



# HEALTHCARE NUTRITION COUNCIL

Improving outcomes through awareness and action

Submitted via Regulations.gov

December 18, 2023

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-9895-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

**RE: Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2025.**

Dear Administrator Brooks-LaSure,

The Healthcare Nutrition Council (HNC) is providing comments on “Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2025.” 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). HNC’s 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.

We appreciate the Centers for Medicare & Medicaid Services (CMS) request for comments and are encouraged to see the malnutrition diagnosis included in the 2025 benefit year Hierarchical Condition Categories (HCC) risk adjustment model. **We comment in favor of the HCC 023 Protein-Calorie Malnutrition diagnosis as part of the HHS HCC risk adjustment model.**

HNC supports accurate screening and diagnosis of malnutrition along with proper treatment. Up to one in two older adults are at risk for malnutrition,<sup>2,3</sup> and is an important nutrition-related public health concern that impacts quality of life and increases healthcare costs. Malnutrition can complicate conditions and lead to frailty, risk of falling, and healthcare-acquired pressure ulcers.<sup>4</sup> Additionally, readmission rates, institutionalization, and ongoing healthcare services increase in patients suffering from malnutrition. In particular, disease-related malnutrition is a common reason for patients to be readmitted to hospitals.<sup>5</sup> A study published in *HCUP Statistical Briefs*, developed by the Agency for Healthcare Research and Quality (AHRQ), in 2013 found that malnutrition in U.S. hospitalized patients is associated with a more than 50 percent higher rate of readmission within 30 days, compared to patient stays not associated with malnutrition.<sup>6</sup> In 2021, a draft comparative effectiveness review on malnutrition in hospitalized adults, prepared for AHRQ by the Evidence-based Practice Center, found an association between malnutrition and prolonged hospital stays as well as increased mortality among malnourished patients.<sup>7</sup> Hospitalized patients at risk of malnutrition are also more likely to be discharged to another facility or require ongoing healthcare services after being discharged from the hospital than patients who are not at risk.<sup>8</sup>

Beyond just the effect on utilization and outcomes, malnutrition has an outsized effect on overall cost of care. Malnutrition costs associated with older adults aged 65 years and older who are the most at risk for malnutrition, and largely dependent on Medicare, are estimated at \$51.3 billion annually.<sup>9</sup> However, this figure likely underestimates the total burden of disease-related malnutrition given the diagnosis gap in hospitalized patients.<sup>10</sup> In addition, malnourished patients and patients with nutrition-related or metabolic issues are frequently readmitted to the hospital.<sup>11</sup> Further, the average costs per readmission for patients with malnutrition were found to be 26-34 percent higher (\$16,900 to \$17,900) compared to those without malnutrition (\$13,400).<sup>12</sup>



# HEALTHCARE NUTRITION COUNCIL

Improving outcomes through awareness and action

CMS also recognizes that significant and persistent inequities in healthcare outcomes exist in the United States. As CMS notes, belonging to an underserved community is often associated with worse health outcomes. CMS further acknowledges that social risk factors are the wide array of non-clinical drivers of health known to negatively impact patient outcomes, including socioeconomic status, housing availability, and nutrition, often inequitably affecting historically marginalized communities on the basis of race and ethnicity, rurality, sexual orientation and gender identity, religion, and disability.

Nutritional status, and by consequence malnutrition, is often influenced by a variety of social determinants of health (SDOH). According to WHO, SDOHs are “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.”<sup>13</sup> In many cases, SDOHs will have a drastic impact on the availability and quality of foods, how those foods can be prepared and consumed, and what foods will be commonly consumed as staple parts of the diet. As a result, SDOHs shape a population’s nutritional status and may result in certain populations, such as the elderly, disabled, and the poorest segments of society, becoming malnourished.

Identifying and addressing malnutrition continues to be a crucial component in reducing hospital-acquired conditions, lowering healthcare costs, and improving the health and well-being of vulnerable Medicare beneficiaries and MA patients. HNC urges CMS to prioritize policies and initiatives that identify and treat malnutrition, encourage proper nutrition and the development of cost-effective nutrition therapy products. We stand ready to work with CMS and all stakeholders to develop these policies as one means to improve the public health system. Thank you for reviewing these comments. Please let us 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

---

<sup>1</sup> HNC members are Abbott Nutrition, Nestle Healthcare Nutrition, 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> The Malnutrition Quality Collaborative. National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update. Washington, DC: Avalere Health and Defeat Malnutrition Today; 2020.

<sup>5</sup> Alvarez-Hernandez J, Planas Vila M, Leon-Sanz M, et al. Prevalence and costs of malnutrition in hospitalized patients; the PREDyCES® Study. *Nutr Hosp*. 2012; 27(4): 1049-1059.

<sup>6</sup> Fingar K, Weiss A, Barrett M, Elixhauser A, Steiner C, Guenter P, and Hise Brown M. All-Cause Readmissions Following Hospital Stays for Patients with Malnutrition, 2013. *HCUP Statistical Brief #218*. 2018. 1-18.

<sup>7</sup> Authors to be included in final report. Draft Comparative Effectiveness Review, Malnutrition in Hospitalized Adults, Prepared for the Agency for Healthcare Research and Quality, June 3, 2021.

<sup>8</sup> Zapatero A, Barba R, Gonzalez N, et al. Influence of obesity and malnutrition on acute heart failure. *Rev Esp Cardiol*. 2012; 65(5): 421-426.

<sup>9</sup> Snider J, et al: Economic burden of community-based disease-associated malnutrition in the United States. *JPEN J Parenteral Enteral Nutr*. 2014;38:55-165.

<sup>10</sup> Snider JT, Linthicum MT, Wu Y, et al. Economic burden of community-based disease-associated malnutrition in the United States. *JPEN J Parenter Enteral Nutr*. 2014; 38 (Suppl 2): 77S-85S.

<sup>11</sup> Braunschweig C, Gomez S, Sheean PM. Impact of declines in nutritional status on outcomes in adult patients hospitalized for more than 7 days. *J Am Diet Assoc*. 2000;100:1316-1322.

<sup>12</sup> *Ibid*, reference 6.

<sup>13</sup> World Health Organization. Social Determinants of Health.2019. Retrieved from [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)