



# HEALTHCARE NUTRITION COUNCIL

Improving outcomes through awareness and action

Submitted via [regulations.gov](https://www.regulations.gov)

January 26, 2026

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-4212-P  
P.O. Box 8013  
Baltimore, MD 21244-8013

## **Re: Medicare Program; Contract Year 2027 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, and Medicare Cost Plan Program**

Dear Administrator Oz:

The Healthcare Nutrition Council (HNC) is providing comments on the CY 2027 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, and Medicare Cost Plan Program. HNC is an association representing manufacturers<sup>1</sup> 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 who require or benefit from advanced and specialized nutrition.

In the proposed rule, CMS includes a request for information (RFI) on future directions for the Medicare Advantage (MA) Program, including well-being and nutrition. Specifically, the RFI notes that there is an incentive to support interventions that can aid health in the long-term through avoiding costs associated with addressing chronic conditions. Further, the RFI is specifically seeking feedback on nutrition policy changes to help achieve optimal nutrition and improve preventive care. Malnutrition deaths in the US are increasing<sup>2</sup>, particularly among our oldest citizens, and up to one in two older adults is malnourished or at risk for malnutrition.<sup>3,4</sup> **HNC believes that prioritizing policies and initiatives to identify and treat malnutrition and encourage proper nutrition (including through support for ONS and medical nutrition therapy (MNT)) would help meet the goals of this request and align with this Administration's focus on food is medicine (FIM) initiatives.**

Malnutrition is a public health issue that burdens health care providers, hospital readmission rates, institutionalization, and utilization of costly health care services. It is a condition that impacts quality of life and increases healthcare costs. Malnutrition can complicate conditions, and lead to frailty, risk of falling, and pressure injuries.<sup>5</sup> The financial costs of malnutrition are substantial in the United States; malnutrition costs associated with adults aged 65 years and

<sup>1</sup> HNC members are Abbott Nutrition, Nestle Healthcare Nutrition, and Nutricia North America.

<sup>2</sup> Van Dam, A. (2026, January 5). Why are malnutrition deaths soaring in America? *The Washington Post*. <https://www.washingtonpost.com/business/2025/12/29/why-are-malnutrition-deaths-soaring-america/>.

<sup>3</sup> The Malnutrition Quality Collaborative. National Blueprint: Achieving Quality Malnutrition Care for Older Adults. Washington, DC: Avalere Health and Defeat Malnutrition Today. March 2017.

<sup>4</sup> Kaiser MJ, Bauer JM, Ramsch C, Ulter W, Guigoz Y, Cederholm T, *et al*. Frequency of malnutrition in older adults: a multinational perspective using the mini nutritional assessment. *J Am Geriatr Soc*. 2010;58(9): 1734-8.

<sup>5</sup> The Malnutrition Quality Collaborative. National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update. Washington, DC: Avalere Health and Defeat Malnutrition Today; 2020.



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older who are the most at risk for malnutrition are estimated at \$51.3 billion annually.<sup>6</sup> In addition, malnourished patients and patients with nutrition-related or metabolic issues are frequently readmitted to the hospital.<sup>7</sup> 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).<sup>8</sup> One way better identify and treat malnutrition is for CMS to adapt the Malnutrition Care Score (MCS) for use in Medicare Advantage Star Ratings as well as the Universal Foundation for quality measurement.

ONS are high quality, scientifically-based, and nutrient dense foods for special dietary use which represent clinically effective, non-invasive means to supplement the diets of patients with or at risk of malnutrition. For such individuals, consumption of adequate nutrition, including protein, may not be possible due to a variety of factors such as poor appetite, reduced food intake, increased nutritional needs, or poor nutrient absorption caused by illness or chronic condition. ONS products can improve daily intake of calories, protein, and other essential nutrients without reducing regular food intake<sup>9</sup> and contribute to maintaining and increasing muscle mass.<sup>10</sup>

HNC supports the use of ONS, and other forms of nutrition support including MNT, for patients at risk of malnutrition. ONS can be recommended through medical nutrition therapy (MNT), which is characterized by treating chronic conditions through individually-tailored nutrition plans recommended by registered dietitian nutritionists (RDNs). ONS can also be part of a FIM approach when included in medically tailored meals and/or in over the counter (OTC) or food and produce supplemental benefits to help prevent, manage, and address nutrition considerations associated with chronic diet-related diseases. With the Administration continuing to focus on FIM as part of its Make America Healthy Again agenda, we advocate that ONS remain part of a MA FIM approach.

HNC also encourages CMS to consider expanded MNT coverage as a strategy for helping achieve optimal nutrition and preventive care in the MA Program. MNT is an important component of person-centered care for patients with diabetes or kidney disease and is currently covered as a Medicare benefit for these conditions. However, MNT is also proven effective in helping manage other chronic conditions as well, including obesity, hypertension, dyslipidemia,

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<sup>6</sup> 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.

<sup>7</sup> 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.

<sup>8</sup> 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.

<sup>9</sup> Smith TR, Cawood AL, Walters ER, Guildford N, Stratton RJ. Ready-Made Oral Nutritional Supplements Improve Nutritional Outcomes and Reduce Health Care Use – A Randomised Trial in Older Malnourished People in Primary Care. Nutrients. 2020 Feb 18; 12(2):517. doi: 10.3390/nu12020517. PMID: 32085537; PMCID: PMC7071441.

<sup>10</sup> Lauque S, Arnaud-Battandier F, Gillette S, Plaze JM, Andrieu S, Cantet C, Vellas B. Improvement of weight and fat-free mass with oral nutritional supplementation in patients with Alzheimer's disease at risk of malnutrition: a prospective randomized study. J Am Geriatr Soc. 2004 Oct;52(10):1702-7. doi: 10.1111/j.1532-5415.2004.52464.x. PMID: 15450048.



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malnutrition, eating disorders, cancer, gastrointestinal diseases, HIV/AIDS, and cardiovascular disease.<sup>11,12,13,14,15,16,17</sup>

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, HNC encourages CMS to expand access to MNT and the range of conditions covered. In doing so, 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. Recently, CMS announced the Long-Term Enhanced ACO Design (LEAD) Model which expands access to MNT beyond diabetes and chronic kidney disease, so there is precedent to provide expanded access to address a broader range of nutrition-related chronic diseases.

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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 such as expansion and adoption of the MCS across quality programs such as MA Star Ratings and development of the Universal Foundation and to encourage proper nutrition interventions, including through support for ONS and MNT.** HNC stands ready to work with CMS and all stakeholders to develop these policies as one means to improve the public health system and make older Americans healthy again.

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

Sincerely,

Carla Saunders  
Executive Director

<sup>11</sup> 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.

<sup>12</sup> Academy of Nutrition and Dietetics. MNT: Disorders of Lipid Metabolism. 2015. <https://www.andeal.org/topic.cfm?menu=5284&cat=5231>.

<sup>13</sup> 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.

<sup>14</sup> 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.

<sup>15</sup> 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.

<sup>16</sup> 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.

<sup>17</sup> 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.