

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

Petition to Define the Terms)
"Low Carbohydrate," "Reduced)
Carbohydrate" and "Carbohydrate Free")
and to Require Appropriate Statements to)
Accompany Such Claims to Prevent Consumer)
Deception)
_____)



Submitted by the

CENTER FOR SCIENCE IN THE PUBLIC INTEREST

April 7, 2004

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Petitioner: Center for Science in the Public Interest

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Subject of the Petition: Nutrient Content Claims for Carbohydrates

To: Office of Nutritional Products, Labeling and
Dietary Supplements
Food and Drug Administration
5100 Paint Branch Parkway
College Park, MD 20740-3835

The Center for Science in the Public Interest (CSPI) submits this petition under sections 403(a), 403(q), 403(r)(4), 403(r)(7) and 701(a) of the Federal Food, Drug, and Cosmetic Act and Title 21, and Section 101.69(m)(l) of the Code of Federal Regulations to request that the Commissioner of the Food and Drug Administration (FDA):

- Amend the FDA's food labeling regulations by defining the terms "Low Carbohydrate," "Reduced Carbohydrate," and "Carbohydrate Free";
- Permit the use of marketing terms that imply low-carbohydrate content only on "low-carbohydrate" foods;
- Prohibit declarations of "net carbs," "impact carbs," and similar terms on food labels, unless they are required on all Nutrition Facts panels;
- Reconsider how carbohydrates are declared on the Nutrition Facts panel;
- If FDA permits claims such as "minimal impact on blood sugar," require a disclosure that "carbohydrates that have minimal impact on blood sugar may provide calories that still contribute to weight gain";
- Require a prominent disclosure such as "not a low-calorie food" (if that is the case) adjacent to carbohydrate claims;
- Require restaurants that make carbohydrate claims for certain products to disclose those products' content of calories, saturated and *trans* fat, sodium, and total carbohydrates.

I. Statement of Factual Grounds

A. Background

The food industry is marketing products that are consistent with the popular Atkins, South Beach, and other diets that are based on the substantial reduction of carbohydrate consumption. A rapidly rising number of food processors, grocers, and restaurants feature express and implied “Low Carbohydrate” claims on products and menus to attract consumers who are following these latest diet crazes. The list of major companies making such claims includes Unilever, Best Foods, Thomas’s, Roman Meal, Breyer’s, Klondike, Kraft, Morningstar Farms, Heinz, Russell Stover, Hood, Dannon, Tropicana, and Minute Maid, as well as restaurant and hotel chains such as Ruby Tuesday, TGI Friday’s, Subway, Blimpie, Burger King, Hardee’s, Carl’s Jr., Chili’s, Denny’s, On The Border, and Holiday Inn.

Most of those companies are not explicitly labeling foods “Low Carbohydrate.” Instead, they are attempting to skirt FDA’s prohibition on undefined nutrient-content claims by using implied nutrient-content claims such as “Carb Sense,” “Carb Aware,” “Carb Smart,” “Carb Counting,” and “Carb Options.” Others refer to “net carbs,” “impact carbs,” or “essential carbs” and a growing number of synonyms. Manufacturers arrive at those numbers by subtracting sugar alcohols, fiber, and some other carbohydrates – which companies claim do not affect blood sugar levels – from total carbohydrates.

Such claims are misleading, and in some cases, simply false. Many people assume that lower-carbohydrate foods will not contribute to weight gain. In fact, little evidence supports that premise. Furthermore, the implied low-carbohydrate claims now appearing on foods (“Carb Control,” “Carb Smart,” “Carb Aware,” “Carb Options,” etc.) are not subject to any limits on total carbohydrate content and are not required to be accompanied by qualifying disclosures.

That is precisely why Section 403(r)(2) of the Nutrition Labeling and Education Act (NLEA) prohibits such claims until FDA defines “Low Carbohydrate” and similar characterizations and determines whether accompanying explanatory statements are required to prevent consumer deception.

In a series of warning letters to manufacturers of packaged food products, FDA has stated that claims concerning the levels of carbohydrates in a food may not be made until the Agency has issued regulations for “low carbs.”¹ Moreover, FDA warned companies not to “lower” the alleged amount of total carbohydrates in a product by illegally excluding from label claims various ingredients that are required to be included in the computation of the total amount of carbohydrates.² It should be further noted that misleading carbohydrate claims are significantly more visible than the “total carbohydrate” statement that is required to appear as part of the Nutrition Facts panel. As a result, the credibility of the Nutrition Facts label is being diminished.

Nevertheless, such claims continue to be made, egged on, no doubt in part, by the U.S. Department of Agriculture’s Food Safety and Inspection Service (FSIS) interim policy statement.³ In the absence of FDA guidance, some companies are improperly applying FSIS’s policy to foods regulated by FDA.

¹ E.g. Letter from John Foret, Dir., Division of Compliance and Enforcement, Office of Nutritional Products Labeling and Dietary Supplements to: Dave Day, President Nu-Day Snacks, Inc. (June 25, 2001)(re: Perfect Protein Cookie, “low carbs” claimed); David Lumley, President and CEO, EAS, Inc. (June 25, 2001) (re: Myoplex Nutrition Bars and Myoplex Shake, “low carb” claim and “86% less carbs than . . . and fewer carbs per serving than . . .”

² E.g. Letter from W. Charles Becoat, Dir. Minneapolis District, FDA to Daniel E. Shroeder, President, Edan Naturals, LLC (July 11, 2003) (failure to declare fructooligosaccharide as a carbohydrate); Letter from John B. Foret to Gerry Morrison, President, Morico Foods, Inc. (Product name, “Carbolite,” “Zero carbohydrate” constitute illegal nutrient content claims; company stated that “Maltitol . . . has been omitted from the total carbohydrate content.”

³ That statement gives manufacturers approval to make carbohydrate claims on meat and poultry. The policy explicitly permits the use of implied claims such as “Carb Conscious” and “Carb Wise.” Moreover, FSIS has stated that it will not object to the use of carbohydrate content calculations so long as they are adequately explained on the product labeling. Finally, the FSIS policy explicitly permits terms such as “Net Carbs,” “Effective Carbs,” and “Net

It is imperative that FDA act immediately to regulate implied and explicit carbohydrate claims on labels and in restaurants. FDA's silence has already damaged the credibility of the Agency and the Nutrition Facts label. Furthermore, FDA's inaction has likely exacerbated the nation's obesity epidemic by giving the food industry free license to imply, without scientific evidence, that numerous foods can fight or prevent weight gain.

B. Policy Rationale for Action Requested

1. FDA Should Amend its Food Labeling Regulations to Define the Use of the Terms, "Low Carbohydrate," "Reduced Carbohydrate," and "Carbohydrate Free."

FDA should propose carbohydrate claims that parallel claims for other nutrients, such as "Low-Sodium" and "Fat-Free." For example, FDA should limit "Low Carbohydrate" claims to foods that contain no more than 6 grams of carbohydrates per serving (or per 100 grams for meal-type foods). A 6-gram limit is reasonable because it is roughly proportional to the 3-gram limit that FDA has set for low-fat foods. Just as three grams is 4.6% of the 65-gram daily value (DV) for fat, 6 grams is 4.6% of the 130-gram Recommended Dietary Allowance (RDA) for carbohydrates (starches and sugars) recently set by the Institute of Medicine.⁴

FDA should define other carbohydrate claims by relying on the same scheme that the Agency used to define other nutrient-content claims. For example, FDA should allow "Reduced Carbohydrate" claims on foods that contain at least 25% less carbohydrate than appropriate reference foods. A "Carbohydrate Free" food should contain no more than 0.5 grams of carbohydrates. It is critical that FDA limit claims to the same lexicon used for other nutrient

Impact Carbs" "when used in a manner that is truthful and not misleading." USDA, *FSIS Statement of Interim Policy on Carbohydrate Labeling Statements available at www.fsis.usda.gov/OPPDE/larc/policies/CarbLabel.htm.*

⁴ Institute of Medicine, *Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids* (2002) at 6-19.

content claims, rather than allow companies to avoid regulation by using misleading synonyms that can be confused with FDA-approved terms.

2. FDA Should Permit the Use of Marketing Terms that Imply Low-Carbohydrate Content Only on “Low-Carbohydrate” Foods.

Some food companies have dodged FDA’s regulatory authority by using claims like “Carb Counting,” “Carb Options,” and “Carb Aware” instead of “Low Carbohydrate.” Clearly, these foods are aimed at people who want to reduce their intake of carbohydrates. These claims – which are accompanied by a quantitative declaration of “net” or “impact” carbohydrates – are no different than claims such as “Low Carbohydrate” or “only 6 grams of carbohydrates!” They signal to consumers that the products are appropriate for anyone following a low-carbohydrate diet. The labels on some Atkins Nutritionals products include the words “The Original Low Carb Lifestyle.” The label on Dannon’s Light ’n Fit Carb Control Cultured Dairy Snack says “For Your Low Carb Lifestyle.” If FDA were to define “Low Carbohydrate” without applying that definition to other carbohydrate claims, the Agency would violate its own regulations that forbid explicit and implicit nutrient-content claims without prior FDA authorization.⁵

3. FDA Should Prohibit Declarations of “Net Carbs” or “Impact Carbs” or Similar Terms Unless they are Required on All Nutrition Facts Panels.

Much of the food industry has essentially flouted FDA’s regulatory authority by using unregulated quantitative declarations that attempt to minimize the importance of the “total carbohydrates” declaration that the NLEA requires on the Nutrition Facts panel (the labels in question, to our knowledge, include accurate carbohydrate information). FDA should prohibit these unregulated declarations because they mislead consumers and undermine the credibility of the Nutrition Facts panel.

⁵ 21 C.F.R. § 101.13.

If FDA determines that the term “total carbohydrates” should be redefined to exclude particular carbohydrates or that the label should declare a subset of “total carbohydrates” that do not raise blood sugar, those changes should be incorporated by regulation into the Nutrition Facts panel. By allowing the label to bear quantitative claims that compete with the Nutrition Facts panel, FDA is setting a dangerous precedent for permitting the use of unapproved quantitative declarations. For example, the Nutrition Facts panel could soon lose its legitimacy if it were surrounded by declarations of “net fats” (excluding fatty acids that do not raise blood cholesterol) or “net sodium” (excluding sodium salts that do not raise blood pressure). Similarly, manufacturers could devise a term to exclude carbohydrates that do not cause tooth decay. These competing quantitative declarations would mislead consumers who cannot reasonably be expected to evaluate the evidence supporting each company’s *ad hoc* methods for determining nutrient content or the impact of these “net nutrients” on health.

Furthermore, competing quantitative declarations would create an uneven competitive playing field. If, for example, some companies deduct fiber from total carbohydrates but others do not, some products will appear lower in carbohydrates simply because of sales-driven arithmetic, not because they truly contain fewer carbohydrates. As consumers recognize such inconsistencies, they will lose confidence in the Nutrition Facts label.

Moreover, consumers have no reason to doubt the importance of competing quantitative declarations like “net carbs.” Most people interpret “net carb” declarations as a true indicator of how much a food contributes to weight gain. Given the paucity of evidence supporting this assumption, labels that carry “net carb” declarations mislead the public by implying that a food with relatively few “net carbs” will not contribute to weight gain. Allowing such deceptive claims has the potential to exacerbate rising obesity rates in the U.S. Such labels mislead

millions of people to assume that they will not gain weight by eating lower-carbohydrate foods. Given the economic and human costs of obesity and its consequences – diabetes, hypertension, heart disease, and cancer – the FDA simply cannot afford to allow that deception to continue.

4. FDA Should Reconsider How Carbohydrates are Declared on the Nutrition Facts Panel.

Companies that make carbohydrate claims have flouted FDA regulations regarding carbohydrate disclosure. Rather than petitioning FDA to alter these regulations, those companies have made their own convenient distinctions among carbohydrates without consideration by the Agency, outside experts, or the public.⁶

Furthermore, labels that explicitly declare some carbohydrates as having “minimal impact on blood sugar” may lead some consumers to believe that the *food* has minimal impact on blood sugar. In fact, other carbohydrates in the food may still raise blood sugar levels. FDA should consider whether claims concerning blood sugar should only be allowed on foods that have been shown in human studies to have a minimal impact on blood sugar levels. Similarly, labels that declare only a small amount of carbohydrates that “have minimal impact on blood sugar” imply that the food has only a minimal impact on weight (see below). These claims are deceptive because some fraction of those carbohydrates (primarily some sugar alcohols and soluble fiber) provide calories.

There may be legitimate differences among carbohydrates that the Nutrition Facts panel should disclose. For example, it may be reasonable to deduct insoluble fiber, which is not absorbed at all and has no calories, from total carbohydrates. It may also be reasonable to deduct

⁶ In some cases, these distinctions may be backed by inadequate or conflicting evidence. For example, the labels on a number of foods state that maltitol has a minimal impact on blood sugar. Some studies suggest that maltitol raises blood sugar less than sucrose. However, in other studies, maltitol has a glycemic index of 73, which is higher than that of sucrose (61).⁶ (The glycemic index rates the degree to which blood sugar increases following consumption of 50 grams of carbohydrate. The scale ranges from 0 to 100.)

the calories and carbohydrates in the unabsorbed fractions of sugar alcohols.⁷ However, the label should inform consumers that soluble fiber and the absorbed fractions of sugar alcohols have calories and may contribute to weight gain.

In any case, any decisions about carbohydrate labeling should be made by FDA in the context of rulemaking. If the FDA determines that it is important for labels to distinguish between carbohydrates that are or are not absorbed, that information should appear on all Nutrition Facts panels, not just on foods that choose to make a carbohydrate claim.

5. If FDA Permits Labels to Explain that Some Carbohydrates Have "Minimal Impact on Blood Sugar," the Label Should Disclose that "Carbohydrates that have Minimal Impact on Blood Sugar May Provide Calories that Still Contribute to Weight Gain."

If FDA ignores our recommendations and allows labels to continue identifying carbohydrates that "have minimal impact on blood sugar," the Agency should require an accompanying disclosure such as "carbohydrates that have minimal impact on blood sugar may provide calories that still contribute to weight gain." Such a disclosure is essential because some diet books, Web sites, and labels imply or explicitly state that carbohydrates that do not raise blood sugar levels do not contribute to weight gain.⁸ Also, the evidence for that claim is weak.⁹ Most studies that compare *otherwise equivalent* diets that contain either high or low glycemic index carbohydrates find no significant difference in body weight.¹⁰

⁷ The fraction of unabsorbed sugar alcohol varies from one sugar alcohol to another. The label should not deduct the calories and carbohydrates in sugar alcohols or soluble fiber that are ultimately absorbed by the body as short-chain fatty acids after digestion by intestinal bacteria. Companies could have the option of using an asterisk to explain that "X grams of these carbohydrates are absorbed by the body as fats rather than as carbohydrates."

⁸ Bonnie Liebman, *Weighing the Diet Books*, Nutrition Action Healthletter. January/February 2004 at 1-8 (see attachment).

⁹ *Id.*

¹⁰ Raben A. Should obese patients be counseled to follow a low-glycaemic index diet? No. *Obes. Rev.* 2002 Nov; 3(4): 245-56. Tsihlias EB, Gibbs AL, McBurney MI, Wolever TM. Comparison of high-and

The huge public interest in low-carbohydrate foods is clearly due to the belief that they will aid weight loss. The vast majority of Americans who purchase low-carbohydrate foods are more concerned about their weight than their risk of diabetes, heart disease, or other illness. They interpret the “net carb” declaration as a true indicator of how much the food contributes to weight gain. To avoid deceiving consumers who are searching for foods that will aid weight loss, FDA should require the label to disclose that “carbohydrates that have minimal impact on blood sugar may provide calories that still contribute to weight gain.”¹¹

6. FDA Should Require a Prominent Disclosure Such as “Not a Low Calorie Food” (If that is the Case) Adjacent to Carbohydrate Claims.

Low-carbohydrate diets are promoted by books, Web sites, and, in some cases, food labels as weight-loss regimens. For example, the label on Atkins Endulge Chocolate Ice Cream Fudge Bars states that:

Quite simply, your body burns carbohydrates and fat for energy. Cut down on sugar and other carbs and your body burns fat instead; helping you re-energize, lose weight and lay the foundation for a healthy life.¹²

Although most labels do not make explicit weight-loss claims, many people now believe that low-carbohydrate foods lead to weight loss, regardless of how many calories the foods contain.

low-glycemic-index breakfast cereals with monounsaturated fat in the long-term dietary management of type 2 diabetes. *Am J Clin Nutr.* 2000 Aug; 72(2): 439-49.

¹¹ The proposed disclosure states that carbohydrates “may” contribute to weight gain because carbohydrates vary in this respect. Insoluble fiber is not absorbed, as indicated by FDA’s regulation allowing labels to subtract calories from insoluble fiber on Nutrition Facts labels. However, soluble fiber and, to varying degrees, sugar alcohols do contribute to weight gain because they are absorbed as fatty acids after digestion by intestinal bacteria.¹¹ It is critical that FDA dispel the notion that all carbohydrates that have minimal impact on blood sugar have no impact on weight.

¹² FDA should immediately ban both express and implied weight loss claims that constitute false or misleading under 21 U.S.C. § 403(a). Such claims fail “to reveal facts material in the light of such representations or material with respect to consequences which may result . . . under such conditions of use as are customary or usual.” 21 U.S.C. § 201(n). Except in cases in which the product complies with FDA’s definition of “low-calorie,” the claims fail to disclose that a low-carbohydrate food is not a low-calorie food and that the consumer may, in fact, still gain weight. Moreover, these claims do not prominently disclose the fact that the products may contain unhealthy levels of fat, particularly saturated fat.

That “calories don’t-count” assumption contradicts the overwhelming weight of the evidence and the scientific consensus among health authorities that excessive calorie consumption leads to weight gain.

To increase the likelihood that the public does not ignore or dismiss the calorie content of foods that make carbohydrate claims, the FDA should require for foods that do not meet FDA’s criteria for a low-calorie food a prominent disclosure next to the carbohydrate claim on the principal display panel that says “not a low-calorie food.” FDA already requires that disclosure for “no sugar added” claims.¹³ Although the disclosure may not persuade all low-carbohydrate dieters that calories count, it will at least draw their attention to the calorie content of the food and may convince some to think twice before dismissing the food’s calories.

7. Restaurants that Make Carbohydrate Claims Must Disclose Calories, Saturated and *Trans* Fat, Sodium, and Total Carbohydrates

Several restaurant and hotel chains – such as TGI Friday’s, Subway, Don Pablo’s, Holiday Inn, and Chili’s – list carbohydrates, but not calories or other nutrients, on their special lower-carbohydrate menus. Although that practice is permissible under existing regulations,¹⁴ it is extremely misleading to consumers and can encourage consumers who want to lose weight to eat high-calorie meals.

For example, Ruby Tuesday recently announced that it would soon disclose not just net carbohydrates, but calories, fat, and protein for all items on its menu. The calorie levels in Ruby Tuesday’s “Smart Eating” menu demonstrate why carbohydrates should not be disclosed in isolation. The Buffalo Wings, Black and Bleu Burger Wrap, Ruby’s Ribeye, or Cajun Chicken

¹³ 21 C.F.R. § 101.60(c).

¹⁴ 21 C.F.R. § 101.10.

Salad, Spring Chicken Salad, Steak Fajitas, and Combo Fajitas each supply roughly 1,000 calories.¹⁵

However, Ruby Tuesday's calorie (and other) disclosures are the exception. TGI Fridays' "Atkins-approved Menu," which lists "Atkins net carbs" next to each item, includes no information on calories or other nutrients. Menus at Subway, Chili's, and Holiday Inn also include carbohydrates, but omit calories, saturated and *trans* fat, and sodium from their menus or signs.

Clearly, the vast majority of "low-carbohydrate dieters" are trying to lose weight. Menus that disclose carbohydrates without calories deceive such consumers. It is unconscionable that FDA regulations permit restaurant chains to serve high-calorie foods to people who are trying to lose weight without requiring menus to disclose calories (and, ideally, other nutrients that have a major impact on health). The proliferation of these lower-carbohydrate menus will only exacerbate America's out-of-control waistline. Any dietary improvements from steps that the FDA or the Department of Health and Human Services take to curb the nation's obesity epidemic will be wiped out if the Agency does not act to protect consumers from these misleading menu claims.

II. Statement of Legal Grounds

Under the Federal Food, Drug and Cosmetic Act (FDCA), the labels of packaged foods and restaurant menus are prohibited from carrying "nutrient content claims" unless the FDA specifically authorizes their use.¹⁶ A nutrient-content claim "characterizes the level of any

¹⁵ Ruby Tuesday's "Smart Eating" menu states that saturated fat "contributes directly to bad health." However, the company has no plans to disclose the saturated fat content of any of its foods. Judging by the total fat content in the higher-calorie items – which ranges from 56 to 74 grams per serving – we estimate that the saturated fat exceeds a day's worth (20 grams) and could easily hit two days' worth.

¹⁶ FDCA § 403(r)(1)(A), 21 U.S.C. § 343(r)(1)(A).

nutrient [such as carbohydrate] which is of the type required” to be included on Nutrition Facts panels.¹⁷ The FDA has previously stated in warning letters to small companies that the claims described in this petition that characterize levels of carbohydrate are illegal. Clearly, the warning letters it has issued have not stemmed the tide of illegal claims. Indeed, since those letters were issued, major companies have begun selling products with implied or express low-carbohydrate claims and leading restaurant chains have altered their menus to highlight low-carbohydrate alternatives. See discussion *supra* notes 1 and 2 and accompanying text.

Low-carbohydrate claims currently being made are analogous to the types of pre-NLEA health and nutrition claims that led Lewis W. Sullivan, a former Secretary of the Department of Health and Human Services, to express concerns that our supermarkets have become “Towers of Babel.”¹⁸ These problems led to the adoption of statutory provisions requiring prior approval of nutrient-content claims. As Senator Joseph Lieberman explained during hearings on the proposed legislation:

Descriptions of the nutritional content or value of a product, such as ‘low cholesterol,’ ‘high fiber,’ or ‘low fat,’ dominate both food labeling and advertisements today. These descriptive claims can and do mislead consumers in many ways – for example, by focusing on only one nutritional aspect of a product and ignoring the unhealthy aspects, or by manipulating the serving size to meet regulatory standards, or by taking advantage of the absence of a clear and consistent definition of a term like ‘light’ or ‘high fiber,’ or by incorporating a health and nutrition claim into the brand name of the product itself.¹⁹

There is no question that FDA has the authority to define carbohydrate claims and to take enforcement action to prevent the use of terms that are undefined. The Agency should promptly

¹⁷ *Id.*

¹⁸ Hearing before the Committee on Governmental Affairs U.S. Senate, *Health and Nutrition Claims in Food Advertising and Labeling*, S. 101-1224 (June 25, 1990) at 1.

¹⁹ *Id.* at 1-2.

issue a proposed regulation²⁰ and, until that regulation is finalized, take enforcement action – including the use of its authority to seize misbranded foods – against products making unlawful claims.²¹

III. Conclusion

For the foregoing reasons, the FDA should grant CSPI's petition to: (1) amend the FDA's food labeling regulations by defining the terms "Low Carbohydrate," "Reduced Carbohydrate," and "Carbohydrate Free"; (2) permit the use of marketing terms that imply low-carbohydrate content only on "low-carbohydrate" food; (3) prohibit declarations of "net carbs," "impact carbs," and similar terms on food labels unless they are required on all Nutrition Facts panels; (4) reconsider how carbohydrates are declared on the Nutrition Facts panel; (5) if FDA permits claims such as "minimal impact on blood sugar," require a disclosure that "carbohydrates that have minimal impact on blood sugar may provide calories that still contribute to weight gain"; (6) require a prominent disclosure such as "not a low-calorie food" (if that is the case) adjacent to carbohydrate claims; and (7) require restaurants that make carbohydrate claims for certain products to disclose those products' content of calories, saturated and *trans* fat, sodium, and total carbohydrates.

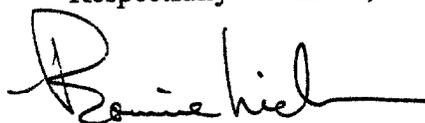
IV. Environmental Impact

This petition is subject to a categorical exclusion under 21 C.F.R. § 25.30(h) and, therefore, CSPI is not required to prepare an environmental assessment.

²⁰ The FDA should exercise its authority under Section 403(r)(7) of the Act, 21 U.S.C. § 343(r)(7) to issue an interim final rule effective upon publication pending consideration of public comment. As discussed above, regulating claims that characterize the level of carbohydrates is necessary to "enable consumers to develop and maintain healthy dietary practices" and to "ensure that scientifically sound nutritional and health information is provided to consumers as soon as possible." *Id.*

²¹ 21 U.S.C. § 334.

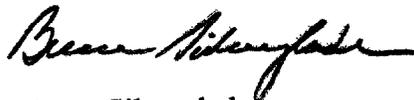
Respectfully submitted,



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Attachment