



HEALTHCARE NUTRITION COUNCIL

Improving outcomes through awareness and action

June 1, 2026

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1845-P
P.O. Box 8016
Baltimore, MD 21244-8016

Submitted electronically via www.regulations.gov

Re: CMS-1845-P: Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for FY 2027 and Updates to the IRF Quality Reporting Program

Dear Administrator Oz:

The Healthcare Nutrition Council (HNC) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) proposed rule, "Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS) for Fiscal Year 2027 and Updates to the IRF Quality Reporting Program (QRP)." 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 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). As CMS evaluates updates to the IRF PPS, it is essential to recognize the critical role that nutrition interventions, such as food and specialized nutrition products, play in supporting recovery, improving patient outcomes, and reducing costly complications.² Malnutrition and nutrition-related conditions are prevalent among patients admitted to IRFs, and timely, targeted nutrition interventions, including medically tailored meals, oral nutrition supplements, and enteral and parenteral products, can significantly influence rehabilitation success, functional gains, and length of stay.^{2,3} Ensuring that nutrition-related services and products are adequately reflected and reimbursed within the IRF PPS structure is not only evidence-based but vital to advancing whole-person, value-based care in post-acute settings, and should be accounted for as CMS considers the importance and relevance of advanced care planning.

We offer the following comments in response to the proposed changes to the prospective payment system for FY 2027 and updates to the IRF QRP.

Support for Nutrition as a Quality Measure Concept in IRF-QRP

HNC strongly supports the inclusion of nutrition as a quality measure concept under the IRF-QRP. We believe that including nutrition-based quality measures is cost-effective and essential



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for improving clinical outcomes in the rehabilitation setting, where the prevalence of malnutrition is high and recovery often depends on timely and appropriate nutrition interventions.

Nutrition interventions in malnutrition care, including the use of specialized nutrition products, are a common sense, low-risk, and low-cost solution that can help improve the quality of clinical care and decrease costs associated with negative health outcomes. Timely malnutrition screening and assessment, followed by nutrition intervention, can significantly improve health outcomes for adults, with studies finding:

- Decrease in avoidable readmissions by about 20%⁴
- 50% reduction in pressure ulcer incidence^{5,6}
- Reduced overall complications⁷
- Reduced average length of stay of approximately two days⁸
- Decreased mortality⁹
- Improved quality of life¹⁰

We urge CMS to ensure that any nutrition measure includes validated malnutrition screening criteria, such as those recognized by the Academy of Nutrition and Dietetics (AND) and the American Society for Parenteral and Enteral Nutrition (ASPEN), along with nutrition care plans for patients identified as malnourished, capturing interventions including the use of specialized nutrition products such as medical foods and enteral or parenteral nutrition. As nutrition status directly impacts functional recovery and reduces care costs, QRP measures for detecting malnutrition and corresponding interventions are critical. Quality measurement must reflect the integral role of nutrition in a patient's access to and continuum of care in an IRF.

Additionally, starting in 2027, the ICD-11 will include a code for undernutrition in clinical settings for adults. This new code does not exclude those individuals with overweight or obesity, and assesses the loss of weight or muscle in combination with clinical diagnoses of inflammation or starvation. As with any form of malnutrition, a nutrition measure specific to undernutrition needs to include validated screening criteria, including those recognized by AND and ASPEN. Given the new ICD-11 code for undernutrition, HNC encourages CMS to recognize the clinical diagnosis of undernutrition in any nutrition measure for the IRF QRP.

Conclusion

As CMS continues to modernize and refine the IRF PPS, it is vital to recognize nutrition's clinical and economic significance in rehabilitative recovery. Malnutrition continues to be a crucial quality measure to improving health outcomes, 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 while ensuring access to all forms of food through adequate coverage and payment policies.**

HNC stands ready to work with CMS and all stakeholders to develop these policies as one means to improve public health outcomes. Thank you for the opportunity to comment. 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.



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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 HNC members include Abbott Nutrition, Nestle Health Science, and Nutricia.

² Collins J, Porter J. The effect of interventions to prevent and treat malnutrition in patients admitted for rehabilitation: a systematic review with meta-analysis. *Journal of Human Nutrition and Dietetics*. 2014;28(1):1-15. doi:10.1111/jhn.12230

³ Wolters M, Volkert D, Streicher M, et al. Prevalence of malnutrition using harmonized definitions in older adults from different settings – A MaNuEL study. *Clinical Nutrition*. 2018;38(5):2389-2398. doi:10.1016/j.clnu.2018.10.020

⁴ 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.

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 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.

⁷ 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.

⁸ 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):384-39.

⁹ 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.

¹⁰ 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.