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FNCE® 2026 — LATE-BREAKING FUTURE PRACTICE ABSTRACT

Demand Doubled. Supply Collapsed. The Math Broke.

A National Workforce-Compensation Framework for Clinical Dietetics in the MAHA Era

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Category	Future Practice	**Deadline**	May 31, 2026 · 5pm CT	**Words**	249/250

ABSTRACT (249 words / 250-word limit)

Background: Three change drivers are reshaping clinical dietetics in 2025-2026: federal nutrition policy (EO 14212, the September 2025 MAHA Strategy, the 2025-2030 Dietary Guidelines, CMS's January 2026 Malnutrition Care Score expansion to adults 18+); a chronic-disease burden affecting ~60% of U.S. adults and driving ~90% of $4.87T in 2023 U.S. health spending; and a $55B supplement + ~$30B nutrition-app/coaching market competing with credentialed counsel where 14-36% of social-media nutrition content is accurate. The Registered Dietitian Nutritionist workforce posted the first observed intra-year sequential decline in the CDR registry (114,209 March → 113,616 May 2026).

Methods: National-data synthesis integrating BLS OEWS May 2025 (SOC 29-1031 and peer clinical SOCs), CDR/ACEND workforce trends, CMS quality measurement, OECD Health Statistics, and OBBBA student-loan provisions (P.L. 119-21: Grad PLUS eliminated, $100K graduate cap, PAYE/ICR/SAVE terminated for new loans, effective July 1, 2026).

Findings: At ~9% post-OBBBA blended graduate-loan rates, the $185K-$336K mandatory RDN Master's credential clears only +$688/yr (conservative urban) and falls to –$6,312/yr (typical major-metro) — the only U.S. clinical credential where the math fails. Peer master's-credentialed clinical means (PT $105,280; RN $101,420; OT $101,280; SLP $98,170; even associate's-degree RT $87,300) independently validate a $100,000 / $48.08-per-hour RDN credible floor against the RDN national mean of $77,130.

Implications: A four-pillar national framework — **PAY** (a $100K floor), **BILL** (Medicare MNT Act H.R. 6199 / S. 3934), **BUILD** (credential-anchored MAHA workforce investment), and **PROTECT** (federal MNT scope plus a state licensure compact) — supplies the credentialed infrastructure the federal nutrition agenda already presupposes.

CHANGE-DRIVER ALIGNMENT (Future Practice criterion #1)

1. Federal Policy Realignment. EO 14212, the MAHA Strategy (128 initiatives), and the 2025-2030 Dietary Guidelines have moved nutrition to the center of federal health policy without naming the RDN credential as the delivery profession. HHS's nutrition-competency framework references "health coach" and "functional nutritionist" — titles legally unprotected in most states.

2. Chronic-Disease Demand Curve. Approximately 60% of U.S. adults live with chronic disease; the January 2026 CMS Malnutrition Care Score expansion roughly doubles the RDN inpatient quality-measure denominator (~17M → ~33M annual U.S. adult discharges; HCUP/AHRQ). The 65+ population grows from ~62.1M to ~77.9M by 2035; the 85+ cohort nearly triples by 2050.

3. Information-Market Displacement. A $55B U.S. supplement market and ~$30B nutrition-app/coaching market competing with credentialed counsel (vs. ~$10.5B RDN payroll), combined with social-media nutrition content of 14-36% documented accuracy, is filling demand the credentialed workforce cannot scale to meet under current compensation and financing conditions. Dietary supplements drive ~23,000 ED visits and ~2,154 hospitalizations annually (Geller NEJM 2015).

HOW RDNs/NDTRs CAN IMPLEMENT THIS WORK

- Apply the $100,000 / $48.08-per-hour wage-floor benchmark in salary negotiations and institutional compensation review.
- Cite BLS peer-credential validation (PT, OT, SLP, RN, RT) in conversations with hospital and health-system finance and HR leadership.
- Engage the Medical Nutrition Therapy Act (H.R. 6199 / S. 3934, 119th Congress) through Academy advocacy and state-affiliate policy work.
- Use the PAY-BILL-BUILD-PROTECT framework as advocacy structure for DPGs and state affiliates in the post-OBBBA window (July 2026 onward).
- Pursue ACEND program partnerships with HBCUs, HSIs, and tribal colleges to address pipeline-diversity gaps (91% female, 74.8% White — unchanged since 1990).
- Advance the Dietitian Licensure Compact and telehealth-MNT in state policy work; make the federal Nutrition Health Professional Shortage Area designation case to HRSA workforce stakeholders.

REFLECTION (Future Practice criterion #3 — outcomes/process and scalability)

What was learned: MAHA-era nutrition policy expansion and post-OBBBA workforce contraction form a single implementation gap. Compensation is the upstream lever — without a credible $100K floor, the credential is mathematically unrecoverable under the new loan architecture.

What went well: Three independent national data sources (BLS labor economics, CMS quality measurement, OBBBA financing) converge on the same conclusion. The international comparison (NHS Agenda for Change, Canada NOC 31121, Dietitians Australia) demonstrates U.S. RDN wage suppression is a labor-market artifact, not a feature of dietetics worldwide.

What would be done differently: Earlier engagement with the federal MAHA workforce-funding rulemaking process to ensure the RDN credential is explicitly named in implementation language.

Plans to build on this work: Develop a state-by-state implementation tracker; engage Academy advocacy on H.R. 6199 / S. 3934; partner with ACEND programs at minority-serving institutions; publish in a peer-reviewed workforce or health-policy journal.

DISCLOSURES AND COMMERCIALISM POLICY

Author affiliation: Jason Fee, MS, RDN, LDN, is a Registered Dietitian Nutritionist practicing at AdventHealth Orlando, Orlando, FL. This work was prepared independently and does not represent the views of AdventHealth or any employer.

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Compliance: Adheres to the Academy of Nutrition and Dietetics scientific integrity principles, including ethical conduct, publication regardless of outcome, and full disclosure of funding and conflicts. References to federal legislation (H.R. 6199 / S. 3934) are educational and based on publicly available information. This work does not promote any brand, trademark, commercial program, publication, or product.

Topic selection: Workforce / Practice Issues (primary); Health Policy (secondary); Public Health Nutrition (tertiary). **Keywords:** workforce, compensation, MNT, federal policy, MAHA, OBBBA, pipeline equity, RDN credentialing, wage parity.