



HEALTHCARE NUTRITION COUNCIL

Improving outcomes through awareness and action

Submitted via Regulations.gov

December 23, 2020

Division of Dockets Management
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 713F
Washington, DC 20201

RE: Docket No. HHS-OS-2020-0016 titled "Regulatory Relief To Support Economic Recovery; Request for Information (RFI)"

Dear Division of Dockets Management,

The Healthcare Nutrition Council (HNC) is providing comments on the notice published November 25, 2020, in the *Federal Register* by the U.S. Department of Health and Human Services (HHS or Department) titled "Regulatory Relief To Support Economic Recovery; Request for Information (RFI)." HNC is an association representing manufacturers¹ of enteral nutrition (EN) formulas and oral nutrition supplements (ONS), parenteral nutrition (PN) solutions, supplies, and equipment. Our mission is to improve health by advancing policies that address and raise awareness of nutrition and its impact on patient outcomes and healthcare costs. HNC aims to promote nutritional screening, diagnosis, assessment, appropriate and timely clinical nutrition interventions, as well as patient access to specialized nutrition support products and services throughout the continuum of care.

The Department is seeking feedback on regulatory actions taken in response to the COVID-19 public health emergency (PHE) that should either be kept temporary or made permanent to support improved access to care and reduce costs. HNC recommends maintaining access to telehealth services and refers you to our enclosed letter, which was submitted separately to the Centers for Medicare and Medicaid Services (CMS). One of the most important modifications CMS made in response to COVID-19 was to expand the types of telehealth providers and services permitted during the PHE. CMS also lifted originating site and other telehealth rules that expanded the ability of beneficiaries to quickly access needed services. This has greatly benefited patients who have needed nutrition support and related services during the pandemic due to a chronic condition or as they recover from an acute injury or illness.

HNC urges the Department to expand the availability of telehealth to the maximum extent possible, including expansion of authorized provider types, service types, elimination of any geographic or site restrictions, and allowing audio-only when that is the only available option for the telehealth service. It has become apparent that COVID-19 will have a years-long impact on patients and providers, and flexibility will continue to be needed to ensure health care resources

¹ HNC members are Abbott Nutrition, B. Braun Medical Inc., Nestle Healthcare Nutrition, and Nutricia North America.



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are used to the maximum extent possible. In addition, through the experience of COVID-19, providers and suppliers have demonstrated they can provide a wide-range of virtual services safely and effectively. Therefore, HHS should be confident in the ability of these services to continue to be delivered remotely, when needed, going forward.

If HHS does not make telehealth access permanent, it should extend the services indefinitely or for the maximum period allowable to help ensure that the U.S. health care system is able to continue to effectively respond to COVID-19, and that the system continues to modernize to the fullest extent possible.

Thank you for consideration of these comments. Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Robert Rankin". The signature is written in a cursive, flowing style.

Robert Rankin
Executive Director

Enclosed: HNC Comments to CMS re Medicare Program; CY 2021 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies, Proposed Rule (October 5, 2020)



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October 5, 2020

Department of Health and Human Services
Centers for Medicare & Medicaid Services
Attention: CMS-1734-P
P.O. Box 8016
Baltimore, MD 21244-8016

Medicare Program; CY 2021 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies, Proposed Rule

Dear Administrator Verma:

The Healthcare Nutrition Council (HNC) is commenting on the Centers for Medicare and Medicaid Services (CMS) proposed rule for the Calendar Year 2021 Physician Fee Schedule (PFS) and related policies, published in the *Federal Register* on August 27, 2020. HNC is an association representing manufacturers¹ of enteral nutrition (EN) formulas and oral nutrition supplements (ONS), parenteral nutrition (PN) formulas, supplies, and equipment. Our organization aims to promote nutritional screening, diagnosis, assessment, appropriate and timely clinical nutrition interventions, as well as patient access to specialized nutrition support products and services throughout the continuum of care.

We first want to extend our appreciation to CMS for all of the important work conducted during this unprecedented COVID-19 public health emergency (PHE). As we wrote you earlier this year, we are grateful for the prompt action your agency took to modify countless Medicare, Medicaid, and other rules to allow health care providers and suppliers to best meet the needs of beneficiaries during this challenging time. We are pleased to see CMS is taking additional steps in this proposed rule to build upon this work and to ensure beneficiaries continue to have the support needed going forward.

One of the most important modifications CMS made in response to COVID-19 was to expand the types of providers and types of services permitted to be provided via telehealth during the PHE. CMS also lifted originating site and other telehealth rules that expanded the ability of beneficiaries to quickly access needed services. This greatly benefited patients who are in need of nutrition support and related services due to a chronic condition or as they recover from an acute injury or illness. It is encouraging to HNC that CMS is considering ways to ensure extended availability of some of these services and creating a "Category 3" telehealth list that would be available until the end of the CY or until the PHE ends.

In addition to the steps CMS has proposed, HNC urges the agency to expand the availability of telehealth to the maximum extent possible, including expansion of authorized provider types, service types, elimination of any geographic or site restrictions and allowing audio-only when that is the only available option for the telehealth service. It has become apparent that COVID-19 will have a years-long impact on patients and providers, and flexibility will continue to be needed to

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ensure health care resources are used to the maximum extent possible. In addition, through the experience of COVID-19, providers and suppliers have demonstrated they can provide a wide-range of services virtually safely and effectively. Therefore, CMS should be confident in the ability of these services to continue to be delivered remotely, when needed, going forward.

If CMS finds it lacks the statutory authority to make the changes fully permanent, it should extend them indefinitely or for the maximum period allowable. In addition, it should seek from Congress the authority to implement further changes as soon as possible. This will ensure that the U.S. health care system is able to continue to effectively respond to COVID-19, and that the system continues to modernize to the fullest extent possible.

HNC would like to thank CMS for all of its efforts in providing so many flexibilities to providers during these difficult times. We look forward to continuing to collaborate with CMS on these important issues. Please do not hesitate to contact me with any questions or if we can be of any assistance to CMS.

Sincerely,

A handwritten signature in black ink that reads "Robert Rankin". The signature is written in a cursive, flowing style.

Robert Rankin
Executive Director