



NOBEL Women Resolution on Malnutrition

COMMITTEE: Health (HEA)

RESOLUTION: HEA-19-01

1. **WHEREAS**, improving our nation’s health requires advocating and advancing access to
2. quality and affordable patient-centered healthcare, as well as a strong focus on
3. prevention, including nutrition.
4. **WHEREAS**, older adult malnutrition continues as a persistent, but preventable problem,
5. with recent results from the largest analysis to date of U.S. hospital patients confirming 1
6. in 3 adults are at risk of malnutrition.
7. **WHEREAS**, malnutrition (defined as a lack of the proper amount of essential nutrients,
8. including both under and overnutrition) remains a public health concern because for
9. malnourished patients, hospital length of stay can be 4 to 6 days longer, mortality can be
10. increased up to 5 times, and readmission rates can be up to 50% higher.
11. **WHEREAS**, malnutrition can be impacted by health disparities, with African Americans
12. more than twice as likely to experience nutrition neglect and nearly 50% more likely to
13. suffer from cachexia (including weight loss and muscle wasting and anorexia) during
14. inpatient hospital stays.
15. **WHEREAS**, Secretary Azar II called attention to the very issue of malnutrition as a
16. social determinant of health, when he commented to the Hatch Foundation for Civility
17. that: “Data from the Agency for Health Research and Quality at HHS found that
18. Americans with malnutrition are twice as costly to treat at the hospital as those who come
19. in well-nourished. In fact, malnutrition is involved in 12 percent of non-maternal, non

20. neonatal hospital stays—\$42 billion each year in healthcare spending. Naturally, a
21. number of private health providers and payers have already tried addressing this issue:
22. One ACO in Chicago, for instance, began screening high-risk patients for malnutrition,
23. and then supporting them after discharge from the hospital with follow-ups, referrals, and
24. nutrition coupons. The savings were huge: more than \$3,800 per patient.”

25. **WHEREAS**, some Medicare Advantage plans can now provide coverage (for patients
26. with specified conditions) for non-medical services, including home-delivered meals post
27. hospitalization, such as meals delivered by community-based organizations.

28. **WHEREAS**, standards of care, tools, and best practices to address malnutrition have not
29. been systematically adopted across care settings, and consistent coordination and
30. transitions among care providers to manage patient nutrition needs continue to be
31. lacking.

32. **WHEREAS**, some states have established Malnutrition Prevention Commissions to
33. study the issue of older adult malnutrition and identify effective state-based solutions
34. including identifying roles for individuals, community-based organizations, healthcare
35. institutions, and policymakers to work together to help establish malnutrition care as a
36. measure of quality health care.

37. **WHEREAS**, today over 250 hospitals nationwide—increased from 50 hospitals just a
38. year ago--have joined a Malnutrition Quality Improvement Initiative Learning
39. Collaborative to voluntarily implement malnutrition electronic clinical quality measures
40. (eCQMs). These are the same malnutrition eCQMs that CMS included in its FY 2018
41. Medicare Hospital Inpatient Prospective Payment System and Long-term Care Acute
42. Hospital Payment Prospective Payment System Proposed Rule.

43. **THEREFORE, BE IT RESOLVED THAT** NOBEL Women encourages state
44. community-based organizations to address malnutrition by incorporating validated
45. screening tools into their care transition, disease prevention, and health promotion
46. program assessments.

47. **THEREFORE, BE IT RESOLVED THAT** NOBEL Women encourages states to
48. include malnutrition screening and intervention in state healthcare quality initiatives and
49. care models, especially those related to transitions of care, management of chronic
50. conditions, and readmissions.

51. **THEREFORE, BE IT FINALLY RESOLVED THAT** NOBEL Women encourages
52. CMS to add malnutrition eCQMs to the meaningful measure set of the Inpatient Quality
53. Rule (IQR) for FY 2020 and encourages the Agency to evaluate integrating malnutrition
54. into CMS Innovation Center Pilots, Advanced Payment Models, and Population Health
55. Initiatives to address malnutrition in the Medicare populations and achieve meaningful
56. change in malnutrition care.

57. **BE IT FINALLY RESOLVED**, that NOBEL WOMEN send a copy of this resolution to
58. the President of the United States, members of Congress, state legislators, and regulatory
59. agencies.