



**Center for Clinical Standards and Quality/QUALITY & SAFETY SPECIAL ALERT MEMO**

**Ref: QSSAM-26-03-Hospital/CAH**

**DATE:** March 30, 2026  
**TO:** Hospital/CAH Providers  
**FROM:** Centers for Medicare & Medicaid Services (CMS)  
**SUBJECT:** Hospital Nutrition Service Obligations in Light of Updated Federal Nutrition Guidelines

**Memorandum Summary**

This memorandum reminds hospital providers of their obligations related to patient food and nutrition services. On January 7, 2026, HHS and USDA released the Dietary Guidelines for Americans, 2025–2030 (DGAs), which place heightened emphasis on diet quality — including limiting ultra-processed foods, sugar-sweetened beverages, refined carbohydrates, and added sugars, while prioritizing whole and minimally processed foods. These updates reflect the latest federal nutrition policy and are encouraged to be used to inform patient nutrition services and related hospital protocols. Given the scale of Medicare’s investment in inpatient care, CMS has a responsibility to ensure that hospital food and nutrition services support high-quality, evidence-based care and improved health outcomes.

Hospitals must comply with Conditions of Participation at 42 CFR §482.28, including ensuring menus and diets meet individual patient nutritional needs in accordance with recognized dietary practices, qualified dietitian oversight, maintenance of a current therapeutic diet manual, and integration of dietary services into Quality Assessment and Performance Improvement (QAPI) processes. As consistent with 42 CFR §482.28 and CMS guidance, hospitals should review and revise food and nutrition service policies, standard menus, therapeutic diet protocols, and food procurement practices to align with the 2025–2030 DGAs.

**Discussion:**

***Diet Quality and Health Outcomes***

The United States spends approximately \$5 trillion per year on health care.<sup>1</sup> Ninety percent of those expenditures are on patients with chronic disease.<sup>2</sup> Since Medicare represents approximately 40% of health care spending on chronic health conditions in the United States, the impact on American taxpayers and the Federal deficit is significant.<sup>3</sup>

<sup>1</sup> <https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/nhe-fact-sheet>

<sup>2</sup> <https://www.cdc.gov/chronic-disease/data-research/facts-stats/index.html>

<sup>3</sup> <https://www.gao.gov/assets/gao-21-593.pdf>

Given these dynamics, it is an urgent priority for hospitals who treat Medicare patients to ensure their policies and practices provide those patients with high-quality and clinically appropriate dietary options. Emerging high-quality epidemiologic evidence strengthens the case for prioritizing minimally processed, whole foods in institutional settings. Large prospective cohort studies and updated systematic reviews have found that higher intake of ultra-processed foods is associated with increased risks of cardiovascular disease, type 2 diabetes, and all-cause mortality. For example, an updated 2025 dose–response meta-analysis found a 15% higher risk of all-cause mortality among individuals with the highest ultra-processed food intake.<sup>4</sup>

A growing body of peer-reviewed evidence further demonstrates that diet quality—not simply caloric adequacy—substantially affects cardiometabolic outcomes, mortality, and chronic disease progression. High consumption of sugar-sweetened beverages has been associated with increased risk of type 2 diabetes, cardiovascular disease, and mortality in large prospective cohort studies and meta-analyses.<sup>5</sup> Similarly, ultra-processed foods, including sweetened beverages and processed meats, have been associated with increased risk of diabetes and cardiometabolic disease.<sup>6,7</sup>

Conversely, higher intake of whole grains and fiber-rich foods have been associated with lower risk of type 2 diabetes and improved long-term health outcomes.<sup>8</sup> Replacement analyses further demonstrate improved outcomes when sugar-sweetened beverages are replaced with water, coffee, or tea.<sup>9</sup>

### ***Key Elements of the 2025–2030 DGAs That Can Be Evaluated by Hospitals***

Major updates in the 2025–2030 DGAs include explicit recommendations to avoid highly processed foods, limit sugar-sweetened beverages, significantly reduce refined carbohydrates, prioritize fiber-rich whole grains, and emphasize minimally processed, nutrient-dense foods.<sup>10</sup> As consistent with 42 CFR §482.28 and existing CMS guidance, hospital leadership and nutrition services departments should evaluate the following elements in current inpatient menus:

- Limiting ultra-processed food options for patients.
- Elimination of sugar-sweetened beverages unless clinically appropriate in limited scenarios.
- Elimination of refined grains and replacing them with 100% whole grains.
- Prioritizing minimally processed protein sources, including plant-based options.
- Emphasizing vegetables, fruits, legumes, nuts, seeds, seafood, and healthy fats.
- Ensuring baked, broiled, roasted, stir-fried, or grilled vegetables and proteins – and eliminating deep fried cooking methods
- Eliminating processed meats and foods high in added sugars, sodium, and artificial additives.
- Ensuring meals contain less than 10 grams of added sugar, unless clinically appropriate.

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<sup>4</sup> <https://link.springer.com/article/10.1186/s13643-025-02800-8>

<sup>5</sup> <https://pubmed.ncbi.nlm.nih.gov/34444794/>

<sup>6</sup> <https://pubmed.ncbi.nlm.nih.gov/40490026/>

<sup>7</sup> <https://www.sciencedirect.com/science/article/pii/S2667193X24001868>

<sup>8</sup> <https://pubmed.ncbi.nlm.nih.gov/32641435/>

<sup>9</sup> <https://www.bmj.com/content/381/bmj-2022-073406>

<sup>10</sup> <https://cdn.realfood.gov/DGA.pdf>

### ***Implications for Patient Meal Planning in Hospitals***

Below, CMS outlines menu approaches that hospitals may consider that would be consistent with the DGAs and supporting evidence; these examples are illustrative and not exhaustive and should account for the nutritional needs of specific medical conditions:

#### Standard Diet Examples:

- Steel-cut oats with berries and nuts (instead of refined cereal with added sugar).<sup>11</sup>
- Plain yogurt with fresh fruit (instead of flavored yogurt with added sugars).<sup>12</sup>
- Grilled salmon with quinoa and roasted vegetables.<sup>13</sup>
- Lentil or bean-based entrée with leafy greens and olive oil vinaigrette.<sup>14</sup>
- Replacement of processed deli meats with freshly prepared lean protein options.<sup>15</sup>

#### Beverage Options:

- Water (plain or infused), unsweetened tea,<sup>16</sup> or coffee.
- Avoid routine offering of sugar-sweetened beverages or juice.

### ***Clear Liquid Diet Considerations for Post-Surgical Patients***

For patients recovering from surgery who require a clear liquid diet, hospitals should prioritize options that meet clinical needs while they may minimize added sugars where medically appropriate. Appropriate clear liquid options may include, but are not limited to:

- Water or ice chips.
- Unsweetened clear tea.
- Clear broths (vegetable, chicken, or beef broth without added sugars).
- Electrolyte solutions without added sugars when clinically appropriate.
- Diluted, no-added-sugar clear fruit juices when indicated.

Where sweetened clear liquids are traditionally used (e.g., gelatin or clear juices), hospitals are encouraged to evaluate whether lower-sugar or no-added-sugar alternatives are clinically feasible while maintaining patient safety, hydration, and electrolyte balance.

### ***Hospitalization as a Patient Education Opportunity***

Hospitalization presents an important opportunity for patient education. By aligning patient meals with the 2025–2030 DGAs, hospitals can model evidence-based dietary patterns and ultimately reinforce discharge counseling. Nutrition education provided by dietitians and clinical staff can reference the foods patients experienced during hospitalization, supporting continuity between inpatient care and outpatient self-management. Given strong evidence linking ultra-processed food consumption to cardiometabolic disease and mortality, reducing exposure during hospitalization and modeling whole-food dietary patterns may support both short-term recovery and long-term risk reduction.

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<sup>11</sup> <https://cdn.realfood.gov/DGA.pdf>; “Focus on Whole Grains”; “Limit Highly Processed Foods, Added Sugars, & Refined Carbohydrates”

<sup>12</sup> <https://cdn.realfood.gov/DGA.pdf>; “Consume Dairy”

<sup>13</sup> <https://cdn.realfood.gov/DGA.pdf>; “Prioritize Protein Foods at Every Meal”; “Eat Vegetables & Fruits Throughout the Day”; “Incorporate Healthy Fats”

<sup>14</sup> Ibid.

<sup>15</sup> <https://cdn.realfood.gov/DGA.pdf>; “Limit Highly Processed Foods, Added Sugars, & Refined Carbohydrates”

<sup>16</sup> For milk, 2% or whole milk when clinically appropriate

### ***Quality Oversight***

Hospitals must continue to comply with 42 CFR §482.28, including ensuring menus and diets meet individual patient nutritional needs in accordance with recognized dietary practices, qualified dietitian oversight, maintenance of a current therapeutic diet manual, and integration of dietary services into QAPI processes.

As consistent with 42 CFR §482.28 and CMS guidance, hospitals should review and revise food and nutrition service policies, standard menus, therapeutic diet protocols, and food procurement practices to align with the 2025–2030 DGAs, which support contemporary evidence on diet quality and health outcomes. Aligning patient food services with these standards may support improved patient outcomes, reduced cardiometabolic risk, enhanced recovery, and responsible stewardship of Medicare resources.