

**Congress of the United States**  
**Washington, DC 20515**

December 10, 2020

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:

The COVID-19 pandemic has continued to underscore the importance of addressing social determinants of health and health disparities, particularly for vulnerable populations. We are writing to once again urge your action on a persistent problem that is at the intersection of these issues, older adult malnutrition. Specifically, we ask that you consider the policy options, including quality measures, that CMS could implement to address the issue of senior malnutrition.

We were encouraged to learn that a malnutrition composite measure was recently accepted for the CMS Measures Under Consideration list for this year's cycle. With up to 1 in 2 older adults at risk of malnutrition, the need for such a quality measure is critical. Malnutrition has been documented at higher rates in older adults admitted to the hospital with COVID-19 and nutrition status has been suggested as an important factor influencing the outcome of patients with COVID-19, including potentially impacting its virulence. In addition, nutritional challenges continue into the rehabilitation period, where nutrition support is considered paramount to improve the chances of recovery for COVID-19 patients. We therefore urge your action on the malnutrition composite quality measure to support uniform standards of care to reduce malnutrition across the care continuum.

Last year, the Government Accountability Office issued a report documenting many older adults have chronic conditions and evidence shows older adults' nutrition is associated with their health outcomes. In addition, the report identified age-related changes, such as decreased metabolism and reductions in muscle mass and nutrient absorption, may make it difficult for older adults to meet their nutrition needs. Because the risk of malnutrition increases with chronic disease, and there are disparities in diet quality and access to healthcare, minority older adults may be particularly at risk for poor nutrition. Indeed, racial disparities in nutritional risk have been documented, including among older adults in adult day healthcare. And long-standing disparities in nutrition and obesity have been identified as playing a crucial role in the health inequities unfolding during the pandemic.

Yet while common, older adult malnutrition is also preventable. A *National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update* summarized that with effective screening, assessment, diagnosis, and intervention - malnutrition can be identified and addressed to reduce mortality rates, readmission rates, lengths of stay, and costs of care. It

contained one key recommendation for CMS to integrate malnutrition care in quality programs and care models across care settings.

It is important to emphasize that no malnutrition quality measures exist in the inpatient setting. Despite having nearly 200 total quality measures, the lack of malnutrition-related measures is concerning given its importance for patients, and its apparent impact on health disparities. We acknowledge your efforts to streamline the quality measure process. However, there is no measure to streamline in the area of malnutrition, and based on data, it is necessary to help our system improve outcomes, and save money and lives.

We believe CMS' addition of the malnutrition composite measure to the Inpatient Quality Reporting (IQR) program is urgently needed to address the critical problem of older adult malnutrition. We reiterate our request that malnutrition be included in the hospital IQR rule—in this case for FY 2021. In addition, we encourage CMS to evaluate other potential policy levers, including integrating malnutrition into CMS innovation Center Pilots, Advanced Payment Models such as the Oncology Care First model, and in population Health Initiatives to address malnutrition throughout the Medicare population.

Nutrition is a low cost, easily implemented option for CMS to emphasize in different care settings. It will help fix one key health disparity and support healthy aging. We thank you for your attention to this critical issue.

Sincerely,



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Danny K. Davis  
Member of Congress



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Rodney Davis  
Member of Congress

/s/

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Raja Krishnamoorthi  
Member of Congress

/s/

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James P. McGovern  
Member of Congress

/s/

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Roger Marshall, M.D.  
Member of Congress

/s/

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Raúl M. Grivjalva  
Member of Congress

/s/

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Chellie Pingree  
Member of Congress

/s/

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Angie Craig  
Member of Congress

/s/

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Janice D. Schakowsky  
Member of Congress

/s/

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Joyce Beatty  
Member of Congress

/s/

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Bill Foster  
Member of Congress

/s/

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Bobby L. Rush  
Member of Congress

/s/

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Alcee L. Hastings  
Member of Congress

/s/

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Marcy Kaptur  
Member of Congress

/s/

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Ayanna Pressley  
Member of Congress

/s/

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Ted Deutch  
Member of Congress

/s/

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Al Lawson, Jr.  
Member of Congress

/s/

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Mike Quigley  
Member of Congress

/s/

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Judy Chu  
Member of Congress

/s/

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Suzanne Bonamici  
Member of Congress

/s/

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Debbie Wasserman Schultz  
Member of Congress

/s/

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Charlie Crist  
Member of Congress

/s/

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John B. Larson  
Member of Congress

/s/

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Eddie Bernice Johnson  
Member of Congress

/s/

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Mark Pocan  
Member of Congress

/s/

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Marcia L. Fudge  
Member of Congress

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Eleanor Holmes Norton  
Member of Congress

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André Carson  
Member of Congress

/s/

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Juan Vargas  
Member of Congress

/s/

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Donna E. Shalala  
Member of Congress

/s/

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Mike Bost  
Member of Congress

/s/

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Brian Fitzpatrick  
Member of Congress