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## FISCAL IMPACT REPORT

ORIGINAL DATE 2-7-06

SPONSOR Stewart LAST UPDATED \_\_\_\_\_ HB HJM 73

SHORT TITLE Senior Care Facility Diet and Nutrition Rules SB \_\_\_\_\_

ANALYST Collard

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY06	FY07		
	NFI		

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

Responses Received From  
Health Policy Commission (HPC)

### SUMMARY

#### Synopsis of House Joint Memorial 73

House Joint Memorial 73 requests testimony regarding dietary and nutrition standards for senior residential care facilities be heard by an appropriate legislative committee and that the findings and any recommendations of the committee be reported to the Legislative Council Services by December 1, 2006.

### FISCAL IMPLICATIONS

There are no fiscal implications associated with this joint memorial.

### SIGNIFICANT ISSUES

HPC indicates the American Association of Retired Persons (AARP) claims that, “(o)lder persons face special obstacles in maintaining an optimal diet. As individuals age, their caloric needs decline, but their need for nutrients does not. Therefore, older persons must consume foods that are nutrient-rich.

<http://www.aarp.org/research/assistance/lowincome/aresearch-import-771-FS19R.html>

The intent of the joint memorial is to investigate if people living in New Mexico senior residen-

tial care facilities are receiving those nutrient-rich foods and to report those findings to the New Mexico Legislature.

## **OTHER SUBSTANTIVE ISSUES**

HPC research indicates, according to the New York State Office for the Aging, “Many chronic diseases that develop late in life, such as osteoporosis, can be influenced by earlier poor habits. Insufficient exercise and calcium intake, especially during adolescence and early adulthood, can significantly increase the risk of osteoporosis, a disease that causes bones to become brittle and crack or break.

But good nutrition in the later years still can help lessen the effects of diseases prevalent among older Americans or improve the quality of life in people who have such diseases. They include osteoporosis, obesity, high blood pressure, heart disease, certain cancers, gastrointestinal problems, and chronic under nutrition.

Studies show that a good diet in later years helps both in reducing the risk of these diseases and in managing the diseases' signs and symptoms. This contributes to a higher quality of life, enabling older people to maintain their independence by continuing to perform basic daily activities, such as bathing, dressing and eating.

Poor nutrition, on the other hand, can prolong recovery from illnesses, increase the costs and incidence of institutionalization, and lead to a poorer quality of life.”

<http://www.agingwell.state.ny.us/eatwell/growing.htm>

It is presently not known if people living in New Mexico senior residential care facilities are receiving those proper diets.

According to the New Mexico Aging and Long-Term Services Department, “(s)enior centers’ meals programs play a vital role in improving participants’ nutritional status, particularly for those with limited incomes and other nutritional risk factors.” The Department provides nutrition information and services at senior centers, meal sites and in people’s homes.

<http://www.nmaging.state.nm.us/nutrition/nutrition-general.html>

HPC also notes Senate Joint Memorial 40, in 2003, established the New Mexico Food and Agriculture Policy Council with the intention to strengthen all of New Mexican’s access to sufficient, high-quality food. It is not known if the Food and Agriculture Policy Council has studied the issues presented in this joint memorial.

KBC/mt