



National Lieutenant Governors Association

1 Resolution in Support of Addressing Older Adult Malnutrition as Part of Quality Healthcare

2 **WHEREAS**, malnutrition is an under-recognized and growing health crisis, with about 1/3rd of patients entering the
3 hospital malnourished, yet only 7% diagnosed with this condition.

4 **WHEREAS**, the U.S. spends \$15.5 billion per year in direct medical costs on disease-associated malnutrition, with
5 individual states incurring a cost of \$25 million to \$1.7 billion yearly.

6 **WHEREAS**, malnutrition—defined as a lack of the proper amount of essential nutrients—is common, particularly
7 for older adults who often have a lower protein intake, thus increasing their risk of muscle wasting which can lead to
8 disability and poor health outcomes.

9 **WHEREAS**, patients who are malnourished while in the hospital have a greater risk of complications, readmissions,
10 and healthcare-acquired conditions, with malnutrition increasing hospital length of stay by 4 to 6 days and hospital
11 costs up to 300%.

12 **WHEREAS**, while malnutrition is a prevalent and potentially costly problem, it is also preventable and inexpensive
13 to treat, if addressed early, yet there continues to be a gap in the system to support improved malnutrition care.

14 **WHEREAS**, malnutrition is often not diagnosed because malnutrition information may not be routinely
15 communicated and tracked in hospital medical records and thus many patients fail to receive the malnutrition care
16 they need.

17 **WHEREAS**, new electronic clinical quality measures for malnutrition care have recently been developed, tested, and
18 submitted through the 2016 pre-rulemaking process for the Hospital Inpatient Quality Reporting Program and align
19 with the Centers for Medicare & Medicaid Services' (CMS) priorities to address clinical variations in care, improve
20 patient outcomes, and decrease costs.

21 **WHEREAS**, the Defeat Malnutrition Today coalition of over 50 diverse organizations has been formed to increase
22 recognition of malnutrition as a key health indicator and vital sign of older adult health and to achieve substantive
23 regulatory and legislative change.

24 **WHEREAS**, addressing older adult malnutrition requires engagement at all levels, from individuals, families, and
25 caregivers, to healthcare institutions and providers, to public health officials and policymakers, who can all work
26 together to support healthy aging by helping establishing malnutrition care as a measure of quality health care.

27 **NOW, THEREFORE, BE IT RESOVED**, that the National Lieutenant Governors Association (NLGA)
28 encourages states to implement Commissions, action plans, or other public health approaches to study the issue of
29 older adult malnutrition and identify and implement effective solutions, as well as to include malnutrition screening,
30 assessment, diagnosis, and intervention measures in state healthcare quality initiatives and care models, especially
31 those related to transitions of care, healthcare-acquired conditions, and readmissions.

32 **THEREFORE, BE IT FURTHER RESOLVED** that NLGA urges CMS to fill a gap and advance quality
33 malnutrition care by adopting malnutrition quality in the Hospital Inpatient Quality Reporting Program for
34 Fiscal Year (FY) 2018, for the immediate benefit of older adults and the American health care system and
35 across the care continuum as soon as feasible.

Sponsors: Lt. Governors Matt Michels, SD; Nancy Wyman, CT; Additional co-sponsors: Lt. Gov. David
Zuckerman, VT; Lt. Gov. Osbert Potter, VI; Lt. Gov. Victor Hocog, NMI; Lt. Gov. Dan McKee, RI; Sec. of State
Luis Gerardo Rivera Marín, PR; Lt. Gov. Cyrus Habib, WA; Lt. Gov. Mary Taylor, OH