TO: The Honorable Shane E. Pendergrass, Chair  
The Honorable Luke Clippinger, Chair  
Members, House Health and Government Operations Committee  
Members, House Judiciary Committee  
The Honorable Terri L. Hill

FROM: Joseph A. Adams, M.D.

DATE: February 26, 2020


MedChi supports that state and local correctional facilities, hospitals, and residential treatment centers be required to offer plant–based meal and beverage options with the goal and expectation of reducing health care costs and improving the health condition and outcomes of patients.

Most of the common chronic diseases that have become epidemic can be considered as ‘food borne illnesses’ and can be treated and prevented with healthy food to a very large extent.

A “captive audience” in hospitals and correctional facilities is the ideal setting to introduce healthy and appealing food options that would otherwise not be available. The training and tracking components of this bill are also important.

POSITION STATEMENTS:

American Medical Association Healthy Food Options in Hospitals resolution (adopted June 2017)  
(Excerpt): (emphasis added)  
“... Our AMA hereby calls on all Health Care Facilities to improve the health of patients, staff, and visitors by: (a) providing a variety of healthy food, including plant-based meals, and meals that are low in saturated and trans fat, sodium, and added sugars; ...”  

The American College of Cardiology  
Planting a Seed: Heart-Healthy Food Recommendations for Hospitals. (emphasis added)

“Hospitalization can be a "teachable moment" for patients ready to embrace nutrition as part of the healing process.

What diets to improve cardiovascular health, including the DASH diet, vegetarian and vegan diets, and modified "Mediterranean" diets, have in common is an emphasis on vegetables, fruits, grains, and legumes, and reduced consumption of animal fats, and sodium. Observational and intervention studies have shown that, to the extent that plant-based foods play a bigger role in the diets of populations and individuals, health benefits follow.
Guidelines for à la Carte Patient Menus

A least one plant-based main dish that is low in fat, sodium, and added sugars will be offered and promoted at every meal. Processed meats will not be offered.

When set menus are used...

At least one plant-based main dish that is low in fat, sodium, and added sugars will be offered and promoted at every meal in all cafeterias and onsite restaurants.


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STATE LAWS:

California SB 1138 ‘Food options: plant-based meals.’ [Signed into law Sept 2018] (emphasis added)

1265.10. (a) A licensed health facility, as defined in …… shall make available wholesome, plant-based meals of such variety as to meet the needs of patients in accordance with their physicians’ orders.

(c) For the purposes of this section, “plant-based meals” shall mean entire meals that contain no animal products or byproducts, including meat, poultry, fish, dairy, or eggs.

SEC. 3. Section 2084:

(a) The department shall provide each prisoner with a bed, . . . and with sufficient plain and wholesome food of such variety as may be most conducive to good health and that shall include the availability of plant-based meals. . . on an overall cost-neutral basis.

(c) For the purposes of this section, “plant-based meals” shall mean entire meals that contain no animal products or byproducts, including meat, poultry, fish, dairy, or eggs.

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB1138

New York SENATE BILL S1471A         (emphasis added)

An act to amend the public health law, in relation to offering plant-based food options in hospitals 2019-2020

Legislative Session  Signed by the Governor

Requires hospitals providing inpatient or residential care (i.e., … nursing homes) to offer patients a plant-based food option for every meal or snack, at the request of a patient or patient's lawful representative, at no additional cost to the patient.

Plant-based diets (PBD) are those free of animal products such as meat, seafood, dairy, and eggs.

FISCAL IMPLICATIONS FOR STATE AND LOCAL GOVERNMENTS: None


Oregon House Bill HB 3342 A Title: Relating to plant-based meals. (2019 legislative session)

Summary: Requires hospitals and long term care facilities to make available to patients and residents plant-based meals when necessary to accommodate medical, religious, cultural or ethnic needs, preferences or requests.

https://olis.leg.state.or.us/liz/2019R1/Measures/Overview/HB3342

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LOCAL INITIATIVES:

In 2013, Maricopa County, Arizona announced plans to shift its eight jails to completely meat-free. Savings of $100,000 a year was predicted, but it’s turned out to be more than $700,000 annually. There has been a gradual switch to all vegetarian meals in the jails since 2013.
New York introduced Meatless Monday for 7,000 inmates in New York City jails. Article: 12.03.2019
https://thecounter.org/new-york-city-jails-meatless-monday/

Plant-Based Lifestyle Program (New York City): Bellevue Hospital and Department of Health:
Will help at least 100 patients per week adopt healthy eating patterns focused on legumes, whole grains, fruits, vegetables, nuts, and seeds while reducing animal products, refined grains, and added sugars.

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RANDOMIZED CONTROLLED HUMAN TRIALS:

A low-fat vegan diet and a conventional diabetes diet in the treatment of type 2 diabetes: a randomized, controlled, 74-wk clinical trial.” Barnard ND et al, American Journal of Clinical Nutrition 2009 May;89(5):1588S-1596S. 99 diabetics were randomly assigned to a low-fat vegan diet vs. the American Diabetes Association (ADA) diet. The average blood sugar dropped in the vegan group by -0.40 vs 0.01 in the ADA group (P = 0.03). Total cholesterol dropped in the vegan group by -20.4 vs. -6.8 in the ADA group. (P = 0.01):
https://academic.oup.com/ajcn/article/89/5/1588S/4596944

A Low-Fat Vegan Diet Improves Glycemic Control and Cardiovascular Risk Factors in a Randomized Clinical Trial in Individuals With Type 2 Diabetes Barnard ND et al. Diabetes Care 2006 Aug; 29(8): 1777-1783. 148 diabetes were randomly assigned to a low fat vegan diet vs. the American Diabetes Association (ADA) diet. Average blood sugar fell 1.23 points in the vegan group compared with 0.38 points in the ADA group (P = 0.01). Body weight decreased 6.5 kg in the vegan group and 3.1 kg in the ADA group (P < 0.001). Among those who did not change lipid-lowering medications, LDL cholesterol fell 21.2% in the vegan group and 10.7% in the ADA group (P = 0.02). After adjustment for baseline values, urinary albumin reductions were greater in the vegan group (15.9 mg/24h) than in the ADA group (10.9 mg/24 h) (P = 0.013).
https://care.diabetesjournals.org/content/29/8/1777

‘A low-fat vegan diet elicits greater macronutrient changes, but is comparable in adherence and acceptability, compared with a more conventional diabetes diet among individuals with type 2 diabetes.’ Barnard ND, et al. Journal of the American Dietetic Association 2009 Feb;109(2):263-72. 99 diabetics were randomly assigned to a low fat vegan diet vs. the American Diabetes Association (ADA) diet. At 22 weeks, 44% of the ADA group were adherent to the diet, vs. 67% of the vegan group. (P=0.019). At 74 weeks there was no difference between the groups in ratings of acceptability of the diet.