



HEALTHCARE NUTRITION COUNCIL

Improving outcomes through awareness and action

Submitted via regulations.gov

August 31, 2026

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1848-P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: Medicare and Medicaid Programs; CY 2027 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 2027 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 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 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:

- **Supports increasing access to Medical Nutrition Therapy (MNT) services in Rural Health Clinics (RHCs)**
- **Supports the proposal to add new improvement activities to the Merit-based Incentive Payment System (MIPS)**

Supports increasing access to Medical Nutrition Therapy (MNT) services in Rural Health Clinics (RHCs)

HNC supports the goal of the Administration to understand and lower chronic disease rates through a focus on nutrition, health, and well-being. As such, we are supportive of the proposal to recognize MNT as a qualified preventive service that is covered under the RHC benefit. MNT is an important component of person-centered care for patients with diabetes or kidney disease, and can be effective for other chronic conditions including obesity, hypertension,

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



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dyslipidemia, malnutrition, eating disorders, cancer, gastrointestinal diseases, HIV/AIDS, and cardiovascular disease.^{2,3,4,5,6,7,8}

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, including for RHCs. Therefore, while HNC is strongly supportive of expanding access with regard to diabetes, as is a focus in the proposed rule, HNC encourages CMS to permit MNT for addressing other chronic conditions. 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. Furthermore, qualifying MNT as a qualified service would mean a registered dietitian would provide an additional screening and assessment service, potentially cutting down on possible waste, fraud, and abuse.

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 2022.⁹ 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.¹⁰ In addition, malnourished patients and

² 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.

³ Academy of Nutrition and Dietetics. MNT: Disorders of Lipid Metabolism. 2015. <https://www.andeal.org/topic.cfm?menu=5284&cat=5231>.

⁴ 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.

⁵ 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.

⁶ 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.

⁷ 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.

⁸ 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.

⁹ 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-us#:~:text=By%20Phillip%20Reese%20%7C%20KFF%20Health%20News&text=The%20same%20trend%20occurred%20nationwide,for%20Disease%20Control%20and%20Prevention>.

¹⁰ 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.



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patients with nutrition-related or metabolic issues are frequently readmitted to the hospital.¹¹ 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).¹²

Supports the proposal to add new improvement activities to the Merit-based Incentive Payment System (MIPS)

In the proposed rule, CMS proposes adding six new improvement activities beginning with the CY2027 performance period/2029 MPS payment year. One of these improvement activities, "Systematic Screening and Intervention for Nutrition and other Health-Impacting, Non-Clinical Issues," would allow for standardized screening tools related to nutrition. HNC believes this activity would be important to identify possible risk for malnutrition, and encourages recognition of validated screening criteria from the Academy of Nutrition and Dietetics (AND) and the American Society for Parenteral and Enteral Nutrition (ASPEN). As noted above, the financial costs of malnutrition are substantial in the U.S., and the ability to screen for risk will help prevent unnecessary burden for beneficiaries and providers.

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) 860-1004.

Sincerely,

A handwritten signature in black ink that reads "Carla A. Saunders".

Carla Saunders
Executive Director

¹¹ 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.

¹² 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.