Child Nutrition Programs:

Revisions to Meal Patterns Consistent With the 2020 Dietary Guidelines for Americans

Submit comments [here](https://www.federalregister.gov/documents/2023/02/07/2023-02102/child-nutrition-programs-revisions-to-meal-patterns-consistent-with-the-2020-dietary-guidelines-for#open-comment) by 04/10/2023 at 11:59 pm EDT.

On February 7th 2023, the U.S. Department of Agriculture (USDA) issued a proposed rule, titled [*Child Nutrition Programs: Revisions to Meal Patterns Consistent With the 2020 Dietary Guidelines for Americans*](https://www.federalregister.gov/documents/2023/02/07/2023-02102/child-nutrition-programs-revisions-to-meal-patterns-consistent-with-the-2020-dietary-guidelines-for)*.* The rule proposes several key changes to the National School Lunch Program and School Breakfast Program meal patterns.

USDA is seeking public comment on the rule. Organizations and individuals are encouraged to submit comment. **Commenting is not considered a lobbying activity.**

Below is a sample comment for you as an individual commenter or your organization to modify. While making it clear that the comment is in strong support of the proposed rule, as an individual or as an organization you may choose to focus on a specific part(s) of the proposed rule that are within your focus area(s). **We strongly encourage you to revise the comment to be in your own words.**  Start by describing your particular interest in the issue and relevant expertise. Add other relevant research and data to support your claims.

NOTE: USDA appreciates hearing from individuals with lived experience. If your organization is assisting individuals in comment submission, comments might include the following: connection to the issue, why it matters to them, experience that leads them to support the proposed rule. As an example of a simple individual comment, “I have two children who eat school meals every day. I support the new nutrition rules because I want my kids to eat healthy at school. I am especially concerned about \_\_\_\_\_\_\_\_\_ because \_\_\_\_\_\_\_. The new rule will help. Thank you for letting me voice my opinion.”

For more tips, see [Tips for Submitting Effective Comments](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fs3.amazonaws.com%2Fprod-regulations-faq%2Fpdf%2FTips-For-Submitting-Effective-Comments.pdf&data=05%7C01%7C%7C04dfacc1d0c84b149d2608db10fccca0%7Ced5b36e701ee4ebc867ee03cfa0d4697%7C0%7C0%7C638122450182948979%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=QAn0T8we1PPJC6DK%2BssQMdlspYN1V4fIM1FdjQH6u7s%3D&reserved=0) (from Regulations.gov).

If you have any questions about this model comment or the rule, please contact Meghan Maroney at [mmaroney@cspinet.org](mailto:mmaroney@cspinet.org).

**Date**

School Programs Branch

Policy and Program Development Division

Food and Nutrition Service

1320 Braddock Place, 4th Floor

Alexandria, Virginia 22314

**Re: Docket No. FNS-2022-0043; Child Nutrition Programs: Revisions to Meal Patterns Consistent With the 2020 Dietary Guidelines for Americans**

<Your Organization Name> submits these comments in support of the U.S. Department of Agriculture’s (USDA) “Child Nutrition Programs: Revisions to Meal Patterns Consistent With the 2020 Dietary Guidelines for Americans” proposed rule (88 FR 8050), which would strengthen school nutrition standards.

<Describe your organization and your interest in healthy school meals>

The proposed standards strive to align school meal requirements with the 2020-2025 Dietary Guidelines for Americans (DGA), as is required by the Healthy, Hunger-Free Kids Act of 2010 which “requires that school meals reflect the latest Dietary Guidelines for Americans.”[[1]](#footnote-2) Most notably, the proposed standards will reduce added sugars in school meals, decrease allowable amounts of sodium, and emphasize inclusion of whole grains. The School Breakfast Program (SBP) and National School Lunch Program (NSLP) administered by the USDA are cornerstone federal nutrition assistance programs. School meals are one of the healthiest sources of foods for school-age children, which is significant as some children receive up to half of their daily calories at school.[[2]](#footnote-3) In 2012, USDA followed requirements from the Healthy, Hunger-Free Kids Act (HHFKA) to update school meal nutrition standards for the first time in several decades, which successfully improved the nutritional quality of school meals and increased the amount and variety of fruits, vegetables, and whole grain-rich foods offered in school meals. Despite the success of the 2012 standards, the USDA rolled back requirements on sodium, whole grains, and flavored milk in 2018.[[3]](#footnote-4) That 2018 rule was widely opposed by the public[[4]](#footnote-5) and invalidated by a federal court in 2020 over a lack of notice on key provisions.[[5]](#footnote-6) In 2022, the USDA issued Transitional Standards, which provided necessary flexibility to school food authorities (SFAs) for SY 2022-2023 and SY 2023-2024 as schools respond to and recover from the COVID-19 pandemic.[[6]](#footnote-7)

Setting strong nutrition standards for school meals is especially important for the more than 29 million school-age children receiving school lunches, and the 15 million children receiving school breakfasts.[[7]](#footnote-8) [[8]](#footnote-9) This proposed rule prioritizes children’s nutrition and health, and if implemented, will improve the nutrition quality of meals for millions of [children](https://healthyeatingresearch.org/wp-content/uploads/2023/02/HER-HIA-Executive-Summary-FIN.pdf).

Healthy Eating Research conducted a Rapid Health Impact Assessment (HIA) to understand the potential impacts of aligning the school meal nutrition standards with the 2020-2025 DGA on nutritional quality of school meals, school meal participation, student dietary consumption, students’ health and wellbeing, and academic performance. The evidence reviewed for the Rapid HIA suggests that aligning school meal nutrition standards with the DGA will improve the healthfulness of foods and beverages served and sold in school, increase participation in school meals, which can lead to increased food service revenue and increased food security, and likely improve children’s academic performance.[[9]](#footnote-10)

**NUTRITION UPDATES**

**<Your Organization Name> strongly supports the USDA’s proposals to limit added sugars in school meals.** There is extensive research linking consumption of added sugars to myriad diet-related chronic diseases, including obesity,[[10]](#footnote-11) metabolic diseases including type 2 diabetes and fatty liver disease,[[11]](#footnote-12) cardiovascular disease,[[12]](#footnote-13) and dental decay.[[13]](#footnote-14) [[14]](#footnote-15)

Since 2015, the DGAs have recommended limiting added sugar to less than 10% of total daily caloric intake, yet children and adults of all ages exceed this daily limit. Added sugars account on average for almost 270 calories, or more than 13% of total calories, per day in the U.S. population.[[15]](#footnote-16) Nearly 70% of added sugars in the U.S. diet comes from five food categories: sweetened beverages (24%), desserts and sweet snacks (19%), pre-sweetened coffee and tea drinks (11%), candy and sugars (9%), and breakfast cereals and bars (7%).[[16]](#footnote-17) Among younger children ages 2 to 5 years and 6 to 11 years, the leading sources of added sugars are sweetened beverages, sweet bakery products, candy, other desserts, and ready-to-eat cereals.[[17]](#footnote-18) Flavored milk is the sixth leading source of added sugars among both age groups. Because so many children consume flavored milk at school, and because it is offered so frequently, in the aggregate it is the largest source of added sugars in school meal programs.

Two recent studies using data from The School Nutrition and Meal Cost Study (SNMCS), a nationally representative study of the school meal environment, assessed the availability and consumption of added sugars during the school day.[[18]](#footnote-19),[[19]](#footnote-20) These studies found that 92% of school breakfasts contained 10% or more of calories from added sugars, as did 69% of lunches. Additionally, both studies found that, in the aggregate, the main source of added sugars in both school breakfasts and school lunches was flavored fat-free milk. Flavored skim milk contributed 29% of the added sugars in school breakfasts and almost half (47%) of the added sugars in school lunches. Fox and colleagues found that, over 24 hours, 63% of children exceeded the DGA recommended limit for added sugars. These findings demonstrate the prevalence of added sugars in the school meal environment and in children’s diets, and support the need for establishing an added sugar standard for reimbursable school meals in alignment with the most recent DGA recommendations.

Recent research suggests that parents will be supportive of a limit on added sugars in their children’s school meals. A 2022 survey of 1,110 parents and guardians of California’s K-12 public school students, in a sample selected to reflect the race and ethnicity, and free and reduced-price meal eligibility (FRMP) of the state’s K-12 public school student population, found that overall, over one-third of respondents were concerned about the amount of added sugars in school meals[[20]](#footnote-21). A community-based participatory research study performed during the pandemic with Latino parents in California’s San Joaquin Valley also revealed concern about excessive amounts of added sugars with parents stating, for example:

“Children cannot sustain themselves on treats that give pure sugar. They [SFAs] give for the morning bars and cereal that are full of sugar.”

“The cereal is too sweet.”[[21]](#footnote-22)

<ORGANIZATION> applauds the USDA’s proposed added sugar limits which will reduce the amount of added sugar made available in the school lunch and breakfast programs. Further, <ORGANIZATION> supports both the product-based limits and weekly dietary limits as written.

Research suggests that in addition to flavored milks, sweetened cereals, muffins and sweet/quick breads (which are all addressed in this proposed rule by product-specific limits), condiments and toppings are a major source of added sugars in school meals. To better support SFAs in meeting the per-meal requirement, the USDA could set a standard limiting the added sugars in condiments and toppings, since it is a top source of added sugars in school meals.

[*optional addition: artificial sweeteners*]

The use of artificial sweeteners remains controversial and little research has been done on young children, however, there are numerous studies linking artificial sweeteners (also known as non-nutritive sweeteners) to a variety of health risks.[[22]](#footnote-23) [[23]](#footnote-24) [[24]](#footnote-25) [[25]](#footnote-26) [[26]](#footnote-27) Therefore, although we recognize that the Food and Drug Administration (FDA) has oversight of the use of artificial sweeteners, **<Your Organization Name>** strongly recommends that USDA include language in the rule that would prevent product reformulations that use artificial sweeteners in place of added sugars. Although according to a 2021 analysis by the Center for Science in the Public Interest (CSPI), most products from major K-12 companies at the time of analysis did not contain four artificial sweeteners of concern: sucralose, saccharine, aspartame, or acesulfame potassium.[[27]](#footnote-28) Dietary intervention studies on the health effects of the many different low and no calorie sweeteners are needed, and in particular, neutral independent studies on child health risks funded by government, rather than industry.[[28]](#footnote-29)

**<Your Organization Name> supports USDA’s efforts to encourage whole grains, and**

[*optional, strongly encouraged*] **urges the USDA to strengthen the whole grain-rich requirement in school meals to 100% of grains.**

The 2020 DGA recommends that at least half of grains consumed be whole.[[29]](#footnote-30) According to the USDA, eating more whole grains is associated with reduced risk of heart disease and is a healthful source of fiber.[[30]](#footnote-31) Whole grain consumption is associated with reduced risk of cardiovascular disease, type 2 diabetes, and other chronic diseases.[[31]](#footnote-32)

The majority of U.S. children ages 5 to 18 do not meet the recommended intake for whole grains and exceed the recommended limit for refined grains.[[32]](#footnote-33) Prior to the 2018 rollbacks to the school meal nutrition standards, less than 15% of SFAs requested a whole grain- rich waiver, demonstrating that the majority of SFAs were successfully implementing the science-based standard.[[33]](#footnote-34) Regardless, in 2018, USDA halved the amount of whole grains required in school meals, from the DGA-aligned standard requiring 100% of grains to be whole grain-rich to a standard of 50%.[[34]](#footnote-35)

The effects of the rollback rule coupled with the pandemic and resulting supply chain disruptions are still evident. The weakened standards removed the incentive for companies to continue to perfect their whole grain-rich K-12 products and opened the door to reintroducing enriched products to the K-12 market. Anecdotally, we’ve heard from school districts that have had to stop offering some of their well-accepted whole grain-rich products because they were no longer carried by manufacturers. A 2023 study funded by CSPI found that many students who eat both school breakfast and lunch are likely consuming less than half the recommended levels of fiber from school meals.[[35]](#footnote-36)

*For organizations urging USDA to go further than the rule proposes:*

Flexibilities during the pandemic were needed, but now the USDA should set a clear message that children’s health comes first by requiring 100% of grains be whole grain-rich. Similarly, we encourage the USDA to maintain the whole grain-rich requirement in the definition of an entree under Smart Snacks to maintain consistency with the quantitative recommendations of the DGA and ensure students not consuming the full reimbursable meal but purchasing entrees a la carte are still receiving whole grains.

We recognize that a phase-in period may be necessary for industry and school districts to reorient to stronger standards, yet the historical success of this standard is evidence of its feasibility. According to CSPI’s research in 2021, in 13 of 18 product categories with creditable grains assessed, every company in the report offered ≥ 75% whole grain rich products. In 15 of the 18 categories, there was at least one company that offered whole grain-rich grains exclusively.[[36]](#footnote-37) According to SNMCS, for combination lunch entrées, SFAs provided the whole-grain-rich versions of all types of combination entrées in all grades more frequently on daily lunch menus than non-whole-grain-rich versions (except for *mixtures with meats/meat alternates and vegetables*).[[37]](#footnote-38) SFAs and industry have been successful in meeting a DGA-aligned standard and they can do so again.

**<Your Organization Name> applauds the USDA’s commitment to reducing sodium in school meals and**

[*optional, strongly encouraged*] **urges the USDA to strengthen the proposed sodium limits to fully align with the most recent DGA.**

We appreciate USDA’s continued focus on the need to reduce sodium in school meals. The proposed reductions are a good next step and will help lower sodium intake in children

[*For organizations urging USDA to go further than the rule proposes*] but the final limits do not go far enough. USDA should revise the proposed reductions to fully align with the quantitative recommendations in the most recent DGA.

The DGA recommends that children ages 4-8 years limit sodium intake to <1,500mg a day, <1,800mg for children 9-13, and <2,300mg for children 14-18. These limits are based on the 2019 National Academies of Sciences, Engineering, and Medicine (NASEM) Dietary Reference Intake report for sodium. The NASEM found that exceeding these limits, known as Chronic Disease Risk Reduction Intakes (CDRR), “increase the risk of chronic disease in the population.”[[38]](#footnote-39) Unfortunately, nine out of 10 children consume sodium at levels far above the recommended limits. According to the DGA, children 4-8 years consume, on average, between 2,525mg-2,785mg of sodium per day.[[39]](#footnote-40) Those numbers increase to 3,030mg-3,451mg for children 9-13 years and 2,875mg-3,888mg for children 14-18 years – all substantially higher than the CDRR amount.[[40]](#footnote-41) In a 2014 nationally representative poll conducted by The Pew Charitable Trusts, the Robert Wood Johnson Foundation, and American Heart Association found that 75% of parents think salt should be limited in [school] meals.[[41]](#footnote-42)

*For organizations urging USDA to go further than the rule proposes:*

Under the proposed rule, the average sodium intake for children will continue to exceed the recommended limit. For example, an elementary school lunch could contain up to 810 mg of sodium after the third sodium reduction occurs in 2029. That represents more than half (54%) of the daily sodium limit for 5-8-year-olds from lunch alone. School breakfast could provide an additional 435mg or 29% of the daily limit for that age group. That means children up to age 8 could consume 83% of their daily sodium limit at breakfast and lunch, leaving just 17% for dinner and snacks. This would make it extremely difficult for children to meet the DGA recommendations for sodium.

This is concerning because excess sodium consumption places children at increased risk of developing elevated blood pressure at an early age. Children with high sodium diets are approximately 36% more likely to have elevated blood pressure than children with lower sodium diets.[[42]](#footnote-43) Having elevated blood pressure increases the risk of developing high blood pressure and carrying that into adulthood, and increases the risk for heart attack, stroke, kidney disease, and premature death.[[43]](#footnote-44), [[44]](#footnote-45) According to a 2018 report from the Centers for Disease Control and Prevention, approximately one in seven youth between the ages of 12-19 years already have elevated blood pressure or hypertension.[[45]](#footnote-46)

We urge USDA to adopt strong sodium standards that fully align with the quantitative recommendations in the DGA. To do this, USDA should develop new final limits based on the CDRR amounts, using the same process developed by the NASEM in the *School Meals: Building Blocks for Healthy Children* report. The final sodium reduction limits should be set at 21.5% of the CDRR for breakfast and 32% of the CDRR for lunch:

**Recommended Final Sodium Limits**

|  |  |  |  |
| --- | --- | --- | --- |
| Breakfast | | Lunch | |
| K-5 | <340\* | K-5 | <510\* |
| 6-8 | <390 | 6-8 | <580 |
| 9-12 | <500 | 9-12 | <740 |

\* Limits for K-5 are slightly higher than 21.5% and 32% of the CDRR

because this group spans two different Dietary Reference Intake groups.

To help SFAs achieve these new final limits, USDA could revise the proposed sodium reductions (two for breakfast and three for lunch) to require a larger percent reduction between limits. For example, for school lunch, USDA could require reductions of 15-20% each in 2025, 2027, and 2029 instead of 10% as currently proposed. Alternatively, USDA could extend the sodium timeline, such as adding a third reduction for breakfast and a fourth reduction for lunch. Or, USDA could adopt a combination of these two approaches.

SFAs can – over time – meet sodium limits that fully align with the Dietary Guidelines. SFAs have already made significant progress. The SNMCSfound that in SY 2014-15, the average school lunch was already well below the required Target 1, while the average school breakfast was meeting Targets 1 and 2 and was very close to meeting Target 3.[[46]](#footnote-47) A more recent 2023 study found that, even during the pandemic, sodium decreased in breakfast and lunch between 2019 and 2022, and that the vast majority of school menus were compliant with Target 1 and Interim Target 1A and were close to or already meeting Target 2.[[47]](#footnote-48) SFAs that reached Target 2 have *already* lowered sodium to levels at or lower than the first sodium reduction limit proposed for 2025. CSPI’s 2021 School Meals Corporate Report Card also found that products from all major food manufacturers in the K-12 market already met or were very close to meeting Target 2 at lunch.[[48]](#footnote-49)

USDA can help SFAs build on this progress and meet stronger sodium standards. We strongly support USDA’s plan to provide technical assistance, share innovative ideas and best practices, provide grants to small or rural SFAs, and encourage collaboration with the food industry. The Healthy Meals Incentive Initiative, along with kitchen equipment grants, Team Nutrition, and the Institute of Child Nutrition are valuable resources for SFAs. We encourage USDA to also focus on providing targeted technical assistance that delivers more intensive and personalized training for those programs that may still have difficulties lowering sodium.

We support USDA’s plan to recommend sodium limits for certain products. USDA should focus on those products that are the top sources of sodium in school meals according to the *2019 School Nutrition and Meal Cost Study*.[[49]](#footnote-50)

**<ORGANIZATION> applauds the USDA’s continued support of and emphasis on offering a variety of fruits and vegetables.**

After the passage of HHFKA, a study from the Harvard School of Public Health found that the new meal standards, which required the selection of a fruit or vegetable and increased the portion sizes of fruits and vegetables, significantly increased fruit and vegetable consumption compared to before the standards were implemented.[[50]](#footnote-51)

New data published from the Centers for Disease Control and Prevention highlights how important maintaining fruit and vegetable requirements are in the child nutrition programs, including the Child and Adult Care Food Program (CACFP).[[51]](#footnote-52) Questionnaires conducted between June 2021 and January 2022 in 20 states found that among responses from caregivers of children aged 1-5 years old, 32.1% of children did not eat a fruit at all during the day and 49.1% did not eat a vegetable at all during the day. Disparities existed widely within the results showing that consumption of fruits and vegetables differed by race and ethnicity, age, and household food sufficiency. Most notably, not eating a fruit or vegetable daily was highest among non-Hispanic Black children and lowest among non-Hispanic White Children. Child nutrition programs, including CACFP, NSLP, SBP, and others, are critical to closing this consumption gap of fruits and vegetables.

Research published in 2021 that examined diet quality among U.S. children from 2003-2018 found that after the passage of HHFKA, which mandated an additional cup of fruits and vegetables per day, diet quality improved significantly and equitably across subgroups.[[52]](#footnote-53) Additionally, by 2017-2018, the food that children consumed at school had the highest quality followed by food from grocery stores.

**<Your Organization Name> strongly supports the USDA’s proposal to expand geographic preference to allow locally grown, raised, or caught as procurement specifications for unprocessed or minimally processed food items.**

Feedback from child nutrition operators was overwhelmingly supportive for this provision in the proposed rule. Under current procurement rules, smaller food producers have a harder time competing against larger distributors. With the "local" provision, school systems will have the option to designate and/or require that food items, such as locally grown fruits/vegetables, be produced locally in the bid specification. This will give those local producers an opportunity to be competitive in the bid process. Local food systems have multiple economic benefits: smaller producers keep more of the food dollar when selling to direct markets, and they are more likely to purchase supplies from the surrounding area, continuing to stimulate the local economy. During the COVID school closures and ensuing supply chain challenges, school nutrition departments that had pre-existing relationships with local suppliers reported fewer supply chain disruptions and more reliable product availability.

**Impacts on Health Equity**

Child nutrition programs, such as NSLP, are critical to addressing health disparities among communities of color who continue to experience disproportionately high rates of food insecurity.

Access to nutritious school meals is particularly important for Black and Latino children in families experiencing food insecurity and diet-related diseases.Recent Census Bureau data show that 23% of Black households with children and 21% of Latino households with children experienced food insufficiency in February 2023, compared to 10% of non-Hispanic White households with children.[[53]](#footnote-54) These rates are mirrored in child obesity rates, where Black (22.9%) and Latino (22.4%) children experience obesity at nearly twice the rate of White children (13%).[[54]](#footnote-55) Research also demonstrates that participation in school meal programs is associated with a 14% reduction in the risk of food insufficiency among households with at least one child receiving free or reduced-price lunch.[[55]](#footnote-56)

Updates to school meal nutrition standards are important tools in addressing health disparities and advancing nutrition security among communities of color. USDA research indicates that Black and Latino children participate in school meal programs at higher rates than White children.[[56]](#footnote-57) Improving the nutritional quality of school meals by following evidence-based nutrition standards will advance child health and promote student success.

**Technical Assistance and Training**

We applaud the USDA’s investment in healthier school meals through the $100 million Healthy Meals Incentive Program. Of that, $30 million is available for small and rural schools and $50 million will go toward working with food manufacturers on innovative solutions to increase the availability of nutritious school foods. Congress has also increased technical assistance funding each year for the past three fiscal years (FY) ($1 million in FY 2021; $2 million in FY 2022 and 2023), with $1 million of that funding being directed to assist with sodium reduction efforts in FY 2022-2023. The HMI program, TA funding from Congress, and this rulemaking together present an opportunity to double down on the Agency’s commitment to addressing nutrition insecurity by incentivizing and providing critical support and direction toSFAs to meet strong evidence-based nutrition standards aligned with the DGA.

To assist school districts in meeting these stronger nutrition standards, <ORGANIZATION> recommends USDA reiterate the importance of evidence-based nutrition standards to both SFAs and industry through the Healthy Meals Incentive Program, and provide technical assistance on meeting the nutrition standards through this initiative. Additionally, we encourage USDA to coordinate with state agencies to provide robust, tailored technical assistance to SFAs.

**Reporting**

As part of this effort, the USDA must regularly report to Congress and the public on technical assistance efforts, particularly on sodium, whole grain-rich grains, and added sugars. This should include progress by schools to meet the standards and efforts by the USDA to work with industry to provide products that meet the standards. The USDA must also report the compliance with the nutrition standards, which was last publicly posted in 2016, after years of updating these figures quarterly.

**Best Practices**

Improving nutritional standards of school meals will most effectively benefit the nutritional status of school-aged children when participation and consumption is maximized. Initiatives and policies that have demonstrated increased meal consumption include providing children with choices in their meal selection, offering pre-sliced or a mix of pre-sliced and whole fruit, limiting availability of competitive foods, and improving the palatability and cultural appropriateness of foods offered.[[57]](#footnote-58) Additional policy measures that have increased consumption at meal times include lengthening lunch periods and scheduling recess before lunch. Both policies help to improve focus in the classroom and more closely align with hunger and satiety cues by including physical activity and allowing ample time for consumption.[[58]](#footnote-59)

The success of Healthy School Meals for All demonstrates the value of access to school meals. Healthy School Meals for All, also known as universal free school meals, provides all enrolled children in a school operating the National School Lunch or School Breakfast Programs a free breakfast and/or lunch, regardless of their family’s income. Recent research has shown that offering free meals to every student improves access to nutritious school meals and improves equity by eliminating barriers such as filling out meal applications and income-eligibility cut-offs. A systematic review found that universal free school meals increases school meal participation, improves diet quality and attendance, and reduces food insecurity.[[59]](#footnote-60) With school breakfast and lunch being the healthiest source of meals for school-age children, strategies that increase equitable access to nutritious, appealing school meals for all children should be prioritized.

**Conclusion**

In conclusion, we support the USDA’s proposed nutrition standards that will improve the nutritional quality of school meals. We encourage the USDA to further strengthen the standards for sodium and whole grains, and urge the USDA to work closely with the food industry and continue to provide training and technical assistance in meeting these standards.

Thank you for the opportunity to provide comment on the proposed rule.

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3. 83 Fed. Reg. 63775. Child Nutrition Programs: Flexibilities for Milk, Whole Grains, and Sodium Requirements. [↑](#footnote-ref-4)
4. 83 Fed. Reg. 63775. Child Nutrition Programs: Flexibilities for Milk, Whole Grains, and Sodium Requirements. [↑](#footnote-ref-5)
5. *CSPI v. Perdue*, 438 F. Supp. 3d 546 (D. Md. 2020). [↑](#footnote-ref-6)
6. 87 FR 6984. Child Nutrition Programs: Transitional Standards for Milk, Whole Grains, and Sodium [↑](#footnote-ref-7)
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