



Dietitian

L I C E N S U R E C O M P A C T



**National Center for
Interstate Compacts**
THE COUNCIL OF STATE GOVERNMENTS



**Academy of Nutrition
and Dietetics**

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Welcome

Dan Logsdon, The Council of State Governments

The Council of State Governments

Founded in 1933, CSG is our nation's only organization serving all three branches of state government.

Scope

The nation's only organization serving all three branches of state government

Membership

CSG is a region-based membership organization that fosters the exchange of insights and ideas to help state officials shape public policy

Mission

Champion excellence in state governments in order to advance the common good



National Center for Interstate Compacts (NCIC)

- Founded in 2004
- Seeks to help states work cooperatively to solve mutual issues and meet shared goals
- Serves as an:
 1. Information clearinghouse
 2. Provider of training and technical assistance
 3. Primary facilitator for assisting states in the review, revision and creation of new interstate compacts



Multistate Problem Solving
with Interstate Compacts

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The Department of Defense Perspective

Geraldine Valentino-Smith, Defense State Liaison Office



Dietitian Legislative Summit



U.S. Department of Defense

**MILITARY
STATE POLICY
SOURCE**

Taking Care of Our Military Families

September 2022 DOD Memo: Taking Care of Our Service Members and Their Families

“The Department of Defense has a sacred obligation to take care of our service members and families. Doing so is a national security imperative. Our military families provide the strong foundation for our force, and we owe them our full support.”

– Lloyd J. Austin, Secretary of Defense

September 2021 Joining Forces Report: Strengthening America’s Military Families

“The families of our service members and veterans, caregivers, and survivors ... may not wear a uniform ... but they sacrifice for us all. They give their best to the United States, and we owe them nothing but our best in return.”

– Dr. Jill Biden, First Lady of the U.S.



Why Licensure Matters

- 21% unemployment rate
- 36% of military spouses require an occupational license for employment
- *Of unemployed spouses, a significantly higher percentage report their career field requires an occupational certification or state license compared to other DoD spouses.*

(ADSS Slide 13, 52)



Who We Are and What We Do

The Defense-State Liaison Office provides state policymakers with expert insight on issues affecting military families and their quality of life.

This is part of the Defense Department's efforts to identify and address the most pressing needs of service members and military families.



DoD-CSG Cooperative Agreement

- The Fiscal Year 2020 National Defense Authorization Act (Public Law 116–92, Section 575) authorized the Department of Defense to enter into a cooperative agreement with the Council of State Governments.
- Provides grants to occupations to develop occupational licensure compacts



Occupational Licensure Compacts We Support

Developed without DoD support

Advanced Practice Registered Nurse -- 4

Audiology and Speech Language Pathology -- 33

Counseling -- 37

EMS Compact -- 24

Nurse Licensure Compact -- 40

Occupational Therapy -- 31

Physician Associates -- 13

Psychology Interjurisdictional Compact -- 40

Physical Therapy -- 38

Developed through the DoD-CSG Cooperative Agreement

Cosmetology -- 8

Dietitians -- 3

Dentists and Dental Hygiene -- 10

Massage Therapy -- 2

Respiratory Therapists -- 0

School Psychologists -- 2

Social Work -- 22

Teaching -- 13

Under Development (expected in 2026)

Athletic Trainers

Estheticians

Number of **States** which have adopted the compact as of Oct 31, 2024.



Meet the Regional Liaisons



Tammie Perreault
Northwest Regional Liaison
AK, ID, MT, OR, WA, WY



Kelli May Douglas
Pacific Southwest
Regional Liaison
AZ, CA, HI, NM, NV, UT



Michelle Richart
Midwest Regional Liaison
CO, IA, KS, NE, ND, SD



Jeremy Hilton
South Central Regional Liaison
AR, LA, MO, MS, OK, TX



Shane Preston
Great Lakes Regional Liaison
IL, IN, MI, MN, OH, WI



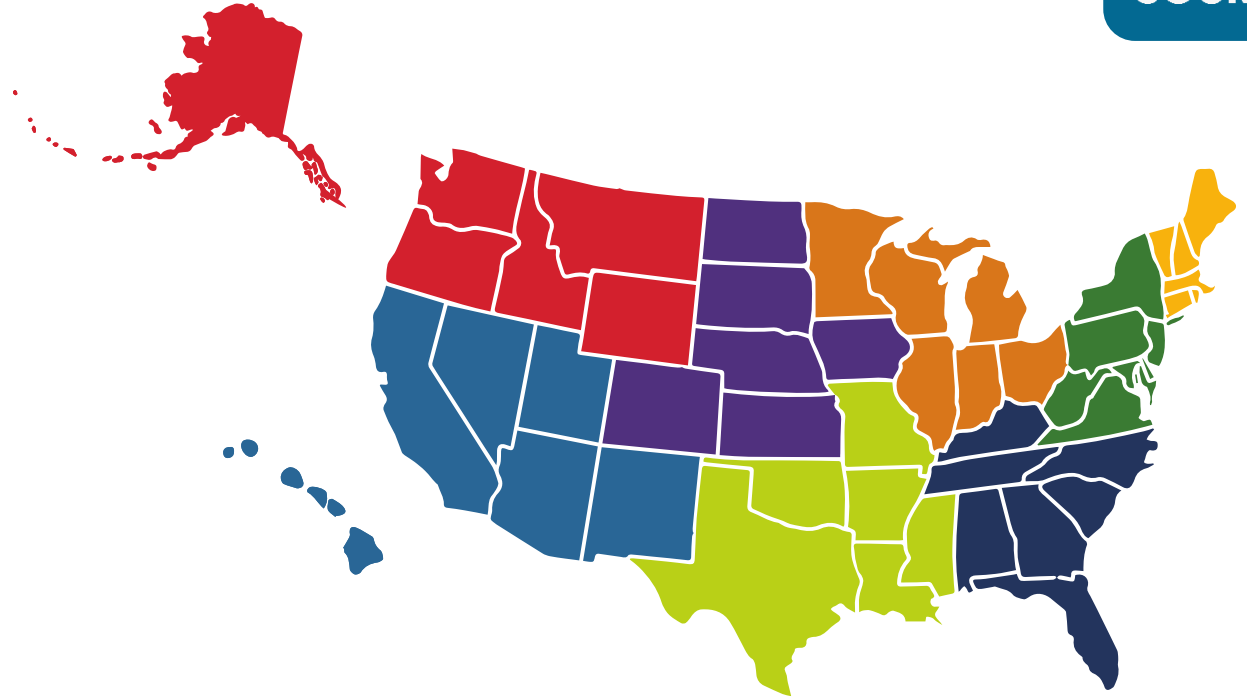
Sam Sliney
Southeast Regional Liaison
AL, FL, GA, KY, NC, SC, TN



Melissa Willette
New England Regional Liaison
CT, MA, ME, NH, RI, VT



Christopher Arnold
Mid-Atlantic Regional Liaison
DE, MD, NJ, NY, PA, VA, WV



Working With State Policymakers and Military Community Advocates



For additional information, visit
statepolicy.militaryonesource.mil

Geraldine Valentino-Smith
geraldine.valentino-smith.civ@mail.mil





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Academy Perspective

Livleen Gill, President of the Academy of Nutrition and Dietetics

CURRENT STATE: DIETITIAN LICENSURE & TELEHEALTH

November 19, 2024

POLICY INITIATIVES AND ADVOCACY STAFF



Charla M. Burill, JD RD

Senior Director,
State Legislative & Government Affairs
Academy of Nutrition and Dietetics



Lisa Eaton Wright, MS RD LDN

Director,
Consumer Protection & Licensure
Academy of Nutrition and Dietetics

OVERVIEW



Current state of dietitian licensure



Telehealth's impact on dietetics practice



Compact advocacy strategy



Q&A and next steps

CURRENT LANDSCAPE

LICENSURE'S PURPOSE

43-11A-2. Purpose of chapter.

*The General Assembly acknowledges that the application of scientific knowledge relating to nutrition is important in the treatment of disease and in the attainment and maintenance of health; and acknowledges further that the rendering of sound dietetic or nutrition services in hospitals, nursing homes, school districts, health departments, private practice and consultation, and in other settings requires trained and competent professionals. **It is declared, therefore, to be the purpose of this chapter to protect the health, safety, and welfare of the public by providing for the licensure and regulation of the activities of persons engaged in dietetic practice.***

Georgia Dietetics Practice Act

FORMS OF REGULATION

LICENSURE

CERTIFICATION

**TITLE
PROTECTION**

Dietitians

Dietitian/Nutritionists

Nutritionists

**DIETETICS
NUTRITION
LICENSURE**

**DIETITIAN
LICENSURE
COMPACT —
ELIGIBILITY
REQUIREMENT**



**HOLD RD
CREDENTIAL**

OR



**MEET
REQUIREMENTS
AS STRINGENT
AS RD
CREDENTIAL
REQUIREMENTS**

QUESTIONS?



TELEHEALTH: IMPACT ON DIETETICS

TELEHEALTH EXPANSION

Telehealth Advances

Covid-19 Pandemic

UNIVERSAL LICENSURE RECOGNITION LAWS



QUESTIONS?



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Break

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Dietitian Licensure Compact Overview

Kaitlyn Bison, The Council of State Governments

What is an interstate compact?

A legal, legislatively enacted contract between two or more states that allows states to:



#1 Cooperatively address shared problems

#2 Maintain sovereignty over issues belonging to states

#3 Respond to national priorities with one voice

Occupational Licensing Interstate Compacts

**Facilitate
Multistate
Practice**

**Maintain or
Improve Public
Health and
Safety**

**Preserve State
Authority Over
Professional
Licensing**



**51 states and territories(+ DC) have adopted at least 1 compact.
41 states have adopted at least 3 compacts.**



**360+ pieces of occupational licensure compact legislation
have been enacted since January 2016.**



**18 professions have active interstate compacts for
occupational licensing.**

Active Occupational Licensing Interstate Compacts

Nurse Licensure
Compact – 42

Audiology and Speech
Language Pathology
Compact – 34

Interstate Teacher
Mobility Compact - 13

PA Compact- 13

Medical Licensure
Compact – 41

Counseling Compact –
38

Advanced Practice
Nursing Compact – 4

Interstate Massage
Compact – 2

Psychology
Interjurisdictional
Compact – 42

Occupational Therapy
Compact – 31

Cosmetology Compact –
8

Social Work Compact -
22

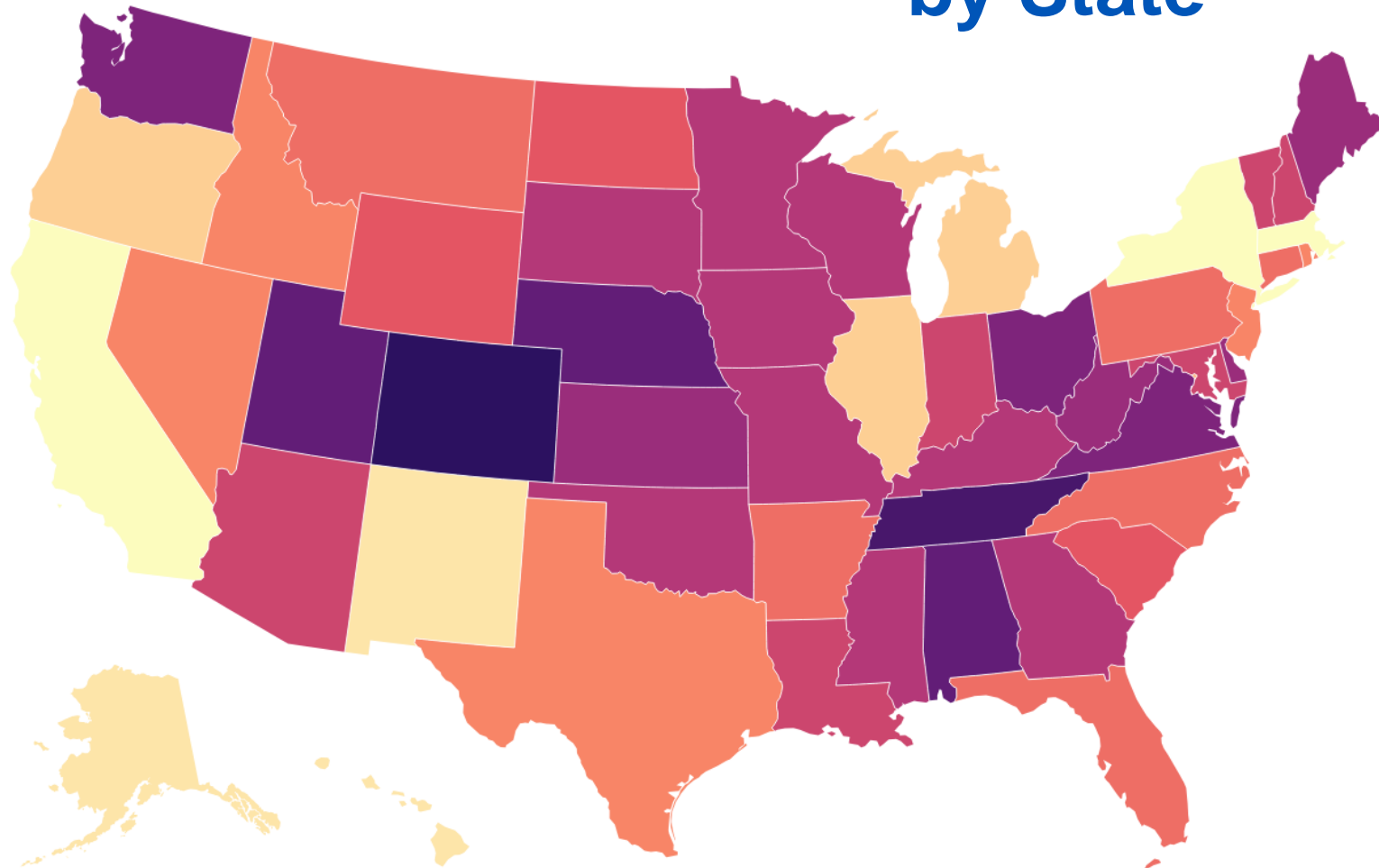
Physical Therapy
Compact – 39

EMS Compact – 24

Dentist and Dental
Hygienist Compact - 10

Dietitian Licensure
Compact- 3

Compact Enactments by State



How a Licensure Compact works

- A state joins the compact by adopting the model legislation
 - The model legislation is developed through a stakeholder driven, consensus-based process
- The model legislation includes both state and individual requirements
- The compact legislation “pre-negotiates” the recognition of an out-of-state license through a compact authorization to practice
- The compact’s benefits are mutually available for a compact member state’s resident licensees as well as out of state practitioners from compact member states

Benefits to Practitioners



Increased Mobility



Leverages Advancing Technology: Telepractice



Supports relocating military members and their families

Benefits to Licensing Boards



Agreement On Uniform Licensure Requirements



Shared Data System



Expands ability to protect public health and safety

Benefits to States



Flexibility and Autonomy In Comparison to Federal Policy



Strengthens State Sovereignty



Enhance Cooperation Between States



Strengthens Labor Markets



Increase access to highly qualified practitioners

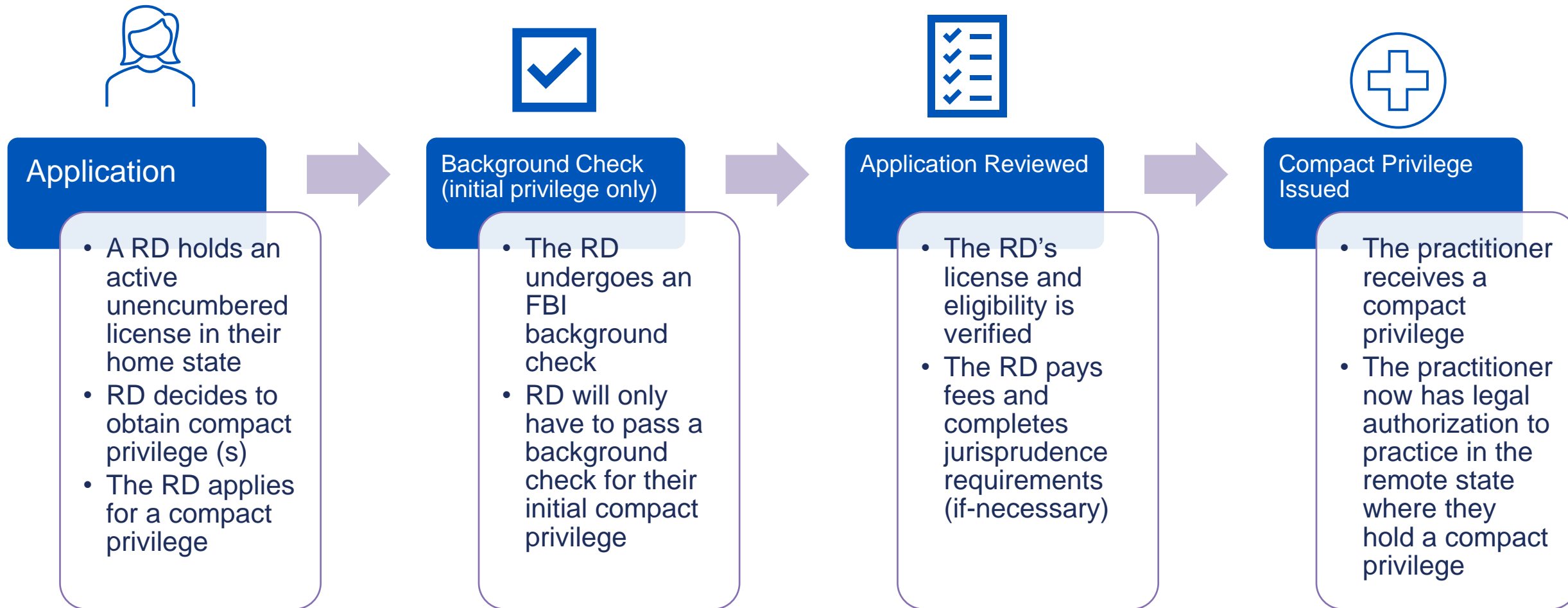
Limits of Licensure Compacts

- Licensure compacts are not “one size fits all”, they are custom built to the regulatory and portability needs of a profession
- Licensure compacts are voluntary, no practitioner will be required to join
- Compacts do not alter state scope of practice or other licensure pathways

How it works

- The compact privilege confers the same benefits of licensure
- The compact privilege must be applied for in each compact member state a dietitian wishes to provide services in
- Dietitians must abide by the laws and regulations for practice in the state where they are providing services/client is located

Compact Privilege Model



Key Benefits of a Compact Privilege

Uniform and
centralized
application
process

Uniform
requirements
to qualify

Expediency
of process

Renewal
cycles
match with
home state
license

Does not
require
continuing
education in
every state

Summary of the Dietitian Licensure Compact

Section 1 and 2: Purpose Statement and Defined Terms

Section 3: State Requirements

Section 4: Compact Privilege Requirements

Section 5: Obtaining a New Home State Licensed Based on a Compact Privilege

Section 6: Active Duty Military and Spouses

Section 7: Adverse Actions

Summary of the Dietitian Licensure Compact

Section 8: Establishment of the Compact Commission

Section 9: Data System

Section 10: Rulemaking

Section 11: Oversight, Dispute Resolution and Enforcement

Section 12: Effective Date, Withdrawal, Amendment

Section 13/14: Construction and Severability and Binding Effect of Compact and Other Law

Section 3: Key State Requirements to Join the Compact



License and Regulate the Practice of Dietetics and Nutrition



Have mechanism in place for receiving and investigating complaints

Section 4: Key Practitioner Requirements to be Eligible for a Compact Privilege



Valid, current RDN credential

OR



A master's degree or doctoral degree that is programmatically accredited by ACEND



1,000 hours of ACEND accredited supervision



Successful completion of the Registration Examination for Dietitians administered by the Commission on Dietetic Registration

Section 4: Key Practitioner Requirements to be Eligible for a Compact Privilege



Hold an unencumbered license issued by the licensee's home state



Pay applicable fees to commission and remote state



Meet any jurisprudence requirements established by the remote state

Summary of Additional Sections



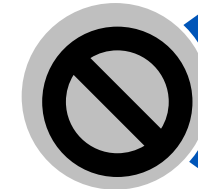
Section 5: Obtaining a New Home State License Based on a Compact Privilege

Allows licensee to exchange a compact privilege for a home state license if they change primary state of residence



Section 6: Active-Duty Military and Spouses

Allows active-duty military and spouses to designate a home state and retain that designate throughout their active-duty military service



Section 7: Adverse Action

Establishes disciplinary process whereby remote states can act against a compact privilege as if the practitioner held a license



Section 8: Establishment of the Compact Commission

Member states must appoint 1 commissioner and the delegate must be a representative of the State Licensing Authority or their designee



Section 9: Data System

To function, the compact requires the Commission to develop, maintain and operate a data system containing licensure, Adverse Action and Current Significant Investigative Information on all licensees.

Article 5: Obtaining New Home State License Based on Compact Privilege

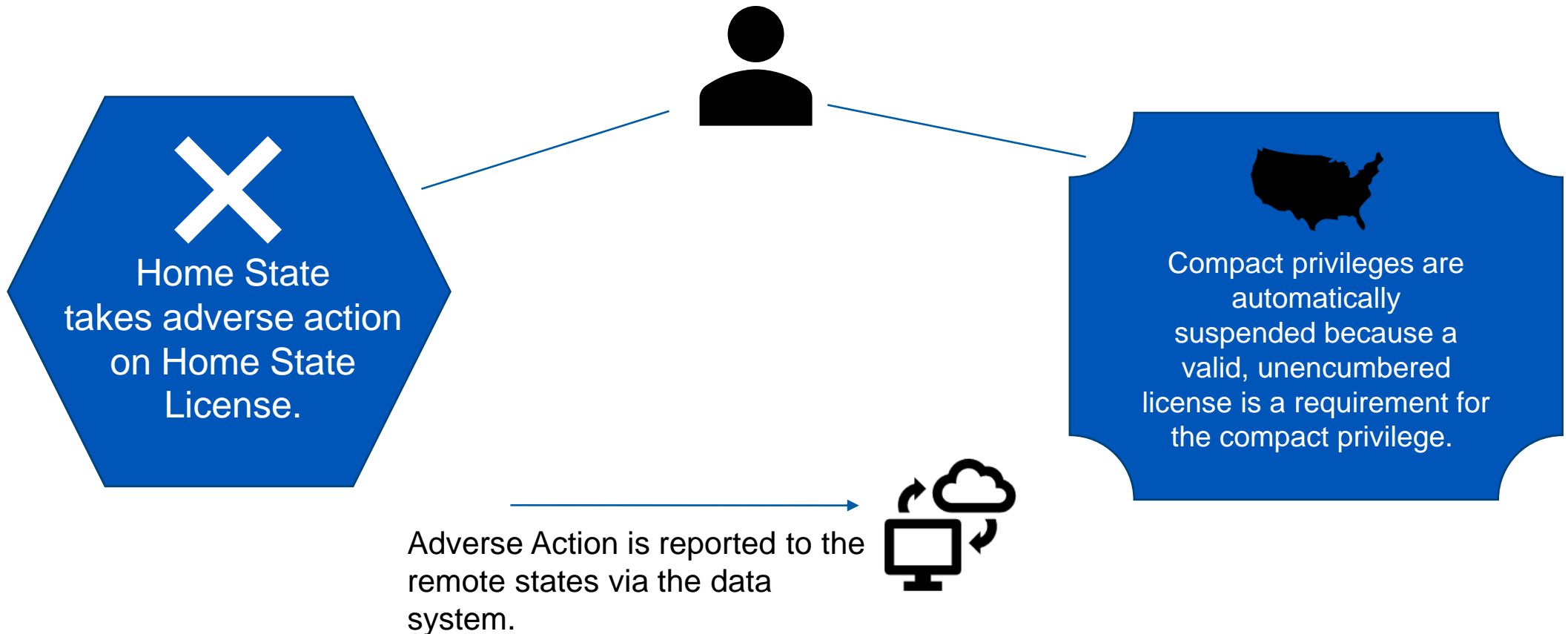
Dietitian wants to change their Home State to another compact member state



A dietitian may only have one home state at a time. A dietitian must apply for a new home state license and notifying the prior home state of the change of residence. States confirm eligibility via the compact data system.

Section 6: Adverse Action

Practitioner violates practice act in state of licensure



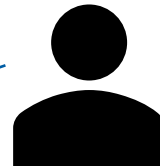
Section 6: Adverse Action

Practitioner violates practice act in a remote state

Remote state conducts investigation. Presence of significant investigative information is reported to the other remote state via the data system.



Remote state takes action on the compact privilege issued for their state.



After final action is taken by Remote State, other remote states can review action and decide if reciprocal action in their state is necessary

Adverse Action is reported to the participating states via the data system.



Summary of Additional Sections

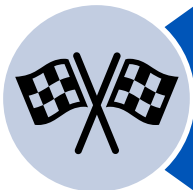


Section 10: Rulemaking

The compact gives the Commission the power to promulgate rules in order to effectively and efficiently implement and administer the purposes and provisions.



Section 11: Oversight, Dispute Resolution and Enforcement



Section 12: Effective Date, Withdrawal and Amendment

The compact shall come into effect and the commission established once the Compact legislation has been enacted by a seventh member state.



Section 13: Construction and Severability



Section 14: Binding Effect of Compact and Other Laws

The Compact Commission



- Joint-government agency comprised of one representative from each member state
- Flexible tool used to facilitate the implementation of the compact
- Create workable procedures and standards to a level of detail not specified in the compact
- Rules are limited to the implementation of the compact
- Rules are limited to those licensees using the compact.
- Rules can be rejected if voted by majority of member state legislatures



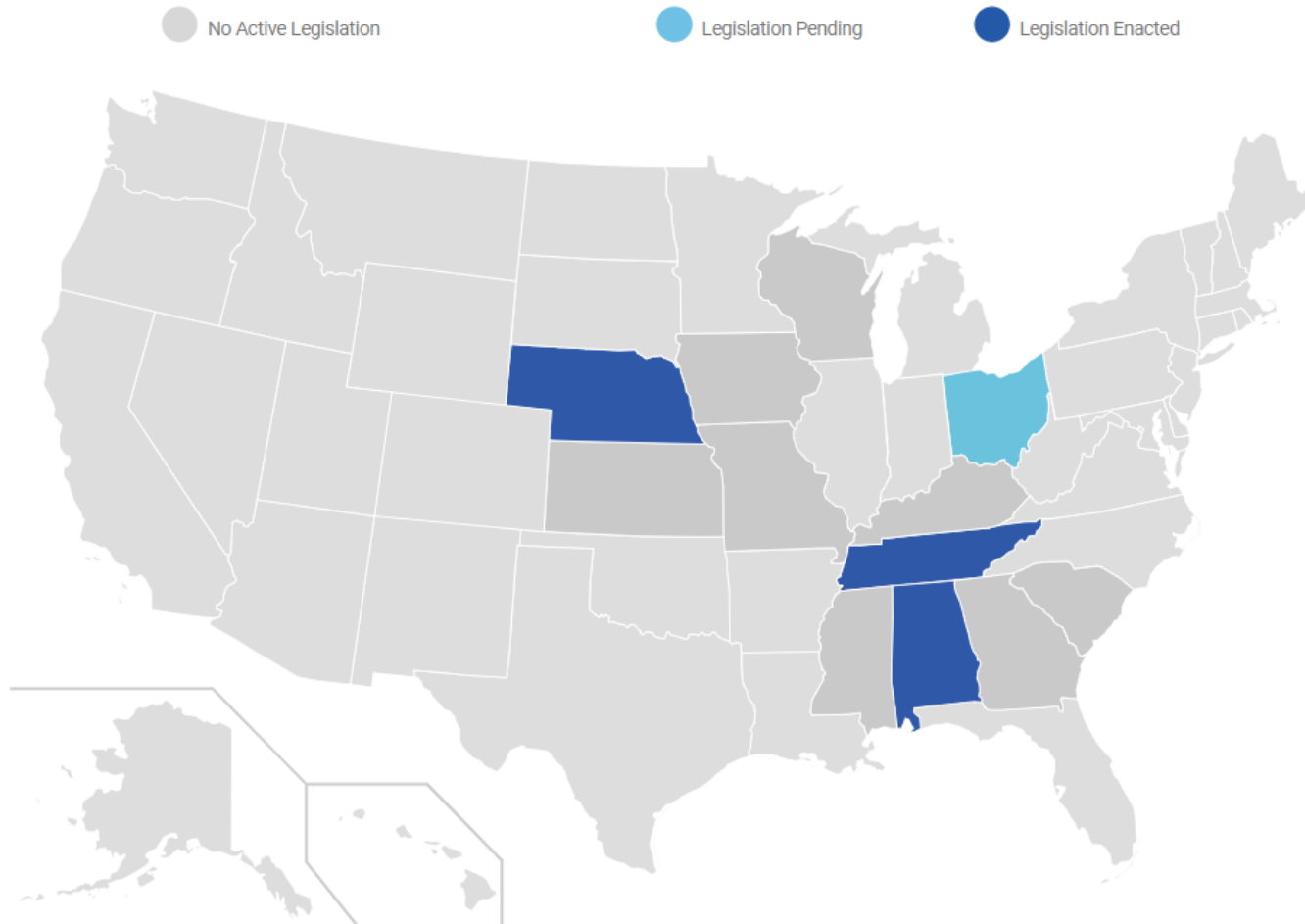
- Rules cannot apply to practitioners not seeking to practice via the compact.
- Rules cannot extend beyond the implementation of the compact

Dietitian Licensure Compact: Section 3-G

At no point shall the Compact Commission have the power to define the educational or professional requirements for a License to practice Dietetics and Nutrition. The Member States shall retain sole jurisdiction over the provision of these requirements.



State Enactment Summary



- The compact has been enacted in 3 states since the start of 2024
 - NE, AL, TN

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Questions?



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Legislative FAQs

Matt Shafer, The Council of State Governments

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Myth 1

The compact will reduce our standards

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Myth 2

The compact delegates our regulatory authority to the commission

Myth 3

The compact result in licensing boards needing to hire more staff

Myth 4

The compact is a backdoor attempt for 3rd party organizations to control licensing

Myth 5

There is no evidence that compacts impact workforce or improve access to care

Myth 6

The compact will result in out of state providers “taking our jobs”



Myth 7

We don't need the compact because of the new Civil Servicemember Relief Act

Other Concerns

Commission Rulemaking

Compacts Supersede Conflicting State Law

Implementation Costs

Commission levying fees on member states

Issues with FBI Background checks

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Compact Perspectives

Rep. Susan Ruiz, KS

Whitney Duddey, KYAND

Jim Puente, Nurse Licensure Compact

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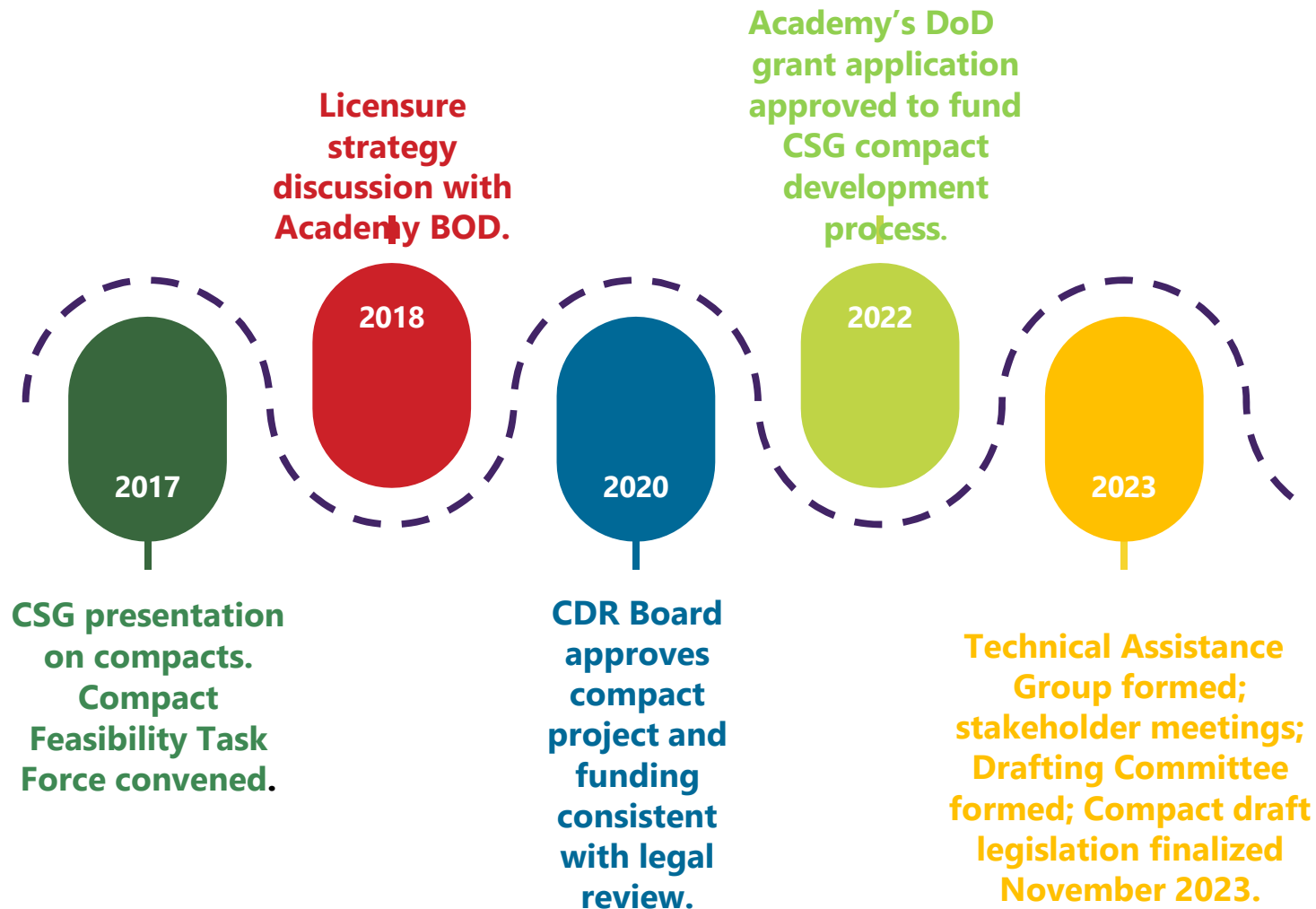
How to Get Involved

Lisa Eaton Wright, AND

Kaitlyn Bison, CSG

ADVOCACY STRATEGY

COMPACT TIMELINE





A map of the United States with four states highlighted in blue: North Dakota, Ohio, Tennessee, and Arkansas. The rest of the map is in a light gray color. A black rectangular box is overlaid on the left side of the map, containing the text 'CURRENT SUCCESSES' in white, uppercase letters. A thin blue horizontal line is positioned below the text in the black box.

CURRENT SUCCESSES

Indiana	Iowa	Georgia
Mississippi	Kansas	Idaho
Montana	Maine	Arkansas
Nevada	Missouri	Hawaii
Kentucky	New Hampshire	Oregon
Utah	North Dakota	Rhode Island
Wisconsin	South Dakota	Vermont
Louisiana	Texas	West Virginia
Oklahoma	South Carolina	Wyoming

2025: STATES AIMING TO FILE

**GOAL: FORM THE
COMPACT COMMISSION**

Passage in at least **7**
states in 2025 legislative
session

QUESTIONS?



CHALLENGES

CHALLENGES: 2025 LEGISLATIVE SESSION

Compact Fatigue

Volume of Bills Introduced

Educating New Legislators

ULR Influence

Misinformation

QUESTIONS?





What Bill Sponsors/Legislative Drafters Need to Know

#1 Use final compact language from dietitianscompact.org

#2 Contact CSG as early as possible to review bill

#3 Contact CSG for a word version if needed

#4 No substantive changes can be made

Next Steps

- Model legislation available at dietitianscompact.org
- Education resources can be found under the toolkit tab
- Compact map found under the compact map tab
- Want more information? Email kbison@csg.org

DIETITIAN LICENSURE COMPACT

SECTION 1: PURPOSE

The purpose of this Compact is to facilitate interstate Practice of Dietetics with the goal of improving public access to dietetics services. This Compact preserves the regulatory authority of States to protect public health and safety through the current system of State licensure, while also providing for licensure portability through a Compact Privilege granted to qualifying professionals.

This Compact is designed to achieve the following objectives:

- A. Increase public access to dietetics services;
- B. Provide opportunities for interstate practice by Licensed Dietitians who meet uniform requirements;
- C. Eliminate the necessity for Licenses in multiple States;
- D. Reduce administrative burden on Member States and Licensees;
- E. Enhance the States' ability to protect the public's health and safety;
- F. Encourage the cooperation of Member States in regulating multistate practice of Licensed Dietitians;
- G. Support relocating Active Military Members and their spouses;
- H. Enhance the exchange of licensure, investigative, and disciplinary information among Member States; and
- I. Vest all Member States with the authority to hold a Licensed Dietitian accountable for meeting all State practice laws in the State in which the patient is located at the time care is rendered.

SECTION 2. DEFINITIONS

As used in this Compact, and except as otherwise provided, the following definitions shall apply:

- A. **"ACEND"** means the Accreditation Council for Education in Nutrition and Dietetics or its successor organization.
- B. **"Active Military Member"** means any individual with full-time duty status in the active armed forces of the United States, including members of the National Guard and Reserve.
- C. **"Adverse Action"** means any administrative, civil, equitable or criminal action permitted by a State's laws which is imposed by a Licensing Authority or other authority against a Licensee, including actions against an individual's License or Compact Privilege such as

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Thank you!



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