Advancing Policies for Quality Malnutrition Care in Older Adults

A State Legislative Toolkit

defeatmalnutrition.today
...vital to healthy aging
Dear Legislator:

Older adult malnutrition is a growing crisis in America today. The cost of disease-associated malnutrition in older adults is high – estimated to be $51.3 billion per year. Up to one out of two older adults are at risk of becoming malnourished, yet insufficient attention is given to preventing or treating the condition.

Malnutrition is a patient safety risk and can have deleterious effects on health, especially when other conditions are present. But, it is also preventable. With effective screening, assessment, diagnosis, and intervention, malnutrition can be identified and addressed to effectively reduce mortality rates, readmission rates, and complication rates such as increased length of stay and cost of care.

A collaborative effort among key stakeholders in the public and private sectors is required to reduce and prevent malnutrition among older adults across the country. The Defeat Malnutrition Today coalition and its more than 60 members are proud to offer you this toolkit. It is hoped that the policy actions presented will help provide the framework necessary to achieve success in preventing and treating malnutrition among older adults. We encourage you to use this toolkit to raise awareness about malnutrition and develop policies and implement feasible solutions to combat this public health crisis affecting so many older adults and their families in America today.

Bob Blancato
National Coordinator
Defeat Malnutrition Today

Meredith Ponder Whitmire
Policy Director
Defeat Malnutrition Today

Top-line Summary

Older adult malnutrition is a growing crisis

- Up to 1 out of 2 older adults is either at risk of becoming or is malnourished \(^1,^2\)
- Disease-associated malnutrition in older adults is estimated to cost $51.3 billion annually \(^3\)

Malnutrition is a patient safety risk and can impact healthy aging and health outcomes

- Yet malnutrition is often not identified or treated
- According to the Academy of Nutrition and Dietetics: \(^4\)
  - Between 20%-50% of adults are at risk of or are malnourished upon admission to the hospital, yet only 7% are diagnosed
  - The gap occurs for a number of reasons, including how malnutrition care information is tracked in electronic medical record systems
  - Malnourished hospitalized patients are up to five times more likely to have an in-hospital death, and have a 54% higher likelihood of hospital 30-day readmissions, compared to non-malnourished patients, according to two recent AHRQ Hospital Cost Utilization Project analyses
  - The cost per readmission for patients with malnutrition (versus patients readmitted without malnutrition) was $17,500 – 26%-34% higher, depending on the specific type of malnutrition

Malnutrition care is recognized as an important gap area

- However, there are no national/state public health goals on malnutrition and malnutrition quality measures are not included in quality incentive programs
- A National Blueprint: Achieving Quality Malnutrition Care for Older Adults identifies specific areas of stakeholder collaboration that can help raise awareness about and address the issue of malnutrition \(^5\)

State legislators can take action

- Proactive legislative and public health policy actions can help ensure quality malnutrition care is included in preventive and social services, patient safety, care transitions, and population health strategies for older adults
- Policy actions can include: establishment of a Malnutrition Prevention Commission for Older Adults, recognition of Malnutrition Awareness Week\(^{TM}\) through a resolution, including malnutrition care in state healthcare quality improvement initiatives

---

Quality Malnutrition Care as a Public Health Issue

(Adapted from National Blueprint: Achieving Quality Malnutrition Care for Older Adults)\(^5\)

High-quality nutrition and malnutrition care for older adults should be at the top of the U.S. national agenda as we develop population health strategies to improve health and to deliver consistent quality healthcare at an affordable cost. An increasing body of statistics and health economics data show the costs in human and economic terms of malnutrition among this age group. With the number of adults aged 65 years and older expected to reach 74 million by 2030, and Medicare spending projected to rise at a higher rate than overall health spending, there is an urgency to secure the future of “healthy aging,” starting with nutrition.

Nutrition has been referred to as a vital sign of older adult health. Good nutrition has been shown to help support a healthy and active lifestyle, improve health outcomes, and reduce healthcare costs. In stark contrast, malnutrition, particularly the lack of adequate protein, calories, and other nutrients needed for tissue maintenance or repair, has been shown to be associated with poor health outcomes, frailty and disability, and increased healthcare costs. Importantly, malnutrition is a significant problem for both underweight and overweight or obese individuals due to loss of lean body mass. The causes of malnutrition are multiple and complex, including clinical and social risk factors, and the solutions will require collaboration among many organizations, government bodies, and communities.

Malnutrition is a Critical Public Health and Public Safety Issue

- **1 in 2**: Up to 1 out of 2 older adults is either at risk of becoming or is malnourished\(^1,2\)
- **4 to 6**: Number of days by which malnutrition can increase length of hospital stay\(^8\)
- **$51.3B**: Disease-associated malnutrition in older adults is estimated to cost $51.3 billion annually\(^3\)

---

Hospital costs can be up to 300% greater for individuals who are malnourished\(^6\)

Malnourished hospitalized adults have up to 5x increased mortality\(^7\) and 50% higher readmission rates\(^8\)
Poverty and food insecurity significantly increase the risk of malnutrition. At the same time, there are other risk factors to consider as well. Changes commonly associated with aging, such as loss of appetite, limited ability to chew or swallow, and use of multiple medications, can impact diet and nutrition. Older adults are also at risk of malnutrition due to chronic illness, disease, injury, and hospitalizations. Acute conditions, like those that require surgery, as well as chronic diseases such as cancer, diabetes, gastrointestinal, lung, and heart disease and their treatments, can result in changes in nutrient intake that can lead to malnutrition. Further, with disease-associated malnutrition, inflammatory responses are increased, which can result in decreased appetite, gastrointestinal problems, diminished immune response, delayed wound healing, and increased infection rates. Such changes can increase risks for functional disability, frailty, and falling. Changes in functional ability can also lead to social isolation, which may cause depression and, in turn, affect cognitive functioning. Changes in cognitive functioning for some older adults may also be risk factors for malnutrition.

Figure 1: Contributing Factors that Lead to Malnutrition among Older Adults
Quality Malnutrition Care as a Public Health Issue cont.

But while malnutrition is pervasive, costly, and causes patients to feel worse and heal slower, it has not yet been addressed by a systematic, consistent approach throughout the healthcare system. Broadly, there is a general lack of awareness that malnutrition is linked to acute illness, chronic disease, and poor health outcomes. Physicians receive limited nutrition training in medical schools. Many individuals among the public, including healthcare providers, are unaware of malnutrition’s prevalence in older adults and have limited access to resources—including adequate nutrition services and supports—to help identify and address the condition. While there are malnutrition standards of care, best practices, and validated screening tools and diagnostic tools available, these have not been systematically adopted into routine medical care or adopted across care settings. Care coordination by the clinical care team of malnourished and at-risk older adults can often be fragmented, due to lack of visibility to clinically relevant malnutrition data, documentation, and non-standardization of key malnutrition data, and elements in electronic health records.

Malnutrition care represents an important gap area that has been acknowledged by the Centers for Medicare & Medicaid Services (CMS). Yet, malnutrition has not been included in our national health objectives nor is it reported in key health indicators for older adults. Malnutrition care has also been omitted from most prevention and wellness, social risk, patient safety, care transitions, and population health strategies. And while addressing malnutrition aligns with CMS goals and those of the U.S. Department of Health and Human Services’ (HHS) National Quality Strategy, to date, malnutrition care has not been integrated into public or private quality incentive programs.

The time to act is now! In a healthcare environment focused on “healthy aging,” preventive care, patient-centeredness, and cost efficiency, systematic malnutrition screening and appropriate multi-disciplinary intervention must become a mainstay of U.S. healthcare. The value of quality malnutrition care must be realized, and our country’s healthcare delivery, social services and financial incentives must be aligned to address the epidemic of malnutrition in acute care, post-acute care, and community settings.
The Malnutrition Crisis in Older Adults

MALNUTRITION: AN OLDER-ADULT CRISIS

$51.3 Billion
Estimated annual cost of disease-associated malnutrition in older adults in the US

Up to 1 out of 2 older adults are at risk for malnutrition

Up to 60% of hospitalized older adults may be malnourished

Just 3 steps can help improve older-adult malnutrition care

Screen all patients

Assess nutritional status

Intervene with appropriate nutrition

Focusing on malnutrition in healthcare helps:
- Decrease healthcare costs
- Improve patient outcomes
- Reduce readmissions
- Support healthy aging
- Improve quality of healthcare

300%
The increase in healthcare costs that can be attributed to poor nutritional status

4 to 6 days
How long malnutrition increases length of hospital stays

Malnutrition leads to more complications, falls, and readmissions

Chronic health conditions lead to increased malnutrition risk

Support policies across the healthcare system that defeat older-adult malnutrition.

Learn more at www.DefeatMalnutrition.Today

References:
Malnourished older adults make more visits to physicians, hospitals, and emergency rooms and are more likely to have increased rates of medical complications, including falls, delayed wound healing, increased infections, and increased hospital readmissions. Disease-associated malnutrition occurs when nutrient intake decreases and inflammatory responses increase. A recent study examined and quantified state level economic burden (as measured in direct medical costs) of disease-associated malnutrition to “help policy makers more completely understand the magnitude of the problem and provide support for policy changes needed to better identify, prevent, and treat malnutrition.” The results of this study identified 12 states that have an annual economic burden of over $100 million for disease-associated malnutrition in older adults (as shown in green on the map below).

State Economic Burden of Disease-Associated Malnutrition in Older Adults

(Adapted from National Blueprint: Achieving Quality Malnutrition Care for Older Adults)
## Estimated Annual Costs and Per Capita Costs of Disease-Associated Malnutrition

<table>
<thead>
<tr>
<th>STATE</th>
<th>ANNUAL COSTS (AGED 65+)</th>
<th>PER CAPITA COSTS (AGED 65+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>$71,968,488</td>
<td>$96</td>
</tr>
<tr>
<td>Alaska</td>
<td>$7,091,582</td>
<td>$100</td>
</tr>
<tr>
<td>Arizona</td>
<td>$95,796,376</td>
<td>$89</td>
</tr>
<tr>
<td>Arkansas</td>
<td>$42,740,348</td>
<td>$91</td>
</tr>
<tr>
<td>California</td>
<td>$492,571,488</td>
<td>$97</td>
</tr>
<tr>
<td>Colorado</td>
<td>$60,418,264</td>
<td>$88</td>
</tr>
<tr>
<td>Connecticut</td>
<td>$49,822,676</td>
<td>$89</td>
</tr>
<tr>
<td>Delaware</td>
<td>$14,656,278</td>
<td>$95</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>$9,390,157</td>
<td>$124</td>
</tr>
<tr>
<td>Florida</td>
<td>$346,982,176</td>
<td>$91</td>
</tr>
<tr>
<td>Georgia</td>
<td>$125,373,000</td>
<td>$99</td>
</tr>
<tr>
<td>Hawaii</td>
<td>$31,726,716</td>
<td>$124</td>
</tr>
<tr>
<td>Idaho</td>
<td>$20,377,088</td>
<td>$87</td>
</tr>
<tr>
<td>Illinois</td>
<td>$167,950,480</td>
<td>$93</td>
</tr>
<tr>
<td>Indiana</td>
<td>$83,279,520</td>
<td>$88</td>
</tr>
<tr>
<td>Iowa</td>
<td>$41,757,180</td>
<td>$85</td>
</tr>
<tr>
<td>Kansas</td>
<td>$36,615,524</td>
<td>$87</td>
</tr>
<tr>
<td>Kentucky</td>
<td>$57,608,312</td>
<td>$87</td>
</tr>
<tr>
<td>Louisiana</td>
<td>$63,654,108</td>
<td>$100</td>
</tr>
<tr>
<td>Maine</td>
<td>$20,817,142</td>
<td>$85</td>
</tr>
<tr>
<td>Maryland</td>
<td>$84,344,672</td>
<td>$102</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>$90,326,104</td>
<td>$88</td>
</tr>
<tr>
<td>Michigan</td>
<td>$141,127,008</td>
<td>$92</td>
</tr>
<tr>
<td>Minnesota</td>
<td>$67,790,480</td>
<td>$87</td>
</tr>
<tr>
<td>Mississippi</td>
<td>$43,148,340</td>
<td>$100</td>
</tr>
<tr>
<td>Missouri</td>
<td>$84,043,568</td>
<td>$89</td>
</tr>
<tr>
<td>Montana</td>
<td>$15,137,121</td>
<td>$88</td>
</tr>
<tr>
<td>Nebraska</td>
<td>$23,409,542</td>
<td>$86</td>
</tr>
<tr>
<td>Nevada</td>
<td>$338,848,784</td>
<td>$95</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>$18,116,064</td>
<td>$85</td>
</tr>
<tr>
<td>New Jersey</td>
<td>$124,254,664</td>
<td>$94</td>
</tr>
<tr>
<td>New York</td>
<td>$281,050,912</td>
<td>$90</td>
</tr>
<tr>
<td>New Mexico</td>
<td>$28,918,304</td>
<td>$96</td>
</tr>
<tr>
<td>North Carolina</td>
<td>$140,348,592</td>
<td>$95</td>
</tr>
<tr>
<td>North Dakota</td>
<td>$9,025,682</td>
<td>$86</td>
</tr>
<tr>
<td>Ohio</td>
<td>$162,532,560</td>
<td>$90</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>$53,003,912</td>
<td>$92</td>
</tr>
<tr>
<td>Oregon</td>
<td>$56,126,272</td>
<td>$87</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>$190,557,488</td>
<td>$89</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>$14,485,806</td>
<td>$87</td>
</tr>
<tr>
<td>South Carolina</td>
<td>$74,782,944</td>
<td>$98</td>
</tr>
<tr>
<td>South Dakota</td>
<td>$11,368,387</td>
<td>$87</td>
</tr>
<tr>
<td>Tennessee</td>
<td>$90,469,296</td>
<td>$91</td>
</tr>
<tr>
<td>Texas</td>
<td>$287,602,336</td>
<td>$92</td>
</tr>
<tr>
<td>Utah</td>
<td>$25,761,394</td>
<td>$87</td>
</tr>
<tr>
<td>Vermont</td>
<td>$9,114,263</td>
<td>$85</td>
</tr>
<tr>
<td>Virginia</td>
<td>$111,438,624</td>
<td>$96</td>
</tr>
<tr>
<td>Washington</td>
<td>$90,820,496</td>
<td>$90</td>
</tr>
<tr>
<td>West Virginia</td>
<td>$28,455,174</td>
<td>$86</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>$76,195,096</td>
<td>$87</td>
</tr>
<tr>
<td>Wyoming</td>
<td>$7,177,984</td>
<td>$87</td>
</tr>
<tr>
<td>National</td>
<td>$4,320,378,880</td>
<td>$93</td>
</tr>
</tbody>
</table>
A Blueprint for Success in Achieving Quality Malnutrition Care

To coalesce key stakeholders and focus attention on older adult malnutrition, the Defeat Malnutrition Today coalition and Avalere Health have led the development and launch of a new *National Blueprint: Achieving Quality Malnutrition Care for Older Adults*. The Blueprint outlines specific goals and strategies to promote and achieve high-quality malnutrition care across the continuum of acute, post-acute, and community settings. The core goals and strategies as well as specific recommendations for state governments are summarized below.

Goals and Strategies of the National Blueprint: Achieving Quality Malnutrition Care for Older Adults

<table>
<thead>
<tr>
<th>Goal</th>
<th>Improve Quality of Malnutrition Care Practices</th>
</tr>
</thead>
</table>
| **Strategies** | 1. Establish Science-Based National, State, and Local Goals for Quality Malnutrition Care  
2. Identify Quality Gaps in Malnutrition Care  
3. Establish and Adopt Quality Malnutrition Care Standards  
4. Ensure High-Quality Transitions of Care |

<table>
<thead>
<tr>
<th>Goal</th>
<th>Improve Access to High-Quality Malnutrition Care and Nutrition Services</th>
</tr>
</thead>
</table>
| **Strategies** | 1. Integrate Quality Malnutrition Care in Payment and Delivery Models and Quality Incentive Programs  
2. Reduce Barriers to Quality Malnutrition Care  
3. Strengthen Nutrition Professional Workforce |

<table>
<thead>
<tr>
<th>Goal</th>
<th>Generate Clinical Research on Malnutrition Quality of Care</th>
</tr>
</thead>
</table>
| **Strategies** | 1. Evaluate Effectiveness and Impact of Best Practices on Patient Outcomes and Clinical Practice  
2. Identify and Fill Research Gaps by Conducting and Disseminating Relevant Research  
3. Track Clinically Relevant Nutritional Health Data |

<table>
<thead>
<tr>
<th>Goal</th>
<th>Advance Public Health Efforts to Improve Malnutrition Quality of Care</th>
</tr>
</thead>
</table>
| **Strategies** | 1. Train Healthcare Providers, Social Services, and Administrators on Quality Malnutrition Care  
2. Educate Older Adults and Caregivers on Malnutrition Impact, Prevention, Treatment, and Available Resources  
3. Educate and Raise Visibility with National, State, and Local Policymakers  
4. Integrate Malnutrition Care Goals in National, State, and Local Population Health Management Strategies  
5. Allocate Education and Financial Resources to U.S. Department of Health and Human Services (HHS) and USDA-Administered Food and Nutrition Programs |
## Recommendations for State Governments to Improve Quality of Malnutrition Care for Older Adults

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Improve Quality of Malnutrition Care Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategies</strong></td>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>Identify Quality Gaps in Malnutrition Care</td>
<td>• Recognize impact of malnutrition and quality gaps for older adults in national, state, and local population health and chronic disease reports and action plans (e.g., malnutrition prevention, identification, and treatment needs in acute care, post-acute care, and home and community-based settings and among priority disease-specific populations)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 2</th>
<th>Improve Access to High-Quality Malnutrition Care and Nutrition Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategies</strong></td>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>Integrate Quality Malnutrition Care in Payment and Delivery Models and Quality Incentive Programs</td>
<td>• Adopt clinically relevant malnutrition quality measures in public and private accountability programs across the care continuum</td>
</tr>
<tr>
<td>Reduce Barriers to Quality Malnutrition Care</td>
<td>• Advance national and state policies to allocate resources to support malnutrition screening of older adults at point of entry in post-acute care and community settings, including physician offices, community health centers, senior centers, in-home settings (as appropriate), and health departments • Appoint state-level lead agency to disseminate policy standards that require addressing malnutrition across all state department programs and services • Resolve state regulatory barriers to advance dietitian order-writing privileges for clinical/nutrition orders that are permitted by federal regulation • Provide community providers with funds and data to support maintenance and continued growth of needed services</td>
</tr>
</tbody>
</table>
### Recommendations for State Governments to Improve Quality of Malnutrition Care for Older Adults

**Goal 4**

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and Fill Research Gaps by Conducting and Disseminating Relevant Research</td>
<td>• Conduct national and state research on barriers and pathways to reduce barriers to malnutrition care and nutrition support</td>
</tr>
</tbody>
</table>
| Track Clinically Relevant Nutritional Health Data     | • Include clinically relevant malnutrition-related data in acute care, post-acute care, and community settings in national and state initiatives  
|                                                     | • Support public reporting of malnutrition quality-of-care data through national or state-based reports |
| **Goal 4**                                           | **Advance Public Health Efforts to Improve Malnutrition Quality of Care**        |
| Strategies                                           | Recommendations                                                                 |
| Integrate Malnutrition Goals in National, State, and Local Population Health Management Strategies | • Initiate state-level Malnutrition Prevention Commissions or add malnutrition care scope to existing older adult commissions or committees  
|                                                     | • Implement malnutrition screening standards for early identification with populations at high risk for malnutrition  
|                                                     | • Implement malnutrition screening at State Departments of Health, Medicaid agencies, hospitals, and in national or state telehealth programs  
|                                                     | • Integrate malnutrition screening, education, and interventions into state diabetes and obesity plans |
Taking Legislative Action on Older Adult Malnutrition

Several states have taken the lead in legislative actions related to older adult malnutrition, including resolutions recognizing Malnutrition Awareness Week™ (a program of the American Society for Parenteral and Enteral Nutrition) and legislation establishing Malnutrition Prevention Commissions, as outlined below.

<table>
<thead>
<tr>
<th>2013-14 Legislative Session</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State</strong></td>
<td><strong>Legislation</strong></td>
</tr>
<tr>
<td>Illinois</td>
<td>House Resolution 418*</td>
</tr>
<tr>
<td>Indiana</td>
<td>House Concurrent Resolution 24*</td>
</tr>
<tr>
<td>Louisiana</td>
<td>Senate Concurrent Resolution 41*</td>
</tr>
<tr>
<td>Ohio</td>
<td>House Resolution 306*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2015-16 Legislative Session</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State</strong></td>
<td><strong>Legislation</strong></td>
</tr>
<tr>
<td>Florida</td>
<td>Senate Resolution 550*</td>
</tr>
<tr>
<td>Georgia</td>
<td>Senate Resolution 254*</td>
</tr>
<tr>
<td>Texas</td>
<td>House Resolution 1419*</td>
</tr>
<tr>
<td>New Mexico</td>
<td>House Memorial 104*</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Senate Bill 2499**</td>
</tr>
<tr>
<td>Ohio</td>
<td>House Bill 580**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2016-17 Legislative Session</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State</strong></td>
<td><strong>Legislation</strong></td>
</tr>
<tr>
<td>Virginia</td>
<td>Senate Bill 1437**</td>
</tr>
</tbody>
</table>

In addition, some state leadership groups have taken specific policy actions, such as the National Organization of Black Elected Leaders—Women (NOBEL-Women) adopting a malnutrition resolution in 2012 and 2016 and the Massachusetts Health Council including malnutrition in its 2017 Common Health for the Commonwealth Report on Preventable Conditions and Social Determinants of Health. Examples of template legislation and resolutions are provided on the following pages.
Template Legislation to Establish State Malnutrition Prevention Commission

There is hereby created the Malnutrition Prevention Commission, consisting of the following members:

(1) The Director of Health or the Director’s designee;
(2) The Director of Aging or the Director’s designee;
(3) The Director of Agriculture or the Director’s designee;
(4) The chairpersons of the standing committees of the House of Representatives and Senate with primary responsibility for health legislation;
(5) The following individuals appointed by the Governor:
   (a) A physician authorized by [State Code Reference] to practice medicine and surgery or osteopathic medicine and surgery;
   (b) A university researcher with expertise in the field of gerontology, nutrition, or both;
   (c) A dietitian who is actively involved with a program funded under the “Older Americans Act of 1965,” 42 U.S.C. 3001;
   (d) An individual who represents hospitals or integrated health systems;
   (e) Two registered nurses licensed under [State Code Reference] Code who actively provide home health care;
   (f) A dietitian who actively practices in a nursing home, as defined in [State Code Reference];
   (g) A dietitian who represents the [State] Academy of Nutrition and Dietetics;
   (h) An individual who represents the [State] Association of Area Agencies on Aging.

The Commission members described in division _____ of this section shall be appointed not later than _____ days after the effective date of this section. An appointed member shall hold office until the Commission ceases to exist. A vacancy shall be filled in the same manner as the original appointment. The Director of Health or the Director’s designee shall serve as chairperson of the Commission. 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.
The Malnutrition Prevention Commission created under ____ of this act shall do all of the following:

(1) Study the impact of malnutrition on older adults in all health care settings in this state;
(2) Investigate effective strategies for reducing the incidence of malnutrition among older adults;
(3) Monitor the influence of malnutrition on older adults’ health care costs and outcomes, quality indicators, and quality of life measures;
(4) Develop strategies for improving data collection and analysis regarding malnutrition risks, including clinical and social risk factors, health care costs, and protective factors for older adults;
(5) Develop strategies for maximizing the dissemination of proven, effective malnutrition prevention intervention models, including community nutrition programs, medical nutrition therapy, and oral nutrition supplements;
(6) Identify evidence-based strategies that raise public awareness of malnutrition among older adults, such as educational materials, social marketing, and statewide campaigns;
(7) Identify evidence-based malnutrition prevention intervention models, that reduce the rate of malnutrition among older adults and reduce the rate of re-hospitalizations due to conditions caused by malnutrition, and identify barriers to those intervention models;
(8) Identify models for integrating the value of malnutrition care into health care quality evaluations across health care payment models;
(9) 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 Commission shall prepare a report of its findings and recommendations. Not later than twelve months after the effective date of this section, the Commission shall submit a copy of the report to the Governor and to the [State Legislature].

**Template Legislation to Expand Scope of Existing State Council on Aging**

Be it enacted by the [State] that the [State] Council on Aging shall have the following additional duties:

Assist and advise the [State] Department on Aging regarding strategies to address older adult malnutrition through including malnutrition screening, assessment, diagnosis, and intervention measures in state healthcare quality initiatives and care models, especially those related to clinical and social risk factors, transitions of care, healthcare-acquired conditions, and readmissions.
Template Resolution to Support Addressing Older Adult Malnutrition as Part of Quality Healthcare

WHEREAS, malnutrition is an under-recognized and growing health crisis, with 20-50% of patients malnourished or at risk of malnutrition upon admission to the hospital, yet only 7% diagnosed with this condition; and

WHEREAS, the U.S. spends $15.5 billion per year in direct medical costs on disease-associated malnutrition, with individual states incurring a cost of $25 million to $1.7 billion yearly; and

WHEREAS, malnutrition—defined as a lack of the proper amount of essential nutrients—is common, particularly for older adults who often have a lower protein intake, thus increasing their risk of muscle wasting which can lead to disability and poor health outcomes; and

WHEREAS, patients who are malnourished while in the hospital have a greater risk of complications, readmissions, and healthcare-acquired conditions, with malnutrition increasing hospital length of stay by 4 to 6 days and hospital costs up to 300%; and

WHEREAS, while malnutrition is a prevalent and potentially costly problem, it is also preventable and inexpensive to treat, if addressed early, yet there continues to be a gap in the system to support improved malnutrition care; and

WHEREAS, malnutrition is often not diagnosed because malnutrition information may not be routinely communicated and tracked in hospital medical records and thus many patients fail to receive the malnutrition care they need; and

WHEREAS, new electronic clinical quality measures for malnutrition care have recently been developed, tested, and submitted to the Centers for Medicare & Medicaid Services (CMS) and align with CMS’ priorities to address clinical variations in care, improve patient outcomes, and decrease costs; and

WHEREAS, addressing older adult malnutrition requires engagement at all levels, from individuals, families, and caregivers, to healthcare institutions and providers, to public health officials and policymakers, who can all work together to support healthy aging by helping establish malnutrition care as a measure of quality health care.

NOW, THEREFORE, BE IT RESOLVED, that the [Legislative Body] encourages the [State] Department on Aging to implement a Commission, action plan, or other public health approach to study the issue of older adult malnutrition and identify and implement effective solutions, as well as to include malnutrition screening, assessment, diagnosis, and intervention measures in state healthcare quality initiatives and care models, especially those related to clinical and social risk factors, transitions of care, healthcare-acquired conditions, and readmissions.

THEREFORE, BE IT FURTHER RESOLVED that [Legislative Body] urges CMS to incorporate malnutrition quality measurement into CMS quality reporting and payment programs, for the immediate benefit of older adults and the American healthcare system.
A resolution commending the benefits of routine nutrition screening and therapeutic nutritional intervention, and recognizing the week of [generally the last week of September] as “Malnutrition Awareness Week™” in the state of [State].

WHEREAS, Leading health and nutrition experts agree that nutrition status is a direct measure of patient health and that good nutrition can keep people healthy and out of institutionalized healthcare facilities, thus reducing healthcare costs; and

WHEREAS, Inadequate or unbalanced nutrition, known as malnutrition, is particularly prevalent in vulnerable populations, such as older adults, hospitalized patients, or minority populations, and those populations statistically shoulder the highest incidences of the most severe chronic illnesses such as diabetes, kidney disease, and cardiovascular disease; and

WHEREAS, Illness, injury, and malnutrition can result in the loss of lean body mass, leading to complications that impact good patient health outcomes, including recovery from surgery, illness, or disease; the elderly lose lean body mass more quickly and to a greater extent than younger adults and weight assessment (body weight and body mass index) can overlook accurate indicators of lean body mass; and

WHEREAS, The American Society for Parenteral and Enteral Nutrition (ASPEN) defines malnutrition in adults as a condition in which adult patients lack the adequate calories, protein, or other nutrients needed for tissue maintenance and repair (undernutrition), and defines pediatric malnutrition (undernutrition) as an imbalance in infants and children between nutrient requirement and intake, resulting in cumulative deficits of energy, protein, or micronutrients that may negatively affect growth, development, and other relevant outcomes; and

WHEREAS, Therapeutic nutrition is defined as the administration of food and fluids to support the metabolic processes of a patient who is malnourished or at high risk of becoming malnourished; and

WHEREAS, Despite the recognized link between good nutrition and good health, nutrition screening and therapeutic nutrition treatment have not been incorporated as routine medical treatments across the spectrum of healthcare; and

WHEREAS, The [Names of Local Supporting Groups] and other state and local nutrition organizations support access to therapeutic nutrition as being essential to restoring lean body mass, resolving malnutrition challenges, improving clinical outcomes, reducing healthcare costs, and promoting good health; and

WHEREAS, ASPEN in first establishing a national Malnutrition Awareness Week™ in 2012, recognized that an important step toward treating malnutrition is raising awareness about it.

NOW, THEREFORE, Be it Resolved by the [Legislative Body] of the State of [State] : That September [generally the last week in September] is recognized as “Malnutrition Awareness Week™” in [State].
A Quality Focus for Malnutrition Care

(Adapted from National Blueprint: Achieving Quality Malnutrition Care for Older Adults)\textsuperscript{5}

With the ever increasing proportion of older adults in the U.S. population, it is important to promote public health policies—like high-quality malnutrition care—that help keep older adults healthy and active. This begins by establishing malnutrition public health goals and quality measures that will evaluate the effectiveness of payment and healthcare systems in providing malnutrition care. Currently, there are hundreds of quality measures and many that are required for quality incentive programs. However until recently, there have been no quality measures for malnutrition care and there are still none for malnutrition care required in quality incentive programs.

The Malnutrition Quality Improvement Initiative (MQii), a collaboration of the Academy of Nutrition and Dietetics, Avalere Health, and other stakeholders recently developed an innovative approach that recognizes the need to drive quality through the combined use of electronic clinical quality measures and an interdisciplinary toolkit to assist hospitals in achieving their performance goals for malnutrition care of older adults. The four quality measures developed by the MQii were submitted and are currently under consideration by CMS for adoption into the CMS Hospital Inpatient Quality Reporting Program.\textsuperscript{20}

### Electronic Clinical Quality Measures for Malnutrition Care

<table>
<thead>
<tr>
<th>National Quality Forum (NQF) Number</th>
<th>CMS Number</th>
<th>Electronic Clinical Quality Measure (eCQM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NQF #3087</td>
<td>MUC16-294</td>
<td>Completion of a Malnutrition Screening within 24 hours of Admission</td>
</tr>
<tr>
<td>NQF #3088</td>
<td>MUC16-296</td>
<td>Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening</td>
</tr>
<tr>
<td>NQF #3089</td>
<td>MUC16-372</td>
<td>Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment</td>
</tr>
<tr>
<td>NQF #3090</td>
<td>SMUC16-344</td>
<td>Appropriate Documentation of a Malnutrition Diagnosis</td>
</tr>
</tbody>
</table>
Are your patients receiving optimal nutrition care?

The Malnutrition Quality Improvement Initiative (MQii) is designed to help your organization improve malnutrition care and subsequently achieve better outcomes. The primary goal is to advance evidence-based, high-quality, patient-driven care for hospitalized older adults who are malnourished or at-risk for malnutrition.

What is my Role?

- **PHYSICIAN**
- **DIETITIAN**
- **NURSE**
- **QUALITY LEADER**
- **HOSPITAL EXECUTIVE**
- **PATIENT ADVOCATE**

Malnutrition Facts

- Leading cause of morbidity and mortality, especially among older adults
- 20 – 50% of patients at risk or malnourished upon hospital admission
- Only 3% of patients typically diagnosed in hospital with malnutrition, leaving them at risk for other medical complications
- Increased hospital length of stay by 4 – 6 days and hospital costs up to 300%
- Greater risk of readmissions, hospital acquired conditions (including infections), falls, pressure ulcers, and slowed wound healing

MQii Technical Experts & Advisors | MQii Guiding Principles | About Academy of Nutrition and Dietetics | About Avalere | FAQs | Contact Us

These materials were developed by the Malnutrition Quality Improvement Initiative (MQii), a project of the Academy of Nutrition and Dietetics, Avalere Health, and other stakeholders who provided guidance and expertise through a collaborative partnership. Support provided by Abbott.
The topic of older adult malnutrition can be important to your constituents. Use the sample social media posts and template traditional media materials to help increase awareness about the problem of older adult malnutrition.

**TWITTER**

- Quality measures for malnutrition care are needed to help ensure older Americans get the care they need.
- As many as 1 of 2 older adults aged 65+ are malnourished or at risk for #malnutrition.
- Malnutrition awareness is imperative to clinical outcomes. Let’s learn about and address #malnutrition in the US.
- #Malnutrition is more common in the US than you think: ½ of US older adults are at risk!
- Being malnourished puts Americans at risk for serious health consequences. #Malnutrition Awareness is crucial.
- Did you know that obesity isn’t the only nutritional epidemic in America? #Malnutrition affects thousands.
- The yearly cost of disease-associated #malnutrition in older adults is more than $51.3 billion!
- Did you know that up to 1/2 of US older adults may be at risk for #malnutrition? Learn the facts & join us in speaking up.
- #Malnutrition in the hospital setting often goes undiagnosed, leading to serious adverse effects.
- You don’t have to look unhealthy to suffer signs of #malnutrition. Learn the risk factors.
- When it comes to #malnutrition, you aren’t helpless. Empower yourself and your loved ones by asking for a nutrition care plan and getting the facts.

**HB/SB Specific POSTS**

- Join me in supporting SB/HB#### so that we can defeat #malnutrition today!
- I introduced SB/HB#### to end the PREVENTABLE burden of #malnutrition in STATE.
- SB/HB#### aims to bring #malnutrition awareness to improve clinical outcomes in our state. It is time to defeat #malnutrition today!
- Up to 1/2 of older adults are at risk for #malnutrition – Please support SB/HB#### to help us end this preventable health risk!
- #Malnutrition costs our state $$ _________ per year! SB/HB#### will help end this preventable health crisis!

**Content for Specific Conditions:**

**Oncology**

- #Malnutrition is common among cancer patients because the disease can affect the ability to digest food and absorb nutrients. [http://bit.ly/1MECGSZ](http://bit.ly/1MECGSZ)
- #Malnutrition is common among cancer patients. Treatment can impede the body’s ability to get the best nutrition. [http://bit.ly/1MECGSZ](http://bit.ly/1MECGSZ)

**Diabetes**

- Preventing and treating #malnutrition is important in helping manage and treat diabetes, and preventing or slowing complications. [http://bit.ly/1MECGSZ](http://bit.ly/1MECGSZ)
Kidney Disease

• Malnutrition frequently complicates chronic kidney disease and end-stage renal disease http://bit.ly/1MECGSZ

• Malnutrition can affect up to 75% of acute kidney injury and acute renal failure (ARF) patients http://bit.ly/1MECGSZ

Additional Content for Facebook, Instagram, and LinkedIn:
(Note: The following content contains too many characters for Twitter)

• Do you have a family member who was affected by #malnutrition? Share your story on Instagram and Facebook using #Malnutrition. You can also share your story on Defeat Malnutrition Today’s website http://defeatmalnutrition.today/stories. Together we can make a difference and raise awareness. http://bit.ly/2aOF7Y1

• Why are we speaking up about #Malnutrition? Because we want to see decreased mortality & improved quality of life. Share this status if you know someone who has suffered from #malnutrition.


• Did you know that surgical patients with #malnutrition have a four times higher risk of pressure ulcer development? Learn more about malnutrition and ways to reduce these risks at Defeat Malnutrition Today defeatmalnutrition.today

• In some studies, 30-50% of patients become malnourished, often during a hospital stay. http://bit.ly/2aOF7Y1 Educate yourself on the signs and risk factors for malnutrition at Defeat Malnutrition Today defeatmalnutrition.today

Resources and Links to Include with Posts:

• Alliance for Aging Research Resource Section: http://www.agingresearch.org/malnutrition

• National Council on Aging Infographic: https://www.ncoa.org/resources/5-facts-malnutrition/

• National Council on Aging: http://www.ncoa.org/ResourceHub

• International Council on Active Aging: Active Aging Week: http://activeagingweek.com/themedays/day5.php

• Journal of the Academy of Nutrition and Dietetics: Malnutrition Care: Preparing for the Next Level of Quality: http://www.andjrnl.org/article/S2212-2672(16)30012-0/abstract

[Date, 2017] – [City, State] – The [State Malnutrition Coalition/Nutrition Stakeholders] today joined with [State Representatives/Senators] to announce legislation to help end the devastating health and economic burden of malnutrition in [State].

Simply defined as the lack of proper nutrition, often caused by not having enough to eat, not being able to eat enough because of illness or disease, or not eating enough of the right things, malnutrition can impact anyone in the US and commonly coexists with chronic health conditions like kidney disease, diabetes, and cancer. Someone can be malnourished and underweight or overweight.

Older Americans are at especially high risk of becoming malnourished for reasons such as loss of appetite, depression, living alone, limited income, and inability to shop or cook for themselves. Although it is has been shown that half of US older adults are at risk for being malnourished, public awareness of the condition remains low and screening for malnutrition is often not conducted as part of routine health care for older adults.

Even though it is preventable, in [State], the annual burden of disease-associated malnutrition is estimated at $[XX] for adults 65 and older. [Information can be found earlier in this toolkit]. Overall, malnutrition costs the U.S. $15.5 billion annually in direct medical costs.

“Malnutrition is both preventable and treatable; there is no good reason for so many older Americans to be suffering from its consequences,” said [Representative/Senator Name]. “We must do a better job of educating the public on the signs and symptoms of malnutrition and insisting upon screening for and treatment of malnutrition as part of routine health care for older Americans.”

One way we can start to address older adult malnutrition in [State] is to pass [Bill###]. This legislation will create a Commission on Malnutrition Prevention that will study the impact of malnutrition on [State] seniors across care settings, investigate effective strategies for reducing malnutrition, and monitor the influence of malnutrition on older adults’ health care costs, outcomes, quality indicators, and quality of life measures.

Early intervention, attention to clinical and social risk factors, routine malnutrition checks – especially during hospital stays – and caregiver awareness can all help end older adult malnutrition. We are urging fellow legislators, the healthcare community and the public to come together to pass [HB/SB ####] to help eliminate this preventable health crisis.
When you hear the word “malnutrition,” images of starving children from third-world countries may come to mind. But here in [State] and across America, malnutrition also has a face, and it is often marked by wrinkles and topped by the graying hair of an older adult.

A full-blown US public health crisis, malnutrition is hurting the health of our older adults, eroding the quality of their golden years, and contributing to our country’s rising healthcare costs. Astonishingly, as many as one-half of older Americans are at risk for malnutrition and its unfavorable outcomes that include higher infection rates, poor wound healing, longer lengths of hospital stays, and higher frequency of readmissions. Even though it is preventable, in [State], the annual burden of disease-associated malnutrition is estimated at $[XX] for adults 65 and older. [Information can be found earlier in this toolkit]. Overall, malnutrition costs the U.S. $15.5 billion annually in direct medical costs.

These statistics are not only staggering, but completely unacceptable for a condition that is both avoidable and preventable! It’s time to ensure that STATE’s seniors, their family members and caregivers, along with our healthcare community, are fully aware and on top of preventing, screening for, diagnosing, and addressing malnutrition.

[HB/SB ####] would [establish a Malnutrition Prevention Study Commission]. This [Commission] will document the problem by studying the impact of older adult malnutrition across care settings throughout the state, find evidence-based solutions by investigating the most effective strategies, and recommend systems of care to monitor the influence of malnutrition on adults’ healthcare costs, outcomes, quality indicators, and quality of life measures. I urge my colleagues in the [Committee Name] to vote “yes” on [HB/SB ####] so that we can have a good start in addressing malnutrition in our state and protecting our senior citizens.

Early intervention, attention to clinical and social risk factors, routine nutrition checks – especially during hospital stays – and caregiver awareness can all help end malnutrition. I am advocating that my colleagues, the healthcare community and the public to come together to pass [HB/SB ####] to help eliminate this preventable health crisis.

[Author Name is the Title (Representative/Senator) representing District]
Dear Constituents,

Malnutrition is a serious and costly public health crisis - here in [State] and across our nation! Older adult malnutrition in particular is associated with unfavorable health outcomes including higher infection rates, poor wound healing, longer lengths of stay, and higher frequency of readmission. Not unexpectedly, these outcomes are associated with high costs to our healthcare system and state.

Yet, despite its severity and prevalence, and the fact that it is both TREATABLE AND PREVENTABLE, older adult malnutrition is too often misunderstood by the American public and overlooked by our healthcare system.

For these reasons, I have [introduced/co-sponsored] [HB/SB ####] to begin to address this severe public health crisis among our older adults by creating a Malnutrition Prevention Study Commission. This Commission will document the problem by studying the impact of older adult malnutrition across care settings throughout the state, find evidence-based solutions by investigating the most effective strategies, and recommend systems of care to monitor the influence of malnutrition on adults’ healthcare costs, outcomes, quality indicators and quality of life measures. This legislation is a step in the right direction to stopping malnutrition before it impacts any more of our older adults.

Please contact my office if you have any questions about the legislation or want to find out how you can help to end malnutrition in our state.

Sample Constituent Communication
Sponsoring/Co-Sponsoring SB/HB ####
Establishing a Malnutrition Prevention Study Commission
As many as 1/2 of older Americans are at risk for the condition!\(^{1,2}\)

The annual burden of disease-associated malnutrition of U.S. adults 65 years or older is estimated to be $51.3 billion\(^3\)

The costs associated with malnutrition are equally staggering –

### Resources

#### Studies/Papers

- Addressing Disease-Related Malnutrition in Hospitalized Patients: A Call for a National Goal (2015)
  [http://www.ingentaconnect.com/content/jcaho/icjqs/2015/00000041/00000010/art00006](http://www.ingentaconnect.com/content/jcaho/icjqs/2015/00000041/00000010/art00006)

- Aging Policy: Preventing, Treating Malnutrition to Improve Health and Reduce Costs (2014)

- Clinical Role of Nutrition in Improving Quality of Care: An Interdisciplinary Call to Action to Address Adult Hospital Malnutrition (2013)
  [http://journals.sagepub.com/stoken/rbtfi/oVaDwz3j7XroY/full](http://journals.sagepub.com/stoken/rbtfi/oVaDwz3j7XroY/full)

- Malnutrition Vigilance During Care Transitions (2015)


- Economic Burden of Community-based Disease-associated Malnutrition in the United States (2014)
  [http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0161833](http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0161833)

- Economic Burden of Disease-Associated Malnutrition at the State Level (2016)
  [http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0161833](http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0161833)
Organizational Resolutions

- American Medical Association resolution

- National Black Nurses Association resolution

Toolkits and Other Resources

- Alliance for Aging Research Malnutrition Tools
  film: https://www.youtube.com/watch?v=iPNZKvXqN1U
  resources: http://www.agingresearch.org/malnutrition
  press release: http://www.agingresearch.org/malnutritionrelease#.WR9B0xPytE5
  film in Spanish: https://www.youtube.com/watch?v=ADfqv4L7KI

- ASPEN Malnutrition Toolkit
  https://www.nutritioncare.org/Guidelines_and_Clinical_Resources/Toolkits/Malnutrition_Toolkit/

- Community Malnutrition Resource Hub
  https://www.ncoa.org/center-for-healthy-aging/resourcehub/

- Food Is Medicine Advocacy Toolkit

- Malnutrition Quality Improvement Initiative (MQii) Toolkit
  http://mqii.defeatmalnutrition.today/mqii-toolkit.html

- NCOA Malnutrition Toolkit
  https://www.ncoa.org/healthy-aging/chronic-disease/nutrition-chronic-conditions/
  (also available in Spanish)


References continued


The Defeat Malnutrition Today coalition is a diverse alliance of over 60 national, state, and local stakeholders and organizations, including community, healthy aging, nutrition, advocacy, healthcare professional, faith-based, and private sector groups. The coalition shares the goal of achieving the recognition of malnutrition as a key indicator and vital sign of older adult health risk; it works to create policy change toward a greater emphasis on screening, detecting, diagnosing, treating, and preventing malnutrition.

Defeat Malnutrition Today
1612 K Street, NW, Suite 200
Washington, DC 20006
202-789-0470

www.defeatmalnutrition.today