Submitted via regulations.gov

September 11, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–1834–P
P.O. Box 8010
Baltimore, MD 21244-1810

Re: Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Overall Hospital Quality Star Ratings; and Hospital Price Transparency [CMS–1834–P]

Dear Administrator Oz:

The Healthcare Nutrition Council (HNC) respectfully submits the following comments in response to the Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Overall Hospital Quality Star Ratings; and Hospital Price Transparency [CMS–1834–P] Proposed Rule. HNC is an association representing manufacturers 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 for people that require or benefit from advanced and specialized nutrition.

The Agency has identified its continued interest in nutrition, and in this proposed rule has specifically requested information on tools and frameworks that promote healthy eating habits, exercise, nutrition, or physical activity for optimal health, well-being, and best care for all. In promoting nutrition for optimal health, it is important to help identify and intervene for malnutrition. Thus, we offer the following comments in response to malnutrition-related conditions, medical nutrition therapy, and patient access to nutrition care.

In line with our mission, along with CMS priorities, we are providing comments to the requested information on measure concepts regarding Well-Being and Nutrition for consideration in future years for all three programs (OQR, REHQR, and ASCQR):

I. Support for Quality Measures in Nutrition, Interoperability, and Well-Being
HNC supports CMS's efforts to request information on measure concepts regarding Well-Being and Nutrition for consideration in future years for all three programs (OQR, REHQR, and ASCQR).

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- **Nutrition**: We encourage the use of validated tools for identifying and tracking malnutrition risk, use of nutrition support therapies, and the impact of nutrition interventions on recovery and rehospitalization.
- **Well-being**: Nutrition is foundational to well-being. Malnutrition, especially in older adults, affects mental health, physical function, and quality of life. We recommend integrating nutrition risk or status as a core component of any well-being metric.
- **Interoperability**: Seamless exchange of clinical and nutrition-related data (e.g., nutrition risk assessments, weight trends, feeding regimens) across care settings is critical for timely care and safety.

II. HNC Strongly Recommends the Inclusion of the Malnutrition Care Score as a Nutrition Tool and Measure to Address Malnutrition in the OQR, REHQR, and ASCQR Programs.

HNC strongly urges CMS to consider adapting malnutrition quality measures – such as the Malnutrition Care Score (MCS, formerly known as the Global Malnutrition Composite Score used in the Inpatient Quality Reporting program) – for inclusion in the Hospital OQR, REHQR, and ASCQR Programs. The MCS is a validated composite measure that captures the full continuum of malnutrition care, including screening, assessment, diagnosis, care planning, and documentation of care transition. Adapting this measure for outpatient hospital and surgical settings would be a meaningful step to close long-standing care gaps, especially as patients frequently move between inpatient and outpatient settings. This supports CMS' goals of optimal nutrition and to prevent conditions that could otherwise hinder an individual's health and nutritional needs.

As CMS has previously acknowledged, 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. Tragically the national deaths related to malnutrition have doubled from 9,300 deaths in 2018 to 20,500 deaths in 2022 according to the U.S. Centers for Disease Control and Prevention (CDC).[1]

Making the change to fully integrate malnutrition care (screening, assessment, diagnosis, care plans, interventions, and care transitions) for all adults into the healthcare system is a prudent investment because 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 outcomes. Timely screening and assessment followed by intervention can significantly improve health outcomes for adults, with studies finding:

- Decrease in avoidable readmissions by about 20%[2]
- 50% reduction in pressure ulcer incidence[3,4]
- Reduced overall complications[5]
- Reduced average length of stay of approximately two days[6]
- Decreased mortality[7]
- Improved quality of life[8]

a. OQR: In a study where one Accountable Care Organization (ACO) in Chicago implemented a nutrition-focused quality improvement program and analyzed the cost savings and patient outcomes. The total cost-savings from reduced 30-day readmissions and hospital stays associated with nutrition intervention was over $4.8 million; the net savings was over $3800

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per patient treated for malnutrition.[9] The quality improvement program in this study included malnutrition risk screening at admission, prompt initiation of oral nutritional supplementation for at-risk patients, and nutrition support and education for patients during the hospital stay and post discharge.

b. REHQR: It is extremely important to identify and correctly diagnose malnourished patients and provide them with appropriate nutritional management to ensure recovery, particularly during an emergency room visit. Additionally, as CMS has previously noted, significant and persistent disproportions 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.[10] 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.[11] As such, screening for malnutrition in emergency room patients would have a positive impact on the health outcomes of the uninsured patient population, which is often impacted by health disparities and malnutrition prevalence.

   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.[12] 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.

c. ASCQR: Malnutrition care is a low-risk, cost-effective intervention that advances CMS's goals of improving patient outcomes and reducing unnecessary utilization. Screening patients for malnutrition in all outpatient settings – especially high-impact settings like outpatient clinics, emergency departments, and surgery centers – is vital, to ensure at-risk patients are identified and cared for before experiencing worsening, associated outcomes. We urge CMS to consider the MCS framework or a similar outpatient measure to identify and address malnutrition across the full spectrum of care.

   Preoperative malnutrition is remarkably prevalent – up to 2 of every 3 major surgery patients are malnourished preoperatively[13] – and constitutes a powerful, independent predictor of adverse postoperative outcomes. A recent systematic review found that malnutrition is strongly associated with increased complications, higher rates of postoperative infections, longer hospital stays, and elevated mortality, particularly in high-risk procedures like pancreatic and esophagogastric surgeries.[14] Supporting this, a two-year observational study of general surgery patients revealed that those who were nutritionally compromised pre-surgery had notably worse outcomes: postoperative infection rates of 36% vs. 14%, delayed wound healing (23% vs. 9%), longer hospital stays (≈9.9 vs. 6.5 days), higher readmission rates, and increased 30-day mortality (11.4% vs. 2.3%).[15] In gastrointestinal cancer surgery, malnutrition – detected in at least half of patients – consistently correlates with elevated

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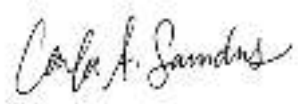
complication rates, prolonged recovery, and poorer survival.[16] Taken together, the evidence underscores the urgent need for early identification and nutritional intervention in surgical patients to mitigate these risks.

Conclusion

As CMS advances quality measurement and care, nutrition must be recognized as a clinical cornerstone – not an ancillary service. 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 and encourage proper nutrition and the development of cost-effective nutrition therapy products. Thank you for the opportunity to provide comments. We remain committed to partnering with CMS to ensure that all individuals have access to appropriate, skilled, and effective nutrition care across the continuum of care. If you have any questions or would like additional information, please do not hesitate to reach out.

Sincerely,



Carla Saunders

Executive Director

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