HEALTHCARE NUTRITION COUNCIL

Improving outcomes through awareness and action

Submitted via regulations.gov

September 11, 2025

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–1832-P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: Medicare and Medicaid Programs; CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program

Dear Administrator Oz:

The Healthcare Nutrition Council (HNC) is providing comments on the CY 2026 Payment Policies Under the Physician Fee Schedule (PFS) and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program Proposed Rule. 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 for people that require or benefit from advanced and specialized nutrition.

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 continue to expand the availability of telehealth to the maximum extent possible.**
- **Strongly urges CMS to include Medical Nutrition Therapy (MNT) as a new code for Advanced Primary Care Management (APCM) services.**
- **Strongly encourages CMS to recognize MNT as a tool for chronic disease management and prevention.**
- **Supports inclusion of USWR22 for patients with wounds and ulcers in the podiatry MVP.**

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

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HNC strongly supports the extension of Medicare telehealth services and urges CMS to continue to expand the availability of telehealth to the maximum extent possible.

In our comments to the CY 2025 Physician Fee Schedule proposed rule, HNC underscored the value of Medicare telehealth services and the rules which 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 to receive these services. HNC also supported CMS' proposals to extend telehealth and telehealth-related flexibilities for the duration of CY 2025.

HNC supports the proposal to remove Steps 4 and 5 for the process to make changes to the Medicare Telehealth Services List. As noted in the proposed rule, the current process has been confusing for some requestors and does not necessarily take into account the role of professional judgment exercised by physicians and practitioners in providing services to patients.

HNC is also supportive of the proposal to shift all services on the Medicare Telehealth Services List to "permanent." Permanent access to these telehealth services would increase Medicare beneficiaries' access to, and use of, expanded medical nutrition therapy (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 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."[2]

Additionally, HNC supports the proposal to remove the frequency limitations for telehealth services. As noted in the proposed rule, implementation of these limits could impact access to care and does not account for the judgment of physicians and practitioners in determining whether a telehealth service is appropriate. We support the need to protect patient safety, but believe that removal of the frequency limitation requirement would not endanger patients as physicians and practitioners best understand the standard of care required for their patients and whether telehealth services are suitable.

HNC strongly urges CMS to include Medical Nutrition Therapy (MNT) as a new code for Advanced Primary Care Management (APCM) services.

In the proposed rule, CMS requests whether other changes to APCM or additional coding to recognize the work of advanced primary care practices in preventing and managing chronic disease should be considered. HNC strongly urges CMS to include MNT as it 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 other chronic conditions including

[2] Brunton C, Arensberg MB, Drawert S, Badaracco C, Everett W, McCauley SM. Perspectives of Registered Dietitian Nutritionists on Adoption of Telehealth for Nutrition Care during the COVID-19 Pandemic. *Healthcare* 2021; 9(2): 235.

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obesity, hypertension, dyslipidemia, malnutrition, eating disorders, cancer, gastrointestinal diseases, HIV/AIDS, and cardiovascular disease.[3,4,5,6,7,8,9]

MNT is a high-value service that directly supports CMS's goals of preventing disease progression, reducing costs, and advancing patient care. However, MNT remains underutilized because of restrictive eligibility criteria, referral requirements, and limitations on the number of hours covered. To fully address chronic disease and root causes of these conditions, CMS must incorporate evidence-based nutrition care across all its payment models and programs. HNC therefore encourages CMS to use its existing waiver and demonstration authorities to expand access to MNT. Incorporating MNT in current and future demonstrations would allow CMS to evaluate the clinical and cost-saving potential of expanding MNT beyond diabetes and chronic kidney disease, as well as the integration of MNT for beneficiaries with chronic conditions such as cardiovascular disease, obesity, and malnutrition. By leveraging this authority, CMS can take an important step towards modernizing Medicare benefits, improving patient outcomes, and reducing downstream costs, while also aligning with the Administration's focus on prevention and chronic disease management.

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.[10] 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 malnutrition are estimated at $51.3 billion annually.[11] In addition, malnourished patients and patients with nutrition-related or metabolic issues are frequently readmitted to the hospital.[12] The

[3] Morgan-Bathke M, Baxter SD, Halliday TM, Lynch A, Malik N, Raynor HA, Garay JL, Rozga M. Weight Management Interventions Provided by a Dietitian for Adults with Overweight or Obesity: An Evidence Analysis Center Systematic Review and Meta-Analysis. J Acad Nutr Diet. 2023 Nov;123(11):1621-1661.e25. doi: 10.1016/j.jand.2022.03.014.
[4] Academy of Nutrition and Dietetics. MNT: Disorders of Lipid Metabolism. 2015. https://www.andeal.org/topic.cfm?menu=5284&cat=5231.
[5] Senkus KE, Dudzik JM, Lennon SL, DellaValle DM, Moloney LM, Handu D, Rozga M. Medical nutrition therapy provided by a dietitian improves outcomes in adults with prehypertension or hypertension: a systematic review and meta-analysis. Am J Clin Nutr. 2024 Jun;119(6):1417-1442. doi: 10.1016/j.ajcnut.2024.04.012.
[6] Sikand G, Cole RE, Handu D, deWaal D, Christaldi J, Johnson EQ, Arpino LM, Ekvall SM. Clinical and cost benefits of medical nutrition therapy by registered dietitian nutritionists for management of dyslipidemia: A systematic review and meta-analysis. J Clin Lipidol. 2018 Sep-Oct;12(5):1113-1122. doi: 10.1016/j.jacl.2018.06.016.
[7] Kalantar-Zadeh K, Fouque D. Nutritional Management of Chronic Kidney Disease. N Engl J Med. 2018 Feb 8;378(6):584-585. doi: 10.1056/NEJMc1715765. PMID: 29414270.
[8] Moloney L, Chacón V, Devarakonda SLS, Scollard T, Jones S, Rozga M, Handu D. Effectiveness of Medical Nutrition Therapy Provided by Registered Dietitian Nutritionists on Nutrition and Health Outcomes in Adults with Protein-Energy Malnutrition: A Systematic Review and Meta-Analysis. J Acad Nutr Diet. 2025 Aug;125(8):1144-1161.e20. doi: 10.1016/j.jand.2025.03.005.
[9] Briggs Early K, Stanley K. Position of the Academy of Nutrition and Dietetics: The Role of Medical Nutrition Therapy and Registered Dietitian Nutritionists in the Prevention and Treatment of Prediabetes and Type 2 Diabetes. J Acad Nutr Diet. 2018 Feb;118(2):343-353. doi: 10.1016/j.jand.2017.11.021.
[10] 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.
[11] 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.
[12] 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.

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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).[13]

HNC strongly encourages CMS to recognize MNT as a tool for chronic disease management and prevention.

In the proposed rule, CMS references the focus of the current administration on addressing chronic disease rates and cites the February 2025 Executive Order directing agencies to ensure availability of treatment options to address these conditions. The proposed rule therefore requests specific feedback on how CMS can support prevention and management of chronic disease. As noted above, MNT is an effective tool for the management of chronic diseases, and thus HNC strongly supports the recognition of MNT by CMS.

Additionally, the proposed rule requests comments on whether to create separate coding and payment for medically-tailored meals. HNC strongly supports the creation of separate coding and payment for medically-tailored meals so that individuals needing this service have access.

HNC supports inclusion of USWR22: Nutrition Assessment and Intervention Plan for patients with wounds and ulcers QCDR measure in the podiatry MVP

HNC supports CMS's inclusion of the QCDR measure USWR22: Nutrition Assessment and Intervention Plan in Patients with Wound and Ulcers in the Podiatry MVP. Nutrition status is one of the modifiable factors that needs to be addressed when implementing quality improvement activities to improve wound outcomes.[14] In chronic wounds, management of inflammation is a key step in treatment and studies have shown positive effects of nutritional intervention on controlling inflammation in Diabetic Foot Ulcer patients.[15] The Nutrition Interventions in Adults with Diabetic Foot Ulcers Guidelines state that developing and implementing a personalized nutrition care plan will ensure that patient nutrition is optimized and meeting all essential needs for wound healing, emphasizing that when poor nutrition or malnutrition is present, wound healing can be delayed, worsened, or even come to a halt.[16]

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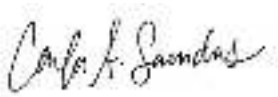
Malnutrition continues to be a crucial component in reducing hospital-acquired conditions, lowering healthcare costs and improving the health and well-being of vulnerable Medicare beneficiaries. **HNC urges CMS to prioritize policies and initiatives that identify and treat malnutrition and encourage proper nutrition**. HNC stands ready to work with CMS and all stakeholders to develop these policies as one means to improve the public health system.

We appreciate the opportunity to comment and stand ready to address any questions regarding our response.

[13] 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.
[14] Arensberg MB, Phillips BE, Kerr KW. Nutrition for Healing Acute and Chronic Wounds: Current Practice, Recent Research Findings, and Insights for Improving Care. *Recent Progress in Nutrition* **2024**; 4(3): 014; doi:10.21926/rpn.2403014.
[15] Basiri R, Spicer M, Levenson C, Ledermann T, Akhavan N, Arjmandi B. Improving dietary intake of essential nutrients can ameliorate inflammation in patients with diabetic foot ulcers. Nutrients. 2022 Jun 9;14(12):2393.
[16] Armstrong DG, Mills JL, Molina M, Molnar JA. Nutrition interventions in adults with diabetic foot ulcers. Guideline Central. Available at: https://www.guidelinecentral.com/guideline/502765/ . Published October 21, 2021.

Sincerely,



Carla Saunders
Executive Director

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