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UNITED STATES
HOUSE OF REPRESENTATIVES

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3RD DISTRICT, CONNECTICUT

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The Honorable Margaret Hamburg
Commissioner
U.S. Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20852-1750

Re: Food Labeling: Revision of the Nutrition and Supplement Facts Labels; Docket No. FDA-2012-N-1210

Dear Commissioner Hamburg:

As you are aware, I have been a longtime advocate of more acute and consumer friendly food labeling to ensuring that consumers have the information they need to make informed and healthful decisions. While I am pleased that the proposed Nutrition Facts Label has been redesigned to make amount of servings per container and calories more prominent and to include a separate line for added sugars; I urge FDA to go further by specifying a Daily Value for added sugars, amounts of added sugar in teaspoons in addition to grams, and requiring that added sugars be grouped together in the ingredients list. Taking these steps will move us further forward in assisting consumers in making healthier choices, which will help us combat the alarming obesity and diabetes epidemics that our country faces.

According to a study, from 2003–2006, added sugars (sugar, high-fructose corn syrup, etc.) provided about 14 percent of total calories for the average American, and 25 percent or more of calories for over 36 million Americans.ⁱ Additional data from the National Health and Nutrition Examination Survey (NHANES) 2007-2008 and U.S. Department of Agriculture (USDA) average per-capita loss-adjusted food availability data from 2012, showed that on average Americans consumed between 18 and 23 teaspoons (about 300 to 390 calories worth) of added sugars per day.^{ii,iii}

The main sources of added sugars are nutrient-poor foods, including cakes, cookies, candies, dairy desserts, and sugar-sweetened beverages (SSB) such as soda, energy drinks, sports drinks, and fruit drinks. Excessive added sugars intake, particularly from SSB – the largest source of added sugars in Americans' diets – increases the risk of obesity, diabetes, cardiovascular disease, and metabolic syndrome.^{iv,v} Americans consuming diets that are high in added sugars, tend to also consume a lower variety of vitamins and minerals, including calcium, vitamin A, iron, and zinc.^{vi} Consuming foods high in added sugars also makes it difficult to meet nutrient needs and stay within calorie limits. In contrast, foods high in natural sugars, such as fruits and dairy products, are often rich in other nutrients.

While including a separate line for “Added Sugars” is an important first step toward providing consumers the information necessary to make informed dietary choices, FDA also needs to make this information useful by providing the context of a Daily Reference Value (DV). In its proposal, the FDA states that there is no “quantitative sound scientific basis” to establish a Daily Reference Value for added sugars.^{vii} However, the World Health Organization and the American Heart Association have made recommendations for daily limitations for added sugars. I urge FDA to convene a working group to examine the science and establish a Daily Reference Value for added sugars.

DV’s are an essential tool for consumer comprehension and use of nutrition information. In its proposal, FDA notes:

Section 2(b)(1)(A) of the 1990 amendments mandated that FDA regulations implementing section 403(q) of the FD&C Act require that nutrition labeling must be conveyed to the public in a manner which enables the public to readily observe and comprehend such information and to understand its relative significance in the context of a total daily diet. **In particular, the percent DV of a nutrient present in food is declared on food labels to help consumers understand the relative significance of nutrition information in the context of a total daily diet, compare the nutritional values of food products, and to plan general diets. We also noted that the percent DV information advises the consumer how much of a recommended intake of that nutrient is provided by the food.** See 79 F.R. 11880, 11887 (*Emphasis added; citations omitted.*).

To provide needed context for an acceptable intake of added sugars, FDA should specify a DV for added sugars and require the percent DV on the added sugars line so it is made clear to consumers that added sugars should be limited. People who consume an average amount of added sugar equivalent to one 20-ounce soda per day are 30 percent more likely to die from a heart attack over 15 years.^{viii} People who consume the added sugar equivalent of at least 2-3 20-ounce sodas per day are 2.75 times more likely to die from a heart attack.

As the agency makes clear, the rationale for inclusion of added sugars on the label is grounded in FDA’s concern for overall dietary health:

Our review [of the information related to added sugars] is not based on the factors we have traditionally considered for mandatory declaration that are related to chronic disease, health-related condition, or health-related physiological endpoint linked to the particular nutrient. Instead, **our review is based on the need for nutrient information for consumers to implement key dietary recommendations to assist consumers to maintain healthy dietary practices and the need for consumers to be able to readily observe and comprehend the information and to understand its relative significance in the context of a total daily diet.** See 79 F.R. at 11880, 11891 (*Emphasis added.*).

In addition, to specifying a DV for added sugars, FDA should revise the ingredients list on the Nutrition Facts label to group together all added sugars (e.g., “Sugars (sugar, high-fructose corn syrup, agave syrup)”). Consumers should not have to wade through a list of ingredients to

understand the abundance of added sugars in food products. Grouping added sugars will help consumers easily identify sources of sugar in their diet.

Finally, FDA should also make “added sugars” more understandable to the average consumer by expressing the amounts in “teaspoons” as well as grams. Few Americans use metric measures in their everyday lives, while the normal cooking and baking measurements of teaspoons, tablespoons, and cups are second nature to them.

FDA is to be applauded for taking this first, critical step by proposing a separate “Added Sugars” line to the Nutrition Facts panel, but it needs to complete the job by giving consumers the necessary context and easy-to-understand information to make truly informed choices that will affect their health for years to come.

Sincerely,


Rosa L. DeLauro
Member of Congress

ⁱ Marriott BP, Olsho L, Haddad L, *et al.* “Intake of added sugars and selected nutrients in the United States, National Health and Nutrition Examination Survey (NHANES) 2003–2006,” *Crit Rev Food Sci Nutr* 2010, vol. 50, pp. 228-58.

ⁱⁱ Welsh JA, Sharma AJ, Grellinger L, *et al.* “Consumption of added sugars is decreasing in the United States,” *Am J. Clin. Nutr* 2011, vol. 94, pp. 726-34.

ⁱⁱⁱ U.S. Department of Agriculture, Economic Research Service. Food Availability (Per Capita) Data System. Available at <http://www.ers.usda.gov/data-products/food-availability-%28per-capita%29-data-system.aspx#.U1fvM1dVYdN>. Accessed April 23, 2014.

^{iv} Malik VS, Popkin BM, Bray GA, *et al.* “Sugar-sweetened beverages, obesity, type 2 diabetes mellitus, and cardiovascular disease risk,” *Circulation* 2010, vol. 121, pp. 1356-64.

^v Malik VS, Popkin BM, Bray GA, *et al.* “Sugar-sweetened beverages and risk of metabolic syndrome and type 2 diabetes: a meta-analysis,” *Diabetes Care* 2010, vol. 33, pp. 2477-83.

^{vi} Marriott BP, Olsho L, Haddad L, *et al.* “Intake of added sugars and selected nutrients in the United States, National Health and Nutrition Examination Survey (NHANES) 2003–2006,” *Crit Rev Food Sci Nutr* 2010, vol. 50, pp. 228-58.

^{vii} Food and Drug Administration, “Food Labeling: Revision of the Nutrition and Supplement Facts Labels; Proposed Rule,” Mar. 3, 2014, 79 FR 11880, at 11906 (*hereinafter*, 79 FR at ____).

^{viii} Yang, Q., *et al.* “Added Sugar Intake and Cardiovascular Disease Mortality Among US Adults,” *JAMA Internal Medicine*. 2014. E1-E9.