Dear Chairs Murray, Heinrich, Granger, and Harris, and Ranking Members Collins, Hoeven, DeLauro, and Bishop:

As you craft the fiscal year (FY) 2024 Agriculture, Rural Development, Food and Drug Administration, and Related Agencies spending bill, the undersigned organizations urge you to oppose any policy riders blocking implementation of stronger nutrition standards in the National School Lunch and School Breakfast Programs.

We strongly support the U.S. Department of Agriculture (USDA)’s proposed rule to strengthen nutrition standards consistent with the 2020 Dietary Guidelines for Americans (“Child Nutrition Programs: Revisions to Meal Patterns Consistent With the 2020 Dietary Guidelines for Americans”). We must preserve and build on the progress schools and the food industry have made over the past decade to meet science-based nutrition standards. These improvements are an amazing success story and one of the most important public health achievements in a generation. For children in poverty, the risk of obesity declined substantially each year after implementation of stronger nutrition standards in 2012 such that obesity prevalence would have been 47 percent higher in 2018 if the nutrition standards had not been updated.1 Additionally, a 2021 study found that school meals are the single most healthy source of nutrition for children—more nutritious than grocery stores, restaurants, worksites, and others.2 Research shows that children like the healthier school meals and while food waste remains a problem in this country, the
amount of food wasted in schools has not changed since the standards were updated in 2012, according to the USDA’s largest and nationally representative study of school meals. For many children participating in the program, school breakfast and lunch are the only meals they receive that day.

Despite the overwhelming success of the nutrition standards, improvements are still needed to align school meals with the Dietary Guidelines, which the current proposed rule aims to do. The USDA issued a proposal that is pragmatic, flexible, gradual, and most important – achievable. The rule proposes, for the first time, to reduce added sugars, with product-based limits for the top sources of added sugars beginning School Year 2025-2026, and to phase into a limit of added sugars averaged over the week beginning School Year 2027-2028. These standards are critical: among children, excessive intake of added sugars has been associated with poor diet quality, cavities, and increased risk of cardiovascular disease, yet more than 92 percent of schools exceed the Dietary Guidelines limit for added sugars for breakfast and 69 percent exceed it for lunch.

Further, sodium reduction is paramount to protect children’s health: nine out of ten children consume too much sodium, putting them at risk of hypertension and cardiovascular disease into adulthood. The USDA proposes new, gradual 10-percent sodium reduction levels every two school years for breakfast (through School Year 2027-2028) and lunch (through School Year 2029-2030). The USDA also maintains at least 80 percent of the weekly grains offered are whole grain-rich.

The rule aims to align dietary patterns for sodium and whole grains with the recommendations of the Dietary Guidelines, but the USDA recognized that a gradual, incremental approach to meeting those recommendations is more feasible for schools and the food industry to implement. For instance, children up to age 8 would still consume close to their day’s worth of sodium (83 percent) from just breakfast and lunch combined. Sodium and whole grain-rich standards have been the subject of many riders over the past decade, causing confusion and stymying industry innovation and improvements to children’s health. The USDA has listened to Congress; the proposals in this rule on sodium and whole grains are within the spirit of those previous riders.

This gradual, incremental approach was crafted by the USDA to be feasible for schools and the food industry. And these standards are feasible. The largest food companies have many K-12 products that meet the USDA’s proposed added sugars, sodium, and whole grain-rich standards. Further, schools have been able to meet, and in some cases, exceed the current nutrition standards during the pandemic. In the first-of-its-kind study, a nationally representative study of elementary schools found that meals were meeting existing nutrition standards in 2022, and for sodium, average sodium decreased and the vast majority of schools were close to or already meeting future sodium-reduction levels on par with this rule. There are plenty of examples where schools have reduced sodium beyond the USDA’s requirements or provided more whole grains and still been able to serve healthy, delicious, and culturally-relevant foods to their students.

Opponents of the rule claim that the meal nutrition standards cannot be strengthened due to labor shortages, supply chain disruptions, and other issues facing school food service programs. These are real challenges but require different solutions than stalling progress for healthier school meals. Over the past decade, the USDA and Congress have learned that schools need the additional assistance to meet stronger standards and they have also recognized current pandemic-related constraints, and therefore have committed millions of dollars to helping schools provide healthier meals while weathering these challenges. In September 2022, the USDA launched its $100 million Healthy Meals Incentive Initiative with the stated goal of improving the nutritional quality of school meals. Of that, $30 million is available for small and rural schools and $50 million will go toward working with food manufacturers on innovative solutions to increase the availability of nutritious school foods. Congress has also increased technical assistance funding each year for the past three fiscal years (FY) ($1 million in FY 2021; $2
million in FY 2022 and 2023), with $1 million of that funding being directed to assist with sodium reduction efforts in FY 2022-2023. These investments will be transformational, but the impact of inflation on school nutrition programs means schools still struggle to make ends meet. Therefore, increased meal reimbursement rates will be critical to the future success of school meals programs.

Beyond riders blocking implementation of the new proposed standards, there are other ongoing attempts to undermine evidence-based nutrition standards. For instance, the proposed rule allows for potatoes to be served in breakfast up to four out of the five school days, if a school chose to serve vegetables in place of fruit in breakfast. Therefore the existing breakfast potato rider—which allows schools to serve potatoes before other vegetables at breakfast—does not need to be included in the spending bill. Further, we are similarly concerned about attempts to bring whole milk into the school meals program. The Dietary Guidelines is explicit in its recommendation that everyone 2 years and older should limit their intake of saturated fat and choose fat-free or 1-percent low-fat milk instead of 2-percent reduced-fat or whole milk. The proposed rule reiterates this, while providing flexibilities for flavored 1-percent milk. Yet continued industry attempts to circumvent the science persist.

Finally, there are evidence-based strategies to increase school meal consumption that do not involve weakening nutrition standards, for instance, enabling students to have sufficient time to eat (at least 20 minutes of seat time) with longer lunch periods, having recess before lunch, serving lunch at an appropriate time of day, presenting food in an appetizing and easily eaten way, making the cafeteria inviting, and limiting competitive foods (snacks and beverages sold in vending machines and a la carte) during the school day. While some of these strategies cannot be addressed at the federal level, we encourage you to support these efforts.

**In conclusion, we urge you to oppose any riders that block or weaken stronger nutrition standards for children.**

Sincerely,

Academy of Nutrition & Dietetics
Alianza Nacional de Campesinas, Inc
American Academy of Pediatrics
American Cancer Society Cancer Action Network
American Heart Association
American Institute for Cancer Research
American Public Health Association
Ann and Robert H. Lurie Children’s Hospital of Chicago
Association of State Public Health Nutritionists
Balanced
Center for Digital Democracy
Center for Science in the Public Interest
Chef Ann Foundation
Chilis on Wheels
Coalition for Healthy School Food
Colorado Children's Campaign
Community Food Advocates
Council on Black Health, Inc.
Cultiva la Salud
DC Greens
Dolores Huerta Foundation
Environmental Working Group
FARE (Food Allergy Research and Education)
Farm to Table - New Mexico
Food Research & Action Center (FRAC)
FoodCorps
Friends of the Earth
Healthy Food America
Healthy Schools Campaign
Hope Community Services Youngstown
Illinois Public Health Institute
Independent Restaurant Coalition
Interfaith Center on Corporate Responsibility (ICCR)
Johns Hopkins Center for a Livable Future
Latino Farmers of the Southeast
National Association of Pediatric Nurse Practitioners
National Association of School Nurses
National Education Association
National Farm to School Network
National League for Nursing
National WIC Association
Nebraska Appleseed
Northeast Ohio Black Health Coalition
Northwest Coalition for Responsible Investment
Office of Kat Taylor
Oklahoma Black Historical Research Project, Inc.
Public Health Advocates
Public Health Institute
Redstone Global Center for Prevention and Wellness
Rural Advancement Fund of the National Sharecroppers Fund, Inc
Rural Coalition
Seventh Generation Interfaith Coalition
Sisters of Charity of Saint Elizabeth
Sisters of St. Francis of Philadelphia
Society of Behavioral Medicine
Springfield Food Policy Council
Stanford Medicine Children's Health
The Laurie M. Tisch Center for Food, Education and Policy, Teachers College, Columbia University
The Praxis Project
Trust for America's Health
UnidosUS
Union of Concerned Scientists
Urban School Food Alliance

5 Fox MK, Gearan EC, Schwartz C.