultation whenever the DTR is working. The RD reviews the competencies of the DTR. **Direct supervision also implies that the RD is ultimately responsible for the work of the DTR.**
- There is a limit of one RD supervising 2 DTRs at the same time per facility.