

117TH CONGRESS
2D SESSION

H. RES. 1177

Expressing the sense of the House of Representatives regarding the Centers for Medicare & Medicaid Services developing a mobility metric to guide providers in preventing mobility loss among hospitalized older adults.

IN THE HOUSE OF REPRESENTATIVES

JUNE 15, 2022

Mr. PENCE (for himself and Ms. SEWELL) submitted the following resolution;
which was referred to the Committee on Energy and Commerce

RESOLUTION

Expressing the sense of the House of Representatives regarding the Centers for Medicare & Medicaid Services developing a mobility metric to guide providers in preventing mobility loss among hospitalized older adults.

Whereas more than 54 million Americans today are 65 years old or older, and because 10,000 baby boomers are turning 65 years old each day, the overall number of older adults is expected to increase to more than 70 million by 2030;

Whereas, even before the onset of the COVID–19 pandemic, one-third of all hospitalized patients in the United States were at least 65 years old;

Whereas hospitalized older patients are mostly immobile during their admittance, spending less than 43 minutes each

day walking even if they were ambulatory when admitted to the hospital;

Whereas hospitalized older patients that do not receive sufficient mobility are at the greatest risk of experiencing negative health outcomes, such as sustaining muscle loss and weakness that could be long lasting, and even higher rates of death;

Whereas restoring mobility is a goal for many, not necessarily all, hospitalized patients;

Whereas more than one-third of adults aged 70 years old and older are discharged from a hospital with a major, new functional disability not present on admission to the hospital;

Whereas one year after discharge from a hospital, fewer than one-third of older adults who developed a hospital-acquired functional disability have recovered to their pre-hospitalization function status;

Whereas adults with a hospital-associated disability are three times more likely to be admitted to a nursing home;

Whereas regular physical mobility during hospitalization is critical to preventing functional decline and frailty;

Whereas mobility initiatives decrease hospital length of stay and overall cost of care, such as a 36-percent reduction in intensive care unit length of stay, a 33-percent reduction in overall hospital length of stay, a 46-percent reduction in the number of days on a ventilator, and a 30-percent reduction in overall hospital costs;

Whereas mobility programs in acute care settings improve the likelihood that patients are discharged directly to their homes and bypass a skilled nursing facility;

Whereas hospitals, physicians, and nurses are committed to delivering the best care for patients, but there are not current standardized methods of assessing or tracking patient mobility within hospitals, nor are there standardized systems to measure adherence to individual hospital mobility protocols;

Whereas current hospital reimbursement incentives designed to prevent patient “falls” unintentionally disincentive hospitals from mobilizing patients;

Whereas prolonged periods of bed rest for older adults can cause loss of skeletal muscle, known as sarcopenia, reducing a person’s ability to carry out activities of daily living; and

Whereas the American Geriatrics Society made a series of mobility recommendations developed by geriatric leaders, physicians, and clinicians, such as that the Centers for Medicare & Medicaid Services should develop consensus on standard methods to assess mobility and that the Federal Government should prioritize translational research in mobility assessment, quality measurement, and implementation programs led by the Agency for Healthcare Research and Quality, the National Institutes of Health and National Institute on Aging, the Centers for Disease Control and Prevention, and the Administration on Aging: Now, therefore, be it

1 *Resolved*, That it is the sense of the House of Rep-
2 resentatives that the Centers for Medicare & Medicaid
3 Services should—

1 (1) promote the development of stakeholder
2 consensus on a mobility assessment that is validated
3 and clinically meaningful to providers and patients;

4 (2) develop a mobility quality measure that in-
5 centives hospitals, staff, and providers to actively in-
6 tervene to prevent mobility loss among hospitalized
7 patients; and

8 (3) develop a mobility quality measure that fo-
9 cuses on the most effective improvements in patient
10 outcomes and takes into consideration avoiding addi-
11 tional onerous burdens on providers.

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