

You Are What You Eat

An Alternative to MAHA for Healthy Food and Fewer Chemicals

By Neera Tanden, Topher Spiro, Anne Knapke, Jill Rosenthal, and Kierra Jones October 2026



Introduction and summary

For too long, government inaction—or worse, active support for unhealthy food—has harmed the health of American families. Families are not protected from potentially harmful chemicals in food and everyday products, with gaping loopholes in regulatory oversight. The science is increasingly clear that healthy food is critical to health outcomes, yet federal policies too often ignore this reality by favoring unhealthy food.

Food is central to health, and America is in crisis. On average, 53 percent of calories consumed by adults and nearly 62 percent of calories consumed by children are ultra-processed.¹ Studies show that ultra-processed foods (UPFs) increase calorie intake and the risk of obesity, diabetes, and cardiovascular disease.² A recent systematic review found that each additional 100 grams of UPFs per day increases the risk of hypertension by 11 percent, cardiovascular events by 14 percent, cancer by 4 percent, and all-cause mortality by 3 percent.³

More than 2 in 5 adults and 1 in 5 children have obesity, increasing health care costs by about \$174 billion per year.⁴ About 1 in 8 Americans have diabetes, which accounts for a staggering 25 percent of health care spending.⁵ The rates of adults with obesity and diabetes are at least twice as high as in comparable countries.⁶ In the United States, the total economic cost of being overweight and obesity is \$706 billion, including \$304 billion in direct medical costs.⁷ By comparison, the total economic cost across five peer countries with a combined population slightly larger than the United States—Japan, Canada, the United Kingdom, Germany, and France—is \$303 billion, including \$108 billion in direct medical costs.⁸

Poor diet is not the only cause of these disparities, but what Americans eat is a significant part of the story. Only 1 in 10 adults eats the recommended daily amount of fruit or vegetables.⁹ Increasing routine consumption of fruits and vegetables is one of the most straightforward prevention strategies available.¹⁰ Yet the Trump administration has canceled significant funding for local food purchasing assistance for schools and food banks,¹¹ proposed cuts to produce benefits in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC),¹² paused grant funding for nutrition-incentive programs,¹³ and perpetuated agricultural policy that is not built to support production of healthy foods.

Harmful chemicals such as PFAS and phthalates—which are linked to several health harms including cancer, diabetes, heart disease, and reproductive harms—are common in consumer products.¹⁴ According to a recent study, harmful chemicals such as phthalates, parabens, and bisphenols are widespread in personal care products.¹⁵ While other countries, particularly in Europe, have taken the lead in

banning harmful chemicals—such as PFAS in food packaging—the regulatory system in the United States is paralyzed.¹⁶

More than half of adults are concerned about exposure to harmful chemicals in food, drinking water, personal care products, and cosmetics.¹⁷ Strikingly, 84 percent agree that the government “needs to do more to identify and regulate harmful chemicals found in everyday products”—including 79 percent of Republicans and 77 percent of conservatives.¹⁸

Decades of inaction and federal support for unhealthy food have led to a crisis of confidence. Fewer than half of Americans trust agriculture, food, and beverage companies and fewer than half trust public health agencies to act independently.¹⁹ Simply put, corporate industry wields too much power over the regulatory system—and political leaders for decades have ignored these festering problems.

The grassroots movement that Make America Healthy Again (MAHA) politicians co-opted was a response to this crisis of confidence.²⁰ With respect to pesticides and chemicals in food, this movement has pushed for long-overdue change. But time and again, the politicians who claim to represent the MAHA grassroots have betrayed the movement. President Trump and U.S. Secretary of Health and Human Services Robert F. Kennedy Jr. (RFK Jr.), using conflicts of interest as a pretext, have ironically injected unprecedented political and industry interference into preventive health recommendations.²¹ The Trump administration has also failed to take decisive action on chemicals in food, front-of-package food labeling, and pesticides—even consistently siding with the pesticide industry (as discussed below).

It is time for progressives to reclaim leadership on these public health issues. The Center for American Progress proposes a bold reform agenda, firmly grounded in science, to:

- Create an independent Preventive Health Science Commission to issue scientific dietary guidelines, vaccine recommendations, and preventive service recommendations; evaluate evolving evidence on chemical safety; review pesticides banned in peer countries; and determine the content of food warning labels
- Create a National Institute of Nutrition within the National Institutes of Health to generate evidence—not funded by industry—on the impacts of food on health
- Immediately ban chemicals in food and everyday products for which evidence of harm is overwhelming
- Require fast-track safety reviews of chemicals in food, dietary supplements, and cosmetics, shifting from a presumption that chemicals are safe to affirmative safety determinations

- Require fast-track safety reviews for pesticide residue on food and restore a buffer for children’s exposure
- Require warning labels on the front of packaged food and beverages—including warning of UPFs—based on the latest science
- Give fruits and vegetables to all elementary school children
- Establish a nationwide healthy food incentive program
- Subsidize fruits and vegetables as much as other food crops

This reform agenda will unify Americans across the political spectrum and improve and protect the health of American families.

Create an independent Preventive Health Science Commission

RFK Jr., and the Trump administration as a whole, has systematically undermined and dismantled preventive health science recommendations. In each case, the playbook is the same: first, remove or bypass scientific experts from key advisory bodies, claiming bias; and second, install overtly biased loyalists to inject unprecedented bias into the process. In some cases, it is true that conflicts of interest remained despite improvement over the years. But RFK Jr. cynically used these conflicts as a pretext to inject bias far more damaging than the problem he claimed to solve. It is time to remove political and industry interference from scientific health recommendations once and for all.

Dietary Guidelines for Americans

Every five years, the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA) jointly update the Dietary Guidelines for Americans (DGA) based on recommendations from the Dietary Guidelines Advisory Committee (DGAC). Federal law requires agencies to promote the DGA in implementing food, nutrition, or health programs.²² In particular, the National School Lunch Program must establish school nutrition standards consistent with the DGA, and WIC must align food packages with the DGA.²³ The DGA influences the advice of health care professionals, whether foods can be labeled “healthy,” the content of the nutrition facts label, and how food products are formulated.²⁴

In 2017, the National Academies of Sciences, Engineering, and Medicine recommended public disclosure of conflicts of interest for members of the DGAC.²⁵ But for the 2020 DGAC, the first Trump administration failed to implement this recommendation.²⁶ Unsurprisingly, President Trump’s appointments turned out to be riddled

with conflicts of interest: According to one analysis, 95 percent of members (19 out of 20) had ties to industry—and a majority had more than 20 ties to industry.²⁷

For the 2025 DGAC, conflicts of interest disclosures were voluntary, anonymized, and only covered the previous year.²⁸ According to one analysis, eight out of 20 members had significant conflicts of interest. Still, President Joe Biden’s appointments to the 2025 DGAC represented improvement: Seven members had no ties to industry at all in the previous five years.²⁹

However, the second Trump administration bypassed the 2025 DGAC entirely, introducing unprecedented political and industry influence. RFK Jr. commissioned an alternative “Scientific Foundation” report—written with no public comment—for which seven of the nine authors had ties to meat, dairy, and high-protein supplement companies.³⁰ This report fulfilled the Trump administration’s previous overt promise to use the dietary guidelines to “fortify the American Beef Industry.”³¹

In rejecting more than half of the 2025 DGAC’s recommendations, RFK Jr.’s final dietary guidelines recommended consumption of red meat, full-fat dairy, butter, and beef tallow—all of which increase consumption of saturated fats and the risk of cardiovascular disease, the leading cause of death in the United States.³² CAP recommends restoring the 2025 DGAC recommendations immediately and aligning the DGA with the established evidence on saturated fats and ultra-processed foods.

Advisory Committee on Immunization Practices

The Advisory Committee on Immunization Practices (ACIP) plays a critical role in evaluating the science of vaccines. Under the Affordable Care Act, its recommendations trigger mandatory coverage of vaccinations at no cost.³³

In the early 2000s, 43 percent of members reported a financial conflict of interest.³⁴ However, this percentage fell dramatically to an average of 6 percent since 2016—with less than 1 percent related to personal income (as opposed to research funding).³⁵ Still, by March 2025, eight of the 15 members had previously received industry payments (averaging about \$4,000 annually) before their service.³⁶

In June 2025, RFK Jr. removed all members and subsequently appointed new ones.³⁷ Despite his professed concerns with conflicts of interest, HHS has never disclosed conflicts of interest for these new members. In fact, several members have clear conflicts of interest: One received money from several drug companies; two were paid expert witnesses against vaccine manufacturers; one is a board member of an antivaccine advocacy organization; and two have openly affirmed their bias against vaccines.³⁸

In December 2025, the new ACIP discontinued the long-standing, evidence-based recommendation for all newborns to receive the hepatitis B vaccine.³⁹ Following the playbook of the dietary guidelines, RFK Jr. then bypassed his own ACIP entirely in announcing a new childhood immunization schedule that significantly reduced the number of routine vaccines.⁴⁰

In March 2026, a federal district court issued a stay on the committee appointments, its votes, and the new childhood immunization schedule.⁴¹ In response, RFK Jr. revised the committee charter to expand the qualifications for committee membership, signaling an intent to bypass the court order.⁴²

U.S. Preventive Services Task Force

The U.S. Preventive Services Task Force (USPSTF) has a critical role in evaluating the science of preventive services, such as cancer screenings. Under the Affordable Care Act, its recommendations with a rating of “A” or “B” trigger mandatory coverage at no cost.⁴³ In short, the task force’s work is lifesaving.

In May 2026, RFK Jr. removed the co-leaders of the task force.⁴⁴ Although the task force is supposed to meet three times per year, it has not met for more than a year.⁴⁵ In July 2025, *The Wall Street Journal* reported that RFK Jr. planned to remove all 16 members for being too “woke.”⁴⁶ The concern is that the purpose of these moves is to target recommendations for HIV pre-exposure prophylaxis (PrEP).⁴⁷

An independent commission on preventive health

CAP proposes a new independent Preventive Health Science Commission (PHSC) to issue guidelines and recommendations related to diet and nutrition, vaccines, and preventive services. The PHSC should consist of five members appointed by the president and confirmed by the Senate, with staggered terms of seven years. Congress should also specify that no more than three members can represent the same political party.

The commission should establish at least three standing committees for diet and nutrition, vaccines, and preventive services. Congress should codify in statute committee charters and the qualifications for committee members, including defined scientific qualifications. Industry should be prohibited from nominating committee members, and financial conflicts of interest should be strictly prohibited.⁴⁸ Congress should require the National Academy of Sciences (NAS) to vet nominees for statutory qualifications and conflicts of interest. Instead of relying on self-reported conflicts of interest, NAS should assess conflicts of interest over the previous five years.

A common argument is that prohibiting financial conflicts of interest would be impractical because industry research funding is pervasive. But the 2020 DGAC study found that members “were typically successful at drawing research funds from governmental agencies and had the possibility to get funding from other sources than from corporations.”⁴⁹ In addition, the seven members of the 2025 DGAC with no ties to industry prove that it is possible to find members without conflicts of interest.

Congress should require the commission, in making its decisions, to identify the specific findings of fact that it relied upon from its committees’ reports. Although the commission could deviate from committee recommendations—consistent with the Supreme Court’s ruling in *Kennedy v. Braidwood Management*⁵⁰—it would need to explain its reasons for doing so and consider reasonable alternatives. Congress should codify in statute a heightened judicial review: The commission must demonstrate that its findings of fact are supported by “substantial evidence in the record as a whole.” This review would require more evidence than the “arbitrary and capricious” standard⁵¹ and is the standard that applies in statute to the National Labor Relations Board⁵² and the Occupational Safety and Health Administration.⁵³

Under the Supreme Court’s recent decision in *Trump v. Slaughter*,⁵⁴ the president could remove commission members at will. However, through a number of mutually reinforcing features, this structure still protects independence much more than the current process in which the secretary is the sole decisionmaker: Multiple members would be making decisions; the Senate would need to confirm any replacements; in doing so, the Senate could enforce its requirement for bipartisan balance; committee charters, member qualifications, and independent vetting of committee nominees would be codified in statute; and deviations from committee recommendations would be subject to heightened judicial review.

Create a National Institute of Nutrition within the National Institutes of Health

Although the NIH has 20 institutes—each focused on medical research in a specific area—it surprisingly does not have an institute focused on nutrition. Instead, an Office of Nutrition Research merely serves in a coordinating role among the institutes.⁵⁵

As a consequence of this lack of focus, NIH spent less than 5 percent of its budget on nutrition research in fiscal year (FY) 2024—a level that has remained flat for three decades.⁵⁶ Of that amount, only 25 percent (1.3 percent of all NIH funding) focuses on diet for the prevention or treatment of human disease.⁵⁷

Since the 2000s, clinical research infrastructure for nutrition has been defunded.⁵⁸ Whereas evidence from controlled trials was largely published from the 1980s to the 2000s, data since then are mostly observational.⁵⁹ As a result, when the DGAC conducted a systematic review of the effect of ultra-processed food on obesity, it identified only one small clinical trial and observational studies that were judged to be too limited to draw conclusions.⁶⁰

CAP proposes the creation of a National Institute of Nutrition within the NIH. As recommended by the Federation of American Scientists, Congress should double funding for nutrition research.⁶¹ Importantly, this funding should invest in clinical research infrastructure. The new Preventive Health Science Commission should provide recommendations to guide investment and coordinate research across departments.

Require fast-track safety reviews of chemicals in food, dietary supplements, and cosmetics

Americans would be surprised to know that food and everyday personal care and beauty products are marketed with little to no safety reviews of their chemicals. Unlike for drugs, the U.S. Food and Drug Administration (FDA) does not review many food ingredients, any dietary supplements, or any cosmetics before they are brought to market.⁶²

Food ingredients

Normally, food additives must be approved by the FDA before they can enter the market.⁶³ In 1958, Congress exempted from premarket approval food ingredients that are “generally recognized as safe” (GRAS)—an exemption intended to apply to common food ingredients such as vinegar, flour, and baking soda.⁶⁴ However, in 1997, the FDA allowed food and beverage companies to self-attest that a chemical is GRAS—creating a massive loophole from FDA oversight.⁶⁵ In making these self-determinations, companies often hire consulting firms that set up panels consisting of many of the same experts, violating conflict of interest standards.⁶⁶

Incredibly, companies are not required to notify the FDA that they have determined a chemical to be GRAS; they can just start using it in food.⁶⁷ And “because companies can hide food ingredients behind the vague terms ‘natural flavor,’ ‘artificial flavor,’ or ‘spices,’”⁶⁸ the FDA and Americans have no idea what chemicals are in food and beverages—let alone whether they are safe to consume.

In May 2025, the FDA announced plans to conduct a review process for food chemicals already on the market, including an “evidence-based prioritization scheme.”⁶⁹

Although the FDA has launched the prioritization tool, one year later it had only issued a request for information about three chemicals of concern.⁷⁰ To date, no reviews have been completed.

In August 2025, former FDA commissioner Dr. David Kessler filed a citizen petition urging the FDA to revoke GRAS status for refined sweeteners, flour, and starches used in industrial food processing, such as corn syrups.⁷¹ Although the FDA was required to respond within 180 days, it merely posted an interim response stating that the petition remains under review.⁷²

In August 2026, HHS announced a proposed rule to require companies to notify the FDA of their GRAS self-determinations.⁷³ This proposed rule does not come close to closing the GRAS loophole. It requires mere notification; companies can still self-affirm the safety of ingredients. Remarkably, the proposed rule does not even require companies to submit the underlying data supporting their self-affirmations.⁷⁴ For ingredients that are already on the market, it does not even require companies to submit any narrative basis for their self-affirmations.⁷⁵ Most importantly, companies can still bring ingredients to market without any FDA review or approval.

Dietary supplements

The FDA does not have authority to review or approve dietary supplements for safety before they enter the market.⁷⁶ The law does require manufacturers to notify the FDA of new dietary ingredients and submit safety information at least 75 days before bringing them to market.⁷⁷ However, ingredients that are GRAS are exempt from this notification.⁷⁸

Dietary supplements have been found to be contaminated,⁷⁹ including with drugs⁸⁰ and concerning levels of heavy metals such as lead.⁸¹ They have also been found to have wildly inaccurate dosages; in one study of melatonin, the actual quantity ranged from 74 percent to 347 percent of the labeled quantity.⁸² The lack of government oversight is such a problem that third-party testing organizations such as NSF International and U.S. Pharmacopeia offer voluntary certifications.⁸³

Cosmetics

The FDA also does not review or approve cosmetic ingredients for safety before they enter the market.⁸⁴ Incredibly, manufacturers are only required to maintain records that they used to substantiate safety on their own⁸⁵—and are not required to share this information with the FDA.⁸⁶

A recent review found that cosmetics often contain parabens, phthalates (banned in the European Union), formaldehyde (banned in the EU), and heavy metals (banned in the EU).⁸⁷ In December 2025, the FDA reported that 1,744 cosmetic products—mainly eyeliners, face powders, foundations, eye shadows, and face and neck products—contain many PFAS for which there is insufficient safety data.⁸⁸ The potential adverse health risks of these chemicals include endocrine disruption, cancer, reproductive toxicity, neurotoxicity, respiratory conditions, and allergies.⁸⁹ The systematic review points to a regulatory gap in the United States: “While the European Union has established strict bans or concentration limits for many of these substances, the United States often permits their use with minimal restrictions, relying instead on industry self-regulation.”⁹⁰

Immediate bans

In certain cases, the evidence that a chemical causes serious health harms is overwhelming and incontrovertible—and Americans should not be forced to wait for action. Congress should immediately ban all PFAS from clothing, carpets, cleaning products, cookware, dental floss, food packaging, menstrual products, and cosmetics.⁹¹ Congress should also ban bisphenols (such as BPA), phthalates, certain parabens, formaldehyde, and solvents (such as TCE and benzene) in food packaging, food processing, and personal care products.⁹² While these actions should be immediate, the effective dates should be phased in as quickly as reasonably feasible for industry to adjust products.

Fast-track priority reviews

For other cases, CAP proposes that Congress require the FDA to systematically assess at least 40 high-priority ingredients or chemicals per year within 36 months. The number of new drugs that the FDA approves each year, and the number of new biopesticides that the EPA reviews each year, prove that a regulatory agency can handle this volume of reviews if sufficiently funded.⁹³ CAP’s proposed Preventive Health Science Commission should periodically review evolving evidence on chemicals and recommend prioritization for reviews to the FDA.

In addition, Congress should require the FDA to provide a substantive response—not a tentative or interim response—to a citizen petition within 180 days. After this deadline, the petitioner should have the right to sue the FDA, and Congress should codify in statute a presumption that the delay is unreasonable.

To carry out these expedited reviews, Congress should appropriate \$100 million annually to the FDA.⁹⁴ Of this total, a base amount for fixed costs—e.g., for staff salaries, infrastructure, and information technology—should be available to the FDA immediately. The remainder should be available to the FDA in tranches to cover the

marginal cost of each review. In other words, funding for the review of the second-ranked chemical on the priority list would be released only when the first-ranked chemical's review is complete, and so on. In addition, Congress should authorize the FDA to collect cost recovery fees from manufacturers.

This funding model—in which funding is tied to the completion of reviews—is proven to work. The Prescription Drug User Fee Act (PDUFA) provides a dedicated stream of funding to the FDA in exchange for its commitments to review new drug applications within predictable time frames.⁹⁵ Under PDUFA, the FDA has consistently met the vast majority of its review goals, significantly reducing review times.⁹⁶

Closing the loopholes

Going forward, CAP proposes to eliminate the GRAS loophole and require pre-market safety reviews for new ingredients in dietary supplements and cosmetics. Manufacturers should be required to submit safety data on an ingredient at least 90 days before bringing it to market. The FDA should be required to respond to the submission within 90 days. The FDA should be prohibited from using experts who have financial conflicts of interest, and manufacturers should be prohibited from using go-to, standing panels of experts with which they have long-term financial arrangements.

Require fast-track safety reviews for pesticide residue on food

The Trump administration's ultimate betrayal of the MAHA movement is its broken promise to protect families from toxic pesticides. Instead of regulating or banning harmful pesticides, the Trump administration has consistently approved and promoted them.

In February 2026, President Trump issued an executive order “promoting” the production of glyphosate-based herbicides under the Defense Production Act.⁹⁷ The Trump administration also sided with Bayer, the manufacturer of glyphosate (also known as “Roundup”), in a Supreme Court case that Bayer won.⁹⁸ The court ruled that EPA-approved pesticide labels preempt claims against pesticide manufacturers for failure to warn of risks that the EPA evaluated.⁹⁹ Just days later, the Trump administration approved two new “forever chemicals” for food crops.¹⁰⁰

The Office of Pesticide Programs at the EPA has a long history of regulatory capture, in which decisions are biased in favor of the industry it regulates.¹⁰¹ According to the Brookings Institution, “since the pesticide office was formed in the 1970s,

every single one of the department heads who continued to work after leaving the pesticide office at the EPA ended up profiting from the very companies they used to oversee.”¹⁰² In the Trump administration, this conflict of interest is egregious: Kyle Kunker, a former lobbyist for the agriculture industry, is the deputy assistant administrator for pesticides.¹⁰³

The EPA sets “tolerance” (maximum) limits for pesticide residue on food, while the FDA tests food for compliance with these limits.¹⁰⁴ The Food Quality Protection Act (FQPA) requires a tenfold safety buffer for risk assessments for infants and children.¹⁰⁵ The EPA can deviate from this default standard only if, “on the basis of reliable data,” a lower margin would be safe.¹⁰⁶

However, in practice, exceptions have become the rule. From 1996 to 2012, the Government Accountability Office found that the EPA applied the 10x safety buffer to only 22 percent of pesticides.¹⁰⁷ A more recent study found that the EPA applied the 10x risk buffer for only 12–15 percent of pesticides for dietary or oral exposures.¹⁰⁸ Some of the evidence that the EPA uses to justify deviations from the default standard is treated as confidential business information, and in one case, a federal appeals court held that the EPA did not identify reliable data or provide an explanation.¹⁰⁹ The “reliable data” are often studies funded by the pesticide industry.¹¹⁰

The United States has approved more than 80 agricultural pesticides that are banned or being phased out in the European Union, China, or Brazil.¹¹¹ The Protect America’s Children from Toxic Pesticides Act, sponsored by Sen. Cory Booker (D-NJ), immediately suspends registrations for all pesticides that are banned by the EU, a member of the EU, or Canada. The bill requires an expedited review of these pesticides and cancels the registrations within two years unless the EPA determines that these bans were “clearly erroneous.”¹¹²

An independent review

CAP proposes a fast-track review similar to that in Sen. Booker’s legislation. For this one-time review, CAP’s proposed Preventive Health Science Commission should determine whether the bans by peer nations were “clearly erroneous.” This more independent review will ensure public trust in the determinations, as the EPA evaluating its own prior approvals creates the perception of a conflict of interest.

In addition, CAP proposes to restore the FQPA’s 10x safety buffer. Congress should immediately suspend tolerances that factor in a lower safety buffer. Going forward, the PHSC should determine whether there are “reliable data” to justify a deviation from the default standard. Reliable data must include studies that are not funded by the pesticide industry.

Require warning labels on the front of packaged food and beverages

Americans' consumption of saturated fat, sodium, and added sugars far exceeds recommended limits.¹¹³ The current Nutrition Facts label, located on the side or back of the package, is not effective at informing consumers. For instance, the addition of added sugars to the label was not effective at reducing consumption of sugar-sweetened beverages.¹¹⁴ In one survey, a significant share of respondents could not correctly interpret the percent daily value or a level that should be considered high.¹¹⁵

Numerous systematic reviews have found that front-of-package labels are effective at encouraging consumers to choose healthier food and beverage products.¹¹⁶ For instance, one review found that participants were 26 percent less likely to choose a product with a health warning label.¹¹⁷

Color codes (e.g., green for healthy levels; red for unhealthy levels) and warning icons (e.g., an exclamation mark or stop sign) are more effective than black-and-white text only or numerical labels.¹¹⁸ The studies generally find that these formats are eye-catching and that images are cognitively easier to process than words. In addition, there is some evidence that warning labels that indicate that a product is high in an unhealthy nutrient are more effective than other types of labels, including “traffic light” labels coded with green, yellow, and red.¹¹⁹

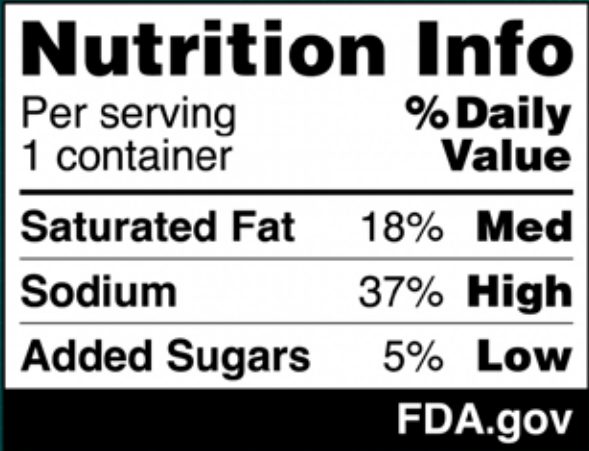
In January 2025, the FDA proposed a rule to require front-of-package nutrition labels that display the percentage of recommended daily value for saturated fat, sodium, and added sugars and whether this level is “high,” “medium,” or “low”.¹²⁰ (see Figure 1) The percent of daily value thresholds are 5 percent or less for “low,” 6 percent to 19 percent for “medium,” and 20 percent for “high.”¹²¹ The FDA did not propose color codes, icons, or “High In” warnings, nor did it propose disclosure of high levels of ultra-processed food ingredients. The Trump administration has not yet finalized any rule.

CAP proposes a “high in” warning label with an exclamation point or stop sign icon for each nutrient that is at a high level. As noted above, there is evidence that this type of label would be more effective than the FDA’s proposed label. One recent study also found that a “high in” warning label for each nutrient at a high level outperformed the FDA’s proposed label on a range of measures.¹²²

FIGURE 1

Food and Drug Administration (FDA) proposed nutrition info box

The proposed front-of-package label design would include indicators for percent daily value of a nutrient and whether this amount is high, medium, or low



Nutrition Info		
Per serving 1 container	% Daily Value	
Saturated Fat	18%	Med
Sodium	37%	High
Added Sugars	5%	Low
FDA.gov		

Source: Center for Science in the Public Interest, "[Front-of-package nutrition labeling](#)" (last accessed September 2026).

Graphic: U.S. Food and Drug Administration illustration republished by Center for American Progress

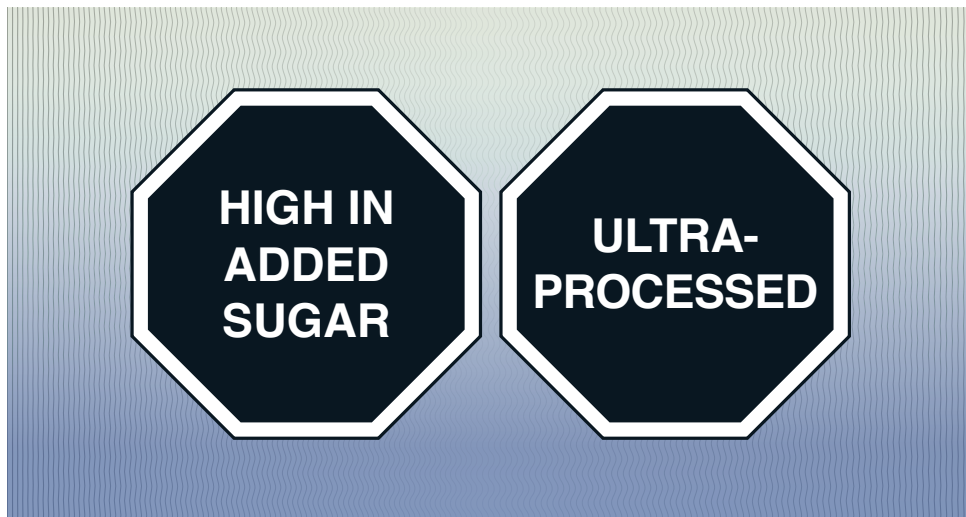
A “high in” warning label also has other important advantages. Under the FDA’s proposed label, a product that is high in one nutrient but low in the other two (such as sweetened beverages) could mislead consumers into believing that the product is healthier than it really is. A “high in” warning label would also give manufacturers more incentive to reformulate their products than the FDA’s proposed label. Whereas the FDA’s proposed label would be required on all products, a “high in” warning label would only be required on products that are high in a nutrient. Manufacturers could thus avoid the labeling requirement by reformulating their products to lower the levels.

CAP also proposes a “high in” warning label for UPF ingredients, based on a composite score of the degree of industrial processing and presence of UPFs of concern.¹²³ UPFs of concern should be ingredients for which there is peer-reviewed scientific evidence of a link to adverse health consequences, including non-sugar sweeteners of concern and ingredients that are banned in Canada and the European Union.

FIGURE 2

CAP's proposed "high in" warning label for the front of food and beverage packaging

A stop sign icon would indicate each nutrient of concern at a high level



Source: Center for American Progress

In addition, CAP proposes to require national chain establishments to include “high in” added sugar warning labels for drinks on menu boards. Beverage distributors should also be required to include “high in” added sugar warning labels on beverage dispensers.

In addition, CAP’s proposed Preventive Health Science Commission should be tasked with determining the nutrients of concern and the “high in” levels. The commission would have relevant expertise in developing the Dietary Guidelines for Americans. It should update the requirements of the “high in” warning label every five years.

Give fruits and vegetables to all elementary school children

All children need access to fruits and vegetables throughout the day. The Fresh Fruit and Vegetable Program (FFVP), which provides fruits and vegetables outside school lunch to children in participating elementary schools, is a model program. The produce is fresh and free, with no application required. According to the USDA’s national evaluation of the program, children in participating schools consumed about 15 percent more fruits and vegetables.¹²⁴

CAP proposes to expand this program nationally, making it a universal benefit at all public elementary schools. A universal program would help combat hunger; form lifelong healthy food preferences; and expand markets for American produce growers. CAP estimates that a universal program would cost about \$1.4 billion per year to serve 21 million students enrolled in kindergarten through fifth grade¹²⁵—a small amount compared with the annual costs of food-related disease.

Establish a nationwide healthy food incentive program

Proven interventions make fruits and vegetables substantially more affordable for working-class families. The Gus Schumacher Nutrition Incentive Program (GusNIP) reduces the effective price of fruits and vegetables for SNAP participants. According to USDA-funded evaluations of the program, participants report higher consumption of fruits and vegetables than the average adult.¹²⁶

The best model is the Double Up Food Bucks program. When SNAP participants buy eligible fruits and vegetables at participating retailers, the program generally matches the dollars spent dollar for dollar for the purchase of additional produce. While more than 25 states have adopted the program,¹²⁷ it is not available in many states; rules vary by state, including daily limits; and it relies on competitive grants, the participation of retailers, and philanthropic funding.¹²⁸

This patchwork should be replaced with a nationwide program. The match should be automatic—built directly into the EBT system—with full federal funding. Recent estimates suggest that a nationwide program would cost about \$1.7 billion per year in the form of redemptions at grocery stores.¹²⁹

Congress should similarly protect and increase investments in the WIC cash value benefit (CVB). The WIC program serves roughly 7 million pregnant and postpartum women and young children each year, including more than 40 percent of all infants.¹³⁰ The CVB increases purchasing power for fruits and vegetables. This intervention demonstrably changes what children eat: When it was increased in 2021 to match dietary guidelines, intake of fruits and vegetables increased by 15 percent, contributing to reducing food insecurity in America.¹³¹ The Trump administration's FY 2026 budget proposed cutting the CVB by up to 75 percent.¹³² This is wholly unacceptable.

The federal government already has the statutory authority and a decade of positive evaluation evidence behind nutrition incentive programs. What is missing is funding at scale and structure that matches the urgency of the need to increase purchasing power of consumers to afford healthy fruits and vegetables.

Subsidize fruits and vegetables as much as other food crops

Policies that help children access and families afford fruits and vegetables are essential. But purchasing power is only half of the equation. If the United States wants healthier food to be more readily available, accessible, affordable, and not dependent on imports, it needs more capacity to grow, pack, process, store, and distribute produce.

Federal agricultural policy was built to stabilize farm income and commodity markets. The federal government spends billions of dollars each year helping farmers manage risk, weather volatile markets, invest in their operations, and remain economically viable—mostly for globally traded, storable commodities. That support has helped build supply for a handful of crops that are used in a wide range of end products: fuel, animal feed, and industrial inputs, in addition to food. But these policies bear little relationship to increasing the supply of healthy foods.

Currently, the federal government is projected to spend at least \$3.8 billion per year on subsidies for predominantly food-oriented food crops—without regard to their health impact.¹³³ CAP proposes that Congress level the playing field by making available an equivalent amount for fruit and vegetable production. Funding could be used for the cost of transitioning to fruits and vegetables, catered to the specific and unique challenges these growers face, including unique risk protection and labor costs in particular. This policy would increase the supply of fruits and vegetables, lowering their relatively high prices.

Support local purchasing through government procurement

Supply will not expand sustainably without buyers. The federal government collectively purchases billions of dollars of food each year for schools, food banks, child care centers, and other community facilities across the country. Historically, this purchasing power has flowed to large national commodity suppliers because there are no incentives for purchases to be made locally—from the farmers, ranchers, and fishers within or near the community being served.¹³⁴

Between 2021 and 2025, the USDA took this on and built two programs to support local food procurement: the Local Food Purchase Assistance Cooperative Agreement Program and the Local Food for Schools and Child Care Cooperative Agreement Program. Together, these programs channeled roughly \$1.6 billion to all 50 states, the District of Columbia, four territories, and dozens of Tribal governments,¹³⁵ which used funds to buy food directly from more than 8,000 local

and regional farmers, ranchers, and fishers¹³⁶—the majority of them small, beginning, or historically underserved producers—for distribution to food banks, schools, and child care centers.

But in March 2025, the Trump administration unceremoniously canceled both programs, eliminating more than \$1 billion in previously committed local food investment.¹³⁷ The on-the-ground effects were immediate. Farmers, food banks, schools, and state officials from both parties documented the resulting loss of access to fresh food for schoolchildren, loss of income for local farmers and communities, canceled equipment and infrastructure investments, and disrupted supply chains.¹³⁸

Congress should move expeditiously on legislation that establishes and adequately funds a permanent federal local food procurement system that gives schools, child care providers, food banks, Tribal governments, and other public institutions reliable purchasing resources—and gives farmers dependable regional markets. The USDA should also consider how to provide low-cost financing or loan guarantees to support infrastructure projects to aggregate, wash, pack, cool, process, store, and distribute perishable foods. A school district may want local produce, and several farms may be able to supply it collectively, but neither side can transact efficiently without this “middle” of the supply chain. Ensuring financing is available to fund worthy projects is critical.

Conclusion

This robust reform agenda would give American families peace of mind and much greater assurance that their food and everyday products are safe to consume and use. Protection from potentially harmful chemicals and the ability to make healthier food choices are not partisan issues. These commonsense ideas have the potential to unify Americans across the political spectrum to demand government action once and for all—and to deliver on the promises of the MAHA movement, which this administration has betrayed.

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