

# Yale SCHOOL OF MEDICINE

## Department of Neurology

Ilisa Nussbaum, RDN, CD-N  
Yale-New Haven Hospital  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
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HB 5896, An Act Establishing A Nutrition Education Advisory Council

Good afternoon and thank you to Senator Gerratana, Representative Ritter, and the members of the Public Health Committee for the opportunity to speak on the language we would like to attach to *HB 5896 An Act Establishing a Nutrition Education Advisory Council*, which we have submitted for your consideration. I am Ilisa Nussbaum, and I'm a clinical dietitian, certified by the state of Connecticut as a Certified Dietitian Nutritionist (CD-N), at Yale New Haven Hospital. I'm here today to respectfully ask you to support the addition of language to HB 5896 which would allow those who hold the CD-N credential in Connecticut to independently place diet orders for patients in defined institutions.

Clinical dietitian nutritionists, those of us that work in a hospital or inpatient care setting, are a generally quiet bunch. Unlike our counterpart dietitians who work at food corporations, private practice, sports teams, or food service, you won't often find us on TV or on social media talking about why kale and avocados are super foods, or why juicing might sound good but it's really not so good for you. Sure, we're passionate about nutrition, but more importantly we're passionate about our patients. And how the specific nutrition guidelines that we recommend help them heal.

I'm a pediatric dietitian. Most of kids I work with have special needs, and what they eat greatly affects not only their behavior, but their medical status. It's common for these patients to have negative reactions to foods including anaphylaxis, skin rashes, gastrointestinal tract disturbances, and disruptive behaviors. Their parents rely on clinical dietitian nutritionists to not only diagnose and treat these conditions, but to make sure that the diet is followed while they are in our care in the hospital.

I coordinate the ketogenic diet clinic for neurological disorders at Yale Children's Hospital. The majority of my patients are kids with epilepsy, whose seizure have either not responded to medications or who have had such a difficult time with the side effects of their medications that they have chosen to try and manage their seizures with a highly restrictive diet instead of drugs. The ketogenic diet in its purest form is a 4:1 ratio of fats to carbohydrates and proteins. Foods are weighed to the tenth of an ounce on a gram scale and I spend hours calculating meals specific to each patient's calorie and nutritional needs as well as their keto ratio. Some patients are on a less strict versions of the diet, but what they all have in common is a dietitian who knows exactly what their medical nutrition therapy requirements are and can write a diet order specific to their needs.

### Comprehensive Epilepsy Center

PO Box 208018  
New Haven CT 06520-8018  
T 203 785-3865  
F 203 737-2799  
epilepsy@yale.edu  
epilepsy.yale.edu

#### ADULT EPILEPSY/EEG FACULTY

Rafeed Alkawadri, MD  
Hal Blumenfeld, MD, PhD  
Gordon Buchanan, MD, PhD  
Kamil Detyniecki, MD  
Robert B. Duckrow, MD  
Pue Farooque, DO  
Hamada Hamid, DO  
Lawrence J. Hirsch, MD (Director)  
Richard H. Mattson, MD  
Jeremy Moeller, MD  
Ognen A. Petroff, MD  
Nishi Rampal, MD

#### PEDIATRIC EPILEPSY FACULTY

Pue Farooque, DO  
Susan Levy, MD  
Richard H. Mattson, MD  
Francine Testa, MD

#### NEUROSURGERY

Jason Gerrard, MD, PhD  
Dennis D. Spencer, MD (Director)

#### NEURORADIOLOGY

Richard Bronen, MD

#### NEUROPSYCHOLOGISTS

Mary Best, PhD (Pediatric)  
Franklin Brown, PhD

#### NURSE COORDINATORS

Candy Cardoza, RN (Pediatric)  
Colleen Malone, RN

#### PRESCRIPTION COORDINATOR

Amy Ruimerman, LPN

#### NEUROPHYSIOLOGY MANAGER

Rebecca Khozein, DOM, MS, REEG/EPT,  
RPSGT, RNCST

#### COMPUTATIONAL NEUROPHYSIOLOGY

Hitten Zaveri, PhD (Director)

#### SOCIAL WORKER

Carrie Erwin, LCSW

#### DIETITIAN

Ilisa Nussbaum, RD CD-N

#### RESEARCH

Jennifer Bonito (Coordinator)



If you'll allow me to tell you about just two of my patients. MJ had his first seizure at 12 years old. Up until then, he was an honors student in the New Haven public school system. No reason, no cause, no trauma, just a hugely unfortunate stroke of medical luck meant that he had a progressive neurological disease, likely one called Rasmussen Encephalitis. In 18 months, MJ went from thriving honor student to a medically induced coma in the Pedi ICU to stop his constant seizing. The one thing that worked to treat his seizures when all medications failed? Ketogenic diet. We started him off on a tube feed of specialized formula and once he was conscious and cleared, he moved to foods. Very specific foods.

G is another kiddo of mine who is on the ketogenic diet to control his seizures. He came to me from an out of state hospital already on the diet. Unlike MJ, G has cerebral palsy, is wheelchair bound, non-verbal, and has had seizures since infancy. His parents were about to give up on the ketogenic diet because we just couldn't hit on the right balance of foods and medications. He continued to have seizures, often right after eating. As his mom started to describe the seizure to me, I began to wonder if something else wasn't at play. She recorded some of his seizures and we looked at them together with the pediatric neurologist. Turns out that while his clenched fists and stiffened torso looked like seizures, these weren't actual seizures but rather a reaction to painful intestinal gas caused by particular foods in his diet. After removing those foods these episodes stopped, and everything improved: sleep, social interactions, and quality of life. When G's life improved, the lives of those that love and care for him improved as well.

When one of my patients is admitted to the hospital, either through the Emergency Department or to the floor for a procedure, writing their diet order is a long process. One an MD not only isn't specifically trained to do, but they likely don't have the hour to sit and calculate the appropriate calories, macro and micro nutrient balance, along with other nutritional considerations. This can lead to diet orders that are either too limiting and don't allow patients to eat, or too liberal and can potentially induce seizures. Right now, I must recommend the diet order to the physician who then places the order, which can result in a long and unpleasant delay for the patient. Reviewing the order can take time from the doctor's schedule, precious time that could be spent directly caring for a patient's medical needs. By allowing well trained, certified dietitian nutritionists the independence to write diet orders, we are not only saving time and resources, but most importantly, we are improving patient care. Something every medical provider strives for.

I respectfully urge the committee to support the addition of this language to HB5896.

Thank you for your time and attention.