



Nutrition • Policy • Opportunity

Oregon Academy Legislative Day
March 9, 2021



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For Attendees

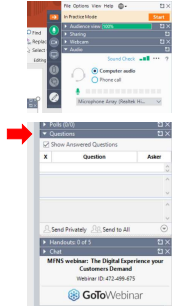
All participants are muted.

If you have any questions for the speaker, type them into the question box.

Questions will be addressed during the discussion portions of this webinar. Please type them in as we want your participation.

Find your handout on your attendee control panel

*****CPEU will be emailed to you post webinar*****




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Webinar Objectives

Legislative Day participants will:

- Describe the importance of advocacy, “speaking up” for our profession and maintaining ongoing relationships with legislators.
- List three advocacy actions food and nutrition professionals can engage in to optimize the health of all Oregonians through food and nutrition.
- Identify their state legislators and how to contact them.
- Apply food and nutrition expertise, represent Oregon RDNs and “ask” legislators/staff for support of bills.



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Introduction of Speakers

| | | |
|--|--|--|
|  Rachel Berton, RD, LD |  Rep. Karin A. Power, JD |  Rep. Maxine Dexter, JD |
|  Terese M. Scollard, MBA, RDN, LD, FAND |  Matt Newell-Ching |  Becky A. Johnson, MS, MA, RDN, LD |



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Speaker Disclosure

- No speaker has received compensation for this presentation

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Today's Agenda

- Federal Legislative Update
- Meet & Greet & Panel Discussion with Oregon State Legislators
- Current Policy Landscape on Disease-Related Malnutrition
- Addressing Hunger & Food Insecurity in the 2021 Oregon Legislature
- Launching the 2021 Oregon Academy of Nutrition & Dietetics Virtual Advocacy Campaign
- Q & A

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Question #1

Have you participated in an Oregon Academy of Nutrition & Dietetics Legislative Day in the past?

POLL

Yes

No



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Federal Legislative Update

Oregon Academy Legislative Day
 March 9, 2021
 Rachel Berton, RD, LD
 Public Policy Coordinator

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Federal Public Policy Priorities

Disease Prevention and Treatment

- Support medical nutrition therapy to reduce risk of chronic disease
- Fund evidenced-based nutrition interventions
- Support nutrition research

Lifecycle Nutrition

- Prenatal, Maternal and Infant Health
- School Age Children
- Older Adults

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| | | |
|---|---|---|
| Healthy Food Systems and Access Food security Food systems supply and management Nutrition Education | Quality Health Care Patient-centered nutrition interventions Workforce demand Quality measures Reimbursement | Health Equity Health disparities Cultural competency COVID-19 |
|---|---|---|

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Medical Nutrition Therapy Act

- Expands access to nutrition counseling to individuals with chronic disease for Medicare beneficiaries.
- MNT is a cost-effective, evidence-based solution to provide nutrition counseling to individuals with multiple chronic diseases.
- Included conditions for coverage under Medicare Part B:
 - **Prediabetes;**
 - **Obesity;**
 - **Hypertension;**
 - **Dyslipidemias;**
 - **Malnutrition;**
 - **Eating disorders;**
 - **Cancer;**
 - **Celiac disease;**
 - **HIV/AIDS; and**
 - **Any other disease or condition causing unintentional weight loss.**

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OPEN ACTION ALERTS

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Academy's Action Center page:
<https://www.eatrightpro.org/advocacy/take-action/action-center>

1. Welcome new Congress members to the 117th Congress
2. Tell Congress to prioritize nutrition funding
3. **Support Diversity In Nutrition and Dietetics In Allied Health Professions**

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Thank you!
Any questions or concerns?

Contact Rachel Berton, Public Policy Coordinator: berton.rachel@gmail.com

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Meet & Greet & Panel Discussion with Oregon State Legislators



Rep. Karin A. Power, JD
District 41, Milwaukie (D)

Rep. Maxine Dexter, MD
District 33, Portland (D)

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What are your top legislative priorities for 2021?

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Rep. Power: In 2019 you championed legislation to ensure all Oregon employees are given needed rest periods to pump breast milk or breastfeed during a child's first 18 months, legislation that was strongly supported by our own membership. Could you speak a bit about your process and motivation for championing this legislation?

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Rep. Dexter: Among your committee assignments, you serve on the House Committee on Health Care and as the chair of the House Sub-Committee on COVID-19. Could you speak a bit about the work of these committees, especially in regards to health care delivery systems and telehealth?

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Rep. Power: In addition to your work in the Oregon Legislature and with the Freshwater Trust, you have served as a board member of the Oregon Food Bank and Spirit Mountain Community Fund. How have these experiences shaped your work in the Oregon Legislature?


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Rep. Dexter: In addition to your work in the Oregon Legislature, you are a pulmonologist and critical care physician who has treated some of the sickest patients with COVID-19. How has this experience shaped your work in the Oregon Legislature?

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Registered Dietitians are formally trained nutrition experts with active continuing education requirements to assure we are up to date. How might we best interact with lawmakers to assure decisions are made with the benefit of relevant nutrition information and data?

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Malnutrition Alert! Oregon

Malnutrition Update
Terese Scollard MBA RDN LD FAND

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Update: Disease-related Malnutrition

- Visceral Protein ASPEN Position Paper
- Academy/ASPEN Consensus Malnutrition Characteristics & GLIM
- Defeat Malnutrition Today®
- Sarcopenia
- Commission on Cancer Nutrition Standards 2020
- Medical Nutrition Therapy Act 2020
- ERAS- Major Surgery: Nutrition Optimization
- COVID-19 and Malnutrition: impact, health disparities, health equity
- Electronic Clinical Quality Measures & Composite Score (eCQM'S)
- Malnutrition Awareness Week™ 2021

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2018 Oregon in Washington-DC

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Malnutrition Is a Critical Public Health Issue

1 in 2

Up to 1 out of 2 older adults is either at risk of becoming or is malnourished¹

\$51.3B

Disease-associated malnutrition in older adults is estimated to cost \$51.3 billion annually²

3x more likely

Protein-calorie malnutrition related hospital stays are 3x more likely to result in death³

2x longer

Protein-calorie malnutrition related hospital stays are 2x longer³

Pre-Covid-19
www.defeatmalnutrition.today

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State Economic Burden of Disease-Associated Malnutrition in Older Adults¹

| OREGON Results (90% Confidence Interval) ² | Per Capita Cost | Results (65+) | Per Capita Cost (65+) |
|---|-----------------|------------------------------|-----------------------|
| \$181,030,208 | \$44 | \$56,126,272 | \$87 |
| (\$142,299,376, \$222,707,280) | (\$34, \$54) | (\$49,939,920, \$63,368,580) | (\$77, \$99) |

<http://bit.ly/state-toolkit>
Goates, Scott et al. "Economic Burden of Disease-Associated Malnutrition at the State Level." PoS one vol. 11.9 e0161833. 21 Sep. 2016

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ASPEN: Visceral Protein Position Paper

Position Paper

The Use of Visceral Proteins as Nutrition Markers: An ASPEN Position Paper

Nutrition in Clinical Practice
Volume 36 Number 1
February 2021 22-26
© 2020 American Society for Parenteral and Enteral Nutrition
DOI: 10.1002/ncp.10588
wileyonlinelibrary.com

- <https://soundcloud.com/user-67457490>
- <https://aspennjournals.onlinelibrary.wiley.com/doi/epdf/10.1002/ncp.10588>

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ASPEN Statement: Global Leadership Initiative on Malnutrition (GLIM)

- In response to learning that some auditors are looking for use of the GLIM criteria in U.S. inpatient hospitals, the A.S.P.E.N. Malnutrition Coding and Reimbursement Task Force, which includes representation from the Academy, has issued the following **statement on GLIM in order to better clarify how and where it should be used in clinical practice:**
- The Global Leadership Initiative in Malnutrition (GLIM) has identified the common malnutrition diagnosis criteria that are currently in use throughout the globe. These widely applied criteria were used to develop a construct for malnutrition diagnosis in adults in ambulatory and hospital clinical settings that would be **feasible for application by clinicians with limited nutrition expertise around the globe.** The focus of GLIM is on assessment tools and methods that are readily available. The GLIM consensus criteria seek to provide a **global framework for malnutrition diagnosis that may be complemented where available by consultation of skilled nutrition practitioners to conduct comprehensive nutrition assessments.**
 - GLIM provides a framework to guide malnutrition diagnosis.
 - GLIM is based upon the common phenotypic (body weight, body mass index, and lean mass) and etiologic criteria (reduced food intake or assimilation and disease burden/inflammatory condition) that are found in the leading approaches to malnutrition diagnosis.
 - GLIM is fully congruent with established approaches like Academy/ASPEN criteria and Subjective Global Assessment (SGA). They share multiple variables and are not inconsistent; GLIM, Academy/ASPEN criteria or SGA may be used independently to diagnose malnutrition.**
 - GLIM can trigger a full nutrition assessment by skilled nutrition professionals as part of developing a malnutrition treatment plan.
 - GLIM may be used in combination with other approaches and additional criteria of regional preference.**
 - In settings where skilled nutrition professionals are less available, GLIM could be used alone.
 - It is important to the quality of patient care to recognize and treat malnutrition, no matter what tool is used.
- Both the Academy/ASPEN and GLIM approaches are undergoing validation testing. Building upon the GLIM approach, it may ultimately be possible to derive a minimum dataset of key core criteria that will provide a framework to serve a broad range of practitioners in a variety of clinical nutrition settings. It is hoped that by collecting the core GLIM variables in a consistent manner, it will then be possible to compare prevalence, interventions, and outcomes on a global scale.

<https://aspennormz.net/informzdataservice/onlineversion/pub/bWfPbGluZ0luc3RhbmluSW90ODY1NDIwOQ==>

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defeat malnutrition today Working together to defeat older adult malnutrition
 ...vital to healthy aging

<https://www.defeatmalnutrition.today/>
 107 national, state and local member organizations

Blueprint:
 Outlines potential actions to improve health outcomes for older adults by addressing malnutrition care across the continuum of acute, post-acute, and community settings.


Provides suggested strategies for policymakers, organizations, healthcare providers, patients and caregivers to address malnutrition.

State Legislative Tool Kit <http://bit.ly/state-toolkit>
 Ohio, Massachusetts, Florida, Connecticut, Georgia, New Mexico, Texas, Virginia




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Commission on Cancer
 A QUALITY PROGRAM of the AMERICAN COLLEGE OF SURGEONS



AMERICAN COLLEGE OF SURGEONS
 Inspiring Quality. Highest Standards. Better Outcomes

Registered dietitian nutritionist required

Screening and nutrition assessment
 Medical Nutrition Therapy
 Nutrition counseling
 Nutrition education
 Management and coordination of enteral and parenteral nutrition

Significant Update 2020

Standard 4.7 Oncology Nutrition Services

Program is monitored and evaluated annually
 Recommendations for nutrition and hydration services
 Inclusion in review meetings, in minutes and annual reports

https://www.youtube.com/watch?v=bwQbZ4_rW8c
<https://www.facs.org/quality-programs/cancer/coc/standards/2020>

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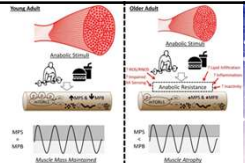
MNT Act 2020 > stay tuned

- Bill 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
 - celiac disease
 - HIV/AIDS
 - and any other disease or condition causing unintentional weight loss

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Sarcopenia



- Sarcopenia is the age-related decline in muscle health
- Asian, USA and European definitions and cut points
- Updated in 2019 in USA FNIH SDOC2
 - Handgrip Strength
 - Gait Speed
- Academy group: international review for potential addition to the Nutrition Care Process Terminology
- Some researchers recommend:
 - If malnourished, screen for sarcopenia
 - If sarcopenic, screen for malnutrition
- "Low grip strength, but not lean mass, is associated with poor health outcomes in older adults".
- "Both low grip strength and low usual gait speed independently predicted falls, self-reported mobility limitation, hip fractures and mortality in community-dwelling older adults".
- ICD-10 CM Code **M62.84**

Alfonso J Cruz-Jentoft, Avani A Sayer, Sarcopenia, Lancet 2019; 393: 2636-46
<https://fnihi.org/news/announcements/three-questions-with-sarcopenia2-principal-investigators>

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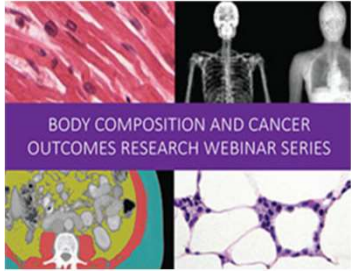
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NIH NATIONAL CANCER INSTITUTE
Division of Cancer Control & Population Sciences

Body Composition and Cancer Outcomes Research Webinar Series

<https://epi.grants.cancer.gov/events/body-composition/#sawyer>

Free webinars, recorded and posted. International researchers reviewing their research focus and discussing body composition methods, technology, applications, clinical outcomes, role of nutrition

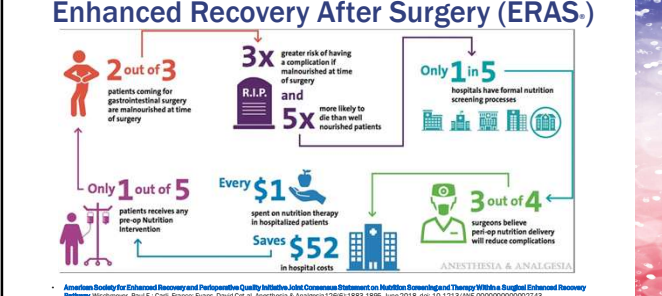


BODY COMPOSITION AND CANCER OUTCOMES RESEARCH WEBINAR SERIES

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Enhanced Recovery After Surgery (ERAS®)



2 out of 3 patients coming for gastrointestinal surgery are malnourished at time of surgery

3x greater risk of having a complication if malnourished at time of surgery

5x more likely to die than well-nourished patients

Only 1 in 5 hospitals have formal nutrition screening processes

Only 1 out of 5 patients receives any pre-op nutrition intervention

Every \$1 spent on nutrition therapy in hospitalized patients **Saves \$52** in hospital costs

3 out of 4 surgeons believe post-op nutrition delivery will reduce complications

ANESTHESIA & ANALGESIA

© American Society for Enhanced Recovery and Perioperative Quality Initiative Joint Consensus Statement on Nutrition Screening and Therapy Within a Single Enhanced Recovery Pathway. Wochner, Paul E, Clark, Frances Evans, David Cox et al. Anesthesia & Analgesia 128(5):1883-1895, June 2018. doi: 10.1213/ANE.0000000000002743

2) Figure 5. Facts and data for perioperative nutrition screening and therapy. Data drawn from Aved and Leibel, Williams and Wochner 19, and Phillips et al. 20 R.I.P. indicates rest in peace.


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Nutrition-Specific Features of ERAS®

- Integration of nutrition into overall patient management
- Nutrition Risk Screen and action on results
- Metabolic control (blood glucose)
- Immunonutrition
 - Arginine
 - Fish oil
 - Nucleotides
 - Protein

- Curtailed fasting pre-op
- Pre-op clear liquids
 - hydration & carbohydrates
- Early post-op oral diet and fluids (w/in 24 hours)
- Recovery



A short fast in combination with pre-operative carbohydrate loading has been shown to maintain nitrogen balance and reduce post-operative insulin resistance

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COVID-19 Malnutrition



- Infection is associated with malnutrition risk
- Disease-related malnutrition puts immunocompromised individuals at a higher risk of contracting
- Symptoms may influence nutrition status/immunity: fever, cough, shortness of breath, muscle ache, confusion, headache, sore throat, chest pain, pneumonia, diarrhea, nausea and vomiting, and loss of taste and smell
 - Symptoms compromise nutrient intake and increase the risk for malnutrition.
- Older age and the presence of comorbid conditions associated with compromised nutrition status and sarcopenia.
- High body mass index seems related to poor outcomes and suggests sarcopenic obesity plays a role

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7221397/>

Handu, Deepa et al. "Malnutrition Care during the COVID-19 Pandemic: Considerations for Registered Dietitian Nutritionists" Evidence Analysis Center. Journal of the Academy of Nutrition and Dietetics. 10-10(16) | April 2020:05-013. 14 May 2020. doi:10.1016/j.jand.2020.05.019

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Online LEADER Training
 2.5-hour brief intervention intended to identify malnutrition risk among older adults and introduce strategies to enhance their nutrition.

<https://www.steppingupyournutrition.com/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7217589/>

Smith, Matthew Lee et al. "A Brief Intervention for Malnutrition among Older Adults: Stepping Up Your Nutrition." *International Journal of Environmental Research and Public Health* vol. 17,15:5630. 03 May. 2020.

Contact: Matthew Lee Smith Matthew Lee Smith, PhD, MPH, CHES, FGSA, FAAHP (MLS.Health.1@gmail.com)

The Greater Wisconsin Agency on Aging Resources
<https://gwaar.org/nutrition-education-and-activities>

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Malnutrition Quality Improvement Initiative (MQii) and Malnutrition Quality Measures


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MQii Dual Pronged Approach



The MQii Toolkit provides practical resources to enable hospitals to achieve optimal nutrition standards of care



Access the MQii Toolkit - Malnutrition Quality Improvement Initiative webpage:
<http://malnutritionquality.org>

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MQii Learning Collaborative

MQii Learning Collaborative Growth 2016-2020



| | |
|------|-----------------------|
| 2016 | 6 states / 6 sites |
| 2017 | 13 states / 50 sites |
| 2018 | 36 states / 238 sites |
| 2019 | 36 states / 270 sites |
| 2020 | 37 states / 293 sites |

States with sites participating in 2020



October 2019 JAND Supplement

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MQii Malnutrition Quality Measures

Electronic Clinical Quality Measures (eCQMs)

Global Malnutrition Composite Score (Composite Measure)

Qualified Clinical Data Registry (QCDR) Malnutrition Quality Measures

For more information about MQii Malnutrition Quality Measures, visit the [Academy's Clinical Malnutrition webpage](#).

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Malnutrition Awareness Week™

WEBINARS | SPREAD THE WORD | SOLUTION CENTER | PATIENT STORIES | PARTNERS

SAVE THE DATE: ASPEN Malnutrition Awareness Week: October 4-8, 2021!

Malnutrition Awareness Week is an annual, multi-organizational campaign created by ASPEN to:

- Educate healthcare professionals about early detection and treatment of malnutrition
- Educate consumers/patients on the importance of discussing their nutritional status with healthcare professionals
- Increase awareness of nutrition's role on patient recovery

ASK ABOUT YOUR NUTRITION

Are you or your loved one experiencing any of these?

| | | | | |
|-------------------------|------------------|--|-----------------------|-----------------------------|
| Unexplained Weight Loss | Loss of Appetite | Has difficulty eating or drinking enough | Feeling Weak or Tired | Swelling of Feet or Abdomen |
|-------------------------|------------------|--|-----------------------|-----------------------------|

Talk to your healthcare provider.
Go to nutritioncare.org/YourNutritionForMe

Senator Wyden, Co-sponsor
Bipartisan Senate Resolution
Passed, November 12, 2020

2/25/21 <http://www.nutritioncare.org/maw/> 42

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AMERICAN DIETETIC ASSOCIATION

• •

MySurgeryPlate@yahoo.com

Terese Scollard
503.939.1605

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AMERICAN DIETETIC ASSOCIATION

Addressing Hunger & Food Insecurity in the 2021 Oregon Legislature

Oregon Academy Legislative Day
March 9, 2021
Matt Newell-Ching
Public Policy Manager, Oregon Food Bank

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Oregon Food Bank

Our mission is to end hunger and it's root causes.

- Food distribution through 20 regional food banks and 1,400 partner agencies
- Changing systems that allow hunger to perpetuate, including systemic racism.



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2019 – Victory for Hunger-Free Schools

- Significantly increased the number of schools offering meals to all students at no charge, reducing hunger and stigma
- More students eligible for school meals.
- More schools serving breakfast after the bell



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2021 Priorities

- Double-Up Food Bucks (SB 555)
 - Increase access to fruits and vegetables at grocery stores
- College Student Hunger (HB 2835)
- Housing Access and Affordability
- Immigrant Rights
- Federal:
 - Child Nutrition Reauthorization (WIC, school meals, out-of-school time meals)
 - Inclusive COVID Relief



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Resources

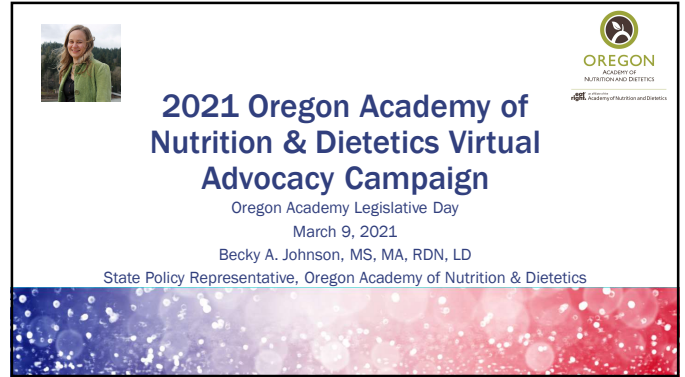
- 211info
- Oregon Food Bank's Food Finder: <https://foodfinder.oregonfoodbank.org/>
- How to Find Food in a Pandemic: <https://oregonhunger.org/covid-19/>



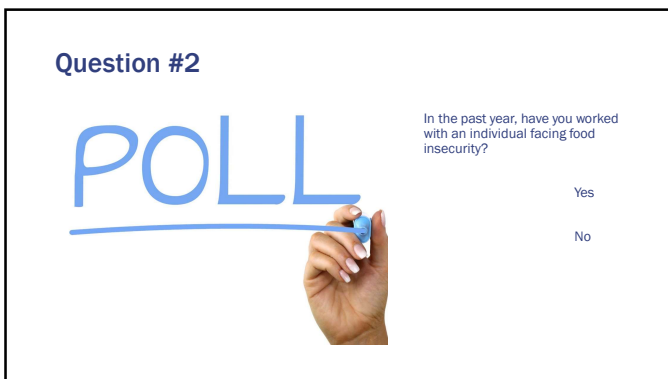
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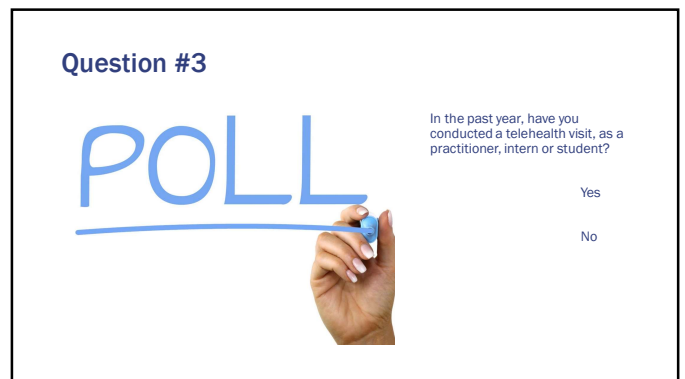
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SB 555 – Double Up Food Bucks

- Requires DHS to contract nonprofits to administer program for SNAP recipients to purchase locally grown fruits & vegetables from farmers' markets, farm share sites & retail outlets
- \$4 million appropriation per biennium (through 2024)
- Matches the amount a SNAP beneficiary spends on purchasing fruits & vegetables
- SNAP beneficiaries can purchase more fruits & vegetables
- Benefits local farmers with increased sales

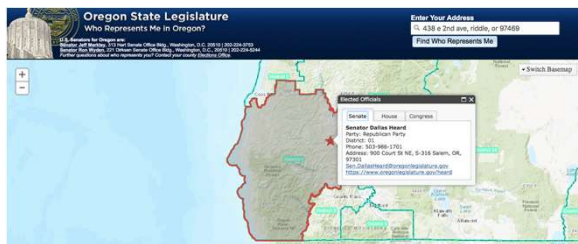
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HB 2508 – Telemedicine Flexibilities

- Requires OHA to ensure reimbursement of health services delivered using telemedicine (physical, BH & oral care)
- Applies to CCOs & Oregon Medicaid
- Applies to licensed health care providers
- Ensures reimbursement of health services at same rate as in person services, if service is covered benefit
- Acceptable modes – landlines, mobile phones, internet
- Takes effect upon passage

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Step 1: Find Your Legislators



<https://www.oregonlegislature.gov/FindYourLegislator/leg-districts.html>

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Step 2: Contact Your Legislators (by phone)

- Introduce yourself
- Identify yourself as a constituent and member of the Academy of Nutrition and Dietetics (if applicable)
- Ask for their support of **SB 555 (Double Up Food Bucks)** and **HB 2508 (Expanding Telemedicine Flexibilities)** – talking points provided!
- Ask if you can count on your Representative/Senator's support
- Ask who you're speaking with
- If no one answers, leave a message!

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Special Thanks – Co-Sponsors

SB 555 Sponsors

Sen. Gelser
Rep. Marsh
Sen. Knopp
Sen Prozanski
Sen. Taylor

HB 2508 Sponsors

Rep. Prusak Sen. Beyer
Rep. Alonso Leon Rep. Campos
Rep. Clem Rep. Grayber
Rep. Neron Rep. Nosse
Rep. Owens Rep. Reynolds
Rep. Schouten Rep. Wilde
Rep. Williams Sen. Gorsek

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Step 3: Complete Surveys

- ✓ Complete Legislative Day Evaluation Survey (link in email)
- ✓ Complete Legislative Day Action Survey (reporting on your completion of the advocacy action)

Each action = 1 entry to win 1 of 3 \$25 Amazon gift cards!

Action Deadline is April 30, 2021

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Summary – Legislative Day Actions

- Watch your e-mail inbox
- Find your legislators
- Complete advocacy campaign
- Complete evaluation survey
- Win a prize!

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2021 Oregon & Washington Conference

OREGON & WASHINGTON STATE
ACADEMY OF NUTRITION AND DIETETICS

Healthy at home

2021 Virtual Conference
Scheduled Thursdays @ 12 - April 15 through May 13

Registration is open!

OREGON
WASHINGTON STATE
ACADEMY OF NUTRITION AND DIETETICS

WSAMD
WASHINGTON STATE
ACADEMY OF NUTRITION AND DIETETICS

<https://www.eatrightoregon.org/page/annual-meeting>

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Questions?

Contact Becky Johnson, State Policy Representative, beckyajohnson13@gmail.com

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Academy of Nutrition and Dietetics

Thank You

- Your webinar handout and CPEU certificate can be found on the Oregon Academy website for members.
- **Download now in your attendee control panel**

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