

119TH CONGRESS
1ST SESSION

S. RES. 378

Supporting the designation of the week of September 8 through September 12, 2025, as “Malnutrition Awareness Week”.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 9, 2025

Mr. MURPHY submitted the following resolution; which was referred to the Committee on Agriculture, Nutrition, and Forestry

RESOLUTION

Supporting the designation of the week of September 8 through September 12, 2025, as “Malnutrition Awareness Week”.

Whereas malnutrition is the condition that occurs when a person does not get enough protein, calories, or nutrients;

Whereas malnutrition is a significant problem in the United States and around the world, crossing all age, racial, class, gender, and geographic lines;

Whereas malnutrition can be determined by social drivers of health, including poverty or economic instability, access to affordable health care, and low health literacy;

Whereas there are inextricable and cyclical links between poverty and malnutrition;

Whereas the Department of Agriculture defines food insecurity as when a person or household does not have regular, reliable access to the foods needed for good health;

Whereas communities of color, across all age groups, are disproportionately likely to experience both food insecurity and malnutrition;

Whereas American Indian and Alaska Native households are at significantly greater risk for food insecurity than all households in the United States;

Whereas 1 in 18 Asian Americans and 1 in 5 Pacific Islanders experience food insecurity;

Whereas Black children are almost 3 times more likely to live in a food-insecure household than White children;

Whereas infants, older adults, people with chronic diseases, and other vulnerable populations are particularly at risk for malnutrition;

Whereas the American Academy of Pediatrics has found that failure to provide key nutrients during early childhood may result in lifelong deficits in brain function;

Whereas disease-associated malnutrition affects between 30 and 50 percent of patients admitted to hospitals, and the medical costs of hospitalized patients with malnutrition can be 300 percent more than the medical costs of properly nourished patients;

Whereas deaths from malnutrition have increased among adults 85 and older since 2013;

Whereas, according to the “National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update”, as many as half of older adults living in the

United States are malnourished or at risk for malnutrition;

Whereas, according to recent Aging Network surveys, 76 percent of older adults receiving meals at senior centers and other congregate facilities report improved health outcomes, and 84 percent of older adults receiving home-delivered meals indicate the same;

Whereas older adults receiving home-delivered meals for 2 to 5 years were 72 percent less likely to be at risk of malnutrition compared with those receiving home-delivered meals for not longer than 6 months;

Whereas disease-associated malnutrition in older adults alone costs the United States more than \$51,300,000,000 each year; and

Whereas the American Society for Parenteral and Enteral Nutrition established “Malnutrition Awareness Week” to raise awareness and promote prevention of malnutrition across the lifespan: Now, therefore, be it

1 *Resolved*, That the Senate—

2 (1) supports the designation of “Malnutrition
3 Awareness Week”;

4 (2) recognizes registered dietitian nutritionists
5 and other nutrition professionals, health care pro-
6 viders, school food service workers, those who pro-
7 vide home-delivered meals, social workers, advocates,
8 caregivers, and other professionals and agencies for
9 their efforts to advance awareness, treatment, and
10 prevention of malnutrition;

1 (3) recognizes the importance of existing Fed-
2 eral nutrition programs, like the nutrition programs
3 established under the Older Americans Act of 1965
4 (42 U.S.C. 3001 et seq.) and Federal child nutrition
5 programs, for their role in combating malnutrition,
6 and supports increased funding for these critical
7 programs;

8 (4) recognizes the role of community-based or-
9 ganizations, food banks, faith-based organizations,
10 and local agencies and the need for partnerships
11 among them and with healthcare providers in pre-
12 venting and addressing malnutrition in underserved
13 areas;

14 (5) recognizes—

15 (A) the importance of medical nutrition
16 therapy under the Medicare Program under
17 title XVIII of the Social Security Act (42
18 U.S.C. 1395 et seq.); and

19 (B) the need for vulnerable populations to
20 have adequate access to nutrition counseling;

21 (6) recognizes the importance of the innovative
22 research conducted by the National Institutes of
23 Health on—

24 (A) nutrition, dietary patterns, and the
25 human gastrointestinal microbiome; and

1 (B) how those factors influence the preven-
2 tion or development of chronic disease through-
3 out the lifespan;

4 (7) recognizes that malnutrition affects people
5 of all ages and backgrounds and that early identi-
6 fication and intervention can reduce health care
7 costs, hospital readmissions, and long-term complica-
8 tions;

9 (8) encourages the Centers for Medicare and
10 Medicaid Services to facilitate the implementation of
11 the new Malnutrition Care Score, an electronic clin-
12 ical quality measures for adults over the age of 18;

13 (9) acknowledges the importance of healthy
14 food access for children, especially in childcare set-
15 tings and schools, and the benefits of evidence-based
16 nutrition standards; and

17 (10) acknowledges that addressing malnutrition
18 is critical to achieving national goals related to
19 chronic disease prevention, healthy aging, and good
20 health for all.

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