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Details:

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS

2009-10

(session year)

Senate

(Assembly, Senate or Joint)

Committee on ... Public Health, Senior Issues, Long-Term Care, and Job Creation (SC-PHSILTCJC)

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
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INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
  (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
  (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Gigi Godwin (LRB) (November/2011)

To whom it may concern –

I have been asked to review the lecture notes of Karen R. Hurd, "nutritionist" for a presentation she gave on April 21st, 2009. As a pediatric gastroenterologist who specializes in both inflammatory bowel disease and pediatric liver disease and liver transplant, I have spent the last 8 years learning, treating and conducting research on these various diseases. Although I was not present at the actual lecture, I find the information that Mrs. Hurd distributed to be unfounded and potentially harmful. The most critical is Mrs. Hurd implication that she is able to cure inflammatory bowel disease (IBD) based on diet alone. IBD is a chronic life-long inflammatory condition of the gastrointestinal system which can have numerous systemic effects. Current evidence suggests that there is an inappropriate activation of the immune system against the mucosa cells lining the intestines leading their destruction (Rudolph's Pediatrics, Nelson's Textbook of Pediatrics and Oski's Textbook of Pediatrics). Although the precise etiology of this activation is unknown it is believed to be a combination of an individual's genetic susceptibility in combination with environmental triggers (Rudolph's Pediatrics, Nelson's Textbook of Pediatrics and Oski's Textbook of Pediatrics). As such the focus of treatment has been on altering the immune system to decrease it's overall function thus decreasing the destruction of the otherwise healthy mucosal cells (Rudolph's Pediatrics, Nelson's Textbook of Pediatrics and Oski's Textbook of Pediatrics). Dietary interventions have been demonstrated to put individuals into remission (Akobeng AK, Thomas AG., Enteral nutrition for maintenance of remission in Crohn's disease. Cochrane Database Syst Rev. 2007 Jul 18;(3):CD005984). However, this is not a cure. As such an implication of a cure is extremely miss leading and can have severe consequence for both the patient and their family. Furthermore the implication that the enterohepatic circulation is critical in the development of IBD suggests that Mrs. Hurd requires additional education both on the mechanism of this vital pathway of bile metabolism as well as on the basic functions of the liver itself. Finally, the fact that this lecture was given to students learning to become independent nurse practitioners demonstrates a clear lack of judgment on the part of the University of Wisconsin, Eau Claire.

Sincerely,

Vincent F. Biank, M.D., M.S.
Assistant Professor Pediatrics
Division of Pediatric Gastroenterology, Hepatology and Nutrition
Medical College of Wisconsin
8701 Watertown Plank Rd.
Milwaukee WI., 53226

Commentary from:
Dr. Joshua Noe, MD
Division of Pediatric Gastroenterology, Hepatology and Nutrition
Medical College of Wisconsin
8701 Watertown Plank Rd.

1. Crohn's disease has been associated with a gene mutation NO2/CARD 15 in 1/3 of all patients, which is a gene responsible for regulating response to microbial pathogens. The abnormality in this gene suggests that Crohn's disease has a large component of being an auto-immune disease.

2. Ulcerative colitis also has much evidence that it is an autoimmune disease.

3. There is no evidence to suggest that the enterohepatic circulation is the cause of inflammatory bowel disease. The enterohepatic circulation is a normal phenomenon.

4. There is no evidence that an abnormality in enterohepatic circulation is the cause of inflammatory bowel disease.

5. While the exact cause of inflammatory bowel disease is not known, it is know that there are genetic components, environmental components, and immune dysregulation (abnormal functioning immune system)

6. There is no evidence that fiber effectively treats inflammatory bowel disease.

7. Multiple studies have shown the effectiveness medication that help to regulate the immune system, called immunomodulators, help induce and maintain remission, promote growth, and decrease disease activity.

8. The statement that no protein or fat should be used is in direct contradiction to evidence based medicine that children with these disorders may need supplementation with these nutrients.

9. There is no evidence that hormone release will worsen inflammatory bowel disease, and in fact during active disease states, delayed puberty is common. During remission, puberty will normalize.

1. Hugot et al. Nature 2001;411:599-603.
2. Bouma G et al. Nat Rev 2003;3:521-33.
5. Podolsky DK et al. N Engl J Med 1991;325:928-35.
5. Shanahan F. Lancet 2002 ;359 :62-9.
7. Pearson DC et al. Ann Intern Med 1995 ;122 :132-42.
7. Targan et al. N Engl J Med 1997 ;337 :1029-33.
7. Hanauer SB et al. Lancet 2002 ;359 ;1541-9.
8. Griffiths AM et al. Pediatric Gastrointestinal Disease. Vol 1, p.803-4.
9. Kanof ME. Gastroenterology 1988;95:1423-7.

To whom it may concern:

I am a registered dietitian working in a pediatric hospital, specifically with children with inflammatory bowel disease. I received a copy of Karen Hurd's lecture notes for her class on Inflammatory Bowel Disease and am concerned that a University would hire a presenter who is not properly trained and credentialed in nutrition to teach a class to nurse practitioners.

Upon review of Karen Hurd's notes on her Crohn's, UC and IBD lecture, I found several obvious mistakes.

First, Crohn's disease can be in either the large or small intestine vs. just the 'small colon' as she states.

The white diet recommended for pain and bloody stools is inappropriate and has no scientific basis. Patients with inflammatory bowel disease are already at risk for nutrient deficiencies because of poor intake and malabsorption. To remove food groups and whole food categories such as protein and fat, dairy and fruit, is not only unhelpful, but harmful.

Ms. Hurd states that soluble fiber is key in treatment for inflammatory bowel disease. Although soluble fiber is an important part of a healthy diet, it is, unfortunately, not a cure for inflammatory bowel disease.

It is important for nurse practitioner students to learn nutrition, but it needs to be evidenced-based nutrition taught by a qualified professional such as a registered dietitian.

Sincerely,

Rebecca Joeckel, RD, CD, CNSD

From: Goday, Praveen [pgoday@mcw.edu]
Sent: Thursday, May 28, 2009 3:48 PM
Subject: Comments on Crohn's UC and IBD Lecture Notes by Karen R. Hurd

Comments on Crohn's UC and IBD Lecture Notes by Karen R. Hurd - April 21, 2009
University of Wisconsin, Eau Claire

There are very many issues that I have with these lecture notes. Large parts of the notes are completely inaccurate. I will focus on a couple of gross inaccuracies that could impact patient care and patient lives.

There are no data in the medical literature to suggest that bile acid sequestrants, in the form of soluble fibers are helpful in Crohn's disease or ulcerative colitis.

The diet proposed for Crohn's disease and ulcerative colitis in the form of the 'white diet' followed by addition of various foods has never been studied and should not be prescribed to patients. If patients follow these diets and either delay medical treatment or withhold their regular medical therapy the results could be deleterious and potentially life-threatening.

Thank you

Praveen S. Goday, MBBS, CNSP
Director, Nutrition Support

Children's Hospital of Wisconsin

Associate Professor of Pediatrics
Division of Pediatric Gastroenterology and Nutrition

Medical College of Wisconsin
8701 Watertown Plank Road
Milwaukee, WI 53226
Ph: 414 266 3690
Fax: 414 266 3676

To whom it may concern:

I am a Registered Dietitian and I work at a pediatric hospital. My primary focus is gastroenterology, hepatology, and nutrition support. I received a copy of Karen Hurd's lecture notes regarding Inflammatory Bowel Disease (IBD). After reading through her notes, I am very concerned not only with the medical/nutrition information she is distributing, but also that she taught this information to nurse practitioner students at the University of Wisconsin, Eau Claire.

Nutrition interventions have been shown to improve symptoms of IBD, however, they are not a cure. IBD can affect the both the small and large intestine, not just the "small colon". Children and adults who suffer from IBD are already at risk for micronutrient deficiencies secondary to malabsorption of nutrients (vitamins, minerals, carbohydrates, etc). According to the American Dietetic Association, "***nutrition therapy for IBD should meet increased nutritional requirements, correct for nutrient deficiencies, and compensate for increased nutritional losses***". Placing patients on a very restrictive diet such as the "white diet" has the potential to lead to severe malnutrition; it can also delay development and physical growth in children. The "white diet" is not an evidenced based diet and has the potential to cause harm.

In regards to the presented case studies, sufficient background information for the patient was not provided making it difficult to apply appropriate clinic judgment and detail relating to provided nutrition is left out. Soluble fiber plays a role in IBD nutrition therapy; however it is not a cure. Elevated Liver Enzymes, such as AST/ALT are only markers that indicate potential liver involvement in medical conditions, however when determining presence of liver disease they are looked in context of other laboratory values and the clinical judgment of the physician.

Nutrition Therapy should be tailored to each individual patient so that it may *aide* in the treatment of the medical condition and meet each the individual's goals and needs. Registered dietitians (RD) complete rigorous training in evidenced- based nutrition therapy; this training includes a baccalaureate degree in nutrition sciences, completion of a supervised practice, and passing a national credentialing exam. RD's must maintain continuing education hours to remain credentialed.

Sincerely,

Carly D. G. Léon, MS RD CD CNSC

Commentary on Karen Hurd Lecture Notes:

Dr. Grzegorz Telega, MD
Hepatology Program Director at Children's Hospital of Wisconsin
Medical College of Wisconsin, Department of Pediatrics

Dr. Telega's comments are italicized

Page 3:
"The liver will collect the waste" – *No Collection*

" Therefore, the bile will increase in hydrogen ion concentration... Recall that this changes both the pH (making the bile more acidic)... bile (making the bile 'thicker')" – "*No, bile is buffered by bicarbonates*"

" As the pattern of bile recycling continues... the bile becomes 'sludgy'... make for years of gastro-intestinal disease" – *Acid is not a recognized factor in "sludgy" bile in humans. There is no evidence of bile re-circulating and having an impact on GI health"*

" We have not been able to prove the hypothesis that Crohn's disease and ulcerative colitis are auto-immune disorders" – *There is substantial data supporting immune involvement of Crohn's and U.C.*

Page 4:
"This raises a valid question... Answer: Most cultures and people consume bile sequestants... prevents their absorption in the ileum"—*No evidence that bile sequestrants are active against Crohn's or U.C.*

Page 5:

Client C:
Question no diagnosis provided, possible acute hepatitis self-resolved.

Client E:
If positive for acute liver failure, will recover spontaneously

Page 6:
Long Term "white diet" may lead to nutritional deficiencies, but is seems intended for short term. Overall, if used under supervision, diet may be sufficient in nutrients. Clinical efficiency needs more studies beyond case reports-an approach utilizing the scientific method. Clinical trials are recommended before diet can be advised.

Crohns Disease, Ulcerative Colitis, and Inflammatory Bowel Diseases
Lecture Notes, April 21, 2009
Nurse Practitioners' Class, 8:00-10:00 a.m., University of Wisconsin, Eau Claire
Presented by Karen R. Hurd, Nutritionist

Review of the importance of filtration systems within the human body.

Lymphatic system
- Responsible for clearing disease-causing agents
  - Virus
  - Bacteria
  - Fungus
  - Non-multiplying organisms

Kidneys
- Responsible for clearing water-soluble waste
  - Balancing of electrolytes through the clearing of minerals
  - Maintenance of buffering compounds
  - Water-soluble toxic waste (i.e. chlorine)

Liver
- Responsible for clearing fat and fat-soluble waste
  - Triglycerides
  - Unneeded saturated and unsaturated fats
  - Maintenance of buffering compounds
  - Expired red blood cells (bilirubin)
  - Expired white blood cells (inclusive of foreign antigens)
  - Allergens
  - Hormones
  - Fat-soluble waste (i.e. perfumes, pesticides, herbicides)

All of the filtration systems are critical for survival; however, the filtration system that carries the most toxic load is the liver.

Life expectancy with severely impaired lymphatic system (it is near impossible to have a lymphatic system that is completely non-operative due to the large number of lymphatic tissues)
- Weeks to months to years

Life expectancy with acute renal failure
- Up to two weeks

Life expectancy with acute liver failure
- Less than one week (often less than 24 hours—depending on exposure to toxins that overwhelm the liver)

Enterohepatic circulation

Begins in the liver

Bile is manufactured from triglycerides

Triglycerides are made from sugars

Fat soluble waste is placed into bile

Bile is sent to the duodenum—

some directly dripping into the duodenum

some arriving at the duodenum via the gall bladder

The gall bladder concentrates bile (10x more concentrated)

Understanding the composition of bile

Recall that

$$pH = - \log [H^+]$$

Therefore, the more hydrogen ions, the more acidic the substance.

Also recall that as the $[H^+]$ (concentration of hydrogen ions) increases the ***physical state*** of the substances changes.

The greater the $[H^+]$ the more solid the substance becomes.

Examples:

Unsaturated fats such as: olive oil, corn oil, safflower oil are ***liquid*** at room temperature.

Saturated fats such as: butter, lard, shortening are ***solid*** at room temperature.

The difference between the physical states is the concentration of hydrogen ions.

Saturated fats are saturated ***with hydrogen ions***.

Hydrogenated fats are unsaturated fats that have been infused with $H_{2(g)}$ (hydrogen gas) under high pressure.

Bile is an acid due to hydrogen ion concentration. The hydrogen ions come from the fats as well as the fat-soluble waste.

Bearing in mind this knowledge of acids and changes in physical states accordingly to hydrogen ion concentration let's examine the rest of the enterohepatic circulation.

After bile is released into the duodenum, it digests the fatty acids present there.

Fats are not absorbed until they reach the terminal part of the ileum, just prior to the ileocecal valve.

Because bile is made of fats, 90-95% of the bile (with its fat-soluble waste) will be absorbed and returned to the bloodstream.

The liver will collect the waste and the bile (all in constituent molecular parts) and send it again to the small intestine; however, it will deposit some of the newly collected waste in the "old" bile. Therefore, the bile will increase in hydrogen ion concentration.

Recall that this changes both the pH (making the bile more acidic) as well as the physical state of the bile (making the bile "thicker"). → Stone production → Pain

As the pattern of the bile recycling continues, the pH continues to decease (more acidic) and the bile becomes more "sludgy." Years of recycling bile make for gastro-intestinal disease.

Hypothesis versus theory: the scientific method

Crohn's disease and ulcerative colitis are destructive conditions of the gastrointestinal tract. It is currently hypothesized that these are auto-immune disorders.

Crohn's disease is an inflammation (which can include ulcers) of the small colon.
Ulcerative colitis is an inflammation (which can include ulcers) of the large colon.

The scientific method dictates that once the data is observed and a reasonable hypothesis made, a testing of the hypothesis must be done.

The data is collected from the testing and the hypothesis is either proved wrong, right, or in need of modification.

We have not been able to prove the hypothesis that Crohn's disease and ulcerative colitis are auto-immune disorders.

We have markers of inflammation (i.e. CRP—C- reactive proteins) however, these are symptoms of a condition, not causes of a condition.

Immuno-suppressant drugs reduce inflammation by inhibiting the natural immune response of inflammation when damage is done.

Example of injury and the inflammatory process of the immune system (cut finger).

Using the scientific method we are challenged to make a different hypothesis:

Develop a new hypothesis based on the results of the testing of the auto-immune hypothesis and the knowledge of the enterohepatic circulation:

New hypothesis:

Crohn's disease and ulcerative colitis (as well as other inflammatory bowel diseases) are caused by the enterohepatic circulation.

Test the hypothesis.

Evaluate results (the data)—reject or accept the hypothesis or modify the hypothesis.

This raises a valid question: If these bowel disorders are indeed a function of the naturally occurring enterohepatic circulation, why don't all cultures and all people suffer from them?

Answer: Most cultures and people consume bile sequestrants.

Bile sequestrant: a substance that chemically binds with bile fats and prevents their absorption at the ileum.

Bile sequestrants cause the bile to be carried into the large colon and transported to the sigmoid colon where they will be held until a convenient time to eliminate them from the body.

No absorption of bile fats takes place in the large colon.

The bile sequestrants that we have in nature are found in soluble fibers.

The richest source of soluble fiber is found in legumes (beans, lentils, split peas). Soluble fiber binds with bile fats and will not allow them to be absorbed. This allows the liver to make bile that is not concentrated with hydrogen ions, thus raising the pH of bile and thinning the physical consistency of bile.

Practical examples (taken from client records of Karen R. Hurd Nutritional Practice, LLC, names withheld for patient privacy):

Client A
Female, 5'3", 132 lbs., 50 years old, Eau Claire, WI. Diagnosed with inflammatory bowel disease in 1986. Seen by many physicians to no avail. All efforts to relieve her vacillation from painful constipation to diarrhea were ineffectual. "Traveling and eating out are holy nightmares for me. I know the location of every bathroom in the state."

Two-three bowel movements daily with intestinal cramping everyday. This with medications.

Two months later she had stabilized with no symptoms of IBD, and was ready to begin withdrawal of medications.

Seven months later: Still no symptoms of IBD despite her 22 year history of unrelenting IBD. "I'm eating salads 3x weekly and no problems. It's amazing. I feel like I am growing younger."

Client B
Male, 115.6 cm, 21.3 kg, 7 years old, 1st grader, Butler, WI. Diagnosed with severe Crohn's disease at age four. At intake was on Remicade and cortico enemas.
Six bowel movements in a 24 hour period. Blood in stool. Each bowel movement takes approx. 30 minutes (on the toilet for that long). He is at a pain level of 10/10 for each of those 30 minute timeframes. Mother said, "His siblings leave the house when he goes into the bathroom because they can't stand hearing the screams of pain." Stool is runny. Doesn't sleep well as he gets up in

the night several times to have a bowel movement. Under treatment by the lead pediatric gastro-enterologist at the hospital. Three years and no change in his condition, only a worsening.

Four days after nutritional treatment begun: Pain level 4/10. Only two bowel movements daily. On the toilet for only 3-4 minutes. Mother cancelled Remicade infusion and stopped giving him cortico enemas.

Seven days after nutritional treatment begun: Pain level 0/10.

Client B continued to progress with no relapses. Last consultation was done 9 months after initial consultation (on 12-6-08). No symptoms, no medications, client had grown two inches and gained five pounds.

Client C

Male, one month old, Medford, WI. Elevated liver enzymes. On ursodial. Direct bilirubin high. Physician recommending liver biopsy.

Began nutritional therapy. Ten days later, labs were drawn. All levels normal. MD said no need for medications or biopsy. "No need to bring him in anymore."

Client D

Female, 5'4", 126 lbs, 15 years old, Chetek, WI. History of bowel and stomach issues since 5th grade. Despite ranitidine therapy that she started one year prior, no alleviation of symptoms. Current symptoms reported at intake: diarrhea, painful intestinal cramping, nausea, vomiting. Client had discontinued ranitidine prior to initial consultation.

Hydroscan showed gall bladder not contracting at all (- 1% function). Surgeon would like to remove gall bladder next week. Ultrasound showed no stones. Mother seeking nutritional approach instead.

Four days after nutritional therapy began: no nausea, no diarrhea. Intestinal cramping greatly improved.

Two weeks after nutritional therapy began: No intestinal cramping, no diarrhea, no symptoms whatsoever.

Seven weeks after nutritional therapy began: 2nd hydroscan done. Gall bladder at 22% function (35-75% is normal function).

Four months: Client released. No symptoms.

Client E

Male, 6'3", 196 lbs, 28 years old, Excelsior, MN. Liver failure due to pergoset reaction one year prior. Mayo Clinic treating to no avail. Steroids and interferon therapy ineffectual. Liver enzymes (ALT/AST) running approximately in the 1200's. On liver transplant list.

Seven days after nutritional therapy begun: Liver enzymes (ALT/AST) dropped 400 points. Measured in the 800's.

Client F

Female, 11 months, 17 lbs, 10 oz. Eau Claire. Born with a diaphragmatic hernia, chronic lung disease, severe acid reflux. On GJ feeding tube. On oxygen. Projectile vomiting 5-7 times daily.

Three days after nutritional therapy begun: No vomiting, no spitting up. "She's a different baby."

Five weeks: Still no vomiting. Beginning bolus feedings. Pulmonologist very impressed at improved breathing capacity.
Two months: Off oxygen. Still no GI distress.

Treatment for Crohn's, ulcerative colitis, and inflammatory bowel disorders:

Soluble fiber is the key. However, it must be determined if the patient is ready for soluble fiber.

For pain and many bloody stools daily, the white diet must be started first.

White diet: white bread, white crackers, white noodles, white rice, Cream of Rice cereal, Cream of Wheat cereal, Rice Krispies, Rice Chex, ramen noodles without the seasoning packet, pretzels. Salt will be the only spice.

NO fats, protein, fiber, spices, dairy products, citric acids, sweets, artificial sweeteners as well as natural, no fruit.

Add gradually (every 3 days to one week)
protein (start with eggs and the white meat of chicken)
then bring in legumes or psyllium (soluble fiber)
then the fats (nut butters, oils, dairy less milk, and other efficient proteins [meat, poultry, fish, seafood])
the citric acids (tomato products [less raw tomatoes], lemons and limes)
the vegetables (begin with cooked non-cruciferous [green beans, carrots, peas, asparagus, winter squash])
then cooked cruciferous (broccoli, cauliflower, brussel sprouts)
then raw vegetables
Then spices.

Short-term healing goal:
Six servings of soluble fiber daily (one at breakfast, one at mid-morning, one at lunch, one at mid-afternoon, one at the evening meal, one at bedtime). One serving equals ½ cup legumes (rinsed) or two teaspoons psyllium.

Long-term maintenance goal:

Three servings of soluble fiber daily (one at breakfast, one at lunch, one at the evening meal). One serving equals ½ cup legumes (rinsed) or two teaspoons psyllium.

Keep in mind that anything that creates larger than normal releases of hormones will cause problems, i.e. menstrual cycles, high stress, exercise, exposure to perfumes, ***as hormones are fat-soluble waste that the liver clears and places into the bile.***

Walk through examples again with explanation of treatment.

Who's Dishing Out Your Nutrition Advice? Consumers Beware: Make Sure Your Source Is a Registered Dietitian

FOR RELEASE MARCH 3, 2008

CHICAGO – Would you take food and nutrition advice from someone who eats from a bowl on the kitchen floor and likes to chase squirrels?
Sir Edward of Dundee (a.k.a. Eddie) Diekman of St. Louis, Mo., has two main "qualifications" for dishing out nutrition advice:

1. He is a member in good standing of the American Association of Nutritional Consultants, with a certificate to prove it.
2. His owner is a registered dietitian.

Eight-year-old Eddie is an English cocker spaniel belonging to registered dietitian Connie B. Diekman and her husband Leo. Connie is the president of the American Dietetic Association and the director of university nutrition at Washington University in St. Louis. Eddie obtained membership in the American Association of Nutritional Consultants in January, and he has a certificate to prove it.
"Consumers beware: Not all nutritionists are created the same," Diekman says. "Eddie is living, barking proof that anyone can become a member of an organization of purported nutrition experts, even if they have no more qualification to give nutrition advice than a dog.
"When you need trusted, accurate, timely and practical nutrition advice, you need to seek the advice of a registered dietitian," Diekman says.
During National Nutrition Month, the American Dietetic Association urges all consumers to *look for the **RD** credential*: "RDs know the science of nutrition," Diekman says. "Our required degrees in foods, nutrition, dietetics, public health or related fields such as biochemistry, medicine or a nutrition specialty in family and consumer sciences come from well-respected, accredited colleges and universities."
For a copy of Eddie's membership certificate and photos of Eddie and Connie Diekman e-mail media@eatright.org.
With more than 67,000 members the American Dietetic Association is the nation's largest organization of food and nutrition professionals. ADA serves the public by promoting optimal nutrition, health and well-being. To locate a registered dietitian in your area, visit the American Dietetic Association at www.eatright.org.

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eat right. American Dietetic Association

ADA's Corporate Sponsor Relations

Registered dietitians, who make up the large majority of members of the American Dietetic Association, possess the knowledge, experience and skills to help people learn how to eat healthfully. This includes helping consumers understand the many food-related products in the marketplace and to decide which to include in a healthful eating plan.

To assist our members in acquiring knowledge about food-related products and services and delivering messages to the public about healthful eating, the American Dietetic Association occasionally engages in relationships with corporations. Following stringent guidelines established by ADA, the Association considers supporting only programs or messages that are in line with the Association's existing healthful-eating messages and positions or support ADA's mission, and vision – to optimize the nation's health through food and nutrition and support the total diet approach to healthy eating.

What do sponsors get in a relationship with ADA? They receive an opportunity to share science-based information with members of the world's largest organization of food and nutrition professionals. They provide helpful messages to a wider consumer audience with information that is valuable to ADA's membership. Sponsors do not influence the Association's decision making process nor do they affect policy positions. All materials are reviewed by ADA's Knowledge Center, a team of registered dietitians on staff with the organization as well as outside member experts on areas of specialization when necessary.

General requirements for ADA's acceptance of corporate relations sponsors include evidenced based and a clear separation of ADA's messages and content from any brand information or promotion. ADA does not endorse any brand, product or company, and relationships with outside organization are not about promoting companies' products; they are about creating nutrition messages that people can understand and act upon to improve their health and that of their families.

ADA's procedures and formal agreements with external organizations are designed to prevent any undue corporate influence, particularly where there is a possibility that corporate self-interest might tend to conflict with sound science or ADA's healthful-eating positions, policies and philosophies. Sponsorships do not influence ADA's positions or policies, or the Association's decision-making process.

ADA closely evaluates any potential collaboration or partnership to ensure it directly supports ADA's mission and strategic direction. Materials are required to be science-based and are reviewed by ADA's Knowledge Center before they are distributed. Sponsorships are unbranded.
In doing so, ADA maintains its independence and its credibility while taking advantage of appropriate opportunities to extend its reach and help more individuals and their families eat healthfully.

WISCONSIN DIETETIC ASSOCIATION
an affiliate of the American Dietetic Association

LICENSURE TALKING POINTS:
SENATE BILL 115 – AS AMENDED

The licensure of dietitians will protect citizens & increase access to nutrition therapy

- SB 115 will license dietitians in Wisconsin and create a scope of practice for these highly trained nutrition experts. **As a result**:
  - **SB 115 will ensure only qualified practitioners, who have met certain education and training requirements, are able to provide evidence-based nutrition therapy to treat specific chronic diseases.**
  - **SB 115 will increase access to advanced nutrition care**
    (***Note***: many insurance companies require health providers to be licensed to qualify for reimbursement).

Registered dietitians are uniquely qualified to provide nutrition therapy and should be recognized through licensure for their education and experience

- RD's are required to hold (at least) a bachelor's degree and complete 900 hours of supervised practice.
- RD's are required to pass a standardized national exam.
- Continuing education is required for all RD's.

Thirty-five states already license dietitians to protect their citizens

- It's time for Wisconsin to take this very important step to help citizens easily identify properly trained and educated nutrition professionals.

Dietitian Licensure WILL NOT:

- Impact businesses or individuals that sell/market food products or dietary supplements.
- Restrict alternative practitioners (i.e., naturopaths) from using the title ***nutritionist***.
- Prohibit alternative practitioners from providing their clients with guidance on healthy lifestyles or general nutrition information regarding the use of foods and dietary supplements.
- Prevent licensed or certified healthcare professionals from practicing within their scope of practice.

The changing nature of health care makes dietitian licensure extremely important, as

- More healthcare services are offered outside traditional medical facilities.
- Greater need for clear identification and validation of credentials is necessary to protect the public.

The Licensure Act has NO state fiscal impact

- Any costs associated with licensure of dietitians will be covered by required licensing fees.

WISCONSIN DIETETIC ASSOCIATION
affiliate of the American Dietetic Association

Testimony in support of SB 115

Senate Public Health, Senior Issues, Long-Term Care, and Job Creation Committee

September 17, 2009

Lynn Edwards, R.D., C.D.

Thank you, Mr. Chairman and members of the Committee. My name is Lynn Edwards. I am a Registered Dietitian and am certified to practice in the state of Wisconsin. I am also a past president and the current Executive Coordinator of the Wisconsin Dietetic Association. I am here today, along with Gail Underbakke, to testify in favor of Senate Bill 115.

The Wisconsin Dietetic Association is comprised of 1,700 food and nutrition professionals and is an affiliate of the American Dietetic Association, a national organization with membership approaching 70,000. We are committed to improving the health of Wisconsin residents through food and nutrition.

Registered Dietitians work in a variety of settings, including hospitals & clinics, physician offices, public health programs, schools & universities, nutrition education programs, workplace wellness sites, fitness facilities and the food industry.

Registered Dietitians are the most credible source of nutrition information and are committed to improving the overall health and well-being of all individuals, regardless of age, sex, health condition or economic status.

Senate Bill 115 is straightforward legislation with two simple objectives: 1.) To provide the public with the confidence they are receiving advanced nutrition care from qualified practitioners; and 2.) To increase access to advanced nutrition care, which is a vital component of effective health care reform.

As you know, SB 115 would license – rather than certify – dietitians in Wisconsin and create a scope of practice for these highly-trained nutrition experts.

That leads to the question.... why is it important to license dietitians?

For the same reason the state licenses other health care professionals: *To clearly identify who is qualified to provide care for the public and to protect the public from potential harm.*

SB 115 will ensure only qualified practitioners, who have met certain education and training requirements, are able to provide Medical Nutrition Therapy, which referred to in the bill as Dietetic & Nutrition Therapy. Dietetic & Nutrition Therapy, or DNT, is a complex practice used to treat specific chronic disease and wellness. DNT can help reduce complications of chronic disease, decrease the length of hospital stays, reduce obesity and lower health care costs.

Unfortunately, while current state law prohibits uncertified or unlicensed alternative nutrition practitioners from providing dietetic services, it does not specifically prevent them from providing DNT. As a result, individuals seeking advanced nutrition care routinely receive harmful advice from under-qualified practitioners.

Only registered dietitians possess the necessary education and experience to provide Dietetic & Nutrition Therapy. In fact, the Institute of Medicine, National Academy of Sciences, has identified dietitians as the single group of health care professionals with the training, knowledge, and national credentialing requirement to be a direct provider of Nutrition Therapy.

Senate Bill 115 will provide health care consumers with the confidence they're receiving evidence-based nutrition therapy and counseling from qualified nutrition professionals. It will also provide greater assurance to referring-physicians and health care facilities that hire dietitians.

Additionally, dietitian licensure will help increase access to advanced nutrition services, as many third-party payers require health care providers to be licensed by the state to qualify for reimbursement.

With several of the leading causes of death in our country linked to diet and lifestyle, individuals are commonly seeking expert nutrition care to prevent or treat serious illness and disease. It's more important than ever to ensure only qualified health care professionals are providing the advanced nutritional assessments and interventions that could have life-or-death implications.

Thirty-five states across the country already license dietitians, and we believe it is time for Wisconsin to follow suit and highlight the important role evidence-based nutrition care plays in the overall wellness of our citizens.

While the WDA strongly supports SB 115, we **do not** believe the licensure of dietitians should come at the expense of alternative nutrition practitioners. By no means do we want to drive these individuals out of business or limit consumer choice.

Despite accusations to the contrary, SB 115 **is not** "fence me out" legislation.

I'm sure you have all had your offices flooded with phone calls, letters and e-mails from alternative nutrition practitioners claiming SB 115 will create a monopoly over food... limit free speech... create unemployment and business closures... increase state spending... and raise the cost of nutrition care.

There has also been criticism directed at the American Dietetic Association, claiming the organization is a shill for corporate food giants and supports unhealthy nutrition protocols. You will find an ADA white paper in your folder that clearly explains their corporate sponsor program and how it's designed to ensure independence and credibility.

All of the allegations I just mentioned are unfounded and are designed to be misleading and cloud the debate on SB 115. They have no basis in fact and fail to take into consideration that **none** of the aforementioned problems have occurred in the other 35 states that license dietitians. The alternative nutrition industry continues to thrive in those states.

Having said that, the WDA is committed to working in good faith, both as nutrition professionals... and in the legislative process.

As a result, over the past several months, the WDA has worked closely with the bill's author and other stakeholders to specifically address concerns expressed by alternative nutrition practitioners. The end product of those negotiations is a pending substitute amendment to SB 115. While the substitute amendment secures the integrity and original intent of the bill, it also ensures the viability of alternative nutrition practitioners in the marketplace.

Under the compromise sub-amendment, which the WDA supports:

- **Alternative nutrition practitioners can specifically use the title of *nutritionist*;**
- **Alternative nutrition practitioners are authorized to provide limited services within the dietitian scope of practice created in the bill. For example, they would be able to provide their clients with guidance on healthy lifestyles and general nutrition information, including but not limited to the use of foods, food and dietary supplements, vitamins, minerals, herbs, amino acids and enzymes;** and
- **Alternative practitioners will be required to give written disclosure to their clients stating they are not licensed by the state or authorized to provide a medical diagnosis or recommendation.**

While the WDA was comfortable with the original draft of SB 115, we understand compromise is often a necessary part of the legislative process and feel the proposed sub-amendment is fair to all parties – including, and most importantly, the health care consumers of this state.

To sum it up, the sub-amendment to SB 115 will **not** drive alternative nutrition practitioners out of business. Rather, it will **secure** their position in the marketplace.

Further, the amended legislation will continue to ensure only Registered Dietitians – nutritional professionals who hold at least a bachelor's degree in dietetics or nutrition, have completed a minimum of 900 hours of supervised practice, passed a standardized national examination and kept current through ongoing continuing education – can provide advanced Dietetic & Nutrition Therapy and care.

You may ask why it's important that only qualified dietitians, licensed by the state, be allowed to provide DNT.... Let me provide you with a few examples.

Many alternative nutrition practitioners claim they have extensive training and education in the science and cultural aspects of nutrition. While there is no doubt many of these alternative practitioners possess valuable knowledge, they typically do not have a formal education in food or nutrition science. However, it's common for alternative practitioners to hold "degrees" from online diploma mills. The requirements to qualify for these programs and the educational standards necessary to "earn" a degree for these virtual institutions are minimal at best.

One of the most notorious online degree mills is the American Association of Nutrition Consultants. In the folders in front of you, you will find a press release that outlines the academic career of Sir Eddie, the dog of a former American Dietetic Association president, who earned credentials from the American Association of Nutrition Consultants!

Another recent example illustrating the need for SB 115 and dietitian licensure is the case surrounding an alternative nutrition practitioner who served as a guest lecturer for a nurse practitioners course at a northern Wisconsin university. In your folder you will find the lecture notes along with testimony from several physicians and other health care professionals who reviewed the notes and identified numerous fallacies and misinformation. They also provided commentary. One reviewer stated that, "Although I was not present at the actual lecture, I find the information that was distributed to be unfounded and potentially harmful. The most critical is the implication that this presenter is able to cure inflammatory bowel disease (IBD) based on diet alone."

Please take a few minutes to review this document, as the information is eye opening and clearly illustrates why SB 115 is critical health care policy.

Again, these are just two examples of why SB 115 is necessary to empower health care consumers, arming them with the knowledge of who is and – more importantly – who isn't qualified to provide them with advance nutrition therapy and care.

I think it's also important to point out that SB 115 is supported by a variety of reputable health care-related organizations, including the Wisconsin Medical Society, the Wisconsin Nurses Association, Children's Hospital and Clinics of Wisconsin, the Wisconsin Public Health Association, the American Heart Association and many others.

In closing, I would like to reiterate that WDA believes SB 115 is essential heath care policy that will provide Wisconsin citizens with the confidence they are receiving advanced nutrition care from qualified practitioners. The bill will also increase patient access to Dietetic and Nutrition Therapy, which has been proven to prevent and treat chronic disease and save health care dollars in the process.

The Wisconsin Dietetic Association would we urge you to support SB 115 – and the pending substitute amendment. Thank you for your consideration of this bill. At this time, Gail and I would be happy to answer any questions.

Testimony in support of SB 115

Senate Public Health, Senior Issues, Long-Term care, and Job Creation Committee

Thursday September 17, 2009

Karen Lacey, MS, RD, CD

Good Morning Chairman Carpenter and members of the Senate Committee. It is my pleasure and honor to be able to testify before you today on behalf of SB 115.

My name is Karen Lacey. I have been a Registered Dietitian for nearly 40 years and currently serve as a faculty member and Director of the Dietetic Program at the University of Wisconsin-Green Bay. I have held this position for the past 15 years. Prior to that, I was employed as a clinical dietitian at Bellin Hospital in Green Bay and the University of Michigan Hospitals in Ann Arbor, Mich.

As a member of the American Dietetic Association, I currently serve on ADA's Association Position Committee. Previously I have served as chair of the Quality Management Committee, been a member of the House of Delegates, and been on the board of the Commission on Accreditation for Dietetic Education (CADE) I am here this morning to provide expert testimony regarding the importance of Medical Nutrition Therapy (MNT); referred to in our bill as Dietetic and Nutrition Therapy (DNT), and to provide information illustrating how Registered Dietitians have the training and credentialing making them the qualified professionals to provide specialized nutrition services to patients and clients.

Medical Nutrition Therapy (MNT)/ Dietetic and Nutrition Therapy (DNT):

It is important to recognize that licensure focuses on the safe provision of Dietetic Nutrition Therapy (DNT) by Registered Dietitians; it is not a restriction of others who provide general nutrition information and education to individuals or the public. There is a distinct difference between Nutrition Therapy and nutrition education. "MNT is nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian ..." (source Medicare MNT legislation, 2000). It is a specific application of the Nutrition Care Process (a systematic and standardized process that involves a comprehensive

nutrition assessment, identification of nutrition problems or nutrition diagnoses, nutrition interventions and monitoring and evaluation of outcomes) that in clinical settings is focused on the management of diseases. *Nutrition Counseling* is supportive processes to set priorities, establish goals, and create individualized action plans which acknowledge and foster responsibility for self-care. DNT and Nutrition Counseling differ from providing Nutrition Education to others, which is reinforcement of basic or essential nutrition-related knowledge. Others before this committee today will provide examples of how RDs provide DNT using the nutrition care process.

Evidenced Based Practice

Secondly I would like to emphasize that, like other licensed healthcare providers, the practice of the registered dietitian is based on scientific evidence. The concept of Evidenced –based practice (EBP) is a recognized standard of practice for health professionals. Evidence-Based Dietetics Practice is the use of systematically reviewed scientific research to make decisions when proving DNT. By integrating the best available evidence with professional expertise and client values outcomes are improved. ADA's rigorous process of evidence analysis is used as a standard by other health professions. The **Joint Commission for Accreditation of Healthcare Organizations (JCAHO)** recognizes it as an exemplary process for bringing the best research to practice; **FDA** adapted ADA's process to assess the type of qualified health claim that can be put on food labels; USDA, **DHHS**, and **FDA** staff are trained in evidence analysis by ADA staff. **Evidenced-based practice** (along with rigorous training, supervised practice, and mandatory continuing education) is what distinguishes the credible registered dietitian from the unqualified provider of nutrition therapy.

Standards of Professional Performance and Standards of Nutrition Care

Registered Dietitians use two other important documents to maintain high quality practice; the Standards of Professional Performance and the Standards of Nutrition Care. These documents promote:

- safe, effective, and efficient food and nutrition services;
- evidence-based practice;
- improved health care and food and nutrition service-related outcomes;
- continuous quality improvement;

- dietetics research, innovation, and practice development; and
- development of the individual RDs

Education and Training of Registered Dietitians

In the few remaining minutes I will detail the rigorous education and training of registered dietitians. **Registered Dietitians** have (1) received a Baccalaureate degree granted by a U.S. regionally accredited college or university, (2) completed academic requirements from an ADA, Commission on Accreditation for Dietetic Education (CADE) accredited college or university, (3) completed a CADE accredited supervised practice dietetic internship, consisting of a minimum of 900 practice hours and (4) successfully passed the national Registration Examination for Dietitians. To remain credentialed with the American Dietetic Association as a Registered Dietitians, 75 hours of approved continuing professional education must be completed every five years. It is noteworthy that the required number of supervised practice hours now in an internship has recently increased to 1200 hours.

The accredited coursework and supervised practice provides the knowledge and skills to be able to meet the following practice competencies of the profession:

- **Scientific and Evidence Base of Practice: Integrate scientific information and research into practice**
    - Evaluate research, conduct research and apply evidence based-guidelines to practice

- **Professional Practice expectations: beliefs, values, attitudes and behaviors for the professional dietitian level of practice:**
    - Practice within the ADA scope of practice framework, code of ethics for the profession of dietetics, standards of professional performance
    - Use effective education and counseling skills to facilitate behavior change
    - Develop a professional development plan as defined by the Commission on Dietetic Registration (75 CPU/5 years)

- **Clinical and Customer Services: develop and deliver information, products and services to individuals, groups and populations**
    - Perform the Nutrition Care Process and use standardized language for populations of differing ages and health status
        - Nutrition assessment
        - Nutrition diagnoses
        - Nutrition intervention
        - Nutrition monitoring and evaluation
    - Deliver science-based answers to questions

In summary; passing of SB 115 is critical to the overall health of Wisconsin by ensuring only qualified professionals can provide DNT. Registered Dietitians are best able to provide safe and high quality Dietetic Nutrition Therapy by using the latest scientific evidence; maintaining high standards of professional integrity; meeting and exceeding expectations of our clients and patients and using the standardized nutrition care process in order to obtain desired health outcomes.

Senate Bill 115 is smart health care policy that will provide confidence to Wisconsin health care consumers seeking advanced nutrition care... increase access to Dietetic and Nutrition Therapy and drive down health care costs. I would urge the committee to support this important legislation.

Thank you again for your interest and attention to this testimony. I am available to answer any additional questions you may have regarding the content of my testimony.

Karen Lacey, MS, RD, CD
Senior Lecturer & Director of Dietetic Program; UW-Green Bay
500 St. Mary's Blvd, Green Bay WI
920-336-3607

Testimony in support of SB 115

Senate Public Health, Senior Issues, Long-Term care, and Job Creation Committee

Thursday September 17, 2009

Susan Kasik-Miller, RD, CD

My name is Susan Kasik-Miller. I am a Registered Dietitian and a nutritionist at Sacred Heart Hospital in Eau Claire. I would like to thank Senator Carpenter and members of the Committee for holding this hearing on Senate Bill 115.

In my practice in a hospital as a clinical dietitian, I have met patients who went to an alternative nutrition practitioner because they thought the alternative nutrition practitioner had education and training similar to mine. Current state law do not adequately discern between a Registered Dietitian – who has specific and defined education and training – and an alternative nutrition practitioner with indiscriminate education and expertise.

I would like to provide the committee with the following incidents where Wisconsin residents received advice from an alternative nutrition practitioner who did not have standardized education or training:

- At the urging of his wife, a 73 year old man with stage 4 kidney disease saw an alternative nutrition practitioner who placed him on a diet high in potassium and phosphorus (patients with kidney disease need to restrict both potassium and phosphorus in their diets). Following this diet caused his heart rate to slow and metabolic acidosis to develop. He was admitted to the hospital critical care unit and needed emergency dialysis.
- A 59 year old woman complained of food burning her throat and was placed on tube feedings. She consulted an alternative nutrition practitioner who diagnosed acidic blood from excess yeast and the patient was told to follow a "detox" diet for 6 months. The patient was admitted to the hospital 6 months later for severe malnutrition. She weighed 84 pounds.
- A type 2 diabetic was advised by an alternative nutrition practitioner that orange juice, sugar and glucose tablets are "poison" and that drinking water would treat low blood sugars. Following this advice caused the patient to wake up with a blood sugar of 42 (normal is 70-100).

Children have been affected by "nutritional" advice that had adverse outcomes. The following are examples where parents were given advice for their children from alternative nutrition practitioners who did not have standardized education or training:

- A mother of a 6 year old child with newly diagnosed Type 1 diabetes was told by an alternative nutrition practitioner to stop giving her child insulin because the diet she was "prescribing" would heal the pancreatic cells and cure the diabetes. The mother decided to resume insulin after an appointment with her diabetes education team when she saw no change in her child's glucose levels.
- A one year old child was diagnosed by her to have multiple food allergies. The child's mother sought the advice of an alternative nutrition practitioner who recommended a rice formula. The child was admitted to the hospital because of weight loss. A Registered Dietitian was consulted who determined the calorie level of the rice formula was 7 calories per ounce. Breast milk and infant formulas provide 20 calories per ounce. The RD recommended a hypoallergenic formula which allowed the child to gain weight and catch up developmentally.
- The mother of a special needs child was advised by an alternative nutrition practitioner to give her child large doses of cod liver oil and fish oil supplements to treat the toddler's severe eczema. The mother was further advised to place the toddler on a vegetarian diet. The child developed vitamin A toxicity from these supplements which caused growth failure in the child.

I am convinced that the advice given by these alternative nutrition practitioners was provided with the best intentions and without malice. However, because these alternative nutrition practitioners were not educated or trained in nutrition science, they did not know the consequences of these actions.

The individuals seeking their advice did so to find relief from symptoms promised to be helped by diet. Unfortunately, these clients were not able to easily determine if the person providing the advice was qualified, as the state of Wisconsin does not currently license registered dietitians.

As more and more health care services are offered outside traditional medical facilities, the need to license dietitians is more important than ever.

Senate Bill 115 would accomplish that goal, and in the process, provide clear identification and validation of qualified nutrition care professionals and increase access to evidence-based nutrition therapy that can prevent and treat chronic disease.

I would urge you to support SB 115, as amended. Before we take your questions, I would like to turn it over to Rosalyn Haase.

Thank you.

Testimony in support of SB 115

Senate Public Health, Senior Issues, Long-Term care, and Job Creation Committee

Thursday September 17, 2009

Rosalyn Haase, RD, CD, CDE

My name is Rosalyn Haase. I have been a Registered Dietitian for 29 years. I have worked in many settings over the years, but for the past 15 years, I have been a diabetes dietitian. Additionally, I am a Certified Diabetes Educator and am Board Certified in Advanced Diabetes Management.

I work as an essential member of the diabetes healthcare team by helping patients learn to understand their disease and make beneficial behavioral changes to manage their blood sugar levels. I teach meal planning and nutrition management; blood glucose monitoring; insulin use; treatment of high and low blood sugar levels; and how to prevent long term complications of diabetes. I also provide assistance with diabetes medication management.

The biggest challenge for patients with diabetes is meal planning. They are frequently afraid to eat anything for fear of the effect on their blood sugar. They are usually told to watch their diet, lose weight or cut out sugar – none of which are specific enough to promote improved clinical outcomes.

Additionally, there are many myths about what you can and can't eat if you have diabetes which are very confusing to patients. If they are lucky enough to be referred to a registered dietitian, they will get the help they need. They can then learn the effect of the foods they eat on their blood sugar levels and begin the process of adjusting what, when and how much they eat in order to: 1.) Improve their control; 2.) Regain their energy level; and 3.) Take control of their health.

Unfortunately, many people do not have access to true dietetic services – and the lack of dietitian licensure in Wisconsin is a leading culprit. In some instances, physicians are reluctant to even refer patients to a Registered Dietitian due to concerns over financial burdens for patients.

I have had patients tell me many things over the years:

- One patient told me that she had learned more in an hour from a dietitian about diabetes and how to manage it than she had learned in the previous 10 years.
- Not two months ago, a patient told me that for the first time in her long struggle with diabetes, she finally understands how to adjust her rapid acting insulin for her food intake. She now has much more flexibility in her eating and is maintaining excellent blood sugar control.
- Another patient told me that because I took the time to assess his nutritional needs and preferences, he was able to change his insulin regimen to better suit his lifestyle. He is now able to eat his meals at less structured times without experiencing hypoglycemia.

These are all reasons why it is essential to have a Registered Dietitian, preferably one who is also a CDE, as a member of the diabetes healthcare team and why all patients deserve the opportunity to meet with a Registered Dietitian for diabetes education and management.

Many people are unaware of the role dietitians play in the management of diabetes in the primary care setting – which is where most diabetes is managed. When I was a diabetes dietitian in Medford, I collaborated with pharmacists and primary care physicians to implement an initiative designed to improve blood glucose control among patients with type 2 diabetes.

From 1999-2006, our initiative focused on offering diabetes education and Dietetic & Nutrition Therapy – provided by registered dietitians – to patients. We also provided practice guidelines and training for physicians. We were successful in implementing a diabetes registry and helping providers reach their goals in the proper care of diabetic patients. This initiative received two national awards for use of data to improve patient safety and improved clinical outcomes.

Sadly, most primary care settings do not include dietitians due to inconsistent insurance coverage for their services. To avoid making payments to unqualified practitioners, many insurance companies require health care providers to be licensed by the state for reimbursement. Consequently, many patients, who could benefit from expert dietetic and nutrition care, do not have access to it.

By licensing dietitians in Wisconsin, SB 115 will increase access to advanced nutrition care, as consumers will be more likely to take advantage of this cost-effective, preventative care if they don't have to pay large out-of-pocket expenses.

Although Registered Dietitians are an important member of diabetes care, RD's are involved in many other areas of nutrition care... where they have made a huge difference. Here are a few examples from my clinical experience:

- An RD educated an obese patient skeptical about the importance of portion control. Five years later, the patient has lost 150 pounds by paying attention to portion sizes.
- An RD helped a wheelchair bound, morbidly obese patient lose 65 pounds with meal planning and self-monitoring of calorie intake. In addition to losing the weight, he was able to being walking with a walker and avoid gastric bypass surgery – and in the process save $40,000.
- RD's working with the WIC program have a 40 year history of eliminating iron deficiency anemia in children and pregnant women as well as reducing the incidence of low birth weight in low income women.

SB 115 will help advanced nutrition therapy become an integral part of preventative care and improve the overall wellness of Wisconsin citizens. It will also increase access to evidence-based nutrition therapy and empower the public with the confidence they are receiving care from professionals with the proper education, training and experience.

However, in closing, I would like to stress that this important legislation is not intended to, nor do I believe it would, prohibit alternative nutrition practitioners from providing their clients with guidance on healthy lifestyles or general nutrition information regarding the use of foods and dietary supplements.

I would urge you to support SB 115 – as amended – to help educate and protect the public, increase access to Dietetic & Nutrition Therapy and help improve the health of Wisconsin citizens through wellness and prevention.

Thank you. We would be happy to take any questions.

eat right. American Dietetic Association

1120 Connecticut Avenue NW
Suite 480
Washington, D.C. 20036
800/877-0877
www.eatright.org

September 1, 2009

Senator Tim Carpenter
Chair of Public Health, Senior Issues, Long–Term Care, and Job Creation
Room 306 South, State Capitol
P.O. Box 7882
Madison, Wisconsin 53707-7882

Dear Sen. Carpenter:

The American Dietetic Association (ADA) is partnering with the Wisconsin Dietetic Association (WDA) in support of licensure for dietitians and nutritionists in the state of Wisconsin. The reason for licensure is to accurately convey the specialized background, knowledge and skills of these health professionals so that physicians who make referrals, facilities who hire, and individuals who seek nutrition therapies can be confident of their working with the nutritionists recognized to provide specific care and services. At this time, 46 states, the District of Columbia and Puerto Rico have laws on the books recognizing the registered dietitian in that role.

As the world's largest association of food and nutrition professionals, ADA is familiar with the value of well designed and administered licensure statutes, which protect the health, safety and well being of the community's residents. In Wisconsin, proposed legislation would require those who are licensed as a dietitian nutritionist to have met specific educational and credentialing requirements that ensure competency in providing food and nutrition services on an advanced level. Wisconsin's proposal – SB 115 -- is similar to self-regulatory systems already in place and operating successfully in a majority of states.

To understand why licensure is so important, it is helpful to consider changes occurring in Americans' health and within the U.S. health care system itself. No longer are bacterial diseases our largest health threats, but of the ten leading causes of death in the United States today -- heart disease, cancer, stroke, lung disease, accidents, pneumonia/influenza, diabetes mellitus, suicide, kidney disease, and liver disease/cirrhosis – seven are linked to diet and lifestyle. To prevent disease or promote health, the physician may recommend nutrition education or advice. However, with more serious situations, medical nutrition therapy (MNT) by qualified professionals often is called for. With MNT, the patient's nutritional status would be assessed, nutritional needs evaluated and appropriate diet interventions determined. In some cases, the patient might be counseled on basic diet and exercise, but other nutrition interventions – for example in chronic kidney disease, hypertension and diabetes -- could have more immediate life-or-death implications. These MNT interventions sometimes involve diet prescriptions and follow-up, and even nutrition management associated with tube and intravenous feeding. The seriousness of diseases and conditions as well as the technical details

of the intervention where MNT applies underscore the requirements for qualified healthcare professionals with documented education, training and experience.

Federal statutes recognize MNT, and define the registered dietitian as the provider of "medical nutrition therapy." [Section 1861 (42 U.S.C. 1395x), 102(b)] The proposed Wisconsin statute would affirm what the federal legislation has already established, promote compliance of Wisconsin healthcare facilities with Federal regulations, and would serve as an appropriate basis for a scope of practice for dietetics specific to Wisconsin. Wisconsin already has established a policy that licenses health professionals such as dentists, occupational therapists, physical therapists, podiatrists, psychologists, and others who already are registered by their respective credentialing agencies. The same rationale is applicable to nutrition practice and MNT interventions. The state of Wisconsin should follow through with professional licensure and oversight of nutrition services at this time for the public health, safety and welfare of its citizens.

The nature of health care today also calls for establishment of requirements and use of titles with oversight by the state through licensure. With more and more services offered outside of hospitals and traditional medical facilities, physicians need to know they are sending their patients to the providers legally recognized to offer MNT interventions. Facilities who hire food and nutrition professionals need to be confident that their employees have met uniformly high academic, training, continuing education and testing requirements. SB 115 provides clarity to the public as to who is a licensed dietitian nutritionist -- and preserves people's right to choose to work with non-licensed individuals who provide nutrition information or promote the use of "nutritional supplements." Nothing in this measure will infringe upon retail or wholesale sales of "nutritional supplements" or products.

Society and individuals want access to professionals who are committed to evidence-based practice, safe care and quality improvement, and they want assurance that the services they need will be covered by third party payers. Licensure can help provide those assurances here in Wisconsin and provide clarity to physicians, facilities and nutritionists about the nature and scope of their health services.

Sincerely,

M. Stephanie Patrick
Vice President, Policy Initiatives & Advocacy

Juliana P. Smith
Director, State Government Relations

Carpenter
September 1, 2009

LEADING CAUSES OF DEATH

1900 and 2000

1900	Percent	2000	Percent
Tuberculosis	11.3	Heart disease	31.4
Pneumonia	10.2	Cancer	23.3
Diarrhea diseases	8.1	Stroke	6.9
Heart disease	8.0	Lung disease	4.7
Liver disease	5.2	Accidents	4.1
Injuries	5.1	Pneumonia/influenza	3.7
Stroke	4.5	Diabetes mellitus	2.7
Cancer	3.7	Suicide	1.3
Bronchitis	2.6	Kidney disease	1.0
Diphtheria	2.3	Liver disease/cirrhosis	1.0
TOTAL TOP TEN	**61.0**	**TOTAL TOP TEN**	**80.1**

Nestle M. Food Politics. University of California Press, 2002

SUCCESS STORIES FROM WDA MEMBERS
September, 2009

WISCONSIN DIETETIC ASSOCIATION
an affiliate of the American Dietetic Association

Letter to Sen Kapanke

I am a Registered Nurse and a Registered Dietitian. Most of my 40 years of practice has been as a health care provider at La Crosse hospitals and clinics. However for the past 2 years, I have been a state nutrition consultant working with Registered Dietitians around the state. Many of the R.D. Nutritionists in WIC programs, working with children of special health care needs have reported cases where parents were given prior bad advice for nutrition medical therapy for their child's condition (i.e. parent advised to stop insulin for child). All consumers should be entitled to high quality and safe nutrition services to manage birth defects and chronic diseases.

The average person unfortunately thinks every nutritionist has the same training which is not correct. Registered Dietitians are required to maintain a code of practice and have ongoing continuing education like physicians. The licensure is the safety measure for the consumer.
Thirty-five other states have license dietitians to protect the public from unqualified practitioners. It is time Wisconsin does the same. It is my hope that you will support this bill.

Sue Murvich, MS, RN, RD, IBCLC
4504 El Camino Real Drive
La Crosse, WI 54601

In an effort to promote Wisconsin registered dietitians' participation in outcomes monitoring and research, the Wisconsin Dietetic Association conducted a Type 2 Diabetes Outcomes Study. Results of this statewide effort, published in *Journal of the American Dietetic Association* (2004;104:1085-1815), demonstrated positive outcomes among adults receiving nutrition counseling by registered dietitians (RDs) for type 2 diabetes.

Eighty-three RDs at 31 sites across Wisconsin provided nutrition counseling to 244 physician-referred adults. Outcomes monitored—measured at baseline, 3 months and 6 months— included blood glucose control, coronary heart disease risk, self-management behaviors and quality of life.

Weight and blood glucose control, coronary heart disease risk, and self-management behaviors improved significantly between baseline and 3 months and baseline and 6 months. Weight, body mass index, and glycosylated hemoglobin value also improved significantly between 3 and 6 months. Increased time and/or number of sessions with the RD were associated with weight loss and reduced glycosylated hemoglobin, fasting plasma glucose, total cholesterol, and triglyceride levels. Additionally, self-perceived health status and missed workdays were significantly improved at 6 months.

As Wisconsin Dietetic Association's Outcomes Management Initiative Chair, I am proud to be part of an organization and profession that promotes and provides evidence-based nutrition intervention. In this time of escalating health care costs, regulation of health professionals is more important than ever. Licensing registered dietitians in Wisconsin will both protect and educate the public while improving access to advanced nutrition care.

Christina C. Lemon, RD, MS, CD
Middleton, WI

Note from WDA office: additional information on the Outcomes Study please go to WDA website:
http://www.eatrightwisc.org/omi/omi.htm

A registered dietitian was team leader for the 2005 Ernest Amory Codman Award received by Memorial Health Center in Medford, Wisconsin for its initiative: "Improving Diabetes Care and Outcomes in a Rural Primary Care Clinic"

In the United States, type 2 diabetes is prevalent, despite an increased focus on improving diabetes care and outcomes by the national medical and public health communities, and the proven benefits of tighter glycemic control. In addition, data shows that despite the availability of a wide variety of treatment approaches to normalize blood sugar levels, the great majority of diabetic patients remain poorly controlled.

This small, rural hospital took on the challenge to improve hemoglobin A1c results among patients with type 2 diabetes and to improve the frequency of testing hemoglobin A1c levels. This project was initiated by a number of champions, including a pharmacist with a strong background in diabetes care and education, a physician, and a registered dietitian. Through a collaborative effort, Memorial Health Center created a diabetes flow sheet, implemented a diabetes registry, and trained providers in practice guidelines. Today, the hospital offers patients comprehensive diabetes self-management education. During 2002-2004, the initiative achieved the following:

Achievements

- Average hemoglobin A1c levels under 7 (normal levels are less than 6.8) for more than 500 diabetic patients.
- Became a state leader in adherence to guidelines for frequency of checking A1c levels, achieving a 95 percent compliance rate compared to the state's rate of 89 percent.
- Maintained optimal levels for HDL, LDL and triglycerides in patients.
- Number of patients is at 544, up from 35 at inception in 2002.

http://www.jointcommissioncodman.org/pastWinners/winnerPage.aspx?year=2005&id=48 click link for video presentation

This initiative also received the **National Rural Health Award in 2006** from the National Rural Health Association. The team leader registered dietitian was selected to receive both awards for the organization due to the instrumental role played by the RD and the key role of MNT in the positive outcomes for both health and safety resulting from the project.

Memorial Health Center received a Wisconsin Governor's Award for this project.

Other personal success stories:

1. Patient telling RD, "I have learned more from you in one hour than I have learned from my physician in 10 years on how to manage my blood glucose levels and diabetes."
2. Patient telling RD that the MNT services she provided for her foster child allowed the child to improve her nutritional intake and start to grow and develop normally.
3. Patient telling RD that for the first time, she knows how to adjust her rapid acting insulin for her carbohydrate intake to allow her more flexibility in her eating and maintain excellent blood glucose control.
4. Patient telling RD that because she took the time to assess his nutritional needs, he was able to change his insulin regimen to better suit his lifestyle. He is now able to eat his meals at less structured times without experiencing hypoglycemia by suggesting to his provider a basal-bolus vs. the split-mixed insulin regimen he had been on.
5. Patient asking why everyone with diabetes can't just see a registered dietitian because they helped with understanding how to manage eating and blood glucose better than any other healthcare team member.

Rosalyn Haase, RD, CD, MPH, CDE, BC-ADM
Memorial Health Center in Medford, WI

I met with the patient and his wife multiple times regarding medical nutrition therapy for type 2 diabetes. Upon our initial meeting, the patient only ate one meal per day with excessive portion sizes and did not exercise. Over the course of several months, I worked with him to eat at least two meals and one snack each day and to add some walking into his normal daily routine. His wife was a huge help to him because she did the cooking and measured his portion sizes so he met his meal plan goals. At our last appointment, I was trying to get the patient to take ownership of his care by starting to measure some of his foods. We focused on peanut butter because he would often have a 1/4 c. of peanut butter on his toast in the morning (as estimated by food models). I asked him to measure his peanut butter for his toast in the morning and try to cut down to 2 T. I wasn't sure if he would actually do this when he left my office, but about a month later I got an e-mail from him, which I've included here:

"just a short note to let you know that i measured my peanut butter and i only use a table spoon of peanut butter on 2 slices of toast and that i only used 6 table spoons of peanut butter in a month! i went to doctor last week and he checked all my numbers and is very happy to see that i am doing so good. and i lost a few more pounds. so in the diabetic world i must be doing things right, thank you for all of your help."

Rachel R. Adler, RD, CD
Registered Dietitian
Columbus Community Hospital
1515 Park Avenue
Columbus, WI 53925
920.623.1545
radler@cch-inc.com

Dan was a 28 year old, developmentally delayed man who was referred to me by his job coach because he had "ballooned to over 350 pounds" During our first visit, Dan described a typical days intake at which point it was apparent he was eating portions for 2. When this was brought up to him his statement was "Well Dagwood Bumstead eats a lot of food and he is skinny." I replied "Well Dagwood is a cartoon character not an actual person." To which he replied "Yeah, but the one in the movies eats a lot and he's skinny."

I turned the conversation back to portion control and had Dan come back on a weekly basis where we would discuss progress (or lack of), portion control, choosing foods low in calories, fat, portion control some more. Dan had many social issues going on at this time and he quit coming to see me. His job coach called and said Dan had lost some weight but needs to lose more but this is not a good time for him to focus on it. He thanked me for my time and said I may see Dan again.

About 5 years later, I went into a semi-private room to see a patient. As I went to leaver this voice said "Sue, do you remember me?" and there was Dan. He had broken his hip in a bicycle accident "like a dummy". He had lost over 150# and looked like a new man. I asked him how he did it and he said "I listened to you and cut back on my portions. I ate too much." He went on to say that he had high blood sugars and that scared him so he found the information I had given him many years before and followed the portions sizes listed. He also followed the information on recommended numbers of servings and that was how he lost the weight.

Susan Kasik-Miller, MS, RD, CD, CNSD
Sacred Heart Hospital
Eau Claire, WI

52 y/o woman with 5 year history of type 2 diabetes transitioned from oral agens to insulin. Follow-up visit on 7-14-09:

Patient states that she wishes she had been able to see the RD in the beginning of her diagnosis. When she was diagnosed 5 years ago, she was told by the office nurse who called her with the diagnosis to "eat based on how she felt" because she wouldn't be able to get into the doctor for 10 days.

The patient says she always took her insulin as instructed by never knew why she was taking the amounts she was taking and was getting erratic blood glucose levels even though she was following the orders prescribed.

She states that now that she understands how to dose her Novolog for her carbohydrates and how to adjust her Novolog to correct for high blood sugars, her life is so much easier. She thought RDs were licensed and when she discovered they aren't she asked why because they are the most important people on the team of someone with diabetes!

Rosalyn Haase, RD, CDE, CD, MPH, BC-ADM
Affinity Medical Group
Diabetes, Nutrition and Endocrinology
411 Lincoln St.
Neenah, WI 54956
7-13-09
I received a referral to see a morbidly obese patient for weight loss.
The man was a 47 year old with h/o HTN and osteoarthritis.
When we met, he was 5 feet 11 inches and 436 pounds (BMI of 61) He and his doctor had been discussing the possibility of having gastric bypass surgery to assist with weight loss.
After reviewing his previous weight loss attempts and food recall, we found ways to significantly cut out calories from his daily intake.
My patient decided he wanted to try to lose weight without having the surgery.
With some meal planning and calorie counting education, my patient attempted to lose weight on his own for a month.
Upon his return he had lost a significant amount of weight and was feeling great.
We've been seeing each other monthly and he recently hit the 6 month mark.
He is down 65 pounds and has reduced his BMI to 52.
His mobility has significantly improved (from being wheeled into my office to walking with a walker now!) He feels just great and is confident that he can keep losing weight without spending $40,000 on gastric bypass surgery.

Amy Kulwicki
Outpatient Dietitian
Froedtert Hospital
Milwaukee

I am a Registered Dietitian who lives in Cottage Grove, WI. I have held many roles in the fields of dietetics since graduating from UW Madison in 1984. Many of the outcomes are hard to track because I have mainly worked in community programs.

I began my professional career working with high risk youths at Operation Fresh Start in Madison, WI. Through a grant, I was hired to implement a breakfast and lunch program for disadvantage youth. Health and nutrition education became an essential tool for success of the participants as they moved from the program to productive citizens in the community. The grant required that a Registered Dietitian implement the program.

I have also worked with developmentally disabled adults and the elderly in residential facilities. Again, this is hard to quantify success stories. However, it was always my privilege as a consultant to work with the resident and their families on nutritional and quality of life issues.

My most recent work began after I was diagnosed with breast cancer four years ago. Yes, even Registered Dietitians are not immune to some diseases. I am most proud of my work with the Breast Cancer Recovery Program. The organization has recently begun "Moving Forward" retreats where nutrition education and lifestyle changes are the focus. This program focuses on Breast Cancer survivors who are 3-5 years out from their initial diagnosis. It is meant to provide encouragement and strategies to motivate healthy lifestyles including good nutrition. Through email, I remain in touch with women who have been on the retreats, trying to create motivation on healthy food and weight strategies that may prevent breast cancer recurrence. Here is an example of one of the emails I have received:

"Thanks for helping me with this. I know I really only have to be accountable to myself for losing weight and getting in better physical shape, but it really, really helps a lot to have YOU to talk to about it. From my point of view, you are the 'chosen one,' since I really never have talked to anyone about my weight problem. Lucky me – I don't know that you feel lucky too? Thanks for everything. If you have any other suggestions, I'm all ears. "

I am a proponent of licensure and welcome any comments regarding this important issue. Thank you,

Leanne Widen
Registered Dietitian
4141 Vilas Rd
Cottage Grove, WI 53527
608-839-4550

I recently worked with a female patient in her 50s who was diagnosed with hyperlipidemia and HTN. After a consultation with me, about 8 weeks ago, her LDL has decreased from greater than 130 to 95, and her blood pressure has improved as well. She accomplished this by incorporating 2 grams plant sterols into her diet daily, increasing fruit and vegetable servings and significantly decreasing intake of fat and saturated fat. She knew very little about the effect of plant sterols in the diet. She has also lost about 10 pounds so far. I followed up with her a couple of weeks ago. She thanked me and gave me a hug before leaving, stating that without my help, she wouldn't have experienced the same results. This made my day, of course!

I worked with a gentleman with spina bifida, confined to a wheelchair and diagnosed with pre-diabetes. We worked together for a number of visits, increased his upper body activity and modified his diet. He lost a significant amount of weight and normalized his fbg.

Our Diabetes Self Management program at Marshfield Clinic-Merrill Center has been recognized by Marshfield Clinic for decreasing Hgb A1C averages. We have a HTN management program, of which I'm a part of, that has also received recognition by administration for the improvements in patient outcomes.

Thanks, Paula McIntyre
I work at Marshfield Clinic, at the Merrill and Wausau Centers.

I helped a young mother get her one year old to eat and drink (child had been in and out of the hospital with dehydration). I prepared handouts for an older adult who needed low vitamin K foods. Her doctor liked it so much, he asked her for a copy and she sent me a very grateful thank-you note. Educated Mother's who have Children with Special Health Care Needs learn how to feed their children/ help them eat (Autism through Cleft Lip and Palate).

Rachel Bauer, RD, CD, CBE
WIC Director/ Public Health Dietitian
Kewaunee County Public Health Dept.
510 Kilbourn Street
Kewaunee, WI 54216
(920) 388-7160
bauerr@kewauneeco.org

Alexis was a little girl with the diagnosis of global developmental delay. At 2 years old, she was not able to sit by herself, communicate in any way or make eye contact. She was not diagnosed with autism, but it was mentioned by one of her doctors so mom on recommendation of Alexis' physical therapist, put her on a gluten and casein free diet. Alexis was extremely underweight and I feared that her development was being further delayed by poor nutrition. After much work with mom, I was able to convince her that Alexis needed calories – even if that meant that she received gluten and casein. I also worked out a plan where mom was to attempt feeding Alexis on a schedule so that she was offered foods 6+ times/day. At three years old, Alexis was a different girl! Although still very delayed, she now sits up, plays with toys, makes eye contact, and has some communication. While nutrition was not wholly responsible for this, I strongly feel it played a major role in her improvement.

Katie Bartle, RD

WIC Director
Pierce County Public Health
715-273-6755
kbartko@co.pierce.wi.us

A public health success story:

I am a registered dietitian (RD) working in public health. One of my clients (a child under the age of 5 years) has a special medical condition which has affected many facets of his life, including eating. He's been hospitalized several times for low growth, or failure to thrive. When he is not hospitalized, his family tries to manage his many needs by working with a team from social services, public health and economic support. Following his latest hospital discharge, our public health nurse approached me for help in boosting this child's calorie intake and possibly gaining weight. I suggested giving the child Duocal, a high-calorie, protein-free nutritional supplement which can be stirred into beverages and liquid foods for extra calories. This suggestion was approved by the child's doctor, and we were able to get free samples of the product working through the hospital's registered dietitian and a Duocal representative. The child has been using this nutritional supplement for four months now. He is maintaining his highest weight since we have known him, and his mother finds the product easy to use. I was happy to help solve one problem for this family and am glad I have the training and skills needed to identify and assess foods and supplements that are appropriate for simple or complicated health conditions, to collaborate with colleagues, and to counsel clients.

Lori Miller, M.S., R.D.
Buffalo-Pepin WIC Program
Buffalo County Department of Health and Human Services
Alma, WI

I would have to say this case has been very difficult, because of the many complications with this child's health. Without Lori's help I believe we would still be trying to help this child just maintain his weight, not increase it. It helped having the RD to make this recommendation to the doctors instead of just me asking would it be ok.
Jennifer Kleckner, RN
Buffalo County Health Department
Buffalo County Department of Health and Human Services
Alma WI

Hello Kate,
I wanted to thank you sincerely for the time and effort you spent with *** and my husband yesterday. They were completely and totally impressed with your professionalism, sincerity in working with adolescents, your knowledge base and your approach to actively engaging *** in planning for her healthy future. She definitely has the tools she needs to succeed. We will continue to follow with you, in order to facilitate ***'s progress toward goal in finding balance in her dieting and exercise. Thank you for supporting the need to maintain a healthy weight and avoiding the dramatic swings she has experienced in the past. Although my husband and I have worked with her she needs your professional input. Thank you also for sharing your email address with her so that she can draw on you as a resource. Please feel free to communicate with *** and myself about anything that you think would be useful.

Take care,
***

This email above I received just yesterday from a parent of a 16 yo I saw at the Froedtert and Medical College Sports Medicine Center in Milwaukee, WI. -Kate Pollock, RD CD
Bariatric & Sports Medicince Dietitian for Froedtert & the Medical College of Wisconsin

I'm a renal dietitian by background and am currently Clinical Nutrition Manager at St. John's Hospital in Springfield

Illinois. I'm from Wisconsin, UW Stevens Point grad and continue to have many friends in WI. The Senate Bill 115 is so important to the dietitians and the people of WI. I receive calls from patients and families often to give them nutritional advice or guidance on where to find credible nutritional information. I also advise outpatient dietitian services as much as possible. They get so confused from diet materials that are not explained at the doctor's office or even from a nurse that sends them home with diet materials and little explanation of how to apply it. I especially feel that understanding the renal diet is critical to the person's quality of life. I cringe to think of what a 'nutritionist' might teach someone about kidney health. I taught people with kidney disease to think twice about using any herbal products, Atkin's diet, gogi juice, vitamin/mineral supplements without supervision by a dietitian and a doctor, etc. An example I always remember (and this is very basic to me but is huge to a non-educated 'nutritionist' and/or consumer) is when I had a patient bring her herbal drinks to the dialysis center for my review. I was able to show her a list of side effects for each herbal ingredient that could harm her. She and I had a great relationship and she always relied on me as a licensed dietitian to help her understand grocery shopping, cooking and keeping blood work controlled by diet and medical care.

Lastly, my sister has diabetes, hypertension and other health problems that can be better controlled with the support of good nutritional care. I know with all my heart that my knowledge and reinforcement of lifestyle changes has helped her understand how to improve her health. If I can make an impact and decrease her trips to the doctor's office, I am saving money in the health care system. My services are less costly than hospital services and physician fees and some pharmaceutical costs.

If you can share my story with the WI legislature, please ask them to support licensure. It's a needed feature in health care that saves money but also improves the quality of life for all constituents.

Cheryl Burns RD, CSR, LDN
Clinical Nutrition Manager
St. John's Hospital
Springfield, Illinois
217-544-6464, extension 44818
From: Cheryl Gresl [mailto:dancinggreenturtle@yahoo.com]
Sent: Wednesday, July 29, 2009 7:37 PM

Hi,
My name is Karen Walton and I have been an inpatient registered, certified clinical dietitian for more than 25 years at St. Mary's Hospital in Green Bay. Providing medical nutrition therapy has enabled many of our patients to improve or sustain their nutrition status when normal nutrition intake cannot be achieved. TP was a gentleman in his mid 70's when he has a stroke. TP was an active man prior to his stroke. The stroke primarily affected TP's swallowing ability such that he would aspirate food and liquids into his lungs causing pneumonia. A PEG tube was placed for enteral feeding. I was consulted to determine TP's nutritional needs, develop and coordinate the plan to initiate the feedings, educate TP and his family on the administration and monitor his progress. For many years, TP was able to thrive and continue to enjoy many of his activities despite his inability to consume food by mouth. This is just one example of how a registered dietitian can make a difference in someone's life and quality of life. Through screening, evaluation of needs, developing a plan of care, education and monitoring progress we can continue to intervene and make a difference. Dietitian licensure is necessary to ensure the public that a professional with years of training is providing the safe and competent care the public deserves. Thank you,
Karen Walton
St. Mary's Hospital
Green Bay, WI

It was on a daily basis that I worked with clients in the Women, Infants, and Children program and daily I could see the difference nutrition counseling made in their lives. The WIC program provides vouchers to low-income families to purchase foods, but the nutrition counseling is what gives them knowledge to eat healthier. As a Registered Dietitian, I helped clients to overcome barriers, problem solve situations, and locate available resources. I have seen a look of hope on many clients faces when they realize there is a solution and they can do this. Often there was not enough time to cover all of the bases but setting a specific goal helped many persons achieve desired outcomes. I

have found that one of the most rewarding aspects of being a Registered Dietitian is helping someone meet their goals and improve their health.

Kelly Skarlupka RD
Past Employer: La Crosse County Health Department

This appeared in our weekly Affinity Employee Newsletter.
I have been a diabetic for years and have seen many doctors only to be pushed off to someone else. Recently I saw Dr. Andrews at Lincoln St Diabetes, Nutrition, and Endocrine Center which opened the doors for me to see Roz Haase. As soon as I saw her she set a plan in motion. My husband was attending my appointments with me because I could no longer leave the house alone since I had no grip on my blood sugars and could not understand insulin. I was literally afraid to leave the house. By my second appt with Roz I got it! She taught me how to count carbohydrates and the insulin ratio. Roz returns all my calls and makes any adjustments as needed. She has had such a positive impact on my life. I finally have my life back and I am even going camping for 10 days and I am not afraid. After all the doctors I saw, Roz, a nutritionist is the one that finally gave me my life back. Thank you DNEC and Roz.

Rosalyn Haase, RD, CD, CDE, MPH, BC-ADM
Registered Dietitian/Certified Diabetes Educator
Affinity Medical Group
Department of Diabetes, Nutrition and Endocrinology

In the WIC Program, we do not perform MNT. However, we do achieve much success in our nutrition education and breastfeeding support efforts. One I am particularly proud of occurred over 10 years ago but sticks in my mind yet (and I've been reminded by the children's mother when I ran into her in our public health immunization clinic recently). One of her strong desires and goals was to breastfeed her children. Her first born was diagnosed w/ PKU and she was told by her primary care physician that she could not breastfeed. I had recently learned that breastfeeding is sometimes possible and often beneficial but that it needed to be done so with close infant monitoring. With collaboration between the mom, myself, her metabolic team and doctor, she was able to meet her goal to give her baby breast milk. She provided about 50% of his nutrition. A few years later, she gave birth to a second child; also diagnosed with PKU at birth. Again, she breastfed that baby, providing about 75% of that child's nutrition with her milk. Both children always remained in good metabolic control and were otherwise healthy kids. Today, they are healthy teenagers, according to mom. And, she still recalls and reminds me how much the support, advocacy and education meant to her in breastfeeding her kids.

While the service given was not full MNT visits, the WIC RD services which helped them were usually the only RD services they were receiving.

Judy Fedie

Incidentally, under the direction of WIC nutritionists all over country, iron deficiency anemia essentially has been eliminated as a public health problem and WIC is now turning its emphasis toward preventing childhood obesity.

Case Example of Patient Harm - An incident witnessed in my practice as the Birth to Three Dietitian for Chippewa County.

A 16-month-old developmentally delayed girl in a local Birth to 3 Program was referred to me

by the early interventionist/care coordinator. The child's mother had been referred by a well-intentioned friend to see a "nutritionist" about her child's terrible case of eczema over the majority of the body. The family had paid approximately $175 for counseling fees and products to this "nutritionist," who received her online "degree" from the unaccredited American Academy of Nutrition in California, which no longer exists. The "nutritionist" had put the child on a strict vegetarian diet and large doses of fatty acid supplements and cod liver oil. Some of the cod liver oil was taken orally; large amounts of it were to be applied to her skin.

A primary care team was seeing the child for her developmental condition as it was thought that her skull sutures were prematurely closed. Testing was done to determine if the child needed brain surgery and fortunately surgery was not needed. However, the large doses of fatty acid supplements would have put the child at risk for hemorrhage if surgery had been necessary. The primary care team referred the mother to the Birth to 3 Program where the early interventionist learned that one of the mother's main concerns was the child's feeding problems. The mother informed the interventionist that she had consulted a "nutritionist" but her daughter was not really improving. She also related that her daughter had food allergies to the degree that she had had an anaphylactic reaction to bananas. The interventionist then consulted me re: her concerns with these dietary recommendations. As a result of the consultation, the child was referred to the Registered Dietitian (RD) assigned to the child's home location.

Birth to 3 services are required to be done in the child's natural environment. An initial assessment and two follow-up medical nutrition therapy (MNT) home visits by the RD were completed. The mother also consulted the RD by phone as needed. In addition to the increased risk for bleeding and vitamin A toxicity with the high doses of fatty acids and cod liver oil, the strict vegetarian diet had put the child at risk for iron and zinc deficiencies. The inadequate zinc intake may have worsened the child's skin condition while an iron deficiency would put the child at risk for anemia and developmental delay. The diet was also inadequate in quality protein for the normal growth and development of a 16-month-old child.

The RD counseled the mom on a diet that resulted in improved growth and improved skin condition with a decreased need for steroid treatment. Within 3 months the child's skin was nearly clear of eczema. The new diet recommendations corrected the inadequacies in zinc, iron and protein while managing her multiple food allergies. The RD also referred the family to the Food Allergy Network, a reputable source of nutrition information, for further help in finding special recipes and resources for managing food allergies. The RD coordinated with the child's primary care team to assure specialty allergy care.

With the collaboration of the family, the occupational therapist and the RD, the child's oral feeding aversions were reduced, her feeding skills improved, weaning from the bottle was completed and meals became easier for the family. The child has now graduated from Birth to 3 and continues to do well.

Judy Fedie, RD
Birth to Three Dietitian for Chippewa County.

When working as a dietitian in a long term care facility, a woman was admitted with congestive heart failure, shortness of breath, diabetes, oxygen dependence and multiple medications. She was failing quickly and not expected to live much longer. While completing my nutrition assessment of this woman, I reviewed her laboratory values and list of medications. Looking at her diagnosis of diabetes, I noted that she was taking Avandia. I also noted that Avandia is clearly contraindicated for anyone who has the

diagnosis of congestive heart failure. While sharing the results of my nutrition assessment with her family, I encouraged them to speak with her physician about a medication change, once the MD discontinued the Avandia her symptoms of congestive heart failure improved as did her dependence on oxygen. Two years later her family thanked me for giving them the extra time with their mom. Had I not had the expertise and knowledge as a Registered Dietitian, this woman's quality of life would not have improved and extended her life.

Ann Chrudimsky, RD, CD, WIC Director
Grant County Health Department
111 South Jefferson Street, Floor 2
Lancaster, WI 53813-1672
Phone: (608) 723-6416

I would just like to share my experiences with several renal patients. Many of the general public do not understand where nutrients (protein, carbohydrate & fats) come from. The y hear commercials and see advertisements but do not understand the content. I recently worked with a patient who has early renal disease from long-term over consumption of over the counter pain relievers. They were told to watch their protein intake. They assumed the doctor r meant increasing their protein intake and purchased various protein powders and products to increase their consumption. This only lead to a decline in the kidney function. Following several sessions, we learned what foods actually provided protein content – reduced the intake and now have a stable kidney function.

I regularly work with many patients with a diagnosis of Diabetes. Individuals really need one on one help to achieve desired goals. Our population is very varied in their knowledge level. Six months ago – I worked with a gentleman who was started on Metformin for his new Diabetes diagnosis. He also had diagnoses of Obesity, High Blood Pressure and Depression. This is truly a very common scenario. After analyzing his current lifestyle we set a plan he could live with. His life has revolved around convenience foods and premade entrees. He had minimal basic cooking skills. We started with some simple changes to learn basic scratch cooking . We centered on use of foods High in fiber which kept him full and satisfied. The weight started to come off and he felt confident to begin basic walking for exercise. He now walks 18 – 20 miles per week. H e has reduced his weight by 60#. The doctor has been able to discontinue the Metformin and reduce his blood pressure medication. This individual is now very happy and feeling much better. The improvements have also helped with the depression diagnosis.

I see the same scenario over and over again. Individuals do not want to fail bu t need the correct help and skills to make sound decisions.

Susan Rouzer
Cumberland Memorial Hospital
Cumberland, Wisconsin

I have one last experience to write about which is my own. Eight years ago I suffered a brain stem aneurysm. I spent 4 weeks at Rochester Methodist Hospital-Mayo Clinic, Rochester, MN. Much of the time, I was in a Critical Care Unit unaware of my surrroundings. I was not expected to live let alone work again full-time.

Registered Dietitians are significant team players on a Nutrition Support Team for Critical Care Units. Patients hospitalized in Critical Care Units have their nutrition provided via Total Parental Nutrition (TPN) or thru tube feedings when they cannot consume adequate nourishment

themselves. Both of these systems are complex and require management by competent individuals. (I was maintained first by TPN and then advanced to a tube feeding followed by oral liquid foods with thickened liquids and finally back to Regular food items)

Following discharge I needed to continue improving my overall nutritional status and building my body strength back up thru cardiac rehab. I was very weak but knew I needed to move on to get better. I know now what patients have to go thru. The doctors had found another aneurysm that needed to be surgically repaired. They felt that I needed to regain my overall strength before that would even be attempted. Every day I monitored what I ate and followed my rehab plan. I returned 2 months later to have the next surgery which was completed successfully.

We all know nutrition is vital for our bodies to exist and heal. I truly believe that the availability of timely nutrition support was an integral part of my recovery and return back to normal daily living.

Susan Rouzer
Cumberland Memorial Hospital
Cumberland, Wisconsin

August 25, 2009

To Whom It May Concern:

I am writing on behalf of the Wisconsin Dietitian Licensure Bill. I'd like to share with you my perspective on obtaining licensure for registered dietitians in Wisconsin:

I am a registered dietitian who works with children and adults with cystic fibrosis (CF). CF is one of many diseases that have a direct relationship with improved nutrition and health. The Cystic Fibrosis Foundation has issued guidelines for care that indicate that a person with CF will have better lung health and live a longer life if nutrition is improved. The Cystic Fibrosis Foundation also assists in the specialized training for dietitians who provide care to people with CF.

Wisconsin is extremely fortunate to have had newborn screening for CF since 1994. As a result, newborns receive expert nutrition care preventing malnutrition and costly illnesses within the first month of life. This personal relationship between the dietitian and the baby's family will continue through adulthood. Many families request consultation and place a very high value on the nutrition care they receive. Numerous telephone calls and emails continue the nutrition discussions outside of face-to-face clinic or hospital visits.

Registered Dietitians offer recommendations to improve nutrition. These recommendations in CF would include ways to increase calories to promote growth, supply adequate doses of vitamins, and manage medications under the direction of a medical doctor to maximize absorption of nutrients.

Families that I work with value the nutrition expertise that I possess. This knowledge helps them to understand how to add extra calories and protein to the foods they are eating, manage tube feedings overnight when they can't eat enough by mouth, and follow their growth and weight gain to reach the goals set by the CF Foundation and medical team here at Children's Hospital of Wisconsin. Each person with CF is counseled at every clinic visit to stress the importance of nutrition in their health and to provide on-going education.

In summary, the role of nutrition is critical to the overall health of persons with CF. The registered dietitian possesses the expertise to ensure that nutrition goals are met in this patient population. Families

value and respect the role that the registered dietitian holds within the CF team of care providers. Licensure for registered dietitians in Wisconsin will ensure that well educated, trained nutrition professionals provide accurate nutrition information to patients and families to maximize optimal health outcomes. I ask for your support of this bill.

Thank you.

Tami Miller, RD, CSP, CD
Clinical Dietitian Specialist
Cystic Fibrosis Center
Children's Hospital of Wisconsin