The Physicians Foundation Statement to the Subcommittee on Agriculture, Rural Development, FDA & Related Agencies, Committee on Appropriations

Good Morning. My name is **Robert Seligson** and I serve as **CEO** of **The Physicians Foundation**. We are a nonprofit association comprised of 20 major medical societies across the U.S., representing America's physicians. Our broad membership encompasses large states such as California, Texas and New York, smaller states including South Carolina, Vermont and Connecticut, and others representing physicians practicing in rural, urban and suburban areas. Our mission is to empower all physicians to provide high-quality care and offer leadership to shape the future of health care. We pursue this work through research, education and grant-making that improves physician wellbeing, strengthens physician leadership, addresses drivers of health and lifts physician perspectives.

I am grateful to have the opportunity today to discuss the need to address the epidemic of diet-related chronic disease that is plaguing our nation and the entire health ecosystem. My comments focus on ways to redirect federal nutrition resources to tackle this epidemic, including through the Supplemental Nutrition Assistance Program (SNAP). One option involves a ***voluntary, multi-state pilot program to study the impact of replacing high sugar, low-nutrient foods with nutrient-rich foods within the SNAP program, in alignment with the USDA's Dietary Guidelines***, with the express intent of ***improving health outcomes for SNAP beneficiaries.***

The Physicians Foundation has conducted extensive research documenting how ***nutrition and food security*** have a major influence on individuals' health and the cost of health care. A 2021 Foundation-supported study found that failure to address Drivers of Health (DOH) "may indicate missed opportunities for reducing geographic variation in spending and for reducing health

disparities in regions with disadvantaged social conditions," emphasizing that the greater investment in healthy food access, for example, could lead to downstream reduction in health care spending.

In 2022, I participated with Dr. Mark Hyman, head of the Food Fix Campaign and a leader on using food and nutrition to improve health, to convene experts and report to the White House Conference on Hunger, Nutrition, and Health. We identified solutions to better integrate nutrition and health and support patients in improving their health. As I noted in the Food Fix report, "U.S. programs don't adequately support nutrition and access to care, even though we know doing so would improve outcomes and reduce costs. This must change." Dr. Hyman summed up the challenge, stating federal policy does not reward practices to "help patients understand and integrate good nutrition in preventing and treating chronic diseases;" yet, "prospects for lasting progress are strong if we make proper nutrition a central component of the national effort to prevent and combat chronic disease." A SNAP healthy food pilot could help meet this challenge.

Eighty percent of health outcomes are dependent on socioeconomic factors such as healthy food and safe housing. Addressing these drivers of health is an imperative if we are to make progress on chronic health conditions. Unfortunately, studies show that the rate of diet related diseases and obesity is significant and growing among SNAP recipients. **SNAP can and should be employed to guide historically underserved populations disproportionately impacted by diet related illness toward nutritional choices that can lead to better health.**

Diet related illnesses are a burden to patients and resource intensive for doctors. The inability to address patients' DOH is a major factor in physician burnout, as treating patients with unhealthy diets with overconsumption of processed or high-fat foods and sugary beverages is a constant

challenge. These unhealthy foods are strongly linked to chronic diseases such as obesity, type 2 diabetes, hypertension, and cardiovascular disease. It is troubling to see growing evidence linking overconsumption of sugar and obesity to mental health, including depression, anxiety, and attention-deficit/hyperactivity disorder in children, teens and adults. The British Medical Journal (BMJ) just published a major epidemiology meta-analysis documenting "direct associations between greater ultra-processed food exposure and higher risks of cardiovascular disease-related mortality, type 2 diabetes, higher risks of prevalent anxiety outcomes and combined common mental disorder outcomes."

Additionally, unhealthy diets lacking in essential nutrients, vitamins, and minerals can lead to nutrient deficiencies and health problems later in life. Inadequate intake of calcium and vitamin D can impair bone health and increase the risk of fractures and osteoporosis—a costly consequence of a preventable condition. Physicians play a crucial role in educating patients about the repercussions of poor diets and the importance of healthy eating habits and personalized nutrition, a resource-intense responsibility given the limited time constraints of a clinical visit. We have sought to make a difference in this area, funding resources to enable physicians to address DOH in clinical settings.

Diet-related illnesses are a financial burden to the nation. The Physicians Foundation's 2020 Survey of America's Physicians found that 73% of physicians indicate that DOH, including access to healthy food, are driving demand of health care services. In fact, recently released initial results from North Carolina's Healthy Opportunities Pilots demonstrated that paying for federally-approved, evidence-based DOH resources such as healthy food boxes was associated with decreased emergency department use and inpatient hospitalizations, and net savings on average of $85 less per participant/month than without the program. Study after study quantifies the immense cost of diet

related illness. The U.S. Department of Agriculture cites that 85% of health care spending is related to diet-related chronic disease. A George Washington University Milken Institute report "Weighing Down America: 2020 Update", finds that the "*economic and social impact of obesity has risen to nearly $1.4 trillion dollars,*" including the costs of obesity treatment, obesity-related diseases, and decreased productivity. Joint Economic Committee economists estimated that Medicare and Medicaid will spend $4.1 trillion on obesity and related diseases alone from 2024-2033.

Congress' history of impacting the lives of patients. The members of this committee have an opportunity to set life-altering policy for our patients and change the trajectory of the nation's health expenditures. Congress has demonstrated a history of enacting similarly impactful policy while prioritizing scientific evidence. Congress played a crucial role to address the public health crisis associated with tobacco use with the 2009 passage of the *Family Smoking Prevention and Tobacco Control Act*. *The Nutrition Labeling and Education Act* of 1990 mandated standardized nutrition labeling on most packaged foods, while updates improved transparency and accessibility, such as inclusion of added sugars on the Nutrition Facts panel. *The Healthy, Hunger-Free Kids Act of 2010* enacted significant reforms to school meal programs, including updated nutrition standards aligned with the Dietary Guidelines for Americans, seeking to increase the availability of fruits, vegetables, whole grains, and low-fat dairy products while limiting sodium, saturated fat, and added sugars.

Federal Actions addressing DOH and nutrition must advance. We need an all-hands-on deck approach to address diet-related illness. With significant contribution from The Physicians Foundation, in 2023, Medicare finalized new payment codes that, in part, account for clinical resources used to identify unmet social needs—including nutrition deficiency—and facilitate access to community-based services. Medically tailored meals are increasingly being made available to

Medicare Advantage (MA) enrollees, a valuable benefit given that, across race and ethnicity, a higher proportion of MA enrollees report being food insecure or having incomes under 200% of the federal poverty level compared to FFS Medicare enrollees. Similarly, Medicaid beneficiaries need creative solutions, including nutritional support services like medically tailored meals.

SNAP and the Dietary Guidelines. USDA's Dietary Guidelines for Americans provide evidence-based recommendations on what constitutes a healthy diet and lifestyle and are updated every five years through intense research and public input. Eventual alignment of the Dietary Guidelines with SNAP, also a USDA program, could encourage SNAP participants to consume a balanced diet that meets their nutritional needs and helps reduce disparities in diet-related health outcomes among low-income populations. Further, increased adherence to the Dietary Guidelines can help prevent diet-related chronic diseases and reduce the burden of chronic disease costs in the long term.

The Physicians Foundation has developed considerable resources on the need to address drivers of health, including through increased access to healthy food to improve health outcomes and reduce healthcare costs. A movement to ensure foods purchased with SNAP dollars are nutritiously dense would require experimentation, study, and further work on guideline education, and programs that support and incentivize the purchase and consumption of healthier foods like additional fruits and vegetables. ***We support the committee's effort to develop a SNAP pilot program emphasizing giving our most vulnerable citizens good quality food*** and to begin gathering needed study data to ensure that SNAP recipients have access to foods that will heal, not harm.

Thank you for the opportunity to speak to you today about the important work of enhancing the lives and health of Americans.