Congress of the United States Washington, DC 20515

July 17, 2019

The Honorable Seema Verma Administrator Centers for Medicare and Medicaid Services U.S. Department of Health and Human Services 7500 Security Boulevard Baltimore, MD 21244

Dear Administrator Verma:

We write to urge action on a persistent, but preventable problem—older adult malnutrition. Specifically, we ask that you consider possible policy options, including quality measures, to address the issue of malnutrition.

Recently, the Department of Health and Human Services (HHS) Secretary Alex M. Azar II spoke at the Hatch Foundation for Civility regarding malnutrition as a social determinant that involves economic and social conditions that impact people and community's health outcomes:

"Data from the Agency for Health Research and Quality at HHS found that Americans with malnutrition are twice as costly to treat at the hospital as those who come in well-nourished. In fact, malnutrition is involved in 12 percent of non-maternal, non-neonatal hospital stays—\$42 billion each year in healthcare spending. Naturally, a number of private health providers and payers have already tried addressing this issue: One ACO in Chicago, for instance, began screening high-risk patients for malnutrition, and then supporting them after discharge from the hospital with follow-ups, referrals, and nutrition coupons. The savings were huge: more than \$3,800 per patient."

Recent results from the largest analysis to date of U.S. hospital patients confirmed 1 in 3 adults are at risk of malnutrition. This remains a public health concern for malnourished patients. As a result, hospital length of stay can be 4 to 6 days longer, mortality can be increased up to 5 times, and readmission rates can be up to 50 percent higher. Unfortunately, we lack evidence-based practices and uniform standards of care to reduce malnutrition across care settings.

Consequently, many hospitals are beginning to increase their participation in Malnutrition Quality Improvement Initiative Learning Collaborative to implement malnutrition electronic clinical quality measures (eCQMs). We believe the malnutrition quality measures that CMS included in their proposed rule FY 2018 Medicare Hospital Inpatient Prospective Payment System and Long-Term Acute Care Hospital Prospective Payment System would greatly improve adoption and reduce malnutrition among older adults.

We believe CMS' addition of malnutrition eCQMs to the meaningful measure set of the IQR is urgently needed to help solve this problem. Thus, we continue to request that the malnutrition eCQMs be included in the hospital IQR rule for FY 2020. Further, we encourage CMS to evaluate other potential policy levers, such as integrating malnutrition into CMS Innovation Center Pilots, Advanced Payment Models, and Population Health Initiatives to address malnutrition in the Medicare populations. With such action, health care costs could be reduced and more importantly, millions of Americans—our constituents—could benefit as nutrition remains fundamental to the very health and vitality of every citizen of our nation.

Sincerely, Rodney Davis Peter T. King Member of Congress Member of Congress Member of Congress ames P. McGovern Roger Marshall, M.D. Member of Congress Member of Congress Member of Congress Angie Craig uis Correa Mike Bost Member of Congress Member of Congress Member of Congress Raja Krisl namoorthi vette D. Clarke Sheila Jackson Lee Member of Congress Member of Congress Member of Congress Chellie Pingree Bobby L. Rush John Shimkus Member of Congress Member of Congress Mimber of Congress Daniel Lipinski Julia Brownley Alcee Hastings Member of Congress Member of Congress Member of Congress Bill Pascrell, Jr. Brian Fitzpatrick nne Bonamici Member of Congress Member of Congress Member of Congress

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