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FISCAL IMPACT REPORT

SPONSOR Bash/Pratt/Armstrong, D/ Ferrary/Trujillo, CH **ORIGINAL DATE** 2/20/19 **LAST UPDATED** 3/1/19 **HB** 466/aHHHC
SHORT TITLE Malnutrition Commission **SB** _____
ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY19	FY20	FY21	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total				Indeterminate		

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)
 Indian Affairs Department (IAD)
 Aging and Long-Term Services Department (ALTSD)
 Human Services Department (HSD)
 University of New Mexico Health Sciences Center (UNM HSC)
 New Mexico Department of Agriculture (NMDA)

SUMMARY

Synopsis of HHC Amendment

The Health and Human services Committee amendment to House Bill 466 adds another member to the malnutrition committee to be appointed by the governor: a representative from a social services agency concentrating on hunger or food.

Synopsis of Original Bill

House Bill 466 would require the secretary of Health to convene a malnutrition commission to meet at least three times during fiscal year 2020 and to report its findings to the governor and to the Legislative Health and Human Services Interim Committee (LHHSC).

Members of the commission are specified, to include members representing the following:

- 1) DOH,

- 2) ALTSD,
- 3) NMDA,
- 4) Public Education Department,
- 5) IAD,
- 6) An agency making purchases according to the Health Care Purchasing Act,
- 7) HSD,
- 8) UNM HSC,
- 9) A physician (DO or MD),
- 10) Researcher in areas of nutrition or gerontology,
- 11) Two licensed registered nurses providing home care,
- 12) Hospitals or integrated health systems,
- 13) A dietician serving the elderly,
- 14) A dietician serving young children or a public school,
- 15) A dietician representing a dietician advocacy organization,
- 16) Representatives of each of the five New Mexico area agencies on aging,
- 17) A researcher from a higher education institution with expertise in child nutrition,
- 18) A representative of the fast food industry.

Members would receive per diem but would not be paid.

Tasks given to the commission would include the following, all to be accomplished in the year of the commission's existence and prior to its report to the governor and the LHHSC:

- 1) Study impact of malnutrition on children and the elderly;
- 2) Find strategies to reduce malnutrition among children and the elderly;
- 3) Estimate the financial impact and quality of life impact of malnutrition in these groups;
- 4) Develop strategy on data collection and analysis regarding malnutrition;
- 5) Develop strategy to publicize and disseminate proven intervention models regarding malnutrition, including reducing hospital readmission due to malnutrition and to overcome barriers to these interventions;
- 6) Identify means of educating children and the elderly regarding nutrition;
- 7) Identify ways of incorporating malnutrition care into health quality evaluation;
- 8) Suggest methods of malnutrition prevention and means of implementing them.

FISCAL IMPLICATIONS

No appropriation is made. DOH would incur costs relative to convening the commission, including per diem payments, and all of the included agencies would incur personnel costs for their representatives to attend meetings.

SIGNIFICANT ISSUES

Each of the agencies commented on the high prevalence of nutrition disturbances (insufficient food or inappropriate food choices) among residents of New Mexico, especially children and the elderly. UNM HSC, for example, wrote the following:

New Mexico ranks 8th in the country for overall food insecurity of our population and 3rd in the country for child food insecurity. New Mexican seniors also suffer from very high rates of food insecurity and malnutrition. In 2014, 20% of the population or 430,000 New Mexicans, received food assistance via SNAP, compared to 15% nationally. These

high levels of food insecurity coupled with concentrations of poverty in rural parts of the state can lead to very high rates of malnutrition. Malnutrition impacts a child's health, their growth, their development, and their ability to learn. Thus, it impacts almost every aspect of a child's future. Addressing malnutrition, however, particularly in rural parts of the state requires governmental and non-profit programs that provide access to nutritious, low-cost or free food. Additionally, addressing "food deserts", or locations where it's difficult to find adorable and healthy groceries, in rural area is a significant and complicated issue.

Additionally, the issue of malnutrition is interwoven with address poverty and economic development. Eating healthy costs \$1.50 more per day than eating unhealthy. That leads to a family of four paying an additional \$2250 per year for groceries. Again, this is in communities where there is access to food. Poor nutrition, however, is costly to both the individual and society in the long-term. It can lead to obesity, high blood-pressure, diabetes and heart disease.

DOH quotes slightly different statistics, obtained from the website feedingamerica.org, that also show very high rates of poverty and often-associated food insecurity among children and the general population in New Mexico, relative to the rest of the country. DOH also cites New Mexico's high rate of obesity, which would appear to be a contradiction, but in reality food insecurity and obesity are connected, as noted in the passage above from the Health Sciences Center. Poverty and rural living are both connected with nutrition-related problems:

People living in rural areas may also be more affected by hunger than those in urban areas. Much of New Mexico is considered a food desert according to the United States Department of Agriculture. Food deserts are areas that lack access to fresh fruit, vegetables, and other healthful whole foods, due to a lack of grocery stores, farmers' markets, and healthy food providers. Food deserts are often accompanied by an excess of stores or vendors that sell unhealthy food options that are known contributors to obesity.

DOH also notes the work of similar commissions in two other states among others that have studied the issue:

This legislation mirrors efforts in other states. The State of Ohio, for example, established a Malnutrition Prevention Commission in 2018. (<https://aging.ohio.gov/Portals/0/PDF/MalnutritionPreventionCommissionReport2018.pdf>). The State of Massachusetts in 2016 established a commission on malnutrition prevention among older adults (<https://malegislature.gov/Bills/189/S2499>). And the State of Oklahoma passed the Food Security Act in April 2008, which established the Oklahoma Food Security Committee (https://www.ok.gov/portal/newsroom.php?news_id=241).

IAD noted that New Mexico Native Americans have high rates of poverty, lack of participation in the work force, and lack of access to fresh food, all of which lead to high rates of nutrition-related disease.

With regard to the Medicaid population, HSD notes that nutrition counseling is a covered benefit. The 30 thousand members served by the department's Personal Care Services program are given help with meal acquisition and preparation.

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