

April 28, 2020

Representatives Lucy McBath, Joseph P. Kennedy III, and Alma Adams  
U.S. House of Representatives  
Washington, DC 20515

Dear Representatives McBath, Kennedy, and Adams:

On behalf of the American Nutrition Association (ANA), I write in support of the bills you have introduced to address maternal mortality, especially for black mothers, that include an emphasis on the importance of nutrition. These bills, HRs 6132, 6143, and 6144, provide a pathway to improving the social determinants of health (SDOH) affecting women in the prenatal and postpartum periods.

### ***Background***

The ANA's Board for Certification of Nutrition Specialists<sup>SM</sup> (BCNS<sup>SM</sup>) is the foremost certifying body for advanced nutrition professionals. BCNS' Certified Nutrition Specialist<sup>®</sup> (CNS<sup>®</sup>) certificants earn an advanced degree in nutrition or clinical healthcare, complete a robust nutrition science curriculum, perform 1000 hours of documented nutrition practice experience, and pass BCNS' rigorous Certification Examination for Certified Nutrition Specialists.

The CNS certification is fully accredited by the National Commission for Certifying Agencies, the preeminent accrediting organization for certifying programs, which is the same accreditation held by the Registered Dietitian (RD) credential. The CNS certification is also listed by the US Department of Labor as an advanced nutrition credential in the definition of the "Dietitians and Nutritionists" profession in the Occupational Outlook Handbook of the Bureau of Labor and Statistics.<sup>i</sup>

CNSs practice medical nutrition therapy and nutrition more broadly with patients and clients across the lifespan, working to restore or maintain optimal health. Many CNSs focus on preconception, prenatal, and perinatal health to help mothers prepare for a healthy delivery and baby.

Each of these bills complement each other and provide a path to improve maternal and child health outcomes, especially for minority and underserved women. Because we know that nutrition is the single biggest determinant of health, we appreciate the inclusion and focus on nutrition as a social determinant of health.

***HR 6132: Social Determinants for Moms Act of 2020***

We applaud this bill's call for state Medicaid programs to address and pay for nutrition counseling. Too often, Medicaid programs do not cover nutrition benefits, or cover them only for limited populations and for limited health conditions. Pregnant mothers and their children deserve to receive nutrition counseling to promote healthy outcomes for mother and baby.

We also appreciate the extension of Women, Infant, and Children (WIC) program benefits to ensure that women in the postpartum period have greater support for their nutritional needs, which contributes to better outcomes for breastfed babies.

The Grant Program for Healthy Food and Clean Water for Pregnant and Postpartum Women is another excellent way to reduce disparities in nutrition for women living in food deserts who are at higher risk for poor nutritional status.

In implementing the grants to public health departments to address SDOH, we encourage Congress to direct the Secretary to ensure that any qualified nutrition provider be deemed eligible to provide these services, building on the recognition that there are numerous types of nutrition providers qualified to counsel and serve pregnant women and other Americans.

***HR 6143: Moms MATTER Act of 2020***

This bill provides valuable steps toward its stated goal to “improve maternal mental and behavioral health outcomes with a particular focus on outcomes for minority women, and for other purposes.”

We thank you for your recognition of the need to include perinatal health providers in the Maternal Mental and Behavioral Health Task Force, including nutritionists. CNSs

and other nutritionists provide a valuable expertise that can help give greater understanding to the ways we can support mothers' and babies' nutritional needs to improve outcomes. Including nutritionists is vital to ensure that the national strategy developed by this task force is comprehensive and robust.

### ***HR 6144: Kira Johnson Act***

We appreciate that this bill would provide for investments in community-based organizations and other programs and initiatives to prevent maternal mortality and morbidity, especially for Black women.

CNSs and other nutritionists work in communities to improve nutrition status to help pregnant women and others lead happier, healthier lives. This bill would invest in delivering training to providers in cultural competence and congruence, and accordingly result in more effective care.

### ***Cost-Effectiveness of Nutrition***

Nutrition care is immensely cost-effective. Further, the four primary causes of maternal mortality (preeclampsia, hemorrhage, obstructed labor, and infection) may be amenable to nutrition interventions.<sup>ii</sup>

The total cost of one of these leading causes of maternal mortality, preeclampsia, to the country's healthcare system is estimated at \$2.18 billion per year. "The incidence of preeclampsia is rising, in part, because of recent trends to delay pregnancy to a later age and the increased rate of obesity in pregnant women in the United States."<sup>iii</sup> Preventive measures such as prenatal dietary counseling could reduce the lifestyle factors leading to this condition and ultimately reduce the incidence of this devastating driver of maternal mortality and health care costs.

A 2010 National Alliance for Nutrition and Activity report aiming to quantify the benefit of healthy nutrition suggested that eating healthfully could save at least \$87 billion per year in medical costs, lost productivity, and lost lives.<sup>iv</sup> Given what we know about the impacts of poor nutrition and obesity on maternal health, it is possible that increased investment and attention to the nutrition of pregnant mothers could help

lower the financial toll that poor nutrition has taken on our country's health care costs.

### *Conclusion*

The American Nutrition Association again thanks you for bringing forth these valuable pieces of legislation. We stand ready to assist you in carrying out the bill's goals. Please contact us if we can be of further assistance.

Thank you,

Brittany Dawn McAllister, MPH  
Director of Legislative and Regulatory Affairs

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<sup>i</sup> United States Department of Labor, Bureau of Labor Statistics. December 2015. Occupational Outlook Handbook, Dietitians and Nutritionists. <http://www.bls.gov/ooh/Healthcare/Dietitians-and-nutritionists.htm#tab-4>

<sup>ii</sup> Christian, P. (2002). Maternal nutrition, health, and survival. *Nutr Rev*, 60(5 Pt 2), S59-63. doi:10.1301/00296640260130759

<sup>iii</sup> Stevens, W., Shih, T., Incerti, D., Ton, T. G. N., Lee, H. C., Peneva, D., . . . Jena, A. B. (2017). Short-term costs of preeclampsia to the United States health care system. *American Journal of Obstetrics & Gynecology*, 217(3), 237-248.e216. doi:10.1016/j.ajog.2017.04.032

<sup>iv</sup> Pokress BH. National Alliance for Nutrition and Activity. National health priorities: reducing obesity, heart disease, cancer, diabetes, and other diet- and inactivity-related diseases, costs, and disabilities. 2010. [https://cspinet.org/sites/default/files/attachment/cdc\\_briefing\\_book\\_fy10.pdf](https://cspinet.org/sites/default/files/attachment/cdc_briefing_book_fy10.pdf).