Submitted via regulations.gov

August 26, 2022

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4203-NC
P.O. Box 8013
Baltimore, MD 21244-8013

RE: Medicare Program; Request for Information on Medicare; CMS-4203-NC

Dear Administrator Brooks-LaSure:

The Healthcare Nutrition Council (HNC) is providing comments on Medicare Program; Request for Information on Medicare (RFI). HNC is an association representing manufacturers[1] of enteral nutrition (EN) formulas and oral nutrition supplements (ONS), including those categorized as medical foods, and parenteral nutrition (PN). Our mission 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 is pleased that CMS is seeking feedback regarding ways to enhance health equity for all enrollees through Medicare Advantage (MA). In line with our mission and CMS priorities, we are providing feedback on each section of question number seven of the RFI:

What food- or nutrition-related supplemental benefits do MA plans provide today?

MA plans vary in nutrition coverage. Some MA plans may include meal delivery.[i,ii] In most cases, MA plans follow traditional Medicare in what is covered for nutrition products and the medical nutrition therapy (MNT) benefit provided by a registered dietitian nutritionist (RD or RDN). Some MA plans may cover additional benefits, such as more RD services than are provided by traditional Medicare.[iii] Some Centene MA plans cover ONS.[iv]

How and at what rate do enrollees use these benefits, for example, for food insecurity and managing chronic conditions?

According to the Academy of Nutrition and Dietetics, MNT has been shown to be a cost-effective component of treatment for adults with obesity, diabetes, unintended weight loss, and other chronic conditions with approximately 69% of adults aged 65 and over with 2 or more chronic health conditions who benefit from interventions such as MNT.[v] The current MNT benefit in Medicare Part B only covers diabetes and renal disease. There is limited data available on the current utilization rate of the Medicare MNT benefit and how patients are managing their

[1] HNC members are Abbott Nutrition, Nestle Healthcare Nutrition, and Nutricia North America.

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chronic condition through nutrition intervention. More patients would have improved access to this benefit if additional conditions were covered.

How do these benefits improve enrollees' health? How are MA Special Needs Plans (SNPs) targeting enrollees who are in most need of these benefits?

HNC believes improved access to nutrition products and services could help address health equity because nutrition is a cornerstone of good health and can be overlooked in current health plans. Communities of color experience higher rates of chronic disease and food insecurity and are more likely to have challenges with access to care; this was especially exacerbated during the COVID-19 pandemic.[vi] Coverage and reimbursement of specialized nutrition products and access to RDs vary across both public and private health insurance plans. Proposed policies that are under consideration in Congress include the Medical Nutrition Therapy (MNT) Act (S. 1536/H.R. 3108). Passage of this bill, or creation of MA policies, will help improve patient access to MNT provided by RDs.

The MNT Act extends the list of conditions offered by the Medicare MNT benefit, including coverage of malnutrition. Malnutrition should especially be added to coverage across plans so these individuals have access to nutrition education and resources provided by RDs. Evidence shows MNT for patients with malnutrition increases overall nutrition status, cognitive function, functional status, overall food intake, and this has been shown to significantly decrease primary care physician costs.[vii,viii,ix] Additional research indicates utilization of ONS with nutrition education and follow-up have led to cost savings in hospital and home health settings.[x] CMS should expand the MNT benefit so that more conditions are covered to help patients improve their nutrition status and quality of care.

What food- or nutrition-related policy changes within the scope of applicable law could lead to improved health for MA enrollees?

HNC supports accurate screening and diagnosis of malnutrition along with proper treatment. Up to one in two older adults are at risk for malnutrition,[xi,xii] an important nutrition-related public health concern that impacts quality of life and increases healthcare costs. Malnutrition can complicate conditions and lead to frailty and risk of falling. Sarcopenia is related to malnutrition, and while common among institutionalized older adults, it is also an emerging concern among the free-living population. The prevalence of sarcopenia in intensive care unit patients is documented at 56-71%.[xiii] Regardless of hospitalization, it is estimated that 5-13% of adults over age 60 years and approximately 50% of adults over 80 years have sarcopenia.[xiv] Adequate nutrition, and specifically adequate protein intake, can help attenuate the declines in muscle mass and function associated with sarcopenia. Importantly, current evidence indicates older adults may need higher protein intakes to support healthy musculoskeletal aging. Studies have shown that the postprandial increase in muscle protein synthesis is lower in older adults compared to younger adults.[xv] This reduced sensitivity to protein may be due to a variety of age-related factors such as impaired protein digestion and amino acid absorption, increased splanchnic extraction, impaired muscle perfusion, or impaired anabolic signaling.[xvi]

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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.[xvii] The recent enhancements of (MA) Special Supplemental Benefits for the Chronically Ill (SSBCI) allow payers to expand benefits to include food, produce, and meals in MA plans. There are also MA supplemental plans that provide $150/month over-the-counter (OTC) cards that allow beneficiaries to purchase ONS and other OTC products.

The current Medicare benefit of enteral nutrition coverage has a few limitations, including duration of time. Enteral nutrition for temporary impairments is not covered.[xviii] Medicare and MA plans should allow and cover short-term use of enteral nutrition and include ONS to help prevent malnutrition.

Please include information on clinical benefits, like nutrition counseling and medically-tailored meals, and benefits informed by social needs, such as produce prescriptions and subsidized/free food boxes.

Passage of the Medically Tailored Home-Delivered Meals Demonstration Pilot Act of 2021 (H.R.5370) would also improve patient access to medically necessary nutrition and medically tailored meals. Medically tailored meals (MTM) are tailored to the medical need of the recipient and designed by an RD. The Food is Medicine Coalition and Harvard Law School have identified peer-reviewed research demonstrating the positive impact of medically tailored meals and their cost effectiveness on health outcomes.[xix] For example, receipt of MTM services (10 meals delivered weekly) was associated with significantly fewer inpatient admissions and fewer skilled nursing facility admissions.[xx] Additionally, individuals dually eligible for Medicare and Medicaid who received medically tailored meals from Massachusetts-based Community Servings for 6 months had 50% fewer inpatient admissions and 70% fewer emergency department visits than similar patients not enrolled in the meal program, resulting in an average net savings of 16% on total medical expenditures.[xxi] Where possible, the agency can implement changes to these benefits without waiting for passage in Congress. ONS should continue to be allowed and covered with medically tailored meals, and expanded to other Medicare recipients, when deemed appropriate by healthcare providers.

Thank you for the opportunity to provide comment. If you have any questions or would like additional information, please contact Justine Coffey, JD, LLM, at jcoffey@healthcarenutrition.org or 202-207-1109.

Sincerely,

Robert Rankin

Robert Rankin
Executive Director

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[iii] *Ibid.*

iv Medicare Insurance Program | State Healthcare Solutions (centene.com).

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