



Hospital Operations and the New Dietary Guidelines for Americans

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5/8/26

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Learning Objectives

- Understand the key changes reflected in the 2025-2030 edition of the Dietary Guidelines for Americans
- Consider the implications of the Centers for Medicare and Medicaid Services (CMS) Memo to Hospitals issued on 3/30/26 related to the Dietary Guidelines
- Discuss a survey readiness strategy for demonstrating menu compliance

The Dietary Guidelines

- The Dietary Guidelines are updated every 5 years, first released in 1980
- Developed by the USDA and DHHS for use by federal nutrition program operators, policy makers, and healthcare providers
- The Dietary Guidelines Advisory Committee develops the guidelines
 - Members are vetted and undergo ethics training
 - Meetings are livestreamed and public comment is invited
- A second panel was appointed to review the report in 2025; the report was rejected and new guidelines were adopted
- Who conducted the analysis and why certain topics in the original report were re-examined has raised some concern amongst the original DHAC

<https://nutritionsource.hsph.harvard.edu/2026/01/09/dietary-guidelines-for-americans-2025-2030/>

The 2025-2030 Dietary Guidelines: What's the Advice?



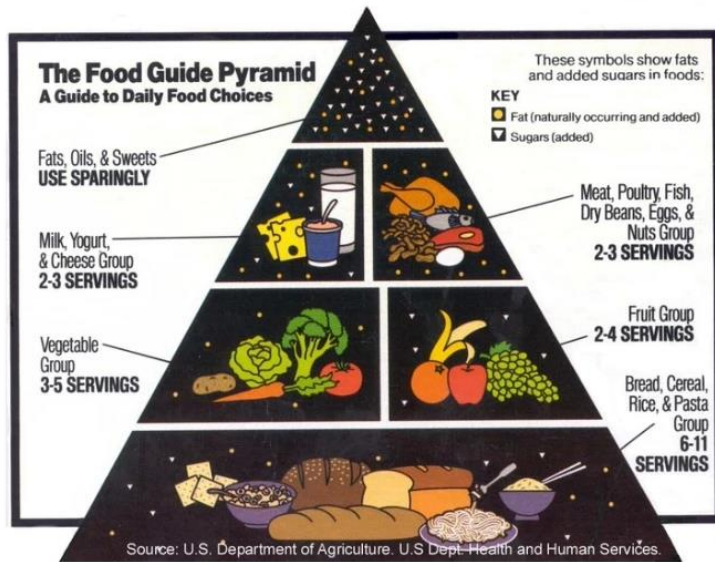
- Protein: 1.2-1.6 grams/kg daily
- Dairy: 3 full-fat servings per day
- Vegetables: 3 servings per day
- Fruits: 2 servings per day
- Whole grains: 2-4 servings per day

Avoid: Ultra-processed foods, added sugars and non-nutritive sweeteners

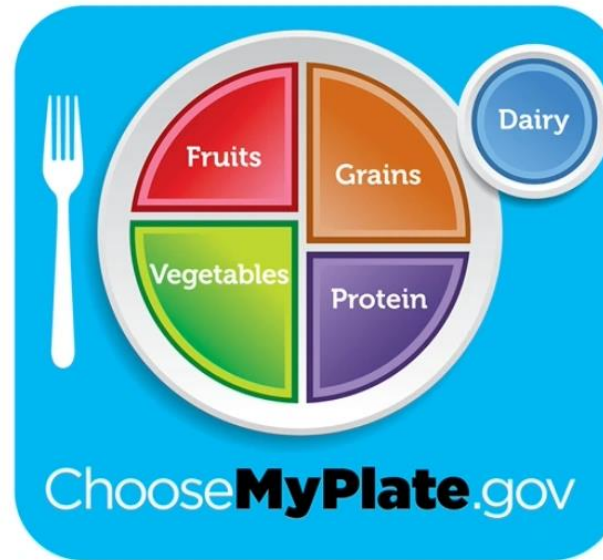
Reduce/limit: sodium, saturated fat, artificial flavors, dyes, preservatives, “consume less alcohol”

2025-2030 “Eat Real Food” New Pyramid; provided by <https://realfood.gov>

The Changing Visual Guidance



1992 - 2005




2011 - 2025



2026

CMS: Expectations for Compliance

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



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

SPECIAL ALERT-HOSPITAL/CAH

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 dietician 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.¹ Ninety percent of those expenditures are on patients with chronic disease.² 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.³

¹ <https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/nhe-fact-sheet>
² <https://www.cdc.gov/chronic-disease/data-research/facts-stats/index.html>
³ <https://www.gao.gov/assets/gao-21-593.pdf>

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The Centers for Medicare & Medicaid Services released a memo reinforcing hospital nutrition services obligations. The memo refers departments to:

- The relevant Conditions of Participation governing food and nutrition
- Asks hospitals to review their food and nutrition policies, standard menus, protocols, and practices to align with the new Dietary Guidelines
- Recommends several things for inpatient menus:
 - Limiting ultra-processed foods
 - Eliminating sugar-sweetened beverages unless clinically indicated
 - Replacing refined grains with 100% whole grains
 - Prioritizing minimally processed protein sources, including plant-based options
 - Emphasizing vegetables, fruit, legumes, nuts & seeds, seafood, and healthy fat
 - Avoiding added sugars

<https://www.cms.gov/files/document/qssam-26-03-hospital-cah-original-release-2026-03-30.pdf>

CMS: The Relevant CoP's

§ 482.28 Condition of participation: Food and dietetic services.

The hospital must have organized dietary services that are directed and staffed by adequate qualified personnel. However, a hospital that has a contract with an outside food management company may be found to meet this Condition of participation if the company has a dietitian who serves the hospital on a full-time, part-time, or consultant basis, and if the company maintains at least the minimum standards specified in this section and provides for constant liaison with the hospital medical staff for recommendations on dietetic policies affecting patient treatment.

(a) Standard: Organization.

- (1) The hospital must have a full-time employee who—
 - (i) Serves as director of the food and dietetic service;
 - (ii) Is responsible for the daily management of the dietary services; and
 - (iii) Is qualified by experience or training.
- (2) There must be a qualified dietitian, full-time, part-time, or on a consultant basis.
- (3) There must be administrative and technical personnel competent in their respective duties.

(b) Standard: Diets. Menus must meet the needs of the patients.

- (1) Individual patient nutritional needs must be met in accordance with recognized dietary practices.
- (2) All patient diets, including therapeutic diets, must be ordered by a practitioner responsible for the care of the patient, or by a qualified dietitian or qualified nutrition professional as authorized by the medical staff and in accordance with State law governing dietitians and nutrition professionals.
- (3) A current therapeutic diet manual approved by the dietitian and medical staff must be readily available to all medical, nursing, and food service personnel.

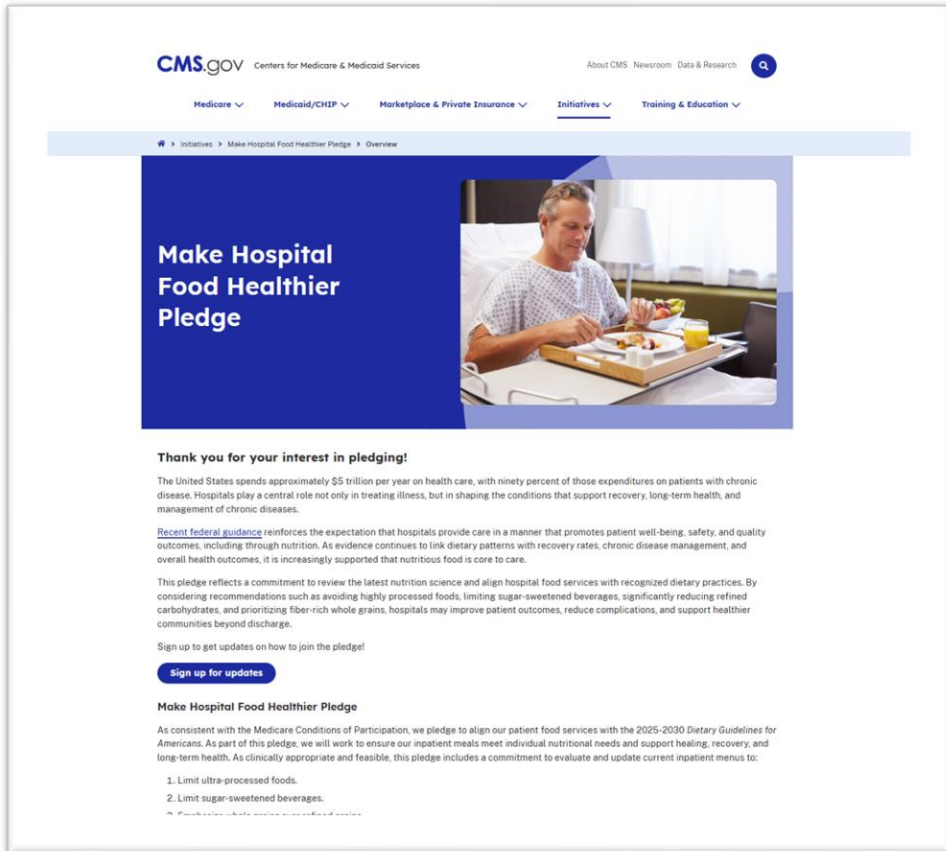
[51 FR 22042, June 17, 1986, as amended at 79 FR 27154, May 12, 2014]

The COP which describes hospital food and nutrition obligates hospitals to:

- Have a full time, qualified director overseeing operations
- Have a qualified dietitian overseeing and approving menus and individualizing nutrition care for patients
- Have adequate and qualified personnel with documented initial and ongoing training pursuant to their duties and responsibilities
- Demonstrate that standard and therapeutic patient diets meet nutrient needs in accordance with **recognized dietary practices**
- Demonstrate that patient diets are ordered for patients by qualified caregivers who are responsible for the care of the patient and have the authority to do so in accordance with facility's medical staff and State law
- Demonstrate that a current therapeutic diet manual which has been regularly reviewed and approved by the hospital's dietitian is available to all personnel

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-482/subpart-C/section-482.28>

CMS: Make Hospital Food Healthier Pledge

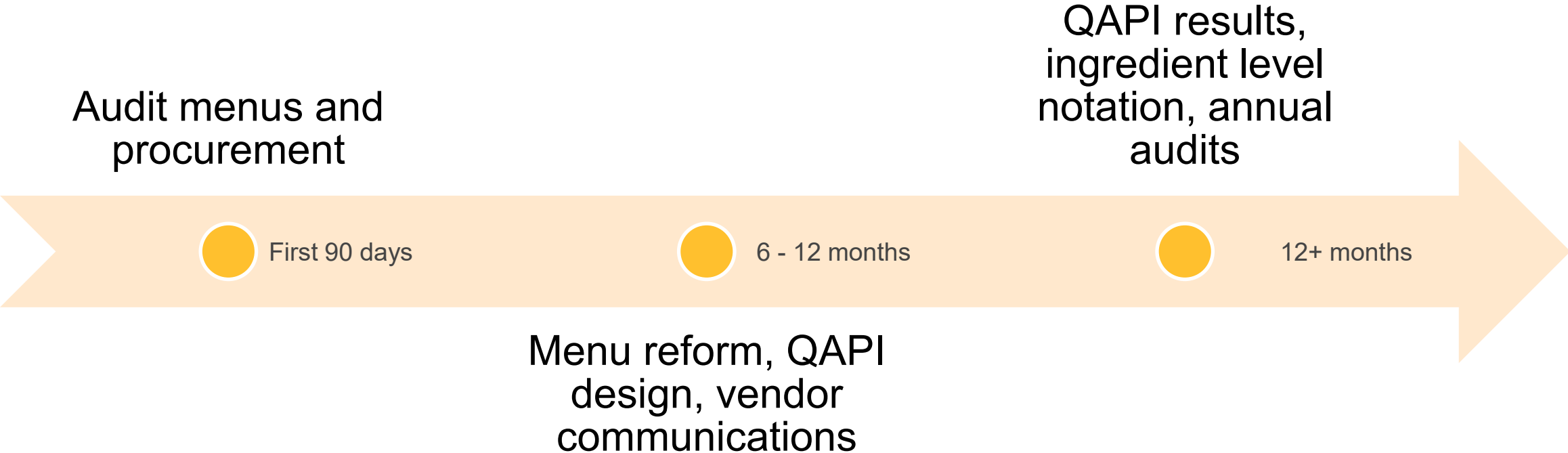


CMS released a voluntary “pledge” which hospitals can sign on 4/21/26. CMS asserts this allows hospitals to commit to evaluating and updating inpatient meals to:

- Limit ultra-processed foods.
- Limit sugar-sweetened beverages.
- Emphasize whole grains over refined grains.
- Prioritize minimally processed proteins, including plant-based options.
- Emphasize vegetables, fruits, legumes, nuts, seeds, seafood, and healthy fats.
- Use baked, broiled, roasted, stir-fried, or grilled preparation methods; eliminate deep frying.
- Limit processed meats and foods high in added sugars, sodium, and artificial additives.
- Ensure meals limit added sugar.

<https://www.cms.gov/priorities/make-hospital-food-healthier-pledge/overview>

How Do Hospitals Operationalize?



Relevant DGA Elements

Nutrient	Considerations
Protein 1.2-1.6 g/kg/day for adults	<ul style="list-style-type: none">• May not be clinically indicated on all diets• Lean proteins needed due to fat and calorie needs• Plant-based proteins can help meet goals• Consider protein-added breakfasts and grains• Consider whether supplementation is needed

Relevant DGA Elements

Nutrient	Considerations
Vegetables & Fruits	<ul style="list-style-type: none">• Juices should be sparing and not contain added sugars• Whole fruit as desserts• Frozen and canned acceptable if processed with minimal sugar, salt, or other additives

Relevant DGA Elements

Nutrient	Considerations
Whole Grains	<ul style="list-style-type: none">• 2-4 servings per day recommended• Convert bread, rolls, crackers, cereals, tortillas, pasta, rice, and other grain sides to whole grain where clinically appropriate• Consult the RD to indicate which diets where whole grains are not acceptable

Relevant DGA Elements

Nutrient	Considerations
Sodium	<ul style="list-style-type: none">• <2,300 mg per day as a general recommendation• Many hospital menus already comply• Consider replacing condiment kit• Relies on product replacement and scratch cooking in addition to added salt on meal trays

Relevant DGA Elements

Nutrient	Considerations
Saturated Fat	<ul style="list-style-type: none">• Guideline still indicates this should remain <10% of total daily calories• This will be challenging if including full-fat dairy three times per day• Consider 2% milk on standard menus• Limit butter and processed meats• Rely on clinical discretion when working with malnourished patients

Relevant DGA Elements

Nutrient	Considerations
Added Sugars	<ul style="list-style-type: none">• Limit added sugars to <10 grams per meal• Cereals, flavored yogurt, dessert, beverages, condiments, and snacks are the likeliest culprits• Consider nutrition service software – does yours describe added sugar?

Relevant DGA Elements

Nutrient	Considerations
Beverages	<ul style="list-style-type: none">• Water and unsweetened beverages are recommended. Even non-nutritive sweeteners are discouraged.• Consider water, tea, and coffee as the standard offering.• Consider that this is a high-visibility and lower cost change for compliance.

Relevant DGA Elements

Nutrient	Considerations
Cooking Method	<ul style="list-style-type: none">• Eliminate deep-fried foods• Bake, broil, steam, roast, grill, stir-fry entrees• Remove French fries, chips, chicken nuggets, etc.

Relevant DGA Elements

Nutrient	Considerations
Ultra Processed Foods	<ul style="list-style-type: none">• No standardized definition• Generally presumed to include sodas, packaged snacks, fast foods, frozen meals• Consider the clinical justification for canned beans, soups, oats, nut butters, nutrient dense snacks, and clinically relevant items like oral nutrition supplements and hydration aids

Compliance Checklist

Tier	Standard	Examples
Replace First	Items with clear call-out	Sugary beverages, processed deli meat, fried entrees, sugary cereals, desserts
Reformulate Next	Products you can improve without major disruption	Soups, sauces, muffins, pancakes, breads, other grains and side dishes
Case-by-Case	Nutritionally useful items that might still be processed foods	Packaged products, supplements, cereals, fortified items, allergenic items, enriched or enhanced items
Preserve by Exception	Medically necessary items with no good substitute	Specialty therapeutic items needed for safety, hydration, electrolyte management, and condition-specific care

Do I Need a New Distributor?

After assessing your menu:

- Work with your account executive to establish new par levels/forecasting for new items
- Collect data for 4-6 weeks on yield, waste, and tray substitutions before making assumptions
 - You may prepare more late trays/second meals for dissatisfied patients
 - You may have higher than usual unusable portions for new recipe adaptation
- Communicate with your distributor if items are difficult to get or are not commonly stocked
- Vizient is communicating with distribution to ensure they are aware of this change

How Can I Prepare for a Survey?

Gather a documentation bundle that shows:

- Your most current therapeutic diet manual, approved by dietitian and medical staff
- Revised food-service policies (if revision is necessary)
- Current cycle menus and corresponding nutrient analyses
- Recipe standards
 - Demonstrate method changes like roasted vs. fried and ingredient changes
- A clinical exception pathway for therapeutic diets and clear liquids
- QAPI metrics and the responsible project owners
- Examples of how nutrition education on healthful diets are provided during hospitalization and reinforced during discharge education

How Can I Prepare for a Survey?

Examples of QAPI measures to consider:

- Percent of beverage items which are unsweetened
- Percent of grain servings meeting whole grain standard
- Percent of standard meals under 10 grams added sugars
- Protein adequacy, meal intake, plate waste, and consumption in at-risk patients
- Satisfaction, acceptance of substitutions, and frequency of second meal requests
- Change in food costs, labor costs, and food waste

Let's work together

vizient®

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