



Public Health Law Program

OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT

Sodium Reduction in Institutional Settings: Summary of Related Laws and Policies¹

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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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,

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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.

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Appendix: Table of Laws and Policies Related to Sodium Reduction in Institutional Settings

State	Policy Type	Citation	Authority	Brief Description	Effective Date
IN	Policy <i>sodium limits corrections</i>	IND. DEP'T OF CORR. HEALTHY DIET PRESS RELEASE (Oct. 19, 2009)	<ul style="list-style-type: none"> • IND. DEP'T OF CORR. POLICY & ADMIN. PROCEDURES, THE DEV. AND DELIVERY OF FOODSERVICES (2009) • 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	Regulation <i>sodium limits elder care</i>	910 KY. ADMIN. REGS. 1:190(11) (2011)	<ul style="list-style-type: none"> • KY. REV. STAT. ANN. § 194A.050 (West 2005) • 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
LA	Regulation <i>sodium limits elder care</i>	LA. ADMIN. CODE tit. 4, pt. VII, § 1223 (2011)	LA. REV. STAT. ANN. § 46-931 (1992)	Requires congregate meals prepared for the Older Americans Act nutrition program to <ul style="list-style-type: none"> • 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
ME	Regulation <i>sodium limits elder care</i>	10-149-5 ME. CODE R. § 65 (Weil 2011)	ME. REV. STAT. ANN. tit. 22, §§ 5113 et seq. (1973)	<ul style="list-style-type: none"> • 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

State	Policy Type	Citation	Authority	Brief Description	Effective Date
				<p>overall menu appeal and acceptability to consumers.”</p> <ul style="list-style-type: none"> • These menus must be <ul style="list-style-type: none"> ○ Planned 4 weeks in advance ○ Approved and signed by a licensed dietitian at least 1 week prior to initial use ○ Kept on file for inspection by state Bureau of Elder and Adult Services 	
MA	Regulations <i>recommendation</i> <i>congregate care</i>	<ul style="list-style-type: none"> • 651 MASS. CODE REGS. 12.00 (2009) • 651 MASS. CODE REGS. 4.07 (2011) 	MASS. GEN. LAWS. ch. 19A, § 6 (2009)	<p>Requires that Congregate Meals and Home Delivered Meals</p> <ul style="list-style-type: none"> • Contain fresh or frozen vegetables • Where canned, “the sodium content should be reviewed prior to use” 	1994
MO	Regulation <i>recommendation</i> <i>elder care</i>	MO. CODE REGS. ANN. tit. 19, § 15-7.060 (2009)	MO. ANN. STAT. § 660.050 (West 1999)	<p>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</p> <ul style="list-style-type: none"> • 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
NJ	Regulation <i>recommendation</i> <i>health care</i>	N.J. ADMIN. CODE § 8:43-app. B (2011)	N.J. STAT. ANN. §§ 26:2H-1 et seq. (West 2011)	Provides that standards for licensure of residential health care facilities located with and operated by licensed health care facilities include a daily food guide recommending using salt and	Last amended 2009; Code chapter expired Feb. 22, 2010, but provision still listed as

State	Policy Type	Citation	Authority	Brief Description	Effective Date
				sodium only in moderation when preparing foods	current
	Regulation <i>recommendation</i> <i>health care</i>	N.J. ADMIN. CODE. § 5:27A-app. B (2011)	N.J. STAT. ANN. § 52:27D-3 (West 2011)	Provides that standards for licensure of residential health care facilities not located with and operated by licensed health care facilities included a daily food guide recommending using salt and sodium only in moderation when preparing foods	Last amended 2009; Code chapter expired June 11, 2011, but provision still listed as current
NM	Regulations <i>recommendation</i> <i>health care</i>	1. N.M. CODE R. § 7.13.2.73 (Weil 1988) 2. N.M. CODE R. § 9.2.18.7 (Weil 2001)	N.M. STAT. ANN. §§ 9-7-6, 24-1-2(D), 24-1-3(I), 24-1-5 (1978)	<ul style="list-style-type: none"> 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 Limits use of cured and processed meat items high in salt to two times/month for nutrition services 	1. 1988 2. May 31, 2001
NC	Regulations <i>sodium limits</i> <i>congregate care</i>	10A N.C. ADMIN. CODE 6K.0203 (2003)	N.C. GEN. STAT. § 143B-181.1(c) (1997)	Requires that dietary sodium be reduced to less than 1,300mg/meal for service agencies and congregate nutrition or home delivered meal services	Last amended effective July 1, 2003
	Regulation <i>recommendation</i> <i>congregate care</i>	10A N.C. ADMIN. CODE 6R.0502 (2008)	<ul style="list-style-type: none"> N.C. GEN. STAT. § 131D-6 (2001) N.C. GEN. STAT. § 143B-153 (2006) 	Requires adult day programs to offer mid-morning and mid-afternoon snacks daily that keep salt intake to a minimum for certification	Last amended effective Feb. 1, 2008
OH	Regulation <i>sodium limits</i> <i>health care</i>	OHIO ADMIN. CODE § 173-4-05 (2009)	OHIO REV. CODE ANN. §§ 173.02, 173.392 (West 2009)	Requires dietary standards for meal service providers <ul style="list-style-type: none"> Sodium targeted to 767mg and no greater than 1,350mg/meal Reduced intake of certain high-sodium foods 	Mar. 13, 2009
	Regulation <i>recommendation</i>	OHIO ADMIN. CODE § 5101:3-31-09 (2006)	OHIO REV. CODE ANN. §§ 173.40, 5111.02 (West 2006)	Rescinds requirement to accommodate sodium-restricted	July 1, 2006

State	Policy Type	Citation	Authority	Brief Description	Effective Date
	<i>health care</i>			diets in home-delivered meals to Medicaid recipients by homebound services	
OK	Regulation <i>recommendation</i> <i>elder care</i>	OKLA. ADMIN CODE § 340:105-10-75 (2009)	<ul style="list-style-type: none"> • OKLA. CONST., art. XXV, §§ 2, 3, 4 • 21 OKLA. STAT. ANN. tit. 19, § 1247 (2009) 	Requires congregate meals to be <ul style="list-style-type: none"> • 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 <i>sodium limits</i> <i>corrections</i>	STATE OF WASH. DEP'T OF CORR., NUTRITIONAL IMPROVEMENTS LETTER (Aug. 19, 2009)	WASH. REV. CODE ANN. § 72.09.040 (West 1998)	<ul style="list-style-type: none"> • 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