State Policy Efforts to Increase Nutrition Education for Physicians: Texas SB 25 and Louisiana SB 14

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INTRODUCTION

Nutrition-related disease remains the leading cause of death in the United States, yet most physicians receive little training in how to counsel patients on their diet.[1] On average, U.S. medical students receive fewer than 20 hours of nutrition instruction across four years, leaving many new doctors unprepared to help prevent or address diet-related conditions like cardiovascular disease, cancer, and diabetes.[2] Opportunities to integrate nutrition education exist at every stage of physician training—medical school, residency and fellowship, licensing exams, and continuing education—but nutrition has historically been overlooked at each step.

At the federal level, momentum began in 2022 with a bipartisan House Resolution highlighting the need for stronger nutrition education throughout the medical education system and calling on federal agencies to support and expand these efforts.[3] More recently, the Secretary of the Department of Health and Human Services, Robert F. Kennedy Jr., has pressed U.S. medical schools and graduate medical education programs to report on their strategies to strengthen nutrition education.[4] He has also suggested that federal funds could be withheld from institutions that do not adopt nutrition education requirements.[5]

As the importance of nutrition education in addressing diet-related conditions is increasingly recognized, the federal government remains the central force capable of driving systemic change across medical training. Its influence spans policy, funding, and oversight as it sets national priorities and allocates Medicare dollars for graduate medical education (GME) programs which fund residency and fellowship training.[6] Further, the federal government can directly require federally-employed or federally-funded physicians to complete continuing medical education

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(CME) in nutrition and lifestyle and use its financial and regulatory authority to elevate the priority placed on nutrition education within the health care profession nationwide.[7]

State-specific authority makes states key collaborators in translating national priorities into practice. States control physician licensure and CME requirements, oversee public medical schools, and have discretion over whether and how state Medicaid funds can be used to support GME.[8] As a result, states can require nutrition content in CME, mandate coursework in public medical schools, set curriculum expectations for private medical schools as a condition of state approval for licensure, and tie state Medicaid GME dollars to nutrition competency in residency programs.[9]

Encouragingly, states are starting to exercise their authority over medical education and licensure to require nutrition training for health professionals. This fact sheet examines two leading efforts, Texas SB 25 (2025) and Louisiana SB 14 (2025), and evaluates their implications for physician education, offering recommendations for how other states can adopt similar approaches.

STATE POLICY EFFORTS

Enacted in close succession in 2025, the Texas and Louisiana laws demonstrate two pathways for integrating nutrition into medical education. The sections below outline each approach and offer recommendations for state policymakers seeking to ensure health care professionals receive nutrition education during their training.

Texas (SB 25, 2025)[10]

Signed into law on June 22, 2025, Texas Senate Bill 25 (SB 25) is a comprehensive public health measure to promote healthier living across the state. In addition to requiring warning labels on foods containing certain additives, the law also mandates nutrition education for health care professionals. The analysis below focuses on these education requirements and summarizes other key provisions that together reflect Texas's broader effort to improve nutrition and wellness statewide.

Who it applies to:
SB 25 applies to all health-related institutions[11] of higher education in Texas that receive state funding.[12] It requires:

- **Medical students** to complete a nutrition curriculum based on nutritional guidelines recommended by the Texas Nutrition Advisory Committee
- **Students in other health-related fields (nursing, allied health, or other majors related to health care service provision) to complete the same requirements**
- **Licensed health professionals** (physicians, physician assistants, nurses, and dietitians) to complete CME in nutrition and metabolic health

What level of medical education is covered:

- **Undergraduate Medical Education (UME):** Texas health-related universities must incorporate nutrition curriculum into medical school programs and make completion mandatory for graduation
- **Graduate Medical Education (GME):** Institutions offering residency and fellowship programs must include nutrition curriculum for trainees as a condition of eligibility for state GME grants
- **Continuing Medical Education (CME):** Health licensing boards, including those for physicians, physician assistants, nurses, and dietitians, must require continuing education in nutrition and metabolic health as a condition of license renewal. The law caps the requirement at no more than 12 hours per renewal period but leaves the specific duration and content to each board's rulemaking, guided by the Texas Nutrition Advisory Committee

Nutrition Advisory Committee:

This bill also establishes a Texas Nutrition Advisory Committee charged with examining the impact of nutrition and ultra-processed foods on human health, conducting independent reviews of scientific studies on the health effects of ultra-processed foods, providing education to clinicians and the public on those health impacts, and developing dietary and nutritional guidelines that state health licensing boards must use when adopting rules prescribing the number and content of required CME hours. The seven members, appointed by the governor, must include at least one expert in metabolic, culinary, lifestyle, or integrative medicine; one physician certified in functional medicine; one pediatrician specializing in metabolic health; representatives from the Texas Department of Agriculture; and representatives from both rural and urban communities.

Key implications:

By tying compliance with these nutrition education requirements to state funding, SB 25 requires both medical schools (UME) and residency/fellowship programs (GME) to institutionalize nutrition education, while also mandating ongoing CME for practicing physicians.

Other provisions of SB 25 (not related to health professional nutrition education):

- Daily physical activity required for K-8 students
- Requires high schools, associate degree programs, and bachelor's degree programs to offer an elective course in nutrition
- Requires a warning labeling for foods that include certain additives and dyes

Analysis:

Texas's legislation is notable for its comprehensive scope, embedding nutrition requirements into the training of physicians and other health professionals at all levels of training. By conditioning state funding on compliance, the law creates strong

institutional incentives for health-related institutions of higher education to take the mandate seriously. This pipeline approach ensures that future and practicing physicians and health professionals encounter nutrition education multiple times during their training and careers, reinforcing its importance in clinical practice and public health.

While the law requires nutrition education, it delegates the specifics of what must be included in curricula to the Nutrition Advisory Committee, licensing boards, and health-related institutions. The Advisory Committee is responsible for developing the dietary and nutritional guidelines that will anchor the training, and state licensing boards must then use those guidelines to adopt rules that determine the number and scope of required continuing education hours. Health-related institutions, including residency and fellowship programs, are responsible for incorporating this training into existing curricula. These programs, however, are already constrained by crowded curricula and may struggle to integrate nutrition in a meaningful way, particularly given that national accrediting bodies have not recognized it as a core competency.[13] In addition, the Advisory Committee reserves only two of its seven seats for physicians, with the majority of members from non-physician or non-nutrition backgrounds. Some stakeholders have noted that close collaboration with physicians will be necessary to maintain evidence-based guidance.[14]

Louisiana (SB 14, 2025)[15]

Enacted on June 20, 2025, Louisiana Senate Bill 14 (SB 14) reflects a growing statewide focus on nutrition, transparency, and chronic disease prevention. In addition to new disclosure and labeling requirements for food additives and seed oils, the law establishes a continuing education mandate in nutrition and metabolic health for physicians and other licensed health care providers, discussed in full below. Together, these provisions signal Louisiana's effort to integrate nutrition more deeply into both public policy and clinical practice.

Who it applies to:

SB 14 applies to licensed physicians, physician assistants (PAs), and advanced practice registered nurses across multiple specialties specified below.

What level of medical education is covered:

- **Continuing Medical Education (CME):**
    - Physicians and PAs practicing in family medicine, internal medicine, pediatrics, psychiatry, endocrinology, gastroenterology, cardiology, oncology, rheumatology, neurology, nephrology, dermatology, pulmonology, surgery, immunology, hematology, obstetrics, or gynecology must complete at least one hour of CME on nutrition and metabolic health every four years

- Advanced practice registered nurses practicing family medicine, internal medicine, pediatrics, obstetrics, or gynecology are subject to the same requirement

Key implications:
SB 14 establishes a recurring CME requirement for physicians, PAs, and advanced practice nurses, ensuring periodic exposure to nutrition and metabolic health across multiple specialties.

Other provisions (not related to health professional nutrition education):

- Prohibits serving certain artificial colors, additives, and sweeteners in K-12 schools
- Sets a preference for K-12 schools to purchase foods produced in-state
- Requires food manufacturers to disclose certain listed additives in foods via labeling and QR codes
- Requires restaurants and other food service establishments to disclose seed oil use on menus

Analysis:
Louisiana takes a narrower approach to its nutrition education for health professionals than Texas, targeting practicing physicians, PAs, and advanced practice nurses rather than students or residents. Its primary strength lies in establishing a clear CME mandate for physicians, PAs, and advanced practice nurses across multiple specialties. This ensures that clinicians in relevant specialties receive periodic exposure to nutrition. The legislation also extends beyond physician training to reinforce nutrition awareness in the broader public sphere, banning certain additives in school meals and requiring food manufacturers and food establishments to disclose additives and potentially harmful ingredients.

However, the CME requirement of one hour every four years is minimal and thus on its own may be unlikely to meaningfully shift physician practice patterns or improve patient counseling or necessary referrals. Research underscores this concern: nutrition instruction across U.S. medical schools has remained stagnant at a median of 20 hours or less since 2000, and a survey of medical residents in a highly rated program found that only 14% felt prepared to provide competent nutrition guidance to patients with this level of education.[16] Further, the law stops short of embedding nutrition instruction into medical school or residency and fellowship training. As a result, physicians will continue to graduate without the training needed to provide effective nutrition counseling or needed referrals.

RECOMMENDATIONS

States have a critical role to play in integrating nutrition into physician and health professional training. Building on early models in Texas and Louisiana, states can:

1. **Adopt nutrition-focused CME requirements.** Currently, 37 states have at least one subject-specific CME mandate, yet only Texas and

Louisiana include nutrition.[17] Expanding CME requirements to include nutrition and metabolic health would ensure practicing clinicians maintain competency in an area fundamental to patient care.

2. **Incorporate nutrition education throughout the medical training pipeline.** States can follow Texas's lead in embedding nutrition into undergraduate (UME) and graduate medical education (GME) and extend these requirements to other health-related fields. Linking these mandates to state Medicaid GME funding or other meaningful state funding can create strong incentives for compliance.

3. **Support programs that strengthen nutrition education.** States can provide targeted funding or performance-based incentives to UME and GME programs that expand or improve nutrition training.[18]

CONCLUSION

State-level action is becoming an important driver for integrating nutrition into health professional education. Texas SB 25 takes a pipeline approach, embedding nutrition into medical school, residency, and continuing education, while Louisiana SB 14 takes a practice approach, requiring periodic continuing education for doctors across many specialties. Together, these laws represent complementary strategies: preparing future physicians and keeping practicing physicians up to date.

As more states pursue similar approaches, these reforms could redefine how physicians and health professionals are trained to prevent and treat diet-related conditions. This can help them understand the importance of nutrition to health, make accurate and evidence-based recommendations to patients, and make more timely and warranted referrals to registered dietitians when such referrals are needed for patient care – all of which can make a meaningful impact on patient and population health.

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About the Harvard Law School Food Law and Policy Clinic

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ENDNOTES

[1] US Burden of Disease Collaborators, *The State of US Health, 1990-2016: Burden of Diseases, Injuries, and Risk Factors Among US States*, 319 JAMA 1444, 1451 fig.2 (2018); *See* Adams et al., *The State of Nutrition Education at US Medical Schools*, 2015 Journal of Biomedical Education 1, 4 tbl.2.

[2] Adams et al., *The State of Nutrition Education at US Medical Schools*, 2015 Journal of Biomedical Education 1, 4 tbl.2.

[3] H.R. Res. 1118, 117th Cong. (2022).

[4] U.S. Dep't of Health & Human Servs., *Secretaries Kennedy, McMahon Demand Comprehensive Nutrition Education Reforms* (Aug. 2025), https://www.hhs.gov/press-room/hhs-education-nutrition-medical-training-reforms.html

[5] Will McDuffie, *RFK Jr. to Tell Medical Schools to Teach Nutrition or Lose Federal Funding*, ABC News (June 4, 2025), https://abcnews.go.com/Politics/rfk-jr-medical-schools-teach-nutrition-lose-federal/story?id=122482788.

[6] *See* Cong. Research Serv., *Federal Support for Graduate Medical Education: An Overview*, R44376 (Dec. 27, 2018), https://crsreports.congress.gov/product/pdf/R/R44376 ("Generally, the federal government leaves the content of

training to the accrediting bodies. However, federal advisory groups have made recommendations on topics to add to training, and the federal government awards grants for certain types of training experiences.").

[7] Harvard Law Sch. Food Law & Pol'y Clinic, *Doctoring Our Diet II: Nutrition Education for Physicians Is Overdue* 11 (2024).

[8] *See* Navigating State Medical Licensure, American Medical Assoc., https://www.ama-assn.org/medical-residents/transition-resident-attending/navigating-state-medical-licensure; *See, e.g.*, Continuing Med. Ed. Requirements for Physician License Renewal in Mass., Mass. Med. Soc., https://www.massmed.org/Continuing-Education-and-Events/Continuing-Medical-Education-Requirements-for-Physician-License-Renewal-in-Massachusetts/; Renewals, Miss. State Bd. Med. Licensure., https://www.msbml.ms.gov/Renewals; *See Medicaid Graduate Medical Education Payments: Results from the 2022 50-State Survey*, Assoc. of Am. Med. Colls. 11 (2023), https://store.aamc.org/downloadable/download/sample/sample_id/590/https://store.aamc.org/downloadable/download/sample/sample_id/590/.

[9] *See* Navigating State Medical Licensure, American Medical Assoc., https://www.ama-assn.org/medical-residents/transition-resident-attending/navigating-state-medical-licensure; *See, e.g.*, Continuing Med. Ed. Requirements for Physician License Renewal in Mass., Mass. Med. Soc., https://www.massmed.org/Continuing-Education-and-Events/Continuing-Medical-Education-Requirements-for-Physician-License-Renewal-in-Massachusetts/; Renewals, Miss. State Bd. Med. Licensure., https://www.msbml.ms.gov/Renewals; *See Medicaid Graduate Medical Education Payments: Results from the 2022 50-State Survey*, Assoc. of Am. Med. Colls. 11 (2023), https://store.aamc.org/downloadable/download/sample/sample_id/590/https://store.aamc.org/downloadable/download/sample/sample_id/590/.

[10] Texas SB 25, 89th Leg., 2025, *"Relating to health and nutrition standards to promote healthy living, including requirements for food labeling, primary and secondary education, higher education, and continuing education for certain health care professionals; authorizing a civil penalty."*

[11] "Health-related institutions" refers to Texas's medical schools and health science centers, including UT Southwestern, MD Anderson, Texas A&M Health Science Center, and others enumerated in Tex. Educ. Code §§ 63.002(c), 63.101(a). This includes Baylor College of Medicine if a contract between Baylor College of Medicine and the Texas Higher Education Coordintaing Board is in effect under § 61.092.

[12] "Institutions of higher education" means any public technical institute, public junior college, public senior college or university, medical or dental unit, public state college, or other agency of higher education as defined in Tex. Educ. Code § 61.003.

[13] Accreditation Council for Graduate Medical Education, *Milestones Guidebook for Residents and Fellows*, https://www.acgme.org/globalassets/pdfs/milestones/milestonesguidebookforresidentsfellows.pdf..

[14] Texas Medical Association, *Legislature Boosts Nutrition, Physical Activity in Texas to Help Fight Chronic Disease* (Sept. 2025), https://www.texmed.org/TexasMedicineDetail.aspx?Pageid=46106&id=66695.

[15] Louisiana SB 14, 2025, *"Public Health: Provides relative to nutrition."* La. S.B. 14, Reg. Sess., 2025.

[16] Adams et al., *The State of Nutrition Education at US Medical Schools*, 2015 Journal of Biomedical Education 1, 4 tbl.2.

[17] *See CME State Requirements*, Am. Coll. of Surgeons, https://www.facs.org/education/cme/state-mandates (last updated June 27, 2019) (listing requirements for Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Iowa, Indiana, Kansas, Kentucky, Maine, Massachusetts, Michigan, North Carolina, New Hampshire, New Jersey, New Mexico, Nevada, New York, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington, Wisconsin, and West Virginia); *see also* Jing Xu et al., *State Continuing Education Requirements for Physicians and Dentists, Including Requirements Related to Pain Management and Controlled Substance Prescribing*, 103 J. Med. Reg., no. 3, 2017, at 12, 14-15 (finding thirty-two states have subject specific continuing education requirements for physicians as of April 2017).

[18] *See generally* Thomas M. Henderson, *How Accountable to the Public Is Funding for Graduate Medical Education? The Case for State Medicaid GME Payments,* 111 Am. J. Pub. Health 1217 (2021).