December 16, 2019

The Honorable Diana DeGette  
The Honorable Fred Upton  
U.S. House of Representatives  
Washington, DC 20515  

Via email  

Dear Reps. DeGette and Upton,  

Thank you for the opportunity to submit comments on your proposal for Cures 2.0 legislation.  

Defeat Malnutrition Today is a coalition of 99 members committed to defeating older adult malnutrition across the continuum of care. We are a diverse alliance of stakeholders and organizations working to achieve a greater focus on malnutrition screening, diagnosis, and intervention through regulatory and/or legislative change across the nation’s health care system.  

We feel that any new Cures 2.0 legislation should work to combat older adult malnutrition, which is a serious issue facing many vulnerable patients today.  

**Older Adult Malnutrition**  
Older adult malnutrition—particularly the lack of adequate protein, calories, and other nutrients needed for tissue maintenance or repair—is a growing crisis in America today. Up to half of all older adults are at risk of malnutrition. For example, in the acute care hospital setting, it is estimated that approximately 20 to 50 percent of admitted patients are malnourished or at-risk of malnutrition.\(^1\)\(^2\)  

As called for in the *National Blueprint: Achieving Quality Malnutrition Care for Older Adults*, 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.” This is because while good nutrition has been shown to help support a healthy and active lifestyle, improve health outcomes, and reduce healthcare costs, malnutrition has been shown to be associated with poor health outcomes, frailty and disability, and increased healthcare costs.  

Further, as individuals age, their health needs become more complex and intertwined with chronic disease, social determinants of health (e.g. access to transportation and housing), and nutrition. These individuals with complex care needs are more likely to experience malnutrition concerns in an outpatient setting.  

**What Cures 2.0 Legislation Can Do**  
We think that your call for proposals on “improv[ing] the ability of families and caregivers to support their loved ones” is relevant to the issue of older adult malnutrition.  

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We feel that caregivers and patients alike should both be aware of and able to mitigate the risk of malnutrition; public awareness needs to be raised about this serious and common condition. For example, patients or their caregivers should know to ask about their nutritional risk status when seeing medical providers and know to ask for referrals to registered dietitian nutritionists. Cures 2.0 legislation could authorize funding for a public awareness campaign. It could also mandate nutrition education for physicians in medical school and in continuing education, as many physicians are also unaware of this serious issue and undereducated on proper nutrition.

Patients and their caregivers should also be educated about the resources currently available to combat malnutrition in their communities, such as congregate and home-delivered meals, Medicare Advantage supplemental benefits, registered dietitian nutritionists, and nutritional counseling. Cures 2.0 could provide resources for this education. Also, Cures 2.0 legislation could provide further Medicare coverage and reimbursement of registered dietitian nutritionist services in outpatient settings. Outside of Cures 2.0, we also hope that you will advocate for increases in annual funding for the Older Americans Act nutrition programs, which provide older adults with meals and nutrition education and counseling.

Thank you for considering our comments. Please let us know if we can provide you with any further information. You may reach our Policy Director Meredith Whitmire at mponder@matzblancato.com.

Sincerely,

Bob Blancato
National Coordinator
Defeat Malnutrition Today