

March 18, 2021

Chair Williams, Vice-Chair Leif, Vice-Chair Ruiz, and Members of the Committee:

I submit this testimony in support of HB 2348. I am an Oregon attorney and executive director of a local nonprofit that educates people on benefits of plant-based food choices. There are many compelling ethical arguments for increasing plant-based food consumption, as well as research documenting the detrimental impact of animal agriculture on climate change and environmental sustainability. Putting these aside, and leaving health-based arguments to the dietitians and medical experts who have testified, I submit this testimony in support of HB 2348 from the standpoint of a direct cost-benefit analysis.

In listening to the oral testimony on March 17, 2021 in opposition to HB 2348, I heard two common threads of concern: 1) HB 2348 is redundant in that it “attempts to legislate around a problem that simply does not exist”; and 2) Implementing this measure would burden facilities at a time when facilities are focused on treating and preventing COVID-19.

At the public hearing, we heard from representatives of the three classes of facilities covered in this measure, including hospitals, long-term care facilities, and Department of Corrections (DOC):

- Travis Meuwissen with Oregon Association of Hospitals and Health Systems spoke on behalf of 62 community hospitals, stating that hospitals must already accommodate patients’ special diets. If a patient refuses food, the hospital must offer a substitute of equal nutritional value. Mr. Meuwissen went on to state that most if not all of these 62 facilities already provide plant-based options to some extent to patients or visitors, and that he has seen menus to confirm the existence of plant-based options.
- Elizabeth Sheperd spoke on behalf of Oregon Health Care Association, representing providers that care for 64,000 Oregonians that receive long-term care services. She stated “Dietary restrictions and preferences that do not conflict with a physician’s orders are part and parcel to the individualized care plans for each of our residents across care settings. Oregon’s long-term care system is predicated upon being person-centered and ensuring that all residents have choice and are treated with dignity and respect. This includes their food preferences.”
- Rob Perrson, Assistant Director of Operations for Oregon DOC, explained that current DOC practices include offering a meat-alternative tray at lunch and dinner and meat-free breakfast substitutions. This measure would limit the use of animal by-products (*eg.*, milk, eggs) that are in those meat substitutes, limiting some of the recipes used and potentially influencing items purchased in bulk. He also explained that DOC already provides summer and winter menus, and the written menu requirement of HB 2348 would be easy to fold into the existing menu process.

As a proponent of plant-based food choices in general, and as someone who has been a patient in an out-of-state hospital that didn’t have a plant-based option to meet my diet preferences, I was

thrilled to hear that these facilities are already making plant-based meals accessible. I also appreciate the concern around creating additional burden for facilities already encumbered with ever-changing COVID-19 precautions. Given that these plant-based options exist, the burden from HB 2348 would arguably come from the menus and written materials requirement in Section 1(2) of HB 2348. Dan Cushing of Physicians Committee for Responsible Medicine, proponent of HB 2348, stated that placing stickers on menus with the text “we have plant-based options” would sufficiently meet the requirements of HB 2348 Section 1(2) about menus and written materials.

This bill would come into effect on June 1, 2022, over fifteen months from now. There may be limited fiscal impact on DOC in adjusting bulk orders. For hospitals and long-term care facilities, if the requirement to offer plant-based options is truly redundant to offerings already in place, the only added burden would be to place stickers on menus. I believe it is a reasonable ask that facilities place stickers on menus within fifteen months.

Oregon’s care system values being person-centered. Being in the hospital, or visiting a loved one in the hospital, is already stressful. Why not add ease to an already stressful experience by proactively letting people know that ordering a plant-based meal is an option should that person desire. For those who are in long-term care, why require that each individual resident have the physical, mental, and emotional wherewithal to self-advocate for food that meets their dietary preferences.

The benefit to hospital patients and visitors, those in long-term care, and those who are incarcerated, outweighs the added burden to facilities of complying with the portion of HB 2348 that is not redundant to measures these facilities state are already taken. Passing HB 2348 strengthens person-centered care.

This testimony represents my own views. Thank you for your time and consideration.

Sincerely,

Jaclyn Leeds
Portland, Oregon