



HEALTHCARE NUTRITION COUNCIL

Improving outcomes through awareness and action

Submitted via Email: WHHungerHealth@hhs.gov

July 15, 2022

Office of Public Engagement
1600 Pennsylvania Avenue
Washington, DC 20504-0001

RE: Healthcare Nutrition Council Recommendations for the White House Conference

To Whom It May Concern,

The Healthcare Nutrition Council (HNC)¹ is submitting comments to address two pillars of the White House Conference on Food, Nutrition, Hunger, and Health (or Conference) for consideration within the administration in planning the Conference. The Conference is important to evaluate and address opportunities to improve access to good nutrition, prevent health disparities, and promote health equality in the future.

HNC supports the following objectives:

- The Conference should examine why hunger and nutrition insecurity persist and how they affect health, including their role in the high prevalence of chronic disease.
- The effort should include a review of existing and cross departmental strategies and consider new approaches to improve health by eliminating hunger, reducing the prevalence of chronic disease through nutrition intervention, and improving access to and consumption of nutritious foods in accordance with the Dietary Guidelines for Americans (DGAs).

Our additional recommendations to address the Conference objectives are outlined below for your consideration.

Administration Questions to Address: *What specific actions should the U.S. Federal government, including the Executive Branch and Congress, take to achieve each pillar? What are the opportunities and barriers to achieving the actions? Actions should include specific policy and/or programmatic ideas and changes as well as funding needs.*

Pillar 2: Integrate nutrition and health: Prioritize the role of nutrition and food security in overall health, including disease prevention and management, and ensure that our health care system addresses the nutrition needs of all people.

The Conference should examine prevalence of malnutrition in all age groups, especially older adults, and solutions to treat and prevent malnutrition.

- Up to one in two older adults are at risk for malnutrition,^{2,3} this is an important nutrition-related public health concern that impacts quality of life and increases healthcare costs.
- For those at risk of malnutrition, consumption of adequate nutrition is not always possible. Older adults especially may require enteral nutrition support and can benefit from oral nutrition supplements (ONS) to meet nutrition needs.

- The World Health Organization (WHO) recognizes malnutrition as a major problem affecting older adults and has published a strong recommendation that ONS with dietary advice should be recommended to older people affected by undernutrition.⁴
- The U.S. has a growing aging population who present chronic diseases that have an impact on nutrition.
 - Recommendation #1: The Conference should discuss the 2019 U.S. Government Accountability Office (GAO) report⁵ encouraging the need for the U.S. Department of Health and Human Services (HHS) to help address nutrient needs for older adults.
 - Recommendation #2: Urge HHS and USDA to focus on addressing older adult nutrition and how key nutrients will be met through meal programs and education within the 2025-2030 Dietary Guidelines for Americans (DGA).
 - Recommendation #3: This Conference should review programs that currently address nutrition security and hunger and determine ways to further prevent malnutrition. For example, make permanent the [Elderly Simplified Application Projects \(ESAPs\)](#) for SNAP.
 - Recommendation #4: Urge passage of the Medical Nutrition Therapy Act (S. 1536/H.R. 3108) as a way to improve patient access to registered dietitian nutritionists (RD or RDN) for individuals who have been diagnosed with malnutrition or a number of other chronic conditions where nutrition intervention has been proven to be effective.

The Conference should include discussion around the role of medical foods, foods for special dietary use (FSDU), including ONS, tube feeding formulas, and parental nutrition/IV nutrition for those who require enteral and/or parenteral nutrition support as part of their daily nutrition so that nutrition and diet are reviewed comprehensively for those who are unable to meet all of their nutrition requirements by mouth through normal foods.

- Science and innovation are improving individuals' quality of life and helping them live longer and better; this includes innovation of nutrition support products that are customized to meet nutrition needs for sole source or supplementary nutrition, for example, formulas for gastrointestinal (GI) conditions.
- The Conference should include robust discussion on health insurance coverage for medically necessary nutrition. This may include medical foods, FSDUs, ONS, enteral nutrition formula, and parenteral nutrition support.
- Recommendation #1: Urge passage of the Medical Nutrition Equity Act (MNEA) (S. 2013/H.R. 3783) to improve health insurance coverage for all age groups who have conditions that use medically necessary nutrition products.
- Recommendation #2: Urge passage of Medically Tailored Home-Delivered Meals Demonstration Pilot Act of 2021 (H.R.5370) so individuals have access to medically tailored meals.

Pillar 5: Enhance nutrition and food security research: Improve nutrition metrics, data collection, and research to inform nutrition and food security policy, particularly on issues of equity, access, and disparities.



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The Conference should include discussion on how to improve research efforts within the nutrition space to help inform policy decisions and improve access, equity, and disparities.

- New research on malnutrition that meets the inclusion criteria for the 2025-2030 DGA should be conducted immediately.
- Recommendation #1: The administration should guide the National Institutes of Health (NIH) to use their recently approved and existing funds to prioritize research on older adult nutrition, especially treatment and prevention of malnutrition and sarcopenia.
- Recommendation #2: The administration should guide the U.S. Department of Agriculture and Health and Human Services to be more open and accepting to research to broaden the eligibility of what meets inclusion criteria for the DGAs. This could include non-government funded research that is evidence based, peer reviewed, and shows strong nutrition recommendations for the treatment and prevention of malnutrition.
- Recommendation #3: Remove barriers to the conduct of research on the role of food in disease management and improving clinical outcomes of disease. This could include but is not limited to medical food or FSDU research and the impact on product research and innovation as a result of what could be included in the anticipated Investigational New Drug (IND) rule.

Other Recommendations for Potential Panelists/Experts:

- Heads of food banks, hospitals, government agencies, nonprofits, educators, farmers and ranchers, individuals with lived experiences, and more, with the goal of crafting a plan with benchmarks for reducing nutrition insecurity and reducing diet-related disease.
- Healthcare provider(s) with a gastrointestinal (GI) or nutrition background who can address the role of nutrition support and specialized nutrition products.
- Registered dietitian nutritionist (RDN) speaker who can speak to malnutrition and options for treatment and prevention.
- Whole-of-government approach and whole-of-nutritional providers/manufacturers to address the nutritional insecurity of people with illnesses or frailty of old age impacted by Social Determinants of Health (SDOH) that may need commercially prepared or manufactured nutritional solutions such as ONS/FSDU. Consider including a discussion on the provision of and reimbursement of orally consumed nutritional support products because Medicare limits coverage to tube-fed products and there is no provision for those who need this nutrition support orally.

Thank you for your consideration of our recommendations. For questions and how HNC can be involved in the Conference, please contact Berit Dockter MPP, RD, LD at bdockter@healthcarenutrition.org or 202-207-1112.

Sincerely,

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

Robert Rankin
Executive Director



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¹ HNC is an association representing manufacturers of enteral nutrition (EN) formulas and oral nutrition supplements (ONS), including those categorized as medical foods, and parenteral nutrition (PN). The mission of HNC is to improve patient outcomes by advancing nutrition policies and actions that raise awareness and optimize access of essential nutrition support therapies across the continuum of care. HNC members are Abbott Nutrition, Nestlé Healthcare Nutrition, and Nutricia North America.

² The Malnutrition Quality Collaborative. National Blueprint: Achieving Quality Malnutrition Care for Older Adults. Washington, DC: Avalere and Defeat Malnutrition Today. March 2017.

³ Kaiser, MJ; Bauer, JM; Ramsch, C; Ulter, W; Guigoz, Y; Cederholm, T; Thomas, DR; Anthony, PS; Charlton, KE; Maggio, M; Tsai, AC; Vellas, B; and Sieber, CC. Frequency of malnutrition in older adults: a multinational perspective using the mini nutritional assessment. *Journal of the American Geriatrics Society*. 2010; 58(9): 1734-1738.

⁴ World Health Organization. Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO. Retrieved from <https://www.who.int/ageing/publications/guidelines-icope/en/>.

⁵ U.S. Government Accountability Office (GAO). Nutrition Assistance Programs: Agencies Could Do More to Help Address the Nutritional Needs of Older Adults. GAO-20-18: Published: Nov 21, 2019. Publicly Released: Dec 23, 2019. Retrieved from: <https://www.gao.gov/products/GAO-20-18>.