



April 11, 2025

Hosted by:
Indiana Academy of Nutrition & Dietetics
Public Policy Team

Disclosures

None

Krystina Smack,

MS, RDN, LD,

- ❖ Sodexo Senior Technical Support Manager
 - Operational Excellence - Patient Dining Team
- ❖ Registered Dietitian with over 10+ years experience
- ❖ ACEND Program Reviewer
- ❖ Public Policy Coordinator on Policy Team for IAND, 3 years
- ❖ Past Northwest Indiana AND Affiliate President



Objectives

1. Define licensure compact and its impact on Indiana RDNs
2. Review nutrition and healthcare related legislation introduced during 2025 General Assembly
3. Review federal nutrition legislation
4. Identify at least two (2) IAND policy initiatives for 2025
5. List opportunities for supporting IAND policy initiatives and/or nutrition-related legislation in Indiana



Dinah Dalder
State Regulatory Specialist



Erin Hurst
Nutrition Services Payment
Specialist



Stacey Matavuli
IAND President-elect



Katherine Matutes
State Policy Representative



Krystina Smack
Public Policy Coordinator

IAND POLICY TEAM



2024 -2025 Policy Activities



- Actively participate in monthly affinity groups for Licensure and Payment/Reimbursement
- Communicated with Indiana Professional Licensing Agency and Medical Licensing Board
- Contacted Family Social Services Administration for Indiana Medicaid updates
- Attended Obesity Prevention Summit
- Participated in Compact Summit in DC
- Introduced Senate Bill 375, Dietitian licensure compact
- Presented Advocacy IN Action, 01/24/2025
- Hosted Day at the Statehouse, 02/06/2025

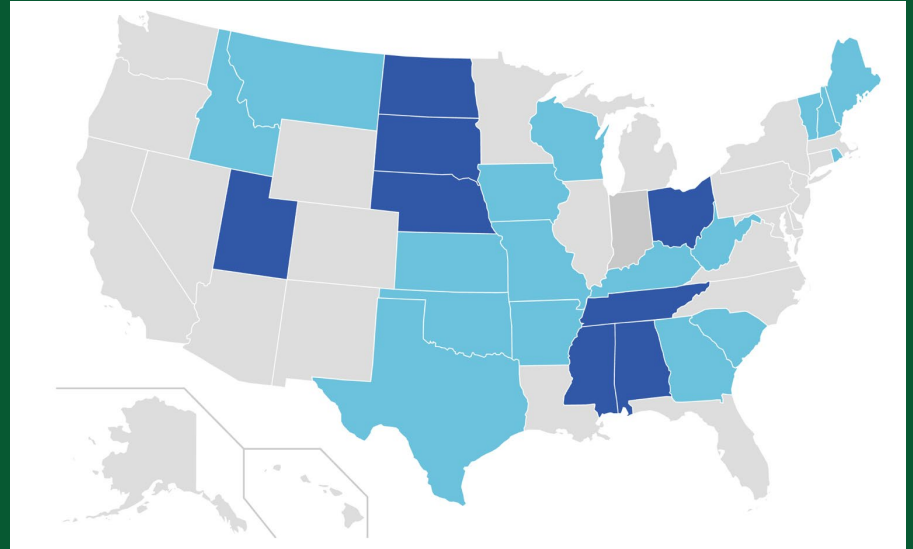
Erin Hurst, MS, RDN, LD



- 2nd career dietitian
- 9 years non-profit experience
- 8 years clinical dietitian providing inpatient and outpatient
- 4+ years owning/operating insurance-based private practice
- 4+ years as nutrition services payment specialist on policy team for IAND

RD Licensure Compact in IN

- Compact language drafted by Council of State Governments
- Compact active enacted into law by 7 states
- Compact privileges authorize practice of MNT in states where not licensed
- Compact FAQs and information at <https://dietitianscompact.org/>





Sen, Greg Goode

Senate Bill 375

Dietitian licensure compact

How a *bill* becomes a *law*

1 PROPOSAL



A law begins with an idea from legislators or citizens.

2 BILL DRAFT



The idea is written in legal form by the Legislative Services Agency.

3 FIRST READING



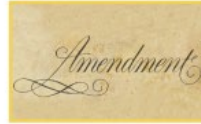
The bill is introduced in the House of Representatives or the Senate, then sent to a committee.

4 COMMITTEE



The committee studies the bill and hears public testimony. The committee members can vote to amend the bill in committee. If approved, the bill goes to the full chamber for consideration.

5 SECOND READING



Any member of the chamber can suggest a change, or amendment, to the bill. An amendment must pass by majority vote of the full chamber to change the bill.

6 THIRD READING



The bill will continue through the legislative process if the bill passes with a majority of members in the first chamber voting yeas.

[Download](#)

7 SECOND CHAMBER



The bill repeats the entire process in the second chamber. If the bill passes with no changes made by the second chamber, the bill goes to the governor for consideration.

8 CONCURRENCE OR CONFERENCE COMMITTEE



If the second chamber amends the bill:
1) The first chamber can concur, sending the bill to the governor; or
2) It can dissent, sending the bill to a conference committee. If the committee's compromise is passed by both chambers, the bill goes to the governor.

9 GOVERNOR'S ACTION



The governor may sign a bill, veto it or let it become law without his signature.
Vetoed bills may still become law if the veto is overridden by a majority vote in both the Senate and the House of Representatives.

Indiana Licensure



Issued by Indiana Professional Licensing Agency

Governed by Medical Licensing Board

Detailed in [Indiana Code 25-14.5](#)

- MNT
- Medically prescribed diets
- Nutrition therapy services
- Unlawful practices
- Use of title

Included as practitioner in [IC 25-1-95](#), Telehealth

Dinah Dalder, MS, RDN, LD



Director, MS in Dietetics, Purdue University

Registered Dietitian since 1981

Clinical Dietitian and Preceptor for Purdue Interns
(16 years)

Dietetics Education at Purdue University (26
years)

Day at the State House



Lessons Learned

- Legislators were approachable
- Make friends with legislative assistants
- Conversations are easier in-person
- There were no hard questions
- Legislators are well connected with one another
- Be prepared to talk about ourselves and our work
- Need grass-roots efforts throughout the state to increase awareness and advocacy

State Legislation Introduced

[HB 1202 Medicaid Coverage for Obesity Treatment](#)

[HB 1247 Prohibited Food Ingredients](#)

[HB 1308 Nutrition supports Medicaid waiver](#)

[HB 1339 Expansion of produce Rx pilot grant program](#)

[HB 1425 Lab grown meat labeling](#)

[HB 1486 Use of SNAP benefits](#)

[HB 1505 Use of SNAP benefits](#)

[HB 1552 Coverage for treatment of chronic diseases](#)

[SB 375 Dietitian Licensure Compact](#)

[SB 132 Childhood Obesity Study Topics](#)

[SB 474 Food Desert Grant Program](#)

[SB 184 Coverage for Clean Dietary Supplements](#)

[SB 529 Eligibility for SNAP benefits](#)

[SB 536 Eligibility for SNAP benefits](#)

[SB 277 Indiana grown produce for students program](#)

Current Legislation

IN Bills Advanced

- HB 1425 Lab Grown Meat Labeling

Federal Legislation

- Medicare telehealth expansion extended through Sept 30, 2025
- Mental Health Parity and Addiction Equity Act (MHPAEA) updated 10/24

Katherine Matutes, PhD, MA, RDN, E-RYT 200, E-RYT 500



Director, Dietetics Internship, University of Indianapolis

Registered Dietitian

Assistant Professor Nutrition and Dietetics, 7 Years

Community Health and Wellness Promotion, 12 years

Academy's Fiscal Year 2025 Priorities

- **FOCUS AREA: Advocacy**

- Invest in and fully deploy the resources necessary to increase access to Medical Nutrition Therapy
- Continue to support the licensure compact to ensure practice across state lines

- FOCUS AREA: Member/Interprofessional Education

- FOCUS AREA: Public, Research and Media

- FOCUS AREA: Organizational/Structural Barriers to Sustained Growth and Relevance



Public Policy Initiatives

We work with policy leaders at every level of government to promote health and reduce the burden of chronic disease through nutrition services and interventions.



Medical Nutrition Therapy Act

The MNT Act would help more people receive nutrition services from RDNs and qualified practitioners by covering costs for a wider range of conditions and allowing more healthcare professionals to refer patients for MNT.

[Learn About >](#)



Dietitian Licensure Compact

The Academy was selected through a competitive grant process for the DOD funding to work with the Council of State Governments' National Center for Interstate Compacts on an interstate licensure compact for the nutrition and dietetics profession.

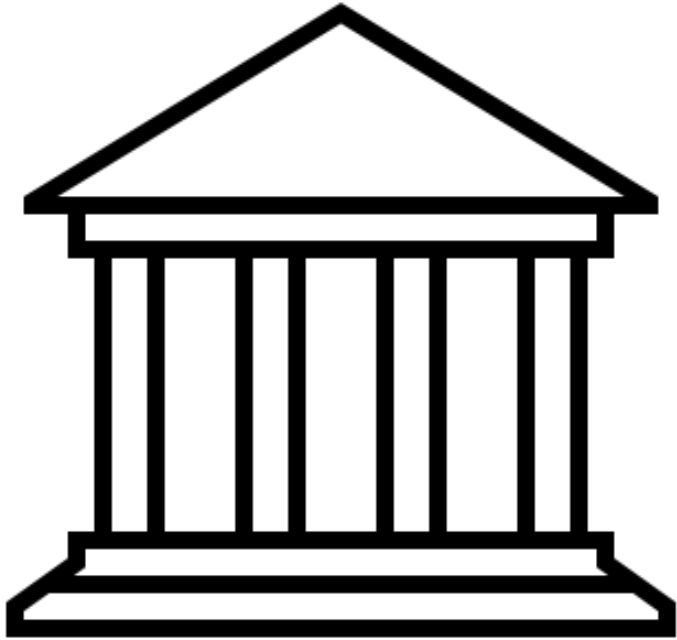
[Learn About >](#)



All Legislation

Learn about federal legislation that the Academy considers pertinent to its goal of promoting health while reducing the burden of chronic disease through nutrition services and interventions.

[Learn About >](#)



Federal Legislation

Overview: **Federal** Legislation

Medical Nutrition Therapy Act

Treat and Reduce Obesity Act

Older Americans Act

Farm Bill Advocacy

Regulatory Focus Areas

Payment Advocacy



Medical Nutrition Therapy Act

Currently, Medicare Part B only covers outpatient MNT for:

Diabetes

Renal disease

Post-kidney transplant

Additionally, qualified providers such as nurse practitioners, physician's assistants, clinical nurse specialists and psychologists are barred from directly referring their patients to MNT services.

Medical Nutrition Therapy Act

Amends the Social Security Act to provide Medicare Part B coverage of outpatient MNT for:

Prediabetes	Obesity
High blood pressure	High cholesterol
Malnutrition	Eating disorders
Cancer	GI disease (including celiac disease)
Cardiovascular disease	HIV/AIDS

Treat and Reduce Obesity Act

CONGRESS.GOV Advanced Searches | Browse

Search Tools | Support | Sign In

Legislation | Congressional Record | Committees | Members

Legislation Examples: hr5, sres9, "health care" MORE OPTIONS

Home > Legislation > 118th Congress > H.R.4818

Citation | Subscribe | Share/Save | Site Feedback

H.R.4818 - Treat and Reduce Obesity Act of 2023

118th Congress (2023-2024)

BILL Hide Overview

Sponsor: [Rep. Wenstrup, Brad R. \[R-OH-2\]](#) (Introduced 07/20/2023)

Committees: House - Energy and Commerce; Ways and Means

Committee Meetings: [06/27/24 10:00AM](#) [09/19/23 10:00AM](#)

Latest Action: House - 12/27/2024 Reported (Amended) by the Committee on Ways and Means. H. Rept. 118-959, Part I. ([All Actions](#))

Tracker: Introduced

More on This Bill

- [Constitutional Authority and Single Subject Statements](#)
- [CBO Cost Estimates \[0\]](#)

Subject — Policy Area:

- Health
- [View subjects >>](#)

Older Americans Act

CONGRESS.GOV Advanced Searches | Browse

Search Tools | Support | Sign In

Legislation | Congressional Record | Committees | Members

Legislation Examples: hr5, sres9, "health care" MORE OPTIONS

Home > Legislation > 118th Congress > S.4776 Citation | Subscribe | Share/Save | Site Feedback

S.4776 - Older Americans Act Reauthorization Act of 2024

118th Congress (2023-2024)

BILL Hide Overview

Sponsor: [Sen. Sanders, Bernard \[I-VT\]](#) (Introduced 07/25/2024)

Committees: Senate - Health, Education, Labor, and Pensions

Committee Meetings: [07/31/24 10:00AM](#)

Latest Action: House - 12/11/2024 Held at the desk. ([All Actions](#))

Tracker: Introduced Passed Senate

More on This Bill
[CBO Cost Estimates \[1\]](#)

Subject — Policy Area:
Social Welfare
[View subjects >>](#)

Farm Bill Advocacy

Advocate for a bill that:

- Maintains the integrity of nutrition assistance programs
- Ensures vital funding for nutrition education and research
- Improves marketplace demand and equitable access to nourishing food



Regulatory Initiatives

FDA:

- Front-of-package labeling
- “Healthy” claim
- Sodium reduction targets



Regulatory Initiatives (cont'd)

CMS:

- Value-based care models
- Medicare coverage of IBT for obesity
- Medicare Advantage



Regulatory Initiatives (cont'd)

- **USDA:**
 - Dietary Guidelines
- **USPSTF Recommendations:**
 - A/B-grade preventive services for insurance coverage



Payment Advocacy

- **Medicare Payment Reform & Payment Rate**
- **Healthcare Billing Codes**
 - CPT and HCPCS codes
 - CPT Editorial Panel
 - RVS Update Committee (RUC)



Licensure and Compact Office Hours

- First & Third Wednesdays | 2 – 3 p.m. (Eastern Time)
- Join [Licensure and Licensure Compact Office Hours](#)



Payment and Reimbursement Office Hours

- First & Third Wednesdays | 3 – 4 p.m. (Eastern Time)
- Join [Payment and Reimbursement Office Hours](#)

Stacey Matavuli, M.Ed, RDN, LD



- ❖ Registered Dietitian with over 30 years experience
- ❖ Experience in a variety of inpatient, outpatient and administrative settings
- ❖ Private Practice owner
- ❖ President-Elect for Indiana Academy of Nutrition and Dietetics

Advocacy

Simple definition: any action that speaks in favor of, recommends, argues for a cause, supports or defends, or pleads on behalf of others.

Promotes civic engagement by encouraging people to get involved in matters that are important to them and *affect their lives*; independent of partisanship

Benefits of Advocacy: helps to create awareness and encourage people to take action, *drive change*

3 C's of Advocacy: Collaborate, Connect and Communicate

3 Golden Rules: be Polite, be Prepared and be Persistent

vs Politics

Simple Definition: the set of activities associated with making decision in groups, or other forms of power relations among individuals, such as the distribution of status or resources; the exercise of power; Activities of the government or people who try to influence the way a country is governed

Utilizes partisanship

Key Points: Focus on power/ the exercise of power, competition and conflict, resource allocation

Sources: Cambridge English Dictionary, Oxford Dictionary

Upcoming Policy Initiatives



- Submit Dietitian Licensure Compact legislation for 2026
- Explore Medicaid pathways for RDs
- Work with Indiana Department of Health and Indiana legislators to grant diet order writing privileges for RDNs working in long term care facilities
- Present Advocacy IN Action 2026
- Host Day at the Statehouse 2026

Take Action

- Connect your legislator with the policy team
- Serve as content expert(s)
- Email legislators
- Call legislators
- Educate legislators in-person
- Complete Action Alerts
- Join policy team
- Support policy-related communication
- Organize research and data used to support administrative, regulatory, and policy changes at state level
- Attend policy-related events

How a *bill* becomes a *law*

1 PROPOSAL



A law begins with an idea from legislators or citizens.

2 BILL DRAFT



The idea is written in legal form by the Legislative Services Agency.

3 FIRST READING



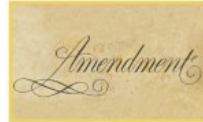
The bill is introduced in the House of Representatives or the Senate, then sent to a committee.

4 COMMITTEE



The committee studies the bill and hears public testimony. The committee members can vote to amend the bill in committee. If approved, the bill goes to the full chamber for consideration.

5 SECOND READING



Any member of the chamber can suggest a change, or amendment, to the bill. An amendment must pass by majority vote of the full chamber to change the bill.

6 THIRD READING



The bill will continue through the legislative process if the bill passes with a majority of members in the first chamber voting yeas.

[Download](#)

7 SECOND CHAMBER



The bill repeats the entire process in the second chamber. If the bill passes with no changes made by the second chamber, the bill goes to the governor for consideration.

8 CONCURRENCE OR CONFERENCE COMMITTEE



If the second chamber amends the bill:
1) The first chamber can concur, sending the bill to the governor; or
2) It can dissent, sending the bill to a conference committee. If the committee's compromise is passed by both chambers, the bill goes to the governor.

9 GOVERNOR'S ACTION



The governor may sign a bill, veto it or let it become law without his signature.
Vetoed bills may still become law if the veto is overridden by a majority vote in both the Senate and the House of Representatives.

References

- *Dietitian Licensure Compact*, The Council on State Governments, <https://dietitianscompact.org/>
- Senator Greg Goode, Caucus Page, <https://www.indianasenaterepublicans.com/goode>
- *Senate Bill 375 Dietitian licensure compact*, Indiana General Assembly 2025 Session, <https://iga.in.gov/legislative/2025/bills/senate/375/details>
- *How a Bill Becomes a Law*, Classroom Materials, Indiana Senate Republicans, <https://www.indianasenaterepublicans.com/classroom-materials>
- *Dietitians Home*, Indiana Professional Licensing Agency, <https://www.in.gov/pla/professions/dietitians-home/>
- <https://www.eatrightpro.org/advocacy/federal-policy-initiatives>

Q & A



State Regulatory Specialist



Nutrition Services Payment
Specialist



IAND President-elect



State Policy Representative



Public Policy Coordinator

IAND POLICY TEAM

