

Ms. Chiquita Brooks-LaSure Administrator, Centers for Medicare & Medicaid Services Department of Health and Human Services, P.O. Box 8010 Baltimore, MD 21244

RE: Finalize Inclusion of NQF #3592e Global Malnutrition Composite Score for the FY 2024 Hospital Inpatient Quality Reporting Program

Dear Ms. Brooks-LaSure:

The International Council on Active Aging (ICAA) is submitting comments in response to the recent release of the *FY 2023 MUC List*. We are an association that leads, connects, and defines the active-aging industry and we support organizations and professionals who develop wellness environments and services for adults over age 50.

Establishing quality measures to help evaluate malnutrition care is an effective tool because healthy nutrition is vital for healthy aging. Thus, we were pleased when last year the Centers for Medicare & Medicaid Services adopted the Global Malnutrition Composite Score (GMCS) as an optional measure for the US Hospital Inpatient Prospective Payment System. We believe the recent inclusion on the 2023 MUC List of a GMCS that has been expanded to include adults over the age of 18 represents a further opportunity to support healthy aging for all. Good nutrition across the lifespan is fundamental for healthy aging (Rodríguez-Mañas et al, 2023). Therefore, we urge CMS to take action and adopt the GMCS (expanded to age 18+) in its payment programs.

Adoption of the expanded GMCS is critical to help address the under-diagnosis of malnutrition. Over 30% of hospitalized adults are affected by malnutrition (<u>AHRQ 2020</u>), but it is diagnosed in less than <u>9%</u> of hospital patients (<u>Guenter et al 2021</u>). When malnutrition is not diagnosed, it imposes a serious burden on our healthcare system. As CMS commented when the original GMCS was proposed in 2022, "Hospitals have an opportunity to identify malnutrition during the patient admission process and to address it efficiently and effectively with individualized interventions that could optimize outcomes including."

Another reason to address the gap in hospital identification and intervention for malnutrition is that malnutrition is related to health equity. For example, non-Hispanic Black Americans with malnutrition have a readmission rate over 26% compared to a rate of less than 19% for non-Hispanic White Americans (<u>Wahid et al 2022</u>). Screening and intervening for malnutrition can also help address food insecurity, which disproportionately impacts communities of color (<u>Ojeda et al 2023</u>).

Integrating nutrition and health was one of the five pillars of the Biden-Harris Administration's historic White House Conference on Food, Nutrition, and Health. Adopting the expanded GMCS into CMS payment programs supports this goal and promotes quality malnutrition care and a wellness environment.

Sincerely,

Colin Milner CEO/Founder International Council on Active Aging www.icaa.cc