



Ohio Legislative Service Commission

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Fiscal Note & Local Impact Statement

Bill: S.B. 245 of the 131st G.A.

Date: May 2, 2016

Status: As Reported by Senate Health & Human Services

Sponsor: Sen. Manning

Local Impact Statement Procedure Required: No

Contents: Creates the Malnutrition Prevention Commission to study malnutrition among older adults

State Fiscal Highlights

- Participating state agencies could experience a minimal increase in administrative costs to carry out the duties of the Malnutrition Prevention Commission and develop the required report.

Local Fiscal Highlights

- No direct fiscal effect on political subdivisions.

Detailed Fiscal Analysis

The bill creates the Malnutrition Prevention Commission and outlines its membership and duties. The bill specifies that a member shall serve without compensation except to the extent that serving on the Commission is considered part of the member's regular duties of employment. Members of the Commission include the directors (or a Director's designee) of Health, Aging, Job and Family Services, Agriculture, and the Commission on Minority Health; the chairpersons of the standing committees of the House of Representatives and the Senate with primary responsibility for health legislation; and nine members appointed by the Governor. The bill specifies that the Director of Health, or the Director's designee, will serve as chairperson of the Commission.

The bill requires the Commission to (1) study the impact of malnutrition on older adults in all health care settings in the state and monitor its influence on health care costs and outcomes, quality indicators, and quality of life measures, (2) investigate effective strategies for reducing the incidence of malnutrition among older adults, (3) develop strategies for improving data collection and analysis regarding malnutrition risks, health care costs, and protective factors for older adults, (4) develop strategies for maximizing the dissemination of proven, effective malnutrition prevention intervention models,

including community nutrition programs, medical nutrition therapy, and oral nutrition supplements, (5) identify evidence-based strategies that raise public awareness of malnutrition among older adults, such as educational materials, social marketing, and statewide campaigns, (6) identify evidence-based malnutrition prevention intervention models, including community nutrition programs, that reduce the rate of malnutrition among older adults and reduce the rate of rehospitalizations due to conditions caused by malnutrition, and identify barriers to those intervention models, (7) identify models for integrating the value of malnutrition care into health care quality evaluations across health care payment models, and (8) examine the components and key elements of malnutrition prevention intervention initiatives, consider their applicability in this state, and develop strategies for testing, implementation, and evaluation of the initiatives.

The bill also requires the Commission to prepare a report of its findings and recommendations. The Commission must submit a copy of the report to the Governor and General Assembly no later than 12 months after the effective date of the bill. Once the report is submitted, the Commission will cease to exist.

The above-mentioned state agencies may experience a minimal increase in administrative costs related to Commission participation and the development of the required report.