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May 28, 2024

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–1804–P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2025 and Updates to the IRF Quality Reporting Program (CMS–1804–P)

Dear Administrator Brooks-LaSure:

The Healthcare Nutrition Council (HNC) appreciates the opportunity to comment on the Prospective Payment System (PPS) and Consolidated Billing for Inpatient Rehabilitation Facilities (IRFs) and Updates to the Quality Reporting Program (QRP) for Federal Fiscal Year 2025. 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.

Malnutrition care remains a critical gap area that is associated with multiple poor health outcomes, including hospital readmissions and declines in functional status, psychosocial well-being, and quality of life and the Centers for Medicare & Medicaid Services (CMS) has previously recognized this. Further, we know this administration has prioritized health equity and supports improving patient quality care. HNC's recommendations can help accomplish these goals. We have previously provided recommendations during the FY 2024 IRF PPS rule making process, and we continue to encourage the agency to seriously consider our recommendations. HNC is pleased to provide comments on this Proposed Rule, as outlined below:

HNC strongly supports food and nutrition security and social determinants of health (SDOH) as future IRF QRP quality measure concepts. HNC further supports CMS's addition of two Food items in the IRF QRP.

Since its founding, HNC has supported the improvement of health outcomes and affordable quality healthcare through nutrition. HNC strongly agrees with CMS's finding that adults who lack access to food and have a low-nutrient diet are at an increased risk for negative health outcomes. Furthermore, HCN strongly concurs with CMS's finding that older adults are at a higher risk of developing malnutrition; about half of older adults are affected by malnutrition.[1,2] Sarcopenia is a particular nutritional health concern among older adults as approximately 5-13% of adults over age 60 years and approximately 50% of adults over 80 years have sarcopenia.[3] Adequate nutrition, and specifically adequate protein intake, can help attenuate

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

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the declines in muscle mass and function associated with sarcopenia, and reduce the risk of frailty and falls. A recent study found that 44% of IRF patients have a risk of malnutrition.[4] IRFs are especially important post-acute care settings to address food insecurity and malnutrition to enable patients to undergo medically necessary therapies in order to recover and discharge home.

HNC agrees with CMS's conclusion that collecting and analyzing relevant information about patients' food security outside the clinical setting can give healthcare professionals greater understanding of a patient's complex needs and improve coordination with other healthcare providers during transitions of care. HNC also supports CMS's finding that IRFs could refer a food insecure patient to the Supplemental Nutrition Assistance Program (SNAP), or other government initiatives. SNAP has shown to reduce the likelihood of being food insecure among families by about 30 percent.[5]

CMS proposes to adopt two Food items as patient data assessment elements under the SDOH Category:

- ''Within the past 12 months, you worried that your food would run out before you got money to buy more.''
- ''Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.''

These Food items serve as an important first step in addressing food insecurity and malnutrition. However, coordinated care plans are necessary to ensure that patients' total nutrition needs are adequately addressed. The IRF-PAI Version 4.2 currently requires staff to complete the IRF-PAI admission items by the last day of a patient stay that is less than 3 days in length. If the patient's length of stay is 3 days or more, the staff are required to complete the admission items by the third day of the patient's stay. Nutritional screening tools are recommended to be used within 24 to 48 hours upon admission.[6]

HNC urges CMS to recommend that IRFs complete the Food items in the IRF QRP as soon as applicable for the patient given their condition and treatment plans upon admission. Timely diagnoses of nutrition insecurity allow for immediate planning of future patient care post-discharge from the IRF. Referrals and enrollments in public programs like SNAP often have wait times, and delays in the screening and assessment will result in delayed access to necessary interventions. Although some SNAP recipients may qualify for emergency or expedited benefits, the processing time can take up to 30 days.[7] This exceeds the average time of IRF patient stays of 13 days and may result in significant delays in access to food.[8] HNC urges CMS to encourage minimal delays in delivery of adequate nutrition assistance and malnutrition intervention.

Access to food and malnutrition care is a low-risk and low-cost solution that can help improve the quality of clinical care and decrease costs associated with negative health outcomes. Timely malnutrition screening and assessment followed by intervention can significantly improve health outcomes for adults, with studies finding:

- Decrease in avoidable readmissions by about 20%[9]
- 50% reduction in pressure ulcer incidence[10,11]
- Reduced overall complications[12]
- Reduced average length of stay of approximately two days[13]

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- Decreased mortality[14]
- Improved quality of life[15]

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Food security and malnutrition continues to be a crucial component in improving health outcomes, lowering healthcare costs and improving the health and well-being of vulnerable Medicare beneficiaries. **HNC urges CMS to prioritize policies and initiatives that identify and treat food security and malnutrition while ensuring access to food through adequate coverage and payment policies**. HNC stands ready to work with CMS and all stakeholders to develop these policies as one means to improve the public health system. If you have any questions or would like additional information, please contact Peter Sahagian, Healthcare Nutrition Council, at psahagian@healthcarenutrition.org or (202) 207-1120.

Sincerely,

Executive Director
Carla Saunders

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