

FIRST REGULAR SESSION

# HOUSE BILL NO. 277

## 98TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE CORNEJO.

0320H.011

D. ADAM CRUMBLISS, Chief Clerk

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### AN ACT

To amend chapter 197, RSMo, by adding thereto one new section relating to hospital food and nutrition services.

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*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Chapter 197, RSMo, is amended by adding thereto one new section, to be  
2 known as section 197.125, to read as follows:

**197.125. 1. Each hospital shall have an employee or contracted individual  
2 designated who:**

3 **(1) Serves as director of food and nutrition services;**

4 **(2) Is responsible for the daily management of the food and nutrition services;**

5 **(3) Is qualified by education, training, and experience in food service management  
6 and nutrition through an approved course for certification by the Dietary Managers  
7 Association or registration by the Commission on Dietetic Registration of the Academy of  
8 Nutrition and Dietetics, or an associate degree in dietetics or food systems management;  
9 and**

10 **(4) Has documented evidence of annual continuing education.**

11 **2. If the director is not a qualified dietitian, a qualified dietitian shall be employed  
12 on a part-time or consultant basis. The dietitian shall make visits to the facility to assist  
13 in meeting the nutritional needs of the patients and the scope of services offered.**

14 **3. The director shall ensure that a qualified dietitian provides high quality  
15 nutritional care to patients in accordance with recognized dietary practices as evidenced  
16 by the following:**

17 **(1) Continuing liaison with the administration, medical staff, and nursing staff; and**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

18           **(2) Evaluation and approval of the planned written menus including regular and**  
19 **routine modified diets for nutritional adequacy.**

20           **4. The director or designee shall ensure the following:**

21           **(1) Patient and family counseling and diet instructions;**

22           **(2) Nutritional screening within twenty-four hours of inpatient admission to**  
23 **identify patients at nutritional risk. The hospital shall develop criteria to use in conducting**  
24 **the nutritional screening and staff who conduct the screening shall be trained to use the**  
25 **criteria;**

26           **(3) Rapid implementation of comprehensive nutrition interventions and continued**  
27 **monitoring including:**

28           **(a) Establish and enforce policies to intervene within twenty-four hours of at-risk**  
29 **screening. Patients whose nutrition status is identified as at risk through screening must**  
30 **be fed within twenty-four hours by nurses while awaiting a nutrition consult, unless**  
31 **contraindicated;**

32           **(b) Unless specific contraindications exist, prompt nutrition intervention for all**  
33 **malnourished patients must be a high priority. In many cases, establishing automated**  
34 **processes that trigger upon a positive screening will best accomplish rapid intervention;**

35           **(c) Examples of immediate nutrition interventions may include modifications to**  
36 **diet, assistance with ordering and eating meals, initiation of calorie counts, and/or addition**  
37 **of oral nutrition supplements;**

38           **(4) Comprehensive nutritional assessments within seventy-two hours after screens**  
39 **on patients at nutritional risk, including height, weight, and pertinent laboratory tests;**

40           **(5) Documentation of pertinent information in patient's records, as appropriate;**  
41 **and**

42           **(6) Participation in committee activities concerned with nutritional care.**

43           **5. The director or designee shall be responsible for:**

44           **(1) Representing the food and nutrition service in interdepartmental meetings;**

45           **(2) Recommending the quantity and quality of food purchased;**

46           **(3) Participating in the selection, orientation, training, scheduling, and supervision**  
47 **of food and nutrition personnel;**

48           **(4) Developing a procedure to provide appropriate substitutions or a selective menu**  
49 **for patients with food preferences and/or intolerances;**

50           **(5) Monitoring adherence to the written planned menu; and**

51           **(6) Scheduling food and nutrition services meetings.**

52           **6. If the qualified dietitian serves as a consultant, written reports shall be submitted**  
53 **to and approved by the chief executive officer or designee concerning the services provided.**

54           **7. The director shall have the authority to implement written policies and**  
55 **procedures governing food and nutrition services and shall have the responsibility for**  
56 **evaluating and monitoring to ensure they are followed. The policies and procedures shall**  
57 **include processes to ensure appropriate nutritional care and clinically-indicated nutritional**  
58 **interventions are provided and regularly communicated to all healthcare providers.**  
59 **Prompt nutrition intervention for patients who are malnourished or at risk for**  
60 **malnutrition must be a high priority and may be addressed by establishing automated**  
61 **processes that trigger intervention upon a positive screening for malnutrition. Nutritional**  
62 **care planning shall be a component of the overall discharge plan when clinically indicated**  
63 **and provided to patients, family members, and caregivers. Policies and procedures shall**  
64 **be reviewed and kept current per hospital policy and readily available to staff.**

65           **8. Food and nutrition services shall be staffed with a sufficient number of qualified**  
66 **personnel.**

67           **9. Menus shall be planned, written, and followed to meet the nutritional needs of**  
68 **the patients as determined by the recommended dietary allowances (RDA) of the Food and**  
69 **Nutrition Board of the National Research Council, National Academy of Sciences, or as**  
70 **modified by physician's order.**

71           **10. Diets shall be prescribed in accordance with the diet manual approved by the**  
72 **qualified dietitian and the medical staff. The diet manual shall be available to all medical,**  
73 **nursing,**  
74 **and food service personnel.**

75           **11. At least three meals or their equivalent shall be offered with supplementary**  
76 **snacks and/or oral nutrition supplements as necessary.**

77           **12. Food and nutrition records shall be maintained which include: food**  
78 **specifications and purchase orders; meal count; standardized recipes; menu plans;**  
79 **nutritional evaluation of**  
80 **menus; and minutes of departmental and in service education meetings.**

81           **13. The food and nutrition services shall comply with 19 CSR 20-1.025 Sanitation**  
82 **of Food Establishments.**

83           **14. If there is a contract to provide food and nutrition services to a hospital, the**  
84 **hospital is responsible for assuring that contractual services comply with rules concerning**  
85 **food and nutrition services in hospitals.**

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