H. Res. 1118

In the House of Representatives, U. S.,

May 17, 2022.

Whereas obesity, type-2 diabetes, heart disease, cancer, and stroke are among the leading causes of death and disability nationwide and are inextricably linked to diet;

Whereas poor diet and nutrition have led to epidemic levels of obesity in America, with nearly 40 percent of adults currently obese and models projecting that nearly 60 percent of today's children will be obese by the age of 35;

Whereas nearly 10 percent of Americans suffer from type-2 diabetes and more than one-third have pre-diabetes, compared with less than 1 percent just 50 years ago, and these conditions can be prevented or reversed by the adoption of a healthy diet and an active lifestyle;

Whereas diet-related cancers are on the rise among young adult populations;

Whereas increasing rates of cardiovascular disease and diet-related cancers are contributing to the recent declines in life expectancy of the United States population;

Whereas the economic costs related to—

(1) diagnosed diabetes exceed $300 billion per year;

(2) obesity exceed $200 billion per year; and

(3) cancer care exceed $180 billion per year;

Whereas the Federal Government bears much of the cost of diet-related diseases as reflected by increased Medicare spending, which in 2019, totaled $800 billion, or more than 15 percent of all Federal spending;

Whereas in the next 10 years, Medicare spending is expected to exceed $1 trillion;

Whereas much of this increased Medicare spending is directly attributed to the rise of diet-related diseases, as 5 of the 8 most common conditions for the 60 million Medicare beneficiaries are diet-related, with one-third of Medicare spending alone devoted to diabetes-related costs;

Whereas the Federal Government also bears a substantial cost for training physicians who treat patients with diet-related diseases, particularly through graduate medical education as—

(1) Medicare dollars provide the single largest Federal direct funding source for graduate medical education (GME), including residency and fellowship programs, at an estimated $10.3 billion per year; and

(2) the Federal Government also matches the Medicaid funds that more than 44 States have elected to allocate to GME programs;

Whereas GME programs receiving Federal funding do not consistently include substantive curricular requirements or performance benchmarks relevant to diet or nutrition;

Whereas in the absence of Federal requirements, all levels of medical training are largely devoid of nutrition education for medical professionals—

(1) at the Undergraduate Medical Education (UME) level, medical schools devote on average only 19 hours to

nutrition science and diet over 4 years, or less than one percent of all lecture hours;

(2) at the GME level, requirements for nutrition curriculum and competency are limited or absent from the educational standards for key medical specialties, set by the accrediting body, the Accreditation Council for Graduate Medical Education (ACGME); and

(3) at the Continuing Medical Education (CME) level, no State requires physicians to take courses in nutrition and diet, though 37 States require training in other areas of medicine;

Whereas the lack of training in nutrition has contributed to a measurable deficiency in health professionals' knowledge of how diet and food relates to health; for example, only 10 percent of surveyed cardiologists report receiving more than minimal education in nutrition as part of their training;

Whereas medical professionals have cited the lack of nutrition education as a barrier to effectively counseling patients on diet and nutrition and knowing when to refer patients to nutrition professionals, and only 14 percent of surveyed primary care physicians report feeling adequately trained to offer nutrition guidance to their patients;

Whereas patients reasonably expect their physicians and certain health care specialists to be reliable sources of knowledge regarding nutrition and diet, and are unaware that their physicians may be ill-equipped to even begin to provide useful dietary advice or to make appropriate referrals to nutrition professionals; and

Whereas there exist numerous opportunities for policy interventions to include education related to nutrition and diet at every level of medical training, at the direction of ac-

crediting and testing bodies, State governments, and the Federal Government of the United States: Now, therefore, be it

Resolved, That it is the sense of the House of Representatives that the United States should—

(1) urge that medical schools, residency and fellowship programs, and other health professional training programs to incorporate meaningful nutrition education that demonstrates the connection between nutrition and disease, and develops the skills necessary to initiate meaningful nutrition interventions and referrals;

(2) support research intended to—

(A) assess the opportunity for nutrition education across healthcare professionals' training; and

(B) develop effective curricular interventions to ensure competency in nutrition for physicians and other health professionals;

(3) support the development and dissemination of best practices and curricular resources to medical schools, residency and fellowship programs, and health professional training programs to support introducing or expanding nutrition education; and

(4) raise awareness of the critical role that nutrition plays in the health of all patients and the responsibility of practicing physicians, health professionals, and healthcare administrators to assist in promoting healthy

choices; to offer patient education and counseling about nutrition.

Attest:

Clerk.