

Position

It is my position that House Bill 2348 (HB 2348) requiring long-term care facilities to provide plant-based meals and beverages to those we serve is unnecessary and redundant. Long-term care facilities (LTC) are heavily federally and state regulated. Those regulations already require that personal preferences and diets be followed and provided for by the facility. In addition, most providers are already highly motivated to meet personal preferences in order to encourage healing and improve satisfaction. In this position statement, I will outline my qualifications for my position, detail existing requirements to provide for the unique preferences of each individual including specialty diets regardless if they are plant-based, vegan vegetarian or for religious purposes and outline what most long-term care facilities are already doing to support these individual choices.

Qualifications for Position

I am a registered and licensed dietitian in the state of Oregon. I am currently employed at a long-term care facility and have been in this position for nearly 20 years. In this role, I lead menu development and care planning for nutrition and dietary preferences for each resident. Additionally, I consulted at other long-term care facilities around the state of Oregon and Washington prior to coming to my current role.

Examples of Providing Food Preferences

It has been my experience that long-term care facilities identify a resident or patient's food preferences within the first few days of admission and work with the resident or patient or health care representative to meet those preferences. Plant-based diets are not ordered by the physician but considered a personal preference, much like religious and faith-based diets and or diets for personal ethical reasons. Individual preferences are taken seriously as food preferences have a profound impact on nutritional and medical status, quality of life and satisfaction surveys. Once preferences and diet orders are obtained, the dietary supervisor, registered dietitian and resident/patient and or health care representative all work together to develop a care plan that provide for the best quality of life and best matches their needs.

A few examples of how facilities individually meet resident preferences are given in the organization where I currently work:

- A patient come to us for skilled services and wanted to follow a vegan diet. She did not prefer the brand of vegan burger we were offering and wanted the brand she used at home. Dietary services procured the specific brand for her and provided it for her while she was with us all the while providing other choices for her room service menu.
- Another new resident wanted Marie Calendars frozen meals provided daily for lunch and dinner. The dietary supervisor could not find a vendor, so the dietary supervisor went to the grocery store weekly and purchased Marie Calendars frozen meals for many years.

Because of where we are located, we serve patients and residents who identify as Russian Orthodox, Old-Believers and Seventh-day Adventists. Each of these faith organization have their unique perspective on diet that is integrated with their faith. These preferences are followed to the best of our ability as a way to provide the respect and preserve the dignity of each of those we serve. These are just a few examples of how the long-term care facilities already strive to meet the specific dietary needs of our residents.

LTC Regulations

It is not just the facilities that I have had the pleasure to work in that has this perspective. LTC is heavily regulated by state and federal agencies that requires us to meet the specific needs and preferences of all residents. This would include those with preferences for plant-based diets. Facilities in Oregon are already required to meet the specific and unique needs of every resident/patient that comes through their doors. This makes HB 2348 redundant.

Oregon LTC facilities are required to follow and adhere to the State Operations Manual (SOM 2017), a guidance to surveyors. It is a 702-page document outlining the rules and regulations by which LTC must abide. Recently revised in 2017, it focuses on the approach of person-centered care that should be at the core of what we do. By providing person-centered care, it puts the resident at the center of their care plan. They have direct input on how they will be cared for, what services they want or don't want.

Taking a closer look at person centered care in the State Operations Manual 2017 edition below are the specific F-tags that require facilities to take preferences into care planning:

F550: Resident rights

The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.

By following F550, we as the care providers are called to *“Consider the resident’s life-style and personal choices identified through their assessment processes to obtain a picture of his or her individual needs and preferences.” (SOM 2017 pg. 7).* While F550 does not specify food preferences it is very clear that the resident must be cared for to maintain the dignity and even enhance their quality of life and take preferences into account when we care plan.

F553: The right to participate in the development and implementation of his or her person-centered plan of care plan

We are called to *“Incorporate the resident’s personal and cultural preferences in developing goals of care.” (SOM 2017 pg. 19)* The intent specifies that facilities include the resident in all aspects in care planning that support their own unique goals and preferences and they take an active role in deciding how they want to be cared for.

Person centered care is even given a definition of *“Person-centered care means the facility focuses on the resident as the center of control and supports each resident in making his or her own choices. Person-centered care includes making an effort to understand what each resident is communicating, verbally and nonverbally, identifying what is important to each resident with regard to daily routines and preferred activities, and having an understanding of the resident’s life before coming to reside in the nursing home.” (SOM 2017pg. 204)* Food and why we eat what we do is closely tied to what is important to us, closely tied to our quality of life and demonstrates the right to our own free choice.

F675: Quality of life

Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or

maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.

F800: Food and nutrition services

We are required to provide each resident with nourishing, palatable, well-balanced meals that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. The specific intent of this is to *"To ensure that facility staff support the nutritional well-being of the residents while respecting an individual's right to make choices about his or her diet."* (SOM 2017 pg. 532)

The guidance further explains *"This requirement expects that there is ongoing communication and coordination among and between staff within all departments to ensure that the resident assessment, care plan and actual food and nutrition services meet each resident's daily nutritional and dietary needs and choices. While it may be challenging to meet every residents' individual preferences, incorporating a residents' preferences and dietary needs will ensure residents are offered meaningful choices in meals/diets that are nutritionally adequate and satisfying to the individual. Reasonable efforts to accommodate these choices and preferences must be addressed by facility staff."* (SOM 2017 pg. 532)

F803: Menus and nutritional adequacy

Menus must meet the nutritional needs of residents in accordance with established national guidelines;

We are called to *"To assure that menus are developed and prepared to meet resident choices including their nutritional, religious, cultural, and ethnic needs while using established national guidelines."*

Through the F-tags in our SOM and because we care for some of the most vulnerable people in our population we are driven to provide for our residents and meet their unique preferences through the care we provide. This already includes preferences for plant-based diets. LTC facilities don't need to have additional laws requiring us to provide specialty diets when we are already doing them.

Examples of Diversity in Menus

Our menus are developed with choice in mind. We currently provide up to 12 different meal options for lunch and dinner and serve breakfast a la cart, made to order. We try to avoid processed vegan products and serve rice and beans, whole grains as able to meet the needs of the residents. There are times that vegan products are necessary and demanded by resident preferences. And as demonstrated above we are required to go to reasonable measures to meet their needs/preferences. Examples of plant based meals that we've had on our menu or currently have include: avocado toast, soy milk, whole grain cereals, oatmeal, vegetarian/vegan soups made with vegetables, beans, barley, and rice, fresh made to order entrée size or side salads, quinoa or brown rice bowls with black beans and vegetables, vegetable and tofu stir-fry's over brown rice, loaded baked potato with vegetables, sweet potatoes, bean chili, vegan made meatballs, hummus platter, tacos, vegan burgers, and vegetable sandwiches on 100% whole grain bread. Often these meals are served to resident who don't identify as following a plant-based diet but would like to order it.

Currently we have no one in our facility who chooses to follow a plant-based diet. However, even though we don't currently have anyone with us now, we will meet each individual needs of all of our resident when they do come because that is what we do and what we are called to do.