<u>House Ways and Means Health Subcommittee</u>

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Mr. Chairman and Members of the Committee, thank you for the opportunity to testify before you today. My name is Dr. Mark Hyman, Founder and Senior Advisor to the Cleveland Clinic Center for Functional Medicine and Chairman of the Food Fix Campaign.

As both a medical professional and concerned citizen, I am truly grateful for your focus on the food crisis facing our nation. I have had the opportunity to speak with many of you about this critical issue, and I am so impressed by the depth of your knowledge and your determination to fix our broken food system. I especially wish to thank you, Vice Chair Buchanan, for your impressive leadership. Your work to expand nutrition education in America's medical schools is vital to a healthier future, and your establishment with Congresswoman Moore of the bipartisan Congressional Preventive Health and Wellness Caucus has generated tremendous excitement in our community and across the country.

Like you, I am deeply committed to reversing America's chronic disease epidemic. How? By addressing its root cause: our ultra-processed diet, which is high in sugar and starch. I am doing this through my work at the Cleveland Clinic, The Doctor's Farmacy (a podcast with over 300 million downloads), my fifteen *New York Times* best-selling books on health and nutrition, and the Food Fix Campaign, an education and advocacy initiative dedicated to strengthening America's health, economy, and security by fixing our food system from field to fork.

Today, our modern ultra-processed, refined sugar and starch diet comprises 60% of our calories.[1] Unlike healthy foods, ultra-processed foods are high in sugar and starch, refined oils, and contain industrial ingredients – what I call "Frankenfoods" – such as preservatives, emulsifiers, and

artificial flavors, colors, and sweeteners.[2] It's important to note that many of the industrial ingredients that are added to processed foods are untested for safety at all and prohibited in other countries due to their documented harm to human health.[3] In fact, countries like Singapore consider the use of harmful chemicals in food products to be a crime punishable by hefty fines and even prison sentences.[4]

Ultra-processed foods are so prevalent today they account for about 80% of all the food products sold in grocery stores,[5] and 73% of our total food supply.[6] Nutritious food has the power to make us healthier, but ultra-processed foods are the number *one* cause of the chronic diseases that are the leading cause of death and disability in the U.S., including cancer, heart disease, type 2 diabetes, dementia, mental illness, autommune disease and more.[7]

The food industry will argue that ultra-processing gives their food products a longer shelf life and makes them more convenient to serve. But is shelf life and ready-to-eat use worth putting human health and our economy in peril? The reality is any "convenience" we may experience now is overshadowed by the enormous cost our people and nation suffer for years to come.

The statistics are chilling. Today, 60% of American adults have at least one chronic disease, and 40% have two or more.[8] Nearly 75% of American adults are overweight, and 42% are obese.[9] Even our children are suffering, with more than 40% of them overweight and more than 20% obese.[10] These conditions were practically unheard of in children in my generation and prior, and they reduce our children's life expectancy by up to 14 years.[11] They also impact our economic future, as they make people become lifetime patients of the medical system and reduce our global competitiveness Obesity also threatens our national security because most young Americans are unfit to serve in our due to conditions including overweight and obesity.[12]

Even worse, 93.2% of Americans are metabolically unhealthy and suffer from high blood pressure, high blood sugar, abnormal cholesterol, are overweight, or have suffered a heart attack or stroke.[13] In addition, more than half of our population has pre-diabetes or diabetes, and 26.4% of Medicare fee-for-service (FFS) enrollees had a diabetes diagnosis in 2022.[14] Seven times more Americans have type 2 diabetes than in 1980[15], and more than half of all Americans are at

increased risk of heart attacks, strokes, dementia, kidney failure, liver failure, limb amputations, and death.[16]

Some may attribute these conditions to genetics, but the data say otherwise. Obesity, for example, has increased more than 300% over the past six decades – from 13% to 43%.[17] Did our genetics change in that time? No – our diet and lifestyle did.

This is a national emergency. The government needs to mobilize science, health care, and policy to address the catastrophic health of our citzens and its social and economic impact on the United States.

Fortunately, we know what to target: the culprit is what we consume. About 60% of our diet is ultra-processed food – among children, the share is 67%.[18] To put this in perspective, for every 10% of our diet that is ultra-processed food, the risk of death increases 14%.[19] In fact, diet now exceeds smoking as the number one cause of disease and death, globally accounting for 11 million deaths a year.[20]

The direct cost of healthcare for diet-related chronic disease is staggering. According to CMS, our nation's 2023 health care bill was $4.8 trillion or one in five dollars of our GDP, more than twice per capita than any other nation.[21] More than 75% of Medicare funds is spent on the 40% of beneficiaries who have been diagnosed with four or more chronic conditions, which are either caused or exacerbated by the modern American diet and lifestyle. In 2018 alone, Medicare spent $800 billion of its $1.1 trillion expenditures for chronic conditions that are primarily caused by diet and lifestyle.[22]

Simply put, this financial burden is simply unsustainable. And though we spend far more on healthcare than other nations, we are seeing increasingly worse health outcomes. We rank 30th in the world and *last* among developed countries in objective health care metrics including infant mortality.[23] We are 48th in life expectancy[24], and for the first time in history, our life expectancy is declining year over year. The US comprises about 4% of the world population but accounted for 16% of the cases and deaths from COVID-19.[25] Why? Our nation is severely metabolically

unhealthy and burdened with chronic disease which drove our hospitalizations and deaths. The data show that 63% of all hospitalizations and deaths from COVID-19 could have been prevented by a healthy diet and appropriate nutritional support (something as accessible as vitamin D), meaning that as a nation, we may have been able to save trillions of dollars.

As harrowing as these facts are, most diet-related chronic diseases are preventable, and in many cases, even reversible. But, realizing this potential means changing how we approach food and medicine. Today, *we do not practice evidence-based medicine in America. Instead, we practice reimbursement-based medicine*. To translate, practitioners aren't incentivized to treat based on what science proves to be successful, but rather what has been approved for reimbursement – a model which leaves the medical establishment decades behind the latest scientific consensus. I cannot underscore the importance of this more strongly: we compensate our medical providers according to predefined billing and diagnostic codes, rather than objective health metrics that demonstrate progress and recovery. The perverse incentives in health care reimbursement drive more, not better care. Doctors and hospitals are paid for providing more services, more medication, more surgery, not better health care outcomes or lower healthcare costs.

The data are clear: food – not medication – can reverse type 2 diabetes. Eating whole real food is not simply helpful in **preventng** disease, it is the most effective **treatment,** for the most costly and debililating diseases facing Americans. And yet, our funding reveals an obvious priority asymmetry: we pay around $1 billion for nutrition services a year for type 2 diabetes and an extra *$85 billion* in additional medications for patients with diabetes … an 85-fold difference that represents a lost opportunity to invest in reversing a curable disease that costs America $412 billion a year.[26]

In sum, the loss of human, social and economic capital as a result of today's diet and medical model is staggering.

Fortunately, there is a solution: harnessing the power of eating more nutritious foods. The Food Fix Campaign is focused on addressing the systemic challenges in the food system – with one of

the clearest being the fact that nutrition education or services are not integrated into the U.S. healthcare system.

Our current medication-centered approach to chronic disease is like mopping up the floor while the sink overflows. *We are spending time and treasure on the consequences of our health crisis without addressing its root cause.* The solution in not more access to health care, better disease management, or lower drug prices, all necessary but not sufficient. The solution is addressing the root cause. Scientists are now calling upon governments to address what they call the "commercial determinants of health" – the role that multinational corporations have in driving our chronic disease epidemic, including the production, price-setting, and targeted marketing of ultra-processed foods, sugary drinks, and the medication those foods make necessary.

In other words, it's time that we turn off the sink. Utilizing the science of lifestyle and functional medicine, we can address the root causes of illness. That is because lifestyle and functional medicine uses *food as medicine* to prevent, treat, and even cure chronic disease. In other words, food need not only be the cause of what ails America – it can be the cure, too.

This isn't theory – it's fully documented science.

As just one of many examples, a healthcare platform is using nutrition therapy with a ketogenic, very low carbohydrate diet for patients with type 2 diabetes. In a clinical trial, 60% of participants achieved diabetes reversal after one year of following their nutritional ketosis protocol. At the one-year mark, 94% of participants who were using insulin at the start of the trial were able to reduce or completely eliminate insulin use. Additionally, 67% of all diabetes-specific medications were either reduced or discontinued. Specifically, 100% of insulin users were able to reduce their insulin dosage by more than 50%, and a large percentage completely eliminated the need for insulin.[27] To be clear there is no medication or combination of medications that can achieve these results. Rather than focusing on chronic disease "management" (a euphemism for medication) as a way to reduce health care costs, but wouldn't it be better to focus on reversing those diseases altogether?

This health program has demonstrated significant cost savings for patients and the healthcare system. One study indicated an annual healthcare cost reduction of approximately $5,000 per patient due to reduced medication needs and fewer diabetes-related complications. Extrapolated to the 28% or 18.2 million Medicare beneficiaries with type 2 diabetes, this scalable solution would save $91 billion a year.

Not only are these extraordinary outcomes, but they were also accompanied by declines in depression, pain, inflammation, and healthcare costs commonly associated with obesity, diabetes, and other diet-related chronic conditions.

Here's the key: the same outcomes documented by such nutrition-focused models can be achieved across our nation – *if Congress takes action to implement nutrition training, pilots, and reimbursement within our health programs*. Doing so would generate profound results for America's clinical and economic health. And the men, women, and children you represent will be the direct beneficiaries.

I know because my patients are living proof that better health and lower costs are possible through nutrition. Take my patient, Janet, for example. When Janet came to me, she was a 66-year-old severely obese woman who ate ultra-processed food her whole life. She had type 2 diabetes, was on insulin, had multiple stents, heart failure, and a failing liver and kidneys. She was on her way to a kidney and heart transplant. And her co-pay for medications alone was $20,000 a year.

Within a very short time of starting on an unprocessed, anti-inflammatory whole food diet with low starch and sugar and higher fat, Janet was off her insulin. In just three months, she had reversed her diabetes, heart failure, and high blood pressure, and her kidney and liver function returned to normal. She lost 43 pounds and got off all her medication. In a year she lost 116 pounds and got her life back, enabling her to continue her work as a minister.
Dr. Drema Hill from Greenbrier County, West Virginia, is another example of the power of Food as Medicine. Dr. Hill serves as a vice president in the School of Osteopathic Medicine, West Virginia's largest medical school. Under my program, Drema was able to change her diet, lose

nearly 150 pounds, get off more than a dozen medications, and experience vastly improved health. She is now helping others at the community level and is ensuring medical students are educated about nutrition in order to make them better physicians!

These are not miracles. Instead, they're made possible by applying the latest science of food as medicine. There is no drug that can accomplish these results. Only healthful food can. We know how to prevent chronic illness by focusing on its root cause – food.

One of the clearest ways to make progress is by addressing the silos dividing medical care and nutrition that is failing Americans with chronic diseases. Towards that end, I would like to offer the following proposals for your consideration:

First, we need to increase federal investment in proven strategies that prevent and treat chronic disease. Today, physicians have few if any incentives to incorporate nutrition into their medical practice, despite the central role that nutrition and diet play in the cause and cure of our epidemic of chronic disease. In Medicare, for example, the small number of programs addressing nutrition are extremely limited in scope and under-utilized. In addition, physicians and health care systems are generally being paid for performing more procedures, not for delivering greater value by achieving better health outcomes and reducing health care costs. This imbalanced approach leads to more pain, suffering, early mortality, and higher costs for everyone.

As a result, I want to applaud Chairman Buchanan and the Committee for including in the *American Medical Innovation and Investment Act* a Medically Tailored Meals Demonstration in Medicare. The demonstration would "test a payment and service delivery model under which selected hospitals provide medically tailored home-delivered meals" to qualified individuals "to improve clinical health outcomes and reduce the rate of readmissions."

Under this exciting demonstration program, qualified beneficiaries would receive medically tailored home-delivered meals that meet most of their daily nutritional needs. They would also receive medical nutrition therapy from skilled clinicians including physicians, registered

dietitians or other nutrition professionals, or clinical social workers. Best of all, beneficiaries would not pay cost-sharing for the services.

Over time, I encourage the Committee to explore adding other innovations to integrate nutrition into health care through innovations, such as patient assessment, produce prescriptions, and medically tailored meals as well as proven group shared medical lifestyle change programs such as Functioning for Life developed at the Cleveland Clinic Center for Functional Medicine. After all, approximately 240,000 seniors see a physician or nurse every weekday – and the vast majority of them will leave *without* a prescription for the healthy food they need to heal and thrive. This Committee can change that by prioritizing nutrition in the treatment of chronically ill Medicare beneficiaries.

Additionally, it is vital to incentivize nutrition-focused clinical care for patients with chronic diseases via such means as a Medicare nutrition add-on payment for participating physicians and hospitals. In this manner, more clinicians will assess patients' suitability for using food as medicine, offering patients the option to take control of their own health rather than automatically defaulting to conventional and costly medication and institutionalization.

Second, we must fully train tomorrow's clinicians about the power of nutrition and ensure they are reimbursed for its use. Patients respond very well to nutrition-centered care, but too few providers know how to deliver it. When I went to medical school, there was no focus on the impact of food on our health. Forty years later, my daughter, a 4th year medical student, has received no nutrition education, either. Although there is clinical consensus that 7 of the 10 leading killers are preventable, diet-driven chronic diseases, most medical schools don't require a single course in nutrition.

We can fix this problem by setting minimal competency requirements in nutrition as part of the federal government's $17 billion funding of graduate medical education and require nutrition classes and functional medicine in federally funded medical schools.

Finally, I would like to encourage the Committee to consider additional models that are already delivering much-needed progress. For example, the National Diabetes Prevention Program (DPP) has been a valuable tool in reducing the risk of type 2 diabetes, particularly among high-risk populations. The program, which focuses on lifestyle interventions like diet and physical activity, has been shown to reduce the risk of developing diabetes by 58%. As a result, I propose a National Diabetes *Reversal* Program be explored in which diet and lifestyle interventions are used to bend the curve of this dreaded chronic condition.

In closing, I would like to applaud you for all you are doing to solve America's chronic disease crisis. Chairman Buchanan and Committee Members, our chronic disease epidemic is a severely neglected national emergency that is almost entirely preventable and curable. It demands vigorous and urgent action.

We know that Food IS Medicine. Thanks to your vision and efforts, we can build a future in which it is used as exactly that. Thank you.

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