

The Affordable Care Act (ACA) and the Nutrition Workforce: A Summary Report

Developed by the MCHB funded Nutrition Training Programs



The Affordable Care Act (ACA) offers many opportunities to improve the nutritional well-being and overall health of women, children, adolescents, and families. The ACA has implications for service provision and development of the nutrition workforce. Nutrition is essential in the prevention and treatment of conditions associated with poor birth outcomes, inadequate growth and development, and diseases that plague the maternal and child health (MCH) population such as obesity, diabetes, dyslipidemias, anemia, and dental caries. Additionally, children with special health care needs (CSHCN) are at high nutritional risk. The following information summarizes ACA implications on nutrition services for the MCH population. A list of recommendations is also supplied.

The Affordable Care Act and Nutrition Services

- The expansion of insurance coverage under the ACA will increase demand for Registered Dietitian Nutritionists (RDN) to carry out preventive and clinical services such as obesity counseling and behavioral interventions, breastfeeding support, treatment of chronic diseases and other services. These services provided by qualified professionals are critical for achieving optimal successful health outcomes for women, children, adolescents, and families.
- Patient centered medical homes (PCMH) demonstration projects provide opportunities for greater involvement of non-physician providers, like RDNs, in the development and implementation of new models of primary care delivery. Similar opportunities exist for greater integration of the RDNs through expansions of community health centers and development of affordable care organizations (ACOs) and expansion of community health centers.
- The ACA's emphasis on prevention provides additional opportunities for the nutrition workforce in clinical, community, and public health settings. The law also supports community prevention efforts such as workplace wellness programs and nutritional labeling in restaurants.

Questions and Gaps—Coverage and Workforce Development

While the ACA is certain to provide new opportunities and demands for the nutrition workforce, many details related to implementation are unclear and will evolve as the law is realized.

Nutrition counseling and medical nutrition therapy (MNT) have been shown to prevent progression of disease and to decrease health care costs. However, the law does not identify nutrition professionals as providers of essential services or part of the core health care team. It is important that nutrition services be provided by credentialed nutrition professionals as they are the professionals specifically trained in applying food and nutrition science to human health.

It is unclear what degree of obesity and duration of “obesity counseling and behavioral interventions” will be covered and exempt from cost-sharing under the law. There is also significant variation in the detail provided on the state benchmark plans. This may reflect both differences in documentation and types of coverage across the states. There is limited information on nutritional services related to weight management.

While PCMHs offer promise for more efficient models of primary care that leverage the expertise of non-physician providers, the potential role of the nutrition workforce is unclear. The integration of care will require a willingness among physicians to engage with other providers as well as the ability of the nutrition workforce to train for new roles.

Although the ACA provides funding to support workforce development through the National Health Services Corps, there is no specific mention of the nutrition workforce. ACA's focus on prevention through the delivery of both clinical and population-level public health policies and through support for new models of primary health care delivery will surely require a commitment to enhancing and diversifying the nutrition workforce.

Training and Service Recommendations

In May 2013, stakeholders representing the MCH and nutrition workforces met in Washington DC to discuss the implications of the ACA for nutrition services for the MCH population. The following list of recommendations related to integrating nutrition within the ACA for MCH populations was prepared for the Maternal and Child Health Bureau (MCHB) based upon a discussion of opportunities and uncertainties under the ACA. These

recommendations, if implemented through MCHB as well as MCHB-funded training programs, will lead to MCH workforces, especially the nutrition workforce, being better prepared to implement services and improve health outcomes under the ACA.

HRSA/MCHB Specific

- Secure nutrition staffing at MCHB to develop and implement nutrition programs and services associated with the ACA for MCH populations.
- Encourage the Bureau of Health Professions and the Bureau of Primary Care to integrate nutrition professionals into their programs and services.
- Work with the Bureau of Health Professions to designate RDNs as eligible for scholarship and loan repayment programs.
- Support development of resources to provide education on the value of nutrition services within MCHB.
- Develop a plan for the implementation of the *Blueprint for Nutrition & Physical Activity* related to the ACA.
- Continue funding MCH Nutrition Training Grants to train the current and future MCH nutrition workforce.

Quality Improvement

- Create quality-improvement tools targeted toward preventive and clinical nutrition services. Use existing tools such as the American Academy of Pediatrics' Education in Quality Improvement for Pediatric Practice (EQIPP) modules and Bright Futures documents.

Training

- Identify/develop materials and trainings on the role of nutrition services specific to the ACA for (1) nutrition professionals and (2) other inter-professional team members working with the MCH population.
- Develop tools and training to assess and improve nutrition services provided by related MCHB-funded programs influenced by the ACA, such as home-visiting programs, community health centers, school-based health centers and others.
- Train the current and future MCH nutrition workforce to integrate public health and nutrition services.
- Develop core competencies for nutrition and other professionals in the provision of nutrition services.
- Support demonstration projects that show the value of incorporating nutrition services and professionals into accountable care organizations (ACOs).
- Establish a learning and implementation collaborative with strategic partners and key stakeholders in MCH nutrition to:
 - ✓ Continue to build the evidence base showing the efficacy and cost-benefit of nutrition services.
 - ✓ Develop an education framework for integration of nutrition services in the ACA.
 - ✓ Model nutrition services inclusion in the essential health benefits package.
 - ✓ Disseminate information about model programs that integrate evidence-based nutrition services into offerings in state exchanges.

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