



HEALTHCARE NUTRITION COUNCIL

Improving outcomes through awareness and action

June 8, 2026

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1849-P
P.O. Box 8013
Baltimore, MD 21244-8013

Submitted electronically via www.regulations.gov

Re: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals (IPPS) and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year (FY) 2027 Rates; Requirements for Quality Programs; and Other Policy Changes (CMS-1849-P)

Dear Administrator Oz:

The Healthcare Nutrition Council (HNC) appreciates the opportunity to comment on the proposed rule, “Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals (IPPS) and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year (FY) 2027 Rates; Requirements for Quality Programs; and Other Policy Changes” (CMS-1849-P). 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 who require or benefit from advanced and specialized nutrition. We acknowledge and appreciate how this Administration has prioritized nutrition and supports improving patient quality care, including through initiatives related to food is medicine (FIM).

Nutrition is a fundamental aspect of healthcare, especially for patients who cannot consume food or a sufficient amount of food in the traditional manner from a regular diet. For these patients to meet their nutrition needs, oral nutrition supplements, enteral nutrition, and/or parenteral nutrition are vital to avoid nutrient deficiencies. It is important for payors and providers to recognize that the term “food” in the standardized patient assessment data elements also applies to beneficiaries whose food must be administered via enteral or parenteral methods.

Support for Malnutrition Care Score eCMQ Proposal

HNC supports the proposal to mandate reporting for the Malnutrition Care Score electronic quality measure (eCQM) starting with FY2030 payment determinations in the Hospital Inpatient and PPS-Exempt Cancer Hospital (PCH) Quality Reporting Programs (QRPs). As CMS has previously acknowledged, malnutrition care remains a critical gap area that is associated with



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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 Centers for Disease Control and Prevention (CDC).¹ In one study, 42.5% of patients whose stay in an acute care hospital was equal to or greater than two weeks were diagnosed with malnutrition.² Disease-associated malnutrition (DAM) is malnutrition that occurs from disease-related causes and can manifest in patients across all spectrums of body mass index. It is often multifactorial, including inflammatory responses (which can increase metabolic demand), decreased appetite, gastrointestinal problems, and difficulty chewing and swallowing, leading to decreased nutrient intake, which can diminish immune response and wound healing, and increase infection rates.³ Malnutrition affects approximately 20% to 50% of admitted hospital patients.⁴ However, this figure likely underestimates the total burden of DAM, given the diagnosis gap in hospitalized patients. In an analysis by the Agency for Healthcare Research and Quality (AHRQ), malnutrition was diagnosed in only about 8% of hospital stays.⁵

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 common sense, 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%⁶
- 50% reduction in pressure ulcer incidence^{7,8}
- Reduced overall complications⁹
- Reduced average length of stay of approximately two days¹⁰
- Decreased mortality¹¹
- Improved quality of life¹²

In a study, 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 per patient treated for malnutrition.¹³ 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.

Specifically related to the PCH QRP, the proposed rule outlines the devastating impacts that malnutrition can have on cancer patients, including increased costs, adverse clinical outcomes, higher readmission rates, and increased mortality, noting that an estimated 80% of cancer patients experience malnutrition.¹⁴ The proposed rule provides an overview of the recommendation from the Pre-Rulemaking Measure Review Hospital Committee, including the Pre-Rulemaking Measure Review Hospital Recommendation Group. The Recommendation Group overwhelmingly supported the inclusion of the Malnutrition Care Score eCQM into the PCH QRP.



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Given the tremendous impacts that malnutrition can have on a patient's health and well-being, including specifically for cancer patients, as noted above, HNC appreciates the consideration of previous requests to mandate reporting for the Malnutrition Care Score eQMs for the Hospital Inpatient and PCH QRPs and therefore strongly supports the proposal. HNC believes the proposal to mandate this reporting, which would mean greater success for transferring diet recommendations to outpatient settings, aligns with the Administration's focus and initiatives around food is medicine

Additionally, HNC is supportive of the proposal to mandate reporting for the Hospital Harm eQMs, specifically related to shifting from self-selected to mandatory reporting for falls with injury.

Support for Proposal on Malnutrition MS-DRGs

The proposed rule includes proposed changes to the Medicare Severity Diagnosis Related Groups (MS-DRG) Diagnosis Codes for FY2027. As noted in the proposed rule, there was a request to change the severity level designation for several diagnosis codes from major complication or comorbidity (MCC) to non-complication or comorbidity (Non-CC), specifically for E40 (Kwashiorkor), E41 (Nutritional marasmus), E42 (Marsamic kwashiorkor), and E43 (Unspecified severe protein-calorie malnutrition). CMS notes that due to these codes being utilized more as an MCC compared to a CC, and considering the World Health Organization's (WHO) definition of malnutrition and guiding principles, the codes should remain as MCC. HNC is supportive of this determination by CMS.

Conclusion

As CMS advances quality measurement and care, HNC appreciates that there is recognition that food is medicine and that nutrition is a clinical cornerstone, not an ancillary service. We strongly support the proposal to mandate reporting for Malnutrition Care Score eQMs for Hospital Inpatient and PCH QRPs. This evaluation of nutrition care will put an emphasis on discharge planning and transition of care for patients on ONS, EN, and PN. We are also supportive of the proposal to maintain E40, E41, E42, and E43 as MCC.

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 contact Allison Cooke, Healthcare Nutrition Council, at acooke@healthcarenutrition.org or (202) 860-1008.

Respectfully submitted,

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 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.>
- ² Bauer JD, Hiscocks K, Fichera R, Horsley P, Martineau J, Denmeade S, Bannister M, de Groot E, Lee S, Waterhouse M. Nutritional status of long-term patients in the acute care setting. *Intern Med J*. 2012 Nov;42(11):1251-4. doi: 10.1111/j.1445-5994.2012.02950.x. PMID: 23157519.
- ³ Goates S, Du K, Braunschweig CA, Arensberg MB. Economic Burden of Disease-Associated Malnutrition at the State Level. *PLoS One*. 2016;11(9):e0161833-e0161833.
- ⁴ Barker LA, Gout BS, Crowe TC. Hospital malnutrition: prevalence, identification and impact on patients and the healthcare system. *Int J Environ Res Public Health*. 2011;8(2):514-527.
- ⁵ Barrett ML, Bailey MK, Owens PL. Non-maternal and Non-neonatal Inpatient Stays in the United States Involving Malnutrition, 2016. U.S. Agency for Healthcare Research and Quality. Retrieved from: www.hcupus.ahrq.gov/reports.jsp.
- ⁶ Sriram K, Sulo S, VanDerBosch G, et al. A Comprehensive Nutrition-Focused Quality Improvement Program Reduces 30-Day Readmissions and Length of Stay in Hospitalized Patients. *JPEN*. 2017;41(3):384-391.
- ⁷ Barrett ML, Bailey MK, Owens PL. Non-maternal and Non-neonatal Inpatient Stays in the United States Involving Malnutrition, 2016. U.S. Agency for Healthcare Research and Quality. Retrieved from: www.hcupus.ahrq.gov/reports.jsp
- ⁸ Meehan A, Loose C, Bell J, Partridge J, Nelson J, Goates S. Health System Quality Improvement: Impact of Prompt Nutrition Care on Patient Outcomes and Health Care Costs. *J Nurs Care Qual*. 2016;31(3):217-223.
- ⁹ Tappenden KA, Quatrara B, Parkhurst ML, Malone AM, Fanjiang G, Ziegler TR. Critical Role of Nutrition in Improving Quality of Care: An Interdisciplinary Call to Action to Address Adult Hospital Malnutrition. *J Acad Nutr Diet*. 2013;113(9):1219-1237.
- ¹⁰ Anita Saxena, Dietary management in acute kidney injury, *Clinical Queries: Nephrology*, Volume 1, Issue 1, 2012, Pages 58-69, ISSN 2211-9477, [https://doi.org/10.1016/S2211-9477\(11\)70010-3](https://doi.org/10.1016/S2211-9477(11)70010-3).
- ¹¹ Gomes F, Baumgartner A, Bounoure L, et al. Association of Nutritional Support With Clinical Outcomes Among Medical Inpatients Who Are Malnourished or at Nutritional Risk: An Updated Systematic Review and Meta-analysis. *JAMA Network Open*. 2019;2(11):e1915138-e1915138.
- ¹² Ha L, Hauge T, Spenning AB, Iversen PO. Individual, nutritional support prevents undernutrition, increases muscle strength and improves QoL among elderly at nutritional risk hospitalized for acute stroke: a randomized, controlled trial. *Clin Nutr*. 2010;29(5):567-573.
- ¹³ Suela Sulo, PhD; Josh Feldstein, BA; Jamie Partridge, PhD, MBA; Bjoern Schwander, MS, RN; Krishnan Sriram, MD; Wm. Thomas Summerfelt, PhD. Budget Impact of a Comprehensive Nutrition-Focused Quality Improvement Program for Malnourished Hospitalized Patients. July 2017 Vol 10, No 5. Retrieved from: <https://www.ahdbonline.com/issues/2017/july-2017-vol-10-no-5/2424-budget-impact-of-a-comprehensive-nutrition-focused-quality-improvement-program-for-malnourished-hospitalized-patients>
- ¹⁴ Hoobler R, Herrera M, Woodruff K, Sanchez A, Coletta AM, Chaix A, et al. Malnutrition risk is associated with all-cause mortality and chemotherapy complications among adults diagnosed with diverse cancer types: a retrospective cohort study. *J Acad Nutr Diet*. 2025; 125(9): 1243-1255.