



Advocacy Department

1150 Connecticut Ave., NW | Suite 300 | Washington, DC 20036
P 202-785-7900 | F 202-785-7950 | www.heart.org

Chairman of the Board
Alvin L. Royse, JD, CPA

President
Mark A. Creager, MD, FAHA

Chairman-elect
James J. Postl

President-elect
Steven R. Houser, PhD, FAHA

Immediate Past
Chairman of the Board
Bernard P. Dennis

Immediate Past President
Elliott M. Antman, MD, FAHA

Treasurer
Raymond P. Vara, Jr.

Directors
Mary Ann Bauman, MD
Joseph P. Broderick, MD, FAHA
Mary Cushman, MD, MSc, FAHA
Mitchell S. V. Elkind, MD, MS, FAHA
Linda Gooden
Ron W. Haddock
Robert A. Harrington, MD, FAHA
Marsha Jones
Willie E. Lawrence, Jr., MD, FAHA
Pegui Mariduena, CMC, MBA
David L. Schlotterbeck
Bertram L. Scott
David A. Spina
Bernard J. Tyson
John J. Warner, MD

Chief Executive Officer
Nancy A. Brown

Chief Mission Officer
Meighan Girgus

Chief Diversity Officer
Gerald Johnson, II

Chief Administrative Officer &
Chief Financial Officer
Sunder D. Joshi, FCA

Chief Science & Medical Officer
Rose Marie Robertson, MD, FAHA

Chief Medical Officer for
Prevention
Eduardo Sanchez, MD, MPH

Chief Development Officer
Suzie Upton

Chief of Staff to the CEO
Laura Sol

Executive Vice President,
Corporate Secretary &
General Counsel
Lynne M. Darrrouzet, Esq.

May 13, 2016

Dear Member of Congress:

On behalf of the American Heart Association, the American Stroke Association, and its more than 30 million volunteers, I am writing to express our many concerns about H.R. 5003, the Improving Child Nutrition and Education Act of 2016.

This bill promotes policies that are detrimental to children's health. The legislation ignores highly-respected experts in the field and redefines the evidence-based process used to make nutrition recommendations that are widely accepted by credible scientists and the medical community. Rather, the legislation prohibits doctors and other health and nutrition experts who treat children from participating in the recommendation process. It freezes the much-needed sodium reduction standard. It even goes so far as to cherry-pick the science allowed to be considered when setting sodium standards.

This bill also creates a junk food loophole by eliminating nutrition standards for à la carte foods served and for fundraisers during the school day. And sadly and inexplicably, it restricts access to the Community Eligibility Provision, putting thousands of low-income children at risk of losing what is for some the only healthy meal they receive each day.

The legislation does little to address the alarming health statistics among children. Today, one in three American kids and teenagers are overweight or obese, and our kids are developing what were once thought to be adult chronic diseases, including high blood pressure and diabetes. More than one in eight children ages 12-19 already have high blood pressure or at risk for developing it. Yet nine in ten children are consuming too much salt. Clinical-based research indicates that as these children grow older, they have a much greater risk of developing and dying in adulthood from chronic disease, such as cardiovascular disease.

But all is not lost. We know that healthier children are more likely to become healthier adults, which means savings for government at all levels and greater productivity in the private sector. While healthy school meals are not a silver bullet, they play an increasingly important role in the fight against childhood obesity. Many of our children are getting 50 percent or more of their calories in school and that number grows daily. Making sure the foods we serve in school are nutritious is a key component in preventing chronic disease in our children and teaching them healthy habits that will last a lifetime.

"Building healthier lives, free of cardiovascular diseases and stroke."

life is why™ es por la vida™ 全为生命™

We know that the updated standards are working – 98.5 percent of schools are successfully meeting the criteria. What other government program has demonstrated that kind of success rate? Right now, kids are eating more fruits and vegetables than ever before and 72 percent of parents support the nutrition standards. By 2025, these healthy nutrition standards are estimated to decrease the number of childhood obesity cases by more than two million and lead to a cost savings of \$800 million.

Over the past few years, my staff has talked to more than 800 school food service staff, parents, teachers, and perhaps most important, the kids. What they found were innovative, dedicated staff, children who love eating healthy, and parents who are confident that the food their children get in school is nutritious. They do not want to see the clock turned back to the days of when Congress designated the tomato sauce on pizza as a vegetable.

I visited an elementary school near our headquarters in Dallas, Texas, and the school nutrition program was amazing – and the food was delicious. The children couldn't get enough fruits and vegetables; the meal met the moderate amounts of sodium and whole grain requirements; and the parents and teachers were engaged in a comprehensive healthy school environment. Coupled with farm-to-school and a school garden, the children were also receiving a robust nutrition education. And this was a school where 98 percent of the students were eligible for free or reduced-price school meals at that time – certainly not a school that has resources to spare. These kind of exemplary programs should serve as models for other programs across the country.

Children establish lifelong habits at an early age. Forming healthy nutrition habits when young can lead to better long-term health, which, in turn, is highly correlated with increased academic success in elementary and high school. Though healthy school meals, we are literally helping to set the table for healthy lives free of cardiovascular disease and stroke.

Together, we can make this program work to the benefit of all of our children and our nation's health care and education systems. But H.R. 5003 is not that solution.

Since its inception as a pilot program for school lunches under the Truman Administration, child nutrition reauthorization has always been a bipartisan issue. It pains us to see so much vitriol thrown into a debate that ultimately should be about what is best for the health of our children.

The American Heart Association strongly believes that any policy changes made to child nutrition statute must be on a bipartisan basis, based on science free from politics, and are beneficial to our children's health. Unfortunately, H.R. 5003 accomplishes none of these goals.

We urge the Education and Workforce Committee to produce a bipartisan bill that can be conferenced with the Senate bill, so we may move forward in a productive manner. The stakes are too high to do anything less – the very health of our nation's children depends on it.

Sincerely,



Nancy Brown
Chief Executive Officer