



NOBEL Women Resolution on Malnutrition

COMMITTEE: Health

RESOLUTION: HEA-20-02

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 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**, cancer and cancer care increase the risk of malnutrition, and older patients
8. with cancer are one of the patient populations most underdiagnosed with malnutrition.
9. **WHEREAS**, malnutrition (defined as a lack of the proper amount of essential nutrients,
10. including both under and overnutrition) remains a public health concern because for
11. malnourished patients, hospital length of stay can be 4 to 6 days longer, mortality can be
12. increased up to 5 times, and readmission rates can be up to 50% higher.
13. **WHEREAS**, malnutrition can be impacted by health disparities, with African Americans
14. more than twice as likely to experience nutrition neglect and nearly 50% more likely to
15. suffer from cachexia (including weight loss and muscle wasting and anorexia) during
16. inpatient hospital stays.
17. **WHEREAS**, malnutrition is exacerbated by the global COVID-19 health pandemic that
18. has intensified disparities and social isolation and is further compounded by food
19. insecurity and federal legislation has allocated supplemental funding for federal

20. community nutrition programs.

21. **WHEREAS**, some Medicare Advantage plans can now provide coverage (for
22. patients with specified conditions) for non-medical services, including home-delivered

23. meals post-hospitalization, such as meals delivered by community-based organizations.

24. **WHEREAS**, standards of care, tools, and best practices to address malnutrition have not

25. been systematically adopted across care settings, and consistent coordination and

26. transitions among care providers to manage patient nutrition needs continue to be

27. lacking.

28. **WHEREAS**, some states have established Malnutrition Prevention Commissions to

29. study the issue of older adult malnutrition and identify effective state-based solutions

30. including identifying roles for individuals, community-based organizations, healthcare

31. institutions, and policymakers to work together to help establish malnutrition care as a

32. measure of quality health care.

33. **WHEREAS**, clinical quality measures can help improve nutrition screening and

34. intervention, and the Centers for Medicare & Medicaid Services (CMS) for the first time

35. has approved multiple malnutrition-specific clinical quality measures for two CMS

36. qualified clinical data registries.

37. **THEREFORE, BE IT RESOLVED THAT** NOBEL Women encourages state

38. community-based organizations to address malnutrition by incorporating validated

39. screening tools into their care transition, disease prevention, and health promotion

40. program assessments.

41. **THEREFORE, BE IT RESOLVED THAT** NOBEL Women encourages states

42. to include malnutrition screening and intervention in state healthcare quality initiatives

43. and care models, especially those related to transitions of care, management of
44. chronic conditions, and readmissions.

45. **THEREFORE, BE IT FINALLY RESOLVED THAT** NOBEL Women
46. encourages CMS to add malnutrition eCQMs to the meaningful measure set of the
47. Inpatient Quality Rule (IQR) for FY 2021 and encourages the Agency to evaluate
48. integrating malnutrition into CMS Innovation Center Pilots, Advanced Payment Models,
49. and Population Health Initiatives, and the Oncology Care Model to address malnutrition
50. in the Medicare populations and achieve meaningful change in malnutrition care.

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

**Introduced by the Honorable Karen Camper
Tennessee General Assembly**