

June 17, 2022

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attn: CMS-1771-P  
P.O. Box 8013  
Baltimore, MD 21244-8016

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Suite 2190  
Chicago, Illinois 60606-6995  
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Washington, D.C. 20036

Re: File Code-CMS-1771-P; Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2023 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Costs Incurred for Qualified and Non-Qualified Deferred Compensation Plans; and Changes to Hospital and Critical Access Hospital Conditions of Participation

Dear Administrator Brooks-LaSure:

The Academy of Nutrition and Dietetics (the “Academy”) is pleased to provide comments on File Code-CMS-1771-P published in the Federal Register on May 10, 2022. Representing over 109,000 registered dietitian nutritionists (RDNs),<sup>1</sup> nutrition and dietetic technicians, registered (NDTRs), and advanced-degree nutritionists, the Academy is the largest association of nutrition and dietetics practitioners committed to accelerating improvements in global health and well-being through food and nutrition. RDNs actively participate in the care of Medicare Part A patients by providing medical nutrition therapy (MNT)<sup>2</sup> and other food and nutrition care services. RDNs provide high quality, evidence-based care to patients and deliver substantial cost-savings to the health care system. Additionally, RDNs help to improve transitions of care, support care coordination (e.g., home health, outpatient care), address social determinants of health (e.g., food insecurity), and lead and participate in quality improvement initiatives.

Beneficiaries and health care providers alike continue to navigate the evolving health care landscape, and the Academy applauds the efforts by CMS to work within their regulatory power to fine-tune policies that will support access to and delivery of safe, equitable, and effective health care.

With that in mind, the Academy offers specific comments on the following proposed rule items:

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<sup>1</sup> The Academy has approved the optional use of the credential “registered dietitian nutritionist (RDN)” by “registered dietitians (RDs)” to more accurately convey who they are and what they do as the nation’s food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

<sup>2</sup> Medical Nutrition Therapy (MNT) is an evidence-based application of the Nutrition Care Process. The provision of MNT (to a patient/client) may include one or more of the following: nutrition assessment/reassessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation that typically results in the prevention, delay or management of diseases and/or conditions. [Academy of Nutrition and Dietetics’ Definition of Terms list](#) updated February 2021. Accessed May 25, 2022.

1. Proposed Changes to Specific MS-DRG Classifications (**Section II**)  
Proposed Changes to the MS–DRG Diagnosis Codes for FY 2023 - Request for Information on Social Determinants of Health Diagnosis Codes (**Section II. D 13.d**)
2. Current Assessment of Climate Change Impacts on Outcomes, Care, and Health Equity—Request for Information (**Section IX.A.2**)
3. Hospital Inpatient Quality-Reporting (IQR) Program (**Section IX.E**)  
New Measures Being Proposed for the Hospital IQR Program Measure Set (**Section IX.E.5**)
4. Overarching Principles for Measuring Equity and Healthcare Quality Disparities Across CMS Quality Programs—Request for Information (RFI) (**Section IX.G.6**)
5. Establishment of a Publicly-Reported Hospital Designation on Maternity Care (**Section IX.E.8**)

Proposed Changes to Specific MS-DRG Classifications (Section II)

*Proposed Changes to the MS–DRG Diagnosis Codes for FY 2023 Request for Information on Social Determinants of Health Diagnosis Codes (Section II. D 13.d)*

The Academy appreciates CMS’s continued efforts to address the impact that social determinants of health (SDOH) have on Medicare beneficiaries and health equity. Given the significant impact that SDOH have on health status (numerous studies suggest that SDOH account for between 30-55% of health outcomes<sup>3</sup>) it behooves both providers and payers such as CMS to collect data specific to factors that attribute to overall poor health outcomes such as food and housing security, transportation issues and safety. In fact, due to increased recognition of the relationship between food insecurity, chronic disease, and healthcare utilization, many healthcare systems are developing food and nutrition interventions for their patients upon discharge to reduce repeated emergency department utilization. Capturing this information is critical to understanding the unique needs of both the individual beneficiary and the community in which they live so that care and resources can be pivoted as needed to promote better health outcomes.

Both malnutrition and food insecurity are barriers to health equity. Health disparities result from differing prevalence and risk factors across racial/ethnic groups, geographic settings, income levels,<sup>4</sup> and education. The Academy supports CMS’ efforts to accurately screen and document social determinants of health utilizing diagnosis codes Z55-Z65. To support the validity of SDOH diagnosis codes Z55-Z65 we urge CMS, whenever possible to use valid tools to collect data. As it relates to food insecurity (Z59.41 Food insecurity), there are validated screening tools available that are simple to administer and are already widely used within the health care system.<sup>5</sup> The Academy would be happy to work with CMS to identify reliable tools for screening for food insecurity.

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<sup>3</sup> American Academy of Family Physicians. Addressing Social Determinants of Health in Primary Care team based approach for advancing health equity. Published in 2018.  
[https://www.aafp.org/dam/AAFP/documents/patient\\_care/everyone\\_project/team-based-approach.pdf](https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/team-based-approach.pdf). Accessed February 9, 2022.

<sup>4</sup> Roundtable Proceedings: Advancing Health Equity Through Malnutrition Quality Measurement. April 2022.  
<https://avalere.com/wp-content/uploads/2022/04/MQii-Roundtable-2022.pdf>. Accessed: June 9, 2022.

<sup>5</sup> DeSilvey S, Ashbrook A, Sheward R, Hartline-Grafton H, Ettinger de Cuba S, Gottlieb L. (2018). *An Overview of Food Insecurity Coding in Health Care Settings: Existing and Emerging Opportunities*. Boston, MA: Hunger Vital Sign™ National Community of Practice. Available at: <http://childrenshealthwatch.org/foodinsecuritycoding/>

While we believe that it is important to capture diagnosis codes Z55–Z65, we also recognize the need to account for increased staff time, costs, and resource utilization required to address the related concerns and issues when a beneficiary presents with SDOH. Older adults who are food insecure are more likely to be admitted to the hospital than their food secure counterparts, and hospitalization further exacerbates food insecurity in the U.S.<sup>6</sup> Similarly, multiple chronic health conditions increase the risk of food insecurity<sup>7</sup>. In the American Journal of Managed Care, Berkowitz et al published findings from their study that looked at food insecurity and the high cost of health care utilization and found that “food insecurity is an important risk factor for use of emergency department and inpatient healthcare services [and] those with the highest healthcare costs are often food insecure”<sup>8</sup>. The authors concluded:

*“The ability to target resources to those likely to generate high healthcare costs in the subsequent two years is highly relevant for population health management efforts. ... Programs that assess for unmet needs in clinical care, and then link patients to community resources that help meet these needs may be one strategy to aid patients.”*

As such, a beneficiary who is found to be food insecure (Z59.41 Food insecurity) will require additional staff time to address medical consequences of the food insecurity issues during both hospitalization and discharge planning. Taking these findings a step further, it is reasonable to conclude that Individuals with nutrition-related chronic diseases (e.g. diabetes, hypertension, cardiovascular disease) may require additional referrals to RDNs, other care team providers such as Social Workers, community resources, and/or federal nutrition programs (e.g., Supplemental Nutrition Assistance Program [SNAP], home delivered meals, congregate meals, etc.) to increase access to nutritious, medically appropriate foods once discharged.<sup>4</sup>

Documentation and communication of diagnosis codes Z55–Z65 and care plans across care transitions are essential components to improving health outcomes, especially for individuals who are negatively impacted by SDOH. Beneficiaries who have a clear understanding of their illnesses, the steps they need to take to manage their care and access to community supports and resources are more likely to remain in their homes and communities. Increasing documentation has the potential to add administrative burden for many providers. That, coupled with provider shortages and a lack of meaningful systematic incentives for hospitals to improve their documentation processes are barriers to effective documentation and communication among health care and community providers. While food security screening tools are easy to administer and are currently being used by hospital systems, we ask that CMS ensures that the same holds true for other SDOH.

#### Quality Data Reporting Requirements for Specific Providers and Suppliers (Section IX)

##### *Current Assessment of Climate Change Impacts on Outcomes, Care, and Health Equity—Request for Information (Section IX.A.2)*

The Academy commends CMS for putting forth this RFI and all efforts to utilize this information to help build the healthcare system’s resilience to climate threats, reduce the healthcare industry’s contribution

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<sup>6</sup> Bergmans RS, Mezuk B, Zivin K. Food Insecurity and Geriatric Hospitalization. *International Journal of Environmental Research and Public Health*. 2019; 16(13):2294. <https://doi.org/10.3390/ijerph16132294>

<sup>7</sup> Jih J, Stijacic-Cenzer I, Seligman HK, Boscardin WJ, Nguyen TT, Ritchie CS. Chronic disease burden predicts food insecurity among older adults. *Public Health Nutr*. 2018;21(9):1737-1742. <https://doi:10.1017/S1368980017004062>

<sup>8</sup> Berkowitz SA, Seligman HK, Meigs JB, Basu S. Food insecurity, healthcare utilization, and high cost: a longitudinal cohort study. *Am J Manag Care*. 2018;24(9):399-404.

to climate change, and address environmental issues in healthcare. The Academy recommends that CMS emphasize the critical role of reliable supply chains, facility preparation and the value of medical nutrition therapy to moderate the chronic disease states likely to be exacerbated by the effects of climate change.

The Academy is committed to improving the health of Americans by supporting access to quality health care, including medical nutrition therapy and health care delivery. It has been established that food insecurity contributes to health inequities observed within communities, as poverty and racial segregation frequently limit access to health care.<sup>9</sup> Additionally, it is likely that chronic disease severity will be exacerbated by extremes of temperature; and these conditions are more likely to affect populations already affected by adverse socio-economic conditions,<sup>10</sup> thus further compounding the stress to existing health care systems. Therefore, advancing health care quality amidst climate change requires effective interventions, along with adequate funding and staff training to better address these determinants of health and thereby support increased access and utilization of quality health care as well as research to measure impact on health-related outcomes.<sup>11,12</sup>

Food security and access to safe water depends on the ability of organizations to continue to operate and recover quickly. Supply chains are critical for food service and healthcare. As a result of climate change, extreme weather events such as winter storms, floods, and heat waves are expected to increase in frequency and intensity in the coming years; long-term threats to food supply are also forecast.<sup>13</sup> Those already at risk may incur many potential climate-related health impacts, both physical as well as mental. Health-related systems and facilities may be affected as well via effects on patients, staff, various supplies and materials used anywhere throughout the institution, basic operations, and essential infrastructure. Therefore, to better prepare for the harmful impacts of climate change on both beneficiaries and health care systems, we offer the following recommendations:

- System administrators should have access to clear information about current risks, future projections and necessary resources to mount effective and appropriate responses.<sup>14</sup>
- Health care system and institutional leaders would benefit from development of disaster scenario protocols and other suitable training, as well as physical infrastructure needs in the face of increased risk of extreme weather events.<sup>15</sup>
- As learned from the effects of the COVID-19 pandemic, businesses and institutions in general would also benefit from development of multiple and shorter supply chains to increase

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<sup>9</sup> Peregrin, T. (2021). Social Determinants of Health: Enhancing Health Equity. *Journal of the Academy of Nutrition and Dietetics*, 121(6), 1175–1178. <https://doi.org/10.1016/j.jand.2021.02.030>

<sup>10</sup> Liu C, Yavar Z, Sun Q. Cardiovascular response to thermoregulatory challenges. *Am J Physiol Heart Circ Physiol*. 2015 Dec 1;309(11):H1793-812. doi: 10.1152/ajpheart.00199.2015.

<sup>11</sup> Ibid

<sup>12</sup> Magnan, S. 2017. Social Determinants of Health 101 for Health Care: Five Plus Five. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/201710c>

<sup>13</sup> Hecht, A. A., Biehl, E., Barnett, D. J., & Neff, R. A. (2019). Urban Food Supply Chain Resilience for crises threatening food security: A qualitative study. *Journal of the Academy of Nutrition and Dietetics*, 119(2), 211224. <https://doi.org/10.1016/j.jand.2018.09.001>

<sup>14</sup> Ebi, K. L., Vanos, J., Baldwin, J. W., Bell, J. E., Hondula, D. M., Errett, N. A., Hayes, K., Reid, C. E., Saha, S., Spector, J., & Berry, P. (2021). Extreme weather and climate change: Population health and health system implications. *Annual Review of Public Health*, 42(1), 293–315. <https://doi.org/10.1146/annurev-publhealth-012420105026>

<sup>15</sup> Ibid

reliability, reduce losses due to food spoilage and minimize the risks of supply disruption.<sup>16,17,18</sup> Multiple and shorter supply chains would enhance healthcare facility resiliency, while reliable food supplies would support health care quality and shorter hospital stays.<sup>19</sup>

*Hospital Inpatient Quality- Reporting (IQR) Program New Measures Being Proposed for the Hospital IQR Program Measure Set (Section IX. E.5)*

The Academy supports CMS in their continued efforts to address the significant impact of social determinants of health and malnutrition on beneficiaries. We commend CMS for recognizing the importance of food security in preventing malnutrition (both undernutrition and overnutrition). Malnutrition is closely connected with chronic disease and addressing malnutrition reduces disease incidence and improves outcomes. Hospitals are better able to complete recommended screening and interventions to address malnutrition, including the detection of food insecurity when they are able to accurately track validated quality measures designed to identify malnutrition and food security.<sup>4</sup>

In the *Malnutrition Roundtable Proceedings: Advancing Health Equity Through Malnutrition Quality Measurement*, the Academy along with other stakeholders addressed the importance of quality measurement as it related to malnutrition and health equity. The report concluded that quality measurement in this particular area “enables a more complete understanding of disparities across different patient groups.”<sup>4</sup> The report further explained:

*“Recent analyses of stratified data conducted by Avalere demonstrated wide variation in composite measure scores across age, race, ethnicity, and rural vs. urban geography. For example, data show that younger adults typically have lower GMCS [Global Malnutrition Composite Score] Similarly, Black populations and those identified as “other” races showed slightly higher GMCS scores than White populations while the remaining racial/ ethnic groups showed” lower scores. Additionally, rural hospitals performed lower than urban hospitals for the GMCS and across 3 of the 4 individual measures.”*

We are pleased with CMS's recognition of the importance and connection of SDOH, malnutrition, and health equity and support the proposed addition of quality measures that address both Social Determinant of health and malnutrition. We support the inclusion of the following measures in the Hospital IQR Program measure set:

- Screening for Social Drivers of Health measure
- Screen Positive Rate for Social Drivers of Health measure

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<sup>16</sup> Bisoffi, S., Ahrné, L., Aschemann-Witzel, J., Báldi, A., Cuhls, K., DeClerck, F., Duncan, J., Hansen, H.O., Hudson, R.L., Kohl, J., Ruiz, B., Siebielec, G., Treyer, S., Brunori, G. (March 8, 2021). COVID-19 and Sustainable Food Systems: What Should We Learn Before the Next Emergency. *Front. Sustain. Food Syst.* <https://doi.org/10.3389/fsufs.2021.650987>

<sup>17</sup> Foster, J. (December 14, 2020). COVID-19's Impact on Food Manufacturing, Supply Chains and More. <https://www.foodlogistics.com/sustainability/agriculture/article/21203427/covid19s-impact-on-foodmanufacturing-supply-chains-and-more>

<sup>18</sup> WinklerPrins, A.M.G.A. (2017). Defining and Theorizing Global Urban Agriculture (pp. 1-11); and Global Urban Agriculture into the Future: Urban Cultivation as Accepted Practice (pp. 242-248). In WinklerPrins, A.M.G.A. (Ed.), *Global Urban Agriculture*. Boston, MA: CABI.

<sup>19</sup> Young C, Farrah K. (2019). Room Service Food Delivery Models for Hospital In-Patients: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines [Internet]. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health. <https://www.ncbi.nlm.nih.gov/books/NBK545103/>

- Global Malnutrition Composite Score eCQM

### **Proposed Screening for Social Drivers of Health Measure**

The Academy supports adoption of Screening for Social Drivers of Health as a Measure and inclusion in the Hospital IQR Program Measure Set.

Numerous studies suggest that social determinants of health (SDOH) account for between 30-55% of health outcomes.<sup>20</sup> Given the significant impact that SDOH have on the health and wellbeing of individuals and communities, screening for social determinants of health such as food insecurity is an important first step to addressing the problem. Prior to the COVID-19 pandemic, more than 35 million people in the United States were affected by food insecurity and according to Feeding America's most recent report: The State of Senior Hunger in America in 2019, 1 in 14 seniors (7%) were classified as food insecure.<sup>21</sup> The COVID-19 public health emergency has further exacerbated food insecurity as it is now estimated that in 2021, over 42 million Americans experienced food insecurity, an increase largely attributed to the pandemic.<sup>22</sup>

#### *Social Determinants of Health have a significant impact on health status*

- The pandemic exposed the high level of food insecurity experienced disproportionately by Black, Indigenous, and persons of color across the United States. The majority of food-insecure individuals in the United States are from communities of color and, when compared to their white peers, have poorer access to affordable, healthful foods including lean meats, whole grains, low-fat dairy and fresh produce.<sup>23</sup>
- A study published in the 2020 Journal of Nutrition and Dietetics noted a high correlation between housing instability and food security meaning that individuals and families who experience food insecurity are also more likely to face challenges with housing instability and vice versa.<sup>24</sup>
- Being food insecure directly impacts the health and well-being of individuals and families across generations. Limited and infrequent access to healthy, nutritious foods is also associated with costly and preventable chronic diseases, including high blood pressure, coronary heart disease, hepatitis, stroke, cancer, arthritis, chronic obstructive pulmonary disease, and kidney disease.<sup>23</sup>

#### *Registered Dietitian Nutritionists Routinely Screen for Food Security*

- Screening for food security is a routine part of the comprehensive nutrition assessment performed by RDNs, and RDNs use a variety screening tools to accomplish this task.

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<sup>20</sup> American academy of Family Physicians. Addressing Social Determinants of Health in Primary Care team based approach for advancing health equity. Published in 2018. [https://www.aafp.org/dam/AAFP/documents/patient\\_care/everyone\\_project/team-based-approach.pdf](https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/team-based-approach.pdf). Accessed June 9, 2022.

<sup>21</sup> Feeding America. The State of Senior Hunger in America in 2019. <https://www.feedingamerica.org/research/senior-hunger-research/senior>. Published August 2021. Accessed June 9, 2022.

<sup>22</sup> Feeding America. The Impact of the Coronavirus on National Food Insecurity in 2020 & 2021. <https://www.feedingamerica.org/research/coronavirus-hunger-research>. Published March 9, 2021. Accessed June 9, 2022. Food Research and Action Center.

<sup>23</sup> Academy of Nutrition and Dietetics. Racial and Ethnic Health Disparities and Chronic Disease Issue Brief. <https://www.eatrightpro.org/advocacy/legislation/health-equity> Published January 2021. Accessed June 9, 2022.

<sup>24</sup> Young Lee, C, et al. *Bidirectional Relationship Between Food Insecurity and Housing Instability*. Journal of the Academy of Nutrition and Dietetics, Jan 2021, 121(1) p 84-91.

- The Academy’s Standards of Professional Practice for RDNs<sup>25</sup> and the Nutrition Care Process guide RDNs to inquire about additional factors that impact food security such as mobility and transportation, food storage and equipment, and access to grocery stores.

RDNs are an integral part of the health care team; and along with routinely providing MNT focused on either slowing the progression or prevention of chronic diseases, RDNs are critical to identifying food and nutrition security, providing guidance, tailored interventions, and assisting in the coordination of care with other appropriate subspecialties.

### **Proposed Screen Positive Rate for Social Drivers of Health Measure**

The Academy supports adoption of Screen Positive Rate for Social Drivers of Health as a Measure and inclusion in the Hospital IQR Program Measure Set.

#### *Social Determinants of Health have a significant impact on health status*

- Being food insecure directly impacts the health and well-being of individuals and families across generations. Limited and infrequent access to healthy, nutritious foods is also associated with costly and preventable chronic diseases, including high blood pressure, coronary heart disease, hepatitis, stroke, cancer, arthritis, chronic obstructive pulmonary disease, and kidney disease.<sup>23</sup>
- Prior to the COVID-19 pandemic, more than 35 million people in the United States were affected by food insecurity and according to Feeding America’s most recent report: The State of Senior Hunger in America in 2019, 1 in 14 seniors (7%) were classified as food insecure.<sup>22</sup>
- The COVID-19 public health emergency has further exacerbated food insecurity as it is now estimated that in 2021, over 42 million Americans experienced food insecurity, an increase largely attributed to the pandemic.<sup>18</sup> The pandemic exposed the high level of food insecurity experienced disproportionately by Black, Indigenous, and persons of color across the United States. Most food-insecure individuals in the United States are from communities of color and, when compared to their white peers, have poorer access to affordable, healthful foods including lean meats, whole grains, low-fat dairy and fresh produce.<sup>23</sup>
- A study published in the 2020 Journal of the Academy of Nutrition and Dietetics noted a high correlation between housing instability and food security meaning that individuals and families who experience food insecurity are also more likely to face challenges with housing instability and vice versa.<sup>20</sup>

#### *Registered Dietitian Nutritionists Routinely Screen for Food Security*

- Screening for food security is a routine part of the comprehensive nutrition assessment performed by RDNs.
- The Academy’s Standards of Professional Practice for RDNs<sup>23</sup> and the Nutrition Care Process guide RDNs to inquire about additional factors that impact food security such as mobility and transportation, food storage and equipment, and access to grocery stores.

RDNs are an integral part of the health care team; and along with routinely providing MNT focused on either slowing the progression or prevention of chronic diseases, **RDNs are critical to identifying food**

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<sup>25</sup> Academy of Nutrition and Dietetics: *Revised 2018 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Mental Health and Addictions*. Journal of the Academy of Nutrition and Dietetics, October 2018, Volume 118, Number 10.

**and nutrition security, providing guidance, and tailoring care to meet specific patient needs.**

Additionally, many RDNs are involved with actively tracking positive screens for food insecurity, identifying vulnerable patient and families and assisting in the coordination of care with other appropriate subspecialties and community resources.

**Global Malnutrition Composite Score eCQM**

The Academy urges CMS to finalize Global Malnutrition Composite Score (NQF #3592e) for inclusion in the FY 2023 Hospital IQR Program; the measure is a publicly supported measure that benefits patients, families, caregivers, and the healthcare system at large.

Malnutrition Remains a Measurement Gap in Hospital Programs

- Malnutrition is an ongoing healthcare issue—with demonstrated impacts on patient outcomes and healthcare costs—that remains unaddressed in CMS quality programs for hospitals.
- Malnutrition is a condition that is often underdiagnosed and untreated, especially with respect to our nation’s older adult patients, and importantly Medicare beneficiaries.
- Data published more recently bolster the importance of early identification of malnutrition and demonstrate that the problem, if left unaddressed, has significant impacts on outcomes.<sup>26,27,28</sup>
- For example, in the 2013 version of the Healthcare Cost and Utilization Project (HCUP) report that assessed malnutrition diagnoses across the U.S. based on 2010 data, malnutrition was only diagnosed in 3.2% of hospital discharges.<sup>29</sup> By 2018, the percent of discharges with a diagnosis of malnutrition had increased by a factor of nearly 2.8 to 8.9%<sup>30</sup>—but this still does not adequately reflect the high prevalence of malnutrition among hospitalized patients.

Health Equity Implications of Malnutrition

- Malnutrition impedes health equity due to the disparities in health that result from differing prevalence of the condition and related risk factors across racial groups, geographic settings, and income levels.
- Data from a national learning collaborative of hospitals in 2019 indicate that malnutrition diagnosis and readmission rates are higher among non-Hispanic Black individuals than non-Hispanic White individuals (28% vs. 21% and 26% vs. 19%, respectively).<sup>31</sup>
- Data showing performance on the Global Malnutrition Composite Score reveal lower performance of acute care hospitals in rural settings compared to in urban settings.

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<sup>26</sup> .Valladares AF, Kilgore KM, Partridge J, et al. How a Malnutrition Quality Improvement Initiative Furthers Malnutrition Measurement and Care: Results From a Hospital Learning Collaborative. JPEN J Parenter Enteral Nutr. 2021;45(2):366-371.

<sup>27</sup> Pratt, KJ, Hernandez B, Blancato R, et al. “Impact of an Interdisciplinary Malnutrition Quality Improvement Project at a Large Metropolitan Hospital.” BMJ Open Quality. 2020;9:e000735.

<sup>28</sup> Danis K, Kline M, Munson M, et al. “Identifying and Managing Malnourished Hospitalized Patients Utilizing the Malnutrition Quality Improvement Initiative: The UPMC Experience.” Journal of the Academy of Nutrition and Dietetics. 2019;119(9 Suppl 2): S40–43.

<sup>29</sup> Corkins MR, Guenter P, Dimaria-Ghalili RA, et al. Malnutrition diagnoses in hospitalized patients: United States, 2010. JPEN J Parenter Enteral Nutr. 2014;38(2):186-95.

<sup>30</sup> Guenter P, Abdelhadi MK, Anthony P. Malnutrition diagnoses and associated outcomes in hospitalized patients: United States, 2018. Nutrition in Clinical Practice 2021;36(5):957-969.

<sup>31</sup> Valladares A. NQF Global Malnutrition Composite Measure. August 18, 2020. Unpublished data.



Overarching Principles for Measuring Equity and Healthcare Quality Disparities Across CMS Quality Programs — Request for Information (RFI) (Section IX.G.6)

The Academy support CMS’ continued efforts to reduce health disparities and improve health equity. To that end, we encourage CMS to adopt consistent quality measures, including the Global Malnutrition Composite Score, across all CMS quality programs. Such action would align with the current administration’s goals of actively seeking policy solutions that address health equity through quality measurement and through the expansion and improvement of alternative payment models, standardization of data collection, and prioritization of solutions that reduce health disparities.

Proposed Establishment of a Publicly-Reported Hospital Designation To Capture the Quality and Safety of Maternity Care Establishment (Section IX.E.8)

The Academy aligns with other concerns and recommendations noted in comments submitted by the United States Breastfeeding Committee (USBC). In line with the USBC, we encourage CMS to recognize breastfeeding as an equity issue and act on the recommendations put forth or to improve maternity care and address disparities in maternal health outcomes.

Thank you for your careful consideration of the Academy’s comments on the proposals for the CY 2023 Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System Policies. Please do not hesitate to contact Jeanne Blankenship by phone at 312-899-1730 or by email at [jblankenship@eatright.org](mailto:jblankenship@eatright.org) or Marsha Schofield at 312-899-1762 or by email at [mschofield@eatright.org](mailto:mschofield@eatright.org) with any questions or requests for additional information.

Sincerely,



Jeanne Blankenship, MS, RDN  
Vice President, Policy Initiatives & Advocacy  
Academy of Nutrition and Dietetics



Marsha Schofield, MS, RD, LD, FAND  
Senior Director, Governance  
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