



# HEALTHCARE NUTRITION COUNCIL

Improving outcomes through awareness and action

*Submitted via NIH Online Form*

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Christopher J. Lynch, Ph.D.  
Director  
Office of Nutrition Research  
Division of Program Coordination, Planning and Strategic Initiatives  
National Institutes of Health  
Bethesda, MD 20892

## **RE: Healthcare Nutrition Council Comments on NIH RFI: Food is Medicine Research Opportunities**

Dear Dr. Lynch,

The Healthcare Nutrition Council (HNC) is submitting comments on the National Institutes of Health (NIH or agency) Office of Nutrition Research (ONR) Request for Information (RFI): Food is Medicine Research Opportunities that was released on April 11, 2023. HNC is an association representing manufacturers<sup>1</sup> 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 closely monitored the White House Conference on Hunger, Nutrition, and Health and we were pleased to see dialogue around the Food is Medicine topic and inclusion in the Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health. We are also pleased to see the agency is requesting comments on this RFI. HNC asks the agency to include ONS as part of the Food is Medicine program. ONS are high quality, scientifically based and nutrient dense foods for special dietary use (FSDU) which are intended to provide supplemental or sole source nutrition for individuals who are at risk of malnutrition or cannot achieve adequate nutritional intake from a normal diet.

Up to one in two older adults are at risk for malnutrition,<sup>2,3</sup> an important nutrition-related public health concern that can be prevented and treated with the help of a Food is Medicine program. 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 ONS to meet their 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.<sup>4</sup>

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<sup>1</sup> HNC members are Abbott Nutrition, Nestlé Health Science, and Nutricia North America.

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

<sup>3</sup> 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.

<sup>4</sup> 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/>.



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Studies have shown the use of ONS can be used to treat and prevent malnutrition for those in the hospital as well as those living in the community. The use of ONS with caregiver education reduced 30-day readmission rates and length of stay in hospitals among older adults with malnutrition by 2 days on average.<sup>5</sup> The NOURISH study found malnourished patients randomized to receive high-protein ONS for 90 days post-discharge had improved nutritional status and decreased mortality compared to those in the placebo group.<sup>6,7</sup> Other studies have found use of ONS in hospitalized patients reduced 30-day readmission rates, reduced length of stay, reduced incidences of pressure ulcers, reduced risk of complications from chronic disease, decreased length of antibiotic therapy, and ultimately reduced health care costs.<sup>8,9,10</sup> ONS have also been shown to reduce hospitalization and medical care costs in non-hospital and community settings.<sup>11,12</sup>

Medically tailored meals (MTM) are meant to provide custom diets to individuals with conditions such as diabetes, cancer, or malnutrition to name a few. The use of ONS with MTM may be appropriate and recommended by physicians, registered dietitian nutritionists, and other health care providers in order to help complement meals and help individuals meet their unique nutrition needs. In some cases, ONS are recommended as meal replacements and are used as sole source nutrition. ONS come in different varieties and are specially innovated and formulated to be prescribed for people with a chronic disease or to help them meet their nutrition goals.

We ask the agency to include ONS as part of the Food is Medicine program so that they could be included as an option for health care providers to recommend or prescribe to people who need them. HNC appreciates the opportunity to submit these comments. For questions, please contact Berit Dockter MPP, RD, LD at [bdockter@healthcarenutrition.org](mailto: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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<sup>5</sup> Silver, Heidi; Kelsey Jones Pratt, Michelle Bruno, Joe Lynch, Kristi Mitchell, and Sharon McCauley. Effectiveness of the malnutrition quality improvement initiative on practitioner malnutrition knowledge and screening, diagnosis, and timeliness of malnutrition-related care provided to older adults admitted to a tertiary care facility: a pilot study. *Journal of the Academy of Nutrition and Dietetics*. 2017; 118(1): 101-109.

<sup>6</sup> Goates, Scott; Kristy Du, Carol Braunschweig, and Mary Beth Arensberg. Economic Burden of Disease-Associated malnutrition at the State Level. *PLOS ONE*. 2016; 11(9): 1-15.

<sup>7</sup> Deutz, NE; Matheson, EM; Matarese, LE; Luo, M; Baggs, GE; Nelson, JL; Hegazi, RA; Tappenden, KA; and Ziegler, TR. Readmission and mortality in malnourished, older, hospitalized adults treated with a specialized oral nutritional supplement: A randomized clinical trial. *Clin Nutr*. 2016; 35(1): 18-26.

<sup>8</sup> Goates, Scott; Kristy Du, Carol Braunschweig, and Mary Beth Arensberg. Economic Burden of Disease-Associated malnutrition at the State Level. *PLOS ONE*. 2016; 11(9): 1-15.

<sup>9</sup> Philipson, TJ; Snider, JT; Lakdawalla, DN; Stryckman, B; and Goldman, DP. Impact of oral nutritional supplementation on hospital outcomes. *Am J Manag Care*. 2013; 19(2): 121-128.

<sup>10</sup> Mullin, GE; Fan, L; Sulo, S; and Partridge, J. The Association between Oral Nutritional Supplements and 30-Day Hospital Readmissions of Malnourished Patients at a U.S. Academic Medical Center. *Journal of the Academy of Nutrition and Dietetics*. 2019; 119(7): 1168-1175.

<sup>11</sup> Elia, M; Normand, C; Laviano, A; and Norman, K. A systematic review of the cost and cost effectiveness of using standard oral nutritional supplements in community and care home settings. *Clin Nutr*. 2016; 35:125-137.

<sup>12</sup> Arnaud-Battandier, F; Malvy, D; Jeandel, C; Schmitt, C; Aussage, P; Beaufriere, B; and Cynober, L. Use of oral supplements in malnourished elderly patients living in the community: a pharmaco-economic study. *Clin Nutr*. 2004; 23:1096-1103.