Sodium Reduction in Institutional Settings: Summary of Related Laws and Policies

State laws and policies address dietary sodium reduction for people in institutional settings, an estimated four million people in the US in 2010. These laws target improved nutrition for patients or inmates of institutions, including:

- Elder or congregate care facilities (long-term acute care and congregate and home-delivered meal settings)
- Health care facilities (mental and psychiatric hospitals, inpatient hospice)
- Residential schools for people with disabilities, halfway houses, and juvenile training schools
- Correctional facilities (federal detention centers, federal and state prisons, jails, correctional residential facilities, and community-based facilities)

These populations depend on the quality and healthfulness of the food provided to them because they typically have no outside options.

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1 This document was developed by Tara Ramanathan, J.D., M.P.H., Public Health Analyst with the Public Health Law Program (PHLP) within CDC’s Office for State, Tribal, Local and Territorial Support. PHLP provides technical assistance and public health law resources to advance the use of law as a public health tool. PHLP cannot provide legal advice on any issue and cannot represent any individual or entity in any matter. PHLP recommends seeking the advice of an attorney or other qualified professional with questions regarding the application of law to a specific circumstance. For more information, please contact PHLP at phlawprogram@cdc.gov or (404) 498-0470.

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The following Appendix, Table of Laws and Policies Related to Sodium Reduction in Institutional Settings, lists information on state laws aimed at addressing dietary sodium reduction in these populations. Seven states promulgated regulations requiring elder care or congregate care nutrition programs to address sodium. Of the five states regulating elder care facilities, Oklahoma’s law requires a dietitian to approve planned congregate meals to be moderate in salt. Other state laws have more specific standards:

- Kentucky requires its nutrition program for older persons to restrict dietary salt according to the Dietary Guidelines for Americans.
- Louisiana further requires that congregate meals specifically contain no more than 1300 mg of sodium per meal.
- Maine requires that meals be prepared without added salt and that a variety of low-sodium foods must be provided.
- Missouri’s varied dietary sodium requirements include that nutritionists may make low-sodium meal modifications; low sodium entrées or vegetables must be provided when high sodium entrées are offered; salt must be reduced by half when baking; and salt and high sodium condiments must be eliminated when cooking.

The two states with congregate care regulations have differing sodium requirements:

- North Carolina’s regulations specify that mid-morning and mid-afternoon snacks keep salt intake to a minimum as a condition of licensure and that meals for service agencies and congregate nutrition or home-delivered meal services cannot contain more than 1300 mg sodium per meal.
- In Massachusetts’s regulations, sodium content must be reviewed in congregate and home-delivered meals that contain canned vegetables prior to use.

Local laws and policies may further diversify state elder care and congregate care nutrition program requirements.

Licensure laws commonly regulate health care facilities for institutionalized populations, regardless of age. These include sodium standards in three states:

- New Jersey’s regulations contain licensure standards for residential health care facilities, requiring moderate salt and sodium use when preparing foods through a daily food guide.
- In New Mexico, as a licensure standard for adult day care facilities, mid-morning and mid-afternoon snacks must keep salt intake to a minimum. High-salt cured and processed meat may only be offered twice a month.
- Ohio specifically requires meal service providers to limit sodium to 1350 mg per meal, though targeted to 767 mg per meal, and reduce intake of high-sodium foods. However,
Ohio rescinded the requirement that Medicaid home-delivered meals for homebound recipients accommodate sodium-restricted services.

As stated, if local laws and policies are considered in addition to these state laws, there may be much greater variability in health care facility requirements.

Two states have policies aimed at reducing dietary sodium for inmates in correctional facilities:

- Indiana adopted a policy that requires meals to be served with 20% less sodium than in the previous correctional diet.
- Washington’s policy permits offenders to choose a 2,000 calorie and reduced sodium “metabolic” diet, although the policy aims to reduce sodium in all meals.

Both policies were adopted under the authority of the commissioner or director of the Department of Corrections.

States vary greatly in their approaches to reduce sodium in institutional settings, but the laws and policies provided can serve as rich examples for jurisdictions comparing, creating, or amending provisions to reduce dietary sodium.
## Appendix: Table of Laws and Policies Related to Sodium Reduction in Institutional Settings

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<thead>
<tr>
<th>State</th>
<th>Policy Type</th>
<th>Citation</th>
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<th>Brief Description</th>
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• IND. CODE § 11-8-2-5(a)(8) (2009)  
• IND. CODE § 11-11-4-1(a)(10) (1979) | Requires that correctional meals be served with 20% less sodium than in previous correctional diet (among other nutritional requirements) | Oct. 19, 2009 |
• KY. REV. STAT. ANN. § 205.204 (West 2005) | Requires that nutrition programs for older persons plan meals that restrict the use of salt “to maintain good health” in accordance with dietary reference intakes and Dietary Guidelines | Last amended effective Apr. 1, 2011 |
• Incorporate Dietary Guidelines standards  
• Limit sodium “within the range of a ‘no added salt’ diet” (no more than 1000–1300mg of sodium/meal)  
• Be reviewed by the Governor’s Office of Elderly Affairs  
• Utilize fresh fruits and vegetables when in season | Last amended effective May 2002 |
<p>| ME    | Regulation sodium limits elder care | 10-149-5 ME. CODE R. § 65 (Weil 2011) | ME. REV. STAT. ANN. tit. 22, §§ 5113 et seq. (1973) | • Provides that Maine’s nutrition program’s “[m]enus must be prepared with no added salt, a minimum of fat and must include a variety of low fat, low sodium, low cholesterol and low sugar foods while striving to maintain | Sept. 1, 2004 |</p>
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| MA    | Regulations recommendation congregate care | • 651 MASS. CODE REGS. 12.00 (2009)  
• Contain fresh or frozen vegetables  
• Where canned, “the sodium content should be reviewed prior to use” | 1994 |
| MO    | Regulation recommendation elder care | MO. CODE REGS. ANN. tit. 19, § 15-7.060 (2009) | MO. ANN. STAT. § 660.050 (West 1999) | Provides that low-sodium meal modifications by nutrition service providers under the Division of Senior Services may be made for health, religious, or ethnic reasons for a 4g sodium diet by  
• Reducing salt to half the amount in baked goods recipes  
• Eliminating adding salt or high sodium condiments in cooked foods  
• Providing a low sodium entrée or vegetable choice where a high sodium entrée or vegetable is on a regular menu | Aug. 28, 2001 |
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<tr>
<td>NM</td>
<td>Regulations recommendation health care</td>
<td>1. N.M. CODE R. § 7.13.2.73 (Weil 1988)</td>
<td>N.M. STAT. ANN. §§ 9-7-6, 24-1-2(D), 24-1-3(I), 24-1-5 (1978)</td>
<td>• Requires nutritious mid-morning and mid-afternoon snacks that are planned to keep salt intake to a minimum to be offered to participants for adult day care facility licensure &lt;br&gt;• Limits use of cured and processed meat items high in salt to two times/month for nutrition services</td>
<td>1. 1988 &lt;br&gt;2. May 31, 2001</td>
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<td>NC</td>
<td>Regulations sodium limits congregate care</td>
<td>10A N.C. ADMIN. CODE 6K.0203 (2003)</td>
<td>N.C. GEN. STAT. § 143B-181.1(c) (1997)</td>
<td>Requires that dietary sodium be reduced to less than 1,300mg/meal for service agencies and congregate nutrition or home delivered meal services</td>
<td>Last amended effective July 1, 2003</td>
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<td>OH</td>
<td>Regulation sodium limits health care</td>
<td>OHIO ADMIN. CODE § 173-4-05 (2009)</td>
<td>OHIO REV. CODE ANN. §§ 173.02, 173.392 (West 2009)</td>
<td>Requires dietary standards for meal service providers &lt;br&gt;• Sodium targeted to 767mg and no greater than 1,350mg/meal &lt;br&gt;• Reduced intake of certain high-sodium foods</td>
<td>Mar. 13, 2009</td>
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| OK    | Regulation recommendation elder care | **OKLA. ADMIN CODE** § 340:105-10-75 (2009) | • **OKLA. CONST.**, art. XXV, §§ 2, 3, 4  
• 21 **OKLA. STAT. ANN.** tit. 19, § 1247 (2009) | Requires congregate meals to be  
• Prepared or approved by a registered dietitian who considers the special needs of older persons  
• Planned to maintain optimal nutritional status reflected in menus moderate in salt | Last amended effective July 1, 2009 |
| WA    | Policy sodium limits corrections | **STATE OF WASH. DEP’T OF CORR., NUTRITIONAL IMPROVEMENTS LETTER (Aug. 19, 2009)** | **WASH. REV. CODE ANN.** § 72.09.040 (West 1998) | Requires that metabolic diet be available to offenders seeking 2,000 calorie and reduced sodium in their diet  
• Requires sodium reductions in all meals | Oct. 1, 2009 |