Council for Responsible Nutrition
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July 8, 2025

Secretary Robert F. Kennedy Jr.
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20024

Secretary Brooke L. Rollins
U.S. Department of Agriculture
1400 Jefferson Drive SW
Washington, DC 20201

RE: 2025 - 2030 Dietary Guidelines for Americans

Dear Secretaries Kennedy and Rollins:

The Council for Responsible Nutrition (CRN)[1] appreciates your commitment to issuing the 2025-2030 Dietary Guidelines for Americans this year. As you know, the Dietary Guidelines provide advice about what American families should eat and drink to support growth and development, meet nutrient needs, promote health, and prevent diet-related chronic diseases. These Guidelines also serve as the basis for a variety of policy initiatives including school lunch programs, recommendations for WIC and SNAP, and Meals on Wheels. As such, the Dietary Guidelines have the potential to help people eat better to reduce their risk of nutrition-related chronic diseases, an integral part of the Make America Healthy Again vision. Thank you for propelling nutrition to the forefront of federal

[1]The Council for Responsible Nutrition (CRN), founded in 1973 and based in Washington, D.C., is the leading trade association representing dietary supplement and functional food manufacturers and ingredient suppliers. CRN companies produce a large portion of the dietary supplements marketed in the United States and globally. Our member companies manufacture popular national brands as well as the store brands marketed by major supermarkets, drug stores and discount chains. These products also include those marketed through natural food stores and mainstream direct selling companies. CRN represents more than 180 companies that manufacture dietary ingredients and/or dietary supplements, or supply services to those suppliers and manufacturers. Our member companies are expected to comply with a host of federal and state regulations governing dietary supplements in the areas of manufacturing, marketing, quality control and safety. Our supplier and manufacturer member companies also agree to adhere to additional voluntary guidelines as well as to CRN's Code of Ethics. Learn more about us at www.crnusa.org.

policymaking and implementing national strategies for improving the health of American families.

A premise of the Dietary Guidelines is that nutrition should come primarily from whole foods. While we fully expect, and support, recommendations to encourage Americans to eat a variety of fruits, vegetables, proteins, and whole grains, and drink nutrient-dense beverages, guidance to address potential nutrient gaps are also needed. For many years, the Dietary Guidelines have recognized the existence of nutrient shortfalls in the U.S. population because typical diets have been calorie-rich and nutrient-poor. Despite admonitions to the contrary, Americans do not meet recommended intakes of many nutrients, including those whose low intakes are linked to adverse health outcomes, such as vitamin D, calcium, potassium, and dietary fiber. Getting enough nutrients through foods and beverages can be challenging because of few good sources, such as the case with vitamin D, or when there's increased nutritional need during certain life stages, such as for iodine, iron, and folate during pregnancy. Iron is a nutrient of public health concern for adolescent and some adult females. Further, some older adults have difficulty consuming enough dietary protein and absorption of vitamin B declines with age as well. It has been recognized that nutrient shortfalls have the potential to impact health in the short-term, throughout the lifespan, and for future generations.

Dietary supplements are a source of vitamins, minerals, and other dietary components that can complement nutrient dense foods and beverages to help Americans meet nutrient recommendations. Dietary supplement use is prevalent in the U.S. with 57.6% of adults aged 20 and over reporting use; a multivitamin-mineral is the most common dietary supplement used across the adult lifespan.[2] Moreover, a recent study reported 45% of the U.S. population had a prevalence of inadequacy for vitamin A, 46% for vitamin C, 95% for vitamin D, 84% for vitamin E, and 15% for zinc; and dietary supplement use helped lower the prevalence of individuals below the Estimated Average Requirement (EAR).[3]

Yet, it has taken many decades for the Dietary Guidelines to generally recognize that dietary supplements are useful when nutrient recommendations cannot be—or simply are not—met through food alone. It is unquestionable that the Dietary Guidelines should prioritize healthy dietary patterns consisting of nutrient-dense foods and beverages. ***However, the food-focused recommendations could be enhanced by recognizing the usefulness of dietary supplements in helping to meet nutrient needs***. To serve public health, the Dietary Guidelines should meet people where they are, which, for many, is a

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[2]Mishra S, Stierman B, Gahche JJ, Potischman N. Dietary supplement use among adults: United States, 2017–2018. NCHS Data Brief, no 399. Hyattsville, MD: National Center for Health Statistics. 2021. doi: https://doi.org/10.15620/cdc:101131.

[3]Reider CA, Chung RY, Devarshi PP, Grant RW, Hazels Mitmesser S. Inadequacy of Immune Health Nutrients: Intakes in US Adults, the 2005-2016 NHANES. Nutrients. 2020;12(6):1735. Published 2020 Jun 10. doi:10.3390/nu12061735.

shortfall state, and help them achieve nutrient adequacies using available means. We support carrying forward existing statements about dietary supplements into the 2025-2030 Dietary Guidelines for Americans. However, in recognizing the desire for simpler, consumer-focused guidelines, we recommend, at a minimum, statements about the appropriate use of dietary supplements as a strategy to fill nutrient gaps for the general population, pregnancy and lactation, and older adults, as outlined below.

I. General population (ages 1 year and older)

The Dietary Guidelines Advisory Committee identified nutrient shortfalls in the U.S. population 1 year and older and in some age-sex groups, including dietary protein, vitamin A, thiamin (vitamin B1), riboflavin (vitamin B2), niacin (vitamin B3), vitamin B6, folate, vitamin B12, vitamin C, vitamin E, copper, iron, magnesium, phosphorous, zinc, vitamin K, and iodine. Moreover, vitamin D, calcium, potassium, and dietary fiber remain nutrients of public health concern because their underconsumption is linked to adverse health conditions. These shortfalls should be addressed through available means, such as supplementation to help achieve recommended intakes.

CRN recommendation: The Dietary Guidelines should include the following statement:

Dietary supplements may be useful in providing one or more nutrients that otherwise may be consumed in less than recommended amounts. Some individuals may have difficulty consuming enough nutrients, in particular, vitamin D, calcium, potassium, and dietary fiber from foods and beverages, so a supplement may be recommended by a health professional.

II. Pregnancy and Lactation

Dietary supplements can help individuals meet nutrient recommendations, particularly when there are increased needs such as during pregnancy and lactation. The Advisory Committee reported dietary intakes for individuals ages 20 through 44 years who are pregnant or lactating fail to align with the Dietary Guidelines. The 2020 Committee reported many pregnant women did not meet the EAR for key nutrients, including vitamins A, C, D, E, K, and B6, folate, choline, iron, potassium, calcium, magnesium, and zinc, and acknowledged that 69% of pregnant women took supplements. Moreover, dietary supplement use reduces nutrient inadequacy in pregnant and lactating women.[4] In addition to vitamin D, calcium, potassium, and dietary fiber, the Committee identified folate, iodine, and iron as nutrients of public health concern for pregnant individuals.

[4]JAMA, 316(14), 1464-1474. 2. Jun S, Gahche JJ, Perrine C, Potischman N, Dwyer JT, Guenther PM, Sauder KA, Bailey RL. Dietary supplement use and its micronutrient contribution during pregnancy and lactation in the United States. Obstet Gynecol 2020 Mar;135(3):623-633.3.

Existing statements in the Dietary Guidelines, 2020-2025 regarding supplementation during pregnancy include:

"Most healthcare providers recommend women who are pregnant or planning to become pregnant take a daily prenatal vitamin and mineral supplement in addition to consuming a healthy dietary pattern. This may be especially important to meet folate/folic acid, iron, iodine, and vitamin D needs during pregnancy."

"The U.S. Preventive Services Task Force (USPSTF) recommends that all women who are planning or capable of pregnancy take a daily supplement containing 400 to 800 mcg of folic acid. Dietary supplements may contain either folic acid or 5-methyltetrahydrofolate (5-MTHF), but only folic acid has been shown to prevent neural tube defects. Most prenatal supplements sold in the United States contain folic acid."

"Most women do not meet recommended intakes of choline during pregnancy and lactation. Women are encouraged to consume a variety of choline-containing foods during these life stages"... "Meeting nutrient needs through foods and beverages is preferred, but women who are concerned about meeting recommendations should speak with their healthcare provider to determine whether choline supplementation is appropriate. Many prenatal supplements do not contain choline or only contain small amounts inadequate to meet recommendations."

CRN believes all existing statements about supplementation in pregnancy remain relevant. CRN urges inclusion of calcium, potassium, and dietary fiber, which are not highlighted in the first statement, although they are nutrients of public health concern. In addition, a statement that a choline supplement may be recommended by a healthcare provider should be added, to underscore that a choline supplement can help meet choline needs during pregnancy and lactation.

CRN Recommendation: The Dietary Guidelines should include the previous statements and modify the first statement as follows:

"Most healthcare providers recommend women who are pregnant or planning to become pregnant take a daily prenatal vitamin and mineral supplement in addition to consuming a healthy dietary pattern. This may be especially important to meet folate/folic acid, iron, iodine, vitamin D, calcium, and potassium needs during pregnancy. An additional dietary fiber and choline supplement may be recommended by a health care provider as prenatal vitamin and mineral supplements do not typically contain dietary fiber and choline."

III. Older adults

Like much of the U.S. population, older adults have nutrient shortfalls, including those of public health concern. Further, use of multivitamins reduces prevalence of nutrient inadequacy in older adults.[5] The Committee reported that 14% of females ages 71 years and older and 9% of males 71 years and older have intakes of protein below the EAR. In addition, 8% of females ages 51 through 70 years and 5% of males ages 51 through 71 years have intakes of protein below the EAR.

Existing statements in the Dietary Guidelines, 2020-2025 about supplementation in older adults include:

"Many adults in the U.S. take one or more dietary supplements either as a pill or drink. Popular supplements include some nutrients that are underconsumed among older adults, including calcium and vitamins D and B12. All sources of a nutrient or food component—whether from food or a dietary supplement—should be considered when assessing an individual's dietary pattern, including any added sugars that may come from supplement drinks. Older adults should track and discuss all dietary supplement use with their healthcare provider. Beverage supplements should not replace regular food intake unless instructed by a health professional."

"Some individuals also may require vitamin B12 dietary supplements. Individuals are encouraged to speak with their healthcare provider to determine what, if any, supplementation is appropriate."

CRN Recommendation: The Dietary Guidelines should maintain existing statements about supplementation in older adults and further address protein as an underconsumed dietary component. We suggest adding the following:

Some individuals may have difficulty consuming enough dietary protein. Individuals are encouraged to speak with their healthcare provider to determine if protein supplementation is appropriate.

Conclusion

CRN recommends that the Dietary Guidelines for Americans address shortfall nutrients for much of the U.S. population as well as for specific life stages such as pregnancy and lactation and older adults. Indeed, nutrient needs should primarily be met through nutrient dense foods and beverages. However, given the persistent underconsumption of essential nutrients and food components, including those of public health concern, additional

[5]Frankenfeld CL, Wallace TC. Multivitamins and Nutritional Adequacy in Middle-Aged to Older Americans by Obesity Status. J Diet Suppl. 2020;17(6):684-697. doi:10.1080/19390211.2019.1645785

strategies to meet recommended intakes are needed to help Americans promote health and prevent diet-related chronic diseases.

CRN supports the vision of Make America Healthy Again through policies that address nutrition-related chronic diseases. Dietary supplements play an essential role in filling nutrient gaps and in promoting public health. Recommendations in the Dietary Guidelines emphasizing the usefulness of dietary supplements in helping individuals meet recommended nutrient intakes would facilitate achievement of healthy dietary practices for the American people.

Sincerely,

Steve Mister
President & CEO

Haiuyen Nguyen
Vice President, Regulatory & Nutrition Policy