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Science-Based Food Policies to Prevent Diet-Related Diseases

FULL REPORT

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INTRODUCTION

The "Make America Healthy Again" (MAHA) movement, led by HHS Secretary Robert F. Kennedy, Jr., aims to reduce diet-related chronic diseases. This is a worthy goal. Decades of scientific research has proven that, without aggressive governmental policies to limit the power of the food industry, unhealthy diets will continue to shorten life expectancy, reduce quality of life, and contribute to astronomical healthcare costs.

On May 22, 2025, the MAHA Commission released its report, the "Make Our Children Healthy Again Assessment", to be paired with an accompanying strategy. The assessment, and the broader MAHA movement, include a wide range of food policy proposals. In this report, we have summarized five MAHA food policy areas with strong scientific support. We also acknowledge a sixth area of importance – policies related to food production. These include banning toxic pesticides, shifting agricultural subsidies away from corn, soy, and wheat, promoting regenerative agriculture, and ending reliance on industrial meat production and factory farming. While we broadly support some of these ideas, they are outside of our area of expertise and, therefore, outside the scope of this report.

In each of the five food policy areas that follow, we first describe what MAHA has broadly proposed. Next, we summarize aspects of the proposal that are supported by science. Last, we recommend science-based policy actions that align with MAHA priorities.

FIVE MAHA FOOD POLICY AREAS SUPPORTED BY SCIENCE

1. **Eliminate toxic chemicals from the food supply.**
2. **Prohibit public programs from subsidizing sugary drinks and other ultra-processed foods.**
3. **Protect our children from developing diet-related diseases.**
4. **Improve access to nutrition services in healthcare settings.**
5. **Reduce conflicts of interest in food and nutrition research.**

AREA 1: ELIMINATE TOXIC CHEMICALS FROM THE FOOD SUPPLY

MAHA PROPOSED ACTIONS:

- Ban chemical additives from the U.S. food supply.
- Evaluate the health impacts of self-affirmed "generally recognized as safe" (GRAS) food ingredients.

WHAT DOES THE SCIENCE SUPPORT?

- Many substances (additives, color additives, and ingredients "generally recognized as safe" or GRAS) are added to the U.S. food supply despite evidence that those substances are harmful to human health. This is the result of significant gaps in FDA oversight, in which:

  (1) food companies can decide which substances (excepting color additives) are GRAS;

  (2) GRAS substances are not subject to FDA pre-market review;

  (3) GRAS substances can be added to food without FDA notification;

  (4) FDA lacks the formal approach and resources necessary to conduct post-market review of thousands of existing food substances, including additives in use prior to the Food Additives Amendment of 1958.[1-3]
- As a result, the U.S. food supply legally includes a mix of substances that are harmful (e.g., propylparaben), those that are harmful when consumed in high amounts (e.g., salt, caffeine), those of questionable safety (e.g., non-nutritive sweeteners), those for which health risks are unknown, and even substances which are themselves unknown to FDA.[1]
- Many substances that are legal in the U.S. are banned (e.g., potassium bromate), capped (e.g., salt), or heavily restricted (e.g., synthetic food dyes) in other countries.[4,5]
- California banned 4 of these substances in 2023 – red dye 3, potassium bromate, brominated vegetable oil, and propylparaben – due to concerns about serious health effects, including hyperactivity, nervous system damage, and increased risk of cancers.[1,2]
- During the last two years, the FDA Human Foods Program and state legislatures have taken small steps to improve oversight of some chemical substances, but these steps are not nearly enough to ensure the safety of our food supply.

AREA 1: RECOMMENDED CONGRESSIONAL ACTIONS[1]

1. **Amend the Food Additives Amendment of 1958.** The amendment should better define GRAS substances, clearly distinguish between GRAS and food additives, and require that data on the safety of GRAS substances be submitted to the FDA for premarket review before a company can market the ingredient. This is consistent with the method proposed in the Ensuring Safe and Toxic-Free Foods Act of 2023.

2. **Mandate that GRAS panels are free of conflicts of interest.** People with industry-related conflicts of interest should be prohibited from serving as experts on GRAS review panels. Other best practices include ensuring appropriate and balanced expertise and requiring public data to form the basis of GRAS review (i.e., not allowing trade secret information).

3. **Increase FDA appropriations to support a robust review of food substances.** This includes pre-market review of food additives, post-market review of substances already in the food supply, and reevaluation of the GRAS status of current levels and uses of added caffeine, sodium, and sugar. The FDA has already set voluntary upper limits for sodium in packaged and restaurant foods; these limits could be made mandatory. A user fee program (similar to that for tobacco) could help fund this work.

4. **Require the food industry to identify all GRAS substances they have determined are safe through the self-GRAS process.** FDA should disclose a list of all known GRAS substances in the food supply and all substances for which GRAS status has been revoked or limited on its website.

5. **Authorize the FDA to fine or otherwise penalize food manufacturers that self-GRAS without sufficient pre-market evidence to ensure the absence of harm.**

6. **Mandate immediate 120-day review for a substance banned in a peer country or jurisdiction.**[4-6]

7. **Require warning labels on products exceeding thresholds for substances that are harmful when consumed in large amounts (e.g., caffeine, salt).**[2,7]

8. **Require the FDA to create a list of priority chemicals for review or timeline for regular review of allowed chemicals/additives.** The FDA could maintain a regular queue of chemicals that need to be reviewed each year like the EPA does for toxic chemicals under the Toxic Substances Control Act or could review every additive or chemical on a periodic basis as the EPA does for pesticides, which are re-reviewed after 15 years.

AREA 2: PROHIBIT PUBLIC PROGRAMS FROM SUBSIDIZING SUGARY DRINKS AND OTHER ULTRA-PROCESSED FOODS

MAHA PROPOSED ACTIONS:

- Ban ultra-processed foods from schools.
- Restrict some ultra-processed foods (e.g., soda, candy, chips, energy drinks) from being purchased with SNAP.

WHAT DOES THE SCIENCE SUPPORT?

- **Sugary drinks and ultra-processed foods pose health risks**. A robust body of scientific evidence shows that sugary drinks and ultra-processed junk foods cause significant health harms[8,9] and are addictive.[10-12] Although some scientists have argued that "more research is needed" before action on ultra-processed foods is warranted, we disagree. The evidence to show these foods are addictive is stronger than evidence for tobacco when the Surgeon General issued its landmark report on nicotine addiction.[12]
- **Sugary drinks are already prohibited in most federal nutrition assistance programs**. This includes school meal programs and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). These changes were made under the 2010 Healthy, Hunger-Free Kids Act and have been associated with improvements in diet quality and weight status among children from households with lower incomes.[13-15]
- **There are currently no restrictions on ultra-processed foods in federal programs.** As a result, companies specially formulate ultra-processed products, such as mozzarella sticks, muffins, chips, and cereals so that they can be served in schools.[16,17] These practices have been shown to confuse consumers. Restrictions on ultra-processed foods paired with financial assistance to schools to improve food service infrastructure and training could close these loopholes, encourage scratch cooking, and improve health.
- **New York City is an example of what ultra-processed food restrictions could look like.** The City of New York already encourages public institutions to shift away from ultra-processed foods by mandating that a proportion of entrees served by government agencies (e.g., schools, hospitals) be minimally processed.[18]

- **SNAP is a critical program for reducing poverty and improving household food security. Currently, there are limited data on the likely impact of restricting sugary drinks and other items from being purchased with SNAP**. No state has implemented a demonstration project to amend the program in this way.
    1. **Preliminary evidence shows that restrictions on sugary drinks, candy, and sweets in SNAP-like programs are associated with healthier purchases**.[19-21] One study found that household purchases of sugary drinks were 40% lower in a SNAP-like program restricting sweets and 54% lower in a program restricting sweets and incentivizing fruits and vegetables compared to the typical program.[19] However, studies have found little to no difference in total diet quality as a result of restrictions.[19-21]
    2. **Studies show no impact of restrictions on food insecurity.** Restrictions have not been shown to increase household food insecurity or reduce program satisfaction when compared to the status quo.[19-21]
    3. **The federal government has historically restricted SNAP from being used to purchase substances that are inessential and can be misused (e.g., tobacco and alcohol).** Some foods and beverages currently allowed under SNAP, such as soda, are also inessential with potential for misuse. Like tobacco and alcohol, these products are intentionally manufactured, by for-profit industries, to be addictive. Other federal programs have restrictions on what can be purchased with benefits to limit harmful industry practices. For example, as of 1999, HUD has prohibited federal rental assistance dollars from going toward housing units with lead-based paint hazards.[22]
    4. **Regardless of the impact on household food purchases, removing sugary drinks from SNAP would eliminate a government subsidy on products that are harmful to health.**

WHICH PRODUCTS SHOULD BE TARGETED?

SNAP: There is strong evidence for the health harms of sugary drinks and energy drinks.[8,23,24] These beverages do not provide essential nutrients, are harmful when consumed in high amounts, and provide liquid calories, which may be less satiating. Restricting these items should not increase the time needed to prepare meals and would be a way to test the impact of restrictions on outcomes important to health, such as dietary intake, food security, stigma, and program participation.

School Meals: To avoid unhealthy product reformulation or substitution, which may occur if only certain categories are targeted, schools could be required to progressively reduce the percent of food purchases that are ultra-processed.

AREA 2: RECOMMENDED CONGRESSIONAL ACTIONS

1. **Authorize the FDA and increase funding to create an ultra-processed food taxonomy and database.** To reduce ultra-processed foods in school meals, schools and their foodservice vendors must be able to easily identify ultra-processed products. The FDA should develop a science-based taxonomy for regulating these products and a searchable public database to identify them, similar to the Searchable Tobacco Products Database.

2. **Require warning labels on ultra-processed foods.** This would make it easy for schools to identify items that should not be purchased or served.

3. **Authorize the USDA to develop a phased approach for reducing ultra-processed foods in school meals.** This should include an assessment of current school spending on ultra-processed foods, mandated reductions over time, and plans for monitoring and evaluation.

4. **Increase USDA funding for programs that promote scratch cooking in schools**. Many schools will need additional funds to significantly reduce ultra-processed foods in school meals. The USDA should provide technical assistance and funding to states by increasing meal reimbursement rates and funding for Farm to School grant programs, Team Nutrition Training Grants, and the Healthy Meals Incentives Initiatives. These actions would provide the resources schools need to purchase and prepare minimally processed foods.

5. **Require that states approved to restrict sugary drinks and other items from SNAP implement a program evaluation**. This evaluation should be made available to the public and include information about changes in SNAP redemption patterns, household participation in SNAP, and retailers accepting SNAP benefits.

6. **Maintain SNAP funding and increase USDA funding for healthy incentive programs.** Programs like GusNIP provide incentives for fruits and vegetables purchased with SNAP. There is more demand for GusNIP than can be supported by the funds currently available annually. SNAP recipients are more supportive of restrictions on unhealthy items like soda when paired with financial incentives for healthy purchases.[25]

Any policy to restrict items from nutrition assistance programs must consider how individuals and institutions will identify ineligible products, as well as their capacity to access and prepared alternative, minimally processed options.

AREA 3: PROTECT OUR CHILDREN FROM DEVELOPING DIET-RELATED DISEASES

MAHA PROPOSED ACTIONS:

- While MAHA does not outline specific food policy proposals to protect children, its broader agenda includes a goal of protecting children's health by dismantling the corporate stranglehold on nutrition research and policy. This suggests a focus on policies that reduce children's intake of unhealthy foods by restricting harmful industry practices.

WHAT DOES THE SCIENCE SUPPORT?

- **Ultra-processed junk food and sweetened beverage taxes**. A growing body of evidence supports the effectiveness of excise taxes on sugary drinks**.** Taxes on distributors of sweetened drinks have been enacted in eight U.S. cities and counties and more than 80 countries.[26,27] Although sweetened beverage taxes vary in their design and delivery, clear evidence from real-world policy evaluations supports their positive effects on children's dietary behaviors and health.[28] Specifically, in quasi-experimental studies sweetened beverage taxes are associated with reduced sugary drink purchases, reduced sugar intake, improvements in weight status across all age groups, improved oral health, improved perinatal health outcomes, and reduced hospitalizations for childhood asthma. These taxes could be expanded to ultra-processed junk food to reduce intake.
- **Mandatory warning labels on ultra-processed junk foods and beverages.** In January 2025, the FDA proposed a rule that would require food companies to display a Nutrition Info Box on the front of food packages. These labels are confusing, as they indicate whether products have high, medium, and low amounts of added sugar, sodium, and saturated fat (meaning a product could be high in one nutrient and low in another). Science shows that simple warning labels alerting consumers to high amounts of energy, sodium, added sugar, and saturated fat most effectively communicate nutrition information and improve the healthfulness of food purchases.[29] Over ten countries have adopted mandatory warning labels on ultra-processed foods.[30] Some countries also require that companies place warnings on products containing caffeine or non-nutritive sweeteners. In experimental studies and real-world policy evaluations, warning labels are associated with healthier food choices.[29,31-33] These labels may be more effective when combined with restrictions on marketing to children. For example, since 2016, Chilean

packaged foods high in calories, salt, sugar, and saturated fat must carry warning labels. Food companies have reduced sugar and salt in their products to avoid carrying a label,[34] and Chilean families have purchased fewer sugary drinks and less energy, sugar, salt, and saturated fat in response.[31-33] More on food marketing restrictions below.

- **Health Harms of Marketing Fruit Drinks and Toddler Milks to Kids.** Fruit drinks and toddler milks (milk-based products produced by formula manufacturers and marketed for toddlers 12-36 months) are not recommended for young children due to their high sugar content, which is particularly detrimental in the first 1000 days of life when children are establishing taste preferences and dietary behaviors.[35,36] These drinks often carry misleading claims (e.g., "supports immunity") and imagery (e.g., fruit that is absent from the product) that deceive parents into thinking the products are healthier than they are.[37,38] Toddler milks are often cross-promoted and marketed to resemble infant formula, but lack the extensive regulations related to infant formula (e.g., standards of identity, labeling requirements).[38-40] Counter-marketing campaigns[41,42] and restrictions on front-of-package claims[43,44] in experimental studies have been shown to correct these misperceptions and help parents make more healthful choices for their children. Several countries, such as India, Bangladesh, Afghanistan, and the Maldives, prohibit certain direct-to-consumer marketing of toddler milks, including comparisons to breastmilk, messages promoting bottle feeding, professional endorsements, and nutrition and health claims.[45] In some countries, such as the UK and Ireland, high-sugar foods and drinks targeted towards children cannot use licensed characters, show celebrities popular with children, or carry health claims.[46]
- **Health Harms of Consuming Energy Drinks During Childhood.** Energy drinks are not recommended for young children and adolescents due to the high levels of caffeine these drinks contain.[23] These products are commonly marketed to children and adolescents and are not required to disclose their caffeine content.[23,24,47] Additionally, energy drinks often contain high amounts of sugar, non-nutritive sweeteners, and other substances (e.g., taurine, guarana) of questionable safety, particularly when consumed by youth in high amounts.[47]
- **Benefits of Food Procurement and Service Standards in Public Institutions, Restaurants, and Grocery Stores.** Policies that require foods purchased, served, and/or marketed in certain settings to meet minimum nutritional guidelines can reduce exposure to foods and beverages of poor nutritional quality in all places where children live, learn, and play. An example of food procurement and service guidelines are nutrition standards for school meals, which have been shown to improve children's diet quality

and reduce obesity among children from low-income families.[13,14] These policies could be strengthened (e.g., to limit ultra-processed junk foods), and expanded to other settings (e.g., children's restaurant meals, healthcare settings). More than 20 states and localities already require that restaurant children's meals meet certain nutritional standards, and many restaurants serve healthy kids' meals voluntarily through their participation in the National Restaurant Association's Kids Live Well program.[48,49] One city (Berkeley, CA) requires that supermarkets only stock products meeting minimum nutritional standards in checkout aisles.[50]

- **Importance of Limits on Marketing Ultra-processed Junk Foods to Children**. Unhealthy foods and beverages are heavily marketed to children and adolescents.[51] The health harms of these practices have been well-documented.[52] The U.S. has overwhelmingly relied on industry self-regulation, which does not capture all age groups (e.g., adolescents) or modern marketing practices (e.g., digital media). As a result, companies continue to primarily advertise nutritionally poor food and beverages to children.[53] A systematic review of the effect of governmental policies limiting children's exposure to unhealthy food marketing found that such policies may reduce exposure to, preference for, and purchase of unhealthy foods.[54]

HOW DO WE PROTECT OUR KIDS?

Adopting a package of policies that reduces children's exposure to unhealthy foods and beverages will likely be most effective for improving dietary behaviors and reducing diet-related chronic diseases. These policies mirror U.S. tobacco control policies, which include front-of-package warning labels, clean indoor air laws (similar to procurement policies, which limit exposure in public places), restrictions on marketing to children, retail sales restrictions, taxes, and counter-marketing campaigns. When applied to tobacco, these policies have collectively reduced smoking prevalence and improved children's respiratory health while also improving the cardiovascular and respiratory health of adults.[55-59] Experimental studies and real-world policy evaluations from states, localities, and other countries suggest we would see similar effects on diet.

AREA 3: RECOMMENDED CONGRESSIONAL ACTIONS

1. **Implement an excise tax on sweetened beverages**.

2. **Mandate front-of-package warning labels for packaged foods and beverages high in added sugar, salt, and saturated fat.** The FDA should amend its proposed front-of-package nutrition labeling rule to require a distinct High In label for each excess nutrient (sodium, added sugar, saturated fat). The label should also include visual elements, such as colors, shapes, symbols, or icons, that alert consumers to high amounts of these nutrients (e.g., the color red, an exclamation mark).

3. **Require caffeine and non-nutritive sweetener disclosures on packaged foods.**

4. **Prohibit companies from marketing products carrying warning labels or disclosures to children.** If warning labels (#2) and disclosures (#3) are required on food packages, companies could be prohibited from marketing labeled products to children and adolescents across all platforms, including traditional and digital media.

5. **Regulate toddler milk products.** This could be achieved by requiring that toddler milk manufacturers comply with the WHO International Code of Marketing Breast-Milk Substitutes, which prohibits direct-to-consumer marketing of toddler milk. Alternatively, Congress could require federal agencies to: (1) create a new regulatory structure for baby and toddler products (FDA); (2) address nutrient content claims for products intended for children under 36 months (FDA); (3) enforce action against unfair and deceptive marketing and labeling practices (FTC); and/or (4) require infant formula manufacturers with WIC contracts to comply with the WHO Code (USDA).

6. **Prohibit advertising and sales of energy drinks to children under 16.**

7. **Repeal the FTC Improvement Act of 1980, which limited the FTC's ability to regulate marketing practices directed at children.**

8. **Fund counter-marketing campaigns to educate the public about misleading marketing on products targeting children, such as fruit drinks and toddler milks.** Such campaigns were successfully used for tobacco control.

9. **Require that foods purchased for, served to, and marketed towards to children meet minimum nutrition standards.** Such standards should be created by scientific experts free from food industry influence. Specific actions could include:
    - Mandatory food procurement and service policies for healthcare facilities serving children and their families.
    - Minimum nutrition standards for children's meals in chain restaurants.
    - Requirements that SNAP-authorized retailers only display products meeting minimum nutritional standards at the checkout and on the ends of aisles.

AREA 4: IMPROVE ACCESS TO NUTRITION SERVICES IN HEALTHCARE SETTINGS

MAHA PROPOSED ACTIONS:

- Require nutrition courses for physicians.

WHAT DOES THE SCIENCE SUPPORT?

- **Dietary counseling helps patients manage cardiometabolic diseases.** Yet, there is little emphasis on nutrition in medical education, and physicians are more likely to prescribe pharmacologic and surgical interventions than dietary or physical activity as a first-line therapy for weight management.[60] Currently, there is no requirement of coursework and no nutrition competency in medical school, residency, fellowship, or continuing education.[61,62] Importantly, much of nutrition training is funded using federal dollars; in particular, Medicare funds the lion's share of Graduate Medical Education (residency and fellowship).[63]
- **The majority of patients report that they trust their physicians to give them advice on nutrition, yet few physicians feel equipped to discuss nutrition with their patients.**[64,65] This is a missed opportunity, as ensuring physicians receive just basic nutrition training can enable them to conduct nutrition assessments, understand the importance of nutrition to health, offer accurate information to patients when asked, and refer their patients to appropriate professionals. One survey of cardiologists found that the majority referred 10% or fewer patients to diet and nutrition specialists, yet those who received basic nutrition training were nearly twice as likely to make needed referrals compared to those who did not receive training.[66]
- **Physicians with nutrition knowledge but without expertise in counseling or weight management may inadvertently convey judgement or communicate in a way that is stigmatizing to patients.** This has been shown to reduce patient trust in healthcare providers, reduce quality of care, and cause avoidance of healthcare.[67] Nutrition training for physicians should, in addition to ensuring their ability to provide evidence-based advice, also incorporate increased cultural competence and training to reduce weight bias and stigma.

AREA 4: RECOMMENDED CONGRESSIONAL ACTIONS

1. **Require that federally funded or federally employed doctors complete a nutrition focused continuing education course or training.** Requiring this of federally employed physicians would be particularly effective because the federal government is one of the largest employers of physicians in America through the Veterans Health Administration. Such a requirement could also help make nutrition continuing education content more available, allowing more physicians outside of the government to access this content.

2. **Provide grants to medical schools and residency/fellowship programs to increase nutrition programming for their students.**

3. **Extend Medicare coverage of medical nutrition therapy (MNT) and intensive behavioral counseling to individuals with conditions other than diabetes or kidney disease.** Examples of conditions that would benefit from MNT include obesity, eating disorders, cancer, and HIV/AIDs. This was proposed in the Medical Nutrition Therapy Act of 2023.

4. **Make MNT a mandatory benefit in state Medicaid programs.** MNT should be specifically listed as a mandatory benefit so that more states will cover it under their state Medicaid programs.

5. **Increase payment rates for MNT provided by registered dietitians in state Medicaid programs.** This would expand access to services.

6. **Establish coverage for medically tailored meals (MTMs) in Medicaid.** Amend the Medicaid statute and/or implementing regulations to include MTMs as a benefit for people who are seriously or chronically ill. This would prevent the uneven access currently available through state-based waivers.

7. **Pilot coverage of MTMs for Medicare enrollees with chronic illnesses.** Pilot programs would test the efficacy of MTMs, for improving outcomes for those on Medicare, and provide important programmatic information necessary to scale up programs. This could be done by supporting the Medically Tailored Home-Delivered Meals Demonstration Pilot Act.

AREA 5: REDUCE CONFLICTS OF INTEREST IN FOOD AND NUTRITION RESEARCH

MAHA PROPOSED ACTIONS:

- Prohibit Dietary Guidelines for Americans (DGA) committee members from accepting money from the food or pharmaceutical industries.
- Prohibit researchers with financial conflicts of interest from receiving National Institutes of Health (NIH) funding.

WHAT DOES THE SCIENCE SUPPORT?

- **Industry-funded studies are biased.** Nutrition research studies sponsored by industry have shown a clear bias towards outcomes that are beneficial to industry.[68-70] For example, a systematic review of reviews on associations between sugary drink intake and weight gain found that industry-sponsored studies were five times more likely to show no association than studies that were not industry-sponsored.[70]
- **Industry funding can significantly influence research in other ways**. Examples include publication bias (selective reporting of outcomes that benefit industry), prioritization of research questions, amplification of positive findings and diminishment of negative findings in the public discourse.[71]
- **Industry funding is highly prevalent in nutrition research and practice**. Food companies issue research grants, pay scientists for consulting services and board memberships, and sponsor professional associations, continuing education, and social media influencer dietitians and content creators.[72-75]

AREA 5: RECOMMENDED CONGRESSIONAL ACTIONS

1. **Set a higher NIH pay line (i.e., score threshold for which an application is likely to be funded) for researchers without financial conflicts of interest.**
2. **Prohibit industry compensation for DGA committee members.**
3. **Increase NIH funding for nutrition research, including effective policy strategies to improve diet.** This would help advance science on how best to address diet-related diseases, which are a leading cause of premature death in the U.S.

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