

This bill [HB 3342 A](#) is well intended but will have unintended negative effects because it is misdirected, inaccurate, inappropriate, unneeded, and misapplied especially for the hospital setting where I work as a Clinical Nutrition Manager level 3. These statements are my own.

First, it is unneeded: There are already federal laws and accreditation agencies that govern diet needs clinically as well as diet preferences in the hospital setting. Patients can already select a vegan diet. This is a choice that 0.5% of Americans make.

Second, the bill is inaccurate: A vegan diet is not the only plant based diet pattern that is beneficial for long term health, representing the vegan diet as the only plant based diet option is scientifically inaccurate and unnecessarily restricts choice for the patient and the provider without providing a justifiable benefit in health outcomes or cost. Balancing clinical needs and personal dietary preferences is challenge enough, we don't need to legislate it from our capital. Especially since an unintended effect can be increased costs for an already struggling health care system to comply with a law that will not yield the expected health care savings. It is the wrong setting. Most people are in the hospital for 2 days to 2 weeks. They are very sick. Their nutrition needs are different.

What is key to understand is that there is a vast difference between the diets and food choices that promote health and prevent disease in the population versus the therapeutic diet prescriptions used to treat diseases. Nutrition Therapy prescriptions in the acute hospital setting is yet another level up. Acute care needs are different from population needs. For example the protein needs of a patient in the hospital are up to three times higher than when they are at home, even for someone with kidney failure. The immediate risk for a hospitalized patient is malnutrition which often doubles their length and cost of stay, slows their recovery, and increases their risk of infections, complications, readmissions, and death. If you want to make a difference hospital costs, address hospital malnutrition.

My concern for long term residential care is that heart benefit of a vegan diet is greatly diminished if patients are not supplemented with vitamin B12 and bone and brain health are also negatively affected with prolonged B12 deficiency. Older adults are already at high risk for these conditions. Will this bill unintentionally create more dementia? Osteoporosis? Heart disease? Will this law unintended effect be increased health care confusion and costs? How will this law be interpreted and enforced? And at what cost? How will nutrition deficiency risks associated with the vegan diet be addressed? A vegan diet can be a healthy diet but a vegan diet can be also be an unhealthy diet. Sugar is vegan, after all.

In health care we want to do good and do no harm. Nutrition does have the power to improve health care costs and outcomes. But like most things, the devil is in the details. I don't want this law. On the surface this law may look good, sound good, and even feel good. This law is not good. In present form it may cause unneeded and costly changes and will fail to achieve it's purported benefits and cost savings. I don't want a law that only looks good and feels good. I want laws that are good and do good.

Please consider my credentials, expertise and 27 years of experience and either do not approve this law or send it back for revision after including the input of professionals like myself who have the requisite training, knowledge, expertise, and experience to understand the complex scientific and regulatory reality that will determine the success or failure of this well intended proposal. In its current form, it should be rejected.

Thank you.

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