Dietary Guidelines Advisory Committee Releases Report with Recommendations for the 2015 Dietary Guidelines for Americans

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Food & Drug

On February 19, 2015, the Dietary Guidelines Advisory Committee (DGAC) released its final report to the Department of Health and Human Services (HHS) and the U.S. Department of Agriculture (USDA) outlining its recommendations for the 2015 Dietary Guidelines for Americans (Dietary Guidelines). The Dietary Guidelines, a joint effort of HHS and USDA, provide the basis for federal food and nutrition policy and education initiatives. A new edition of the Dietary Guidelines is released every five years.

The DGAC's role in the development of the Dietary Guidelines is to provide “independent, science-based advice and recommendations,” based on “the preponderance of scientific and medical knowledge current at the time of publication.” To this end, every five years the DGAC submits a report to HHS and USDA that serves as the foundation for the Dietary Guidelines. DGAC’s report is advice for HHS and USDA, not the final Dietary Guidelines, but historically, HHS and USDA have typically accepted most of the DGAC’s recommendations. The public may provide comments to HHS and USDA on the report through April 8, 2015.

Scope of the 2015 DGAC Report

The 2015 DGAC report makes a number of broad policy recommendations, many of which are aimed at reducing intake of over-consumed nutrients. Although the report carries forward several recommendations from the 2010 Dietary Guidelines, its scope is far more extensive than prior DGAC reports. The report covers food sustainability for the first time, and also addresses food safety, including the safety of coffee, caffeine, and aspartame.

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The addition of food sustainability topics has met with some controversy. According to the House Committee on Appropriations, food sustainability is “outside of the nutritional focus of the panel.” Thus, the House Committee declared that the final 2015 Dietary Guidelines should not include “extraneous factors,” such as “agriculture production practices and environmental factors,” and instead be limited to nutrition and dietary information.

**Focus on Population-Based Interventions**

At the outset of the report, the DGAC reveals the “two fundamental realities” that guided its work: (1) the high prevalence of preventable chronic diseases and obesity in the U.S. population; and (2) the strong influence of personal, social, organization, and environmental contexts and systems on individual nutrition and physical activity. The latter principle is evident in the report’s emphasis on population-based interventions, which the DGAC believes will create healthier environments that complement individual-based efforts.

**Specific Recommendations**

**Added Sugars**

The 2015 report recommends that individuals limit added sugars to a maximum of 10% of total daily caloric intake. To decrease added sugars intake, the DGAC recommends reduced consumption of sugar-sweetened beverages, desserts, and sweet snacks.

In support of these recommendations, the report cites evidence linking added sugars consumption to “major public health concerns,” such as obesity and type 2 diabetes. In addition, the report notes that the DGAC’s food pattern modeling analysis informed its specific limit on added sugars. This analysis revealed that after meeting food group and nutrient recommendations, between 3 to 9% of calories are available to be consumed as added sugars.

According to the DGAC, low-calorie sweeteners should not be recommended as a primary substitute for added sugars, because the long term effects of these sweeteners is still unknown. Thus, the report deems water “the preferred beverage choice,” and calls for policymakers to create strategies to encourage water consumption.

The report puts forth a number of policy recommendations to reduce added sugars consumption, including:

- Economic and pricing approaches, such as taxing sugar-sweetened beverages;
- Changes to federal food assistance programs to encourage the purchase of foods and beverages low in added sugars and to discourage purchase of sugar-sweetened beverages; and
- Changes to the Nutrition Facts Panel (NFP) to identify the amount of added sugars in foods and beverages (in both grams and teaspoons and as a percent of daily value).

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**Food Marketing**

As part of its effort to influence individual food choices through policies that change the food environment, the DGAC calls for policymakers to place restrictions on food marketing. In particular, the report endorses policies that “limit exposure and marketing of foods and beverages high in added sugars and sodium to all age groups, particularly children and adolescents.”

**Front-of-Package Labeling**

In its final report, the DGAC states its support for “a standardized, easily understood front-of-package (FOP) label on all food and beverage products to give clear guidance about a food’s healthfulness.” As an example of FOP labeling, the report cites the Institute of Medicine’s (IOM) proposal, which would include the number of calories in the product, plus a 0 to 3 nutritional points score for added sugars, saturated fat, and sodium. Such a label would allow consumers “to quickly and easily identify nutrients of concern for overconsumption,” says the DGAC.

While supporting the FOP labeling concept, the report also notes that consumer research is needed to provide an evidence base to support the need for, and identify critical elements of, an FOP label. The DGAC believes this is “particularly important to support the Food and Drug Administration [FDA] in implementing a front-of-package labeling system.”

**Cholesterol**

Departing from previous Dietary Guidelines, the 2015 report declares that “[c]holesterol is not a nutrient of concern for overconsumption.” Indeed, “available evidence shows no appreciable relationship between consumption of dietary cholesterol and serum cholesterol,” says the DGAC. Given the lack of supporting evidence, the 2015 report drops the recommendation of previous Dietary Guidelines to limit cholesterol intake to 300 mg/day.

**Grains**

The 2015 report carries forward the recommendation of the 2010 Dietary Guidelines that half of all grain intake should come from whole grains. Based on its review of current dietary patterns, the DGAC concludes that “a major shift from refined to whole grains is needed in order to meet recommendations.”

According to the report, a healthy dietary pattern is higher in whole grains, in part because “inadequate intake of whole grains leads to underconsumption of several shortfall nutrients and nutrients of public health concern.” The report acknowledges that refined grains are commonly enriched with iron and B vitamins and fortified with folic acid, which is why the DGAC includes refined grains as part of its grain intake recommendation.

At the same time, the DGAC encourages reduced consumption of refined grains from current dietary patterns, because “products made with refined grains also may be a source of excess calories and added sugars.” The report notes that the food categories that make up 90% of all refined grain intake account for a significant portion of the added sugars, saturated fat, and sodium intake (28%, 47%, and 50%, respectively).

This association between refined grains and over-consumed nutrients (added sugars, saturated fat, and sodium) might explain why the report says the U.S. population should be “encouraged and guided” to eat a diet “rich” in whole grains and “low” in refined grains, yet also recommends
that refined grains may constitute half of all grain intake. Indeed, the report repeatedly associates refined grains with over-consumed nutrients, while grouping whole grains with fruits and vegetables.

In furtherance of its recommendations, the DGAC calls on the food industry to market and promote healthy foods, including whole grains. Specifically, the report states:

- Food manufacturers and restaurants should reformulate foods to make them higher in whole grains, fruits and vegetables, and lower in over-consumed nutrients and calories; and
- Restaurants should make healthy options the default choice. For example, whole wheat buns should be the default instead of refined grain buns.

Caffeine

The report draws a sharp distinction between coffee and so-called “high-caffeine drinks.” It recommends that moderate coffee consumption can be incorporated into a healthy lifestyle, along with other healthful behaviors. In contrast, the report recommends that vulnerable populations, including children and adolescents, limit their consumption of high-caffeine drinks until the safety of these drinks has been demonstrated, though this recommendation is based on what the DGAC characterizes as only “limited evidence” suggesting a link between high-caffeine energy drinks and adverse health outcomes.

Public Comment Period

Given the role the Dietary Guidelines are meant to play in shaping federal food and nutrition policy and regulation, the public is encouraged to provide comments on the DGAC’s report. Written comments are due April 8, 2015. In addition, there will be a public meeting on March 24, 2015, at which the public may provide comments. Registration for that meeting is expected to open on or about March 9, 2015.

If you have any questions concerning the material discussed in this client alert, please contact the following members of our Food & Drug practice group:

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