

RDNs Delivering Diabetes Care and Education-Related Services via Telehealth

Case: A registered dietitian nutritionist (RDN), certified diabetes care and education specialist (CDCES) is determining if performing activities, such as providing diabetes education and medical nutrition therapy (MNT) via telehealth, is within their individual scope of practice.

to provide services to satellite hospitals or outpatient clinics. Before presenting a proposal to the administrator and medical director of the diabetes education program, the RDN, CDCES uses the Revised 2024 Scope and Standards of Practice for the RDN,¹ and the 2025 Scope and Standards of Practice in Diabetes Care² to determine whether providing diabetes education and/or MNT services via telehealth is within their individual scope of practice. Although they may seek advice and direction from colleagues, the initial review is the responsibility of the RDN, CDCES.

Case Study Resources

The resources listed below and throughout the case study are intended to provide additional knowledge, guidance, and tools for RDNs providing telehealth services.

Resources from the Academy of Nutrition and Dietetics (Academy) and the Commission on Dietetic Registration (CDR)

- [Telehealth Quick Guide](#) (*membership required*)
- [Telehealth Laws Impacting State Dietetics/Nutrition Authorization Requirements](#)
- [Medicare Part B MNT Resources](#): A set of all handouts (*membership required*)
- [Therapeutic Diet Orders in Hospitals and LTC facilities](#) (*membership required*)
- [Nutrition Care Process and Terminology](#)
- [Academy Advocacy and Licensure](#)
- [CDR State Licensure Resources](#)
- [Practice Tools](#): Practice Tips Delivery of Nutrition-Related Services Using Telehealth
- [Code of Ethics](#) for the Nutrition and Dietetics Profession
- [Revised 2024 Scope and Standards of Practice for the RDN](#)
- [Focus Area Scope and Standards of Practice](#)
- [Essential Practice Competencies for CDR's Credentialed Nutrition and Dietetics Practitioners](#)

Statement

The Revised 2024 Scope and Standards of Practice for the RDN does not guarantee that an individual RDN will be able to perform expanded practice skills, but it can guide the RDN to the appropriate resources to evaluate whether they can safely and effectively provide specific care and services that expand and advance their individual practice.

Definition

Located in the [Definition of Terms List](#).

Telehealth – the use of electronic information and telecommunications technologies to support clinical health care, patient and professional health-related education, public health, and health administration.

Explanation of Case

An RDN, CDCES is leading a diabetes education program in an expanding hospital system and is interested in seeing patients through telehealth, as many of their clients/patients are traveling long distances for appointments or classes. The hospital system is exploring the concept of using telehealth

Institutional, Regulatory, and Other Resources

- [Competencies for Diabetes Care and Education Specialists](#)
- [Veteran Affairs Telehealth Services](#)
- [National Consortium of Telehealth Resource Centers](#)
- [Center for Connected Health Policy](#)
- Organization policies and procedures
- Process and bylaws for RDNs to obtain clinical privileges for therapeutic diet order writing or expanded role/nutrition-related services (e.g., medical staff, hospital, organization)
- Facility/program accreditation standards

Using the Scope of Practice Decision Algorithm

The [Scope of Practice Decision Algorithm](#) is a resource that guides a RDN through a series of questions to determine whether a particular activity is within their individual scope of practice. Questions are answered based on a critical evaluation of their knowledge, skills, experience, judgment, and demonstrated competence. The tool is designed to evaluate each activity separately.

Practitioner Questions

Question 1: Do the Scope and Standards of Practice or applicable RDN focus area standards contain information that provides guidance on whether the practitioner can perform this activity?

The RDN reviews the [2024 Revised Scope and Standards of Practice for the RDN](#),¹ as well as the [2025 Scope and Standards of Practice in Diabetes Care](#)² and finds the following guidance:

“The RDN provides nutrition counseling; nutrition behavior therapy; lactation counseling, health and wellness coaching, and nutrition, physical activity, lifestyle, and health education and counseling as components of preventative, therapeutic, and restorative health care. Alternatives for delivering services to patients/clients/populations beyond in-person visits have expanded since 2020, particularly as an outcome of the COVID-19 pandemic, that enabled more options for virtual (audio only, audio and visual, e-mail, mobile or app-enabled technology) direct care services for patients and their caregivers. Telehealth options offer the benefit of allowing health care professionals including RDNs to reach patients at their homes or other allowed virtual settings. It is incumbent on the RDN providing telehealth services to be cognizant of the legal ramifications of how care is delivered.”¹

“Whether the communication with patients/clients is in-person or virtual, it is important to understand all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) for privacy and security of protected health information (PHI). It is critical to use HIPAA-compliant technology for communication and for maintaining electronic health records; and assure proper maintenance, storage, and disposal of electronic health records, and any paper records or notes.”¹

“Technology advances enable the RDN to pivot from time-bound, reactive, episodic care to continuous and proactive care. Telehealth, remote physiological monitoring, and virtual care-education clinics coordinated and led by RDNs, may use protocols to make care plan adjustments, guided by the prescribing clinician.”²

Question 2: Does this activity align with applicable guidelines, standards of practice, accreditation standards, etc., listed below?

The RDN, CDCES reviews the documents below and finds nothing that would prohibit them from providing services in their unique situation and setting.

1. General Guidelines for Good Business Practices (e.g., Academy/CDR Code of Ethics). The RDN reviews the Academy/CDR Code of Ethics for relevant information. While telehealth is not mentioned directly in the [Code of Ethics](#),³ there are some principles and standards that apply to this topic. (Note: not all inclusive, others may apply on a case-by-case basis.)
 - “Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.”
 - “Practice within the limits of their scope and collaborate with the inter-professional team.”
 - “Document, code and bill to most accurately reflect the character and extent of delivered services.”
2. Nutrition Practice Guidelines (e.g., Academy Evidence Analysis Library)
3. Other National Organization Standards of Practice and/or Practice Guidelines (e.g., ASPEN, ADA)
4. National and/or Facility/Program Accreditation Standards (e.g., The Joint Commission)
5. Federal and State laws and regulations
6. General state/federal telehealth regulations (non-nutrition specific)

Question 3: If the state(s) where you work (and/or provide telehealth services) license RDNs, is there any language that prohibits the activity? Is there language in any other profession’s statute and regulations that would prohibit an RDN from performing the activity?

The RDN, CDCES discovers that they must be licensed and/or meet all other applicable standards required by state/local laws and regulations in both the state where the RDN, CDCES is located, and the state where the patient/client is located at the time the services are provided. The RDN, CDCES routinely monitors licensure laws and regulations ([Telehealth Laws Impacting State Dietetics/Nutrition Authorization Requirements](#)) for their state and the state(s) where their patients/clients are located, as well as [general telehealth regulations](#) (non-nutrition specific) in these states.

Question 4: Do you have the necessary knowledge, skills, training and/or required certificates of training or certifications (e.g., CSOWM or CSG) to perform this activity?

After confirming that there are no telehealth-specific credentials or formal training required for health professionals to perform telehealth, the RDN, CDCES uses the Scope and Standards of Practice for the RDN to assess their knowledge and skills, and determines that they may benefit from having additional skills related to delivering diabetes-related telehealth services. The RDN, CDCES discussed these goals with their supervisor and subsequently reviews relevant resources, including webinars, certificates of training, certifications, and credentials that apply to performing diabetes-related MNT and other nutrition care and services via telehealth.

- [Diabetes Dietetic Practice Group \(DDPG\) Webinars](#)
- [Standards of Care in Diabetes – American Diabetes Association](#)
- ADCES Resources
 - [Practice Papers](#)
 - [Continuing Education and other Resources](#)
 - [Certificate Programs](#)
- [Association of Diabetes Care and Education Specialists: Telehealth-Related resources/education](#)

Question 5: Have you demonstrated your ability to perform the activity competently to an individual with the knowledge and skills to appropriately assess your competence performing the activity (according to accepted standards), including those for the required certification? Has this evolution been documented in your personal record?

The RDN, CDCES uses relevant indicators from the [2024 Scope and Standards of Practice for the RDN](#) and the [Revised 2025 Scope and Standards of Practice for Registered Dietitian Nutritionists in Diabetes Care](#) to evaluate their level of competence specific to providing MNT and/or diabetes education via telehealth. Indicators for which the RDN, CDCES does not meet competent level of practice are opportunities to strengthen knowledge and skills for quality practice.

- 1.1.1 Adheres to the code(s) of ethics (e.g., Academy and CDR, other national organizations, and/or employer code of ethics)
- 1.2.4 Recognizes advantages and accounts for disadvantages of technology related to privacy, confidentiality, effectiveness, and safety for clients and organization
- 1.3.1 Performs within individual and statutory scope of practice and complies with applicable federal, state, and local laws and regulations and organization/program policies applicable to practice setting and for diverse and specific populations, including those with intellectual and developmental disabilities or with mental health and substance use disorders

- 1.3.2 Complies with Health Insurance Portability and Accountability Act (HIPAA) and organization's policies and standards regarding sharing of protected health information and personally identifiable information
- 4.1.3 Communicates with the interprofessional team and referring party consistent with the Health Insurance Portability and Accountability Act (HIPAA) and complies with the organization's policies and standards regarding sharing of protected health information and personally identifiable information
- 4.3.4 uses and participates in or leads in the selection, design, execution, and evaluation of customer programs and services (in person or via telehealth).
- 6.1.3 Selects appropriate information and the most effective communication method or format (e.g., oral, print, one-on-one, group, visual, electronic, social media) that considers person-centered care and services and the needs of the individual/group/population or target audience
- 1.3.4 Identifies regulations, risks, and benefits of using technology resources (e.g., EHR, telehealth, artificial intelligence [AI]) such as privacy, confidentiality, safety, and effectiveness in achieving outcomes for individuals/clients and organization
- 4.3.23 Develops practice and delivery models (e.g., telehealth, private practice, group classes, and grand rounds) for person-centered diabetes care and services reflecting the Scope and Standards in Diabetes Care

After completing their self-assessment, the RDN, CDCES determines that they do not meet competent level of practice in all areas and subsequently seeks out opportunities to strengthen appropriate knowledge and skills. Since their supervisor and other members of the interprofessional team have experience delivering MNT through telehealth, the RDN CDCES requests training on telehealth best practices and technology, as well as using the HIPAA-compliant video conferencing telehealth platform. Once training is complete, the RDN's supervisor uses organization procedure to verify and document competency, and store records in the employee personnel file.

Question 6: Does your employer/organization in its governing documents, policies and procedures, or other documents (e.g., medical staff bylaws, rules, and regulations; medical director-approved policy or protocol) recognize the credential (e.g., RDN, NDTR, or specialist credential[s]) held as authorized to perform the activity?

The RDN, CDCES reviews the organization's governing body documents, such as medical staff bylaws, rules and regulations, and policies and procedures, and concludes that telehealth is allowed with appropriate training and documented competence. After competence is verified, documented, and saved in their personnel file, the RDN, CDCES works to ensure that their job description is amended to support performing these new activities.

Question 7: Have you worked with your supervisor and/or organization representative to ensure organization-required steps and necessary documents (e.g., organization and department/services policies and procedures, billing procedures, personal job description) are completed and approved by committees, when applicable, to allow the RDN or NDTR to perform the activity?

The RDN, CDCES reviews the CMS regulations for performing activities such as diabetes education and MNT via telehealth and the reimbursement codes. The RDN, CDCES confirms that the hospital is a distant site, can be reimbursed for telehealth, and that RDNs are listed as a distant site practitioner.

Reimbursement codes are listed for the following activities:

- Individual or group medical nutrition therapy
- Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year of training period to ensure effective injection training.

The case example provides information about considerations for delivering care and services through telehealth. Before performing the new activity, the RDN, CDCES should also consider the following:

- Ensure that the activity is included in your job description, in granted privileges if working in a hospital-based facility where privileging is required, and in applicable policies and procedures.
- Ensure that your personnel file contains primary source verification of education, training, credentials, if applicable, and competence in performing the activity.
- Investigate your organization's liability coverage and need for personal professional liability insurance.
- For billable services, investigate whether this activity, as performed by a RDN, will be reimbursed by health plan insurers, including Medicare.

In this Case Study, the Academy has chosen to use the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and to use the term NDTR to refer to both dietetic technician, registered (DTR) and nutrition and dietetics technician, registered (NDTR).

References

- ¹ Revised 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist. Commission on Dietetic Registration Scope and Standards of Practice Task Force. Accessed April 28, 2026. <https://www.eatrightpro.org/practice/scope-and-standards-of-practice>
- ² Davidson P, MacLeod J, Lau KHK. Revised 2025 Scope and Standards of Practice for Registered Dietitian Nutritionists in Diabetes Care. Commission on Dietetic Registration web site. Accessed April 28, 2026. <https://www.eatrightpro.org/practice/scope-and-standards-of-practice/focus-area-scope-and-standards-for-rdns>
- ³ 2018 Code of Ethics for the Nutrition and Dietetics Profession. Academy of Nutrition and Dietetics (Academy)/Commission on Dietetic Registration (CDR). Accessed April 28, 2026. <https://www.eatrightpro.org/practice/code-of-ethics/code-of-ethics-for-the-nutrition-and-dietetics-profession>

Disclaimer: The Case Studies are intended solely as models to help practitioners determine their individual scope of practice with guidance from the Scope and Standards of Practice and the Scope of Practice Decision Algorithm. Case Studies should not be used to determine a particular inquiry or outcome, as the results of an actual inquiry may differ according to the specific factual circumstances, state laws applicable to the specific situation, and organization policies and procedures.

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