

Sample Script for Visiting Legislators

Introduction:

Introduce yourself and where you work, highlighting any clinical positions where the bill will have the most impact when it is passed.

“Hello, my name is Jane Smith and I am a clinical nutrition manager at Central Hospital. I am a member of the New York State Academy of Nutrition and Dietetics (NYSAND), a group of 5000 dietitians in New York.”

Explain the purpose of the visit and the bill’s current status.

“We are here to discuss a bill that would amend the New York State Department of Education law that establishes the certification of dietitians and nutritionists in New York State (Education Law Article 137). We currently have 18 co-sponsors in the Assembly and 5 co-sponsors in the Senate.”

If you are speaking with an Assembly member:

“The bill is sponsored by Assembly Member Jaffee in the House and is Bill A7660.”

If you are speaking with a Senator:

“The bill is sponsored by Senator Rivera in the Senate and is Bill S5665.”

Explain what changes the bill would propose.

“This amendment would give hospitals and long-term care facilities the permission to allow RDs who are certified in New York to write diet orders, including diets, supplements, tube feeds, and IV nutrition or TPN.”

Benefits of the Bill:

Explain how the bill will benefit both patients and the healthcare system.

“CMS stated in 2014 that RDs are the most qualified medical professional to write diet orders. Unfortunately, because RDs do not have licensure in New York, the CMS ruling does not apply - unless the NYS Department of Education law is amended to include order writing privileges as part of the CDN scope of practice. CMS estimates that having RDs write diet orders would save \$459 million annually nationwide.”

Use examples from your practice to demonstrate how the bill will improve patient safety, efficiency, and financial savings. Use stories that you are comfortable sharing. Some examples include:

“In our facility, RDs recommend diet orders based on the patient’s clinical conditions. An RD may notice that a diabetic patient does not have carbohydrate modifiers or a patient with swallowing difficulty was recommended a soft diet by the speech therapist, but the appropriate diets have not yet been ordered. It can take up to a day to track down the physician to either have them enter the diet order correctly or for the RD to obtain a verbal order. During this time, the patient is receiving an unsafe diet that puts them at risk for other complications, such as high blood sugars or pneumonia from choking.”

“If we must contact an MD to implement a recommendation, we are taking them away from another patient, a surgery or procedure, or another task. These frequent interruptions not only take time, but can put patients’ safety at risk by distracting the physician from their task at hand.”

“Our facility keeps track of how many RD recommendations are approved by MDs. We have over a 90% approved recommendation rate, showing that the physicians trust and implement our recommendations.”

“Many physicians and mid-levels providers such as physician assistants at our facility are surprised to learn that RDs cannot write diet orders and express their support for us being able to write our own orders.”

Potential Arguments:

The legislator will likely ask you who the opposition to the bill is. Even if they do not ask, it is still a good idea to include the following:

“Currently, there are no groups opposed to the bill. There are two words in the bill that may possibly be concerning to some groups: ‘order’ and ‘prescribe.’ However, these words are necessary to use in the bill in order for nurses and pharmacists to be able to implement the diet orders written by RDs.”

Emphasize that the bill gives permission but does not mandate that facilities give RDs order writing privileges.

*“The bill is **permissive** and **inclusive**. It allows hospitals and long-term care facilities to give RDs order writing privileges, but it does not mandate that they do so. The bill also gives RDs the ability to write diet orders along with physicians, physician assistants, and nurse practitioners - it does not take away other professionals’ ability to write diet orders.”*

Conclusion:

The legislator may have further questions at this time. Refer to the double-sided summary document and FAQ for answers to commonly asked questions. If they ask something you do

not know, let them know you will get back to them and email Josephine Connolly-Schoonen, PhD, RD (josephine.connolly-schoonen@stonybrook.edu).

Thank the legislator for his/her time and ask for his/her support.

“Thank you for meeting with us today. We hope that you will support our bill or consider becoming a co-sponsor.”

If you feel comfortable, try to seal the deal.

“Do you think you are able to co-sponsor the bill?”

Wait for a yes or a no. If no or not sure:

“Is there any additional information I can provide that will help you to decide to co-sponsor this bill? Can I check back with your office in a few weeks?”

Provide the legislator with your business card.

“Here is my business card. Please feel free to reach out with any questions about the bill.”

Thank the legislator a final time before leaving.

“Thank you again for your time and support.”