



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-1807-P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: Medicare and Medicaid Programs; CY 2025 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Advantage; Medicare and Medicaid Provider and Supplier Enrollment Policies; and Basic Health Program; CMS-1807-P.

Dear Administrator Brooks-LaSure:

The Healthcare Nutrition Council (HNC) is providing comments on the CY 2025 Payment Policies Under the Physician Fee Schedule (PFS) and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Advantage; Medicare and Medicaid Provider and Supplier Enrollment Policies; and Basic Health Program 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.

In line with our mission, we are providing comments on several areas of this year's proposed rule relating to access to nutritional therapies. As detailed further below, HNC:

- **Strongly supports the extension of Medicare telehealth services and urges CMS to expand availability of telehealth to the maximum extent possible.**
- **Strongly urges CMS to include Medical Nutrition Therapy (MNT) as an option in the new codes for Advanced Primary Care Management (APCM) services**
- I. **HNC strongly supports the extension of Medicare telehealth services and urges CMS to expand availability of telehealth to the maximum extent possible.**

In our comments to the CY 2024 Physician Fee Schedule proposed rule, HNC underscored the value of Medicare telehealth services and the rules that expanded the ability of beneficiaries in need of nutrition support and related services due to a chronic condition or as they recover from an acute injury or illness. HNC reiterates this position and supports all of CMS's proposals

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



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to extend telehealth and telehealth-related flexibilities for the duration of CY 2025 (through December 31, 2025). Providers and suppliers have demonstrated they can provide a wide range of services virtually, safely and effectively.

HNC supports CMS's proposal to revise the definition of "interactive telecommunications system" to include audio-only communication technology for any telehealth service. HNC also supports CMS's proposal to permit distant site practitioners to continue reporting their currently enrolled practice location, instead of their home address, when providing telehealth services from their home through CY 2025. These permanent changes to telehealth services will help ensure continued access to services for patients.

HNC urges CMS to extend the originating site and geographic exemptions that will expire on December 31, 2024. 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; not just through CY 2025. In addition, CMS should seek from Congress the authority to implement all of these telehealth services permanently, as soon as possible. Permanent access to these telehealth services would increase Medicare beneficiaries' access to, and use of, expanded MNT services. A study published on the perspectives of Registered Dietitian Nutritionists (RDNs) on the adoption of telehealth for nutrition care highlights the fact that the use of telehealth services improves clinical outcomes, reduces costs, and is positively received by patients receiving nutrition care. Furthermore, RDNs reported increased use of telehealth care during the pandemic for nutritionally at-risk patients, and "the opportunity for longer assessment time with patients and the ability to 'look in' their home environments to potentially observe their refrigerators and pantries, allowing further examination of their diet and nutrition habits."¹

II. HNC strongly urges CMS to include Medical Nutrition Therapy (MNT) as an option in the new codes for Advanced Primary Care Management (APCM) services

CMS is proposing to establish coding and make payment under the PFS for a new set of APCM services described by three new HCPCS G-codes (GPCM1, GPCM2, and GPCM3). Additionally, CMS has issued a Request for Information (RFI) to gather input on five foundational components: Streamlined Value-Based Care Opportunities, Billing Requirements, Person-Centered Care, Health Equity (including Clinical and Social Risk), and Quality Improvement and Accountability.

HNC strongly urges CMS to include MNT as an option in the proposed payment model. MNT is an important component of person-centered care for patients with diabetes or kidney disease which are covered under Medicare Part B. MNT is also effective for chronic conditions not currently covered and include obesity, hypertension, dyslipidemia, malnutrition, eating disorders, cancer, gastrointestinal diseases, HIV/AIDS, and cardiovascular disease.

HNC supports MNT and other forms of treatment for patients at risk of malnutrition. Malnutrition is a public health issue that burdens health care providers, hospital readmission rates, institutionalization, and utilization of costly health care services. According to the CDC, tragically, the national deaths related to malnutrition have doubled from 9,300 deaths in 2018 to 20,500 deaths in 2022.² The financial costs of malnutrition are substantial in the United States; malnutrition costs associated with adults aged 65 years and older who are the most at risk for



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malnutrition are estimated at \$51.3 billion annually.³ In addition, malnourished patients and patients with nutrition-related or metabolic issues are frequently readmitted to the hospital.⁴ 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).⁵ Minority populations have long faced chronic disease health disparities due to socioeconomic inequalities and reduced access to health care, healthy foods, and safe places to be active. The compounding impacts of systemic inequalities, food insecurity, reduced access to care, and COVID-19 complications, underscore the need to provide equitable access to medical nutrition therapy in Medicare.

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. **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,

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 Brunton, Cory, Mary B. Arensberg, Susan Drawert, Christina Badaracco, Wendy Everett, and Sharon M. McCauley 2021. "Perspectives of Registered Dietitian Nutritionists on Adoption of Telehealth for Nutrition Care during the COVID-19 Pandemic" Healthcare 9, no. 2: 235.

² Kaiser Health News. U.S. Malnutrition Deaths Have More Than Doubled. U.S. News and World Report. April 13, 2023. Retrieved from: <https://www.usnews.com/news/health-news/articles/2023-04-13/deaths-from-malnutrition-have-more-than-doubled-in-the-u-s#:~:text=By%20Phillip%20Reese%20%7C%20KFF%20Health%20News&text=The%20same%20trend%20occurred%20nationwide,for%20Disease%20Control%20and%20Prevention>.

³ 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

⁴ 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.

⁵ 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.