Regulation of nutrition practitioners is intended to protect the public, but critics suggest it reduces the innovative thought needed to fight obesity.

BY EMILY BEERS
Amanda Petroccione thought she wanted to be a registered dietitian.

In some states, only registered dietitians (RDs) can provide individualized nutrition plans, and RDs generally have more rights than any other nutrition practitioner in the United States. But Petroccione was disheartened when her studies highlighted flaws in a program designed to produce food-and-nutrition experts who lead the industry.

Petroccione enrolled in college to complete a bachelor’s degree in community health and nutrition at the State University of New York (SUNY) at Potsdam. During her time at Potsdam, she had the opportunity to work with an RD in a hospital and was surprised by the lack of individual patient care.

“I would see a lot of patients in one day, and I think there were six different generic diets we would prescribe to them. A cardiac patient would get the prescribed low-salt diet. And someone else might be put on the generic high-calorie diet,” Petroccione said of her five-month internship at Canton-Potsdam Hospital in 2004.

“We just had to follow the rigid procedure and didn’t actually talk to the patients.”

Instead of spending time with patients and drafting nutrition plans according to individual needs, Petroccione gave them simplified handouts that explained the details of their diet.

The clinical environment was largely based on what Petroccione described as a blanket approach to nutrition, meaning it followed broad public-nutrition guidelines, such as the United States Department of Agriculture (USDA) MyPlate program, formerly the Food Guide Pyramid. MyPlate essentially promotes a high-carbohydrate, low-fat diet and is criticized by many as being outdated and ineffective for optimal health.

Blanket prescriptions aside, Petroccione said she also thought the food served to patients was inadequate.

“I remember feeding everyone Ensure, and I remember thinking, ‘This is garbage.’ Straight-up garbage,” she said.

Although Ensure is marketed as a nutrition drink with essential vitamins and minerals, an 8-oz. serving contains between 18 and 23 g of added sugar, depending on the flavor, meaning patients were consuming more than 5 tsp. of sugar with each serving. In contrast, the American Heart Association recommends a daily limit of 9 tsp. of added sugar for men and 6 tsp. for women.

“I thought, ‘This is what we’re feeding a sick, elderly patient? There must be something better than this,’” Petroccione said. “It was so disappointing—disappointing that this was the direction our country was going in in the field of nutrition.”

**Becoming an RD**

Becoming an RD is only one way into the nutrition field.

RDs—also called registered dietitian nutritionists (RDNs)—are regulated by the Academy of Nutrition and Dietetics (AND), formerly the American Dietetic Association (ADA). Individuals who hold the credential can choose to call themselves an RD, the traditional name, or an RDN, the newer title.

**Becoming an RD involves completing a bachelor’s degree at a college that offers AND-approved course work and a 900-1,200-hour unpaid internship at AND-approved facilities. The next step is passing the AND’s national exam, which costs applicants US$200.**

The national exam is broken into four domains:

1. Principles of dietetics (includes topics such as food science and nutrient composition of foods).
2. Nutrition care for individuals and groups (clinical nutrition).
3. Management of food and nutrition programs and services.
4. Food-service systems.

RDs also pay an annual $60 renewal fee to the AND, as well as yearly membership dues, which vary depending on whether the member is a student, an RD or part of the military. The average rate for these membership dues is $175 a year, explained Sarah Krieger, an RD and spokeswoman with the AND, which has more than 75,000 members today.

When the ADA was founded in 1917, its aim was to help the government feed the population during a time when World War I was affecting many of the country’s resources. Since inception, the AND has been focused on a broad, public approach to nutrition. In a 2013 position paper, the AND explained how it promotes what it calls a “total diet approach to healthy eating.”

“All foods can fit within this pattern if consumed in moderation with appropriate portion size and combined with physical activity,” the paper stated.
The dietary guidelines are very general ... and may not apply to everyone. But for normal, healthy individuals, these are our recommendations,” Krieger said.

During Petroccione’s time at SUNY Potsdam, the nutrition courses she took—ranging from nutrition science to food-service-systems management to culinary arts—were taught by RDs. The curriculum was largely based on AND recommendations, Petroccione explained.

Krieger said the RD education reflected in AND-approved coursework is “the gold standard” in nutrition education.

“It’s the level of education RDs obtain to gain credibility (that makes it the gold standard),” she explained.

The AND’s prescriptions are evidence based and updated every five years, she added.

“We put out position papers that are extensively researched on all aspects of nutrition,” Krieger said.

Petroccione, though, said she didn’t feel she was receiving a gold-standard education, so she chose to abandon her RD studies. Instead, she did a master’s degree in business at Clarkson University in Potsdam and went on to acquire a holistic-nutritionist credential in 2011 via a one-year program offered by the University in Potsdam and went on to acquire a holistic-nutritionist credential the AND has essentially had a monopoly on nutrition practitioners in the U.S. for more than 30 years, Stroka said.

A Longstanding Monopoly

Michael Stroka is the executive director of the Board for Certification of Nutrition Specialists (BCNS), the body that governs certified nutrition specialists. Stroka called the BCNS credential the RD’s “primary competitor,” though its approach to nutrition is much different.

“(The AND’s) focus has traditionally been around food-service management … making sure the population gets good nutrition according to U.S. dietary guidelines,” Stroka said. “The certified nutrition specialist (CNS) is based on managing and reversing (an individual’s) ailments through targeted nutrition therapy.”

While Krieger and the AND deny sponsorship influences the AND’s position on health and nutrition, an July 2013 International Business Times article by Christopher Zara argued that anyone with a digestive system” has the right to be suspicious.

“The nation’s nutrition industry has been hijacked by the very companies whose products most contribute to our obesity and health problems,” Zara wrote.

Petroccione said the fact that Coca-Cola funds the AND made her wary of some of the concepts she was learning, such as the total-diet approach in which all foods can be good foods with moderation.

“That tells the public it’s OK to drink Coke. And Ensure,” she said. “I just don’t trust the AND.”

When it comes to accepting newer diet beliefs—such as Zone, Paleo, gluten-free or low-carb prescriptions—the AND is often reluctant. A 2015 article published by the AND criticized the Paleo Diet, suggesting it falls short on traditional beliefs about appropriate carbohydrate recommendations.

Krieger said the AND doesn’t support diets such as the Zone or Paleo plans because they’re “temporary diets.” The AND looks to provide lifelong dietary advice to the public, she added.

But Petroccione said she suspects one of the reasons the AND promotes what she considers ineffective nutrition guidelines is to protect the companies who fund the AND. Some of the AND’s sponsors over the years have included the National Dairy Council, beverage companies such as Coca-Cola and PepsiCo, and food companies such as Kellogg’s, Hershey’s, General Mills and Kraft. Petroccione’s suspicions are shared by others, including Marion Nestle, professor of nutrition, food studies and public health at New York University. Nestle is author of “Food Politics: How the Food Industry Influences Nutrition and Health” and many other books.

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The term “dietitian” is regulated and protected in the United States and other countries, meaning only RDs can refer to themselves as dietitians, while other nutrition practitioners must refer to themselves as “nutritionists.”

In the more tightly regulated states, RDs are the only nutrition practitioners who are legally allowed to provide individual nutrition advice or counseling, and they’re the only practitioners allowed to use nutrition to treat and prevent disease, a practice referred to as “medical nutrition therapy (MNT),” Krieger explained.

Unlike “dietitian,” “nutritionist” is not a regulated term in the United States. A nutritionist without an RD credential falls under the freedom-of-speech aspects of the First Amendment, Krieger said.
“This means (nutritionists) can give general advice to the masses but no individual meal plans, especially if there is a medical condition,” she said. Nutritionists are not allowed to diagnose or treat any diet-related medical conditions, she added.

Further, some states require nutrition practitioners to be licensed. In 16 states, including North Carolina and Georgia, only RDs are eligible for licensure. In these states, it is a criminal offense for anyone other than an RD to perform nutrition counseling. Other states, such as Minnesota and Illinois, are also regulated through licensure; however, credentials such as the CNS are accepted. In the most unregulated states, such as California, Pennsylvania, New York and Michigan, licensure is not required and it is legal to provide nutrition care without an RD credential. However, even in these states, some insurance providers choose to cover RDs only.

In short, those without an RD credential in much of the U.S. need to proceed with caution or they could end up in court facing penalties from fines to jail time. This was the case for Steve Cooksey from North Carolina, who found himself embroiled in a legal battle in 2012 when the North Carolina Board of Dietetics/Nutrition told him he could not offer diet advice. Cooksey, who had blogged about how the Paleo Diet helped his diabetes and advised others on the benefits of eating this way, filed a free-speech lawsuit in federal court, but it was ultimately dismissed.

Protection or Policy Disaster?
The AND’s publicly stated reason for promoting nutrition regulation is to protect the public from working with unqualified individuals.

“Someone can take a six-week class about nutrition online and get a certificate in the mail and call themselves a nutritionist,” Krieger explained. Regulation protects the public because it assures the consumer the RD is well trained, she added.

“Licensing dietitians and nutritionists assures the public that individuals disseminating nutrition advice have the appropriate education and experience,” the AND website states.

Stroka said he believes there are many other high-quality certifications available, and the very concept of regulating the nutrition practitioner is flawed.

“It’s terrible public policy,” he said. “It artificially constrains the supply of nutrition information and artificially restricts who can legally do the work.”

Stroka said by limiting consumer choice and restricting qualified individuals from working in the field in certain states, current regulation provides zero benefit to anyone—except the AND.

“It’s extremely beneficial to the academy (AND). People need to go through their certification and pay for their certification,” Stroka said. “It’s all about power and money.”

Stroka is working to get this point across to the public through The Center for Nutrition Advocacy (CNA). The CNA’s philosophy is to give various nutrition practitioners—who hold diverse views on nutrition and nutrition therapy—the freedom to legally provide individual nutrition advice to their clients, Stroka added.

“We believe all nutrition practitioners should be able to practice according to the level of their training,” he said.

This means RDs, CNSs, holistic nutritionists, athletic therapists, health coaches, personal trainers and those with doctoral degrees in dietetics, among others, should be able to use nutrition to help their clients, he added.

“Each of them has an important role in combating the chronic diseases associated with poor nutrition today,” Stroka said. Stroka believes the best way to ensure various practitioners are able to practice to the level of their training is through title protection. This would mean the state would regulate the titles of the various credentials. For example, you can’t call yourself an RD unless you have an RD credential, nor can you call yourself a CNS unless you’ve acquired a CNS credential, Stroka explained. He said it would then be up to the various practitioners to accurately inform the public as to their training and qualifications, and the free market would essentially decide which practitioners are best.

Apart from consumer choice and practitioner freedom, another factor to consider when looking at regulation is quality of care. Stroka said current regulation has not helped increase quality. “It’s all about power and money.”

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A 2007 policy study published by The Reason Foundation—a public-policy think tank—looked at various academic studies and presented a similar viewpoint.

“Oftentimes, licensing laws actually reduce service quality and public safety,” wrote author Adam B. Summers. One of the reasons for this is because regulation reduces quality competition, he argued.

“The real motivation behind most occupational licensing regulations is one of special interests, not the public interest,” Summers wrote.

A 2011 policy paper published by W.E. Upjohn Institute—looked at various academic studies and presented a similar viewpoint. Government-mandated licensure has hurt various professions, including hair braiders, interior designers and florists. Practitioners in each field have suggested there’s simply no need for regulation.

Practitioners including hair braiders, interior designers and florists noted that several studies showed increased licensure doesn’t lead to quality improvements but results in a decrease in employment opportunities. In many public environments, however, such as nursing homes and hospitals, patients tend to receive more general information from RDs, Miller added.

Amanda Montalvo, an RD from Farmington, Connecticut, explained the AND doesn't monitor or restrict what types of nutrition guidelines she promotes to her clients. Because of this, Montalvo has abandoned all things MyPlate, both in her private practice, Naturally Evolving Wellness, and with her nursing-home patients.

“There are things I don’t like about (MyPlate). For one, there’s no movement or exercise component,” she said. “And it’s just so basic. Everyone is so different. I like to work with people and try to find specific things that work for them.”

She has also abandoned what the AND taught her about a low-fat diet.

“Then the public, not the AND, can decide which title and which practitioners they think are best,” he said.

“A lot of people are practicing nutrition in different ways, so saying only a narrow subset of people can do nutrition doesn’t make sense.”

Instead, Stroka wants the public—and nutrition practitioners—to have a chance to learn diverse ways of thinking about nutrition.

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About the Author

Emily Beers is a CrossFit Journal contributor and coach at CrossFit Vancouver. She finished 37th at the 2014 Reebok CrossFit Games.