

# defeat **malnutrition** today

September 13, 2021

Chiquita Brooks-LaSure, Administrator  
Centers for Medicare and Medicaid Services (CMS)  
Department of Health and Human Services  
Attention: CMS-1751-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

RE: Docket No. CMS-2021-0119-0053

Dear Ms. Brooks-LaSure,

Defeat Malnutrition Today (DMT)\* appreciates the opportunity to comment on **CMS-1751-P**, the CY22 Physician Fee Schedule (PFS) proposed rule. We comment specifically on:

- Urging CMS to make pandemic-related telehealth flexibilities permanent
- Supporting the proposed “Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols” improvement activity
- Supporting clarification of registered dietitian nutritionists’ (RDNs) provision of medical nutrition therapy (MNT) and requesting expansion of MNT coverage to all diseases and conditions included in the Medical Nutrition Therapy Act of 2021

### *Telehealth Flexibilities*

As a coalition, we again commend CMS for its prompt expansion of telehealth services during the COVID-19 public health emergency. As we have said previously, we strongly believe that the expansion of telehealth services provides an important opportunity for physicians and other health care professionals to identify nutritional issues and malnutrition risk in older Americans isolated due to COVID-19.

We support CMS’s proposal for providing “additional time [after the public health emergency expires] for stakeholders to perform an adequate analysis of those services for consideration in determining whether to include them on the Medicare telehealth services list on a permanent basis.”

Many providers, including those in the nutrition field, have pivoted to providing telehealth services during the pandemic, and many of those providers state that telehealth is effective and efficient. **We believe that these benefits of telehealth expansion should be made permanent for Medicare beneficiaries.** Further, continuing CMS’s commitment to telehealth services is vital to ensure treatment continuity for patients and providers, including nutrition specialists.

*\*Defeat Malnutrition Today is a coalition of over 100 members committed to defeating older adult malnutrition across the continuum of care. We are a diverse alliance of stakeholders and organizations working to achieve a greater focus on malnutrition screening, diagnosis, and intervention through regulatory and/or legislative change across the nation’s health care system.*

**We also support permanently expanding telehealth services to all patients, regardless of their location, including coverage for telehealth services that are provided in the physician’s office, hospital, or patient’s residence, and we support allowing reimbursement for audio-only visits.**

*Proposed Nutrition Risk Improvement Activity*

As a coalition dedicated to defeating malnutrition across the continuum of care, **we strongly support the proposed “Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols” improvement activity.**

Up to half of all older adults are at risk of malnutrition. In the acute care hospital setting, for example, it is estimated that approximately 20 to 50 percent of admitted patients are malnourished or at-risk of malnutrition.<sup>1,2</sup> As called for in the [National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update](#), high-quality nutrition and malnutrition care for older adults should be at the “top of the U.S. national agenda as we develop population health strategies to improve health and to deliver consistent quality healthcare at an affordable cost.” This is because malnutrition has been shown to be associated with poor health outcomes, frailty and disability, and increased healthcare costs.

Food insecurity is also a worsening issue. As you state, “Estimates indicate that the number of food insecure people in the United States increased from 35.2 million people (1 in 9 people) in 2019 to 45 million people (1 in 7 people) in 2020. Older adults are particularly at risk because of low income, mobility issues, dementia, and other factors such as social isolation.”

Clinicians play a key role in alleviating food insecurity and malnutrition; many patients do not know where to find nutrition services and/or may fail to recognize the signs of nutrition risk. Clinicians can assist their patients with both issues.

We also strongly believe that using screening protocols from the Malnutrition Quality Improvement Initiative is appropriate here. The MQii has been successfully working to reduce malnutrition in clinical settings for almost ten years with over 300 partner facilities in 39 states.

*Medical Nutrition Therapy and RDNs*

**Our coalition supports the proposed clarification regarding RDNs and nutrition professionals (CMS’s provision of a specific regulatory provision addressing them as a type of practitioner and specifying payment policies for their services).** RDNs and other nutrition professionals are key providers of services to Medicare beneficiaries and their services should be clearly specified.

Further, **we support elimination of the requirement that an MNT referral be made by the treating physician.** We concur with CMS’s statement in the proposed rule that “it would be reasonable for any physician to refer a beneficiary to MNT.”

**We also request expansion of MNT coverage to all diseases and conditions included in the [Medical Nutrition Therapy Act of 2021](#) (H.R.3108/S.1568, 117<sup>th</sup> Congress), including malnutrition, obesity, eating**

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<sup>1</sup> 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.

<sup>2</sup> Bistrian BR, Blackburn GL, Hallowell E, Heddle R. Protein status of general surgical patients. *JAMA*. 1974;230(6):858-860.

disorders, cancer, and HIV/AIDS. We believe that CMS does have the legal capability to make this expansion, even in the absence of congressional action on this issue.

Thank you for considering our comments. Please let us know if we can provide you with any further information. You may reach our Policy Director Meredith Whitmire at [mponder@matzblancato.com](mailto:mponder@matzblancato.com).

Sincerely,



Bob Blancato  
National Coordinator  
Defeat Malnutrition Today