



PATRICK TESTIN

STATE SENATOR

DATE: September 5, 2017
RE: **Testimony on 2017 Assembly Bill 473**
TO: Senate Committee on Aging and Long-Term care
FROM: Senator Patrick Testin

Thank you Mr. Chairman and committee members for hearing testimony on Assembly Bill 473. This bill is intended to allow physicians to delegate prescribing of a nursing home's therapeutic diet to a certified dietician, and we believe this will improve the quality of life for those who live in a nursing home.

As you'll hear from other stakeholders, the Center for Medicare and Medicaid services updated rules to improve public health and enhance long-term care facilities. Within their changes to rule 42 Code of Federal Regulations, physicians now have the ability to hand the responsibility of prescribing to nursing home patients to Registered Dietitians. We have introduced AB 473 to mirror federal language and streamline the process of prescribing diets to nursing home patients.

One main aspect of long-term care is quality of life. This bill will allow Registered Dietitians to do their job more effectively and ensure that patients are getting the quality services they deserve. Many physicians aren't on site, and this can lead to delays in responding to necessary changes in diet. AB 473 will help all those involved with the care of our senior citizens as well as those in long term care due to a disability.

The Wisconsin Department of Health Services is aware of this discrepancy in our state statute. This simple bill brings our statutes up to par with federal language and allow for better coverage moving forward.

Thank you for taking the time to hear this important bill.



JOAN BALLWEG

PO Box 8952, State Capitol
Madison, Wisconsin 53708-8952
Toll-free: (888) 534-0041
Fax: (608) 282-3641
Rep.Ballweg@legis.wi.gov

WISCONSIN STATE REPRESENTATIVE

41ST ASSEMBLY DISTRICT

Assembly Bill 473: Therapeutic Diets in Certain Long-Term Care Facilities
Testimony of State Representative Joan Ballweg
Assembly Committee on Aging and Long-Term Care
September 5th, 2017

Thank you, Chair Weatherston, and members of the Committee on Aging and Long-Term Care for holding this public hearing on AB 473.

Currently in Wisconsin, the Department of Health Services' administrative code (DHS 132 and 134) allows only a physician to order therapeutic diets for persons in nursing homes and modified diets in facilities serving persons with developmental disabilities.

According to the Journal of Clinical Nutrition & Dietetics, therapeutic diets and modified diets are approved by a physician and planned by a dietician to include or exclude certain nutritional components, such as calories, fat, or certain vitamins and minerals, for the purpose of controlling certain life-threatening conditions, such as diabetes, obesity, heart disease, and high blood pressure. These diets are utilized in long-term care facilities as well as facilities serving persons with developmental disabilities. Often, these diets will change based on how a person responds or improves in their condition.

Last year, the Center for Medicare and Medicaid Services (CMS) updated federal regulations to allow physicians to delegate the ability to order therapeutic diets to qualified Registered Dietician Nutritionists.

To comply with the change in federal regulations, AB 473 amends DHS's administrative code to allow attending physicians to delegate prescribing of a nursing home resident's therapeutic diet to a certified dietician and prescribing of a modified diet to a resident of a facility serving persons with developmental disabilities to a certified dietician as well. This amendment to the administrative code allows for a greater efficiency of response to a resident's changing dietary needs between their physician and dietician.

The Wisconsin Academy of Nutrition and Dietetics, LeadingAge Wisconsin, and the Wisconsin Health Care Association Inc. registered in support of this bill.

Thank you for your consideration of AB 473. I am happy to answer any questions that you may have.

LRB 473 Testimony
Christina C Lemon, MS, RDN, CD

September 5, 2017

Good afternoon, members of the Assembly Committee on Aging and Long-Term Care. My name is Christina Lemon. I am a registered dietitian nutritionist (RDN) and President of the Wisconsin Academy of Nutrition and Dietetics (WAND).

WAND is a statewide organization of 1,400 RDNs who are certified by the State of Wisconsin to ensure safe and evidence-based nutrition education and counseling practices. Wisconsin's RDNs also provide advanced medical nutrition therapy, an essential component of comprehensive health care, which helps prevent and manage chronic diseases such as diabetes and heart disease.

In order to become an RDN, one must obtain a Bachelor's degree in food and nutrition from an accredited university, complete 1,200 hours of supervised practice through an accredited internship, and then pass the National Registration Examination for Dietetics. Approximately 50% of dietitians also hold a graduate degree in nutrition or a related discipline. In addition, we must complete 75 hours of continuing education every five years to maintain our registration and certification.

I am pleased to testify about the importance of Assembly Bill 473, drafted to ensure state code reflects federal rules. Last year the Center for Medicare and Medicaid Services (CMS) updated Rule 42 Code of Federal Regulations (CFR) to improve the public health and safety of long-term care facilities across the country. One important change within the new rule allows physicians to delegate the ability to order therapeutic diets to qualified RDNs. AB 473 is simple, but important, because it directs state code to comply with Rule 42, allowing physicians to delegate ordering authority to certified or licensed dietitians in Wisconsin.

In my 37 years as a dietitian, I have worked in many different settings—clinical dietetics, clinical nutrition management, health and wellness, teaching and research—but my very first jobs were in long-term care. My favorite aspect of those positions was the manner in which I was able to get to know the residents and implement changes to provide for their evolving nutritional needs. Granting the dietitian authority to order necessary diet changes is a very sensible way to improve efficiency and reduce costs for the facility and expedite quality of life improvements for its residents.

I whole-heartedly support AB 473 because it will empower RDNs to effectively and efficiently provide for optimal nutrition care of vulnerable residents in long-term care facilities. Several of my colleagues here today will share recent examples of how this legislation could have avoided unfortunate delays in proper care.

Thank you for your time. Please support this timely and judicious legislation.

September 5, 2017

Assembly Bill 473 Testimony

Good Afternoon members of the Assembly Committee on Aging and Long-Term Care.

My name is Laurie Norstedt. I crossed the border from MN to WI in 1970, worked in a Madison senior public housing project for 2 years, invested in a master's degree at UW-Stout for 2 years, after which I did a qualified work experience and took a national exam to become a Registered Dietitian. In my first job as a Public Health Nutritionist for the State of Wisconsin, I covered 19 northwestern counties for more than 6 years. In 1980, I started my own food and nutrition consulting business contracting with a nursing home in Trempealeau County and the past 37 years have worked in Chippewa, Eau Claire, Jackson, Burnett counties and currently at 3 nursing homes in Clark, Pierce and St Croix counties as a WI Certified Dietitian.

In 42 years, I have adapted to multiple rule changes in the Center for Medicare and Medicaid Services. Last year's updated Federal rule to allow physicians to delegate the ability to order therapeutic diets to qualified Registered Dietitian Nutritionists was met with enthusiasm by my long-term care colleagues. Instead of creating more processes and forms, this will improve efficiency and reduce costs while promoting customer satisfaction. Resources are scarce in long-term care and anywhere we can improve efficiency saves the state, facilities and patients money *in the long run*.

I can't tell you how many times I've worked with residents who wanted/needed a change in their diet for various reasons and we were stuck waiting on the physician, who was on vacation or not in the office for a week or more at a time. At this point, RDNs can make a recommendation for a diet order change, but it must be faxed to an MD office, or given to a nurse or a medical clerk to process from the facility and await a response from the MD's office. If the federal rule was implemented in Wisconsin, I could write the order and have it in place to improve our customer satisfaction and the ability of our facility to adequately care for the resident in a matter of minutes. Instead, I have to deal with upset residents, angry family and busy MD's who may have several orders to review/sign upon return.

Last week a nursing home resident who had been on a General Diet prior was briefly hospitalized and re-admitted to long-term care on a Cardiac Diet (restricted sodium, cholesterol, fat, fluids) with a dx of colon cancer, bowel obstruction and possible hospice soon. It is a disservice to this resident to have to wait for a return to a General Diet when he can hardly eat anything at the moment.

Often elderly residents enter our facilities in poor nutritional status and would benefit from eating balanced meals versus being ordered a routine strict diet. On the other hand, there are also more nutritionally complicated residents now entering nursing homes as hospital stays are shortened. As a result, it makes sense to have Registered Dietitian Nutritionists order a personalized diet because of our knowledge and expertise that includes a nutritional assessment that leads to the most beneficial outcome. We are also in the best position to respond in a flexible way as resident needs may change.

Thank you for allowing me to testify in support of AB 473. Wisconsin can do this! I'm happy to answer any questions.

Assembly Bill 473 Testimony

Date: September 5, 2017

Good Morning members of the Assembly Committee on Aging and Long-Term Care. My name is Kate Gustman and I am a Registered Dietitian, Certified Specialist in Gerontological Nutrition. I have a Bachelor's of Science in Food Science and Human Nutrition from the University of Illinois Urbana-Champaign and completed my Dietetic Internship at the UW Hospital and Clinics. I have over 8 years of experience as a registered dietitian and have worked at a hospital, hemodialysis clinic and three different long term care/rehabilitation centers. I have been working at Capitol Lakes Health Care Center since 2016. I manage the nutritional care of the 85 bed facility, 36 of which are short term care, higher turnover beds. The patients being admitted to these beds tend to have had recent significant changes to their health status, many times affecting their nutritional needs. It can be difficult to put the appropriate nutritional interventions in place immediately when we need to obtain a physician's order and a physician cannot be reached. For these reasons amongst others I am in support of this bill.

As a registered dietitian, I appreciate the chance to be here and testify about the importance of Assembly Bill 473 so state code reflects federal rules. Based upon my educational and professional experience, I am very familiar with prescribing modified and therapeutic diets in long-term care facilities. This is an important job that requires expertise, but it also can be done in a more efficient way while still providing necessary and quality care to patients.

Last year, the Center for Medicare and Medicaid Services (CMS) updated Rule 42 Code of Federal Regulations (CFR) to improve the public health and safety of long-term care facilities across the country. One important change within the new rule allowed physicians to delegate the ability to order therapeutic diets to qualified RDNs. It is predicted this change will improve the efficiency of facilities while reducing costs. I have experienced residents being admitted or even RE-admitted to our facility, on a diet that may not be appropriate. For example a Regular diet when the resident has just had a major gastrointestinal surgery and needs a fiber restriction to avoid internal injury. There has also been times when a resident from our facility goes to the hospital and comes back to the facility on a very strict diet inappropriately. For example the Renal diet does not allow many fruits, vegetables or higher calorie dairy products, meats or desserts. Someone on this strict of a diet, who already has a poor appetite is at high risk for nutrition deficiencies. As the Dietitian I have the knowledge that prior to being hospitalized the resident was receiving a Regular diet with multiple supplements as they needed the liberalized diet and extra nutrition to meet their needs due to poor intakes. I then have to contact the MD to change the diet because I know the resident will eat less than usual or be upset with the strict diet. The process to correct the diet order puts the resident at risk, is time consuming and creates unnecessary work.

This bill is simple but important because state code must also allow physicians to delegate ordering authority for RDNs to comply with 42. As a registered dietitian, I know this has been issue at my place of employment and needs to be addressed. I whole-heartedly support AB 473 because it will empower RDNs to effectively do our job by providing nutrition therapy and assistance to vulnerable residents of long-term care facilities and nursing homes.

Thank you again for allowing me the chance to testify in support of AB 473. As a dedicated registered dietitian and someone with first-hand experience in the profession, I ask you to support this bill. I'm happy to answer any questions at this time.

September 5, 2017

AB 473 Testimony

I'm Valerie Shurley, Clinical Nutrition Manager with Ascension Wisconsin in the Milwaukee area. I manage a team of 20 Registered Dietitians and Dietetic Technicians at two hospitals and several outpatient clinics.

As you know, the Center for Medicare and Medicaid Services (CMS) updated Rule 42 Code of Federal Regulations (CFR) last year to improve the public health and safety of long-term care facilities across the country. Within the new rule physicians are allowed to delegate the ability to order therapeutic diets to qualified RDNs.

Under current law, DHS 132.63 (4) (b) allows only physicians to order therapeutic diets in nursing homes and modified diets in facilities serving persons with developmental disabilities. Since Wisconsin law differs from federal code, it's important for us to make sure our laws reflect the changes that were made at the federal level.

I am a Registered and Certified Dietitian. I have two Masters Degrees. I have an MS in Nutrition and an MBA. Having these two degrees allows me the interesting perspective to see things from both a financial standpoint and a clinical one. In addition to patient care, I think about budget, finances and productivity. By not allowing RDs the ability to write or change diet orders, we lose time, the nurses lose time and most costly, the physician loses time.

Unfortunately, diets don't always get changed. This is not because the physician doesn't agree that it should happen, but because it's not the highest on his or her priority list. It shouldn't be *the highest on their priority list. BUT, it's the highest on our priority list. We are the nutrition experts.*

The Center for Medicare and Medicaid Services (CMS) is considering making developing malnutrition in the hospital a 'never event'. This means if a patient becomes malnourished while in the hospital, the facility may not receive reimbursement for the patient's services. This means providing proper nutrition is all the more important.

The petite elderly lady who drinks Ensure at home and wants it while in a facility, the gentleman who forgot his dentures and needs his meats ground, or the trauma patient who has no appetite and therefore needs his diet liberalized all need diet order changes. The goal in all of these cases is to provide enough nutrition so the patient can heal and get home.

When the physician doesn't know what diet to order or what rate to run the tube feeding at, they consult us. Because physicians are busy, occasionally they make errors and order products we don't have, or they forget to put the diabetic patient on a diabetic diet. When this happens,

the nurse or the kitchen calls us for clarification. Help us cut out the middleman and allow everyone to be more productive.

I stand before you today to ask you to vote for Assembly Bill 473 so state code will reflect federal rules and allow physicians to delegate ordering authority for Registered Dietitian Nutritionists. Last year, CMS recognized us as the Nutrition Experts. And while patient care is everyone's ultimate goal, good quality nutrition is our number one priority!

Thank you for your time and consideration of this bill. I'm happy to answer any questions.

Assembly Bill 473 Testimony

September 5th, 2017

Good morning members of the Assembly Committee on Aging and Long-Term Care.

My name is Camilla Hardin and I work as a Registered and Certified Dietitian at Saint John's on the Lake in Milwaukee and I also write menus and provide nutrition support for a small group of Community-Based Residential Facilities named Ad2Luv. I have over 10 years of experience as a registered dietitian and while I've only been at Saint John's since January, I've been working with the elderly my entire dietetics career. I currently serve about 50 residents at Saint John's in the skilled portion, 24 in the CBRF portion and about 32 developmentally disabled and elderly at Ad2Luv.

As a registered dietitian certified by the State of Wisconsin, I appreciate the chance to be here and testify about the importance of Assembly Bill 473 so state code reflects federal rules. I've studied nutrition for four years, including an internship, that provided me with the educational background and professional experience necessary to provide this type of care. My registration and certification status ensure that I'm the most qualified person, along with our physicians, to prescribe modified and therapeutic diets in my long-term care facility.

Last year, the Center for Medicare and Medicaid Services (CMS) updated Rule 42 Code of Federal Regulations (CFR) to improve the safety of long-term care facilities across the country. One change that was important within this new rule was to allow physicians to delegate the ability to order therapeutic diets to qualified RDNs. It is predicted that this change will improve the efficiency of facilities while reducing costs.

I spend a great deal of my day doing resident assessments, which means figuring out exactly what my residents need in terms of nutrition based on sometimes complex medical needs. This may mean a low-sodium diet or fluid restriction for someone with congestive heart failure, or a nutritional supplement for someone with unintended weight loss. It also means I must chase our physicians to get orders to start these diets or supplements, or change them. Since our physicians aren't in the building every day, I must fax their office and wait for replies, which takes time away from my residents and other work. It is frustrating, time-consuming, and could be solved with the passage of this bill to match federal regulations.

This bill is simple but important because state code must also allow physicians to delegate ordering authority for RDNs to comply with 42. As a registered dietitian, I know this has been an issue at my place of employment and needs to be addressed. I whole-heartedly support AB 473 because it will empower RDNs to effectively do our job by providing nutrition therapy and assistance to vulnerable residents of long-term care facilities and nursing homes.

Thank you again for allowing me the chance to testify in support of AB 473. As a dedicated registered dietitian and someone with first-hand experience in the profession, I ask you to support this bill. I'm happy to answer any questions at this time.

Assembly Bill 473 Testimony

September 5, 2017

Good Afternoon members of the Assembly Committee on Aging and Long-Term Care. My name is Tracey Elmes and I work as a Clinical Registered Dietitian at St. Mary's Care Center, which is a skilled nursing facility here in Madison with 184 beds. We serve residents with short-term rehab, long-term and dementia care needs. I am also a Consultant Registered Dietitian at Skaalen Nursing and Rehabilitation Center in Stoughton. I have over 25 years of experience as a registered dietitian. I completed my undergraduate degree at Miami University in Oxford, Ohio and Dietetic Internship and Master's Degree in Clinical Nutrition at Rush University Medical Center in Chicago.

I spent the early part of my career as a critical care/nutrition support dietitian at Illinois Masonic Medical Center, which is a level 1 trauma center. I also was an Assistant Professor at Loyola University. Upon relocating to Madison, Wisconsin, I returned to my roots in Geriatrics, as my Master's Thesis involved the nutritional status of persons with Alzheimer's disease.

Last year I was thrilled when CMS included in Mega Rule (Rule 42 CFR) Phase 1 Requirements of Participation: Food and Nutrition 483.60: allowance of physicians to delegate to a registered or licensed dietitian the task of prescribing a resident's diet as allowed by state law. I am equally thrilled to testify before you here today about the importance of Assembly Bill 473 to codify state and federal law. As a RDN working in long term care, I would like to share with you the daily impact the delegation of writing therapeutic diets would bring to facilities and residents.

Residents are admitted to my facility from various locations including: hospitals, other long-term care or rehab facilities and home. These locations may be in Madison or across the country. Other long-term care facilities and hospitals may use different terminology or "names" for therapeutic diets. A resident may be admitted with a therapeutic diet order that is not an approved diet order at our facility. This often leads to time and resources spent clarifying diet orders upon admission or after outside physician visits, impeding the transition of care. Effective transitions in care are important in maintaining quality of care and improved outcomes.

At our facility, we have been able to implement policies and processes to best diminish the impact of therapeutic diet orders that do not match our approved therapeutic diet orders. However, at times, clarification orders are needed and result in a delay of appropriate nutrition care because long-term care facilities have limited access to physicians and nurse practitioners. Allowing the RDN, whose education and training best qualifies them to write these therapeutic diet orders would reduce, if not eliminate this delay. This delay may increase the risk for malnutrition and hospital readmissions.

I would like to share a few every day examples of the impact the delay in receiving orders for a therapeutic diet from a physician has on a resident's nutritional care. A resident was admitted to a long-term care facility following a colectomy (colon resection) with an order for a low fiber diet. A low fiber diet is a temporary diet following this type of surgery, with the goal to slowly reintroduce fiber to the diet because of the numerous benefits fiber has to the GI tract and body as a whole. After a week post op and another several days in a long-term care facility, recommendations were made to remove the

low fiber order and add fiber back into the diet. A call was placed to the resident's primary care physician, who called back two days later to request the order come from the surgeon. A call was then placed to the surgery clinic and a nurse needed to discuss the order with the surgeon. A few more days passed to receive the order, and meanwhile, the resident is preparing to discharge. Advancing the diet is an integral part of recovery, although it could not progress due to the delay. It would be optimal to assess the tolerance of advancing this diet while still at the long-term facility and completing other aspects of rehab.

Another common example involves residents receiving hemodialysis. Poor nutritional status in residents receiving hemodialysis has been linked to increased hospitalizations and morbidity/mortality rates (Hopper 2008). Therapeutic diets are often part of the treatment plan to decrease or increase certain substances in the diet. Best nutrition outcomes are found with individualized therapeutic diet orders. Often, a patient receiving hemodialysis needs increased protein and decreased phosphorus. These nutrient needs and therapeutic diets are best assessed and reassessed by the RDN, often using laboratory values. A resident may have a diet order for low phosphorus diet but the resident does not have good protein intake. The resident prefers protein choices such as dairy and peanut butter, but these are considered high in phosphorus. The RDN is best equipped to review blood phosphorus levels, and when appropriate, remove the phosphorus restriction from the diet order that allows for the best opportunity for optimal protein intake. A delay in receiving this order is a delay in promoting improved nutritional status.

This bill is simple but important because, while federal code has determined, state code must also allow physicians to delegate ordering authority for RDNs. I hope I have illustrated how this has been an issue at my place of employment and needs to be addressed. I whole-heartedly support AB 473 because it will empower RDNs to effectively do our job by providing nutrition therapy and assistance and quality care to vulnerable residents of long-term care facilities and nursing homes.

Thank you again for allowing me the chance to testify in support of AB 473. As a dedicated registered dietitian and someone with first-hand experience in the profession, I ask you to support this bill. I'm happy to answer any questions at this time.

Assembly Bill 473 Testimony

September 5, 2017

Good Morning members of the Assembly Committee on Aging and Long-Term Care. My name is Laura Isaacson and I am the Director of Clinical Nutrition at Upland Hills Health in Dodgeville, Wisconsin, the President-Elect of the Wisconsin Academy of Nutrition and Dietetics, and a Fellow of the Academy of Nutrition and Dietetics. I have over 15 years of experience in the State of Wisconsin as a Registered Dietitian and I have been working at Upland Hills Health since 2013.

Upland Hills Health serves the residents of Iowa County by providing access to a 25 bed critical access hospital with a birthing unit, a 44-bed 5 star skilled nursing and rehabilitation facility, therapy and wellness center, heart lung and sleep center, four family medicine clinics, and many physician specialty services. We are a community-minded healthcare system providing innovative, individualized and compassionate care for every stage of life. In addition, our dietitians provide long-term care nutrition services to the 65-bed Iowa County owned Bloomfield Healthcare in Dodgeville and the 64-bed Lafayette County owned Lafayette Manor in Darlington.

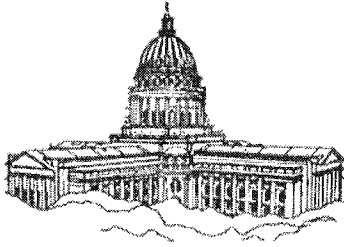
As a Registered Dietitian, I appreciate the chance to be here to testify about the importance of Assembly Bill 473 so that state code reflects federal rules. In 2014, the Centers for Medicare and Medicaid Services issued a Final Rule which permitted Registered Dietitians to order therapeutic diets in the hospital setting. According to CMS, this final rule "enhances the ability that Registered Dietitians already have to provide timely, cost-effective, and evidence-based nutrition services as the recognized experts on a hospital interdisciplinary team." This rule has saved hospitals significant resources by permitting Registered Dietitians to order patient diets, which we are trained to do, to free up time for physicians and other practitioners to care for patients.

Last year, CMS again updated Rule 42 Code of Federal Regulations to allow physicians to delegate the ability to order therapeutic diets to Registered Dietitians in the long-term care setting. It is predicted that this change will increase efficiency while reducing cost, similar to what we have seen in the hospital setting. Registered Dietitians are Wisconsin's nutrition experts and our professional qualifications enable us to provide safe, individualized, quality nutrition care, including ordering therapeutic diets.

As I mentioned earlier, the Registered Dietitians at Upland Hills Health provide nutrition services at three skilled nursing facilities in rural Iowa and Lafayette counties. I recently provided nutrition care for a patient admitted to a long-term care facility with a surgical wound and failure to thrive. He was placed on hospice, because his wounds had been non-healing for the past 5 months. I completed a comprehensive nutrition assessment on this patient, performed a nutrition-focused physical exam, diagnosed him with severe malnutrition, provided medical nutrition therapy counseling to him and to his family, and put in place evidence-based nutrition interventions. In the case of malnutrition, it is essential to implement a nutrition care plan and intervention immediately. Within a month of receiving good nutrition, this patient's wounds were nearly healed and he was taken off hospice. Dietitians across the state are positively impacting the lives of Wisconsinites in a similar manner every day. Allowing dietitians to order the nutrition interventions that we are currently recommending will help to be sure that these interventions are implemented in an efficient and timely manner.

This bill is simple but important because state code must also allow physicians to delegate ordering authority for RDNs to comply with CMS Rule 42. I whole-heartedly support AB 473 because it will empower Registered Dietitians to efficiently provide evidence-based medical nutrition therapy to residents of long-term care facilities.

Thank you again for allowing me the chance to testify in support of AB 473. As a dedicated Registered Dietitian and someone with first-hand experience in the profession, I ask you to support this bill. I'm happy to answer any questions at this time.



LENA C. TAYLOR

Wisconsin State Senator • 4th District

HERE TO SERVE YOU!

**Testimony of State Senator Lena C. Taylor
Assembly Committee on Aging and Long-Term Care
September 5, 2017**

Good afternoon Chairman Weatherston and Committee Members. I want to thank the Assembly Committee on Aging and Long-Term Care for the opportunity to submit written testimony regarding Assembly Bill 473.

Many of us have had the occasion to be concerned about the intake of certain foods or nutrients, whether for ourselves or someone entrusted to our care. Right away food allergies spring to mind and our thoughts turn to peanuts or an EpiPen. More of us than ever before understand a meal plan can be a part of the treatment plan for a medical condition. Most often prescribed by a physician and planned by a dietician, our diets have become therapeutic in practice and tailored to fit individualized nutritional needs. When I think of my family and friends, high blood pressure, diabetes, renal failure, or food intolerance have changed the way we prepare meals and plan our family gatherings.

Thankfully, legislation is also becoming tailored as well. In particular, AB 473 allows nutrition experts trained to investigate and establish contributory relationships between nutrients/diet and disease to participate in the timely distribution of care. In offering physicians and facilities the flexibility provided in this legislation, dietary services are more efficient and effective. Therapeutic diet orders and patients' nutrition management no longer need be delayed due to waiting for the physician to prescribe a diet order. With an ever shrinking workforce, the bill also provides a way to maximize medical staff within an organization.

Reducing the physician's need to sign diet orders will also save money in healthcare costs, streamline the process and potentially help the bottom line for the state's fiscal responsibilities for residents' treatment. In fact in 2014, the Centers for Medicare and Medicaid Services (CMS), when a similar rule change was offered at hospitals, expected to save up to \$459 million annually in hospital costs.

As our family members live longer lives or are unable to make decisions for themselves, we become concerned with their quality of life decisions and choices. AB 473 is a choice we can make that will have an immediate impact on the well-being of loved ones in nursing homes or with developmental disabilities. I, respectfully, ask for your support for this bill. Thank you for your time.

Senator Lena C. Taylor
4th Senate District