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April 9, 2013

Food and Nutrition Service
Child Nutrition Division
PO Box 66874
Saint Louis, MO 63166

Re: FNS-2011-0019

Dear Sir or Madam:

On behalf of the American Heart Association, including the American Stroke Association and more than 22.5 million volunteers and supporters, we appreciate the opportunity to provide comments on the proposed nutrition standards for all foods sold in schools.

AHA is extremely pleased that the U.S. Department of Agriculture (USDA) is working to establish comprehensive nutrition standards for all foods sold in schools outside of the National School Lunch and School Breakfast Programs (NSLP/SBP). The existing standards, which primarily limit the time and place that foods of minimal nutritional value (FMNV) can be sold, are woefully insufficient. Under the existing standards, school children have access to a wide array of low-nutrition, high-calorie foods in a la carte lines, vending machines, school stores, and snack bars. Consumption of these unhealthy foods puts children at greater risk for serious health problems such as high blood pressure, high cholesterol, diabetes, and obesity. One analysis, for example, found that children consume almost 400 billion calories each year from junk food sold in schools.¹ Implementing strong nutrition standards that address the amount of fat, sodium, sugar, and calories in competitive foods will help ensure that children receive healthy, nutritious foods at schools.

In general, AHA strongly supports the proposed nutrition standards for competitive foods. The proposed rule would require competitive foods to be a fruit, vegetable, dairy product, protein food, whole grain-rich grain product, or a combination food that contains at least ¼ cup fruit or vegetable; or contain at least 10% of a Daily Value of a nutrient cited as a public health concern. The rule would also establish limits on the amount of fat, sodium, sugar, and calories a food can contain. These new standards, when combined with the nutrition standards for school meals, will improve the overall school food environment. However, AHA recommends that the USDA make the following changes: revise the calorie limits to vary by age group; eliminate the proposed exemption for NSLP/SBP entrees and side dishes sold as a la carte items, clarify that schools should provide *fiber-rich* whole grain foods, and set a stronger standard for saturated fat of less than 7% of total calories.

We expand upon these comments below.

Definitions

AHA supports the USDA's definitions for "competitive foods", "school day", and "school campus" included in the proposed rule. Under these definitions, the competitive foods standards would apply to all foods and beverages made available to students outside of the NSLP and SBP. The standards would apply to all areas of the school campus that are accessible to students and last from the midnight before to 30 minutes after the end of the official school day. We believe these definitions are appropriate and will help ensure consistency as they are implemented nationwide.

General Nutrition Standards for Competitive Foods

As noted above, to be an allowable competitive food, a food must:

- Be a fruit, a vegetable, a dairy product, a protein food, a grain product with 50% or more whole grains, or a combination food with at least ¼ cup fruit or vegetable, or
- Contain at least 10% of the Daily Value of a nutrient cited as a public health concern in the 2010 Dietary Guidelines for Americans (calcium, potassium, vitamin D, or fiber)

In addition, a food must meet a range of calorie and nutrient requirements.

AHA supports the proposed general nutrition standards. The standards will encourage consumption of fruits, vegetables, whole grains, and positive nutrients that children's diets may lack.

In addition, we appreciate that USDA provided a definition for whole grains, requiring that grain products must either contain 50% or more whole grains by weight or have whole grains as the first ingredient. The proposed definition aligns with AHA's longstanding dietary recommendation and the Dietary Guidelines for Americans, which recommend that people consume at least half of total grains as whole grains. It is also consistent with the standards for school meals. To help school food service personnel identify foods that meet the whole grain requirements, we encourage the USDA to work with the Food and Drug Administration (FDA) to require whole grain labeling. We also encourage the USDA to clarify that schools should focus on offering naturally-occurring *fiber-rich* whole grains since many of the benefits are associated with the fiber content of the whole grain food.

With respect to the nutrition standard that would allow foods that contain at least 10% of the Daily Value of a nutrient cited as a public health concern, we urge the USDA to clarify that only naturally occurring nutrients qualify. Limiting the standard to naturally occurring nutrients will promote the intake of foods closer to their whole, natural state, and will keep schools from serving heavily fortified foods that otherwise have no nutrient value. We also recommend that USDA reword this standard to read, "contain 10% of the Daily Value of a nutrient cited as a public health concern in the most recent version of the Dietary Guidelines for Americans" rather than reference the 2010 Dietary Guidelines. This would allow the Agency to update the list of nutrients with each new edition of the Dietary Guidelines without having to go through the rulemaking process.

¹ Fox, M.K., Gordon, A., Nogales, R., & Wilson, A. (2008). Availability and consumption of competitive foods in U.S. public schools. *Journal of the American Dietetic Association*, 109, S57-S66.

Fat

Under the proposed rule, a food product may not exceed the following fat levels:

- Total fat must be \leq 35% of calories
- Saturated fat must be $<$ 10% of calories
- *Trans* fat must be 0g as stated on the label

Saturated Fat

AHA understands why the USDA has proposed a saturated fat standard of $<$ 10% of calories. Less than 10% of calories is consistent with the 2010 Dietary Guidelines for Americans and the current school meals standard. We, however, continue to disagree with this standard. As we explained in our comments on the school meals standard, both AHA and the 2010 Dietary Guidelines Advisory Committee found that 10% is too high for heart health. Saturated fat is associated with elevated LDL cholesterol levels, an increased risk of cardiovascular disease, and an increased risk of type 2 diabetes. Limiting consumption results in a meaningful reduction of risk for cardiovascular disease and type 2 diabetes.²

Based on this evidence, AHA has long recommended a saturated fat intake of $<$ 7%; a recommendation that was echoed by the 2010 Dietary Guidelines Advisory Committee. According to the Advisory Committee's report, reducing consumption to less than 7% would "have a significant public health impact".³ Therefore, AHA again urges the USDA to revise the saturated fat standard to $<$ 7% of total calories.

Trans Fat

AHA supports the proposed *trans* fat standard which would require schools only to use food products or ingredients that contain zero grams *trans* fat per serving as indicated on the nutrition label or the manufacturer's specifications.

In addition to instructing schools only to use products labeled as zero grams *trans* fat per serving, the USDA should encourage school nutrition personnel to review ingredient lists and limit or avoid foods that contain partially-hydrogenated oils.

Total Fats

The proposed rule would limit total fat to no more than 35% of calories. Although AHA can understand why the USDA included a total fat requirement in the proposed rule, we question if it is necessary. Another provision in the rule, the calorie limit, achieves the same objective – helping ensure that children do not consume too many calories from fat. The saturated fat and *trans* fat standards also limit the amount of "bad fats" children may consume. It is unclear what additional benefit a total fat standard would provide.

Instead of focusing on the quantity of total fat consumed, we recommend that the Agency focus on the quality of the fat. As noted above, unhealthy fats such as saturated fat and *trans* are already limited under separate provisions in the proposed rule. The total fat standard therefore simply results in indirectly limiting consumption of monounsaturated and polyunsaturated fats such as those found in olive oil, corn oil, and avocados. We do not believe it is necessary to place a limit on these "good

² Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans, 2010. Pg D3-15.

³ Ibid.

fats” with a total fat standard. For these reasons, we encourage the USDA to reconsider whether a total fat standard is necessary.

Sodium

AHA appreciates the Agency’s efforts to decrease the sodium content of competitive foods and we support the proposed standard for snack items ($\leq 200\text{mg}$) and entrees ($\leq 400\text{mg}$). These new standards should contribute significantly to sodium reduction in schools and complement the gradual reduction that is happening in the schools meal program.

As the Agency is aware, excess sodium consumption is strongly associated with the development and worsening of high blood pressure and an increased risk of heart attack, stroke, and kidney disease. Elevated blood pressure is a major public health problem and data from the Framingham Heart Study show that 90% of all Americans will develop hypertension over their lifetimes. Unfortunately children and adolescents are at risk of developing heart disease and elevated blood pressure at an earlier age now because an estimated 97% of them currently consume too much salt.

The good news is that lowering sodium consumption can have a tremendous impact on public health. Studies have shown that a reduced sodium intake can lower blood pressure, control hypertension, and prevent cardiovascular disease. Lowering sodium consumption, and thereby lowering blood pressure, can also reduce medical costs. It has been estimated that a national public health strategy to reduce daily salt intake by 1,200 mg of sodium could reduce the annual number of deaths from heart disease, stroke, and heart attack by 150,000 and reduce health care costs by \$1.5 trillion over 20 years.⁴ Additionally, a more recent study showed that reducing sodium consumption to recommended levels could save 280,000 to 500,000 lives in the United States over 10 years.⁵ The Agency’s proposed sodium limits will help reduce the current intake of sodium by children.

Establishing strong standards for sodium will also have a positive effect on children’s taste preferences. At an early age, children are becoming accustomed to high levels of sodium in processed and restaurant foods and developing a preference for high salt foods. However, the preference for salty taste can be changed. Evidence shows that a decrease in sodium can be accomplished successfully without affecting consumer satisfaction with food products, if it is done in a stepwise manner that systematically and gradually lowers sodium levels.⁶ USDA’s gradual sodium reduction in the school meals program combined with the proposed sodium limits for competitive foods follows such an approach.

We recognize that it may be challenging for schools and the food industry to meet the proposed sodium targets right away in some food categories. However, many companies and schools are already working towards reducing sodium in popular menu items, many of which are also served in a la carte lines. In addition, a number of popular vending items already meet the proposed sodium limits or could easily meet the limits with only slight reformulation.

⁴ Bibbins-Domingo K, et al. “Projected Effect of Dietary Salt Reductions on Future Cardiovascular Disease.” *New England Journal of Medicine* 2010, vol. 362, pp. 590-599.

⁵ Coxson P, et al. “Mortality Benefits from US Population-Wide Reduction in Sodium Consumption: Projections from Three Modeling Approaches.” *Hypertension* 2013, vol. 61, pp. 564-570.

⁶ Institute of Medicine. *Strategies to Reduce Sodium Intake in the United States*. Washington, DC: National Academies Press, 2010.

Finally, we are pleased that the Agency chose to limit sodium “per portion” rather than “per serving”. The per-portion limit may restrict the number of larger snack food items currently sold in schools that are labeled with two or more servings but are consumed in one sitting. We applaud the Agency’s effort to use this designation as a means to reduce the sodium content of competitive foods and beverages.

Sugar

AHA is very pleased that the proposed standards include a requirement for sugar. We were disappointed when the school meals standards failed to specifically address sugar. We appreciate that that oversight was corrected in the competitive foods proposed rule.

In the proposed rule, the Agency presents two alternatives for sugar:

- Alternative 1: Total sugars must be $\leq 35\%$ of calories
- Alternative 2: Total sugars must be $\leq 35\%$ of weight

Of the two options presented, AHA supports the first alternative – total sugars may not exceed 35% of calories. This is the limit for total sugars recommended by the Institute of Medicine (IOM) in its report *Nutrition Standards for Foods in Schools: Leading the Way Toward Healthier Youth*.

We also support providing exemptions for fresh, frozen, and canned fruits and vegetables with no added sweeteners, dried fruits and vegetables with no added nutritive sweeteners, canned fruits packed in 100% juice and extra light syrup, and low-fat and non-fat yogurt. We support a sugar exemption for these foods because they are nutrient-rich foods with mostly naturally occurring, rather than added sugars.

However, we recommend that USDA modify the exemptions for canned fruits and yogurt. In addition to allowing canned fruits packed in 100% juice and extra light syrup, the Agency should also allow canned fruits packed in light syrup. There is little difference in total calories and sugars between fruits packed in light syrup and those packed in 100% fruit juice; and in some cases, 100% fruit juice adds more sugars and calories than light syrup. In addition, there are few products available on the market that have extra-light syrup listed on the food label.

For yogurt, the USDA should lower the exemption from ≤ 30 grams per eight ounces to ≤ 20 grams per six ounces. Thirty grams of sugar is simply too high. An eight ounce yogurt with 30 grams of sugar has more sugar than an eight ounce serving of full-calorie soda,⁷ 18 grams (4.5 teaspoons or 72 calories) of which are added sugars. This is significantly more added sugars than what is typically added to other allowable dairy products such as flavored milk (2 or 2.5 teaspoons). In addition, the serving size most commonly found in schools is six ounces.

We also recommend that the Agency consider excluding certain categories of foods such as candy or confections and desserts (cakes, brownies, cookies, pies, etc.) from the competitive foods program even if they meet the sugar standard. These foods are not conducive to a healthy weight or heart health.

⁷ 8 ounce serving of regular Coke contains 27 grams of sugar. 8 ounce serving of regular Pepsi contains 28 grams of sugar.

Finally, while we support limiting sugar to no more than 35% of calories, an ideal standard would limit the quantity of added sugars rather than total sugars. Added sugars are a significant source of excess calories in children's diets and provide no nutritional value. It is important to note, however, that we are not recommending that the Agency prohibit the use of all added sugars; a small amount of added sugars may be acceptable if it is used to increase consumption of important nutrients and otherwise healthy foods.

To lower consumption of added sugars, the USDA could cap or limit the number of grams of added sugars a qualifying food can contain. The caps could vary by product category, allowing more, for example, for whole grain/high fiber cereals or yogurts, and less for packaged fruit products or muffins. We recognize, however, that it would be difficult for schools to determine the added sugars content of some foods, particularly those that contain both naturally occurring and added sugars. To help schools easily distinguish between naturally occurring and added sugars, the USDA should work with the FDA to require food manufacturers to include added sugars on the Nutrition Facts Panel. If the FDA requires added sugars as part of its upcoming revision to the Nutrition Facts Panel, the USDA should update the sugar standard to focus on added sugars rather than total sugars.

Calories

The proposed rule establishes calorie limits for snack items and side dishes (≤ 200 calories) and entrees that are sold a la carte (≤ 350 calories). AHA strongly supports the addition of maximum calorie limits to the competitive foods program. Maximum calorie limits are a great step toward addressing the obesity epidemic that is spreading to our nation's children at an alarming rate. Nearly one in three – over 23 million – children and adolescents in the United States are considered overweight and obese.

We are, however, concerned that the USDA has proposed the same calorie limit for all children regardless of their age. Calorie needs vary by age and activity level and change as children grow older. A one-size-fits-all approach is not appropriate. Instead, we recommend that you establish maximum calorie limits that vary by age group as the Agency did with the school meals program. Using this approach, younger children would have lower calorie limits.

For snacks and side dishes, the Agency could use the standards set by the Alliance for a Healthier Generation as a model. Schools across the country have already successfully implemented this tiered calorie structure. Under the Alliance's program, snacks and side dishes may not exceed the following limits:

- Elementary school: ≤ 150 calories
- Middle school: ≤ 180 calories
- High school: ≤ 200

For entrees, the USDA should consider lowering the calorie limit for elementary schools from ≤ 350 calories to ≤ 260 calories. 260 calories represents the same proportion of calories between snacks and entrees as for middle and high school⁸ or the same proportion between the competitive foods entree calorie maximum to the midpoint of the school lunch calorie standard for high school lunches.⁹

⁸ Number based on the proportion of snack calories to entrée calories between elementary and secondary schools. Snack cal/Entrée cal: $200/350 = 150/x$, $x = 262$ calories for entrees at the elementary level.

⁹ 350 calories is proposed as the calorie standard for competitive foods entrees in high schools. The standard for

Exemption for NSLP/SBP Entrees and Side Dishes

According to the proposed rule, entrees and side dishes provided as part of the NSLP/SBP school meal would be exempt from some or all of the proposed competitive food nutrition standards when sold a la carte. AHA strongly opposes this exemption. All foods sold in the competitive foods program should be required to meet the competitive foods nutrition standards. Allowing sales of any foods that are inconsistent with the standards undermines the rule and undermines efforts to provide healthy food options to children.

Although entrees and side dishes sold as part of the NSLP/SBP are required to meet the school meals nutrition standards, these standards are inadequate when applied to foods sold a la carte where there is no requirement that children select a balanced meal. School meals are carefully designed by school nutrition professionals to contain items that create a balanced meal. The meals must include key nutrients while controlling for fat, sodium, and calories. When planning meals, schools balance the nutritional components of all food items in a lunch or breakfast across all meals over the week. This allows foods that may exceed the limits for fat, sodium, and calories to be included in a reimbursable meal when balanced with healthier sides. However, when such foods are sold individually, students get the negative nutrition components, such as sodium or sugars, without getting the positive nutrients from the rest of the components that balance the meal. Compounding this problem, when purchasing from a la carte lines, children can select more than one of these less healthful items. For example, instead of purchasing a reimbursable lunch that contains a slice of pizza, salad, fruit, and milk, a student may purchase three slices of pizza in the a la carte line.

We urge the USDA to eliminate this proposed exemption from the final rule. As stated above, all foods sold in the competitive foods program should be required to meet the competitive foods nutrition standards. We do not believe this will be a hardship for schools. Individual food items that meet the competitive food standards should have no problem fitting into healthful NSLP/SBP menus, allowing for consistency and flexibility between the two programs while ensuring that children have access to healthy foods.

However, if the Agency decides to adopt an exemption for NSLP/SBP side dishes and entrées sold in the competitive foods program, we recommend Alternative 1 which would exempt NSLP/SBP entrees and side dishes (except for grain-based dessert products) from all of the proposed nutrition standards except for the fat and sugar standards – with the following modifications:

- Foods should be required to meet the standards for fat, sugar, and sodium
- The exemption should only apply to entrees, not side dishes
- Schools should only be allowed to serve NSLP/SBP entrees as competitive foods on the same day they are served in the school meals program (Frequency Alternative 1)

We strongly oppose Frequency Alternative 2 which would allow schools to sell NSLP/SBP menu items as competitive foods within four operating days of service in the school meals program. This alternative would allow foods that do not meet the competitive foods standards to be sold in schools almost every single day. The USDA should not create a loophole that would allow schools to serve children foods like pizza and fries every day.

Accompaniments

AHA supports the requirement that schools limit the use of accompaniments such as butter, cream cheese, salad dressing, etc. whenever possible. We also support the requirement that schools include accompaniments in the nutrient profile of the food they accompany, and that the competitive food and its accompaniment must meet all of the nutrition standards.

In addition, we understand the USDA's desire to have schools pre-portion all accompaniments. Pre-portioning would allow schools to determine fat, sodium, sugar, and calorie content with greater accuracy. Pre-portioning may also limit the quantity of an accompaniment that students can select. Pre-portioning, however, may present a challenge to schools. To help schools implement this requirement, the Agency should provide guidance on how to pre-portion accompaniments, as well as strategies to limit accompaniments that are high in fat, sodium, and sugars such as salad dressings, mayonnaise, and cream cheese.

We also encourage the USDA to consider if pre-portioning of all accompaniments is necessary. It may be difficult for schools to pre-portion all accompaniments such as ketchup or mustard that many schools serve from large dispensers. Requiring schools to switch to single-serve containers could lead to increased costs, waste, and burden for schools. To address logistical challenges, schools may also choose to start packaging the accompaniment with the competitive food item such as pre-wrapping a packet of salad dressing with a salad. This could encourage students, who may otherwise eat the food without the accompaniment, to consume the accompaniment and the extra calories, fat, sodium, and sugar it contains.

If the USDA determines that pre-portioning accompaniments is too difficult, the Agency could consider an alternative such as requiring schools to include an average serving size of the accompaniment when completing the nutritional analysis for a competitive foods item. For example, schools could be required to factor in the average amount of ketchup students use with fries when determining if the fries meet the competitive foods standards.

Beverages

Under the proposed rule, all schools would be able to sell plain water, plain low-fat milk, plain or flavored fat-free milk, milk alternatives permitted by the NSLP/SBP, and 100% fruit or vegetable juice. Elementary schools could sell up to 8-ounce portions of these beverages, while middle and high school schools could sell up to 12-ounce portions. AHA agrees with the beverage choices listed and the proposed serving sizes. However, to further strengthen the rule, we recommend that the Agency include a calorie limit for milk and juice. The addition of a calorie limit for milk will help schools avoid serving flavored milks that contain too much added sugars. We recommend that milk be limited to fat-free and low-fat varieties with no more than 130 calories per fluid eight ounce serving. For juice we recommend a limit of no more than 120 calories per fluid eight ounce serving. Schools should also be allowed to serve 100% juice plus water in addition to 100% juice to further reduce calorie content. Increased intake of juice, which tends to be high in sugar and calories, has been associated with a higher body weight in children and adolescents.¹⁰

¹⁰ 2010 Dietary Guidelines for Americans. U.S. Department of Agriculture and U.S. Department of Health and Human Services; December 2010. Pg. 16.

AHA is very pleased that the proposed rule would prohibit elementary and middle schools from serving soda and sugary sports drinks. We also support the elimination of full calorie sodas and other sugary drinks from high schools. The rule does, however, allow high schools to serve calorie-free flavored or unflavored carbonated water, other calorie-free beverages, and some low- or mid-calorie beverages. AHA does not object to providing high school students with these additional beverage options. The USDA is requesting comment on the appropriate calorie limit for these low- or mid-calorie beverage options. Of the two options presented, we prefer Alternative 1 which would limit beverages to ≤ 40 calories per eight ounce serving or ≤ 60 calories per 12 ounce serving. However, we would support the USDA going further and limiting these beverages to ≤ 40 calories regardless of the serving size. Beverages with less than 40 calories per Reference Amount Customarily Consumed (RACC) qualify as low-calorie beverages under the FDA. In addition, the Robert Wood Johnson Foundation's (RWJF) recently released *Recommendations for Healthier Beverages* recommends these beverages have no more than 40 calories per container when served to youth between the ages of 14 and 18.¹¹ This lower calorie limit is appropriate because children and adolescents, especially if they are sedentary, have low or no discretionary calories per day.¹²

Caffeine

Under the proposed rule, any foods and beverages served to elementary and middle school students must be caffeine-free, except for trace amounts of naturally-occurring caffeine substances. There is no caffeine restriction for high school students.

We encourage the USDA to reconsider its proposal to allow caffeinated beverages in high schools. As the Agency notes in the proposed rule, the IOM recommends that all beverages served during the school day be caffeine-free; this recommendation applies to children of all ages.¹³ The RWJF echoed this position in its new beverage recommendations, calling for non-caffeinated beverages for children and youth up to age 18.¹⁴ The IOM and RWJF recommendations are based on concerns that significant amounts of caffeine may potentially cause adverse effects. We share these concerns.

We are especially concerned that energy drinks would be allowed under the proposed rule. While many energy drinks contain large amounts of added sugars and would not meet the calorie restrictions, manufacturers have recently started introducing low-calorie or zero calorie versions with no added sugars that appear to qualify. These drinks, just like the full calorie versions, contain significant amounts of caffeine and may have a questionable impact on health. Consider, for example, that energy drinks are currently the subject of a FDA investigation that is examining numerous adverse event reports.¹⁵ The USDA should consider waiting for the results of that investigation before allowing energy drinks in high schools. We are also concerned that the marketing campaigns for these products may lead children to mistakenly believe that energy drinks are "healthy" and they may not recognize the need to limit or moderate their consumption.

¹¹ Robert Wood Johnson Foundation. *Recommendations for Healthier Beverages*. March 2013.

¹² American Heart Association Scientific Statement: Dietary Recommendations for Children and Adolescents. *Circulation*. 2005; 112:2061-2075.

¹³ Institute of Medicine. *Nutrition Standards for Foods in Schools: Leading the Way Toward Healthier Youth*. Washington, DC: National Academies Press, 2010.

¹⁴ *Supra*, n 9.

¹⁵ Food and Drug Administration. Energy "Drinks" and Supplements: Investigations of Adverse Event Reports. November 16, 2012, www.fda.gov/Food/RecallsOutbreaksEmergencies/SafetyAlertsAdvisories/ucm328536.htm

In addition, to help schools comply with the caffeine restriction, the Agency should work with the FDA to require manufacturers to list the amount of caffeine a food or beverage contains on the product label. Because manufacturers are not currently required to include caffeine on the Nutrition Facts Label, it will be difficult for schools to identify products that contain added caffeine without a careful reading of the ingredient list.

Potable Water

In addition to establishing nutrition standards for the competitive foods program, the Healthy Hunger-Free Kids Act directs the USDA to make potable water available to children at no charge in the place where lunch is served during the meal service. AHA supports this requirement and we encourage the USDA to expand this provision and require schools to also make potable water available at no charge during breakfast.

State and Local Preemption

AHA appreciates that the proposed rule will not preempt states or localities from implementing additional or stronger competitive foods standards as long as they are not inconsistent with the nutritional provisions of the final rule.

This provision will allow states and localities to continue to build on the progress that many have already made. According to a recent Centers for Disease Control and Prevention analysis, 39 states have already enacted state policies for competitive foods.¹⁶ While the specific policies vary from state-to-state, it is clear that many states are interested in addressing nutrition standards for competitive foods and reducing childhood obesity. We are pleased that the rule will allow these states and localities to keep their policies in place as long as they exceed, and are consistent with, the final federal standards.

Conclusion

In closing, we reiterate our overall support for the competitive foods nutrition standards. The proposed standards are a significant improvement over the current FMNV requirements. We look forward to seeing them finalized and implemented as soon as possible.

However, as discussed above, we request that the USDA make a number of specific changes to the proposed standards to further strengthen the competitive foods program. Specifically, the Agency should:

- Require that foods must contain naturally occurring nutrients to qualify as providing at least 10% of the Daily Value of a nutrient cited as a public health concern
- Emphasize the need to provide *fiber-rich* whole grain foods
- Reduce the standard for saturated fat to < 7% of calories
- Consider eliminating the total fat requirement
- Limit sugars to $\leq 35\%$ of calories, but consider moving to a requirement based on added sugars only
- Create an exemption for fruit packed in light syrup
- Reduce the exemption for yogurt to ≤ 20 grams of sugar for 6 ounce serving
- Vary calorie limits for entrees and side dishes/snacks by age group

¹⁶ Centers for Disease Control and Prevention. Competitive Foods and Beverages in U.S. Schools: A State Policy Analysis. January 2013.

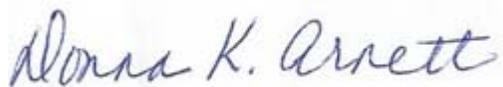
- Eliminate the exemption for NSLP/SBP entrees and side dishes
- Establish a calorie limit for milk of ≤ 130 calories per 8 fluid ounce serving
- Establish a calorie limit for 100% juice or 100% juice plus water of ≤ 120 calories per 8 fluid ounce serving
- Limit other beverages in high schools to ≤ 40 calories per serving
- Require schools to make potable water available at breakfast

These changes will help bring the competitive foods standards in line with current nutrition science. Tightening the saturated fat standard, lowering the calorie limits for younger children, and implementing strong sugar and sodium standards, are particularly important since saturated fat, added sugars, sodium, and calories all have a proven detrimental effect on health if consumed in excess. We also urge the Agency to eliminate the exemption for NSLP/SBP entrees and side dishes to help ensure that all foods and beverages available to children in schools meet the strongest nutrition standards.

If you have any questions or need any additional information, please do not hesitate to contact Susan Bishop, AHA's regulatory affairs manager at (202) 785-7908 or susan.k.bishop@heart.org.

Thank you for consideration of our comments.

Sincerely,

A handwritten signature in blue ink that reads "Donna K. Arnett". The signature is written in a cursive style with a light blue background behind the text.

Donna K. Arnett, PhD
President, American Heart Association