HEALTHCARE NUTRITION COUNCIL

Improving outcomes through awareness and action

Submitted via regulations.gov

September 9, 2024

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–1809–P
P.O. Box 8010
Baltimore, MD 21244-1810

Re: [CMS–1809–P] Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs, Including the Hospital Inpatient Quality Reporting Program; Health and Safety Standards for Obstetrical Services in Hospitals and Critical Access Hospitals; Prior Authorization; Requests for Information; Medicaid and CHIP Continuous Eligibility; Medicaid Clinic Services Four Walls Exceptions; Individuals Currently or Formerly in Custody of Penal Authorities; Revision to Medicare Special Enrollment Period for Formerly Incarcerated Individuals; and All-Inclusive Rate Add-On Payment for High-Cost Drugs Provided by Indian Health Service and Tribal Facilities

Dear Administrator Brooks-LaSure:

The Healthcare Nutrition Council (HNC) is providing comments on the CY 2025 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Rule (CMS 1809-P). 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.

In line with our mission, along with CMS priorities, we are providing comments on the proposed changes to Remote Services and the Social Drivers of Health (SDOH) Measures for the Hospital Outpatient Quality Reporting (OQR), Rural Emergency Hospital Quality Reporting (REHQR), and Ambulatory Surgical Center Quality Reporting (ASCQR) Programs. As detailed further below, HNC:

- **Strongly supports CMS's intention to align policy for Medical Nutrition Therapy (MNT) distant site practitioners of Medicare telehealth services across payment systems**

- **Strongly supports the proposal to adopt the Screening for SDOH food insecurity measure for the Hospital OQR, REHQR, and ASCQR Programs and the Screen Positive Rate for SDOH Measures for the Hospital OQR, REHQR, ASCQR Programs**

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

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I. HNC strongly supports CMS's intention to align policy for Medical Nutrition Therapy (MNT) distant site practitioners of Medicare telehealth services across payment systems.

HNC supports CMS's proposal to align its policies of allowing MNT practitioners to continue providing telehealth services for Medicare Part B beneficiaries with policies under the Physician Fee Schedule. The expansion of providers and services permitted to be provided via telehealth during the COVID-19 public health emergency greatly benefited patients who are in need of nutrition support and related services due to a chronic condition or as they recover from an acute injury or illness.

In our comments on the CY 2024 Physician Fee Schedule Proposed Rule (CMS-1784-P), HNC strongly supported all of CMS' proposals to extend telehealth and telehealth-related flexibilities for the duration of CY 2024 (through December 31, 2024). However, HNC also urged the agency to implement the availability of these telehealth services permanently. If CMS finds it lacks the statutory authority to make the changes fully permanent, it should extend them indefinitely or for the maximum period allowable. In addition, CMS should seek from Congress the authority to implement all of these telehealth services permanently, as soon as possible.

HNC reiterates its position that CMS should implement telehealth services for MNT on a permanent basis under the Hospital Outpatient Prospective Payment System, in addition to the Physician Fee Schedule.

II. HNC supports the proposal to adopt the Screening for SDOH food insecurity measure for the Hospital OQR, REHQR, and ASCQR Programs and the Screen Positive Rate for SDOH Measures for the Hospital OQR, REHQR, ASCQR Programs.

Since its founding, HNC has supported the improvement of health outcomes and affordable quality healthcare through nutrition. In its comments to the CY 2024 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems Proposed Rule, HNC supported efforts by CMS to address health inequalities across the SDOH spectrum.

HNC concurs with CMS that screening for food insecurity can help identify and provide appropriate referrals for patients who may benefit from additional nutrition support. It is extremely important to identify and correctly diagnose malnourished patients and provide them with appropriate nutrition resources to ensure recovery. Additionally, as CMS has noted, significant and persistent inequities in healthcare outcomes exist in the United States and living in a rural area is often associated with worse health outcomes and the National Quality Forum (NQF) recently included the Global Malnutrition Composite Score in its 2022 Key Rural Measures: An Updated List of Measures to Advance Rural Health Priorities.[1]

Outside the hospital, the emergency room treats a broad population of patients and is often used as a source of primary care for individuals without insurance. A CDC report found uninsured adults were more likely than adults with private health insurance or a public health

plan to visit the emergency room.[2] As such, screening for malnutrition in emergency room patients could have a positive impact on the health outcomes of the uninsured patient population, which is often impacted by health disparities and malnutrition prevalence. HNC strongly recommends the inclusion of nutrition quality measures in the Hospital OQR and REHQR Programs, and the inclusion of a diagnosis of malnutrition as part of this reporting.

Malnutrition is a risk factor for severe clinical events, such as loss of lean body mass and risk of falls, and possibly worse outcomes after surgery or trauma, since proper nutrition is critical for healing and recovery. The 30-day readmission rate for any cause following an initial hospital stay for non-maternal and non-neonatal patients with malnutrition was 23.2 per 100 index stays, more than 50% higher than the rate among patients with no malnutrition during the index stay.[3] Care provided through an emergency room visit should address these socioeconomic consequences by including an assessment of nutritional status and connecting malnourished patients to community services and access to food.

Malnutrition is a critical issue, and malnutrition screening in the outpatient setting, in particular the emergency room department, is necessary to ensure at-risk patients are identified and cared for before experiencing worsening, associated outcomes.

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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. **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 that ensures 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 information, please contact Peter Sahagian, Healthcare Nutrition Council, at psahagian@healthcarenutrition.org or (202) 207-1120.

Sincerely,

Carla Saunders
Executive Director

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[1]NQF: 2022 Key Rural Measures: An Updated List of Measures to Advance Rural Health Priorities (qualityforum.org), August 2022. Retrieved from: https://www.qualityforum.org/Publications/2022/08/2022_Key_Rural_Measures__An_Updated_List_of_Measures_to_Advance_Rural_Health_Priorities.aspx

[2] Renee M. Gindi, Ph.D., et al. Emergency Room Use among Adults Aged 18-64: Early Release of Estimates from the National Health Interview Survey, January-June 2011. Released May 2012. Retrieved from: https://www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf.

[3] Barrett ML, Bailey MK, Owens PL. Non-maternal and Non-neonatal Inpatient Stays in the United States Involving Malnutrition, 2016. ONLINE. August 30, 2018. U.S. Agency for Healthcare Research and Quality. Available: www.hcupus.ahrq.gov/reports.jsp.