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Senator Marilyn V. Moore, Co-Chair
Representative Catherine F. Abercrombie, Co-Chair
Human Services Committee
Legislative Office Building, Room 2000
Hartford, CT 06106

Dear Senator Moore, Representative Abercrombie and Members of the Human Services Committee,

I am submitting these comments on behalf of Abbott in support of HB. 7338, An Act Increasing Funding for Elderly Nutrition, Ensuring Equitable Rates for Providers of Meals on Wheels, and Collecting Data on Malnutrition.

Abbott is a global healthcare leader with a portfolio of life-changing technologies that span the spectrum of healthcare, including leading businesses and products in diagnostics, medical devices, and nutritionals. Our 103,000 colleagues serve people in more than 160 countries.

March is [National Nutrition Month[®]](#), and an important time to focus on preventing poor nutrition. Results from the largest analysis to date of US hospital patients, supported by Abbott, recently confirmed [1 in 3 adults are at risk of malnutrition](#). This is a public health concern because for malnourished patients, hospital length of stay can be [4 to 6 days longer](#), mortality can be [increased up to 5 times](#), and readmission rates can be [up to 50% higher](#).

Attention to the issue of malnutrition starts with documentation--specifically the collection and analysis of data on malnutrition--and then implementing standards to improve malnutrition quality of care. The Centers for Medicare and Medicaid Services has acknowledged [quality malnutrition care as an important gap area](#), yet to date malnutrition care has not been integrated into public or private quality incentive programs even [as malnutrition electronic clinical quality measures are available](#). Further, malnutrition is not included in state or national health objectives or key health indicators for older adults (a group particularly at risk for poor nutrition) and malnutrition care has been omitted from most prevention and wellness, patient safety, care transition, and population health strategies. Connecticut can take the first step in addressing this with the adoption of HB 7338.

In November last year, US Health and Human Services Secretary Alex M. Azar II called attention to the issue of malnutrition in his speech on [social determinants of health](#), delivered to the Hatch Foundation for Civility and Solutions. He specifically commented:

“Data from the Agency for Health Research and Quality at HHS found that Americans with malnutrition are twice as costly to treat at the hospital as those who come in well-nourished. In fact, malnutrition is involved in 12 percent of non-maternal, non-neonatal hospital stays—\$42 billion each year in healthcare spending. Naturally, a number of private health providers and payers have already tried addressing this issue: One ACO in Chicago, for instance, began screening high-risk patients for malnutrition, and then supporting them after discharge from the hospital with follow-ups, referrals, and nutrition coupons. The savings were huge: more than \$3,800 per patient.”

Older adult malnutrition has been identified as a growing crisis in the United States today and the time to address it is now.

To that end, Connecticut has a system in place to address this growing crisis. There is a Quality of Care Program which already exists within the Department of Health. The charge of the Quality of Care Program is to measure the clinical performance of health care facilities using a standardized data set. HB. 7338 adds the collection of data relative to malnutrition to the data set. The analysis of the data should lead to improving patient’s quality of care and result in subsequent reduction in health care costs.

For the reasons stated above, we respectfully urge your support of HB 7338, An Act Increasing Funding for Elderly Nutrition, Ensuring Equitable Rates for Providers of Meals on Wheels, and Collecting Data on Malnutrition.

Sincerely,

Maria Cahill