



**Oregon Dairy Farmers Association**  
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TESTIMONY HB 3342A

SENATE COMMITTEE ON HEALTH CARE

SENATOR LAURIE MONNES ANDERSON, CHAIR

May 1, 2019

Entered into the Record by  
Tami Kerr, Executive Director  
Oregon Dairy Farmers Association

Chair Monnes Anderson and members of the Committee, my name is Tami Kerr and I am the Executive Director for the Oregon Dairy Farmers Association, I offer the following testimony on behalf of the 200+ dairy producers of Oregon. These multi-generational conventional and organic Grade A farm families are proud of the care they provide to their animals, are proud of the high-quality milk they produce every day, and our producers are proud of their care of the environment.

The Oregon Dairy Farmers Association (ODFA) is the trade association formed in 1892 to represent, promote, protect and preserve the practice of dairy farming and the dairy farmers of Oregon. These farmers work 365/24/7 to care for their cows, their farm land, the environment and their communities. Our mission continues today.

HB 3342A is a bill requiring 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.

The ODFA opposes HB 3342A as unnecessary and duplicitous. It is our understanding from visiting with a member of the Oregon Academy of Nutrition and Dietetics an organization representing 690 registered dietitian nutritionists (RDNs) and dietetic interns who work to improve the health of Oregonians through food and nutrition. Oregon Academy of Nutrition and Dietetics has entered its position of opposition into the record making the following points:

HB 3342 adds unnecessary regulation to the complex practice of feeding patients in hospitals and long-term care facilities in Oregon. This practice is currently regulated by the Joint Commission and CMS (Centers for Medicare and Medicaid Services) to ensure patients are provided with optimal care, including nutrition services, that meets their medical need and individual preference.

In hospitals and long-term care facilities across Oregon, RDNs work with patients and their physicians to plan food choices that are appropriate for the patient's medical condition and/or medical treatment. The menus are planned to ensure nutritional adequacy and meet the needs and preferences of patients. This includes accommodating allergies and intolerances, and religious, cultural and ethnic preferences. Options for plant-based meals are offered and encouraged, but are not limited by definition to "vegan" or plant only.

While HB 3342 uses seemingly simple language to require hospitals and long-term care facilities offer plant-based meals, we are concerned about these issues:

**HB 3342 introduces the potential to harm our most vulnerable citizens.**

- 30 – 50% of people admitted to hospitals (acute care) are malnourished or at risk for malnutrition. This can be one of many forms of malnutrition including those who are overfed, yet undernourished.
- Typically, patients spend an average of 4 days in hospitals, longer if they are malnourished. Acute care patients are very sick and the nutrition they receive is critical to their recovery.
- The average age of patients in long-term care is 80+ years. Many have chewing and swallowing, digestive and health issues that significantly impact their ability to eat. These patients require specialized food choices in order to meet their needs for protein, calories, vitamins and minerals.
- Acute and long-term care is hardly the time to change long-term eating habits. That work is done in outpatient and community settings when patients are stable and better able to change.
- Requiring plant-based meals as an option is not going to have significant impact on the health and well-being of patients in hospitals and long-term care.

**Placing food patterns into state statute is bad policy.**

- Qualified medical and nutrition professionals provide oversight and personalized care to ensure patients are provided with food they can and will eat and that will support their health. Adding additional regulation is not necessary.
- These medical and nutrition professionals rely on nutrition science and emerging evidence to guide their recommendations. They are not subject to adhere to dietary recommendations from special interests or popular opinion.
- RDNs recognize that well-planned vegetarian, including vegan, diets can be healthy and nutritionally adequate and that plant-based diets support health and disease prevention.
- HB 3342 defines plant-based with the extreme, narrow definition of “vegan.” This is incorrect as there is no recognized definition of “plant-based.” In practice, the definition can include diets that range from vegan to vegetarian to diets primarily composed of plants and incorporating small amounts of meat, poultry, fish, dairy or eggs.

**The requirements in HB 3342 put additional strain on a health system that is already constrained by limited resources.**

- The greatest concern of health officials is hospitals and long-term care facilities that serve Medicaid and Medicare patients. These facilities already feed patients with minimal resources, while meeting medical and patient needs.
- Additional nutrition requirements that have very little impact on health have the potential to increase costs for labor, training and food. These are costs for which there are no funds.

**ODFA promotes fluid milk and milk based foods (cheese, yogurt, cottage cheese, etc) to be highly nutritious and rich in vitamins, minerals and protein. To establish State Policy directing health officials no longer offer this densely nutritious food source when the health community is already focused on the best outcomes for their patients appears both short sided and unnecessary. ODFA opposes HB 3342A and urges this Committee to not move this Bill.**