

SENATE No. 2499

Senate, October 17, 2016 -- Substituted by amendment (Senator Flanagan) as a new draft for the Senate Bill establishing a commission on malnutrition prevention (Senate, No. 2147)

The Commonwealth of Massachusetts

In the One Hundred and Eighty-Ninth General Court
(2015-2016)

An Act establishing a commission on malnutrition prevention among older adults.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 19A of the General Laws is hereby amended by adding the
2 following section:-

3 Section 42 There shall be with the department a commission on malnutrition prevention
4 among older adults. The commission shall consist of the secretary of elder affairs or a designee,
5 who shall serve as chair, the commissioner of public health or a designee, the commissioner of
6 transitional assistance or a designee, the commissioner of agricultural resources or a designee,
7 the senate and house chairs of the joint committee on elder affairs or their designees and 9
8 persons to be appointed by the governor, 1 of whom shall be a physician, 1 of whom shall be a
9 university researcher, 1 of whom shall be a community-based registered dietitian or nutritionist
10 working with an Older Americans Act-funded program, 1 of whom shall be a representative of a
11 hospital or integrated health system, 2 of whom shall be nurses working in home care, 1 of
12 whom shall be a registered dietitian or nutritionist working with a long-term care or assisted
13 living facility, 1 of whom shall be a registered dietitian or nutritionist representing the

14 Massachusetts Dietetic Association and 1 of whom shall be a representative from the
15 Massachusetts Association of Councils on Aging, Inc.

16 The commission shall make an investigation and comprehensive study of the effects of
17 malnutrition on older adults and of the most effective strategies for reducing it. The commission
18 shall monitor the effects that malnutrition has on health care costs and outcomes, quality
19 indicators and quality of life measures on older adults. The commission shall: (i) consider
20 strategies to improve data collection and analysis to identify malnutrition risk, health care cost
21 data and protective factors for older adults; (ii) assess the risk and measure the incidence of
22 malnutrition occurring in various settings across the continuum of care and the impact of care
23 transitions; (iii) identify evidence-based strategies that raise public awareness of older adult
24 malnutrition including, but not limited to, educational materials, social marketing, statewide
25 campaigns and public health events; (iv) identify evidence-based strategies, including
26 community nutrition programs, used to reduce the rate of malnutrition among older adults and
27 reduce the rate of rehospitalizations and health care acquired infections related to malnutrition;
28 (v) consider strategies to maximize the dissemination of proven, effective malnutrition
29 prevention interventions, including community nutrition programs, medical nutrition therapy and
30 oral nutrition supplements, and identify barriers to those interventions; and (vi) examine the
31 components and key elements of clauses (i) to (v), inclusive, consider their applicability and
32 develop strategies for pilot testing, implementation and evaluation.

33 The commission shall file a report annually on its activities and on any findings and
34 recommendations to the house and senate chairs of the joint committee on elder affairs and
35 chairs of the senate and house committees on ways and means not later than December 31.