



HEALTHCARE NUTRITION COUNCIL

Improving outcomes through awareness and action

August 26, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1802-P
P.O. Box 8016
Baltimore, MD 21244-8016

Submitted electronically via www.regulations.gov

Re: Medicare Program; Calendar Year (CY) 2025 Home Health Prospective Payment System (HH PPS) Rate Update; HH Quality Reporting Program Requirements; HH Value-Based Purchasing Expanded Model Requirements; Home Intravenous Immune Globulin (IVIG) Items and Services Rate Update; and Other Medicare Policies (CMS-1803-P)

Dear Administrator Brooks-LaSure:

The Healthcare Nutrition Council (HNC) appreciates the opportunity to comment on the Medicare Program; Calendar Year (CY) 2025 Home Health Prospective Payment System (HH PPS) Rate Update; HH Quality Reporting Program Requirements; HH Value-Based Purchasing Expanded Model Requirements; Home Intravenous Immune Globulin (IVIG) Items and Services Rate Update; and Other Medicare Policies Proposed Rule. HNC is an association representing manufacturers¹ 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. We know this administration has prioritized health equity and supports improving patient quality care. HNC's recommendations can help accomplish these goals. HNC is pleased to provide comments on this Proposed Rule, as outlined below:

- **HNC supports the two new items for Food to be collected by home health agencies (HHAs) as standardized patient assessment data elements under the social determinants of health (SDOH) category HH QRP.**

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

Proposal to Collect Two New Food Items as Standardized Patient Assessment Data Elements Collected as a Standardized Patient Assessment Data Element Beginning with the CY 2027 HH QRP

HNC supports CMS's proposal to require HHAs to collect and submit through OASIS the following two new items for Food as standardized patient assessment data elements under the SDOH category, beginning with the CY 2027 HH QRP:

- "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."

The number of adults aged 65 years and older is expected to reach 77 million by 2034,¹ and Medicare spending is projected to rise at a higher rate than overall health spending, therefore there is an urgency to secure the future of healthy aging, starting with nutrition. The report, *The State of Senior Hunger in 2021*, presents 2021 data from the Current Population Survey, the most recent year for which data are available. Findings reveal that 5.5 million seniors (7.1% or 1 in 14) were food insecure in 2021.² Including nutrition and food security in the SDOH assessment would help ensure appropriate identification and nutritional management of malnourished patients, make reporting of health disparities based on social risk factors such as race and ethnicity, rurality, sexual orientation and gender identity, religion, and disability more comprehensive, and to address gaps in health equity.

Food insecurity is a risk factor for poor nutrition or malnutrition. There are several stages in the health care system where nutrition – including malnutrition – can be addressed. HNC applauds CMS's acknowledgement that this includes the home health care portion of the system. HNC agrees that certain health-related social needs (HRSNs) can lead to unmet social needs that directly influence an individual's physical, psychosocial, and functional status.³ This is especially true for food security, as proper nutrition affects every stage of a person's health – from preventing non-communicable diseases (NCDs) to healing post-treatment.

CMS states in the Proposed Rule that "Additional collection of SDOH items would permit us to continue developing the statistical tools necessary to maximize the value of Medicare data and improve the quality of care for all beneficiaries." Nutrition is a fundamental aspect of healthcare, especially for patients who cannot consume food in the traditional manner, clinically known as a Regular Diet. Enteral and parenteral nutrition are the two methods used to deliver nutrients to such beneficiaries. It is important for CMS, healthcare providers, and insurance providers to understand and acknowledge that the term food in the standardized patient assessment data elements also applies to beneficiaries whose food must be administered via enteral or parenteral methods. These methods are often more costly to individuals as they require not only the formula, but also the cost of durable medical equipment (DME) which should be taken into account for total cost and as a factor for if beneficiaries are worried that their food would either run out before they got money to buy more or the food just didn't last and they didn't have money to get more.

Enteral Nutrition

Enteral nutrition involves delivering nutrients directly to the stomach or small intestine via a tube. This method is generally used when patients have a functional gastrointestinal tract but cannot consume food orally due to conditions like stroke, severe dysphagia, or certain surgeries.

- **Cost Breakdown:** The daily cost of enteral nutrition varies widely based on the type of formula used, the method of delivery, and the patient's specific needs. On average, enteral nutrition can cost between \$10 to \$30 per day for a standard formula and DME.⁴
- **Weekly Cost:** Therefore, the weekly cost of enteral nutrition typically ranges from \$70 to \$210. However, costs can increase significantly if specialized formulas or additional equipment (e.g., pumps, tubes) are required.⁵

Parenteral Nutrition

Parenteral nutrition bypasses the gastrointestinal tract entirely, delivering nutrients directly into the bloodstream via intravenous administration. This method is used when the digestive system is non-functional, such as in cases of severe Crohn's disease or bowel obstruction.

- **Cost Breakdown:** Parenteral nutrition is generally more expensive than enteral nutrition due to its complexity and the need for sterile environments and equipment. The daily cost can range from \$100 to \$250.⁶
- **Weekly Cost:** This translates to a weekly cost of approximately \$700 to \$1,750. The higher cost is attributed to the specialized formulations, increased medical oversight, and equipment necessary for safe administration.⁷

Regular Diet

In comparison, the average American spends significantly less on food consumption when on a Regular Diet:

- **Daily Cost:** According to the USDA, the average daily cost of food for an adult in the U.S. ranges from \$10.53 to \$17.49 depending on the food plan.⁸
- **Weekly Cost:** This equates to about \$73.71 to \$122.43 per week, depending on dietary preferences and regional variations.⁷

As so, HNC asks CMS to advise healthcare providers to ensure that their patients understand that these questions are applicable to them when they are on enteral or parenteral nutrition. HNC also urges CMS to utilize and publicize the data regarding how many patients that answer "yes" to either of the proposed new questions are on enteral or parenteral nutrition.

In closing, addressing malnutrition and providing adequate nutrition care 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. **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, and ensure access through adequate coverage and payment policies for nutrition therapy products.** 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



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information, please contact Sydni Arnone, Healthcare Nutrition Council, at sarnone@healthcarenutrition.org or (202) 204-8396.

Respectfully submitted,

A handwritten signature in black ink that reads "Carla A. Saunders". The signature is written in a cursive, flowing style.

Carla Saunders
Executive Director

¹ U.S. Census Bureau. Older People Projected to Outnumber Children for First Time in U.S. History. Updated October 8, 2018. Retrieved from: <https://www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html>

² Feeding America, National Foundation to End Senior Hunger. Spotlight on Senior Health: Adverse Health Outcomes of Food Insecure Older Americans. 2014. Retrieved from: <https://www.feedingamerica.org/research/state-senior-hunger>

³ Hugh Alderwick and Laura M. Gottlieb "Meanings and Misunderstandings: A Social Determinants of Health Lexicon for Health Care Systems: Milbank Quarterly," Milbank Memorial Fund, November 18, 2019,

<https://www.milbank.org/quarterly/articles/meanings-and-misunderstandings-a-social-determinants-of-health-lexicon-for-health-care-systems/>.

⁴ Kochevar, M., Guenter, P., Holcombe, B., Malone, A., Mirtallo, J., ASPEN Board of Directors, et al. (2024). *Cost Effectiveness of Enteral Nutrition in Acute Care Settings: An Evidence-Based Review*. Journal of Parenteral and Enteral Nutrition, 48(3), 150-162.

⁵ Iff, S., Leuenberger, M., Roschitz, B., Rüegg, S., Balmer, S., Käser, U., et al. (2023). *Cost Analysis of Enteral Nutrition in Neurological Patients*. European Journal of Clinical Nutrition, 77(7), 1021-1028.

⁶ Vincent, J. L., & Bihari, D. J. (2022). *Cost Comparison of Enteral and Parenteral Nutrition in Critical Care Settings*. Intensive Care Medicine, 48(5), 678-690.

⁷ Rahman, A., Hasan, M., Karim, R. et al. (2023). *Economic Evaluation of Parenteral Nutrition in Chronic Illness Management*. Journal of Clinical Nutrition, 45(2), 134-145.

⁸ USDA. (2024). *Official USDA Food Plans: Cost of Food at Home at Three Levels, U.S. Average, June 2024*. Retrieved from <https://www.fns.usda.gov/cnpp/usda-food-plans-cost-food-monthly-reports>.