



Who we are

Not-for-profit professional organization of over 900 members including: registered dietitians (RDs/RDNs), dietetic technicians, and dietetic students.

We aim to improve the lives of all lowans with nutrition by adhering to evidence-based practices.

Our members work in a variety of settings such as: healthcare (hospital, clinics, long-term care facilities), government agencies (WIC, SNAP), corporations, educational institutions, food stores, private practice, and more.











Our asks of Iowa Legislators









For more information contact: policyeatrightiowa@gmail.com

Maintain Dietetic Licensure

Anyone can call themselves a "nutritionist," but ONLY registered dietitians (RDs) can become licensed to practice evidence-based nutrition care in Iowa.

Current Law (Iowa Code: chapter 152A Dietetics)

- Assures the public, health insurers and other payors, lowa legislators as well as federal entities that nutrition care is provided by knowledgeable, credentialed, and qualified professionals.
- Increases public safety by reducing the prevalence of unethical and unsafe practices.
- Curbs the conflicting, confusing, and often inaccurate nutrition advice that can cause physical, emotional, and financial costs, and that often results in significant harm.¹

Registered Dietitians

- Hold a Bachelor's degree, or higher graduate degrees are required of all new RDs in 2024
- Pass a national registration exam
- Meet annual continuing education requirements

Ensure Adequate Food and Equitable Healthcare Access

Food insecurity significantly influences the health and well-being of individuals and is a risk factor for negative health outcomes as well as psychological impact.

In lowa, 9.3% of households (11% of children) are food insecure.⁶

Disparities in food and healthcare access have been magnified by the pandemic. As a profession, dietitians support public policies that ensure sustainable, inclusive and equitable access to culturally-relevant food, nutrition resources, and respectful services for all lowans.

How can we do this? Examples of potential legislation to meet this priority:

- Healthy School Meals for All
- Funding for Double Up Food Bucks
- Include RDs from a variety of community settings as covered by health insurance
- Maintain/improve public health programs, such as WIC and SNAP
- Supporting local food system efforts to increase access to fresh, local foods

Expand Access to Dietitian-provided Services

Provide increased access for dietitian services, including telehealth.

Medical nutrition therapy results in clinical outcomes and \subseteq \\$ for physician time, medication use and hospital admissions for people with obesity, diabetes, and lipid metabolism disorders, as well as other chronic diseases.³

Obesity 36.5%⁴

Heart Disease₁

Diabetes 10.6%²

Prediabetes 35%²

How can we do this? Include RDs from a variety of community settings as covered by Iowa health insurance plans.

3 Source: Wolf, AM; Siadaty, MS; Crowther, JQ; et al. Impact of lifestyle intervention on lost productivity and disability: improving

control with activity and nutrition. J Occup Environ Med. 2009;51(2):139-145. doi:10.1097/jom.Ob013e3181965db5

¹ Source: https://www.mdpi.com/1660-4601/17/22/8557 2 Source: https://www.americashealthrankings.org/explore/annual/measure/Diabetes/state/IA

⁴ Source: https://tracking.idph.iowa.gov/Health/Obesity

⁵ Source: https://idph.iowa.gov

⁶ Source: https://map.feedingamerica.org/county/2020/overall/iowa