



# **Harvard Law School Food Law and Policy Clinic: Recommendations to the White House Conference on Hunger, Nutrition and Health**

## **Introduction to the White House Conference on Hunger, Nutrition and Health and the Harvard Law School Food Law and Policy Clinic**

The White House is hosting a Conference on Hunger, Nutrition and Health in September 2022. The last conference, held in 1969, was the first of its kind and changed the trajectory of food policy over the subsequent 50 years. The goal of this year’s conference is to end hunger by 2030, and increase healthy eating and physical activity to reduce the number of Americans that experience diet-related illnesses, including diabetes, hypertension, and obesity. The Harvard Law School Food Law and Policy Clinic (FLPC) has contributed to this initiative by submitting recommendations that align with the pillars defining the scope of the conference. The five pillars of the conference include: (1) improve food access and affordability; (2) integrate nutrition and health; (3) empower all consumers to make and have access to healthy choices; (4) support physical activity for all, and (5) enhance nutrition and food security research. Activities under each of the five pillars are designed to involve all parts of society, including the federal government; local, state, territory, and Tribal governments; nonprofit and community groups; and private companies.

## **FLPC Background and Expertise**

The Harvard Law School FLPC serves partner organizations and communities by providing guidance on cutting-edge food system issues, while engaging law students in the practice of food law and policy. Our focus is on increasing access to healthy foods, supporting sustainable and equitable food systems, reducing waste of healthy, wholesome food, and promoting community-led food system change. The Harvard Law School FLPC’s expertise stems from its work advising clients, including many private businesses, nonprofit organizations, and government entities, on a range of food law and policy issues. The FLPC is committed to advancing dialogue on the impact of hunger, nutrition and health and will continue to work in tandem with its clients to advocate on these issues. To learn more about the Harvard Law School FLPC’s expertise and projects, please visit <https://chlpi.org/food-law-and-policy/>.

# White House Conference Pillars and FLPC Recommendations

Addressing hunger, nutrition, and health necessitates strong federal action and support. The following recommendations are based on FLPC’s research and expertise in the areas of food loss and waste, SNAP, and public nutrition programs. Where appropriate, FLPC has indicated who should be responsible for implementing the various recommendations. Each of the below recommendations is quite brief, with footnotes that link to additional FLPC and partner research showing more detail on the rationale and implementation opportunities for the recommendations. Several recommendations also include some specific call outs for opportunities for actions private sector actors can take, either with support from or outside of the work of government.

While organized according to four of the five pillars set out as priorities by the White House Conference, the recommendations cover the following key areas: (1) expand food access by promoting safe, edible food redistribution through food recovery; (2) modernize and enhance SNAP’s ability to reduce food insecurity; (3) increase food access infrastructure, (4) improve nutrition and health by increasing nutrition education for doctors, (5) increase and expand produce prescriptions, (5) increase support for food is medicine, (6) expand options for access to healthy food, (7) increase healthy food knowledge, (8) support healthier food options in federal spending and facilities, and (9) better coordinate and fund nutrition research and policy.

***Pillar 1: “Improve food access and affordability: End hunger by making it easier for everyone — including urban, suburban, rural, and Tribal communities — to access and afford food. For example, expand eligibility for and increase participation in food assistance programs and improve transportation to places where food is available.”**<sup>1</sup>*

## Administration/Congress recommendations

**Food recovery and redistribution:** Food loss and waste (FLW) is a major challenge for the food system, with 35 percent of all food lost or wasted annually in the U.S.<sup>2</sup> Yet, much of the food that currently goes to waste is safe and edible. Redirecting safe, edible food to those in need

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<sup>1</sup> White House Conference on Hunger, Nutrition, and Health, HEALTH AND HUMAN SERV., (June 1, 2022), <https://health.gov/our-work/nutrition-physical-activity/white-house-conference-hunger-nutrition-and-health/conference-details> [hereinafter *White House Conference*].

<sup>2</sup> Roadmap to 2030: Reducing U.S. Food Waste by 50% and the ReFED Insights Engine, REFED, (Feb. 2021), 3, [https://refed.org/uploads/refed\\_roadmap2030-FINAL.pdf](https://refed.org/uploads/refed_roadmap2030-FINAL.pdf).

can help support the food needs of the more than 38 million food insecure individuals<sup>3</sup> living in the United States.<sup>4</sup> Recommendations to improve food recovery include:

- *Require reporting by companies as to their food waste and food recovery. (Congress)*
  - A reporting requirement would increase transparency about where food waste is occurring in the supply chain, identify the magnitude of food waste, and increase pressure on companies to utilize available opportunities for food recovery. Other countries have voluntary or mandatory reporting requirements in place.
- *Publish guidance on food safety for donations and include it in the FDA Food Code to make it easier for health professionals.<sup>5</sup> (Congress or Administration: FDA-Center for Food Safety and Applied Nutrition (CFSAN))*
  - FDA can provide guidance on food safety procedures for donated food at FDA-inspected facilities, such as transportation and labeling of donated food. A donation-specific guide would provide clarity for donors and food recovery organizations.
  - FDA should also provide food safety guidance for donations via the FDA Food Code for states and localities to make it easier for them to allow safe donation of edible food.<sup>6</sup>
- *Create a grant program to support states/localities in implementing organic waste bans or food donation requirements. (Congress)*
  - Several states and municipalities have implemented organic waste bans or edible food donation requirements.<sup>7</sup> These policies are the single most transformative policies in reducing food waste and increasing donation of edible food. A grant program for states/localities would encourage states to enact policies like these and thereby increase food donations, and cut down on organic waste in landfills.<sup>8</sup>
- *Enact a tax credit better tailored to farmers and expand the federal enhanced deduction to cover transportation and logistics. (Congress)*
  - While a strong federal tax deduction exists for food donation, many farmers do not claim this benefit because it is complicated for them to value the product, and because a deduction is not helpful for low-profit-margin businesses. Congress can create an alternative tax credit for farmers, which they could opt to claim instead of the enhanced tax deduction for food donations, and which would encourage them to donate more produce. Congress can also extend the existing enhanced deduction to cover the

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<sup>3</sup> Food Security in the U.S., ECON. RESEARCH SERV. (April 22, 2022), [https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/#:~:text=10.5%20percent%20\(13.8%20million\)%20of,from%2010.5%20percent%20in%202019](https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/#:~:text=10.5%20percent%20(13.8%20million)%20of,from%2010.5%20percent%20in%202019).

<sup>4</sup> *US Food Loss & Waste Policy Action Plan for Congress & the Administration*, HARVARD L. SCH. FOOD L. AND POL'Y. CLINIC, NRDC, REFED, AND WORLD WILDLIFE FUND, 1, <https://cdn.sanity.io/files/34qvzoil/production/b235a5e697650c15ea6c9d4b76cf5f49553a5f74.pdf>.

<sup>5</sup> *Id.* at 4-5 [hereinafter *US Food Loss*].

<sup>6</sup> *Id.*

<sup>7</sup> *Id.* at 2-3.

<sup>8</sup> *Id.* at 4-5.

transportation and logistics costs of donating food, further reducing a barrier to donation.<sup>9</sup>

- *Create a state block grant and/or revolving loan fund that supports investment in food recovery infrastructure needs. (Congress)*
  - Food recovery organizations and other intermediaries throughout the supply chain often have a difficult time finding the capital to replace and repair existing infrastructure, and to add additional infrastructure when they want to expand. Access to an annual block grant to states or a revolving loan fund would provide these organizations with the resources necessary to expand their capacity to reach those in need.
- *Standardize and clarify date labels on food.*<sup>10</sup> *(Congress or Administration: FDA-CFSAN/USDA-Food Safety Inspection Service (FSIS))*
  - Much food is wasted because of confusion of consumers and food businesses as to the meaning of date labels. Date label reform would enhance clarity for food donation and cut down on food waste. Establishing standard phrases for peak quality and safety would provide food donation organizations with a better understanding of what food can be safely donated past date, as well as ensure that consumers clearly understand the difference between the dates.<sup>11</sup>
- *Require grantees receiving federal funds to report on food donation plan. (Administration: USDA Agricultural Marketing Service (AMS), National Institute of Food and Agriculture (NIFA), Rural Development (RD), and all other agencies that make grants)*
  - Require federal grantees for USDA or other funding that is paying for food or supplying food to show evidence that they have a contract with a food recovery organization before they are able to receive federal funding. By requiring evidence of such a contract, the federal government increases the likelihood of surplus food coming from federal grants being put to beneficial uses rather than wasted.<sup>12</sup>

**Modernize and enhance SNAP:** SNAP is the nation’s largest nutrition program. It provides nutrition benefits to help those in need purchase food at the places they would normally shop. In 2022, more than 41 million people participated in the program.<sup>13</sup> SNAP benefits should be updated to more accurately reflect the true costs of grocery shopping and increase equity in program administration.

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<sup>9</sup> Further Incentivizing Nutritious Donations of (FIND) Food Act, H.R. 7317, 117<sup>th</sup> Congress (2022).

<sup>10</sup> *US Food Loss*, supra note 4, at 8.

<sup>11</sup> *Id.*

<sup>12</sup> Emily Broad Leib, et. al., *Opportunities to Reduce Food Waste in the 2023 Farm Bill*, HARVARD L. SCH. FOOD L. AND POL’Y. CLINIC, NRDC, REFED, WORLD WILDLIFE FUND (2022), <https://chlpi.org/wp-content/uploads/2022/04/2023-Farm-Bill-Food-Waste.pdf>.

<sup>13</sup> *Nutrition Assistance Programs Report*, FOOD AND NUTRITION SERV. 1 (April 2022), <https://fns-prod.azureedge.us/sites/default/files/data-files/birdseye-april-2022.pdf>.

- *Calculate SNAP benefit amounts based on the Moderate or Low-Cost Food Plan.*<sup>14</sup> (Congress)
  - Currently, the Thrifty Food Plan (TFP)<sup>15</sup> serves as the basis for SNAP benefit allotments, however even with USDA’s generous recalculation of the TFP last year, it still fails to cover the full cost of a healthy, budget-conscious diet. Raising SNAP benefits is also linked to healthier food intake, improved childhood wellness, and reduced hospitalizations in older adults.<sup>16</sup>
- *Provide funding to pay for delivery fees on online SNAP purchases.*<sup>17</sup> (Congress)
  - Online SNAP purchasing has offered new accessibility opportunities for recipients with disabilities and older adults. It can also address geographic inaccessibility for communities without grocery stores or farmers markets nearby. By making delivery an affordable and accessible option through funding delivery fee payment, SNAP participants will benefit from increased access to the food they need.
- *Allow SNAP recipients to purchase hot and prepared food with SNAP benefits.*<sup>18</sup> (Congress)
  - The ban on using benefits to pay for hot meals or prepared foods prevents SNAP users from accessing readily available nutritious foods. Many SNAP users are unable to prepare their own hot meals, due to a lack of materials and/or lack of time.<sup>19</sup> Allowing SNAP participants to purchase hot and prepared food would ensure that those without the means to prepare food would still have access to healthy, nutritious food.
- *Eliminate SNAP time limits for Able Bodied Adults Without Dependents (ABAWDs).*<sup>20</sup> (Congress)
  - Time limits cause many ABAWD recipients, who are willing to work but are unable to secure jobs, to lose their benefits, increasing food insecurity. These requirements do not have a demonstrable impact on the work status of ABAWDs and lead to administrative burdens for states.<sup>21</sup> College students must also meet these time limits, creating burdens for access amongst a population that is already busy trying to better themselves. By eliminating these time limits for all ABAWDS, college students and others will benefit from access to SNAP while focusing on their education and job prospects.<sup>22</sup>

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<sup>14</sup> Molly Cohen, et. al., *Food Access & Nutrition*, FARM BILL LAW ENTERPRISE, (Jun. 2022), 18, <http://www.farmbilllaw.org/wp-content/uploads/2022/06/Food-Access-and-Nutrition-Report.pdf>.

<sup>15</sup> *SNAP and the Thrifty Food Plan*, FOOD AND NUTRITION SERV., (Mar. 2022), <https://www.fns.usda.gov/snap/thriftyfoodplan>.

<sup>16</sup> Cohen, *supra* note 14, at 18-19.

<sup>17</sup> *Id.* at 23.

<sup>18</sup> *Id.* at 19.

<sup>19</sup> *Id.* at 19-20.

<sup>20</sup> *Id.* at 8-10.

<sup>21</sup> *Id.* at 8.

<sup>22</sup> *Id.* at 8-10, 17.

- *Raise program eligibility (for SNAP, WIC, and child nutrition programs) from gross income between 130-185% of the federal poverty line to a standard of 200% of the federal poverty line.*<sup>23</sup> (Congress)
  - Raising these limits addresses many barriers for low-income recipients with high housing costs and/or dependent care expenses. These changes also streamline casework, making it easier for both the agencies who administer the programs and program recipients.<sup>24</sup>
- *Eliminate SNAP's five-year waiting period for immigrants.*<sup>25</sup> (Congress)
  - Currently, adult non-citizen immigrants must wait 5 years before eligibility for SNAP kicks in. This long wait period can unnecessarily increase hunger for newly arrived individuals who are often struggling to establish themselves in a new setting.<sup>26</sup> Removing this barrier will ensure food access for those starting a new life in a new country.
- *Allow qualified individuals to access the Food Distribution Program on Indian Reservation (FDPIR) and SNAP simultaneously.*<sup>27</sup> (Congress)
  - SNAP and FDPIR each have their own advantages and disadvantages that make each only a partial solution to the high level of food insecurity experienced within Indigenous populations. By allowing individuals to participate in both programs, access to food for Indigenous populations would increase, reducing overall food insecurity.<sup>28</sup>

**Food access infrastructure:** An estimated 17.1 million individuals have limited access to a grocery store in the United States.<sup>29</sup> Investments in transportation infrastructure can help increase food access for these individuals.

- *Offer cities and counties funding to help identify gaps in food access.* (Congress)
  - Offer funding for or otherwise incentivize cities and counties to map the public transportation network that connects households with food retail. This can help cities identify food access transportation gaps and then seek specific transportation funding to add new routes.
- *Provide funding to close food access gaps.* (Congress)
  - Allow cities and counties to use funding for transit authorities to provide free public transportation via bus, subway, or car rideshare (where a public transit route does not exist) to grocery stores, farmers markets, and food cooperatives

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<sup>23</sup> *Best Practice for Raising SNAP Gross Income Threshold through Categorical Eligibility*, FOOD RESEARCH & ACTION CENTER, 1 (Nov. 2016), <https://frac.org/wp-content/uploads/best-practice-raising-snap-gross-income-threshold.pdf>.

<sup>24</sup> *Id.* at 1.

<sup>25</sup> Cohen, *supra* note 14, at 10.

<sup>26</sup> *Id.* at 10-11.

<sup>27</sup> *Id.* at 15.

<sup>28</sup> *Id.* at 15-16.

<sup>29</sup> *Food Access Research Atlas, Documentation*, ECON. RES. SERV., (May 24, 2021) <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation/>.



on mapped routes. This would improve access to healthy foods in urban and rural communities.<sup>30</sup>

- *Provide guidance to local governments on permitting mobile produce markets. (Administration: USDA–AMS)*
  - In many cities, zoning laws and permitting rules are not yet set up for mobile retail food vending (such as mobile farmers markets). The Federal government should publish guidance and model ordinances on zoning and permits for mobile farmers markets to ensure that local zoning laws do not prevent access to fresh produce from mobile markets, making it easy for local governments to adopt these rules.

## Private sector recommendations

### Food recovery

- *Have companies sign on to a commitment to measure and report on their food waste and food donation.*
  - The United Kingdom has implemented the Cortauld Commitment, which is a voluntary agreement among companies throughout the food supply chain to reduce and report on food waste, greenhouse gas emissions, and water use. The agreement includes a commitment to reduce food waste by half by 2030, from a 2007 baseline. A similar commitment in the United States could focus on food waste and have companies commit to measuring and reporting food waste and food donation as part of an overall effort to simultaneously reduce food waste and hunger.<sup>31</sup>

### SNAP

- *Encourage companies to waive online delivery fees for SNAP purchasers.*
  - Some companies committed to waiving delivery fees for SNAP online orders during the COVID-19 pandemic.<sup>32</sup> The federal government can encourage companies to continue these waivers to address geographic and physical accessibility issues.

***Pillar 2: “Integrate nutrition and health: Prioritize the role of nutrition and food security in overall health, including disease prevention and management, and ensure that our health care system addresses the nutrition needs of all people.”<sup>33</sup>***

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<sup>30</sup> *The Wheels on the Bus Go to the Grocery Store*, SAFE ROUTES TO SCHOOL NAT’L P’SHP. (2017). [https://www.saferoutespartnership.org/sites/default/files/resource\\_files/wheels\\_on\\_the\\_bus\\_0.pdf](https://www.saferoutespartnership.org/sites/default/files/resource_files/wheels_on_the_bus_0.pdf).

<sup>31</sup> The Cortauld Commitment 2030, WRAP <https://wrap.org.uk/taking-action/food-drink/initiatives/courtauld-commitment> (last visited Aug. 9, 2022).

<sup>32</sup> Gina Acosta, *Instacart Expands Free Delivery/Pickup on SNAP Orders*, PROGRESSIVE GROCER, (Dec. 15, 2021), <https://progressivegrocer.com/instacart-expands-free-deliverypickup-snap-orders>.

<sup>33</sup> *White House Conference*, *supra* note 1.

## Administration/Congress recommendations

- **Nutrition education for physicians:** Despite many patients seeking dietary advice from medical professionals, doctors in the United States currently receive minimal, if any, nutrition education. Providing doctors with nutrition education will empower them to provide patients with accurate, culturally relevant diet-related advice and to better make referrals to nutrition professionals where appropriate.
  - *Require medical schools and training hospitals to report on their education on diet and nutrition. (Congress or Administration)*
    - A reporting requirement would increase awareness about how much nutrition training doctors are receiving. Such a requirement should include the types of courses taught and whether they are elective or mandatory.
  - *Fund nutrition education at medical schools. (Congress)*
    - Develop a government grant program for medical schools to provide nutrition education.<sup>34</sup>
  - *Tie government funds for residency/fellowship training to nutrition education.<sup>35</sup> (Congress or Administration: HHS-Centers for Medicare and Medicaid Services (CMS))*
    - The federal government provides a substantial amount of funding for residency training programs, especially through Medicare. Congress or CMS could make this funding contingent on providing nutrition education. Alternatively, they could provide funds to programs that provide a threshold level of such education (via a performance-based incentive payment).
  - *Ensure nutrition education is inclusive and equitable. (Congress)*
    - Nutrition education in medical and health professional training should include requirements to ensure that trainees understand the importance of providing culturally relevant advice, the impact of weight bias and stigma, the racialized history of weight bias, and the impact advice may have on different populations.
  - *Compile data to demonstrate the effectiveness of education on diet and nutrition on improving patient care (Congress and Administration: HHS).<sup>36</sup>*
    - HHS, through either NIH or HRSA, should measure results from medical schools and training hospitals that offer nutrition education programming to see the impact of nutrition education on improving patient outcomes as well as doctor-patient relationships, and to provide evidence-based practices to other educational programs.
  - *Require federally employed physicians to complete continuing medical education courses (CME) in diet and nutrition. (Administration: HHS, NIH, Veterans Affairs (VA)).<sup>37</sup>*
    - At this time, federally employed physicians do not have to complete continuing education credits related to diet and nutrition. Adding this

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<sup>34</sup> Emily Broad Leib, et. al., *Doctoring our Diet*, HARVARD L. SCH. FOOD L. AND POL'Y. CLINIC 6-7, (2019) [https://chlpi.org/wp-content/uploads/2013/12/Doctoring-Our-Diet\\_-\\_September-2019-V2.pdf](https://chlpi.org/wp-content/uploads/2013/12/Doctoring-Our-Diet_-_September-2019-V2.pdf).

<sup>35</sup> *Id.* at 13.

<sup>36</sup> H.Res. 1118, 117th Cong. (2022).

<sup>37</sup> *Leib, supra* note 34, at 26.



requirement would ensure that federally-employed physicians are able to provide relevant, accurate diet and nutrition advice to their patients. This could help set a standard that states might follow in their own CME requirements for physicians.

**Produce prescriptions:** A growing body of evidence demonstrates that produce prescriptions help improve the health and well-being of patients with diet-related disease.<sup>38</sup> The following recommendations would make produce prescriptions more available to those who suffer from or are at risk of diet-related disease.

- *Establish a Center for Medicare and Medicaid Innovation demonstration project to provide coverage for produce prescriptions. (Congress)*
  - Results from the demonstration project would help determine the impact of the program on a specific population and help identify steps necessary to scale up.
- *Establish a demonstration project to provide produce prescriptions to veterans at risk of diet-affected health conditions through the Veteran’s Administration, as contemplated by the House Appropriations Committee. (Congress and Administration: VA)<sup>39</sup>*
  - Results from the project would help determine the impact of the program on this specific population and help identify steps necessary to scale up.
- *Pilot produce prescription provision through Indian Health Service (IHS), as contemplated by the House Appropriations Committee. (Congress and Administration: HHS-IHS)<sup>40</sup>*
  - Results from the pilot project would help determine the impact of the program and help identify steps necessary to scale up.
- *Retain and expand the GusNIP Produce Prescription Grant Program.<sup>41</sup> (Congress)*
  - Emerging research demonstrates the positive impacts of produce prescription programs on health. Expansion of this program will enable USDA to expand produce prescription programs, supporting the overall positive link between diet and nutrition.<sup>42</sup>

**Food is medicine:** Includes a variety of interventions for individuals with debilitating chronic or acute illnesses, including Medically Tailored Meals (MTMs), which dramatically reduce healthcare costs for high-risk, high-need populations.<sup>43</sup>

- *Establish Coverage for MTMs in Medicaid. (Congress and Administration: HHS-CMS)*

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<sup>38</sup> Katie Garfield, et. al., *Mainstreaming Produce Prescriptions: A Policy Strategy Report*, HARVARD L. SCH. CENTER FOR HEALTH LAW AND POL’Y INNOVATION, (March 2021), <https://chlp.org/wp-content/uploads/2013/12/Produce-RX-March-2021.pdf>.

<sup>39</sup> H.R. Rep. No. 117-391 (2022).

<sup>40</sup> H.R. Rep. No. 117-400 (2022).

<sup>41</sup> *Cohen, supra* note 14, at 33.

<sup>42</sup> *Id.*

<sup>43</sup> Sarah Downer, et. al., *Food is Medicine Research Action Plan*, ASPEN INST. (Jan. 2022), [https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final\\_012722.pdf](https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final_012722.pdf).

- Amend the Medicaid statute and/or implementing regulations to include MTMs as a benefit for people who are severely or chronically ill. This would prevent the uneven access currently available through the use of state-based waivers.
- *Build access to MTMs into Medicare parts A or B to permanently address enormous gaps in coverage. (Congress and Administration: HHS-CMS)*
  - This would ensure that MTMs are available to all Medicare enrollees who need them, rather than only to individuals enrolled in certain Medicare Advantage plans.
- *Pilot coverage of MTMs for Medicare enrollees with chronic illnesses. (Congress)*
  - Pilot programs would demonstrate the efficacy of medically tailored meal programs, improve outcomes for those on Medicare, and provide important programmatic information necessary to scale-up pilot programs.<sup>44</sup>

***Pillar 3: “Empower all consumers to make and have access to healthy choices: Foster environments that enable all people to easily make informed healthy choices, increase access to healthy food, encourage healthy workplace and school policies, and invest in public messaging and education campaigns that are culturally appropriate and resonate with specific communities.”<sup>45</sup>***

### Administration/Congress recommendations

#### **Expand options for access to healthy food.**

- *Modernize online SNAP to democratize access to the program for SNAP vendors and better serve participants. (Congress and Administration: USDA-Food and Nutrition Service (FNS))*
  - It has been difficult for all but the largest food retailers to become eligible to sell their products via SNAP online. USDA should create an online portal that can be used by small, local, and regional producers who want to be able to sell via online SNAP.<sup>46</sup> This would help support local and regional food systems and small or mid-size producers in making their products available to SNAP participants.
- *Expand the availability of the GusNIP double up incentive program (Congress)*
  - The GusNIP double up incentive program operates via a grant program through which localities can receive funds to offer double benefits to SNAP recipients for qualified healthy purchase. By making the GusNIP double up incentive program (or some version of SNAP incentive program) nationally

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<sup>44</sup> Medically tailored Home-Delivered Meals Demonstration Pilot Act of 2021, H.R. 5370, 117<sup>th</sup> Congress (2021).

<sup>45</sup> *White House Conference, supra* note 1.

<sup>46</sup> Emily Broad Leib, et. al. *An Evaluation of the Farmers to Families Food box Program*, HARVARD L. SCH. FOOD L. AND POL’Y. CLINIC AND NATIONAL SUSTAINABLE AGRICULTURE COALITION (Feb 2021), <https://chlpi.org/wp-content/uploads/2013/12/F2F-Food-Box-Report-Online-Final1.pdf>.

available to all recipients, rather than only through grants to certain areas, the federal government could better support food access and nutrition security.

### **Increase healthy food knowledge**

- *Create a standard front-of-pack labeling program with which companies must comply to help provide clearer information on the health of processed foods (Congress or Administration: FDA)*
  - FDA can create a front-of-pack labeling program to provide consumers with clear indicators, like stoplight labels, to support consumers making healthy food choices.

### **Support healthier food options in federal spending and facilities**

- *Use the federal purchasing power to better support the markets for healthier and more sustainable food options (Administration)*
  - As a large purchaser of food, the federal government has a number of opportunities to purchase healthy, nutritious products. At the state and local level, many new and innovative policies have stressed the importance of healthy, sustainable, ethical procurement, such as the Good Food Purchasing Program. The Biden Administration, too, has recognized the impact of federal procurement dollars and has made significant strides in leveling the playing field and making those dollars available for underserved, small disadvantaged businesses. As a next step, the federal government should convene representatives from all agencies that have the authority to purchase food, and develop an action plan and updated procurement regulations, to increase values-based procurement of healthy, nutritious, ethical, and culturally-appropriate food.

### **Private sector recommendations**

- *Ask companies to commit to reduce sodium by a certain amount.*
  - Follow-up with a coordinated campaign to educate the public on the long-term implications of high sodium consumption on health outcomes.<sup>47</sup>
- *Ask companies to commit to reduce sugar by a certain amount.*
  - Follow-up with a coordinated campaign to educate the public on the long-term implications of high sugar consumption on health outcomes.<sup>48</sup>
- *Ask companies to commit to join a government-sponsored front of pack stoplight labeling (similar to UK or France, which have voluntary but government-created front of pack labeling).*

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<sup>47</sup> W.B. Farquhar, et. al. *Dietary sodium and health: more than just blood pressure*. J. AM. C. CARDIOLOGY. (Mar. 2015), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5098396/>.

<sup>48</sup> J.M. Rippe et. al., *Relationship between added sugars consumption and chronic disease risk factors: current understanding*. NUTRIENTS. (Nov. 2016), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5133084/#:~:text=Consumption%20of%20added%20sugars%20has,decline%20and%20even%20some%20cancers.>

- Front of pack labeling with clear indicators, like stoplight labels, would provide consumers with the information they need in order to make healthy food choices.

***Pillar 5: “Enhance nutrition and food security research: Improve nutrition metrics, data collection, and research to inform nutrition and food security policy, particularly on issues of equity, access, and disparities.”<sup>49</sup>***

### Administration/Congress recommendations

**Better coordinate and fund nutrition research and policy:** Create a framework that prioritizes nutrition.

- *Create a new cabinet-level Office of the National Director of Food and Nutrition. (Congress or Administration)*
  - The urgent need for leadership, coordination, and investment in nutrition research requires establishing a new authority for cross-governmental action on nutrition research and policy—a Congressionally authorized and funded agency led by a new, cabinet-level National Director of Food and Nutrition.<sup>50</sup> A new office would increase the effectiveness and coordination of food and nutrition policy nationally, and provide the institutional infrastructure, authority, and leadership, needed to advance nutrition research and policy across diverse federal departments and agencies, including the NIH where a substantial amount of nutrition research is funded.<sup>51</sup>
- *Create and fund a National Institute of Nutrition within NIH. (Congress)*
  - NIH, as the nation’s largest funder of health research, is an essential home for increased authority, coordination, and funding for nutrition science.<sup>52</sup> Creating a new National Institute of Nutrition within NIH, led by its own Director, with new, additive funding, would leverage and amplify NIH’s existing research efforts across all of the NIH Institutes, Centers, and Offices, as well as other federal departments and agencies.<sup>53</sup>

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<sup>49</sup> *White House Conference, supra* note 1.

<sup>50</sup> *Strengthening National Nutrition Research*, HARVARD L. SCH. CENTER FOR HEALTH LAW AND POL’Y INNOVATION, TUFTS UNIVERSITY GERALD J. AND DOROTHY R. FRIEDMAN SCH. OF NUTRITION SCIENCE AND POL’Y 9 (June 2021), <https://chlp.org/wp-content/uploads/2021/12/Strengthening-National-Nutrition-FINAL-June-15-2021.pdf>.

<sup>51</sup> *Id.*

<sup>52</sup> *Id.*

<sup>53</sup> *Id.*

## **Conclusion**

While this list of recommendations is by no means exhaustive, it does lay out some of the key priorities we have seen over time from FLPC and our close partners at the local, state, and federal level. The above recommendations aim to present a range of options for the White House to engage the agencies, Congress, and private sector on making progress on hunger, nutrition and health.